



# **Growing Up In Scotland**

## **Sweep 3 – 2007/08**

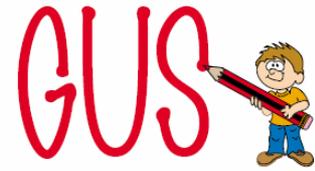
### *Interviewer and Coder Instructions*

Interviewer instructions

Coder instructions



Scottish Centre *for*  
Social Research



Growing Up in Scotland

# GROWING UP IN SCOTLAND STUDY

SWEEP 3 – 2007/2008

## PROJECT INSTRUCTIONS

**P7022/7023**

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# 1 1 ABOUT THE STUDY

## 1.1 Background and introduction to the study

The Growing Up in Scotland study is a major cohort study funded by the Scottish Executive. Like other cohort studies you may have worked on – such as the Millennium Cohort Study or the 1970 Birth Cohort Study – it is following a group of children through their early years, into childhood, adolescence and, possibly, beyond into adulthood. Unlike other studies, this one is specifically Scottish in focus – all of the interviewing is taking place in Scotland and the survey will reflect the Scottish Executive's need for accurate information upon which to base its decision-making about policies and services for children and families.

The Scottish Centre for Social Research has been commissioned, in the first instance, to conduct four years' fieldwork for the study. In the first year (sweep 1) we recruited two cohorts – one based on 5,000 babies and the other based on 3,000 toddlers. In the second year (sweep 2) the babies were aged 22 months (or just under 2 years) and the toddlers 46 months (or just under 4 years). **Note that the cohort references have changed to reflect the aging of the children - the younger children (babies at sweep 1) are now 'toddlers' and the older children (toddlers at sweep 1) are now 'children'.** Interviews have generally been with mothers at both previous sweeps, and whilst this is also likely to be the case at sweep 3, the views and experiences of partners/fathers were also collected via a separate partner's interview at sweep 2.

The main aim of the survey is to describe the characteristics, circumstances and experiences of children in their early years in Scotland and to improve our understanding of how experiences and conditions in early childhood might affect people's chances later in life. As may be expected in any longitudinal study, a certain portion of the questions from previous sweeps are being repeated at sweep 3. This allows us to monitor significant changes in the lives of our groups of children. However, the sweep 3 questionnaire also sees the introduction of a range of new topics – child and family social networks and the transition to primary school - as well as new questions on existing topics such as parental support, health and development and neighbourhood and community.

One particularly significant development in the data collection/fieldwork for sweep 3 is that cognitive assessments will be undertaken with children in the **younger** 'toddler' cohort

The respondents you will be visiting were all interviewed at sweep 1 and invited to take part in sweep 2. However, not all of them necessarily completed an interview at sweep 2.

## 1.2 Overview of procedures

In summary, the study involves the following procedures:

- i) attempting to make contact with the sweep 2 respondent who, in most cases, will be the child's mother (but in certain cases may be another adult caring for the child) for all the children in your assignment;
- ii) conducting the main CAPI interview, including a short self-completion (CASI) component
- iii) conducting two cognitive assessments with children in the YOUNGER cohort
- iv) completing a paper ARF for all addresses

## 2 THE SAMPLE, THE ARF & INFORMATION SHEETS

### 2.1 The sample

The sample is originally based on 130 areas throughout Scotland, each of which is roughly equivalent in size to a ward (they are actually made up of amalgamations of administrative areas known as Data Zones). Within each of these areas, we tried to interview the parents of every child born between specific birth dates. The sample was issued on a monthly basis for 12 months starting in April 2005.

At sweep 1, we did not trace sample members who had moved unless they had moved to somewhere within their existing sample point or to another area in Scotland which was also being covered by the survey. At sweep 2 however, we attempted to trace all families who moved **within Scotland** irrespective of where in Scotland they had moved to. This approach will continue at sweep 3. This means our sample now spreads beyond the original 130 areas sampled at sweep 1. Families who move away from Scotland are dropped from the study. More details on tracing are included below.

The children in all of the families selected are now of course one year older. This means that the younger children will be aged approximately 34.5 months (or almost 3 years) old at the time of interview and the older children will be around 58.5 months (or almost 5 years) old.

### 2.2 Cohort maintenance

The Purple Team maintain and update a confidential database containing names, addresses and other contact information (such as phone numbers) for the cohort. After each interview, families who took part are sent a thank-you letter (they will also be sent one after the sweep 3 interview). Before the sweep 3 survey, families were sent a pre-notification mailing. In addition, we keep in touch with families between sweeps of the study by sending feedback mailings.

So far there have been two feedback mailings as follows:

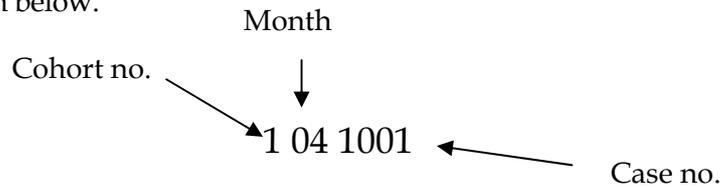
- Nov 2005/May 2006: Sweep 1 newsletter providing an update on the progress of the study and news about sweep 2. Also included a 'change of address' reply-postcard
- Jan 2007: Sweep 1 Results mailing comprising 4-page leaflet with findings from sweep 1 and some other news about the study. A copy of this leaflet is provided in your briefing packs.

Unlike many other birth cohorts, the children in this study are not sent birthday cards. This is because they are born over a 12-month period rather than in one week. However, all of our sample members are sent a Christmas card.

We have a specialist tracer who is responsible for keeping addresses up to date and finding families who move. We also keep in touch with families through the study website [www.growingupinScotland.co.uk](http://www.growingupinScotland.co.uk) and have a dedicated Freephone number and email address for the study.

## 2.1 Serial Numbers

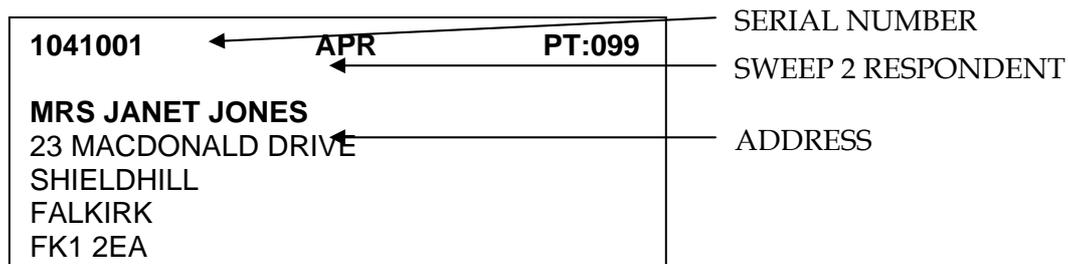
The serial number for the household in which the cohort member lives has seven digits. An example is shown below.



The first digit indicates the cohort number - all cases in our sample begin with 1, whether they are a toddler or a child, because they are all part of the first cohort for the study. This number will be different for any new birth cohorts which are introduced. The second and third digits indicate the sample month (04 = April, 05 = May etc) and digits four to seven indicate the unique case number.

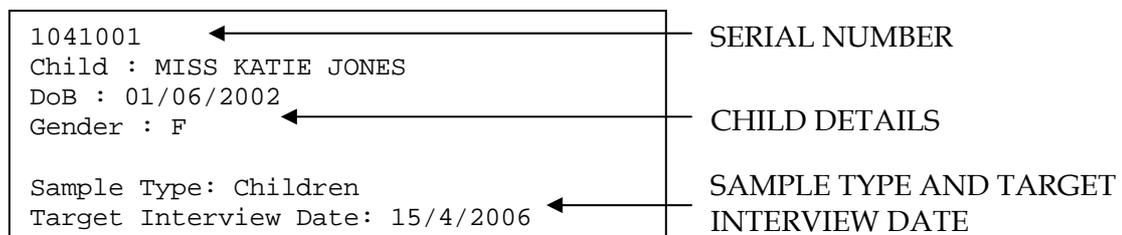
## 2.3 Examples of ARF labels

There will be two labels on the front of the ARF. The first is a standard address label:



The serial number will be at the top of the label and the name and address of the sweep 2 respondent will follow. **This should be the person whom you ask to speak to in the first instance.**

The second ARF label is an information label, repeating the serial number and giving details of the sampled child - their name, date of birth and gender. The letter next to sample type indicates whether the child is a toddler (T) or child (C). This is very important as it determines your route through the questionnaire.



## 2.4 ARF Instructions

### Pages 1 and 3

On pages 1 and 3 of the ARF (page 2 is blank) there is the standard calls record form for you to keep a note of the times, dates and results of all your calls. Please remember to fill this in at each separate visit: it will help you to plan any further visits you may have to make. There is a box above the calls record form on the front page for you to record your total number of personal visits. Please also record any phone calls or visits that you make to the stable contact on the calls record form.

In the top right hand corner is a box for you to fill in the final outcome code when you have finished with the serial number.

**ONE OF THE KEY THINGS TO REMEMBER ABOUT COMPLETING THE ARF IS THAT THE NUMBER YOU CIRCLE IN BOLD IS THE FINAL OUTCOME CODE**

### Section A

In this section you attempt to make contact at the original address and try to establish whether or not to interview at this address.

- In most cases the cohort member (i.e. the child) will be resident at the original address and you will be directed to section D.
- If the child is resident at a *different* address, you will be asked to record whether you have been able to establish the new address (at A3) and details of all tracing attempts. Any new address obtained should be recorded (at question B1).
- If you cannot establish whether the child is resident or not, you will be asked to record the reason for this (i.e. address inaccessible, or information about the child refused) at A2 or A3.

### Sections B and C

If you are successful in obtaining a follow-up address for the named child you should write it in at question B1. If the address is in the same area that you are working in then please follow it up yourself. If it is slightly further away please check with your Team Leader, Project Manager or the Purple Team in Brentwood who will decide whether it needs to be re-allocated to another interviewer. **Please note that if the address needs to be re-allocated then the sooner we find out the better.**

We are only interviewing families who live in Scotland. If you have an address outside Scotland, please complete the ARF as appropriate and return it, do not attempt to contact the family. If you are in any doubt about whether to follow up an address yourself, or are not sure if the address is in Scotland then contact someone in your Area or the Purple Team.

If you are unable to contact the cohort member at the follow-up address you will be asked to make up at least one more attempt to trace the cohort member, details of which should be recorded in Section C.

There is a box on the front page of the ARF for you to record the total number of addresses you visited during your attempts to trace the named child. Do not count visits to neighbours within this total.

If you need to make contact with neighbours or other people locally when tracing the named child please remember to show your ID. Do **not** say that you are trying to trace the child named on the ARF, only mention the name of the sweep 2 respondent.

### Section D

In this section you record the final outcome code for the main interview. All productive codes will be computed in Admin. Unproductive final outcome codes should only be used when you are certain that the cohort member (named child) is resident. If unproductive, please record full reasons at D3. All final outcome codes are in bold.

### *Refusals*

The object of Growing Up in Scotland is to revisit all of the families **every year** for the first five years of the study. Because of the frequency of contact we will not necessarily be discarding respondents who do not participate at any one individual sweep. As such, when a respondent refuses, you must establish whether they wish to remove themselves completely from the study or whether it is simply not convenient for them to participate at sweep 3. Where they do not want to remove themselves completely and are happy to be approached at sweep 4, please use codes 510 (illness) or 520 (away) if appropriate, or use code **525 - "Swp2 resp't/ main carer refused for sweep 3 only - other reason"**. **All refusals coded as 431 and 432 will be permanently removed from the sample so please be certain when you are using these codes.**

### Section E

At the end of the interview you will be prompted to record the details of the cohort member and the mother/main carer on the ARF at questions E1 and E2.

### Section F

You will also be prompted to check the stable address for the respondent. If the stable contact details have changed, or there were no existing stable contact details from sweep 1 then all **new** or **amended** details should be recorded at F1.

The interview will now also prompt you for details of any plans the respondent has for moving house. There is a space to write in a new address for the respondent if they tell you they are planning to move (along with an expected moving date). Please use the space at F3 to record any other useful contact or related information about the respondent including extra telephone or mobile numbers (such as work numbers) or additional e-mail addresses.

## 2.5 Information Sheet

Each of your ARFs will have an 'information sheet' attached to the back. An example of the information sheet is included in your briefing pack. The purpose of this sheet is to provide you with some additional information about the respondent which may assist you in either establishing initial contact or with tracing. This includes details of the respondent's phone number, the name, address and phone number of their stable contact<sup>1</sup>. If they have moved since the last interview, and we have received an address update, the information sheet will display both their current and previous address.

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<sup>1</sup> Note that these items are only displayed if the respondent disclosed them at the sweep 1 or 2 interview

The information sheet also contains **specific details about the sweep 2 interview** including the time, date, day of the week and importantly, their final outcome at sweep 2. This is where you will find out whether or not the respondent completed an interview at sweep 2.

**Note that any changes to the respondent's details should ultimately be recorded on the ARF.** Therefore, if you use the information sheet to record any changes to the respondent's details please ensure that these are also updated on the ARF.

### 3 FIELDWORK ISSUES

#### 3.1 Timetable

As detailed above, the sample for this study is being issued in twelve monthly waves. Each issued wave of fieldwork will contain toddlers and children born in a specific month.

Ideally, all the interviews would be conducted when the sampled children are exactly 34.5 or 58.5 months old - a date which we have named the 'target interview date'. In practice though, this will not be possible so there will be a 4-week fieldwork 'window' for *each child*. This will start 14 days before the target interview date and end 14 days after it. For example, a child born on the 1<sup>st</sup> June 2004 will reach 34.5 months old on 14<sup>th</sup> April 2007. The fieldwork window for this child therefore will run from 1<sup>st</sup> April 2007 until the 28<sup>th</sup> April 2007.

The timetable below shows the broad relationship between dates of birth and fieldwork dates for each wave.

<b>Fieldwork Wave</b>	<b>Baby's Date of Birth</b>	<b>Toddler's Date of Birth</b>	<b>Fieldwork Period</b>
Wave 1	1 <sup>st</sup> June – 30 <sup>th</sup> June 2004	1 <sup>st</sup> June – 30 <sup>th</sup> June 2002	1 <sup>st</sup> April/ 28 <sup>th</sup> May 2007
Wave 2	1 <sup>st</sup> July – 31 <sup>st</sup> July 2004	1 <sup>st</sup> July – 31 <sup>st</sup> July 2002	1 <sup>st</sup> May/28 <sup>th</sup> June 2007
Wave 3	1 <sup>st</sup> Aug – 31 <sup>st</sup> Aug 2004	1 <sup>st</sup> Aug – 31 <sup>st</sup> Aug 2002	1 <sup>st</sup> June/28 <sup>th</sup> July 2007
Wave 4	1 <sup>st</sup> Sept – 30 <sup>th</sup> Sept 2004	1 <sup>st</sup> Sept – 30 <sup>th</sup> Sept 2002	1 <sup>st</sup> July/28 <sup>th</sup> Aug 2007
Wave 5	1 <sup>st</sup> Oct – 31 <sup>st</sup> Oct 2004	1 <sup>st</sup> Oct – 31 <sup>st</sup> Oct 2002	1 <sup>st</sup> Aug/28 <sup>th</sup> Sept 2007
Wave 6	1 <sup>st</sup> Nov – 30 <sup>th</sup> Nov 2004	1 <sup>st</sup> Nov – 30 <sup>th</sup> Nov 2002	1 <sup>st</sup> Sept/28 <sup>th</sup> Oct 2007
Wave 7	1 <sup>st</sup> Dec – 31 <sup>st</sup> Dec 2004	1 <sup>st</sup> Dec – 31 <sup>st</sup> Dec 2002	1 <sup>st</sup> Oct/28 <sup>th</sup> Nov 2007
Wave 8	1 <sup>st</sup> Jan – 31 <sup>st</sup> Jan 2005	1 <sup>st</sup> Jan – 31 <sup>st</sup> Jan 2003	1 <sup>st</sup> Nov/28 <sup>th</sup> Dec 2007
Wave 9	1 <sup>st</sup> Feb – 28 <sup>th</sup> Feb 2005	1 <sup>st</sup> Feb – 28 <sup>th</sup> Feb 2003	1 <sup>st</sup> Dec 2005/28 <sup>th</sup> Jan 2008
Wave 10	1 <sup>st</sup> Mar – 31 <sup>st</sup> Mar 2005	1 <sup>st</sup> Mar – 31 <sup>st</sup> Mar 2003	1 <sup>st</sup> Jan/28 <sup>th</sup> Feb 2008
Wave 11	1 <sup>st</sup> Apr - 30 <sup>th</sup> April 2005	1 <sup>st</sup> Apr - 30 <sup>th</sup> Apr 2003	1 <sup>st</sup> Feb/31 <sup>st</sup> Mar 2008
Wave 12	1 <sup>st</sup> May - 31 <sup>st</sup> May 2005	1 <sup>st</sup> May - 31 <sup>st</sup> May 2005	1 <sup>st</sup> Mar/30 <sup>th</sup> Apr 2008

In practice then, this is a genuinely continuous survey and there will not be a clear break between interviewing in one month and the next. Indeed, there is now no longer a break between interviewing for one sweep and the next.

The size of the issued sample in each wave depends primarily upon the number of children who were born within the relevant four-week periods and whose main carer was successfully interviewed at sweep 1 and then sweep 2. We know from the results of sweep one that birth rates varied considerably both between months and between areas as have response rates. This means that assignment sizes will also vary each month. Also, the samples issued in February and March, which were introduced to 'boost' the sample at sweep 1, are smaller than those issued at all other points in the year.

## 3.2 Materials for the study

Your workpack will contain the following materials. You should find at least one example of most items in your briefing pack. If an example is not included in your briefing pack, then one will be made available at the briefing for you to view:

- Address Record Forms (ARFs) with information sheets attached
- Spare pre-notification letters to show to/leave with the respondent as necessary
- Spare advance letters to show to/leave with the respondent as necessary
- GUS glossy information leaflets (to be sent with advance letter)
- Child assessment information form
- Child assessment consent form
- GUS 'Helplines' leaflet to leave with respondent as necessary
- Leaflets about the *Scottish Centre for Social Research*
- Project instructions
- Child assessment instructions
- Sticker packs
- GUS notepads

You will receive the following additional materials at the briefing:

- Showcards
- Child assessment equipment:
  - Naming vocabulary easel
  - Picture similarities easel and cards

## 3.3 Contact procedures

### 3.3.1 Advance letters and leaflet

All of the sample members will have already received a 'pre-notification letter' (sent by the Purple Team around two months in advance of the sample being issued). These letters are sent as a tracing exercise to try and identify in advance those sample members who have moved. However, it also informs people that we will be in touch in a few weeks time regarding year three of the study.

You will be asked to send an advance letter to the parents of all cohort members in your allocation. These letters will be provided with the name and address of the sweep 1 respondent mail-merged onto the top. There is a space for you to write your name in the text of the letter before you send it out. **Please also insert a GUS information leaflet along with the advance letter.**

It's up to you whether you want to send all of the advance letters at the beginning of the fieldwork period or stagger sending them - perhaps to fit in with the target interview dates.

You will have spare copies of both the letter and the leaflet for you to use on the doorstep and leave with respondents when necessary/required.

When you first try to make contact at the address it should always be with the person named on the ARF address label – i.e. the person interviewed at sweep 2. It is to this person that all advance correspondence has been addressed.

### 3.3.2 Doorstep versus Telephone

Due to the information collected at previous sweeps, we now have telephone numbers for a large proportion of the sample. However, almost without exception, **your initial contact at each address should be in person**. Initial contact by telephone will occasionally be permissible but *only* in exceptional cases such as particularly remote locations or for instances where calling at the address has been unsuccessful. If you are unsure whether to make contact by telephone, please contact your team leader or the project manager.

### 3.4 Who to interview

#### 3.4.1 Eligible respondents

In the first year of the survey, we aimed to interview the child's mother. This was because the questionnaire contained a number of questions on pregnancy and birth. In cases where the mother was unavailable or reluctant to participate we attempted to interview the father or another parent or guardian who was resident in the household and involved in the care of the child. At sweep 2, we aimed to interview the respondent from sweep 1 and it was this person who was interviewed in the majority of cases. In addition to the main interview at sweep 2, in eligible household's a shorter interview was undertaken with the main respondent's resident partner (i.e. their husband, wife or cohabitee).

For sweep three, we are aiming to interview the person who completed the main interview at sweep 2 but only if they are still living with the child. In most cases, because of the procedures undertaken at sweep 1 and the responses from sweep 2, this is likely to be the child's mother. However, there is every chance that it may be someone else such as the father, a step-father, the mother's partner or a grandparent.

In situations where the sweep 2 respondent is not available, we would rather conduct an interview with another parent or guardian of the child than not conduct an interview at all, so you should be flexible if the sweep 2 respondent refuses, or is unavailable or away.

In some cases the child may no longer be in the care of the person interviewed at sweep 2. In this instance you should attempt to identify who is now caring for the child and their whereabouts - see "Tracing Procedures" above.

You should **not** conduct the interview with anyone else who is neither a parent or guardian of the sampled child. If in doubt about who to interview, contact the Purple Team.

**\*\*\*SEE TRACING AND ELIGIBILITY DIAGRAM AT APPENDIX A\*\*\***

Obviously, you will encounter a range of family types and household structures. Some points to note about these:

- Foster/adoptive parents are eligible for interview in the same way as natural parents.

- If a child is permanently cared for by someone other than parents (e.g. grandparent/aunt) then these carers are eligible for interview
- Same sex partners are eligible for interview – if one of them is the respondent from sweep 2, they should be the first choice for interview. If neither of them are natural parents, you should seek to interview the one who is the main carer – that is, the person who has most involvement in the day-to-day care of the child.

### **3.4.2 Non-resident parents**

You should **not** interview parents who are not resident with the child.

### **3.4.3 Interviews in translation**

If a respondent cannot understand English sufficiently to take part in the interview but might be able to understand the questions through an interpreter, you should contact the office for further instructions. If there is a family or household member who is willing to act as an interpreter, this is acceptable – but you should ensure at the outset that both parties understand the broad topic coverage of the interview.

## **3.5 General protocols**

### **3.5.1 Notifying the police**

You **must** notify the police before you start work. This is especially important as the study involves visiting people with young children. Police letters are provided in your work pack.

You should call at the nearest police station to the area in which you are working. Tell the desk officer what the survey is about, give them a copy of the advance letter, and explain how long you will be working in the area. Then present your identity card and leave your name and home telephone number. Ensure that all the details you have given are recorded in the day book at the station desk if that station has one. Make a note of the name of the officer to whom you speak and the date of your call so that in the event of any query or complaint to the police, you are fully covered. It is reassuring for suspicious parents, as well as those people you come into contact with when trying to make contact, to be told that the police know about you.

### **3.5.2 Handling babies or toddlers**

In general, handling babies or toddlers is discouraged. Never pick them up uninvited. If you have to entertain them (for example while the mother does the self-completion) do not pick them up and walk around with them. Try not to be left alone with the sample child or other children.

### **3.5.3 Children at risk**

As in all surveys, it is very important that you maintain the confidentiality of the information that you are gathering for the study. Respondents need to feel sure that the information they are giving to you will only be used for the survey and for no other

purpose. It is important that the respondents do not have the impression that you represent any official agency nor that you are “snooping” on them. Worries of this kind may be even more pronounced in the case of very young children. So it is important that you do as much as you can to alleviate them.

Some of the parents you visit may feel under pressure due to the demands of looking after a young child.

There may be an exceptional occasion when, because of various signs you observe, you become concerned about the treatment of the sample child or other children in the family. This concern may be so intense that you feel you must do something about this. We would suggest that you are very cautious about coming to any hasty conclusions or about any action you take bearing in mind that it is unlikely that you are professionally qualified to make judgements about “abuse”. If nevertheless you feel so convinced that there is a potential or actual danger of “abuse” and that you should take some action please ring Sue Body (01277 690104) or Mary Holmden (01277 690110) and discuss the matter with them first. As far as possible, the issue should be discussed without compromising respondent anonymity.

#### **3.5.4 Parents who are known to you**

We do not want you to interview anyone you know personally, such as a friend, a neighbour or the son or daughter of a friend. In addition you should not interview anyone you know in a professional capacity such as a colleague at work or your tutor at college. Refer such cases to your Team Leader immediately.

#### **3.5.5 GUS Notepads**

We have organised the production of a GUS notepad which will be given to respondents as a ‘thank-you’ for their contribution. The notepad also has various contact details for the study printed on it to encourage people to get in touch with us if their contact details change. Please remember to leave a notepad behind when you have finished the interview.

## 4 TRACING PROCEDURES

### 4.1 Introduction

Keeping in touch with people is crucial for the success of any longitudinal study so at sweep 3 the tracing of people who have moved will be a very important part of the fieldwork process. As explained earlier, we are attempting to trace all cohort members who have moved within Scotland. We have a number of measures in place to facilitate tracing and through some of these methods hope to cut down the amount of tracing required 'in-field'.

### 4.2 Pre-notification and pre-field tracing

Before each sample is issued, we will have already undertaken a simple tracing exercise by sending out a 'pre-notification' letter. This helps us to determine which sweep 2 respondents have moved in advance of fieldwork and, where the letter has been forwarded to their new address, gives them an opportunity to inform us of their new details. The pre-notification letter also acts as a general reminder about their involvement in the study and gives an 'early warning' about the sweep 3 fieldwork. An example of the pre-notification letter is included in your pack.

If the pre-notification letter is returned to us as 'undelivered' we will attempt to obtain a new address for the respondent before the sample is issued either by contacting their stable contact or through alternative methods.

Where we have been unable to trace the respondent in these situations, the case will still be issued to field but with the old (and suspected incorrect) address details. It will be your responsibility to make a reasonable attempt to trace these cases via some of the 'in-field' methods outlined below which were not suitable for the pre-field period. These cases will be indicated on the information sheet attached to the ARF. A statement reading "Tracing required" will have been entered in the 'Comments' field underneath the current address.

**Please ensure you check all information sheets for this message when you receive your workpack - these cases will require immediate action in field and should assume some priority within your workload for each month.**

### 4.3 Tracing in-field

Our pre-field tracing exercise is by no means foolproof and there will be some cases which slip through the net. Therefore, if you cannot find an address or discover that the cohort member is no longer living at the address provided, please make a *reasonable* attempt to find or establish their current address. Remember that your objective is to locate the cohort member, that is, the child. Despite this you should **ALWAYS TRACE ADULTS, NEVER TRACE CHILDREN**. Always ask people if they know the whereabouts of an adult, **never ask about a child**.

In the first instance, trace the person named on the address label (the sweep 2 respondent). Trace other adults only when you know that the named person is not eligible for interview (e.g. because they are not living with the child).

To trace people who have moved, the current occupants of the sample address and their neighbours are the obvious contacts to pursue. Even if they don't know the new address of the named adult, they might know close friends or relatives in the area who you could call on. Telephone directories and electoral registers can also be checked, though the latter is useful only if you have a good idea of the street or neighbourhood (or there is an electronic version available to search).

**Remember, for reasons of confidentiality, when trying to trace the respondent named on the ARF label, you must NEVER mention to anyone else the name or content of the project for which they have been sampled.**

If you establish a new address, check whether it is in your area. If you are unsure about this, your Team Leader, Area Manager or Deputy will be able to advise you. If the address is in your area, seek to make contact, being fully aware that the respondent may well not have had the advance materials and so you may need to leave copies for them to consider.

If the address is not in your area, simply follow the instructions to complete and return your ARF.

#### **4.4 Stable contacts**

At previous sweeps, all respondents were asked to provide details of a stable contact. This person was described as someone who would be likely to know the whereabouts of the respondent should they move house between sweeps and that we could contact to obtain the respondent's new details. If the respondent provided a stable contact their details will be listed on the **information sheet** attached to the back of the ARF.

If the sample member has moved address you may get in touch with the stable contact to determine the respondent's whereabouts. If the stable contact lives locally you may wish to call at their address, otherwise it is acceptable to telephone them where a number has been given. If the stable contact does not live locally, and there is no telephone number it may not be possible to use the stable contact to trace the respondent and you should consider other measures on the tracing checklist below. You should also contact the Purple Team in these cases as they may be able to send a letter to the stable contact requesting information.

#### **4.5 Movers' letter**

If someone is unwilling to pass on information but you believe they know where the cohort member lives please make a note of this on the ARF. In previous sweeps we issued blank 'movers letters' to interviewers which were passed to the person with the information so that they could then send the letter to the respondent. We have found that these letters were not widely used, and when they were used rarely resulted in the receipt of an updated address. As such, you will not be supplied with these letters for this sweep. However, if you think such an approach would be likely to produce a successful outcome then please contact the Purple Team. If you provide the name and address of the person with the

information, we will prepare and send a letter to them in the same manner as the movers' letter.

#### **4.6 Incomplete addresses**

Our address information was confirmed with the respondent at sweep 2 and therefore should be accurate, but where the address appears incomplete or inaccurate, you might check with the local council or police, post office, sorting office or in telephone directories. If the street name seems wrong, check for roads with similar names (in the area). The nearest library or council should have street maps. You should also ask local people, perhaps by visiting local shops, especially newsagents.

#### **4.7 Tracing checklist**

IF YOU ARE GIVEN AN INCOMPLETE ADDRESS, HAVE YOU:

- checked with the post office to get a full address
- checked in telephone directories
- checked for roads or streets with a similar name in the local area
- phoned the Purple Team who may be able to help you by accessing their postcode look-up system

IF YOU CANNOT FIND THE ADDRESS, HAVE YOU:

- checked the telephone directory
- looked in local street maps
- consulted the post office
- consulted the police
- asked local shops such as a newsagent or florists
- checked at the local library
- asked people who live in the local area
- phoned the Purple Team who can check the location on the Internet

IF THE COHORT MEMBER HAS MOVED, HAVE YOU DONE THE FOLLOWING:

- asked the present occupants for the adult respondent's whereabouts
- asked the neighbours
- tried any telephone numbers listed on the information sheet
- followed up the stable contact
- followed up any local friends/relatives you are told might be able to help
- followed up any other useful leads

REMEMBER: you should <u>not</u> ask neighbours or other local people about the child directly, always ask about the sweep 2 respondent.
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## **5 INTRODUCING THE SURVEY**

### **5.1 Important things to remember**

#### **5.1.1 Getting a high response rate**

This survey aims to collect information about the same person over a number of years. If their family is lost from the survey in one year, it is much harder to gain their co-operation in future years. So gaining co-operation is a high priority. If a high response rate is not achieved then we run a greater risk that the findings will be biased and unrepresentative of the Scottish population. This is because people who do not take part are likely to have different characteristics to those that do.

#### **5.1.2 Being persuasive**

It is essential to persuade reluctant respondents to take part, if at all possible. Please remember that the cohort members and their families are very special people who cannot be replaced in the sample if they drop out.

You will need to tailor your arguments to the particular respondent, meeting their objections or worries with reassuring and convincing points. If the respondent is unhappy about some parts of the study, try to complete main respondent interview at least.

#### **5.1.3 Broken appointments**

If someone is out when you arrive for an appointment, it may be a way of telling you they have changed their mind about helping you. On the other hand, they may have simply forgotten all about it or had to go out on an urgent errand. You should leave a NatCen call back card if any appointments are broken.

In any case, make every effort to re-contact the person and fix another appointment

### **5.2 Interviewing in one or more sessions**

In some cases, because of the child assessments, there is a chance that you will need to complete the interview in more than one session. As covered in the briefing, please try to ensure that you are flexible in the way you approach this, so as to make the most efficient use of your time in the household.

### **5.3 Interviewing children**

Establishing effective rapport is at the heart of all good interviews whatever the age of the respondent. It is particularly important where a child is concerned, and taking a little extra time to achieve this will be well worthwhile. With younger children it will also provide some clues to the child's language skills, confidence, comprehension and so on.

- Find out what name the child likes to be called – 'James' and 'Catherine' might prefer to answer to 'Jamie' and 'Katie' – and address them by name during the interview.
- Ask, where possible for any distractions – television, music, etc to be switched off.

- Maintain good eye contact and smile.
- Remind the child/young person, at the beginning of the assessment, that they have the right to refuse to answer any question or to withdraw any answer they have made.
- Ensure they understand what the assessment will involve.
- Be sensitive to differences in comprehension and response that may be found between children and adults.
- Take care to avoid physical contact with the child or young person.

#### **5.4 Introducing the study**

Most of the cohort member's families are aware of the importance of the study, and are aware of the unique role each one of them plays in it. This means they are usually very keen to be involved in the study and will be prepared to give up their time to be interviewed. Once you have made contact with a cohort member's parent(s), you will almost certainly get an interview. Remember, the cohort members are irreplaceable, and you should maintain and contribute to this accumulated goodwill.

Even though the cohort families are aware of the survey, they may have questions and need further explanation before arranging the interview. Answer all the questions you can, and, if necessary you should refer the cohort member to the GUS Freephone number.

Explain the content of the interview, including the child cognitive assessments (for relevant cases only). It is likely, given the length of the interview, that you will need to make an appointment, and some interviews may require a second visit. Remind the respondent that the interview may include sensitive topics, and that the child cognitive assessments should be done with minimal distraction.

When you introduce the survey you should explain the following.

**a) Who you are and who the survey is for**

"I work for the Scottish Centre for Social Research and am carrying out interviews for the Growing Up in Scotland study, for the Scottish Executive."

Show your identity card at all addresses and to anyone who asks to see it.

**b) What the survey is about**

Start by explaining the purpose of the survey. Say something like:

"The study is about the lives of young children growing up in Scotland and their parents and families."

You may wish to explain that this is the third year of the study and that they may remember taking part last year or the previous year.

## 5.5 Answering questions about the study

Respondents may ask a number of questions before agreeing to take part in the survey. The advance leaflet contains information about most of the topics and you should read this thoroughly before contacting your first respondent in order to familiarise yourself with the content.

The following suggestions should provide some guidance on how to answer particular questions.

If cohort members have any queries either at your initial face to face visit or during your interview that you are not able to answer, ask them to call the study team at NatCen on Freephone 0800 652 2704<sup>2</sup>. This number is staffed 09:30-17:30 Monday to Friday. Outside these hours an answer phone service operates. They can also contact the study team in the following ways:

- In writing  
Growing Up in Scotland Study  
Scottish Centre for Social research  
73 Lothian Road  
Edinburgh, EH3 9AW
- Via the study website: [www.growingupinScotland.org.uk](http://www.growingupinScotland.org.uk)
- Via email: [gus@scotcen.org.uk](mailto:gus@scotcen.org.uk)

### **“How long will the survey take?”**

The toddler interview and child interview, although slightly different in content, are both very similar in length and should take about 60 – 65 minutes to complete.

### **“Will these funders see my replies?”**

No, they will not know who said what. The names and addresses of those interviewed in this survey are known only to the *Scottish Centre for Social Research*. Your computerised questionnaire does not have your name and address on it. Your name and address are kept quite separate from the questionnaire.

Your name and address will never be revealed without your permission and no one’s replies can be personally identified without these.

### **“How can I be sure you are a genuine interviewer?”**

I have shown you my identity card. If the respondent still has concerns they can telephone the project controller in our Operations Department, Elaine James on the Freephone number shown on the letters.

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<sup>2</sup> However, calls to this number from mobile phones will incur a charge.

## 5.6 Making appointments

When you first make contact, you will need to make sure all parents have seen the advance materials (either the pre-notification or advance letter and/or the leaflet) and are adequately informed about the survey and willing to take part in it again. You should normally plan to make a subsequent appointment to carry out the interview. **Remember, because we are undertaking assessments with the younger cohort, these children will need to be present at least for that section of the interview.** As we are aiming to secure the long-term co-operation of the parents it is important that respondents don't feel they have to do the interview straightaway, or indeed that they are under any compulsion to take part. However, if a respondent is already well-informed and happy to do the interview straightaway, that's fine - we don't want you to risk losing interviews by making appointments unnecessarily.

Although the child assessment can be conducted at any time before, during or after the main interview, you may find that it better suits the respondent to return at another time.

## 6 QUESTIONNAIRE CONTENT

### 6.1 Overview of content

The questionnaire has the following broad structure:

- Household grid/composition
- Non-resident parents
- Food and Nutrition
- Parenting
- The Transition to Primary school (Children only)
- Childcare
- Child health and development
- Activities with others
- Child and parent social networks (Children only)
- Self-completion section (respondent health, smoking, drinking and drug use)
- Neighbourhood and Community
- Work, employment and income
- Accommodation and transport
- Picture similarities assessment (Toddlers only)
- Naming vocabulary assessment (Toddlers only)

Please make sure you read through the questionnaire very carefully, making sure you are familiar with it **before** you go out to start interviewing.

### 6.2 Different ages, different questions

For sweep 3 there are a small number of differences in the questions being used for the birth cohort and those being used for the older children reflecting the different stages of development for each cohort - for example, parents of toddlers are not asked about the transition to primary school because their children are too young. To keep both toddler and child interviews of a similar length, and because the cognitive assessments eats up a lot of time in the toddler interview, a number of sections of the questionnaire have been restricted to the older group only - as well as the transition to primary school, the whole section on child and parent social networks and most of the food and nutrition section will be asked of parents of the older children only.

### 6.3 Questions about Primary School

You will note from the content overview above that sweep 3 contains a section on the transition to primary school for the older children. Note that, because of a combination of differences in dates of birth and the time of year at which particular cases are issued and interviews undertaken, only around one-third of the children in older cohort will qualify to answer this section. Most of these interviews will take place between August 2007 and January 2008.

## 6.4 Detailed information about individual sections

### 6.4.1 Household grid

Name	Question	Notes
Stilliv	Can you tell me does ^PersName still live here?	Household information collected at sweep 2 is fed forward into the questionnaire for this question. Please confirm or amend the details displayed on screen.
Marstat2	What is ^PersName's legal marital status...	This is not a question about relationships within the household, but about formal/legal status. In other words, a respondent who is cohabiting with a partner is classed as single here. Another question (LivWith2) gives them a chance to record the fact that they are living as a couple.
R	Code relationship of each household member to the others	Be careful to get the coding the right way round here. We are asking what the <b>respondent's relationship to the sample child</b> is, and the respondent is usually the sample child's parent (not son/ daughter).  Many of the codes in the card are not allowed at this question as a baby cannot be anyone's spouse etc.  If a relation is fostering a child the blood relationship takes priority e.g. a grandparent who is also a foster parent would be coded as a grandparent
Livels	Since ^month of interview last year, can you tell me if ^ChildName has spent any time living with someone else?	Living elsewhere does not include staying over night with a grandparent once or twice a week - even if it is a regular arrangement.

It is important that the information recorded in the household grid is accurate - the details recorded here determine whether there is an adult in the household who constitutes a partner of the main respondent. Note also that a soft check has been built into the program which will appear in cases where the program thinks that the partner in the household at sweep 3 is different to the partner at sweep 2.

### 6.4.2 Non-resident Parents

These questions are asked of all lone parent households or for couples, where only one natural parent is resident.

### 6.4.3 Food and Nutrition

The majority of this section is only asked of the parents of older children. A small proportion of questions are asked of parents in the toddler cohort

### Breast-feeding

In the younger cohort, if the main respondent reported at the sweep 1 interview that the child was still being breast-fed, they will be asked this time when the child last had breast milk. This may be a little sensitive now that the children are older, but we are asking this now as it was mistakenly not asked at sweep 2.

Name	Question	Notes
McFdin01 to McFdin05	Can you tell me on how many days ^Angus has had each of the following things for his main meal...	The program requires that the answers to these questions add up to a total of 7 - accounting for one main meal on each of the last 7 days
McFdin05	...a meal where the main dish was prepared using fresh ingredients	Note that not all elements of the meal need to have been prepared from scratch. Examples of this may include Spaghetti Bolognese where the sauce was from a jar, but was added to freshly boiled pasta . This would also include previously freshly prepared meals which were then frozen by the respondent.
Snack	Some children just have snacks all day while others wait for meals. How would you describe ^ChildName? Would you say ^ChHeShe...	'Snacks' include fruit.

### 6.4.4 Parenting

Name	Question	Notes
McGwho01	Can you tell me the relationship of each of ^Angus's grandparents to you?	A grandparent who is the mother or father of a dead parent of the cohort child should be coded as the 'non-resident' parent's mother or father.
MumTodd	In the last 12 months, have you attended any parent and toddler groups with ^ChildName?	This question is referring to groups where the child AND the parent attend. Unlike a playgroup or nursery where the child is left by the parent.
NoClass	Is there any particular reason why you haven't done so? [attended any parent and toddler groups]	If the respondent answers that they haven't attended because of 'no transport' this should be coded as 'No suitable classes available/accessible'.
Onight	How often [do child's grandparents]...have ^Angus to stay overnight	This question is not relevant for children who live with their Grandparent(s). There is an option here which will allow you to code these cases out of this question.

### 6.4.5 Transition to primary school

This section is only asked of parents of the older children. Note that only around one-third of the children in the older cohort will have started school at the time of the interview, so many parents will not be asked this question.

Name	Question	Notes
McPSpr01	Did you request a place at a particular for ^Angus or was he allocated a place at a school by the local authority?	Local authorities divide towns and cities into catchment areas and all children in a particular catchment area are allocated a place at a particular school. In some cases, the local authority will write to the parent suggesting which school the child should go to. In others, parents are asked to simply register at their local school. Both of these should be coded as 'Allocated a place'. If the parent has selected a school where the child <i>would not usually have been allocated a place</i> , for example because it is not the local school, then this should be coded as a placing request.

#### 6.4.6 Childcare

Name	Question	Notes
Stilcar	I'd like to check whether your childcare arrangements have changed. Can you tell me if the following arrangement is still in place?	Details of any childcare arrangements collected at sweep 1 are fed through for this question. Please confirm or amend the details displayed on screen.
CCare1	Do you currently get help with childcare for ^ChildName on a regular basis from any of the providers or people listed on the card?	'Childcare' includes any pre-school 'early education' arrangements for example, a nursery class at a primary school. Please bear this in mind, and re-emphasise our definition of childcare ("when ^ChildName is looked after by anyone other than you or your partner") as some respondents may not consider pre-school to be 'childcare'.
Cost	How much does your household usually pay per week or per month for ^ChildName's childcare?	If the sample child is cared for by the same provider as another child in the household and one overall payment is made for all children, simply split the overall payment by the number of children and enter that figure.
OthStop	What is the main reason you are not using that arrangement at the moment?	If the respondent stopped using a childcare arrangement because the child started a funded/free pre-school place then the answer here should be "Not needed anymore"

#### 6.4.7 Child Health and Development

##### *Immunisations - primary course*

Children are given a primary course consisting of 6 different vaccines in their first year of life. Some of these are combined in one injection. Cohort children should have been given 3 doses of the following in their first year of life.

- Diphtheria, tetanus, whooping cough (pertussis), polio and *Haemophilus influenzae type B* (known as Hib) in a combined injection annotated as 'DTaP/IPV/Hib' and sometimes known as the 'five-in-one'
- Meningitis C (injection)

Polio has been combined into an injection with DTaP/HiB since late 2004, prior to this it was administered orally. It's likely that most of the children in our *older* cohort received their polio immunisation in this latter form whereas children in our *younger* cohort will have received it in via the combined injection.

#### *Immunisations - primary course boosters*

Children are usually given a booster of diphtheria, tetanus, whooping cough (pertussis), and polio (DTaP/IPV) when they are between 3 and 5 years. In the older cohort, if the child has not been given all 3 doses of the primary course, plus the booster (i.e. 4 doses overall) the main respondent will be asked for the reasons why not.

#### *Immunisations – Pneumococcal against meningitis/pneumonia*

From September 2006, pneumococcal (pronounced new-mo-cock-al) conjugate vaccine (PCV) was introduced into the routine childhood immunisation programme. A 'Catch-up' exercise was undertaken to provide all children under two with this immunisation. Children over one were given one dose of the vaccine at age 13 months or older. Children under one were offered two doses and a booster at age 13 months.

It is unlikely that any of the children in our *older* group will have received this vaccination. However, a large proportion of children in our younger cohort are likely to have received at least one dose of this immunisation in the last year.

#### *Immunisations - other*

Some children may have been given the following immunisations:

- BCG against tuberculosis (TB)
- Hepatitis B

These are not typically given to all children and they will only have had these immunisations in particular circumstances, for example if they were exposed to risk from family/friends. If the main respondent told us at a prior interview the child had these immunisations they won't be asked about them this time.

#### *Immunisations – Measles, Mumps and Rubella*

By Age 5, children should have been given 2 doses of an immunisation against Measles, Mumps and Rubella (MMR). However, some children will have had separate vaccines. If the child has either i) not had any immunisation against Measles, Mumps and Rubella ii) not had the combined MMR iii) not had a second dose of combined/separate injections or iv) had some but not all separate injections, the respondent will be asked for the reasons why not.

#### *Immunisations – Child Health Record Book (Red Book)*

You will be prompted by CAPI to ask the parent to look in their child health record book for the details of their immunisations. This is often referred to as the 'Red Book' – although it can be different colours in different areas. The details of immunisations should be written in this book by health professionals.

#### 6.4.8 Activities with others

Name	Question	Notes
Acread1	On how many days in the last week has ^ChildName looked at books or read stories either on ^ChHisHer own or with someone else?	This question is specifically asking about the activity of 'reading'. Storytelling, without the use of books, should <b>not</b> be included.
TV2 & TV3	How long would ^ChildName usually watch television for in total on an average weekday/at the weekend	This should be the amount of time the child actually spent <i>watching</i> television. Not the amount of time the television was on when the child was in the room.

#### 6.4.9 Self-completion

Sintro	<p>The next questions are for you to answer yourself. They all ask you to choose one answer from those listed on the screen.</p> <p>Please choose your answer by pressing the number next to the answer you want to give and then press the large key with the <b>red sticker</b> (the enter key).</p> <p>Please ask the interviewer if you want any help. Now press 1 and THEN the key with the <b>red sticker</b> to continue</p>	As the question text shows, respondents will be directed to press the enter key after answering each question – the enter key is to have a red sticker to allow them to more easily identify it. You will be supplied with a red stickers at the briefing which should be stuck onto the enter key on your computer for this purpose.
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#### 6.4.10 Employment and Income

Name	Question	Notes
SameJob	...I'd like to check whether any of your employment details have changed. Can you tell me if the following information is correct?	Details of any employment collected at sweep 2 are fed through for this question. Please confirm or amend the details displayed on screen.

#### 6.4.11 Observation of conditions in which cognitive assessments administered

There is a question after the completion of the cognitive assessments which allows you to record your observations about the conditions of the cognitive assessments, in order that

anything relevant to the performance of the child (such as background noise or parental interference) is noted and can be taken into account when the data is analysed. Some of the issues may be considered a little sensitive by the respondent so please answer as quickly and discreetly as possible.

## 7 CHILD COGNITIVE ASSESSMENTS

At sweep 3, two cognitive assessments will be undertaken with children in the YOUNGER cohort. **Further information regarding the cognitive assessments, including procedures for administering, can be found in your “Child Assessment Instructions”.**

### 7.1 The assessments

#### *Picture Similarities*

This task assesses children's reasoning ability. The child is shown a row of four pictures and is given a free-standing card with a fifth picture. The child is asked to place the free-standing card under the picture that shares an element or concept with the card.

#### *Naming Vocabulary*

This is a verbal task that concerns knowledge of names. The child is shown a number of pictures and asked to say the name of each in turn.

### 7.2 Gaining consent

An important requirement for the assessments is that all parents must give informed consent before you can undertake any assessments with the child. You must complete the assessment consent form before administering the assessments.

#### 7.2.1 The child assessment information leaflet and consent form

Your workpack contains a second leaflet for each cohort family in the toddler cohort. This leaflet contains additional information about the child cognitive assessments. There will also be a pad of consent forms. When signed, the consent forms should be separated, one copy is given to the respondent and the other is returned to the office.

#### Front of second leaflet



### Growing Up in Scotland Year 3 Child Assessment Information

Our interviewers have been given special training to measure your child's progress by using a set of interesting educational exercises. This leaflet explains more about these exercises, and you can also ask the interviewer for further information. It is important that all children are tested in a standard way, so we can compare results across all the children in the study.

We would like to use two exercises in order to measure your child's progress. The exercises are taken from the British Ability Scales, which are well respected and widely used educational tools. They are used to examine children's development and educational level and are normally used by educational psychologists in special settings. Each exercise has been adapted for use in a household setting. A description of the tasks involved in each exercise is included below.

#### **First exercise (Picture Similarities)**

This exercise assesses problem solving skills. The child is shown a row of four pictures and is given a card with a fifth picture. The child is asked to place the card under the picture which shares an element or concept with the card. For example, the row of pictures may contain a picture of a tree and the picture on the card may be of a leaf. The item would be correct if the leaf is correctly matched with the tree.

#### **Second exercise (Naming Vocabulary)**

This exercise concerns the names of things - basically, what we call different objects or materials. The child is shown a number of pictures and asked to say the name of each in turn.



#### Back of second leaflet

Interviewers can only assess your child if they have your written permission, and they will not be able to administer the exercises if your child:

- has a learning disability or serious behavioural problem (e.g. severe ADHD)
- is unable to respond in the required manner e.g. pointing, speaking
- does not have the required level of English vocabulary.

Our interviewers cannot give specific feedback about how your child is performing. This is because these exercises are designed to measure the range of skills that all children at around age 3 possess, rather than the ability of each individual child. When the results are available, the research team will be able to provide you with overall information on how the children performed, however we will not be able to provide this information at an individual level. No-one will have access to data on an individual child's performance.

These exercises will take about 15 minutes. Ideally, they should be carried out in a quiet, well-lit and properly ventilated room, away from distractions and disruptions. If possible the interviewer would like to sit at a table with your child to carry out the exercises. You do not need to be present during these exercises but are, of course, welcome to watch if you wish. However in order to get a true reflection of your child's ability we would ask you to avoid interrupting the exercise or prompting your child for an answer so that the response we record is truly their own.

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Edinburgh  
EH3 9AW

Call our FREEPHONE number: 0800 652 2704  
[www.growingupinScotland.org.uk](http://www.growingupinScotland.org.uk)



You should give the leaflet to the respondent at an appropriate point during the interview, before you administer the child cognitive assessments. Please explain briefly the content of the leaflet to the respondent, so the respondent is fully aware of what the cognitive assessments entail. After they have read the leaflet and asked any further questions, ask them to sign the consent form which you should also sign and then separate. Leave the bottom (coloured) copy with the respondent and retain the top (white) copy. The white copy should be returned to the office.

In the leaflet, there is a sentence saying, "You do not need to be present during these assessments, but are, of course, welcome to watch if you wish". Please note that although parents do not need to be present for the purpose of administering the assessments, you should ask them to remain present throughout the assessments for everyone's peace of mind.

Try to ensure that the parent is always present, but if they leave momentarily you need to ask whether or not you are comfortable about being alone with the child. If you are comfortable, make sure that the door to the room remains open and is never shut. If you are not comfortable, ask the child to "Go with Mummy", or make an excuse to leave the household e.g. say you have to pop out to your car'.

### **7.3 Children's right to refuse**

Please note that consent from a parent or guardian does not imply consent from the child, who retains the right to decide whether or not to take part in the survey, and the right of the individual child to refuse to participate must be respected.

## **8 ADMIN AND RETURN OF WORK**

### **8.1 Completing the Admin Block**

When you have finished all your interviewing at the address, please complete the Admin details. Please record the final outcome code on the ARF. You will then be asked to enter at *NumTrace* how many addresses you visited because you thought the cohort member was resident there. Usually this will just be one. If you have visited more than one address you will be asked to enter the outcome at each previous address.

If the cohort member was resident at the address on the ARF you will be asked to confirm that this address was correct – even if there were very minor errors in the address, please code 'No' here and enter the correct address as this will be used in future correspondence. If the cohort member was not resident at the original address, you will be asked to enter the final address for the cohort member. Finally you will be asked to enter the details of the cohort member and respondent and (if given) a stable address and (if given) a new address. You should have these details recorded on the ARF.

### **8.2 Returning your work to the office**

Before returning your work, check that you have completed everything you have to do at an address and have all the documents you should have and that they are properly serial numbered and so on.

Questionnaire data will be transferred back to the office via the modem.

## 9 CONTACTS

### Contact Points

The Brentwood field team is the Purple Team. Contact:

Elaine James                      Tel: 01277 690233

Contact Elaine about field problems, sample or tracing queries.

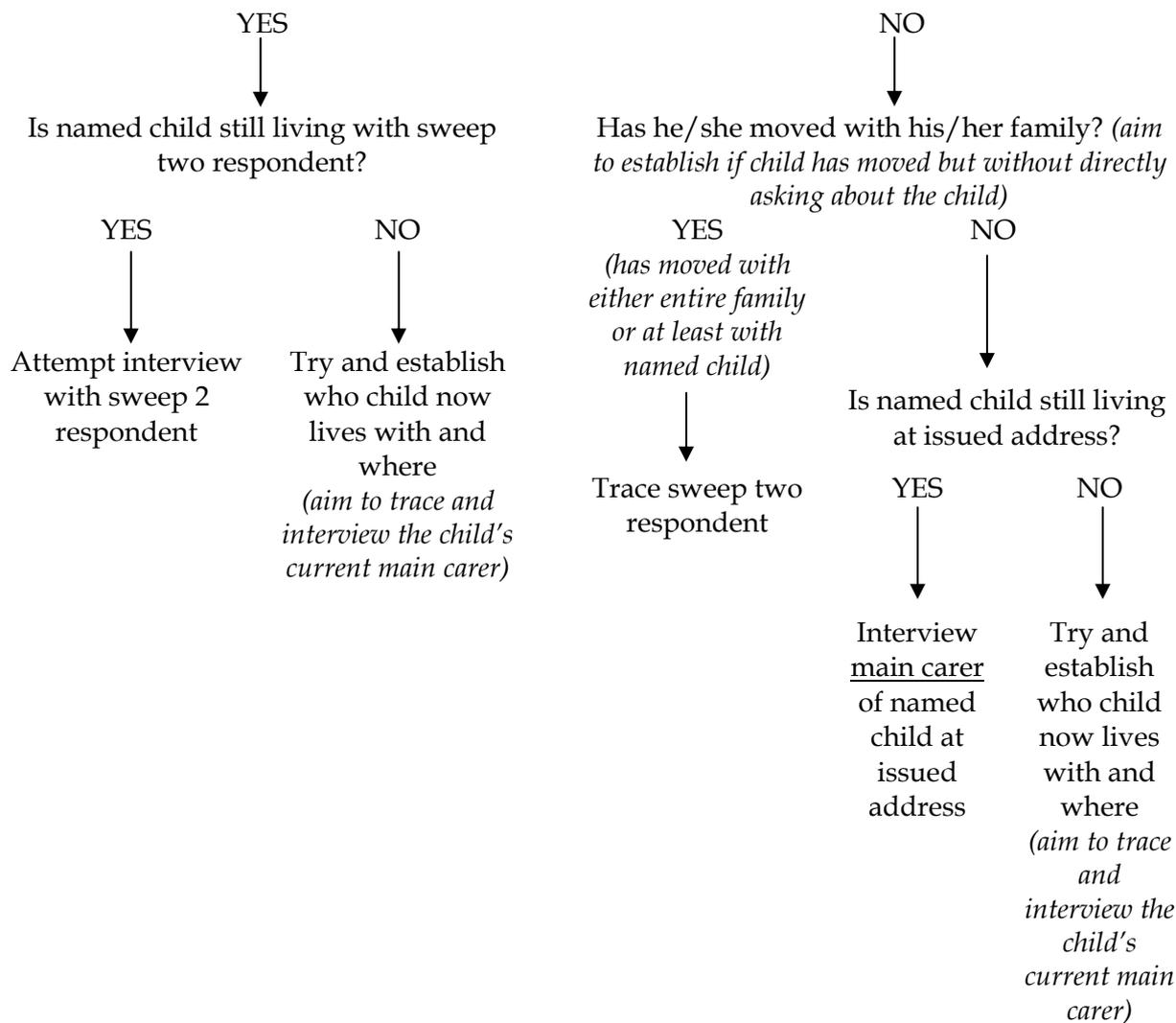
The Scottish Centre for Social Research team are:

Paul Bradshaw  
Louise Marryat

They can be contacted on 0131 228 2167. Contact them about problems with the program, questionnaire or cognitive assessments, or if you have queries about the ARF, or if you have queries about the background to the study, why it is being done and what the results will be used for.

## Appendix A: TRACING AND ELIGIBILITY DIAGRAM

Is sweep two respondent still resident at the issued address on the front of the ARF?





Scottish Centre for  
Social Research  
*Incorporating Scottish Health Feedback*

**P7022 (PURPLE TEAM)**

# **GROWING UP IN SCOTLAND SURVEY 2007/8**

## **CAPI**

### **Coder Instructions**

Version 3

**JUNE 2007**

## Introduction

The Growing Up in Scotland study is a major new cohort study funded by the Scottish Executive. Like other cohort studies – such as the Millennium Cohort Study or the 1970 Birth Cohort Study – it will follow a group of children through their early years, into childhood, adolescence and, possibly, beyond into adulthood. Unlike other studies, this one is specifically Scottish in focus – all of the interviewing is taking place in Scotland and the survey will reflect the Scottish Executive’s need for accurate information upon which to base its decision-making about policies and services for children and families.

The Scottish Centre for Social Research has been commissioned to conduct the first four years of fieldwork for the study. The data you will be working on is being collected in the third year or ‘sweep’ of fieldwork. In the first year, we recruited two cohorts – one based on 5,000 babies and the other based on 3,000 toddlers. Interviews were generally undertaken with mothers at both sweeps one and two, and it is expected that at sweep three in most cases the mother will again be the main respondent. Unlike at sweep two, there is no partner interview this year, however, the younger cohort will be given cognitive assessments.

The main aim of the survey is to describe the characteristics, circumstances and experiences of children in their early years in Scotland and to improve our understanding of how experiences and conditions in early childhood might affect people’s chances later in life.

## Background to editing

The two types of questions that need editing in this survey are:

### *Open Questions*

- Which have no defined codes prior to the interview.
- Interviewers record responses to the question as text.
- All cases that were eligible to answer the question will require editing.

### *Other – please specify (semi-open questions)*

- Codes for obvious answers to the question are specified prior to the interviews
- Interviewers are offered the chance to record text where they feel the response given does not fit into the specified codes, or if they are *unsure* whether it does.
- Only those eligible cases where the interviewer has recorded some text require editing.

## Navigating the edit program

In each case, pressing the ‘end’ key takes you to the next variable requiring editing. You should be automatically taken to the appropriate ‘Tryback’, which provides instructions on the text requiring coding and the variable name you should code it into.

## Standard codes

### **Tryback 3** 'Refer to supervisor/leave for later'

If you are unable to code the response given the instructions you have been given, please refer your serial number and query to your supervisor. Key 'code 3' at Tryback question in order to do this.

### **Tryback 5** 'Back coding attempted, leave as it is'

In the event that you have consulted your supervisor, and the advice is to leave this question as it is, please use code 5.

At the end of each code frame, there are three standard codes to cover instances where recorded responses do not adequately fit elsewhere within the code frame:

### **Code 94** . 'Other specific answer not in codeframe'

This is for any answer given by the respondent that answers the original question, but is not covered by any of the codes.

THIS SHOULD BE USED WHEN YOU ARE CODING RESPONSES THAT FIT IN AN "OTHER" CATEGORY (THE ORIGINAL CODE FOR 'OTHER' SHOULD NOT BE USED WHEN YOU ARE EDITING).

### **Code 95**. 'Vague or irrelevant answer'

This is for recorded responses that don't really answer the question and cannot be coded into any of the other codes.

### **Code 96**. 'Editor can't deal with'

This is for recorded responses that the editor can't deal with.

## Remarks

As you go through the coding, you might find remarks on the questions you are coding. Please open and use these remarks to help you code. You will find these remarks in the program itself, and on individual fact sheets. Please do not spend time on general and non-specific comments, only the answers to the questions that the interviewer has recorded in a note rather than correctly coding it in the original codes.

However, only backcode such information when you are certain which code to use. If you are unsure about which code should be used, tab the remark for referral to the researchers.

## Soft checks

Soft checks will appear when you are navigating the edit program. Please suppress these as you go through the edit.

## Non-resident parents' questions

There are a number of questions in the non-resident parents section with missing information which may come on route in the first few batches (a program fix was made and cases after that point were not affected). If it does please press <CONTROL> and <K> to get past this point.

## CODE FRAME 1

HlthetO (In Q.Food block)  
Edit question: XHlthet

P18/241

INTERVIEWER: PLEASE TYPE IN OTHER SOURCE OF INFORMATION (on children's diet, children's eating habits or healthy eating in general).

**Question Type: Other**

**MULTICODE: CODE ALL THAT APPLY**  
**BACKCODE**

### ORIGINAL CODES

- 01 Health professionals (GP, midwives, health visitors)
- 02 Family or friends
- 03 Other mothers
- 04 Internet
- 05 Books, magazines or newspapers
- 06 TV/radio
- 07 Other (please specify)
- 08 None of these

### NEW CODES:

- 09 School
- 10 Preschool/nursery
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

## CODE FRAME 2

**Sugcn5** (In Q.Food block)

Edit question: XSugcn5

“Why do you find it difficult (to control the amount of sweets and sugary snacks or drinks that your child has)?”

**Question Type: Other**

**MULTICODE: CODE ALL THAT APPLY**

**BACKCODE**

### ORIGINAL CODES

- 01 His/her grandparents give him sweets or sugary snacks
- 02 Other relatives give him sweets or sugary snacks
- 03 Other people give him sweets or sugary snacks
- 04 He/she has a tantrum until he/she is given something
- 05 He/she is given them when I'm not there to control it
- 06 He/she sees them in shops and wants them
- 07 He/she wants what other children have got

### NEW CODES:

- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

Where possible backcode 'other' answers (8) to the appropriate code from the frame above (1-7). Otherwise assign one of the 'other' codes (94-96) as appropriate.

### CODE FRAME 3

**Helpbeh2** (In Q.Parentg block)

Edit question: XHpbb2

“What aspects of ^childname’s behaviour were you unable to find help, information or advice about?”

**Question Type: Open**

**MULTICODE: CODE ALL THAT APPLY**

**NEW CODES:**

- 01 Biting
- 02 Eating/food
- 03 Hyperactivity/ADHD (Attention deficit hyperactive disorder)/ADD (Attention deficit disorder)
- 04 Sibling rivalry
- 05 Sleeping
- 06 Specific medical condition
- 07 Tantrums
- 08 Other bad behaviour
- 09 Toilet training
- 10 Bed-wetting
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can’t deal with

Please include in ‘3. Hyperactivity/ADHD (Attention deficit hyperactive disorder)/ADD (Attention deficit disorder)’ both diagnosed and suspected cases as well as just general comments about hyperactivity.

‘8. Other bad behaviour’ should only be used if specific behaviour mentioned does not fit into another category such as ‘1. Biting’ or ‘7. Tantrums’ or for more general comments about bad behaviour.

Examples of answers to be coded:

‘Advice on how to sort his sleep problems out’ .

‘Biting and hurting people everyone gives different advice’.

‘He is showing signs of attention deficit syndrome like his brother’.

## CODE FRAME 4

**KidTim2O** (In Q.Parentg block)

Edit question: XKTim2

“Why do you feel you do not have enough time to spend with ^childname?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**ORIGINAL CODES:**

- 01 Because I work
- 02 Working long hours
- 03 Work away from home
- 04 Other work reasons
- 05 Demands of housework
- 06 Demands of other children
- 07 My poor health
- 08 Other (please specify)

**NEW CODES:**

- 09 Because I study/attend college
- 10 Because of DIY/jobs to do around the house
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

## CODE FRAME 5

**Prscwhy** (In Q.PreSch block)

Edit question: XPrWhy

“What would you say were the three main reasons why you chose to enrol ^childname in ^pre-school\_type?”

**Question Type: Open answer**

**MULTICODE: MAX. 3 CODES**

### **NEW CODES:**

- 01 Child already at same nursery
- 02 Child enjoys it
- 03 Child 'needs' it/ it's good for him
- 04 Child wanted to go
- 05 Child was ready for it/at the right age
- 06 Continuation into/Preparation for school
- 07 Educational Development
- 08 For fun
- 09 General development
- 10 It's free
- 11 It's a natural progression/time for him/her to go
- 12 It's the right/normal thing to do
- 13 So Parent could work/study/look for work
- 14 Social development/skills
- 15 Stimulation outside the home
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

### **Examples of answers to be coded:**

“good for them to mix with other kids and gets them ready for school”

“normal thing to do”

“everyone goes after they turn 3”

## CODE FRAME 6

**Prscwh** (In Q.PreSch block)

Edit question: XPrwha

“In what way did it (moving ^childname into ^pre-school\_type) affect you?”

**Question Type: Open answer**

**MULTICODE: CODE ALL THAT APPLY**

### **NEW CODES:**

- 01 Arrangements had to be made to drop-off and collect child
- 02 Disrupted/changed usual daily routine
- 03 Had to get used to time without child/child being away
- 04 Less flexibility
- 05 More time to do other things while child at pre-school
- 06 Sibling had a routine change
- 07 Went back to work
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

### **Examples of answers to be coded:**

“used to do things in the morning which now get done in the afternoon”

“not able to go out and do things or spend a day here or there”

“had to arrange who would take him there and pick him up/ with ex-partner”

## CODE FRAME 7

**ReasOth** (In Q.ChCare block)

Edit question: XResOt

“Please tell me up to **three** reasons that best describe why you use ^childcare\_provider to look after ^ChildName?”

**Question Type: Other specify**

**MULTICODE: (MAX= 3 CODES)**

### ORIGINAL CODES:

- 01 So that I can work
- 02 So that my husband/ wife/ partner can work
- 03 So that I can look for work
- 04 So that my husband/ wife/ partner can look for work
- 05 So that I can study
- 06 So that my husband/ wife/ partner can study
- 07 So that I can look after the home/other children
- 08 So that I can go shopping/attend an appointment/socialise (include sports/exercise)
- 09 For my child’s educational development
- 10 Because my child likes spending time with/at the provider
- 11 So that my child can take part in a leisure activity
- 12 For child’s social development (including ‘mixing with other children’)
- 13 To give me/my partner ‘a break’
- 14 Respondent/partner has had illness
- 15 To allow relative/carer to spend time with child
- 16 Other reason (Please specify)

### NEW CODES:

- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can’t deal with

Where possible backcode ‘other’ answers (16) to the appropriate code from the frame above (1-15). Otherwise assign one of the ‘other’ codes (94-96) as appropriate.

## CODE FRAME 8

**OtheCCO** (In Q.ChCare block)

Edit question: XOthCO

“Which other form of childcare would you use for ^ChildName?”

**Question Type: Other specify**

### **ORIGINAL CODES:**

- 01 The child’s grandparents
- 02 Another relative
- 03 Private crèche or nursery
- 04 Nursery class attached to a primary school
- 05 Childminder
- 06 Local authority playgroup or pre-school
- 07 Local authority crèche or nursery
- 08 Private playgroup or pre-school
- 09 Community/voluntary playgroup or pre-school
- 10 My ex-spouse or partner
- 11 The child(ren)’s older brother or sister
- 12 A friend or neighbour
- 13 Daily nanny who came to our house
- 14 Live-in nanny
- 15 Babysitter who came to our house
- 16 Workplace crèche or nursery
- 17 Family centre
- 18 Child-carer (provided via childcare agency)
- 19 Other childcare provider

### **NEW CODES:**

- 20 After-school club or wraparound care
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can’t deal with

## CODE FRAME 9

**WhyNoC2** (In Q.ChCare block)

Edit question: XWyNC2

“Are any of the reasons on this card, reasons why you are not using any childcare for ^ChildName at the moment? “

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**ORIGINAL CODES:**

- 01 I'd rather look after him/her myself
- 02 I rarely need to be away from him/her
- 03 There are no childcare providers available that I could trust
- 04 I cannot afford childcare
- 05 The quality of childcare is not good enough
- 06 He/She needs special care
- 07 I have had bad experience using childcare in the past
- 08 I would have transport difficulties getting to a provider
- 09 Child is attending school
- 10 Other reasons (Please specify)

**NEW CODES:**

- 11 Child too young
- 11 Childcare not required
- 12 Child wouldn't like to be separated from carer
- 13 Lack of availability/choice
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

## CODE FRAME 10

**DiffCCO** (In Q.ChCare block)

Edit question: XDifCC

“Why did you find it difficult (to arrange suitable childcare for ^childname in the last 12 months)?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**ORIGINAL CODES:**

- 01 Not enough childcare places available locally
- 02 Transport difficulties getting to an appropriate provider
- 03 No childcare providers available that I could trust
- 04 Cost/too expensive
- 05 He/She needs special care
- 06 Other reasons (Please specify)

**NEW CODES:**

- 07 I/my partner/we work unusual/long/irregular hours
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

## CODE FRAME 11

**Helpth2** (In Q.Develop block)

Edit question: XHpht2

“What aspects of ^childname’s health were you unable to find help, information or advice about?”

**Question Type: Open answer**

**MULTICODE: CODE ALL THAT APPLY**

**NEW CODES:**

- 01 Specific illness or condition
- 02 Access to/problems with health service - GP
- 03 Access to/problems with health service - NHS 24
- 04 Access to/problems with health service - Specialist/Consultant
- 05 Access to/problems with health service - Other
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can’t deal with

## CODE FRAME 12

**DisPrb** (In Q.Develop block)

Edit question: XDPrbX

“What is the illness or disability?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### NEW CODES:

- 01 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
- 02 Diabetes
- 03 Other endocrine/metabolic
- 04 Mental illness/anxiety/depression/nerves (nes)
- 05 Mental handicap
- 06 Epilepsy/fits/convulsions
- 07 Migraine/headaches
- 08 Other problems of nervous system
- 09 Cataract/poor eye sight/blindness
- 10 Other eye complaints
- 11 Poor hearing/deafness
- 12 Tinnitus/noises in the ear
- 13 Meniere's disease/ear complaints causing balance problems
- 14 Other ear complaints
- 15 Stroke/cerebral haemorrhage/cerebral thrombosis
- 16 Heart attack/angina
- 17 Hypertension/high blood pressure/blood pressure (nes)
- 18 Other heart problems
- 19 Piles/haemorrhoids incl. Varicose Veins in anus.
- 20 Varicose veins/phlebitis in lower extremities
- 21 Other blood vessels/embolic
- 22 Bronchitis/emphysema
- 23 Asthma
- 24 Hayfever
- 25 Other respiratory complaints
- 26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture
- 27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
- 28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
- 29 Complaints of teeth/mouth/tongue
- 30 Kidney complaints
- 31 Urinary tract infection
- 32 Other bladder problems/incontinence
- 33 Reproductive system disorders
- 34 Arthritis/rheumatism/fibrositis
- 35 Back problems/slipped disc/spine/neck
- 36 Other problems of bones/joints/muscles
- 37 Infectious and parasitic disease
- 38 Disorders of blood and blood forming organs and immunity disorders
- 39 Skin complaints

- 40 Other complaints
- 41 Complaint no longer present
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

*Please see Appendix A and Appendix B*

## CODE FRAME 13

**HthPrbX** (In Q.Develop block)

Edit question: XHPrbX

“What other kind of health problem or illness has ^ChildName had since we saw you in ^month\_txt last year?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### ORIGINAL CODES:

- 01 Coughs, colds or fevers
- 02 Chest infections
- 03 Ear infections
- 04 Feeding problems
- 05 Sleeping problems
- 06 Wheezing or asthma
- 07 Skin problems
- 08 Sight or eye problems
- 09 Failure to gain weight or to grow
- 10 Persistent or severe vomiting
- 11 Persistent or severe diarrhoea
- 12 Fits or convulsions
- 13 Chicken pox
- 14 Urinary tract infection
- 15 Other severe infection
- 16 Other mild infection
- 17 Constipation
- 18 Reaction(s) to immunisation(s)
- 19 Infection of nose or throat, croup, flu or severe cough
- 20 Other health problems (PLEASE SPECIFY)
- 21 No health problems

### NEW CODES:

- 22 High temperature/acute viral infection unspecified
- 23 Measles or whooping cough
- 24 Thrush
- 25 Breathing problem
- 26 Eczema
- 27 Other allergy, **except** wheezing asthma or eczema
- 28 Colic
- 29 Jaundice
- 30 Hernia
- 31 Reflux or other vomiting

### Congenital Abnormalities

- 32 Congenital heart disease, definite
- 33 Congenital heart disease, not yet definite
- 34 Congenital dislocation of hip, definite
- 35 Congenital dislocation of hip, not yet definite
- 36 Clubfoot (Talipes equinovarus), definite
- 37 Talipes, not yet definite

- 38 Specified skeletal abnormalities (bone, skull, spine, limb or other skeletal)
- 39 Urogenital abnormalities
- 40 Gastrointestinal abnormalities
- 41 Harelip/cleft palate
- 42 Skin abnormalities
- 43 Chromosomal or genetic abnormalities
- 44 Brain, central nervous, spinal cord or special sense abnormalities
- 45 Other congenital abnormalities major
- 46 Other congenital abnormalities minor
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

*Please refer to Appendix C*

## CODE FRAME 14

**DAccAX** (In Q.Develop block)

Edit question: XDAccAX

“What other sort of accident or injury has ^ChildName ever been taken to the doctor, hospital or health centre for?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### ORIGINAL CODES

- 01 Loss of consciousness
- 02 Bang on the head
- 03 Broken bone
- 04 Swallowed object
- 05 Swallowed household cleaner / other poison / pills
- 06 Cut needing stitches
- 07 Cut or graze
- 08 Burn or scald
- 09 Something stuck in eye, nose, throat, ear or other part of body
- 10 Animal or insect bite or sting
- 11 Other sort of accident or injury

### NEW CODES:

- 12 Dislocation, avulsion (avulsion = ‘tearing away’ of something’)
- 13 Bruise, sprain, twist
- 14 Choking fit
- 15 Injury to mouth or face e.g. nosebleed
- 16 Knock, fall or other non-penetrating accident
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can’t deal with

## CODE FRAME 15

**Hthsrv7O** (In Q.Develop block)

Edit question: XHtsv7

“Which other person or service did you visit because of ^childname’s health?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### **NEW CODES:**

- 01 Optician/Optomotrist/Ophthamologist/Eye specialist
- 02 Paediatrician
- 03 Physiotherapist
- 04 Skin consultant/Skin specialist/Dermatologist
- 05 Speech therapist
- 06 Unspecified Consultant/Specialist
- 07 GP/family doctor
- 08 Health visitor
- 09 Practice Nurse
- 10 Accident & Emergency
- 11 NHS 24
- 12 Dentist
- 13 Ear, nose and throat Consultant/specialist
- 14 Homeopath
- 15 Other Consultant/specialist
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can’t deal with

## CODE FRAME 16

**DActT180** (In Q.Develop block)

Edit question: XAc180

“What other concerns do you have about speech and language?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**BACKCODE INTO ORIGINAL ANSWERS**

**ORIGINAL CODES:**

- 01 No, does not have any concerns
- 02 His/her language is developing slowly
- 03 It is hard for other people to understand him
- 04 He doesn't seem to understand other people
- 05 He pronounces words poorly
- 06 He doesn't hear well
- 07 He stutters
- 08 Other (please specify)

**NEW CODES:**

- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

Where possible backcode 'other' answers (8) to the appropriate code from the frame above (1-7). Otherwise assign one of the 'other' codes (94-96) as appropriate.

If child has problems pronouncing individual letters, e.g. 'pronouncing r's and l's', please code this as '4. He pronounces words poorly'.

## CODE FRAME 17

**ProbN** (In Q.Develop block)

Edit question: XProbN

“Is there anything else that you (and your partner) found particularly difficult at the present time in relation to bringing up ^childname?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### NEW CODES:

- 01 Balancing work and caring for child
- 02 Child’s behaviour and/or development (including potty training)
- 03 Childcare (including costs and availability)
- 04 Demands of and trying to cope with a child
- 05 Demands of caring for more than one child
- 06 Accommodation/housing problems
- 07 Changes to respondent’s lifestyle
- 08 Depression and other mental health problems
- 09 Money/finances
- 10 Relationship difficulties between child’s carers (e.g. having little quality time to spend together)
- 11 Health problems - Respondent
- 12 Health problems - Child
- 13 Problems related to respondent or partner returning to work
- 14 Respondent’s lack of sleep/sleep pattern/tiredness
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can’t deal with

### Examples of answers to be coded:

‘Difficulties in finding short notice childcare since respondent now self employed’.

‘Only two bedrooms in this house, all children share one room.’

## CODE FRAME 18

**McHdip02, McHdip03, McHhib02, McHmen02, McHper02, McHper03, McHpol02, McHpol03, McHtet02, McHtet03** (In Q.Develop block)

Edit questions: XPol2d, XPol3d, XDip2d, XDip3d, XTet2d, XTet3d, XPer2d, XPer3d, XHib2d, XMen2d

“Why didn’t ^childname have three doses of ^vaccine?”

**Question Type: Open**

**MULTICODE: CODE ALL THAT APPLY**

### **NEW CODES:**

- 01 Child has missed immunisation
- 02 Child has not been offered immunisation
- 03 Immunisation due now/child still to get it/ Waiting for appointment
- 04 I don’t agree with immunisations/don’t want child to have immunisations
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can’t deal with

### **Examples of answers to be coded:**

‘Waiting for appointment with practice nurse’

‘Hasn’t been mentioned’

‘Not at school yet’

## CODE FRAME 19

McHmnr03, McHmnr04 (In Q.Develop block)

Edit question: XMMR3, XMMR4

“Why has ^childname not had the combined vaccination against measles, mumps and rubella?”

**Question Type: Open answer**

**MULTICODE: CODE ALL THAT APPLY**

### NEW CODES:

- 01 General concerns about MMR
- 02 I don't agree with immunizations
- 03 Immunisation due now/child has still to get it
- 04 Link with autism
- 05 Child has had reaction(s) to previous injections
- 06 Sibling had a reaction to MMR
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

### Examples of answers to be coded:

'I disagree with it - it affected one of my daughters'

'Concerns raised about autism'

'Not enough evidence to say it is safe'

## CODE FRAME 20

**McApho01** (In Q.Activ block)  
Edit question: XMCAp1

“What other activity has ^childname done in the last week?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### **NEW CODES:**

- 01 Adventure Sports (e.g. rock-climbing, abseiling)
- 02 Gardening
- 03 General outdoor play
- 04 Golf
- 05 Hill walking
- 06 Playing/ walking on beach
- 07 Physiotherapy
- 08 Racket sport
- 09 Rollerblading/skateboarding/playing on scooter
- 10 Tenpin bowling
- 11 Walking (EXCLUDING hillwalking)
- 12 Watersports (EXCLUDING swimming, including e.g. sailing, kayaking)
- 13 Winter sports (e.g. skiing, ice-skating, snowboarding)
- 14 Yoga
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

## CODE FRAME 21

**TVWhyO** (In Q.Activ block)

Edit question: XTVWy

“Looking at this card, please choose the three reasons why ^childname watches television?”

**Question Type: Other specify**

**MULTICODE: MAX. 3 CODES**

**ORIGINAL CODES:**

- 01 It is educational
- 02 It keeps him or her entertained
- 03 It keeps him/her quiet
- 04 It allows me/my partner to get on with other things
- 05 It helps him/her get to sleep
- 06 It keeps him/her awake
- 07 It raises his/her awareness of the world around him/her
- 08 It is a reward for good behaviour
- 09 Other reason (Please specify)

**NEW CODES:**

- 10 He/she likes/enjoys it
- 11 It is relaxing/ 'chill out' time (when child is tired)
- 12 Sibling(s) watch(es) it
- 13 Watches TV whilst eating
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

## CODE FRAME 22

**Nhin2** (In Q.Neigh)

Edit question: XNhin2

“What sort of group is it?”

**Question Type: Open answer**

### MULTICODE

#### NEW CODES:

- 01 Parent/toddler or Parent/baby group
- 02 Playgroup or other pre-school group
- 03 Parent/Teacher Association
- 04 Hobbies/interest group
- 05 Creche
- 06 Uniformed child/youth organisation
- 07 Health/disability related group
- 08 Church group/Sunday school
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

*\*The principal organisations which will be coded under item 6 “Uniformed child/youth organisation” are Rainbows, Brownies, Guides, Beavers, Cubs, Scouts, Anchor Boys, Boys’ Brigade (Junior Section and Company Section), Girls’ Brigade, Air Training Corps, Sea Cadet and Army Cadets. This list is not exhaustive however, and other organisations may be included in this category as appropriate.*

## CODE FRAME 23

**Nhinv4**, (In Q.Neigh block)

Edit question: XNhinv4,

“What is the group or organisation?”

**Question Type: Open answer**

**MULTICODE**

**NEW CODES:**

- 01 Voluntary group or charity
- 02 Church/Church group/Church committee
- 03 Community group/Residents' association
- 04 Health/disability related group
- 05 Hobbies/interests
- 06 Parent/toddler group
- 07 Playgroup or other pre-school group
- 08 Political party
- 09 Professional association
- 10 PTA/School group/committee
- 11 Sport/leisure related
- 12 Trade Union
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

## CODE FRAME 24

**JbQual, OthQu and PothQu** (In Q.EmpInc block)

Edit questions: XOthQu and XPOTQu, XJbQu

“What other exams have you passed or qualifications have you got?”

**Question Type: Other specify**

**MULTICODE: MAX. 8 CODES**

**BACKCODE WHERE APPLICABLE**

### ORIGINAL CODES:

- 01 University/CNAA first/undergraduate degree/diploma
- 02 Postgraduate degree
- 03 Teacher training qualification
- 04 Nursing qualification
- 05 Foundation/advanced modern apprenticeships
- 06 Other recognised trade apprenticeships
- 07 OCR/RSA (Vocational) Certificate
- 08 OCR/RSA (First) Diploma
- 09 OCR/RSA Advanced Diploma
- 10 OCR/RSA Higher Diploma
- 11 Other clerical/commercial qualification
- 12 City & Guilds – Level 1/Part I
- 13 City & Guilds – Level 2/Craft/Intermediate/Ordinary/Part II
- 14 City & Guilds – Level 3/Advanced/Final/Part III
- 15 City & Guilds – Level 4/Full Technological/Part IV
- 16 SCOTVEC/BTEC First Certificate
- 17 SCOTVEC/BTEC First/General Diploma
- 18 SCOTVEC/BTEC/BEC/TEC (General/Ordinary) National Certificate or Diploma (NC/ONC/OND)
- 19 SCOTVEC/BTEC/BEC/TEC Higher National Certificate (HNC) or Diploma (HND)
- 20 SVQ/NVQ Level 1/GSVQ/GNVQ Foundation level
- 21 SVQ/NVQ Level 2/GSVQ/GNVQ Intermediate level
- 22 SVQ/NVQ Level 3/GSVQ/GNVQ Advanced level
- 23 SVQ/NVQ Level 4
- 24 SVQ/NVQ Level 5
- 97 Other

### NEW CODES:

- 25 Professional qualification (employment related)
- 26 IT certificate/qualification (other than those listed above)
- 27 Aviation certificate/Pilot’s licence
- 28 Other employment related qualification
  
- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can’t deal with

*Please refer to Appendix D*

## CODE FRAME 25

**EthOth** and **PrEthOt** (In Q.EmpInc block)

Edit questions: XEtOt and XPrEtO

“Please can you describe your ethnic group?”

**Question Type: Other specify**

**SINGLE CODE ONLY**

### ORIGINAL CODES:

- 01 White - British
- 02 White - Scottish
- 03 Any other white background (Please describe)
- 04 Mixed - White and Black Caribbean
- 05 Mixed - White and Black African
- 06 Mixed - White and Asian
- 07 Any other mixed background (Please describe)
- 08 Asian or Asian British - Indian
- 09 Asian or Asian British - Pakistani
- 10 Asian or Asian British - Bangladeshi
- 11 Any other Asian/Asian British background (Please describe)
- 12 Black or Black British - Caribbean
- 13 Black or Black British - African
- 14 Any other Black/Black British background (Please describe)
- 15 Chinese
- 16 Any other (Please describe)

### NEW CODES:

- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

*Please refer to Appendix E*

## CODE FRAME 26

**ReligOth** and **PrRelOt** (In Q.EmpInc block)  
Edit questions: XRelOt and XPrReO

“Please can you describe your religion?”

**Question Type: Other specify**

### SINGLE CODE ONLY

#### ORIGINAL CODES:

- 01 No religion
- 02 Christian - no denomination
- 03 Roman Catholic
- 04 Church of England/Anglican/Episcopal/Church in Wales
- 05 Presbyterian - Church of Scotland
- 06 Presbyterian - Welsh Calvinistic Methodists
- 07 Free Presbyterian
- 08 Methodist - including Wesleyan
- 09 Baptist
- 10 United Reformed Church/Congregational
- 11 Brethren
- 12 Other Protestant (please describe)
- 13 Other Christian (please describe)
- 14 Jewish
- 15 Hindu
- 16 Islam/Muslim
- 17 Sikh
- 18 Buddhist
- 19 Other non-Christian (please describe)

#### NEW CODES:

- 94 Other specific
- 95 Vague or irrelevant
- 96 Editor can't deal with

*Please refer to Appendix F*

## **Socio-Economic Coding**

**MainJb, MainDo, IndSt, JbQual** (In Q.EmpInc block)

Questions about the respondent's employment

**PrMainJb, PrMainDo, PrIndSt, PrJbQual** (In Q.EmpInc block)

Proxy questions about the respondent's partner's employment

### **Socio-Economic Coding**

SOC, SIC and NS\_SEC coding needs to be applied to these questions

## .APPENDIX A - LONG STANDING ILLNESS CODING GLOSSARY

CAPI variable: DisPrb

### 01 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts

Acoustic neuroma  
After effect of cancer (nes)  
All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast  
Cancers sited in any part of the body or system eg. Lung, breast, stomach  
Colostomy caused by cancer  
Cyst on eye, cyst in kidney.  
General arthroma  
Hereditary cancer  
Hodgkin's disease  
Hysterectomy for cancer of womb  
Inch. leukaemia (cancer of the blood)  
Lymphoma  
Mastectomy (nes)  
Neurofibromatosis  
Part of intestines removed (cancer)  
Pituitary gland removed (cancer)  
Rodent ulcers  
Sarcomas, carcinomas  
Skin cancer, bone cancer  
Wilms tumour

### Endocrine/nutritional/metabolic diseases

#### 02 Diabetes

Incl. Hyperglycaemia

#### 03 Other endocrine/metabolic

Addison's disease  
Beckwith - Wiedemann syndrome  
Coeliac disease  
Cushing's syndrome  
Cystic fibrosis  
Gilbert's syndrome  
Hormone deficiency, deficiency of growth hormone, dwarfism  
Hypercalcemia  
Hypopotassaemia, lack of potassium  
Malacia  
Myxoedema (nes)  
Obesity/overweight  
Phenylketonuria  
Rickets  
Too much cholesterol in blood  
Underactive/overactive thyroid, goitre  
Water/fluid retention  
Wilson's disease

*Thyroid trouble and tiredness - code 03 only*  
*Overactive thyroid and swelling in neck - code 03 only.*

### Mental, behavioural and personality disorders

#### 04 Mental illness/anxiety/depression/nerves (nes)

Alcoholism, recovered not cured alcoholic  
Anorexia nervosa  
Anxiety, panic attacks  
Asperger Syndrome  
Autism/Autistic  
Bipolar Affective Disorder  
Catalepsy  
Concussion syndrome  
Depression  
Drug addict  
Dyslexia  
Hyperactive child.  
Nerves (nes)  
Nervous breakdown, neurasthenia, nervous trouble  
Phobias  
Schizophrenia, manic depressive  
Senile dementia, forgetfulness, gets confused  
Speech impediment, stammer  
Stress

*Alzheimer's disease, degenerative brain disease = code 08*

#### 05 Mental handicap

Incl. Down's syndrome, Mongol  
Mentally retarded, subnormal

### Nervous system (central and peripheral including brain) - Not mental illness

#### 06 Epilepsy/fits/convulsions

Grand mal  
Petit mal  
Jacksonian fit  
Lennox-Gastaut syndrome  
blackouts  
febrile convulsions  
fit (nes)

#### 07 Migraine/headaches

#### 08 Other problems of nervous system

Abscess on brain  
Alzheimer's disease  
Bell's palsy  
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury  
Carpal tunnel syndrome  
Cerebral palsy (spastic)  
Degenerative brain disease

Fibromyalgia  
 Friedreich's Ataxia  
 Guillain-Barre syndrome  
 Huntington's chorea  
 Hydrocephalus, microcephaly, fluid on brain  
 Injury to spine resulting in paralysis  
 Metachromatic leucodystrophy  
 Motor neurone disease  
 Multiple Sclerosis (MS), disseminated sclerosis  
 Muscular dystrophy  
 Myalgic encephalomyelitis (ME)  
 Myasthenia gravis  
 Myotonic dystrophy  
 Neuralgia, neuritis  
 Numbness/loss of feeling in fingers, hand, leg etc  
 Paraplegia (paralysis of lower limbs)  
 Parkinson's disease (paralysis agitans)  
 Partially paralysed (nes)  
 Physically handicapped - spasticity of all limbs  
 Pins and needles in arm  
 Post viral syndrome (ME)  
 Removal of nerve in arm  
 Restless legs  
 Sciatica  
 Shingles  
 Spina bifida  
 Syringomyelia  
 Trapped nerve  
 Trigeminal neuralgia

### Eye complaints

#### **09 Cataract/poor eye sight/blindness**

Incl. operation for cataracts, now need glasses  
 Bad eyesight, restricted vision, partially sighted  
 Bad eyesight/nearly blind because of cataracts  
 Blind in one eye, loss of one eye  
 Blindness caused by diabetes  
 Blurred vision  
 Detached/scarred retina  
 Hardening of lens  
 Lens implants in both eyes  
 Short sighted, long sighted, myopia  
 Trouble with eyes (nes), eyes not good (nes)  
 Tunnel vision

#### **10 Other eye complaints**

Astigmatism  
 Buphthalmos  
 Colour blind  
 Double vision  
 Dry eye syndrome, trouble with tear ducts, watery eyes  
 Eye infection, conjunctivitis  
 Eyes are light sensitive  
 Floater in eye  
 Glaucoma  
 Haemorrhage behind eye  
 Injury to eye  
 Iritis

Keratoconus  
 Night blindness  
 Retinitis pigmentosa  
 Scarred cornea, corneal ulcers  
 Squint, lazy eye  
 Sty on eye

### Ear complaints

#### **11 Poor hearing/deafness**

Conductive/nerve/noise induced deafness  
 Deaf mute/deaf and dumb  
 Heard of hearing, slightly deaf  
 Otosclerosis  
 Poor hearing after mastoid operation

#### **12 Tinnitus/noises in the ear**

Incl. pulsing in the ear

#### **13 Meniere's disease/ear complaints causing balance problems**

Labrynthitis,  
 loss of balance - inner ear  
 Vertigo

#### **14 Other ear complaints**

Incl. otitis media - glue ear  
 Disorders of Eustachian tube  
 Perforated ear drum (nes)  
 Middle/inner ear problems  
 Mastoiditis  
 Ear trouble (nes),  
 Ear problem (wax)  
 Ear aches and discharges  
 Ear infection

### Complaints of heart, blood vessels and circulatory system

#### **15 Stroke/cerebral haemorrhage/cerebral thrombosis**

Incl. stroke victim - partially paralysed and speech difficulty  
 Hemiplegia, apoplexy, cerebral embolism,  
 Cerebro - vascular accident

#### **16 Heart attack/angina**

Incl. coronary thrombosis, myocardial infarction

#### **17 Hypertension/high blood pressure/blood pressure (nes)**

#### **18 Other heart problems**

Aortic stenosis, aorta replacement  
 Cardiac asthma  
 Cardiac diffusion  
 Cardiac problems, heart trouble (nes)  
 Dizziness, giddiness, balance problems (nes)  
 Hardening of arteries in heart  
 Heart disease, heart complaint

Heart failure  
 Heart murmur, palpitations  
 Hole in the heart  
 Ischaemic heart disease  
 Mitral stenosis  
 Pacemaker  
 Pains in chest (nes)  
 Pericarditis  
 St Vitus dance  
 Tachycardia, sick sinus syndrome  
 Tired heart  
 Valvular heart disease  
 Weak heart because of rheumatic fever  
 Wolff - Parkinson - White syndrome

*Balance problems due to ear complaint = code 13*

**19 Piles/haemorrhoids incl. Varicose Veins in anus.**

**20 Varicose veins/phlebitis in lower extremities**

Incl. various ulcers, varicose eczema

**21 Other blood vessels/embolic**

Arteriosclerosis, hardening of arteries (nes)  
 Arterial thrombosis  
 Artificial arteries (nes)  
 Blocked arteries in leg  
 Blood clots (nes)  
 Hypersensitive to the cold  
 Intermittent claudication  
 Low blood pressure/hypertension  
 Poor circulation  
 Pulmonary embolism  
 Raynaud's disease  
 Swollen legs and feet  
 Telangiectasia (nes)  
 Thrombosis (nes)  
 Varicose veins in Oesophagus  
 Wright's syndrome

**NB Haemorrhage behind eye = code 10**

### Complaints of respiratory system

**22 Bronchitis/emphysema**

Bronchiectasis  
 Chronic bronchitis

**23 Asthma**

Bronchial asthma, allergic asthma  
 Asthma - allergy to house dust/grass/cat fur

**NB Exclude cardiac asthma - code 18**

**24 Hayfever**

Allergic rhinitis

### **25 Other respiratory complaints**

Abscess on larynx  
 Adenoid problems, nasal polyps  
 Allergy to dust/cat fur  
 Bad chest (nes), weak chest - wheezy  
 Breathlessness  
 Bronchial trouble, chest trouble (nes)  
 Catarrh  
 Chest infections, get a lot of colds  
 Churg-Strauss syndrome  
 Coughing fits  
 Croup  
 Damaged lung (nes), lost lower lobe of left lung  
 Fibrosis of lung  
 Furred up airways, collapsed lung  
 Lung complaint (nes), lung problems (nes)  
 Lung damage by viral pneumonia  
 Paralysis of vocal cords  
 Pigeon fancier's lung  
 Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease  
 Recurrent pleurisy  
 Rhinitis (nes)  
 Sinus trouble, sinusitis  
 Sore throat, pharyngitis  
 Throat infection  
 Throat trouble (nes), throat irritation  
 Tonsillitis  
 Ulcer on lung, fluid on lung

*TB (pulmonary tuberculosis) - code 37*

*Cystic fibrosis - code 03*

*Skin allergy - code 39*

*Food allergy - code 27*

*Allergy (nes) - code 41*

*Pilonidal sinus - code 39*

*Sick sinus syndrome - code 18*

*Whooping cough - code 37*

*If complaint is breathlessness with the cause also stated, code the cause:*

*breathlessness as a result of anaemia (code 38)*

*breathlessness due to hole in heart (code 18)*

*breathlessness due to angina (code 16)*

## Complaints of the digestive system

### **26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture**

Double/inguinal/diaphragm/hiatus/umbilical hernia  
Gastric/duodenal/peptic ulcer  
Hernia (nes), rupture (nes)  
Ulcer (nes)

### **27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)**

Cirrhosis of the liver, liver problems  
Food allergies  
Ileostomy  
Indigestion, heart burn, dyspepsia  
Inflamed duodenum  
Liver disease, biliary artesia  
Nervous stomach, acid stomach  
Pancreas problems  
Stomach trouble (nes), abdominal trouble (nes)  
Stone in gallbladder, gallbladder problems  
Throat trouble - difficulty in swallowing  
Weakness in intestines

### **28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)**

Colitis, colon trouble, ulcerative colitis  
Colostomy (nes)  
Crohn's disease  
Diverticulitis  
Enteritis  
Faecal incontinence/encopresis.  
Frequent diarrhoea, constipation  
Grumbling appendix  
Hirschsprung's disease  
Irritable bowel, inflammation of bowel  
Polyp on bowel  
Spastic colon

*Exclude piles - code 19*

*Cancer of stomach/bowel - code 01*

### **29 Complaints of teeth/mouth/tongue**

Cleft palate, hare lip  
Impacted wisdom tooth, gingivitis  
No sense of taste  
Ulcers on tongue, mouth ulcers

## Complaints of genito-urinary system

### **30 Kidney complaints**

Chronic renal failure  
Horseshoe kidney, cystic kidney  
Kidney trouble, tube damage, stone in the kidney  
Nephritis, pyelonephritis  
Nephrotic syndrome  
Only one kidney, double kidney on right side  
Renal TB  
Uraemia

### **31 Urinary tract infection**

Cystitis, urine infection

### **32 Other bladder problems/incontinence**

Bed wetting, enuresis  
Bladder restriction  
Water trouble (nes)  
Weak bladder, bladder complaint (nes)

*Prostate trouble - code 33*

### **33 Reproductive system disorders**

Abscess on breast, mastitis, cracked nipple  
Damaged testicles  
Endometriosis  
Gynaecological problems  
Hysterectomy (nes)  
Impotence, infertility  
Menopause  
Pelvic inflammatory disease/PID (female)  
Period problems, flooding, pre-menstrual tension/syndrome  
Prolapse (nes) if female  
Prolapsed womb  
Prostrate gland trouble  
Turner's syndrome  
Vaginitis, vulvitis, dysmenorrhoea

## Musculo-skeletal - complaints of bones/joints/muscles

### **34 Arthritis/rheumatism/fibrositis**

Arthritis as result of broken limb  
Arthritis/rheumatism in any part of the body  
Gout (previously code 03)  
Osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica  
Polyarteritis Nodosa (previously code 21)  
Psoriasis arthritis (also code psoriasis)  
Rheumatic symptoms  
Still's disease

### **35 Back problems/slipped disc/spine/neck**

Back trouble, lower back problems, back ache  
Curvature of spine  
Damage, fracture or injury to back/spine/neck  
Disc trouble

Lumbago, inflammation of spinal joint  
Prolapsed intervertebral discs  
Schuermann's disease  
Spondylitis, spondylosis  
Worn discs in spine - affects legs

*Exclude if damage/injury to spine results in paralysis - code 08*

*Sciatica or trapped nerve in spine - code 08*

### **36 Other problems of bones/joints/muscles**

Absence or loss of limb eg. lost leg in war, finger amputated, born without arms  
Aching arm, stiff arm, sore arm muscle  
Bad shoulder, bad leg, collapsed knee cap, knee cap removed  
Brittle bones, osteoporosis  
Bursitis, housemaid's knee, tennis elbow  
Cartilage problems  
Chondrodystrophia  
Chondromalacia  
Cramp in hand  
Deformity of limbs eg. club foot, claw-hand, malformed jaw  
Delayed healing of bones or badly set fractures  
Deviated septum  
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger  
Disseminated lupus  
Dupuytren's contraction  
Fibromyalgia  
Flat feet, bunions,  
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose  
Frozen shoulder  
Hip infection, TB hip  
Hip replacement (nes)  
Legs won't go, difficulty in walking  
Marfan Syndrome  
Osteomyelitis  
Paget's disease  
Perthe's disease  
Physically handicapped (nes)  
Pierre Robin syndrome  
Schlatter's disease  
Sever's disease  
Stiff joints, joint pains, contraction of sinews, muscle wastage  
Strained leg muscles, pain in thigh muscles  
Systemic sclerosis, myotonia (nes)  
Tenosynovitis  
Torn muscle in leg, torn ligaments, tendonitis  
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)  
Weak legs, leg trouble, pain in legs

*Muscular dystrophy - code 08*

### **37 Infectious and parasitic disease**

AIDS, AIDS carrier, HIV positive (*previously code 03*)  
Athlete's foot, fungal infection of nail  
Brucellosis  
Glandular fever  
Malaria  
Pulmonary tuberculosis (TB)  
Ringworm  
Schistosomiasis  
Tetanus  
Thrush, candida  
Toxoplasmosis (nes)  
Tuberculosis of abdomen  
Typhoid fever  
Venereal diseases  
Viral hepatitis  
Whooping cough

*After effect of Poliomyelitis, meningitis, encephalitis - code to site/system*

*Ear/throat infections etc - code to site*

### **38 Disorders of blood and blood forming organs and immunity disorders**

Anaemia, pernicious anaemia  
Blood condition (nes), blood deficiency  
Haemophilia  
Idiopathic Thrombocytopenic Purpura (ITP)  
Immunodeficiencies  
Polycythaemia (blood thickening), blood too thick  
Purpura (nes)  
Removal of spleen  
Sarcoidosis (*previously code 37*)  
Sickle cell anaemia/disease  
Thalassaemia  
Thrombocythenia

*Leukaemia - code 01*

### **39 Skin complaints**

abscess in groin  
acne  
birth mark  
burned arm (nes)  
carbuncles, boils, warts, verruca  
cellulitis (nes)  
chilblains  
corns, calluses  
dermatitis  
Eczema  
epidermolysis, bulosa  
impetigo  
ingrown toenails  
pilonidal sinusitis  
Psoriasis, psoriasis arthritis (also code arthritis)  
skin allergies, leaf rash, angio-oedema  
skin rashes and irritations  
skin ulcer, ulcer on limb (nes)

*Rodent ulcer - code 01*  
*Varicose ulcer, varicose eczema - code 20*

**40 Other complaints**

adhesions  
dumb, no speech  
fainting  
hair falling out, alopecia  
insomnia  
no sense of smell  
nose bleeds  
sleepwalking  
travel sickness

*Deaf and dumb - code 11 only*

**41 Unclassifiable (no other codable complaint)**

after affects of meningitis (nes)  
allergy (nes), allergic reaction to some drugs (nes)  
electrical treatment on cheek (nes)  
embarrassing itch (nes)  
Forester's disease (nes)  
general infirmity  
generally run down (nes)  
glass in head - too near temple to be removed (nes)  
had meningitis - left me susceptible to other things (nes)  
internal bleeding (nes)  
ipinotalgia  
old age/weak with old age  
swollen glands (nes)  
tiredness (nes)  
war wound (nes), road accident injury (nes)  
weight loss (nes)

**42 Complaint no longer present**

*Only use this code if it is actually stated that the complaint no longer affects the informant.*

*Exclude if complaint kept under control by medication - code to site/system.*

## APPENDIX B - LONG STANDING ILLNESS CODING GLOSSARY - ALPHABETICAL

### CAPI variable: DisPrb

<b>A</b>		Bad chest (nes), weak chest - wheezy	25
Abscess in groin	39	Bad eyesight, restricted vision, partially sighted	9
Abscess on brain	8	Bad eyesight/nearly blind because of cataracts	9
Abscess on breast, mastitis, cracked nipple	33	Bad shoulder, bad leg, collapsed knee cap, knee cap removed	36
Abscess on larynx	25	Balance problems due to ear complaint	13
Absence or loss of limb eg. lost leg in war, finger amputated, born without arms	36	Beckwith - Wiedemann syndrome	3
Aching arm, stiff arm, sore arm muscle	36	Bed wetting, enuresis	32
Acne	39	Bell's palsy	8
Acoustic neuroma	1	Bipolar Affective Disorder	4
Addison's disease	3	birth mark	39
Adenoid problems, nasal polyps	25	blackouts	6
Adhesions	40	Bladder restriction	32
After affects of meningitis (nes)	41	Blind in one eye, loss of one eye	9
After effect of cancer (nes)	1	Blindness caused by diabetes	9
AIDS, AIDS carrier, HIV positive	37	Blocked arteries in leg	21
Alcoholism, recovered not cured alcoholic	4	Blood clots (nes)	21
All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast	1	Blood condition (nes), blood deficiency	38
Allergic rhinitis	24	Blurred vision	9
Allergy (nes)	41	Brain damage resulting from infection (eg. meningitis, encephalitis) or injury	8
allergy (nes), allergic reaction to some drugs (nes)	41	Breathlessness	25
Allergy to dust/cat fur	25	breathlessness as a result of anaemia	28
Alzheimer's disease	8	breathlessness due to angina	16
Alzheimer's disease, degenerative brain disease	8	breathlessness due to hole in heart	18
Anaemia, pernicious anaemia	38	Brittle bones, osteoporosis	36
Anorexia nervosa	4	Bronchial asthma, allergic asthma	23
Anxiety, panic attacks	4	Bronchial trouble, chest trouble (nes)	25
Aortic stenosis, aorta replacement	18	Bronchiectasis	22
Arterial thrombosis	21	Bronchitis/emphysema	22
Arteriosclerosis, hardening of arteries (nes)	21	Brucellosis	37
Arthritis as result of broken limb	34	Buphthalmos	10
Arthritis/rheumatism in any part of the body	34	burned arm (nes)	39
Arthritis/rheumatism/fibrositis	34	Bursitis, housemaid's knee, tennis elbow	36
Artificial arteries (nes)	21	Byssinosis	25
Asbestosis	25	<b>C</b>	
Asperger Syndrome	4	Cancers sited in any part of the body or system eg. Lung, breast, stomach	1
Asthma	23	carbuncles, boils, warts, verruca	39
Asthma - allergy to house dust/grass/cat fur	23	Cardiac asthma	18
Astigmatism	10	Cardiac diffusion	18
Athlete's foot, fungal infection of nail	37	Cardiac problems, heart trouble (nes)	18
Autism/Autistic	4	Carpal tunnel syndrome	8
		Cartilage problems	36
		Catalepsy	4
<b>B</b>		Cataract/poor eye sight/blindness	9
Back problems/slipped disc/spine/neck	35	Catarrh	25
Back trouble, lower back problems, back ache	35	cellulitis (nes)	39
		Cerebral palsy (spastic)	8

Cerebro - vascular accident	15	organs and immunity disorders	
Chest infections, get a lot of colds	25	Disorders of Eustachian tube	14
Chilblains	39	Disseminated lupus	36
Chondrodystrophia	36	Diverticulitis	28
Chondromalacia	36		
Chronic bronchitis	22	Dizziness, giddiness, balance problems (nes)	18
Chronic renal failure	30	Double vision	10
Churg-Strauss syndrome	25	Double/inguinal/diaphragm/hiatus/umbilical hernia	26
Cirrhosis of the liver, liver problems	27	Down's syndrome, Mongol	5
Cleft palate, hare lip	29	Drug addict	4
Coeliac disease	3	Dry eye syndrome, trouble with tear ducts, watery eyes	10
Colitis, colon trouble, ulcerative colitis	28	dumb, no speech	40
Colostomy (nes)	28	Dupuytren's contraction	36
Colostomy caused by cancer	1	Dyslexia	4
Colour blind	10		
Complaint no longer present	42	<b>E</b>	
Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)	28	Ear aches and discharges	14
Complaints of teeth/mouth/tongue	29	Ear infection	14
Concussion syndrome	4	Ear problem (wax)	14
Conductive/nerve/noise induced deafness	11	Ear trouble (nes)	14
corns, calluses	39	Eczema	39
Coronary thrombosis, myocardial infarction	16	electrical treatment on cheek (nes)	41
Coughing fits	25	embarrassing itch (nes)	41
Cramp in hand	36	Endometriosis	33
Crohn's disease	28	Enteritis	28
Croup	25	epidermolysis, bulosa	39
Curvature of spine	35	Epilepsy/fits/convulsions	6
Cushing's syndrome	3	Eye infection, conjunctivitis	10
Cyst on eye, cyst in kidney	1	Eyes are light sensitive	10
Cystic fibrosis	3		
Cystic fibrosis	3	<b>F</b>	
Cystitis, urine infection	31	Faecal incontinence/encopresis	28
		faintin	40
<b>D</b>		febrile convulsions	6
Damage, fracture or injury to back/spine/neck	35	Fibromyalgia	8
Damaged lung (nes), lost lower lobe of left lung	25	Fibromyalgia	36
Damaged testicles	33	Fibrosis of lung	25
Deaf and dumb	11	fit (nes)	6
Deaf mute/deaf and dumb	11	Flat feet, bunions,	36
Deformity of limbs eg. club foot, claw-hand, malformed jaw	36	Floater in eye	10
Degenerative brain disease	8	Food allergies	27
Delayed healing of bones or badly set fractures	36	Food allergy	27
Depression	4	Forester's disease (nes)	41
dermatitis	39	Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose	36
Detached/scarred retina	9	Frequent diarrhoea, constipation	28
Deviated septum	36	Friedreich's Ataxia	8
Diabetes	2	Frozen shoulder	36
Disc trouble	35	Furred up airways, collapsed lung	25
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger	36		
Disorders of blood and blood forming	38		

<b>G</b>			
Gastric/ duodenal/ peptic ulcer	26	Immunodeficiencies	38
General arthroma	1	Impacted wisdom tooth, gingivitis	29
general infirmity	41	impetigo	39
generally run down (nes)	41	Impotence, infertility	33
Gilbert's syndrome	3	Indigestion, heart burn, dyspepsia	27
Glandular fever	37	Industrial respiratory disease	25
glass in head - too near temple to be removed (nes)	41	Infectious and parasitic disease	37
Glaucoma	10	Inflamed duodenum	27
Glue ear	14	ingrown toenails	39
Gout	34	Injury to eye	10
Grand mal	6	Injury to spine resulting in paralysis	8
Grumbling appendix	28	insomnia	40
Guillain-Barre syndrome	8	Intermittent claudication	21
Gynaecological problems	33	internal bleeding (nes)	41
		ipinotalgia	41
		Iritis	10
		Irritable bowel, inflammation of bowel	28
		Ischaemic heart disease	18
<b>H</b>		<b>J</b>	
Haemophilia	38	Jacksonian fit	6
Haemorrhage behind eye	10		
Haemorrhage behind eye	10	<b>K</b>	
hair falling out, alopecia	40	Keratoconus	10
Hardening of arteries in heart	18	Kidney complaints	30
Hardening of lens	9	Kidney trouble, tube damage, stone in the kidney	30
Hayfever	24	<b>L</b>	
Heard of hearing, slightly deaf	11	Labryrinitis	13
Heart attack/angina	16	Legs won't go, difficulty in walking	36
Heart disease, heart complaint	18	Lennox-Gastaut syndrome	6
Heart failure	18	Lens implants in both eyes	9
Heart murmur, palpitations	18	Leukaemia (cancer of the blood)	1
Hemiplegia, apoplexy, cerebral embolism,	15	Liver disease, biliary artesia	27
Hereditary cancer	1	loss of balance - inner ear	13
Hernia (nes), rupture (nes)	26	Low blood pressure/hypertension	21
Hip infection, TB hip	36	Lumbago, inflammation of spinal joint	35
Hip replacement (nes)	36	Lung complaint (nes), lung problems (nes)	25
Hirschsprung's disease	28	Lung damage by viral pneumonia	25
Hodgkin's disease	1	Lymphoma	1
Hole in the heart	18	<b>M</b>	
Hormone deficiency, deficiency of growth hormone, dwarfism	3	Malacia	3
Horseshoe kidney, cystic kidney	30	Malaria	37
Huntington's chorea	8	Marfan Syndrome	36
Hydrocephalus, microcephaly, fluid on brain	8	Mastectomy (nes)	1
Hyperactive child	4	Mastoiditis	14
Hypercalcemia	3	Meniere's disease/ear complaints causing balance problems	13
Hyperglycaemia	2	Menopause	33
Hypersensitive to the cold	21	Mental handicap	5
Hypertension/high blood pressure/blood pressure (nes)	17	Mental illness/ anxiety/ depression/ nerves (nes)	4
Hypopotassaemia, lack of potassium	3	Mentally retarded, subnormal	5
Hysterectomy (nes)	33	Metachromatic leucodystrophy	8
Hysterectomy for cancer of womb	1		
<b>I</b>			
Idiopathic Thrombochopenic Purpura (ITP)	38		
Ileostomy	27		

Middle/inner ear problems	14	Perthe's disease	36
Migraine/headaches	7	Petit mal	6
Mitral stenosis	18	Phenylketonuria	3
Motor neurone disease	8	Phobias	4
Multiple Sclerosis (MS), disseminated sclerosis	8	Physically handicapped - spasticity of all limbs	8
Muscular dystrophy	8	Physically handicapped (nes)	36
Myalgic encephalomyelitis (ME)	8	Pierre Robin syndrome	36
Myasthenia gravis	8	Pigeon fancier's lung	25
Myotonic dystrophy	8		
Myxoedema (nes)	3	Piles/haemorrhoids incl. Varicose Veins in anus.	19
<b>N</b>		Pilonidal sinus	39
Nephritis, pyelonephritis	30	pilonidal sinusitis	39
Nephrotic syndrome	30	Pins and needles in arm	8
Nerves (nes)	4	Pituitary gland removed (cancer)	1
Nervous breakdown, neurasthenia, nervous trouble	4	Pneumoconiosis	25
Nervous stomach, acid stomach	27	Polyarteritis Nodosa	34
Neuralgia, neuritis	8	Polycythaemia (blood thickening), blood to thick	38
Neurofibromatosis	1	Polyp on bowel	28
Night blindness	10	Poor circulation	21
No sense of smell	40	Poor hearing after mastoid operation	11
No sense of taste	29	Poor hearing/deafness	11
nose bleeds	40	Post viral syndrome (ME)	8
Numbness/loss of feeling in fingers, hand, leg etc	8	Prolapse (nes) if female	33
<b>O</b>		Prolapsed intervertebral discs	35
Obesity/overweight	3	Prolapsed womb	33
old age/weak with old age	41	Prostrate gland trouble	33
Only one kidney, double kidney on right side	30	Psoriasis arthritis (also code psoriasis)	34
Operation for cataracts, now need glasses	9	Psoriasis, psoriasis arthritis (also code arthritis)	39
Osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica	34	Pulmonary embolism	21
Osteomyelitis	36	Pulmonary tuberculosis (TB)	37
Otitis media - glue ear	14	Pulsing in the ear	12
Otosclerosis	11	Purpura (nes)	38
Overactive thyroid and swelling in neck	3	<b>R</b>	
<b>P</b>		Raynaud's disease	21
Pacemaker	18	Recurrent pleurisy	25
Paget's disease	36	Removal of nerve in arm	8
Pains in chest (nes)	18	Removal of spleen	38
Pancreas problems	27	Renal TB	30
Paralysis of vocal cords	25	Reproductive system disorders	33
Paraplegia (paralysis of lower limbs)	8	Restless legs	8
Parkinson's disease (paralysis agitans)	8	Retinitis pigmentosa	10
Part of intestines removed (cancer)	1	Rheumatic symptoms	34
Partially paralysed (nes)	8	Rhinitis (nes)	25
Pelvic inflammatory disease/PID (female)	33	Rickets	3
Perforated ear drum (nes)	14	Ringworm	37
Pericarditis	18	Rodent ulcers	1
Period problems, flooding, pre-menstrual tension/syndrome	33	<b>S</b>	
		Sarcoidosis	38
		Sarcomas, carcinomas	1
		Scarred cornea, corneal ulcers	10

Schistosomiasis	37	Throat trouble (nes), throat irritation	25
Schizophrenia, manic depressive	4	Thrombocythenia	38
Schlatter's disease	36	Thrombosis (nes)	21
Schuermann's disease	35	Thrush, candida	37
Sciatica	8	Thyroid trouble and tiredness	3
Sciatica or trapped nerve in spine	8	Tinnitus/noises in the ear	12
Senile dementia, forgetfulness, gets confused	4	Tired heart	18
Sever's disease	36	tiredness (nes)	41
Shingles	8	Tonsillitis	25
Short sighted, long sighted, myopia	9	Too much cholesterol in blood	3
Sick sinus syndrome	18	Torn muscle in leg, torn ligaments, tendonitis	36
Sickle cell anaemia/disease	38	Toxoplasmosis (nes)	37
Sinus trouble, sinusitis	25	Trapped nerve	8
skin allergies, leaf rash, angio-oedema	39	travel sickness	40
Skin allergy	39	Trigeminal neuralgia	8
Skin cancer, bone cancer	1	Trouble with eyes (nes), eyes not good (nes)	9
Skin complaints	39	Tuberculosis of abdomen	37
skin rashes and irritations	39	Tunnel vision	9
skin ulcer, ulcer on limb (nes)	39	Turner's syndrome	33
sleepwalking	40	Typhoid fever	37
Sore throat, pharyngitis	25		
Spastic colon	28	<b>U</b>	
Speech impediment, stammer	4	Ulcer (nes)	26
Spina bifida	8	Ulcer on lung, fluid on lung	25
Spondylitis, spondylosis	35	Ulcers on tongue, mouth ulcers	29
Squint, lazy eye	10	Unclassifiable (no other codable complaint)	41
St Vitus dance	18	Underactive/overactive thyroid, goitre	3
Stiff joints, joint pains, contraction of sinews, muscle wastage	36	Uraemia	30
Still's disease	34	Urinary tract infection	31
Stomach trouble (nes), abdominal trouble (nes)	27	<b>V</b>	
Stomach ulcer/ulcer (nes)/abdominal hernia/rupture	26	Vaginitis, vulvitis, dysmenorrhoea	33
Stone in gallbladder, gallbladder problems	27	Valvular heart disease	18
Strained leg muscles, pain in thigh muscles	36	Varicose veins in Oesophagus	21
Stress	4	Varicose veins/phlebitis in lower extremities	20
Stroke victim - partially paralysed and speech difficulty	15	Various ulcers, varicose eczema	20
Stroke/cerebral haemorrhage/cerebral thrombosis	15	Venereal diseases	37
Sty on eye	10	Vertigo	13
swollen glands (nes)	41	Viral hepatitis	37
Swollen legs and feet	21	<b>W</b>	
Syringomyelia	8	Walk with limp as a result of polio, polio (nes), after affects of polio (nes)	36
Systemic sclerosis, myotonia (nes)	36	war wound (nes), road accident injury (nes)	41
		Water trouble (nes)	32
<b>T</b>		Water/fluid retention	3
Tachycardia, sick sinus syndrome	18	Weak bladder, bladder complaint (nes)	32
TB (pulmonary tuberculosis)	37	Weak heart because of rheumatic fever	18
Telangiectasia (nes)	21	Weak legs, leg trouble, pain in legs	36
Tenosynovitis	36	Weakness in intestines	27
Tetanus	37	weight loss (nes)	41
Thalassaemia	38	Whooping cough	37
Throat infection	25	Whooping cough	37
Throat trouble - difficulty in swallowing	27	Wilms tumour	1
		Wilson's disease	3

Wolff - Parkinson - White syndrome	18	Wright's syndrome	21
Worn discs in spine - affects legs	35		

## APPENDIX C - ILLNESS/HEALTH PROBLEMS CODING GLOSSARY

*CAPI variable: HthPrb*

### ORIGINAL CODES

#### 1 Colds, coughs or fevers

*Examples*

Blocked nose due to cold  
Breathing problems due to a cold  
Cold  
Cold/blocked nose.  
Colds and coughs  
Cold and fever  
Common colds  
Head colds  
Chesty cough  
Severe cough

#### 2 Chest Infections

*Examples*

Abcess on her lung  
Bronchiolitis (sp bronchitilitious, bronchialetis, bronchylitis, bronchilens, bronchileols)  
Bronchitis (sp broncoites, bronchitis, broncheitis, bronchitis)  
Chest infection(s)  
Chronic lung disease (sp chrinical)  
Pneumonia  
Rsv (breathing problems)

#### 3 Ear Infections

*Omit suspected ear infection, deafness, failed hearing test*

*Examples*

Burst eardrum  
Congestion of ear drum  
Eardrum inflamed  
Ear infection  
Hearing infection  
Perforated eardrum  
Running ear

#### 4 Feeding Problems

*Examples*

Bringing up milk after and in-between feeds  
Dehydrating - not feeding from breast  
Digestive problems  
Doesn't drink milk or other liquid  
Not eating  
Not taking bottle  
Problems with formula milk  
Sick when taking bottle  
Problems regarding breast feeding

Slow digestive system  
Stomach problem  
Stomach upsets

#### 5 Sleeping Problems

*Examples*

Constant screaming  
Rigid movements in sleep  
Sleep apoea (sp apnia)  
Wouldn't wake up

#### 6 Wheezing or asthma

Any mention

#### 7 Skin Problems

*Examples*

Blood blister/blisters on body  
Cradle cap  
Dry skin on her face  
Erythema - meltaforma  
Fever and skin rash  
Folliculitis  
Meningitis type rash  
Rash-bad/generalised/heat/nappy/teething/allergic  
Ringworm  
Scabies  
Sore bottom  
Spot on his bottom surgically removed  
Sunburn  
Virus - causing severe rash

#### 8 Sight or Eye problems

*Examples*

Blocked tear duct  
Eye problems  
Eye turning  
Lazy eye  
Lump in corner of eye  
Slightly turned in eye

#### 9 Failure to gain weight or grow

*Examples*

Failure to thrive  
Losing weight  
Low weight

Not gaining weight  
Slow head growth  
Slow weight gain

**10 Persistent or severe vomiting**

*Omit vomiting and diarrhoea =20*

*Examples*

Dehydration from vomiting  
Intermittent vomiting  
Projectile vomiting

**11 Persistent or severe diarrhoea**

*Omit diarrhoea and vomiting =20*

*Examples*

Dehydration from diarrhoea  
Going to loo a lot  
Moderate diarrhea

**12 Fits or convulsions**

*Examples*

He had a few convulsions  
Possible fit  
Shaking

**13 Chicken pox**

*Omit suspected*

Any mention

**14 Urinary Tract Infection**

*Examples*

Cystitis  
Kidney inflammation  
Kidney infection  
Kidney problem-infection  
Pyelitis  
Urine infection  
Water infection

**15 Other severe infection**

*Examples*

Abscess on spine  
Blood infection  
Breast abscess and cellulitis  
Cyclomegalo virus  
Encephalitis  
Gastro enteritis  
German measles  
Glandula fever  
Herpes virus  
Meningitis  
Meningoccal septicaemia  
Mumps  
Perianal abscess  
Pneumoccal septicaemia (sp pneumococcai)  
Scarlet fever  
Strep infection

**16 Other mild infection**

*Examples*

Abscesses on anus  
Boil on bottom  
Bowel infection  
Conjunctivitis  
Eye infection  
Fifth disease (sp fiths)  
Fistula  
Foot and mouth  
Foot infection  
Granuloma on umbilical cord  
Impetigo  
Infected belly button  
Infected finger nail  
Ingrown toenail  
Little white ulcers all around baby's mouth  
Mastitis  
Mild rubella  
Mouth Ulcer  
Paronychia  
Rotavirus  
Septic finger  
Stomach infection  
Stomach virus  
Suspected german measles  
Suspected meningitis  
Umbilical cord infection  
Unbilical granuloma  
Weeping navel

**17 Constipation or bleeding from bowel**

*Examples*

Anal fissure (sp fissa)  
Bleeding in his stools  
Bleeding around her bottom known as fissure (sp fishers)  
Bowel problem  
Constipation  
Inter-fucetion  
Rectal bleeding  
Trouble going to toilet

**18 Reaction to Immunisation**

*Examples*

Reaction to injection

**19 Infection of nose or throat, croup or flu**

*Examples*

Blocked nose and chest  
Blocked sinus

Croup  
Flu  
Influenza  
Large ulcer at the back of throat  
Laryngitis  
Nasal blockage  
Nose and throat infection  
Sore throat  
Strep throat  
Stuffy nose  
Throat infection  
Throat problems  
Tonsillitis (sp tonsolitis)

### NEW CODES

#### **22 High temperature/acute viral infection unspecified**

##### *Examples*

Fever – high temperature  
Fever from viral infection  
Flu type virus with very high temperature  
High fever  
High temperature  
High temperature diagnosed as a virus.  
Hot-viral infection  
Persistent high fever-pyrexia  
Viral infection unspecified  
Viral 24 hour fever  
Viral problem – rash  
Viral problem of stomach  
Virus with feverish symptoms

#### **23 Measles or whooping cough**

*Omit suspected*

Any mention

#### **24 Thrush**

##### *Examples*

Thrush  
Oral thrush  
Thrush on penis

#### **25 Breathing problems**

##### *Examples*

Apnoea (sp apnia)  
Choking  
Could not get her breath  
Forgot to breathe  
Respiratory problem  
Stopped breathing  
Turned blue

#### **26 Eczema**

##### *Examples*

Any mention

#### **27 Other allergy, except wheezing, asthma or eczema**

##### *Examples*

Allergy  
Allergic to sticking plaster  
Food allergies  
Hay fever  
Lactose intolerance  
Milk allergy  
Suspected food allergy  
Soap powder allergy

#### **28 Colic**

##### *Examples*

Any mention  
Constant crying

#### **29 Jaundice**

*Omit slight and mild*

Any mention

#### **30 Hernia**

*Omit hiatus hernia*

Examples  
Any mention  
Protruding belly button  
Mention of hernia

#### **31 Reflux or other vomiting**

##### *Examples*

Gastric reflux  
Hiatus hernia  
Oesophageal reflux  
Reflux

### CONGENITAL ABNORMALITIES

#### **32 Congenital heart disease, definite**

##### *Examples*

Aortic arch hypoplasia  
Cardio myopathy  
Congenital heart disease  
Co-actylation  
Hole in the heart  
PDA – a valve in heart which doesn't close  
Pulmonary artery stenosis  
Pulmonary hypertension  
Small hole in heart  
Tetralogy fallots (sp trachology)  
Valve not opened enough  
Ventricular septum defect  
Very small hole in heart

#### **33 Congenital heart disease, not yet definite**

##### *Examples*

cvt heart problem

Extra blood vessel in the heart  
Heart murmur (sp murmer, murmor,  
mermour, mumor, mummar)  
Heart condition when born  
Heart problem (not further specified)  
Suspected heart murmur  
Suspected heart problems

**34 Congenital dislocation of hip,  
definite**

*Examples*

Congenital dislocation of hip/hips (CDH)  
Congenital hypoplasia  
Dislocated hip/hips

**35 Congenital dislocation of hip, not yet  
definite**

*Examples*

Abnormal hip scan  
Clicking hip  
CDH (Clicky hips ) problem  
Dislocatable hip  
Hip displacement noted by health visitor  
Hip joint - the socket is too shallow  
Hip stiffness which is checked periodically  
Immature hip joint  
Sticky hips  
Stiff left hip

**36 Clubfoot (Talipes equinovarus),  
definite**

*Examples*

Bilateral or unilateral talipes (sp talopese,  
talibeize)  
Club foot  
Feet turned in  
Inturned foot (strapped)  
Talipes feet pointing inwards

**37 Clubfoot (Talipes equinovarus), not  
yet definite**

*Examples*

Bent foot in womb  
Foot bent quite far out  
Foot problem  
Foot twisted  
Foot turning outward  
Feet were turned out  
Leg was bent  
Positional talipes (sp telepeese)  
Posterior talipes (sp talipse)  
Slightly clubfoot  
Slightly deformed foot when born  
Talipes calcaneovalgus

**38 Specified skeletal abnormalities  
(bone, skull, spine, limb or other  
skeletal)**

*Examples*

Abnormality in head shape  
Achondroplasia  
Aperts syndrome  
Bone in head fused early  
Born with extra finger(s)/extra toe(s)/extra  
digit(s)  
Born with no left arm below elbow,  
Brittle bones  
"Bylateral kefler hymatomer syndrome"  
Contracted middle two fingers  
Craniosynostosis - fused bones in the skull  
Deformity of side of head  
Double thumb  
Hammer toe  
Lipoma on bottom of back, bladder affected  
Metopic suture closed (early)  
Nasal bridge not developed  
No arm below elbow  
Problems with cranial development, his head  
is too large  
Sagittal synostosis (sp sagital simostosis)  
Scoliosis of spine  
Severe damage due to ambiotic bands  
Small head/microcephaly  
"Syndrome klippeltrenauney"  
Plagiocephaly - misalignment of head and  
torso  
Poly-dactyl  
Two joined toes  
Very large head

**39 Urogenital abnormalities**

*Examples*

Blocked bladder  
Cystic kidney  
Duplex kidney  
Dysplastic kidney  
"Echobright kidney"  
Fuid around the testicle (= hydrocele)  
Hydrocele (sp hydrosill/hydroceal)  
Hypospadias (sp hypospadious, hyperspacers,  
hyospadius)  
Kidney problem/dilation  
Only one kidney  
Reflux kidney/ureter/bladder  
Swollen testicles (hydrocele)  
Ureterocoele  
Urethral opening blocked  
Vesicoureteric reflux

**40 Gastrointestinal abnormalities**

*Examples*

Abnormal hole near anus (sp annus)

Anal transposition  
Bowel was outside  
Colon removal at birth  
Diaphragmatic hernia  
Diaphragmatic eventration  
Exomphalos  
Gastroschisis  
Hirschsprungs  
Malrotation  
Pyloric stenosis  
Rectoperineal fistula with no anal opening  
Salivary cyst  
Tracheo-oesophageal (fistula)  
Twisted bowel

#### **41 Harelip/cleft palette**

##### *Examples*

cleft lip /cleft palate  
cleft lip and gum

#### **42 Skin Abnormalities**

*Omit Mongolian birthmark*

##### *Examples*

Abnormal blood vessel under skin  
Birth mark  
Birthmark on throat  
Haemangioma  
Naevus on forehead (sp naevus)  
Raised blood vessels  
Strawberry mark  
Very large mole/mole

#### **43 Chromosomal or genetic abnormalities**

##### *Examples*

Amhydrotic ectodermal dysplasia  
Cline felter syndrome  
Cromosome 49 xxxxy  
Cystic fibrosis (sp frobosis)  
Di/george syndrone 22Q11.2  
Downs Syndrome  
Phenyl ketonuria  
Sickle cell trait  
Spherocytosis  
Turner syndrome

#### **44 Brain, central nervous, spinal cord or special sense abnormalities**

##### *Examples*

Born deaf  
Cataract  
Cataracts on both eyes  
Dandy Walker variant of developmental brain malformation  
Decompression of spinal cord caused by a piece of bone  
Defect in right eye – coloboma  
Ear lobe not connected properly

Ear not properly developed  
Left ear, weak hearing  
Micophthalmia  
Mark on the iris of eye  
Neurofibromatosis  
Profound deafness

#### **45 Other congenital abnormalities, major**

##### *Examples*

Breathing problems due to having part of one lung missing  
Congenital hypothyroidism  
Gangliosidosis (type 1)  
Hemangiomas round liver  
Hypo-glycaemia  
Hypo-adrenalism  
“Inherited arginino succiniy acidia”  
Laryngotracheal malacia  
Maple syrup urine disease  
Thyroid problem  
Tumour on lung

#### **46 Other congenital abnormalities, minor**

##### *Examples*

Congenital stridor  
Finger tags  
Floppy epiglottis (sp epiglautis)  
Floppy larynx  
Hole at back of spine  
Left ear low  
Skin tag on his left ear  
Testicle undescended/not dropped/problem/only one/(sp undescended)  
Toes were split on two toes

## APPENDIX D - QUALIFICATIONS

*Additional instructions for back-coding*

*CAPI variable: OthQu*

**1. University/CNAA (Council for National Academic Awards) first/undergraduate degree diploma**

*Examples*

BSc/Bachelor of Science/BSc Honours (except Nursing)  
BA/Bachelor of Arts/ BA Honours  
Undergraduate degree  
Honours degree  
Ordinary degree  
BAEcon/Bachelor of Arts in Economics  
BEng/Bachelor of Engineering  
BDS/Dentistry  
LLB/Law  
MBCHB/Medicine  
Community education degree  
MPharm/Pharmacy  
DipSW/Diploma in Social Work  
CQSW/Certificate of Qualification in Social Work

**2. Postgraduate degree**

*Examples*

MSc/Master of Science  
MA/Master of Arts  
PhD/Doctorate  
LLM/Law Masters  
MPhil/Master of Philosophy  
DipLaw/Diploma in Legal Practice  
PgDip/Postgraduate Diploma  
PGC/Postgraduate certificate (NOT TEACHING)  
Postgraduate certificate in Sports Podiatry

**3. Teacher training qualification**

*Examples*

PGCE/PGDE - Postgraduate Certificate/Diploma in Education  
BEd/Bachelor of Education  
BTechEd/Technological Education

**NEW CODES:**

**25. Professional qualification (employment related)**

*Examples*

ACCA/Accountancy Qualification  
Chartered Accountant  
NEBBS/National Examinations Board for Supervisory Studies

ILM/Institute of Leadership Management  
MIFE/Member of Institute of Fire Engineers  
Institute of Foresters  
Banking Certificate/Banking Exams

**26. IT certificate/qualification (other than in those listed above)**

*Examples*

Computer certification don't know details  
Various computer related certificates

**27. Aviation certificate/Pilot's licence**

*Examples*

Civil aviation exams  
Airline pilot licences

**28. Other employment related qualification**

*Examples*

NNEB/National Nurse Exam Board  
CACHE/Council for Awards in Children's Care and Education  
Arts Foundation Degree  
Manpower course in Joinery  
Welding and X-Raying Pipework

**APPENDIX E - Ethnic Group**  
*Additional instructions for back-coding*

*CAPI variable: EthOth, PrEtOth*

**ORIGINAL CODES:**

**3. Any other white background (Please describe)**

*Examples*

Irish

English

Welsh

American

Mixed European White

European

Any constituent European nationality i.e. French, German etc. and any combination of these i.e. "English/Italian"

**7. Any other Asian background (Please describe)**

*Examples*

Mixed Asian

## **APPENDIX F - Religion**

*Additional instructions for back-coding*

*CAPI variable: ReligOth, PrRelOt*

### **ORIGINAL CODES:**

**4. Church of England/Anglican/  
Episcopal/ Church in Wales**

Also include:  
Church in Wales  
Church of Ireland

Varieties of Presbyterian to be coded under the various "Presbyterian" codes;

**7. Free Presbyterian**

Also include:  
Free Church (but not 'United Free Church')

**8. Methodist, including Wesleyan**

Also include:  
Independent Methodist  
Wesleyan Reform

**10. United Reformed Church (URC)/  
Congregational**

Also include:  
United Free Church  
Congregational

**11. Other Protestant**

Other Protestant should include members of any church that separated from the Catholic Church in the sixteenth century, or any church,

chapel or group that separated from a church that itself separated from the Catholic Church in the 16th century. In practice, this means any Western Christian church that is not Catholic.

Also included would be people who say "Protestant", but do not name any specific church or denomination.

*Examples:*

Apostolic Church  
Church of Christ  
Church of God  
Church of Nazarene  
Church of Sweden  
Christadelphians  
Christian Scientist

Community Christian Fellowship  
Covenanter  
Dutch Reform Church  
Elim  
English Church Mission  
Evangelical; Evangelical Christian  
German Evangelist  
House Church Movement  
Independent Chapel  
'Interdenominational'  
Jehovah's Witness  
Lutheran  
Moravian  
Mormon (Latter Day Saints)  
New Jerusalem Church  
New Testament Church  
'Non-conformist'  
Pentecostal  
Salvation Army  
Seventh Day Adventist  
Society of Friends/Quakers  
Unitarian

**12. Other Christian**

'Other Christian' should include any of the ORTHODOX churches - that is churches which developed separately from the Catholic Church, or split from it before the 16th century, and are either the Eastern or Greek branches of Christianity.

*Examples:*

Christian Orthodox  
Greek Orthodox  
Russian Orthodox  
Serbian Orthodox

**18. Other non-Christian**

Other non-Christian can include other clearly non-Christian religions.

*Examples:*

Baha'i

Believer in God, but not Christian

Church of God of Prophecy

Hare Krishna

Humanist

Pagan

Satanist

Spirit worship

Spiritualist

Wicca, or white witchcraft