Growing Up in Scotland: Birth Cohort 2, Sweep 2

Project Instructions

GUS_BC2_SW2_Interviewer instructions

GUS_BC2_SW2_CAPI Edit spec

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GUS
Growing Up in Scotland

Growing Up in Scotland Study

Birth Cohort 2, Sweep 2
Mainstage 2013

Project Instructions

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1 About the study

1.1 Background and introduction to the study

The Growing Up in Scotland (GUS) study is a major cohort study funded by the Scottish Government. It is following three groups of children through their early years, into childhood, adolescence and, possibly, beyond into adulthood. GUS is specifically Scottish in focus – all of the interviews take place in Scotland and the survey reflects the Scottish Government's need for accurate information upon which to base its decision-making about policies and services for children and families.

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

ScotCen Social Research was first commissioned to undertake fieldwork in 2005. At this point, two cohorts were recruited - one based on 5,000 babies (birth cohort 1/BC1) and the other involving 3,000 toddlers (child cohort/CC). Respondents from the child cohort were interviewed on an annual basis for four years. The birth cohort was interviewed on an annual basis for six years and, after a two year gap, we are currently conducting the seventh sweep of data collection with this cohort. During 2011 we recruited a new birth cohort (BC2) of 6000 children born in 2010/2011 and it is to this cohort that we will return to during 2013.

As you may be aware, in May this year, the Scottish Government issued an open tender for the continuation of the study from 2012-2016. We are very pleased to report that ScotCen was awarded the new contract. The latest contract provides funding for three further rounds of interviewing with children in both birth cohorts. (BC1 and BC2):

2013 **Sweep 2, Birth Cohort 2 (child approaching 3 years old)**

2014-2015 **Sweep 8, Birth Cohort 1 (child in Primary 6/10 years old)**

2015 **Sweep 3, Birth Cohort 2 (child approaching 5 years old)**

1.2 How GUS is used?

The fact that the Government is willing to continue funding the study shows the important role it plays for informing policy and how valuable GUS data is. GUS is a unique source of information on children and their families in Scotland and is used by a wide range of bodies including central Government, Councils, Health Boards, Education Scotland, voluntary organisations such as Save the Children and NSPCC, as well as academics and other researchers. Results are used to:

- Find out about the important issues facing families in Scotland today and to find out about the needs and priorities of those families.
- Track how issues and priorities change over time as children get older.
- Develop policies and services to address these needs and priorities.
- Check that policies are working well and if not, how they can be changed for the better.

More concretely, some examples of how GUS data has been used so far include:

- Evidence from GUS was one of the sources used by the Scottish Government when it was developing its "Play, Talk, Read campaign", which encourages parents to carry out activities with their child. GUS data showed how parental involvement and simple activities with children could aid a child's development. http://www.playtalkread.org/

- GUS data has been influential in helping the Scottish Government develop new advice on breastfeeding.

- Paul Bradshaw (GUS Research Director) gave evidence from GUS to the Scottish Parliament Finance Committee, which is looking at how public money can be spent to help prevent social problems. For more information: http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=6901&mode=pdf

- Findings from GUS were used to help with the development of a new National Parenting Strategy for Scotland. This Strategy is being developed to improve the support to families across Scotland. For more information http://www.scotland.gov.uk/Topics/People/Young-People/Early-Years-and-Family/Families

- Charities, such as Save the Children, use GUS data to help inform their programmes and work.

- GUS data is being used to inform the work of the Early Years Collaborative – a wide-ranging, national programme which will see local authorities work with a range of other local agencies to transform services for young children and their families.

- The NHS and Health Improvement Scotland have based some of their parenting and ante-natal education packs on the findings of GUS.

- Education Scotland used evidence from GUS to revise their Birth to 3 guidance 'Positive Outcomes for Scotland's Children and Families'. This is a key document for all practitioners working with young children in Scotland.

There are also many other people and organisations looking at and using the GUS data that you help us to collect to inform their work. In addition, the longer the study continues and the more cohort members we can keep on board, the more useful it is!

You can also read more about GUS on the regularly updated study website: http://www.growingupinscotland.org.uk/ or by following us on Twitter: @growingupinscot

1.3 Birth Cohort 2, Sweep 2: Overview of procedures

This year, we are conducting interviews with Birth Cohort 2 (BC2) when the child will be approaching his/her third birthday. As may be expected on a longitudinal study, a certain number of questions from sweep 1 are being repeated and other questions that have previously been used with Birth Cohort 1 (BC1) are also asked.

The child will also be involved this year: we would like interviewers to take the child's height and weight measurements and conduct cognitive assessments with the child.

All of the families being issued at this sweep took part in the initial sweep 1 interview during 2011 and agreed to be contacted again about the study.

Overview of procedures

In summary, the study involves the following procedures:

i) attempting to make contact with respondent who, in most cases, will be the child's mother (but in certain cases may be another adult caring for the child) for all the children in your assignment
ii) conducting the main CAPI interview, including a self-completion (CASI) component
iii) introducing and obtaining consent to conduct the child cognitive exercises and carrying them out
iv) taking the child's height and weight measurements
v) completing a paper ARF for all addresses, which includes some observations and entering this information into the admin block.

2 The sample, the ARF and information sheets

2.1 The sample

You will be given both an ARF and an address information sheet that will have the contact details for the child and the previous respondent as well as stable contact details (if these were provided at sweep 1).

As always on GUS, we will trace all families who move **within Scotland,** irrespective of where in Scotland they have moved to. Families who move out of Scotland are no longer included in the study. More detailed information on tracing is provided in section 4.

All of these respondents previously took part in sweep 1 in 2011 and agreed to be contacted again about the study.

2.2 Cohort maintenance

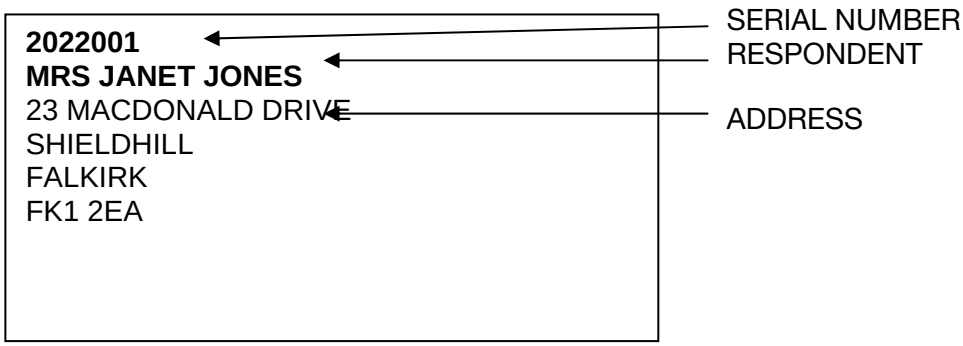
We maintain and update a confidential database containing names, addresses and other contact information (such as phone numbers) for the cohort. We obtain this information through a variety of methods.

After each interview, families 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 May 2012, a newsletter containing sweep 6 results was sent out to all families involved in the study. All families are sent a letter and card/calendar at Christmas. Families will also receive a newsletter in February 2013 to coincide with the launch of the latest GUS reports (based on BC2 sweep 1 data).

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

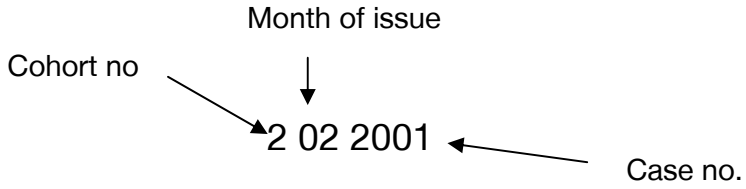
2.3 Examples of ARF labels

There are two labels on the ARF. The first, on the front page, is a standard address label:



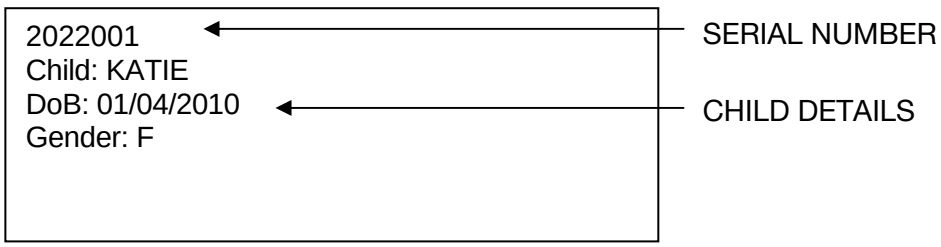
The serial number will be at the top of the label and the name and address of the person recruited will follow. **This should be the person whom you ask to speak to in the first instance.**

The serial number for the respondent has seven digits. An example is shown below:



The first digit indicates the cohort number - all cases in this sample will begin with 2 because they are part of the second group of cohorts to the study. The second and third digits indicate the sample month (01=January, 02=February and so on).

The second ARF label is an information label, repeating the serial number and giving details of the sampled child – his/her forename, date of birth and gender.



2.4 ARF instructions

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.

INFORMATION ABOUT UNPRODUCTIVE CASES SHOULD ALSO BE TRANSFERRED INTO THE ADMIN BLOCK.

2.4.1 Pages 1 and 2

On pages 1 and 2 of the ARF there are standard calls record forms 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 as 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.

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

2.4.2 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.

2.4.3 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 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-you do not need to contact the family. If you are in any doubt as to whether to follow up an address yourself, or are not sure if the address is in Scotland then contact your team leader.

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.

2.4.4 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

If 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 2. If the respondent does not want to be removed completely from the study and is happy to be approached at sweep 3, please use codes 510 (illness) or 520 (away) if appropriate, or use code **425 – "Refusal for sweep 2 only – other reason".**

If a respondent refuses to participate, **try to find out the reasons why he/she does not want to participate this time round**. You will have the opportunity to enter this information in the admin block when you are returning the case. We are interested in finding out why people do not want to take part so please try to find this out where you are able to do so and ensure you record it in the admin block.

Refusals coded as 431 and 432 may be removed from the sample so please be certain when you are using these codes.

2.4.5 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.

2.4.6 Section F

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

We are trying to improve our tracing of respondents. To do this, we are collecting a **second stable contact** from all respondents. Please fill in details at F2.

The CAPI 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 F4 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.

2.4.7 Section G

For productive cases (both full and partial) you are asked to complete a series of observation questions, items G1-G6.

Further information about completing the observation questions are included in section 9 and appendix D of these instructions.

2.5 Entering information from ARF into CAPI

The ARF is one-way. This means that **AFTER** entering 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 that would be useful to know at 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 ARF will have an 'information sheet' attached to the back. The purpose of this sheet is to provide you with some additional information about the respondent which may assist you in either establishing initial contact or with tracing. This includes details of the respondent's phone number, the name, address and phone number of their stable contact[1], 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 in the CAPI admin block any generally useful information for re-contact. 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', for example, 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 Brentwood and ask to speak to someone in the Data Unit 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. 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 children born in a specific month.

Ideally, all the interviews should be conducted when the cohort children are exactly the same age, i.e. 34.5 months old - a date which we have named the 'target interview date'. In practice though, this will not always be possible so there is 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 2010 will reach 34.5 months old on 14th April 2013. The fieldwork window for this child therefore will run from 1st April 2013 until the 30th April 2013.

Since a lot of the data we collect concerns child development, it is important that all interviewers try to conduct an interview in this target interview period so we capture the children at comparable ages. However, in some cases it may not be possible to conduct an interview within this timeframe (e.g. family is away on holiday, a family member is ill) and in these exceptional circumstances it is admissible to conduct an interview up until the child's birthday. Please check with your team leader if this is the case.

Fieldwork Wave	Child's Date of Birth	Fieldwork Period
Wave 1	1st March-31st March 2010	4th January- 28th February 2013
Wave 2	1st April-30th April 2010	1st February-31st March 2013
Wave 3	1st May-31st May 2010	1st March-30th April 2013
Wave 4	1st June-30th June 2010	1st April-31st May 2013
Wave 5	1st July-31st July 2010	1st May-30th June 2013
Wave 6	1st August-31st August 2010	1st June-31st July 2013
Wave 7	1st September-30th September 2010	1st July-31st August 2013
Wave 8	1st October-31st October 2010	1st August-30th September 2013
Wave 9	1st Novemeber-30th November 2010	1st September-31st October 2013
Wave 10	1st December-31st December 2010	1st October-30th November 2013
Wave 11	1st January-31st January 2011	1st November-31st December 2013
Wave 12	1st February-28th February 2011	1st December 2013-31st January 2014

In practice this is a genuinely continuous survey because there is no clear break between interviewing in one month to 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 period. Birth rates vary between

months and between areas so this means that assignment sizes will vary from month to month.

3.2 Materials for the study

Your will have the following materials in your briefing pack or they will be sent out in workpacks:

- Address Record Forms (ARFs)
- A laminated copy of the pre-notification letter that was sent
- A laminated copy of the advance letter
- Advance letters that need to be sent out to respondent (plus some spares)
- GUS information leaflets (to be sent out with the advance letter)
- GUS 'Helplines' leaflet to leave with every respondent
- Gifts : post-it notes for adult and stickers for child
- Project instructions
- Instructions for administering the cognitive exercises
- Consent form for conducting cognitive exercises
- Child cognitive exercises equipment:
  - Naming vocabulary easel
  - Picture similarities easel and set of picture cards
- List of organisations that use GUS
- Showcards
- Height and weight record cards
- Spare colouring books to hand out if there is older child in the family (use sparingly)

3.3 Contact procedures

3.3.1 Pre-notification letter, advance letter and leaflet

All respondents have been sent a pre-notification letter which is sent out by Brentwood 2 months in advance of the sample being issued. This serves two main purposes: firstly, it acts as a tracing exercise to try to identify in advance those sample members who have moved. Secondly, it lets respondents know that we will be in touch shortly to arrange an interview.

You will need to send an advance letter and survey leaflet to all the respondents in your allocation. These letters will be provided with the name and address of the previous respondent mail-merged on the top. There is a space for you to write your name in the text of the letter before you send it – please write clearly. **Remember to also enclose a GUS survey information leaflet 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 to fit in with the target interview dates. You will have laminated copies of the pre-notification letter and advance letter to show on the doorstep and extra copies of the survey leaflet.

3.3.2 Doorstep versus telephone

When you first try to make contact at the address it should always be with the person named on the ARF address label. It is to this person that all advance correspondence has been addressed and this is the person that participated at sweep 1. At sweep 2 we would like your initial contact at each address to be **in person.**
There are a few exceptions to this, where it would be fine to telephone the respondent first:

- Where the address is particularly remote or rural, or
- Where repeat doorstep calling at the address has been unsuccessful, or
- The respondent has specifically requested to be contacted **first** by telephone.

3.4 Who to interview

3.4.1 Eligible respondents

As always in GUS, we are aiming to interview the same person interviewed at the previous sweep but only if they are still living with the child. In most cases, this is likely to be the child's mother.

In situations where the previous 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 previous respondent refuses, or is unavailable or away.

In some cases the child may no longer be in the care of the person interviewed at the previous sweep. 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 nor a guardian of the sampled child. If in doubt about who to interview, contact your Team Leader or the Researchers at ScotCen.

*****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 the previous sweep, 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, in the first instance try to interview the parent who was the previous respondent.

3.4.3 Interviews in another language

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 Researchers in ScotCen. It is possible to have an interview carried out through an interpreter.

3.5 General protocols

3.5.1 Notifying the police

Although the policy for notifying the police has recently changed, you should be aware that working on GUS (a study involving young children) requires you to notify the local police of your work. You therefore **must notify** the police before you start work.

Notification should be done via the local police non-emergency telephone number:

Central Scotland	01786 456000
Dumfries & Galloway	0845 600 5701
Fife	0845 600 5702
Grampian	0845 600 5700
Lothian & Borders	0131 311 3131
Northern Scotland	08456 033388
Strathclyde	0141 532 2000
Tayside	0300 111 2222

Initially, when calling the non-emergency line you should make it clear that this is purely a 'notification' exercise and not a 'registration' one. These police contact points are not obliged to support our ways of working but *do* complement them. Thus we need to be clear in our message that we are a legitimate organisation that they are able to verify through our switchboard or internet website. We are letting them know of our activities in the area but we are not asking for authentication from them (e.g. you should not ask for/nor be given an incident number).

If you are told that the police cannot record your request then you should make a note of the time and date and simply ask for the name and collar number (if applicable) of the operator you speak to and thank them for his/her time. By recording these details you will have a note to refer back to if a challenge is made either by a respondent and/or if we are contacted by the police to verify our particulars.

If they ask for a contact number for ScotCen/NatCen Social Research please give them Brentwood's main number (01277 200600). In the event that you have a difficulty with using the non-emergency number or understanding the policy you should speak to your Team Leader in the first instance.

If you are concerned that the area you are working is unsafe or presents other safety challenges you should speak with the Area Manager. Any areas where safety issues are raised should be logged with the Freelance Resources Unit.

3.5.2 Handling babies or toddlers and contact with children

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 and **ensure that a parent/responsible adult is always in the household** when you are there.

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 children so it is important that you do as much as you can to alleviate them.

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 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 action please ring Carol Babicz in Brentwood (01277 690111). As far as possible, the issue should be discussed without compromising respondent anonymity.

3.5.4 Parents who are known to you

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

3.5.5 Gifts

The respondents will not be paid to take part in the survey However, you will be provided with post-it notes and stickers to give to the parent and child as a small thank you for their time. **As a safety precaution, please seek the consent of the parent before giving the child the stickers.**

Interviewers working on GUS have told us that it is sometimes useful to have something to give a sibling in the family should he/she be particularly upset or feel left out. We are therefore providing some colouring books which are leftover stock from previous sweeps of GUS, BC1. These colouring books will be in your workpacks in the first few months, until the supply runs out and should therefore be used sparingly. If you no

longer receive them in your workpack, do not contact Brentwood to request more, as it means that there are none left.

Those of you who worked on previous sweeps of GUS may remember that in the colouring book there is a 'colouring by numbers' activity. Unfortunately, one of the required colours is not included in the coloured pencils pack and we are unable to rectify this error.

4 Tracing procedures for previous respondents

4.1 Introduction

Keeping in touch with people is crucial for the success of any longitudinal study. At sweep 2 the tracing of people who have previously participated in the survey and have since moved is a very important part of the fieldwork process. As explained earlier, we will attempt to trace all cohort members who have moved within Scotland. We have a number of measures in place to facilitate tracing and thereby hope to cut down on the amount of tracing required 'in-field'.

4.2 Pre-notification and pre-field tracing

Before the sample is issued, we will have already undertaken a simple tracing exercise by sending out a 'pre-notification' letter (see section 3.3.1). 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 able to be done during 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. 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 the name or content of the project for which they have been sampled to anyone else.

If you establish a new address, check whether it is in your area. If you are unsure about this, your Team Leader will be able to advise you. If the address is in your area, try to make contact, being fully aware that the respondent may well not have received the advance materials and so you may need to leave copies for them to look at. If the address is not in your area, simply follow the instructions to complete and return your ARF.

4.4 Stable contacts for previous respondents

At sweep 1, 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 would be able to 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. When calling, do not necessarily name the project. Do not mention the child, simply say that:

- You are an interviewer working for ScotCen Social Research.
- You are trying to get contact details for respondent (mention relationship between stable contact and respondent) who is involved in a research project funded by the Scottish Government.
- The respondent completed an interview 2 years ago but you understand has moved since that time.
- Last time, the respondent gave your name to get in touch should they move.

4.5 Incomplete addresses

Although previous respondents should have given us full and accurate addresses, you may still find some addresses are wrong or incomplete. 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). You should also ask local people, perhaps by visiting local shops, especially newsagents.

4.6 Tracing checklist

IF YOU ARE GIVEN AN INCOMPLETE ADDRESS, HAVE YOU:

- checked with the post office to get a full address?
- checked in telephone directories?
- checked for roads or streets with a similar name in the local area?
- phone Brentwood 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?
- checked 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?

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 the 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.

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 Social Research 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 Introducing the survey

This is important as although the respondents have taken part previously, they may not remember much about the study. Explain the content of the interview and reinforce that the questions will all be about their experiences of things like the childcare they may use as well as on their views of parenting. It is worth mentioning that there are no right or wrong answers and no specialist knowledge is needed. It is likely, given the length of the interview that you will need to make an appointment.

When you introduce the survey you should explain the following.

a) <u>Who you are and who the survey is for</u>

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

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.

5.3 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.

"How long will the survey take?"
The interview should take about 65 minutes to complete.
The child educational exercises should take around 15 minutes to complete
The child height and weight measurements should take no more than 10 minutes

"Will the funders see my replies?"
No, they will not know who said what. 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 Operations Department on the Freephone number shown on the letters.

What have you done with the data so far?
The information that families involved in GUS have so far provided has been invaluable to a range of different people such as the Scottish Government, NHS Health Scotland, local councils and charities. The information is used to better understand children and families so that they are able to improve services and support families in Scotland and help make life better.

Remember that you will have a laminated document that lists the different types of organisations that use information from GUS so show this to potential respondents.

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 Social Research on Freephone 0800 652 2704[2]. This number is staffed 9:30-5pm, Monday to Friday. Outside these hours an answer phone service operates. They can also contact the study team in the following ways:

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

- In writing — Growing Up in Scotland Study
  ScotCen Social Research
  73 Lothian Road
  Edinburgh, EH3 9AW
- Via the study website: www.growingupinscotland.org.uk
- Via email: gus@scotcen.org.uk

5.4 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 the advance letter and survey leaflet) and are adequately informed about the survey – including the child's involvement. You should normally plan to make a subsequent appointment to carry out the interview. As we need to keep the long-term co-operation of the parents and children 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.

5.4.1 Interviewing in one or more sessions

At this sweep, we are carrying out three different elements in the household - the main adult survey, child cognitive exercises and child height and weight measurements. In some cases you may be unable to carry out all three elements in one visit but in other cases this may not be possible. Please be flexible in the way you approach this, be prepared to make a return visit if necessary and make the most efficient use of your time in the household.

The CAPI program allows you to conduct the three different elements in any order as they are in parallel blocks (although to carry out the child cognitive exercises you need to answer a few questions in the household grid). Remember that you can also use the time during the adult or child self-complete to assemble and organise the height and weight equipment.

Feedback from the pilot indicated that children were likely to be less apprehensive about having their height and weight taken if they had first done the cognitive exercises with the interviewer.

6 Questionnaire content

6.1 Overview of content

The questionnaire has the following broad structure:

- Household grid/composition
- Parenting support
- Food and eating
- Non-resident parents
- Parenting styles and activities
- Childcare
- Child health and development
- Activities
- Child Physical Activity
- Playparks and green space
- Self-complete
- Employment and economic activity
- Education and identity
- Income and financial stress
- Housing and accommodation
- Follow-up, stable contact and concluding section (including entering observations)
- Naming vocabulary exercise
- Picture similarities exercise
- Child height and weight measurements

7 Conducting the child cognitive exercises

7.1 Introduction

At this sweep, we would like you to carry out two cognitive exercises with the study child. Please note that further and more detailed information and instructions, including procedures can be found in your "Child Assessment Instructions", which you must read **before** your first interview.

The exercises are:

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.

Picture Similarities
This task explores the child'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.

The activities were carried out at sweep 3 of BC1 but the assessment pictures have been updated and in a few cases are different. We would like you to carry out the cognitive exercises with the child in the order they are in CAPI, i.e. start with naming vocabulary followed by picture similarities.

7.2 Gaining consent

It is important that all parents give informed consent before you undertake any exercises with the child. In addition, the consent form must be completed before the exercises are started.

7.2.1 Child activities information leaflet and consent form

Your briefing pack contains a leaflet about the child cognitive exercises for the respondent to read through. It contains additional information about what the exercises involve.

You should give the leaflet to the respondent at an appropriate point during the interview. Please explain briefly the content of the leaflet, so the respondent is fully aware of what the exercises involve. Note that we are trying to call them "exercises" and not "assessments" so respondents don't view them as a test. Please try to use this language when speaking to the respondents.

After they have read the leaflet and asked any further questions, ask them to sign the consent form which you should also sign. You will also need to enter the respondent's

serial number and your interviewer number. You should give the respondent the top copy and return the bottom copy to Brentwood.

In the leaflet, there is a sentence saying, “You do not need to be present during these exercises, 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 exercises, you should ask them to remain present throughout the exercises 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.

7.2.2 Child’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 and the right of the individual child to refuse to participate must be respected. Although a child of this age may not be able to say they do not want to take part, please be sensitive to any distress or reluctance to take part and do not proceed with the cognitive exercises in such cases.

8 Taking child height and weight measurements

8.1 Introduction

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

At this sweep, only the cohort child's height and weight will be measured. However, in some cases it may not be possible or appropriate to do so. Do **not force** a child to be measured if it is clear that the child is unwilling or if the child's measurements (for whatever reason) will be far from reliable. Where you think a reasonable measurement can be taken and the child consents to this, please do so.

Height and weight measurements are held in a separate parallel block to give you as much flexibility as possible in when you conduct them. Therefore you are able to conduct the adult interview, child cognitive assessments and child height and weight measurements on different visits if necessary.

Read the preamble at the question called *Intro*. If further explanation is required, say that although many people know their child's height and weight, and that 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.

8.2 Refusals

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

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

8.3 Overview of protocol

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

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

Please note that only you, the interviewer, is allowed to perform the stretch procedure NOT the parent or carer. If either the adult or the child is not happy with this, do not take the height measurement.

8.4 Reliability – 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. Also, if you were unable to carry out the stretching of the child or if the child was not cooperative you should state this here.

If a height falls between millimetres then it is rounded to the nearest even millimetre. See Appendix B for examples.

8.5 Tips from interviewers

Children of this age may be a bit tricky to weigh and measure or slightly apprehensive about the process. Here are some tried and tested tips from interviewers on approaching this element:

- Offer to measure/weigh the child's teddy bear or toy
- Carry out the height and weight measurements **after** the cognitive exercises so the child has had the chance to get used to you
- Ask the parent to help you or offer to weigh/measure them so the child sees it is no problem
- Ask the child to help you set up the equipment

9 Interviewer Observations

9.1 Introduction

This time we will not ask you to collect the standard interviewer observations but would like you to collect some observations on the child's behaviour and the parent and child interaction.

In other longitudinal studies of child development similar to GUS, observation measures have been demonstrated as a reliable and useful method of reporting on **child and parent behaviour** during the course of a home visit. There is increasing interest in parenting styles and approaches - and the effect of early parenting on child outcomes - amongst government, academics and other interested parties. We have found that relying on parents alone to tell us about these aspects of the child's life can lead to some bias and we aim to improve our data on this topic by also collecting observation information.

The observational data will strengthen other sources of data in GUS, providing further objective information on the relationship between child characteristics, the family environment and child outcomes.

Five observation questions have been added to section G of the ARF (questions G.1-G.6, note that G.2 is a filter question). These items should be completed after you have ended the interview **and left the respondent's home**. The items have been added to the admin section of the CAPI questionnaire and your responses should be transferred onto CAPI before the ARF is destroyed.

Further detailed information to assist with the interpretation of parent and child behaviour and how to complete the associated items is included in Appendix D. PLEASE ENSURE YOU READ THE APPENDIX FULLY BEFORE YOUR FIRST INTERVIEW.

9.2 Consent

Currently, there is no explicit consent requested for recording of observation data. It is common practice in survey research, and in other modes of research, for interviewers to record field observations. However, in the leaflet sent to respondents, we have mentioned that the interviewer will be answering a few questions as to how the child behaved during the interview. In the leaflet, respondents are invited to inform the interviewer if they are not happy for such information to be recorded. You therefore do not need to seek formal consent, nor do you need to mention this element to the respondent.

Obviously, if the respondent objects to this taking place, then you should respect her/his wishes. If the respondent asks you to provide more information on these, then please say something along the following lines:

"There is interest from the government in understanding how children behave in certain social situations. One of the best ways to measure this is to look at how different children react to unfamiliar people coming in to their home. I have therefore been asked to answer some questions on how your child responded to me during my visit. For example, whether your child was shy and whether or not he/she seemed bothered by my visit. To answer these questions I just tick a few boxes. There are no right or wrong answers and I don't make any further comments."

10 Admin and return of work

10.1 Completing 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.

10.2 Returning your work to the office

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. 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.

11 Contacts

11.1 ScotCen Researchers

The ScotCen Social Research team on GUS are:

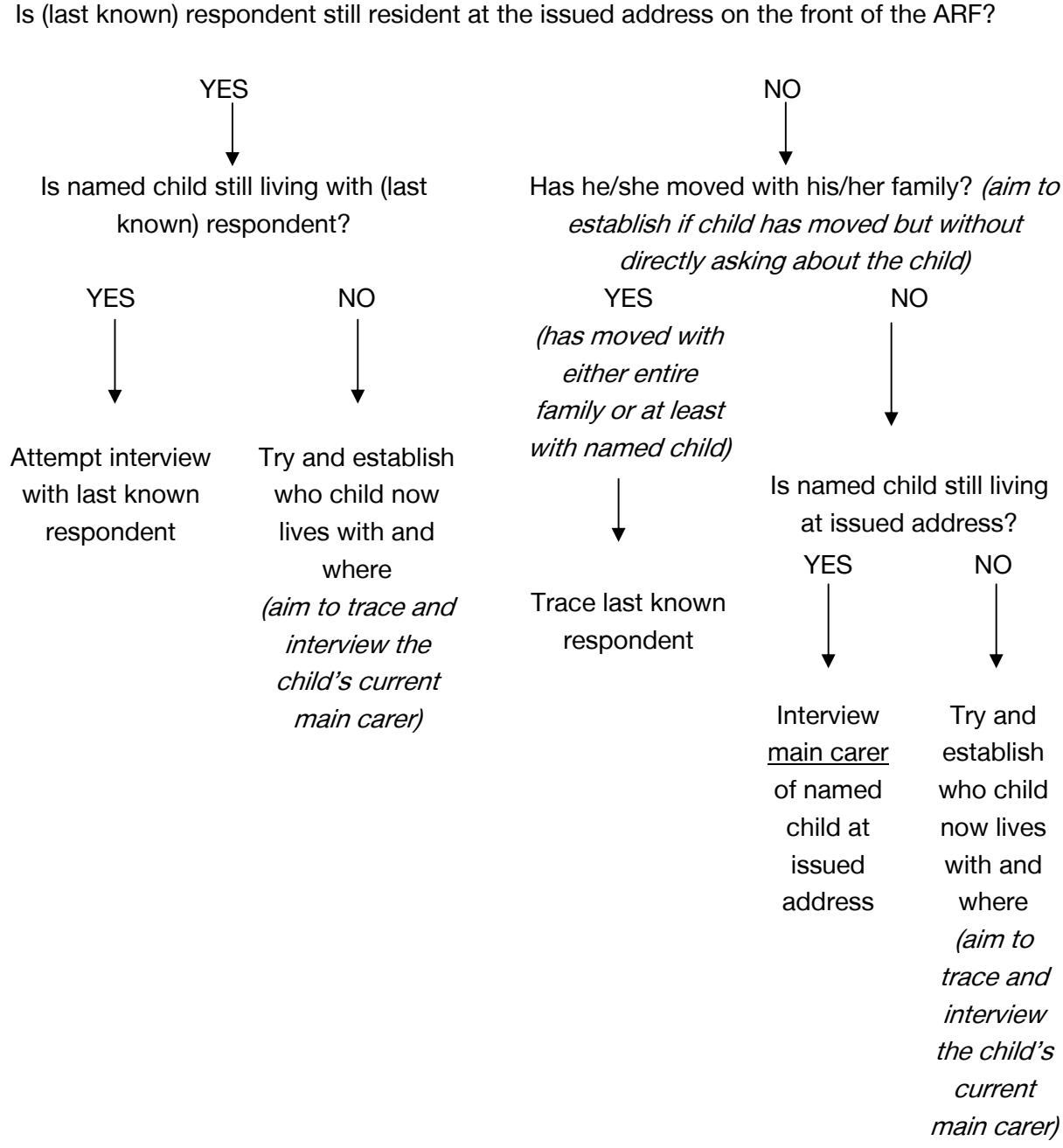
Paul Bradshaw
Judith Mabelis

They can be contacted on 0131 228 2167.

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

Thanks in advance for your hard work and good luck with the interviews!

Appendix A Tracing and eligibility diagram



Appendix B Protocol for taking height measurement

The Equipment

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

Please take great care of this equipment, particularly when assembling and dismantling it. It is delicate and expensive.

The stadiometer will be sent to you in a special cardboard box. Always store it in the box when it is not in use. Use the special bag provided for when carrying it around on assignments. Pack the stadiometer carefully in the box whenever you are sending it on by courier. 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. The rods are made of aluminium and so avoid putting any kind of pressure on them which could cause them to bend. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and so will not take accurate measurements.

The bases
Be careful not damage the corners of the base plate or the pin that protrudes from it as it could affect the accuracy of the measurements because the rods will not stand at the correct angle.

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

Assembling the stadiometer
Practise assembling your stadiometer before you visit a respondent's home.

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 you 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

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

Measuring the child's height

The protocol for measuring children differs slightly to that for adults (which you may have done in previous GUS sweeps or on other surveys). 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. Please note that the adult should only help by lowering the headplate and should not do any of the stretching (described below).

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 but so that you can make sure that the child doesn'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.

Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

Height refused, not attempted or attempted but not obtained

At *RespHts* 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 *NoHtBC*) which will allow you to say why no measurement was obtained.

Recording height measurements

Height measurements should be recorded accurate to one decimal place. If a child’s height falls in between millimetres, then it should be rounded up or down to the nearest **even** millimetre.

E.g.	Height measured:	120.4 cm	Height recorded: 120.4 cm
	Height measured:	120.85 cm	Height recorded: 120.8 cm
	Height measured:	120.15 cm	Height recorded: 120.2 cm

Additional points

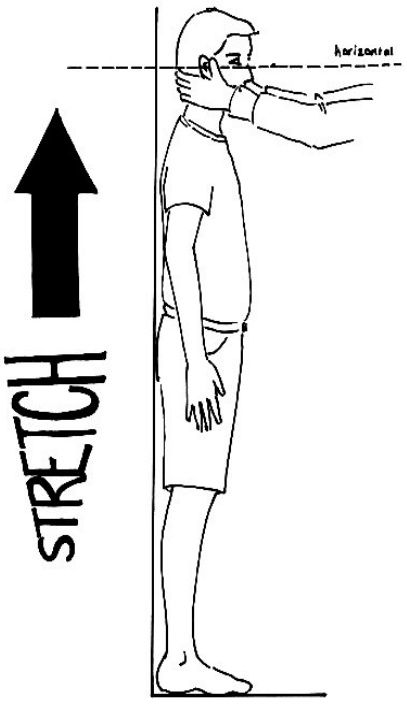
1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.

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.

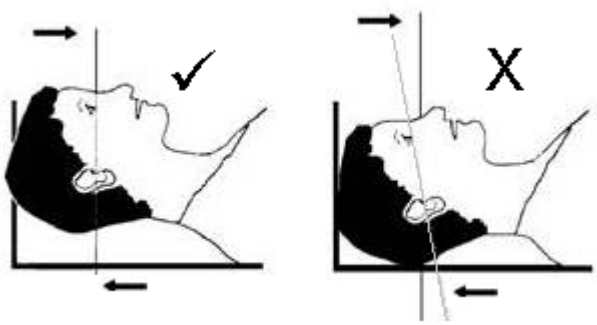
4. You may need to tip the stadiometer to read the height of tall respondents

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



Appendix C Protocol for taking weight measurement

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 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 weight 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.

The protocol

1. Place the scales 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.

2. 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 NatCen Social Research at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.

3. 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.

4. 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.

5. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question *RespWts* 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 130 kg (20 ½ stone). (The SECA 870 can weight up to a maximum of 150 kg (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 weight them.

Weighing children – additional points

You might need to get the co-operation of an adult household member. This will help the child to relax and they may be more likely to be co-operative themselves if an adult known to them is involved in the procedure.

In most cases it will be possible to measure the child's weight following the protocol set out for above. 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.”
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.

There may be some cases, for example children with certain disabilities or very young children, who are unable to stand unaided. For these situations, 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 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 *NoWtBC*) which will allow you to say why no measurement was obtained.

Appendix D Additional instructions for completing interviewer observations

Question G1: Respondent spontaneously praises the child's qualities or behaviour at least twice during the visit.

***Comment*:**
Be attentive to the parent's mood with regard to the child – any achievement reported with pride should count as praise (is well-behaved, sleeps well, doesn't fuss etc).

Since most parents enjoy talking about, and are proud of their children, this is not hard to observe. Frequently a parent will tell you how well the study child is developing (e.g. walking or talking) or have positive attributes (e.g. well-behaved, caring, affectionate, etc).

Occasionally a parent will indicate approval of the child's behaviour by making what appears to be a negative comment e.g. "He/she's so naughty...". If the parent says this with a smile and then adds a statement about an achievement (e.g. "…he/she tried to help wash the car… with muddy water") with obvious pride, this counts as praise.

Any praise spontaneously initiated by the parent across all sorts of behaviour (physical achievements, social behaviour, thinking and language skills and personal attributes) should be counted.

The child does not need to be physically present for praise to be recorded.

Code 1: The praise must occur at least twice.
Code 2: If the parent only praised the child once or not at all.
Code 3: In some cases you will not be able to tell if praise took place, for instance if the parent spoke a language you did not understand and an interpreter was used and did not translate everything the parent said. For those cases, use this "Can't tell" code.

Question G2: Was the child present during the interview?

This is a filter question only. If the answer is yes, you should go on to question G3. If the child was not present then finish.

Question G.3: How would you describe the child's behaviour towards you up to the point of assessment?

Comment

This item aims to gather a measurement of how the child responds to you. You are asked to record the child's behaviour towards you and whether they are distressed, initially reserved but never approach you, initially reserved and approached you later or have no reserve.

A distressed child will most likely be visibly (and perhaps audibly) upset by your presence, perhaps clinging to their parent and/or hiding from you. Children who are initially reserved will be shy when you first enter the household – cautious of you - though will not be upset by your presence. Some of these children will remain shy throughout, offering no interaction with you (code: initially reserved, never approached you). Others will become accustomed to your presence and will eventually approach you, talk to you or attempt to engage you in some way – though they may use their mother/carer as a 'secure base'. An unreserved child will not be at all bothered by your presence, will approach you immediately and start talking to you or showing you toys etc with little attention paid to their parent/carer.

You should make this observation based on the period in the household **up until the point you start any of the assessments with the child**. That is, until you begin either the child cognitive exercises or taking height and weight measurements.

Question G.4: Up to the point of assessment, did the child look at you as if to invite conversation?

Comment:
Again, this item aims to measure how the child responds to you and whether and how they interact with you when you are in household.

This item requires a simple 'Yes' or 'No' response. You are asked to decide whether the child looked at you in a way that suggested he or she wanted to initiate a conversation with you. As noted in the full question text, this does not necessarily mean that the child smiled at you but the eye contact should be of a quality that would encourage you to talk to the child in a 'normal' social setting. For example, if you saw the child in a café or waiting room and he/she looked at you in this way, would it have suggested he/she wanted to talk to you (or you to talk to him/her)?

In similarity to question G3, your response to this item should be based on observations made up until the point of when you conduct the child cognitive assessments or height and weight measurements.

Question G.5 Up to the point of assessment, did the child spontaneously move towards and/or approach you?

Comment:
Again, for this item you need to code Yes or No. The key term to bear in mind here is 'spontaneously'. For a 'Yes' answer, any movement towards you by the child must have been initiated by the child himself. That is, he should not have been encouraged to move by either the parent/carer or by you. For example, if the parent encouraged the child to pass something to you, or to approach you and show you a toy or book etc, this should not be coded as 'spontaneous'. However, if the child chooses to do this on his own, this would be coded as spontaneous.

As in G4 or G5, the behaviour considered should only be that which you observe up to the point you start any of the exercises with the child.

Question G6: Respondent scolded, shouted at, or belittled the child

***Comment*:**
The purpose of this item is to determine whether the parent speaks to the child in a cruel, demeaning or abusive manner. These remarks should only be recorded if the parent makes them directly to the child, not reported to you (e.g. parent telling child "you are a bad boy/girl" would be counted as scolding, saying to you "he/she is a bad boy/girl" would not).

Any negative remarks intended to directly reprimand the child should be counted. Scolding when used in the codes below is used as short-hand for scolded, shouted at, or belittled, and includes rebuking, telling off, blaming or using abusive or cruel language towards the child e.g. "You're stupid, stop doing that (with anger)", "you make me mad", etc.

Code 1: The parent scolded the child not at all.
Code 2: The parent scolded child once.
Code 3: The parent scolded the child at least twice
Code 4: Can't tell (child absent, or the parent spoke a language you did not understand and an interpreter was used and did not translate everything the parent said).

Exclude
A parent responding to a question with a response that may be negative about the child (in these situations, parents may drop their voice or in other ways try to protect the child).

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GROWING UP IN SCOTLAND SURVEY 2013

CAPI EDIT SPEC

Version 5

JUNE 2013

P1139

Introduction

The Growing Up in Scotland (GUS) study is a major cohort study funded by the Scottish Government. It is following three groups of children through their early years, into childhood, adolescence and, possibly, beyond into adulthood. GUS is specifically Scottish in focus – all of the interviews take place in Scotland and the survey reflects the Scottish Government's need for accurate information upon which to base its decision-making about policies and services for children and families.

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

ScotCen Social Research was originally commissioned to undertake the first four years of fieldwork in 2005, and has since won two further contracts. The latest contract was awarded in July 2012 and provides funding for the study until 2016.

When GUS first started in 2005, two cohorts were recruited - one based on 5,000 babies (birth cohort 1/BC1) and the other involving 3,000 toddlers (child cohort/CC). Respondents from the child cohort were interviewed on an annual basis for four years. The birth cohort has been interviewed on an annual basis for six years. In 2011, we recruited a new birth cohort (BC2) of 6000 parents of children aged 10 months at the time of interview.

This year, sweep 2 involves families from our birth cohort 2 where the child is approaching 3 years old. As usual on GUS we are conducting an interview with the child's main carer (in most cases the mother) taking the child's height and weight measurements and carrying out cognitive activities with the child. This coding and editing relates to this sweep 2 and questions with the child's main carer.

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 may appear when you are navigating the edit program. Please suppress these as you go through the edit.

CODE FRAME 1

Ove1o (In Q.HGrid1)
Edit Question: XOve1o

Please say what other disturbing event ^ChildName has experienced since ^month_and_year_last_interview?

Question type: OPEN

ORIGINAL CODES
1. Parent got married
2. Death of a parent (or parent figure)
3. Death of a brother or sister
4. Death of a grandparent or other close relative
5. Parent has had a serious illness or accident
6. Brother or sister has had a serious illness or accident
7. Grandparents separated or divorced
8. Other close relatives separated or divorced
9. Stay in foster home/residential care
10. Drug taking/alcoholism in the immediate family
11. Mental disorder in the immediate family
12. Death of a pet
13. Conflict between parents
14. Parent in trouble with the police
15. Parent in prison
16. Parent lost job
17. Family experienced crime
18. Brother/sister in trouble with the police
19. Child in trouble with the police
20. Violent conflict in household
21. Other disturbing event (please say what) (**CODERS DO NOT USE**)
22. None of these

NEW CODES:

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

Some back coding may be required

CODE FRAME 2

PtripO (In Q Support)
Edit Question: XPtripO

Interviewer: Please write in the name programme?

Question type: Other (Please specify)

ORIGINAL CODES
1. No
2. The Triple P - Positive Parenting Programme
3. The Incredible Years Programme
4. The Bricks and Mortar Parenting Programme
5. Mellow Parenting/ Bumps
6. Growing Confidence
7. Raising Children with Confidence
8. Hands on Scotland
9. Assertive Discipline
10. Other - Please specify (**CODERS DO NOT USE**)
11. Can't remember the programme name

MULTICODE ALL THAT APPLY

NEW CODES:

12. Any type of parent and toddler group

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

Please note that Code 12 'Any type of parent and toddler group' can include ANY group that the parent attends with the child such as baby sensory, tuneful tots, music and movement, baby gymnastics and so on.

CODE FRAME 3

Pcls05 (In Q.Support)
Edit Question: XPcls05

How did you find out about the [parenting] ^programme_name?

Question type: OPEN

ORIGINAL CODES
1. I was referred by my GP
2. I was referred by my Social Worker
3. I heard about it and went along to find out more
4. Health Visitor
5. Midwife
6. Friends/family members/other mums
7. Internet
8. Something else (Please say what) **(**CODERS DO NOT USE**)**

MULTICODE ALL THAT APPLY

NEW CODES:

9. School/Nursery/Toddler group
10. Through work/Training/Education

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

Some back coding may be required

CODE FRAME 4

Pcls07 (In Q.Support)
Edit Question: XPcls07

Interviewer: Is there any particular reason why you say that?

Question type: OPEN

MULTICODE ALL THAT APPLY

NEW CODES:

1. Increased child's confidence
2. Good for child's development/social skills
3. Socialise with other mums/parents
4. Provided with helpful information and (practical) advice (e.g. dealing with child's behaviour, tools for coping etc.)
5. Learn from others' experiences
6. Nothing for the child to do/only benefited the parent
7. Don't feel that they are involved/ listened to in programme
8. Already knew the information

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

Please code any answers that mention that the respondent benefited positively by learning something, whether this be how to deal with the child, child's behaviour or learning a new skill such as first aid should be coded under 4 'Provided with helpful information and practical advice'.

CODE FRAME 5

PtnoO (In Q.Support)
Edit Question: XPtnoO

Interviewer: Please say why?

Question type: OPEN

ORIGINAL CODES:
1. I'm managing/coping ok
2. Don't need to/not first child
3. I'm just not interested/don't want to
4. I do not have time
5. I do not have time to travel to the programme
6. Programme is not available at convenient time
7. Cost of travel to programme
8. No programmes in this area
9. Nobody told me/don't know anything about them
10. Don't like groups/mixing with strangers
11. Other (please specify) (**CODERS DO NOT USE**)

NEW CODES:

12. Do not need to do this as qualified/work in this area/already been trained
13. Have enough informal support (i.e..from family, friends, other mothers)

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

Some back coding may be required

CODE FRAME 6

Hnin.. (In Q.Support)
Edit question: XHnin..

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

Question Type: OPEN

MULTICODE ALL THOSE THAT APPLY

NEW CODES:

1. Problems with diagnosis-no diagnosis, slow diagnosis or wrong diagnosis
2. Lack of information surrounding health issues
3. Health professionals uninterested in treating health conditions /were not very helpful
4. Do not know who to speak to for advice/information

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

CODE FRAME 7

PsbsO (In Q.Support)
Edit question: XPsbsO

Moving on, do any of ^Childname's older brother(s) or sister(s) ever help out around the house in any of the following ways?

Question Type: Other (Please specify)

MULTICODE ALL THOSE THAT APPLY

ORIGINAL CODES:
1. Looking after or playing with ^childname to allow you to get on with other things such as cooking or cleaning?
2. Doing household chores?
3. Anything else (Please say what)? (**CODERS DO NOT USE**)

NEW CODES:

4. Walk the dog
5. Nothing/child does not help around the house (exclusive code)

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

Some back coding may be required.

Any household tasks such as tidying, cooking, emptying dishwasher, help with cleaning etc should be coded under 2-Household chores.

Any tasks relating to undertaking an activity with or task relating to a sibling, e.g, reads to brother/sister, prepares snack etc should be coded under 1-Looking after or playing with ^childname.

CODE FRAME 8

Cesy2 (In Q.ChCare)
Edit question: XCesy2

Why have you found it difficult [to find suitable childcare]?

Question type: OPEN

MULTICODE ALL THAT APPLY

NEW CODES:

1. Lack of childcare places available/long waiting lists
2. Cost/Too expensive
3. Did not like/trust the childcare providers
4. I/my partner work unusual/long/irregular hours
5. Child is too young/wouldn't like to be separated from carer
6. No family/ family unavailable to help
7. Other difficulties child has e.g. communication, health or behavioural

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

CODE FRAME 9

Disprb (In Q.Develop)
Edit question: XDisprb

What is the condition?

Question Type: Other (Please 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 (no other codable complaint)
42. Complaint no longer present

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

See Appendix A.

CODE FRAME 10

HIdaO (In Q.Develop)
Edit question: XHIdaO

How does the condition or illness affect ^childname?

Question Type: OPEN

MULTICODE: CODE ALL THAT APPLY

ORIGINAL CODES:

1. Vision (e.g. due to blindness or partial sight)
2. Hearing (e.g. due to deafness or partial hearing)
3. Mobility, such as difficulty moving around
4. Dexterity (e.g. difficulties lifting or carrying objects)
5. Learning or concentrating or remembering
6. Memory
7. Mental health
8. Stamina or breathing difficulty
9. Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit or Aspergers' Syndrome)
10. Other impairment(s) (please say what) (**CODERS DO NOT USE**)
11. None (spontaneous response only)

NEW CODES

12. Pain
13. Speech impairment/recognition

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

Some back coding may be required

CODE FRAME 11

DWAccO (In Q.Develop)
Edit question: XHacaO

Interviewer: Enter other sort of accident or injury [in relation to ^ChildName's most recent accident or injury]

Question Type: Other (Please specify)

MULTICODE: CODE ALL THAT APPLY

ORIGINAL CODES:
Haca02 (1) Knock or fall with no serious injury (e.g. bang on the head)
Haca07 (2) Knock or fall resulting in cut or graze
Haca06 (3) Knock or fall resulting in cut needing stitches
Haca12 (4) Knock or fall resulting in bruise, sprain or twist
Haca03 (5) Knock or fall resulting in broken bone
Haca04 (6) Swallowed object
Haca05 (7) Swallowed household cleaner / other poison / pills
Haca08 (8) Burn or scald
Haca09 (9) Something stuck in eye, nose, throat, ear or other part of body
Haca10 (10) Animal or insect bite or sting
Haca11 (11) Dislocation, avulsion (avulsion = tearing away of something)
Haca13 (12) Choking fit
Haca14 (13) Injury to mouth or face e.g. nosebleed (include damage to teeth)
Haca15 (14) Other knock, fall or non-penetrating accident
Haca16 (15) Other cut or graze
Haca94 (16) Something else (Please specify) (**CODERS DO NOT USE**)

NEW CODES:

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

Some back coding may be required

CODE FRAME 12

DspeO (DactT18O) (In Q.Develop)
Edit question: XDspeO (XDactT180)

What other concerns do you have about speech and language? Can you tell me if

Question type: Other (Please specify)

MULTICODE ALL THOSE THAT APPLY

ORIGINAL CODES:
Dspe04 (1) No, does not have any concerns
Dspe05 (2) His/her language is developing slowly
Dspe06 (3) It is hard for other people to understand him
Dspe07 (4) He/she doesn't seem to understand other people
Dspe08 (5) He/she pronounces words poorly
Dspe09 (6) He/she doesn't hear well
Dspe10 (7) He/she stutters
Dspe94 (8) Other (please specify)

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

Some back-coding may be required.

Please note: Lisps and being unable to pronounce particular letters/sounds code as 05. 'He pronounces words poorly'.

CODE FRAME 13

Dgen02 (In Q.Develop)
Edit question: XDgen02

What are your concerns? [in relation to ^ChildName's development, learning or behaviour]

Question type: OPEN

MULTICODE ALL THAT APPLY

NEW CODES:

1. Tantrums (or other references to bad temper)
2. Behaviour (including child not doing what he/she is told to do)
3. Social skills (including how treats other people/children)
4. Physical development
5.Toilet/ potty training
6. Any problems relating to food and eating (e.g. fussy eater)

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

CODE FRAME 14

Atv31O (In Q.Activ)
Edit Question: XAtv31O

What other device does ^ChildName use?

Question type: Other (Please specify)

MULTICODE ALL THAT APPLY

ORIGINAL CODES:
1. Television
2. Portable DVD player
3. Desktop computer
4. Laptop computer
5. iPad or tablet computer
6. Mobile phone (including iPhone)
7. Handheld games console (e.g. Nintendo DS)
8. Other (Please specify) (**CODERS DO NOT USE**)
9. None - child does not use these types of devices (spontaneous answer only)

NEW CODES:

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

Some back-coding may be required.

Please note that: Leap pad and Innotab should be coded as 5. 'iPad or tablet computer'.

CODE FRAME 15

JbQual, OthQu and **POthQu** (In Q.EmpInc block)
Edit questions: XOthQu and XPOtQu, XJbQu
What other exams have you passed or qualifications have you got?

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

Some backcoding required as well as coding into new codes.

CODE FRAME 16

Wwyn2 (In QEmpInc.)
Edit question: XWwyn

What would you say are the main reasons why you are not currently looking for work?

Question type: OPEN

MULTICODE ALL THAT APPLY

NEW CODES

1. Looking after family/home
2. Health problems
3. Studying
4. Difficulties with childcare
5. Difficulties finding job to fit around school hours
6.. Caring for other family members

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

MainJb, MainDo, IndSt, JbQual (In Q.EmpInc block)
Questions about the respondent's employment

PrMainJb, PrMainDo, PrIndSt, PrJbQual (In Q.EmpInc block)
Proxy questions about the respondent's partner's employment

Socio-Economic Coding
SOC, SIC and NS_SEC coding needs to be applied to these questions

APPENDIX A – LONG STANDING ILLNESS CODING GLOSSARY

CAPI variable: DisPrb

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

Endocrine/nutritional/metabolic diseases

02 Diabetes
Incl. Hyperglycaemia

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

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

Mental, behavioural and personality disorders

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

Alzheimer's disease, degenerative brain disease = code 08

05 Mental handicap
Incl. Down's syndrome, Mongol
Mentally retarded, subnormal

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

06 Epilepsy/fits/convulsions
Grand mal
Petit mal
Jacksonian fit
Lennox-Gastaut syndrome
blackouts
febrile convulsions
fit (nes)

07 Migraine/headaches

08 Other problems of nervous system
Abscess on brain
Alzheimer's disease
Bell's palsy
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury
Carpal tunnel syndrome
Cerebral palsy (spastic)
Degenerative brain disease
Fibromyalgia
Friedreich's Ataxia
Guillain-Barre syndrome
Huntington's chorea
Hydrocephalus, microcephaly, fluid on brain
Injury to spine resulting in paralysis
Metachromatic leucodystrophy
Motor neurone disease
Multiple Sclerosis (MS), disseminated sclerosis
Muscular dystrophy
Myalgic encephalomyelitis (ME)

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

Eye complaints

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

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

Ear complaints

11 Poor hearing/deafness
Conductive/nerve/noise induced deafness
Deaf mute/deaf and dumb
Heard of hearing, slightly deaf

Otosclerosis
Poor hearing after mastoid operation

12 Tinnitus/noises in the ear
Incl. pulsing in the ear

13 Meniere's disease/ear complaints causing balance problems
Labryrinthitis,
loss of balance - inner ear
Vertigo

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

Complaints of heart, blood vessels and circulatory system

15 Stroke/cerebral haemorrhage/cerebral thrombosis
Incl. stroke victim - partially paralysed and speech difficulty
Hemiplegia, apoplexy, cerebral embolism,
Cerebro - vascular accident

16 Heart attack/angina
Incl. coronary thrombosis, myocardial infarction

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

18 Other heart problems
Aortic stenosis, aorta replacement
Cardiac asthma
Cardiac diffusion
Cardiac problems, heart trouble (nes)
Dizziness, giddiness, balance problems (nes)
Hardening of arteries in heart
Heart disease, heart complaint
Heart failure
Heart murmur, palpitations
Hole in the heart
Ischaemic heart disease
Mitral stenosis
Pacemaker
Pains in chest (nes)
Pericarditis
St Vitus dance
Tachycardia, sick sinus syndrome
Tired heart
Valvular heart disease
Weak heart because of rheumatic fever
Wolff - Parkinson - White syndrome

Balance problems due to ear complaint = code 13

19 Piles/haemorrhoids incl. Varicose Veins in anus.

20 Varicose veins/phlebitis in lower extremities
Incl. various ulcers, varicose eczema

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

NB Haemorrhage behind eye = code 10

Complaints of respiratory system

22 Bronchitis/emphysema
Bronchiectasis
Chronic bronchitis

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

NB *Exclude cardiac asthma - code 18*

24 Hayfever
Allergic rhinitis

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

Sinus trouble, sinusitis
Sore throat, pharyngitis
Throat infection
Throat trouble (nes), throat irritation
Tonsillitis
Ulcer on lung, fluid on lung

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

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

Complaints of the digestive system

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

27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
Cirrhosis of the liver, liver problems
Food allergies
Ileostomy
Indigestion, heart burn, dyspepsia
Inflamed duodenum
Liver disease, biliary artesia
Nervous stomach, acid stomach
Pancreas problems
Stomach trouble (nes), abdominal trouble (nes)
Stone in gallbladder, gallbladder problems
Throat trouble - difficulty in swallowing
Weakness in intestines

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

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

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

Complaints of genito-urinary system

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

31 Urinary tract infection
Cystitis, urine infection

32 Other bladder problems/incontinence
Bed wetting, enuresis
Bladder restriction
Water trouble (nes)
Weak bladder, bladder complaint (nes)

Prostate trouble - code 33

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

Musculo-skeletal - complaints of bones/joints/muscles

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

35 Back problems/slipped disc/spine/neck
Back trouble, lower back problems, back ache
Curvature of spine

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

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

36 Other problems of bones/joints/muscles

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

Muscular dystrophy - code 08

37 Infectious and parasitic disease

AIDS, AIDS carrier, HIV positive (*previously code 03*)
Athlete's foot, fungal infection of nail
Brucellosis
Glandular fever
Malaria
Pulmonary tuberculosis (TB)
Ringworm

Schistosomiasis
Tetanus
Thrush, candida
Toxoplasmosis (nes)
Tuberculosis of abdomen
Typhoid fever
Venereal diseases
Viral hepatitis
Whooping cough

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

38 Disorders of blood and blood forming organs and immunity disorders
Anaemia, pernicious anaemia
Blood condition (nes), blood deficiency
Haemophilia
Idiopathic Thrombochopenic Purpura (ITP)
Immunodeficiences
Polycthaemia (blood thickening), blood to thick
Purpura (nes)
Removal of spleen
Sarcoidosis (*previously code 37*)
Sickle cell anaemia/disease
Thalassaemia
Thrombocythenia

Leukaemia - code 01

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

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

40 Other complaints
adhesions
dumb, no speech
fainting
hair falling out, alopecia
insomnia
no sense of smell
nose bleeds

sleepwalking
travel sickness

Deaf and dumb - code 11 only

41 Unclassifiable (no other codable complaint)

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

42 Complaint no longer present

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

Exclude if complaint kept under control by medication – code to site/system