

Growing Up In Scotland

Sweep 1 - 2005

*Interviewer and Coder
Instructions*



Scottish Centre for
Social Research

P7002/7003

GROWING UP IN SCOTLAND STUDY

YEAR 1: 2005

PROJECT INSTRUCTIONS

ABOUT THE STUDY	3
1.1 Background and introduction to the study	3
1.2 Overview of procedures	3
2 THE SAMPLE AND ARF LABELS	4
2.1 The sample	4
2.2 Serial Numbers	4
2.3 Examples of ARF labels	5
3 FIELDWORK ISSUES	6
3.1 Timetable for Fieldwork	6
3.2 Materials for the study	6
3.3 Contact procedures	7
3.3.1 Advance letters and leaflet	7
3.3.2 Introducing and answering questions about the study	7
3.3.3 Making appointments	8
3.3.4 Target interview dates	8
3.3.5 Tracing procedures	9
3.4 Who to interview	10
3.4.1 Eligible respondents	10
3.4.2 Non-resident parents	11
3.4.3 Interviews in translation	11
3.5 General protocols	11
3.5.1 Notifying the police	11
3.5.2 Obtaining consent	12
3.5.3 Interviewing parents aged 15 and under	12
3.5.4 Handling babies or toddlers	13
3.5.5 Suspected child abuse or neglect	13
3.5.6 Parents who are known to you	13
3.5.7 Fun Packs	13
4 THE ADDRESS RECORD FORM	14
4.1 Standard outcome codes	14
4.2 ARF instructions	14
5 THE QUESTIONNAIRE	16
5.1 Overview of content	16
5.2 Detailed information about individual sections	16
5.2.1 Household grid	16
5.2.2 Non-resident parents	17
5.2.3 The pregnancy and birth	17
5.2.4 The first few months	18
5.2.5 Parental support	18
5.2.6 Self-completion	19
6 ADMIN AND RETURN OF WORK	20
7 PRACTICE SERIAL NUMBERS	21

ABOUT THE STUDY

1.1 Background and introduction to the study

The Growing Up in Scotland study is a major new cohort study funded by the Scottish Executive. Like other cohort studies you may have worked on – such as the Millennium Cohort Study or the 1970 Birth Cohort Study – it will follow a group of children through their early years, into childhood, adolescence and, possibly, beyond into adulthood. Unlike other studies, this one is specifically Scottish in focus – all of the interviewing is taking place in Scotland and the survey will reflect the Scottish Executive’s need for accurate information upon which to base its decision-making about policies and services for children and families.

The Scottish Centre for Social Research has been commissioned, in the first instance, to conduct two years’ fieldwork for the study. In the first year, we will be recruiting two new cohorts – one based on 5,000 babies, who will be aged approximately 10.5 months at time of interview, and the other based on 3,000 toddlers, aged approximately 34.5 months. Interviews will generally be with mothers in the first sweep, though it is hoped to introduce the views and experiences of partners/fathers from the second year onwards.

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

1.2 Overview of procedures

In summary, the study involves the following procedures:

- i) attempting to make contact with the child’s main carer for all the children in your assignment;
- ii) conducting the CAPI interview, including a short self-completion (CASI) component
- iii) completing a paper ARF for all issued addresses

2 THE SAMPLE AND ARF LABELS

2.1 The sample

The sample for the main survey will be based on 130 areas throughout Scotland, each of which will be roughly equivalent in size to a ward (they are actually made up of amalgamations of administrative areas known as Data Zones). Within each of these areas, we will be trying to interview the parents of every child born between specific birth dates – June 2004 - March 2005 for the babies, and June 2002-March 2003 for the toddlers. Each month, you will be issued with the details for the children who reach the target interview age (10.5 months or 34.5 months) within that month.

Child Benefit Records

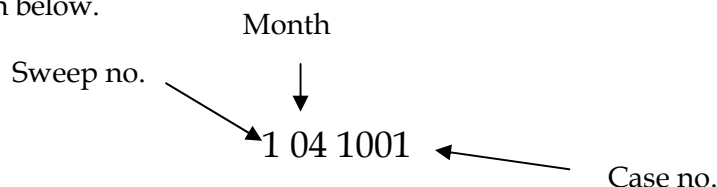
The sample for the study has been drawn from Child Benefit records held by the Department of Work and Pensions (DWP) on behalf of the Inland Revenue (IR). There are three stages to the procedure for drawing the sample from these records:

- i) The first stage is that the DWP send opt-out letters to all parents of children with an eligible birth-date who are registered (for child benefit purposes) as living within one of the sampled areas. The letter invites parents to take part in the study and gives them the opportunity to opt-out of the study by telephoning or writing to the DWP. Any parents who opt-out of the study are then removed from the sample.
- ii) The second stage of the procedure is that the DWP remove 'sensitive cases' from the sample. These are families with whom the DWP is 'in and may indicate things like that the child has died or been removed from that parent, suspected benefit fraud etc.
- iii) The final stage is for the DWP to remove cases for families who have moved out of the sampled areas and to update the addresses for those who have moved into or between sampled areas.

This process will be repeated every four weeks. The DWP sample will be sent to ScotCen every four weeks for the duration of the project – a total of 10 times.

2.2 Serial Numbers

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



The first digit indicates the sweep number. The second and third digits indicate (04 = April, 05 = May etc). Digits four to seven indicate the unique case number.

2.3 Examples of ARF labels

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

1041001 Y	APR	PT:099
MRS JANET JONES		
23 MACDONALD DRIVE		
SHIELDHILL		
FALKIRK		
FK1 2EA		

The serial number will be at the top of the label along with the sample month and point number. Every sampled ward has a unique point number. The name and address of the child benefit recipient will follow. **This should be the person whom you ask to speak to in the first instance.**

The second ARF label is an information label, repeating the serial number and giving details of the sampled child:

1041001 Y
Child : MISS KATIE JONES
DoB : 01/06/2004
Gender : F
Sample Type : B
Target Interview Date: 15/04/2005

The serial number is repeated on this information label and it also shows the name of the sampled child, their date of birth and gender. The letter next to sample type indicates whether the child is a toddler (T) or baby (B). The target interview date is the date that the child turns 10.5 or 34.5 months old (see next section for further discussion on what this means).

3 FIELDWORK ISSUES

3.1 Timetable for Fieldwork

As detailed above, the sample for this study is being issued in ten monthly waves. Each issued wave of fieldwork will contain babies and toddlers born in a specific month.

Ideally, all the interviews would be conducted when the sampled children are exactly 10.5 or 34.5 months old. In practice though, this will not be possible so there will be a 4-week fieldwork 'window' for *each child*. This will start 14 days before the target interview date and end 14 days after it. For example, a child born on the 1st June 2004 will reach 10.5 months old on 14th April 2005. The fieldwork window for this child therefore will run from 1st April 2005 until the 28th April 2005.

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

Fieldwork Wave	Baby's Date of Birth	Toddler's Date of Birth	Fieldwork Period
Wave 1	1 st June – 30 th June 2004	1 st June – 30 th June 2002	1 st April/ 28 th May 2005
Wave 2	1 st July – 31 st July 2004	1 st July – 31 st July 2002	1 st May/28 th June 2005
Wave 3	1 st Aug – 31 st Aug 2004	1 st Aug – 31 st Aug 2002	1 st June/28 th July 2005
Wave 4	1 st Sept – 30 th Sept 2004	1 st Sept – 30 th Sept 2002	1 st July/28 th Aug 2005
Wave 5	1 st Oct – 31 st Oct 2004	1 st Oct – 31 st Oct 2002	1 st Aug/28 th Sept 2005
Wave 6	1 st Nov – 30 th Nov 2004	1 st Nov – 30 th Nov 2002	1 st Sept/28 th Oct 2005
Wave 7	1 st Dec – 31 st Dec 2004	1 st Dec – 31 st Dec 2002	1 st Oct/28 th Nov 2005
Wave 8	1 st Jan – 31 st Jan 2005	1 st Jan – 31 st Jan 2003	1 st Nov/28 th Dec 2005
Wave 9	1 st Feb – 28 th Feb 2005	1 st Feb – 28 th Feb 2003	1 st Dec 2005/28 th Jan 2006
Wave 10	1 st Mar – 31 st Mar 2005	1 st Mar – 31 st Mar 2003	1 st Jan/28 th Feb 2006

In practice then, this is a genuinely continuous survey and there will not be a clear break between interviewing in one month and the next

It is clear that the size of the issued sample in each wave will depend primarily on the number of babies born within the relevant four-week period, something that we do not know until we receive the sample from DWP. As birth rates vary both between months and between wards, so assignment sizes will also vary.

3.2 Materials for the study

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

- Address Record Forms (ARFs)
- ScotCen advance letter to show and/or leave with respondent as necessary
- DWP opt-out letters to show and/or leave with respondent as necessary

- GUS glossy information leaflets to show and/or leave with respondent as necessary
- GUS 'Helplines' leaflet to leave with respondent as necessary
- Mover letters with contact form, blank envelopes and reply-paid envelopes
- Showcards (briefing pack only)
- Leaflets about the *National Centre for Social Research*
- Interviewer instructions (briefing pack only)
- An admin pack containing police letters, claim forms etc
- Fun packs

Additionally, you should have received an ARF Exercise pack in advance of the briefing. This contains two extra ARFS and a short exercise with two address scenarios. Red stickers to be placed on the 'enter' button on your laptop brief will be distributed at the briefing.

3.3 Contact procedures

3.3.1 Advance letters and leaflet

All of the sample members will have already received an opt-out letter about the study from the Inland Revenue/DWP (sent around eight weeks before you receive their details). However, the first two waves of the sample will not have received a GUS information leaflet. You will be asked to send an advance letter to parent's of all cohort members in your allocation. These letters will be provided with the name and address of the child benefit recipient mail-merged onto the top of the letter. There is a space on the letter for you to write your name in the text of the letter before you send it out. **For the first two waves of the sample (April and May), please also insert a GUS information leaflet along with the advance letter.** From then on, the information leaflet will be posted by DWP along with the opt-out letter.

It's up to you whether you want to send all of the advance letters at the beginning of the fieldwork period or stagger sending them - perhaps to fit in with the target interview dates. When you first try to make contact at the address it should always be with the person named on the ARF address label.

You will also have spare copies of the advance letter and leaflet for you to use on the doorstep and leave with respondents when necessary/required.

3.3.2 Introducing and answering questions about the study

Introducing the study

When you introduce the survey you should explain:

a) Who you are and who the survey is for

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

Show your identity card at all addresses and to anyone who asks to see it.

b) What is the survey about

Start by explaining the purpose of the survey: Say something like: The study is about the lives of young children growing up in Scotland and their parents and families.

Answering questions about the study

“How long will the survey take?”

The baby interview and toddler interview, although slightly different in content, are both very similar in length and should take about 60 – 65 minutes to complete.

“Will these funders see my replies?”

No, they will not know who said what. The names and addresses of those interviewed in this survey are known only to the *Scottish Centre for Social Research*. Your computerised questionnaire does not have your name and address on it. Your name and address are kept quite separate from the questionnaire.

“How can I be sure you are a genuine interviewer?”

I have shown you my identity card. Also I have here a letter from the DWP explaining about the survey. If the respondent still has concerns they can telephone the project controller in our Operations Department, Jo Phillipson on the Freephone number shown on the letters.

3.3.3 Making appointments

When you first make contact, you will need to make sure all parents have seen the advance materials (either from the DWP or our advance letter and leaflet) and are adequately informed about the survey and willing to take part in it. You should normally plan to make a subsequent appointment to carry out the interview. If possible, try to get a time when the baby or toddler will be asleep or looked after by someone else. As we are aiming to secure the long-term co-operation of the parents it is important that respondents don't feel they have to do the interview straightaway, or indeed that they are under any compulsion to take part. However, if a respondent is already well-informed and happy to do the interview straightaway, even if it is before the target date, that's fine – we don't want you to risk losing interviews by making appointments unnecessarily.

3.3.4 Target interview dates

For both the babies and the toddlers we have assigned a target interview date which is printed on the ARF labels. For babies this date corresponds to the point at which they are 10.5 months old, for toddlers when they reach 34.5 months old. We would like you to aim, as far as possible, to conduct the main interview on this date or at least within 14 days either side of it. The reason for this is that babies in particular grow and develop very quickly at this age and in order to be able to compare, for example the development of children in different groups, we need to make sure that the all the children are approximately the same

age when the information about them is given. You should aim to cover your workload in such a way that this is possible – i.e. interviewing parents of the oldest children in your allocation first. This may mean sending out your advance letters in several batches each month.

However, we don't want to risk losing interviews – if a respondent is willing and it is before the target date, please do carry out the interview.

3.3.5 Tracing procedures

The tracing of cohort members who have moved is an important part of the fieldwork. If you cannot find an address or discover that the cohort member is no longer living at the address provided, please make a *reasonable* attempt to find or establish their current address. Though your objective is to locate the cohort member, **ALWAYS TRACE ADULTS, NEVER TRACE CHILDREN**. That is, always ask people if they know the whereabouts of an adult, never ask about a child.

In the first instance, trace the person named on the address label. Trace other adults only when you know that the named person is not eligible for interview (e.g. not living with the cohort member).

Where the address appears incomplete or inaccurate, you might check with the local council or police, post office, sorting office or in telephone directories. If the street name seems wrong, check for roads with similar names (in the area). The nearest library or council should have street maps. You should also ask local people, perhaps by visiting local shops, especially newsagents.

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

You may find someone who knows the address you need but, understandably, is not prepared to tell you. Ask them if they would please give or post a letter on your behalf. If so, write the serial number on the forwarding letter and new address sheet, write in the name of the person contacted, and put these documents and a reply paid envelope into a postage paid envelope.

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

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

Tracing checklist

IF YOU ARE GIVEN AN INCOMPLETE ADDRESS, HAVE YOU:

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

IF YOU CANNOT FIND THE ADDRESS, HAVE YOU:

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

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

- asked the present occupants for the child benefit recipient's whereabouts
- asked the neighbours
- followed up any local friends/relatives you are told might be able to help
- followed up any other useful leads

REMEMBER: you should not ask neighbours or other local people about the child directly, always ask about the child benefit recipient.

3.4 Who to interview

3.4.1 Eligible respondents

In the first year of the survey, we are aiming to interview the child's main carer, who will, in most cases, be the mother. In cases where both parents indicate that they are main carers, the priority should still be to interview the mother. The reason for this is that parts of the questionnaire relate to the experience of pregnancy and birth.

However, we would rather conduct an interview with the father in such situations than not conduct an interview at all, so you should be flexible if the mother refuses, or is unavailable or away.

You should **not** conduct the interview with anyone else who is neither a parent or guardian or the sampled child. If in doubt about who to interview, contact the office.

Obviously, you will encounter a range of family types and household structures. Some points to note about these:

- Foster/adoptive parents are eligible for interview in the same way as natural parents (but note that they will get a shorter main interview as the questions about pregnancy and birth are only asked of natural mothers).
- If a child is permanently cared for by someone other than parents (e.g. grandparent/aunt) then these carers are eligible for interview
- Same sex partners are eligible for interview – if one of them is the natural mother of the child, they should be the first choice for interview. If neither of them are natural parents, you should seek to interview the one who is the main carer – that is, the person who has most involvement in the day-to-day care of the child.
- If the parent of a child is herself under 16 and it is the child's grandparent who has assumed the main carer role, you should still attempt to interview the child's mother (i.e. the 15 year-old) in the first instance. See section 3.5.3 for guidance on appropriate consents in this situation.

3.4.2 Non-resident parents

You should **not** interview parents who are not resident with the child. However, if the child's mother is sometimes resident (e.g. they spend one or two nights a week there) we do want to try to interview them **at that address**. Note that you are not expected to go to another address to interview a mother who is not fully resident.

3.4.3 Interviews in translation

If a respondent cannot understand English sufficiently to take part in the interview but might be able to understand the questions through an interpreter, you should contact the office for further instructions. If there is a family or household member who is willing to act as an interpreter, this is acceptable – but you should ensure at the outset that both parties understand the broad topic coverage of the interview.

3.5 General protocols

3.5.1 Notifying the police

You **must** notify the police before you start work. This is especially important as the study involves visiting people with young children. Police letters are provided in your CAPI admin pack. Extra copies are also provided in your work pack.

You should call at the nearest police station in the area in which you are working. Tell the desk officer what the survey is about, give them a copy of the advance letter, and explain how long you will be working in the area. Then present your identity card and leave your name and home telephone number. Ensure that all the details you have given are recorded

in the day book at the station desk if that station has one. Make a note of the name of the officer to whom you speak and the date of your call so that in the event of any query or complaint to the police, you are fully covered. It is reassuring for suspicious parents, as well as those people you come into contact with when trying to make contact, to be told that the police know about you.

3.5.2 Obtaining consent

Before beginning the main interview, you must ask all respondents to read and sign the consent form which is attached to the rear of the ARF (this was a requirement of the ethical clearance for the study). Please ensure that all respondents read this form thoroughly before deciding whether or not to sign. If the respondent is unable to read the form for any reason (perhaps due to reading/sight problems or because they are attending to the baby's needs), please read it out to them.

3.5.3 Interviewing parents aged 15 and under

It is possible that some of the parents in your assignment are aged 15 or under and are therefore classed as children themselves. For such cases, you must get verbal permission from their (the young person's) own parent(s) **before** you interview them. If the young person is not living with his/her natural or adoptive parent, permission should be obtained from the person(s) in the household who is *in loco parentis* for them on a permanent/long-term basis. For example, a foster parent or a grandparent who is bringing the young person up instead of the parents. But such a person should **never** be used as a substitute if the natural or adopted parent is a member of the young person's household.

If the parent(s) are temporarily away from home and will be throughout the pilot fieldwork period (for example, abroad on business or on an extended holiday without the young person) and have left them in the care of a close relative, then if that relative feels they can give permission for a young person to be interviewed, this is acceptable.

The parent or "guardian" of a young person **must** be present at the time you carry out the interview. They need not necessarily be in the same room but they must be at home and be aware that you are carrying out the interview. This protects both the young person and yourself.

If there is any disagreement between the parents of the young person, or between parent and young person, in respect of willingness to co-operate in the survey, you should respect the wishes of the non-co-operating person. Obviously, you may not always know if both parents agree or disagree as you may not see them together but if the disagreement is brought to your attention, then the above rule applies.

Should a parent wish to know the content of the survey, explain briefly the survey coverage.

3.5.4 Handling babies or toddlers

In general, handling babies or toddlers is discouraged. Never pick them up uninvited. If you have to entertain them (for example while the mother does the self-completion) sit on the floor with them rather than picking them up and walking around with them (as you might drop them!). Try not to be left alone with the sample child or other children.

3.5.5 Suspected child abuse or neglect

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

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

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

3.5.6 Parents who are known to you

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

3.5.7 Fun Packs

We have included some “Fun Packs” of stickers that you can hand out to older children in the family to amuse them while the interview is going on. It is up to you to which children you give these packs but please remember **that they are unsuitable for children under 3.**

4 THE ADDRESS RECORD FORM

4.1 Standard outcome codes

The address record form for this project uses the 'new' standard outcome codes. These are being introduced on all *National Centre* surveys. The basic structure of these is shown below:

Beginning with: Outcome type:

1	Productive
2	Partially productive
3	Non-contact
4	Refusal
5	Other unproductive
6	Uncertain eligibility
7	Ineligible

4.2 ARF instructions

Front Page

On the front of the ARF there is the standard calls record form for you to keep a note of the times, dates and results of all your calls. Please remember to fill this in at each separate visit: it will help you to plan any further visits you may have to make.

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

ONE OF THE KEY THINGS TO REMEMBER ABOUT COMPLETING THE ARF IS THAT THE NUMBER YOU CIRCLE IN BOLD IS THE FINAL OUTCOME CODE

Finally, on page 1 of the ARF, there is a box for you to write in the selected person's telephone numbers, if given. If it is not, circle 'Refused/ex-directory'. If he/she has no telephone, circle 'No tel'. There are also additional boxes for a mobile telephone number and an e-mail address where these are available.

Section A

In this section you attempt to make contact at the original address and try to establish whether or not to interview at this address.

- In most cases the cohort member (i.e. the baby or toddler) will be resident at the original address and you will be directed to section E.
- If the child is resident at a *different* address, you will be asked to record whether you have been able to establish the new address (at A3) and details of all tracing attempts. Any new address obtained should be recorded (at question B1).
- If you cannot establish whether the child is resident or not, you will be asked to record the reason for this (i.e. address inaccessible, or information about the child refused) at A2 or A3.

Sections B, C and D

If you are successful in obtaining a follow-up address for the cohort member you should write it in at question B1. If the address is in the same area that you are working in then please follow it up yourself. If it is slightly further away please check with your Team Leader, Project Manager, the Green Team in Brentwood who will decide whether it needs to be re-allocated to another interviewer. Please note that if the address needs to be re-allocated then the sooner we find out the better. For addresses outside Scotland please return the ARF to Brentwood. We are only interviewing families who live in Scotland. If you are in any doubt about whether to follow up an address yourself, or are not sure if the address is in Scotland then contact someone in your Area or the Green Team.

If you are unable to contact the cohort member at the follow-up address you will be asked to make up to two more attempts to trace the cohort member, details of which should be recorded in Sections C and D.

There is a box on the front page of the ARF for you to record the total number of addresses you visited during your attempts to trace the named child. Do not count visits to neighbours within this total.

If you need to make contact with neighbours or other people locally when tracing the named child please remember to show your ID. Do **not** say that you are trying to trace the child named on the ARF, only mention the name of the child benefit recipient.

Section E

In this section you record the final outcome code for the mother/carer of the named child. All productive codes will be computed in Admin. Unproductive final outcome codes should only be used when you are certain that the cohort member (named child) is resident. If unproductive, please record full reasons at E3 and answer E4. All final outcome codes are in bold.

Section F

At the end of the interview you will be prompted to record the details of the cohort member and the mother/main carer on the ARF at questions F1 and F2.

Section G

You will also be prompted to record the stable address for the respondent at question G1. There is also a space to write in a new address for the respondent if they tell you they are planning to move (along with an expected moving date). If the respondent has an email address and is willing for us to use this to maintain contact, please record this at G3.

Section H

Please answer the questions at H1 for all productive outcomes, refusals and non-contacts. You do not need to answer these for deadwood or other ineligible cases (codes 410, 682, 700-740 or 900).

5 THE QUESTIONNAIRE

5.1 Overview of content

The questionnaire has the following broad structure:

- Household grid/composition
- Non-resident parents
- Non-resident children
- Pregnancy and birth
- The first few months after the birth
- Current situation
- Sources of parental support
- Parenting styles and activities
- Childcare
- Child health and development
- Self-completion section (feelings about being a parent, respondent health, drug and alcohol use)
- Employment, income and education

5.2 Detailed information about individual sections

5.2.1 Household grid

Name	Question	Notes
DOB	What is [^] <i>your_names</i> date of birth?	In this project – the ages of sampled children will be in the following ranges – please check they are correct: Babies: 10 – 12 months Toddlers: 34 – 36 months
Marstat	What is [^] <i>your_names</i> legal marital status...	This is not a question about relationships within the household, but about formal/legal status. In other words, a respondent who is cohabiting with a partner is classed as single here. The next question (LiveWith) gives them a chance to record the fact that they are living as a couple.
R	Code relationship of each household member to the others	<ul style="list-style-type: none"> • Be careful to get the coding the right way round here. We are asking what the respondent's relationship to the baby/toddler is, and the respondent is usually the baby's parent (not son/daughter). • Many of the codes in the card are not allowed at this question as a baby cannot be anyone's spouse

		<p>etc.</p> <ul style="list-style-type: none"> • If a relation is fostering a child the blood relationship takes priority e.g. a grandparent who is also a foster parent would be coded as a grandparent
--	--	---

5.2.2 Non-resident parents

These questions are asked of all lone parent households or for couples, where only one natural parent is resident

5.2.3 The pregnancy and birth

Planned	Some pregnancies are planned and others are a surprise. Which of these best describes your pregnancy?	<p>These questions could be quite sensitive, however, there is a showcard for respondents to choose their answers from.</p> <p>The questions are worded differently for respondents who are mothers and those who are fathers.</p>
PregHap	When you first knew you were pregnant with ^ChildName, how did you feel about the prospect of having this baby?	
PartHap	What about your partner / ^ChildName's father: when you first knew you were pregnant, how did he feel about the prospect of having this baby?	
Redbook	<p>Before we carry on, it would be very useful if you could find ^ChildName's Child Health Record Book (the Red Book as it's sometimes called), as it may help you answer some of the questions later on</p> <p>INTERVIEWER: PLEASE CODE WHETHER RESPONDENT HAS RED BOOK TO REFER TO OR NOT</p>	Note, some health authorities health records are not in red books, but blue or other colours.

5.2.4 The first few months

EmpKids1	Before [^] ChildName was born, how much experience had you had of spending time with, or looking after, very young children?	This question is only asked if there are no children in the household other than the survey child.
----------	---	--

5.2.5 Parental support

TxCred	Can you tell me which, if any, of the following you have heard of before now? The childcare element of Working Tax Credit (to assist parents with childcare costs)?	There are 2 tax credits available – Child Tax Credit and Working Tax Credit – the latter of which is for working families (working >16 hours a week) on low or middle incomes who are responsible for one or more children – some people also qualify for help with childcare costs as part of this tax credit and this is what the question refers to.
BBond	... the Child Trust Fund (also known as 'baby bonds')?	Child trust funds (or baby bonds) – are a new savings and investment account for children. Children born on or after 1st September 2002 (which all the <u>babies</u> in our sample will have been) will receive a £250 voucher to start their account. The account belongs to the child and can't be touched until they turn 18, so that they have some money behind them to start their adult life.
SStart	... the Sure Start Scotland Programme?	Between 2003-6, the Sure Start Scotland (SSS) Program, will distribute £50mn across all local authorities in Scotland to help provide support for families – including integrated health, care and education– particularly for children in the most deprived areas. SSS looks at how networks of existing provision of services can be extended and co-operation fostered between local authorities, health bodies and the voluntary sector. The programme recognises that community based, family focused resources – with high quality childcare and support for parents - will strengthen their ability to maximise their child's potential.
CClink	... the Childcare Link website and phone line?	This is a Scottish Executive initiative, which is part of the National Childcare Strategy. It aims to help people

		back into the workplace by removing the childcare barriers. Parents can log onto the website or ring up for advice on all aspects of childcare.
PLScot	... ParentLine Scotland?	ParentLine Scotland is a free, confidential, telephone helpline for parents and anyone caring for a child. The service is operated by the charity Children 1 st .
CTCS	...Children's Traffic Club Scotland?	The Children's Traffic Club in Scotland (CTCS) was launched in November 1995 by the Scottish Road Safety Campaign (SRSC). The Traffic Club materials help parents and carers to teach pre-school children to be safe when out and about.
NHS24	... the NHS24 phone line?	NHS 24 is a Scottish service offering health advice, information and help.
MumTodd	In the last year, have you (or your partner) regularly attended any ^mother/parent and baby/toddler groups with ^ChildName?	Note there are different textfills for mothers/ fathers/ babies and toddlers.

5.2.6 Self-completion

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

6 ADMIN AND RETURN OF WORK

Completing the Admin Block

When you have finished all your interviewing at the address, please complete the Admin details. The final outcome code will be computed for you if it is productive. Please record these on the ARF. You will have to enter unproductive codes. You will then be asked to enter at *NumTrace* how many addresses you visited because you thought the cohort member was resident there. Usually this will just be one. If you have visited more than one address you will be asked to enter the outcome at each previous address. If the cohort member was resident at the address on the ARF you will be asked to confirm that this address was correct – even if there were very minor errors in the address, please code ‘No’ here and enter the correct address as this will be used in future correspondence. If the cohort member was not resident at the original address, you will be asked to enter the final address for the cohort member. Finally you will be asked to enter the details of a stable address (if given) and (if given) a new address. You should have these details recorded on the ARF.

Returning your work to the office

Before returning your work, check that you have completed everything you have to do at an address and have all the documents you should have and that they are properly serial numbered and so on. Please return signed consent forms along with your ARF’s.

Questionnaire data will be transferred back to the office via the modem. See your ‘Welcome to Blaise 4 Windows’ document for full procedures.

Remember you still need to return the paper documents.

End of assignment clear-out

See your ‘Welcome to Blaise 4 Windows’ document for full details on procedures.

Laptop batteries

Your laptop has been set to go into ‘hibernation’ when not in use, rather than switch itself off. We did this because starting Windows from ‘cold’ takes several minutes, whereas it comes out of hibernation very quickly. So you will not have to wait for long in people’s homes for the computer to start up.

While the computer is ‘hibernating’, it is using only a tiny amount of battery power, so there is no need to plug into the mains when not in use. **However, you must ensure that you recharge your battery on a regular basis and if at all possible, use MAINS power when interviewing.**

See your ‘Welcome to Blaise 4 Windows’ document for further information.

7 PRACTICE SERIAL NUMBERS

The following serial numbers, check letters and child dates of birth can be used for rehearsing the CAPI questionnaire.

Serial Number	Check Letter	Sample Type	Child DOB
9999901	H	Toddler	29/05/2002
9999902	J	Baby	29/05/2004
9999903	K	Toddler	29/05/2002
9999904	L	Baby	29/05/2004
9999905	M	Toddler	29/05/2002
9999906	N	Baby	29/05/2004
9999907	P	Toddler	29/05/2002
9999908	Q	Baby	29/05/2004
9999909	R	Toddler	29/05/2002
9999910	S	Baby	29/05/2004

P7002

GROWING UP IN SCOTLAND

2005

P7002

GROWING UP IN SCOTLAND

2005

P7002

CARD A1

1. Husband/Wife
2. Partner/Cohabitee
3. Natural son/daughter
4. Adopted son/daughter
5. Foster child
6. Stepson/stepdaughter
7. Son-in-law/daughter-in-law
8. Natural parent
9. Adoptive parent
10. Foster parent
11. Step-parent
12. Parent-in-law
13. Natural brother/sister
14. Half-brother/sister
15. Step-brother/sister
16. Adopted brother/sister
17. Foster brother/sister
18. Brother/sister-in-law
19. Grand-child
20. Grand-parent
21. Other relative
22. Other non-relative

P7002

CARD A1

1. Husband/Wife
2. Partner/Cohabitee
3. Natural son/daughter
4. Adopted son/daughter
5. Foster child
6. Stepson/stepdaughter
7. Son-in-law/daughter-in-law
8. Natural parent
9. Adoptive parent
10. Foster parent
11. Step-parent
12. Parent-in-law
13. Natural brother/sister
14. Half-brother/sister
15. Step-brother/sister
16. Adopted brother/sister
17. Foster brother/sister
18. Brother/sister-in-law
19. Grand-child
20. Grand-parent
21. Other relative
22. Other non-relative

P7002

CARD B1

- 1. Every day**
- 2. 5-6 times a week**
- 3. 3-4 times a week**
- 4. Once or twice a week**
- 5. Less often but at least once a month**
- 6. Less often than once a month**

P7002

CARD B1

- 1. Every day**
- 2. 5-6 times a week**
- 3. 3-4 times a week**
- 4. Once or twice a week**
- 5. Less often but at least once a month**
- 6. Less often than once a month**

P7002

CARD B2

- 1. Every day or almost every day**
- 2. At least once a week**
- 3. At least once a month**
- 4. At least once every 3 months**
- 5. Less often than once every 3 months**
- 6. Never**

P7002

CARD B2

- 1. Every day or almost every day**
- 2. At least once a week**
- 3. At least once a month**
- 4. At least once every 3 months**
- 5. Less often than once every 3 months**
- 6. Never**

P7002

CARD B3

- 1. Married but separated**
- 2. Divorced**
- 3. In a relationship but not living together**
- 4. Just friends**
- 5. Not in any relationship**

P7002

CARD B3

- 1. Married but separated**
- 2. Divorced**
- 3. In a relationship but not living together**
- 4. Just friends**
- 5. Not in any relationship**

P7002

CARD B4

- 1. Married and living together**
- 2. Cohabiting / living as married**
- 3. Married but separated**
- 4. Divorced**
- 5. In a relationship but not living together**
- 6. Just friends**
- 7. Not in any relationship**

P7002

CARD B4

- 1. Married and living together**
- 2. Cohabiting / living as married**
- 3. Married but separated**
- 4. Divorced**
- 5. In a relationship but not living together**
- 6. Just friends**
- 7. Not in any relationship**

P7002

CARD C1

- 1. It was planned by me and my partner (we both hoped it would happen)**
- 2. It was planned by me, but not really by my partner (I hoped it would happen)**
- 3. It wasn't planned but I/we didn't do anything to prevent it happening (didn't mind)**
- 4. It wasn't planned at all**

P7002

CARD C1

- 1. It was planned by me and my partner (we both hoped it would happen)**
- 2. It was planned by me, but not really by my partner (I hoped it would happen)**
- 3. It wasn't planned but I/we didn't do anything to prevent it happening (didn't mind)**
- 4. It wasn't planned at all**

P7002

CARD C2

- 1. Very happy**
- 2. Fairly happy**
- 3. Neither happy nor unhappy**
- 4. Fairly unhappy**
- 5. Very unhappy**

P7002

CARD C2

- 1. Very happy**
- 2. Fairly happy**
- 3. Neither happy nor unhappy**
- 4. Fairly unhappy**
- 5. Very unhappy**

P7002

CARD C3

- 1. Very happy**
- 2. Fairly happy**
- 3. Neither happy nor unhappy**
- 4. Fairly unhappy**
- 5. Very unhappy**
- 6. Didn't know about the pregnancy**

P7002

CARD C3

- 1. Very happy**
- 2. Fairly happy**
- 3. Neither happy nor unhappy**
- 4. Fairly unhappy**
- 5. Very unhappy**
- 6. Didn't know about the pregnancy**

P7002

CARD C4

- 1. Attended for previous pregnancy**
- 2. Nothing more needed/wanted to know**
- 3. Travel problems**
- 4. Could not get childcare while at class**
- 5. Cost problems**
- 6. Do not like classes/groups**
- 7. Didn't know where there were any classes**
- 8. No classes available**

P7002

CARD C4

- 1. Attended for previous pregnancy**
- 2. Nothing more needed/wanted to know**
- 3. Travel problems**
- 4. Could not get childcare while at class**
- 5. Cost problems**
- 6. Do not like classes/groups**
- 7. Didn't know where there were any classes**
- 8. No classes available**

P7002

CARD C5

- 1. Very useful**
- 2. Fairly useful**
- 3. Not very useful**
- 4. Not at all useful**

P7002

CARD C5

- 1. Very useful**
- 2. Fairly useful**
- 3. Not very useful**
- 4. Not at all useful**

P7002

CARD C6

1. Health professionals (GP, midwives, health visitor etc)
2. Family or friends
3. Other mothers
4. Internet
5. Books, magazines or newspapers
6. Ready, Steady, Baby Information Leaflet
7. TV/radio
8. Other
9. None of these
10. Did not have any concerns

CARD C6

P7002

1. Health professionals (GP, midwives, health visitor etc)
2. Family or friends
3. Other mothers
4. Internet
5. Books, magazines or newspapers
6. Ready, Steady, Baby Information Leaflet
7. TV/radio
8. Other
9. None of these
10. Did not have any concerns

P7002

CARD C7

- 1. Normal delivery**
- 2. Forceps**
- 3. Ventouse suction**
- 4. Forceps and ventouse**
- 5. Caesarean section – before labour began**
- 6. Caesarean section – after labour began**

P7002

CARD C7

- 1. Normal delivery**
- 2. Forceps**
- 3. Ventouse suction**
- 4. Forceps and ventouse**
- 5. Caesarean section – before labour began**
- 6. Caesarean section – after labour began**

P7002

CARD C8

- 1. It was much worse than I had expected**
- 2. It was worse than I had expected**
- 3. It was much as I had expected**
- 4. It was better than I had expected**
- 5. It was much better than I had expected**
- 6. I didn't know what to expect**

P7002

CARD C8

- 1. It was much worse than I had expected**
- 2. It was worse than I had expected**
- 3. It was much as I had expected**
- 4. It was better than I had expected**
- 5. It was much better than I had expected**
- 6. I didn't know what to expect**

P7002

CARD D1

- 1. Very well**
- 2. Fairly well**
- 3. Not very well**
- 4. Not at all well**

P7002

CARD D1

- 1. Very well**
- 2. Fairly well**
- 3. Not very well**
- 4. Not at all well**

P7002

CARD D2

- 1. Midwife**
- 2. Health Visitor**
- 3. Other health professional**
- 4. 'Getting Off to a Good Start' Leaflet**
- 5. National Childbirth Trust**
- 6. Other voluntary group or organisation**
- 7. Other (PLEASE SAY WHAT)**

P7002

CARD D2

- 1. Midwife**
- 2. Health Visitor**
- 3. Other health professional**
- 4. 'Getting Off to a Good Start' Leaflet**
- 5. National Childbirth Trust**
- 6. Other voluntary group or organisation**
- 7. Other (PLEASE SAY WHAT)**

P7002

CARD D3

- 1. A big problem**
- 2. A bit of a problem**
- 3. Not a problem**

P7002

CARD D3

- 1. A big problem**
- 2. A bit of a problem**
- 3. Not a problem**

P7002

CARD E1

- 1. Never sleeps right through the night**
- 2. 1-2 times a week**
- 3. 3-5 times a week**
- 4. 6 times a week**
- 5. Every night**

P7002

CARD E1

- 1. Never sleeps right through the night**
- 2. 1-2 times a week**
- 3. 3-5 times a week**
- 4. 6 times a week**
- 5. Every night**

P7002

CARD E2

- 1. A big problem**
- 2. A bit of a problem**
- 3. Not a problem**

P7002

CARD E2

- 1. A big problem**
- 2. A bit of a problem**
- 3. Not a problem**

P7002

CARD F1

- 1. Every day or almost every day**
- 2. At least once a week**
- 3. At least once a month**
- 4. At least once every three months**
- 5. Less than once every three months**
- 6. Never**

P7002

CARD F1

- 1. Every day or almost every day**
- 2. At least once a week**
- 3. At least once a month**
- 4. At least once every three months**
- 5. Less than once every three months**
- 6. Never**

P7002

CARD F2

- 1. Very easy**
- 2. Fairly easy**
- 3. Neither easy nor difficult**
- 4. Fairly difficult**
- 5. Very difficult**

P7002

CARD F2

- 1. Very easy**
- 2. Fairly easy**
- 3. Neither easy nor difficult**
- 4. Fairly difficult**
- 5. Very difficult**

P7002

CARD F3

- 1. Former spouse or partner**
- 2. My mother/father**
- 3. Mother-in-law/father-in-law**
- 4. My grandmother/grandfather**
- 5. Spouse's grandmother/grandfather**
- 6. Sister/brother**
- 7. Aunt/uncle/cousin**
- 8. Friend/neighbour**
- 9. Child minder**
- 10. Members of church/other organisation**
- 11. Colleagues at work**
- 12. Grown up child**
- 13. Someone else**

P7002

CARD F3

- 1. Former spouse or partner**
- 2. My mother/father**
- 3. Mother-in-law/father-in-law**
- 4. My grandmother/grandfather**
- 5. Spouse's grandmother/grandfather**
- 6. Sister/brother**
- 7. Aunt/uncle/cousin**
- 8. Friend/neighbour**
- 9. Child minder**
- 10. Members of church/other organisation**
- 11. Colleagues at work**
- 12. Grown up child**
- 13. Someone else**

P7002

CARD F4

- 1. I've definitely heard of it**
 - 2. I think I've heard of it**
 - 3. I don't think I've heard of it**
 - 4. I've definitely not heard of it**
-

- 1. A great deal**
- 2. Quite a lot**
- 3. Not very much**
- 4. Nothing at all**

P7002

CARD F4

- 1. I've definitely heard of it**
 - 2. I think I've heard of it**
 - 3. I don't think I've heard of it**
 - 4. I've definitely not heard of it**
-

- 1. A great deal**
- 2. Quite a lot**
- 3. Not very much**
- 4. Nothing at all**

P7002

CARD F5

1. **No suitable classes available/accessible**
2. **No time to do so**
3. **Felt shy or awkward about attending**
4. **Don't like groups**
5. **Not first child/knew it all already**
6. **Nobody told me about them/no information**
7. **Just didn't want to**
8. **Someone else took child**
9. **Some other reason**
10. **No particular reason**

P7002

CARD F5

1. **No suitable classes available/accessible**
2. **No time to do so**
3. **Felt shy or awkward about attending**
4. **Don't like groups**
5. **Not first child/knew it all already**
6. **Nobody told me about them/no information**
7. **Just didn't want to**
8. **Someone else took child**
9. **Some other reason**
10. **No particular reason**

P7002

CARD F6

- 1. Books or leaflets on childcare or family health**
- 2. The Internet**
- 3. Your family doctor**
- 4. A telephone helpline**
- 5. Your own parents**
- 6. Your partner's parents**
- 7. Other parents**
- 8. Your own grandparents**
- 9. Your partner's grandparents**
- 10. Other friends or family with children**
- 11. Your health visitor**
- 12. Other**
- 13. None of these**
- 14. No concerns in past year**

P7002

CARD F6

- 1. Books or leaflets on childcare or family health**
- 2. The Internet**
- 3. Your family doctor**
- 4. A telephone helpline**
- 5. Your own parents**
- 6. Your partner's parents**
- 7. Other parents**
- 8. Your own grandparents**
- 9. Your partner's grandparents**
- 10. Other friends or family with children**
- 11. Your health visitor**
- 12. Other**
- 13. None of these**
- 14. No concerns in past year**

P7002

CARD G1

- 1. Strongly agree**
- 2. Agree**
- 3. Neither Agree nor disagree**
- 4. Disagree**
- 5. Strongly Disagree**

P7002

CARD G1

- 1. Strongly agree**
- 2. Agree**
- 3. Neither Agree nor disagree**
- 4. Disagree**
- 5. Strongly Disagree**

P7002

CARD G2

- 1. Every day / most days**
- 2. Once or twice a week**
- 3. Once a fortnight**
- 4. Once every 1 or 2 months**
- 5. Once every 3 or 4 months**
- 6. Once every 6 months**
- 7. Less often but at least once a year**
- 8. Varies too much to say**
- 9. Never**

P7002

CARD G2

- 1. Every day / most days**
- 2. Once or twice a week**
- 3. Once a fortnight**
- 4. Once every 1 or 2 months**
- 5. Once every 3 or 4 months**
- 6. Once every 6 months**
- 7. Less often but at least once a year**
- 8. Varies too much to say**
- 9. Never**

P7002

CARD H1

- 1. I do most of it**
- 2. My husband / wife / partner does most of it**
- 3. We share more or less equally**
- 4. Someone else does it**

P7002

CARD H1

- 1. I do most of it**
- 2. My husband / wife / partner does most of it**
- 3. We share more or less equally**
- 4. Someone else does it**

P7002

CARD J1

1. The child/ren's grandparents
2. Another relative
3. Private crèche or nursery school
4. Childminder
5. Local Authority playgroup or pre-school
6. Local Authority crèche or nursery
7. Private playgroup or pre-school
8. Community/voluntary playgroup or pre-school
9. My ex-spouse or ex-partner
10. The child/ren's older brother or sister
11. A friend or neighbour
12. Daily nanny who came to our house
13. Live-in nanny
14. Babysitter who came to our house
15. Workplace crèche or nursery
16. Family Centre
17. Nursery class attached to a primary school
18. Child-carer (provided via childcare agencies)
19. Other childcare provider (PLEASE SAY WHAT)

P7002

CARD J1

1. The child/ren's grandparents
2. Another relative
3. Private crèche or nursery school
4. Childminder
5. Local Authority playgroup or pre-school
6. Local Authority crèche or nursery
7. Private playgroup or pre-school
8. Community/voluntary playgroup or pre-school
9. My ex-spouse or ex-partner
10. The child/ren's older brother or sister
11. A friend or neighbour
12. Daily nanny who came to our house
13. Live-in nanny
14. Babysitter who came to our house
15. Workplace crèche or nursery
16. Family Centre
17. Nursery class attached to a primary school
18. Child-carer (provided via childcare agencies)
19. Other childcare provider (PLEASE SAY WHAT)

P7002

CARD J2

- 1. So that I can work**
- 2. So that my husband/ wife/ partner can work**
- 3. So that I can look for work**
- 4. So that my husband/ wife/ partner can look for work**
- 5. So that I can study**
- 6. So that my husband/ wife/ partner can study**
- 7. So that I can look after the home / other children**
- 8. So that I can go shopping / attend an appointment / socialise**
- 9. For my child's educational development**
- 10. Because my child likes spending time with/at the provider**
- 11. So that my child can take part in a leisure activity**
- 12. Other reason (PLEASE SAY WHAT)**

P7002

CARD J2

- 1. So that I can work**
- 2. So that my husband/ wife/ partner can work**
- 3. So that I can look for work**
- 4. So that my husband/ wife/ partner can look for work**
- 5. So that I can study**
- 6. So that my husband/ wife/ partner can study**
- 7. So that I can look after the home / other children**
- 8. So that I can go shopping / attend an appointment / socialise**
- 9. For my child's educational development**
- 10. Because my child likes spending time with/at the provider**
- 11. So that my child can take part in a leisure activity**
- 12. Other reason (PLEASE SAY WHAT)**

P7002

CARD J3

- 1. I'd rather look after him / her myself**
- 2. I rarely need to be away from him / her**
- 3. There are no childcare providers available that I could trust**
- 4. I cannot afford childcare**
- 5. The quality of childcare is not good enough**
- 6. He / She needs special care**
- 7. I have had bad experience using childcare in the past**
- 8. I would have transport difficulties getting to a provider**
- 9. Other reasons (PLEASE SAY WHAT)**

P7002

CARD J3

- 1. I'd rather look after him / her myself**
- 2. I rarely need to be away from him / her**
- 3. There are no childcare providers available that I could trust**
- 4. I cannot afford childcare**
- 5. The quality of childcare is not good enough**
- 6. He / She needs special care**
- 7. I have had bad experience using childcare in the past**
- 8. I would have transport difficulties getting to a provider**
- 9. Other reasons (PLEASE SAY WHAT)**

P7002

CARD J4

- 1. Too costly**
- 2. Inconvenient hours**
- 3. Inconvenient location**
- 4. Changed work hours job or returned to work**
- 5. Problems with carer**
- 6. Poor environment**
- 7. Poor standard of childcare**
- 8. Prefer alternative arrangements**
- 9. Not needed anymore**
- 10. Child was unsettled or unhappy**
- 11 Child could not be with brothers/sisters**
- 12. Moved house**
- 13. Carer moved away**
- 14. Other reason**

P7002

CARD J4

- 1. Too costly**
- 2. Inconvenient hours**
- 3. Inconvenient location**
- 4. Changed work hours job or returned to work**
- 5. Problems with carer**
- 6. Poor environment**
- 7. Poor standard of childcare**
- 8. Prefer alternative arrangements**
- 9. Not needed anymore**
- 10. Child was unsettled or unhappy**
- 11. Child could not be with brothers/sisters**
- 12. Moved house**
- 13. Carer moved away**
- 14. Other reason**

P7002

CARD J5

- 1. Strongly agree**
- 2. Agree**
- 3. Neither agree nor disagree**
- 4. Disagree**
- 5. Strongly disagree**

P7002

CARD J5

- 1. Strongly agree**
- 2. Agree**
- 3. Neither agree nor disagree**
- 4. Disagree**
- 5. Strongly disagree**

P7002

CARD J6

- 1. Very good**
- 2. Fairly good**
- 3. Neither good nor poor**
- 4. Fairly poor**
- 5. Very poor**

P7002

CARD J6

- 1. Very good**
- 2. Fairly good**
- 3. Neither good nor poor**
- 4. Fairly poor**
- 5. Very poor**

P7002

CARD J7

- 1. Working long hours**
- 2. Work away from home**
- 3. Other work reasons**
- 4. Demands of house work**
- 5. Demands of other children**
- 6. My poor health**

P7002

CARD J7

- 1. Working long hours**
- 2. Work away from home**
- 3. Other work reasons**
- 4. Demands of house work**
- 5. Demands of other children**
- 6. My poor health**

P7002

CARD J8

- 1. Every day or most days**
- 2. At least once a week**
- 3. At least once a month**
- 4. At least every 2 months**
- 5. Less often than that**
- 6. Never in the last 6 months**

P7002

CARD J8

- 1. Every day or most days**
- 2. At least once a week**
- 3. At least once a month**
- 4. At least every 2 months**
- 5. Less often than that**
- 6. Never in the last 6 months**

P7002

CARD K1

- 1. Colds, coughs or fevers**
- 2. Chest infections**
- 3. Ear infections**
- 4. Feeding problems**
- 5. Sleeping problems**
- 6. Wheezing or asthma**
- 7. Skin problems**
- 8. Sight or eye problems**
- 9. Failure to gain weight or to grow**
- 10. Persistent or severe vomiting**
- 11. Persistent or severe Diarrhoea**
- 12. Fits or convulsions**
- 13. Other health problems (PLEASE SAY WHAT)**

P7002

CARD K1

- 1. Colds, coughs or fevers**
- 2. Chest infections**
- 3. Ear infections**
- 4. Feeding problems**
- 5. Sleeping problems**
- 6. Wheezing or asthma**
- 7. Skin problems**
- 8. Sight or eye problems**
- 9. Failure to gain weight or to grow**
- 10. Persistent or severe vomiting**
- 11. Persistent or severe Diarrhoea**
- 12. Fits or convulsions**
- 13. Other health problems (PLEASE SAY WHAT)**

P7002

CARD K2

- 1. Loss of consciousness**
- 2. Bang on the head**
- 3. Broken bone**
- 4. Swallowed object**
- 5. Swallowed household cleaner / other poison / pills**
- 6. Cut needing stitches**
- 7. Cut or graze**
- 8. Burn or scald**
- 9. Something stuck in eye, nose, throat, ear or other part of body**
- 10. Animal or insect bite or sting**
- 11. Other sort of accident or injury - (PLEASE SAY WHAT)**

P7002

CARD K2

- 1. Loss of consciousness**
- 2. Bang on the head**
- 3. Broken bone**
- 4. Swallowed object**
- 5. Swallowed household cleaner / other poison / pills**
- 6. Cut needing stitches**
- 7. Cut or graze**
- 8. Burn or scald**
- 9. Something stuck in eye, nose, throat, ear or other part of body**
- 10. Animal or insect bite or sting**
- 11. Other sort of accident or injury - (PLEASE SAY WHAT)**

P7002

CARD K3

- 1. No concerns**
- 2. Some concerns**
- 3. A lot of concerns**

P7002

CARD K3

- 1. No concerns**
- 2. Some concerns**
- 3. A lot of concerns**

P7002

CARD K4

- 1. Often**
- 2. Once or twice**
- 3. Not yet**

P7002

CARD K4

- 1. Often**
- 2. Once or twice**
- 3. Not yet**

P7002

CARD K5

1. Often

2. Sometimes

3. Not yet

P7002

CARD K5

1. Often

2. Sometimes

3. Not yet

P7002

CARD K6

- 1. Mostly**
- 2. Sometimes**
- 3. Rarely**

P7002

CARD K6

- 1. Mostly**
- 2. Sometimes**
- 3. Rarely**

P7002

CARD K7

- 1. No – do not have any concerns**
- 2. His / Her language is developing slowly**
- 3. It is hard for other people to understand him / her**
- 4. He / she doesn't seem to understand other people**
- 5. He / she pronounces words poorly**
- 6. He / she doesn't hear well**
- 7. He / she stutters**
- 8. I have other concerns (PLEASE SAY WHAT)**

P7002

CARD K7

- 1. No – do not have any concerns**
- 2. His / Her language is developing slowly**
- 3. It is hard for other people to understand him / her**
- 4. He / she doesn't seem to understand other people**
- 5. He / she pronounces words poorly**
- 6. He / she doesn't hear well**
- 7. He / she stutters**
- 8. I have other concerns (PLEASE SAY WHAT)**

P7002

CARD K8

1. In full-time paid employment or self-employed, over 30 hours a week (or temporarily away)
2. In part-time paid employment or self-employed, under 30 hours a week (or temporarily away)
3. On maternity / parental leave from an employer
4. Looking after home or family
5. Waiting to take up paid work already obtained
6. Out of work and looking for a job
7. Out of work because of long-term sickness or disability
8. On a Government training or employment scheme
9. In full-time education (including on vacation)
10. In part-time education (including on vacation)
11. Wholly retired
12. Not in paid work for some other reason (PLEASE SAY WHAT)

P7002

CARD K8

1. In full-time paid employment or self-employed, over 30 hours a week (or temporarily away)
2. In part-time paid employment or self-employed, under 30 hours a week (or temporarily away)
3. On maternity / parental leave from an employer
4. Looking after home or family
5. Waiting to take up paid work already obtained
6. Out of work and looking for a job
7. Out of work because of long-term sickness or disability
8. On a Government training or employment scheme
9. In full-time education (including on vacation)
10. In part-time education (including on vacation)
11. Wholly retired
12. Not in paid work for some other reason (PLEASE SAY WHAT)

P7002

CARD L1

- 1. 1 – 5 people**
- 2. 6 – 24 people**
- 3. 25 – 49 people**
- 4. 50 – 499 people**
- 5. 500 people or more**

P7002

CARD L1

- 1. 1 – 5 people**
- 2. 6 – 24 people**
- 3. 25 – 49 people**
- 4. 50 – 499 people**
- 5. 500 people or more**

P7002

CARD L2

- 1. One week**
- 2. A fortnight**
- 3. Four weeks**
- 4. One calendar month**
- 5. One year**
- 6. Other (PLEASE SAY WHAT)**

P7002

CARD L2

- 1. One week**
- 2. A fortnight**
- 3. Four weeks**
- 4. One calendar month**
- 5. One year**
- 6. Other (PLEASE SAY WHAT)**

P7002

CARD L3

- 1. Paternity leave**
- 2. Parental leave**
- 3. Sick leave**
- 4. Annual leave**
- 5. Another type of leave**

P7002

CARD L3

- 1. Paternity leave**
- 2. Parental leave**
- 3. Sick leave**
- 4. Annual leave**
- 5. Another type of leave**

P7002

CARD L4

- 1. Wages and salaries**
- 2. Self-employment income**
- 3. Investment income (including interest from savings and investments)**
- 4. State benefits or tax credits (including child benefit)**
- 5. State retirements pensions**
- 6. Private pensions (including pension from former employer)**
- 7. Other kinds of regular allowance from outside the household (e.g. maintenance)**
- 8. Other income**

P7002

CARD L4

- 1. Wages and salaries**
- 2. Self-employment income**
- 3. Investment income (including interest from savings and investments)**
- 4. State benefits or tax credits (including child benefit)**
- 5. State retirements pensions**
- 6. Private pensions (including pension from former employer)**
- 7. Other kinds of regular allowance from outside the household (e.g. maintenance)**
- 8. Other income**

P7002

CARD L5

- 1. Child Benefit**
- 2. Maternity Allowance**
- 3. Statutory Maternity Pay**
- 4. Income Support**
- 5. Job Seekers Allowance**
- 6. New Deal Allowance**
- 7. Employment Credit**
- 8. Housing Benefit**
- 9. Council tax Benefit**

P7002

CARD L5

- 1. Child Benefit**
- 2. Maternity Allowance**
- 3. Statutory Maternity Pay**
- 4. Income Support**
- 5. Job Seekers Allowance**
- 6. New Deal Allowance**
- 7. Employment Credit**
- 8. Housing Benefit**
- 9. Council tax Benefit**

P7002

CARD L6

- 1. Incapacity Benefit**
- 2. Disability Living Allowance**
- 3. Severe Disability Allowance**
- 4. Statutory Sick Pay**
- 5. Another Benefit (PLEASE SAY WHAT)**

P7002

CARD L6

- 1. Incapacity Benefit**
- 2. Disability Living Allowance**
- 3. Severe Disability Allowance**
- 4. Statutory Sick Pay**
- 5. Another Benefit (PLEASE SAY WHAT)**

P7002

CARD L7

WEEKLY income BEFORE tax	Letter	MONTHLY income BEFORE tax	Letter	ANNUAL income BEFORE tax
Less than £77	Q	Less than £333	Q	Less than £3,999
£78-£115	T	£334-£499	T	£4,000 - £5,999
£116-£154	O	£500-£666	O	£6,000-£7,999
£155-£192	K	£667-£833	K	£8,000-£9,999
£193-£230	L	£834-£999	L	£10,000-£11,999
£231-£289	B	£1000-£1249	B	£12,000-£14,999
£290-£346	Z	£1250-£1499	Z	£15,000-£17,999
£347-£385	M	£1500-£1666	M	£18,000-£19,999
£386-£442	F	£1667-£1916	F	£20,000-£22,999
£443-£500	J	£1917-£2166	J	£23,000-£25,999
£501-£558	D	£2167-£2416	D	£26,000-£28,999
£559-£615	H	£2417-£2666	H	£29,000-£31,999
£616-£730	A	£2667-£3166	A	£32,000-£37,999
£731-£845	W	£3167-£3666	W	£38,000-£43,999
£846-£961	G	£3667-£4166	G	£44,000-£49,999
£962-£1,076	N	£4167-£4666	N	£50,000-£55,999
£1,077 or more	E	£4667 or more	E	£56,000 or more

P7002

CARD L7

WEEKLY income BEFORE tax	Letter	MONTHLY income BEFORE tax	Letter	ANNUAL income BEFORE tax
Less than £77	Q	Less than £333	Q	Less than £3,999
£78-£115	T	£334-£499	T	£4,000 - £5,999
£116-£154	O	£500-£666	O	£6,000-£7,999
£155-£192	K	£667-£833	K	£8,000-£9,999
£193-£230	L	£834-£999	L	£10,000-£11,999
£231-£289	B	£1000-£1249	B	£12,000-£14,999
£290-£346	Z	£1250-£1499	Z	£15,000-£17,999
£347-£385	M	£1500-£1666	M	£18,000-£19,999
£386-£442	F	£1667-£1916	F	£20,000-£22,999
£443-£500	J	£1917-£2166	J	£23,000-£25,999
£501-£558	D	£2167-£2416	D	£26,000-£28,999
£559-£615	H	£2417-£2666	H	£29,000-£31,999
£616-£730	A	£2667-£3166	A	£32,000-£37,999
£731-£845	W	£3167-£3666	W	£38,000-£43,999
£846-£961	G	£3667-£4166	G	£44,000-£49,999
£962-£1,076	N	£4167-£4666	N	£50,000-£55,999
£1,077 or more	E	£4667 or more	E	£56,000 or more

P7002

CARD L8

- 1. Living very comfortably on present income**
- 2. Living comfortably on present income**
- 3. Coping on present income**
- 4. Finding it difficult on present income**
- 5. Finding it very difficult on present income**

P7002

CARD L8

- 1. Living very comfortably on present income**
- 2. Living comfortably on present income**
- 3. Coping on present income**
- 4. Finding it difficult on present income**
- 5. Finding it very difficult on present income**

P7002

CARD L9

SECTION 1:

Scottish Standard Grades 4-7
Scottish SCE Ordinary Bands D-E
SCOTVEC/SQA National Certificate modules
GCSE Grades D-G / Short course GCSE
Vocational GCSE
CSE Grades 2-5
GCE O-level grades D-E or 7-9
Scottish School Leaving Certificate – no grade

SECTION 3:

Scottish Higher Grades
Scottish Higher-Still
Scottish SCE/SLC/SUPE at Higher Grade
Scottish Higher School Certificate
Certificate of Sixth Year Studies / Advanced
Higher Grades
GCE A-level, S-level, A2-level, AS-level
International Baccalaureate
Vocational A-Level (AVCE)
Northern Ireland Senior Certificate

SECTION 2:

Scottish Standard Grades 1-3 or Pass
Scottish SCE Ordinary Bands A-C or Pass
SUPE Ordinary
Scottish School Leaving Certificate Lower Grade
School Certificate or Matriculation
GCSE Grades A*-C
CSE Grade 1
GCE O-level Grades A-C or 1-6
Northern Ireland Junior Certificate

SECTION 4:

Overseas school leaving exam or certificate

P7002

CARD L9

SECTION 1:

Scottish Standard Grades 4-7
Scottish SCE Ordinary Bands D-E
SCOTVEC/SQA National Certificate modules
GCSE Grades D-G / Short course GCSE
Vocational GCSE
CSE Grades 2-5
GCE O-level grades D-E or 7-9
Scottish School Leaving Certificate – no grade

SECTION 3:

Scottish Higher Grades
Scottish Higher-Still
Scottish SCE/SLC/SUPE at Higher Grade
Scottish Higher School Certificate
Certificate of Sixth Year Studies / Advanced
Higher Grades
GCE A-level, S-level, A2-level, AS-level
International Baccalaureate
Vocational A-Level (AVCE)
Northern Ireland Senior Certificate

SECTION 2:

Scottish Standard Grades 1-3 or Pass
Scottish SCE Ordinary Bands A-C or Pass
SUPE Ordinary
Scottish School Leaving Certificate Lower Grade
School Certificate or Matriculation
GCSE Grades A*-C
CSE Grade 1
GCE O-level Grades A-C or 1-6
Northern Ireland Junior Certificate

SECTION 4:

Overseas school leaving exam or certificate

P7002

CARD L10

University or CNAA first degree or diploma, e.g. BA, BSc, MA (Hons)

Postgraduate degree, e.g. MA, MSc, MPhil, DPhil, PhD

Teacher Training qualification

Nursing qualification

.....
Foundation / Advanced **modern** apprenticeship **completed**

Other recognised trade apprenticeship **completed**

.....
RSA/OCR (PLEASE GIVE LEVEL)

Other clerical or commercial qualification

.....
City and Guilds Certificate (PLEASE GIVE LEVEL)

.....
SCOTVEC/ BEC/ TEC } First Certificate/ First or General Diploma
SCOTVEC/ BTEC } (General/ Ordinary) National Certificate (**ONC**) or Diploma (**OND**)
SCOTVEC/ EdExcel } Higher National Certificate (**HNC**) or Diploma (**HND**)

.....
SVQ/ NVQ/ GSVQ/ GNVQ (PLEASE GIVE LEVEL)

.....
Other recognised academic or vocational qualifications (PLEASE SAY WHAT)

P7002

CARD L10

University or CNAA first degree or diploma, e.g. BA, BSc, MA (Hons)

Postgraduate degree, e.g. MA, MSc, MPhil, DPhil, PhD

Teacher Training qualification

Nursing qualification

.....
Foundation / Advanced **modern** apprenticeship **completed**

Other recognised trade apprenticeship **completed**

.....
RSA/OCR (PLEASE GIVE LEVEL)

Other clerical or commercial qualification

.....
City and Guilds Certificate (PLEASE GIVE LEVEL)

.....
SCOTVEC/ BEC/ TEC } First Certificate/ First or General Diploma
SCOTVEC/ BTEC } (General/ Ordinary) National Certificate (**ONC**) or Diploma (**OND**)
SCOTVEC/ EdExcel } Higher National Certificate (**HNC**) or Diploma (**HND**)

.....
SVQ/ NVQ/ GSVQ/ GNVQ (PLEASE GIVE LEVEL)

.....
Other recognised academic or vocational qualifications (PLEASE SAY WHAT)

P7002

CARD L11

1. **White - British**
2. **White - Scottish**
3. **Any other white background (please describe)**
4. **Mixed - White and Black Caribbean**
5. **Mixed - White and Black African**
6. **Mixed - White and Asian**
7. **Any other mixed background (please describe)**
8. **Asian or Asian British - Indian**
9. **Asian or Asian British - Pakistani**
10. **Asian or Asian British - Bangladeshi**
11. **Any other Asian/Asian British background (please describe)**
12. **Black or Black British - Caribbean**
13. **Black or Black British - African**
14. **Any other Black/Black British background (please describe)**
15. **Chinese**
16. **Any other (PLEASE SAY WHAT)**

P7002

CARD L11

1. **White - British**
2. **White - Scottish**
3. **Any other white background (please describe)**
4. **Mixed - White and Black Caribbean**
5. **Mixed - White and Black African**
6. **Mixed - White and Asian**
7. **Any other mixed background (please describe)**
8. **Asian or Asian British - Indian**
9. **Asian or Asian British - Pakistani**
10. **Asian or Asian British - Bangladeshi**
11. **Any other Asian/Asian British background (please describe)**
12. **Black or Black British - Caribbean**
13. **Black or Black British - African**
14. **Any other Black/Black British background (please describe)**
15. **Chinese**
16. **Any other (PLEASE SAY WHAT)**

P7002

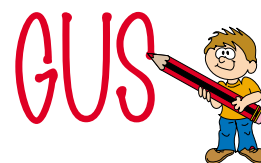
CARD M1

- 1. Gas Central Heating**
- 2. Oil Fired Central Heating**
- 3. Electric / White Meter Heating**
- 4. Wood Stove**
- 5. Coal Stove**
- 6. Coal Fire**
- 7. Wood Fire**

P7002

CARD M1

- 1. Gas Central Heating**
- 2. Oil Fired Central Heating**
- 3. Electric / White Meter Heating**
- 4. Wood Stove**
- 5. Coal Stove**
- 6. Coal Fire**
- 7. Wood Fire**



GROWING UP IN SCOTLAND STUDY 2005

I have received the Information Sheet for the study and have had the opportunity to ask the interviewer questions.

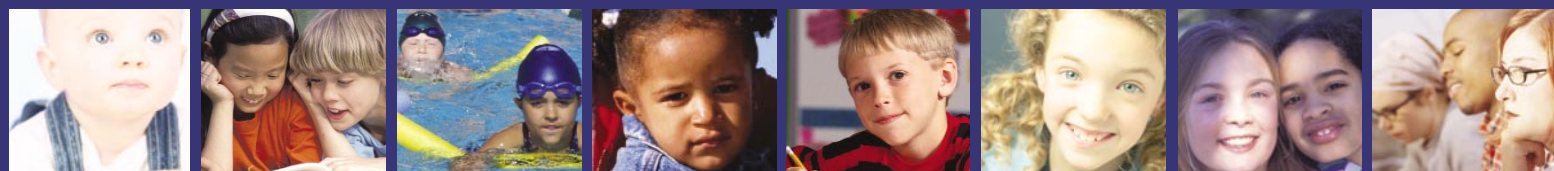
I understand that participation in the survey is voluntary and that I can decline to answer particular questions or withdraw from the study at any stage.

I am willing to take part in the interview.

Name

Signature

Date





Scottish Centre *for*
Social Research

Incorporating Scottish Health Feedback

P7002 (COPPER TEAM)

GROWING UP IN SCOTLAND SURVEY 2005/6

CAPI

CODER INSTUCTIONS

Version 4

JUNE 2005

Introduction

The Growing Up in Scotland study is a major new cohort study funded by the Scottish Executive. Like other cohort studies – such as the Millennium Cohort Study or the 1970 Birth Cohort Study – it will follow a group of children through their early years, into childhood, adolescence and, possibly, beyond into adulthood. Unlike other studies, this one is specifically Scottish in focus – all of the interviewing is taking place in Scotland and the survey will reflect the Scottish Executive’s need for accurate information upon which to base its decision-making about policies and services for children and families.

The Scottish Centre for Social Research has been commissioned, in the first instance, to conduct two years’ fieldwork for the study. In the first year, we will be recruiting two new cohorts – one based on 5,000 babies, who will be aged approximately 10.5 months at time of interview, and the other based on 3,000 toddlers, aged approximately 34.5 months. Interviews will generally be with mothers in the first sweep, though it is hoped to introduce the views and experiences of partners/fathers from the second year onwards.

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

Background to editing

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

Open Questions

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

Other – please specify (semi-open questions)

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

Navigating the edit program

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

Standard codes

Tryback 3 ‘Refer to supervisor/leave for later’

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

Tryback 5 'Back coding attempted, leave as it'

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.

Note: There are five questions where interviewers have specifically been instructed to use remarks to record answers either not covered by the code frame or outside of the pre-programmed range. Please pay particular attention to these questions. Additional information on these questions has been included in this document at code frames 15-19 (pages 20-22 below).

Soft checks

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

Interview length

If the question which asked interviewers to record the length of the interview (called IntLen1) comes on route please enter <CONTROL> and <K> to get past this point.

CODE FRAME 1

MaPGi103..12 (In Q.Birth block)

Edit question: XPr112

PLEASE ALSO SEE CODING GLOSSARY - APPENDIX A - Pages 23-30

“Any illnesses or other problems during pregnancy that required medical attention or treatment”

Question Type: Open answer

MULTICODE - CODE ALL THAT APPLY

NEW CODES:

1. Bleeding or threatened miscarriage
2. Persistent vomiting
3. Raised blood pressure, eclampsia/pre-eclampsia or toxemia
4. Urinary infection
5. Diabetes
6. Too much fluid around the baby
7. Suspected slow growth of baby
8. Anaemia
9. Blood group incompatibilities
10. Other blood disorders including thromboses
11. Backache, sciatica, prolapsed disc
12. Symphysis pubis dysfunction (SPD)
13. Other pelvic joint problems
14. Non-trivial infections
15. Gestational diabetes, raised blood sugar, abnormal glucose tolerance
16. Liver, gall bladder problems, cholestasis
17. Asthma, hay fever, eczema or other allergies
18. Depression or other mental illness
19. Neurological problems: epilepsy, faint(s), blackout(s)
20. Other neurological problems, including migraine attacks
21. Uterine/labour pains, threatened, initial or commenced labour
22. Early rupture of membranes (waters breaking), leak of amniotic fluid
23. Foetal heart slow, faint, inaudible, foetal distress
24. Other foetal problem, suspected or diagnosed in pregnancy
25. Bleeding due to low lying placenta (Placenta previa)
26. Too little fluid around the baby (Oligohydramnios)
27. Pregnancy diagnosed as twins, triplets or more
28. Accident or injury

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

CODE FRAME 2

MaMtmk07..16 (In Q.PostNat block)

Edit question: XHExpO

“What were the main ways in which you had experience of spending time with or looking after very young children?”

Question Type: Other specify

MULTICODE: CODE ALL THAT APPLY

ORIGINAL CODES

1. Other children of own
2. Had younger brothers and sisters
3. Babysitting for friends and relatives
4. Through work
5. Other

NEW CODES:

6. Spending time with friends' children (not including babysitting)
7. Spending time with nieces, nephews and other child family members (not including babysitting)

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

Where possible backcode 'other' answers (5) to the original code frame above (1-4). Otherwise assign the additional codes (6-7) or one of the 'other' codes (94-96) as appropriate.

CODE FRAME 3

MaBFDh08 (In Q.PostNat block)

Edit question: XBFInf

“Who else did you receive help or advice about breastfeeding from?”

Question Type: Other specify

MULTICODE: CODE ALL THAT APPLY

ORIGINAL CODES

1. Midwife
2. Health visitor
3. Other health professional
4. ‘Getting Off to a Good Start’ Leaflet
5. National Childbirth Trust
6. Other voluntary group or organisation
7. Other

NEW CODES:

8. Books, magazines or other leaflet
9. Friend(s)
10. Family member(s)

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

Where possible backcode ‘other’ answers (7) to the original code frame above (1-6). Otherwise assign the additional codes (8-10) or one of the ‘other’ codes (94-96) as appropriate.

CODE FRAME 4

MaTotb01..MaTotg01 (In Q.PostNat block)

Edit question: XProb

“Was there anything else that you (and your partner) found particularly difficult in the first 3 months after ^ChildName was born?”

Question Type: Open answer

MULTICODE: MAX. 4 CODES

NEW CODES:

1. Accommodation/housing problems
2. Coping with demands of more than one child
3. Maintaining personal relationships with other people
4. Effect of child on social life
5. Getting used to having a baby around
6. Health problems - respondent
7. Child's interaction with siblings
8. Loss of control of own life and/or own time and space
9. Depression and/or other mental health problems
10. Money/finances
11. Problems related to respondent's partner
12. Poor advice/lack of input from health professionals
13. Problems related to breastfeeding
14. Problems related to Caesarean birth
15. Respondent's sleep pattern/lack of sleep
16. Demands of and/or trying to cope with a baby
17. Health problems - child
18. Problems related to respondent or partner returning to work
19. Maintaining personal relationship with partner

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

Examples of answers to be coded:

“advice from midwife lacking”

“being able for me to socialise with other adults”

“breastfeeding (pressure from others to do it)”

CODE FRAME 5

MaTotb02..MaTotg02 (In Q.Current block)

Edit question: XProbN

“Is there anything else that you (and your partner) found particularly difficult at the present time in relation to bringing up ^ChildName”

Question Type: Open answer

MULTICODE: MAX. 4 CODES

NEW CODES:

1. Balancing work and caring for child
 2. Child's behaviour and/or development (including potty training)
 3. Childcare (including costs and availability)
 4. Demands of and trying to cope with a child
 5. Demands of caring for more than one child
 6. Accommodation/housing problems
 7. Changes to respondent's lifestyle
 8. Depression and other mental health problems
 9. Money/finances
 10. Relationship difficulties between child's carers (e.g. having little quality time to spend together)
 11. Health problems - Respondent
 12. Health problems - Child
 13. Problems related to respondent or partner returning to work
 14. Respondent's lack of sleep/sleep pattern/tiredness
-
94. Other specific
 95. Vague or irrelevant
 96. Editor can't deal with

Examples of answers to be coded:

“childcare issues”

“lack of space in the house”

“my own depression”

“general financial difficulties, hard to make ends meet”

“it's difficult to find quality time for ourselves”

CODE FRAME 6

MaCwya04..MaCwyi04 (In Q.ChCare block)

Edit question: XResOt

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

Question Type: Other specify

MULTICODE: MAX. 3 CODES

ORIGINAL CODES:

1. So that I can work
2. So that my husband/wife/partner can work
3. So that I can look for work
4. So that my husband/wife/partner can look for work
5. So that I can study
6. So that my husband/wife/partner can study
7. So that I can look after the home/other children
8. So that I can go shopping/attend an appointment/socialise (include sports/exercise)
9. For my child’s educational development
10. Because my child likes spending time with/at the provider
11. So that my child can take part in a leisure activity
12. Other reason

NEW CODES:

13. Convenience
14. For child’s social development (including ‘mixing with other children’)
15. Main carer has/had illness
16. Sibling attends/is cared for by same provider or one nearby
17. To give main carer ‘a break’
18. To allow other carer/relative to spend time with child

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

Examples of answers to be coded:

“So he can mix with other children”

“To give mum a break”

“So that I can go for a swim”

“Big sister goes to kindergym at the same time”

Where possible backcode ‘other’ answers (12) to the original code frame above (1-11). Otherwise assign the additional codes (13-18) or one of the ‘other’ codes (94-96) as appropriate.

CODE FRAME 7

MaCnon01..9 (In Q.ChCare block)

Edit question: XWyNC2

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

Question Type: Other specify

MULTICODE: MAX. 3 CODES

ORIGINAL CODES:

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

NEW CODES:

10. Child too young
11. Childcare not required
12. Child wouldn't like to be separated from carer
13. Lack of availability/choice
14. Provider no longer available

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

Examples of answers to be coded:

“poor availability of childcare for young babies”

“too young and then maybe when we are both working”

“friend was doing it but needs to give more time to her own child now”

Where possible backcode 'other' answers (9) to the original code frame above (1-8). Otherwise assign the additional codes (10-14) or one of the 'other' codes (94-96) as appropriate.

CODE FRAME 8

MaHprb02..11 (In Q.Develop block)

Edit question: XDPrbX

PLEASE ALSO SEE CODING GLOSSARY – APPENDIX A – Pages 31-41

“What other kind of health problems has ^ChildName had ^TimTxt, not counting any accidents or injuries?”

Question Type: Other specify

MULTICODE: CODE ALL THAT APPLY

ORIGINAL CODES:

1. Colds, coughs or fevers
2. Chest infections
3. Ear infections
4. Feeding problems
5. Sleeping problems
6. Wheezing or asthma
7. Skin problems
8. Sight or eye problems
9. Failure to gain weight or to grow
10. Persistent or severe vomiting
11. Persistent or severe diarrhoea
12. Fits or convulsions
13. Other health problems

NEW CODES:

14. High temperature/acute viral infection unspecified
15. Chicken pox
16. Measles or whooping cough
17. Urinary tract infection
18. Infection of nose or throat, croup, flu or severe cough
19. Thrush
20. Other severe infection
21. Other mild infection
22. Breathing problem
23. Eczema
24. Other allergy, **except** wheezing asthma or eczema
25. Colic
26. Constipation or bleeding from bowel
27. Jaundice
28. Hernia
29. Reaction(s) to immunisation(s)
30. Reflux or other vomiting

Congenital Abnormalities

31. Congenital heart disease, definite
32. Congenital heart disease, not yet definite
33. Congenital dislocation of hip, definite

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

Where possible backcode 'other' answers (13) to the original code frame above (1-12). Otherwise assign the additional codes (14-45) or one of the 'other' codes (94-96) as appropriate.

CODE FRAME 9

MaHaca01..10...MaHace01..10 (In Q.Develop block)

Edit question: XDacAX

“What other sort of accident or injury has ^ChildName ever been taken to the doctor, hospital or health centre for?”

Question Type: Other specify

MULTICODE: CODE ALL THAT APPLY

ORIGINAL CODES

1. Loss of consciousness
2. Bang on the head
3. Broken bone
4. Swallowed object
5. Swallowed household cleaner / other poison / pills
6. Cut needing stitches
7. Cut or graze
8. Burn or scald
9. Something stuck in eye, nose, throat, ear or other part of body
10. Animal or insect bite or sting
11. Other sort of accident or injury

NEW CODES:

12. Dislocation, avulsion (avulsion = ‘tearing away’ of something’)
13. Bruise, sprain, twist
14. Choking fit
15. Injury to mouth or face e.g. nosebleed
16. Knock, fall or other non-penetrating accident

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

Where possible backcode ‘other’ answers (11) to the original code frame above (1-10). Otherwise assign the additional codes (12-16) or one of the ‘other’ codes (94-96) as appropriate.

CODE FRAME 10

MaDspe04..11 (In Q.Develop block)

Edit question: XAc18O

“What other concerns do you have about speech and language?”

Question Type: Other specify

MULTICODE: MAX. 3 CODES

ORIGINAL CODES:

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

NEW CODES:

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

Where possible backcode 'other' answers (7) to the original code frame above (1-6). Otherwise assign one of the 'other' codes (94-96) as appropriate.

CODE FRAME 11

MaWpay04, MaWpay08, MaWpay13, MaWpay17 (In Q.EmpInc block)

Edit questions: XPayPerO, XGrsPerO, XUsNPerO, XUsGPerO

And

MaYpay04, MaYpay08, MaYpay13, MaYpay17 (In Q.EmpInc block)

Edit questions: XPPyPerO, XPGGrPerO, XPUNPerO, XPUGPerO

“What (other) period does that pay cover” (for respondent and partner respectively)

Question Type: Other specify

SINGLE CODE ONLY

ORIGINAL CODES:

1. One week
2. Fortnight
3. Four weeks
4. Once calendar month
5. One year
6. Other (please specify)

NEW CODES:

7. Three weeks
8. Five weeks
9. Six weeks
10. Seven weeks
11. Eight weeks
12. Two calendar months
13. Eight times a year
14. Nine times a year
15. Ten times a year
16. Three months/13 weeks
17. Six months/26 weeks
18. Hourly/one hour
19. Daily/one day
20. One off lump sum

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

Where possible backcode 'other' answers (6) to the original code frame above (1-5). Otherwise assign the additional codes (7-20) or one of the 'other' codes (94-96) as appropriate.

CODE FRAME 12

MaMedf12..16 and MaYedu12..16 (In Q.EmpInc block)

Edit questions: X0thQu and XPOthQu

PLEASE ALSO SEE CODING GLOSSARY – APPENDIX A – Pages 42-43

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

Question Type: Other specify

MULTICODE: CODE ALL THAT APPLY

ORIGINAL CODES:

1. University/CNAA first/undergraduate degree/diploma
2. Postgraduate degree
3. Teacher training qualification
4. Nursing qualification
5. Foundation/advanced modern apprenticeships
6. Other recognised trade apprenticeships
7. OCR/RSA (Vocational) Certificate
8. OCR/RSA (First) Diploma
9. OCR/RSA Advanced Diploma
10. OCR/RSA Higher Diploma
11. Other clerical/commercial qualification
12. City & Guilds – Level 1/Part I
13. City & Guilds – Level 2/Craft/Intermediate/Ordinary/Part II
14. City & Guilds – Level 3/Advanced/Final/Part III
15. City & Guilds – Level 4/Full Technological/Part IV
16. SCOTVEC/BTEC First Certificate
17. SCOTVEC/BTEC First/General Diploma
18. SCOTVEC/BTEC/BEC/TEC (General/Ordinary) National Certificate or Diploma (NC/ONC/OND)
19. SCOTVEC/BTEC/BEC/TEC Higher National Certificate (HNC) or Diploma (HND)
20. SVQ/NVQ Level 1/GSVQ/GNVQ Foundation level
21. SVQ/NVQ Level 2/GSVQ/GNVQ Intermediate level
22. SVQ/NVQ Level 3/GSVQ/GNVQ Advanced level
23. SVQ/NVQ Level 4
24. SVQ/NVQ Level 5
97. Other

NEW CODES:

25. Professional qualification (employment related)
26. IT certificate/qualification (other than those listed above)
27. Aviation certificate/Pilot’s licence
28. Other employment related qualification

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

Where possible backcode ‘other’ answers (97) to the original code frame above (1-24). Otherwise assign the additional codes (25-28) or one of the ‘other’ codes (94-96) as appropriate.

CODE FRAME 13

MaMeth02, MaMeth05 and MaYeth02 (In Q.EmpInc block)

Edit questions: XEthOth, XCEthOth and XPEthOth

PLEASE ALSO SEE CODING GLOSSARY - APPENDIX A - Page 44

“Please can you describe your ethnic group?”

Question Type: Open answer

SINGLE CODE ONLY

ORIGINAL CODES:

1. White - British
2. White - Scottish
3. Any other white background (Please describe)
4. Mixed - White and Black Caribbean
5. Mixed - White and Black African
6. Mixed - White and Asian
7. Any other mixed background (Please describe)
8. Asian or Asian British - Indian
9. Asian or Asian British - Pakistani
10. Asian or Asian British - Bangladeshi
11. Any other Asian/Asian British background (Please describe)
12. Black or Black British - Caribbean
13. Black or Black British - African
14. Any other Black/Black British background (Please describe)
15. Chinese
16. Any other (Please describe)

NEW CODES:

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

Where possible backcode 'other' answers (16) to the original code frame above (1-15). Otherwise assign one of the 'other' codes (94-96) as appropriate.

CODE FRAME 14

MaMfai02, MaMfai05 and MaYfai02 (In Q.EmpInc block)

Edit questions: XReliOth, XCRelOth and XPRelOth

PLEASE ALSO SEE CODING GLOSSARY - APPENDIX A - Pages 45-46

“Please can you describe your religion?”

Question Type: Open answer

SINGLE CODE ONLY

ORIGINAL CODES:

0. No religion
1. Christian - no denomination
2. Roman Catholic
3. Church of England/ Anglican/Episcopal/Church in Wales
4. Presbyterian - Church of Scotland
5. Presbyterian - Welsh Calvinistic Methodists
6. Free Presbyterian
7. Methodist - including Wesleyan
8. Baptist
9. United Reformed Church/Congregational
10. Brethren
11. Other Protestant (please describe)
12. Other Christian (please describe)
13. Jewish
14. Hindu
15. Islam/Muslim
16. Sikh
17. Buddhist
18. Other non-Christian (please describe)

NEW CODES:

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

Where possible backcode 'other' answers (18) to the original code frame above (1-17). Otherwise assign one of the 'other' codes (94-96) as appropriate.

Socio-Economic Coding

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

Questions about the respondent's employment

PMainJb, PMainDo, PIndSt, PJbQual

Questions about the respondent's partner's employment

SOC, SIC and NS_SEC coding will be applied to these questions

SPECIFIED REMARK QUESTIONS

(Those questions where a particular instruction has been given to the interviewers to use a remark to record an answer that is not available in the codeframe or range specified by the program)

CODE FRAME 15

MaHwkg01 (In Q.Develop Block)

Edit questions: XDWgLsC

'What was the weight of child last time he/she was weighed?'

Question Type: N/A

CODE FRAME 16

MaWben12..16 (In Q.EmpInc block)

Edit questions: XBen2

'Which other benefit are you currently receiving?'

Question Type: Other specify

Remarks are being used to cover any benefits given under code 5 'any other benefit'

MULTICODE: MAX. 3 ANSWERS

ORIGINAL CODES:

1. Incapacity Benefit
2. Disability Living Allowance
3. Severe Disability Allowance
4. Statutory Sick Pay
5. Any other benefit
6. None of these

NEW CODES:

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

Where possible backcode 'other' answers (5) to the original code frame above (1-4). Otherwise assign the additional code (7) or one of the 'other' codes (94-96) as appropriate.

CODE FRAME 17

MaMedu01 (In Q.EmpInc Block)

Edit questions: XEducFin

“How old were you when you finished full-time education?”

Question Type: N/A

SINGLE CODE ONLY

Remarks are being used to record any instances where the respondent finished full-time education before they reached 14 years of age.

ORIGINAL CODES:

1. 14
2. 15
3. 16
4. 17
5. 18
6. 19
7. 20
8. 21
9. 22
10. 23
11. 24
12. 25 or older
13. Still in full-time continuous education

NEW CODES:

14. 13 or younger
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

CODE FRAME 18

MaZhou03 (In Q.Housing Block)

Edit questions: XFloor

“What floor is the accommodation on?”

Question Type: N/A

SINGLE CODE ONLY

Remarks are being used to record instances where the accommodation is on the GROUND floor, which wasn't included in the original code frame.

ORIGINAL CODES:

1. First
2. Second
3. Third
4. Fourth
5. Fifth
6. Sixth or above

NEW CODES:

7. Ground

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

CODE FRAME 19

RTitle (In Admin Block)

Edit questions: XRTitle 1 and XRTitle2

"Respondent's Title"

Question Type: N/A

Remarks are being used to record instances where the respondent's title is something other than Mr, Mrs, Miss or Ms.

XRTitle1: "Is there a remark for "RTitle" on your fact sheet?"

1. Yes
2. No

(Note: This question will appear in all edit cases)

If XRtitle= "Yes" then

XRTitle2: "Please code other title here."

SINGLE CODE ONLY

NEW CODES:

1. Dr
2. Reverend
3. Lady
4. Lord
5. Professor
6. Sir

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

APPENDIX A - CODING GLOSSARIES

CODE FRAME 1 - XPregII2/XPrII2

Additional instructions for back-coding

1 Bleeding or threatened miscarriage

Examples

Unexplained bleeding throughout pregnancy
Had bleeding through pregnancy on and off for the nine months
Persistent/heavy bleeding or loss of blood or haemorrhage
Placental abruption
Placenta separated

2 Persistent vomiting

Examples

Morning sickness
Constant sickness
Severe sickness
Severe vomiting
Sickness throughout entire pregnancy
Vomiting
Hyper-emesis

3 Raised Blood Pressure, eclampsia/preeclampsia or toxemia

Exclude mild or suspected.

Examples

High blood pressure
High uric acid
Hypertension
Pre-eclampsia
Protein in urine
Protein urea
Toxaemia

4 Urinary infection

Exclude mild or suspected.

Examples

Cystitis
Kidney infection
Kidney inflammation
Renal infection
Urine infection

5 Diabetes

Omit unless diabetes actually stated.

Examples

Insulin dependent diabetic

6 Diabetes

Omit unless diabetes actually stated.

Examples

Insulin dependant diabetic

7 Suspected slow growth of the baby

Examples

They thought he/she was too small

Small head circumference and abdomen

Problem with development

8 Anaemia

Omit if slight.

Examples

Anaemia (sp naemia, anmenia, aenemia, animia, anemia, anaemina, anemenie, enemia)

Betathalassaemia

Iron count low/iron deficiency/lack of iron/needed full course of iron tablets

Thalessemia

Pernicious anaemia

Rare form of anaemia

Sicklecell anaemia

9 Blood group incompatibilities

Examples

Antibodies that were destroying the baby's red blood cells

Anti-Ds in bloodstream

Atypical antibodies/anti k

Rhesus disease

Rhesus d injection

Rhesus incompatibility

10 Other blood disorders including thromboses

Exclude Rhesus disease or blood group incompatibility.

Examples

Anti-cardiolipine antibodies (= cardiolipid)

Anticardeomylupen antibodies

Antinuclear antibodies

Anti phosphalate symptom (= phospholipid)

Anti-phospholipid antibody syndrome

Anti-coagulant drugs

Anti thrombo citotia

Blood disorder/and lupus

Blood thickening/too much iron in blood

Low platelets

Lupus

Lydon factor

Phlebitis/blood clots in legs (sp fleebitis)

Primary immune deficiency/blood deficiency

Protein S deficiency
Too much iron in blood
Thrombocytopenia
Thrombophilia
Thrombosis/deep vein thrombosis/DVT

11 Backache, sciatica, prolapsed disc

Examples

Backache
Back gave out
Back pain
Back problem
Bad back
Lower back pain
Nerve pain – could hardly walk
Prolapsed disc
Sciatic nerve
Sciatica
Slipped disc
Scoliosis (sp coliosis)
Spondylitis
Trapped/pinched nerve (but only if in back or leg)

12 Symphysis pubis dysfunction (SPD)

Examples

Condition where the pubic bone separates
Dysfunctional symphysis pubis
Pelvic split
Pubic SIF dysfunction
Pubis dysfunction (split pelvis)
Pubis symphysis
Pubis symphysis dysfunction
Separated pelvis, affecting walking
Separation of pubic bone
SPD
Split pelvis
Split pubic bone
“Symphosis”
“Symphosispubis”
“Symphysispubis deformans”
Split symphysis (sp symphysis)

13 Other pelvic joint problems

Examples

Displaced Sac Roiliac (= sacroiliac)
Pain on the pubic bone
Pelvic bone pressure
Pelvic bones had not stretched
Pelvic disorder

Pelvic joint pains
Pelvic pain
Pelvic problem making movement a problem
Pubic bone kept moving

14 Non trivial infections

Omit: colds unless prolonged or repeated, Mastitis,
Virus infection unspecified, Paronychia, Whitlow, Impetigo

Examples

Abscesses of all types including breast
Appendicitis (sp pendasitates)
Bronchitis
Cervix infection
Chest infection
Chicken pox
Chlamidia (sp clamida)
Crohns disease
Diarrhoea and vomiting (sp diaraha)
Gastroenteritis (sp gastoenteritis)/ salmonella
Dysentery
Gynaecological infections (sp gynalogical)
Hepatitis B
Herpes/HSV2
Influenza
Labyrinthitis
Lung infection
Meningitis
Mrsa skin condition
Pancreatitis
Pelvic infection
Pelvic arthropathy
Pleurisy (sp plusary)
Pneumonia
Septicaemia
Shingles
Sinusitis
Streptococci infection/strep b/group b strep/ (sp streptococi, streptaoculus, heistrep b)
Thrush
Tonsillitis
Toxoplasmosis
Ulcerative colitis
Womb infection

15 Gestational Diabetes, raised blood sugar, abnormal glucose tolerance

Examples

Blood sugar was high,
Border diabetes
G T T Test - related to diabetes
Glucose intolerance

High sugar levels
High sugar level - not diabetes
High sugar levels - suspected diabetes
Sugar in water all through pregnancy
Sugar level borderline in pregnancy
Too much glucose in my blood

16 Liver, gall bladder problems, cholestasis

Examples

Cholecystitis (sp colistritus)
Cholestasis (sp callistasis, chloristasis, coliastris, cholestosis, cholostasu, cholastis)
Gall bladder disease
Gall stones
High liver count - suspected obstetric cholestasis
Liver disease/ disorder/ problem/ not functioning properly
Obstetric cholestasis
Salt in liver constant monitor take tablets

17 Asthma, hay fever, eczema or other allergies

Examples

Allergic reaction which caused skin rash
Asthma
Eczema
Hay fever
Mainly allergies, skin breaking out etc.
Urticaria

18 Depression or mental illness

Examples

Because of the drugs i was on which was lithium (sp lithiam)
Depression (sp depersion)
Depression and panic attacks
Insomnia and mild depersion
Panic attacks and anxiety and agorophobia
Post natal depression
Received treatment for mental problems
Schizophrenia

19 Neurological problems: epilepsy, faint(s), blackout(s)

Omit: Dizzy spells

Examples

Blackout(s) if repeated
Convulsion(s)
Epileptic fit(s)
Epilepsy
Faint/ fainting attack if repeated
Fit(s)
Low sugar level and blacked out

20 Other neurological problems, including migraine attacks

Examples

Bells palsy
Enlarged pituitary gland/caused headaches
Intracranial high pressure (sp intercranial)
Migraine
MS
Myaesthesia
Pituitary tumour
Pituitary cushings disease (sp pitituory))
Severe or recurrent headaches
Trigeminal neuralgia
Vesticular neuronitis

21 Uterine/labour pains, threatened, initial or commenced labour

Examples

Brackston hicks
Early contractions
Early labour started
Early pains/not sure if contractions or not /
False labour pains
Kept going into labour/earlier than expected
Neck of womb opened
Premature labour
Suspected labour
Threatened premature birth

22 Early rupture of membranes, leak of amniotic fluid

Examples

Leaking amniotic fluid
Leaking fluid
Leaking waters
Leaking water
Membranes ruptured
Waters broke early
Polyp that burst my waters (sp pollip)
Premature rupture of the membranes

23 Foetal heart slow, faint, inaudible, foetal distress

Examples

Abnormal heart rhythm
Babies irregular heartbeat
Couldn't feel the baby moving
Couldn't find heart beat
Heart rate became erratic
Low heart rate

24 Other foetal problem, suspected or diagnosed in pregnancy

Examples

Amnio centesis-for downs syndrome
Baby diagnosed having Cystic Hygroma
Baby had a dilated kidney
Baby had enlarged ventricle
Bright bowel suspected in baby
Child had heart problem in womb
Child was suspected down's syndrome
Dextro-cardia suspected
First scan had shown thickening on the back of the neck
Genetic disorder
High risk downs so I had amnio
Possible downs syndrome
Problem with baby - choroid plexus cysts in his brain (sp chloride plexis)
Scans on baby regarding size of head
Scans showed problems with babys kidneys
She had diabetes
Suspected spina bifida - high risk so amniocentesis
Baby had very high AFP level
Twin to twin transfusion syndrome
Two vessel cord

25 Bleeding due to low lying placenta (Placenta Praevia)

Examples

Detached placenta grade 4
Grade 3 placenta previa
Grade 4 low line placenta
Low lying placenta (sp lowline)
Low placenta
Placenta below baby
Placenta in lower segment
Placenta previa

26 Too little fluid around the baby

Examples

Lack of fluid
Loss of fluid around the baby
Oligohydramnios
Not enough fluid
Suspected lack of fluid

27 Pregnancy diagnosed as twins, triplets or more

Examples

Carrying twins and one miscarried
Mono amniotic twins
Triple pregnancy - two had died
Twin one lost in early pregnancy

28 Accident or injury

Examples

Back injury
Broken bone
Car accident
Cracked rib
Damaged stomach muscle
Fall
Fractured pelvis
Fractured skull
Torn muscle

CODE FRAME 8 - DWHPrbX/ XDPrbX

Additional instructions for back-coding

ORIGINAL CODES

1 Colds, coughs or fevers

Examples

Blocked nose due to cold
Breathing problems due to a cold
Cold
Cold/blocked nose.
Colds and coughs
Cold and fever
Common colds
Head colds
Chesty cough
Severe cough

2 Chest Infections

Examples

Abcess on her lung
Bronchiolitis (sp bronchitilitious, bronchialetis, bronchylitis, bronchilens, bronchileols)
Bronchitis (sp broncoites, bronchitis, broncheitis, bronchitis)
Chest infection(s)
Chronic lung disease (sp chrinical)
Pneumonia
Rsv (breathing problems)

3 Ear Infections

Omit suspected ear infection, deafness, failed hearing test

Examples

Burst eardrum
Congestion of ear drum
Eardrum inflamed
Ear infection
Hearing infection
Perforated eardrum
Running ear

4 Feeding Problems

Examples

Bringing up milk after and in-between feeds
Dehydrating - not feeding from breast
Digestive problems
Doesn't drink milk or other liquid
Not eating
Not taking bottle
Problems with formula milk
Sick when taking bottle
Problems regarding breast feeding

Slow digestive system
Stomach problem
Stomach upsets

5 Sleeping Problems

Examples

Constant screaming
Rigid movements in sleep
Sleep apnoea (sp apnea)
Wouldn't wake up

6 Wheezing or asthma

Any mention

7 Skin Problems

Examples

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

8 Sight or Eye problems

Examples

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

9 Failure to gain weight or grow

Examples

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

10 Persistent or severe vomiting

Omit vomiting and diarrhoea =20

Examples

Dehydration from vomiting
Intermittent vomiting
Projectile vomiting

11 Persistent or severe diarrhoea

Omit diarrhoea and vomiting =20

Examples

Dehydration from diarrhoea
Going to loo a lot
Moderate diarrhea

12 Fits or convulsions*Examples*

He had a few convulsions
Possible fit
Shaking

NEW CODES**14 High temperature/acute viral infection unspecified***Examples*

Fever - high temperature
Fever from viral infection
Flu type virus with very high temperature
High fever
High temperature
High temperature diagnosed as a virus.
Hot-viral infection
Persistent high fever-pyrexia
Viral infection unspecified
Viral 24 hour fever
Viral problem - rash
Viral problem of stomach
Virus with feverish symptoms

15 Chicken pox*Omit suspected**Examples*

Any mention

16 Measles or whooping cough*Omit suspected**Examples*

Any mention

17 Urinary Tract Infection

Examples

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

18 Infection of nose or throat, croup or flu

Examples

Blocked nose and chest
Blocked sinus
Croup
Flu
Influenza
Large ulcer at the back of throat
Laryngitis
Nasal blockage
Nose and throat infection
Sore throat
Strep throat
Stuffy nose
Throat infection
Throat problems
Tonsillitis (sp tonsolitis)

19 Thrush

Examples

Thrush
Oral thrush
Thrush on penis

20 Other severe infection

Examples

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

Perianal abcess
Pneumoccal septicaemia (sp pneumococcai)
Scarlet fever
Strep infection

21 Other mild infection

Examples

Abscesses on anus
Boil on bottom
Bowel infection
Conjunctivitis
Eye infection
Fifth disease (sp fiths)
Fistula
Foot and mouth
Foot infection
Granuloma on umbilical cord
Impetigo
Infected belly button
Infected finger nail
Ingrown toenail
Little white ulcers all around baby's mouth
Mastitis
Mild rubella
Mouth Ulcer
Paronychia
Rotavirus
Septic finger
Stomach infection
Stomach virus
Suspected german measles
Suspected meningitis
Umbilical cord infection
Unbilical granuloma
Weeping navel

22 Breathing problems

Examples

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

23 Eczema

Examples

Any mention

24 Other allergy, except wheezing, asthma or eczema

Examples

Allergy
Allergic to sticking plaster
Food allergies
Hay fever
Lactose intolerance
Milk allergy
Suspected food allergy
Soap powder allergy

25 Colic

Examples

Any mention
Constant crying

26 Constipation or bleeding from bowel

Examples

Anal fissure (sp fissa)
Bleeding in his stools
Bleeding around her bottom known as fissure (sp fishers)
Bowel problem
Constipation
Inter-fucetion
Rectal bleeding
Trouble going to toilet

27 Jaundice

Omit slight and mild

Examples

Any mention

28 Hernia

Omit hiatus hernia

Examples

Any mention
Protruding belly button
Mention of hernia

29 Reaction to Immunisation

Examples

Reaction to injection

30 Reflux or other vomiting

Examples

Gastric reflux
Hiatus hernia
Oesophageal reflux

Reflux

CONGENITAL ABNORMALITIES

31 Congenital heart disease, definite

Examples

Aortic arch hypoplasia
Cardio myopathy
Congenital heart disease
Co-actlention
Hole in the heart
PDA - a valve in heart which doesn't close
Pulmonary artery stenosis
Pulmonary hypertension
Small hole in heart
Tetralogy fallots (sp trachology)
Valve not opened enough
Ventricular septum defect
Very small hole in heart

32 Congenital heart disease, not yet definite

Examples

cvt heart problem
Extra blood vessel in the heart
Heart murmur (sp murmer, murmor, mermour, mumor, mummar)
Heart condition when born
Heart problem (not further specified)
Suspected heart murmur
Suspected heart problems

33 Congenital dislocation of hip, definite

Examples

Congenital dislocation of hip/hips (CDH)
Congenital hypoplasia
Dislocated hip/hips

34 Congenital dislocation of hip, not yet definite

Examples

Abnormal hip scan
Clicking hip
CDH (Clicky hips) problem
Dislocatable hip
Hip displacement noted by health visitor
Hip joint - the socket is too shallow
Hip stiffness which is checked periodically
Immature hip joint
Sticky hips
Stiff left hip

35 Clubfoot (Talipes equinovarus), definite

Examples

Bilateral or unilateral talipes (sp talopese, talibeize)

Club foot

Feet turned in

Inturned foot (strapped)

Talipes feet pointing inwards

36 Clubfoot (Talipes equinovarus), not yet definite

Examples

Bent foot in womb

Foot bent quite far out

Foot problem

Foot twisted

Foot turning outward

Feet were turned out

Leg was bent

Positional talipes (sp telepeese)

Posterior talipes (sp talipse)

Slightly clubfoot

Slightly deformed foot when born

Talipes calcaneovalgus

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

Examples

Abnomality in head shape

Achondroplasia

Aperts syndrome

Bone in head fused early

Born with extra finger(s)/extra toe(s)/extra digit(s)

Born with no left arm below elbow,

Brittle bones

“Bylateral kefler hymatomer syndrome”

Contracted middle two fingers

Craniosynostosis - fused bones in the skull

Deformity of side of head

Double thumb

Hammer toe

Lipoma on bottom of back, bladder affected

Metopic suture closed (early)

Nasal bridge not developed

No arm below elbow

Problems with cranial development, his head is too large

Sagittal synostosis (sp sagittal simostosis)

Scoliosis of spine

Severe damage due to ambiotic bands

Small head/microcephaly

“Syndrome klippeltrenauney”

Plagiocephaly - misalignment of head and torso

Poly-dactyl

Two joined toes

Very large head

38 Urogenital abnormalities

Examples

Blocked bladder

Cystic kidney

Duplex kidney

Dysplastic kidney

“Echobright kidney”

Fluid around the testicle (= hydrocele)

Hydrocele (sp hydrosill/hydroceal)

Hypospadias (sp hypospadios, hyperspacers, hypospadius)

Kidney problem/dilation

Only one kidney

Reflux kidney/ureter/bladder

Swollen testicles (hydrocele)

Ureterocele

Urethral opening blocked

Vesicoureteric reflux

39 Gastrointestinal abnormalities

Examples

Abnormal hole near anus (sp annus)

Anal transposition

Bowel was outside

Colon removal at birth

Diaphragmatic hernia

Diaphragmatic eventration

Exomphalos

Gastroschisis

Hirschsprung

Malrotation

Pyloric stenosis

Rectoperineal fistula with no anal opening

Salivary cyst

Tracheo-oesophageal (fistula)

Twisted bowel

40 Harelip/cleft palate

Examples

cleft lip / cleft palate

cleft lip and gum

41 Skin Abnormalities

Omit Mongolian birthmark

Examples

Abnormal blood vessel under skin

Birth mark

Birthmark on throat

Haemangioma
Naevus on forehead (sp naevas)
Raised blood vessels
Strawberry mark
Very large mole/mole

42 Chromosomal or genetic abnormalities

Examples

Amhydrotic ectodermal dysplasia
Cline felter syndrome
Cromosome 49 xxxxy
Cystic fibrosis (sp frobosis)
Di/george syndrone 22Q11.2
Downs Syndrome
Phenyl ketonuria
Sickle cell trait
Spherocytosis
Turner syndrome

43 Brain, central nervous, spinal cord or special sense abnormalities

Examples

Born deaf
Cataract
Cataracts on both eyes
Dandy Walker variant of developmental brain malformation
Decompression of spinal cord caused by a piece of bone
Defect in right eye - coloboma
Ear lobe not connected properly
Ear not properly developed
Left ear, weak hearing
Micophthalmia
Mark on the iris of eye
Neurofibromatosis
Profound deafness

44 Other congenital abnormalities, major

Examples

Breathing problems due to having part of one lung missing
Congenital hypothyroidism
Gangliosidosis (type 1)
Hemangiomas round liver
Hypo-glycaemia
Hypo-adrenalism
"Inherited arginino succiniy acidia"
Laryngotracheal malacia
Maple syrup urine disease
Thyroid problem
Tumour on lung

45 Other congenital abnormalities, minor

Examples

Congenital stridor

Finger tags

Floppy epiglottis (sp epiglautis)

Floppy larynx

Hole at back of spine

Left ear low

Skin tag on his left ear

Testicle undescended/not dropped/problem/only one/(sp underscended)

Toes were split on two toes

CODE FRAME 12 - X0thQu and XPOthQu

Additional instructions for back-coding

1. University/CNAA (Council for National Academic Awards) first/undergraduate degree diploma

Examples

BSc/Bachelor of Science/BSc Honours (except Nursing)

BA/Bachelor of Arts/ BA Honours

Undergraduate degree

Honours degree

Ordinary degree

BAEcon/Bachelor of Arts in Economics

BEng/Bachelor of Engineering

BDS/Dentistry

LLB/Law

MBCHB/Medicine

Community education degree

MPharm/Pharmacy

DipSW/Diploma in Social Work

CQSW/Certificate of Qualification in Social Work

2. Postgraduate degree

Examples

MSc/Master of Science

MA/Master of Arts

PhD/Doctorate

LLM/Law Masters

MPhil/Master of Philosophy

DipLaw/Diploma in Legal Practice

PgDip/Postgraduate Diploma

PGC/Postgraduate certificate (NOT TEACHING)

Postgraduate certificate in Sports Podiatry

3. Teacher training qualification

Examples

PGCE/PGDE - Postgraduate Certificate/Diploma in Education

BEd/Bachelor of Education

BTechEd/Technological Education

NEW CODES:

25. Professional qualification (employment related)

Examples

ACCA/Accountancy Qualification

Chartered Accountant

NEBBS/National Examinations Board for Supervisory Studies

ILM/Institute of Leadership Management

MIFE/Member of Institute of Fire Engineers

Institute of Foresters

Banking Certificate/Banking Exams

26. IT certificate/qualification (other than in those listed above)

Examples

Computer certification don't know details

Various computer related certificates

27. Aviation certificate/Pilot's licence

Examples

Civil aviation exams

Airline pilot licences

28. Other employment related qualification

Examples

NNEB/National Nurse Exam Board

CACHE/Council for Awards in Children's Care and Education

Arts Foundation Degree

Manpower course in Joinery

Welding and X-Raying Pipework

CODE FRAME 13 - MaMeth03, MaMeth06 and MaYeth03

Additional instructions for back-coding

ORIGINAL CODES:

3. Any other white background (Please describe)

Examples

Irish

English

Welsh

American

Mixed European White

European

Any constituent European nationality i.e. French, German etc. and any combination of these i.e. "English/Italian"

7. Any other Asian background (Please describe)

Examples

Mixed Asian

CODE FRAME 14 - MaMfai02, MaMfai05 and MaYfai02

Additional instructions for back-coding

ORIGINAL CODES:

4. Church of England/Anglican/Episcopal/Church in Wales

Also include:

Church in Wales

Church of Ireland

Varieties of Presbyterian to be coded under the various "Presbyterian" codes;

7. Free Presbyterian

Also include:

Free Church (but not 'United Free Church')

8. Methodist, including Wesleyan

Also include:

Independent Methodist

Wesleyan Reform

10. United Reformed Church (URC)/ Congregational

Also include:

United Free Church

Congregational

Varieties of Presbyterian to be coded under the various "Presbyterian" codes;

11. Other Protestant

Other Protestant should include members of any church that separated from the Catholic Church in the sixteenth century, or any church, chapel or group that separated from a church that itself separated from the Catholic Church in the 16th century. In practice, this means any Western Christian church that is not Catholic.

Also included would be people who say "Protestant", but do not name any specific church or denomination.

Examples:

Apostolic Church

Church of Christ

Church of God

Church of Nazarene

Church of Sweden

Christadelphians

Christian Scientist

Community Christian Fellowship

Covenanter

Dutch Reform Church

Elim

English Church Mission
Evangelical; Evangelical Christian
German Evangelist
House Church Movement
Independent Chapel
'Interdenominational'
Jehovah's Witness
Lutheran
Moravian
Mormon (Latter Day Saints)
New Jerusalem Church
New Testament Church
'Non-conformist'
Pentecostal
Salvation Army
Seventh Day Adventist
Society of Friends/Quakers
Unitarian

12. Other Christian

'Other Christian' should include any of the ORTHODOX churches - that is churches which developed separately from the Catholic Church, or split from it before the 16th century, and are either the Eastern or Greek branches of Christianity.

Examples:

Christian Orthodox
Greek Orthodox
Russian Orthodox
Serbian Orthodox

18. Other non-Christian

Other non-Christian can include other clearly non-Christian religions.

Examples:

Baha'i
Believer in God, but not Christian
Church of God of Prophecy
Hare Krishna
Humanist
Satanist
Spirit worship
Spiritualist
Wicca, or white witchcraft