



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

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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:

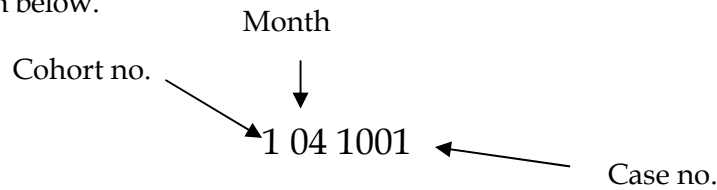
- Nov 2005/May 2006: Sweep 1 newsletter providing an update on the progress of the study and news about sweep 2. Also included a 'change of address' reply-postcard
- Jan 2007: Sweep 1 Results mailing comprising 4-page leaflet with findings from sweep 1 and some other news about the study. A copy of this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

2.1 Serial Numbers

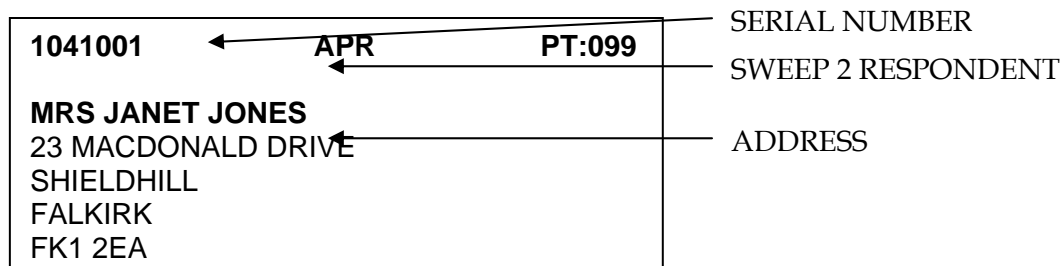
The serial number for the household in which the cohort member lives has seven digits. An example is shown below.



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.

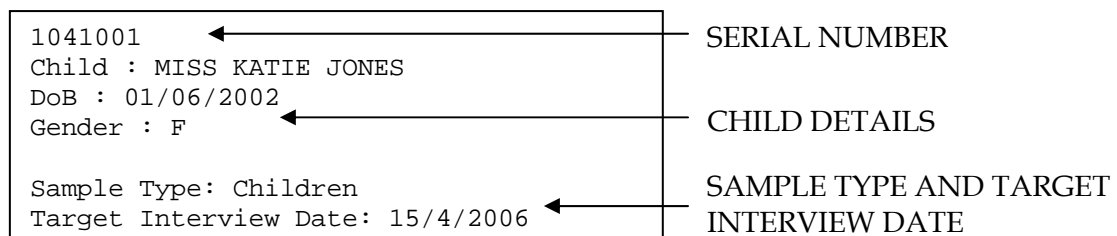
2.3 Examples of ARF labels

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 contact¹. 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.

¹ 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 1st June 2004 will reach 34.5 months old on 14th April 2007. The fieldwork window for this child therefore will run from 1st April 2007 until the 28th April 2007.

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

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

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 2704². 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
- Via email: 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.

² 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 respondent's relationship to the sample child 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 not 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 red sticker (the enter key).</p> <p>Please ask the interviewer if you want any help. Now press 1 and THEN the key with the red sticker 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.

The Scottish Centre for Social Research
73 Lothian Road
Edinburgh
EH3 9AW

Call our FREEPHONE number: 0800 652 2704
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.

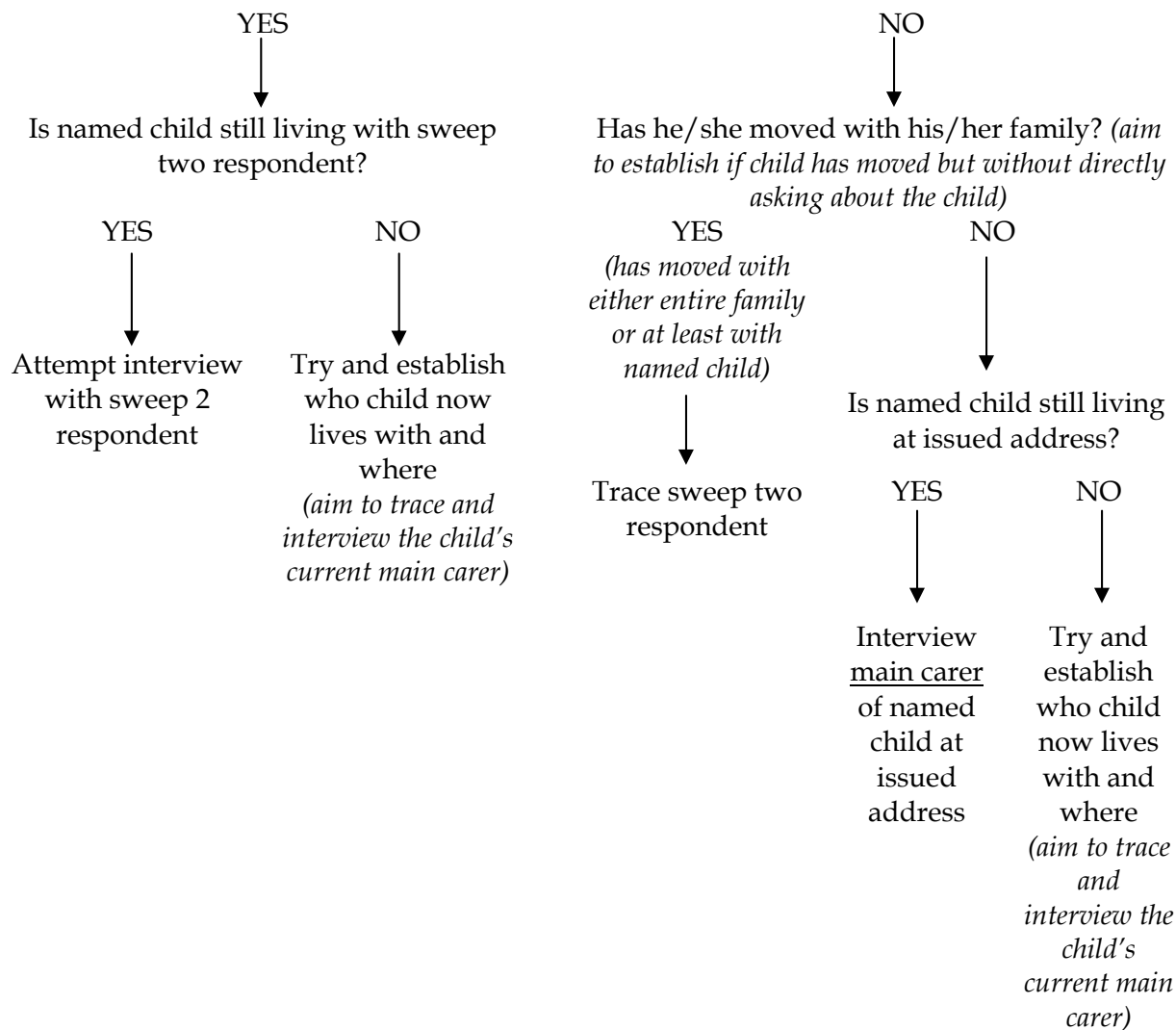
The Scottish Centre for Social Research team are:

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: XHp bh2

“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

A		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	C	
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		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	E	
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	F	
Cystitis, urine infection	31	Faecal incontinence/encopresis	28
		faintin	40
D		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		

G			
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
H		J	
Haemophilia	38	Jacksonian fit	6
Haemorrhage behind eye	10		
Haemorrhage behind eye	10	K	
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	L	
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	M	
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		
I			
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
N		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
O		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	R	
P		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	S	
		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	U	
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	V	
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	W	
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
T		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-actlation
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"
Fluid 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)
Ureterocele
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