At age ten years

At age 16 years

School absence

Variables for Archive (faded print **indicates the original textual variables):**

Age ten years
[One file only]

Age 10   **MEB21 variables (Physical Abnormalities)**

M2123	Facial and General Appearance - Description
M212ICD	**Facial & General Appearance ICD9[1] Code**
M2143	Skin Condition - Description
M214ICD	**Skin Condition ICD9 Code**
M2163	Ear, Nose or Throat - Description
M216ICD	**Ear, Nose or Throat ICD9 Code**
M2183	Upper Respiratory - Description
M218ICD	**Upper Respiratory ICD9 Code**
M21103	Lower Respiratory - Description
M2110ICD	**Lower Respiratory ICD9 Code**
M21123	Cardiovascular - Description
M2112ICD	**Cardiovascular ICD9 Code**
M21143	Gastrointestinal - Description
M2114ICD	**Gastrointestinal ICD9 Code**
M21163	Other Abdominal - Description
M2116ICD	**Other Abdominal ICD9 Code**
M21183	Urogenital Tract - Description
M2118ICD	**Urogenital Tract ICD9 Code**
M21203	Neurological - Description
M2120ICD	**Neurological ICD9 Code**
M21223	Musculo-Skeletal - Description
M2122ICD	**Musculo-skeletal ICD9**
M21243	**Endocrine - Description**

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[1] Manual of the International Classification of Diseases, Injuries and Causes of Death, Volume 1. World Health Organisation, 1977

M2124ICD	Endocrine ICD9 Code
M21263	Blood/Lymphatic – Description
M2126ICD	Blood/Lymphatic ICD9 Code
M21283	Mental Handicap – Description
M2128ICD	Mental Handicap ICD9 Code
M21303	Behavioural/Emotional – Description
M2130ICD	Behavioural/Emotional ICD9 Code
M21313	Other Abnormalities – Description
M2131ICD	Other Abnormality ICD9 Code

Age 16   OB12 variables (Operations)

The majority of responses are coded with an appropriate OPCS-4 code, however a few text entries were only able to be coded using ICD-9 codes [commonly where the text referred to either an investigation or to a diagnosis only].

OB12A1A   OB12.11 - ICD9 Code
OB12A2   OB12 - OPCS4[2] Code
OB12B1   1st Operation ICD9 Code
OB12B2   1st Operation OPCS4 Code
OB12C1   2nd Operation ICD9 Code
OB12C2   2nd Operation OPCS4 Code
OB12D1A   3rd Operation ICD9 Code
OB12D2   3rd Operation OPCS4 Code

Age 16   OB13 variables (Hospital Admissions)

Parents provided varying amounts of information for each hospital admission. Sometimes diagnostic information was provided for the treatment variable and sometimes treatment information was provided for the diagnostic variable.   The information was coded as provided.

- **'REASON & DIAGNOSIS'** was usually able to be coded using ICD-9 codes but sometimes required coding under OPCS-4.   There are one or two columns for ICD-9 information and for OPCS-4 information for each hospital admission reason and diagnosis.

- **TREATMENT-OPERATIONS-OTHER PROCEDURES'** was usually able to be coded OPCS-4 codes but sometimes required coding under ICD-9, commonly when admission was for investigations.   There are one or two columns for ICD-9 information and for OPCS-4 information for each hospital admission treatment.

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[2] Classification of Surgical Operations and Procedures, 4th Revision. Office of Population Censuses and Surveys, 1990.
OPCS-4 was selected rather than OPCS-3 because there were considerable changes in the OPCS classifications, and also because the number, range and variety of operations and procedures had changed radically since OPCS-3 was brought out, 1971. It was a concern that procedures and operation undergone by the teenagers may not have been classifiable under the older system compared to the newer OPCS-4. It was also the judgement that any future data collected in the 2000 sweep of the BCS70 subjects would be classified under the newer OPCS-4 system. Thus using the OPCS-4 system will allow forward matching of data.
Coding was carried out by a health care researcher supported by a software package provided by Medicode [Medicode ICON™ Encoder].

OB13.5	1ST ADMISSION-REASON & DIAGNOSIS
OB13A1	1st Admission ICD9 Code 1
OB13A2	1st Admission ICD9 Code 2
OB13A3	1st Admission OPCS4 Code 1
OB13A4	1st Admission OPCS4 Code 2
OB13.6	1ST ADMISSION-TREATMENT-OPS-OTHER PROC
OB13B1	1st Admission Treatment ICD9 Code 1
OB13B2	1st Admission Treatment OPCS4 Code 1
OB13B3	1st Admission Treatment OPCS4 Code 2
OB13.10	2ND ADMISSION-REASON & DIAGNOSIS
OB13C1	2nd Admission ICD9 Code 1
OB13C2	2nd Admission OPCS4 Code 1
OB13.11	2ND ADMISSION-TREATMENT-OPS-OTHER PROC
OB13D1	2nd Admission Treatment ICD9 Code 1
OB13D2	2nd Admission Treatment OPCS4 Code 1
OB13.15	3RD ADMISSION-REASON & DIAGNOSIS
OB13E1	3rd Admission ICD9 Code 1
OB13E2	3rd Admission OPCS4 Code 1
OB13.16	3RD ADMISSION-TREATMENT-OPS-OTHER PROC
OB13F1	3rd Admission Treatment ICD9 Code 1
OB13F2	3rd Admission Treatment OPCS4 Code 1
OB13.20	4TH ADMISSION-REASON & DIAGNOSIS
OB13G1	4th Admission ICD9 Code 1
OB13.21	4TH ADMISSION-TREATMENT-OPS-OTHER PROC
OB13H1	4th Admission Treatment ICD9 Code 1
OB13H2	4th Admission Treatment OPCS4 Code 1
OB13.40	HOSP ADMISS EMOTIONAL PROB-WHAT=
OB13I1	OB13.40- Hosp. Admin. Emotional Problem ICD9 Code
OB13.42	HOSP ADMISS OTHER CONDITION-WHAT=
OB13J1	OB13.42 - Other Hosp. Admin. ICD9 Code
OB13J2	OB13.42 - Other Hosp. Admin. OPCS4 Code

Age 16   OB14 variables (Outpatients)

Parents provided varying amounts of information for each outpatient episode.
'DIAGNOSIS & TREATMENT ' was usually able to be coded using both ICD-9 and OPCS-4 codes. There are one or two columns for ICD-9 information and for OPCS-4 information for each outpatient episode's reason and diagnosis.
WHERE TREATED was coded using broad categories [as at age 10 years], however lack of detailed information meant that it was often not possible to code the *type* of hospital contact as either casualty/outpatients/inpatients.

OB14.8	1ST ILLNESS-DIAGNOSIS & TREATMENT

OB14A1	**1st Illness ICD9 Code 1**
OB14A2	**1st Illness ICD9 Code 2**
OB14A3	**1st Illness OPCS4 Code 1**
OB14A4	**1st Illness OPCS4 Code 2**
OB14.9	1ST ILLNESS-NAME & ADDRESS HOSP-CLINIC
OB14.9G	**1st Illness – Place of Treatment**
OB14.12	2ND ILLNESS-DIAGNOSIS & TREATMENT
OB14B1	**2nd Illness ICD9 Code 1**
OB14B2	**2nd Illness ICD9 Code 2**
OB14B3	**2nd Illness OPCS4 Code**
OB14.13	2ND ILLNESS-NAME & ADDRESS HOSP-CLINIC
OB14.13G	**Place of Treatment 2nd Illness**
OB14.16	3RD ILLNESS-DIAGNOSIS & TREATMENT
OB14C1	**3rd Illness ICD9 Code 1**
OB14C2	**2nd Illness ICD9 Code 2**
OB14C3	**3rd Illness OPCS4 Code**
OB14.17	3RD ILLNESS-NAME & ADDRESS HOSP-CLINIC
OB14.17G	**3rd Illness Place of Treatment**
OB14.20	4TH ILLNESS-DIAGNOSIS & TREATMENT
OB14D1	**4th Illness ICD9 Code**
OB14D2	**4th Illness OPCS4 Code**
OB14.21	4TH ILLNESS-NAME & ADDRESS HOSP-CLINIC
OB14.21G	**4th Illness Place of Treatment**

Age 16   OB15 variables (Accidents)

Four accident incidents: each has three sets of codes, ICD cause of accident, ICD injury/diagnostic and OPCS (treatment codes). ICD codes are kept separate from OPCS e.g. where diagnostic includes OPCS information, a separate variable accommodates this.

WHAT HAPPENED – coded using ICD-9 supplementary E code [external code]. As all these diagnostic codes have an 'E' prefix it is omitted from the data entries and variable is labelled 'E' instead.
DESCRIPTION OF INJURIES – coded using ICD-9 codes, many from chapter XVII 'Injury and Poisoning'
TREATMENT –coded using OPCS-4 where possible, but ICD-9 codes used where investigation or diagnosis information.

OB15.5	1ST ACCIDENT-WHAT HAPPENED
OB15A1	OB15 – 1st Accident ICD9 'E' Code 1 (Diagnosis)
OB15.6	1ST ACCIDENT-DESCRIPTION OF INJURIES
OB15A2	1st Accident ICD9 Code 2 (Injury)
OB15.7	1ST ACCIDENT-TREATMENT-STITS-OPERTS-PLAS
OB15A3	1st Accident Treatment OPCS4 Code 1
OB15A4	1st Accident Treatment OPCS4 Code 2
OB15A5	1st Accident Treatment ICD9 Code 3
OB15.11	2ND ACCIDENT-WHAT HAPPENED
OB15B1	OB15 – 2nd Accident ICD9 'E' Code 1 (Diagnosis)
OB15.12	2ND ACCIDENT-DESCRIPTION OF INJURIES
OB15B2	2nd Accident ICD9 Code 2 (Injury)
OB15B3	2nd Accident OPCS4 Code 1
OB15.13	2ND ACCIDENT-TREATMENT-STITS-OPERTS-PLAS
OB15B4	2nd Accident Treatment OPCS4 Code 1
OB15B5	2nd Accident Treatment OPCS4 Code 2
OB15B6	2nd Accident Treatment ICD9 Code 3
OB15.17	3RD ACCIDENT-WHAT HAPPENED
OB15C1	OB15 – 3rd Accident 'E' ICD9 Code 1 (Diagnosis)
OB15.18	3RD ACCIDENT-DESCRIPTION OF INJURIES
OB15C2	3rd Accident ICD9 Code 2 (Injury)
OB15.19	3RD ACCIDENT-TREATMENT-STITS-OPERTS-PLAS
OB15C3	3rd Accident Treatment OPCS4 Code 1
OB15C4	3rd Accident Treatment OPCS4 Code 2
OB15C5	3rd Accident Treatment ICD9 Code 3
OB15.23	4TH ACCIDENT-WHAT HAPPENED
OB15D1	OB15 – 4th Accident ICD9 'E' Code 1 (Diagnosis)

Age 16   RC3.20 variable – Any other significant illness

RC3.20	OTHER SIGNIFICANT ILLNESS OR DISABILITY
RC3ICD1	Other Illness/Disability ICD9 Code 1
RC3ICD2	Other Illness/Disability ICD9 Code 2
RC3OP1	Other Illness/Disability OPCS4 Code

Age 16 RA4 variables (reason for attending specialist clinics)

Coding frame are as at age 10 (MEA9*) with some additional values created to accommodate new incidents.

RA4A.2	WHY TEEN ATTEND HEAR CLINIC-CONS AUDIO
RA4ACD	Reason for Audiologist
RA4B.2	WHY TEEN ATTEND EYE CLINIC-CONS OPTHALM
RA4BCD	Reason for Ophthalmologist
RA4C.2	WHY TEEN ATTEND SPEECH THERAPY
RA4CCD	Reason for Speech Therapist
RA4G.1	WHY TEEN ATTEND PHYSIO-CHLD GUID-PSYCHOL
RA4GCD1	1st Reason for Physio/Guidance/Psych
RA4G.2	WHY TEEN ATTEND PHYSIO-CHLD GUID-PSYCHOL
RA4GCD2	2nd Reason for Physio/Guidance/Psych

Age 16   RD6 variables (System Abnormalities)

Text appears to have been poorly completed as the number of text entries does not match the number of boxes ticked to indicate the child has such a system abnormality. It seems possible that, at the end of the Medical Officer's form, that as the question may have already been answered prior to this section, it was left blank. Hence, data from this section may be of little use on it's own.

Textual material has nevertheless been coded with the availability of information provided.

RC3.20	OTHER SIGNIFICANT ILLNESS OR DISABILITY
RC3ICD1	Other Illness/Disability ICD9 Code 1
RC3ICD2	Other Illness/Disability ICD9 Code 2
RC3OP1	Other Illness/Disability OPCS4 Code
RD6A.2	DESCRIBE ABNORMALITY OF FACE ETC
RD6AICD1	Facial and General Appearance ICD9 Code 1
RD6AICD2	Facial and General Appearance ICD9 Code 2

RD6AOP1	**Facial and General Appearance OPCS4 Code**
RD6B.2	DESCRIBE SKIN ABNORMALITY
RD6BICD	**Skin ICD9 Code**
RD6C.2	DESCRIBE UPPER RESPIRATORY ABNORMALITY
RD6CICD	**Upper Respiratory ICD9 Code**
RD6COP1	**Upper Respiratory OPCS4 Code**
RD6D.2	DESCRIBE ABNORMAL RESPIRATORY SIGNS
RD6DICD	**Abnormal Respiratory ICD9 Code**
RD6E.2	DESCRIBE CARDIOVASCULAR ABNORMALITY
RD6EICD1	**Cardiovascular ICD9 Code**
RD6EOP1	**Cardiovascular OPCS4 Code**
RD6F.2	DESCRIBE GASTROINTESTINAL ABNORMALITY
RD6FICD1	**Gastrointestinal ICD9 Code**
RD6FOP1	**Gastrointestinal OPCS4 Code**
RD6G.2	DESCRIBE UROGENITAL TRACT ABNORMALITY
RD6GICD1	**Urogenital Tract ICD9 Code**
RD6GOP1	**Urogenital Tract OPCS4 Code**
RD6H.2	DESCRIBE NEUROLOGICAL ABNORMALITY
RD6HICD1	**Neurological ICD9 Code**
RD6HOP1	**Neurological OPCS4 code**
RD6J.2	DESCRIBE MUSCULO-SKELETAL ABNORMALITY
RD6JICD	**Musculo-skeletal ICD9 Code**
RD6K.2	DESCRIBE ENDOCRINE ABNORMALITY
RD6KICD1	**Endocrine ICD9 Code**
RD6L.2	DESCRIBE BLOOD OR LYMPHATIC ABNORMALITY
RD6LICD	**Blood/Lymphatic ICD9 Code**
RD6M.2	DESCRIBE BEHAVIOURAL OR EMOTIONAL PROBS
RD6MICD1	**Behavioural/Emotional ICD9 Code**
RD6N.2	DESCRIBE MENTAL HANDICAP
RD6NICD1	**Mental Handicap ICD9 Code**
RD6O.2	DESCRIBE OTHER ABNORMAL CONDITION(S)
RD6OICD1	**Other Abnormality ICD9 Code**
RD6OOP1	**Other Abnormality ICD9 Code**

Age 16   Folder 'School Absences' variables from Doc J, L and Q

L19.3   REASONS ABSENCE FROM SCH SPRG TERM 86
Multiple reasons were often given by the teachers to explain absence from school. Following the text column, subsequent columns represent the reason(s) stated for school absence [the first 7 are the same variables as used at age 10 years, variables J112-J118]. A further six variables are used which were found to be commonly referred to. The last two non-specific variables are as used at age 10 years. A 'YES' value is given to each variable mentioned in the text.

L19.3	REASONS ABSENCE FROM SCH SPRG TERM 86
L19.3A	Reason Absent from School @ 16 - Illness
L19.3B	Reason Absent from School @ 16 – Bereavement
L19.3C	Reason Absent from School @ 16 - Transport Problem
L19.3D	Reason Absent from School @ 16 - Truanting
L19.3E	Reason Absent from School @ 16 - Suspension
L19.3F	Reason Absent from School @ 16 - Material hardship
L19.3G	Reason Absent from School @ 16 - Helping Family
L19.3H	Reason Absent from School @ 16 - Dentist
L19.3I	Reason Absent from School @ 16 - Strike
L19.3J	Reason Absent from School @ 16 - Examination/Revision
L19.3K	Reason Absent from School @ 16 - Employment/Interview
L19.3L	Reason Absent from School @ 16 - Holiday
L19.3M	Reason Absent from School @ 16 – Extra Curricula Activities
L19.3N	Reason Absent from School @ 16 - Other
L19.3O	Reason Absent from School @ 16 - Unknown

JB13AE   OTHER REASON FOR ABSENCE FROM SCHOOL
The teenagers usually reported one or perhaps two reasons to explain absence from school. Following the text column, there are two columns represent the reason(s) stated for school absence. The text is coded according to the same 13 specific reasons outlined for L19.3.

JB13AE	OTHER REASON FOR ABSENCE FROM SCHOOL
JB13AE1	JB13AE - Coded 1st reason
JB13AE2	JB13AE - Coded 2nd reason

OC1.2   NOT ATTEND SCHOOL FOR ILL HEALTH - WHY?
The parents usually reported one or perhaps two reasons to explain absence from school. Following the text column, there are four columns represent the reason(s) stated for school absence. The first health reason stated is coded in the first two columns, with the first column giving the ICD-9 code for any diagnosis stated, the second column giving the OPCS-4 code for any surgical procedures/operations stated. If the parent has stated a non-health related reason the code is -1. Columns

three and four are used for ICD-9 and OPCS-4 codes for any second stated health reason for absence.

OC1.2 NOT ATTEND SCHOOL FOR ILL HEALTH-WHY
OC12A1 School Absence (Medical Causes) ICD9 Code 1
OC12A1OP School Absence (Medical Causes) OPCS4 Code 1
OC12A2 School Absence (Medical Causes) ICD9 Code 2
OC12A2OP School Absence (Medical Causes) OPCS4 Code 2

Q12.3 ABSENT SCHOOL PAST 2 YRS: HEALTH-RELATED REASON
The teenagers provided up to three health-related reasons for school absence in the previous two years. Each text entry is followed by two columns, one for the ICD-9 code if appropriate to the text and one for the OPCS-4 code if appropriate to the text.

Q12.3 ABSENT SCHOOL PAST 2 YRS: REASON 1
Q123A1 School Absence (Illness) ICD9 Code 1
Q123A2 School Absence (Illness) OPCS4 Code 1
Q12.4 ABSENT SCHOOL PAST 2 YRS: REASON 2
Q124A1 School Absence (Illness) ICD9 Code 2
Q124A2 School Absence (Illness) OPCS4 Code 2
Q12.5 ABSENT SCHOOL PAST 2 YRS: REASON 3
Q125A1 School Absence (Illness) ICD9 Code 3
Q125A2 School Absence (Illness) OPCS4 Code 3

Division of Child Health, University of Nottingham   *25/02/99*   *Appendix 3, page 1*
Age ten years
Medical questionnaire

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	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	Since age 4 but age not known	Not known if test carried out
(a) Audiogram	☐ MEA4 1	☐ MEA4 2	☐ MEA4 3	☐ MEA4 4	☐ MEA4 5	☐ MEA4 6	☐ MEA4 7	☐ MEA4 8	☐ MEA4 9
(b) Test for distant vision	☐ MEA4 10	☐ 4 11	☐ 4 12	☐ 4 13	☐ 4 14	☐ 4 15	☐ 4 16	☐ 4 17	☐ 4 18
(c) Test for near vision	☐ MEA4 19	☐ 4 20	☐ 4 21	☐ 4 22	☐ 4 23	☐ 4 24	☐ 4 25	☐ 4 26	☐ 4 27
(d) Other screening test(s)	☐ MEA4 28	☐ 4 29	☐ 4 30	☐ 4 31	☐ 4 32	☐ 4 33	☐ 4 34	☐ 4 35	☐ 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

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*
MEA12 1	Partially sighted	☐	Vision	MEA12 12	☐
MEA12 2	Deaf	☐	Hearing	MEA12 13	☐
MEA12 3	Partially hearing	☐	Speech and language	MEA12 14	☐
MEA12 4	Mentally handicapped (Scot)	☐	Motor function	MEA12 15	☐
MEA12 5	ESN (M) (Eng and Wales)	☐	Physical health	MEA12 16	☐
MEA12 6	ESN (S) (Eng and Wales)	☐	Behaviour/emotional development	MEA12 17	☐
MEA12 7	Epileptic	☐	Intellectual development	MEA12 18	☐
MEA12 8	Physically handicapped	☐	Ability to care for self	MEA12 19	☐
MEA12 9	Speech defect	☐	FORM USED OTHER THAN		
MEA12 10	Maladjusted	☐	4HP, SE2 OR SE3 - MEA12.20		
MEA12 11	Delicate	☐			

A13 Where does the child live and what type of school does he/she attend?   MEA13 1

At home and attends ordinary school   ☐

At home and attends special unit attached to ordinary school   ☐

At home and attends day special school   ☐

In a residential special school   ☐

In a hostel and attends day special school   ☐

In a hospital for the subnormal   ☐

In any other situation   ☐
          please specify

Division of Child Health, University of Nottingham   25/02/99   Appendix 3, page 2
Age ten years
Medical questionnaire

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	ME49 1 ☐	☐	☐	ME49 2 ME49 3 – ME49 6
(b)	Eye clinic or consultant ophthalmologist	ME49 7 ☐	☐	☐	ME49 8
(c)	Speech therapist	ME49,13 ☐	☐	☐	ME49 9 – ME49 12
(d)	Occupational therapist	ME49 19 ☐	☐	☐	ME49 14 ME49 15 – ME49 18
(e)	Physiotherapist	ME49 25 ☐	☐	☐	ME49 20 ME49 21 – ME49 24
(f)	Child and Family Guidance Service	ME49 31 ☐	☐	☐	ME49 26 ME49 27 – ME49 30
(g)	Other psychological or psychiatric opinion or treatment	ME49 37 ☐	☐	☐	ME49 32 ME49 33 – ME49 36
					ME49 38 ME49 39 – ME49 42

Extra information, state source(s)   ME49 43

4

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 Information
(a)	Recurrent sore throats (3 or more in a year)	☐ MEB4 1	☐ MEB4 2	☐ MEB4 3	☐ MEB4 4	☐ MEB4 5
(b)	Middle ear infection/glue ear	☐ MEB4 6	☐ MEB4 7	☐ MEB4 8	☐ MEB4 9	☐ 4 10
(c)	Any hearing loss perceptive or conductive	☐ MEB4 11	☐ MEB4 12	☐ MEB4 13	☐ MEB4 14	☐ 4 15
(d)	Eczema	☐ MEB4 16	☐ MEB4 17	☐ MEB4 18	☐ MEB4 19	☐ 4 20
(e)	Hay fever	☐ MEB4 21	☐ MEB4 22	☐ MEB4 23	☐ MEB4 24	☐ 4 25
(f)	Asthma	☐ MEB4 26	☐ MEB4 27	☐ MEB4 28	☐ MEB4 29	☐ 4 30
(g)	Wheezy bronchitis	☐ MEB4 31	☐ MEB4 32	☐ MEB4 33	☐ MEB4 34	☐ 4 35
(h)	Bronchitis	☐ MEB4 36	☐ MEB4 37	☐ MEB4 38	☐ MEB4 39	☐ 4 40
(i)	Pneumonia	☐ MEB4 41	☐ MEB4 42	☐ MEB4 43	☐ MEB4 44	☐ 4 45
(j)	Pathological heart condition	☐ MEB4 46	☐ MEB4 47	☐ MEB4 48	☐ MEB4 49	☐ 4 50
(k)	Recurrent abdominal pain	☐ MEB4 51	☐ MEB4 52	☐ MEB4 53	☐ MEB4 54	☐ 4 55
(l)	Inguinal hernia	☐ MEB4 56	☐ MEB4 57	☐ MEB4 58	☐ MEB4 59	☐ 4 60
(m)	Urinary infection	☐ MEB4 61	☐ MEB4 62	☐ MEB4 63	☐ MEB4 64	☐ 4 65
(n)	Wet bed more than occasionally since 5 years of age	☐ MEB4 66	☐ MEB4 67	☐ MEB4 68	☐ MEB4 69	☐ 4 70
(o)	Wet pants in day-time more than occasionally since 5 years of age	☐ MEB4 71	☐ MEB4 72	☐ MEB4 73	☐ MEB4 74	☐ 4 75
(p)	Soiled pants at any time since 5 years of age	☐ MEB4 76	☐ MEB4 77	☐ MEB4 78	☐ MEB4 79	☐ 4 80
(q)	Mental or educational retardation please specify	☐ MEB4 81	☐ MEB4 82	☐ MEB4 83	☐ MEB4 84	☐ 4 85
(r)	Any other significant illness or disability please specify	☐ MEB4 86	☐ MEB4 87	☐ MEB4 88	☐ MEB4 89	☐ 4 90

MEB4 91   MEB4 92

Division of Child Health, University of Nottingham   25/02/99   *Appendix 3, page 3*
Age ten years
Medical questionnaire

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

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

(p) Other abnormal condition(s) or syndrome(s)   MEB21 31

11

Division of Child Health, University of Nottingham   25/02/99   *Appendix 3, page 4*
Age ten years
Educational questionnaire

A7   Has the child received any of the following types of help during the past few years·

	Frequently	Occasionally	Not at all	Don't know
Child guidance and psychological counselling	⊂⊃ J043 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Psychiatric counselling and treatment	⊂⊃ J044 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Speech therapy	⊂⊃ J045 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Sensory disability help, visual	⊂⊃ J046 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Sensory disability help, auditory	⊂⊃ J047 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Physical therapy for disabilities	⊂⊃ J048 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Educational welfare intervention	⊂⊃ J049 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Social work intervention	⊂⊃ J050 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Attendance at a special 'Nurture' centre (for behavioural difficulties)	⊂⊃ J051 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Attendance at a remedial centre (for educational difficulties)	⊂⊃ J052 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Probation officer guidance/care	⊂⊃ J053 ⊂⊃	⊂⊃	⊂⊃	⊂⊃
Other (please specify)	⊂⊃ J054 ⊂⊃	⊂⊃	⊂⊃	⊂⊃

J054A

B. CHILD'S SOCIAL BEHAVIOUR
(TO BE COMPLETED BY CHILD'S TEACHER)

The questions here are related to the child's social functioning, the issues are important because of their relevance to the child's ability to function effectively when he moves into adult society.

B1. a. We would be glad if you would add up the total number of days schooling missed by the child last term, for whatever reason (add half days as well)

Total days absent (round up to full days) | J111   days |

b   Please indicate reasons for absence and if possible estimate the days absent

Whether absent (mark all that apply)

J112	Illness	0	J112A days
J113	Family bereavement	0	J113A days
J114	Weather, transport problems	0	J114A days
J115	Truanting	0	J115A days
J116	Suspension	0	J116A days
J117	Material hardship	0	J117A days
J118	Helping family	0	J118A days
J119	Not known	0	J119A days
J120	Other (please specify)	0	J120A days

J121

Division of Child Health, University of Nottingham　　　*25/02/99*　　　*Appendix 3, page 5*
Age ten years
Parental questionnaire

B16 HOSPITAL ADMISSIONS

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

Yes　 $B16\ 1$ 　　☐⎤— If Yes,

No　　　　　☐　　(a) please give total number of such admissions since fifth birthday　$\boxed{B16\ 2}$

Not known　☐　　(b) please give details below of every hospital admission since child's fifth
　　　　　　　　　birthday List in chronological order *If any detail not known please enter* NK

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

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

B17 OUTPATIENT ATTENDANCES

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

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

　　　　　No attendances coded　$B17\ 30$

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

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

Division of Child Health, University of Nottingham   *25/02/99*   Appendix 3, page 6
Age ten years
Parental questionnaire

B18 ACCIDENTS

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

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

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

accidental swallowing of medicines or poisons	☐	If Yes, please state total number of accidents ☐
burn(s) scald(s)	B18 2 ☐	
road traffic accident(s)	B18 3 ☐	
other type of accident	B18 4 ☐	
No accident	B18 5 ☐	
Not known	B18 6 ☐	

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

	First accident since fifth birthday	Next accident	Next accident	Next accident
Age (years)	B18 8	B18 22	B18 36	B18 50
Where did it happen? (road home school etc)	B18 9	B18 23	B18 37	B18 51
What happened?*	B18 10 - B18 15	B18 24 - B18 29	B18 38 - B18 43	B18 52 - B18 57
Description of injuries (e g burn/scald fracture head injury with unconsciousness etc)	B18 16 -* B18 18*	B18 30 -* B18 32 *	B18 44 -* B18 46 *	B18 58 -* B18 60 *
Where treated? † (G P Casualty In-patient)	B18 19	B18 33	B18 47	B18 61
Treatment, (including stitches operation(s) plaster cast(s) traction etc)	B18 20* B18 21*	B18 34 * B18 35 *	B18 48 * B18 49 *	B18 62 * B18 63*

If more than 4 accidents since fifth birthday please continue on back page
*If ingestion of medicines/poisons give name of substance
†Please check that all accidents resulting in hospital admission casualty or outpatient attendances have also been included in questions B16 and B17

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

Tick all that apply

Yes—

Tonsillectomy or T s and A s	B13 1	☐ at age	B13 2 years
Hernia operation	B13 3	☐ at age	B13 4 years
Appendicectomy	B13 5	☐ at age	B13 6 years
Operation for squint	B13 7	☐ at age	B13 8 years
Circumcision	B13 9	☐ at age	B13 10 years
Any other operation(s)	B13 11		
please specify	B13 12	☐ at age	B13 13 years
	B13 14 , B13 15	☐ at age	B13 16 years
	B13 17 , B13 18	☐ at age	B13 19 years
	B13 20 , B13 21	☐ at age	B13 22 years
No— Never had an operation	B13 23	☐	

Division of Child Health, University of Nottingham   25/02/99   Appendix 3, page 7
Age ten years
Parental questionnaire

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

		Yes	Reason(s)	No	Not known
(a)	Speech therapist	B20 1 ☐	B20 2	☐	☐
(b)	Child and family guidance service	B20 3 ☐	B20 4	☐	☐
(c)	Child psychiatrist	B20 5 ☐	B20 6	☐	☐
(d)	Occupational therapist	B20 7 ☐	B20 8	☐	☐
(e)	Physiotherapist	B20 9 ☐	B20 10	☐	☐

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

		Yes	Reason(s)	No	Not known
(a)	General practitioner	B21 1 ☐	B21 4	☐	☐
(b)	Health visitor	B21 2 ☐	B21 5	☐	☐
(c)	Social worker	B21 3 ☐	B21 6	☐	☐
(c)	School dental service	B21 7 ☐	B21 8	☐	☐
(e)	NHS or private dental service	B21 9 ☐	B21 10	☐	☐

9

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

None or less than one week in all	B22 1	☐
Over one week and up to one month in all		☐
Over one month and up to three months in all		☐
Over three months		☐
Missed school, but not known for how long		☐
Not known whether missed school		☐
Does not attend school		☐

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

B22 2

B22 3

B22 4.

A2. Has this study teenager ever had school medical examination/developmental checks/vision or hearing tests?

(RA2)

YES	☐
NO	☐
NOT KNOWN	☐

If YES, at what age(s) were procedures carried out   Tick and indicate value on each line

SEE SEPARATE LIST

	5	6	7	8	9	10	11	12	13	14	15
Examinations	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Development Checks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vision Screenings	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hearing Tests	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

(What? **(RA2F)** ✱

A3. What screening or preventive procedures have been carried out since study teenager was 10 years old? (include tests, immunisations, screening, check ups)

	Screening/Other Procedures	Reason	Venue	Age
1	**(RA3A.1)** ✱	**(RA3A4.1)(RA3A4.2)(RA3A4.3)(RA3A4.4)(RA3A4.5)(RA3A4.6)**		
2	**(RA3B.1)** ✱	**(RA3B4.1)(RA3B4.2)(RA3B4.3)(RA3B4.4)(RA3B4.5)(RA3B4.6)**		
3	**(RA3C.1)** ✱	**(RA3C4.1)(RA3C4.2)(RA3C4.3)(RA3C4.4)(RA3C4.5)(RA3C4.6)**		
4	**(RA3D.1)** ✱	**(RA3D4.1)(RA3D4.2)(RA3D4.3)(RA3D4.4)(RA3D4.5)(RA3D4.6)**		
5	**(RA3E.1)** ✱	**(RA3E4.1)(RA3E4.2)(RA3E4.3)(RA3E4.4)(RA3E4.5)(RA3E4.6)**		

A4. Is there any evidence that the study teenager has attended any of the following since 10 years old?

Answer list - tick and tick one box on each line

		Yes	No	Don't know	
a)	Hearing clinic/consultant audiologist **(RA4A.1)**	☐	☐	☐	If YES, why? **(RA4A.2)** ✱
b)	Eye clinic/consultant ophthalmologist **(RA4B.1)**	☐	☐	☐	If YES, why? **(RA4B.2)** ✱
c)	Speech therapy **(RA4C.1)**	☐	☐	☐	If YES, why? **(RA4C.2)** ✱
d)	Physiotherapy **(RA4D.1)**	☐	☐	☐	
e)	Child and Family Guidance Service **(RA4E.1)**	☐	☐	☐	If YES, why **(RA4G.1)** ✱
f)	Other psychological or psychiatric opinion or treatment **(RA4F.1)**	☐	☐	☐	**(RA4G.2)** ✱

A5. Where does this study teenager live and what type of school does he/she attend?

(RA5)   Tick one box only

At home and attends ordinary school	☐
At home and attends special unit attached to ordinary school	☐
At home and attends day special school	☐
In a residential special school	☐
In a hostel and attends day special school	☐
In a hospital for the subnormal	☐
In any other situation	☐

(What? _____ **(RA5A)** ✱)

If attends other than ordinary school, please give name, address and designation of school institutions.

(RA5B) ✱

NOW PLEASE MAKE A GENERAL AND SYSTEMIC EXAMINATION OF THE TEENAGER AND ANSWER QUESTIONS BELOW BASED ON YOUR FINDINGS.

D6. Please state whether or not any abnormal condition has been found in any of the following systems in the teenager

Answer (a)... please tick one for each line	Not present	Yes present	If present, describe signs. What is diagnosis?	
(a) Abnormality of face or general disfiguration	☐	☐	(RD6A.1)	(RD6A.2) *
(b) Skin abnormality	☐	☐	(RD6B.1)	(RD6B.2) *
(c) Upper respiratory abnormality	☐	☐	(RD6C.1)	(RD6C.2) *
(d) Abnormal respiratory signs/conditions	☐	☐	(RD6D.1)	(RD6D.2) *
(e) Cardiovascular abnormality	☐	☐	(RD6E.1)	(RD6E.2) *
(f) Gastrointestinal abnormality	☐	☐	(RD6F.1)	(RD6F.2) *
(g) Urogenital tract abnormality	☐	☐	(RD6G.1)	(RD6G.2) *
(h) Neurological abnormality	☐	☐	(RD6H.1)	(RD6H.2) *
(i) Musculo-skeletal abnormality	☐	☐	(RD6I.1)	(RD6I.2) *
(k) Endocrine abnormality	☐	☐	(RD6K.1)	(RD6K.2) *
(l) Blood or lymphatic abnormality	☐	☐	(RD6L.1)	(RD6L.2) *
(m) Behavioural or emotional problems	☐	☐	(RD6M.1)	(RD6M.2) *
(n) Mental handicap	☐	☐	(RD6N.1)	(RD6N.2) *
(o) Other abnormal condition(s) or syndrome(s)	☐	☐	(RD6O.1)	(RD6O.2) *

C3. Has this teenager ever had any of the following conditions?

Answer (a)-(r) and tick all that apply on each line	Yes, in past 12 months	Yes, previous to past 12 months	Yes, but age not known	No, never	Not known
(a) Recurrent sore throats (3 or more in past year) (RC3.1)	☐	☐	☐	☐	☐
(b) Middle ear infection/glue ear (RC3.2)	☐	☐	☐	☐	☐
(c) Any hearing loss, perceptive or conductive (RC3.3)	☐	☐	☐	☐	☐
(d) Eczema (RC3.4)	☐	☐	☐	☐	☐
(e) Hay Fever (RC3.5)	☐	☐	☐	☐	☐
(f) Asthma (RC3.6)	☐	☐	☐	☐	☐
(g) Wheezy bronchitis (RC3.7)	☐	☐	☐	☐	☐
(h) Bronchitis (RC3.8)	☐	☐	☐	☐	☐
(i) Pneumonia (RC3.9)	☐	☐	☐	☐	☐
(j) Pathological heart condition (RC3.10)	☐	☐	☐	☐	☐
(k) Recurrent abdominal pain (RC3.11)	☐	☐	☐	☐	☐
(l) Inguinal hernia (RC3.12)	☐	☐	☐	☐	☐
(m) Urinary infection (RC3.13)	☐	☐	☐	☐	☐
(n) Wet bed more than occasionally since 10 years of age (RC3.14)	☐	☐	☐	☐	☐
(o) Wet pants in daytime more than occasionally since 10 years of age (RC3.15)	☐	☐	☐	☐	☐
(p) Soiled pants at any time since 10 years of age (RC3.16)	☐	☐	☐	☐	☐
(q) Mental or educational retardation (RC3.17) (please specify (RC3.19) *)	☐	☐	☐	☐	☐
(r) Any other significant illness or disability (RC3.18) (please specify (i) (RC3.20) * (ii)	☐	☐	☐	☐	☐

ACADEMIC ASSESSMENT OF PUPIL

Q6. We would like you to grade the pupil on his/her ACTUAL PERFORMANCE and UNDERLYING ABILITY, compared with other youngsters of a similar age.
Please choose the grade in each of the two columns, which, in your judgement, most closely reflects the pupil's standing, for (a) performance and (b) ability.
Performance alone may not be an accurate measure of underlying ability. Some pupils underperform because of poor motivation or emotional difficulties, while by dint of hard work manage to achieve a grade above what might be expected given their natural talents.

		Grade	Performance	Ability
Top	5%	A		
Well above average	10%	B		
Above average	20%	C		
Average	30%	D		
Below average	20%	E		
Well below average	10%	F		
Bottom	5%	G		

(L6.1)   (L6.2)

No assessment possible

Give reasons _____

If there is a difference between the two grades, please comment { (L6.3) *
{ (L6.4) *

ASSESSMENT!

Q13. Has the pupil received any outside specialist help to your knowledge since September 1995?

YES .... (L13.1) ☐ — If YES, please answer 13a and 13b below
NO ...... ☐
CAN'T SAY ...... ☐
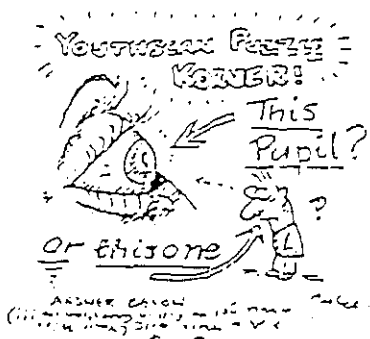
13(a) What type of specialist help is/was being given?   Tick all that apply
Child Guidance attendance .... (L13.2) ☐
Psychiatric Counselling ... ... (L13.3) ☐
Speech Therapy attendance . .... (L13.4) ☐
Reading Centre attendance ...... (L13.5) ☐
Multi-cultural education centre . .... (L13.6) ☐
English language centre (include holiday periods) (L13.7) ☐
Sensory disability help (visual) ...... (L13.8) ☐
Sensory disability help (auditory) ...... (L13.9) ☐
Education welfare intervention ...... (L13.10) ☐
Social work intervention ...... (L13.11) ☐
Attendance at Special Unit (behaviour difficulties) (L13.12) ☐
Probation Officer guidance/care ...... (L13.13) ☐
Other help .... (L13.14) ☐
(What?)_____ (L13.15) *
13(b) Please give a short description: (L13.16) *

Q18. Has there been a "Case Conference" between the school and outside agencies about this pupil in the last 2 years?

YES .... (L18.1) . ☐ ┐— If YES, please answer 18a below:
NO .... ☐

18(a). Why was there a Case Conference?   Tick all (that apply)   Who attended and why?

For Behaviour/social problem(s) (L18.2) ☐
What? ⟵————— (L18.3) ✱ ————————⟶ _____

For Medical problem(s) ..... (L18.4) ☐
What? ⟵————— (L18.5) ✱ ————————⟶ _____

For Other reason(s) ...... (L18.6) ☐
What? ⟵————— (L18.7) ✱ ————————⟶ _____

Give any other relevant information (L18.8) ✱
_____
_____
_____

Q19. Did this pupil miss as much as a day's schooling in the Spring Term 1986?

YES .... (L19.1) ☐ ┐— If YES, please answer 19a and b below.
NO . .... ☐

19(a). Total number of days absent during Spring Term 1986. Please add up the total number of days missed (add half days as well, rounding up to full days: but do not include days pupil was away on school courses.
(L19.2) days

19(b). Where known, please indicate reasons given for absences.
(L19.3) ✱ _____
_____
_____

B13. Has the study child been admitted to hospital since his/her 10th birthday?

(OB13.1)
YES .... ☐ ☐— If YES, answer 13(a), 13(b), 13(c).
NO .... ☐
DON'T KNOW .... ☐

13(a) Please give total number of admissions since 10th birthday: No. (OB13.2)

13(b) Please list details of all hospital admissions since 10th birthday

Continue on back page if more than 3 admissions

	1st admission	2nd admission	3rd admission
Age at admission (years)	(OB13.3)	(OB13.8)	(OB13.13)
Number of nights in hospital	(OB13.4)	(OB13.9)	(OB13.14)
Reason for admission and diagnosis	(OB13.5) *	(OB13.10) *	(OB13.15) *
Treatment including operations and other procedures	(OB13.6) *	(OB13.11) *	(OB13.16) *
Name and full address of hospital	(OB13.7) *	(OB13.12) *	(OB13.17) *

13(c). Please indicate any conditions for which the study teenager has been admitted to hospital overnight since 10th birthday.

Tick all that apply in Col 1 and Col 2

		Col 1 In Patient	Col 2 Out Patient
Operation	(OB13.23)	☐	☐
Accident	(OB13.24)	☐	☐
Asthma/Wheezy bronchitis	(OB13.25)	☐	☐
Upper respiratory tract infection(s) (including E.N.T. problems)	(OB13.26)	☐	☐
Chest infections	(OB13.27)	☐	☐
Urinary tract infections/investigation	(OB13.28)	☐	☐
Other infections	(OB13.29)	☐	☐
Convulsions	(OB13.30)	☐	☐
Heart investigation/treatment	(OB13.31)	☐	☐
Abdominal conditions not requiring operation	(OB13.32)	☐	☐
Disorders of bones and joints	(OB13.33)	☐	☐
Blood disorders including leukaemia/anaemia etc.	(OB13.34)	☐	☐
Tumours, neoplasms and other malignant conditions	(OB13.35)	☐	☐
Endocrine disorders (diabetes, thyroid, etc.)	(OB13.36)	☐	☐
Skin conditions	(OB13.37)	☐	☐
Eye conditions	(OB13.38)	☐	☐
Problems of nutrition (e.g. over or underweight, etc.)	(OB13.39)	☐	☐
Emotional conditions (specify (OB13.40) * (OB13.41)		☐	☐
Any other conditions (What? (OB13.42) * (OB13.43)		☐	☐

Hospital Outpatient Attendances

B14 Since 10 yrs. has the study teenager attended (i) a hospital outpatient department, (ii) a casualty/accident department or (iii) a specialist clinic?

Tick all that apply
NO .... (OB14.1) .... ☐
YES, a hospital outpatient department (OB14.2) ☐
YES, a casualty department (OB14.3) ☐ ☐— If YES, answer 14(a) below.
YES, a specialist clinic .... (OB14.4) ☐
DON'T KNOW .... (OB14.5) ☐

14(a). Please give details of all conditions or illnesses resulting in attendance(s) since his/her 10th birthday

	1st illness	2nd illness	3rd illness
Age at 1st attendance (years)	(OB14.6)	(OB14.10)	(OB14.14)
Total number of attendances	(OB14.7)	(OB14.11)	(OB14.15)
Diagnosis and treatment	(OB14.8) *	(OB14.12) *	(OB14.16) *
Name and address of department, hospital or clinic	(OB14.9) *	(OB14.13) *	(OB14.17) *

If more than 3 conditions use back page

Accidents

B15. Has the study child had an accident requiring medical advice or treatment since his/her 10th birthday?

(Please include accidents at home, at school, on the road and elsewhere, ingestion of medicines/poisons, burns/scalds.)

YES ·   (OB15.1)   ☐ ── If YES. (a) Please give total number of accidents since 10th birthday (OB15.2) ___ accidents
NO ·   ☐   (b) Please list below details of all accidents since 10th birthday:
DON'T KNOW ·   ☐

	1st accident	2nd accident	3rd accident
Age (years)	(OB15.3)	(OB15.9)	(OB15.15)
Where did it happen? (road, home, school, etc.)	(OB15.4) ✳	(OB15.10) ✳	(OB15.16) ✳
What happened?	(OB15.5) ✳	(OB15.11) ✳	(OB15.17) ✳
Description of 'injuries' (e.g. burn/scald, fracture, head injury with unconsciousness etc)	(OB15.6) ✳	(OB15.12) ✳	(OB15.18) ✳
Treatment (including stitches, operation(s) plaster cast(s), traction etc)	(OB15.7) ✳	(OB15.13) ✳	(OB15.19) ✳
Where treated (GP, casualty, in-patient)?	(OB15.8) ✳	(OB15.14) ✳	(OB15.20) ✳

(If the spaces available at back of this form)

Medical causes of school absence

C1. How much time altogether has the study child missed from school in the past 12 months for reasons of ill-health or emotional disturbance?

(OC1.1)   Tick one box
None, or less than one week in all . . . . ☐
Over one week and up to one month in all . . . . . ☐
Over one month and up to three weeks in all . . . ☐ ── If YES answer 1(a) below.
Over three months in all . . . . ☐
Missed school, but don't know for how long . . . ☐
Don't know whether missed school . . . . ☐
Does not attend school . . . . ☐
Please state why: ___ (OC1.2) ✳

1(a). If absent for more than one week in all during the past 12 months, please indicate reason(s). (If not applicable, leave blank; otherwise tick all that apply).

Colds, catarrh, sore throats, ear infections . . . . (OC1.3) ☐
Bronchitis or chest infections, including pneumonia or influenza (OC1.4) ☐
Asthma or wheeziness . . . . (OC1.5) ☐
Headaches . . . . (OC1.6) ☐
Emotional or nervous problems . . . . (OC1.7) ☐
(What? ___) (OC1.8) ✳
Bilious attacks or diarrhoea . . . . (OC1.9) ☐
Dysmenorrhoea . . . . (OC1.10) ☐
Abdominal pain . . . . (OC1.11) ☐
Infectious diseases . . . . (OC1.12) ☐
(What? ___) (OC1.13) ✳
Accident or injury . . . . (OC1.14) ☐
(Please specify: ___) (OC1.15) ✳
Convulsions, fits or turns . . . . (OC1.16) ☐
Other cause(s) . . . . (OC1.17) ☐
(What? ___) (OC1.18) ✳
(What? ___) (OC1.19) ✳

O1. Has this teenager used any of the following services since 10 years of age?

Answer each one and tick all that apply	Yes in past 12 months	Yes between 10-16 years	Yes but not known when	Not known
Child/family guidance service, child psychiatrist or educational psychologist (OD1.1)	☐	☐	☐	☐
General practitioner service for (OD1.2)				
(a) a check up	☐	☐	☐	☐
(b) immunisation (what against? (OD1.3) ✳ (OD1.4)	☐	☐	☐	☐
(c) injury/illness (what? (OD1.5) ✳ (OD1.6)	☐	☐	☐	☐
Dental hygienist (OD1.7)	☐	☐	☐	☐
Speech therapist (what for? (OD1.8) ✳ (OD1.9)	☐	☐	☐	☐
Health visitor (OD1.10)	☐	☐	☐	☐
Other service(s) used (OD1.11)	☐	☐	☐	☐
(What? (OD1.12) ✳				

O2. Has this teenager, your husband or yourself been to any of the following in the past 12 months?

Tick all that apply	My Teenager	My Husband	Other Member of family	My self
Acupuncturist (Why? (OO2.1) ✳	☐ (OO2.2)	☐ (OO2.3)	☐ (OO2.5)	☐ (OO2.4)
Homeopath (Why? (OO2.7) ✳	☐ (OO2.8)	☐ (OO2.9)	☐ (OO2.11)	☐ (OO2.10)
Faith healer (Why? (OO2.13) ✳	☐ (OO2.14)	☐ (OO2.15)	☐ (OO2.7)	☐ (OO2.16)
Osteopath/chiropractor (Why? (OO2.19) ✳	☐ (OO2.20)	☐ (OO2.21)	☐ (OO2.23)	☐ (OO2.22)
Hypnotist (Why? (OO2.25) ✳	☐ (OO2.26)	☐ (OO2.27)	☐ (OO2.29)	☐ (OO2.28)
Other 'alternative medical healer'	☐ (OO2.31)	☐ (OO2.32)	☐ (OO2.34)	☐ (OO2.33)
(Who? (OO2.36) ✳				

B12. Has the teenager had any operations since 10 years?

Tick all that apply			
Tonsillectomy or Ts and As (OB12.1)	☐	at age (OB12.2) years
Hernia operation (OB12.3)	☐	at age (OB12.4) years
Appendicectomy (OB12.5)	☐	at age (OB12.6) years
Operation for squint (OB12.7)	☐	at age (OB12.8) years
Grommets (OB12.9)	☐	at age (OB12.10) years
Gynaecological procedure (what (OB12.11) ✳ (OB12.12)	☐	at age (OB12.13) years
Any other operation	☐	
(What? (OB12.15) ✳ (OB12.16)	☐	at age (OB12.17) years
(What? (OB12.18) ✳ (OB12.19)	☐	at age (OB12.20) years
(What? (OB12.21) ✳ (OB12.22)	☐	at age (OB12.23) years
No operation since 10 years (OB12.24)	☐	

9

Division of Child Health, University of Nottingham   25/02/99   Appendix 3, page 15
Age 16 years
Teenager's questionnaire
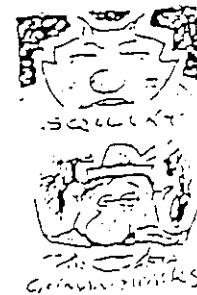
A2. In the past 12 months. what has been done for your health at school?

Answer all questions a - d and tick one box per line   Yes - No

(a) Seen the School nurse   (HA2.1)
(b) Had a school medical examination   (HA2.2)
(c) Had an eyesight test at school   (HA2.3)
(d) Had a hearing test at school   (HA2.4)

A3   In the past 12 months have you been anywhere about your health

Tick one box on each line. Answer all questions a - g   Yes   No

(a) Consulted family doctor   (HA3A.1)   ☐   ☐   —   Why? .... (HA3A.2) ✳
(b) Had a dental check-up   (HA3B.1)   ☐   ☐   —   Why? .... (HA3B.2) ✳
(c) Had dental treatment   (HA3C.1)   ☐   ☐   —   Why? .... (HA3C.2) ✳
(d) Attended Hospital Outpatients (HA3D.1)   ☐   ☐   —   What for? ... (HA3D.2) ✳
(e) Been admitted to Hospital (HA3E.1)   ☐   ☐   —   What for? ... (HA3E.2) ✳
(f) Had an accident   (HA3F.1)   ☐   ☐   —   What? .... (HA3F.2) ✳
(g) Had an operation   (HA3G.1)   ☐   ☐   —   Why? .... (HA3G.2) ✳

A4. In the past 12 months have you had any of the following?

Answer every question a - j and tick box to indicate Yes or No

		Yes	No			Yes	No
(a) Sore throats	(HA4.1)	☐	☐	(e) Wheezing on the chest	(HA4.5)		
(b) Earache	(HA4.2)	☐	☐	(f) Asthma	(HA4.6)		
(c) Hearing difficulty	(HA4.3)	☐	☐	(g) Acne	(HA4.7)		
(d) Problems with eyesight	(HA4.4)	☐	☐	(h) Nervous problems	(HA4.8)		
				(j) Other problems	(HA4.9)		
				What? _____	(HA4.10) ✳		

A5. Have you had any illnesses or accidents requiring medical attention in the past 12 months?

(HA5)
YES ☐ ──── If YES, answer (5a)
NO ☐   and (5b) below

5(a).

What were you told was the matter?
1. ___ (HA5A.1) ✳
2. ___ (HA5A.2) ✳
3. ___ (HA5A.3) ✳

5(b).

Where were you treated?   Tick all that apply

I visited surgery/health centre ... (HA5B.1)   ☐
I was treated at home .... (HA5B.2)   ☐
I attended hospital .... (HA5B.3)   ☐
I was admitted to hospital ...... (HA5B.4)   ☐

Division of Child Health, University of Nottingham   *25/02/99*   Appendix 3, page 16
Age 16 years
Teenager's questionnaire

1 1. During the past 2 years, have you had any medical attention because there was anything wrong with you or thought to be anything wrong?

YES (Q11.1) .... ☐   ─── If YES please answer 1(a), 1(b) and 1(c).
NO .... ☐

1(a) What was the matter? __ (Q11.2)* _____
1(b) What was the outcome? __(Q11.3)* _____
1(c) How many times have you been to see your doctor in the past 12 months?   0 1 2 3 4 5 6+ times
                                            Tick one box   ☐ ☐ ☐ ☐ ☐ ☐ ☐ (Q11.4)

1. 2 Have you had to stay away from school for a day or more for reasons connected with your health in the past 2 years? include illness at home, hospital and elsewhere

YES (Q12.1) ☐   ─── If YES, please answer 2(a) and (b)
NO ☐
CAN'T REMEMBER ☐

2(a) How many days in all spent away from school over the past 2 years for health reasons? (Q12.2)

2(b)
What was the matter? (i) (Q12.3)*   (ii) (Q12.4)*   (iii) (Q12.5)*

1.3 Have you since 10 years been to hospital outpatients or a casualty/accident department, or to a specialist clinic because there was anything wrong (or suspected to be wrong) with your health?

                                                         Tick all that apply
Yes, I have been to Outpatients .... (Q13.1) ☐
Yes, I have been to Casualty/Accident Dept ...... (Q13.2) ☐   ─── If YES, answer 3(a), 3(b) and 3(c)
Yes, I have been to a Specialist Clinic .... (Q13.3) ☐
No, I have not been to any of the above .. (Q13.4) ☐

3(a) What was the reason(s) you went to (i) Outpatients (ii) Casualty/Accident Department (iii) Specialist Clinic?
(i) (Q13.5)* _____
(ii) (Q13.6)* _____
(iii) (Q13.7)* _____

3(b) At what age(s), if any have you attended each of the following since 10 years?

	Not at all	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15+ yrs	Don't know
(i) Outpatients	(Q13.8)	(Q13.9)	(Q13.10)	(Q13.11)	(Q13.12)	(Q13.13)	(Q13.14)	☐
(ii) Casualty/Accident Dept	(Q13.16)	(Q13.17)	(Q13.18)	(Q13.19)	(Q13.20)	(Q13.21)	(Q13.22)	(Q13.15)
(iii) Specialist Clinic	(Q13.24)	(Q13.25)	(Q13.26)	(Q13.27)	(Q13.28)	(Q13.29)	(Q13.23)	☐

3(c) On the most recent occasion what was done for you?
_(Q13.31)* ___
_(Q13.32)* ___
VARIABLE ABSENT FROM ORIGINAL DATA FILE

1.4 Have you been admitted to hospital for one night or longer since you were 10 years of age?

YES in past 12 months .... (Q14.1) .... ☐   ─── If YES, please answer 4(a) and 4(b)
YES previous to 12 months ago .... ☐
NO .... ☐
DON'T KNOW .... ☐

4(a) At what age(s) were you admitted

(Q14.2) 10	(Q14.3) 11	(Q14.4) 12	(Q14.5) 13	(Q14.6) 14	(Q14.7) 15	(Q14.8) 16 yrs
☐	☐	☐	☐	☐	☐	☐

Tick all that apply

Division of Child Health, University of Nottingham   25/02/99   Appendix 3, page 17
Age 16 years
Teenager's questionnaire

B13. Have you stayed away from school at all since September 1985, for reasons other than illness, when you should have been there?

(JB13) Tick one box

YES, I have . . . . ☐ ─── If YES, please answer 13(a) and 13(b) below

NO, I haven't . . . . ☐

I am a boarder . . . . ☐

13(a).

Why did you stay away from school   Tick all that apply

I was fed up with school . (JB13AA) ☐

I had to help at home   (JB13AB) ☐

I wanted to do something special away

from school . . . . (JB13AC) ☐

I had some other reason . (JB13AD) ☐

(What? _____ (JB13AE) ✳)

13(b).

For how long did you stay away? (JB13B) Tick one box

Odd days . . . . ☐

As much as a week . . . . ☐

More than once a week and up to 2 week. ☐

More than 2 weeks and up to 4 weeks . ☐

Over a month . . . . ☐

33a. When did you last visit your doctor?   (F33A)

Within the last week	1
Within the last month	2
Within the last 3 months . . .	3
Within the last 6 months . . .	4
Within the last year	5
More than a year ago	6

Circle ONE number only

36a. When did you last visit the dentist in his or her surgery?   (F36A)

Within the last week	1
Within the last month	2
Within the last 3 months . . .	3
Within the last 6 months . . .	4
Within the last year	5
More than a year ago	6

Circle one number only

Original ESRC dataset	Original variables	New file name	Contents
3723	meb21.* text variables	meb21arch	ICD-9 codes for entries to text variables meb21.* (Physical abnormalities)
3535	ob12.* text variables	ob12arch	OPCS-4 codes (and ICD-9 codes where appropriate) for entries to text variables ob12.* (Operations)
3535	ob13.* text variables	ob13arch	OPCS-4 codes and ICD-9 codes for entries to text variables ob13.* (Hospital Admissions)
3535	ob14.* text variables	ob14arch	OPCS-4 codes and ICD-9 codes for entries to text variables ob14.* (Outpatients)
3535	ob15.* text variables	ob15arch	OPCS-4 codes and ICD-9 codes for entries to text variables ob15.* (Accidents)
3535	rc3.20 text variable	rc3arch	ICD-9 codes (and OPCS-4 codes where appropriate) for entries to text variables rc3.20 (Other significant illnesses)
3535	rc4.* text variables	rc4arch	Reasons for attending specialists. To allow comparison across time, coded using the same classifications as the same question (mea9.*) @ age ten yrs in Archive dataset 3723
3535	rc6.* text variables	rc6arch	ICD-9 codes (and OPCS-4 codes where appropriate) for entries to text variables 6.* (System abnormalities) NB. Fewer than expected text entries
3535	l19.3 text variable	l19arch	Reasons for missing school (teachers report). To allow comparison across time, coded using the same classifications as at age ten yrs in Archive dataset 3723, variables J112-J118, plus a further six options.
3535	jb13 text variable	jb13arch	Reasons for missing school (teenagers report). To allow comparison coded using the same classifications as l19arch.
3535	q12.3 text variable	q12arch	Health reasons for missing school (teenagers report) ICD-9 codes (and OPCS-4 codes where appropriate) for entries to text variables q12.3

Division of Child Health, University of Nottingham.