



Scottish Centre *for*  
Social Research

# **Growing Up In Scotland**

## **Sweep 6 – 2010/11**

### ***Interviewer and Coder***

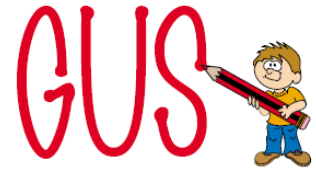
### ***Instructions***

Interviewer instructions

Coder instructions



Scottish Centre for  
Social Research



Growing Up in Scotland

**P7066**

**Growing Up in Scotland Study  
Sweep 6**

**Project Instructions  
March 2010**



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## 1. Contents of Sweep 6

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 6. 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 aspects of the new Curriculum for Excellence and how children are faring at school, domestic abuse and questions based on the Scottish Health Survey on child physical activity. In addition, some questions have been re-inserted from previous sweeps, such as the sweep 3 questions on grandparents and a (much reduced) material deprivation index. Please see the training interview for more details on content.



As at sweeps 2 and 4, the child's height and weight measurements will be taken, although this time **measurements will also be taken of the natural mother** (where possible).

**Parents will also be asked to complete a paper self-completion questionnaire** on their child's social behaviour, which you will send out and collect back in at interview. Further instructions on this can be found in the Paper Self-complete Social Behaviour Questionnaire section.

In addition, we are asking parents for their consent to obtain information about the cohort child's education, from records held by the Scottish Exchange of Educational Data. Also, anyone 'missed' at sweep 4, and who was not asked to sign a consent form to link to their health records should be asked to sign a health record consent form.

## 2. Notifying the police

You must notify the local police station in each area where you will be working. You should complete a copy of the **Police Notification Form** that has been included in your supplies. Attach a copy of the **GUS advance letter** to the form and hand it in to the police. (You might try to see if it is possible to record these details in the book kept at the station desk). 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 parents to be told that the police know about you and the survey, and that they can check with the police station. If you have any difficulties registering at the police station, please contact the Brentwood Office.

**PLEASE DO NOT START WORK UNTIL YOU HAVE DONE THIS.**

## 3. The sample

This year we are re-visiting the Birth Cohort who will be aged just under 6. This will be their sixth and last annual interview (we will next go back to them when the child is aged just under 8). As at previous sweeps you will be given both an ARF and an address information sheet which will have contact details for the child and the previous respondent(s), as well as stable contact details.

## 4. Previous refusers

In April this year (and possibly for the rest of the sweep), we will be re-visiting those families who refused in sweeps 3-4. Evidence from other NatCen studies shows that people often don't

remember refusing and are quite happy to come back on board in some cases. These respondents will be flagged at the top of the address information sheet.

There are some implications for these cases:

- There is only limited feed forward data
- They may not remember much about the study
- There is an additional fee paid for each of these cases which result in a productive interview

If a previous refuser completes an interview at sweep 6, we would also like to **collect consent to link to health data**, as we did for everyone else at sweep 4. You will therefore have additional data linkage information and consent forms for these cases. Please try to get consent for both the child and natural mother where possible. Procedures are the same as for education linkage – see section 11 for more details.

## 5. 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 and maintained using information we obtain through a variety of methods.

Throughout the year we keep in regular contact with families:

- After each interview, families who take part are sent a thank-you letter, with 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 as well as giving us some advance notice (via undelivered mail) of families whose contact details are out-of-date.
- On April 29th 2010, a newsletter containing sweep 4 results will be sent out to all families in the sweep 4 sample.
- All families are sent a Christmas card every year and in 2011 will also be sent a calendar containing drawings by children in GUS



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](http://www.growingupinScotland.co.uk) and have a dedicated freephone telephone number and email address for the study.

Where we know a family to have moved but have been unable to trace them, 'tracing required' will be written on the address information form under 'comments'. ***Please go through your work packs when you first receive them to see if you have any addresses where tracing is required. Start on these cases early in the fieldwork period, as they are likely to take some time to track down.***

Where a child or family has moved, we ask you to make a reasonable attempt to trace an address given the timescales. Trace previous respondents in the first instance and only switch to someone else if you discover previous respondent is not eligible (usually because they no longer live with the child, but we will come onto eligibility later)

The object is to find the sample child - despite this **ALWAYS TRACE ADULTS NEVER TRACE CHILDREN**. Please follow up a new address where it is local to the old address. Where an

address is not local please speak to your team leader ASAP.

At sweep 6 we will not be producing movers' letters routinely, however, if you feel this would be useful for a particular case, please contact the office and this will be arranged.

## 6. Contact procedures

You will send out advance letters each month on GUS. **Included** with the advance letter you need to put a **paper self-complete questionnaire** and a **Sweep 6 information leaflet**.



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 whom 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 still 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 5
- 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.



You must attempt to make contact at **every** address in your assignment except those notified to you as office refusals. You must call at each address on at least 6 different occasions. Visits should be spread across times of the day, days of the week, and weeks of the fieldwork period. The address information sheet contains the time and day of the previous interviews, which may be of some use when you come to call at sweep 6. There may also be comments with directions or other useful information for re-contact at the bottom of the info

sheet. Where the previous interviewer has recorded sensitive information, '\*\*\*' will be displayed at the bottom of info sheet. In these cases, please phone the Purple team who will give you the information over the telephone.

We will not be giving out maps on this project. If you have trouble locating an address, and have access to the Internet, the following web-sites may be of use: [www.streetmap.co.uk](http://www.streetmap.co.uk) or [www.multimap.co.uk](http://www.multimap.co.uk). If you cannot search these yourself, please contact the Purple Team in Brentwood who will be pleased to investigate on your behalf.

## 7. Stable contacts

These can be contacted (either in person or by phone) if the previous respondent has moved from the issued address. When using the stable contact:

- Do not necessarily name the project or describe the content of the survey. Do not mention the child. Simply explain that:
  - You are an interviewer working for ScotCen.

- You are trying to get contact details for respondent (mention relationship between stable contact and respondent) who is involved in a research project being funded by Scottish Government.
- The respondent completed an interview in [month] last year but you understand they have moved since that time.
- Last year the respondent gave us your name to get in touch if they should move address.

## 8. Who to interview

At sweep 1 we tried to interview the natural mother of the child and succeeded in approximately 97% of cases. Since then we have always attempted to follow-up the same respondent and so naturally, in the vast majority of cases, we still speak to the natural mother.

At Sweep 6 the aim is to get an interview, so if the previous respondent is reluctant or away then please try to interview another resident parent or carer of the child (including grandparents and foster carers). However:

**DO NOT INTERVIEW ANYONE WHO IS NOT A RESIDENT PARENT OR CARER OF THE CHILD.**

## 9. Introducing the study

Most respondents will have completed several interviews by now and will be well aware of the study and what it entails. In addition, most should have received several pieces of mailing from ScotCen over the last year. However, for those who are more reluctant to take part, it may help to remind people that:

- No names or identifiers linked to the survey data;
- Free to withdraw at any time;
- We'll keep people informed of progress and findings;
- This is the last year of annual interviewing – after this year we will only visit every few years to see how families are getting on.



In addition it may help to mention the impact the study has already had. The play talk read scheme from the Scottish Government is likely to be the scheme most heard of by the families and is based on evidence from the activity questions and cognitive assessments in sweeps 1-3 of GUS.

Please see the Interviewer Manual for further advice on persuading respondents to take part.

## 10. Height and weight measurements

Height and weight measurements are again being collected at sweep 6. This time however, as well as collecting the child's height and weight, we are **also collecting measurements for the natural mother**, where she is available. These will be housed in separate parallel blocks to give you as much flexibility as possible in when you conduct them. Therefore you are able to conduct the interview and height and weight measurements for mother and child together at once, on two or even three separate visits. **As well as reading this section, you must familiarise yourself with the height and weight protocols included in Appendix A.**

Answer Navigate Options Help

INTERVIEWER: You are able to conduct the measurement section when **Bart** is ready.

Do you want to do the measurement section on this visit or at another time?

.. On this visit  
.. At another time

ssDoC	<input type="checkbox"/>	Yes
ScrC	<input type="checkbox"/>	
ssDoM	<input type="checkbox"/>	Yes
ScrM	<input type="checkbox"/>	

Answer Navigate Options Help

INTERVIEWER:

\* Press <1> then <Enter> to continue with questionnaire with respondent (Clare)

OR

\* Press <Ctrl> + <Enter> to select the Child Measurement section (Maya)

.. Press 1 and <Enter> to continue.

Scr2	<input type="checkbox"/>
------	--------------------------

The measurement sections can be completed any time after the household grid section. You will be presented with this screen. Please code 'on this visit' if you plan to carry out the measurements at any point in this trip.

If you code 'on this visit', you will then be asked if you would like to go to the measurement section at this point, or if you would like to carry on with the main interview. Where the natural mother is in the household, you will be asked the same questions for the mother's measurements as well. This means that the mother's measurements will come up where the mother is in the household but is *not* the respondent. Because we are exploring a biological maternal link, we do not, at this stage, need to measure any other family member.

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



down, then this is okay – there are enough measurement cards for multiple measurements in a household.

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

Do not force a child to be measured if it is clear that the child is unwilling or that the measurement will be far from reliable but whenever you think a reasonable measurement can be taken, do so. You are asked to record the reliability of your measurement at **RelHiteB** and **RelWaitB**.

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



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

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

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

### **RelHite and RelWaitB**

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

## **11. Consent to link to education data**

It has always been an aim of GUS to add to the study by linking to data from other sources. At sweep 4 we collected consent to link to health data and at sweep 6 we are collecting consent to link to basic education data, such as attendance, class size and details about the school. Doing this allows us to build up a more detailed picture of the child's education without having to ask parents for all of the information. The information and consent form contains more detail on the proposed linkage (**it would be advisable to read this before attempting your first interview**). Please give this form to all respondent's whose child is attending school and ask them to tick the relevant boxes and sign if they give consent. You also need to fill in your details and sign the form. Please leave the **bottom copy** with the respondent and **send the top copy back to the Purple team**. You will be reminded to collect this consent at the end of the interview programme.

### **Consent forms for non-English speakers**

Obviously a person cannot give informed consent if they cannot understand the information

sheet, e.g. because of language difficulties. Please ensure that a person with the relevant language skills reads the information to them in their mother tongue, before they are asked to sign.

### **Consent forms for people with literacy problems or poor vision**

A person whose mother tongue is English but who cannot read and understand the consent information for themselves, e.g. because of literacy problems or poor vision, should have the information read out to them in English.

### **Questions you might be asked about linking to education records**

#### ***What sort of information on my child will you be requesting from ScotXed?***

We will only have access to routine administrative data for example, levels of attendance, provision of Gaelic speaking education, class sizes and additional support needs. This is helpful because it will help us identify what support children need to assist them at school, and what factors help or hinder child development e.g. class size. We will not have any access to your child's personal school records.

#### ***Will you have access to my child's personal school record?***

No, we will not have any access to the personal school records for your child.

#### ***Where can I find out more information about educational data held on my child?***

More information is available through the ScotXed website: [www.scotxed.net](http://www.scotxed.net)

## **12. Gifts and calendars**

This year children in GUS are being given a GUS sports water bottle as their gift. There are enough for to give one to each child.

At the end of this year we plan to send all GUS families a GUS calendar, with pictures drawn by a selection of children. We are therefore asking interviewers to hand out **calendar templates to all children between April and September**. Respondents will also require a freepost envelope to send back the child's drawing to the office, unless you are in a position to collect the drawing (e.g. on a return visit to take a height and weight measurement). Children are asked on the leaflet to draw themselves (and friends/siblings if they wish) playing outside. We will then choose the a selection of pictures and put them into a GUS 2011 calendar.

## **13. Interview length**

The interview will last, on average, about **65 minutes**, including height and weight measurements. This is an average, and so some of your interviews will take less while others may take more.

## **14. Overview of procedures**

In summary, the survey involves the following procedures:

- i. Notifying the police that you are working in the area;
- ii. Tracing all issued respondents (where they are still living with the cohort child), making contact with all (apart from deadwood and office refusals) and completing a paper ARF (details below) for each address;
- iii. Conducting the interview with the previous respondent or main carer of the cohort child;



- iv. Taking Height and weight measurements for the cohort child and the natural mother;
- v. Collecting consent to collect to the child's education data;
- vi. Collecting a completed self-complete paper questionnaire for each respondent;
- vii. Putting basic ARF information for **every** allocated address onto the computer, including any details of stable contacts of future changes of address (Admin block).

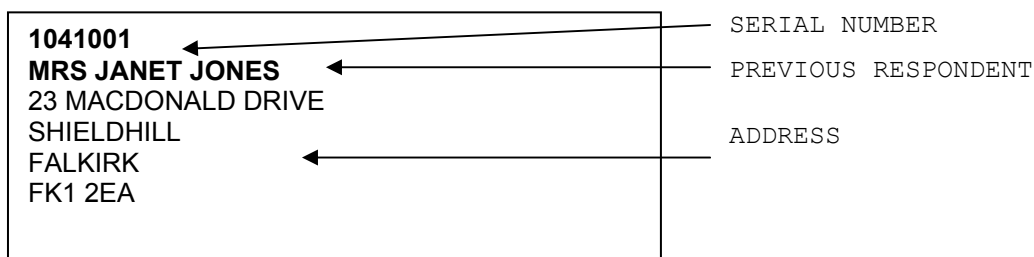
### 15. Materials for the survey

- Practice interview (TRA) Instructions
  - Address Record Forms (ARFs) - see Section 7
  - Copies of the advance letter
  - Laminated pre-advance and advanced letters for doorstep
  - Leaflets about the Scottish Centre for Social Research - leave one with each respondent
  - Specific leaflets about GUS
  - Helpline leaflet – for leaving in households where you feel it is appropriate
  - 1 set of showcards
  - Measurement cards (enough for mother and child)
  - GUS water bottle – one for each child
  - Education data linkage consent forms
  - Health data linkage consent forms for respondents not involved at sweep 4
  - Template for child's calendar drawing (April to September)
  - Freepost envelope for respondent to return drawing (April to September)
- .... and of course, a lap-top computer with a rechargeable battery pack, and shoulder bag!

### 16. Address Record Forms (ARFs)

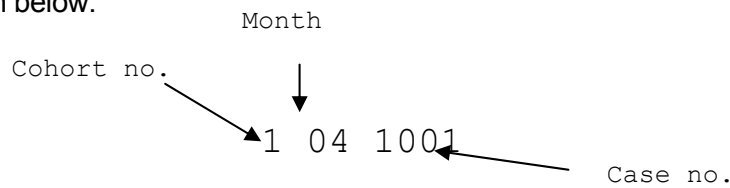
#### *Examples of ARF labels*

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



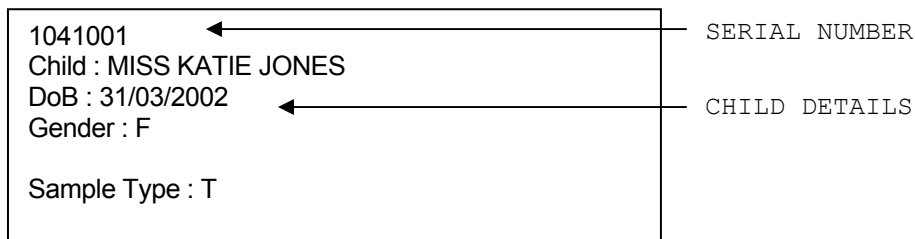
The serial number will be at the top of the label and the name and address of the previous respondent will follow. This should be the person whom you ask to speak to in the first instance.

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).



**ARF Instructions**

The ARF is now one-way, as it was at sweep 5.

**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 (this is therefore the last year of annual visits for the birth cohort). 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 6. Where they do not want to remove themselves completely and are happy to be approached at sweep 7, please use codes 510 (illness) or 520 (away) if appropriate, or use code 425 – “Refusal for sweep 6 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.

### ***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.

## **17. Field procedures**

### ***The Admin Block***

The Admin block should be completed once you have reached a final outcome code.

The Admin block mirrors the ARF and for the most part you will simply be transferring information from the ARF. Please transfer your answers exactly as they are on the ARF, following the instructions on the screen.

You must complete an Admin block for **every** serial number, including unproductives, deadwood and office refusals. Failure to complete all Admin blocks will prevent you from doing your end of assignment clearout.

Further details of the admin block are outlined below.

### ***Returning work***

Work should be returned via standard modem procedures – as soon as you have anything to transmit. Never hold onto work for more than a few days – lots of time is wasted trying to locate untransmitted interviews.

Regular transmissions will minimise the risk of lost productives through laptop failure, loss or damage. It will also ensure that Newsflash information will be received quickly as well as any possible program updates.

## **18. The interview questionnaire: practice interviews**

We would like you to complete a practice interview before you start your assignment and return it to the office before **Wednesday 8<sup>th</sup> April**. By familiarising yourself with the questionnaire you should find that the questions are easier to ask to your respondents and the interview will flow better. You will find some questions are quite difficult to administer if you have not been through them in advance. You will also be able to respond to queries on the doorstep about the content of the questionnaire or you may find that there are questions within the study which you can use to persuade a particular respondent to take part.

Details of how to return practice interviews can be found on a separate sheet in your briefing packs. You will receive a fee for taking the time to complete and return the practice interview.

## 19. Interviewing respondents with disabilities

If you come across a respondent where our normal interviewing procedures will not work because they have a disability, please consult the “Guidelines for Interviewing People with Disabilities” and follow the advice.

The following are particularly relevant:

- If the respondent has difficulty in reading (for whatever reason), you should offer to read out the showcards.
- If the respondent is hard of hearing, investigate whether it would help if you positioned yourself so that he or she can lip read, If that will not help, you should investigate whether the respondent would be willing to sit next to you and read the questions off the screen. This method should only be used if you cannot otherwise conduct the interview, as the respondent will be able to see occasional instructions that would not normally be seen by respondents. It is, however, better than no interview.

If none of these suggestions work, please find out whether there is any other measure that would make it possible to conduct the interview. Then contact the office with this information and NatCen will take reasonable steps to conduct the interview.

## 20. Reallocations and reissues

We do not re-issue as standard on this project. This code should only be used when advised by your Team Leader or the Purple Team at Brentwood.

## 21. Any queries?



### Purple Team

Megan Hodges (Project Assistant) 01277 690135  
Lesley Mullender (Project Controller) 01277 690060  
Sue Roche (Deputy PC) 01277 690061

### ScotCen Contacts

Louise Marryat, Paul Bradshaw, Judith Mabelis 0131 228 2167

Queries about field arrangements should be raised with your **Team Leader** or Area Manager in the first instance.

**We hope that all goes well and that you enjoy working on this study. Thank you again in advance for your hard work.**

## **APPENDIX A: PROTOCOL FOR TAKING HEIGHT MEASUREMENT**

### **A. THE EQUIPMENT**

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

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

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

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

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

#### **The rods**

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

#### **The base plate**

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

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

#### **The head plate**

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the headplate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

#### **Assembling the stadiometer**

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

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

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



2. Take the rod marked number 2. Making sure the yellow measuring scale is on the right hand side of the rod as look at the stadiometer face on, place rod 2 onto the base plate pin. It should fit snugly without you having to use force.
3. Take the rod marked number 3. Again make sure that the yellow measuring scale connects with the scale on rod 2 and that the numbers run on from one another. (If they do not check that you have the correct rod). Put this rod onto rod number 2 in the same way you put rod 2 onto the base plate pin.
4. Take the remaining rod and put it onto rod 3.

### **Dismantling the stadiometer**

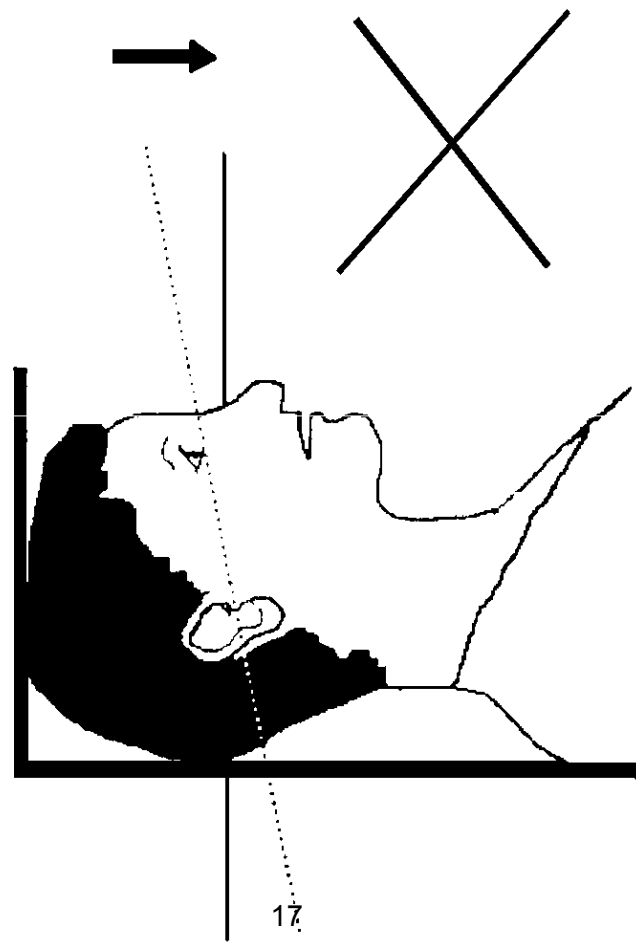
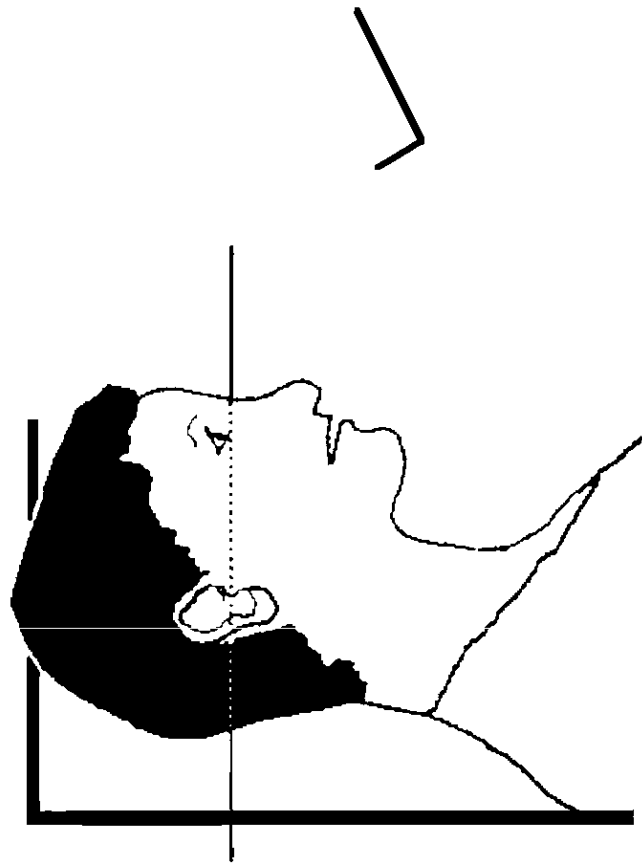
Follow these rules:-

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate
2. Remove one rod at a time

### **B. THE PROTOCOL - ADULTS (16+)**

1. Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.
2. Assemble the stadiometer and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.
3. The respondent should stand with their feet flat on the centre of the base plate, feet together and heels against the rod as this helps people to 'be at their highest'. The respondent's back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.
4. Move the respondent's head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breath in deeply and to stretch to their fullest height. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent's head. If so, ask the respondent to tell you when she feels it touching her head.

# FRANKFORT PLANE – ADULTS



6. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.
7. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres at the question *Height*. At that point the computer will display the recorded height in both centimetres and in feet and inches. At *RelHiteB* you will be asked to code whether the measurement you obtained was reliable or unreliable.
8. Height must be recorded in centimetres and millimetres, e.g. 176.5 cms. If a measurement falls between two **millimetres**, it should be recorded to the **nearest even millimetre**. E.g., if respondent's height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent's height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.
9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

### **C. THE PROTOCOL - CHILDREN (2-15)**

The protocol for measuring children differs slightly to that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement. If possible measure children last so that they can see what is going on before they are measured themselves.

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

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

1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement. It is so that you can make sure that children don't lift their heels off of the base plate. (See 3 below).
2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.
3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.
4. Place the measuring arm just above the child's head.
5. Move the child's head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
6. Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck. (See diagram).

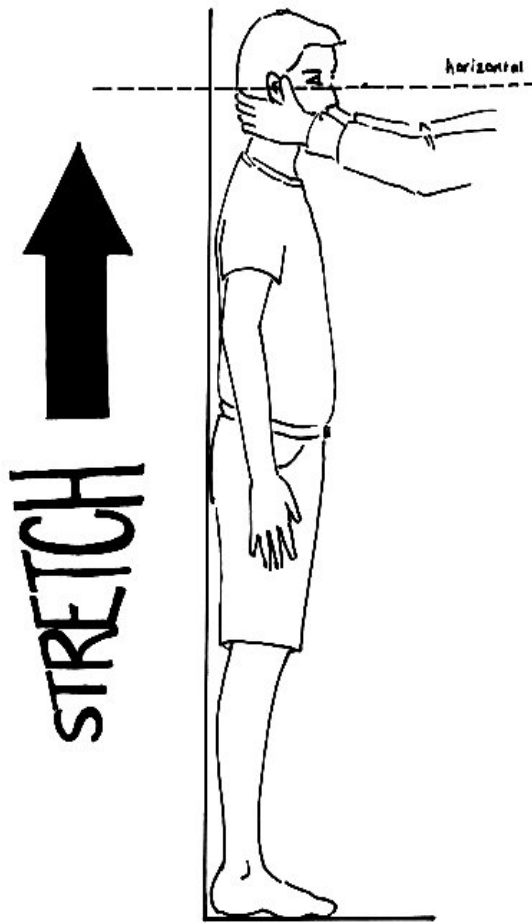
7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.
8. Ask the household member who is helping you to lower the headplate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.
9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.
10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question "Height." Please then write the child's height onto their measurement card. At that point the computer will display the recorded height in both centimetres and in feet and inches.
11. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

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

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

**E. ADDITIONAL POINTS - ALL RESPONDENTS**

1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.
2. If the respondent has a hair style which stands well above the top of their head, (or is wearing a religious head dress), bring the headplate down until it touches the hair/head dress. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head, and think that this will lead to an unreliable measure, record this at question *RelHite*. If it is a hairstyle that can be altered, e.g. a bun, if possible ask the respondent to change/undo it.
3. If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.
4. You may need to tip the stadiometer to read the height of tall respondents
5. If the respondent has long hair then you may need to tuck it behind their ear in order to position the head correctly. Always ask the respondent to tuck their hair behind their ears.



#### PROTOCOL

- SHOES OFF
- CHILDREN - SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN - STRETCH & BREATHE IN
- ADULTS - BREATHE IN
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT

## APPENDIX C: PROTOCOL FOR TAKING WEIGHT MEASUREMENTS

### A. THE EQUIPMENT

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

#### *Soehnle Scales*

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

#### *Seca 850*

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

#### *Seca 870 & 880*

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

#### *Tanita THD-305*

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

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

#### *Batteries (Soehnle, Seca 850 and Tanita)*

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

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

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

## **WARNING**

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

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

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

- a) You have to have a second or subsequent attempt at measuring the same person
- b) Two respondents appear to be of a very similar weight
- c) Your reading for a respondent in a household is identical to the reading for another respondent in the household whom you have just weighed.

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

## **B. THE PROTOCOL**

1. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the *National Centre* at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.
2. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, and to empty their pockets of all items.
3. If necessary, turn the scales on again. Wait for a display of 0.0 before the respondent stands on the scales.
4. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

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

5. The scales will take a short while to stabilise and will read 'C' until they have done so. (The Seca 870 displays alternate flashing lines in the display window. With the Tanita scales the weight will flash on and off when stabilised). If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory.
6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question *Weight* before the respondent steps off the scales. The computer will then display the measured weight in both kilos and in stones and pounds.

## **WARNING**

The maximum weight registering accurately on the scales is 130kg (20½ stone). (The Seca 870 can weigh up to a maximum of 150kg or 23 ½ stone). If you think the respondent exceeds this limit code them as “Weight not attempted” at *RespWts*. The computer will display a question asking them for an estimate. Do not attempt to weigh them.

## **Additional Points**

Pregnant women do not have their weight measured. For women respondents aged 16-49, the computer displays a question asking them whether they are pregnant and then enforces the appropriate routing. If you have a respondent aged under 16 who is obviously pregnant, code as “Weight not attempted” at *RespWts* and “Other - specify” at *NoWaitM*.

## **Weighing Children**

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

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

In most cases it will be possible to measure children's weight following the protocol set out for adults. However, if accurate readings are to be obtained, it is very important that respondents stand still. Ask the child to stand perfectly still - “Be a statue.” For children who are unable to stand unaided you will need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:-

- a) Code as “Weight obtained (child held by adult)” at *RespWts*
- b) Weigh the adult as normal following the protocol as set out above. Enter this weight into the computer at *WtAdult*.
- c) Weigh the adult and child together and enter this into the computer at *WtChAd*.

The computer will then calculate the weight of the child and you will be asked to check that you have recorded the weight onto the child's ‘Stage 1 leaflet for children’ at *MBookWt*. Again the computer will give the weight in both kilos and in stones and pounds.

## **Weight refused, not attempted or attempted but not obtained**

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





Scottish Centre *for*  
Social Research

*Incorporating Scottish Health Feedback*

**P7066 (PURPLE TEAM)**

# **GROWING UP IN SCOTLAND SURVEY 2010/2011**

## **CAPI EDIT SPEC**

Version 1

**JUNE 2010**

## CODE FRAME 1

**PSao01** (In Q.Parenting block)

Edit question: XPSao1

Why was ^childname upset or reluctant to go to school?

Question Type: Open

MULTICODE ALL THOSE THAT APPLY

Current codes:

01. Child didn't want to leave parent or was missing parent
02. Child was tired
03. Problems with other children (including bullying)
04. Problems adjusting to a new routine
05. Just didn't want to go (or wanted to stay at home)

### NEW CODES:

07. Child found school boring
08. Child was scared or nervous
09. Adjustment/change/trouble settling
10. Laziness
11. Just didn't want to go or wanted to stay at home
12. Child didn't like school
13. Child was pretending to be ill
14. Child was ill or had an accident
15. Child felt lonely, didn't know anyone or was missing friends
16. Child was disciplined or told off at school
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

## CODE FRAME 2

**McPSPd01** (In Q.Primary School)

Edit question: XPsdpO

What other activity have you (^or your partner) participated in?

Question type: Other specify

MULTICODE CODE ALL THAT APPLY

Original codes

- 1 Volunteered in the classroom, school office or library
- 2 Spoken to the Head teacher
- 3 Attended a school event in which your child participated
- 4 Attended a school event in which your child did not participate
- 5 Attended a Parent Council, PTA, School Board or other such meeting
- 6 Visited your child's classroom
- 7 Volunteered and attended a trip or a school event
- 8 Have volunteered for school activities but haven't been asked
- 9 Something else
- 10 None of these (*Exclusive code*)

**NEW CODES:**

11. Attended information meeting

94. Other specific

95. Vague or irrelevant

96. Editor can't deal with

*Back coding required*

### CODE FRAME 3

**MdPSat02** (In Q.Primary School)

Edit question: XPSat02

In the last 6 months, has ^childname had time off school for any of the following reasons?

**MdPSatO [NOT IN DATASET]**

What is the other reason ^childname missed school?

Question type: Open

**ORIGINAL CODES:**

- 1 Child was ill
- 2 Child had a doctor, hospital or dental appointment
- 3 A family holiday or trip
- 4 Child refused to go to school
- 5 Family event such as wedding or funeral
- 6 Other reason (please specify)
- 7 Child hasn't had time off school

**NEW CODES:**

8. Parent ill or in hospital
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

*[Eye checks into doctor, hospital or dental appointment]. Again, this is going to need some back coding as well as coding into the new codes.*

## CODE FRAME 4

**MdPShw03** (In Q.Primary School)

Edit question: XPSHW03

**MdPShwO** [NOT IN DATASET]

Why do you find it difficult to get <sup>^</sup>*childname* to do <sup>^</sup>his homework?

QUESTION TYPE: OPEN

### NEW CODES:

1. Been at school all day
2. Difficulties with homework
3. Just doesn't want to do it/not interested
4. Prefers to do other activities
5. Tired
6. Too much homework
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

## CODE FRAME 5

**PSpey1** (In Q.primary school )

Edit question: XPSpey1

What would you say were the main reasons you attended the parents' evening?

Question type: Open

MULTICODE: CODE ALL THAT APPLY

### NEW CODES:

01. Progress in general
02. Additional support needs
03. Settling in and making friends
04. Child's behaviour
05. Problems with other children including bullying
06. To find out how to support my child at home
07. Expected to go
08. To see that child is happy
09. Find out what child is doing at school
10. So that I/we are involved in child's education
11. To visit/get to know child's teacher/school
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

**[6. include homework related]**

## CODE FRAME 6

**PSptu2** (In Q.Primary School)

Edit question: XPsptu2

Why do you say that? [how useful parent's evening was]

Question type: OPEN

### **NEW CODES:**

#### **POSITIVE**

01. Reassurance
02. Information on child's progress in general
03. Opportunity to meet teacher (and to check the teacher out)
04. Opportunity to see child's classroom, work and find out what they are doing at school
05. Given advice on how to help child
06. Teacher was able to explain things (also provide right information)

#### **NEGATIVE**

06. Too early in the year
07. Teacher did not know child well enough
08. Not enough time
09. Not given information wanted
  94. Other specific
  95. Vague or irrelevant
  96. Editor can't deal with

## CODE FRAME 7

**MdNsch02** (In Q.Prischool block)

Edit question: XMdNsch2

*If non-resident parent had not had any contact with the school*

**MdNsch02**

Why has ^childname's ^father not had any contact with the school?

**Question Type: Other specify**

### ORIGINAL CODES:

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

### NEW CODES:

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



## CODE FRAME 8

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

Edit question: XDPrbX

### **DisProb**

“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. Complaint no longer present
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

## CODE FRAME 9

### AclbN (In QNeigh)

What would you say are the main reasons why ^childname is not involved in any of these activities?

Question Type: Open answer

**MULTICODE: CODE ALL THAT APPLY**

#### **NEW CODES:**

1. Child doesn't want to
2. Child is too young
3. Child's personality/disability prevents them
4. Child is too busy
5. Child is too tired
6. Not available ( either in the area, on waiting list)
7. Too expensive
8. Difficulties for parents (time, practicalities)
9. About to start
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with



## CODE FRAME 11

### NHgsp1

I am now going to ask you some questions about green or open spaces in your local area. Which of the terms on this card best describes the green or open space nearest to you?

#### CODE ONE ONLY

INTERVIEWER NOTE: PROBE ON THE TYPE OF GREEN OR OPEN SPACE IF RESPONDENT GIVES THE NAME OF A SPECIFIC PLACE.

- 1 A public park
- 2 A wood
- 3 A beach or shore
- 4 Open countryside, fields or hills
- 5 A river or canal
- 6 Another kind of green or open space (Please say what)

#### NEW CODES:

7. Area in housing estate (communal)
8. Play park
9. Other grounds (belonging to school, university, golf course etc)
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

*Back coding and new coding required (coders to take first answer given - Richard - is it possible to put an interview instruction to this effect at the top of the page?).*

## 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:

- |  |
|--|
| <ol style="list-style-type: none"><li>25. Professional qualification (employment related)</li><li>26. IT certificate/qualification (other than those listed above)</li><li>27. Aviation certificate/Pilot's licence</li><li>28. Other employment related qualification</li><li>29. None</li><br/><li>94. Other specific</li><li>95. Vague or irrelevant</li><li>96. Editor can't deal with</li></ol> |
|--|

*Some backcoding required as well as coding into new codes.*

## CODE FRAME 12

**MdYwlf21** (In Q.ProxEmp block)

Edit question: MdYwlf22

*If respondent is dissatisfied with the amount of time partner spends at home and the amount of time partner spends at work*

**MdYwlf21**

“Why is that?”

INTERVIEWER TYPE IN ANSWER

**Question Type: Open answer**

**MULTICODE: CODE ALL THAT APPLY**

### **NEW CODES:**

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

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

## CODE FRAME 13

**ReligOth** and **PrRelOt** (In Q.EmpInc block)

Edit questions: XRelOt and XPrReO

“Please can you describe your religion?”

**Question Type: Other specify**

**SINGLE CODE ONLY**

**ORIGINAL CODES:**

0. No religion
1. Church of Scotland
2. Roman Catholic
3. Other Christian (please describe)
4. Muslim
5. Buddhist
6. Sikh
7. Jewish
8. Hindu
9. Pagan
10. Other non-Christian (please describe)

**NEW CODES:**

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

## 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