

Growing Up in Scotland Sweep 9: 2017-18

Interviewer and Coder Instructions

GUS BC1 SW9 Interviewer instructions

GUS BC1 SW9 Cognitive exercises instructions

GUS BC1 SW9 CAPI Edit spec

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Growing Up in Scotland

Birth Cohort 1 Sweep 9

(Phase 2)

Mainstage Project Instructions

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1 About Growing up in Scotland

1.1 Background and introduction to the study

Welcome to Growing up in Scotland (GUS)! GUS is a major cohort study funded by the Scottish Government. It follows 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 Scotland and to improve understanding of how experiences and conditions in early childhood might affect people's chances later in life.

GUS has been running since 2005 and currently consists of one birth cohort, whom we usually refer to as Birth Cohort 1 (BC1). (There are currently no further plans to visit families in Birth Cohort 2, who were recruited to the study in 2011). Families in BC1 have taken part in the study since the children were 10 months old and were first interviewed in 2005. Since then, families have taken part in up to eight face-to-face interviews and up to two short online or telephone surveys.

In a new development on GUS, at sweep 9 Phase 2 we will be 'boosting' the existing sample – that is, we will be recruiting new children (and their families) to the study. These children will be of a similar age to those in the main sample. Throughout these instructions we will refer to these newly recruited children and their families as the 'boost' sample, while families in the original cohort will be referred to as the 'main' sample. Procedures will be largely the same across the two sample types. Further details about the boost sample are provided in section 1.4.1.

Main sample – Children and families who have been taking part since the child was aged 10 months.

Boost sample – New children and families recruited for the first time when the child is aged 12-13.

1.2 How is GUS 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 the Scottish Government, Local Authorities, 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 are listed below.

- 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/>
- Findings from GUS were 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 have used GUS data to help inform their programmes and work.
- The NHS and Health Improvement Scotland have based some of their parenting and antenatal 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.
- GUS has shown that women who become pregnant in their early twenties face some of the same challenges as young women who have babies when they’re in their teens. This led to an extension of the Family Nurse Partnership – an intensive one-to-one home visiting programme for young, first time mothers – so that the programme now includes first time mothers aged 20-24.¹

There are also many other people and organisations looking at and using the GUS data 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 read more about GUS on the regularly updated study website: <http://www.growingupinscotland.org.uk/> or by following the study on Twitter: @growingupinscot.

1.3 Sweep 9: Overview of elements and procedures

At sweep 9, we are conducting interviews with families in the oldest birth cohort (BC1) who will be around 12-13 years old and in their second term of S1 (first year of secondary school). The table below gives an overview of the main elements included at Sweep 9.

¹ This example is also given on the ‘impact card’ which you will be sending out to respondents as part of the advance mailing pack.

Table 1: Sweep 9 elements

Element	Method of administration	Length
Main carer interview	CAPI/CASI	c.45 mins
Child interview	CASI	c.25 mins
Child cognitive exercises	CAPI	c.10 mins
Child height and weight	Direct measurements	c.5 mins
Partner questionnaire with resident partner (if applicable)	Paper self-completion (PAPI)	N/A

1.4 What's new at Sweep 9 Phase 2?

1.4.1 Introduction of 'Boost' sample

Over time, a number of families have dropped out of the study. Because some families are more likely than others to drop out, this has resulted in the cohort being less representative of the general population. To address this, it has been decided to 'boost' the existing sample for BC1 by recruiting new children (and their families) to the study. This recruitment of new families will take place **alongside** Phase 2 fieldwork with families in the main sample.

Similar to what was done for the main sample, children in the boost sample have been selected from Child Benefit Records. The sample is based on selected areas throughout Scotland, each of which is roughly equivalent in size to an electoral ward (they are actually made up of amalgamations of administrative areas known as Data Zones). Within each of these areas, we have sampled children born between June 2004 and May 2005.

Name and address details for the boost sample have been obtained from Child Benefit Records held by Her Majesty's Revenue and Customs (HMRC). Details include name, address and date of birth of the child and their parent or carer, who is the person in receipt of child benefit. These details will all be provided on the ARF (similar to those for families in the main sample) and will have been loaded into the CAPI ahead of fieldwork. Once in the household you will be asked to check these details and to obtain details for any other household members, similar to procedures for the main sample.

Remember, these families have had no involvement in GUS before or, in all likelihood, in a survey of this nature. You should therefore make sure people understand what is expected of them and be prepared to answer any questions they may have. Some of the documents for the boost sample also differ to those for the main sample so always make sure you check documents carefully before sending or handing out to respondents.

1.4.2 What's changed since Phase 1?

For those of you who also worked on Phase 1, there are a few differences to note. The main difference is the addition of the boost sample as outlined above. In addition to this, we have made some changes to procedures and to the CAPI:

- The survey leaflet will be sent out from the office along with the pre-notification letter, so you don't need to include this in the advance mailing pack. We have done this to streamline the procedures for the main and boost samples.

- In cases where respondents who are eligible for a financial incentive have not received their letter with the Post Office voucher, you can now simply hand out one of your Love2Shop vouchers (remember, before handing out a voucher you must always check the ARF (or contact information sheet for re-issues) to see if a respondent is eligible for an incentive).
- There is no multisensory exercise at Phase 2.
- It is now possible to enter two telephone numbers for stable contacts – this was raised as an issue by some of you as part of Phase 1 fieldwork.
- It is now possible to update stable contact details for unproductive cases, too – this was raised as an issue by some of you as part of Phase 1 fieldwork.
- You now need to obtain **written** consent to data linkage and send a copy of the form to Brentwood.

1.5 Summary of your tasks

In summary, Growing Up in Scotland sweep 9 involves the following procedures:

- Identifying households eligible to receive a partner paper questionnaire
- Sending out an advance mailing pack with the following:
 - Advance letter for the main adult respondent
 - Advance letter for the child
 - Impact card
 - Partner paper self-completion questionnaire (where applicable)
- Attempting to make contact with the named adult respondent. In most cases, this will be the cohort child's mother (but in certain cases may be another adult caring for the child)
- Conducting the main CAPI interview, including a short self-completion (CASI) component, with the child's main carer
- Introducing the child questionnaire, gaining consent, and administering the CASI element with the named child
- In households where there is a resident partner:
 - Collecting the partner paper questionnaire and/or reminding the partner to complete this
 - Collecting the partner's contact details (phone number and email address)
- Gaining consent to and taking the child's height and weight measurements
- Gaining consent and administering the cognitive exercises with the child
- Completing a paper ARF for all addresses and entering this information into the CAPI admin block

Details on administering all of the elements, including the child and partner questionnaires, are provided below. Instructions on administering the cognitive exercises and protocols for measuring the child's height and weight are provided in a separate document. **Please read both sets of instructions fully before commencing fieldwork.**

2 The sample

For every address in your assignment you will have an ARF and an address information sheet which includes the contact details for the adult respondent and the cohort child who will be around 12-13 years old. For cases in the **main sample**, the adult listed on the ARF is the adult who completed the last face-to-face interview (in most cases this will have been in autumn 2015). For cases in the **boost sample**, the adult listed on the ARF is the adult carer listed in HMRC's child benefit records. In all cases, the main child of interest to the study is the child named on the ARF. Even in cases where the named child is not interested or available, do not interview siblings instead.

The families in the **main sample** have been involved in GUS since 2005 and will have taken part in up to eight face-to-face interviews over the years. The last CAPI interview for these families took place in autumn 2014 when the cohort child was around 10 and in Primary 6. In early 2016, the main adult respondent was also invited to participate in a short online or phone interview. Note that not all families will necessarily have taken part at every sweep, or even at the last sweep. They have, however, taken part at either sweep 8 or sweep 7 (or both). The families in the **boost sample** have not taken part before and as such will be less familiar with the study. We also hold fewer contact details for these families.

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. There are more details on tracing in section 3.3.2, and a tracing and eligibility diagram is provided in appendix A.

2.1 Distinguishing between 'main' and 'boost' cases

There are two ways in which you can tell if a case is part of the main or the boost sample:

- 1) By checking the 'Sample type' box in the top right corner on the front page of the ARF, as shown below. This will either say 'Main' or 'Boost'.

Appointments Made	Final Outcome
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

P10666.01: Growing Up in Scotland – Sweep 9 - **Birth Cohort 1**
 NatCen, 101-135 Kings Road, Brentwood, Essex CM14 4LX, Telephone 01277 200 600, Fax 01277 214 117

NAME AND ADDRESS DETAILS						SAMPLE TYPE
Serial number	Phase	Wave	Point	Incentive	Partner in HHold	
<Serial><CkI>	<PhaseIssued>	<Wave>	<Point>	<Incentive>	<LoneParentStatus>	<SampleType>
<RespTitle> <RespFirstName> <RespSurname> <AddLine1> <AddLine2> <AddLine3> <AddLine4>						
<Postcode>						

2) By checking the serial number: Serial numbers for cases in the main sample begin with a '1', while cases in the boost sample begin with a '4'. For example, a case in the main sample may have serial number 1122345X, while a case in the boost sample could have serial number 4122345X.

ARF labels

There are two main labels on the ARF. The first, on the front page, is a standard name and address label which has the name of the adult respondent and information about the case such as the fieldwork phase, wave, point, whether a financial incentive is offered, and – for cases in the main sample - whether there was a partner in the household at the previous sweep.

DETAILS OF CASE ISSUED						WHETHER ELIGIBLE FOR £15 PO VOUCHER ON ADVANCE LETTER
Serial number	Phase	Wave	Point	Incentive	Partner in HHold	
1010101K	1	1	123	Yes	Yes	
MRS JANET JONES 23 MACDONALD DRIVE SHIELDHILL FALKIRK FK1 2EA						WHETHER ELIGIBLE FOR PARTNER QUESTIONNAIRE

Annotations: Arrows point from 'MRS JANET JONES' to 'LATEST ADULT RESPONDENT NAME AND ADDRESS DETAILS', from 'Yes' under Partner in HHold to 'WHETHER ELIGIBLE FOR PARTNER QUESTIONNAIRE', and from the 'Partner in HHold' header to 'WHETHER ELIGIBLE FOR £15 PO VOUCHER ON ADVANCE LETTER'.

The second main label, on the 2nd page, is an information label, which gives details of the cohort child - their name, date of birth and gender. On this label you can also find the child's Young Scot Reward code which is also printed on the child advance letter.

Serial number	Phase	Young Scot code	
1051001	1	WKNXC4	YOUNG SCOT CODE DISPLAYED ON CHILD ADVANCE LETTER (TO GIVE OUT IN CASE LETTER NOT RECEIVED)
Child : MISS KATIE JONES DoB : 16/07/2004 Gender : F			COHORT CHILD DETAILS

Annotations: Arrows point from 'WKNXC4' to 'YOUNG SCOT CODE DISPLAYED ON CHILD ADVANCE LETTER (TO GIVE OUT IN CASE LETTER NOT RECEIVED)' and from 'Child : MISS KATIE JONES' to 'COHORT CHILD DETAILS'.

2.2 ARF instructions

NOTE: You must record any information related to contacting the respondent at a future sweep – including changes to contact details – in the CAPI admin block. Please shred all pages with adult respondent, child or stable contact information once CAPI admin has been completed. Remaining non-confidential pages should be recycled.

2.2.1 Pages 1 and 2

The standard calls record forms for you to keep a note of the times, dates and results of all your visits and telephone calls to the household are on pages 1 and 2. Completing these at every visit will help plan future visits. Record phone calls or visits that you make to the stable contact on the calls record form. You will be asked to record your visits and telephone calls in the CAPI Admin block. Use the box in the top right hand corner on the front page to fill in the final outcome code.

2.2.2 Sections A and B

In this section you record the outcome of your attempt(s) to make contact at the original address listed on the ARF and to find out if the named child is still resident there. In most cases the named child will be resident and you will be directed to Section C.

If the child is *not* resident at the listed address, code this at A1 and follow instructions. You will be asked to record the tracing methods you use to trace the child's new address at question B1. Please make sure you use all appropriate methods to try and trace the family. Tracing methods will also be recorded in the CAPI Admin block. If you need to make contact with neighbours or other people when tracing the named child, please remember to show your NatCen ID. **Do not say that you are trying to trace the child, only mention the name of the adult.**

Successful attempts at obtaining follow-up addresses should be recorded at A1 and/or B2 and B4. If the address is in the area you are working then please follow it up yourself otherwise 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.** Note also that 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 cannot establish whether the named child is resident at the address or not, record the reason for this (i.e. address inaccessible, or information about the child refused) at A1 and the appropriate outcome code in Section D.

2.2.3 Section C

If, and when, you have established where the named child lives, or if you are unsure if the child is resident at a given address, you will be directed to Section C. At C2 you will find a list of the contact attempts we would like you to make. Please ensure you have made **all** the contact attempts listed before returning a case as a 'non-contact'. For most cases in the boost sample we will only have name and address details, so you will not be able to make contact via phone or email for these. Please discuss all non-contact cases with your FPM.

2.2.4 Section D

The final outcome code for the address is coded here and computed in CAPI Admin block.

Productive outcome codes

The productive outcome codes which take into account the completion of the adult *and* child interview are as follows:

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

There will be no partial child interviews, they will either be fully productive or unproductive.

Unproductive outcome codes

All unproductive cases need to be discussed with FPMs before returning them.

You should also make a note (at D10) of anything you think might be useful for another interviewer to know, either at re-issue or at a subsequent sweep.

Non-contact codes (D2)

Unproductive non-contact outcome codes should only be used when you have established that the named child is resident at the address, and when you have used all appropriate contact attempts listed at C2.

Refusals (D3)

For respondents in the main sample we now have several years of data for all families still participating in the study. Therefore, we will not necessarily be discarding main sample 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 9. If a respondent may be happy to take part in the study again sometime in the future and is happy to be contacted at the next sweep, please make sure you use codes 510 (illness) or 520 (away) if appropriate, or use code 425 – “Refusal for sweep 9 only – other reason”. **Refusals coded as 431 (‘Refusal by eligible respondent before interview’) and 432 (‘Proxy refusal’) may be removed from the sample so please be certain when you are using these codes.**

We would also like you to record the reasons given for refusals – for the main carer interview and, where applicable, for the child questionnaire. **Please record reasons for refusals at D.8 and D.9 as appropriate. You will be asked to record these in the CAPI Admin block.**

Other unproductives (D4)

To be used if the named child is resident at the address and you have made contact with one or more residents.

Respondent moved (D5)

Only use outcome codes 671, 672 and 673 if you have (1) successfully established a new address for the named child which you are unable to contact yourself – either because it is outside your area or for another specified reason. Or (2) if you have used all appropriate tracing methods but are still unable to establish the child’s new address. Only use outcome

674 if you have established that the named child is no longer living in Scotland. **Note that you will need to discuss all unproductive cases with your FPM before returning them.**

Ineligible (D6)

Only to be used if you established that the named child has died (code 781), or if you have been asked by the office not to interview (code 771).

Eligibility unconfirmed (Contact made) (D7)

Use where you have been unable to establish if the named child is resident at the address.

2.2.5 Section E

At the end of the interview with the adult respondent you will be prompted to record details of the cohort child and the adult respondent on the ARF at questions E1 and E2.

2.2.6 Section F

For respondents in the main sample, you will be prompted to check the 'stable contact' details (see section 3.3.2 for more information about stable contacts). If stable contact details have changed, or if no stable contact details were originally recorded on the information sheet, please **record all new or amended** details at F1 or F2.

For respondents in the boost sample you will be prompted to record details of up to two stable contacts.

CAPI will also prompt for details of any planned house moves. Use the space provided to record a new address any planned moving dates. Use the space at F4 to record any other useful contact or related information about the respondent, including extra telephone numbers (such as work numbers) and/or additional e-mail addresses.

2.3 Information sheet

Each ARF will have an 'information sheet' attached to the back. Information sheets for cases in the boost sample will contain less information, as this is the first time we are contacting these families.

This sheet provides additional information about the respondent which may assist you in either establishing initial contact or with tracing. Where we hold these details, the sheet will include the respondent's phone number, the name, address, phone number and email address of their stable contacts², and some details about their last face-to-face interview such as the date and days of the week it took place. If we know that a respondent has moved, the information sheet will display both their current and previous addresses. Where their telephone numbers or email address details have changed, the previous details will also be shown. Please see appendix B for an example of an Information sheet.

At each sweep of GUS, 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

² Note that these items are only displayed if the respondent disclosed them at a previous interview.

how to find the address, or the times of day it was best to call. Where such information has been recorded, it is made available in the 'Comments' section at the bottom of the information sheet. Whilst most of this information is general in nature, in some cases it may contain details which could be considered 'sensitive', for example, if the adult respondent or the cohort child has a particular illness, or if there is a particular issue about the family which makes contact difficult. Rather than print this type of data onto the information sheet, when the information is sensitive the symbol '**' will be displayed. If you see this symbol, please call Brentwood (01277 200600) and ask to speak to someone in the Data Team 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 Brentwood whenever you see this symbol on one of your sheets.**

Any updates of case details must be recorded in the CAPI admin block so please ensure any information you record on the ARF are transferred to CAPI.

2.3.1 Note on recording address changes in the CAPI admin block

On GUS, you are able to record two different types of address changes in the CAPI admin block:

- 1) **A move that took part BEFORE the interview** – Here you will have traced the respondent to their new address and will most likely have conducted the interview at this new address. In which case the address on the ARF will be incorrect and you should record this when prompted to do so in the admin block (i.e. code 'No' when asked (at OrigAdd): 'Was the address (on the ARF label) correct and complete?'). You should then enter the new address details on the next screen.
- 2) **A FUTURE move** – Here the respondent will have told you that they may/will be moving to a different address sometime in the future. In which case, code 'yes' when prompted (at FMove): 'Did respondent supply details of possible future moving?' in the admin block and enter address details on the next screen. Please only record future address details in cases where you know WHEN the respondent will be moving (e.g. on or around a certain date) and/or if you are able to obtain address details of WHERE they are likely to be moving to.

Before starting work, please make sure you know where to record both new address details and future moves on the ARF and in the CAPI admin block.

3 Fieldwork

3.1 Timetable

The fieldwork timetable for sweep 9 Phase 2 is set out below. Your FPM should have told you which Wave you are working on (waves 1-3 took place in 2017).

Wave 4 fieldwork will only include 'main sample' assignments. At Waves 5 and 6, assignments will consist of a mix of 'main' and 'boost' assignments. You may be assigned only main sample cases; only boost sample cases, or a mix of both.

Table 2: Sweep 9 fieldwork timetable

Wave	Dates
Wave 4	22 January 2018- 4 March 2018
Wave 5	5 March 2018 – 15 April 2018
Wave 6	16 April 2018 – 27 May 2018

3.2 Survey materials

Table 3: List of materials provided for GUS Sweep 9

Materials	Notes
- Project instructions	Instructions on administering child cognitive assessments and measuring child's height and weight
- Instructions on administering exercises & taking measurements	
- Address Record Form (ARF) with information sheet attached	
- GUS calling cards	To leave at address where no contact
- Tracing letter (main sample) - Tracing letter (boost sample)	To send or give to stable contacts/others to pass on to the adult named on the ARF. Fill in details and insert into sealed envelope before passing on/posting.
<i>NOTE: Different versions for main and boost sample.</i>	You need to use different versions for the main and boost samples. Always check that you use the correct version.
- Impact laminate to use on the doorstep	

Materials (continued)	Notes (continued)
<ul style="list-style-type: none"> - Survey leaflet (main sample) - Survey leaflet (boost sample) <p><i>NOTE: Different leaflets for main and boost sample.</i></p>	<p>A survey leaflet will be sent to families from the office before you make contact with them.</p> <p>Spare copies will be included in your workpack.</p>
<ul style="list-style-type: none"> - Advance letter for adult respondent – Main sample - Advance letter for adult respondent – Boost sample - Advance letter for the child – Main sample - Advance letter for the child – Boost sample - Impact card - *Paper questionnaire for resident partners - *Blank envelope for returning partner questionnaire - *Pre-paid address labels 	<p>These materials to go in advance mailing pack (to send out before contacting the family)</p> <p>Note: some adult advance letters will have a Post Office voucher printed at the bottom.)</p> <p>* <u>All</u> boost cases and eligible cases in main sample. I.e. where Sample Type = Boost OR Partner in Hhold=Yes</p> <p>Pre-paid address labels to be attached to partner questionnaire return envelope. NB: Do <u>not</u> attach the label until you are in the household.</p>
<ul style="list-style-type: none"> - Helpline leaflet to leave with adult respondent - Helpline leaflet to leave with child respondent - Showcards - Cognitive exercise equipment (WIATT-II booklet) - Child height and weight measurement cards - Scales and stadiometer - Data linkage consent form (Education)* - Data linkage consent form (Health)* - Data linkage consent withdrawal form* - <i>MAIN sample ONLY</i> - GUS-branded pen (gift for the study child) - GUS-branded fridge magnet for adult – <i>BOOST sample ONLY</i> 	<p>Materials to use in the household.</p> <p>* See section 4.3.1 for information on administering the data linkage consent and withdrawal forms.</p>

3.3 Tracing families who have moved

Keeping in touch with cohort members is crucial for the success of any longitudinal study and at sweep 9 the tracing of families who are no longer living at the address we have on record will be a very important part of the fieldwork process. We will be attempting to trace all cohort members who have moved within Scotland. We have a number of

measures in place to facilitate tracing 'pre-field' which should reduce the amount of 'in-field' tracing required.

3.3.1 Pre-field tracing and cohort maintenance

We maintain and update a confidential database containing names, addresses and other contact information (e.g. phone numbers and email addresses) for the main cohort. The database is updated and maintained using information we obtain through various methods, including postal mailouts (e.g. newsletters, Christmas cards and calendars). Details for families in the boost sample who take part in an interview at sweep 9 will also be added to this database, and their details will be kept up-to-date alongside those for the main sample.

We have a specialist tracer who is responsible for keeping addresses up to date and finding families who move. Any mail that is returned as 'undelivered' is traced from the office 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 dedicated Freephone number and email address for the study.

Pre-notification letter (main sample)

All adult respondents in the main sample are sent a pre-notification letter two months prior to fieldwork starting. This helps determine if respondents have moved, and, where the letter has been forwarded to their new address, gives them an opportunity to inform us of their new details. This letter also acts as a general reminder about their involvement in the study and gives an 'early warning' about the sweep 9 fieldwork. A copy of the letter is shown in appendix C. If the pre-notification letter is returned to us as 'undelivered' we will attempt to obtain a new address for the respondent either by contacting their stable contacts or through alternative methods. Where we have been able to establish a new address for the respondent, this will be updated on our systems before the sample is issued to field. At sweep 9 Phase 2, respondents will be sent a survey leaflet along with their pre-notification letter – this will be done from the office (this is different to Phase 1 where survey leaflets were sent out as part of the advance mailing pack).

Opt-out letter (boost sample)

All named adults in the boost sample are sent an opt-out letter and an accompanying survey leaflet around six weeks prior to fieldwork starting informing them about their selection to the study and giving them the option of opting out during a period of two weeks in which they can contact the office if they decide that they do not want to take part in the study. A copy of the opt-out letter is shown in Appendix F. The survey leaflet provided information about the study and about what taking part in the study will involve. You will be given spare copies of the leaflet in your pack.

Issuing cases where tracing is required

Where we have been unable to trace a family, the case will still be issued but with the old (and suspected incorrect) address details. You will need to make a reasonable attempt to trace these via some of the 'in-field' methods outlined below. **Please check the 'Comments' on the information sheets as soon as you receive your work pack** - cases where the comments indicate that tracing is required will require immediate action in field and should assume some priority within your workload.

3.3.2 In-field tracing

Our pre-field tracing exercise is by no means fool proof and there will be some cases which slip through the net. Therefore, if you cannot find an address or discover that the named child 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 the child named on the ARF. 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 adult named on the address label in the ARF. Trace other adults only when you know that the named person is not eligible for interview (e.g. because they are no longer 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.**

If you establish a new address, check whether it is in your area. 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, follow the instructions to complete and return your ARF.

A list of suggested methods for tracing families who have moved is listed in **section B.1 of the ARF** and is also shown below. Ensure you use this list in cases where the named child is no longer living at the address listed on the front page of the ARF. The methods listed are *suggestions* which may help with tracing the family but not all methods will be suitable for all cases. If in doubt about which methods to use, please speak to your FPM.

Suggested tracing methods to use to locate families who have moved:

- Phone all contact landline/mobile/home/work numbers provided – *MAIN sample ONLY*
- Email respondent – *MAIN sample ONLY*
- Text respondent – *MAIN sample ONLY*
- Visit stable contact(s) – *MAIN sample ONLY*
- Phone stable contact(s) – *MAIN sample ONLY*
- Email stable contact(s) – *MAIN sample ONLY*
- Give out tracing letter (see template in appendices (main sample) and J (boost sample)); extra copies can be ordered by contacting Brentwood) – *remember to specify if you need a MAIN or BOOST sample version*
- Speak to current occupiers
- Contact neighbours
- Contact letting agency/landlord
- Search the electoral register

Stable contacts

All respondents in the main sample were previously 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 their new details. If the respondent provided details of one or

more stable contacts, these will be listed on the **information sheet**. If the cohort family has moved, you can get in touch with the stable contact to determine the respondent's whereabouts. Please use **all** stable contacts that are provided on the information sheet (up to two per case).

You can make contact either:

- In person (where the stable contact is local to you).
- By telephone (please make up to six phone calls to each of the phone numbers, at different times of the day and week-one evening, one at the weekend etc.).
- If there is an email address, please email using the template (from your Natcen email address) or ask your FPM to do so.

When visiting or calling a stable contact, remember not to 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 the 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 a couple of years ago but you understand he or she has moved since that time.
- Last time they were interviewed, the respondent gave your name to get in touch should they move.

The template below can be used when contacting stable contacts via email. Please adapt the templates as necessary (the < > indicate information that needs to be entered). Please keep the email short and formal.

Email subject: ScotCen Social Research

Dear <Stable contact name>,

I work as an interviewer at ScotCen Social Research. As part of an on-going research study funded by the Scottish Government we are trying to get in touch with <name of **previous adult respondent**>.

At the last interview, <name of **previous adult respondent**> gave us your details in case we were unable to get in touch with <him/her> at the next interview.

We would be grateful if you could help us by passing on any current contact details you have for <name of **previous adult respondent**> such as <his/her> telephone number or address.

If you have any questions, please don't hesitate to contact me either by replying to this email or by giving me a call on <NATCEN mobile number>.

I look forward to hearing from you.

Kind regards,
<Interviewer name>

Incomplete and 'hard-to-find' addresses

Occasionally you may find an address is wrong or incomplete. If you have been given an incomplete address, have you...

- checked with the post office to get a full address?
- checked in telephone directories?

- checked for roads or streets with a similar name in the local area?
- phoned Brentwood who may be able to help you by accessing their postcode look-up system?

In some cases, correct addresses can still be difficult to find. If this is the case then check the 'comments' field at the bottom of the information sheet and remember to also:

- use google maps or checked the internet?
- check the telephone directory?
- look in local street maps?
- consult the post office?
- consult the police?
- ask local shops such as a newsagent or florists?
- ask people who live in the local area?

3.4 Contacting respondents

3.4.1 Advance mailing pack

Once you receive your workpack, the first thing to do is to prepare and send out an advance mailing pack to all the families in your assignment. The pack should be sent out before you contact the respondent, and ideally, a few days before you do so.

Advance mailing packs should contain the following:

- **Advance letter – main carer:** Advance letters will have the main carer's name and address mail-merged onto the top, ready to put in the envelope. For the main sample, this will be the name of the previous respondent. For the boost sample, it will be addressed to the child benefit claimant listed in HMRC's records for the selected child (as for the main sample, in most cases this will be the child's parent).
There is a space for you to write your name and your NatCen mobile number before you send it out. Note that some advance letters will have a £15 Post Office voucher printed at the bottom. **Note that advance letters for the main and boost samples are different.** (Examples of the adult advance letter are provided in appendices D (main sample) and G (boost sample).)
- **Advance letter - child:** This will have the child's name mail-merged onto the top so please check that the name matches the child's name on the 2nd page of the ARF. **Note that child letters for the main and boost samples are different.** (Examples of the child advance letter are provided in appendices E (main sample) and H (boost sample).)
- **Impact card.**
- **Partner questionnaire & blank envelope - *For main sample cases marked with a 'Yes' in the 'Partner in Hold' field on the front page of the ARF and for all boost cases*** (see example of ARF address label in section 2.1). You must fill in the fields at the top of the front page of the partner paper questionnaire before including. **(Please read Section 8 before starting work)**

Before sending out your packs, always check that serial numbers and names of the mail-merged documents match details on the ARF. Also check that you have the correct main/boost sample documents (see examples in appendix for guidance).

RE: Re-issue fieldwork

Note that for re-issues you will not be required to send out an advance mailing pack. Instead, a dedicated re-issue letter will be sent from Brentwood and you will be asked to bring the advance materials with you when you first make contact with the family. See further details about re-issues in Section 3.5.

3.4.2 Who to interview

The main CAPI interview is undertaken with the cohort child's main carer. For families in the main sample, we aim to interview the same person who was interviewed at the previous sweep - but only if they still meet the criteria, that is, they live with the cohort child and both the adult and the child live in Scotland.

For both the main and boost sample, in situations where the adult named on the ARF 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 named adult refuses, or is unavailable or away.

In some cases the child may no longer be in the care of the person named on the ARF. 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 who is neither a parent nor a guardian of the cohort child. If in doubt about who to interview, contact your FPM.

Non-resident parents

Only interview parents who are resident with the child, even if they lived with the child in the past. If parents have shared care, try to interview the parent with whom the child spends the most time. If parents have 50:50 care, firstly try to interview the parent who was the previous respondent. Contact your FPM if this is not possible.

Named child

Only ever conduct the interview and child exercises with the child named on the ARF. We cannot accept siblings doing the named child's interview or exercises in their place. If a sibling is keen to take part e.g. to do the cognitive exercise or have their height and weight measured, you may do this but always make sure you **DO NOT enter any details into the CAPI for children other than the cohort child.**

3.4.3 Making initial contact with the respondent

When making first contact at the address it should always be with the person named on the ARF address label as all advance correspondence has been addressed to them.

You will need to determine if the named respondent has received and seen the advance materials and is adequately informed about the survey – including the child's involvement - and willing to take part. Where applicable, check if they have received the partner questionnaire and whether this is still relevant (i.e. whether they live with a partner). Please be mindful that this could be sensitive - for example, a previous partner may recently have died or may have moved as a result of a break-up. Therefore, please tread carefully whenever mentioning the partner questionnaire, especially if you are contacting the respondent over the phone. If you are making an appointment to come back to interview at a later date, **remind the respondent to ask their partner to complete the questionnaire in advance of your visit.** If, for whatever reason, they

have not received the advance mailing pack, hand out a fresh copy of the partner questionnaire and envelope when you visit, remembering to fill in the details on the front page first. Always carry spare sets of advance materials with you when you go to households.

Referring to financial incentives on the doorstep

If a respondent is eligible to receive a financial incentive (marked by a 'Yes' in the 'Incentive' field on the ARF address label), you may want to mention this when you first make contact, as it might help convince them to take part on the doorstep. However, **please be careful not to mention financial incentives when contacting a family who are not eligible to receive one.** For details on how to respond to respondent queries about the financial incentives, please see Section 3.4.3.

3.4.4 Means of contact and minimum number of contact attempts

The default procedure on GUS is that your initial contact at each address should be **in person**. For cases in the boost sample you will almost always have to contact the family in person, as we do not hold any other contact details for these families.³

For cases in the main sample, first contact can be made by telephone (or in exceptional circumstances, via text message or email) if:

- you conducted an interview with the family at the previous sweep and expect them to be willing to participate.
- the address is particularly remote or rural (i.e. where going to the respondent's home requires a significant amount of traveling).
- a participant has specifically requested this (if so, this will be marked on the Information Sheet).
- repeat doorstep calling has been unsuccessful (i.e. you have unsuccessfully made at least 3 visits, including one evening and one weekend call).

Before returning a case as a 'non-contact' you will be asked to confirm that you have made all the contact attempts listed in **section C.1 on the ARF**.

Contacting respondents via text message

When using **text messages**, please follow these guidelines:

- Use your NatCen mobile.
- If a mobile number is not provided, please check if the respondent has a mobile when making an appointment. Remember to enter this number into the CAPI admin block.
- Do not accept refusals via text message - try other lines of enquiry where possible.

The following message may be used (and adapted if necessary) when making contact via text message (the < > indicate information that needs to be entered):

³ For boost cases, the only circumstance where you might do first contact via telephone is if they get in touch to give us their phone number and ask us to contact them this way.

Dear <Resp name>. This is your GUS interviewer, <interviewer name> (ScotCen ID: <your interviewer ID number>). I would like to speak with you to set up an appointment for your next GUS interview. When would be a good time to call? <interviewer name>

Contacting respondents via email

When using **emails** to contact respondents, please use the following guidelines:

- Do not use your personal email account. If you do not have a NatCen email account, please ask your FPM to send an email on your behalf
- Do not accept refusals via email - try other lines of enquiry where possible.

The following template can be used when contacting participants via email. Please adapt the templates as necessary (the < > indicate information that needs to be entered). Please keep the email short and formal, even if you know the respondent well.

Email subject: Growing Up in Scotland

Dear <Resp Name>,

You may recall previously having taken part in the Growing Up in Scotland study (www.growingupinScotland.org.uk).

I am trying to get in touch with you to arrange an interview and would be grateful if you could let me have your current contact details – that is, your address and telephone number. Please get in touch by replying to this email or by giving me a call on <NatCen mobile number>

I look forward to hearing from you.

Kind regards,
<Interviewer name>

3.4.5 Making appointments

In most cases, when you first make contact with the respondent you will make an appointment to interview them. It is important that respondents don't feel they have to do the interview straight away or have to take part. However, if a respondent is already well-informed about the study and happy to do the interview straight away, that's fine.

Appointment reminders

In order to minimise the risk of broken appointments we recommend that, where appropriate, you send a text message to remind respondents of their upcoming appointment. Mention this to them when you make the appointment and check that they are happy for you to do so. Also check or ask for their mobile number.

The following message may be used (and adapted if necessary) when sending text message appointment reminders:

Dear <RESPONDENT>. This is a message to confirm your GUS interview taking place on <DATE> at <TIME>.

In cases where the respondent is eligible to receive a financial incentive, you may also give them a phone call to remind them. Please use your judgment as to whether you think this will be appropriate.

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 taking part. On the other hand, they may have simply forgotten or had to go out on an urgent errand. Leave a GUS call back card at broken and make every effort to re-contact the person and fix another appointment.

3.4.1 Being flexible

When you are setting appointments, please be flexible, as we know families are busy. Because we would like these families to take part again in the future, it is important that we make taking part as easy and as convenient for them as possible.

As we are carrying out several different elements in the household - the main adult questionnaire, child questionnaire, child height and weight measurements and child cognitive exercises - you may not be able to carry out all of them in one visit. Indeed, experience from previous sweeps indicate that families are very busy with work, school, and activities, so finding a time slot long enough for all elements may be difficult. Please be flexible, **be prepared to make a return visit if necessary and make the most efficient use of your time in the household.**

Apart from the household grid, which *must* be completed first, the CAPI program allows you to conduct the different elements in any order. This means that you could conduct the child interview and height and weight straight after completing the household grid, or at the end of the adult interview. Remember you can also use the time during the adult or child self-complete elements to assemble and organise the height and weight equipment.

3.4.2 Being persuasive and encouraging future participation

On GUS we aim 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.

It is therefore essential to persuade reluctant participants to take part, if at all possible. Please remember that existing cohort 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.

Experience from previous years suggest that highlighting certain things may help encourage participation – for example, stressing that their participation in the study is

really important and that the findings continue to be used by a wide range of people and organisations and help make things better for children and families in Scotland.

For respondents in the main sample you may also want to stress that the GUS families really are irreplaceable – because they have taken part since the children were babies, we simply can't replace them with anyone else. We know that many families are not fully aware of this, so this is an important message to get across.

If a family is eligible to receive a financial incentive you may also want to mention this. However, **be mindful not to mention financial incentives to respondents who are not eligible to receive one**. See below for more information about financial incentives.

3.4.3 Financial incentives

An important feature of GUS is that it is representative of the Scottish population. Therefore, if a large number of families with certain characteristics drop out, that means families with these characteristics will be underrepresented, and the data will be less useful. The research team has carried out analysis which showed that certain families are at particular risk of being underrepresented. In order to boost response among these families, they will be offered a £15 cash incentive to take part.

Eligibility

Because we only have a limited amount of funding available for paying financial incentives, these are currently only being offered to families which are at risk of being underrepresented in the study. Therefore, **please take care not to mention the financial incentive to participants who are not eligible**. You will know whether a participant is eligible by looking at the label on the front of the ARF: where there is a 'Yes' underneath the 'Incentive' field, this indicates that the respondent is eligible to receive a financial incentive (see example of ARF label in section 0).

The groups in the main sample who have been selected to receive a financial incentive at sweep 9 are as follows:

1. Respondents who did not take part at either Sweep 8 or Sweep 7.
2. Respondents with lower levels of educational qualifications.
3. Respondents who are living in the most deprived quintile of the Scottish Index of Multiple Deprivation (SIMD) AND who were aged under 20 at the time of birth of the cohort child AND who are lone parents.

Respondents in the main sample who meet one or more of these three criteria will each be offered an unconditional cash incentive of £15 issued as a Post Office barcode voucher printed on the adult advance letter. This voucher can be cashed at any Post Office but has to be used within around five months of the interview date.

(Respondents in the boost sample will not be offered a financial incentive at 1st issue, but some will be offered one at re-issue.)

What if a respondent has not received the advance letter with the voucher?

Most people who are eligible to receive a financial incentive should have received the PO voucher on their advance letter. However, in the event that someone has not received it (or has lost it), you can hand out a Love2Shop voucher and record this in the same manner as you would on other projects. Please order additional vouchers from Brentwood as required.

Dealing with respondent queries about incentives

We know that some GUS families know other families who take part in the study. Therefore, you may face questions about why not everyone is offered an incentive. Should this happen...

- Explain that a very important feature of GUS is that the data is representative of the Scottish population and that, therefore, if some families are underrepresented this means that the data as a whole will be less useful.
- Explain that the study has only a limited amount of funding available for paying financial incentives, and therefore these are currently only being offered to families who are at risk of being underrepresented in the study and to families who may need a bit of extra encouragement to take part.
- If necessary, explain that the research team has done some analysis which shows that some families are currently at particular risk of being underrepresented or have been less likely to take part in the past, and these are the families being offered a financial incentive for taking part this year.
- In addition to the above, you may also want to remind the family that they are all-important to the success of the study and that we really appreciate their involvement. We know that many families are happy to take part simply because they understand the how influential the study is.

Please do not tell respondents what the exact criteria are. If you experience any issues in relation to the use of financial incentives (for example, if a respondent refuses to take part because they are not being offered an incentive), please let your FPM know.

3.4.4 Doorstep FAQs

Most of the families in the main sample 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 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.

Families in the boost sample have never taken part in GUS before and so are likely to require additional reassurances and persuasion.

Below, we have provided some answers to questions that respondents sometimes ask on the doorstep.

How long will the interview take?

The main carer interview should take around 45 minutes to complete; the child interview should take no more than 25 minutes to complete; the cognitive exercises should take around 10-15 minutes to complete, and measuring the child's height and weight around 5 minutes. (i.e. altogether around one and a half hours.)

How many families are involved?

GUS (across the three age groups) involves around 14,000 children and their families making it one of the biggest and most valuable research studies undertaken in Scotland. Within their child's age group, there are currently just over 3,000 families taking part, with an additional up to 1,000 families being recruited at the point children begin secondary school.

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
- GUS findings about the needs of young mothers played a key role in influencing the decision to expand the Family Nurse Partnership programme to include mothers aged up to 24 (see impact card for more information)
- 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 GUS findings

You can also refer to the impact card which gives examples of how the data is used and emphasises its importance to people working across government, the public sector, charities, and academia.

Will the funders see my replies?

No, they will not know who said what. None of the survey elements (the computerised questionnaires, the cognitive assessments, the child's height and weight measurements, or the paper partner questionnaire) will have the respondent's or the child's full name and address on them. Name and address details are kept separate from the questionnaires and will never be revealed without the respondent's 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 2020 and will hope to secure funding in the future, at least up until the children are in their mid-twenties. We are currently hoping to have funding for a further round of interviews with Birth Cohort 1 families from early 2020, however, this is yet to be confirmed. We will always write to them to tell them before it is time for a new interview. Also, they are of course under no obligation to participate in 2020 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.

Further information

Even though the current cohort families are aware of the survey, they 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 2704⁴. They can also contact the study team in the following ways:

In writing

Growing Up in Scotland Study
ScotCen Social Research
Scotiabank House (2nd floor)
6 South Charlotte St
Edinburgh, EH2 4AW

Via the study website:

www.growingupinScotland.org.uk

Via email:

gus@scotcen.org.uk

⁴ Note that calls to this number from mobile phones will incur a charge.

3.5 Re-issues

Cases which were unproductive at 1st issue will be reissued. If you are working on re-issues you will receive a re-issue pack which contains all the materials you will need for your allocated cases, as well as a start date.

3.5.1 Advance mailing

For re-issues you do **not** need to send out an advance mailing pack. Re-issue letters⁵ will be sent from Brentwood. Instead, please ensure you **bring copies of all advance pack materials with you when you first contact the household**, including a spare copy of the re-issue letter (you will receive some spare copies in your re-issue pack). Note that the wording of the re-issue letters vary slightly for main and boost sample respondents.

3.5.2 Contacting the respondent

The fieldwork period for re-issues is relatively short, and by the time you receive your re-issue pack, a letter may already have been sent to the respondent. Therefore, you will need to **make contact as soon as possible after the fieldwork start date**. Note that you will need to contact all re-issues in person.

3.5.3 Financial incentives at re-issue

Financial incentives will also be used at re-issue in the form of a £15 PO voucher printed on the advance letter. Note, however, that the eligibility criteria for receiving a financial incentive at re-issue are slightly different to those applied at 1st issue. Therefore, a respondent who was offered a financial incentive at 1st issue will **not** be offered an additional financial incentive at re-issue. (Any PO vouchers sent out to a respondent at 1st issue will still be valid until the expiry date.)

Always check the Contact Information Sheet to see whether a respondent is eligible for a financial incentive at re-issue.

3.6 Working on surveys involving children

3.6.1 Notifying the police

Working on GUS (a study involving children) requires you to notify the local police of your work. Therefore, **you must notify the police before you start work**. Note that you must do this both over the phone and online. If you have any problems or need any help with this, or if you are concerned that the area you are working is unsafe or presents other safety challenges, please speak with your FPM.

1) By phone

Notification should be done by calling 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

⁵ These are the 'advance letter' equivalent for re-issues. These are slightly different to the advance letters used for 1st issues.

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).

2) Online

In addition to calling the non-emergency number, you must also send an email to Police Scotland on their website by completing the 'Contact Us form' which can be found at this address: <http://www.scotland.police.uk/contact-us/contact-us-form>. Police Scotland have asked that you do this **in addition to** calling 101, before starting fieldwork.

You must enter your name and phone number and give your NatCen email address and include the following information under 'Brief details of query' on the form:

- That you work for ScotCen Social Research who are doing a survey on behalf of the Scottish Government
- The area(s) you will be working in
- When you will be working in the area (simply give the fieldwork dates)
- Your vehicle registration number (for the vehicle you will be driving to and around your areas of work on the survey) – this is important as Police Scotland have said they need this for all interviewers before they start

3.6.2 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 parent/carer does the self-completion) do not pick them up and walk around with them. Try to avoid being left alone with the cohort child or other children and **ensure that a parent/responsible adult is always in the household** when you are there.

3.6.3 Children at risk

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

There may be an exceptional occasion when, because of various signs you observe, you become concerned about the treatment of the cohort 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 call Carol Babicz in Brentwood (01277 690111). As far as possible, the issue should be discussed without compromising respondent anonymity.

3.7 Other fieldwork matters

3.7.1 Managing your workload

It is important to make contact with families as soon as possible after receiving your workpack to ensure you have enough time to trace families who may have moved, and to set up appointments with any families who may need to cancel their first appointment.

In order to ensure you do not run out of time, the following cases should take some priority in your workload:

- cases that are marked as eligible for a financial incentive on the ARF
- cases that are marked as requiring tracing (on the information sheet)

Please speak to your FPM if you have any queries about how to manage or prioritise your allocated cases.

3.7.2 Interviews requiring 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 Brentwood for further instructions. **Interpretation is available on this project.** To ensure interpretations are conducted in a standardised manner, please do not accept any offers of help with interpretation from family members or friends of the respondent.

4 Main carer questionnaire

4.1 Overview of topics

The main questionnaire with the child's main carer should take around 45 minutes to complete. This includes a self-completion section which should take the respondent c.20 minutes to complete. The structure of the main carer questionnaire is as follows:

- **Household grid/composition** (incl. details of any non-resident parents and any resident 'mother figures' and/or 'father figures')
- **Non-resident parents** (asked where the respondent is the cohort child's only biological parent in the household and where the other biological parent is still alive)
- **School** (incl. details of the child's secondary school, additional support needs, transition to secondary school, and after-school care)
- **Parenting** (incl. questions about their knowledge of the child's whereabouts and using the internet)
- **Child health and development**
- **Activities** (incl. whether child takes part in youth work activities and their TV viewing and use of electronic devices)
- **Employment** (asked of the main adult respondent with proxy questions asked about any resident partners)
- **Education, religion and languages spoken in the household** (asked of the main adult respondent with proxy questions asked about any resident partners)
- **Income and managing financially** (incl. questions about material deprivation and on cost of secondary school)
- **Housing and accommodation** (most questions in this section only asked of those who have moved since the last interview)
- **Self-complete section** (incl. questions about the child's behaviour, the respondent's physical and mental health and wellbeing, relationship with their partner (where applicable), engagement and relationship with the child, anti-social behaviour, and aspirations for the child)

4.2 Feed forward data

For the main sample, the program will feed forward data collected at a previous interview where this was provided e.g. the name of any disabilities or longstanding illnesses the child may have, the respondent and (where applicable) their partner's employment details, stable contacts etc. You will then be asked to check that this information is correct and amend if necessary.

For the boost sample no information will be available and you will therefore need to enter information from scratch. For example, the household grid won't be pre-populated for these cases.

4.3 Particular aspects to note at Sweep 9

4.3.1 Child present during main carer interview

Feedback from the dress-rehearsal suggested that many of the cohort children sit with their parent/carer while he or she completes their part of the interview. This is fine, however, it means that extra attention must be paid to any potentially sensitive questions. For example, the child may not be aware that one of their parents has not always lived with them. In this case, the parent/carer may not feel comfortable answering questions about this in front of the child. In most cases all CAPI questions should be fine to ask the parent/carer even if the cohort child is present. However, should a situation arise where it is not appropriate to ask a certain question due to particular family circumstances, use Ctrl+R to skip to the next question and make a note in the comments of why the question was not asked/answered.

Also be aware that the child may intervene while you are interviewing the parent/carer. For example, they may advise them on what to say. Because the parent/carer is the main CAPI respondent, if a parent/carer and child disagrees on an answer in the CAPI interview, the parent/carer's answer should take priority.⁶

4.3.2 Questions about non-resident parents and resident parent figures

After you have completed the household grid you will be asked to check whether the cohort child has any biological or adoptive parents who live elsewhere and which parental figures are resident in the household. You will also be asked to check what the cohort child calls their non-resident parent(s) and/or any resident parent figures. These questions are used for routing in the child questionnaire and you will therefore not be able to access the child survey block until you have completed these questions.⁷

Non-resident parents

There are a series of questions in the **child questionnaire** which ask about the child's non-resident mother and/or father (as appropriate). On GUS, for the main sample we will usually know from previous sweeps if a child has a biological parent who lives elsewhere, however, we do not hold data on any adoptive parents living elsewhere, for example. You will therefore be asked to check whether the named child has a non-resident biological/adoptive mother or father (or both). If they do, you will be asked to code and, where applicable, type in what the child calls their non-resident parent if they call him/her something other than 'Dad'/'Mum'. Note that the name you type here will be fed forward and appear in the child CASI section so please check the spelling and type carefully.

Resident mother/father figures

In addition to the questions about non-resident parents, the child questionnaire also contains a number of questions about the child's *resident* parents. These questions also ask about mothers and fathers separately. Where the child's biological or adoptive parents are resident in the household, the questions will be asked about them.

⁶ Similarly, if the parent/carer intervenes in the child elements, the child's answers should take priority.

⁷ These questions were previously asked at the beginning of the child questionnaire but have been moved to the main carer interview to improve the flow of the child questionnaire.

In cases where one or more of the child's biological/adopted parents are not resident in the household, you will be asked to find out if there is another person in the household who assumes the role of a mother/father figure. This must be someone who is resident with the child and is involved in their day-to-day care. It could be a grandparent, aunt, step-parent or partner of the child's other resident parent. For each mother/father figure in the household you will be asked to type in what the child calls him/her. As above, please type in what the child **calls** the parent, as this will be fed forward to the CASI.

If there is no mother/father figure in the household, simply code "No". This means that the child will not be asked these questions.

If the child's main carers are a same sex couple:

In cases where the child's main carers are a same sex couple, you will generally need to code one of the carers as a 'parent figure' (either a mother or father figure, as appropriate) and will be asked to type in what the child calls this person. In cases where the main adult respondent is a biological or adoptive parent to the child, this person will automatically be referred to as 'Mum' or 'Dad' in the child questionnaire and you will need to code the main adult respondent's partner as a 'parent figure'. In these cases you may need to explain to the child who the questions about their 'Mum'/'Dad' refer to – i.e. explain that questions referring to 'your Mum'/'your Dad' refer to the parent/carer doing the main interview, while questions about the main respondent's partner will refer to her/him by the name that they normally call them (e.g. 'Mama' or 'Mummy').

EXAMPLE: Child A lives with two adoptive mothers – the main GUS respondent (Parent A) and her same-sex partner (Parent B). When asked if there is a father figure in the household code 'No, but additional mother figure'. Type in what Child A calls Parent B and explain to the child that they should answer any questions referring to their 'Mum' in relation to Parent A (if the child looks confused about this, remind them that they can check with you when they reach these questions). There will also be references to the parents' names in CAPI.

If child calls two people 'Dad' (or 'Mum'):

If a child calls two people 'Dad' (e.g. a child may call both their non-resident father *and* their step-father 'Dad'), you need to make sure the child can distinguish between references to their two dads in the child questionnaire. To do so, when asked to write in what the child calls the 'resident father figure', please add the first name in brackets - e.g. write 'Dad (John)' (at DadAName).

The same principle applies for mothers.

4.3.3 Multi-code question in self-completion section

At this sweep, we are including a multi-code question in the CASI section. We have included an instruction at the relevant question explaining how to record multiple answers, however, please be alert to any signs that the respondent may be struggling. If necessary, explain that you can show them how to answer the question, after which they will be able to go back and change their answer. Given that this is a self-completion section, please be mindful that the respondent may not want you to see their answer.

4.3.4 Collecting contact details for resident partners

Where there is a resident partner in the household, and where the respondent has consented to give you their own contact details, at the end of the interview you will be prompted to ask the respondent to give you **their partner's contact details**. We ask for these details in case the main respondent's details change before the next interview and we need to trace the family. We may also want to contact the partner about the questionnaire they have been asked to complete. If the respondent agrees, you will be prompted to collect the partner's mobile number and email address.

In cases where the respondent is not happy to give out their partner's details to be used for tracing, explain to them that we would like to have contact details for their partner in case we need to contact them about the questionnaire. Check if they are happy to give out the details for this purpose, provided we do not use them for anything else, and code this when prompted in the CAPI.

4.3.1 Consent to data linkage

In the **main sample**, the majority of respondents have previously given consent for us to access the cohort child's and/or the main carer's health records, and the child's education records. At this sweep we will be reminding respondents in the main sample of the consents they have previously given and providing them with the opportunity to withdraw their consent, should they wish to do so. Respondents who have not previously given consent to data linkage will be asked if they are willing to do so now.

- In cases where the respondent confirms they are happy with the consent(s) they have previously given, code this in the CAPI and move on.
- In cases where a respondent wishes to **withdraw** consent previously given, fill in a consent withdrawal form and leave this with the respondent **You must also code the withdrawal in the CAPI**.
- Where new consent(s) is/are obtained, ***you will need to code this in the CAPI AND obtain written consent from the respondent***, using the consent form(s) enclosed in your pack. See Table 4 below for more detailed information.

In the **boost sample**, we will be asking all respondents for written consent to link the survey data to health and education records. This must also be coded in the CAPI.

Consent forms for non-English speakers

Obviously a person cannot give informed consent if they cannot understand the information sheet, e.g. because of language difficulties. Please ensure that a person with the relevant language skills reads the information to them in their mother tongue, before they are asked to sign.

Consent forms for people with literacy problems or poor vision

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

Table 4: Data linkage consent information forms

Form	Use of form
<p>Consent information form - <i>Health</i></p>	<p>This form contains important information about the health data linkage and should be shown to <u>all</u> respondents when prompted in CAPI.</p> <p>For respondents in the main sample who have already consented to health data linkage in the past, the form is for information only. (Note that, for respondents in the main sample, separate questions will appear for consents to child and adult health data linkage, as some respondents may have given consent to one but not the other.)</p> <p>For respondents who have <u>not</u> previously given consent to <i>health</i> data linkage (this will include a small number of cases in the main sample and all cases in the boost sample), a question will appear in CAPI prompting you to ask if they are willing to consent.</p> <p>Give them a copy of the form and check if they have any questions. If they give consent, ask them to sign the form. You need to fill in the details at the bottom. You also need to code the consent in the CAPI.</p> <p>Note that there will be two boxes on screen: one for consent to link to the biological mother’s health records (in cases where she is the main respondent), and one to link to the child’s. Please ensure you tick one or both of these as appropriate.</p> <p><i>At sweep 9 Phase 2 you need to obtain written consent to data linkage AND code consent in the CAPI. Please leave the bottom copy with the respondent and send the top copy to Brentwood.</i></p>
<p>Consent information form - <i>Education</i></p>	<p>This form contains important information about the education data linkage and should be shown to <u>all</u> respondents when prompted in CAPI.</p> <p>For respondents who have <u>not</u> previously given consent to <i>education</i> data linkage (this will include a small number of cases in the main sample and all cases in the boost sample), a question will appear in CAPI prompting you to ask if they are willing to consent.</p> <p>Give them a copy of the form and check if they have any questions. If they give consent, ask them to sign the form. You need to fill in the details at the bottom. You also need to code the consent in the CAPI.</p> <p><i>At sweep 9 Phase 2 you need to obtain written consent to data linkage AND code consent in the CAPI. Please leave the bottom copy with the respondent and send the top copy to Brentwood.</i></p>
<p>Consent withdrawal form</p>	<p>For respondents in the main sample who have previously given consent to education and/or health data linkage but now wish to withdraw one or more of these</p> <p>If a respondent wishes to withdraw their consent, fill in the form and leave with the respondent, and code the withdrawal in the CAPI.</p>

5 Child questionnaire

We will be asking the child to complete a CASI interview at this sweep. Children in the main sample will have completed a CASI interview at sweeps 7 and 8, but the exercise will be completely new to children in the boost sample. The questionnaire should take around 25 minutes to complete. This is a little longer than in previous sweeps now that the children are older.

5.1 Overview of topics

The child will be asked questions about the following topics:

- Life satisfaction and health and wellbeing (including perception of own weight)
- Impulsivity (these questions are also asked of the main carer)
- School (including engagement at school; transition to secondary school and schoolwork)
- Friends and relationship with peers (including bullying)
- Going online and using technological devices (including time spent on social media; risky behaviours online and staying safe online)
- Child behaviours (including smoking and drinking alcohol, and anti-social behaviour)
- Relationship with resident parents, and contact and relationship with any non-resident parents
- Educational aspirations

5.2 Introducing the questionnaire

From previous experience we know that children may react in different ways to the process of completing a questionnaire; most will be excited and confident, whereas others may feel a bit nervous and anxious. 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; be sensitive to the needs of the child and take your cue from them.

Most of the children in the main sample will have participated in a CASI interview at sweep 7 and/or 8, and will have been involved in other activities (cognitive exercises, height and weight measurements) over the years. Therefore, most will be aware of the study and be familiar with the idea of an interviewer coming into their home. However, children in the boost sample will not be familiar with this exercise and may need more reassurance and guidance. No matter if you are speaking to a child in the main sample or the boost sample, you should always explain 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 in the child advance letter to guide you in how to explain this.

5.2.1 Gaining informed consent

Before you start interviewing the child, you must gain informed consent from both the parent/carer and the child. Information about the child questionnaire is provided in both the adult and child advance letters and in the survey leaflet. If either party (parent OR

child) does not want the child to take part, you must respect the wish of the non-consenting person. 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 do not want an interview to be conducted with a child that is in any way upset or anxious or unwilling to take part.

If you are unable to complete the child interview, you will be asked to record the reasons why in the admin block (e.g. whether this was a parent or child refusal, and for what reason, or whether the child was unable to take part).

Parent/carer informed consent

Please cover the following points with the parent/carer:

- format of questionnaire (self-complete, CASI)
- that children will complete the questionnaire on their own (but that it is not a test) and that you'll need a quiet place, away from distractions.
- it should take about 25 minutes to complete.
- that you will not be able to tell the parent their child's answers.
- 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
- Use the survey leaflet as a reference and explain what topics will be covered within the child questionnaire. Check they are happy with these.
- that you have been asked to leave a leaflet with all children after they complete the questionnaire.

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 and briefly explain that you are asking them 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 12-13 years old and living in Scotland.
- Explain the format of the questionnaire: they will be reading questions on the laptop and typing in their answers.
- The questions will cover how they are feeling, school, friends, their relationship with their parents or carers, including any parents that may not be living with them, and things they may or may not have done.
- 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
- Explain they can just 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.

5.3 Administering the questionnaire

The child questionnaire is split into three parts:

- Filter question for the interviewer to complete before the interview
- Interviewer-led practice questions
- Child CASI questionnaire

5.3.1 Filter question

When you enter the parallel block for the child questionnaire you will be asked to check whether the child attends school (some of the questions in the child questionnaire are routed off this question). If you have already completed the interview with the main carer you may be able to answer this question yourself; otherwise ask the child or the parent/carer.

5.3.2 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 a few practice questions that you should talk through with the child. This sweep, for the first time, the children will be asked to answer multi-coded questions. Therefore, please make sure you talk through how to answer the multi-code practice questions with the child and ensure that they understand how to answer these. Remind them that they can ask you if they need any help.

5.3.1 CASI questionnaire

The questionnaire contains around 100 questions (depending on the routing). It should take most children around 25 minutes to complete.

Privacy

We have deliberately chosen 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

There is no audio for the CASI, so the children will need to read the questions on the screen themselves. Whilst we would like the child to try to complete the questions on their own, please do help them 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+K for don’t know and Ctrl+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 CASI, the child will be told that they have finished and will be asked to tell the interviewer this. You will then 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. You will also be asked to code how the 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.

Children with disabilities

If you have a child who has learning difficulties or any other difficulties who is unable to answer the questions on their own, please help them as they require and enter how much help/assistance the child received in the question at the end.

5.4 Other guidelines

5.4.1 Sensitivities and potential distress

Some of the questions are of a potentially sensitive nature (being picked on, life satisfaction, relationship with a non-resident parent, etc.). Therefore, please be alert to the child showing any signs of distress while completing the questionnaire. Note that children may show distress in different ways, e.g. some children may start crying and the distress may be quite obvious, while others may keep it quiet and it may therefore be less noticeable. If you notice that a child is upset, please be sensitive to the child’s needs and, where appropriate, speak to the child’s parent/carer. Because we are required to monitor cases where a child becomes upset whilst taking part, **please also notify your FPM and give them a short summary of what happened, including what caused the child to be upset, the level of severity of the distress, and what actions you took.**

In all cases, please remember to leave the helpline leaflet with the child and take a few minutes to talk through it. As indicated above, you should also mention to the child’s parent/carer that you are leaving the leaflet with all children.

5.4.2 Thanking the child for taking part

Please give the child the GUS-branded pen as a thank you for taking part. A few weeks after taking part, we will send the child a thank you letter for participating.

6 Partner questionnaire

At this sweep of GUS, in addition to the interview with the main carer and the child, where the main respondent has a resident partner we will also be inviting them to take part in a questionnaire. In the majority of cases this will be the child's father. Partners in the main sample were last interviewed at sweep 2 when the cohort child was aged just under two years old. At this sweep we will be asking all resident partners to complete a paper self-completion questionnaire.

6.1 Overview of topics

The partner questionnaire covers very similar topics to those asked of the main carer (primarily in the self-completion section). The topics covered are:

- Engagement with child and knowledge of the child's whereabouts
- Relationship with child
- Aspirations for child
- Co-parenting
- Health and wellbeing (including height and weight)
- Alcohol and smoking
- Anti-social behaviour

6.2 Completing the partner questionnaire

6.2.1 Information and instructions

Information about the partner questionnaire is provided both in the advance letter for the adult respondent and in the survey leaflet. Guidelines for completing the partner questionnaire are provided on the front page of the questionnaire. **Please make sure you read the advance mailings and the partner questionnaire instructions on the front page of the paper questionnaire before commencing fieldwork.**

6.2.1 Eligibility

An important aim of the partner questionnaire is to collect data, where applicable, from the cohort child's other **resident** parent or carer (in most cases this will be the child's father). The partner questionnaire has been designed specifically to be completed by **resident partners** of the main adult respondent. As such, a partner of the main respondent who does not live in the household or a non-resident parent is *not* eligible to complete the questionnaire. If a respondent asks, please say that, for this element, we are mainly interested in *resident* parents or carers.

6.2.2 Privacy

To ensure that their answers are fully confidential, partners will be provided with a sealable envelope. Once they have completed the questionnaire they should insert this into the envelope and hand this to you when you are in the household.

6.3 Administering the partner questionnaire

A step-by-step overview of the tasks associated with administering the partner questionnaire is provided in the table below.

Table 5: Partner questionnaire-related tasks by stage

Stage	Partner questionnaire tasks
Before making contact	<p>Boost sample: enclose a partner questionnaire and an envelope in the advance mailing pack for ALL boost sample cases. Remember to fill in the details on the front page of the questionnaire. At this stage, do not include the pre-paid address label to the return envelope.</p> <p>Main sample: For each address in your main sample assignment, check if a partner was resident in the household at the last interview (check the 'Partner in Hold' field on the ARF). If a partner was resident, enclose a partner questionnaire and an envelope in the advance mailing pack. <u>Remember to fill in the details on the front page of the questionnaire.</u> At this stage, do <u>not</u> include the pre-paid address label to the return envelope.</p>
At first point of contact	<p>When first contacting a household to set up an appointment, check that they have received the advance mailing pack, including the partner questionnaire. Please be mindful when referring to the partner questionnaire that this may be a sensitive topic – for example, a partner may recently have moved out or passed away.</p> <p>Check if they have any questions and ask the adult who is going to be completing the main CAPI interview to ask their partner to complete the questionnaire before the interview, if possible (so that you can collect the questionnaire when you next come to the household).</p> <p>In some cases the respondent may tell you that they are living with a partner, but have not received a partner questionnaire. In most cases, this will be because they have moved house and therefore have not received the advance mailing pack, or – for families in the main sample - because the partner has moved in since we last conducted an interview with the family.</p> <p>In these cases, hand out a fresh copy of the partner questionnaire and envelope. Remember to fill in the details on the front page of the questionnaire. At this stage, do <u>not</u> attach the pre-paid address label to the return envelope. Ask the respondent to ask their partner to complete this before the interview.</p> <p>If your initial contact with a respondent is over the phone(main sample cases only), remember to bring a fresh copy of the partner questionnaire (and a return envelope) with you when you visit the household.</p>

<p>In the household – beginning of the interview</p>	<p>Once you have completed the household grid, if you have coded that there is a resident partner in the household, you will be asked to confirm this in the CAPI. The CAPI will also prompt you to either collect the questionnaire (if it has already been completed) or remind the partner to complete it (ideally while you are in the household).</p> <p>You may also need to hand out a replacement questionnaire – in this case, please remember to fill in the details on the front page.</p> <p>In cases where the partner has not already completed the questionnaire and is not able to do so while you are in the household, ask the respondent to remind their partner to complete it and return it to us in the return envelope as soon as possible. In these cases you will need to attach the pre-paid address label to the front of the envelope.</p> <p>The CAPI will guide you on what to do in each scenario.</p>
<p>In the household – end of the interview</p>	<p>At the end of the main interview the CAPI will prompt you to enter the outcome of the partner questionnaire:</p> <ol style="list-style-type: none"> 1) completed (by the partner) and collected (by you) 2) left in the household for the partner to complete and return to us in the envelope provided 3) partner questionnaire refused (either by the respondent or by the partner him/herself) <p>In cases where you have left the questionnaire in the household, please do the following:</p> <ol style="list-style-type: none"> a) Check that you have filled in all the details on the front page of the questionnaire b) Attach the pre-paid address label to the front of the envelope and leave this in the household.
<p>After the interview</p>	<p>If you have collected the completed partner questionnaire as part of the interview visit, insert the completed questionnaire into the return envelope, attach the pre-paid address label to the front of the envelope and post this as soon as possible.</p> <p>NOTE: <u>Always</u> make sure you fill in the information on the front page of the partner questionnaire. This information enables us to match the partner questionnaire data with the remainder of the survey data. If we receive a completed questionnaire WITHOUT these details we will NOT be able to use the data in the questionnaire.</p>

6.4 Post-interview reminders

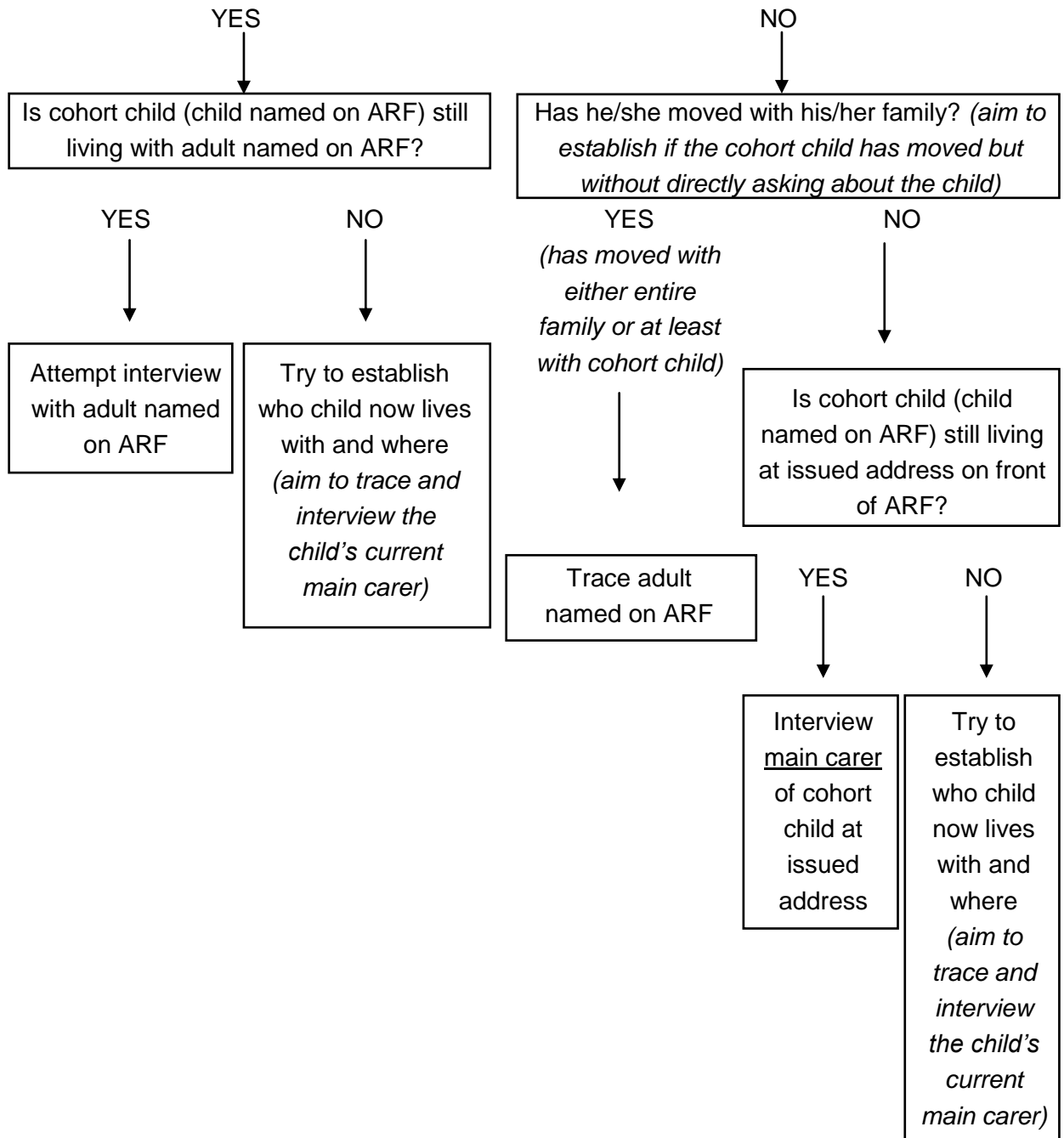
In the vast majority of cases we expect that you will be able to collect the questionnaire during the interview visit. However, in cases where the partner questionnaire has been left in the household but has not been returned to us by the partner after two weeks, we will be contacting them from the office to remind them to return the questionnaire. To be able to do so, we need to collect the partner’s contact details. As noted in Section 4.3.4, you will be prompted to ask the main adult respondent for the partner’s contact details at the end of the interview. Do your best to collect these details. If a respondent seems concerned about giving you their partner’s contact details, please assure them that we

will keep the details safe and that we won't be sharing the details with anyone outside of ScotCen without their consent.

In the unlikely event that we have not received the partner questionnaire six weeks after the interview, you may be asked to return to the household to collect the questionnaire. Should this be required, your FPM will get in touch with you.

Appendix A Tracing and eligibility diagram

Is named adult still resident at the issued address on the front of the ARF?



Appendix B Information sheet

SAMPLE INFORMATION SHEET
P10666.01 – Growing Up in Scotland Study – Birth Cohort 1 Sw

Serial: 1112345M Sweep 8 interviewer number: 1234 Sweep 8 interviewer: Karen Johans

Interview	Sweep 7	Sweep 8	P7 Web-
Date	01/06/2012	01/11/2014	01/03/14
Day	Tuesday	Thursday	
Time	16:20	19:20	
Outcome	110	110	Productive

Productive outcomes at sw8.5:
110, 130, 140, 150, 210, 230, 240, 250

<p><u>Latest respondent name</u> Mrs Sarah Adams</p> <p><u>Latest respondent address</u> 6 South Charlotte St Edinburgh EH2 4AW</p> <p><u>Latest respondent telephone number(s)</u> Phone 1: 0131 240 0210 Phone 2: 0777777777</p> <p><u>Latest respondent email</u> Sarah@gmail.com</p> <p><u>Latest child name</u> Miss Leila Adams</p> <p><u>Latest partner first name</u> Peter</p> <p><u>Stable 1 address details</u> Name: Margaret Richardson R'ship: Mother 1 Hope Street Edinburgh Eh10 5HQ</p> <p><u>Stable 1 telephone number(s)</u> Phone 1: 0131 987 5555 Phone 2: 0789555665</p> <p><u>Stable 1 email address</u> MR@hotmail.com</p>	<p><u>Respondent name at Sweep 8.5 (web-CATI)</u> Mrs Sarah Adams</p> <p><u>Respondent address at Sweep 8.5</u> 73 Lothian Road Edinburgh EH12 4AW</p> <p><u>Respondent telephone number at Sweep 8.5</u> Phone 1: 0131 256 3222 Phone 2: 0777777777</p> <p><u>Respondent email at Sweep 8.5</u> Sarah@gmail.com</p> <p><u>Child name at Sweep 8.5</u> Miss Leila Adams</p> <p><u>Stable 2 address details</u> Name: Richard Adams R'ship: Father in law 2 Town Street Edinburgh Eh7 5UY</p> <p><u>Stable 2 telephone number(s)</u> Phone 1: 0131 696 3333 Phone 2:</p> <p><u>Stable 2 email address</u></p>
---	--

This shows the respondent's address at the time of the P7 web-CATI interview.

First name of resident partner at the previous face-to-face sweep (where applicable)

The stable contact's relationship to the *adult respondent* i.e. this stable contact is the child's maternal grandmother.

Contact details for two stable contacts provided by the respondent at a previous interview.

Comments
Respondent works weekends so can only do interview during the week.

Comments entered by the previous interviewer.

Appendix C Pre-notification letter (Main)

This letter is sent to the named adult respondent in-advance of fieldwork.

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Are these up to date?

Dear

Thank you to you and your child for being part of **Growing Up in Scotland**. Your participation over the years has provided really useful information that has helped those involved in making decisions on issues to do with health and education. We're very much looking forward to speaking to you to see how you're getting on.



We'd like to speak to you again

Now that your child has started secondary school, one of our interviewers would like to visit you again. He or she will be in touch in a few months' time to arrange an interview at a time convenient to you. Like last time (with your permission and your child's agreement) we would also like to hear from your child.



Why you?

Without the ongoing support of families like yours, the study simply couldn't continue. Because you and your family have taken part since your child was a baby, we can't replace you with anyone else – you're unique.



Please update your contact details

We want to check that the details we have are up to date. If they have a changed, please let us know as soon as possible by calling us free on **0800 652 2704** or emailing gus@scotcen.org.uk.



No decisions right now

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 you can find out more at www.growingupinscotland.org.uk.

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

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Paul Bradshaw'.

Paul Bradshaw
Project Director
www.growingupinscotland.org.uk

Ref: P10666.01/

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Appendix D Advance letter – adult (Main)

Front page of advance letter (adult) (Main sample)

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REF: P10666.01/

Your next interview

Dear

Thanks again for being part of Growing Up in Scotland. The study continues to be important for people involved in making decisions that matter to children and families in Scotland.



We'd like to see you again

Like last time, we'd like to carry out an interview with you and your child, with your permission. We'd also like your child to do some short paper-based exercises and to take their height and weight measurements. There's more information about what's involved in the enclosed leaflet. We've also enclosed a letter for your child.



Something new...

This year, if you have a partner and you live together, we would like to hear from them too. If you had a partner that lived with you when we last spoke to you, then you will find a short questionnaire enclosed for them to complete. If you haven't received a questionnaire but think you should have one, your interviewer will give you a copy.



What next?

In the next few weeks, your interviewer,, will contact you to arrange a time that is convenient for you. You can also call or text your interviewer on All our interviewers carry photo ID with the ScotCen logo.

Your interviewer can answer any questions you have, and there are also some frequently asked questions on the back of this letter. You can also call us free on 0800 652 2704, email us at gus@scotcen.org.uk, or visit growingupinScotland.org.uk.

We are really grateful to families, like yours, who find the time to take part in GUS. Each one of you is truly unique - if you don't take part, we can't replace you.



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Back page of advance letter (adult) (Main sample)

What's involved this year?	As in previous years, we would like to interview you, and, with your permission, your child. We would also like your child to take part in some short paper-based exercises, as well as measuring their height and weight. This year, if you have a partner and you live together, we would also like to invite them to complete a short questionnaire.
What's involved in the parent/ carer interview?	We hope to interview the person that was interviewed last time round. This will take about 45 minutes. As in previous years, your interviewer will ask you questions about various topics like your child's school, health and activities, and there are also some questions about how you are getting on. If there are any questions you do not want to answer, we understand - and won't ask you to explain why.
How is my child involved?	With your permission, and if your child is happy to do so, we would like them to complete a short questionnaire on a laptop, on their own. We will ask questions about things like school, family, their wellbeing and spending time online. We would also like your child to complete some short paper-based exercises and to measure their height and weight. There is more information about these elements in the enclosed leaflet. Your interviewer will also explain this in more detail during the visit.
There is no partner questionnaire enclosed?	If you have a partner and you live together, we would like them to complete a short questionnaire. We are sending out questionnaires to families where our records show this to be the case. If you haven't received a questionnaire but think you should have, please tell your interviewer who will give you a copy. If you are no longer living with your partner, he or she will not need to complete the questionnaire.
What will happen to the information I give?	As always, the answers that you, your child and your partner give will be treated in strict confidence in accordance with data protection legislation. We take great care to protect your information and it will only be used for research purposes.
Who is carrying out the study?	The study is conducted by ScotCen Social Research on behalf of the Scottish Government. We work in collaboration with a number of academic researchers who are experts in research on children and families.
Where can I find out more?	For more information ask your interviewer, or call us free on 0800 652 2704, email gus@scotcen.org.uk or visit our website growingupinScotland.org.uk , including our section with frequently asked questions for families taking part in GUS: http://ow.ly/R3IP30gDRzq . If you'd rather we didn't contact you again about this study, then please let us know.

Appendix E Advance letter – child (Main)

Front page of advance letter (child) (Main sample)



Dear

It's nearly time for your next Growing Up in Scotland interview! We are looking forward to speaking to you again. This letter tells you more about what taking part will involve.

What is GUS?

Since you were a baby, your parents have been taking part in a study called Growing Up in Scotland (GUS). The study follows thousands of children your age, from across the country, to find out what it's like to grow up in Scotland. Check out the GUS animation to find out more: www.tinyurl.com/gusanimation

Why should I take part?

Everything you share with us helps us understand what life is like for young people in Scotland. It will help the Scottish Government make better decisions about things that affect young people.

And because your family has taken part in GUS since you were a baby, we can't replace you with anyone else – you're unique!

Earn Young Scot GUS Rewards points

We've teamed up with Young Scot Rewards and they're offering you 1500 Reward points as a thank you for being part of GUS! All you need to earn your points is register your Young Scot card (if you haven't already) and enter the code below at: www.young.scot/rewards



Turn over the page to read more about the

NOTE: The child can enter this code online to claim 1500 Young Scot Reward points.

If the child is not aware of Young Scot Rewards, tell them they can use the points to take part in activities or buy things – they can find out more on the Young Scot website (see text)

Back page of advance letter (child) (Main sample)



What will happen during the interview?

Now that you are older, we would like to hear from you again, to see how you're getting on and what has changed in your life.

Like last time round, one of our interviewers will come to your house and arrange a time for you and your parent/carer to take part. You will be asked to answer some questions on a computer – we will ask about things like starting secondary school, your family, friends and spending time online. This will take around 25 minutes. There are no right or wrong answers; we just want to hear what you think.

We will also ask you to take part in a short language exercise and measure your height and weight - this will take about 15 minutes.

What if I don't want to take part?

We really hope that you will take part but if you don't want to that's fine - just tell your parent/carer or your interviewer. You can also stop the interview at any point. If there are any activities that you do not want to take part in, just let us know, and we won't ask you why.

What will happen to the information I give?

Once we have collected all the answers from everyone who takes part, they will be looked at together, anonymously. By this we mean that there will be no names attached to the answers and we will not know which person said what.

We will then put together figures about all children your age in Scotland.

It's up to you if you want to talk to other people about what you tell us. However, if the interviewer hears or sees something during their visit that makes them worry about you, they may need to tell someone who can help.

Where can I find out more?

If you have any questions about the interview, talk to someone in your family or your interviewer. We also have a website where you can find out more:
<http://kids.growingupinScotland.org.uk>

Thank you so much for being part of Growing Up in Scotland – I very much hope you'll enjoy taking part.

A handwritten signature in blue ink, appearing to read 'Paul Bradshaw'.

Paul Bradshaw, Project Director



Appendix F Opt-out letter (Boost)

Sent to named adults in the boost sample approximately six weeks before fieldwork starts.

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<title> <Fname> <Sname>
<AddLine1>
<AddLine2>
<AddLine3>
<AddLine4>
<Postcode>

REF: P10666.01/<Serial_Num><CL1>
<date>

Welcome to the Growing Up in Scotland study

Dear <Fname>

I am writing to invite you to take part in Growing Up in Scotland. This is an important research study exploring the lives of children in Scotland. The study has been running since 2005 and helps the Scottish Government improve the lives of children and their families. For more information about the study, please see the enclosed leaflet or visit our website: <http://growingupinScotland.org.uk>

We are about to begin an exciting new part of the study which will involve children aged around 12-13 years and their families across Scotland.



Why are you writing to me?

The study looks at the experiences of children in all areas of Scotland. To visit every family with children would take too long and be too expensive, so a number of children have been selected at random to represent all children in Scotland of the same age.

I am asking you to take part because Child Benefit records indicate that you have a child born between June 2004 and May 2005. Participation is voluntary but we very much hope that you will be able to take part.



What do I need to do?

If you are happy to take part, an interviewer will visit you to arrange a time to interview you at home, on a day that suits you. Before visiting, your interviewer will send you a letter providing their name and contact details. Anything you tell the interviewer will be treated in the strictest confidence. No report will ever identify you or your family.



What if I don't want to take part?

I do hope that you will be able to help with this important study. However, if you do not want an interviewer to contact you, or if you have any queries about the study, please contact the project team during the next two weeks for free on 0800 652 2704 (Monday-Friday 9am-5pm) or email gusoptout@scotcen.org.uk. Please remember to tell us your name and the reference number at the top of this letter.



Who are we?

I am the head of the Scottish Centre for Social Research (ScotCen), Scotland's largest independent, not-for-profit social research organisation. We have been asked to carry out the interviews on behalf of the Scottish Government.

Thank you in advance for your help.

Paul Bradshaw, Project Director

ScotCen Social Research, Kings House, 101-135 Kings Road, Brentwood, Essex CM14 4LX Tel: 0800 528 397.
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Appendix G Advance letter – adult (Boost)

Front page of advance letter (adult) (Boost)

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<title> <Fname> <Sname>
<AddLine1>
<AddLine2>
<AddLine3>
<AddLine4>
<Postcode>

REF: P10666.01/<Serial_Num><CL1>

<Point>

<date>

Growing Up in Scotland study

Dear <Fname>

We would like you to take part in this important study of children growing up in Scotland. The study began in 2005 and helps shape Scottish Government policy on services for children, young people and families. We are about to begin an exciting new part of the study which will involve children aged around 12-13 years and their families across Scotland.



We would like to hear from you

A short while ago we sent you a letter about the study. In the next few weeks, one of our interviewers, _____, will contact you to arrange an interview at a time that is convenient for you. You can also call or text your interviewer on _____. All our interviewers carry photo ID with the ScotCen logo.



What's involved?

We would like to carry out an interview with you and your child, with your permission. We would also like your child to do some short language exercises and measure their height and weight. We have enclosed a letter for your child – please take time to look through this with them before the interview. If you have a partner and you live together, we would like to hear from them too. Please give them the paper questionnaire enclosed with this letter.



Any questions?

There are some Frequently Asked Questions on the back of this letter and your interviewer can also answer any questions you may have. If you would like any further information you can call us on 0800 652 2704, email us at gus@scotcen.org.uk, or visit <http://growingupinScotland.org.uk>.

To get an accurate picture of what growing up in Scotland is like it is important that as many families are included as possible. We very much hope you and your family are able to take part.

Paul Bradshaw
Project Director

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Back page of advance letter (adult) (Boost)

Why are you contacting me?	We have selected a number of children at random to represent all children in Scotland of the same age. Your family has been selected because Child Benefit records indicate that you have a child born between June 2004 and May 2005. Participation in the survey is voluntary but we very much hope that you will be able to take part.
What is involved?	We would like to interview you, and, with your permission, your child. If you have a partner and you live together, we would also like to invite them to complete a short questionnaire.
What will I need to do?	You will be asked questions about various topics such as your child's school, health and activities, as well as some questions about you. We will also ask you to answer some questions on your own, using the interviewer's laptop. If there are any questions you do not want to answer, we understand - and won't ask you to explain why.
How will my partner be involved?	If you have a partner and you live together, we would like them to complete a short questionnaire as well. This will include topics such as parenting and health and wellbeing.
How will my child be involved?	With your permission, and if your child is happy to do so, we would like them to complete a short questionnaire on the interviewer's laptop, on their own. We will ask questions about things like school, family, their wellbeing and spending time online. We would also like your child to complete some short paper-based exercises and to measure their height and weight. There is more information about these elements in the survey leaflet we sent you a short while ago. Your interviewer will also explain this in more detail during the visit.
What will happen to the information I give?	The answers that you, your child and your partner give will be treated in strict confidence in accordance with Data Protection legislation. We take great care to protect your information and it will only be used for research purposes. Your answers will only ever be looked at in aggregated form - that is, we add up all the answers you and the other families give and look at them all together. This means that your answers are anonymous - we will not know who said what - and no reports will ever identify you or your family.
Who is carrying out the study?	The study is conducted by ScotCen Social Research on behalf of the Scottish Government. We work in collaboration with a number of academic researchers who are experts in research on children and families.
Where can I find out more?	For more information ask your interviewer, or call us free on 0800 652 2704, email gus@scotcen.org.uk or visit our website http://growingupinScotland.org.uk . The website also has a section with Frequently Asked Questions for families taking part in the study (http://ow.ly/R3IP30gDRzq).

If you'd rather we didn't contact you again about this study, then please let us know.

Appendix H Advance letter – child (Boost)

Front page of advance letter (child) (Boost)



REF: P10666.01/<Serial_Num><CL1><Point>

Welcome to

GROWING UP IN SCOTLAND

Dear <CFname>

We are inviting you to take part in the Growing Up in Scotland study (GUS). This is a research study that follows the lives of thousands of children across Scotland – watch our short animation to find out more: www.tinyurl.com/gusanimation

By taking part you will help us understand what life is really like for children your age in Scotland. The study helps the Scottish Government make better decisions about things that affect young people. The study is carried out by ScotCen Social Research, an independent research organisation.

What's involved?

We would like you to answer some questions on a computer. We will ask you about things like starting secondary school, your family, friends and spending time online. This will take around 25 minutes. There are no right or wrong answers; we just want to hear what you think.



Earn Young Scot GUS Rewards points

We've teamed up with Young Scot Rewards and they're offering you 1,500 Reward points as a thank you for taking part in GUS. All you need to do to earn your points is register your Young Scot card (if you haven't already) and enter the code below at: www.young.scot/rewards



<YSAadv>

Back page of advance letter (child) (Boost)



We will also ask you to take part in a short language exercise and measure your height and weight – this will take about 15 minutes.

One of our interviewers will visit to arrange a time for you and your parent/ carer to take part.

We really hope that you will take part but if you don't want to that's fine - just tell your parent/carer or your interviewer. You can also stop the interview at any point. If there are any activities that you do not want to take part in, just let us know, and we won't ask you why.

What will happen to the information I give?

Once we have collected all the answers from everyone who takes part, they will be looked at together, anonymously. By this we mean that there will be no names attached to the answers and we will not know which person said what.

We will then put together figures about all children your age in Scotland.

It's up to you if you want to talk to other people about what you tell us. However, if the interviewer hears or sees something during their visit that makes them worry about you, they may need to tell someone who can help.

Where can I find out more?

If you have any questions about the interview, talk to someone in your family or your interviewer. We also have a website where you can find out more:
<http://kids.growingupinScotland.org.uk>

I really hope you will find the time to take part in this important study
– we can't do it without you!

A handwritten signature in blue ink, appearing to read 'Paul Bradshaw'.

Paul Bradshaw,
Project Director

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Social Research that works for society

Appendix I Tracing letter (Main)



ScotCen Social Research

Scotlabank House,
6 South Charlotte St,
Edinburgh,
EH2 4AW
www.growingupinScotland.org.uk
gus@scotcen.org.uk
0800 652 2704

Dear _____

We are writing to you about Growing Up in Scotland (GUS), a research study funded by the Scottish Government which looks at the lives of children and families living in Scotland. You may remember one of our interviewers coming to your household – we first visited when your child was 10 months old and now many of the children in the study have started secondary school.

We would now like to speak to you and your child to see how your lives have changed since we were last in touch. Over the past decade, the families taking part in GUS have provided the Scottish Government with valuable information which is helping to improve the lives of children and families across Scotland. The continued success of GUS relies upon keeping as many children and families involved as possible and we would be extremely grateful if you would consider taking part.

Because your child has been part of the GUS study for so many years, we cannot replace him or her with anyone else.

We have recently been in touch with _____ who informed us that the child involved in the study no longer lives at the address which we had on file. He/she did not wish to give your address without your permission, but did agree to forward this letter to you on our behalf.

To take part in GUS, please let us know your current address as soon as possible. You can call _____ on _____ or email gus@scotcen.org.uk.

By letting us know your details you're not committing yourself to taking part. You can make a decision when we get in back in touch with you. If you have any questions or would like to know more about the study, please contact us using the phone number or email address above, or visit growingupinScotland.org.uk.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Paul Bradshaw'.

Paul Bradshaw
Project Director



Appendix J Tracing letter (Boost)



ScotCen
Social Research

Scotiabank House,
6 South Charlotte St,
Edinburgh,
EH2 4AW
www.growingupinscotland.org.uk
gus@scotcen.org.uk
0800 652 2704

Dear _____

We are writing to you about Growing Up in Scotland (GUS), a research study funded by the Scottish Government which looks at the lives of children and families living in Scotland. The study began in 2005 and helps shape Scottish Government policy on services for children, young people and their families. Over the past decade, the families taking part in GUS have provided the Scottish Government with valuable information which is helping to improve the lives of children and families across Scotland.

We are about to begin an exciting new strand to the study which will follow the lives of children from when they are 12-13 years old. We are asking you to take part in this study because Child Benefit records indicate that you have a child born between June 2004 and May 2005. The success of GUS relies upon as many children and families being involved as possible and we would be extremely grateful if you would consider taking part.

We have recently been in touch with _____ who informed us that the child selected for the study no longer lives at the address which we had on file. He/she did not wish to give your address without your permission, but did agree to forward this letter to you on our behalf.

To take part in GUS, please let us know your current address as soon as possible. You can call _____ on _____ or email gus@scotcen.org.uk.

By letting us know your details you're not committing yourself to taking part. You can make a decision when we get in back in touch with you. If you have any questions or would like to know more about the study, please contact us using the phone number or email address above, or visit growingupinscotland.org.uk.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Paul Bradshaw'.

Paul Bradshaw
Project Director





Growing Up in Scotland

Sweep 9 (Phase 2)

Interviewer instructions:

**Administering Cognitive Exercises and Child
Height and Weight Measurements**

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Cognitive exercises

The assessment of cohort children's cognitive function is a key part of the Birth Cohort 1 (BC1) Sweep 9 age 12 sweep of the Growing Up in Scotland series. 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 in the main BC1 sample have taken part in cognitive activities at sweeps 3, 5, 8 and now 9. Children in the boost sample will not necessarily have carried out tasks like this before, so additional explanations or reassurances may be required.

It is very important to measure cognitive development at this time in the child's life when they have just started secondary school as their development at this age will affect their experiences in adolescence and adulthood. GUS is the only source of this information 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 fieldwork for this project, you should also read the general instructions provided for the BC1 sweep 9 and practice the cognitive exercises at home.

1.1 WIAT-II: Listening Comprehension - overview

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: (i) receptive vocabulary, (ii) sentence comprehension and (iii) expressive vocabulary.

The exercises are exactly the same as those used at sweep 8 of 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 exercise is described in the table below.

Table 1 GUS BC1 S1 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 collected will be used to estimate an approximate score for each child. This score 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 the same order**, as per the CAPI programme: receptive vocabulary followed by sentence comprehension and then expressive vocabulary.

1.1.1 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 survey leaflet which includes information on the cognitive exercises for the child’s parent/carer.

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 it 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.

1.2 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.

1.2.1 Safety and appropriateness

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 will be asked to record this in the CAPI (there is no paper consent form to be signed). If either party refuses then you should **not** administer the exercises.

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 give any feedback on the child's performance. The cognitive exercises are briefly introduced in the survey leaflet. Please ensure that the adult has fully read and understood this. Also take a few minutes to explain the exercises to the child (this is built in to the CAPI program) and ensure that he/she understands the nature of the exercises and is happy to take part.

If, at any point, the child is distressed, provide verbal reassurance and ask the child's parent for assistance. Please terminate the exercise if the child remains distressed.

Guidelines for administering the exercises

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 below),
- 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 children¹. 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.

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

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 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).

GUS Sweep 8 Mainstage

Forms Answer Navigate Options Help Hide Watch Window

INTERVIEWER: PLEASE CODE HERE IF YOU EXPERIENCED ANY DIFFICULTIES WHEN ADMINISTERING THE EXERCISES
OR IF YOU HAD TO MAKE ANY CHANGES TO HOW THEY WERE ADMINISTERED.

CODE ALL THAT APPLY:-

1. No difficulties experienced during assessments 7. Something else

2. Assessment was interrupted

3. Child was ill

4. Child was tired

5. Parent interfered

6. Deviated from standard approach

CAssPrb 6

CAssPrb1

9/9 QCAssess 9999902 QCAssess.CAssPrb[1] 11/08/2014 09:15:24 DFP Watch Wind

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

1.2.2 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.

1.2.3 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.

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.

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. You may also want to let the child know that sometimes you'll be turning the pages back and forth. Explain that this happens with almost everyone and that this is just how the exercise is set up. (Some of this pre-ambule is included in the CAPI introductory sections).

Encourage the child to do his or her best and stress that he or she is not expected to answer all the questions correctly. If a child verbalises that they find it difficult or are struggling you may want to add that many adults struggle with some of the exercises, too!

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.

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.

1.3 General points

1.3.1 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 not 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.

Because each assessment only contains 10-16 questions, most children will be asked all the questions. However, in two situations the assessment will be terminated early: 1) if a child answers six consecutive items incorrectly; 2) If the 'reverse rule' has been applied and the child does *not* answer three consecutive items correctly. The 'reverse rule' was not used for the previous sweep of GUS and is explained below.

1.1.1 Reverse rule

You will notice that on all three tests, the child does not start at the first picture. This is because the children are a bit older this time. If a child gets one or more of the first items incorrect (any of the first three) the 'reverse rule' will be applied. The reverse rule ensures that the most appropriate items are administered to the particular child.

When the reverse rule is applied, if a child gets any of the first three items incorrect, they will be asked the preceding items in reverse order (starting with the item immediately before the one you started on) until they get three consecutive answers correct. This is to establish a basic level.

In cases where the child then answers three consecutive items correctly, he/she will re-join the assessment where he/she left off and from then on the items will be asked in the correct order. In cases where a child does *not* answer three consecutive items correctly after the reverse rule has been applied, the assessment will stop.

You do not need to keep track of this as the rules have been applied to the CAPI program. You just need to be aware that in some cases you may have to go backwards and then jump forwards again. Please make sure you follow the instructions on screen and check that you are on the correct page.

1.3.2 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.

1.3.3 Teaching

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

1.4 WIAT-II: Listening Comprehension – detailed information

1.4.1 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 7. However, if they answer any of the first three items incorrectly (that is item 7, 8 or 9) the 'reverse rule' will apply. This means that children will go back to the preceding items and do them in reverse order - that is, starting at item 6 and working back towards item 1 until they have answered three consecutive items correctly. You do not need to keep track of this as the rules have been applied to the CAPI program. You just need to be aware that **in some cases you may have to go backwards and then jump forwards again.**

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 21. As above, if a child answers any of the first three items incorrectly (that is item 21, 22 or 23 incorrectly) the 'reverse rule' will apply.

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 31. As above, if a child answers any of the first three items incorrectly (that is Item 31, 32 or 33 incorrectly) the 'reverse rule' will apply.

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.

1.4.2 Materials

Listening comprehension stimulus booklet.

1.4.3 Procedure

Before you begin the exercise turn the booklet to tab 7. Position yourself so that you can see where the child points if he or she does not provide a verbal response.

The procedure for each sub-exercise varies slightly:

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.

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.

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.

- If the child does not respond, encourage the child once by saying: "Try a little longer" or "You can do it"
- You may repeat the prompt but only once, and only if the child asks
- Allow the child approximately 10 seconds to begin responding before moving on to the next item

- Code the child's response.

Expressive vocabulary:

- 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.
- 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'.

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'.

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 a 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.

1.4.4 Expressive vocabulary only – additional points

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.

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 that means the same thing”
Pedestrian	Walker	“Tell me another word that means the same thing”

1.4.5 Discontinuation

All children start the same item. 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 or when the ‘reverse rule’ is applied and the child does not pass it. 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.

1.2 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.

Height and weight measurement

1.5 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, 7 and 8.

At sweep 9 we would like you to take the child's height and weight measurements.

1.5.1 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 if you need to.

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

Appendix A 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 head plate 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 head plate 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 head plate 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.

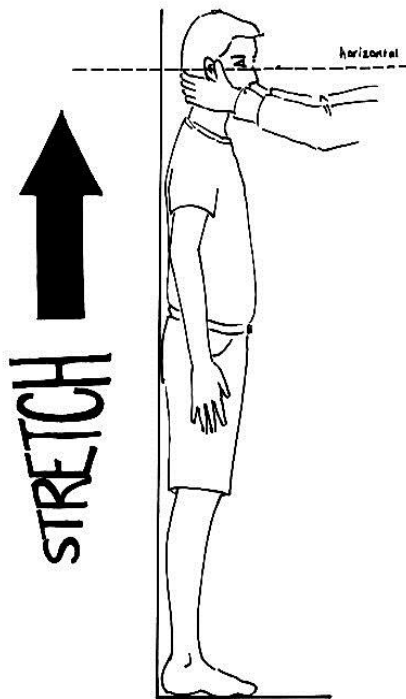
Recording height measurements

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

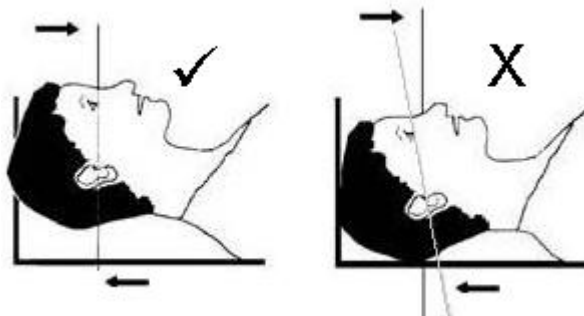
Additional points

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 head plate 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 head plate 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 B Protocol: Weight measurement

Measuring a respondent's weight

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.
4. 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. They will read 0.0 or 00:00 when they are ready to use, depending on the type of scales. 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 onto the weight measurement card before the respondent steps off the scales. Then enter the weight into the computer at the question *RespWts*. The computer will then display the measured weight in both kilos and in stones and pounds.

NOTE:

If you have one of the old SECA870 scales:

The maximum weight that can be weighed on the SECA 870 is 130kg. If you think the respondent exceeds this limit code them as "Weight not attempted" at *RespWts*. The computer will display a question asking them for an estimate. Do not attempt to weigh them.

If you have one of the new SECA877 scales:

These scales can measure up to 200kg (23 ½ stone). If you think the respondent exceeds this limit code them as "Weight not attempted" at *RespWts*. The computer will display a question asking them for an estimate. Do not attempt to weigh them.

GROWING UP IN SCOTLAND

**SWEEP 9
2017/2018**

CAPI EDIT SPEC
Version 1.0

February 2017

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.

ScotGen 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 9.

Sweep 9 involves families from our birth cohort 1, where the child is in their first year of Secondary school in Scotland (aged around 12 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 CASI (Computer Assisted Self-Interview). Coding and editing only relates to questions asked of the main carer.

Background to editing

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

Open Questions

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

Other – please specify (semi-open questions)

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

Navigating the edit program

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

Standard codes

Tryback 3 'Refer to supervisor/leave for later'

If you are unable to code the response using 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. Unclassifiable (no other codable complaint)
- 42. Complaint no longer present

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

See Appendix A.

CODE FRAME 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:

- | |
|--|
| <ol style="list-style-type: none">25. Professional qualification (employment related)26. IT certificate/qualification (other than those listed above)27. Aviation certificate/Pilot's licence28. Other employment related qualification29. None
94. Other specific95. Vague or irrelevant96. Editor can't deal with |
|--|

Some backcoding required as well as coding into new codes.
Socio-Economic Coding

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

Questions about the respondent's employment

PrMainJb, PrMainDo, PrIndSt, PrJbQual (In Q.Emplnc 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
Hard of hearing, slightly deaf
Otosclerosis
Poor hearing after mastoid operation

12 Tinnitus/noises in the ear

Incl. pulsing in the ear

13 Meniere's disease/ear complaints causing balance problems

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 intervertebral discs
Schuermann's disease
Spondylitis, spondylosis
Worn discs in spine - affects legs

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

36 Other problems of bones/joints/muscles

Absence or loss of limb eg. lost leg in war, finger amputated, born without arms
Aching arm, stiff arm, sore arm muscle
Bad shoulder, bad leg, collapsed knee cap, knee cap removed

Brittle bones, osteoporosis
Bursitis, housemaid's knee, tennis elbow
Cartilage problems
Chondrodystrophia
Chondromalacia
Cramp in hand
Deformity of limbs eg. club foot, claw-hand, malformed jaw
Delayed healing of bones or badly set fractures
Deviated septum
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger

Disseminated lupus
Dupuytren's contraction
Fibromyalgia
Flat feet, bunions,
Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose
Frozen shoulder
Hip infection, TB hip
Hip replacement (nes)
Legs won't go, difficulty in walking
Marfan Syndrome
Osteomyelitis
Paget's disease
Perthe's disease
Physically handicapped (nes)
Pierre Robin syndrome
Schlatter's disease
Sever's disease
Stiff joints, joint pains, contraction of sinews, muscle wastage
Strained leg muscles, pain in thigh muscles
Systemic sclerosis, myotonia (nes)
Tenosynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Weak legs, leg trouble, pain in legs

Muscular dystrophy - code 08

37 Infectious and parasitic disease

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

Toxoplasmosis (nes)
Tuberculosis of abdomen
Typhoid fever
Venereal diseases
Viral hepatitis
Whooping cough

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

38 Disorders of blood and blood forming organs and immunity disorders

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

Leukaemia - code 01

39 Skin complaints

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

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

40 Other complaints

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

Deaf and dumb - code 11 only

41 Unclassifiable (no other codable complaint)

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

42 Complaint no longer present

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

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