



Growing Up In Scotland

Sweep 5 – 2009/10

Interviewer and Coder Instructions

Interviewer instructions

Coder instructions



Scottish Centre *for*
Social Research



Growing Up in Scotland

GROWING UP IN SCOTLAND STUDY

SWEEP 5 – 2009/2010

PROJECT INSTRUCTIONS

P7046

1	ABOUT THE STUDY.....	4
1.1	Background and introduction to the study	4
1.2	Overview of procedures.....	4
2	THE SAMPLE, THE ARF & INFORMATION SHEETS.....	6
2.1	The sample	6
2.2	Cohort maintenance.....	6
2.3	Examples of ARF labels.....	7
2.4	ARF Instructions	7
2.5	The One-Way ARF	9
2.6	Information Sheet.....	9
3	FIELDWORK ISSUES	11
3.1	Timetable.....	11
3.2	Materials for the study	12
3.3	Contact procedures.....	12
3.3.1	Advance letters and leaflet	12
3.3.2	Doorstep versus Telephone	13
3.4	Who to interview.....	13
3.4.1	Eligible respondents	13
3.4.2	Non-resident parents.....	14
3.4.3	Interviews in translation	14
3.5	General protocols	14
3.5.1	Notifying the police	14
3.5.2	Handling babies or toddlers.....	14
3.5.3	Children at risk.....	15
3.5.4	Parents who are known to you	15
4	TRACING PROCEDURES	16
4.1	Introduction	16
4.2	Pre-notification and pre-field tracing.....	16
4.3	Tracing in-field	16
4.4	Stable contacts.....	17
4.5	Movers' letter.....	17
4.6	Incomplete addresses	18
4.7	Tracing checklist.....	18
5	INTRODUCING THE SURVEY.....	19
5.1	Important things to remember.....	19
5.1.1	Getting a high response rate.....	19
5.1.2	Being persuasive.....	19
5.1.3	Broken appointments	19
5.2	Interviewing in one or more sessions.....	19
5.3	Interviewing children	19
5.4	Introducing the study	20
6.1	Answering questions about the study	21
5.5	Making appointments	22
6	QUESTIONNAIRE CONTENT	23
6.1	Overview of content	23
6.2	Questions about Primary School.....	23
6.3	Detailed information about individual sections.....	23
6.3.1	Household grid.....	23
6.3.2	Non-resident Parents.....	24
6.3.3	Transition to pre-school	24

6.3.4	Transition to primary school	24
6.3.5	Childcare	25
6.3.6	Self-completion.....	25
6.3.7	Employment and Income.....	26
6.3.8	Observation of conditions in which cognitive assessments administered	26
7	CHILD COGNITIVE ASSESSMENTS	27
7.1	The assessments	27
7.2	Gaining consent.....	27
7.2.1	The child assessment information leaflet and consent form.....	27
7.3	Children’s right to refuse	28
8	ADMIN AND RETURN OF WORK.....	29
8.1	Completing the Admin Block.....	29
8.2	Returning your work to the office	29
9	CONTACTS.....	30
	Appendix A: TRACING AND ELIGIBILITY DIAGRAM.....	31

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 was commissioned to undertake the first four years field work in the first instance, and has now been commissioned to conduct the next four years’ fieldwork for the study. In the first year (sweep 1 - 2005) we recruited two cohorts – one based on 5,000 babies (the ‘birth’ cohort) and the other based on 3,000 toddlers (the ‘child’ cohort). Fieldwork has been undertaken every year since then with families in both cohorts. At sweep 5, parents in the **birth cohort ONLY** will be interviewed. At this sweep, children in this cohort will be aged just under 5. Interviews have generally been with mothers at previous sweeps, and this is also likely to be the case at sweep 5. 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 5. This allows us to monitor significant changes in the lives of our groups of children. Some new questions on existing topics have also been added including questions exploring parental monitoring and awareness of children’s television and computer usage, more detailed questions on the child’s consumption of fruit and vegetables (from SHeS 2008), and questions on the child’s involvement in household decisions about food and food preparation.

As at sweep 3, you will be asked to undertake two educational assessments of the cohort child. These will include the naming vocabulary and picture similarities assessments from sweep 3. More information on these assessments, and the protocols associated with their administration, is available in the Cognitive Assessment instructions.

The respondents you will be visiting were involved in sweeps 1 to 4. However, not all of them necessarily completed an interview at all previous sweeps.

1.2 Overview of procedures

In summary, the study involves the following procedures:

- 1 Attempting to make contact with the sweep 4 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;

- 2 Conducting the main CAPI interview, including a short self-completion (CASI) component
- 3 Obtaining consent from the child's parent to undertake cognitive assessments with the child by having them sign a consent form
- 4 Undertaking two cognitive assessments with the child
- 5 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 an electoral 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.

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 to 4 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 5. 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 children will be aged approximately **58.5 months** (or almost **5 years**) old at the time of interview. Please note, families in the child cohort are not being approached for interview at this sweep.

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. This database is updated using information we obtain through a variety of methods.

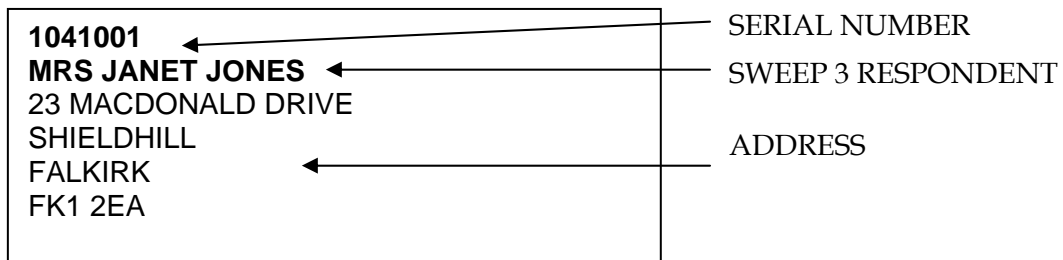
After each interview, families who take part are sent a thank-you letter. The thank-you letter has a 'change of address' slip at the bottom allowing families to notify us of any moves. Before each monthly sample is issued to field, families are sent a 'pre-notification' mailing. This acts as a reminder of their involvement in the study and gives them another opportunity to notify us of a change of address before fieldwork starts. In addition, we keep in touch with families between sweeps of the study by sending GUS newsletters. In March 2009, a newsletter containing sweep 3 results and a general update on the study was sent out to all families.

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

We have a specialist tracer who is responsible for keeping addresses up to date and finding families who move. Any mail that is returned to us as 'undelivered' is traced from the office, using all methods available, in an attempt to get a new address before fieldwork. We also keep in touch with families through the study website www.growingupinScotland.co.uk and have a dedicated Freephone number and email address for the study.

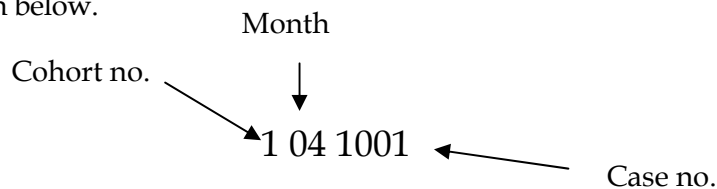
2.3 Examples of ARF labels

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



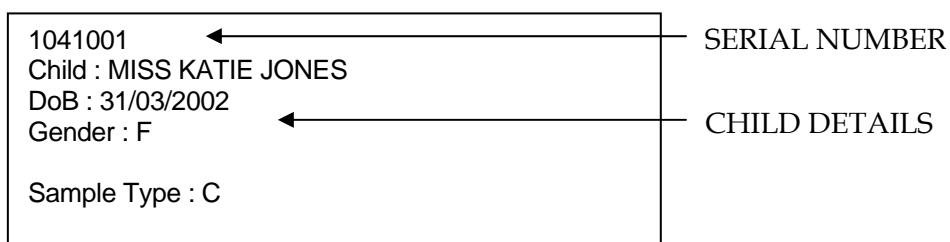
The serial number will be at the top of the label and the name and address of the previous respondent will follow. **This should be the person whom you ask to speak to in the first instance.**

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 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 that the child is in the Birth cohort- formerly a toddler (T).



2.4 ARF Instructions

The ARF has changed to fall in line the general move to one-way ARFs on all projects, so you will notice changes to both the layout and outcomes codes.

NOTE ALSO THAT AS ARFS WILL NO LONGER BE RETURNED TO, AND REVIEWED BY, THE TEAM IT IS OF GREAT IMPORTANCE THAT YOU RECORD ANY INFORMATION RELATED TO CONTACTING THE RESPONDENT AT A FUTURE SWEEP - INCLUDING CHANGES TO CONTACT DETAILS - IN THE CAPI ADMIN BLOCK.

Pages 1 and 3

On pages 1 and 3 of the ARF (page 2 is blank) there is a 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. 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 A2) 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 A1 and will then be directed to an outcome code at D.

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.

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 previous 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 D8. All final outcome codes are in bold.

Refusals

The object of Growing Up in Scotland is to revisit all of the families **every year** until the child is aged 5. 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 5. Where they do not want to remove themselves completely and are happy to be approached at sweep 6, please use codes 510 (illness) or 520 (away) if appropriate, or use code **425 - "Refusal for sweep 5 only - other reason"**.

All refusals coded as 431 and 432 will be 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 the previous sweep then all **new** or **amended** details should be recorded at F1.

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

2.5 The One-Way ARF

As you will no doubt be aware, NatCen now operates with a 'one-way ARF'. The new and more advanced Newfield system means that information previously obtained from the ARF is now available electronically after you transmit. Therefore, **AFTER** you enter all information from the ARF onto the CAPI, you must shred all pages with respondent, child or stable contact information on. Any remaining non-confidential pages should be recycled.

Crucially, this means that **ANY** and **ALL** information written on the ARF which is important for future contact with the family, or which will be useful to know for the next interview, **MUST be recorded on the CAPI program**. Space has been created in the Admin section of the questionnaire to allow you to input any such information.

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 contact¹, and specific details about their last interview. 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 addresses.

At each sweep, interviewers are asked to record any generally useful information for re-contact in the CAPI admin block. In some cases, this may be a brief reminder of how to find the address, or the times of day it was best to call. Where such information has been recorded, it is now made available on the information sheet in the 'Case Comments' section at the very bottom of the sheet. Whilst most of this information is general in nature, in some cases it may contain details which could be considered 'sensitive' in nature such as whether the respondent or child has a particular illness, or if there is a particular issue about the family which makes contact difficult. Rather than print this type of data onto the information sheet, when the information is sensitive the symbol '**' will be displayed in the additional information box at the bottom of the sheet. If you see this symbol, please ring the Purple Team in Brentwood who will provide this information over the telephone. **Such information will usually be of significance for making contact or obtaining a productive interview so it is important that you contact the team whenever you see this symbol on one of your sheets.**

Note that any changes to the respondent's details should ultimately be recorded in the CAPI admin block. This is very important due to the introduction of one-way ARFs. Therefore, if you use the information sheet or the ARF to record any changes to the respondent's details please ensure that these are also updated 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

The sample for this study is being issued in twelve monthly waves. Each issued wave of fieldwork will include only the birth cohort children born in a specific month.

Ideally, all the interviews would be conducted when the sampled children are exactly 58.5 months old - a date which we have named the 'target interview date'. In practice though, this will not be possible so there will be a 4-week fieldwork 'window' for *each child*. This will start 14 days before the target interview date and end 14 days after it. For example, a child born on the 1st June 2004 will reach 58.5 months old on 14th April 2009. The fieldwork window for this child therefore will run from 1st April 2009 until the 28th April 2009.

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

Fieldwork Wave	Child's Date of Birth	Fieldwork Period
Wave 1	1 st June – 30 th June 2004	1 st April/ 28 th May 2007
Wave 2	1 st July – 31 st July 2004	1 st May/28 th June 2009
Wave 3	1 st Aug – 31 st Aug 2004	1 st June/28 th July 2009
Wave 4	1 st Sept – 30 th Sept 2004	1 st July/28 th Aug 2009
Wave 5	1 st Oct – 31 st Oct 2004	1 st Aug/28 th Sept 2009
Wave 6	1 st Nov – 30 th Nov 2004	1 st Sept/28 th Oct 2009
Wave 7	1 st Dec – 31 st Dec 2004	1 st Oct/28 th Nov 2009
Wave 8	1 st Jan – 31 st Jan 2005	1 st Nov/28 th Dec 2009
Wave 9	1 st Feb – 28 th Feb 2005	1 st Dec 2005/28 th Jan 2010
Wave 10	1 st Mar – 31 st Mar 2005	1 st Jan/28 th Feb 2010
Wave 11	1 st Apr - 30 th April 2005	1 st Feb/31 st Mar 2010
Wave 12	1 st May - 31 st May 2005	1 st Mar/30 th Apr 2010

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 previous sweeps. 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. Furthermore, because only the birth cohort are included at this sweep, assignment sizes will generally be smaller than at previous sweeps.

3.2 Materials for the study

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

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

You will receive the following additional materials at the briefing:

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

3.3 Contact procedures

3.3.1 Advance letters and leaflet

All of the sample members will have already received a 'pre-notification letter' (sent by the Purple Team around two months in advance of the sample being issued). These letters are sent as a tracing exercise to try and identify in advance those sample members who have moved. However, it also informs people that we will be in touch in a few weeks time regarding year five 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 the last sweep. 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 4
- 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 4, we aimed to interview the respondent from sweep 3 and it was this person who was interviewed in the majority of cases.

For sweep five, we are aiming to interview the same person interviewed at sweep 4 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 to 4, 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 4 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 4 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 4. 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 4, 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. If parents have shared care, please try to interview the parent with whom the child spends the most time. If the parents have 50:50 care, please try to interview the parent who was the previous respondent first. If you are unable to do this, please contact the office.

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

The children in our cohorts are no longer toddlers. However, many of them have younger siblings. In general, handling babies or toddlers is discouraged. Never pick them up uninvited. If you have to entertain them (for example while the mother does the self-completion) do not pick them up and walk around with them. Try not to be left alone with the sample child or other children.

3.5.3 Children at risk

As in all surveys, it is very important that you maintain the confidentiality of the information that you are gathering for the study. Respondents need to feel sure that the information they are giving to you will only be used for the survey and for no other purpose. It is important that the respondents do not have the impression that you represent any official agency nor that you are “snooping” on them. Worries of this kind may be even more pronounced in the case of very young children. So it is important that you do as much as you can to alleviate them.

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

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

3.5.4 Parents who are known to you

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

4 TRACING PROCEDURES

4.1 Introduction

Keeping in touch with people is crucial for the success of any longitudinal study, so at sweep 5 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 4 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 5 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.

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 previous respondent). Trace other adults only when you know that the named person is not eligible for interview (e.g. because they are not living with the child).

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

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

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

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

4.4 Stable contacts

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

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

4.5 Movers' letter

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

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

4.6 Incomplete addresses

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

4.7 Tracing checklist

IF YOU ARE GIVEN AN INCOMPLETE ADDRESS, HAVE YOU:

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

IF YOU CANNOT FIND THE ADDRESS, HAVE YOU:

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

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

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

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

5 INTRODUCING THE SURVEY

5.1 Important things to remember

5.1.1 Getting a high response rate

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

5.1.2 Being persuasive

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

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

5.1.3 Broken appointments

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

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

5.2 Interviewing in one or more sessions

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

5.3 Interviewing children

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

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

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

5.4 Introducing the study

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

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

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

When you introduce the survey you should explain the following.

a) Who you are and who the survey is for

"I work for the Scottish Centre for Social Research and am carrying out interviews for the Growing Up in Scotland study, for the Scottish 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 fifth year of the study and that they may remember taking part last year or in previous years.

5.5 Answering questions about the study

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

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

If cohort members have any queries either at your initial face to face visit or during your interview that you are not able to answer, ask them to call the study team at NatCen on Freephone 0800 652 2704². This number is staffed 09:30-17:30 Monday to Friday. Outside these hours an answer phone service operates. They can also contact the study team in the following ways:

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

“How long will the survey take?”

The birth cohort interview should take about 60 – 65 minutes to complete, including the cognitive assessments.

“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 team in our Operations Department on the Freephone number shown on the letters.

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

5.6 Making appointments

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

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

6 QUESTIONNAIRE CONTENT

6.1 Overview of content

The questionnaire has the following broad structure:

- Household grid/composition
- Non-resident parents
- Food and nutrition
- Parental Support and service use
- Parenting styles and responsibilities
- Transition to Pre-school
- The Transition to Primary school
- Childcare
- Child health and development
- Activities with others
- Self-completion section
- Employment and education
- Income and financial management
- Accommodation and transport
- Cognitive assessments
- 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.

6.2 Questions about Primary School

You will note from the content overview above that sweep 5 contains a section on the transition to primary school. Note that, because of a combination of differences in dates of birth and the time of year at which particular cases are issued and interviews undertaken, only around one-third of the children will qualify to answer this section. Most of these interviews will take place between August 2009 and January 2010.

6.3 Detailed information about individual sections

6.3.1 Household grid

Name	Question	Notes
Stilliv	Can you tell me does ^PersName still live here?	Household information collected at sweep 4 is fed forward into the questionnaire for this question. Please confirm or amend the details displayed on screen.
Marstat2	What is ^PersName's legal marital status...	This is not a question about relationships within the household, but about formal/legal status. In other words, a respondent who is cohabiting with a partner

		is classed as single here. Another question (LivWith2) gives them a chance to record the fact that they are living as a couple.
R	Code relationship of each household member to the others	Be careful to get the coding the right way round here. We are asking what the respondent's relationship to the sample child is, and the respondent is usually the sample child's parent (not son/ daughter). Many of the codes in the card are not allowed at this question as a baby cannot be anyone's spouse etc. If a relation is fostering a child the blood relationship takes priority e.g. a grandparent who is also a foster parent would be coded as a grandparent
Livels	Since <i>^month of interview</i> last year, can you tell me if <i>^ChildName</i> has spent any time living with someone else?	Living elsewhere does not include staying over night with a grandparent once or twice a week - even if it is a regular arrangement.

It is important that the information recorded in the household grid is accurate - the details recorded here determine whether there is an adult in the household who constitutes a partner of the main respondent. Note also that a soft check has been built into the program which will appear in cases where the program thinks that the partner in the household at sweep 4 is different to the partner at sweep 5.

6.3.2 Non-resident Parents

These questions are asked of lone parent households or for couples, where only one natural parent is resident, where the parents have separated since the previous sweep.

6.3.3 Transition to pre-school

Around two-thirds of the children will still be attending pre-school at the time of interview. For children who were at pre-school at the time of last year's interview, only follow-up questions will be asked to see if children are at the same provider and how they are getting on. For children who have started since the previous interview, a range of questions on the transition to pre-school and the reasons parents chose the provider are asked.

6.3.4 Transition to primary school

Note that only around one-third of the children in the cohort will have started school at the time of the interview, so many parents will not be asked these questions.

Name	Question	Notes
McPSpr01	Did you request a place at a particular for <i>^Angus</i> or was he allocated a place at a school	Local authorities divide towns and cities into catchment areas and all children in a particular catchment area are allocated a place at a particular

	by the local authority?	school. In some cases, the local authority will write to the parent suggesting which school the child should go to. In others, parents are asked to simply register at their local school. Both of these should be coded as 'Allocated a place'. If the parent has selected a school where the child <i>would not usually have been allocated a place</i> , for example because it is not the local school, then this should be coded as a placing request.
--	-------------------------	--

6.3.5 Childcare

Name	Question	Notes
Stilcar	I'd like to check whether your childcare arrangements have changed. Can you tell me if the following arrangement is still in place?	Details of any childcare arrangements collected at sweep 4 are fed through for this question. Please confirm or amend the details displayed on screen.
CCare1	Do you currently get help with childcare for ^ChildName on a regular basis from any of the providers or people listed on the card?	'Childcare' does not include any pre-school 'early education' arrangements for example, a nursery class at a primary school. Please bear this in mind, and re-emphasise our definition of childcare ("when ^ChildName is looked after by anyone other than you or your partner").
Cost	How much does your household usually pay per week or per month for ^ChildName's childcare?	If the sample child is cared for by the same provider as another child in the household and one overall payment is made for all children, simply split the overall payment by the number of children and enter that figure.
OthStop	What is the main reason you are not using that arrangement at the moment?	If the respondent stopped using a childcare arrangement because the child started a funded/free pre-school place then the answer here should be "Not needed anymore"

6.3.6 Self-completion

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

	with the red sticker to continue	
--	---	--

6.3.7 Employment and Income

Name	Question	Notes
SameJob	...I'd like to check whether any of your employment details have changed. Can you tell me if the following information is correct?	Details of any employment collected at sweep 4 are fed through for this question. Please confirm or amend the details displayed on screen.

6.3.8 Observation of conditions in which cognitive assessments administered

There is a question after the completion of the cognitive assessments which allows you to record your observations about the conditions of the cognitive assessments, in order that anything relevant to the performance of the child (such as background noise or parental interference) is noted and can be taken into account when the data is analysed. Some of the issues may be considered a little sensitive by the respondent so please answer as quickly and discreetly as possible.

7 CHILD COGNITIVE ASSESSMENTS

At sweep 5, two cognitive assessments will be undertaken with all children. These are the same two assessments used at sweep 3 of GUS. **Further information regarding the cognitive assessments, including procedures for administering, can be found in your “Child Assessment Instructions”.**

7.1 The assessments

Picture Similarities

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

Naming Vocabulary

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

7.2 Gaining consent

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

7.2.1 The child assessment information leaflet and consent form

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

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

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

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

7.3 Children's right to refuse

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

8 ADMIN AND RETURN OF WORK

8.1 Completing the Admin Block

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

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

8.2 Returning your work to the office

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

Please send signed consent forms in a separate envelope to your ARF's, ensuring that all serial numbers are written on the reverse.

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:

Megan Hodges Tel: 01277 690135

Contact 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

Is last known respondent still resident at the issued address on the front of the ARF?

YES



Is named child still living with last known respondent?

YES



Attempt interview with last known respondent

NO



Try and establish who child now lives with and where
(aim to trace and interview the child's current main carer)

NO



Has he/she moved with his/her family? *(aim to establish if child has moved but without directly asking about the child)*

YES

(has moved with either entire family or at least with named child)



Trace last known respondent

NO



Is named child still living at issued address?

YES



Interview main carer of named child at issued address

NO



Try and establish who child now lives with and where
(aim to trace and interview the child's current main carer)



Scottish Centre for
Social Research
Incorporating Scottish Health Feedback

P7046 (PURPLE TEAM)

GROWING UP IN SCOTLAND SURVEY

SWEEP 5 2009/10

CAPI

Coder Instructions

Version 1

MAY 2009

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 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 conducted the first four years of fieldwork for the study, and was commissioned in 2008 to undertake the next four years. The data you will be working on is being collected in the fifth 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. The main change this year is that we are only interviewing in the Birth cohort – our younger group of children, now aged just under 5. Interviews were generally undertaken with mothers at the first four sweeps, and it is expected that at sweep five in most cases the mother will again be the main respondent. Although there is no partner interview this year and no height and weight measurements, sweep five sees the reintroduction of cognitive assessments, which were previously collected for the Birth cohort at sweep 3.

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. The **exception** to this is at McFdin05, where we would like you to recode. The soft check on this calculates if more than 7 main meals are listed (i.e. we're interested in what's been eaten in the last week, so require 7 main meals to be listed). We have some respondents who have answered that 7 meals were eaten in a restaurant AND 7 were freshly prepared using fresh ingredients. We would like this recoded so that only meals eaten in the restaurant are counted – this requires changing McFdin05 (freshly prepared meals) to '0'.

CODE FRAME 1

McFmml07 (In Q.Food block)

Edit question: X McFmml07

IF child has eaten main meal elsewhere in last week

Question Type: Other please specify

MULTICODE: CODE ALL THAT APPLY

- 01 His/her grandparents
- 02 At another relatives'
- 03 At a friends'
- 04 At nursery or other childcare arrangement
- 05 At school
- 06 With other parent
- 07 Eating out
- 08 Somewhere else (Please specify)

NEW CODES:

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

Back-coding required.

Example: '*Eaten at a hotel*' should be coded 07. Eaten out – this encompasses eating in a restaurant, hotel restaurant, fast food restaurant etc. The exception to this is '*At a caravan park*' as it's not clear if this was in a restaurant, prepared by the family in the caravan etc.

BBQ's should be coded as being at a friends, relatives etc. If it is obvious the BBQ was at home, this should be coded as 95. Vague or irrelevant, as we're only interested in when food was eaten outwith the home.

CODE FRAME 2

FshpO (In Q.Food block)

Edit question: X FshpO

IF bought something didn't really want (last time you took your child shopping)

Question Type: Other (please specify)

MULTICODE: CODE ALL THAT APPLY

BACKCODE

ORIGINAL CODES

- 1 Sweets/chocolate
- 2 Biscuits, cakes or ice-cream
- 3 Fruit
- 4 Crisps
- 5 Expensive food (e.g. meat)
- 6 Soft drinks
- 7 A comic or magazine
- 8 A toy
- 9 Something else (SPECIFY)

NEW CODES:

- 10 Yoghurts
- 11 DVD/CD
- 12 Clothing
- 13 Cereal

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

Fairly self-explanatory. Note, there are a lot of 'other specific's for this. Please code 'yoghurt drinks' or specific brands of yoghurt as 10. Yoghurts.

CODE FRAME 3

PRtr02 (In Q.Pre-school block)

Edit question: PRtr02

How does *^childname* usually travel to *^ProvNam*

Question Type: Other specify

ORIGINAL CODES:

- 1 Public transport, such as bus or a train
- 2 School or local authority bus, minibus or coach
- 3 Car or other vehicle (including Taxi)
- 4 Bicycle – Child cycles
- 5 Bicycle - someone else cycles
- 6 Walking
- 7 Other (specify)

NEW CODES:

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

Back-coding required – mainly for Taxi. If half walking/half car or similar, please take the car – the rule is walking is only counted if it is the sole means of transport.

CODE FRAME 4

ReasOth (In Q.ChCare block)

Edit question: XResOt

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

Question Type: Other specify

MULTICODE: MAX. 3 CODES

ORIGINAL CODES:

1. So that I can work
2. So that my husband/wife/partner can work
3. So that I can look for work
4. So that my husband/wife/partner can look for work
5. So that I can study
6. So that my husband/wife/partner can study
7. So that I can look after the home/other children
8. So that I can go shopping/attend an appointment/socialise (include sports/exercise)
9. For my child’s educational development
10. Because my child likes spending time with/at the provider
11. So that my child can take part in a leisure activity
12. For child’s social development (including ‘mixing with other children’)
13. To give me/my partner ‘a break’
14. Respondent/partner has had illness
15. To allow relative/carer to spend time with child
16. Other reason (Please specify)

NEW CODES:

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

Same as sweep 4. Backcoding required

CODE FRAME 5

WhyNoC2 (In Q.ChCare block)

Edit question: XWyNC2

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

Question Type: Other specify

MULTICODE: CODE ALL THAT APPLY

ORIGINAL CODES:

1. I'd rather look after him/her myself
2. I rarely need to be away from him/her
3. There are no childcare providers available that I could trust
4. I cannot afford childcare
5. The quality of childcare is not good enough
6. He/She needs special care
7. I have had bad experience using childcare in the past
8. I would have transport difficulties getting to a provider
9. Child is attending school
10. Childcare not required
11. Other reasons (Please specify)
12. No reason

NEW CODES:

13. Child too young
14. Child wouldn't like to be separated from carer
15. Child is attending pre-school
16. Lack of availability/choice

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

In sweep 4.

Mainly requires coding into 15. Child is attending pre-school.

Note- there was a problem with this question in the program and option 10. 'Childcare not required' was missing for the first couple of weeks. Please backcode.

CODE FRAME 6

Haca01X (In Q.Develop block)

Edit question: XHaca01X

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

1. Loss of consciousness
2. Bang on the head
3. Broken bone
4. Swallowed object
5. Swallowed household cleaner / other poison / pills
6. Cut needing stitches
7. Cut or graze
8. Burn or scald
9. 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

Backcoding required. Hasn't changed since Sweep 3.

Example: '*Crushed finger*' – should be coded as 03. Broken bone.

CODE FRAME 7

Hprb02X (In Q.Develop block)

Edit question: X Hprb02X

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

Question Type: Other specify

MULTICODE: CODE ALL THAT APPLY

ORIGINAL CODES:

1. Coughs, colds or fevers
2. Chest infections,
3. Ear infections,
4. Eating problems,
5. Sleeping problems,
6. Wheezing or asthma,
7. Skin problems,
8. Sight or eye problems,
9. Food allergy
10. Other allergy
11. DO NOT USE
12. No health problems

NEW CODES:

13. Failure to gain weight or to grow,
14. Persistent or severe vomiting
15. Persistent or severe diarrhoea,
16. Fits or convulsions,
17. Chicken pox
18. Urinary tract infection
19. Other severe infection
20. Other mild infection
21. Constipation
22. Reaction(s) to immunisation(s)
23. Infection of nose or throat, croup, flu or severe cough

24. High temperature/acute viral infection unspecified
25. Measles or whooping cough
26. Thrush
27. Breathing problem
28. Eczema
29. Colic
30. Jaundice
31. Hernia
32. Reflux or other vomiting

Congenital Abnormalities

33. Congenital heart disease, definite

- | |
|---|
| 34. Congenital heart disease, not yet definite |
| 35. Congenital dislocation of hip, definite |
| 36. Congenital dislocation of hip, not yet definite |
| 37. Clubfoot (Talipes equinovarus), definite |
| 38. Talipes, not yet definite |
| 39. Specified skeletal abnormalities (bone, skull, spine, limb or other skeletal) |
| 40. Urogenital abnormalities |
| 41. Gastrointestinal abnormalities |
| 42. Harelip/cleft palate |
| 43. Skin abnormalities |
| 44. Chromosomal or genetic abnormalities |
| 45. Brain, central nervous, spinal cord or special sense abnormalities |
| 46. Other congenital abnormalities major |
| 47. Other congenital abnormalities minor |
| 94. Other specific |
| 95. Vague or irrelevant |
| 96. Editor can't deal with |

Apologies – this has unintentionally changed since last sweep.

See Appendix C

CODE FRAME 8

DisPrb (In Q.Develop block)

Edit question: XDPrbX

“What is the illness or disability?”

Question Type: Other specify

MULTICODE: CODE ALL THAT APPLY

NEW CODES:

1. Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
2. Diabetes
3. Other endocrine/metabolic
4. Mental illness/anxiety/depression/nerves (nes)
5. Mental handicap
6. Epilepsy/fits/convulsions
7. Migraine/headaches
8. Other problems of nervous system
9. 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. Unclassifiable
- 42. Complaint no longer present

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

Same as Sweep 4.

See Appendices A and B.

CODE FRAME 9

Dspe04o (In Q.Develop block)

Edit question: XDspe04o

“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:

1. No, does not have any concerns
2. His/her language is developing slowly
3. It is hard for other people to understand him
4. He doesn't seem to understand other people
5. He pronounces words poorly
6. He doesn't hear well
7. He stutters
8. Other (please specify)

NEW CODES:

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

Back-coding required. This hasn't changed since sweep 4. As a reminder, lisps and being unable to pronounce particular letters/sounds code as 05. 'He pronounces words poorly'.

CODE FRAME 10

MeDgen02 (In Q.Dev block)

Edit question: XHlthet

What are your concerns?

Question type other (specify)

MULTICODE: CODE ALL THAT APPLY

NEW CODES:

- 01 General development
- 02 Educational development
- 03 Behaviour (incl. aggression/violence)
- 04 Concentration
- 05 Hyperactivity
- 06 Physical development
- 07 Social skills
- 08 Speech
- 09 Hearing
- 10 Sight

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

New question @ sweep 5.

Examples:

'Shyness' – code as 07. Social Skills

'General development due to autism' – code as 01. General development.

CODE FRAME 11

McApho01 (In Q.Activ block)

Edit question: XMcAp1

“What other activity has ^childname done in the last week? INTERVIEWER: PLEASE TYPE IN OTHER EDUCATION OR SUPPORT SERVICE?”

Question Type: Other specify

SINGLE CODE

NEW CODES:

01. Adventure Sports (e.g. rock-climbing, abseiling)
02. Gardening
03. General outdoor play
04. Golf
05. Hill walking
06. Playing/ walking on beach
07. Physiotherapy
08. Racket sport
09. Rollerblading/skateboarding/playing on scooter
10. Tenpin bowling
11. Walking (EXCLUDING hillwalking)
12. Watersports (EXCLUDING swimming, including e.g. sailing, kayaking)
13. Winter sports (e.g. skiing, ice-skating, snowboarding)
14. Yoga
15. Horse riding
16. Martial arts
17. Ball sports

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

Same as Sweep 3 with additional codes at sweep 5: codes 15, 16, 17.

CODE FRAME 12

JbQual, OthQu and POTHQu (In Q.EmpInc block)

Edit questions: XOTHQu and XPOtQu, XJbQu

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

Question Type: Other specify

MULTICODE: MAX. 8 CODES

BACKCODE WHERE APPLICABLE

ORIGINAL CODES:

1. University/CNAA first/undergraduate degree/diploma
2. Postgraduate degree
3. Teacher training qualification
4. Nursing qualification
5. Foundation/advanced modern apprenticeships
6. Other recognised trade apprenticeships
7. OCR/RSA (Vocational) Certificate
8. OCR/RSA (First) Diploma
9. 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. None

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

Same as sweep 4.

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 where there is a new respondent/partner or where details have changed since last sweep. You will be routed to these cases. If you come across a case with no data in it, please refer to the team.

APPENDIX A - LONG STANDING ILLNESS CODING GLOSSARY

CAPI variable: DisPrb

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

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

Endocrine/nutritional/metabolic diseases

02 Diabetes

Incl. Hyperglycaemia

03 Other endocrine/metabolic

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

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

Mental, behavioural and personality disorders

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

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

Alzheimer's disease, degenerative brain disease = code 08

05 Mental handicap

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

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

06 Epilepsy/fits/convulsions

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

07 Migraine/headaches

08 Other problems of nervous system

Abscess on brain
Alzheimer's disease
Bell's palsy
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury
Carpal tunnel syndrome
Cerebral palsy (spastic)
Degenerative brain disease
Fibromyalgia
Friedreich's Ataxia
Guillain-Barre syndrome
Huntington's chorea
Hydrocephalus, microcephaly, fluid on brain
Injury to spine resulting in paralysis
Metachromatic leucodystrophy

Motor neurone disease
Multiple Sclerosis (MS), disseminated sclerosis
Muscular dystrophy
Myalgic encephalomyelitis (ME)
Myasthenia gravis
Myotonic dystrophy
Neuralgia, neuritis
Numbness/loss of feeling in fingers, hand, leg etc
Paraplegia (paralysis of lower limbs)
Parkinson's disease (paralysis agitans)
Partially paralysed (nes)
Physically handicapped - spasticity of all limbs
Pins and needles in arm
Post viral syndrome (ME)
Removal of nerve in arm
Restless legs
Sciatica
Shingles
Spina bifida
Syringomyelia
Trapped nerve
Trigeminal neuralgia

Eye complaints

09 Cataract/poor eye sight/blindness

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

10 Other eye complaints

Astigmatism
Buphthalmos
Colour blind
Double vision
Dry eye syndrome, trouble with tear ducts, watery eyes
Eye infection, conjunctivitis
Eyes are light sensitive
Floater in eye
Glaucoma
Haemorrhage behind eye
Injury to eye
Iritis
Keratoconus
Night blindness
Retinitis pigmentosa
Scarred cornea, corneal ulcers
Squint, lazy eye
Stye on eye

Ear complaints

11 Poor hearing/deafness

Conductive/nerve/noise induced deafness
Deaf mute/deaf and dumb
Hard 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

Labyrinthitis,
loss of balance - inner ear
Vertigo

14 Other ear complaints

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

Complaints of heart, blood vessels and circulatory system

15 Stroke/cerebral haemorrhage/cerebral thrombosis

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

16 Heart attack/angina

Incl. coronary thrombosis, myocardial infarction

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

18 Other heart problems

Aortic stenosis, aorta replacement
Cardiac asthma
Cardiac diffusion
Cardiac problems, heart trouble (nes)
Dizziness, giddiness, balance problems (nes)
Hardening of arteries in heart
Heart disease, heart complaint
Heart failure
Heart murmur, palpitations
Hole in the heart
Ischaemic heart disease
Mitral stenosis
Pacemaker
Pains in chest (nes)
Pericarditis
St Vitus dance

Tachycardia, sick sinus syndrome
Tired heart
Valvular heart disease
Weak heart because of rheumatic fever
Wolff - Parkinson - White syndrome

Balance problems due to ear complaint = code 13

19 Piles/haemorrhoids incl. Varicose Veins in anus.

20 Varicose veins/phlebitis in lower extremities

Incl. various ulcers, varicose eczema

21 Other blood vessels/embolic

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

NB Haemorrhage behind eye = code 10

Complaints of respiratory system

22 Bronchitis/emphysema

Bronchiectasis
Chronic bronchitis

23 Asthma

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

NB Exclude cardiac asthma - code 18

24 Hayfever

Allergic rhinitis

25 Other respiratory complaints

Abscess on larynx
Adenoid problems, nasal polyps
Allergy to dust/cat fur
Bad chest (nes), weak chest - wheezy
Breathlessness
Bronchial trouble, chest trouble (nes)
Catarrh
Chest infections, get a lot of colds

Churg-Strauss syndrome
 Coughing fits
 Croup
 Damaged lung (nes), lost lower lobe of left lung
 Fibrosis of lung
 Furred up airways, collapsed lung
 Lung complaint (nes), lung problems (nes)
 Lung damage by viral pneumonia
 Paralysis of vocal cords
 Pigeon fancier's lung
 Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease
 Recurrent pleurisy
 Rhinitis (nes)
 Sinus trouble, sinusitis
 Sore throat, pharyngitis
 Throat infection
 Throat trouble (nes), throat irritation
 Tonsillitis
 Ulcer on lung, fluid on lung

TB (pulmonary tuberculosis) - code 37
Cystic fibrosis - code 03
Skin allergy - code 39
Food allergy - code 27
Allergy (nes) - code 41
Pilonidal sinus - code 39
Sick sinus syndrome - code 18
Whooping cough - code 37

If complaint is breathlessness with the cause also stated, code the cause:
breathlessness as a result of anaemia (code 38)
breathlessness due to hole in heart (code 18)
breathlessness due to angina (code 16)

Complaints of the digestive system

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

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

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

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

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

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

Exclude piles - code 19
Cancer of stomach/bowel - code 01

29 Complaints of teeth/mouth/tongue

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

Complaints of genito-urinary system

30 Kidney complaints

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

31 Urinary tract infection

Cystitis, urine infection

32 Other bladder problems/incontinence

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

Prostate trouble - code 33

33 Reproductive system disorders

Abscess on breast, mastitis, cracked nipple
Damaged testicles
Endometriosis
Gynaecological problems
Hysterectomy (nes)
Impotence, infertility
Menopause
Pelvic inflammatory disease/PID (female)
Period problems, flooding, pre-menstrual tension/syndrome
Prolapse (nes) if female

Prolapsed womb
Prostrate gland trouble
Turner's syndrome
Vaginitis, vulvitis, dysmenorrhoea

Musculo-skeletal - complaints of bones/joints/muscles

34 Arthritis/rheumatism/fibrositis

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

35 Back problems/slipped disc/spine/neck

Back trouble, lower back problems, back ache
Curvature of spine
Damage, fracture or injury to back/spine/neck
Disc trouble
Lumbago, inflammation of spinal joint
Prolapsed intervertebral discs
Schuermann's disease
Spondylitis, spondylosis
Worn discs in spine - affects legs

Exclude if damage/injury to spine results in paralysis - code 08
Sciatica or trapped nerve in spine - code 08

36 Other problems of bones/joints/muscles

Absence or loss of limb eg. lost leg in war, finger amputated, born without arms
Aching arm, stiff arm, sore arm muscle
Bad shoulder, bad leg, collapsed knee cap, knee cap removed
Brittle bones, osteoporosis
Bursitis, housemaid's knee, tennis elbow
Cartilage problems
Chondrodystrophia
Chondromalacia
Cramp in hand
Deformity of limbs eg. club foot, claw-hand, malformed jaw
Delayed healing of bones or badly set fractures
Deviated septum
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger
Disseminated lupus
Dupuytren's contraction
Fibromyalgia
Flat feet, bunions,
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose
Frozen shoulder
Hip infection, TB hip
Hip replacement (nes)
Legs won't go, difficulty in walking
Marfan Syndrome
Osteomyelitis
Paget's disease

Perthe's disease
Physically handicapped (nes)
Pierre Robin syndrome
Schlatter's disease
Sever's disease
Stiff joints, joint pains, contraction of sinews, muscle wastage
Strained leg muscles, pain in thigh muscles
Systemic sclerosis, myotonia (nes)
Tenosynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Weak legs, leg trouble, pain in legs

Muscular dystrophy - code 08

37 Infectious and parasitic disease

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

After effect of Poliomyelitis, meningitis, encephalitis - code to site/system
Ear/throat infections etc - code to site

38 Disorders of blood and blood forming organs and immunity disorders

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

Leukaemia - code 01

39 Skin complaints

abscess in groin
acne
birth mark
burned arm (nes)

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

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

40 Other complaints

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

Deaf and dumb - code 11 only

41 Unclassifiable (no other codable complaint)

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

42 Complaint no longer present

Only use this code if it is actually stated that the complaint no longer affects the informant.
Exclude if complaint kept under control by medication – code to site/system

APPENDIX B - LONG STANDING ILLNESS CODING GLOSSARY - ALPHABETICAL

CAPI variable: DisPrb

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

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

generally run down (nes)	41	Industrial respiratory disease	25
Gilbert's syndrome	3	Infectious and parasitic disease	37
Glandular fever	37	Inflamed duodenum	27
glass in head - too near temple to be removed (nes)	41	ingrown toenails	39
Glaucoma	10	Injury to eye	10
Glue ear	14	Injury to spine resulting in paralysis	8
Gout	34	insomnia	40
Grand mal	6	Intermittent claudication	21
Grumbling appendix	28	internal bleeding (nes)	41
Guillain-Barre syndrome	8	ipinotalgia	41
Gynaecological problems	33	Iritis	10
		Irritable bowel, inflammation of bowel	28
		Ischaemic heart disease	18
H		J	
Haemophilia	38	Jacksonian fit	6
Haemorrhage behind eye	10		
Haemorrhage behind eye	10	K	
hair falling out, alopecia	40	Keratoconus	10
Hardening of arteries in heart	18	Kidney complaints	30
Hardening of lens	9	Kidney trouble, tube damage, stone in the kidney	30
Hayfever	24		
Heard of hearing, slightly deaf	11	L	
Heart attack/angina	16	Labrynthitis	13
Heart disease, heart complaint	18	Legs won't go, difficulty in walking	36
Heart failure	18	Lennox-Gastaut syndrome	6
Heart murmur, palpitations	18	Lens implants in both eyes	9
Hemiplegia, apoplexy, cerebral embolism,	15	Leukaemia (cancer of the blood)	1
Hereditary cancer	1	Liver disease, biliary artesia	27
Hernia (nes), rupture (nes)	26	loss of balance - inner ear	13
Hip infection, TB hip	36	Low blood pressure/hypertension	21
Hip replacement (nes)	36	Lumbago, inflammation of spinal joint	35
Hirschsprung's disease	28	Lung complaint (nes), lung problems (nes)	25
Hodgkin's disease	1	Lung damage by viral pneumonia	25
Hole in the heart	18	Lymphoma	1
Hormone deficiency, deficiency of growth hormone, dwarfism	3		
Horseshoe kidney, cystic kidney	30	M	
Huntington's chorea	8	Malacia	3
Hydrocephalus, microcephaly, fluid on brain	8	Malaria	37
Hyperactive child	4	Marfan Syndrome	36
Hypercalcemia	3	Mastectomy (nes)	1
Hyperglycaemia	2	Mastoiditis	14
Hypersensitive to the cold	21	Meniere's disease/ear complaints causing balance problems	13
Hypertension/high blood pressure/blood pressure (nes)	17	Menopause	33
Hypopotassaemia, lack of potassium	3	Mental handicap	5
Hysterectomy (nes)	33	Mental illness/anxiety/depression/nerves (nes)	4
Hysterectomy for cancer of womb	1	Mentally retarded, subnormal	5
I		Metachromatic leucodystrophy	8
Idiopathic Thrombochopenic Purpura (ITP)	38	Middle/inner ear problems	14
Ileostomy	27	Migraine/headaches	7
Immunodeficiencies	38	Mitral stenosis	18
Impacted wisdom tooth, gingivitis	29	Motor neurone disease	8
impetigo	39	Multiple Sclerosis (MS), disseminated sclerosis	8
Impotence, infertility	33		
Indigestion, heart burn, dyspepsia	27		

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

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

6 Wheezing or asthma

Any mention

7 Skin Problems

Examples

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

8 Sight or Eye problems

Examples

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

9 Food Allergy

10 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

11 DO NOT USE

12 No Health problems

NEW CODES

13 Failure to gain weight or grow

Examples

Failure to thrive
Losing weight
Low weight
Not gaining weight
Slow head growth
Slow weight gain

14 Persistent or severe vomiting

Omit vomiting and diarrhoea =20

Examples

Dehydration from vomiting
Intermittent vomiting
Projectile vomiting

15 Persistent or severe diarrhoea

Omit diarrhoea and vomiting =20

Examples

Dehydration from diarrhoea
Going to loo a lot
Moderate diarrhoea

16 Fits or convulsions

Examples

He had a few convulsions
Possible fit
Shaking

17 Chicken pox

Omit suspected

Any mention

18 Urinary Tract Infection

Examples

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

19 Other severe infection

Examples

Abscess on spine
Blood infection
Breast abscess and cellulitis
Cyclomegalo virus
Encephalitis
Gastro enteritis
German measles
Glandula fever
Herpes virus
Meningitis
Meningoccal septicaemia
Mumps
Perianal abscess

Pneumococcal septicaemia (sp pneumococcai)
Scarlet fever
Strep infection

20 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

21 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

22 Reaction to Immunisation

Examples

Reaction to injection

23 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)

24 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

25 Measles or whooping cough

Omit suspected

Any mention

26 Thrush

Examples

Thrush
Oral thrush
Thrush on penis

27 Breathing problems

Examples

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

28 Eczema

Examples

Any mention

29 Colic

Examples

Any mention
Constant crying

30 Jaundice

Omit slight and mild

Any mention

31 Hernia

Omit hiatus hernia

Examples

Any mention

Protruding belly button

Mention of hernia

32 Reflux or other vomiting

Examples

Gastric reflux

Hiatus hernia

Oesophageal reflux

Reflux

CONGENITAL ABNORMALITIES

33 Congenital heart disease, definite

Examples

Aortic arch hypoplasia

Cardio myopathy

Congenital heart disease

Co-actuation

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

34 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

35 Congenital dislocation of hip, definite

Examples

Congenital dislocation of hip/hips (CDH)

Congenital hypoplasia

Dislocated hip/hips

36 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

37 Clubfoot (Talipes equinovarus), definite

Examples

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

38 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

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

Examples

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

40 Urogenital abnormalities

Examples

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

41 Gastrointestinal abnormalities

Examples

Abnormal hole near anus (sp annus)
Anal transposition
Bowel was outside
Colon removal at birth
Diaphragmatic hernia
Diaphragmatic eventration
Exomphalos
Gastroschisis
Hirschsprung's
Malrotation
Pyloric stenosis
Rectoperineal fistula with no anal opening
Salivary cyst
Tracheo-oesophageal (fistula)
Twisted bowel

42 Harelip/cleft palate

Examples

cleft lip / cleft palate
cleft lip and gum

43 Skin Abnormalities

Omit Mongolian birthmark

Examples

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

44 Chromosomal or genetic abnormalities

GUS Sweep 5: Coding and editing instructions

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

45 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

46 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

47 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