

CHILD HEALTH AND EDUCATION STUDY

A national study in England, Wales and Scotland of all children born 5th - 11th April 1970
Under the auspices of the University of Bristol and the National Birthday Trust.



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MATERNAL SELF-COMPLETION FORM STRICTLY CONFIDENTIAL

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PLEASE USE BLOCK CAPITALS

Child's Surname

Child's Forenames Sex

Child's Home Address

Postcode

Child's N H S Number (If known) Date of Birth Today's Date *M10 / M11 / M12*

To the Mother or person completing this form
This national survey is about the health and education of children whose tenth birthday is between the 5th - 11th April. In this form we are asking your help in telling us about the activities, skills and behaviour of your child and in answering a few questions about your own health. All information will be treated in the strictest confidence and no names will ever be divulged under any circumstances whatsoever.

Please note that the questions are addressed to the mother, this is for convenience as it will be the mother answering the questions in the vast majority of cases, however, please do not let the actual wording of the questions interfere with the completion of the form if the mother is not the person filling it in.

If you should have any difficulty in filling in any part of the form, please consult the Health Visitor, School Nurse or other study representative who gave it to you.

Most of the questions can be answered by ticking the box beside the relevant answer.

EXAMPLES

Does your child belong to a club at school?

No

Yes *This indicates that your child does belong to a club at school*

Has your child ever been on a train journey on his/her own?

No

Yes — If Yes, how many times?

Once

More than once *This indicates that your child has been on a train journey on his/her own more than once*

Don't know

Some questions require a number for the answer

EXAMPLE

How long has your child been going to a club? *This indicates that your child has been going to a club for 9 months*

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

CHILD'S HEALTH AND BEHAVIOUR

A1 Does your child have any medical condition or illness, any behaviour problem or educational difficulty which you consider to be important?

Yes *M13* — If Yes.
 No (a) What is the matter?

(b) Does it affect every day life at home or at school?
 No *M14*
 Yes, slightly
 Yes quite a lot
 Yes severely

A2 Below is a list of problems which most children have at some time. Please tell us how often each of these happens with your child by putting a tick in the appropriate box beside each statement

	Never in the last 12 months	Less than once a month	At least once a month	At least once a week
(a) Complains of headaches	<input type="checkbox"/> <i>M15</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Complains of stomach ache or has vomited	<input type="checkbox"/> <i>M16</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Has temper tantrums (that is, complete loss of temper with shouting angry movements, etc.)	<input type="checkbox"/> <i>M17</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Goes off without telling you where	<input type="checkbox"/> <i>M18</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Has tears on arrival at school or refuses to go into the building	<input type="checkbox"/> <i>M19</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Truants from school	<input type="checkbox"/> <i>M20</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A3 Does your child ever wet the bed at night, wet in the day-time or soil his/her pants at any time?
 Please put a tick in the appropriate box beside each statement

	Never	Yes, very occasionally (less than once a week)	Yes, occasionally (at least once a week)	Yes, most of the week	Yes always
(a) Wets the bed at night	<input type="checkbox"/> <i>M21</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Wets in day-time	<input type="checkbox"/> <i>M22</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Soils pants at any time	<input type="checkbox"/> <i>M23</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4 Does your child stammer or stutter? *M24*

No
 Yes, mildly
 Yes severely

A5 Has your child any difficulty with speech other than stammering or stuttering?

No *M25* Tick the boxes to all the answers that apply
 Yes — If Yes, what is the difficulty?
 Lipping *M26*
 Cannot say words properly *M27*
 Other difficulty *M28*
 please describe *M29*

A6 Does your child have eating or appetite problems?

- No *M30*
- Yes If Yes, what is the problem? *Tick all that apply*
- Not eating enough *M31*
 - Over-eating for more than the occasional meal *M32*
 - Faddiness *M33*
 - Other eating problem *M34*
 - please describe *M35*

A7 Does your child have any sleeping difficulty?

- No *M36*
- Yes If Yes, which of the following difficulties does he/she have? *Tick all that apply*
- Getting off to sleep *M37*
 - Waking during the night *M38*
 - Waking early in the morning *M39*
 - Nightmares or night terrors *M40*
 - Sleepwalking *M41*
 - Please describe any sleeping difficulties, including those above *M42*

A8 Below is a series of descriptions of behaviour often shown by children Please make a vertical mark through the line alongside each statement to indicate if your child shows the behaviour described

EXAMPLES

Sits and reads for hours on end

Does not apply | | Certainly applies

The line marked in this way would indicate that your child does not sit and read for hours on end

Makes friends easily

Does not apply | | Certainly applies

The line marked in this way would indicate that your child does make friends easily

(a) Please make a vertical mark through the line alongside each of the following statements to indicate the extent to which the statement applies to your child's behaviour

- | | Does not apply | Certainly applies |
|--|----------------|-------------------|
| 1 Very restless Often running or jumping up and down Hardly ever still | <i>M43</i> | |
| 2 Is squirmy or fidgety | <i>M44</i> | |
| 3 Often destroys own or others belongings | <i>M45</i> | |
| 4 Frequently fights with other children | <i>M46</i> | |
| 5 Not much liked by other children | <i>M47</i> | |
| 6 Often worried worries about many things | <i>M48</i> | |
| 7 Tends to do things on his/her own, rather solitary | <i>M49</i> | |
| 8 Irritable Is quick to fly off the handle | <i>M50</i> | |

Does not
apply

Certainly
applies

9 Often appears miserable, unhappy, tearful or distressed

M51

10 Sometimes takes things belonging to others

M52

11 Has twitches, mannerisms or tics of the face or body

M53

12 Frequently sucks thumb or finger

M54

13 Frequently bites nails or fingers

M55

14 Is often disobedient

M56

15 Cannot settle to do anything for more than a few moments

M57

16 Tends to be fearful or afraid of new things or new situations

M58

17 Is fussy or over particular

M59

18 Often tells lies

M60

19 Bullies other children

M61

Pattern code M62

(b) Please make a vertical mark through the line alongside each statement in this next section to indicate the extent to which your child behaves in the way described

Not at all

A great deal

1 Is noticeably clumsy

M63

2 Trips or falls easily or bumps into objects or other children

M64

3 Inattentive, easily distracted

M65

4 Hums or makes other odd noises at inappropriate times

M66

5 Has difficulty picking up small objects

M67

6 Drops things which are being carried

M68

7 Becomes obsessional about unimportant things

M69

8 Requests must be met immediately easily frustrated

M71

9 Shows restless or over-active behaviour

M72

10 Is impulsive excitable

M73

11 Interferes with the activity of other children

M74

Not at all

A great deal

- 12 Is sullen or sulky M75
- 13 Fails to finish things he/she starts, short attention span M76
- 14 Given to rhythmic tapping or kicking M77
- 15 Cries for little cause M78
- 16 Changes mood quickly and drastically M79
- 17 Displays outbursts of temper explosive or unpredictable behaviour M80
- 18 Has difficulty using scissors M81
- 19 Has difficulty concentrating on any particular task though may return to it frequently M82

Pattern code M83

YOUR CHILD AT HOME

B1 Here are some things which children do in their spare time How often, if at all, does your child do these in his/her spare time?

Please put a tick in the appropriate box for each activity

	Never or hardly ever	Some- times	Often
(a) Plays sports	<input type="checkbox"/> M84	<input type="checkbox"/>	<input type="checkbox"/>
(b) Listens to records	<input type="checkbox"/> M85	<input type="checkbox"/>	<input type="checkbox"/>
(c) Reads books	<input type="checkbox"/> M86	<input type="checkbox"/>	<input type="checkbox"/>
(d) Rides a bicycle	<input type="checkbox"/> M87	<input type="checkbox"/>	<input type="checkbox"/>
(e) Watches television	<input type="checkbox"/> M88	<input type="checkbox"/>	<input type="checkbox"/>
(f) Goes to a club or organisation	<input type="checkbox"/> M89	<input type="checkbox"/>	<input type="checkbox"/>
(g) Goes for walks	<input type="checkbox"/> M90	<input type="checkbox"/>	<input type="checkbox"/>
(h) Goes to the cinema	<input type="checkbox"/> M91	<input type="checkbox"/>	<input type="checkbox"/>
(i) Listens to the radio	<input type="checkbox"/> M92	<input type="checkbox"/>	<input type="checkbox"/>
(j) Goes to a museum of any kind	<input type="checkbox"/> M93	<input type="checkbox"/>	<input type="checkbox"/>
(k) Goes swimming	<input type="checkbox"/> M94	<input type="checkbox"/>	<input type="checkbox"/>
(l) Goes to a library	<input type="checkbox"/> M95	<input type="checkbox"/>	<input type="checkbox"/>
(m) Plays a musical instrument	<input type="checkbox"/> M96	<input type="checkbox"/>	<input type="checkbox"/>
(n) Plays with constructional toys (e.g. Leggo Meccano)	<input type="checkbox"/> M97	<input type="checkbox"/>	<input type="checkbox"/>

B2 What sort of thing does your child do on his/her own?

Please put a tick in the appropriate box for each activity

	Never	Seldom	About once a week	Almost every day
(a) Goes to shops on own	<input type="checkbox"/> M98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Plays in the streets on own	<input type="checkbox"/> M99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Goes to park or playground on own	<input type="checkbox"/> M100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Goes on local buses on own	<input type="checkbox"/> M101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3 Does your child tell you where he/she is going before he/she goes out?

- Rarely or never M102
- Yes, occasionally
- Yes, usually
- Yes, always, I have a firm rule about this

B4 By what time is your child usually in at night?

M103/4 pm

B5 Do you feel that father plays a big part in managing the child?

- Father takes a big or equal part with mother M105
- Father takes a smaller part than the mother but mother still feels it to be a significant part
- Father takes a very small part or leaves it to mother
- Don't know
- Situation not applicable
- please give details M106

B6 As a family how often do you do any of the following with your child?

Please put a tick in the appropriate box for each activity

	Rarely or never	Some- times	Often
(a) Go out for walks together	<input type="checkbox"/> M107	<input type="checkbox"/>	<input type="checkbox"/>
(b) Go for outings together	<input type="checkbox"/> M108	<input type="checkbox"/>	<input type="checkbox"/>
(c) Have breakfast or tea together	<input type="checkbox"/> M109	<input type="checkbox"/>	<input type="checkbox"/>
(d) Go for holidays together	<input type="checkbox"/> M110	<input type="checkbox"/>	<input type="checkbox"/>
(e) Go shopping together	<input type="checkbox"/> M111	<input type="checkbox"/>	<input type="checkbox"/>
(f) Have a chat or talk with the child for at least five minutes	<input type="checkbox"/> M112	<input type="checkbox"/>	<input type="checkbox"/>
(g) Go out to eat in a restaurant together	<input type="checkbox"/> M113	<input type="checkbox"/>	<input type="checkbox"/>

THE CHILD AT SCHOOL

C1 Some children have difficulty with some of the subjects they learn at school. Does your child have difficulty at school with any subject?

Please put a tick in the appropriate box for each subject

	No difficulty	Some difficulty	Great difficulty
(a) Mathematics (sums)	<input type="checkbox"/> M114	<input type="checkbox"/>	<input type="checkbox"/>
(b) Reading	<input type="checkbox"/> M115	<input type="checkbox"/>	<input type="checkbox"/>
(c) Writing	<input type="checkbox"/> M116	<input type="checkbox"/>	<input type="checkbox"/>
(d) Other subjects, describe M117	<input type="checkbox"/> M118	<input type="checkbox"/>	<input type="checkbox"/>
M119	<input type="checkbox"/> M120	<input type="checkbox"/>	<input type="checkbox"/>
M121	<input type="checkbox"/> M122	<input type="checkbox"/>	<input type="checkbox"/>

If your child has difficulty with mathematics, please describe difficulty

M123

If your child has difficulty with reading or writing, please describe difficulty

M124

C2 Did you or your husband meet your child's class teacher at all last term?

- Yes, once
- Yes, more than once
- No

M125

C3 Has your child received free school meals, at any time, during the past twelve months?

- Yes M126
 No
 Don't know

C4 What was the arrangement for your child's mid-day meal in the last week that he/she has been at school?

Tick all that apply

- School meals paid for by parent M127
 Received free school meals M128
 Child took snacks to school M129
 Child came home for mid-day meal M130
 Child bought snacks M131
 Other answer M132
 please give details M133

C5 At what age do you think your child will finally leave school?

- When he/she is
 16 years old M134
 17 years old
 18 years old

C6 Do you intend your child to continue his/her training after leaving school?

- Yes M135 If Yes, what kind of education or training do you think your child will have? Please describe
 No
 Cannot say M136

C7 Is anyone usually at home when your child gets back from school at the end of the day?

- Yes M137 If Yes, who is usually at home? *Tick all that apply*
 Mother M138
 Father M139
 Older brother/sister M140
 Other adult M141

- No M142 If No, what does he/she usually do? *Tick all that apply*
 Goes to house of friend neighbour or relative M143
 Has own door key M144
 Other arrangement M145
 please describe M146

CHILDREN'S SKILLS

D1 We are very interested in what ten year old children can do for themselves. Would you please complete this list of activities for your child. Some of these activities your child will do very easily, some perhaps not so easily. Please make a vertical mark through the line alongside each activity to indicate how well he/she does that activity.

EXAMPLES

	Cannot do this	Does this very well
Climbs trees	----- ----- ----- ----- ----- ----- ----- ----- -----	

The line marked in this way would indicate that your child climbs trees quite well

	Cannot do this	Does this very well
Ties knots	----- ----- ----- ----- ----- ----- ----- ----- -----	

The line marked in this way would indicate that your child does not tie knots very well

Please make a vertical mark through the line alongside each activity to indicate how well he/she does that activity

activity	Cannot do this	Does this very well	<i>Please add any comments you wish to make</i>
1 Walks unaided	-----M147----- ----- ----- ----- ----- ----- ----- ----- -----		M148
2 Walks up and down stairs	-----M149----- ----- ----- ----- ----- ----- ----- ----- -----		M150
3 Runs	-----M151----- ----- ----- ----- ----- ----- ----- ----- -----		M152
4 Hops	-----M153----- ----- ----- ----- ----- ----- ----- ----- -----		M154
5 Skips with a rope	-----M155----- ----- ----- ----- ----- ----- ----- ----- -----		M156
6 Throws a ball	-----M157----- ----- ----- ----- ----- ----- ----- ----- -----		M158
7 Catches a ball	-----M159----- ----- ----- ----- ----- ----- ----- ----- -----		M160
8 Rides a bicycle	-----M161----- ----- ----- ----- ----- ----- ----- ----- -----		M162
9 Plays sport such as football netball or rounders	-----M163----- ----- ----- ----- ----- ----- ----- ----- -----		M164
10 Swims without water wings or a float	-----M165----- ----- ----- ----- ----- ----- ----- ----- -----		M166
11 Does handstands	-----M167----- ----- ----- ----- ----- ----- ----- ----- -----		M168
12 Eats with a knife and fork	-----M169----- ----- ----- ----- ----- ----- ----- ----- -----		M170
13 Uses a knife for cutting food	-----M171----- ----- ----- ----- ----- ----- ----- ----- -----		M172
14 Makes a simple meal, e.g. beans on toast or a sandwich	-----M173----- ----- ----- ----- ----- ----- ----- ----- -----		M174
15 Washes and wipes dishes	-----M175----- ----- ----- ----- ----- ----- ----- ----- -----		M176
16 Peels potatoes or fruit	-----M177----- ----- ----- ----- ----- ----- ----- ----- -----		M178
17 Lays the table	-----M179----- ----- ----- ----- ----- ----- ----- ----- -----		M180
18 Washes hands and face	-----M181----- ----- ----- ----- ----- ----- ----- ----- -----		M182
19 Brushes own teeth	-----M183----- ----- ----- ----- ----- ----- ----- ----- -----		M184
20 Has a bath	-----M185----- ----- ----- ----- ----- ----- ----- ----- -----		M186
21 Combs and brushes own hair	-----M187----- ----- ----- ----- ----- ----- ----- ----- -----		M188
22 Washes and dries own hair	-----M189----- ----- ----- ----- ----- ----- ----- ----- -----		M190

	Cannot do this	Does this very well	Please add any comments you wish to make
23 Cuts own fingernails and toenails	M191		M192
24 Dresses himself/herself	M193		M194
25 Operates fasteners like zips, buttons and buckles	M195		M196
26 Ties things like shoelaces, apron strings, necktie	M197		M198
27 Selects clothes for daily life, takes into account the weather and occasion	M199		M200
28 Folds and puts away clothes after wearing them	M201		M202
29 Cleans shoes	M203		M204
30 Makes own bed	M205		M206
31 Carries out instructions	M207		M208
32 Uses money to make small purchases	M209		M210
33 Saves money to buy special things	M211		M212
34 Does small jobs for a reward	M213		M214
35 Tells the time	M215		M216
36 Uses time to regulate daily life Keeps appointments	M217		M218
37 Knows what the date is even in the school holidays	M219		M220
38 Speaks and expresses self in everyday life	M221		M222
39 Maintains a conversation with friends	M223		M224
40 Maintains a conversation with adults outside the family	M225		M226
41 Answers the telephone	M227		M228
42 Makes telephone calls	M229		M230
43 Writes own name	M231		M232
44 Writes messages, short letters, or addresses envelopes	M233		M234
45 Reads comics or magazines	M235		M236
46 Remembers something about what he/she has read	M237		M238
47 Makes use of a public library or school library for books to read at home	M239		M240
48 Sits still and gets on with what he/she is doing, concentrates for more than five minutes	M241		M242
49 Draws or paints at home	M243		M244
50 Makes things like models and dolls clothes at home	M245		M246
51 Uses tools, e.g. hammer and nails or needle and cotton	M247		M248
52 Plays a musical instrument	M249		M250
53 Reads music	M251		M252

Pattern Code M253

MOTHER'S HEALTH

E1. Many mothers find caring for their children difficult if their own health is not very good. Listed below are a number of common symptoms that mothers often describe to doctors. We would like you to say how often these happen to you by putting a vertical mark through the line in the appropriate place.

EXAMPLES

Do your hands tremble?



The line marked in this way would indicate that your hands tremble a lot of the time.

Are you worried about travelling long distances?



The line marked in this way would indicate that you are only occasionally worried about travelling long distances.

Please make a vertical mark through the line alongside each of the following questions to indicate how often you experience each of the following symptoms.

- | | Most of the time | Seldom or never |
|--|------------------|-----------------|
| 1 Do you have back-ache? | M254 | |
| 2 Do you feel tired? | M255 | |
| 3 Do you feel miserable or depressed? | M256 | |
| 4 Do you have bad headaches? | M257 | |
| 5 Do you get worried about things? | M258 | |
| 6 Do you have great difficulty in falling asleep or staying asleep? | M259 | |
| 7 Do you wake unnecessarily early in the morning? | M260 | |
| 8 Do you wear yourself out worrying about your health? | M261 | |
| 9 Do you ever get into a violent rage? | M262 | |
| 10 Do people annoy and irritate you? | M263 | |
| 11 Have you at times had a twitching of the face, head or shoulders? | M264 | |
| 12 Do you suddenly become scared for no good reason? | M265 | |
| 13 Are you scared to be alone when there are no friends near you? | M266 | |
| 14 Are you easily upset or irritated? | M267 | |
| 15 Are you frightened of going out alone or of meeting people? | M268 | |
| 16 Are you keyed up and jittery? | M269 | |

- Most of the time Seldom or never
- 17 Do you suffer from indigestion? M270
- 18 Do you suffer from an upset stomach? M271
- 19 Is your appetite poor? M272
- 20 Does every little thing get on your nerves and wear you out? M273
- 21 Does your heart race like mad? M274
- 22 Do you have bad pains in your eyes? M275
- 23 Are you troubled with rheumatism or fibrositis? M276
- Pattern Code M277

Please tick appropriate box

- | | | | |
|--|-------------------------------|--|--------------------------|
| | Yes | | No |
| 24 Have you ever had a nervous breakdown? | <input type="checkbox"/> M278 | | <input type="checkbox"/> |
| 25 Do you have any other health problems worrying you? | <input type="checkbox"/> M279 | | <input type="checkbox"/> |

Please describe any health problems in your own words

HOME AND NEIGHBOURHOOD

Here are some questions about the help you receive at home, household appliances you may have, and your neighbourhood

F1 Do you receive any help with housework? e.g. cleaning the house, washing up, etc

Tick all that apply

- | | | | | |
|-----|------|--------------------------|--------------------------------|-------------------------------|
| Yes | M280 | <input type="checkbox"/> | If Yes, who usually helps you? | |
| No | | <input type="checkbox"/> | Child's father | M281 <input type="checkbox"/> |
| | | | Children | M282 <input type="checkbox"/> |
| | | | Relative or friend | M283 <input type="checkbox"/> |
| | | | Paid help | M284 <input type="checkbox"/> |

F2 How often do you have help with the following tasks?

Please put a tick in the appropriate box for each task

- | | Every day | More than once a week | Once a week | Less than once a week | Never |
|------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) Washing | <input type="checkbox"/> M285 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Ironing | <input type="checkbox"/> M286 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Cleaning the house | <input type="checkbox"/> M287 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Cooking meals | <input type="checkbox"/> M288 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Washing up | <input type="checkbox"/> M289 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Shopping | <input type="checkbox"/> M290 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F3 Do you have any of the following?

	<i>Tick all that apply</i>		<i>Tick all that apply</i>		
Fridge	M291	<input type="checkbox"/>	Sewing machine	M296	<input type="checkbox"/>
Deep freezer	M292	<input type="checkbox"/>	Telephone	M297	<input type="checkbox"/>
Washing machine	M293	<input type="checkbox"/>	Vacuum cleaner	M298	<input type="checkbox"/>
Spin drier	M294	<input type="checkbox"/>	Dish washer	M299	<input type="checkbox"/>
Tumble drier	M295	<input type="checkbox"/>	None of these	M300	<input type="checkbox"/>

F4 Do you have a car or van?

Exclude any used solely for carrying goods

Yes
No

M301

If Yes, how many cars or vans?

M302

F5 How close to your house does motor car traffic pass?

Very near	M303	<input type="checkbox"/>
Near		<input type="checkbox"/>
A fair distance		<input type="checkbox"/>
Quite far away		<input type="checkbox"/>
Other situation		<input type="checkbox"/>

please describe

F6 Which of the following statements best describes the neighbourhood where you live?

Rural area with hardly any other houses nearby and some distance from any town or village	M304	<input type="checkbox"/>
Country neighbourhood but in or close to a village	M305	<input type="checkbox"/>
Outskirts of town or city or area of private housing. Most houses are well spaced detached or semi-detached and owner occupied	M306	<input type="checkbox"/>
Older inner urban neighbourhood with large houses converted into flats and bedsitters. Many houses accommodate more than one or two families	M307	<input type="checkbox"/>
Council estate of houses flats or maisonettes in town or city	M308	<input type="checkbox"/>
Area of mainly non-residential premises e.g. shops, offices, hotels, factories or other businesses	M309	<input type="checkbox"/>
Other type of neighbourhood.	M310	<input type="checkbox"/>
please describe	M311	

Thank you very much for answering all the questions on this form

Would you please tell us who answered the form

Mother alone	M312	<input type="checkbox"/>
Mother and father together	M313	<input type="checkbox"/>
Father alone	M314	<input type="checkbox"/>
Other person	M315	<input type="checkbox"/>
please specify	M316	

Did you have any difficulty in answering any of the questions?

No no difficulty	M317	<input type="checkbox"/>	
Yes some difficulty	M318	<input type="checkbox"/>	} If Yes, please say which questions and why
Yes a lot of difficulty	M319	<input type="checkbox"/>	
			M320

THANK YOU VERY MUCH FOR YOUR HELP

CHILD HEALTH AND EDUCATION STUDY

A national study in England, Wales and Scotland of all children born 5th - 11th April 1970
Under the auspices of the University of Bristol and the National Birthday Trust



Director
Professor Neville R Butler,
MD, FRCP, FRCOG, DCH

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Bristol
BS2 8BH

MEDICAL EXAMINATION FORM

STRICTLY CONFIDENTIAL

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PLEASE USE BLOCK CAPITALS

Child's Surname

Child's Forenames Sex M F

Child's Home Address

Health District Date of Birth

		0	4	7	0
		day	month	year	

Name of Examining Medical Officer Today's Date

--	--	--	--	--	--

CODE *EXAMDATA/EXAMDATB/EXAMDATC*
Status e.g SCMO, CMO, etc *STATUS*

INTRODUCTORY NOTES

First may we take this opportunity to thank you for carrying out this examination on behalf of the Child Health and Education Study

For your assistance, a short instruction booklet is provided with this examination form. This includes an outline of the historical background of the Study, a near-vision test sheet and some procedural details

You will need the following equipment for the medical examination

PROCEDURE

EQUIPMENT RECOMMENDED

<i>Height</i>	Steel/wooden measuring rod or steel tape measure. If not available, stadiometer on back of weighing machine
<i>Weight</i>	Beam balance or other weighing apparatus
<i>Head Circumference</i>	Paper or plastic-covered tape measure
<i>Distant Vision</i>	Standard Snellen Chart (or equivalent)
<i>Near Vision</i>	Near Vision card of Sheridan-Gardiner type reproduced in instruction booklet, by kind permission of the author
<i>Blood Pressure</i>	Mercury sphygmomanometer. The bladder within the cuff should be deep enough to cover about two-thirds of the length of upper arm and long enough to circle the arm completely. A cuff depth of at least 4 ins. is advisable. An adult-size cuff is acceptable.
<i>Motor Co-ordination Tests</i>	Tennis or rubber ball, a piece of chalk, stop-watch or a watch with second hand, 2 standard match boxes, one of which contains 20 safety matches
<i>Audiogram</i>	Audiometer for sweep audiogram. The audiogram form is on the back page of this form, so that it can be detached for completion at a separate attendance if more convenient.

In addition, access to all the following will be needed for completion of medical examination form

<i>Health Records etc</i>	School medical record card(s), any available screening records, assessment results, hospital reports etc., health file on any children with handicap or disability, SE2/3 Forms or equivalent on children ascertained for special education
<i>Completed Parental Interview Form for this child</i>	This contains medical history

NOTE IF ONE OR MORE OF THE ABOVE ITEMS ARE NOT AVAILABLE PLEASE COMPLETE THE MEDICAL EXAMINATION AS FAR AS POSSIBLE

THE MEDICAL EXAMINATION IN RELATION TO REST OF TEN YEAR STUDY

This is the first time these children have been examined medically for the Child Health and Education Study. Therefore this is the first opportunity to identify definitively children with health problems, disabilities and handicap. Most but not all of the cohort and their parents have already participated in this Study, either in the perinatal period, intermediately or at five years when the health visitors of your AHA carried out an extensive review of the children's health, development and pre-school day care. Parents have now received a letter explaining the 10 year Study and inviting their co-operation and ensuring them of confidentiality. The vast majority of the parents are being interviewed by a school nurse or health visitor, either at home or at the medical examination just prior to your clinical examination. This is for completion of a *Parental Interview Form* in which the child's past medical, social and family history is being elicited. The school nurse or health visitor has been asked if possible to ensure the availability of the completed form in time for you to study the medical history before the time of the medical examination. The parent(s) will have been invited to attend the medical examination though they will clearly not attend in every case. The parent(s) will also have been asked to complete a *Maternal Self-completion Form* giving details of any behavioural difficulties in their child including the Rutter Child Behavioural Scale. Your Local Education Authority (Regional Council Scotland) is arranging for a separate *school educational assessment* of each child including tests of reading, mathematics, verbal comprehension and reasoning ability, from this, it will be possible to identify slow learners and children with educational as well as health problems.

THE MEDICAL EXAMINATION FORM IS IN THREE SECTIONS

Section A School Health

In order to complete this section fully you will need to assemble *all* the child's school medical records and *all* other relevant school health and educational documents. You are asked to pay particular attention to assembling complete records of any child who is handicapped or receiving special education, as you will be asked to provide a summary from the notes of the progress and current status of each such child. Even if only partial records are accessible to you please complete all Sections of this questionnaire as far as possible at the time of the medical examination from all sources available. Your Specialist in Community Medicine (Child Health) has been asked to supply further information if extra records are available centrally.

Section B The Medical Examination

Please make sure that the recommended equipment is available. Please read carefully the medical history in the Parental Interview Form if this has already been completed. Please read through the medical questions carefully before the examination. If you have time please try out the co-ordination tests in advance. The medical examination is structured to provide the maximum information while leaving you free to conduct the clinical examination in any way you find optimal. Tests such as distant and near vision and measurements of height, weight and head circumference appear early in Section B of the medical examination form in case it proves more expedient to carry these out just prior to the actual clinical examination. Please undertake the necessary measurements, however in the order which best suits the facilities available to you and anyone helping you with the examination. 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.

Section C The Audiogram

The Audiogram is on the last sheet of the examination form and is detachable. It is presumed that this will be done by sweep audiometry though the form contains space in case pure-tone audiometry is used. You are asked to record whether the results of sweep audiometry are normal or abnormal. If sweep results are abnormal, please arrange to let us have details of pure-tone audiometry.

FILLING IN THE EXAMINATION FORM

Questions are usually answered by TICKING the appropriate box alongside the correct answer. In some cases, a brief written answer in clear script or capitals may also be appropriate in a space which is indicated. An example of the correct way to fill in the form is shown below —

Has colour vision ever been tested?

Yes	<input checked="" type="checkbox"/>	— If Yes, what was the outcome?	
No	<input type="checkbox"/>	colour vision normal	<input type="checkbox"/>
Not known	<input type="checkbox"/>	red/green vision impaired	<input type="checkbox"/>
		other colour loss	<input checked="" type="checkbox"/>
		please describe	BLUE/GREEN IMPAIRMENT

When filling in the form please try to ensure that an answer of some sort has been ticked for every question — even if it is only unable to assess. Negative answers are as important as positive ones.

FOR ALL ANSWERS REQUIRING TEXT IT WOULD BE MOST HELPFUL IF YOU WOULD WRITE VERY CLEARLY OR ALTERNATIVELY USE BLOCK CAPITALS

SCHOOL HEALTH

Please complete this section first from Records Please then check each answer from all other available sources e.g. own knowledge, Parental Interview Form, and parent if present, and enter any further details in space marked Extra information state source(s), beneath each answer See instruction booklet

A1 Is the school medical record (Form 10M or equivalent) available?

Yes MEA1
 No

A2 Are any other child health records available to you?

Yes MEA2 1 If Yes please specify MEA2 2
 No MEA2 3
 MEA2 4
 MEA2 5
 MEA2 6
 MEA2 7

A3 Has this child ever had a school medical examination?

Complete first from records then enter details from other sources in space marked extra information

Yes MEA3 1 If Yes give age(s) when examination(s) were done MEA3 2 - MEA3 7
 No If No did the child have a pre-school medical examination in the 12 months before entering school?
 Not known
 Yes MEA3 8
 No
 Not known

Extra information state source(s) MEA3 9

If abnormal findings recorded please enter in question A7

A4 Please indicate age(s) at which screening tests had been carried out since 4th birthday?

Complete first from records then enter details from other sources in space marked extra information

Tick all that apply in each row	Not carried out	Since age 4 but age not known									Not known if test carried out
		4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	not known			
(a) Audiogram	<input type="checkbox"/> MEA4 1	<input checked="" type="checkbox"/> MEA4 2	<input checked="" type="checkbox"/> MEA4 3	<input checked="" type="checkbox"/> MEA4 4	<input checked="" type="checkbox"/> MEA4 5	<input checked="" type="checkbox"/> MEA4 6	<input checked="" type="checkbox"/> MEA4 7	<input type="checkbox"/> MEA4 8	<input type="checkbox"/> MEA4 9		
(b) Test for distant vision	<input type="checkbox"/> MEA4 10	<input type="checkbox"/> 4 11	<input type="checkbox"/> 4 12	<input type="checkbox"/> 4 13	<input type="checkbox"/> 4 14	<input type="checkbox"/> 4 15	<input type="checkbox"/> 4 16	<input type="checkbox"/> 4 17	<input type="checkbox"/> 4 18		
(c) Test for near vision	<input type="checkbox"/> MEA4 19	<input type="checkbox"/> 4 20	<input type="checkbox"/> 4 21	<input type="checkbox"/> 4 22	<input type="checkbox"/> 4 23	<input type="checkbox"/> 4 24	<input type="checkbox"/> 4 25	<input type="checkbox"/> 4 26	<input type="checkbox"/> 4 27		
(d) Other screening test(s)	<input type="checkbox"/> MEA4 28	<input type="checkbox"/> 4 29	<input type="checkbox"/> 4 30	<input type="checkbox"/> 4 31	<input type="checkbox"/> 4 32	<input type="checkbox"/> 4 33	<input type="checkbox"/> 4 34	<input type="checkbox"/> 4 35	<input type="checkbox"/> 4 36		

If any other screening test(s) carried out since 4th birthday please describe and give age(s)

MEA4 37, MEA4 38, MEA4 39

Extra information state source(s) MEA4 40

If abnormal findings recorded please enter in question A7

A5 Has colour vision ever been tested?

Yes MEA5 1 If Yes, what was the outcome?
 No colour vision normal MEA5 2
 Not known red/green vision impaired MEA5 3
 other colour loss MEA5 4
 please describe MEA5 5
 MEA5 6

A6 Is there any evidence that the child has ever had any emotional or behavioural problem?

Complete first from records then enter details from other sources in space marked extra information

Yes *MEA6 1*] If Yes, please describe and give age(s)
 No *MEA6 2A**
 Not known *MEA6 2B**
*MEA6 3**

Extra information, state source(s) *MEA6 4*

A7 Is there any evidence that this child has now or has had in the past any significant illness, developmental problem, defect or handicap?

Complete first from records then enter details from other sources in space marked extra information

Yes *MEA7 1*] If Yes, please list conditions in chronological order of appearance on records starting with earliest illness, developmental problem or handicap diagnosed
 No
 Insufficient information

	Diagnosis	Age first recorded
1	<i>MEA7 2*</i>	<i>MEA7 3A*, MEA7 3B*</i>
2	<i>MEA7 5*</i>	<i>MEA7 6*</i>
3	<i>MEA7 8*</i>	<i>MEA7 9A*, MEA7 9B*</i>
4	<i>MEA7 11*</i>	<i>MEA7 12*</i>
5	<i>MEA7 14*</i>	<i>MEA7 15A*, MEA7 15B*</i>
6	<i>MEA7 17*</i>	<i>MEA7 18*</i>

Extra information state source(s) *MEA7 20*

A8 If child has any disability or handicap or is receiving special education, please summarise the major findings, clinical progress and present state *From records and all other sources*

MEA8 1
MEA8 2
MEA8 3
MEA8 4

Please continue on page 18 if necessary

A9 Is there any evidence that this child has ever attended any of the following?

Complete first from records then enter details from other sources in space marked extra information

	Yes	No	Not known	If Yes, please give reason for attendance(s) and give age(s)
(a) Hearing clinic or consultant audiologist <i>MEA9 1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>MEA9 2 MEA9 3- MEA9 6</i>
(b) Eye clinic or consultant ophthalmologist <i>MEA9 7</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>MEA9 8 MEA9.9 - MEA9 12</i>
(c) Speech therapist <i>MEA9.13</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>MEA9 14 MEA9 15 - MEA9 18</i>
(d) Occupational therapist <i>MEA9 19</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>MEA9 20 MEA9.21 - MEA9 24</i>
(e) Physiotherapist <i>MEA9 25</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>MEA9 26 MEA9 27 - MEA9.30</i>
(f) Child and Family Guidance Service <i>MEA9 31</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>MEA9 32 MEA9 33 - MEA9 36</i>
(g) Other psychological or psychiatric opinion or treatment <i>MEA9 37</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>MEA9 38 MEA9 39 - MEA9 42</i>

Extra information, state source(s) *MEA9 43*

A10 Is there any evidence that this child has ever been placed on an observation or other register?

Yes, on register now	MEAI0 1	<input type="checkbox"/>	} If Yes, please give	
Yes, on register in past but not now	MEAI0 2	<input type="checkbox"/>		
Never on register	MEAI0 3	<input type="checkbox"/>		
Not known if on register	MEAI0 4	<input type="checkbox"/>		
			Name of register(s)	MEAI0 5, MEAI0 6, MEAI0 7
			Reason(s) for inclusion	MEAI0 8*, MEAI0 9*, MEAI0 10*
			Date put on register(s)	MEAI0 11, MEAI0 12, MEAI0 13
			Date removed from register(s)	MEAI0 14, MEAI0 15, MEAI0 16

A11 Has a decision been reached by a Local Education Authority that the child is in need of special education?

No and not likely to be required	MEAI1	<input type="checkbox"/>
No but likely to be required		<input type="checkbox"/>
No but decision pending		<input type="checkbox"/>
Yes waiting for a place		<input type="checkbox"/>
Yes receiving special education		<input type="checkbox"/>
Yes received special education in past but no longer		<input type="checkbox"/>
Not known		<input type="checkbox"/>

A12 If the child has ever received special education or a decision is pending, please specify categories of treatment, according to the form that was actually used e.g. 4HP, SE2 or equivalents in Scotland

FORM 4HP (or equivalent)	Tick all that apply	FORM SE2 (Form SE3 Scotland)	Tick all that apply
MEAI2 1 Partially sighted	<input type="checkbox"/>	Vision	MEAI2 12 <input type="checkbox"/>
MEAI2 2 Deaf	<input type="checkbox"/>	Hearing	MEAI2 13 <input type="checkbox"/>
MEAI2 3 Partially hearing	<input type="checkbox"/>	Speech and language	MEAI2 14 <input type="checkbox"/>
MEAI2 4 Mentally handicapped (Scot)	<input type="checkbox"/>	Motor function	MEAI2 15 <input type="checkbox"/>
MEAI2 5 ESN (M) (Eng and Wales)	<input type="checkbox"/>	Physical health	MEAI2 16 <input type="checkbox"/>
MEAI2 6 ESN (S) (Eng and Wales)	<input type="checkbox"/>	Behaviour/emotional development	MEAI2 17 <input type="checkbox"/>
MEAI2 7 Epileptic	<input type="checkbox"/>	Intellectual development	MEAI2 18 <input type="checkbox"/>
MEAI2 8 Physically handicapped	<input type="checkbox"/>	Ability to care for self	MEAI2 19 <input type="checkbox"/>
MEAI2 9 Speech defect	<input type="checkbox"/>	FORM USED OTHER THAN 4HP, SE2 OR SE3 - MEAI2.20	
MEAI2 10 Maladjusted	<input type="checkbox"/>		
MEAI2 11 Delicate	<input type="checkbox"/>		

A13 Where does the child live and what type of school does he/she attend? MEAI3 1

At home and attends ordinary school	<input type="checkbox"/>
At home and attends special unit attached to ordinary school	<input type="checkbox"/>
At home and attends day special school	<input type="checkbox"/>
In a residential special school	<input type="checkbox"/>
In a hostel and attends day special school	<input type="checkbox"/>
In a hospital for the subnormal	<input type="checkbox"/>
In any other situation	<input type="checkbox"/>

please specify

If attends other than ordinary school please give name address and designation of school
MEAI3 2

A14 Were any child health records missing when this section was filled in?

Yes	MEAI4 1	<input type="checkbox"/>	} If Yes please list
No		<input type="checkbox"/>	
			MEAI4 2, MEAI4 3, MEAI4 4, MEAI4 5

THE MEDICAL EXAMINATION

B1 Where is the Medical Examination taking place? *MEB1 1*

- School
 - Child's home
 - Child health clinic
 - Health centre
 - Other place
- please specify *MEB1 2*

B2 Who is accompanying the child at the Medical Examination?

Tick all that apply

- Mother *MEB2 1*
- Father *MEB2 2*
- Other relative *MEB2 3*
- Teacher *MEB2 4*
- Other person *MEB2 5*
- Unaccompanied *MEB2 6*

B3 Is a completed Parental Interview Form containing the medical history available to the medical examiner?

- Yes *MEB3*
- No

B4 Has this child ever had any of the following conditions?

If parents not present please complete as much as possible from Parental Interview Form records and other sources

Tick all that apply in each row

- | | Yes
in past
12 months | Yes
previous
to past
12 months | Yes
but age
not known | No,
never | No
Infor
mation |
|---|---|---|---|---|--|
| (a) Recurrent sore throats (3 or more in a year) | <input type="checkbox"/> <i>MEB4 1</i> | <input type="checkbox"/> <i>MEB4 2</i> | <input type="checkbox"/> <i>MEB4 3</i> | <input type="checkbox"/> <i>MEB4 4</i> | <input type="checkbox"/> <i>MEB4 5</i> |
| (b) Middle ear infection/glue ear | <input type="checkbox"/> <i>MEB4 6</i> | <input type="checkbox"/> <i>MEB4 7</i> | <input type="checkbox"/> <i>MEB4 8</i> | <input type="checkbox"/> <i>MEB4 9</i> | <input type="checkbox"/> <i>4 10</i> |
| (c) Any hearing loss <i>perceptive or</i> <i>conductive</i> | <input type="checkbox"/> <i>MEB4 11</i> | <input type="checkbox"/> <i>MEB4 12</i> | <input type="checkbox"/> <i>MEB4 13</i> | <input type="checkbox"/> <i>MEB4 14</i> | <input type="checkbox"/> <i>4 15</i> |
| (d) Eczema | <input type="checkbox"/> <i>MEB4 16</i> | <input type="checkbox"/> <i>MEB4 17</i> | <input type="checkbox"/> <i>MEB4 18</i> | <input type="checkbox"/> <i>MEB4 19</i> | <input type="checkbox"/> <i>4 20</i> |
| (e) Hay fever | <input type="checkbox"/> <i>MEB4 21</i> | <input type="checkbox"/> <i>MEB4 22</i> | <input type="checkbox"/> <i>MEB4 23</i> | <input type="checkbox"/> <i>MEB4 24</i> | <input type="checkbox"/> <i>4 25</i> |
| (f) Asthma | <input type="checkbox"/> <i>MEB4 26</i> | <input type="checkbox"/> <i>MEB4 27</i> | <input type="checkbox"/> <i>MEB4 28</i> | <input type="checkbox"/> <i>MEB4 29</i> | <input type="checkbox"/> <i>4 30</i> |
| (g) Wheezy bronchitis | <input type="checkbox"/> <i>MEB4 31</i> | <input type="checkbox"/> <i>MEB4 32</i> | <input type="checkbox"/> <i>MEB4 33</i> | <input type="checkbox"/> <i>MEB4 34</i> | <input type="checkbox"/> <i>4 35</i> |
| (h) Bronchitis | <input type="checkbox"/> <i>MEB4 36</i> | <input type="checkbox"/> <i>MEB4 37</i> | <input type="checkbox"/> <i>MEB4 38</i> | <input type="checkbox"/> <i>MEB4 39</i> | <input type="checkbox"/> <i>4 40</i> |
| (i) Pneumonia | <input type="checkbox"/> <i>MEB4 41</i> | <input type="checkbox"/> <i>MEB4 42</i> | <input type="checkbox"/> <i>MEB4 43</i> | <input type="checkbox"/> <i>MEB4 44</i> | <input type="checkbox"/> <i>4 45</i> |
| (j) Pathological heart condition | <input type="checkbox"/> <i>MEB4 46</i> | <input type="checkbox"/> <i>MEB4 47</i> | <input type="checkbox"/> <i>MEB4 48</i> | <input type="checkbox"/> <i>MEB4 49</i> | <input type="checkbox"/> <i>4 50</i> |
| (k) Recurrent abdominal pain | <input type="checkbox"/> <i>MEB4 51</i> | <input type="checkbox"/> <i>MEB4 52</i> | <input type="checkbox"/> <i>MEB4 53</i> | <input type="checkbox"/> <i>MEB4 54</i> | <input type="checkbox"/> <i>4 55</i> |
| (l) Inguinal hernia | <input type="checkbox"/> <i>MEB4 56</i> | <input type="checkbox"/> <i>MEB4 57</i> | <input type="checkbox"/> <i>MEB4 58</i> | <input type="checkbox"/> <i>MEB4 59</i> | <input type="checkbox"/> <i>4 60</i> |
| (m) Urinary infection | <input type="checkbox"/> <i>MEB4 61</i> | <input type="checkbox"/> <i>MEB4 62</i> | <input type="checkbox"/> <i>MEB4 63</i> | <input type="checkbox"/> <i>MEB4 64</i> | <input type="checkbox"/> <i>4 65</i> |
| (n) Wet bed more than occasionally since 5 years of age | <input type="checkbox"/> <i>MEB4 66</i> | <input type="checkbox"/> <i>MEB4 67</i> | <input type="checkbox"/> <i>MEB4 68</i> | <input type="checkbox"/> <i>MEB4 69</i> | <input type="checkbox"/> <i>4 70</i> |
| (o) Wet pants in day-time more than occasionally since 5 years of age | <input type="checkbox"/> <i>MEB4 71</i> | <input type="checkbox"/> <i>MEB4 72</i> | <input type="checkbox"/> <i>MEB4 73</i> | <input type="checkbox"/> <i>MEB4 74</i> | <input type="checkbox"/> <i>4 75</i> |
| (p) Soiled pants at any time since 5 years of age | <input type="checkbox"/> <i>MEB4 76</i> | <input type="checkbox"/> <i>MEB4 77</i> | <input type="checkbox"/> <i>MEB4 78</i> | <input type="checkbox"/> <i>MEB4 79</i> | <input type="checkbox"/> <i>4 80</i> |
| (q) Mental or educational retardation | <input type="checkbox"/> <i>MEB4 81</i> | <input type="checkbox"/> <i>MEB4 82</i> | <input type="checkbox"/> <i>MEB4 83</i> | <input type="checkbox"/> <i>MEB4 84</i> | <input type="checkbox"/> <i>4 85</i> |
| please specify | | | | | |
| (r) Any other significant illness or disability | <input type="checkbox"/> <i>MEB4 86</i> | <input type="checkbox"/> <i>MEB4 87</i> | <input type="checkbox"/> <i>MEB4 88</i> | <input type="checkbox"/> <i>MEB4 89</i> | <input type="checkbox"/> <i>4 90</i> |
| please specify | | | | | |

MEB4 91 , MEB4 92

INITIAL PULSE RATE

B5 Before starting the Medical Examination, please settle the child for 2 minutes and take the pulse (over 1 minute) whilst the child is sitting

MEB5 Pulse rate beats in 1 minute

VISION

B6 Have glasses or contact lenses been prescribed for use now (rather than in past only)?

Yes glasses MEB6.1 — If Yes are they available for these vision tests?
 Yes contact lenses MEB6.2 Yes MEB6.5
 No, neither MEB6.3 No
 Not known MEB6.4

B7 Distant Vision Test

Test at exactly 20 feet with a standard Snellen chart of block capitals Hang chart in good light level with child's eyes and free from glare If Snellen chart not available or appropriate, use Stycar or other suitable test and note below

Please occlude the other eye efficiently without pressure on the eyeball! If the child cannot read ask him/her to draw the letters in the air

(a) Please indicate which chart has been used

Snellen MEB7.1
 Stycar
 Sheridan-Gardiner
 Keystone
 Other
 please specify MEB7.2

(b) Test all children

Tick one box for each eye

		6/6	6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60	Unable to test	Give reason
MEB7.3	Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB7.4
MEB7.5	Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB7.6

(c) Retest only children who wear glasses/contact lenses Otherwise leave blank

Tick one box for each eye

		6/6	6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60	Unable to test	Give reason
MEB7.7	Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB7.8
MEB7.9	Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB7.10

B8 Near Vision Test

A Sheridan-Gardiner near-vision chart is provided in the instruction booklet. The child should hold it in a good light at a distance of approximately 10 inches away from the eyes. Please occlude the other eye efficiently without pressure on the eyeball. If the child cannot read, ask him/her to 'draw the letters in the air'.

(a) Test all children

Tick one box for each eye

		6	9	12	18	24	36	60	Worse than 60	Unable to test	Give reason
MEB8 1	Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB8 2
MEB8 3	Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB8 4

(b) Retest only children who wear glasses/contact lenses. Otherwise leave blank.

Tick one box for each eye

		6	9	12	18	24	36	60	Worse than 60	Unable to test	Give reason
MEB8 5	Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB8 6
MEB8 7	Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB8 8

B9 Is there any evidence of a squint?

Test by bringing your vertically pointing index finger up to the child from 6 feet away to 6 inches.

- No MEB9
- Yes alternating eyes
- Yes right eye
- Yes left eye
- Not certain

B10 Is there any evidence of any abnormal condition affecting eye(s) or eyesight? e.g. cataract, coloboma, corneal opacity, nystagmus, hypermetropia, myopia, astigmatism, etc. Omit squint.

- Yes MEB10 1 — If Yes please give diagnosis
- No MEB10.2, MEB10.3

B11 In the light of your examination and the records you have seen, would you consider that there is any current visual defect which could result in interference with normal schooling or everyday functioning?

- MEB11 1 No visual defect
- Visual defect—but no interference
- with some interference
- manages school books with difficulty
- requires special school books/visual aids
- vision insufficient for special books
- Unable to assess
- please give reason MEB11 2
- Not examined

HEARING

B12 In the light of your clinical examination and the records you have seen, do you consider that there is evidence of any current hearing loss?

		Uni-lateral		Bi-lateral		
Yes, minimal	MEB12 1	<input type="checkbox"/>	MEB12 2	<input type="checkbox"/>] If Yes i.e. unilateral or bilateral loss (a) what is the probable cause? MEB12 13, MEB12 14	
Yes, moderate	MEB12 3	<input type="checkbox"/>	MEB12 4	<input type="checkbox"/>		
Yes, marked	MEB12 5	<input type="checkbox"/>	MEB12 6	<input type="checkbox"/>		
No	MEB12 7	<input type="checkbox"/>	MEB12 8	<input type="checkbox"/>	(b) do you consider that the hearing loss will interfere with normal schooling or everyday functioning?	
Uncertain	MEB12 9	<input type="checkbox"/>	MEB12 10	<input type="checkbox"/>	Yes severely	MEB12.15 <input type="checkbox"/>
Not known	MEB12 11	<input type="checkbox"/>	MEB12 12	<input type="checkbox"/>	Yes somewhat	<input type="checkbox"/>
					No	<input type="checkbox"/>
					Unable to assess	<input type="checkbox"/>
					(c) does the child wear a hearing aid?	
					Yes	MEB12 16 <input type="checkbox"/>
					No	<input type="checkbox"/>

B13 Are the child's survey audiogram results available to you to make the above assessment of hearing?

MEB13 Yes
No

SPEECH

B14 Please carry out the following speech test Speak to the child face to face at a distance of about 3 feet Explain that you would like the child to repeat after you the sentences and words Please read out each of the 9 sentences printed below This is not a test of memory The sentences may be broken into sections and repeated if the child forgets some of the words

SPEECH TEST

Underline any mispronounced words and fill in the total number of mispronounced words at the end of each sentence Put 0 in box if no words are mispronounced If the child refuses to respond to a particular sentence write NT in that box

		Underline all mispronounced words	Enter number of mispronounced words
MEB14 1	The shop has run out of strawberry flavoured ice cream		<input type="text"/> words
MEB14 2	Stephen does not understand what the fuss is about		<input type="text"/> words
MEB14 3	Gordon left his glasses on the chair		<input type="text"/> words
MEB14 4	Perhaps Janet could fetch both of them		<input type="text"/> words
MEB14 5	Carol screamed when she saw the spider on the couch		<input type="text"/> words
MEB14 6	Please spread the jam thickly on the bread		<input type="text"/> words
MEB14 7	They usually do their weekend shopping at the supermarket		<input type="text"/> words
MEB14 8	My father works at our local television station		<input type="text"/> words
MEB14 9	I don't remember exactly where my teacher lives		<input type="text"/> words

If unable to test child please give reason(s) below
MEB14.10

B15 How intelligible have you found the child's speech?

Fully intelligible MEB15 1
 Almost all words are intelligible
 Many words unintelligible
 All or nearly all words unintelligible
 Unable to assess
 please give reason MEB15 2

B16 Does the child stammer or stutter?

No

MEB16

Yes slightly

Yes moderately

Yes severely

Not known

HEIGHT

B17 Recommended technique

Please position the child upright against a flat wall or a door. Encourage him/her to stretch to full height, keeping heels on floor. Heels and buttocks should be flush against wall or door. Place a hardbound book on the child's head. Mark the position of the lower edge with a pencil and then measure the height from the ground with a wood or steel measuring rod or steel tape measure. Alternatively, use measuring device on the back of a weighing machine and observe precautions as above.

(a) Height in cm to nearest 0.1 cm

MEB17

cms

If centimetre measure not available please record height in feet and inches

(b) Height in feet and inches to nearest 1/4 inch

feet inches

HEAD CIRCUMFERENCE

B18 Measure with a paper or plastic tape measure, fitted closely and horizontally around the head just above the eyebrows so as to obtain a maximum circumference

(a) Head circumference in cm to nearest 0.1 cm

MEB18

cms

If centimetre measure not available please record in inches

(b) Head circumference in inches to nearest 1/4 inch

inches

WEIGHT (IN UNDERCLOTHES)

B19 Please weigh on a beam balance, if possible. Please check that the balance is set at zero before weighing

(a) Weight in kilograms to nearest 0.1 kg

MEB19.1

kg

If kilogram scale not available please record in stones pounds and ounces to nearest 1/4 ounce

(b) Weight in stones pounds and ounces

stones pounds ounces

(c) What did you use?

MEB19.2

beam balance

other apparatus

please specify MEB19.3

(d) If unable to weigh, please give reason

MEB19.4

BLOOD PRESSURE

B20 Please postpone to later in examination if you feel child is nervous

Sphygmomanometer cuff must have bladder long enough to encircle the arm completely and be wide enough to cover two-thirds of the length of the upper arm. Please record below the depth of cuff used. The cuff should preferably be at least 4 inches deep.

It is realised that you will be experienced in taking blood pressures but we ask you to follow the instructions closely for uniformity —

Sit child on chair in as relaxed a state as possible. Wrap the cuff around the right upper arm placing the rubber tubes from the bladder posteriorly for ease of access to right antecubital fossa. Palpate the right radial pulse and inflate the cuff to about 30mm Hg above the disappearance of the pulse. Slowly deflate till the pulse reappears. Deflate the cuff.

Place the stethoscope in the antecubital fossa over the brachial artery, but not in contact with any part of the cuff. Rapidly inflate the cuff to about 30mm Hg above the systolic pressure and then deflate at a rate of 2-3mm Hg per second.

The appearance of faint clear tapping sounds for 2 consecutive beats should be recorded as the Systolic Pressure. Continue to deflate the cuff and the sounds will soften or may become swishing, then sharper sounds will reappear. With continuing deflation there will be a sudden muffling of sounds which will become soft and blowing. This is Korotkoff's 4th sound and represents the Diastolic Pressure. Do not wait until the point of complete disappearance of sounds.

(a) Systolic pressure – taken by auscultation *MEB20 1* mm

(b) Diastolic pressure – taken by auscultation *MEB20 2* mm

What depth of cuff was used? *MEB20 3* cm or inches

Did the cuff completely encircle the arm? Yes *MEB20 4*
 No

NOW PLEASE MAKE A GENERAL AND SYSTEMIC EXAMINATION OF THE CHILD AND ANSWER QUESTIONS B21, B22, B23, B24, B25 and B26 BASED ON YOUR FINDINGS

B21 Please state whether or not any abnormal condition has been found in any of the following systems in the child

Please record *all* abnormal clinical findings

<i>Please put a tick on each line</i>	No abnormal condition	Abnormal condition present	Please describe and give diagnosis
(a) Facial and general appearance	<input type="checkbox"/> <i>MEB21 1</i>	<input type="checkbox"/>	<i>MEB21 2</i>
(b) Skin condition	<input type="checkbox"/> <i>MEB21 3</i>	<input type="checkbox"/>	<i>MEB21 4</i>
(c) Ear nose or throat condition	<input type="checkbox"/> <i>MEB21 5</i>	<input type="checkbox"/>	<i>MEB21 6</i>
(d) Upper respiratory condition	<input type="checkbox"/> <i>MEB21 7</i>	<input type="checkbox"/>	<i>MEB21 8</i>
(e) Lower respiratory condition	<input type="checkbox"/> <i>MEB21 9</i>	<input type="checkbox"/>	<i>MEB21 10</i>
(f) Cardiovascular condition	<input type="checkbox"/> <i>MEB21 11</i>	<input type="checkbox"/>	<i>MEB21 12</i>
(g) Gastrointestinal condition	<input type="checkbox"/> <i>MEB21 13</i>	<input type="checkbox"/>	<i>MEB21 14</i>
(h) Other abdominal condition	<input type="checkbox"/> <i>MEB21 15</i>	<input type="checkbox"/>	<i>MEB21 16</i>
(i) Urogenital tract condition	<input type="checkbox"/> <i>MEB21 17</i>	<input type="checkbox"/>	<i>MEB21 18</i>
(j) Neurological condition	<input type="checkbox"/> <i>MEB21 19</i>	<input type="checkbox"/>	<i>MEB21 20</i>
(k) Musculo-skeletal condition	<input type="checkbox"/> <i>MEB21 21</i>	<input type="checkbox"/>	<i>MEB21 22</i>
(l) Endocrine condition	<input type="checkbox"/> <i>MEB21 23</i>	<input type="checkbox"/>	<i>MEB21 24</i>
(m) Blood or lymphatic condition	<input type="checkbox"/> <i>MEB21 25</i>	<input type="checkbox"/>	<i>MEB21 26</i>
(n) Mental handicap	<input type="checkbox"/> <i>MEB21 27</i>	<input type="checkbox"/>	<i>MEB21 28</i>
(o) Behavioural or emotional problem	<input type="checkbox"/> <i>MEB21 29</i>	<input type="checkbox"/>	<i>MEB21 30</i>
(p) Other abnormal condition(s) or syndrome(s)	<i>MEB21 31</i>		

B22 Did your examination reveal any of the following?

<i>Please put a tick in each row</i>	No	Yes	If Yes please describe
Any evidence of puberty*	<input type="checkbox"/> MEB22 1	<input type="checkbox"/>	MEB22 2 , MEB22 3 MEB22 4, MEB22 5, MEB22 6
Any surgical or operative scar(s)	<input type="checkbox"/> MEB22 7	<input type="checkbox"/>	MEB22 8
Any scar(s) due to injury burns, etc	<input type="checkbox"/> MEB22 9	<input type="checkbox"/>	MEB22 10 MEB22 11 MEB22 12 , MEB22 13
Any pathological heart murmur	<input type="checkbox"/> MEB22 14	<input type="checkbox"/>	MEB22.15
Undescended/ectopic testis	<input type="checkbox"/> MEB22 16	<input type="checkbox"/>	MEB22 17
Any other pathology of note not already stated in question B21	<input type="checkbox"/> MEB22 18	<input type="checkbox"/>	MEB22 19

*axillary hair pubic hair
mammary enlargement menarche

B23 Has the child any disfiguring condition? e.g. abnormal facies large port-wine stain, obvious scars or any other major deviation from normal which is visible or becomes apparent on undressing or on movement

Yes MEB23 1 — If Yes please describe
 No MEB23 2
 MEB23 3

B24 Is there any evidence that this child has any past or present congenital abnormality? Include both major and minor abnormalities

Yes MEB24 1 — If Yes please describe
 No MEB24 2
 MEB24 3
 MEB24 4
 MEB24 5

B25 Please examine the creases on the palms of the child's hands and mark the box beneath the diagram most closely corresponding to the child's palm pattern See instruction booklet

Left Palm	Right Palm
Tick one box only	Tick one box only
<input type="checkbox"/> MEB25 1 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> MEB25 3 <input type="checkbox"/> <input type="checkbox"/>

Comments if any MEB25 2

B26 On clinical impression, which of the following terms do you consider to be the most accurate description of the child?

MEB26

- Grossly obese
- Moderately obese
- Normal build
- Thin
- Very thin
- Not examined

B27 LATERALITY Please answer all 5 sections of this question

(a) Hand Stand directly in front of the child. Place a ball midway between the child's feet and 12 inches in front of child. Ask child to pick up and hand you the ball and note which hand is used.

Then repeat test once

	Put a tick in each column	1st occasion	2nd occasion
Right hand	MEB27 1	<input type="checkbox"/>	MEB27 2 <input type="checkbox"/>
Left hand		<input type="checkbox"/>	<input type="checkbox"/>
Both hands		<input type="checkbox"/>	<input type="checkbox"/>
Unable to test		<input type="checkbox"/>	<input type="checkbox"/>

(b) Hand Ask the child to mime combing hair and note which hand is used

Right hand	MEB27 3	<input type="checkbox"/>
Left hand		<input type="checkbox"/>
Both hands		<input type="checkbox"/>
Unable to test		<input type="checkbox"/>

(c) Hand and foot Ask the child which hand is used for writing then ask which foot is used for kicking a ball

	Put a tick in each column	Hand used	Foot used
Right	MEB27 4	<input type="checkbox"/>	MEB27 5 <input type="checkbox"/>
Left		<input type="checkbox"/>	<input type="checkbox"/>
Either		<input type="checkbox"/>	<input type="checkbox"/>
Cannot do it		<input type="checkbox"/>	<input type="checkbox"/>

(d) Foot Put a coin on the floor some distance away from the child. Ask him/her to walk over and stamp on the coin. Which foot was used?

Right foot	MEB27 6	<input type="checkbox"/>
Left foot		<input type="checkbox"/>
Both feet		<input type="checkbox"/>
Unable to test		<input type="checkbox"/>

(e) Eye Roll up a sheet of paper to form a tube. Stand directly in front of the child holding the tube with both hands directly in front of you. Say "Let's pretend this is a telescope. Can you show me what you do with a telescope?" or a similar phrase.

Note which hand was used to lift the tube to which eye

Which hand? MEB27 7

- Right hand
- Left hand
- Both hands
- Unable to test

Which eye? MEB27 8

- Right eye
- Left eye
- Other response

please specify
MEB27.9

MOTOR CO-ORDINATION TESTS

The following five tests will indicate the clumsy or inco-ordinate child so far as this is possible on clinical examination. Such tests are non-specific and difficult to validate but will be used in conjunction with other findings and the opinions of teachers and parents, recorded elsewhere. The results will inevitably be influenced by the effects of child's skill and experience. At the end of the tests the examiner is asked to give a considered opinion as to the degree of clumsiness or inco-ordination.

Please test all children except either those who are grossly handicapped or those who are incapable of understanding the test(s). In these instances please enter the reason after question B32.

B28 THROWING A BALL IN THE AIR

You will need a tennis ball or a rubber ball of equivalent size and weight

The important point about this test is to discover the child's optimum performance. We would therefore be grateful if you would carry out the test in the following way —

Ask the child to stand in a space so that he/she has room to move. Say 'I want you to show me if you can throw the ball up in the air and catch it. Allow two or three initial attempts. If the child fails to catch the ball record the fact and do not proceed with the test.

If the child can catch the ball say 'Now throw the ball up in the air and clap your hands together once before you catch it, praising the child if he/she both claps his/her hands and catches the ball. Then repeat the procedure increasing the number of claps until the child fails on two successive attempts. Record the greatest number of claps resulting in a successful catch.

If the greatest number of claps was 2 or more, ask him/her to repeat the test catching with one hand only. Let the child use preferred hand.

RECORD —

Tick correct answer

Initial throw(s) could not catch ball
caught ball

MEB28 1

If caught ball successfully please continue with test and record the maximum number of claps before catching with two hands

MEB28 2
 claps

If caught ball after at least 2 claps please continue test catching the ball with the preferred hand and record the maximum number of claps before catching with preferred hand

MEB28 3
 claps

B29 SORTING MATCHES

You will need one match box drawer containing 20 matches one empty match box drawer and a stopwatch or watch with second hand

Set the child at a table with the two match boxes at a comfortable distance in front of him/her and 12 inches apart.

Ask the child to take the matches one at a time from the full drawer and transfer them to the empty drawer. One hand only to be used — the other hand may be used to steady either box.

Say 'Here is a box of matches. I want you to pick up the matches one at a time from the box and place them in the other box like this. Do it as quickly as you can.'

Time how long it takes for the child to transfer the matches from one box to the other. Repeat the test with the other hand.

RECORD —

Time taken by right hand
Time taken by left hand

MEB29 1
MEB29 2

seconds
 seconds

B30 FIGURE DRAWING ON PALM OF HAND (GRAPHESTHESIA)

You will need a blunt point for example a biro with tip retracted



Ask the child to place both his/her hands on a table palms uppermost. Using the blunt point firmly describe a figure 8 on the child's right palm. Take two seconds to draw it and allow the child to watch. Ask him/her what you have drawn. Now draw a figure 8 on the left palm and again ask him/her what you have drawn.

Now please show the child the 4 figures depicted in the instruction booklet, and ask the child to name each one. In case instruction booklet is not available the 4 figures are reproduced above.

Ask child to close his/her eyes. Draw the first figure indicated in the following list on the right palm and ask the child what it was. Record whether child correct, incorrect or uncertain. Continue drawing the figures on the palm indicated and record the results. Praise the child for the first correct response. Please do not repeat any part of the test.

If the child is non-verbal, ask him/her to point to the correct shape rather than name it.

NOTE DO NOT LET THE CHILD SEE THIS SCORE SHEET

Please tick appropriate box in each row

RECORD —		Child correct	Child incorrect	Child uncertain
MEB30 1	(a) Right palm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30 2	(b) Left palm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30 3	(c) Right palm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30 4	(d) Left palm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30 5	(e) Right palm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30 6	(f) Left palm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30 7	(g) Right palm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30 8	(h) Left palm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B31 STANDING ON ONE LEG (30 SECONDS)

Please make sure the child has no shoes on

Ask the child to stand on his/her right leg with the left foot against the knee of the right leg hands on hips Give him/her a moment to settle, then tell the child to try to keep the position for 30 seconds

Watch the position of hands and feet and record how soon the hands move from the hips or the feet move Repeat the test with child standing on the left leg and time in same way

(a) Standing on Right leg for 30 seconds

Did foot/feet move before 30 seconds?

MEB31 1 No Yes] — If Yes after how many seconds? MEB31 2
seconds

Did hand(s) move before 30 seconds?

MEB31 3 No Yes] — If Yes after how many seconds? MEB31 4
seconds

(b) Standing on Left leg for 30 seconds

Did foot/feet move before 30 seconds?

MEB31 5 No Yes] — If Yes after how many seconds? MEB31 6
seconds

Did hand(s) move before 30 seconds?

MEB31 7 No Yes] — If Yes. after how many seconds? MEB31 8
seconds

Comments if any MEB31 9

B32 WALKING BACKWARDS (20 STEPS) *Please make sure child has no shoes on*

Find a straight line on the floor at least 4 metres long, e.g. the edge of a floorboard, or mark one out with chalk Use a corridor if the examination room is not long enough

Ask the child to put his/her hands on hips and then to walk backwards along the line, placing one foot behind the other toe-to-heel

The examiner should first demonstrate the test, saying 'I want you to walk like this Remember your toes must touch your heel with each step you take Keep your hands on your hips Walk backwards in a straight line You may glance behind you if it helps

Let the child have two practices by asking him/her to walk backwards for 5 steps on each occasion

Then ask the child to walk backwards for 20 steps Count the number of steps the child makes before making an error An error occurs if he/she ceases to maintain toe-to-heel or deviates from the line or moves either hand from hips If the child makes an error in the first 5 steps continue to count the number of steps until the next error

RECORD — Number of consecutive steps taken before error (or between an error in the first 5 steps and the next error) MEB32 1
steps

Comments if any MEB32 2

.....

If some or all the motor co-ordination tests have been omitted please enter reason below

MEB32 3

B33 From your observations, which of the following phrases do you consider best describes the child?

- Normal limb co-ordination MEB33 1
- Questionably clumsy
- Mildly clumsy
- Moderately clumsy
- Markedly clumsy
- Unable to assess
- Comments MEB33 2

B34 PULSE RATE AT END OF EXAMINATION

Would you please settle the child and after at least 2 minutes take the child's pulse rate again for at least 60 seconds, with the child sitting

Pulse rate at end of examination MEB34 beats in 1 minute

Please thank child and ensure before the child leaves that all measurements and tests have been carried out

SUMMARY OF CONDITIONS FOUND AND CONCLUSIONS

B35 Have you found any evidence, by examination or from history, that this child has any health or educational problem, defect or handicap?

Yes MEB35 1
No

— If Yes please list each condition below and assess the effect, if any on the child's home or school progress

Nature of problem/defect/handicap	Condition present but no real disability	Condition resulting in slight disability	Condition resulting in marked disability	Past condition but no longer producing symptoms
1 MEB35 2*, MEB35 3*	<input type="checkbox"/> MEB35 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 MEB35 5A* MEB35 5B* MEB35 6*	<input type="checkbox"/> MEB35.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 MEB35 8* MEB35.9*	<input type="checkbox"/> MEB35 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 MB35 11A* MB35 11B* MEB35 12*	<input type="checkbox"/> MEB35-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 MEB35 14* MEB35 15*	<input type="checkbox"/> MEB35 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 MB35 17A* MB35 17B* MEB35 18*	<input type="checkbox"/> MEB35 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further comments MEB35 20

B36 Has your medical examination and scrutiny of the child's documents revealed the presence of any abnormal condition(s) or symptom(s), not previously diagnosed or already under observation?
 Please include if appropriate condition(s) from B35 or elsewhere

Yes *MEB36 1* — If Yes, please list each condition below and give reason(s), if any, why condition not previously diagnosed or under observation
 No
 Insufficient information (a) *MEB36 2* MEB36 3A* MEB36 3B**

(b) *MEB36 4* MEB36 5**

(c) *MEB36 6* MEB36 7A* MEB36 7B**

B37 Do you consider that this child has any condition(s) requiring ongoing medical observation or treatment for any reason?

Please include if appropriate condition(s) from B35 or elsewhere

No *MEB37 1*
 Yes condition(s) present for which child is already receiving observation or treatment — If Yes please state condition(s) and give your recommendation(s) regarding necessary ongoing observation(s) or treatment for each condition
MEB37 2
 Yes condition(s) present for which child is not receiving observation or treatment
MEB37 3
 Insufficient information (i) *MEB37 5* MEB37 6A* MEB37 6B**
MEB37 4

(ii) *MEB37 7* MEB37 8**

(iii) *MEB37 9* MEB37 10A* MEB37 10B**

(iv)

ENTER IN THIS SPACE DETAILS OF CLINICAL PROGRESS AND MAJOR FINDINGS ON ANY DEFECT, DISABILITY OR HANDICAPPING CONDITION(S)

See question A8 please also append here or send to us any available copies of relevant child health reports and/or special educational documents relating to such condition(s)

BACK1M

PLEASE ADD HERE FURTHER ANSWERS TO ANY QUESTIONS WHERE THERE WAS INSUFFICIENT SPACE ON THIS FORM

BACK2M

SPACE FOR ANY COMMENTS BY SCM (CHILD HEALTH) OR OTHER STUDY CO-ORDINATOR

Please include here any details from missing or centrally-held child health records

BACK3M

SEE PAGE 20

Before signing the form would you please check that ALL QUESTIONS have been answered and suitably recorded

Signature of Medical Officer

Date

THANK YOU VERY MUCH FOR YOUR HELP

AUDIOGRAM

Child's Surname	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Child's Forename(s)	Date of birth /4/70
Child's Home Address	

Please check the child's hearing by using either sweep audiometry or pure-tone audiometry, and record the results below

(a) SWEEP AUDIOMETRY

Please tick one box in each row

		Normal	Abnormal	*Could not be tested	Give reason
Right ear	A103A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Left ear	A105A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you are satisfied that the child has abnormal or possibly abnormal hearing please undertake pure-tone audiometry and record the results below

(b) PURE-TONE AUDIOMETRY

If carried out please record results below, for air conduction and bone conduction

	LEFT EAR																																																																																																																																																																																																																												
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Please complete the details below for sweep audiometry, and for pure-tone audiometry if done

No frequencies performed RCOUNT, LCOUNT

Audiogram recorded at		
Name of recorder		Date / /80
Professional status		
Make of audiometer		Level of sweep dB s
Frequencies tested by sweep	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

*If it is impossible to arrange for audiometry to be carried out for this survey, please enter date and result of most recent audiogram below, whether sweep or pure-tone

Type of test

Result NCDKID

Date tested

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CHILD HEALTH AND EDUCATION STUDY

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

PUPIL QUESTION FORM



1980

Director Neville R Butler
 MD, FRCP, FRCOG, DCH,
 Department of Child Health Research Unit
 University of Bristol
 Bristol BS2 8BH

CONFIDENTIAL

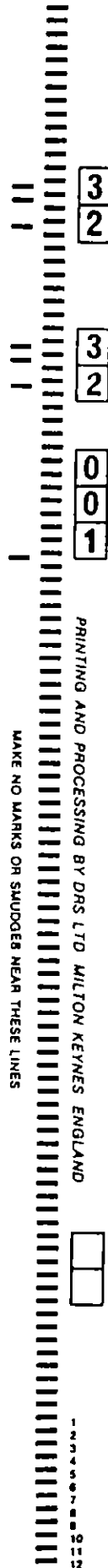
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Tel (0272) 24920

Under the auspices of the University of Bristol and the National Birthday Trust

PLEASE COMPLETE IN BLOCK CAPITALS

Surname	<input type="text"/>											
Forenames	<input type="text"/>											
Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of Birth	DAY	MTH	YR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age in days at completion of Pupil Form K005B					DAY	MTH	YR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Today's Date					DAY	MTH	YR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
School Name	<input type="text"/>											
<input type="text"/>				<input type="text"/>				<input type="text"/>				



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PRINTING AND PROCESSING BY DRS LTD MILTON KEYNES ENGLAND
 MAKE NO MARKS OR STAMPS NEAR THESE LINES

To the Child

You are among 15,000 boys and girls in England, Wales and Scotland who are being asked to answer these questions in your own writing

We want to find out what the boys and girls of your age are doing and thinking We should be very pleased if you would answer all the questions as well as you can It will help us in our work, and that means that we shall be able to do more for the boys and girls of tomorrow Whatever you write will not be shown to anybody

Thank you for your help

Neville Butler
 Professor of Child Health

IMPORTANT BEFORE HANDING THIS FORM TO THE CHILD, PLEASE SEE THE LAST PART OF THE INSTRUCTION BOOKLET FOR ADVICE ON ADMINISTRATION OF THE FORM

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PRINTING AND PROCESSING BY DRS LTD MILTON KEYNES ENGLAND

MAKE NO MARKS OR SMUDGES NEAR THESE LINES

GENERAL NOTES

PLEASE ENSURE THAT EVERY QUESTION IS ANSWERED

PLEASE USE SOFT PENCIL ONLY, AND RUB OUT ANY MISTAKES THOROUGHLY

Where space for your answers are of this type simply mark the appropriate space like this , not like or

SECTION A – The LAWSEQ Pupil Questionnaire

Put a horizontal mark through the right answer, like this

Now have a go yourself

And again



Yes

No

Don't Know

- 1 Do you think that your parents usually like to hear about your ideas? K010
- 2 Do you often feel lonely at school? K011
- 3 Do other children often break friends or fall out with you? K012
- 4 Do you like team games? K013
- 5 Do you think that other children often say nasty things about you? K014
- 6 When you have to say things in front of teachers, do you usually feel shy? K015
- 7 Do you like writing stories or doing other creative writing? K016
- 8 Do you often feel sad because you have nobody to play with at school? K017
- 9 Are you good at mathematics? K018
- 10 Are there lots of things about yourself you would like to change? K019
- 11 When you have to say things in front of other children, do you usually feel foolish? K020
- 12 Do you find it difficult to do things like woodwork or knitting? K021
- 13 When you want to tell a teacher something, do you usually feel foolish? K022
- 14 Do you often have to find new friends because your old friends are playing with somebody else? K023
- 15 Do you usually feel foolish when you talk to your parents? K024
- 16 Do other people often think that you tell lies? K025

SECTION B

Please try to describe yourself, using each of the descriptions listed below

- | | | Often or usually | Sometimes | Not at all |
|---|--|------------------------------------|-----------------------------------|--------------------------|
| 1 | I am nervous | K026 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | I am lively | K027 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | I like company | K028 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | I worry a lot | K029 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | I am happy-go lucky | K030 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | I am quiet | K031 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | I prefer to be on my own | K032 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | I am easy-going | K033 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Can you use a needle and thread? | K034 Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3 | Do you have something to eat before coming to school in the morning? | K035 | | |
| | Yes always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | No never <input type="checkbox"/> | |

4 Do you do well or not so well in the following school subjects?

	Well	Not so well		Well	Not so well
Mathematics	<input type="checkbox"/> K036	<input type="checkbox"/>	Art and craft	<input type="checkbox"/> K040	<input type="checkbox"/>
Reading .	<input type="checkbox"/> K037	<input type="checkbox"/>	Topic or project work	<input type="checkbox"/> K041	<input type="checkbox"/>
Spelling	<input type="checkbox"/> K038	<input type="checkbox"/>	Games	<input type="checkbox"/> K042	<input type="checkbox"/>
Creative writing	<input type="checkbox"/> K039	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/> K043	<input type="checkbox"/>

5 What do you do in the middle of the day?

Go home to eat	K044	<input type="checkbox"/>	Buy food at the shops	K047	<input type="checkbox"/>
Take sandwiches to school	K045	<input type="checkbox"/>	I don't eat anything in the middle of the day	K048	<input type="checkbox"/>
Have school dinner	K046	<input type="checkbox"/>			

6 Do you like to be on your own? K049

	Not at all	Only now and then	Some of the time	A lot of the time	Nearly all the time	All the time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 How many of your friends smoke cigarettes? K050

Most of them	<input type="checkbox"/>	Some of them	<input type="checkbox"/>	None of them	<input type="checkbox"/>
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8 Have you ever tried a cigarette? K051

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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9 Have you tried more than one cigarette? K052

Yes	<input type="checkbox"/>	No, only tried one	<input type="checkbox"/>	Have not tried	<input type="checkbox"/>
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10 If you have tried more than one cigarette, could you work out how much you smoke? (Put your pencil mark across the box which is close to the right number) K053

Never	<input type="checkbox"/>	Smoke about 1 cigarette a week	<input type="checkbox"/>
Only tried once	<input type="checkbox"/>	Smoke 2 to 5 cigarettes a week	<input type="checkbox"/>
Only tried twice	<input type="checkbox"/>	Smoke about 1 cigarette a day	<input type="checkbox"/>
Smoke less than 1 cigarette a week	<input type="checkbox"/>	Smoke more than 1 cigarette a day	<input type="checkbox"/>

11 Do you believe that cigarettes can harm people's health? K054

I don't believe it	<input type="checkbox"/>	It may be true	<input type="checkbox"/>	Yes, I believe it	<input type="checkbox"/>
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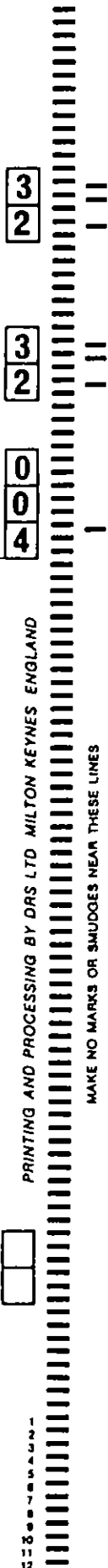
12 About how much time do you spend talking to your parents each day? K055

None at all	<input type="checkbox"/>	Not very much	<input type="checkbox"/>	Quite a lot	<input type="checkbox"/>
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13 How often do you eat each of these foods?

	Nearly every day	Quite often	Sometimes	Hardly ever
White bread	K056 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown bread	K057 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter	K058 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margarine	K059 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese	K060 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	K061 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat	K062 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	K063 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate or other sweets	K064 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 MAKE NO MARKS OR STAMPS NEAR THESE LINES



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MAKE NO MARKS OR SMUDGES NEAR THESE LINES

- 14 Which of the following do you drink? (Write in the squares how many cups or glasses of each drink you have on an ordinary day. If none, write 0 in that square.)
- | | | | | | |
|--------------------|----------------------|------|--------------------|----------------------|--------------------|
| | Cups/glasses a day | | Cups/glasses a day | | Cups/glasses a day |
| Tea | <input type="text"/> | K065 | Coffee | <input type="text"/> | K067 |
| Cocoa or chocolate | <input type="text"/> | K066 | Milk | <input type="text"/> | K068 |
| | | | Coca-cola or Pepsi | <input type="text"/> | K069 |
| | | | Water | <input type="text"/> | K070 |
- 15 When you wake up in the morning do you usually cough?
 Yes No K071
- 16 How much do you cough during the rest of the day or night? K072
 Not at all Only sometimes
 A fair amount Quite a lot
 A very great deal
- 17 Do you get short of breath when hurrying on flat ground or walking up a slight hill? K073
 Yes No Don't know
- 18 When you cough do you wheeze or feel tightness of the chest? K074
 Yes No I hardly ever cough

SECTION C - The CARALOC Pupil Questionnaire

- | | Yes | No | Don't Know |
|--|-------------------------------|--------------------------|--------------------------|
| 1 Do you feel that most of the time it's not worth trying hard because things never turn out right anyway? | <input type="checkbox"/> K075 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you feel that wishing can make good things happen? | <input type="checkbox"/> K076 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Are people good to you no matter how you act towards them? | <input type="checkbox"/> K077 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Do you like taking part in plays or concerts? | <input type="checkbox"/> K078 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Do you usually feel that it's almost useless to try in school because most children are cleverer than you? | <input type="checkbox"/> K079 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Is a high mark just a matter of "luck" for you? | <input type="checkbox"/> K080 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Are you good at spelling? | <input type="checkbox"/> K081 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Are tests just a lot of guess work for you? | <input type="checkbox"/> K082 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are you often blamed for things which just aren't your fault? | <input type="checkbox"/> K083 | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Are you the kind of person who believes that planning ahead makes things turn out better? | <input type="checkbox"/> K084 | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Do you find it easy to get up in the morning? | <input type="checkbox"/> K085 | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 When bad things happen to you, is it usually someone else's fault? | <input type="checkbox"/> K086 | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 When someone is very angry with you, is it impossible to make him your friend again? | <input type="checkbox"/> K087 | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 When nice things happen to you is it only good luck? | <input type="checkbox"/> K088 | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Do you feel sad when it's time to leave school each day? | <input type="checkbox"/> K089 | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 When you get into an argument is it usually the other person's fault? | <input type="checkbox"/> K090 | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Are you surprised when your teacher says you've done well? | <input type="checkbox"/> K091 | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Do you usually get low marks, even when you study hard? | <input type="checkbox"/> K092 | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Do you like to read books? | <input type="checkbox"/> K093 | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Do you think studying for tests is a waste of time? | <input type="checkbox"/> K094 | <input type="checkbox"/> | <input type="checkbox"/> |

THANK YOU VERY MUCH FOR ANSWERING ALL THE QUESTIONS

CHILD HEALTH AND EDUCATION STUDY

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

EDUCATIONAL SCORE FORM



1980

Director Neville R Butler
MD, FRCP, FRCOG, DCH
Department of Child Health Research Unit
University of Bristol
Bristol BS2 8BH

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Tel (0272) 24920

Under the auspices of the University of Bristol and the National Birthday Trust

PLEASE COMPLETE IN BLOCK CAPITALS

Child's Surname

Child's Forenames

Child's Sex M F

Child's Date of Birth DAY MTH YR

Today's Date DAY MTH YR

School Name

School Address

GENERAL NOTES

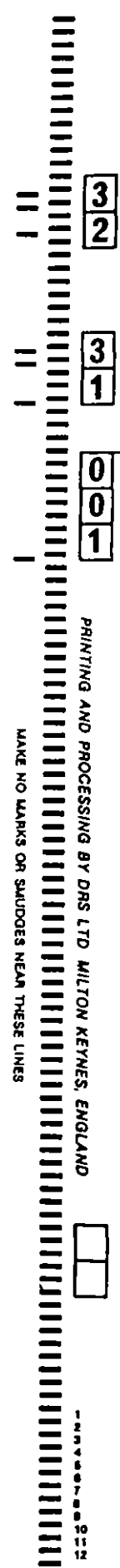
PLEASE ENSURE THAT EVERY QUESTION IS ANSWERED

PLEASE USE SOFT PENCIL ONLY AND RUB OUT ANY MISTAKES THOROUGHLY

Where space for your answers are of this type or this type , simply mark the appropriate space like this , or this , not like or . Answers of this type will be machine read, so please ensure that nothing else is entered in, or near these spaces otherwise the form will be unreadable

This document contains score sheets for the following measures

- The CHES Pictorial Language Comprehension Test (pages 2 – 5)
- The Diagnostic Measures referred to in the Instruction Booklet (pages 6 – 9)
- The Social Judgement Scale (pages 10 – 11)



Score sheet for the Ches Pictorial Language Comprehension Test

1	I8 elephant	⊕ ⊕ ⊗ ⊕	15	I22 sweets	⊕ ⊕ ⊗ ⊕	29	I36 migration	⊕ ⊕ ⊗ ⊕
2	I9 playground	⊕ ⊕ ⊗ ⊕	16	I23 cinema	⊕ ⊕ ⊗ ⊕	30	I37 destination	⊕ ⊕ ⊗ ⊕
3	I10 plug	⊕ ⊕ ⊗ ⊕	17	I24 cake	⊕ ⊕ ⊗ ⊕	31	I38 crockery	⊕ ⊕ ⊗ ⊕
4	I11 rhubarb	⊕ ⊕ ⊗ ⊕	18	I25 iron	⊕ ⊕ ⊗ ⊕	32	I39 saturation	⊕ ⊕ ⊗ ⊕
5	I12 aeroplane	⊕ ⊕ ⊗ ⊕	19	I26 fire-engine	⊕ ⊕ ⊗ ⊕	33	I40 garment	⊕ ⊕ ⊗ ⊕
6	I13 eyebrow	⊕ ⊕ ⊗ ⊕	20	I27 waistcoat	⊕ ⊕ ⊗ ⊕	34	I41 nourishment	⊕ ⊕ ⊗ ⊕
7	I14 elbow	⊕ ⊕ ⊗ ⊕	21	I28 corkscrew	⊕ ⊕ ⊗ ⊕	35	I42 eclipse	⊕ ⊕ ⊗ ⊕
8	I15 sun	⊕ ⊕ ⊗ ⊕	22	I29 ointment	⊕ ⊕ ⊗ ⊕	36	I43 implement	⊕ ⊕ ⊗ ⊕
9	I16 church	⊕ ⊕ ⊗ ⊕	23	I30 telescope	⊕ ⊕ ⊗ ⊕	37	I44 douse	⊕ ⊕ ⊗ ⊕
10	I17 projector	⊕ ⊕ ⊗ ⊕	24	I31 mountain	⊕ ⊕ ⊗ ⊕	38	I45 geyser	⊕ ⊕ ⊗ ⊕
11	I18 fossil	⊕ ⊕ ⊗ ⊕	25	I32 veil	⊕ ⊕ ⊗ ⊕	39	I46 osteopath	⊕ ⊕ ⊗ ⊕
12	I19 diver	⊕ ⊕ ⊗ ⊕	26	I33 pedestrian	⊕ ⊕ ⊗ ⊕	40	I47 upholstery	⊕ ⊕ ⊗ ⊕
13	I20 wardrobe	⊕ ⊕ ⊗ ⊕	27	I34 reptile	⊕ ⊕ ⊗ ⊕	41	I48 detritus	⊕ ⊕ ⊗ ⊕
14	I21 hyena	⊕ ⊕ ⊗ ⊕	28	I35 toboggan	⊕ ⊕ ⊗ ⊕	42	I49 apex	⊕ ⊕ ⊗ ⊕

TOTAL ZEROS _____

PRINTING AND PROCESSING BY DRS LTD MILTON KEYNES ENGLAND
 MAKE NO MARKS OR SMUDGES NEAR THESE LINES
 3 2 3 1 0 0 2

Score sheet for the Ches Pictorial Language Comprehension Test (continued)

43	I50 submergence	0 2 3 4	53	I60 constellation	0 2 0 4	63	I73 metamorphosis	0 2 3 0
44	I51 accessories	0 0 3 4	54	I61 profile	0 0 3 4	64	I74 zenith	0 2 3 0
45	I52 abstinence	0 2 0 4	55	I62 verandah	0 2 3 4	65	I75 itinerary	0 0 3 4
46	I53 arbitrator	0 2 0 4	56	I66 duplicate (pronounce as a noun)	0 0 3 4	66	I76 sinew	0 2 3 4
47	I54 erosion	0 0 3 4	57	I67 horticulture	0 2 3 4	67	I77 paraphernalia	0 2 0 4
48	I55 radiation	0 2 3 4	58	I68 vortex	0 2 0 4	68	I78 hosiery	0 2 3 0
49	I56 quagmire	0 2 0 4	59	I69 abode	0 0 3 4	69	I79 zone	0 2 3 4
50	I57 barrister	0 2 0 4	60	I70 ovilian	0 0 3 4	70	I80 vertebrate	0 2 0 4
51	I58 suburb	0 2 0 4	61	I71 vista	0 2 3 0	71	I81 formula	0 2 3 0
52	I59 carnivore	0 2 3 0	62	I72 condiments	0 2 3 4			

TOTAL ZEROS _____

Total Zeros for vocabulary items

1 - 14

15 - 28

29 - 42

43 - 52

53 - 62

63 - 71

Total correct _____

MAKE NO MARKS OR SAUDGES NEAR THESE LINES

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12345678910

3
2

3
1

0
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3

Score sheet for the Ches Pictorial Language Comprehension Test (continued)

Sentences

72	No house has a chimney	1	2	I82
73	No ball has spots	0	4	I83
74	Although it was raining the girl was not wearing a mac or boots	0	2	I84
75	The lorry with the trailer is being passed by the car with the caravan	3	4	I85
76	Before the ball had touched the surface, the dog was swimming to retrieve it	1	0	I86
77	The house was as tall as the lamp post but smaller than the crane	3	0	I87
78	Only the cat is without its food	1	2	I88
79	Not all the chains are broken	3	4	I89
80	Not only the children have kites	1	2	I90
81	Not only the curtains are striped	3	0	I91
82	The girl ran as fast as the boy in shorts, but slower than the one in a track suit	1	0	I92
83	There's not a toy without a box	3	4	I93
84	Not all the lorries are loaded	1	2	I94
85	There's not a shoe without a lace	3	0	I95
86	Only the beach is without a tent	1	2	I96
87	There is no bottle unopened	0	4	I97

Total zeros for sentence items

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 MAKE NO MARKS OR SMUGGES NEAR THESE LINES

3
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1
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0
4

Score sheet for the Ches Pictorial Language Comprehension Test (continued)

<u>Sequences</u>	<u>Correct Order</u>	<u>Not the Same</u>	<u>Same</u>
88 When he had finished drinking his tea, he read his paper	1 2 I98	<input type="checkbox"/>	<input type="checkbox"/>
89 The man picked up the ladder which was leaning against the house and walked off down the street	2 1 I99	<input type="checkbox"/>	<input type="checkbox"/>
90 The dog chased the cat which ran up the tree	1 2 I100	<input type="checkbox"/>	<input type="checkbox"/>
91 When the boy had put on his mackintosh, he pulled on his wellingtons, put up his umbrella, and jumped in a big puddle	2 3 1 4 I101	<input type="checkbox"/>	<input type="checkbox"/>
92 After the rainfall the sun came out, birds flew to the trees and found their nests	4 2 1 3 I102	<input type="checkbox"/>	<input type="checkbox"/>
93 When the train arrived in the station the girl got in followed by the boy	3 2 1' I103	<input type="checkbox"/>	<input type="checkbox"/>
94 When the plane had landed the passengers disembarked and the pilot got out	3 1 2 I104	<input type="checkbox"/>	<input type="checkbox"/>
95 Before leaving the house to catch the bus, she swept up the cornflakes that the cat had knocked over	4 1 2 3 I105	<input type="checkbox"/>	<input type="checkbox"/>
96 They ate the apples which they had brought from the fruit-stall, and threw the cores over the fence where they were eaten by the goat	3 1 2 4 I106	<input type="checkbox"/>	<input type="checkbox"/>
97 Before rising to his feet to begin his speech, the mayor then thanked the little girl for the flowers she had presented him	3 2 4 1 I107	<input type="checkbox"/>	<input type="checkbox"/>
98 They kicked the beach ball, which they had just blown up, until it landed in the sea, where it alarmed a seagull	1 2 3 4 I108	<input type="checkbox"/>	<input type="checkbox"/>
99 Before she went upstairs and climbed into bed, the old lady bolted the door and turned out the light	4 2 3 1 I109	<input type="checkbox"/>	<input type="checkbox"/>
100 Before he turned to the orchestra and lifted his baton, the conductor bowed to the audience and acknowledged their applause	3 4 1 2 I110	<input type="checkbox"/>	<input type="checkbox"/>

Total correct (sequences) _____

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 MAKE NO MARKS OR STAMPS NEAR THESE LINES

3
2
3
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5

Diagnostic Measures

(a) Diagnostic Reading

(i) First word list - teacher to mark incorrect responses on this form

Ask the child to read out each word from the 'FIRST WORD LIST' of the DIAGNOSTIC READING SECTION of the instruction booklet (page 7) Mark only those words which are pronounced incorrectly. The judgement of correctness should be made within terms of the child's particular dialect, accent or customary intonations. When the child has failed four successive items please stop the reading and underline carefully the last word attempted.

MARK THE APPROPRIATE BOX ONLY FOR THOSE WORDS WHICH ARE PRONOUNCED INCORRECTLY

Incorrect	Incorrect	Incorrect	Incorrect	Incorrect
play I111 <input type="checkbox"/>	sharp I112 <input type="checkbox"/>	list I113 <input type="checkbox"/>	old I114 <input type="checkbox"/>	jumping I115 <input type="checkbox"/>
before I116 <input type="checkbox"/>	soon I117 <input type="checkbox"/>	open I118 <input type="checkbox"/>	sly I119 <input type="checkbox"/>	ground I120 <input type="checkbox"/>
children I121 <input type="checkbox"/>	ditch I122 <input type="checkbox"/>	mouth I123 <input type="checkbox"/>	air I124 <input type="checkbox"/>	speaking I125 <input type="checkbox"/>
low I126 <input type="checkbox"/>	everyone I127 <input type="checkbox"/>	mischief I128 <input type="checkbox"/>	friendly I129 <input type="checkbox"/>	because I130 <input type="checkbox"/>
strange I131 <input type="checkbox"/>	farewell I132 <input type="checkbox"/>	meadow I133 <input type="checkbox"/>	frightened I134 <input type="checkbox"/>	towards I135 <input type="checkbox"/>
beauty I136 <input type="checkbox"/>	adventure I137 <input type="checkbox"/>	altogether I138 <input type="checkbox"/>	thistle I142 <input type="checkbox"/>	autumn I143 <input type="checkbox"/>
gracious I144 <input type="checkbox"/>	ocean I145 <input type="checkbox"/>	quarrelsome I146 <input type="checkbox"/>	neighbourhood I147 <input type="checkbox"/>	jealousy I148 <input type="checkbox"/>
delicious I149 <input type="checkbox"/>	sovereign I150 <input type="checkbox"/>	manufacture I151 <input type="checkbox"/>	idleness I152 <input type="checkbox"/>	population I153 <input type="checkbox"/>
acquaintance I154 <input type="checkbox"/>	palest I155 <input type="checkbox"/>	ceremony I156 <input type="checkbox"/>	monumental I157 <input type="checkbox"/>	acknowledge I158 <input type="checkbox"/>
threaten I159 <input type="checkbox"/>	burial I160 <input type="checkbox"/>	league I161 <input type="checkbox"/>	nevertheless I162 <input type="checkbox"/>	triumphant I163 <input type="checkbox"/>
rogue I164 <input type="checkbox"/>	ruinous I165 <input type="checkbox"/>	deny I166 <input type="checkbox"/>	original I167 <input type="checkbox"/>	consequences I168 <input type="checkbox"/>
reverence I169 <input type="checkbox"/>	cheque I170 <input type="checkbox"/>	pyramid I171 <input type="checkbox"/>	vehicle I172 <input type="checkbox"/>	emphasise I173 <input type="checkbox"/>
lieutenant I174 <input type="checkbox"/>	beneficial I175 <input type="checkbox"/>	piety I176 <input type="checkbox"/>	endeavour I177 <input type="checkbox"/>	susceptible I178 <input type="checkbox"/>
sacrificial I179 <input type="checkbox"/>	anticipate I180 <input type="checkbox"/>	idiotic I181 <input type="checkbox"/>	area I182 <input type="checkbox"/>	herioc I183 <input type="checkbox"/>
diameter I184 <input type="checkbox"/>	anticipate I185 <input type="checkbox"/>	cynical I186 <input type="checkbox"/>	analysis I187 <input type="checkbox"/>	picturesque I188 <input type="checkbox"/>
solicitor I189 <input type="checkbox"/>	inaccuracy I190 <input type="checkbox"/>	stratagem I191 <input type="checkbox"/>	persuasive I192 <input type="checkbox"/>	manoeuvres I193 <input type="checkbox"/>
preference I194 <input type="checkbox"/>	tyranny I195 <input type="checkbox"/>	catastrophe I196 <input type="checkbox"/>	opaque I197 <input type="checkbox"/>	decisive I198 <input type="checkbox"/>
miscellaneous I199 <input type="checkbox"/>	recipe I200 <input type="checkbox"/>	precipitous I201 <input type="checkbox"/>	pneumonia I202 <input type="checkbox"/>	calibre I203 <input type="checkbox"/>
mausoleum I204 <input type="checkbox"/>	occipital I205 <input type="checkbox"/>	facetious I206 <input type="checkbox"/>	tsetse I207 <input type="checkbox"/>	nausea I208 <input type="checkbox"/>
rhetoric I209 <input type="checkbox"/>	unanimity I210 <input type="checkbox"/>	heinous I211 <input type="checkbox"/>	fortuitous I212 <input type="checkbox"/>	desultory I216 <input type="checkbox"/>

(ii) Second word list - teacher to mark responses on this form

Please note carefully the pronunciation attempted by the child for each of these words. Try to persuade the child to make an attempt, if he or she seems hesitant.

	Word not attempted	Possible correct versions	Incorrect pronunciation
Neadow	I217 <input type="checkbox"/>	Neadow as in meadow <input type="checkbox"/> Needow, ow as in low <input type="checkbox"/> Needow, ow as in cow <input type="checkbox"/>	<input type="checkbox"/>
Locean	I218 <input type="checkbox"/>	as in ocean <input type="checkbox"/> or as in loseen <input type="checkbox"/>	<input type="checkbox"/>
Teague	I219 <input type="checkbox"/>	as in league <input type="checkbox"/> or as in tegew <input type="checkbox"/>	<input type="checkbox"/>
Orea	I220 <input type="checkbox"/>	as in area <input type="checkbox"/> or as in oree <input type="checkbox"/>	<input type="checkbox"/>
Histle	I221 <input type="checkbox"/>	as in thistle <input type="checkbox"/>	<input type="checkbox"/>
Narewell	I222 <input type="checkbox"/>	as in farewell <input type="checkbox"/>	<input type="checkbox"/>
Odleness	I223 <input type="checkbox"/>	as in idleness <input type="checkbox"/>	<input type="checkbox"/>
Ronumental	I224 <input type="checkbox"/>	as in monumental <input type="checkbox"/>	<input type="checkbox"/>

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 MAKE NO MARKS OR SMUDGES NEAR THESE LINES
 3
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6

Diagnostic Measures (continued)

(b) Writing and Spelling

I3808

(i) Dictation

Time taken

mins

secs

I3809 - I3864

(ii) Your handwriting

Everybody writes differently
Please copy either

THIS SENTENCE The quick brown fox jumps over the lazy dog

OR THIS *The quick brown fox jumps over the lazy dog*

Write whichever way you prefer, in your ordinary handwriting

I3865 - I3870

MAKE NO MARKS OR SMUDGES NEAR THESE LINES

Diagnostic Measures (continued)

(c) Naming Body Parts - The Left Right Test

Sit facing the child across a table

With the child sitting in front of you, please give the following instructions and observe and record the responses. Mark all that apply

Instructions	Correct Response	Echoed Question	Requested repeat of instruction	Epilepsia Took up what you said and developed it	Incorrect Response		
1 Show me your right hand Right hand shown	I 225	<input type="checkbox"/>	I 226 <input type="checkbox"/>	I 227 <input type="checkbox"/>	I 228 <input type="checkbox"/>	I 229 <input type="checkbox"/>	
2 Show me your left ear Left ear shown	I 230	<input type="checkbox"/>	I 231 <input type="checkbox"/>	I 232 <input type="checkbox"/>	I 233 <input type="checkbox"/>	I 234 <input type="checkbox"/>	
3 Put your hands of the table in front of the child Which is my right hand? Observer's right hand indicated	I 235	<input type="checkbox"/>	I 236 <input type="checkbox"/>	I 237 <input type="checkbox"/>	I 238 <input type="checkbox"/>	I 239 <input type="checkbox"/>	
4 Touch my left hand with your right hand Observer's left hand touched Child's right hand used	I 240 <input type="checkbox"/>	I 241 <input type="checkbox"/>	I 242 <input type="checkbox"/>	I 243 <input type="checkbox"/>	I 244 <input type="checkbox"/>	I 245 <input type="checkbox"/>	I 246 <input type="checkbox"/>
5 Point to my right ear with your right hand Observer's right ear indicated Child's right hand used	I 247 <input type="checkbox"/>	I 248 <input type="checkbox"/>	I 249 <input type="checkbox"/>	I 250 <input type="checkbox"/>	I 251 <input type="checkbox"/>	I 252 <input type="checkbox"/>	I 253 <input type="checkbox"/>
6 Touch my right hand with your right hand Observer's right hand touched Child's right hand used	I 254 <input type="checkbox"/>	I 255 <input type="checkbox"/>	I 256 <input type="checkbox"/>	I 257 <input type="checkbox"/>	I 258 <input type="checkbox"/>	I 259 <input type="checkbox"/>	I 260 <input type="checkbox"/>
7 Point to my left ear with your left hand Observer's left ear indicated Child's left hand used	I 261 <input type="checkbox"/>	I 262 <input type="checkbox"/>	I 263 <input type="checkbox"/>	I 264 <input type="checkbox"/>	I 265 <input type="checkbox"/>	I 266 <input type="checkbox"/>	I 267 <input type="checkbox"/>
8 Touch my right hand with your left hand Observer's right hand touched Child's left hand used	I 268 <input type="checkbox"/>	I 269 <input type="checkbox"/>	I 270 <input type="checkbox"/>	I 271 <input type="checkbox"/>	I 272 <input type="checkbox"/>	I 273 <input type="checkbox"/>	I 274 <input type="checkbox"/>

Did the child appear to use any special strategies Yes No I 283

If yes, please describe

(d) Sequential Recall - Months of the Year

Please ask the child to say the months of the year

Write down the initial letter of each month as it is said, indicate long pauses with dots e.g. If a child pauses after August and inverts September and October, but then corrects them, the entry would read J F M A M J J A O S, "no," S O N D

Please record all corrections. Please also record any queries about the importance of order, e.g. 'Do I have to say them in order?'

'Say the months of the year'

Child's response I 3871 - I 3879

'Now say them backwards'

Child's response I 3880 - I 3888

PRINTING AND PROCESSING BY DRS LTD MILTON KEYNES ENGLAND
 MAKE NO MARKS OR STUDES NEAR THESE LINES
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Social Judgement Scale

Please read out each of the following situational descriptions to the child and summarise the answers, in about 20 to 25 words, on the lines below each item. The main purpose of the questions is to examine the reasoning underlying a child's statement that an action was right or wrong. Do not amplify in any way or discuss the item before noting the answers, although the question of 'why' the child has made his or her judgement may be pursued with subsidiary questions. Please do not offer your views to the child on the social imperatives involved here, until all the items have been answered.

1 A boy has lost his pocket money, so he takes some of the money that his mother has put out for the milkman. Was that right or wrong? Why?

Right I275
Wrong

Why? I3889

2 Two children are having a lot of fun with a football. A third child has no one else to play with and asks to join in the game. The two children refuse. Were they right or wrong to refuse? Why?

Right I276
Wrong

Why? I3890

3 A boy's marble rolls down the drain. It was his only marble. He asks if he can borrow just one marble from another boy who has a lot of marbles. The other boy refuses, so the first boy takes a marble and goes off with it. Was he right or wrong to do that? Why?

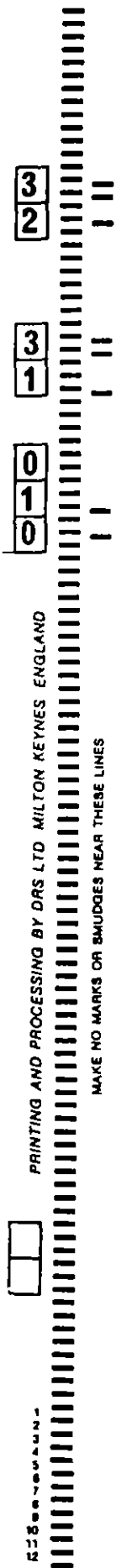
Right I277
Wrong

Why? I3891

4 A mother asks her daughter to help with some work at home. The daughter does not want to help, she wants to play with her friends. She tells her mother that she has to go back to school to fetch her homework books, although she has no homework to do. Was she right to say that, or wrong? Why?

Right I278
Wrong

Why? I3892



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MAKE NO MARKS OR SMUDGES NEAR THESE LINES

Social Judgement Scale (continued)

5 A boy takes somebody else's toy and plays with it. He is careless and breaks the motor. The teacher asks the class who damaged the toy. The boy says nothing. Was he right or wrong to say nothing? Why?

Right
 Wrong I279

Why? I3893

6 A girl sees a blind man trying to cross a busy street. She is in a great hurry because her friends have said that she must be on time for the party, it's her first real party. She is sure someone else will come along to help the man cross the road. She runs off to the party. Was she right or wrong? Why?

Right
 Wrong I280

Why? I3894

7 A boy sees one of his friends breaking a school window and climbing in. The next day the teacher asks who broke into the school, because that person did a lot of damage. The boy who saw it says nothing. Was he right or wrong to say nothing? Why?

Right
 Wrong I281

Why? I3895

8 Some children are playing football. One of them is running backwards to head a ball. He doesn't look where he is going and treads on a girl's foot, it hurts her a great deal. He apologises at once but she slaps him. Was she right or wrong? Why?

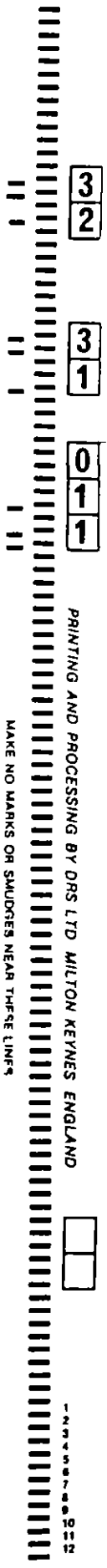
Right
 Wrong I282

Why? I3896

CODER CODE I3897

PLEASE CONSULT PAGE 12 OF THE INSTRUCTION BOOKLET ABOUT THE RETURN OF THE FORM

THANK YOU VERY MUCH FOR ALL YOUR HELP



PRINTING AND PROCESSING BY DRS LTD MILTON KEYNES ENGLAND
MAKE NO MARKS OR SMUDGES NEAR THESE LINES

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CHILD HEALTH AND EDUCATION STUDY

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



1981

REPORT FORM

REPORT FORM

It would be of considerable help in understanding the difficulties a child may have experienced with the tests in this pack if you would kindly give the reason a test may not have been attempted

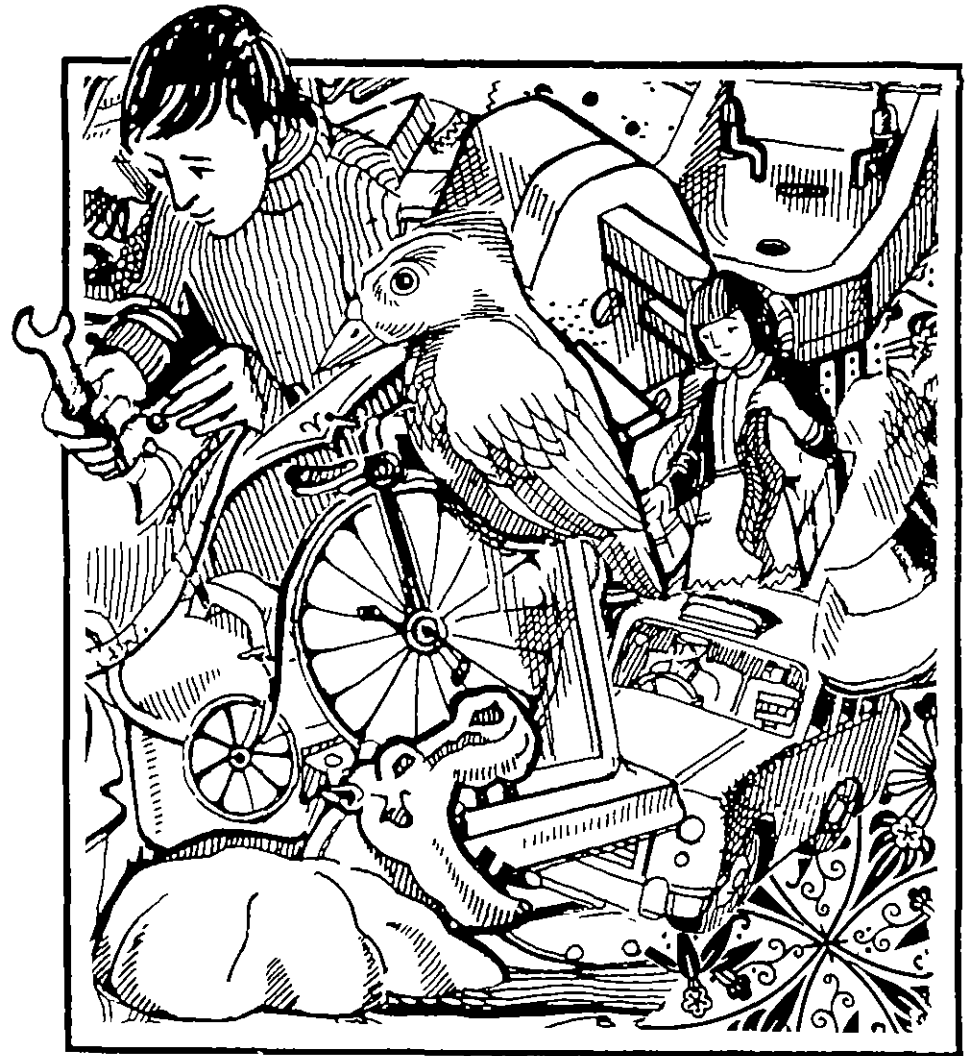
Special Tests	<i>Please tick appropriate boxes</i>		If not attempted please give reason(s)	Standard Tests	<i>Please tick appropriate boxes</i>		If not attempted please give reason(s)
	Test attempted	Test not attempted			Test attempted	Test not attempted	
Fundamental Concepts Test	<input type="checkbox"/>	<input type="checkbox"/>		CHES Pictorial Language Comprehension Test	<input type="checkbox"/>	<input type="checkbox"/>	
Copying Designs Test	}	Special Test Booklet		Edinburgh Reading Test	<input type="checkbox"/>	<input type="checkbox"/>	
				Diagnostic Measures	<input type="checkbox"/>	<input type="checkbox"/>	
Human Figure Drawing (Draw a Man Test)	}			Word List 1	<input type="checkbox"/>	<input type="checkbox"/>	Educational Score Form
				Word List 2	<input type="checkbox"/>	<input type="checkbox"/>	
				Dictation	<input type="checkbox"/>	<input type="checkbox"/>	
				Copy Writing	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		CHES Friendly Maths Test	<input type="checkbox"/>	<input type="checkbox"/>	
Auditory Discrimination	}	Thackray Reading Readiness Profiles		Word Definitions	<input type="checkbox"/>	<input type="checkbox"/>	British Ability Scales
				Recall of Digits	<input type="checkbox"/>	<input type="checkbox"/>	
				Similarities	<input type="checkbox"/>	<input type="checkbox"/>	
				Matrices	<input type="checkbox"/>	<input type="checkbox"/>	
Young's Mathematics Test	<input type="checkbox"/>	<input type="checkbox"/>		Pupil Question Form (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

Has the Special Teacher Questionnaire been completed? YES NO

Has the Educational Questionnaire been completed? YES NO

THANK YOU VERY MUCH FOR ALL YOUR HELP

THE CHES PICTORIAL LANGUAGE COMPREHENSION TEST



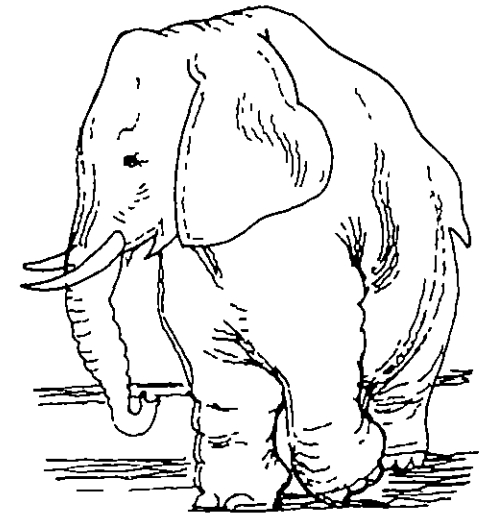
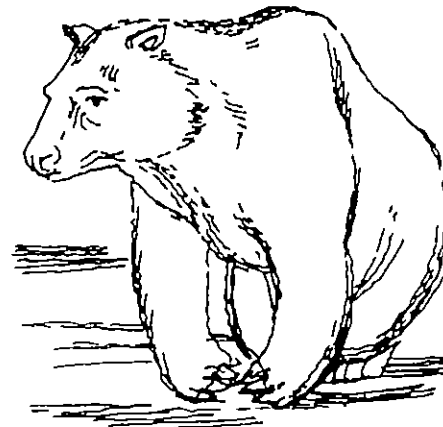
NAME

SCHOOL

DATE

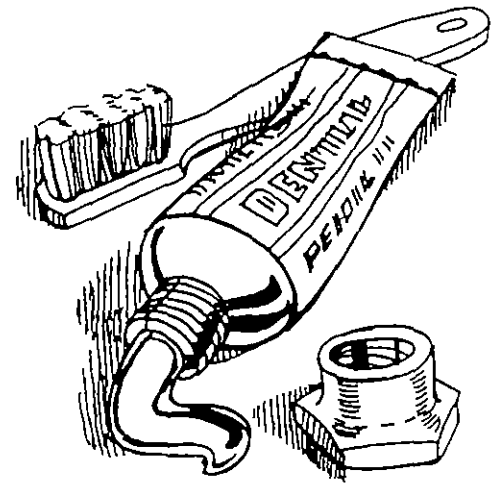
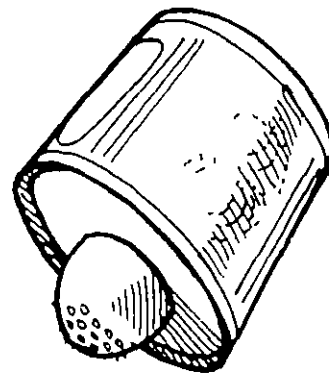
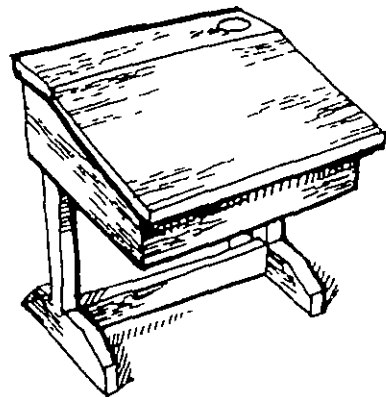
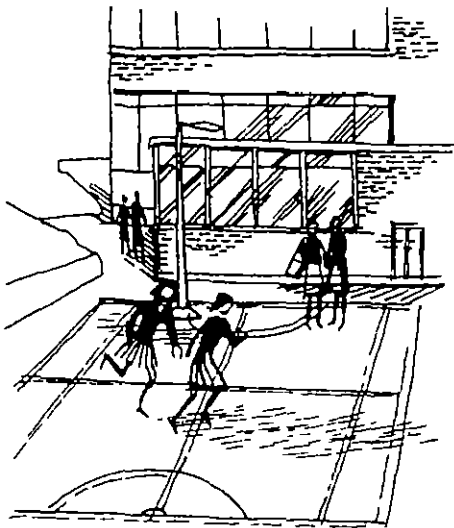
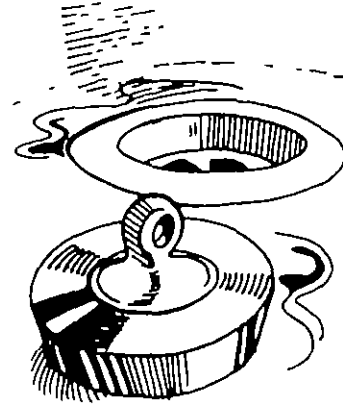
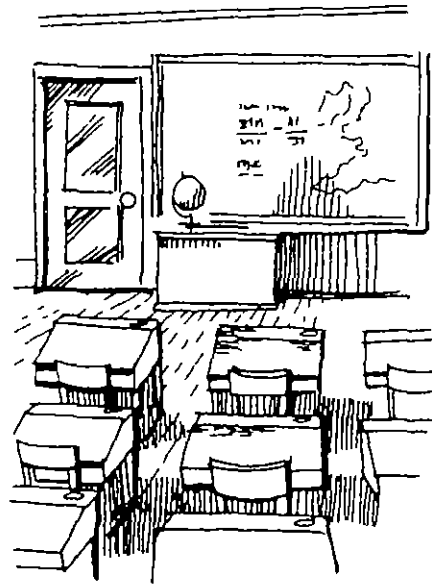
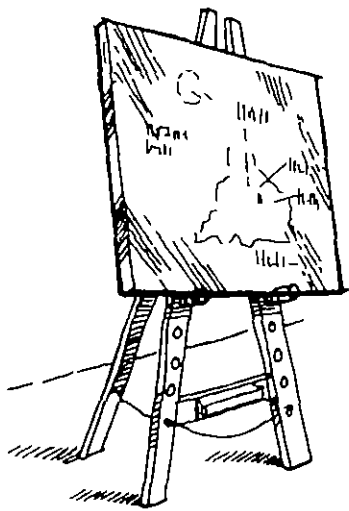


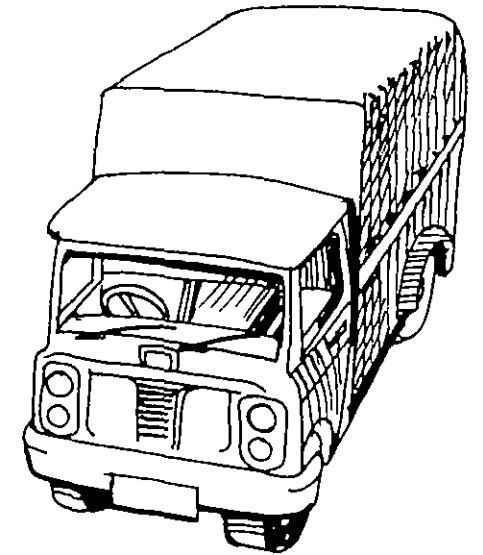
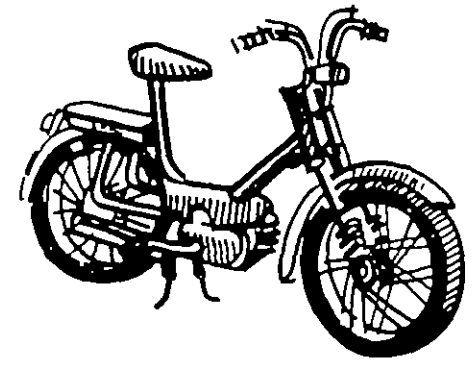
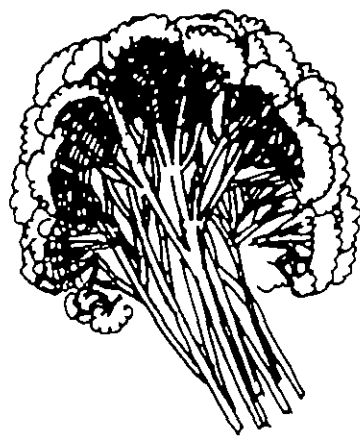
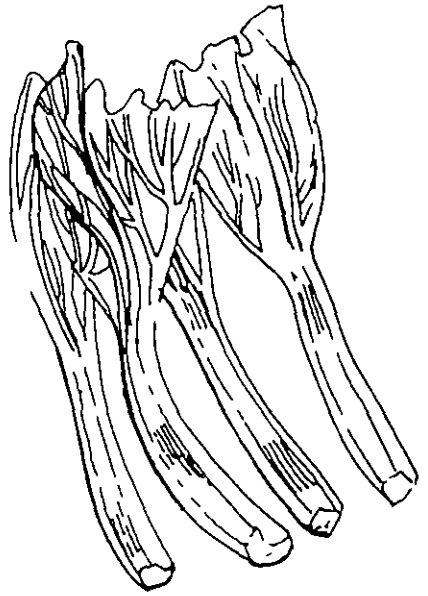
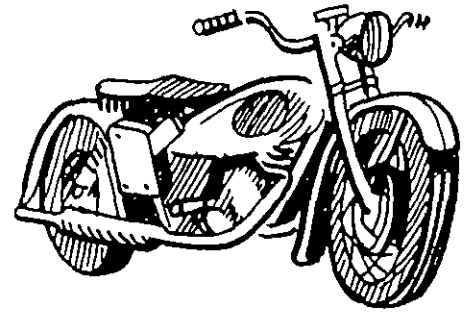
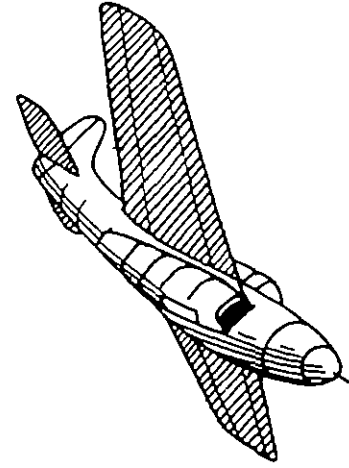
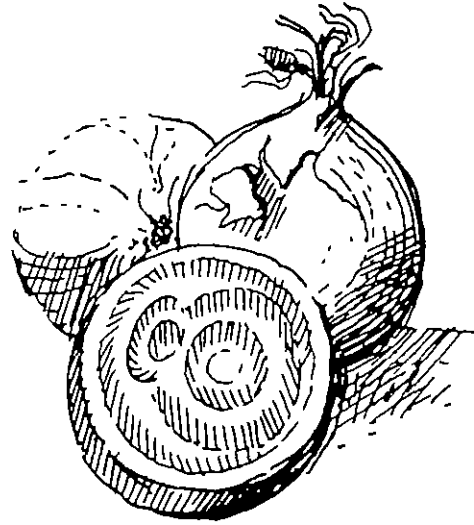
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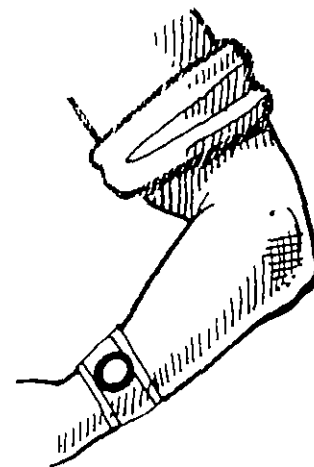
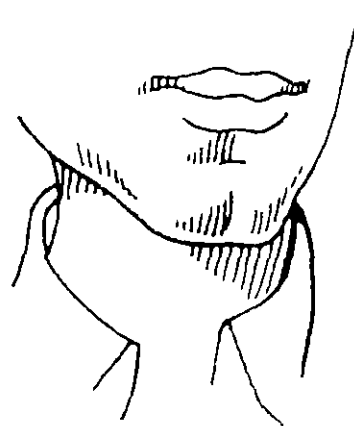
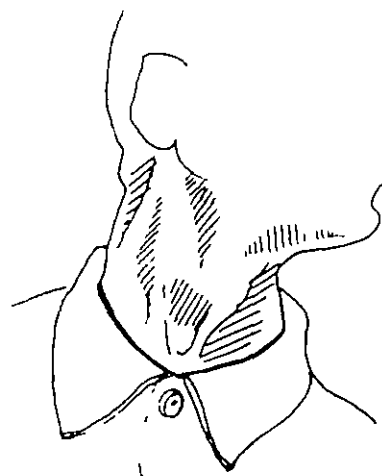
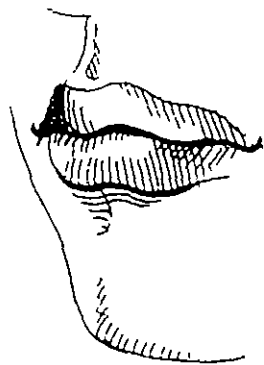
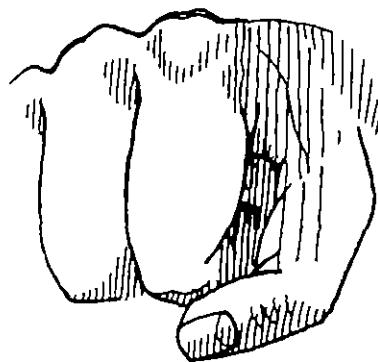
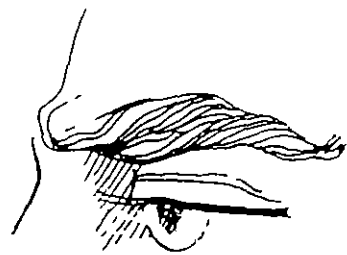
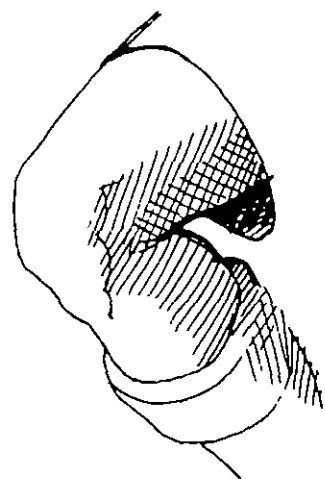


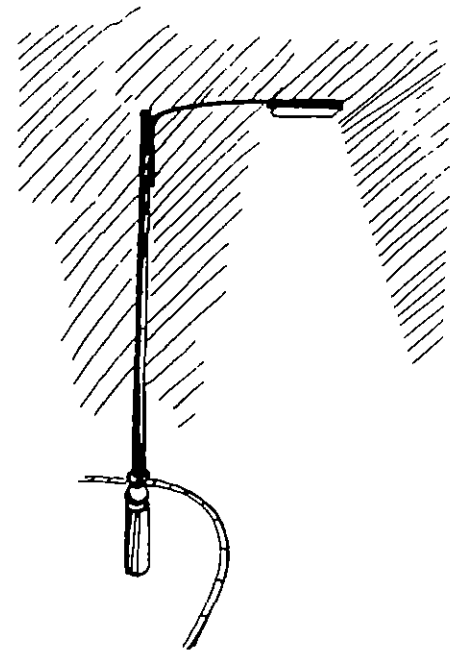
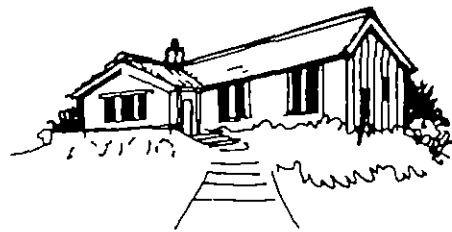
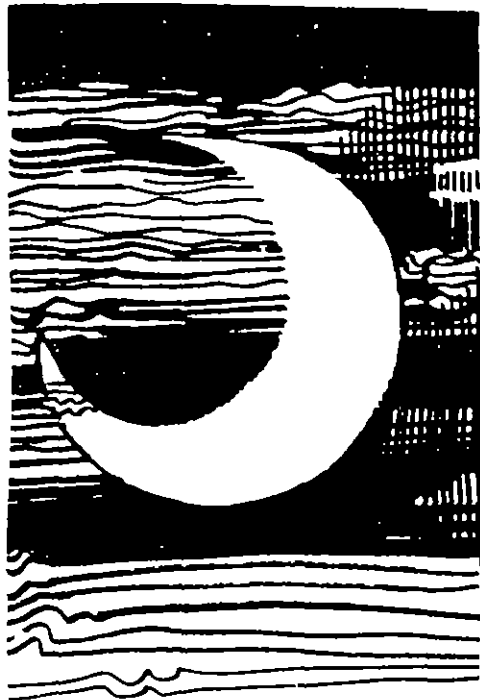
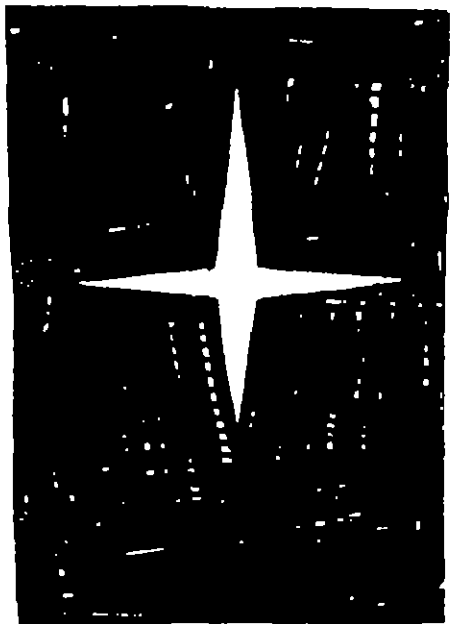
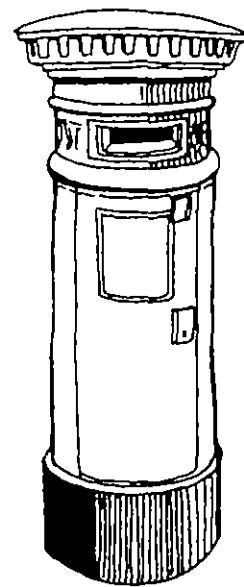
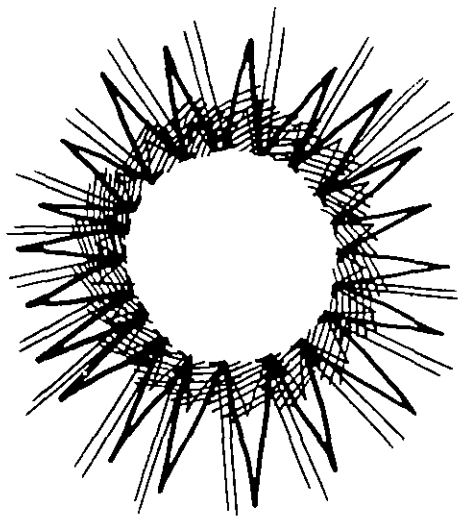
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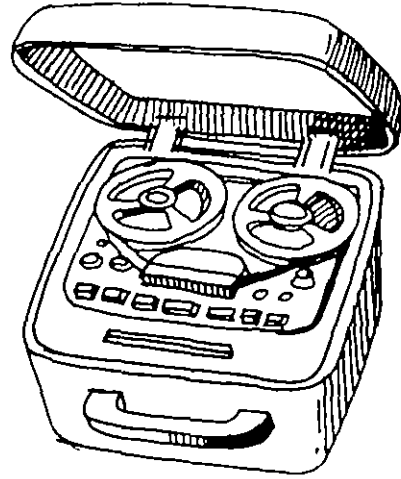
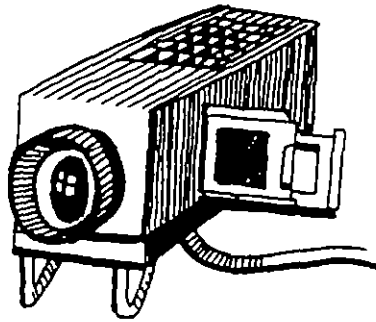
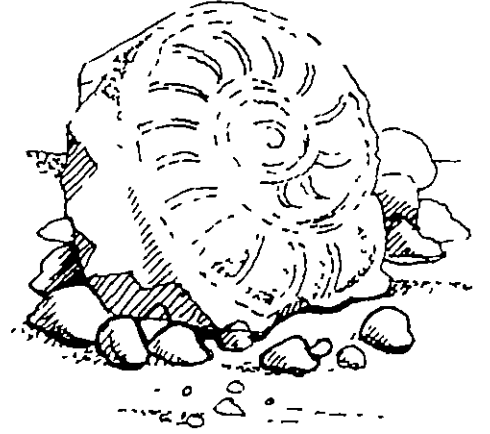
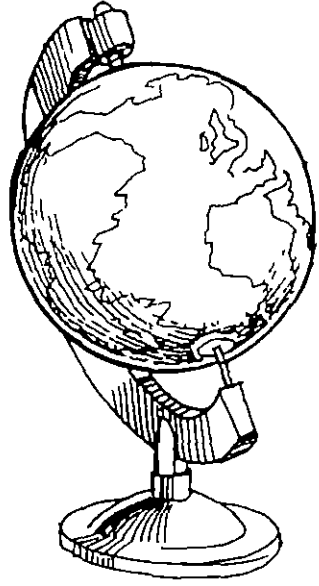
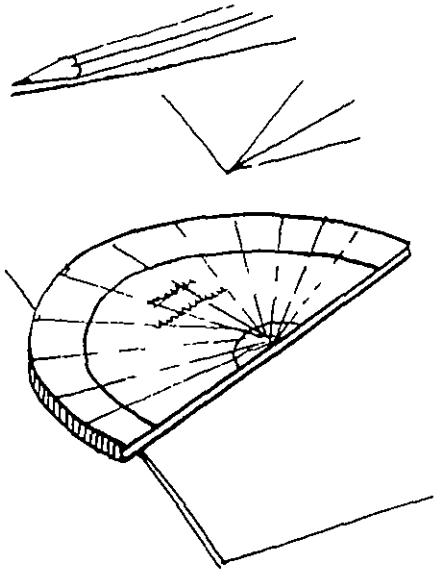
Department of Child Health Research Unit, University of Bristol
Test authors Angela Hobsbaum, Francis Canning, Valerie Mockridge
Artist Edward Phelps

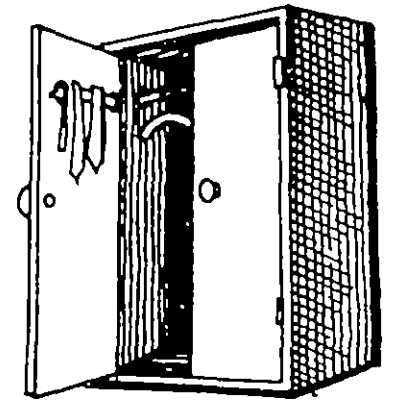
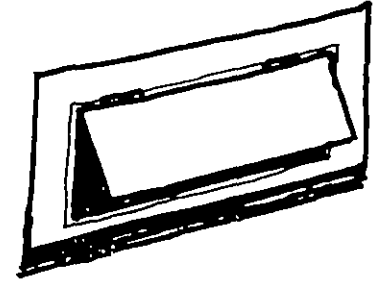
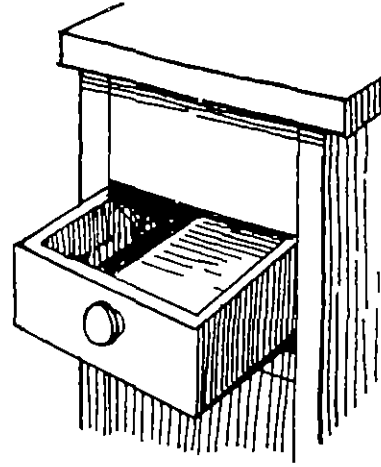
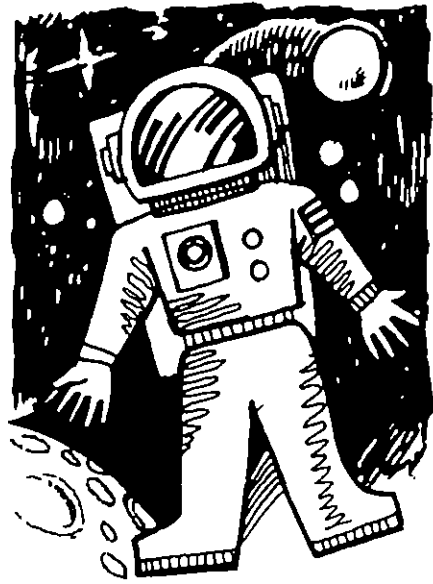


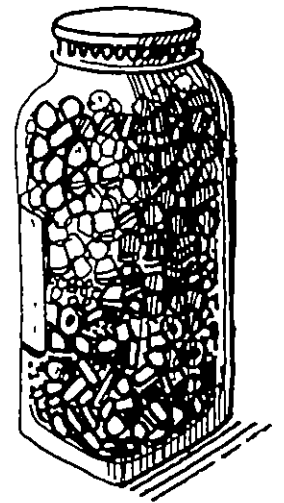
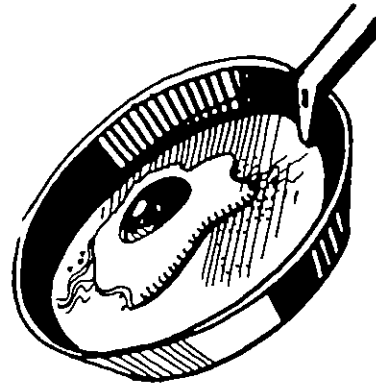
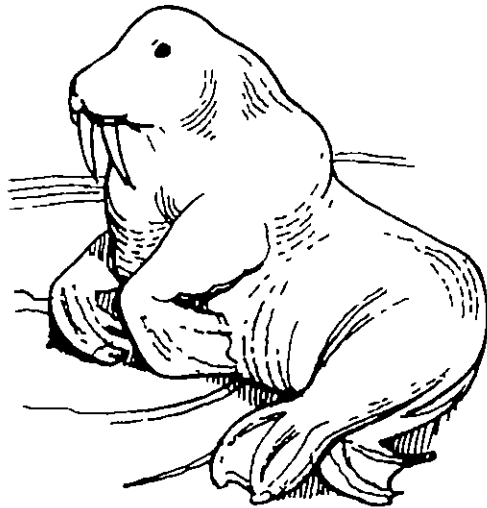
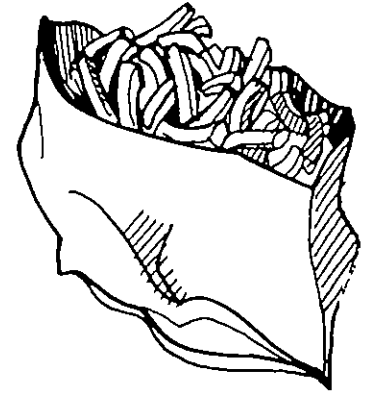
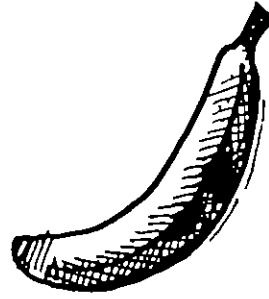
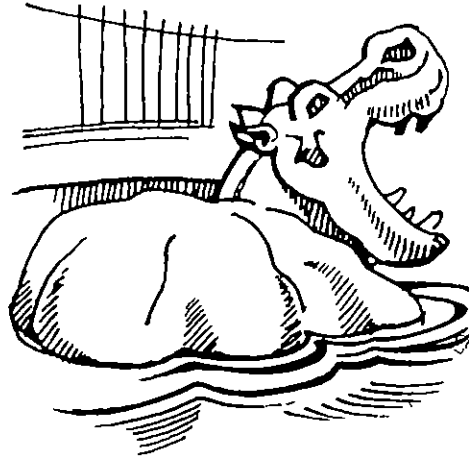
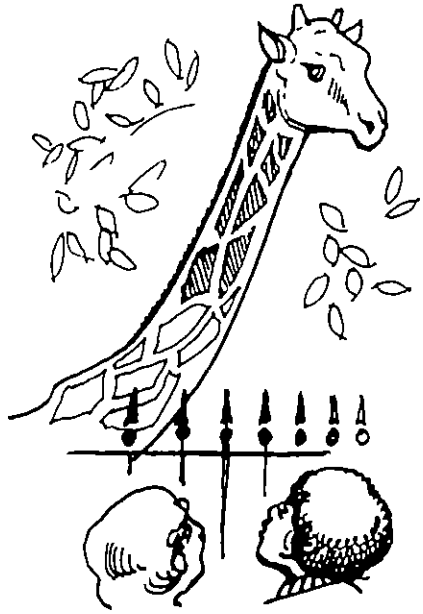


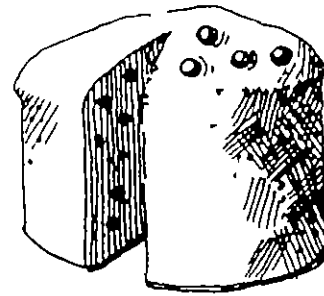
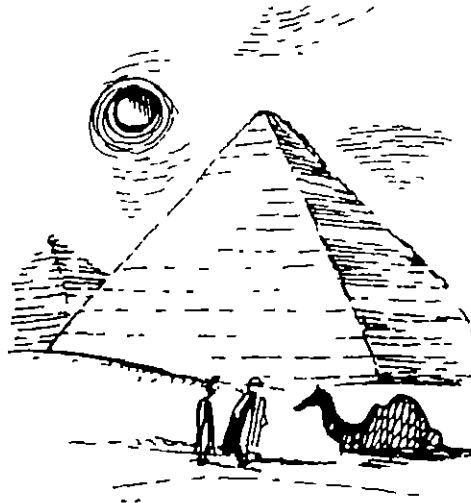
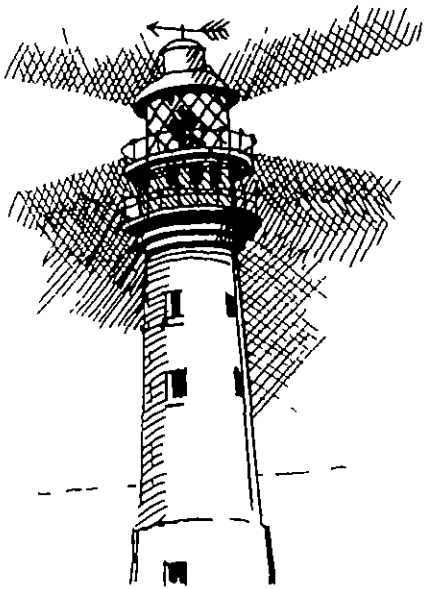
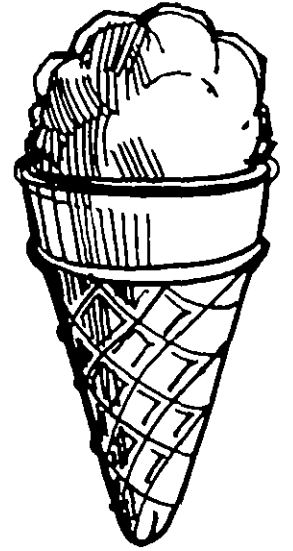
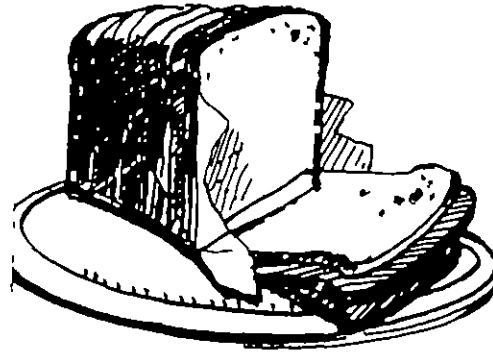
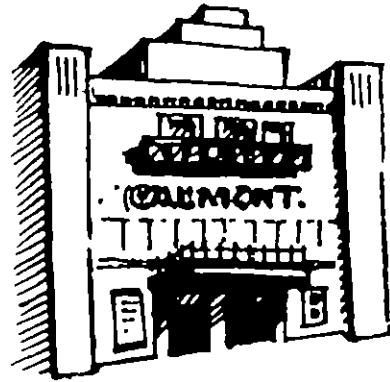


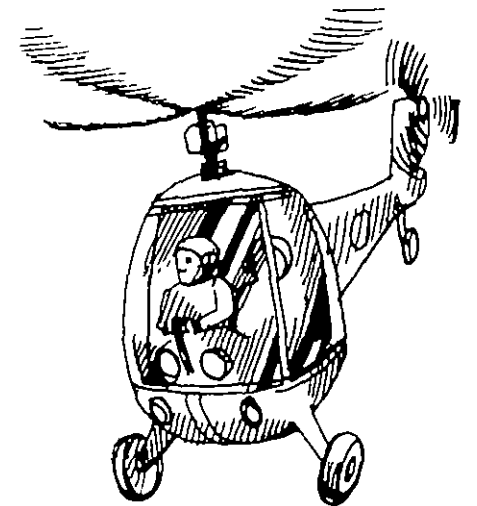
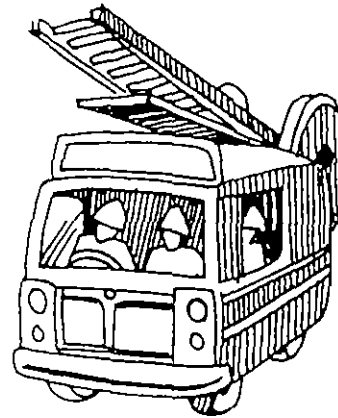
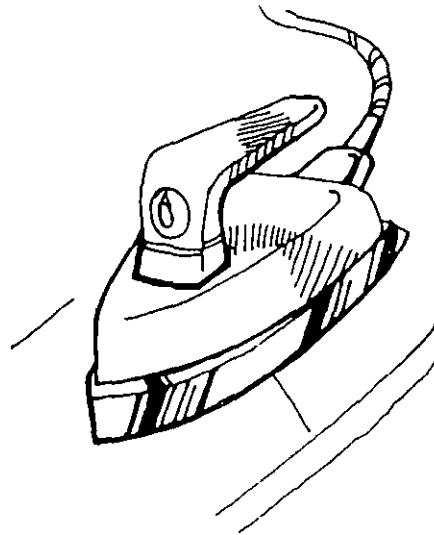
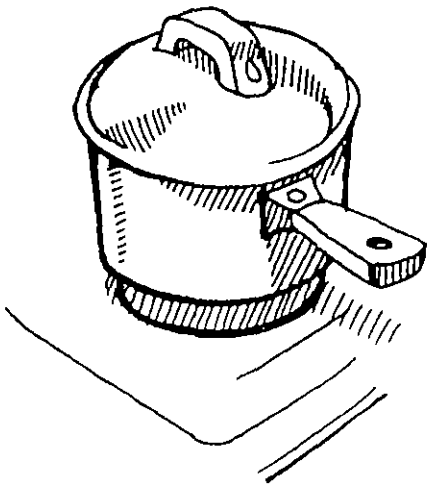
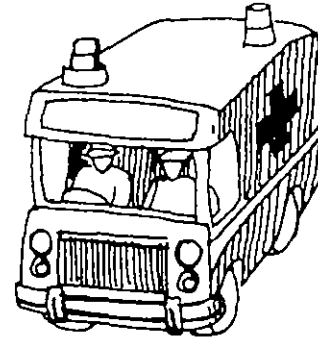
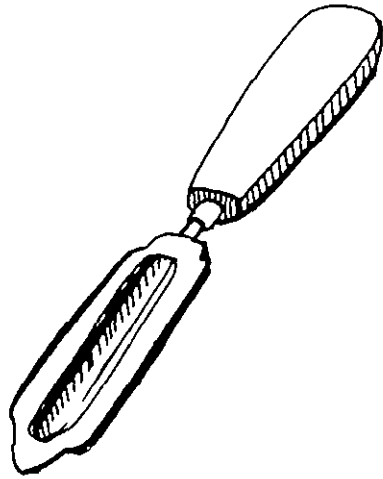
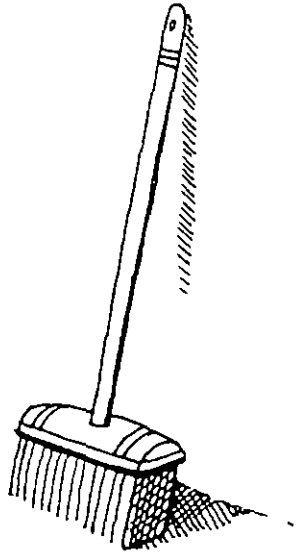


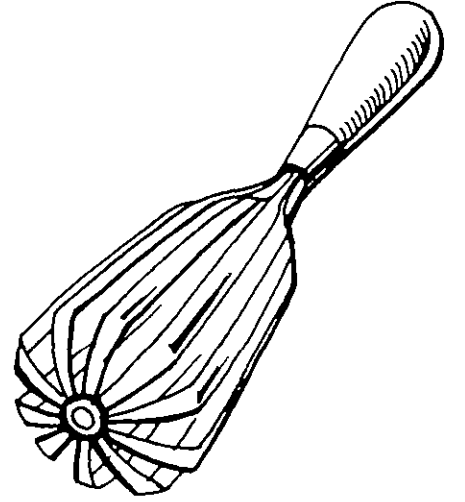
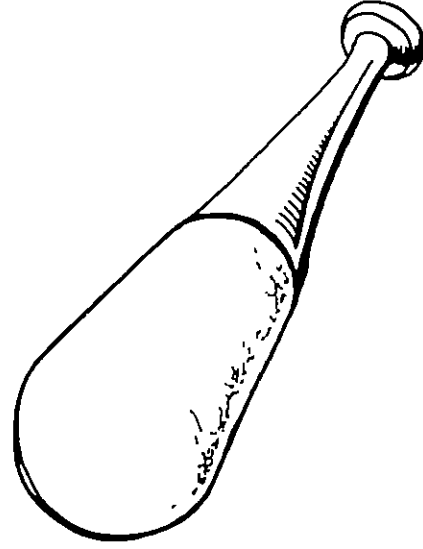
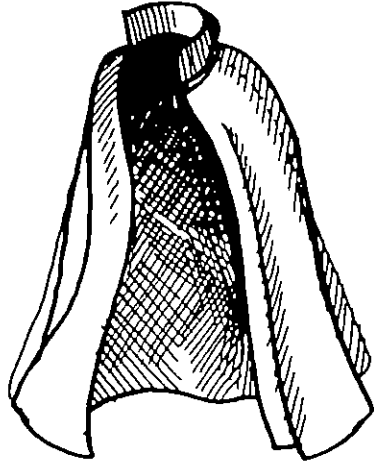
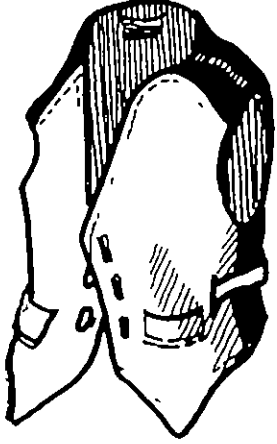




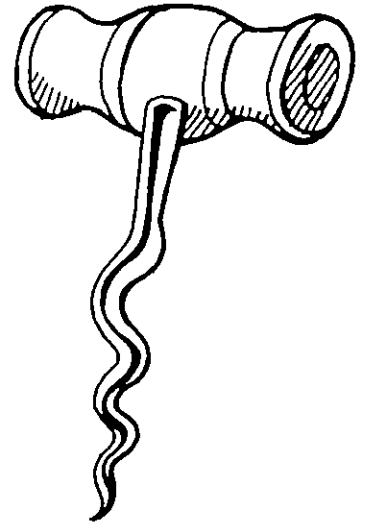
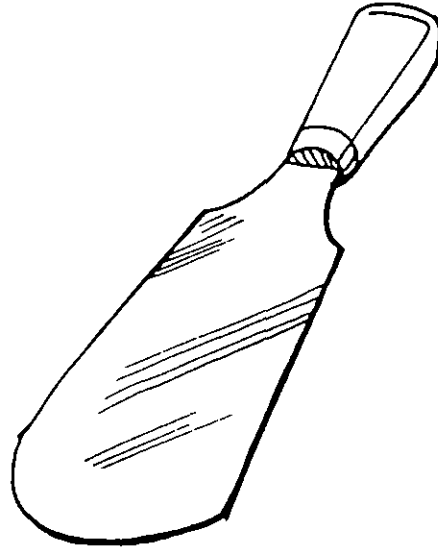
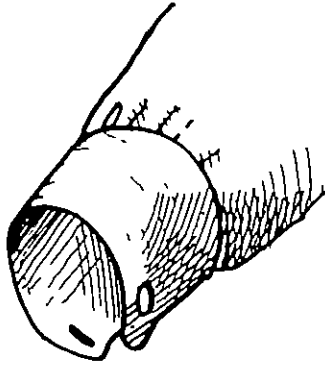
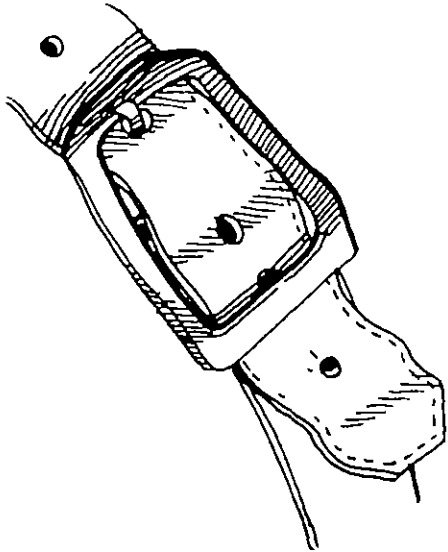


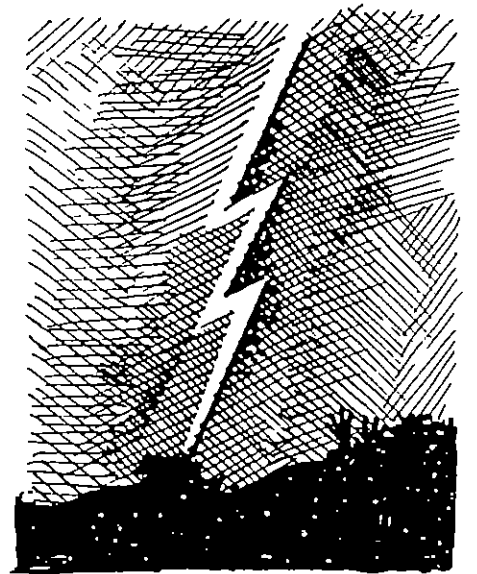
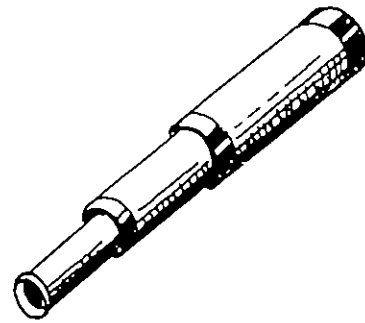
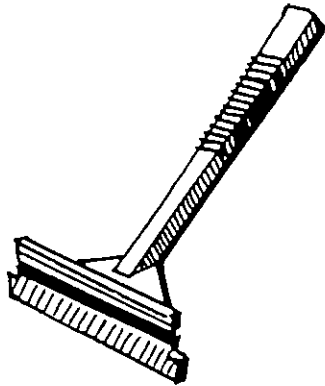
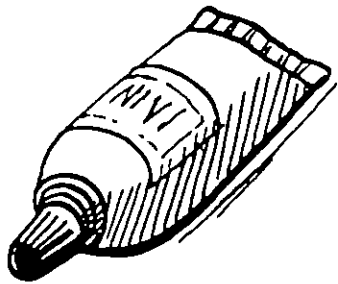
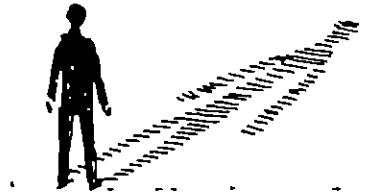
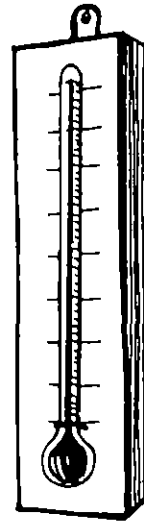
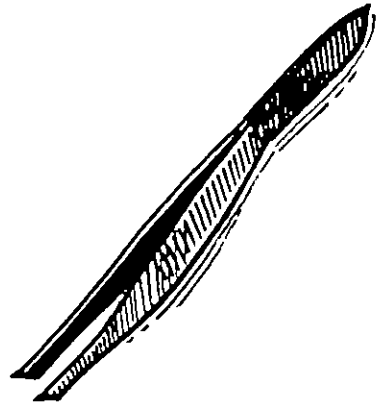
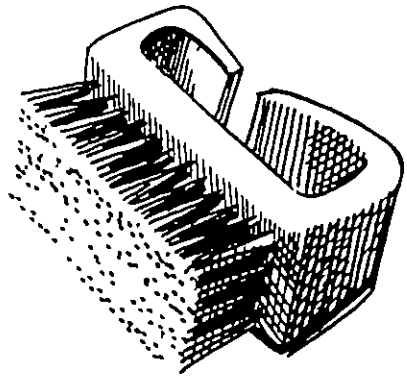


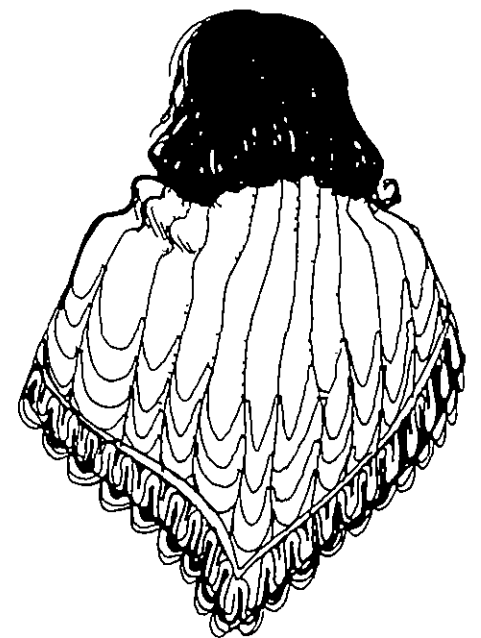
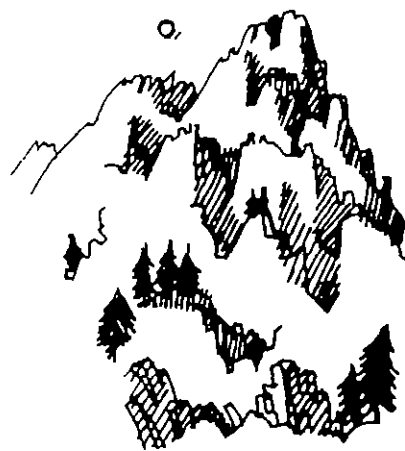
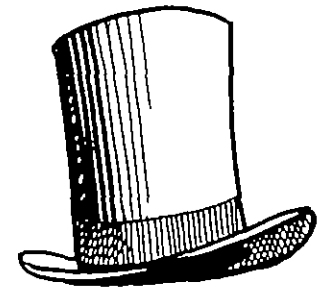
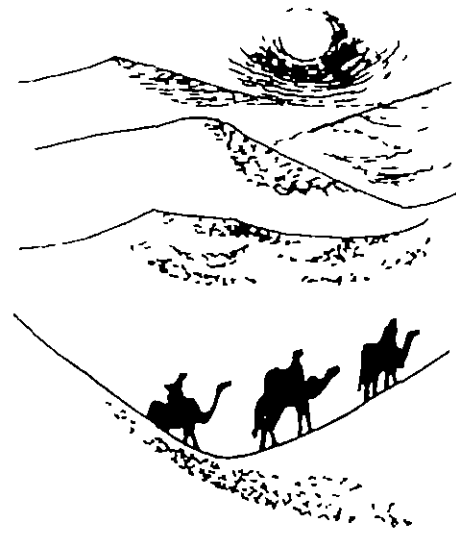
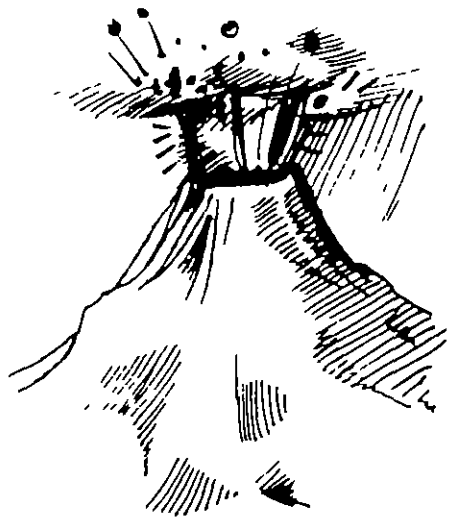


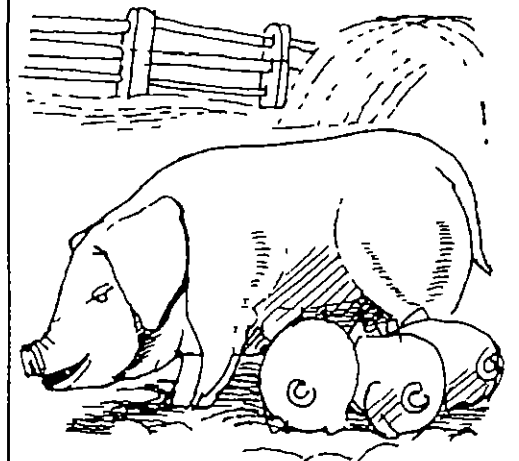
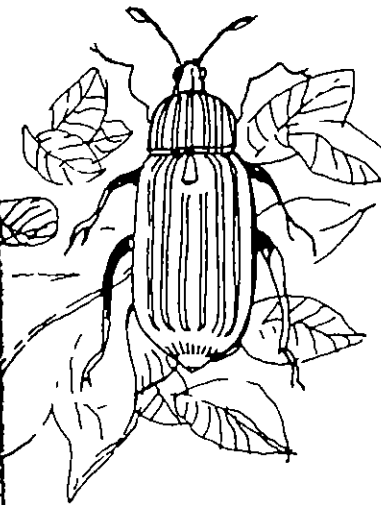
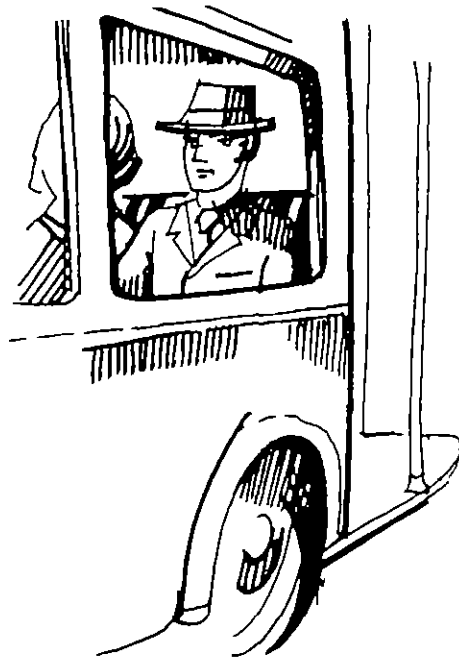
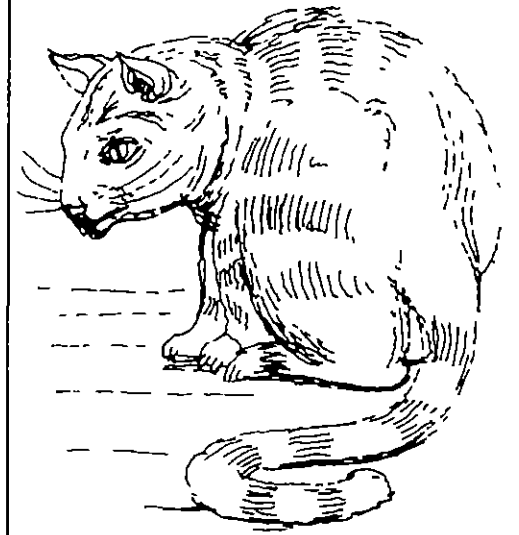
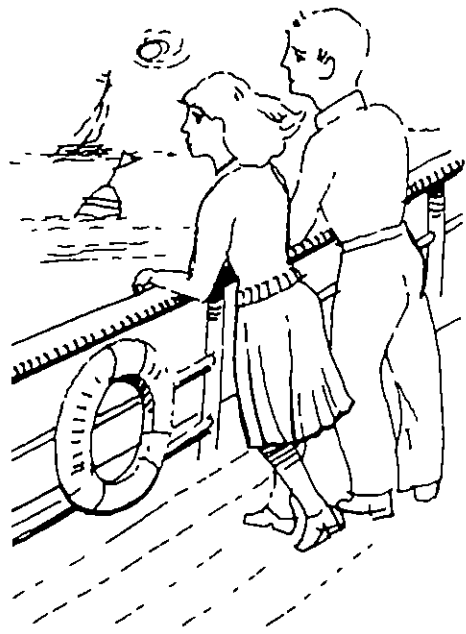


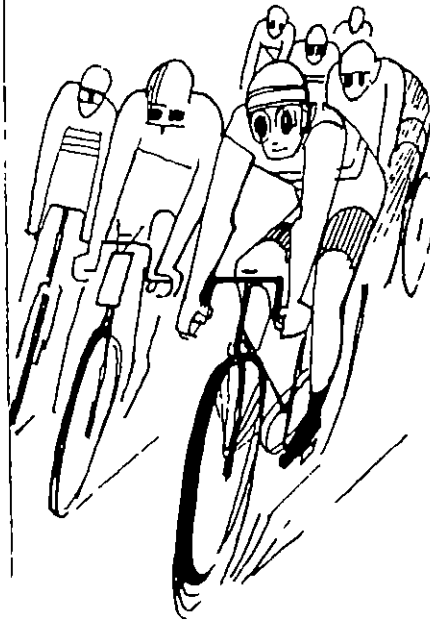
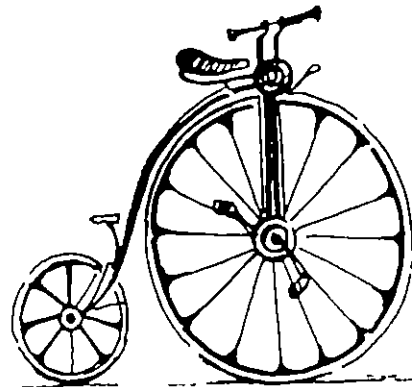
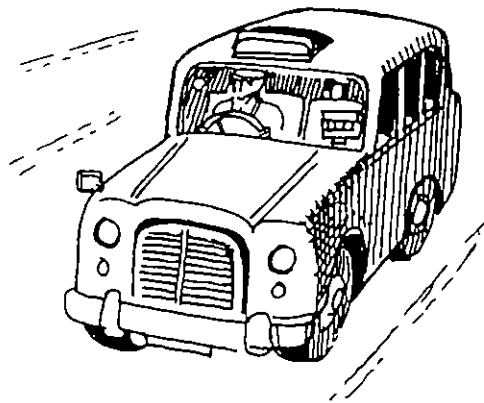
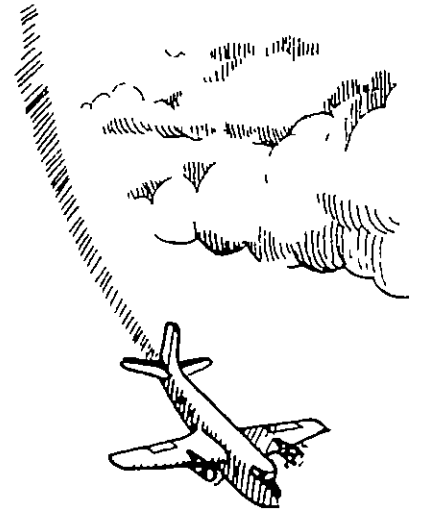
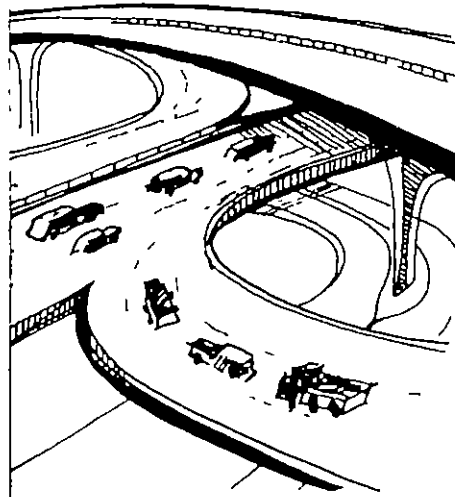
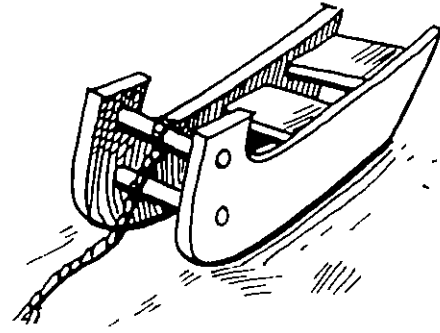
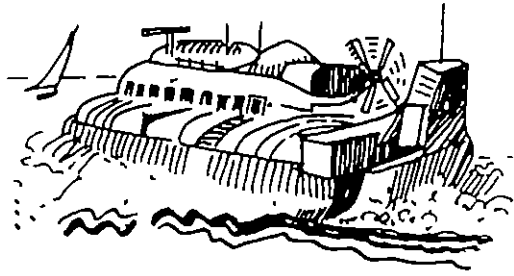
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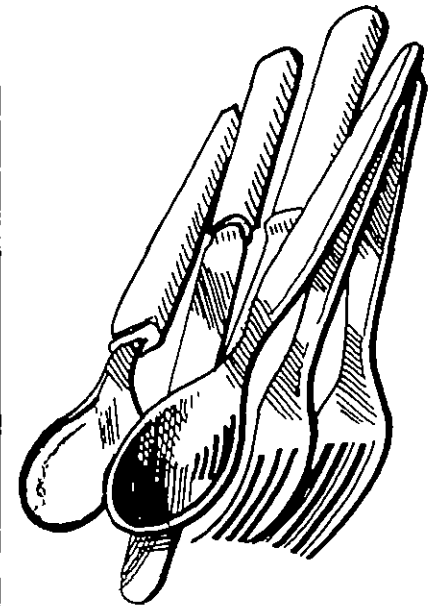
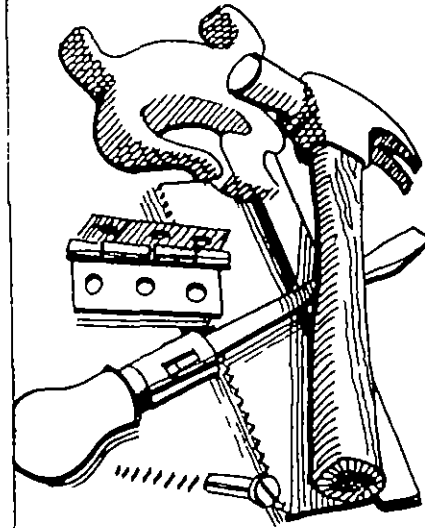
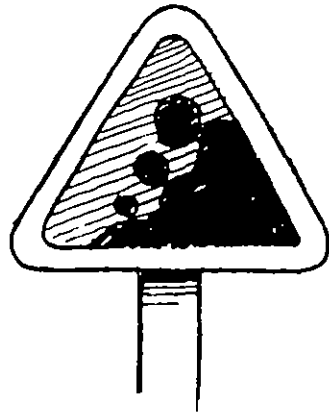
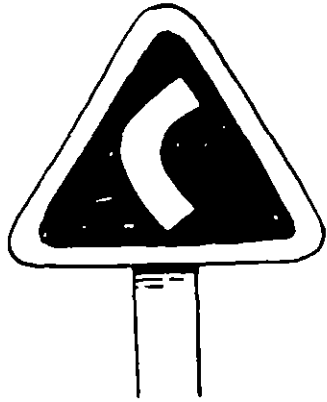
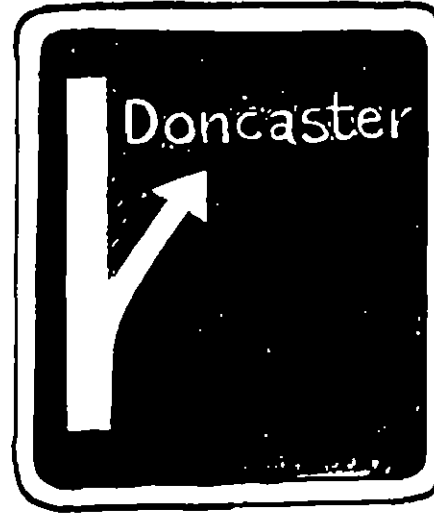
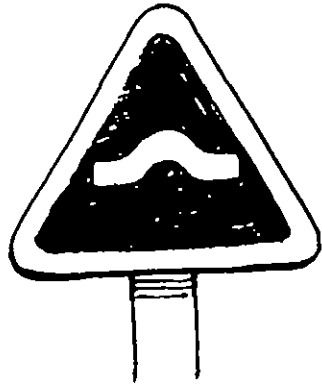


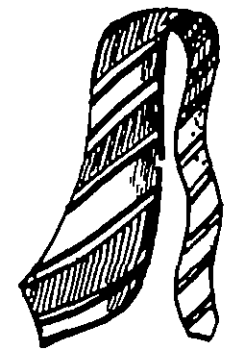
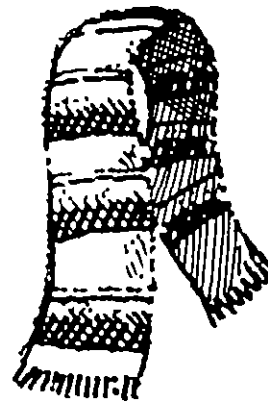
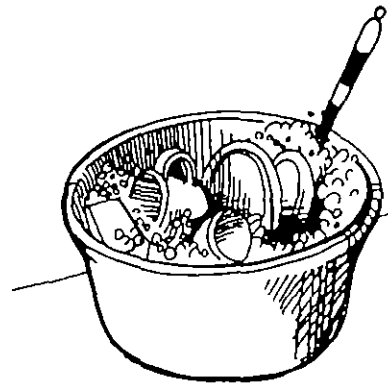
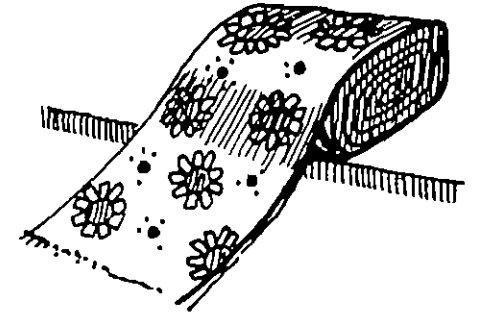


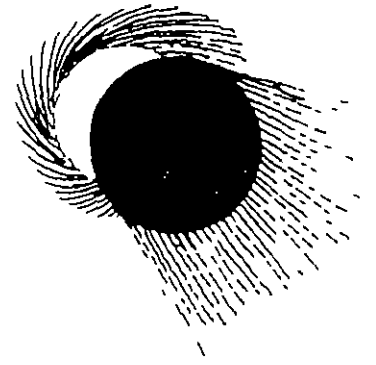
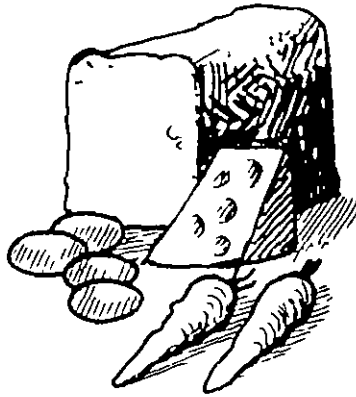
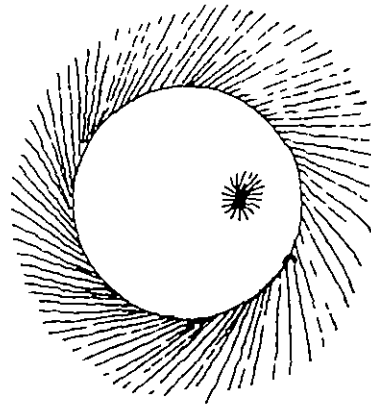
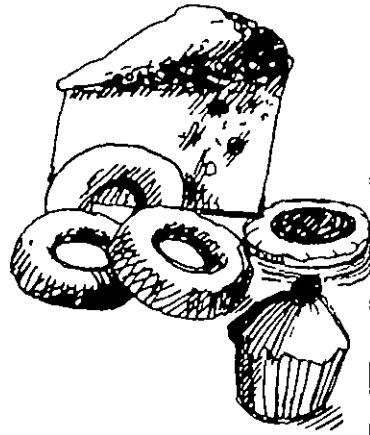


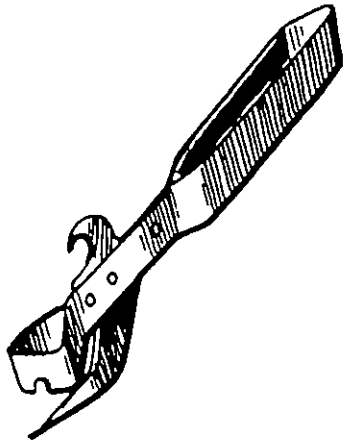
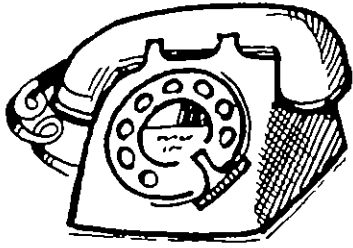
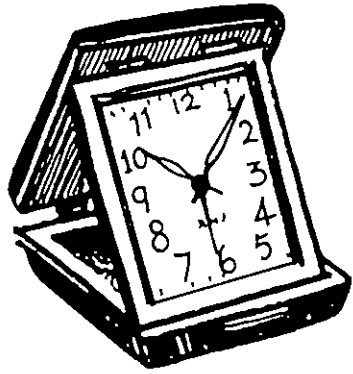


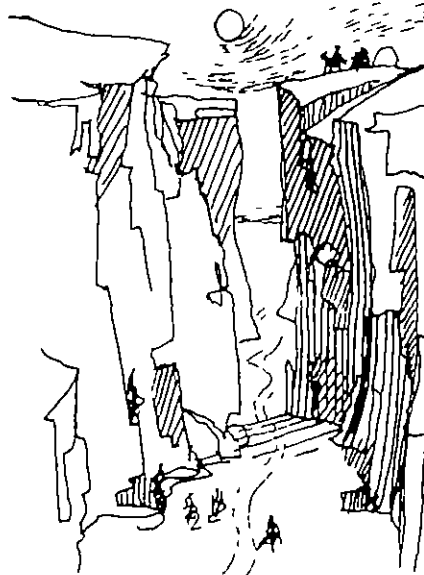
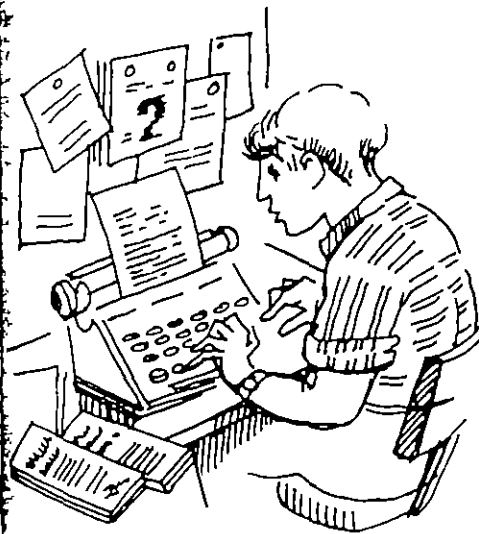
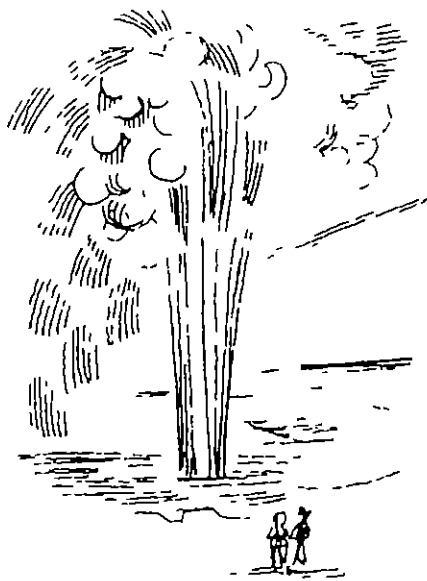


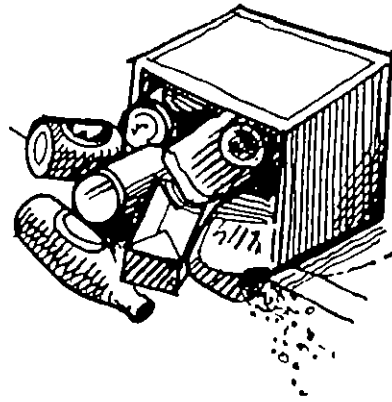
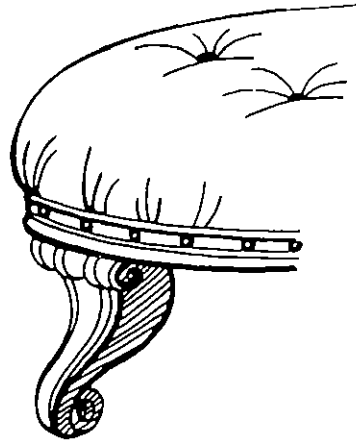
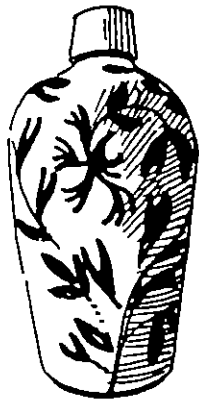
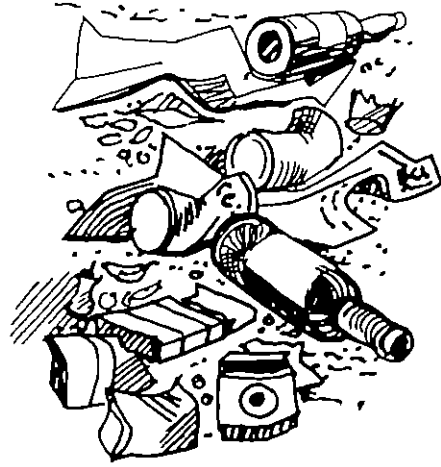
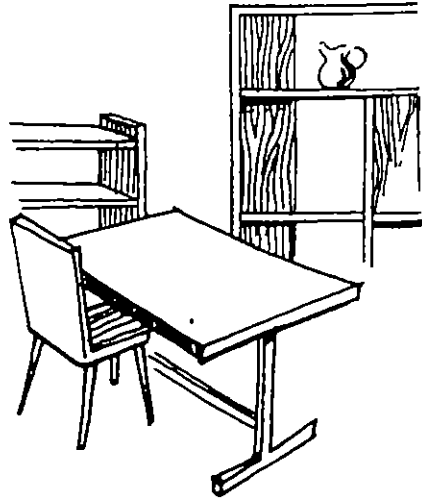
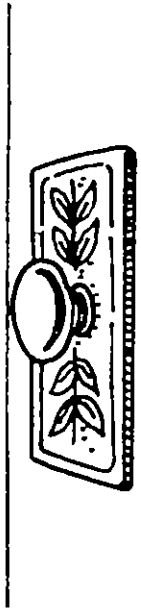


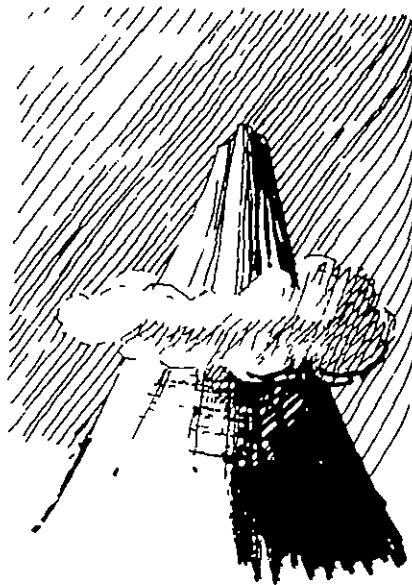
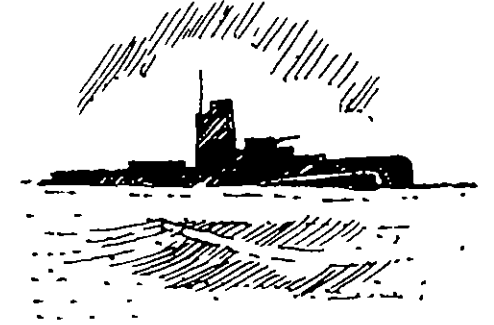
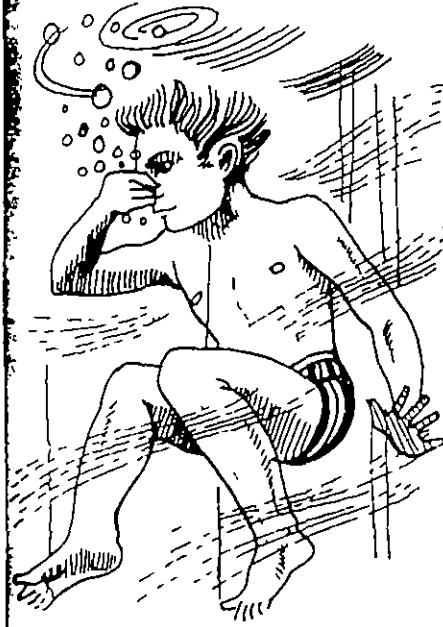
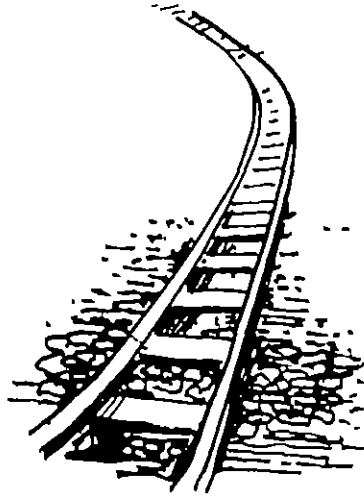
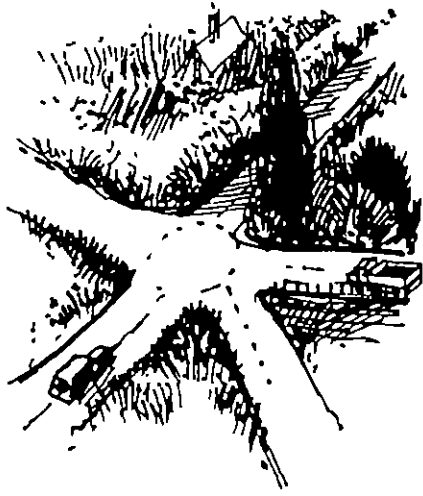


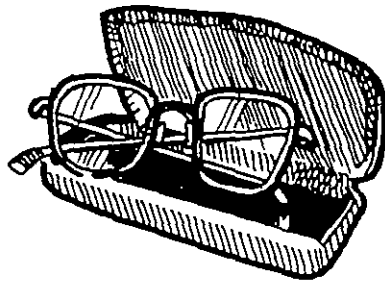
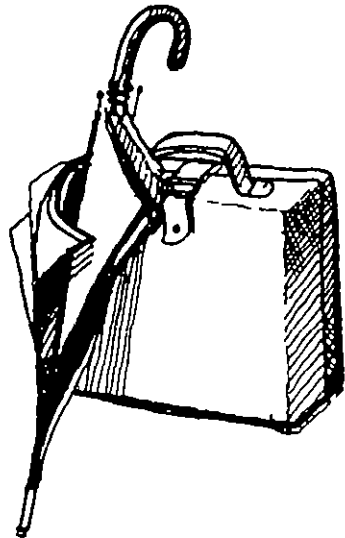
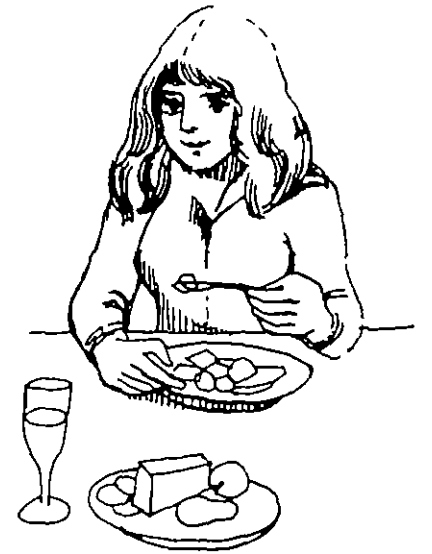
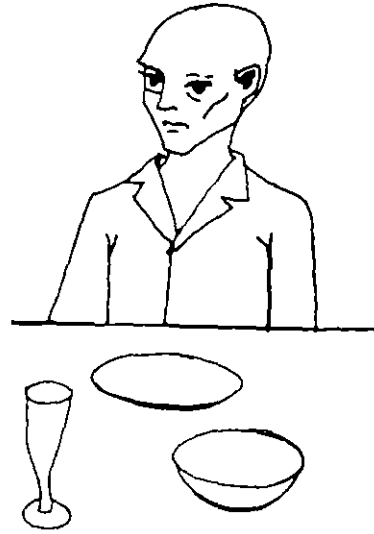
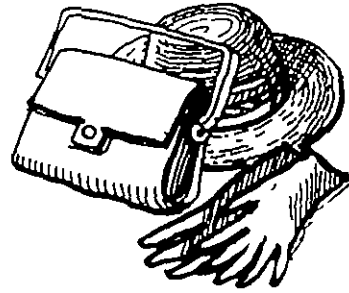
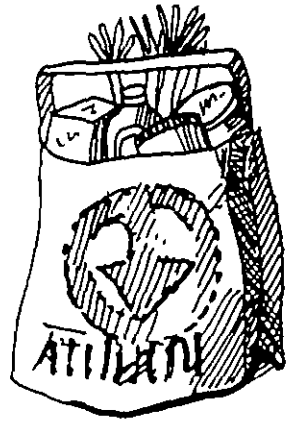


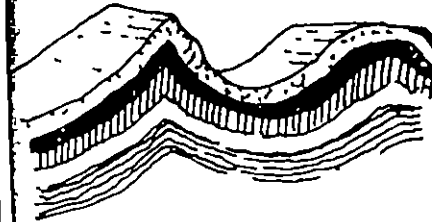
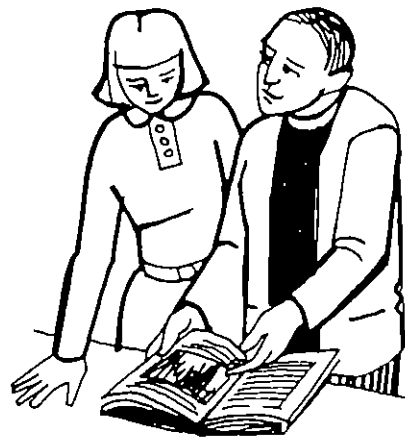
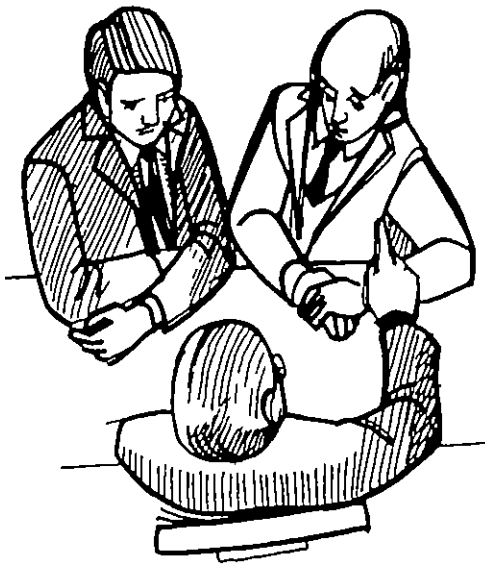
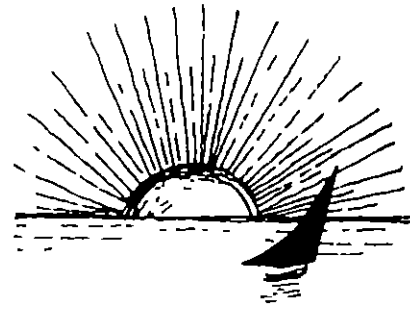


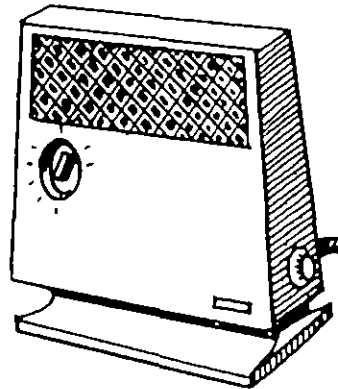
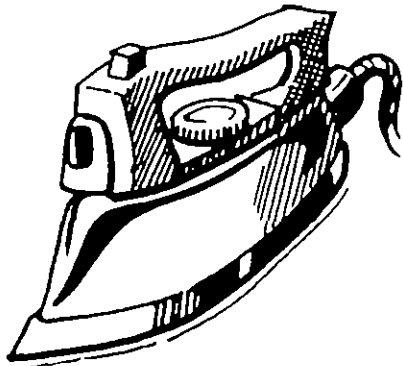
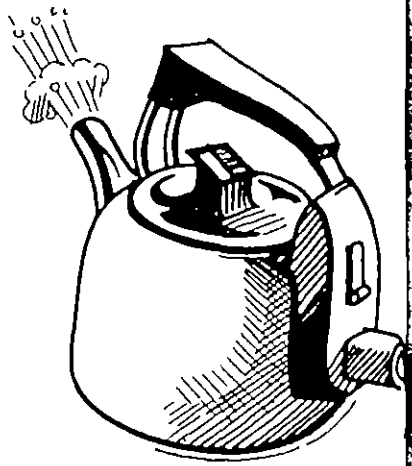
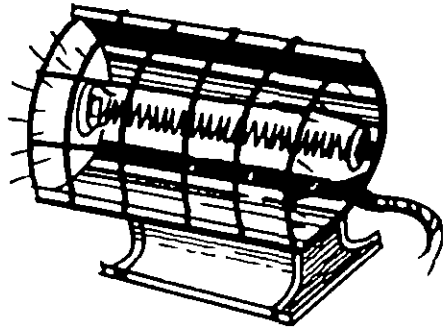


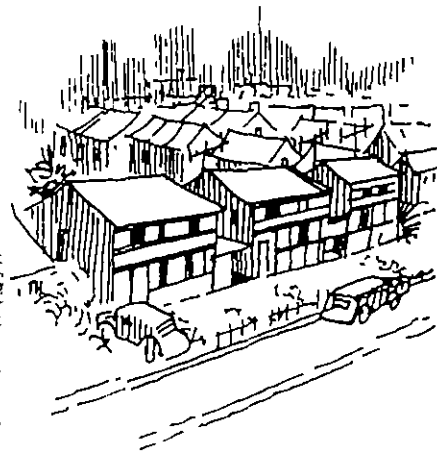
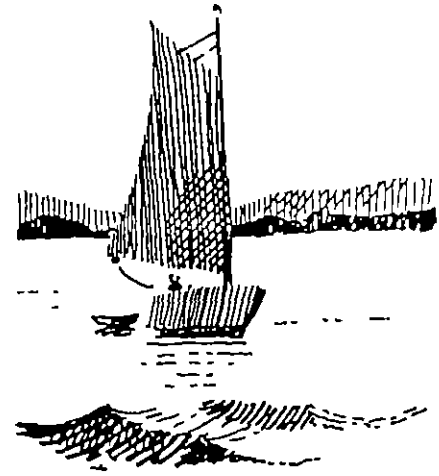


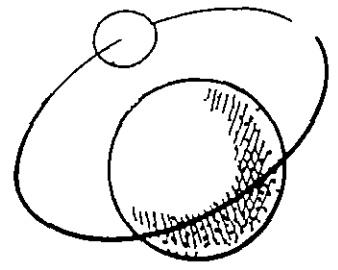
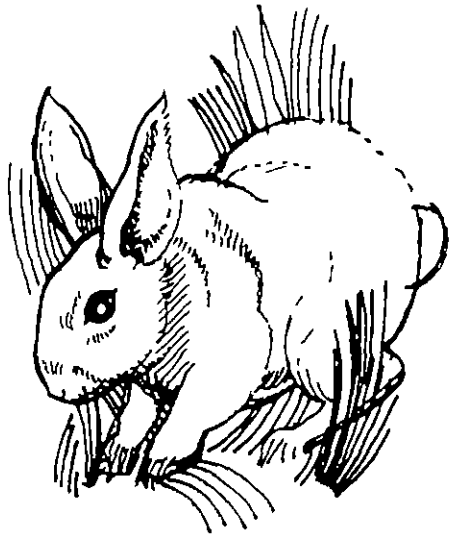
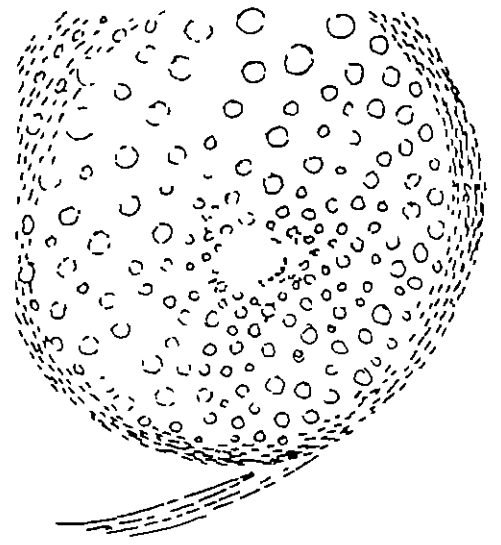
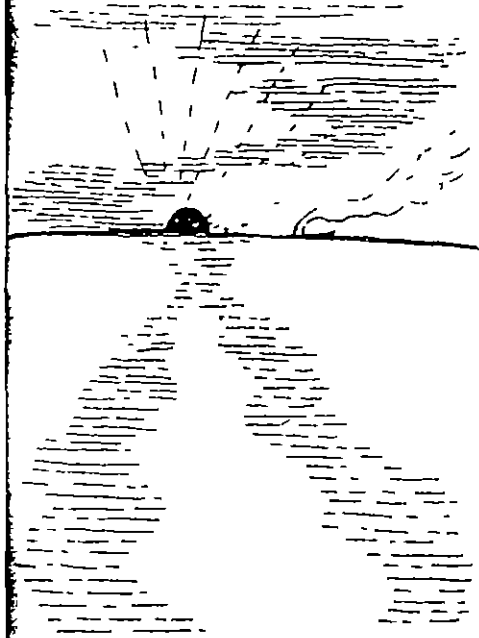
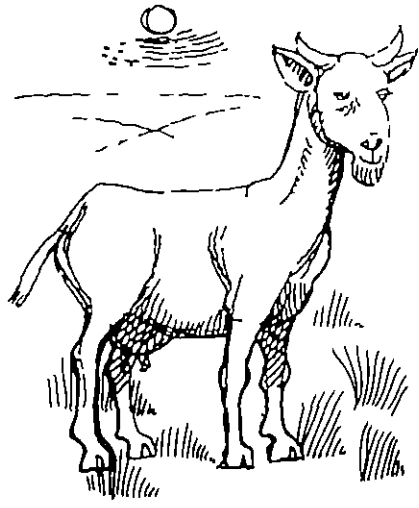


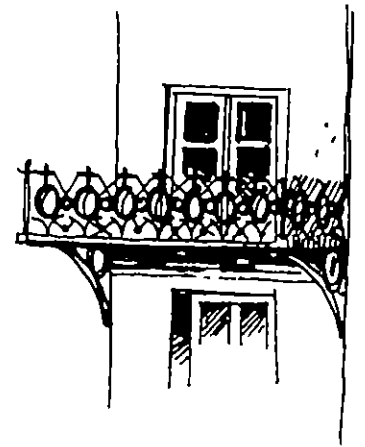
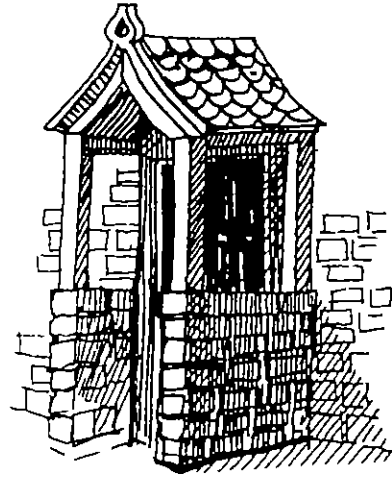
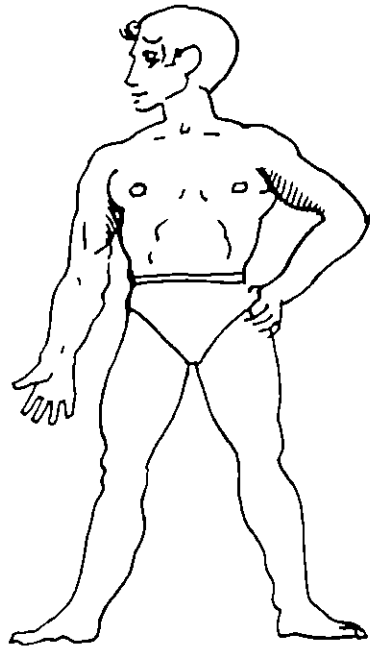
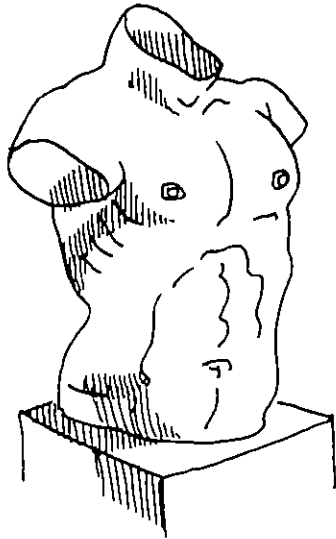
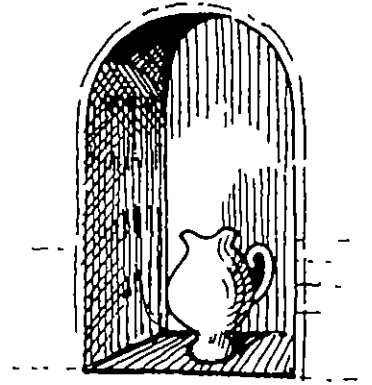
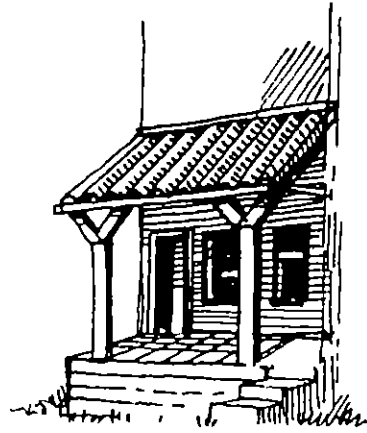
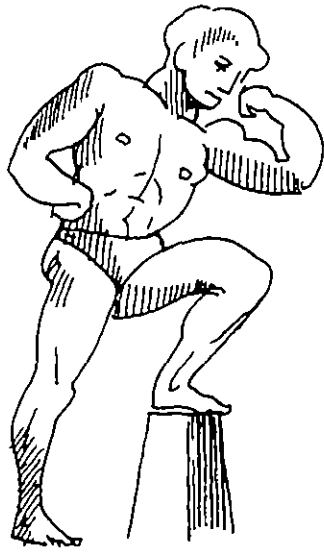


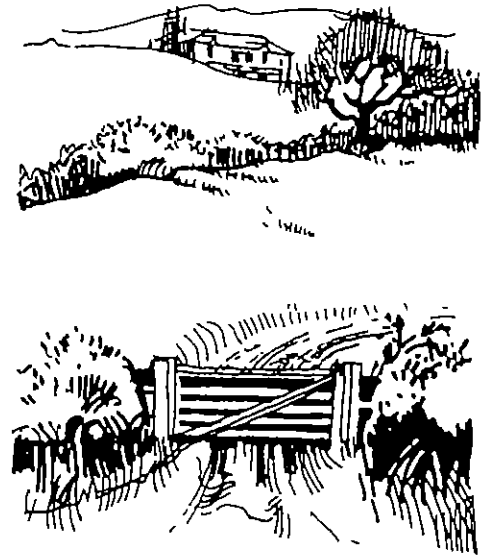
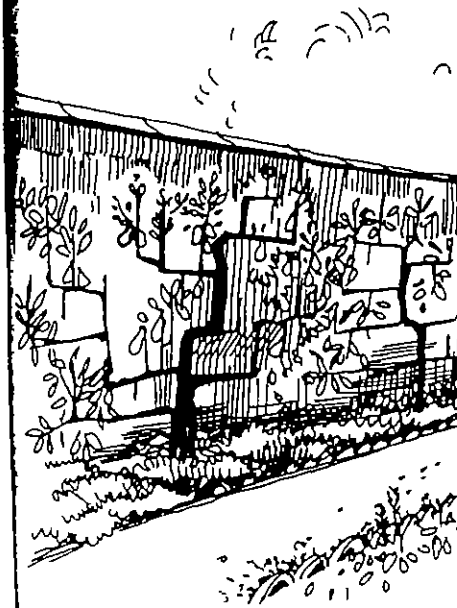
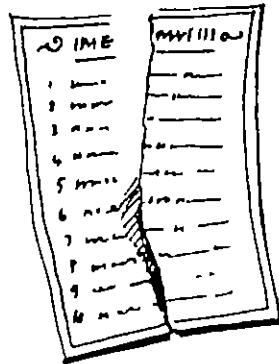
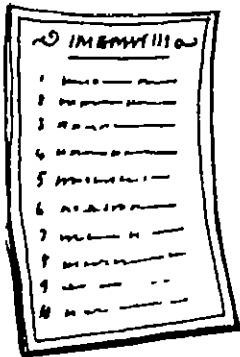
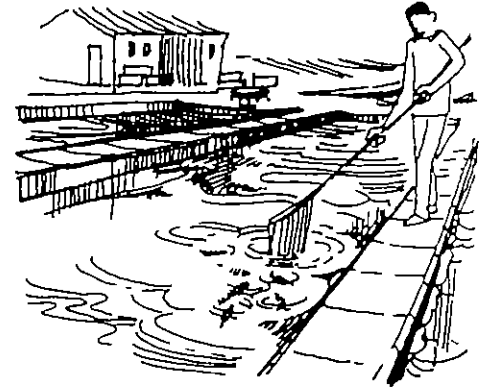
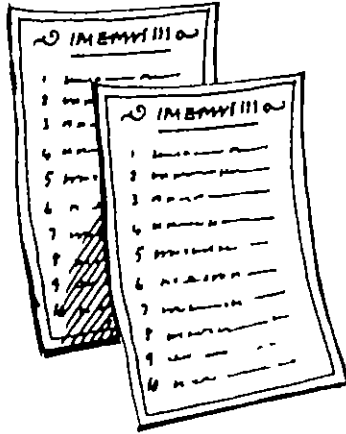
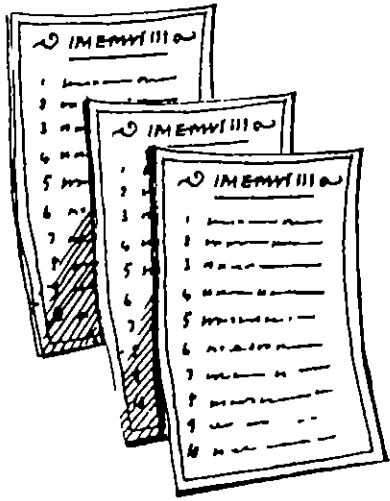


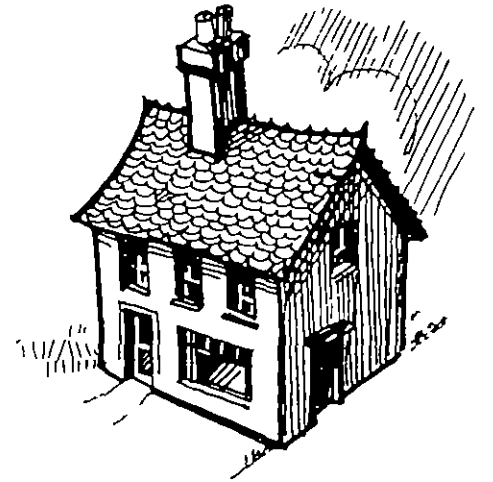
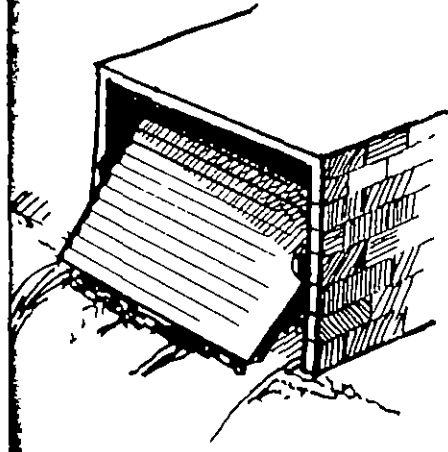


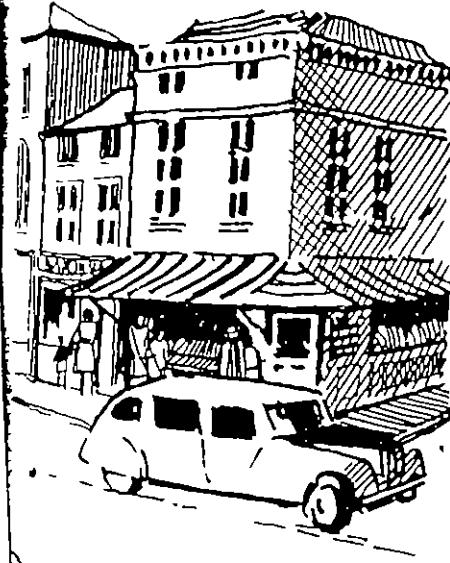
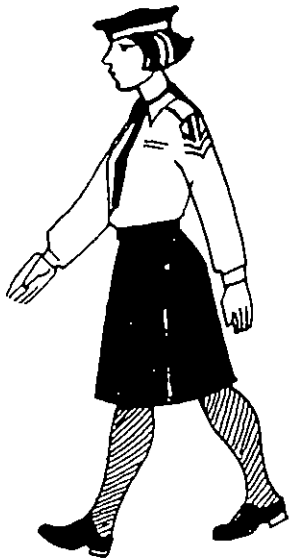
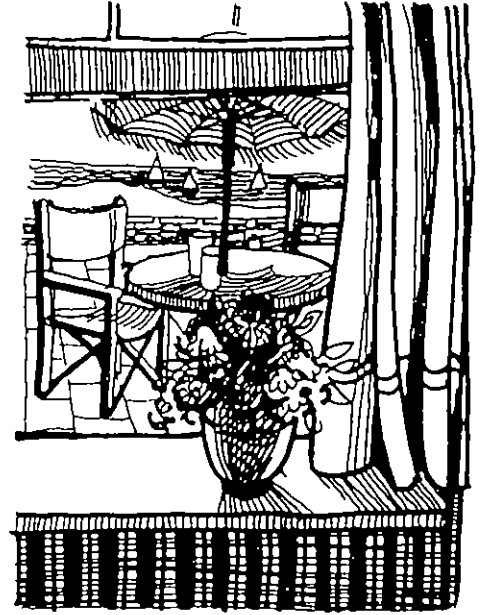
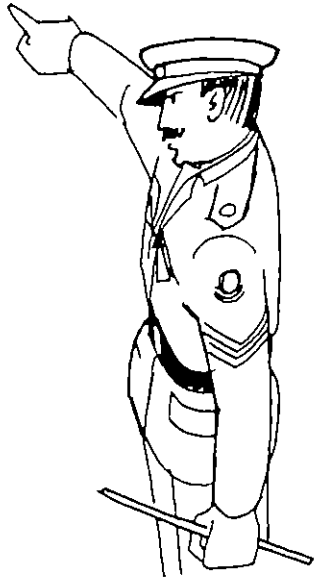


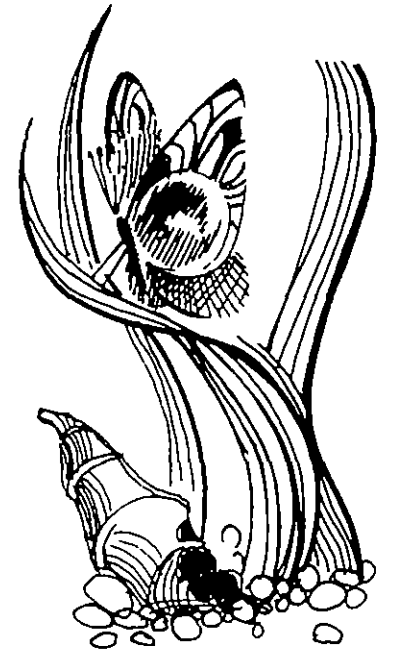
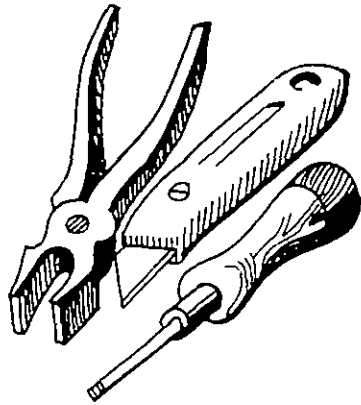
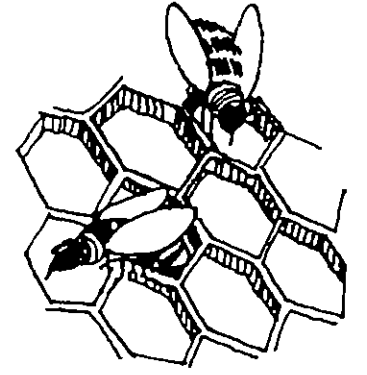
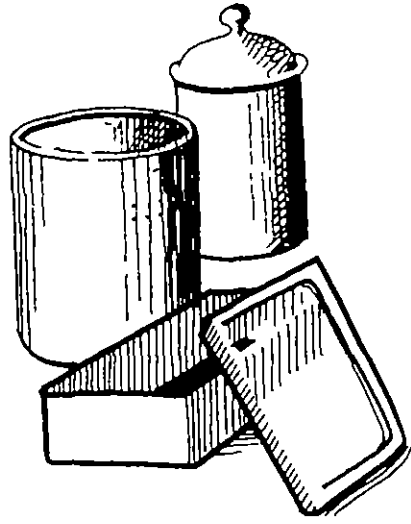
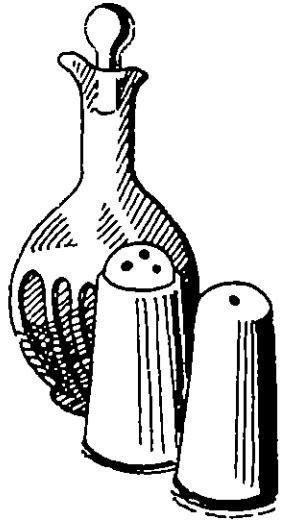


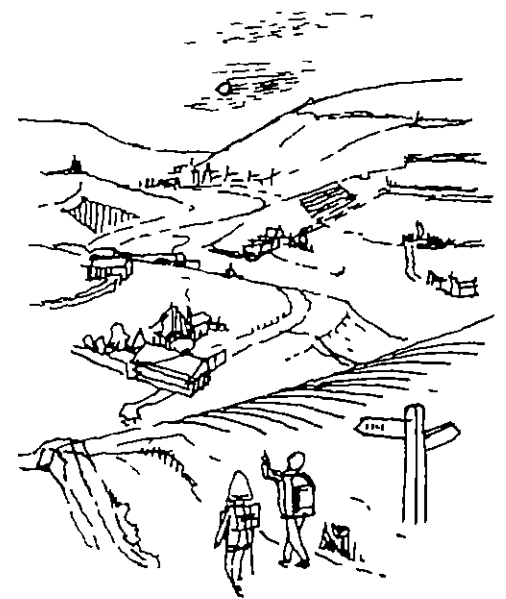
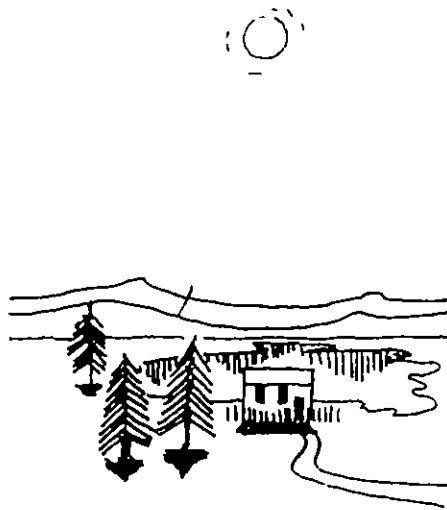
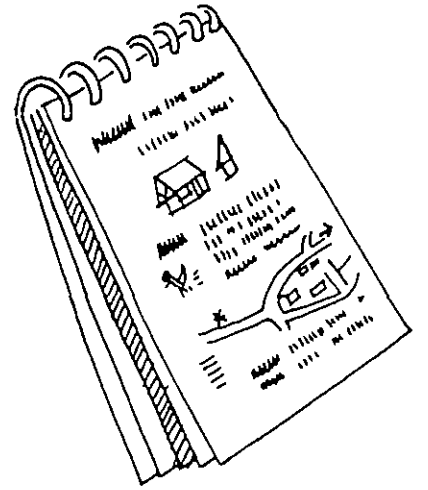
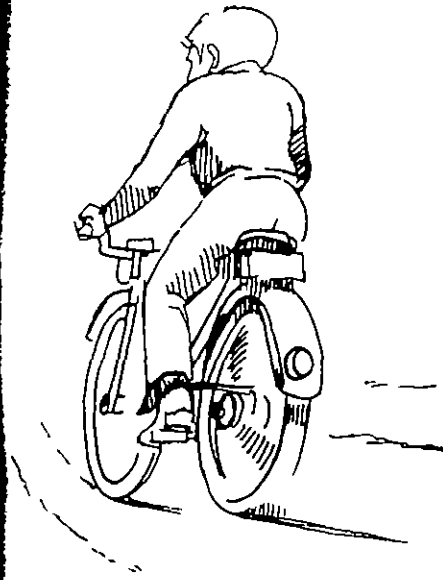
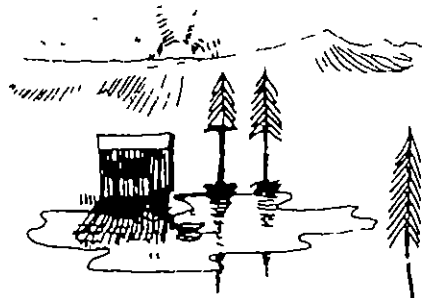
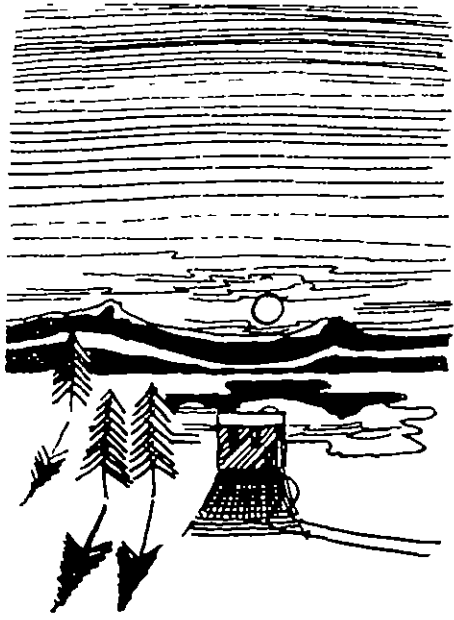


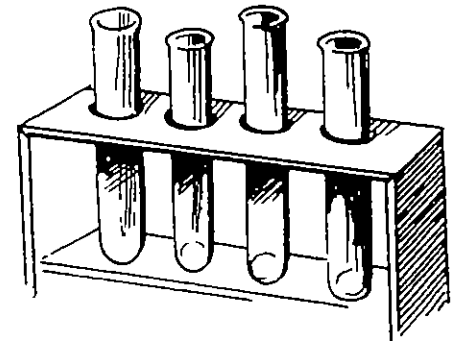
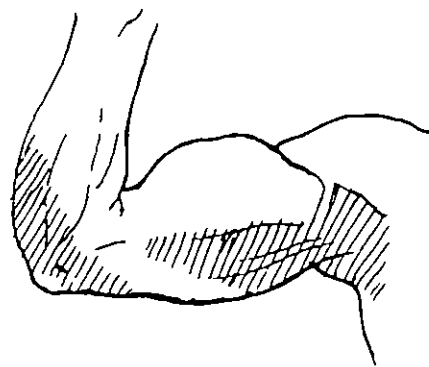
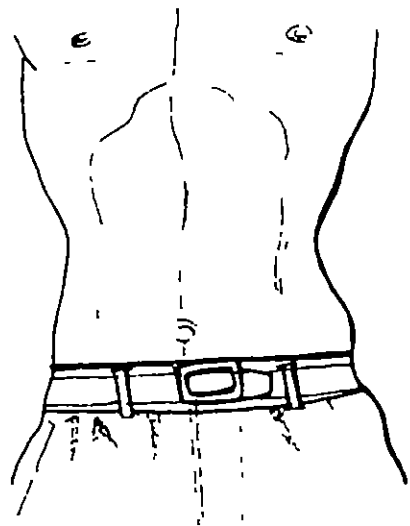
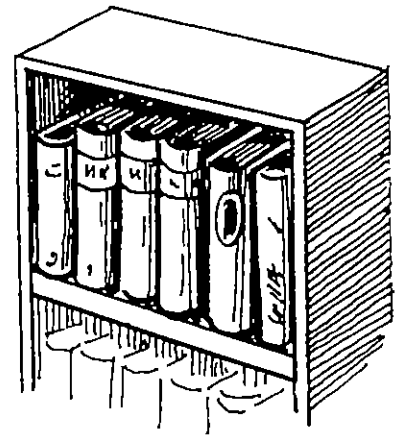
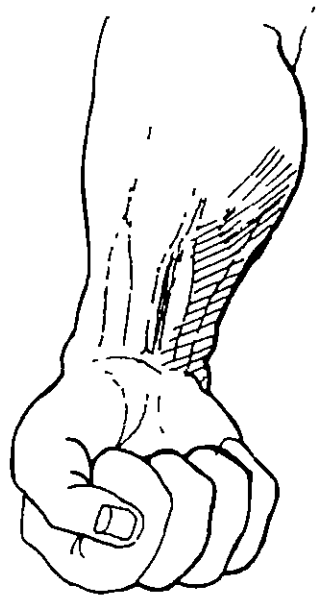


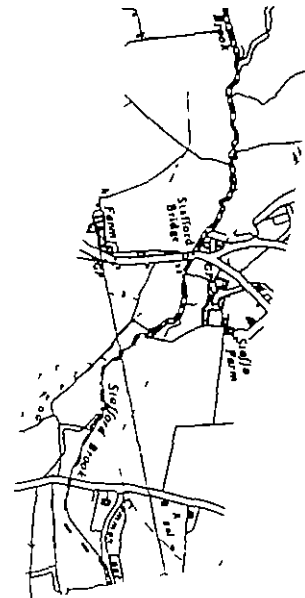
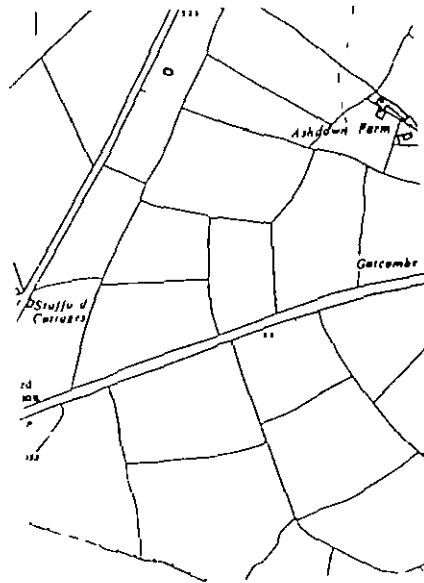
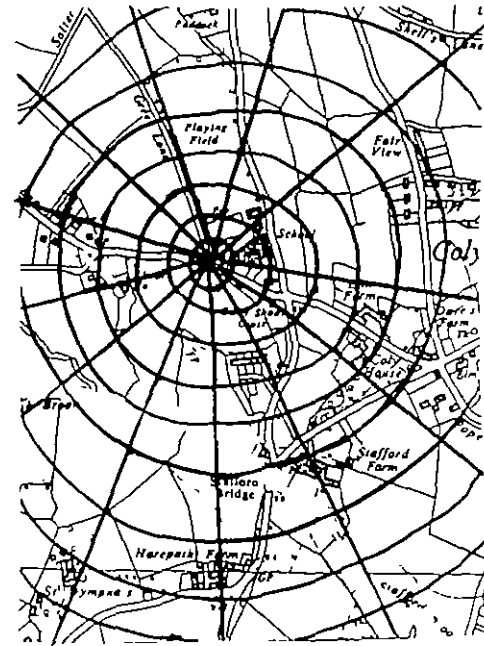
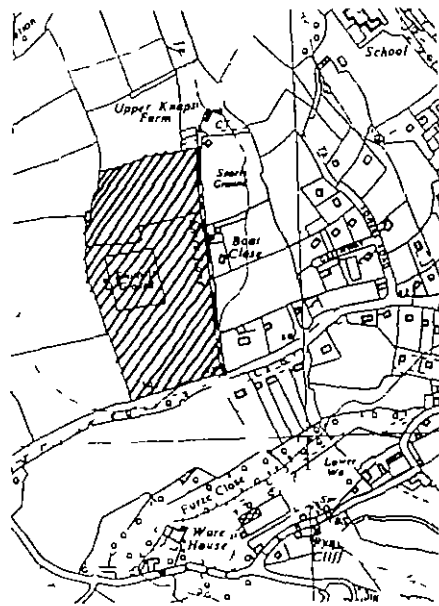
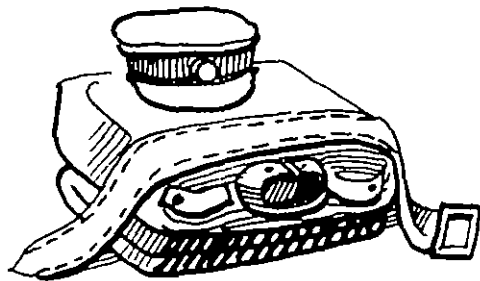
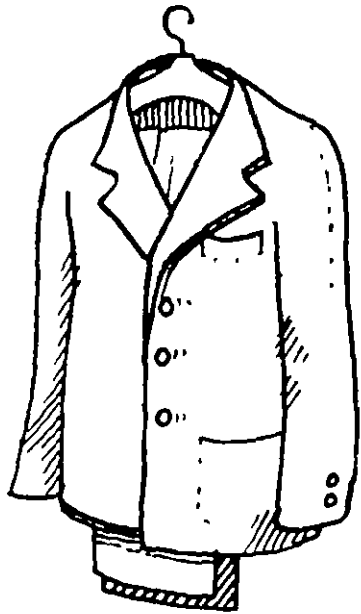


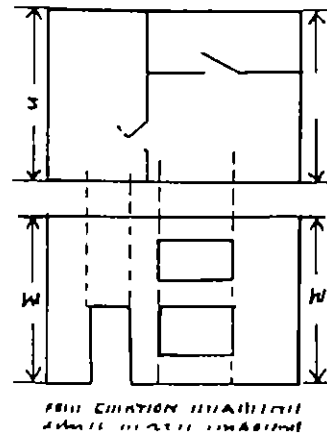
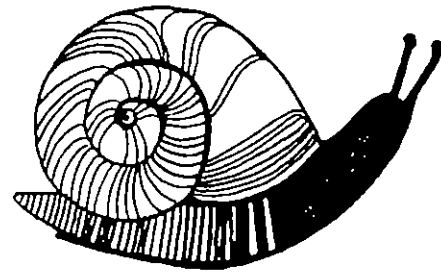
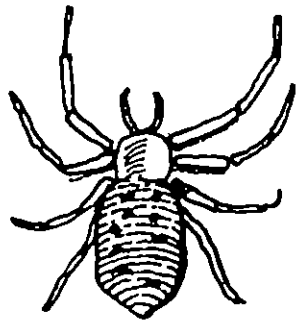




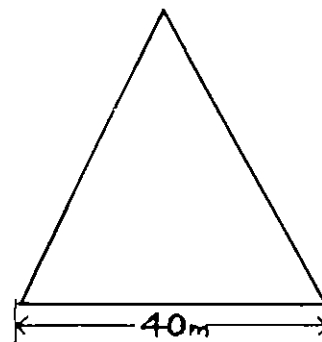
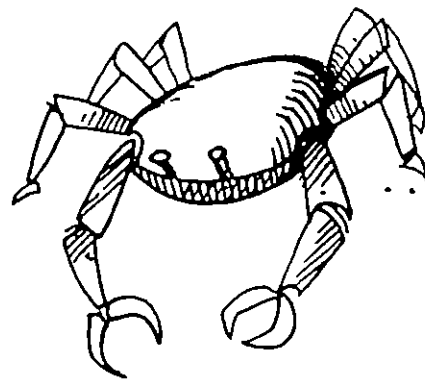




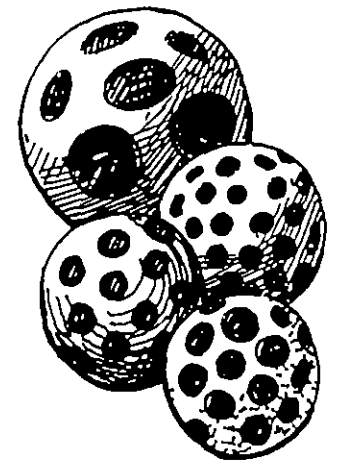
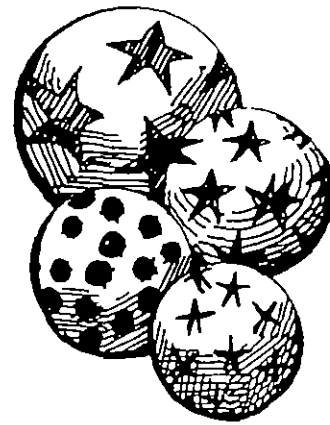
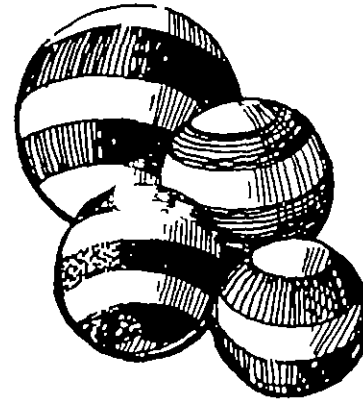


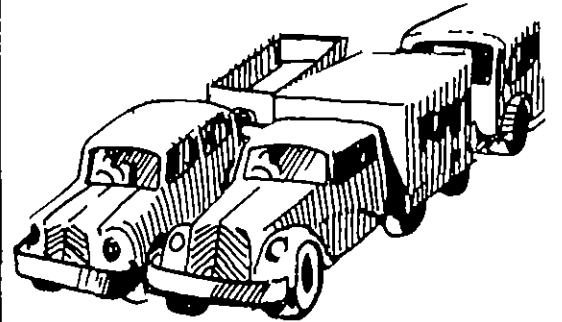
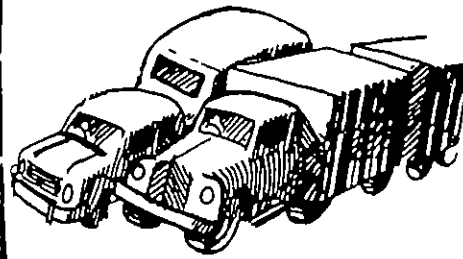
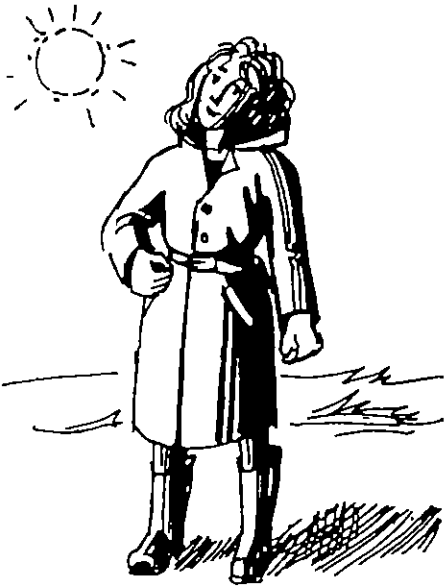
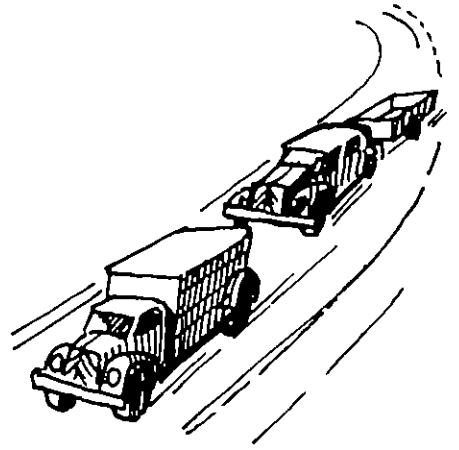
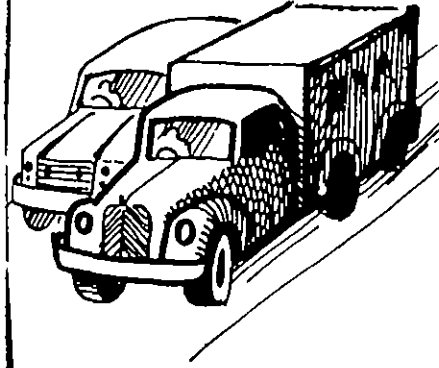


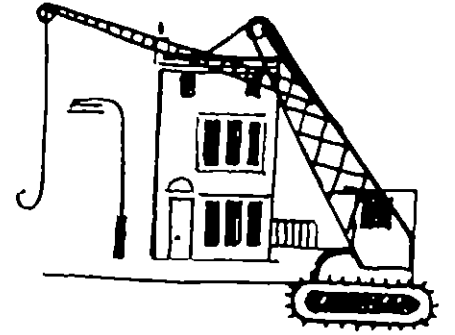
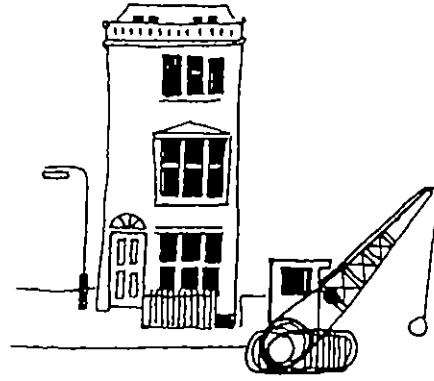
2 kg Stewing Steak
3/4 carrots sliced.
1 clove garlic.
20 ml red wine
12 gm mushrooms
4/6 small onions
1 litre - water



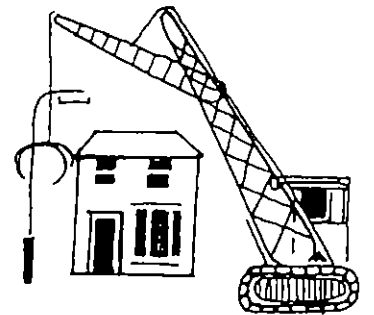
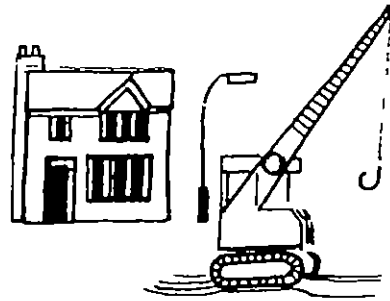
$$a + 2b = 12$$
$$3b - a = 0$$

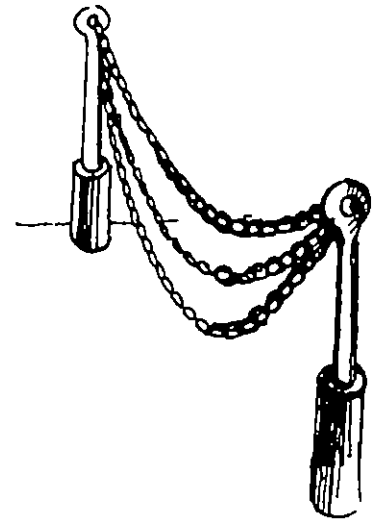
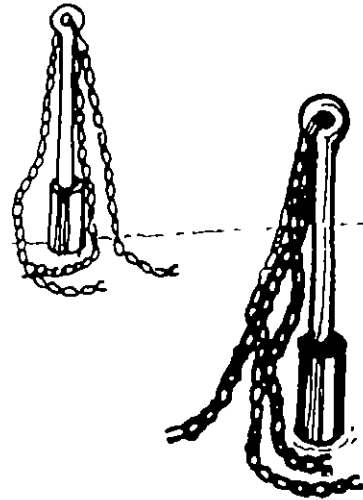
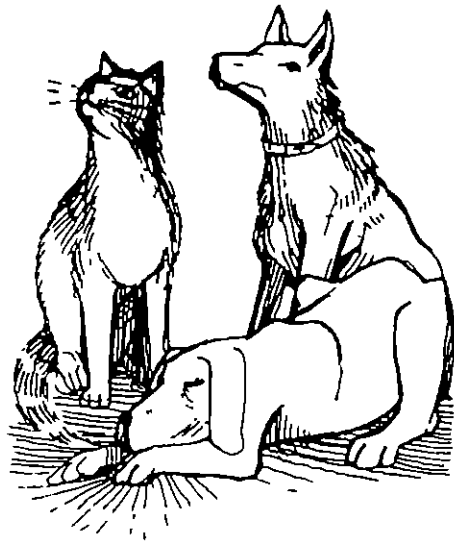
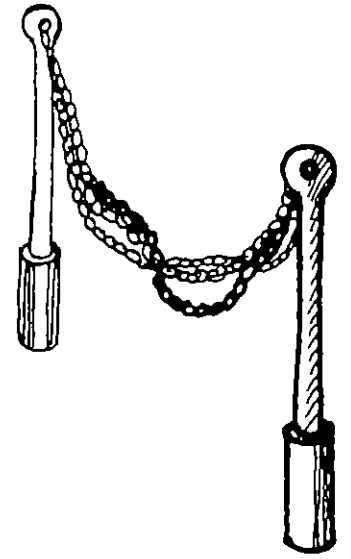
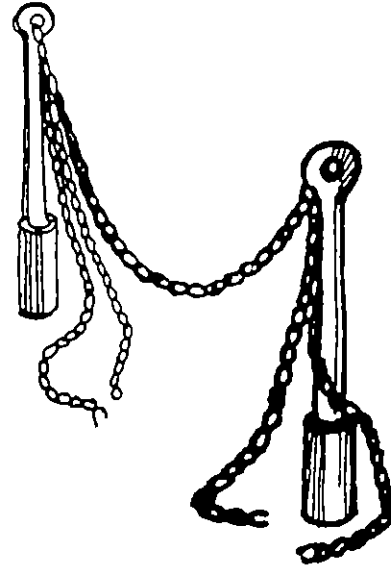
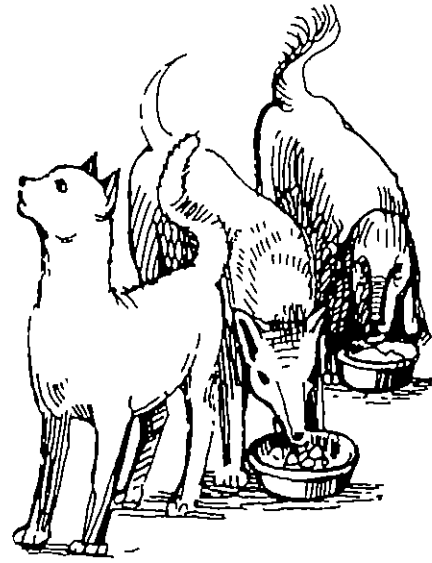


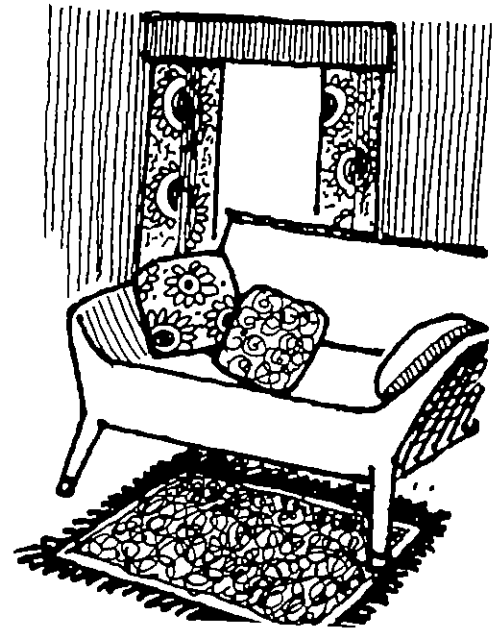
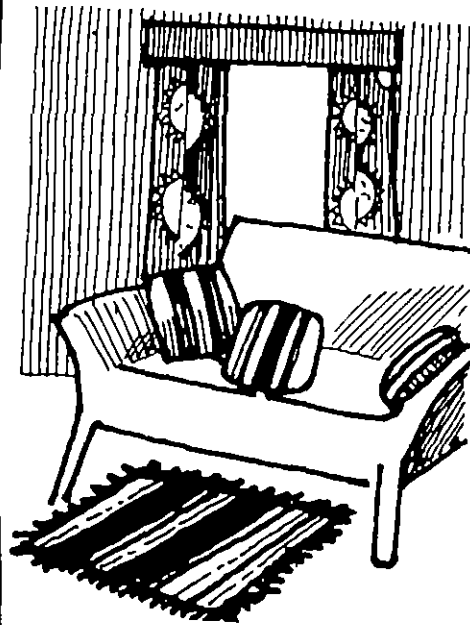
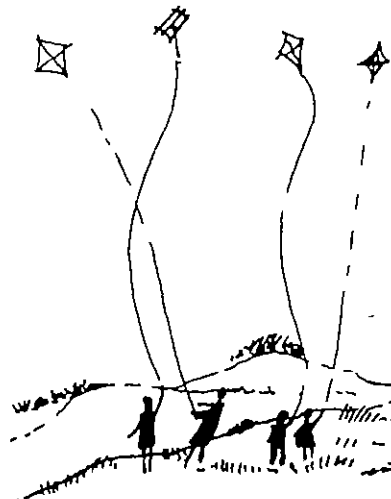
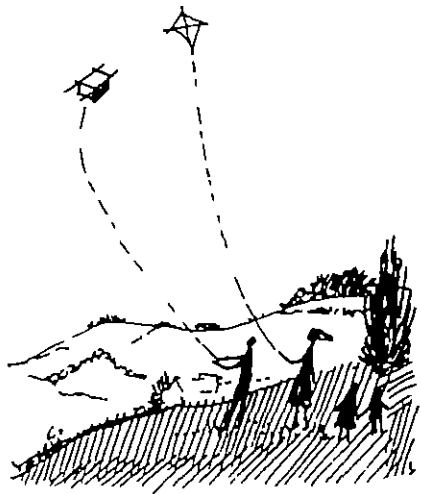
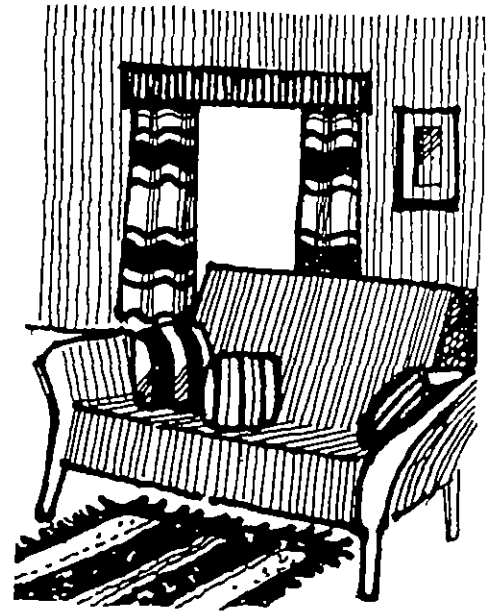
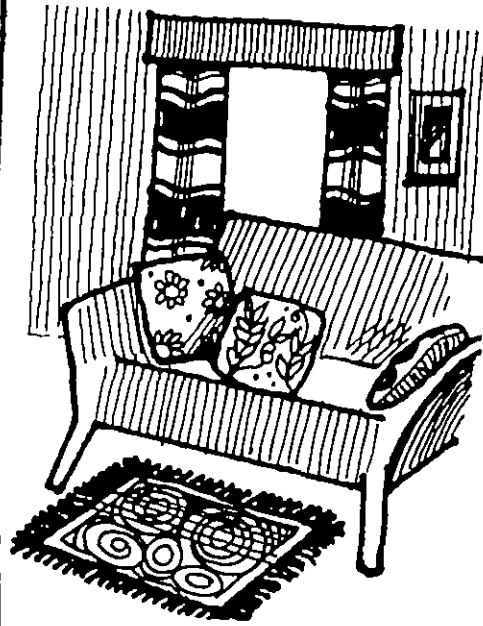
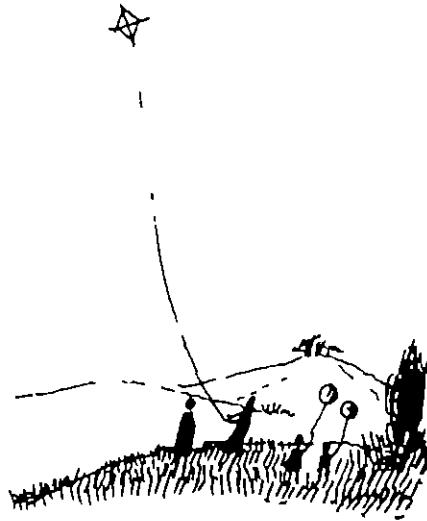
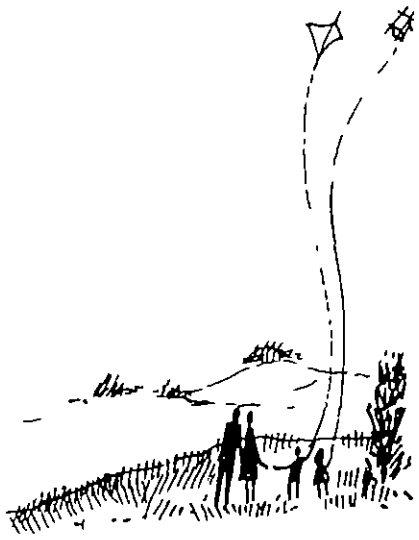


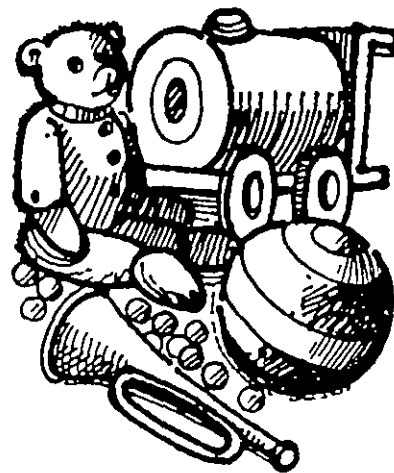
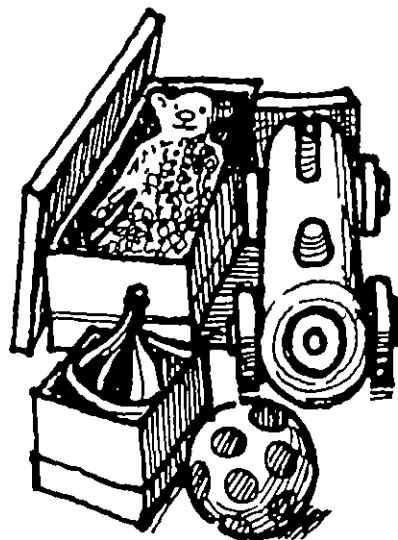
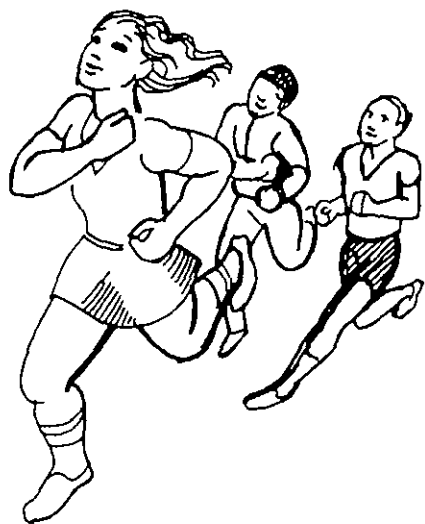
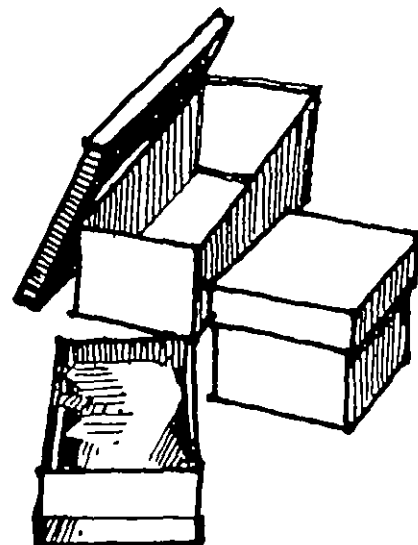
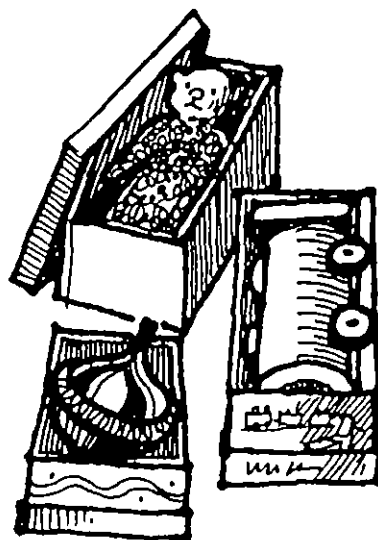


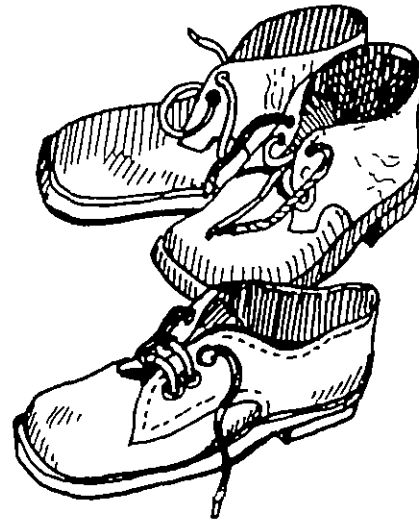
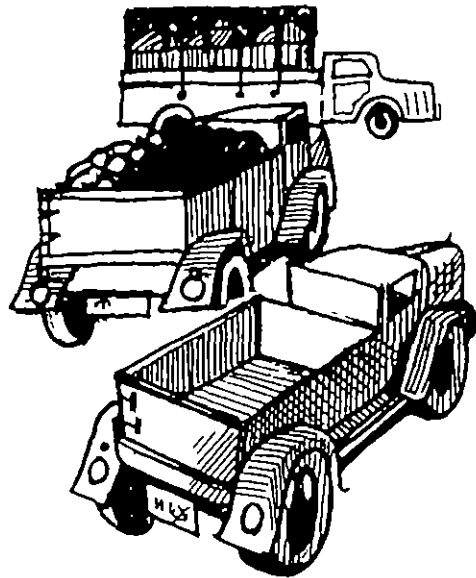
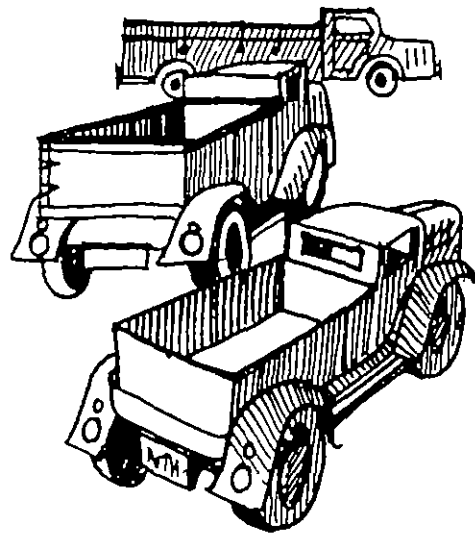
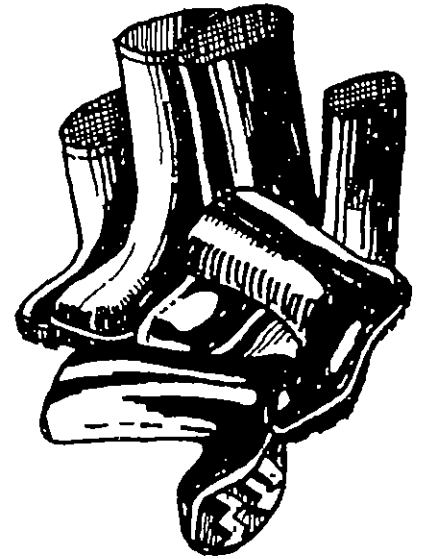
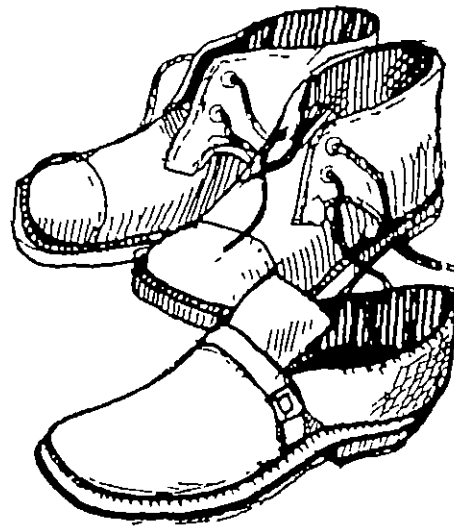
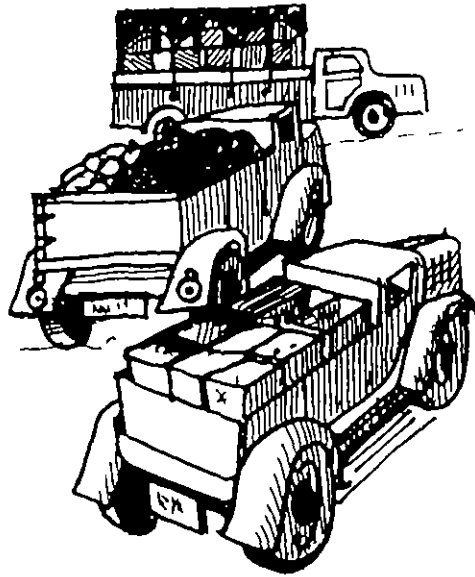
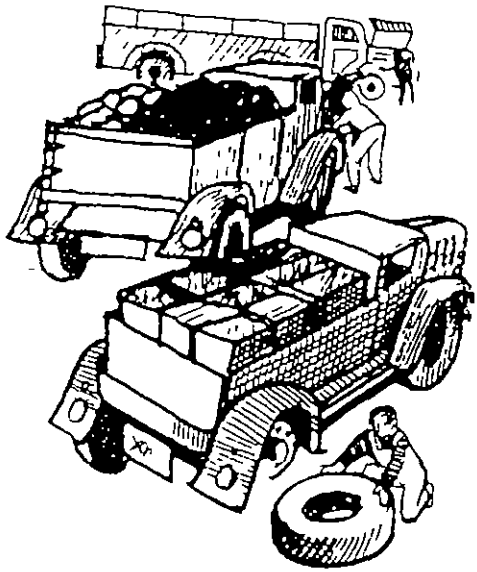
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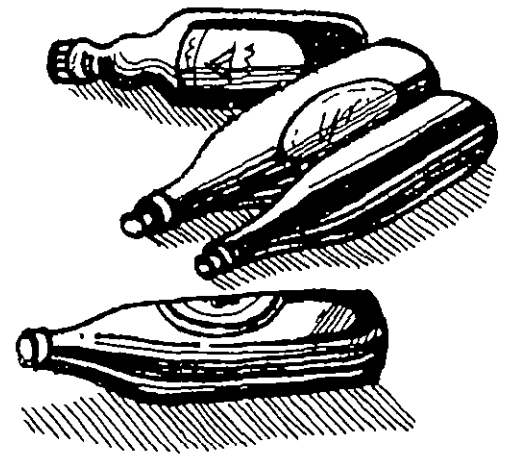
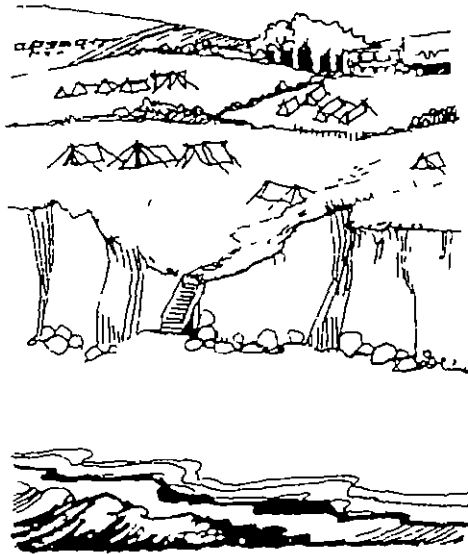
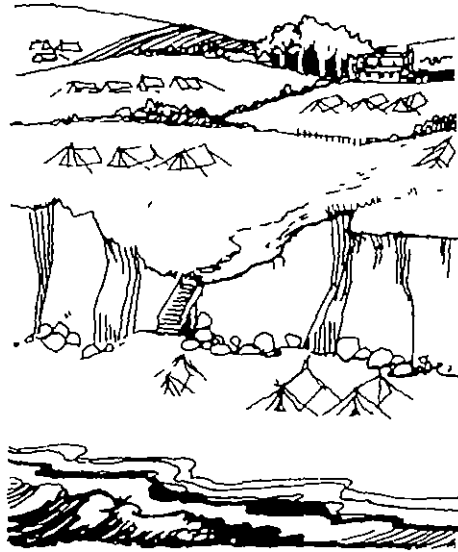
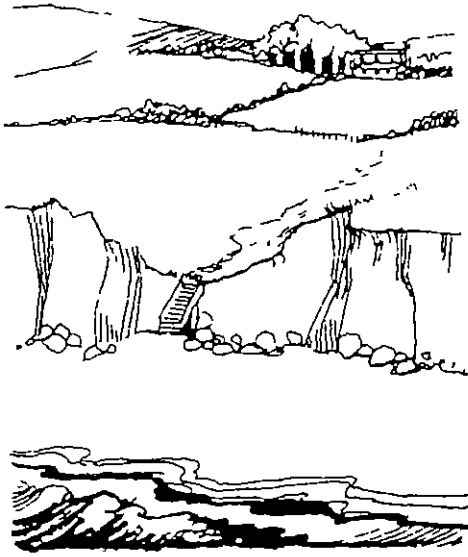












Sequence Items

