Growing Up in Scotland Sweep 8: 2014-15

Interviewer and Coder Instructions

GUS BC1 SW8 Interviewer instructions (Phase 2 version)

GUS BC1 SW8 Child interview instructions

GUS BC1 SW8 Cognitive exercises instructions

GUS BC1 SW8 CAPI Edit spec

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Growing Up in Scotland Study

Sweep 8 – Mainstage

Full Project Instructions

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1 About Growing up in Scotland

1.1 Background and introduction to the study

Welcome to sweep 8 of Growing up in Scotland (GUS)! 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.

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 and then during 2012. As you may be aware, during 2011 we recruited a new birth cohort (BC2) of 6000 children born in 2010/201 who were subsequently interviewed during 2013 and will next take part in a face-to-face interview in 2015.

Last year, in September 2013, for the first time, adult respondents in Birth Cohort 1 were also asked to take part in short online or telephone questionnaire as part of GUS.

1.2 How GUS is used?

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, a wide range of 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 so far been used, 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) has given 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 are being used to help with the development of a new National Parenting Strategy for Scotland. This Strategy was 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

- 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 the study on Twitter: @growingupinscot.

This year, we have also provided you with some documents about impact so please read these to find out more about the impact that GUS has had.

1.3 Sweep 8: Overview of procedures

At sweep 8, we are conducting interviews with the birth cohort (BC1) when the child will be around 10 years old and will have just started primary 6. The respondents you will be visiting were involved in sweeps 1 to 7. However, not all of them necessarily completed an interview at every sweep or even the last sweep.

In summary, Growing up in Scotland Sweep 8 involves the following procedures:

i) Sending out the advance letter along with in impact postcard and leaflet for the child.

ii) attempting to make contact with the previous 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.

iii) conducting the main CAPI interview, including a short self-completion (CASI) component.

iv) introducing the child data collection to the family, gaining the child's consent to participate and administering the audio-CASI element with the cohort child.

v) gaining consent to and taking the child's height and weight measurements as well as the adult who completes the main interview.

vi) gaining consent and administering the cognitive exercises with the child.

vii) completing a paper ARF for all addresses and entering this information into the admin block.

There are separate interviewer instructions on administering the child questionnaire and the child cognitive exercises. Please ensure you read these through fully prior to starting fieldwork.

2 The sample

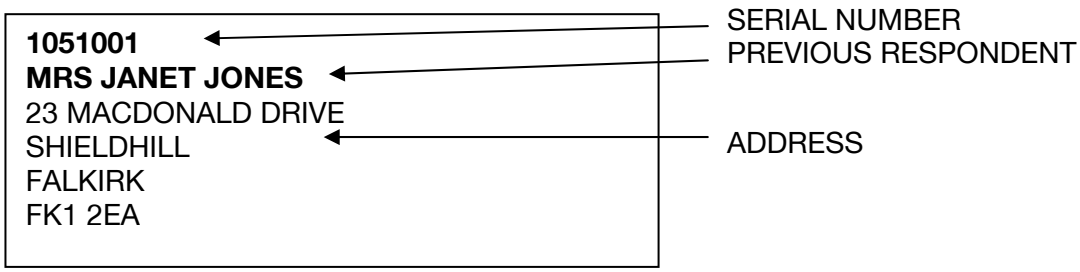
You will be given both an ARF and an address information sheet that will have the contact details for the child and previous respondent as well as stable contact details. The children will be aged around 10 years old and will have just started Primary Six at the time of interview.

The respondents have been involved in GUS since 2005 and will have taken part in up to seven face-to-face interviews over the years. The last CAPI interview took place during 2012 when the child was aged nearly eight years old. The main adult respondent was also invited to participate

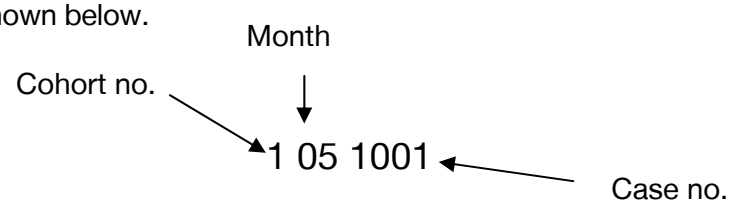
As in previous sweeps, we will trace all families who move **within Scotland,** irrespective of where in Scotland they have moved to. Families who move away from Scotland are dropped from the study. More details on tracing are in section 4 and eligibility diagram can be found in appendix A.

2.1 Examples of ARF labels

There are two labels on the ARF. The first, on the front page, is a standard address label and has the name of the previous respondent.

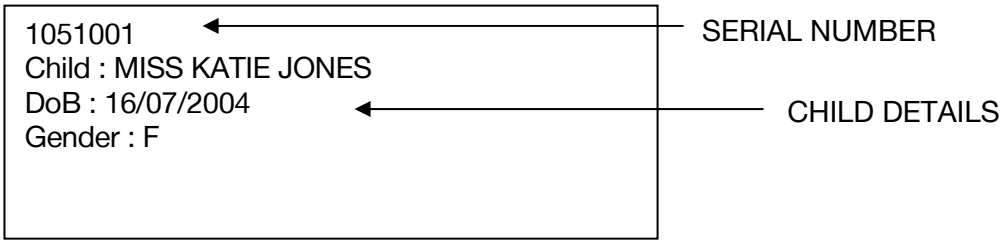


The serial number for the household in which the cohort member lives has seven digits. An example is shown below.



The first digit indicates the cohort number - all cases in our sample begin with 1 because they are all part of the first group of cohorts for the study. The second and third digits indicate the sample month (05 = May, 06 = June etc) when the case used to be issued (**you don't need to pay attention to this at sweep 8**) and digits four to seven indicate the unique case number.

The second ARF label is an information label, repeating the serial number and giving details of the sampled child - their name, date of birth and gender.



2.2 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.

2.2.1 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: 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.

2.2.2 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.

2.2.3 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 Field Performance Manager (FPM) 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; do not attempt to contact the family. If you are in any doubt about whether to follow up an address yourself, or are not sure if the address is in Scotland then contact your FPM.

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.

2.2.4 Section D

In this section you record the final outcome code for the main interview. All productive codes will be computed in Admin. Please note that there are different productive outcome codes this time which take into account the completion of the adult *and* child interview. They are listed below:

Productive codes:

110 Full adult interview and child A-CASI
210 Partial adult interview and child A-CASI
111 Full adult interview and **no** child A-CASI
211 Partial adult interview and **no** child A-CASI
212 Child A-CASI only

Since the child interview is short and a self-complete, there are no 'partial' interview codes for this component. Hence if this element is started, it will be considered a full interview, even if not fully completed.

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. **You will need to check with your FPM before transmitting these cases back.**

Refusals

Because we now have several years of data for all families still participating in the study, we will not necessarily be discarding respondents who do not participate at any one individual sweep. As such, when a respondent refuses, you must establish whether they wish to remove themselves completely from the study or whether it is simply not convenient for them to participate at sweep 8. Where they do not want to remove themselves completely and are happy to be approached at sweep 9, please use codes 510 (illness) or 520 (away) if appropriate, or use code **425 – "Refusal for sweep 8 only – other reason".**

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

2.2.5 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.

2.2.6 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 or F2 as needed (we ask for the contact details of up to two other people)

The interview will also prompt you for details of any plans the respondent has for moving house. There is a space to write in a new address for the respondent if they tell you they are planning to move (along with an expected moving date). Please use the space at 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.

2.3 The One-Way ARF

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

You will need to enter all the information recorded on the ARF into the CAPI block after which you must shred all pages with respondent, child or stable contact information on. Any remaining non-confidential pages should be recycled.

2.4 Information sheet

Each of your ARFs 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. Please see appendix B for an example of an Information sheet.

At each sweep, interviewers are asked to record any generally useful information for re-contact in the CAPI admin block. In some cases, this may be a brief reminder of how to find the address, or the times of day it was best to call. Where such information has been recorded, it is now made available on the information sheet in the 'Case Comments' section at the very bottom of the sheet. Whilst most of this information is general in nature, in some cases it may contain details which could be considered 'sensitive', 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

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

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. This is very important due to the one-way ARF system. 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.

3 Fieldwork issues

3.1 Timetable

At sweep 8 fieldwork is being issued differently to previous sweeps. This is because we are moving away from an 'ages' approach to interview dates to a 'stages' approach. At sweep 8 there is interest in interviewing as the child starts their first term of Primary Six. As children in BC1 straddle two school years, the cohort has been split into two parts:

Phase 1 (involving around 2,800 respondents) will be issued from September 2014 into two waves. Wave 1 from 1st September 2014 until 31st October 2014 and wave 2 from 3rd November until 31st December 2014. This wave information is on the AR. You will need to complete the interview within the wave that the case is issued.

Phase 2 (with approx. 1,100) will launch in September 2015.

We are aiming for a 90% response rate at this sweep.

3.2 Materials for the study

You will receive the following materials to work on the study:

- Address Record Forms (ARFs) with information sheets attached
- Advance letters (one per respondent and one laminated to use on the doorstep)
- Child information leaflets to go with the advance letter
- Impact postcard to be sent with the advance letter
- GUS 'Helplines' leaflet to leave with **adult** respondent
- GUS Helpline leaflet to leave with **child** respondent
- Laminate of child questionnaire topics to show the main carer
- Impact laminate to use on the doorstep
- Consent booklet on contacting teacher, physical activity follow-up and child cognitive exercises
- Showcards
- Child height and weight measurement cards
- Earphones (for the child to use to complete A-CASI questionnaire and keep as a gift)
- Yo-yo (to use as gift-one per child)
- Stickers – only to be given out if younger child in family (use sparingly but ring Brentwood if you need more)
- Instructions on administering the child interview
- Instructions on administering the child cognitive exercises
- GUS calling cards
- Cognitive exercise equipment
- Scales and stadiometer

3.3 Contact with respondents

3.3.1 Pre-interview contact

In line with previous face-to-face visits, all respondents were sent a pre-advance letter two months prior to fieldwork starting (in July for wave 1 participants and in September for wave 2 participants). This was sent as a tracing exercise to try and identify in advance those sample members who have moved. However, it also informed people that we would be in touch soon about the study. A copy of the letter is shown in Appendix C.

3.3.2 Making contact with respondents

When you first try to make contact at the address it should always be with the person named on the ARF address label. All advance correspondence has been addressed to this person.

Once you receive your workpack you will be asked to send an advance letter to the parents of all cohort members in your allocation. These letters will be provided with the name and address of the previous respondent mail-merged onto the top. There is a space for you to write your name in the text of the letter before you send it out as well as include your mobile number. **Please also insert a GUS child leaflet as well as the impact postcard.**

It's up to you how you choose to send these letters they should be sent out **before** you contact the respondent and ideally a few days to a week before you do so.

3.3.3 Doorstep versus telephone

Due to the information collected at previous sweeps, we now have telephone numbers for most of the sample. However, the default procedure on GUS is that **your initial contact at each address should be in person**. However, there are a number of exceptions to this, these are:

- Where you conducted an interview with the family at sweep 7
- Where the address is particularly remote or rural, or
- Where repeat doorstep calling at the address has been unsuccessful.

3.3.4 Eligible respondents

As always, we are aiming to interview the same person interviewed at the previous sweep-but only if they still meet the criteria, that is they live with the cohort child and both still live in Scotland.

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.

You should **not** conduct the interview with anyone else who is neither a parent nor a guardian of the sampled child, for example if you are in touch with the child's natural parent but this person does not live with the child anymore. If in doubt about who to interview, contact your Field Performance Manager.

3.3.5 Non-resident parents

You should **not** interview parents who are not resident with the child. If parents have shared care, please try to interview the parent with whom the child spends the most time. If the parents have 50:50 care, please try to interview the parent who was the previous respondent first. If you are unable to do this, please contact your FPM.

3.3.6 Interviews in interpretation

If a respondent cannot understand English sufficiently to take part in the interview but might be able to understand the questions through an interpreter, you should contact the office for further instructions. **Interpretation is available on this project.**

3.3.7 Notifying the police

You should be aware that working on GUS (a study involving 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 to the central Police Scotland number on 101.

Initially, when calling the non-emergency line you should make it clear to the interviewer 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 and thus, we need to be clear in our message that we are a legitimate organisation, whom they can verify through either our switchboard and Internet site, and that we are purely seeking to let them know of our activities in the geographic area and should not demand authentication from them (e.g. demand 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 their 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 new policy you should speak to your Field Performance Manager 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 your FPM.

3.3.8 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.

3.3.9 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 or about any action you take bearing in mind that it is unlikely that you are professionally qualified to make judgements about "abuse". If, nevertheless, you feel so convinced that there is a potential or actual danger of "abuse" and that you should take some action please ring Carol Babicz in Brentwood (01277 690111). As far as possible, the issue should be discussed without compromising respondent anonymity.

4 Tracing procedures

4.1 Introduction

Keeping in touch with people is crucial for the success of any longitudinal study, so at sweep 8, the tracing of people who have previously participated in the survey and since moved will be 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 through some of these methods hope to cut down the amount of tracing required 'in-field'.

4.2 Cohort maintenance

We maintain and update a confidential database containing names, addresses and other contact information (such as phone numbers) for the cohort. This database is updated and maintained using information we obtain through a variety of methods- including frequent postal mailouts.

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

4.3 Pre-advance letter and pre-field tracing

Before each sample is issued, we will have already undertaken a simple tracing exercise by sending out a 'pre-advance' letter (See appendix C for this) This helps us to determine which previous respondents have moved in advance of fieldwork and, where the letter has been forwarded to their new address, gives them an opportunity to inform us of their new details. The pre-notification letter also acts as a general reminder about their involvement in the study and gives an 'early warning' about the sweep 8 fieldwork.

If the pre-advance letter is returned to us as 'undelivered' we will attempt to obtain a new address for the respondent before the sample is issued either by contacting their stable contact or through alternative methods.

Where we have been unable to trace the respondent in these situations, the case will still be issued to field but with the old (and suspected incorrect) address details. It will be your responsibility to make a reasonable attempt to trace these cases via some of the 'in-field' methods outlined below which were not suitable for the pre-field period. These cases will be indicated on the information sheet attached to the ARF. A statement reading "Tracing required" will have been entered in the 'Comments' field

underneath the current address. **Please ensure you check all information sheets for this message when you receive your workpack - these cases will require immediate action in field and should assume some priority within your workload.**

4.4 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 to anyone else the name or content of the project for which they have been sampled.

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

4.5 Stable contacts for previous respondents

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

If the sample member has moved address you may get in touch with the stable contact to determine the respondent's whereabouts. If the stable contact lives locally you may wish to call at their address, otherwise it is acceptable to telephone them where a number has been given. When calling, do not necessarily name the project. Do not mention the child, simply say that:

- You are 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.

4.6 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). The nearest library or council should have street maps. You should also ask local people, perhaps by visiting local shops, especially newsagents.

4.7 Tracing checklist

IF YOU ARE GIVEN AN INCOMPLETE ADDRESS, HAVE YOU:

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

IF YOU CANNOT FIND THE ADDRESS, HAVE YOU

- used google maps or checked the internet?
- checked the telephone directory?
- looked in local streetmaps?
- consulted the post office?
- consulted the police?
- asked local shops such as a newsagent or florists?
- asked people who live in the local area?

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 Making appointments

When you first make contact, you will need to make sure all parents have seen the advance materials (either the pre-advance or advance letter) and are adequately informed about the survey – including the child's involvement - and willing to take part again. 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.

5.1.1 Interviewing in one or more sessions

As we are carrying out several different elements in the household - the main adult survey, child survey, child and adult height and weight measurements and child cognitive exercises - you may be unable to carry out of them in one visit. Indeed, experience from previous sweeps indicate that the families and the children are very busy with work, school, and activities so finding a time slot long enough for all elements may be difficult. 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 these different elements in any order so the child interview and height and weight measurements could be conducted before the main interview and vice versa. Remember that you can also use the time during the adult or child self-complete to assemble and organise the height and weight equipment.

5.1.2 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.

5.1.3 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.

5.1.4 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 GUS 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 'Selling' the study

Most of the cohort member's families are aware of the importance of the study, and of the unique role each one of them plays in it. This means they are usually very keen to be involved in the study and will be prepared to give up their time to be interviewed. However, as stated above, they are busy people and in some cases may require some persuasion. Below, we have provided some answers to questions that respondents sometimes ask on the doorstep.

How long will the interview take?

The interview with the adult carer should take around 45 minutes to complete.
The interview with the child will take no more than 20 minutes to complete.
The child cognitive exercises should take around 10-15 minutes to complete.

How many families are still involved?

GUS (across the 3 age groups) involves around 14,000 children and their families. The families are part of one of the biggest and most valuable research studies undertaken in Scotland. Within their child's age group, there are around 3,500 families still taking part.

Why do you keep coming back?

We come back to the same people as it helps us to understand how people's circumstances and lives change as their child grows up.

What have you done with the data so far?

The information that they have so far provided is 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.

Some examples to use:

- GUS data has been used to develop and inform the Scottish Government's Play, Talk, Read campaign
- Save the Children use it to help to inform their policy work and support programmes for families
- The NHS and Health Improvement Scotland have based some of their parenting and ante-natal education packs on the findings of Growing Up in Scotland

Also use the impact laminate and impact postcard to give examples as to how the GUS data is used.

Will the funders see my replies?

No, they will not know who said what. Your computerised questionnaire and your child's questionnaire do 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 much longer will the study continue for?

The Scottish Government have committed to funding GUS until 2016 and will hope to secure funding in the future. When this is confirmed we will write to all respondents about what this means for them. They are of course under no obligation to participate in 2014 and can decide then.

How can I be sure you are a genuine interviewer?

Show the respondent your identity card. If the person still has concerns, he/she can telephone the Freephone number shown in the letter.

5.3 Further information

Even though the current cohort families are aware of the survey, the may have some questions and need further explanation of some matters. Answer all the questions you can, and, if necessary, you can refer the respondent to the GUS Freephone number, 0800 652 2704[2]. They can also contact the study team in the following ways:

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

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

6 Main questionnaire

6.1 Overview of topics

The main questionnaire is slightly shorter this year (45 minutes) but follows a similar structure to previous years:

- Household grid/composition
- Parenting
- Non-resident parent (asked of all households where one of the natural parents is not resident)
- Primary school
- Out of school care
- Child health and development
- Activities
- Food and eating
- Employment and Education
- Income and financial management
- Housing and Accommodation (only asked of those who have moved since the last interview)
- Self-complete section

Many of the questions have been asked before but there are also some new questions.

6.1.1 Feed forward data

As in previous years, the program will feed forward data collected at a previous interview where this was provided such as the name of the child's school, employment details, details of stable contacts etc. You will then be asked to check that this information is correct and amend if necessary.

6.1.2 Consent to contact child's teacher

The Scottish Government has provided extra funding for us to carry out a short online/paper questionnaire with the cohort child's primary school teacher to find out more information about how the child is getting on at school. This will take place a couple of months after fieldwork. In order to be able to contact the teacher, we need to gain the verbal consent of **both** the parent and child. You will need to record this consent in the CAPI program and take down the name of the child's teacher and school (this is built into the CAPI program so you will be prompted to ask for this information). Obviously, we will not tell the child's teacher any of the information that our GUS families have told us and nor we will give any feedback as to what the child's teacher tells us about the child. More information on this element is provided in the consent booklet that you will give to the adult during your household visit.

6.1.1 Physical activity follow-up study

The Scottish Government has awarded additional funding to academics at the MRC Social and Public Health Sciences Unit (MRC SPHSU) at the University of Glasgow to collect information on physical activity levels amongst children growing up in Scotland. They would like to invite GUS participants to take part in a follow-up study and wear an activity monitor for 8 consecutive days. This study will take place a couple of months after the sweep 8 interview. ScotCen will not be responsible for this study but at sweep 8 we will need to ask the parents for consent to pass on their contact details to MRC and be contacted about the study. Again, there is a question in the CAPI (in the closing block) that will prompt you to ask for this. More information about this study is provided for the respondent in the 'Consent booklet'. This consent question is in the final block of the main interview.

7 Height and weight measurement

7.1 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. We have previously measured the child's height and weight at sweeps 2, 4, and 7 and took both the child and natural mother's measurements at sweep 6.

At sweep 8 we would like you to take both the child's and **adult** respondent's height and weight measurements. Please note that at this sweep, whoever completes the adult main interview is eligible to have their height and weight measurements taken.

7.1.1 Gaining consent

As with all elements in the study, it is vital to gain consent from all parties, including the child. 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 as to when you conduct them. Therefore you are able to conduct the adult interview, child interview, child cognitive exercises and height and weight measurements on different visits.

GUS follows the same height and weight protocols as other studies such as the Scottish Health Survey and these are outlined in appendices D and E.

8 Other information

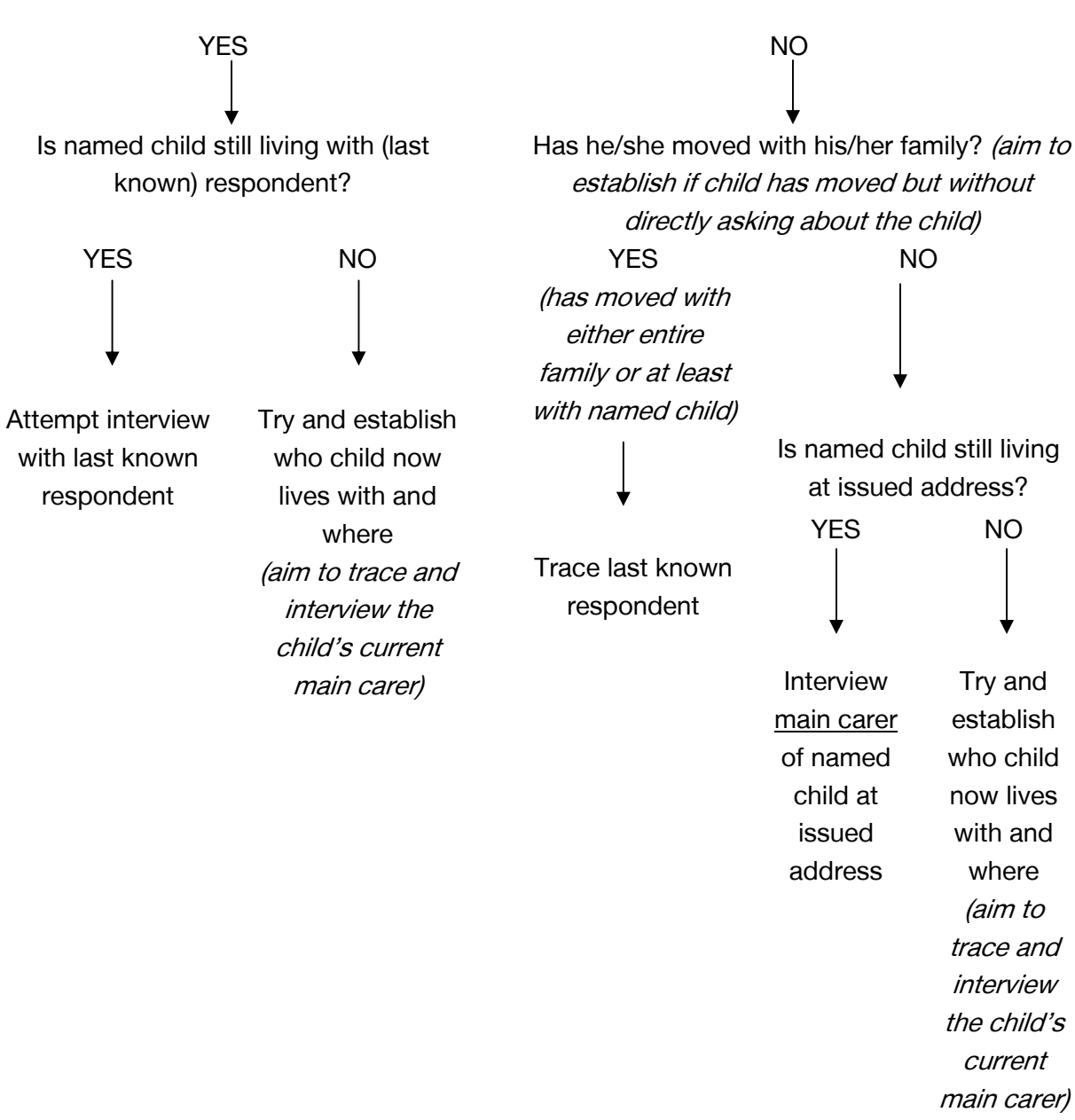
8.1 Completing the admin block

The admin block should be completed once you have reached a final outcome code. You will need to speak to your Field Performance Manager before returning a case with an unproductive outcome.

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.

Appendix A Tracing and eligibility diagram



Appendix B Pre-advance letter

This letter is sent to the named respondent **two months** in-advance of fieldwork.

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Are these up to date?

Dear

Thanks once again for being part of **Growing Up in Scotland** - we're really grateful for your continued participation. It seems hard to believe that this year, children in GUS will start to turn 10 years old. Over the past decade you've provided valuable information that is helping to improve the lives of children and families across Scotland. We're looking forward to hearing from you again as your child grows up and gets closer to the end of primary school.

We'd like to see you again
Last year, you were invited to take part in an online questionnaire. This year, one of our interviewers would like to visit you. Your child might also be interested to hear that (with your permission and your child's agreement) we would also like to speak to them.

Why you?
You may think you are just an average family in Scotland but to us you aren't. In fact, you're unique! As you've taken part in GUS for the past 10 years, we cannot replace you or your child with anyone else.

Please update your contact details
We wanted to check that your contact details were up-to-date. If they have changed, please let us know as soon as possible by calling us free on **0800 652 2704** or email **gus@scotcen.org.uk**.

By updating your details you're not committing yourself to taking part. We'll be in touch again soon and you can decide then if you'd like to take part. If you have any questions, please contact us using the phone number or email address above, or visit **www.growingupinscotland.org.uk**.

Thanks again for being part of **Growing Up in Scotland**, and helping us to make the study a great success.

Yours sincerely

Paul Bradshaw
Project Director
www.growingupinscotland.org.uk

Ref: P04979.03/

NatCen Social Research, Kings House, 101-135 Kings Road, Brentwood, Essex CM14 4LX Tel. 0800 526 397. Company limited by guarantee. Reg No. 4392418. A Charity registered in England and Wales (1091768) and in Scotland (SC038454)

Appendix C Tracing and eligibility diagram

Serial : **2010002 K** Reference : **eyears2_jan_0002**

	Sweep 1	*Sweep 2*	*Sweep 3*	*Sweep 4*	*Sweep 5*
9 Interview Date	01-02-2011				
10 Interview Day	Tuesday				
11 Interview Time	10:00				
12 Outcome	110				

This table provides a summary of the interview details and outcomes of previous sweeps.

Respondent Name

No.	Received	13 Full Name	Comments
0	*12102010*	**Dr Jemima Allanson**	*none*

14 Child's Name

0	*12102010*	**Miss Ellie Allanson**	*none*

This is the name and address information that appears on the address label on the front of the ARF

If we suspect that the respondent is no longer at the issued address 'Tracing required' will be entered here.

15 Respondent Address

No.	16 Move Date	Address	Comments
0	*12102010*	**45 Stephen Street, Aberdeen AB4 6ZL**	*none*
1	*27112012*	**78 Forestview Road, Aberdeen AB9 7FY**	

17 Respondent Telephone Number

No.	Received	18 Telephone Number 1	19 Telephone Number 2	Comments
0	*12102010*	**01224 325676**	**07823175774**	*none*
1	*01032011*			

If the respondent gave us a telephone number or an e-mail address these will be shown. If blank we have no number. Ideally your first contact should be in person but you can use the telephone number for difficult to contact

20 Respondent Email Address

No.	21 Received	22 Email Address	Comments
0	*12102010*	**jemima.allanson@yahoo.co.uk**	*none*
1	*01032011*		

23 Stable Contact

24 Name, Relationship & Address	25 Telephone Nunmbers
0 12102010 *none* *1 01032011* ***Hazel Allanson, Mother In Law*** **Wellview, Ballytree Avenue, Aboyne, Aberdeenshire**	*0 12102010* *none* *1 01032011* **01339 866888**

26 Email

0	*12102010*		*none*

At the end of the interview we ask respondents if there is someone we can contact who would know their whereabouts. This is the stable address information provided here. If it is blank we have no stable address details. You may find this info helpful in tracing movers.

Appendix D Protocol: Height measurement

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.

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.

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

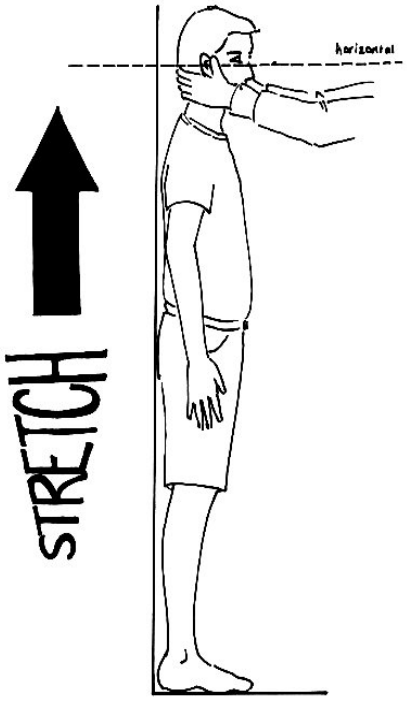
Additional points

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 cannot 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.

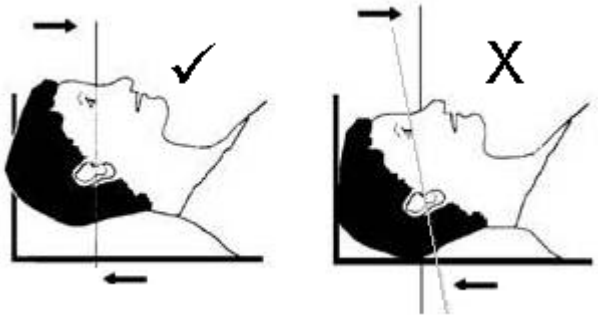
3. If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case.

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



PROTOCOL

- SHOES OFF
- SOCKS OFF
- FEET 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 E Protocol: Weight measurement

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.

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.

5. The scales will take a short while to stabilise and will read 'C' until they have done so. If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh, but first ensure that you have erased the memory.

6. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question *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.

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Growing Up in Scotland Study

Sweep 8 -2014/2015

Instructions for administering the child Audio-CASI questionnaire

1.1 Introduction

Most of the children in Birth Cohort 1 will have participated at sweep 7 where they completed a questionnaire and will have been involved in other GUS activities (cognitive exercises, height and weight measurements) over the years. Therefore, most of the children will be aware of the study and familiar with the idea of an interviewer coming into their home. In all cases you should explain (in a way in which the child understands) why we'd like to hear from them, what we'd like them to do and why, and check they are happy to participate. You can use the information provided on the child leaflet (that is sent with the advance letter) to guide you in how to explain this.

From previous experience, we know that children may react in different ways to the process of completing a questionnaire; the majority are likely to be very excited and confident whereas others may feel a bit nervous and anxious about it. Please try to establish rapport with the child and do your best to alleviate any concerns or anxieties they might have. Be flexible and adapt how you introduce and administer the survey depending on the type of child you encounter; it is important that you are sensitive to the needs of the child and take your cue from them.

1.2 Gaining informed consent

Before you start interviewing the child, you must gain informed consent from both the parent/carer and the child. You have worked hard to gain the trust of these families so it is essential that we maintain this trust and that both parents and children feel able to ask questions and do not feel coerced into participating. The advance letter includes information for the parent and also contained a specially designed leaflet for the child.

1.2.1 Parental/ carer informed consent

With the parent please cover the following points:

- Explain format of questionnaire (self-complete, audio CASI) - all the questions and answers will be read out to the child as well as being written on the screen.
- Explain that children will complete the questionnaire on their own (but this is not a test) and that you'll need a quiet place, away from distractions.
- The questionnaire should take the child about 20 minutes to complete.
- Explain that you will not be able to tell the parent their child's answers.
- Stress that you will only conduct the interview if their child is happy to participate and that you will talk separately to their child about it
- Show the parent the copy of the topics covered within the child questionnaire and check they are happy with these.
- Explain that you have been asked to leave a leaflet with all children after they complete the questionnaire.

1.2.2 Child informed consent

Even if the adult agrees to the child participating, it should not be automatically assumed that the child will take part. It is important that you spend a few minutes chatting with the child about the interview and covering the following points:

- Introduce yourself.
- Briefly explain that you are asking them some questions as part of a study about children. This is because the government wants to hear from children about what it is like to be 10 years old and living in Scotland.
- Explain the format of the questionnaire: using headphones they will listen to questions on the laptop computer and type in their answers.
- The questions will cover school, family life and how they feel. This is not a test and there are no right or wrong answers.
- If there are any questions they don't want to answer or they want to stop then that's fine, they just need to tell you. They should also ask you if they need any help.
- Explain that no one they know will see their answers (e.g. family/teachers) and you won't either.
- Ask whether they have any questions before you start.

1.2.3 Informed consent from both parties

Please note that if either party (parent OR child) does not want the child to take part, you must respect this wish. Some children, if anxious, may need a little persuading to take part but please avoid and stop any interview in situations where the parent is coercing the child to take part and it is clear that the child is unwilling. We would much rather that an interview was **NOT** conducted with a child that is in any way upset or anxious or unwilling to take part.

Please note: If you are unable to complete the child interview, you will be asked to record the reasons why (i.e. whether this was a parent or child refusal or child was unable to take part) in the admin block before transmitting back your work.

1.3 Structure of the Audio-CASI interview

The child questionnaire is split into four parts:

1) Filter questions for the interviewer to complete before the interview (this influences the routing of questions the child is asked)
2) Interviewer-led practice questions
3) Child Audio-CASI questionnaire
4) Consent to contact teacher

1.3.1 Filter questions

As you enter the parallel block for the child questionnaire you will be asked to complete some filter questions which you should ask the **parent/carer** or, if you have already completed the main questionnaire, you may be able to complete yourself.

The filter questions ascertain whether or not the child attends school and find out which parental figures are resident in the household (this is explained in more detail below).

Mother/father figure: There are a series of questions within the child questionnaire that ask about mothers and fathers separately. These questions should normally be answered in relation to the child's natural or adopted parent who must be **resident** in the household and you will need to code this at the beginning of the questionnaire. In cases where the child's natural/adopted parent is not resident in the household, you need to find out if there is another person who assumes the role of a mother/father figure. This would be someone who is resident with the child and is involved in the raising of the child and assumes a parental role. It could be a grandparent, aunt, step-parent or partner of the child's other parent. You will be asked to select the relationship of the person to the child and type in the name of this person. **Please note, this should be the name that the child calls this person** (**e.g. Nana**) rather than their actual forename. The name you type here is fed forward and appears in the questions that the child completes. If there is no maternal/paternal figure in the household you are also able to code "No" at the filter questions. This means that the child will not be asked these questions.

1.3.2 Interviewer led practice questions

We have set up an introduction, including a consent question, for you to talk through with the child. If the child answers "No" at this question, please do not continue with the interview and exit this block of the program.

There are then a few practice questions that we would like you to work and talk them through. **It is important that you follow the script that is provided as it mimics the way in which the questions are asked in the Audio-CASI element and will help the child get used to answering the questions.** After the three practice questions you will then need to set up the earphones for the child (please ensure that the volume is set at a reasonable level).

There is also a sound test question (see image below) where the sound starts. **Please check that the child is able to hear everything at this stage (and that the sound isn't too loud) and is happy to continue on their own**.

1.3.3 Audio-CASI questionnaire

The questionnaire contains around 65 questions (depending on the routing) and covers issues such as school, relationship with parents, life satisfaction, relationship with peers (in particular, being 'picked on') and siblings. For each question, there is an audio recording, which is played in a loop until the child presses a key on the keyboard.

Privacy

We have deliberately chosen an A-CASI mode of data collection to ensure as much privacy as possible for the child. This is especially important given the content of the questions (we ask about their parents/parental figures). Where possible we would like the child to be able to complete it on their own and away from other family members (this should be explained to the adult beforehand). However, this should be in a 'public' family room and not in the child's bedroom, for example.

If the child requires assistance, we would like you, as the interviewer, to provide this assistance – **not a parent or other family member**. However, if you notice that the child is particularly anxious and requires the help/reassurance of a family member when completing the questionnaire then this would of course be fine.

Providing assistance to the child

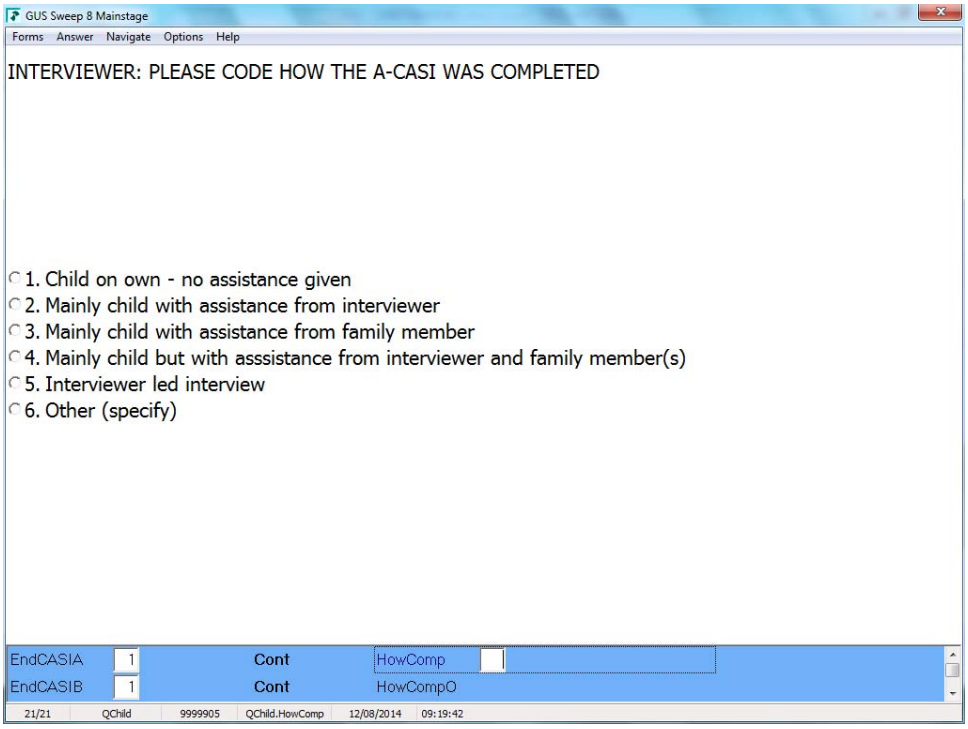
Whilst we would like the child to try to complete the audio questions on their own, please do help them if they ask for help or if they are struggling. Experience tells us that some children do not automatically ask for help so keep an eye on the child as they are completing the questionnaire and be ready to provide assistance if necessary. Some children may also need some reassurance when completing the questionnaire.

We have not allowed for the child to enter 'Don't know' as an answer. We do however, encourage the child to tell the interviewer if there is a question that they do not understand or do not want to answer. In these cases, please enter this in the system in the normal way (Ctrl and K for don't know and Ctrl and R for a refusal). If a child doesn't

understand a question, try to clarify but if you are unable to do so, please enter the answer as 'don't know'.

At the end of the A-CASI, the child will be told that they have finished and will be asked to tell the interviewer this. At the end of the A-CASI, you will need to "lock in" the answers - please explain to the child what you are doing and that it means that no one will know what particular answers they have given.

At the end of the self-complete question you are asked to code how the A-CASI was completed. If assistance from someone else was provided (e.g. you, another family member) you are then asked to explain what assistance was given.



1.3.1 Consent to contact teacher

As you know, we are planning to contact the child's teacher to invite them to complete a short online/paper questionnaire. To do so, we need the verbal consent of both the adult and the child. The adult is provided with more details about the nature of the questionnaire but we also think it is important to obtain the child's consent as well. As in the adult questionnaire, this consent question is built into the program and appears at the end of the child questionnaire. Please read out the short sentence and code whether or not the child agrees. Please reassure if necessary that we will not be telling their teacher anything they told us and be ready to answer any questions the child has.

1.4 Other guidelines

1.4.1 Children with disabilities

A-CASI has been specifically selected to allow children of all literacy levels to participate. Regardless of reading ability, do issue the earphones as standard and encourage the child to listen to the questions and answers. If you have a child who has learning difficulties or any other difficulties who is unable to answer the questions on their own, do help them as they require and enter how much help/assistance the child received in the question at the end.

1.4.2 Sound and technical issues

Make sure that the program is working before you leave the briefing. This includes checking the sound and the pictures. If you are re-downloading the program over the internet for whatever reason (new laptop etc), please ensure the sound and the pictures have downloaded correctly too. If you have no sound and are not seeing any pictures, then please contact support and tell them that the audio and picture files have not been installed correctly.

Please also check that the sound on your laptop is not set at the highest volume and is comfortable for the child to listen to.

1.4.3 Earphones

You will have a set of earphones for each child, which you can leave in the home after the interview. If the child prefers to use their own headphones then this is also fine.

If a child does not want to use the earphones the child may listen to the questions through the laptop speakers. This is less advisable as it may encourage other family members to become involved thus compromising the privacy of the exercise.

1.4.4 Helpline leaflet

Given the nature of some of the questions (being picked on, life satisfaction etc) it is important that you leave the helpline leaflet with the child. Please take a few minutes to talk them through the leaflet and explain what it is. As indicated above, you should also mention to the child's parent/carer that you are leaving the leaflet with all children.

1.4.5 Gift and thank you letter

As a thank you for taking part, please give the child the small gift (yo-yo) as well as the earphones.

A few weeks after taking part, we will send the child a thank you letter for participatin.

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Growing Up in Scotland

Birth Cohort 1

Sweep 8 – 2014/2015

Child Cognitive Exercises Interviewer Instructions

1 Introduction and background to cognitive exercises

The assessment of cohort children's cognitive function is a key part of the BC1 age 10/P6 (sweep 8) survey of Growing Up in Scotland. By cognitive function we mean the child's thought processes. This covers their powers of reasoning, their ability to learn and their mastery of language. The cohort children are the central focus of the study and their cognitive development is a key aspect of their progress. Children took part in cognitive activities at sweeps 3 and 5 and now again at sweep 8. It is very important to measure this at the current time when children in Birth Cohort 1 (BC1) are nearing the end of primary school as their development at this age will affect their experiences in adolescence and adulthood. GUS is the only source of this information on this in Scotland and it is especially powerful when examined in relation to the wealth of data that we already have on these children and families.

These instructions form one element of the training needed to conduct the assessments of study children's cognitive function. They are intended to reinforce and supplement the briefing sessions that interviewers assigned to this project are given. Before beginning main stage fieldwork for this project, interviewers should attend a full briefing and also read the general instructions provided for BC1 age 10 and practice the cognitive exercises at home.

We are using one exercise at this sweep - the 'listening comprehension' assessment from the Weschler Individual Achievement Tests, 2nd Edition (WIAT-II). It involves three sub-tests: receptive vocabulary, sentence comprehension and expressive vocabulary. These are very similar to the exercises previously used on GUS. The WIAT-II is an educational assessment tool that is well respected and widely used. It is used to examine cognitive development and educational attainment and is normally employed by educational psychologists in a classroom or clinical setting. The activities have been adapted for use in a survey setting, and modified to be administered with the help of a CAPI programme so that you do not need to memorise a complex set of rules for routing children through each activity. The purpose of each the different exercises is described in the table below.

Table 1 GUS BC1 P6 Child exercises in brief

Assessment name	Assesses	Method	Max no of items
WIAT-II: Listening Comprehension			
Receptive vocabulary	Ability to listen for details and knowledge of words	Child is asked to select a picture that matches a word	16
Sentence comprehension	Ability to listen for details and knowledge of words	Child is asked to select a picture that matches a sentence	10
Expressive vocabulary	Knowledge of words	Child is asked to generate a word that matches a picture and oral description	15

The data that is collected will be used to estimate an approximate score for each child. This will not, however, be made available to the interviewer, child or family. This is because the exercises have been adapted to be suitable for research purposes only and cannot give an accurate clinical

assessment of each child's cognitive ability or performance. In this research setting, these exercises are designed only to provide an accurate picture of the range of skills across all children.

Since we would like the exercises to be delivered in a similar way for every child we would like you to **complete them in same order,** as per the CAPI programme: receptive vocabulary followed by sentence comprehension and then expressive vocabulary.

1.1 Equipment required for the cognitive exercises

In addition to these guidance notes, you will need the Listening Comprehension stimulus book – this contains the pictures required for the exercises. You will also need the consent booklet which includes information on the cognitive exercises for the child's parent/carer. You will need to gain verbal consent from the main carer and record this in the CAPI (there is no paper consent form to be signed). You must also get consent from the child (the cognitive exercises are briefly introduced in the child leaflet but will need some further explanation and introduction to the child).

1.2 Looking after and carrying the equipment

The cognitive equipment belongs to NatCen Social Research, and you will have to return it at the end of fieldwork so that it can be used on other studies (including future sweeps of GUS). Please be aware that this equipment is very expensive and whilst we can replace equipment if necessary, you will not be able to interview while you are waiting for your replacement equipment to arrive.

The nature of the assessments means that children will sometimes touch the equipment. This is fine, but you should make sure that children have clean hands (beware sticky fingers!) before you start the assessment.

You should carry the equipment in the packaging provided. You can clean the equipment using a damp cloth. However, if you do this please be careful not to tear the pages.

2 General points about carrying out the exercises

There are three principles that should be borne in mind when administering the exercises. They should be carried out:

- safely and in appropriate circumstances,
- in a consistent manner, and
- in a way which elicits optimal performance from the child.

2.1 Safety and appropriateness

2.1.1 Gaining consent

You are only able to carry out the cognitive exercises if you have verbal consent and agreement from the parent and child. You should explain what the exercises involve, why you would like to conduct them, that participation is voluntary and that the child is able to stop at any point. Please say that you are unable to given any feedback on the child's performance.

If either party refuses then you should **not** administer the exercises. Please ensure that the adult has fully read and understood the leaflet on the child exercises. Take a few minutes to explain to the child about the exercises (this is built in to the CAPI program) and ensure that the child understands the nature of the exercises and is happy to take part. If at any point If the child is distressed provide verbal reassurance and ask the child's parent for assistance. Please terminate the exercise if the child remains distressed.

2.1.2 Guidelines for administering

Do not administer the activities if the child:

- has a learning disability or serious behavioural problem (e.g. severe ADHD) - if in doubt check with the parent (further guidance on administering the exercises to children with physical or language impairments is provided in section 2.1.3)
- is unable to respond to the stimuli in a typical fashion (the exercises require children to look at pictures and tell you their answer)
- is not proficient in English

You must follow all the standard rules for interviewing and working with children[1]. The child's parent should always be present in the household while you are carrying out these activities. Be careful to avoid physical contact with any child.

2.1.3 Administering to children with physical or language impairments

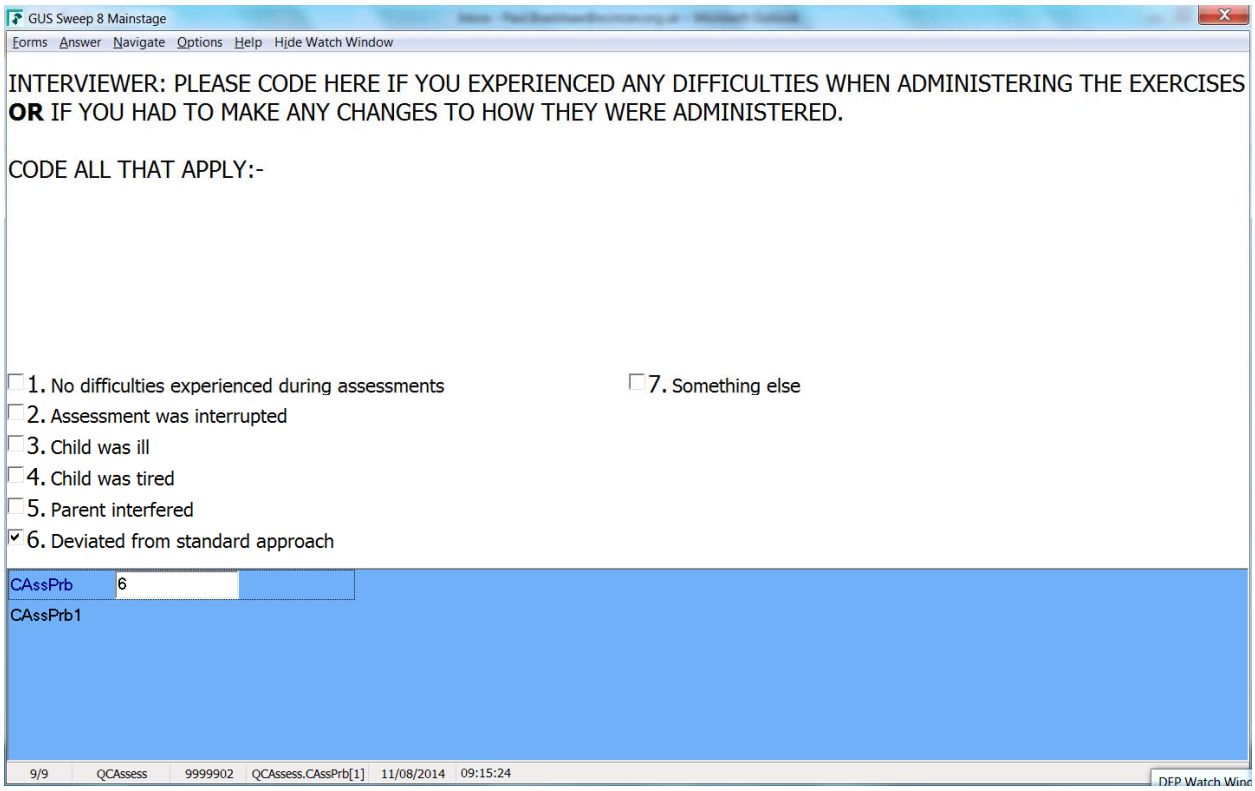
As noted above, it is not appropriate to undertake the exercises with children who have a severe learning disability, a serious behavioural problem or a physical disability which prevents them from being able to undertake the tasks required of them. However, many children with physical or language impairments will be able to complete the exercises and we are keen that as many children participate as possible. Depending on the nature of the impairment and the exercise being administered, the child may be at a disadvantage if the exercise is administered in a

[1] These can be found in the NatCen document *Interviewing Respondents with disabilities, the elderly and vulnerable; children and young people.*

standard manner. For example, a child with a hearing impairment may have difficulty understanding oral instructions.

Before starting the exercises with a child with a physical or language impairment, become familiar with his or her limitations and preferred mode of communication, all of which may require some adjustment to the standard procedures. Some flexibility may be necessary to balance the needs of the child with the need to maintain standard procedures.

Although changes to how you administer the exercises may be necessary, and are permitted in these circumstances, the WIAT-II was not developed for use with such adjustments. For example, if sign language translation or other visual aids are used to give instructions to a child with a hearing impairment, remember that such changes may have an impact on test scores. **You should record any changes or adjustments you make, or any other issues about how the exercises have been administered in the question at the end of the cognitive exercise module** (see screenshot below)**.**



Note the option specifically to record adjustments made in these circumstances. It is important that you provide as much detail as possible in the following question. The researchers will use this information to assess the likely impact of the adjusted procedures on the child's test scores.

2.2 Consistency

The exercises derive from standard instruments, so the protocols and wording **cannot** be varied (except in the circumstances outlined above). You must follow the procedures exactly as specified in the briefing, written instructions and CAPI. Similarly, for all exercises and especially the expressive vocabulary exercise - which requires the child to name an item shown in a picture - **you must only accept as correct the correct answer or answers shown on screen** (the other exercises simply require you to record the child's response – you will not be required to determine whether it is correct or incorrect). This is to ensure all interviewers administer them systematically and consistently, with no variation between different interviewers or across

different interviews. Variations to the standard procedures, such as changes in the phrasing or presentation of a test item, could reduce the reliability and validity of test results.

By ensuring consistency we will be able to compare the results from different interviewers and different children in GUS and with other studies which have included these exercises. At the same time, it is important that the exercises are not administered in a rigid or unnatural manner.

2.3 Optimal performance

Make sure the child understands the task; we do not want their performance to reflect the fact that they misunderstood what they needed to do.

Keep in mind the influences on each child's performance. These include:

- the environment in which the exercises are administered
- the rapport you establish with the child
- the reinforcement and encouragement you give

Each of these is considered in turn below.

2.3.1 Environment

Ideally, the exercises should be administered in a quiet, well-lit, and properly ventilated room, away from distractions and disruptions. It may help to explain that the child will need a quiet environment to do his or her best.

You need enough space to be able to control all of the equipment and record responses while keeping the laptop screen out of the child's sight. For the expressive vocabulary assessment, the correct answer is shown on screen, so it's important the child cannot see it.

Given the nature of the exercises, it is strongly recommended that you use a table if available. If a table is available at which you and the child can sit comfortably and safely, try to arrange it so that the child and you can sit at right angles across the corner of the table. If a table is not available, or if the child prefers to be seated on the floor try to ensure that a firm surface, such as your clipboard, a coffee table or firm carpet is available.

A parent should be present in the home when you administer the exercises. Explain to them before you start that they should not prompt the child during the administration or offer the children any encouraging (or discouraging) remarks. Nor should they reword or explain the instructions to the child, or give hints, or help in any other way. Explain that you want to make sure that the response you record is the child's and that in fairness to all children that the exercises are carried out in the same way.

Where possible, try to ensure that other family members – particularly brothers and sisters – are not present.

In addition, try to ensure that the child is not distracted by extraneous materials in their direct view (e.g. toys, your laptop,) and that any televisions etc in the room are turned off.

2.3.2 Rapport

Before administering the exercises, take some time to establish rapport with the child. This is especially important as the children may be a bit anxious and feel like you are testing them. It will help if you are introduced to the child by the parent or caregiver or if you introduce yourself to the

child. Talking to the child before you start may also help to set them at ease. Some hints are to ask them about what they did that day, the name of their sibling(s) or refer to anything else that seems relevant such as toys, pets, football teams, television programmes etc. Use your experience to establish the most effective way to establish rapport with each child.

You can also develop rapport in other ways. A thorough understanding of the fundamental requirements of the administration, recording and scoring procedures will allow you to interact with the child without interrupting the test pace. Mastering, though not completely memorising, the details of administration and scoring will enable you to read from the CAPI and record responses without awkward pauses. This familiarity will come naturally as you administer more and more exercises, however **it is also crucial, that you spend time familiarising yourself with the exercises before starting your assignments**.

Introduce the exercises in language appropriate for the child's age. Mention that he or she will be asked to complete tasks that most children enjoy. Indicate that some of the items may be easy, while others may be more difficult (some of this pre-amble is included in the CAPI introductory items). Encourage the child to do his or her best and stress that he or she is not expected to answer all the questions correctly.

2.3.3 Reinforcement and encouragement

The general rule you must follow is to be reassuring and encouraging but not to give any clues about how the child is performing. When administering the exercises, you cannot tell the child whether their answers are right or wrong, or how well they are doing.

Rewarding effort and co-operation with strong but neutral encouragement throughout will do a lot to help you maintain rapport and motivation and may distract attention from failure.

When administering the exercises you should try to be aware of, and sensitive to, the child's mood, activity level and co-cooperativeness. If the child appears inattentive, bored or tired, brief conversations between the exercises may reduce general concern and revive interest in the next exercise. However, the child may need a break (see below).

As the child progresses from easy to difficult items, be prepared to comment emphatically on how difficult the assessment is becoming, and express genuine encouragement to allay the child's frustration and any negative reaction to failure.

Be careful not to reinforce or focus attention only on a child's correct responses. When incorrect responses are met by silence, the child becomes acutely aware of failure. Examples of appropriate 'neutrally encouraging' statements are sincerely expressed phrases such as:

'Thank you'

'OK'

'You are doing a good job'

'We are almost finished'

Be aware of non-verbal communication and make sure that you do not give the child any clues about their performance through your body language and facial expressions.

At the end of the exercises you should thank the child for taking part and praise the child by telling them how well they have done and/or how hard they have tried.

2.3.4 Breaks

Before you begin the exercises try to make sure that the child is not hungry, thirsty or tired. Most of the children with whom you will be working will be able to complete the three sub-exercises without a break. However, you should be especially sensitive to behaviours that suggest the need for a bathroom or rest break (i.e. squirming, rubbing eyes, yawning). If the child does need a break, try to make sure that this is between different sub-exercises.

3 General points

3.1 Start and finish points

As all the children in this study are approximately the same age, they will all start the exercises at the same point (which is the first item in the assessment). The exercises will then continue until the child's best performance can be established. The CAPI program will continue until it has collected enough information to build up a good estimate of the child's ability. In these exercises the child must get 6 **consecutive** items wrong for the assessment to finish early. Because each assessment only has been 10-16 items in total, this means they will usually be asked all items.

3.2 Stopping the exercises

You should only stop the exercises (before the CAPI stops), and move to the next one – or end all exercises - if a child has become extremely distressed and it is impossible to continue the assessment.

If you want to stop please code the remaining items as 'Don't Know' and record that you have ended the assessments in the final check question.

3.3 Teaching

In contrast to cognitive exercises used in GUS at earlier sweeps, there are no teaching items on this sweep's exercises.

4 WIAT-II: Listening Comprehension – detailed information

4.1 General information

Receptive Vocabulary

In this exercise, children are shown four pictures on a single page and are asked to select the picture which contains the item correctly matching a word given by the interviewer.

There are a total of 16 items in this sub-exercise and all the children in the study will begin the assessment at Item 1.

Sentence Comprehension

Children are again shown four pictures on a single page. This time they are asked to select the picture which contains the item correctly matching a *sentence* given by the interviewer.

There are a total of 10 items in this exercise and all the children in the study will begin the assessment at Item 1.

Expressive Vocabulary

Children are shown a single picture and given an oral description. They have to provide a **single word** which matches the picture and oral description.

There are a total of 15 items in the assessment and all the children in the study will begin the assessment at Item 1.

The aim of this exercise is to measure knowledge of the English language, so answers in other languages are not permitted. If the child is bilingual you should note this in a CAPI memo before beginning the assessment. If the child responds in a language other than English, ask the child if they can say the name of the object in English. If the child continues to respond in another language, you must code 'INCORRECT' and then record that the child responded in another language. Do not accept translations from other household members.

4.2 Materials

Listening comprehension stimulus booklet.

4.3 Procedure

1. Before you begin the exercise turn the booklet to tab 1.

2. Position yourself so that you can see where the child points if he or she does not provide a verbal response.

3. The procedure for each sub-exercise varies slightly:

a. **Receptive vocabulary:** The introduction to each picture is specific to the picture but follows the same general structure: "The word is XX. Point to the picture that shows XX". ***Please read out exactly what is on screen***.

b. **Sentence comprehension:** Again, the introduction is tailored to each item, but takes the general form of: "Listen. Which picture matches the sentence?" Then then the specific sentence for that item is read out.

c. **Expressive vocabulary:** The general introduction is "Look at this picture. Tell me the word that means…" followed by a description of the item or image shown on the page.

4. If the child does not respond, encourage the child once by saying: "Try a little longer" or "You can do it"

5. You may repeat the prompt **but only once, and only if the child asks**

6. Allow the child approximately 10 seconds to begin responding before moving on to the next item

7. Code the child's response.

    a. **Expressive vocabulary**

        i. if the child's response is more than a single word, remind him/her of the single word requirement. This reminder is included on the CAPI screen.

        ii. Accepted correct answers are given on the screen. In addition to the words given, any appropriate names can be accepted as correct, provided it is not too general. Overly specific names can be accepted as correct and a separate code is usually provided for such names.

8. Please note that CAPI will not allow you to code don't know as CTRL+ K or refusal as CTRL + R. So, if the child does not respond or says 'don't know' or refuses to respond you should code 88 'Don't know / refusal / no response'.

4.3.1 Spoiled responses

A response is considered spoiled when a child's elaboration of a correct response indicates they have misunderstood what has been asked and has indicated the correct response for the wrong reason or by chance.

For example, on the sentence comprehension exercise, a child may say "I don't know the answer, I'll just guess" and happen to select the correct picture. The response is spoiled because the additional information reveals that the child does not understand what is being asked nor why the response they have chosen is correct. In such cases the response should be coded as 'Don't know/ refusal/ no response'.

4.3.2 Multiple responses

Occasionally a child may give several responses to an item. Use the following rules as guidelines for scoring multiple responses:

- If a second or third response is intended to replace a previous one, score only the last response (even if it changes the item from correct to incorrect)

- If an child gives both a correct and incorrect response, and you are unsure which is the intended response, ask the examinee which one is intended and score that response.

4.4 Expressive vocabulary only – additional points

4.4.1 Scoring guidelines

In the expressive vocabulary assessment, you are asked to indicate whether or not the child provided the correct response. **In order to get an item correct in this assessment, the child must give you the exact word as shown in CAPI. Alternative responses, which may be similar to the word shown in CAPI, are not acceptable as correct responses.** Accepting any alternative words as correct will invalidate the assessment.

If the child has an articulation disorder or speech impediment, do not penalise him or her for mispronunciations that are a direct result of the disorder. Variations in pronunciation are also acceptable. **However, the word given must match the word shown on your screen**. Ask them to repeat the word if necessary.

4.4.2 Probing

For certain items – namely 'disguise' and 'pedestrian' - the CAPI screen will provide a probe or alternative prompt which you may use in instances where the child has given a related but incorrect response.

You may only probe for these items and you must only use the text of the probe provided.

Item	Child says:	You probe:
Disguise	Mask	"Tell me another word the means the same thing"
Pedestrian	Walker	"Tell me another word the means the same thing"

4.5 Discontinuation

All children start at Item 1. The CAPI will stop the assessment automatically when the child has reached the last picture. CAPI may also stop automatically if the child has made 6 consecutive errors. You must stop if the child becomes distressed. There is an option to terminate the assessments between each of the sub-exercises. If you choose to end the exercises, CAPI will direct you to a question to provide details.

4.6 Problem images

In general, the images used appear a little old fashioned, some are more so than others. As such, they may still be distracting or have specific difficulties. However all children face the same difficulties and no allowances should be made for the materials. If this rule is consistently applied all children will have an equal chance of success.

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GROWING UP IN SCOTLAND

SWEEP 8
2014/2015

CAPI EDIT SPEC

Version 1

January 2015

P1143 (P04979.03)

Introduction

The Growing Up in Scotland (GUS) study is a major cohort study funded by the Scottish Government. It is following two 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 was subsequently commissioned to conduct the next four years of fieldwork for the study, including this sweep, sweep 8..

This year, sweep 8 involves families from our birth cohort 1, where the child is has just started primary six in Scotland (age around 10 years old). We are conducting an interview with the child's main carer (in most cases the mother) as well as interviewing the child, through Audio-CASI (Computer Assisted Self-Interview). The coding and editing concern questions asked of the main carer only.

Background to editing

The two types of questions that need editing in this survey are:

Open Questions

- Which have no defined codes prior to the interview.
- Interviewers record responses to the question as text.
- All cases that were eligible to answer the question will require editing.

Other – please specify (semi-open questions)

- Codes for obvious answers to the question are specified prior to the interviews
- Interviewers are offered the chance to record text where they feel the response given does not fit into the specified codes, or if they are *unsure* whether it does.
- Only those eligible cases where the interviewer has recorded some text require editing.

Navigating the edit program

In each case, pressing the 'end' key takes you to the next variable requiring editing. You should be automatically taken to the appropriate 'Tryback', which provides instructions on the text requiring coding and the variable name you should code it into.

Standard codes

Tryback 3 'Refer to supervisor/leave for later'

If you are unable to code the response given the instructions you have been given, please refer your serial number and query to your supervisor. Key 'code 3' at Tryback question in order to do this.

Tryback 5 'Back coding attempted, leave as it is'

In the event that you have consulted your supervisor, and the advice is to leave this question as it is, please use code 5.

At the end of each code frame, there are three standard codes to cover instances where recorded responses do not adequately fit elsewhere within the code frame:

Code 94 'Other specific answer not in codeframe'.

This is for any answer given by the respondent that answers the original question, but is not covered by any of the codes.

THIS SHOULD BE USED WHEN YOU ARE CODING RESPONSES THAT FIT IN AN "OTHER" CATEGORY (THE ORIGINAL CODE FOR 'OTHER' SHOULD NOT BE USED WHEN YOU ARE EDITING).

Code 95 'Vague or irrelevant answer'.

This is for recorded responses that don't really answer the question and cannot be coded into any of the other codes.

Code 96 'Editor can't deal with'.

This is for recorded responses that the editor can't deal with.

Remarks

As you go through the coding, you might find remarks on the questions you are coding. Please open and use these remarks to help you code. You will find these remarks in the program itself, and on individual fact sheets. Please do not spend time on general and non-specific comments, only the answers to the questions that the interviewer has recorded in a note rather than correctly coding it in the original codes.

However, only backcode such information when you are certain which code to use. If you are unsure about which code should be used, tab the remark for referral to the researchers.

Soft checks

Soft checks will appear when you are navigating the edit program. Please suppress these as you go through the edit.

CODE FRAME 1

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

Edit question: XDPrbX

What is the illness or disability?

Question Type: OPEN

MULTICODE: CODE ALL THAT APPLY

NEW CODES:

1. Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
2. Diabetes
3. Other endocrine/metabolic
4. Mental illness/anxiety/depression/nerves (nes)
5. Mental handicap
6. Epilepsy/fits/convulsions
7. Migraine/headaches
8. Other problems of nervous system
9. Cataract/poor eye sight/blindness
10. Other eye complaints
11. Poor hearing/deafness
12. Tinnitus/noises in the ear
13. Meniere's disease/ear complaints causing balance problems
14. Other ear complaints
15. Stroke/cerebral haemorrhage/cerebral thrombosis
16. Heart attack/angina
17. Hypertension/high blood pressure/blood pressure (nes)
18. Other heart problems
19. Piles/haemorrhoids incl. Varicose Veins in anus.
20. Varicose veins/phlebitis in lower extremities
21. Other blood vessels/embolic
22. Bronchitis/emphysema
23. Asthma
24. Hayfever
25. Other respiratory complaints
26. Stomach ulcer/ulcer (nes)/abdominal hernia/rupture
27. Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
28. Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
29. Complaints of teeth/mouth/tongue
30. Kidney complaints
31. Urinary tract infection
32. Other bladder problems/incontinence
33. Reproductive system disorders
34. Arthritis/rheumatism/fibrositis
35. Back problems/slipped disc/spine/neck
36. Other problems of bones/joints/muscles
37. Infectious and parasitic disease

38. Disorders of blood and blood forming organs and immunity disorders
39. Skin complaints
40. Other complaints
41. Complaint no longer present

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

See Appendix A.

CODE FRAME 2

JbQual, OthQu **and** POthQu **(In Q.Emplnc 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 3

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

01. Looking after family/home
02. Health problems
03. Studying
04. Difficulties with childcare
05. Difficulties finding job to fit around school hours
06. Caring for other family members

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

Socio-Economic Coding

MainJb, MainDo, IndSt, JbQual **(In Q.EmpInc block)**

Questions about the respondent's employment

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

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

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