Scottish Centre *for* Social Research

# Growing Up In Scotland Sweep 4 – 2008/09

## *Interviewer and Coder Instructions*

Interviewer instructions

Coder instructions

Scottish Centre *for* Social Research

GUS

Growing Up in Scotland

# GROWING UP IN SCOTLAND STUDY

## SWEEP 4 – 2008/2009

## PROJECT INSTRUCTIONS

**P7024/7025**

# 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 Government (formerly 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 Government'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 - the younger children** (babies at sweep 1 and Toddlers at Sweep 2 and 3) **are now known as the 'Birth cohort' and the older children** (toddlers at sweep 1 and Children at sweeps 2 and 3) **are now the 'Child cohort'**. Interviews have generally been with mothers at previous sweeps, and this is also likely to be the case at sweep 4. As you may remember, 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 4. This allows us to monitor significant changes in the lives of our groups of children. However, the sweep 4 questionnaire also sees the reintroduction of a range of topics from sweeps 1 and 2– parenting styles, activities- as well as new questions on existing topics such as primary school, parental supervision and protectiveness, and perceptions of their child's height and weight.

As at Sweep 2, height and weight measurements will be taken, although this time measurements will be taken of children in <u>both</u> cohorts.

The respondents you will be visiting were involved in sweeps 1 to 3. However, not all of them necessarily completed an interview at sweep 2 or 3.

## 1.2 Overview of procedures

In summary, the study involves the following procedures:

i) attempting to make contact with the sweep 3 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) taking height and weight measurements for both cohorts
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 sweeps 2 and 3 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 4. 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 46.5 months (or almost 4 years) old at the time of interview and the older children will be around 70.5 months (or almost 6 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. The success of the study is heavily reliant on the accuracy of the information in our sample database and we keep in regular contact with the sample members to ensure their contact details are as accurate as possible.

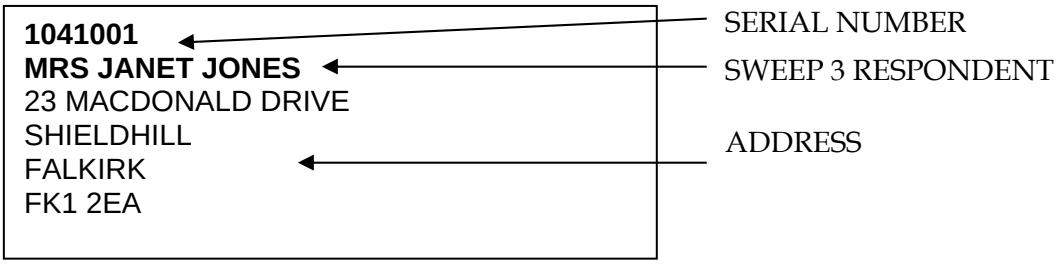
Before the sweep 4 survey, families were sent a pre-notification mailing. After the interview, families who take part are sent a thank-you letter. In addition, we keep in touch with families between sweeps of the study by sending feedback mailings. In February 2008, a Sweep 2 Results mailing was sent out to all families comprising 4-page leaflet with findings from sweep 2 and some other news about the study. A copy of this leaflet is provided in your briefing packs. All families are also sent a Christmas card.

In each of these mailings we encourage participants to inform us of any change to their address (including proposed house moves). Where letters are undelivered, we have a specialist tracer in the Edinburgh office who is responsible for finding families who move before the case is issued to field. 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.

Many interviewers write useful information about re-contacting the family, such as proposed house moves or address corrections, on the ARF. Please be reminded that we now operate the **ONE-WAY ARF** on GUS. This means that ARFs are **not** reviewed by the team when they are returned to Brentwood. You must therefore ensure that any information related to recontacting the family **MUST BE RECORDED IN THE ADMIN SECTION ON CAPI.**

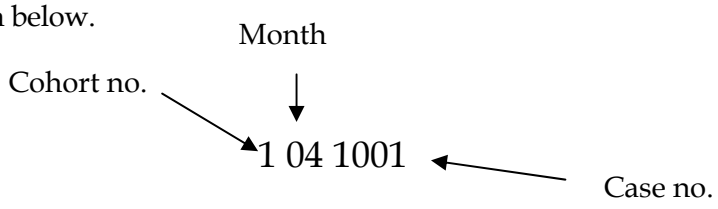
## 2.3 Examples of ARF labels

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



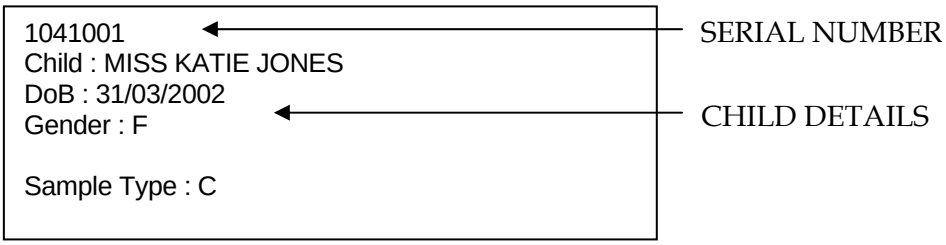

The serial number will be at the top of the label and the name and address of the sweep 3 respondent will follow. **This should be the person whom you ask to speak to in the first instance.**

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 in the birth cohort or child cohort, because they are all part of the first group of cohorts 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.

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 in the Birth cohort- formerly a toddler (T) - or in the Child cohort (C). <u>This is very important as it determines your route through the questionnaire</u>.




## 2.4 ARF Instructions

**Pages 1 and 2**

On the first two pages of the ARF 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 3 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 and answer D4. 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 at least the first four 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 4. Where they do not want to remove themselves completely and are happy to be approached at sweep 5, please use codes 510 (illness) or 520 (away) if appropriate, or use code **525 - "Swp3 resp't/ main carer refused for sweep 4 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 previous sweeps then all **new** or **amended** details should be recorded at F1. There is also 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 GUS and the One-Way ARF

Maintaining accurate contact details for GUS respondents is key to the current and future success of the study. As you'll have seen from section 2.2 above, we have a number of procedures in place to maintain these details as accurately as possible. However, we know that some of the most important information about re-contacting families comes from the interview, and this information is often recorded on the ARF.

Up until now, ARFs have been reviewed by the Purple Team on return to the office, and any relevant information is transferred to the Sample Database. However, with the introduction of the One-Way ARF this will no longer be the case. We would remind you therefore that **ALL RELEVANT INFORMATION RECORDED ON THE ARF SHOULD ULTIMATELY BE TRANSFERRED TO CAPI BEFORE THE ARF IS RETURNED.**

The Admin section of the CAPI questionnaire allows you to make adjustments to the respondent's name, address and other contact details, change the stable contact details, record the family's intention to move house and, in these cases, insert the address to which they will be moving. There is also a general open question (*ASAAdInf*) which allows you to add any other relevant information. Please use these facilities as appropriate.

**NOTE THAT RESPONDENT PERSONAL INFORMATION MUST NOT BE RECORDED AT 'MENUNOTE'.**

## 2.6 Information Sheet

Each of your ARFs will have an 'information sheet' attached to the back. An example of the information sheet is included in your briefing pack. The purpose of this sheet is to provide you with some additional information about the respondent which may assist you in either establishing initial contact or with tracing. This includes details of the respondent's phone number, the name, address and phone number of their stable contact, and specific details about their sweep 3 interview.[1] 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.

If we know that a respondent has moved and we have been unable to trace the respondent, the information sheet will indicate that tracing is required.

**Note again that any changes to the respondent's details should ultimately be recorded in the CAPI admin block**.

[1] Note that these items are only displayed if the respondent disclosed them at a previous interview

# 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 46.5 or 70.5 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 46.5 months old on 14th April 2008. The fieldwork window for this child therefore will run from 1st April 2008 until the 28th April 2008.

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 | 1st June – 30th June 2004 | 1st June – 30th June 2002 | 1st April/ 28th May 2008 |
| Wave 2 | 1st July – 31st July 2004 | 1st July – 31st July 2002 | 1st May/28th June 2008 |
| Wave 3 | 1st Aug – 31st Aug 2004 | 1st Aug – 31st Aug 2002 | 1st June/28th July 2008 |
| Wave 4 | 1st Sept – 30th Sept 2004 | 1st Sept – 30th Sept 2002 | 1st July/28th Aug 2008 |
| Wave 5 | 1st Oct – 31st Oct 2004 | 1st Oct – 31st Oct 2002 | 1st Aug/28th Sept 2008 |
| Wave 6 | 1st Nov – 30th Nov 2004 | 1st Nov – 30th Nov 2002 | 1st Sept/28th Oct 2008 |
| Wave 7 | 1st Dec – 31st Dec 2004 | 1st Dec – 31st Dec 2002 | 1st Oct/28th Nov 2008 |
| Wave 8 | 1st Jan – 31st Jan 2005 | 1st Jan – 31st Jan 2003 | 1st Nov/28th Dec 2008 |
| Wave 9 | 1st Feb – 28th Feb 2005 | 1st Feb – 28th Feb 2003 | 1st Dec 2005/28th Jan 2009 |
| Wave 10 | 1st Mar – 31st Mar 2005 | 1st Mar – 31st Mar 2003 | 1st Jan/28th Feb 2009 |
| Wave 11 | 1st Apr - 30th April 2005 | 1st Apr - 30th Apr 2003 | 1st Feb/31st Mar 2009 |
| Wave 12 | 1st May - 31st May 2005 | 1st May - 31st May 2003 | 1st Mar/30th Apr 2009 |

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 a previous sweep. 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
- Data linkage consent and information forms
- 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
- Copies of the GUS glossy information leaflets (these were sent with the advance letters)
- GUS 'Helplines' leaflet to leave with respondent as necessary
- Leaflets about the *Scottish Centre for Social Research*
- GUS gift for children

You will receive the following additional materials at the briefing:

- Project instructions
- Showcards
- Height and weight measurement equipment:
  - Scales
  - Stadiometer

## 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 four 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 previous 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 3. 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. We are aware that some of you will be making return visits to families who you have already interviewed for GUS at previous sweeps and with whom you have established a helpful informal relationship. We also understand that in many of these cases respondents have expressed a preference for initial contact to be made by telephone rather than in person.

The default procedure on GUS is that **your initial contact at each address should be in person**. However, there are a number of exceptions to this. These are:

- Where you conducted an interview with the family at sweep 3
- Where the address is particularly remote or rural, or
- Where repeat doorstep calling at the address has been unsuccessful.

Note that if you wish to make initial contact by telephone for either the second or third reason, you must first of all discuss this with your team leader.

## 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 3, we aimed to interview the respondent from sweep 2 and it was this person who was interviewed in the majority of cases.

For sweep four, we are aiming to interview the same person interviewed at sweep 3 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 sweeps 2 and 3, this is most 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 3 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 3 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 3. 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 3, 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

NatCen has a standard policy on disclosure of harm. For details and who to contact in case of emergency please see Appendix D.

### 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 GIFTS

We have organised the production of a GUS gift which will be given to cohort children as a 'thank you' for their contribution. The gift also has various contact details for the study printed on it to encourage people to contact us if their contact details change. Please remember to leave a gift 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 4 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 3 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 4 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 3 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 Incomplete addresses

Our address information was confirmed with the respondent at sweep 3 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.

## 4.6 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 3 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 the household questionnaire and main respondent interviews 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 measurements, 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 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 measurements (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.

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 Government (formerly 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 fourth year of the study and that they may remember taking part last year or in previous years.

## 5.4 Answering questions about the study

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

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

If cohort members have any queries either at your initial face to face visit or during your interview that you are not able to answer, ask them to call the study team at NatCen on Freephone 0800 652 2704[2]. 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<br>Scottish Centre for Social Research<br>73 Lothian Road<br>Edinburgh, EH3 9AW
- Via the study website: www.growingupinscotland.org.uk

[2] However, calls to this number from mobile phones will incur a charge.

- Via email: gus@scotcen.org.uk

**"How long will the survey take?"**

The Birth cohort interview and child cohort 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 supervisior in our Operations Department, Elaine James on the Freephone number shown on the letters.

## 5.5 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 height and weight measurements with children, they 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 measurements can be conducted immediately 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
- Parental Support
- Parenting styles and activities
- Transition to Pre-school (Birth cohort only
- Transition to Primary school (Child cohort only)
- Childcare
- Child health and development
- Activities with others
- Self-completion section (respondent health, child development, perceptions of child's height and weight)
- Work, employment and income
- Accommodation and transport
- Height and Weight measurements
- Follow-up, stable contact and concluding section

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

We would welcome any comments you have on problematic questions.

Different ages, different questions

For sweep 4 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 birth cohort children are asked the transition to pre-school questions, but are not asked about the transition to primary school because their children are too young.

# 7 HEIGHT AND WEIGHT MEASUREMENTS

The relationship between general build and health is of great interest to the Scottish Government, especially in relation to children. This is particularly so, as both the height and the weight of the population appear to have been changing very rapidly over the last two decades. These changes reflect the changes in the children's diet and lifestyle. This survey will provide a reliable source of data on the changes that are taking place in all of these areas.

You are asked to measure the height and weight of all children in **both cohorts**. However, in some cases it may not be possible or appropriate to do so. Do not force a child to be measured if it is clear that the child is unwilling or that the measurement will be far from reliable but whenever you think a reasonable measurement can be taken, do so. You are asked to record the reliability of your measurement at *RelHiteB and RelWaitB*.

Read the preamble at the question called *Intro*. If further explanation is required, say that although many people know their child's height and weight, these measurements are not usually up to date or are not known with the precision required for the survey. The reason for wanting to know accurate heights and weights is in order to relate them to other health measures. Explain that it will only take a very short time to do and that no one will be asked to undress - other than remove shoes and socks. The respondent can have a record of their child's height and weight measurements but if they would prefer not to have them written down, then this is okay.

For the weight measurements, there is an option to weigh the child whilst being held by an adult. In this case, you weigh the adult on his/her own first and then the adult and the child. You should enter both weights, and the computer will calculate the child's weight.

If the respondent is not willing to allow the sample child to have his/her height or weight measured, for example saying that they are too busy or already know their measurements, code as **Refused** at *RespHts/RespWts* and code the reason for refusal at *ResNHi* or *ResNWt*. DON'T use the 'Not attempted' code for these cases.

It is strongly preferable to measure height and weight on a floor which is level and not carpeted. If all the household is carpeted, choose a floor with the thinnest and hardest carpet (usually the kitchen or bathroom).

Detailed protocols of how to take height and weight measurements are appended to these instructions. It is **vital** that you learn to administer these protocols properly and systematically. If you have any problems in either administering the protocols or with the equipment, contact your Supervisor or Area Manager immediately.

If the height or weight is refused or not attempted, the respondent is asked to estimate their child's height or weight. You are given a choice of whether to enter their estimate in metric or imperial measurements.

**RelHite and RelWaitB**

You are asked here to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide, if you think the measurement is likely to be more than 2 cms (3/4 inch) from the true figure for height or 1 kg (2 lbs) from the true figure for weight, code as unreliable.

# 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 check that the final productive outcome code generated by the CAPI programme is the same as the ARF and that the unproductive code manually entered is the correct one. 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. Any changes must be entered into the CAPI programme so we have the most upto date information for recontacting the respondent. This important information could be lost and result in the loss of this respondent from the sample.

## 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.

Please send signed consent forms in a separate envelope to your ARFs, ensuring that all forms are completed with the relevant serial number and check letter written into the boxes provided on the form. It is important that the serial numbers are completed on the consent forms as these are logged in at Brentwood and without this information we will be unable to tie them into the relevant data.

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 690069 |
| Megan Hodges | Tel: 01277 690135 |

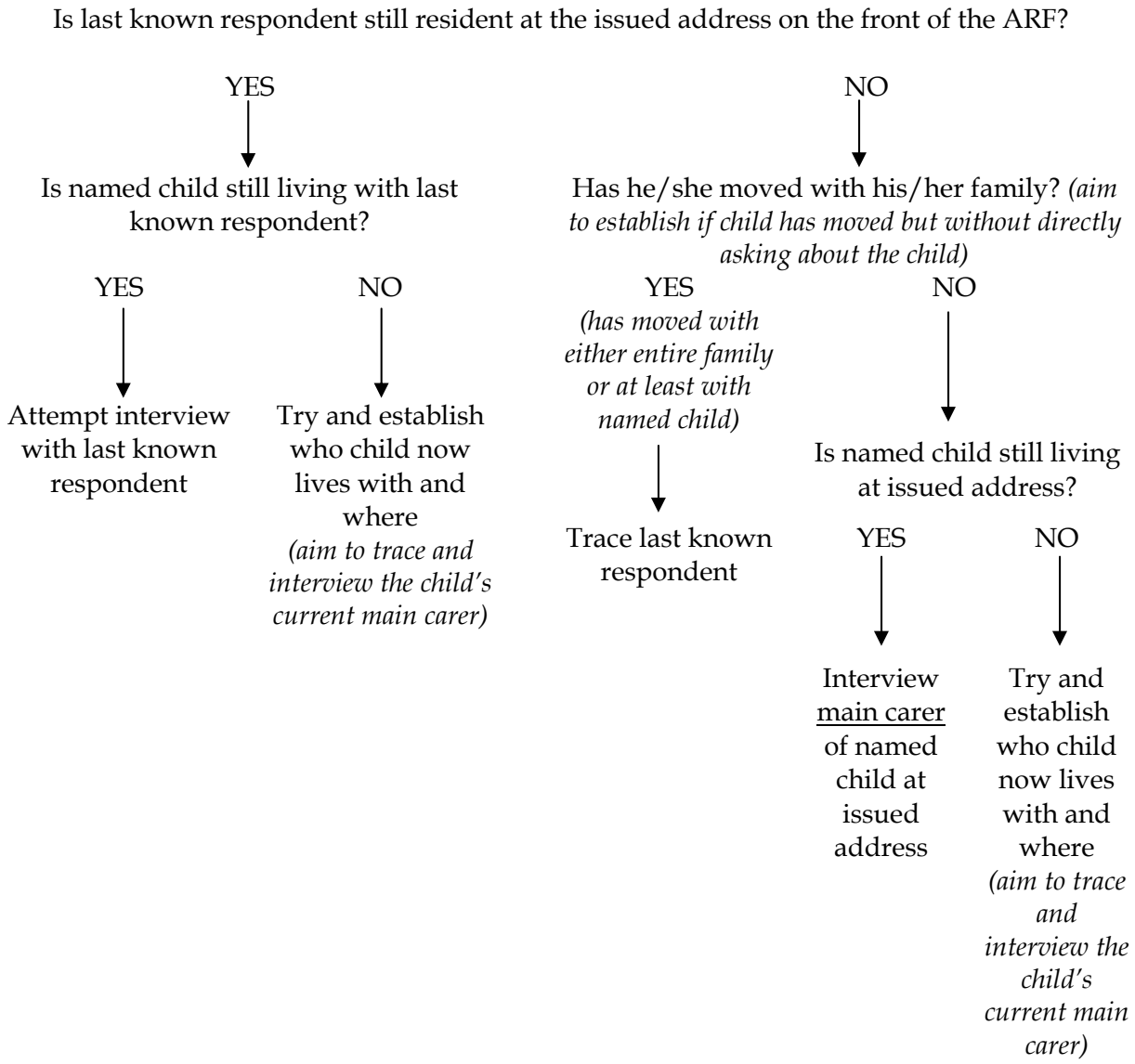
Contact Elaine or Megan about field problems, sample or tracing queries.

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



# Appendix B: PROTOCOL FOR TAKING HEIGHT MEASUREMENT

## A. THE EQUIPMENT

You are provided with a portable stadiometer. It is a collapsible device with a sliding head plate, a base plate and three connecting rods marked with a measuring scale.

Please take great care of this equipment. It is delicate and expensive. Particular care needs to be paid when assembling and dismantling the stadiometer and when carrying or repacking it in the box provided.

- Do not bend the head or base plate
- Do not bend the rods
- Do not drop it and be careful not to knock the corners of the rods or base plate pin
- Assemble and dismantle the stadiometer slowly and carefully

The stadiometer will be sent to you in a special cardboard box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier. Inside the box with the stadiometer is a special bag that you should use for carrying the stadiometer around when you are out on assignment.

If you have any problems with your stadiometer, report these to Brentwood immediately. Do not attempt measurements with a stadiometer that is broken or damaged.

### The rods

There are three rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. (If you are not familiar with the metric system note that there are ten millimetres in a centimetre and that one hundred centimetres make a metre). The rods are made of aluminium and you must avoid putting any kind of pressure on them which could cause them to bend. Be very careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

### The base plate

Be careful not damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

Protruding from the base plate is a pin onto which you attach the rods in order to assemble the stadiometer. Damage to the corners of this pin may mean that the rods do not stand at the correct angle to the base plate when the stadiometer is assembled and the measurements could be affected.

### The head plate

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by

the cuff whenever you are moving the headplate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

**Assembling the stadiometer**
You will receive your stadiometer with the three rods banded together and the head plate attached to the pin so that the blade lies flat against on the base plate. Do not remove the head plate from this pin.

Note that the pin on the base plate and the rods are numbered to guide you through the stages of assembly. (There is also a number engraved onto the side of the rods, this is the serial number of the stadiometer). The stages are as follows:

1. Lie the base plate flat on the floor area where you are to conduct the measurements.

2. Take the rod marked number 2. Making sure the yellow measuring scale is on the right hand side of the rod as look at the stadiometer face on, place rod 2 onto the base plate pin. It should fit snugly without you having to use force.

3. Take the rod marked number 3. Again make sure that the yellow measuring scale connects with the scale on rod 2 and that the numbers run on from one another. (If they do not check that you have the correct rod). Put this rod onto rod number 2 in the same way you put rod 2 onto the base plate pin.

4. Take the remaining rod and put it onto rod 3.

**Dismantling the stadiometer**

Follow these rules:-

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate

2. Remove one rod at a time

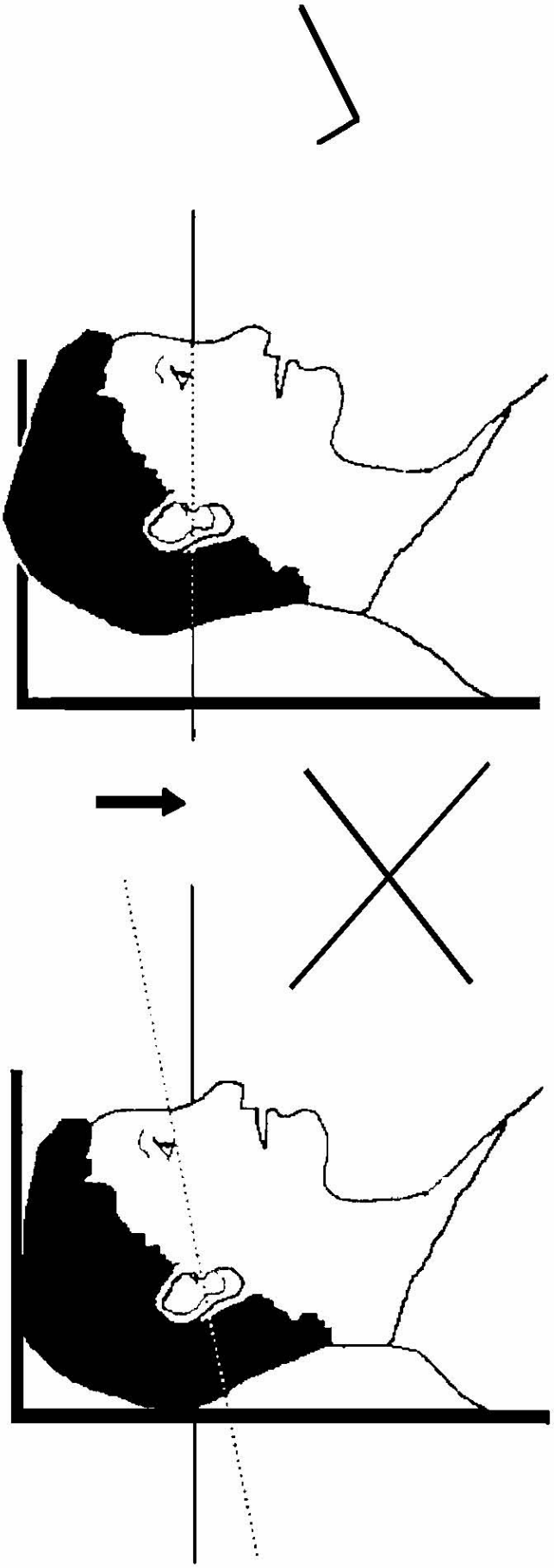
## C. THE PROTOCOL - CHILDREN

The protocol for measuring children differs slightly to that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement.

Children's bodies are much more elastic than those of adults. Unlike adults they will need your help in order to stretch to their fullest height. This is done by stretching them. This is essential in order to get an accurate measurement. It causes no pain and simply helps support the child while they stretch to their tallest height.

Before undertaking the measurements and stretching the child, you must fully explain the procedures to the respondent and ensure that they are comfortable with them. If you feel the respondent is uncomfortable, then instruct them to carry out the stretch.

## FRANKFORT PLANE



It is important that you practice these measurement techniques on any young children among your family or friends. The more practice you get before going into the field the better your technique will be.

1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement. It is so that you can make sure that children don't lift their heels off of the base plate or scrunch up their toes. (See 3 below).

2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.

3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.

4. Place the measuring arm just above the child's head.

5. Move the child's head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

6. Cup the child's head in your hands, placing the heels of your palms either side of the chin. Your fingers should come to rest just under the ears (See diagram).

7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.

8. Ask the household member who is helping you to lower the headplate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.

9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.

10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question “Height.” At the question “MbookHt” you will be asked to check the child's height. At that point the computer will display the recorded height in both centimetres and in feet and inches.

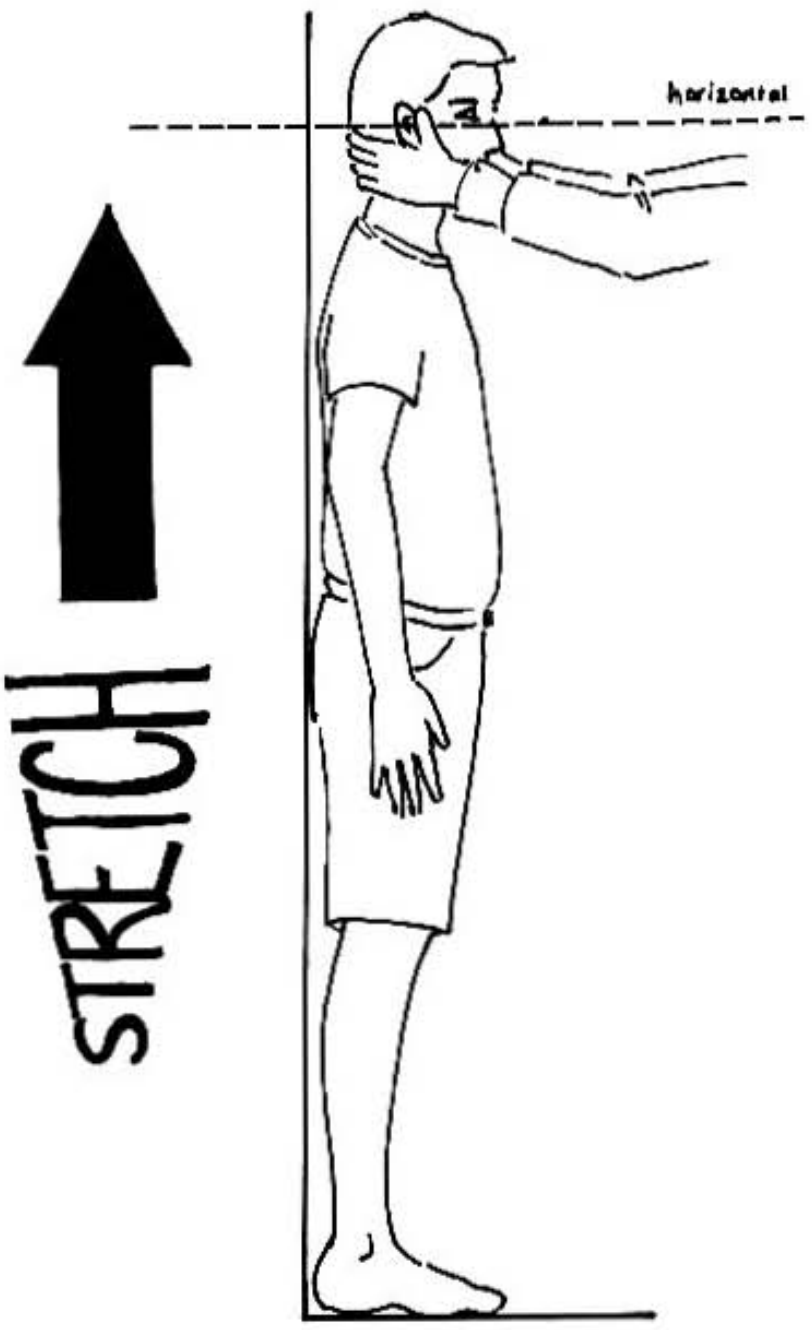
## D. HEIGHT REFUSED, NOT ATTEMPTED OR ATTEMPTED BUT NOT OBTAINED

At *HtResp* you are asked to code whether the measurement was taken, refused, attempted but not obtained or not attempted. If for any reason you cannot get a height measurement, enter the appropriate code at this question and you will automatically be routed to the relevant follow up questions (*ResNHi* and *NoHitM*) which will allow you to say why no measurement was obtained.

## E. ADDITIONAL POINTS - ALL RESPONDENTS

1. If the child cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.

2. If the respondent has a hair style which stands well above the top of their head, bring the headplate down until it touches the hair. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head, and think that this will lead to an unreliable measure, record this at question *RelHite*. If it is a hairstyle that can be altered, e.g. a bun, if possible ask the respondent to change/undo it.


horizontal
STRETCH

# Appendix C: PROTOCOL FOR TAKING WEIGHT MEASUREMENTS

## A. THE EQUIPMENT

There are several different types of scales used on GUS. They differ in the type of power supply they use, where the weight is displayed and the way the scales are turned on. Before starting any interviewing check which scales you have been given and that you know how they operate. The most common types are:

*SOEHNLE SCALES*

- These scales display the weight in a window on the scales.
- The Soehnle scales are turned on by pressing the top of the scale (e.g. with your foot). There is no switch to turn the scales off, they turn off automatically.
- The scales take 1 x 9v rectangular MN1604 6LR61 batteries.

*SECA 850*

- These scales display the weight in a window on the scales.
- The Seca 850 is switched on by pressing the top of the scales (e.g. with your foot). There is no switch to turn the scales off, they turn off automatically.
- The scales take 4 x 1.5v AA batteries/1 x 9v rectangular MN1604 6LR61.

*SECA 870*

- These scales display the weight in a window on the scales.
- The Seca 870 is switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. **NB** You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit.
- The scales have a fixed battery which cannot be removed.

*TANITA THD-305*

- These scales display the weight in a window on the scales.
- The Tanita is switched on by pressing the button on the bottom right hand corner of the scales. The scales will automatically switch off after a few seconds.
- The scales take 4 x 1.5v AA batteries.

**When you are sending them through the post please make sure you remove the battery to stop the scales turning themselves on.**
**(This does not apply to the Seca 870 scales)**

*BATTERIES (SOEHNLE, SECA 850 AND TANITA)*

It should not be necessary to have to replace the batteries, but always ensure that you have some spare batteries with you in case this happens. If you need to change the battery, please buy one and claim for it. The batteries used are commonly available.

The battery compartment is on the bottom of the scales. When you receive your scales you will need to reconnect the battery. Before going out to work, reconnect the battery and check that the scales work. If they do not, check that the battery is connected properly and try new batteries. If they do still not work, report the fault to your Area Manager or directly to John Lightfoot at Brentwood.

The reading is only in metric units, but as for height, the computer provides a conversion. If the respondent would like to know their weight in stones and pounds you will be able to tell them when the computer has done the calculation. You also have a conversion chart on the back of the coding booklet.

**WARNING**

The scales have an inbuilt memory which stores the weight for 10 minutes. If during this time you weigh another object that differs in weight by less than 500 grams (about 1lb), the stored weight will be displayed and not the weight that is being measured. This means that if you weigh someone else during this time, you could be given the wrong reading for the second person.

So if you get an identical reading for a second person, make sure that the memory has been cleared. Clear the memory from the last reading by weighing an object that is more than 500 grams lighter (i.e. a pile of books, your briefcase or even the stadiometer). You will then get the correct weight when you weigh the second respondent.

You will only need to clear the memory in this way if:

a) You have to have a second or subsequent attempt at measuring the same child

If you have any problems with your scales, report these to Brentwood immediately. Do not attempt measurements with scales that are broken or damaged.

## B. WEIGHING CHILDREN

You must get the co-operation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be co-operative themselves if an adult known to them is involved in the procedure.

Children wearing nappies should be wearing a dry disposable. If the nappy is wet, please ask the parent to change it for a dry one and explain that the wetness of the nappy will affect the weight measurement.

In most cases it will be possible to measure children's weight following the protocol set out for adults. However, if accurate readings are to be obtained, it is very important that respondents stand still. Ask the child to stand perfectly still - “Be a statue.” For very young children who are unable to stand unaided or small children who find this difficult you will

need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:-

a) Code as "Weight obtained (child held by adult)" at *RespWts*

b) Weigh the adult as normal following the protocol as set out above. Enter this weight into the computer at *WtAdult*.

c) Weigh the adult and child together and enter this into the computer at *WtChAd*.

The computer will then calculate the weight of the child and you will be asked to check that you have recorded the weight onto the child's Measurement Record Card at *MBookWt*. Again the computer will give the weight in both kilos and in stones and pounds.

**C. THE PROTOCOL**

1. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the *National Centre* at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.

2. Ask the child to remove shoes, heavy outer garments such as jackets and cardigans.

3. If necessary, turn the scales on again. Wait for a display of 0.0 before the respondent stands on the scales.

4. Ask the child to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

   The posture of the child is important. If they stand to one side, look down, or do not otherwise have their weight evenly spread, it can affect the reading.

5. The scales will take a short while to stabilise and will read 'C' until they have done so. (The Seca 870 displays alternate flashing lines in the display window. With the Tanita scales the weight will flash on and off when stabilised). If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory.

6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question *Weight* before the respondent steps off the scales. At question *MBookWt* you will be asked to check child's weight. At that point the computer will display the measured weight in both kilos and in stones and pounds.

## WEIGHT REFUSED, NOT ATTEMPTED OR ATTEMPTED BUT NOT OBTAINED

At *RespWts* you are asked to code whether the measurement was taken, refused, attempted but not obtained or not attempted. If for any reason you cannot get a height measurement, enter the appropriate code at this question and you will automatically be routed to the relevant follow up questions (*ResNWt* and *NoWaitM*) which will allow you to say why no measurement was obtained.

# Appendix D: DISCLOSURE OF HARM: Guidance for NatCen's fieldworkers

Maintaining the confidentiality of respondent data is central to NatCen's work. Those who collect our data[3] are required to work in accordance with the confidentiality requirements of the Data Protection Act 2000. Our researchers are obligated to follow the ethical guidelines of the Social Research Association which make clear commitments to respondents on data confidentiality. Survey nurses are obliged to act in accordance with clauses 5.3 and 5.4 of *The NMC code of professional conduct: standards for conduct performance and ethics* (Nursing and Midwifery Council-2004)

In rare instances, you may encounter a situation during a field visit where you feel that the safety and wellbeing of an individual could be at risk[4]; or you may have concerns about illegal activity which could harm the public. As a result you may feel that information about an individual or individuals should be passed on, for example to social services or to the police.

## What to do

- ***We request that*** you only take action on your own initiative when there is a clear and immediate need to protect an individual by calling the emergency services (ambulance, fire service, police).

- ***In other cases we ask that*** you don't attempt to deal with the situation yourself. If a respondent volunteers information about the issue you should listen and respond appropriately but not probe or get drawn into lengthy discussions, in case they receive the incorrect impression that you have a professional responsibility to take decisions or act on their behalf. Do not volunteer information about disclosing, and if asked directly we suggest you explain that you need to discuss the issue with someone senior at NatCen.

- ***As soon as possible after leaving the household,*** you should make brief notes of the situation, and report your concerns (see overleaf).

- ***If respondents ask for help,*** please encourage <u>them</u> to seek help, rather than offering to do this yourself. You can provide them with any project leaflet containing helpline telephone numbers. Please say that you will pass their request to someone at NatCen.

There is a process in place for senior staff who are experienced in such matters to carefully consider appropriate action (see overleaf).

## Special projects

Some special NatCen projects involve respondents who are particularly vulnerable, or who may be more likely to give information about illegal activity. For these projects additional guidance will be provided and you will need to familiarise yourself with this.

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[3] Freelance interviewers, survey nurses and staff members carrying out qualitative or quantitative fieldwork

[4] Examples include physical or psychological abuse, restriction of freedom, or neglect, unsafe or unsanitary conditions, lack of adequate supervision or support

## Whom to contact – Operations dept

**During office hours** Freelance survey interviewers and nurses should phone Mary Holmden, Operations Standards Co-ordinator in Brentwood on 01277 690110.

**Out of Office hours** call the Field Special Assistance Line on 07894 587660

If you wish to discuss the situation informally before reporting to Brentwood, contact your Area Manager or Deputy during office hours.

## What we will need to know

- Your name, ID and a contact telephone number
- What you observed or heard, and why you are concerned
- Whether an individual requested disclosure / non-disclosure
- Whether an individual indicated that they have sources of help / support (eg. GP, health visitor, social worker, family members) who are aware of their problems
- Your thoughts on what should be done next and why
- Your views on what could happen as a result of disclosure or non-disclosure.

We'll need this verbally at first, but you will be asked to provide details later in writing.
Personal details should be kept to a minimum in any written report, ie. refer to a serial number and forenames only, not a full name and address.

## What happens next?

NatCen staff will immediately review the situation, and will either decide on what actions to take, or will rapidly refer the incident to the NatCen Disclosure Board for guidance and a final decision. The Board is chaired by the Chief Executive.

We will tell you the decision and the reasons for it, and will offer you appropriate support.

This guidance aims to protect the interests of all parties: you, the respondent, and NatCen. By asking you to refer your concerns to us for consultation, NatCen thereby takes responsibility for any decision about disclosure. If you choose not to follow these guidelines, and disclose personal information about a respondent to individuals or organisations outside NatCen, you should be aware of the potentially serious consequences. This could include NatCen withdrawing work held by you, and not offering you further assignments of fieldwork.

Scottish Centre *for* Social Research
*Incorporating Scottish Health Feedback*

**P7024 (PURPLE TEAM)**

# GROWING UP IN SCOTLAND SURVEY 2008/9

# CAPI

## Coder Instructions

Version 1

**MAY 2008**

# Introduction

The Growing Up in Scotland study is a major cohort study funded by the Scottish Government (formerly the Scottish executive). Like other cohort studies – such as the Millennium Cohort Study or the 1970 Birth Cohort Study – it is following two groups 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 Government'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 was commissioned to conduct the first four years of fieldwork for the study. The data you will be working on is being collected in the fourth 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 the first three sweeps, and it is expected that at sweep four in most cases the mother will again be the main respondent. Although there is no partner interview this year and no cognitive assessments, sweep four sees the reintroduction of height and weight measurements, which were previously collected for the older children 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.

# 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.

## CODE FRAME 1

**Serv1O** (In Q.Parenting block)
Edit question: XSrv1O

"INTERVIEWER: PLEASE TYPE IN OTHER EDUCATION OR SUPPORT SERVICE?"
**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**ORIGINAL CODES:**

01 Local doctor/GP
02 Health visitor
03 Practice nurse
04 Social worker
05 Psychologist (including Educational Psychologist)
06 Other health professional (e.g. physiotherapist, consultant)
07 Other education or support service (please specify)
08 Not been in contact with any professionals in the last year

**NEW CODES:**

09 School nurse

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

*Note- some answers may need back coding. In particular, some people seem to have written in a specific health professional not covered in the set codes which should go into 'Other health professional'.*

## CODE FRAME 2

**Prscwhy2** (In Q.Preschool block)
Edit question: XPrscwhy2

*If MdPRwy10= 'Something else'*
**Prscwhy2**
What other reasons were there why you chose to enrol ^childname^ at this particular provider?
INTERVIEWER: PLEASE TYPE IN ANSWER
Text: OPEN

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**BACKCODE INTO ORIGINAL ANSWERS**

**ORIGINAL CODES:**

01 Child was already at this provider for childcare
02 To secure a place in the school of my choice
03 Local Education Authority/School policy/admission arrangements
04 Provides better quality of education than other providers
05 Provides better quality of staff than other providers
06 Offers better facilities than other providers
07 My child's friends were also going to this provider
08 Other children in the family go to the same school
09 It is nearer home/in a convenient location
10 Something else (Please say what)
11 It was the only place/provider available

**NEW CODES:**

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

Where possible backcode 'other' answers (10) to the appropriate code from the frame above (1-11). Otherwise assign one of the 'other' codes (94-96) as appropriate.

## CODE FRAME 3

**McPSst02** (In Q.Prischool block)
Edit question: XMcPSst3

*If McPSst02 = 'Other'*
McPSst03
Why has ^Childname^ not started primary one?
INTERVIEWER: PLEASE TYPE IN

**Question Type: Other specify**

**ORIGINAL CODES:**

| | |
|---|---|
| 01 | I have chosen not to send him/her |
| 02 | Home schooled |
| 03 | Not old enough |
| 04 | In hospital |
| 05 | Not able to due to health problem/disability |
| 06 | Other reason (specify) |

**NEW CODES:**

| | |
|---|---|
| 07 | I couldn't get a place at the school I wanted |
| 08 | He/she has additional support needs |
| 09 | I didn't think he/she was ready to start school |
| 10 | I thought he/she was too young |
| 11 | He/she has problems with his/her speech or language development |
| 12 | Starting shortly |
| 13 | Nursery advised deferring entry |
| 14 | School advised deferring entry |
| 15 | Someone else advised deferring entry |
| 16 | I didn't want him/her to be in same year as sibling |
| 94 | Other specific |
| 95 | Vague or irrelevant |
| 96 | Editor can't deal with |

*This is going to need some back coding as well as coding into the new codes. You'll notice that this question and the next question now have the same codes (although in a different order due to this being an 'other specify' question- apologies! This is because some people gave reasons for deferring in the first question instead of just saying they'd deferred (chosen not to send child) in the first and giving the reason for deferring in the second.*

*'Starts next week' or 'Starts in August' should both be coded as '12. Starting shortly'.*

*Note the difference between codes 3 and 10: Code 10 'I thought he/she was too young' should cover issues of maturity and anything not related to the literal age of the child, where as code 8 'Not old enough' is where this is literally stated as the case.*

## CODE FRAME 4

**McPSst04** (In Q.Prischool block)
Edit question: XMcPSst4

*If parent had chosen not to send child to school*
McPSst04
Which of the reasons on this card best describes why you chose not to send ^childname^ to primary school?

**Question Type: Other specify**

**ORIGINAL CODES:**

| | |
|---|---|
| 01 | I couldn't get a place at the school I wanted |
| 02 | He/she has additional support needs |
| 03 | I didn't think he/she was ready to start school |
| 04 | I thought he/she was too young |
| 05 | Something else (please say what) |

**NEW CODES:**

| | |
|---|---|
| 06 | I have chosen not to send him/her (non-specific) |
| 07 | Home schooled |
| 08 | Not old enough |
| 09 | In hospital |
| 10 | Not able to due to health problem/disability |
| 11 | He/she has problems with his/her speech or language development |
| 12 | Starting shortly |
| 13 | Nursery advised deferring entry |
| 14 | School advised deferring entry |
| 15 | Someone else advised deferring entry |
| 16 | I didn't want him/her to be in same year as sibling |
| 94 | Other specific |
| 95 | Vague or irrelevant |
| 96 | Editor can't deal with |

*See notes for codeframe 3. Code 6 'I have chosen not to send him/her (non-specific)' should only be used where parents have given that precise response. Where a parent wrote 'I chose not to send him because I felt he has problems with his speech', the reason for not sending the child should be coded, i.e. 11.' He/she has problems with his/her speech or language development'.*

*Note the difference between codes 4 and 8: Code 4 'I thought he/she was too young' should cover issues of maturity and anything not related to the literal age of the child, where as code 8 'Not old enough' is where this is literally stated as the case.*

**CODE FRAME 5**

**McPSao01** (In Q.Parenting block)
Edit question: XMcPSao1

*If child had been upset or reluctant*
McPSao01
Why was ^childname^ upset or reluctant to go to school?
INTERVIEWER: PLEASE TYPE IN

**Question Type: Open**

**NEW CODES:**

| | |
|---|---|
| 01 | Child didn't want to leave parent or was missing parent |
| 02 | Child was tired |
| 03 | Child found school boring |
| 04 | Child was scared or nervous |
| 05 | Problems with other children, including bullying |
| 06 | Getting used to a new routine |
| 07 | Adjustment/change/trouble settling |
| 08 | Laziness |
| 09 | Just didn't want to go or wanted to stay at home |
| 10 | Child didn't like school |
| 11 | Child was pretending to be ill |
| 12 | Child was ill or had an accident |
| 13 | Child felt lonely, didn't know anyone or was missing friends |
| 14 | Child was disciplined or told off at school |
| 94 | Other specific |
| 95 | Vague or irrelevant |
| 96 | Editor can't deal with |

*Open question so all new codes. '06. Getting used to new routine' should include any mention of problems getting up in the morning. Note the distinction between codes 11 and 12- respondent saying child was ill and child pretending to be ill- the distinction is fairly obvious in the sweep 3 examples.*
*Code 14 includes 'teacher gave child a row' (I think this may be a Scottishism!).*

**CODE FRAME 6**

**MdPSpt09** (In Q.PriSch block)
Edit question: XMdPSpd9

*If parent had spoken to teachers at the child's school*
**MdPSpt09**
And what did you speak to ^childname's^ teachers about?
INTERVIEWER: TYPE IN ANSWER

**Question Type: Open**

**NEW CODES:**

01 Progress in general
02 Additional support needs
03 Settling in and making friends
04 Child's behaviour
05 Problems with other children including bullying
06 Homework

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

*Again an open question so all new codes. Code 01 should include any mention of child's progress including 'how his reading was progressing' and 'I just wanted to see how she was getting on'.*

## CODE FRAME 7

**MdNsch02** (In Q.Prischool block)
Edit question: XMdNsch2

*If non-resident parent had not had any contact with the school*
**MdNsch02**
Why has ^childname's ^ father not had any contact with the school?

**Question Type: Other specify**

**ORIGINAL CODES:**

| | |
|---|---|
| 01 | There hasn't been an opportunity |
| 02 | I have asked the school not to contact him/her |
| 03 | The child's father/mother is not interested/does not want to be contacted |
| 04 | Other reason (please say what) |

**NEW CODES:**

| | |
|---|---|
| 05 | The child's non-resident parent does not live nearby |
| 94 | Other specific |
| 95 | Vague or irrelevant |
| 96 | Editor can't deal with |

*Most things are going to go into the new code here '05. The child's non-resident parent does not live nearby'- this will include 'He lives in Aberdeen' for example. Although we don't know where the respondent lives for each answer we can safely assume that means they don't live nearby!*

## CODE FRAME 8

**DisPrb** (In Q.Develop block)
Edit question: XDPrbX

**DisProb**
"What is the illness or disability?"

**Question Type: Open**

**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 9

**HthPrbX** (In Q.Develop block)
Edit question: XHPrbX

> **HthPrbX**
> Using this card, can you tell me if ^childname^ has had any health problems or illnesses since we last saw you in ^month_of_interview^ 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 10

**DAccA** (In Q.Develop block)
Edit question: XDAcAX

*If more than one accident or injury*
**DAccA**
Thinking about the most serious (or only) accident or injury, what sort of accident or injury was it?

**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 |

*Anything to do with teeth should go into code '15. Injury to mouth or face e.g. nosebleed'.*

## CODE FRAME 11

**Helphth2** (In Q.Develop block)
Edit question: XHpht2

> **Helphth2**
> "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

**Hthsrv7O** (In Q.Develop block)
Edit question: XHtsv7

**Hthsrv7O**
"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/Opthamologist/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 13

**DActT18O** (In Q.Develop block)
Edit question: XAc18O

**DActT18O**
"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 '5. He pronounces words poorly'.*

## CODE FRAME 14

**MdYwlf21** (In Q.ProxEmp block)
Edit question: MdYwlf22

> *If respondent is dissatisfied with the amount of time partner spends at home and the amount of time partner spends at work*
> **MdYwlf21**
> "Why is that?"
> INTERVIEWER TYPE IN ANSWER

**Question Type: Open answer**

**MULTICODE: CODE ALL THAT APPLY**

**NEW CODES:**

| | |
|---|---|
| 01 | Long hours or too much time at work |
| 02 | I have to do everything on my own |
| 03 | I don't see enough of him/her |
| 04 | Child and other parent don't see enough of each other. |
| 94 | Other specific |
| 95 | Vague or irrelevant |
| 96 | Editor can't deal with |

*Most of these answers seem to code into' 01. Long hours or too much time at work'. Note the distinction though between codes 3 and 4: 3 being anything to do with the respondent and partner not seeing enough of each other, and 4 being anything to do with child and partner not seeing enough of each other.*

## CODE FRAME 15

**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?"/"Do you require any qualifications or membership of any professional groups to do your job?"

**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 |
| 29 | No |
| | |
| 94 | Other specific |
| 95 | Vague or irrelevant |
| 96 | Editor can't deal with |

*Some backcoding required as well as coding into new codes.*
*Code 29. 'No' is for where no qualifications are required- interviewers are asked to type 'no'.*

*See Appendix D.*

## 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

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

**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*

**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
Stye 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**
Labryrinthitis,
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 invertebral 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 Thrombochopenic Purpura (ITP)
Immunodeficiences
Polycthaemia (blood thickening), blood to 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)
ipinotaligia
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** | |
| Abscess in groin | 39 |
| Abscess on brain | 8 |
| Abscess on breast, mastitis, cracked nipple | 33 |
| Abscess on larynx | 25 |
| Absence or loss of limb eg. lost leg in war, finger amputated, born without arms | 36 |
| Aching arm, stiff arm, sore arm muscle | 36 |
| Acne | 39 |
| Acoustic neuroma | 1 |
| Addison's disease | 3 |
| Adenoid problems, nasal polyps | 25 |
| Adhesions | 40 |
| After affects of meningitis (nes) | 41 |
| After effect of cancer (nes) | 1 |
| AIDS, AIDS carrier, HIV positive | 37 |
| Alcoholism, recovered not cured alcoholic | 4 |
| 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 |
| Allergic rhinitis | 24 |
| Allergy (nes) | 41 |
| allergy (nes), allergic reaction to some drugs (nes) | 41 |
| Allergy to dust/cat fur | 25 |
| Alzheimer's disease | 8 |
| Alzheimer's disease, degenerative brain disease | 8 |
| Anaemia, pernicious anaemia | 38 |
| Anorexia nervosa | 4 |
| Anxiety, panic attacks | 4 |
| Aortic stenosis, aorta replacement | 18 |
| Arterial thrombosis | 21 |
| Arteriosclerosis, hardening of arteries (nes) | 21 |
| Arthritis as result of broken limb | 34 |
| Arthritis/rheumatism in any part of the body | 34 |
| Arthritis/rheumatism/fibrositis | 34 |
| Artificial arteries (nes) | 21 |
| Asbestosis | 25 |
| Asperger Syndrome | 4 |
| Asthma | 23 |
| Asthma - allergy to house dust/grass/cat fur | 23 |
| Astigmatism | 10 |
| Athlete's foot, fungal infection of nail | 37 |
| Autism/Autistic | 4 |
| **B** | |
| Back problems/slipped disc/spine/neck | 35 |
| Back trouble, lower back problems, back ache | 35 |
| Bad chest (nes), weak chest - wheezy | 25 |
| Bad eyesight, restricted vision, partially sighted | 9 |
| Bad eyesight/nearly blind because of cataracts | 9 |
| Bad shoulder, bad leg, collapsed knee cap, knee cap removed | 36 |
| Balance problems due to ear complaint | 13 |
| Beckwith - Wiedemann syndrome | 3 |
| Bed wetting, enuresis | 32 |
| Bell's palsy | 8 |
| Bipolar Affective Disorder | 4 |
| birth mark | 39 |
| blackouts | 6 |
| Bladder restriction | 32 |
| Blind in one eye, loss of one eye | 9 |
| Blindness caused by diabetes | 9 |
| Blocked arteries in leg | 21 |
| Blood clots (nes) | 21 |
| Blood condition (nes), blood deficiency | 38 |
| Blurred vision | 9 |
| Brain damage resulting from infection (eg. meningitis, encephalitis) or injury | 8 |
| Breathlessness | 25 |
| breathlessness as a result of anaemia | 28 |
| breathlessness due to angina | 16 |
| breathlessness due to hole in heart | 18 |
| Brittle bones, osteoporosis | 36 |
| Bronchial asthma, allergic asthma | 23 |
| Bronchial trouble, chest trouble (nes) | 25 |
| Bronchiectasis | 22 |
| Bronchitis/emphysema | 22 |
| Brucellosis | 37 |
| Buphthalmos | 10 |
| burned arm (nes) | 39 |
| Bursitis, housemaid's knee, tennis elbow | 36 |
| Byssinosis | 25 |
| **C** | |
| Cancers sited in any part of the body or system eg. Lung, breast, stomach | 1 |
| carbuncles, boils, warts, verruca | 39 |
| Cardiac asthma | 18 |
| Cardiac diffusion | 18 |
| Cardiac problems, heart trouble (nes) | 18 |
| Carpal tunnel syndrome | 8 |
| Cartilage problems | 36 |
| Catalepsy | 4 |
| Cataract/poor eye sight/blindness | 9 |
| Catarrh | 25 |
| cellulitis (nes) | 39 |
| Cerebral palsy (spastic) | 8 |
| Cerebro - vascular accident | 15 |
| Chest infections, get a lot of colds | 25 |

# 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
Folliculytis
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 diarrhoea

**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 abcess
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-artlation
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*

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

**39 Urogenital abnormalities**

*Examples*

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

**40 Gastrointestinal abnormalities**

*Examples*

Abnormal hole near anus (sp annus)
Anal transposition
Bowel was outside
Colon removal at birth
Diaphragmatic hernia
Diaphramatic eventration
Exomphalos
Gastroschisis
Hirschrungs
Malrotation
Pyloric stenosis
Rectoperineal fistula with no anal opening
Salivary cyst
Tracheo-oesphageal (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 naevas)
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 underscended)
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
Commuity 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 AccountantNEBBS/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 Nursey Exam Board
CACHE/Council for Awards in Children's Care and Education
Arts Foundation Degree
Manpower course in Joinery
Welding and X-Raying Pipework