

# **Growing Up In Scotland**

## **Sweep 2 – 2006/07**

### *Interviewer and Coder Instructions*



Scottish Centre for  
Social Research

P7004/7005

GROWING UP IN SCOTLAND STUDY

SWEEP 2 - 2006/2007

PROJECT INSTRUCTIONS

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# 1 ABOUT THE STUDY

## 1.1 Background and introduction to the study

The Growing Up in Scotland study is a major 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 is following 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 (sweep 1) we recruited two cohorts – one based on 5,000 babies and the other based on 3,000 toddlers. In the second year (sweep 2) the babies will be aged 22 months (or just under 2 years) and the toddlers 46 months (or just under 4 years). **Note that the cohort references have changed to reflect the aging of the children - the younger children (babies at sweep 1) are now ‘toddlers’ and the older children (toddlers at sweep 1) are now ‘children’.** Interviews have generally been with mothers in the first sweep, and whilst this is also likely to be the case at sweep 2, the views and experiences of partners/fathers will also be explored this year.

The main aim of the survey is to describe the characteristics, circumstances and experiences of children in their early years in Scotland and to improve our understanding of how experiences and conditions in early childhood might affect people’s chances later in life. As may be expected in any longitudinal study, a certain portion of the questions from the sweep 1 questionnaire are being repeated at sweep 2. This allows us to monitor significant changes in the lives of our groups of children. However, the sweep 2 questionnaire also sees the introduction of a range of new topics - food and nutrition, neighbourhood and community, and the transition to pre-school - as well as new questions on existing topics such as childcare, health and development and parenting.

There are two significant developments in the data collection/fieldwork for sweep 2:

- We are collecting height and weight information from the older ‘child’ cohort
- If the respondent for the main interview has a partner **resident in the household**, who may or may not be a parent to the child, we will be attempting to conduct a separate and shorter interview with that partner.

## 1.2 Overview of procedures

In summary, the study involves the following procedures:

- i) attempting to make contact with the sweep 1 respondent who, in most cases, will be the child’s mother (but in certain cases may be another adult caring for the child) for all the children in your assignment;
- ii) conducting the main CAPI interview, including a short self-completion (CASI) component

- iii) where the main respondent has an eligible partner resident in the household, arranging and conducting the shorter partner's CAPI interview, also including a brief self-completion component.
- iv) completing a paper ARF for all addresses

## 2 THE SAMPLE, ARF LABELS & INFORMATION SHEETS

### 2.1 The sample

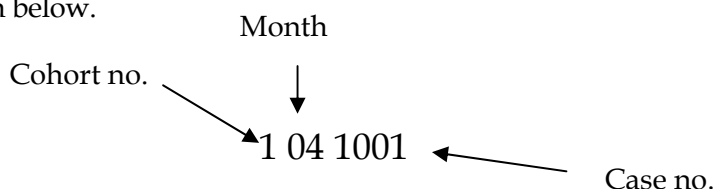
The sample is originally based on 130 areas throughout Scotland, each of which is roughly equivalent in size to a ward (they are actually made up of amalgamations of administrative areas known as Data Zones). Within each of these areas, we tried to interview the parents of every child born between specific birth dates. The sample was issued on a monthly basis for 12 months starting in April 2005.

At sweep 1, we did not trace sample members who had moved unless they had moved to somewhere within their existing sample point or to another area in Scotland which was also being covered by the survey. At sweep 2 however, we are attempting to trace all families who move **within Scotland** irrespective of where in Scotland they have moved to. This means our sample for sweep 2 will spread beyond the original 130 areas sampled at sweep 1. Families who move away from Scotland will be dropped from the study. More details on tracing are included below.

The children in all of the families selected are now of course one year older. This means that the younger children will be aged approximately 22.5 months (or almost 2 years) old at the time of interview and the older children will be around 46.5 months (or almost 4 years) old.

### 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 cohort number - all cases in our sample begin with 1, whether they are a toddler or a child, because they are all part of the first cohort for the study. This number will be different for any new birth cohorts which are introduced. The second and third digits indicate the sample month (04 = April, 05 = May etc) and digits four to seven indicate the unique case number.

### 2.3 Examples of ARF labels

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

<b>1041001</b>	<b>APR</b>	<b>PT:099</b>
<b>MRS JANET JONES</b>		
<b>23 MACDONALD DRIVE</b>		
<b>SHIELDHILL</b>		
<b>FALKIRK</b>		
<b>FK1 2EA</b>		

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 sweep 1 respondent 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 Child : MISS KATIE JONES DoB : 01/06/2002 Gender : F  Sample Type: Children Target Interview Date: 15/4/2006
--

The letter next to sample type indicates which sample the child belongs to. **Note that these letters/references have changed to reflect the aging of the cohort - the younger children (babies at sweep 1) are now 'toddlers' indicated by a 'T' and the older children (toddlers at sweep 1) are now 'children' indicated by a 'C'.** This is very important as it determines your route through the questionnaire. The target interview date is the date that the child turns 22.5 or 46.5 months old (see section 3.3.5 for further discussion on what this means).

## 2.4 Information Sheet

Each of your ARFs will have an 'information sheet' attached to the back. An example of the information sheet is included in your briefing pack. The purpose of this sheet is to provide you with some additional information about the respondent which may assist you in either establishing initial contact or with tracing. This includes details of the respondent's phone number, the name, address and phone number of their stable contact, and specific details about their sweep 1 interview.<sup>1</sup> If they have moved since the last interview, and we have received an address update, the information sheet will display both their current and previous address.

**Note that any changes to the respondent's details should ultimately be recorded on the ARF.** Therefore, if you use the information sheet to record any changes to the respondent's details please ensure that these are also updated on the ARF.

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<sup>1</sup> Note that these items are only displayed if the respondent disclosed them at the sweep 1 interview



### 3 FIELDWORK ISSUES

#### 3.1 Timetable

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

Ideally, all the interviews would be conducted when the sampled children are exactly 22.5 or 46.5 months old - a date which we have named the 'target interview date'. 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 1<sup>st</sup> June 2004 will reach 22.5 months old on 14<sup>th</sup> April 2006. The fieldwork window for this child therefore will run from 1<sup>st</sup> April 2006 until the 28<sup>th</sup> April 2006.

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

<b>Fieldwork Wave</b>	<b>Baby's Date of Birth</b>	<b>Toddler's Date of Birth</b>	<b>Fieldwork Period</b>
Wave 1	1 <sup>st</sup> June – 30 <sup>th</sup> June 2004	1 <sup>st</sup> June – 30 <sup>th</sup> June 2002	1 <sup>st</sup> April/ 28 <sup>th</sup> May 2006
Wave 2	1 <sup>st</sup> July – 31 <sup>st</sup> July 2004	1 <sup>st</sup> July – 31 <sup>st</sup> July 2002	1 <sup>st</sup> May/28 <sup>th</sup> June 2006
Wave 3	1 <sup>st</sup> Aug – 31 <sup>st</sup> Aug 2004	1 <sup>st</sup> Aug – 31 <sup>st</sup> Aug 2002	1 <sup>st</sup> June/28 <sup>th</sup> July 2006
Wave 4	1 <sup>st</sup> Sept – 30 <sup>th</sup> Sept 2004	1 <sup>st</sup> Sept – 30 <sup>th</sup> Sept 2002	1 <sup>st</sup> July/28 <sup>th</sup> Aug 2006
Wave 5	1 <sup>st</sup> Oct – 31 <sup>st</sup> Oct 2004	1 <sup>st</sup> Oct – 31 <sup>st</sup> Oct 2002	1 <sup>st</sup> Aug/28 <sup>th</sup> Sept 2006
Wave 6	1 <sup>st</sup> Nov – 30 <sup>th</sup> Nov 2004	1 <sup>st</sup> Nov – 30 <sup>th</sup> Nov 2002	1 <sup>st</sup> Sept/28 <sup>th</sup> Oct 2006
Wave 7	1 <sup>st</sup> Dec – 31 <sup>st</sup> Dec 2004	1 <sup>st</sup> Dec – 31 <sup>st</sup> Dec 2002	1 <sup>st</sup> Oct/28 <sup>th</sup> Nov 2006
Wave 8	1 <sup>st</sup> Jan – 31 <sup>st</sup> Jan 2005	1 <sup>st</sup> Jan – 31 <sup>st</sup> Jan 2003	1 <sup>st</sup> Nov/28 <sup>th</sup> Dec 2006
Wave 9	1 <sup>st</sup> Feb – 28 <sup>th</sup> Feb 2005	1 <sup>st</sup> Feb – 28 <sup>th</sup> Feb 2003	1 <sup>st</sup> Dec 2005/28 <sup>th</sup> Jan 2007
Wave 10	1 <sup>st</sup> Mar – 31 <sup>st</sup> Mar 2005	1 <sup>st</sup> Mar – 31 <sup>st</sup> Mar 2003	1 <sup>st</sup> Jan/28 <sup>th</sup> Feb 2007
Wave 11	1 <sup>st</sup> Apr - 30 <sup>th</sup> April 2005	1 <sup>st</sup> Apr - 30 <sup>th</sup> Apr 2003	1 <sup>st</sup> Feb/31 <sup>st</sup> Mar 2007
Wave 12	1 <sup>st</sup> May - 31 <sup>st</sup> May 2005	1 <sup>st</sup> May - 31 <sup>st</sup> May 2005	1 <sup>st</sup> Mar/30 <sup>th</sup> Apr 2007

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. Indeed, there is now no longer a break between interviewing for one sweep and the next.

The size of the issued sample in each wave depends primarily upon the number of children who were born within the relevant four-week periods and whose main carer was successfully interviewed at sweep 1. We know from the results of sweep one that birth rates varied considerably both between months and between areas. This means that assignment sizes will also vary each month.

## 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) with information sheets attached
- A laminated copy of the pre-notification letter to show to the respondent as necessary (briefing pack only)
- Pre-addressed advance letters
- GUS glossy information leaflets to send with advance letters
- A laminated copy of the advance letter to show to the respondent as necessary (briefing pack only)
- Spare advance letters to leave with respondent as necessary
- GUS 'Helplines' leaflet to leave with respondent as necessary
- Measurement record cards
- 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)
- GUS fridge magnets

Additionally, you should have received an ARF Exercise pack in advance of the briefing. This contains an ARF and a short exercise with two address scenarios. Red stickers to be placed on the 'enter' button on your laptop 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 a 'pre-notification letter' (sent by the Copper Team around two months ahead of the sample being issued). These letters are sent as a tracing exercise to try and identify in advance those sample members who have moved. However, the pre-notification letter also informs people that we will be in touch in a few weeks time regarding year two of the study.

You will be asked to send an advance letter to the parents of all cohort members in your allocation. These letters will be provided with the name and address of the sweep 1 respondent mail-merged onto the top. There is a space for you to write your name in the text of the letter before you send it out. **Please also insert a GUS information leaflet along with the advance letter.**

It's up to you whether you want to send all of the advance letters at the beginning of the fieldwork period or stagger sending them - perhaps to fit in with the target interview dates.

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

When you first try to make contact at the address it should always be with the person named on the ARF address label – i.e. the person interviewed at sweep 1. It is to this person that all advance correspondence has been addressed.

### 3.3.2 Doorstep versus Telephone

Due to the information collected at sweep 1, we now have telephone numbers for a large proportion of the sample. However, almost without exception, **your initial contact at each address should be in person**. Initial contact by telephone will occasionally be permissible but *only* in exceptional cases such as particularly remote locations or for instances where calling at the address has been unsuccessful. These cases should be discussed with your Team Leader, Area Manager or Deputy.

### 3.3.3 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 the survey is about**

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

You may wish to explain that this is the second year of the study and that they may remember taking part last year.

#### **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.

The partner’s interview is significantly shorter than the main interview and should take around 20-25 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.

Your name and address will never be revealed without your permission and no one's replies can be personally identified without these.

#### **"How can I be sure you are a genuine interviewer?"**

I have shown you my identity card. If the respondent still has concerns they can telephone the project controller in our Operations Department, Jo Phillipson on the Freephone number shown on the letters.

#### 3.3.4 Making appointments

When you first make contact, you will need to make sure all parents have seen the advance materials (either the pre-notification or advance letter and/or the leaflet) and are adequately informed about the survey and willing to take part in it again. You should normally plan to make a subsequent appointment to carry out the interview. For the toddlers, you may wish to try and get a time when the sample child will be asleep or looked after by someone else. **However, because we are taking measurements from the older cohort, these children will need to be present at least for that section of the interview.** 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, that's fine - we don't want you to risk losing interviews by making appointments unnecessarily.

Although the partner's interview can be conducted immediately after the main interview, you may find that it better suits the respondent to return at another time. Again, however, if the partner is happy to do the interview straightaway then that is fine.

#### 3.3.5 Target interview dates

For both the toddlers and the children we have assigned a target interview date which is printed on the ARF labels. For toddlers this date corresponds to the point at which they are 22.5 months old, for the older children when they reach 46.5 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 children 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.

#### 3.3.6 Tracing procedures

Keeping in touch with people is crucial for the success of any longitudinal study so at sweep 2 the tracing of people who have moved will be a very important part of the fieldwork process. As explained earlier, we are attempting to trace all cohort members who have

moved within Scotland. We have a number of measures in place to facilitate tracing and through some of these methods hope to cut down the amount of tracing required 'in-field'.

Before each sample is issued, we will have already undertaken a simple tracing exercise by sending out a 'pre-notification' letter. This helps us to determine which sweep 1 respondents have moved in advance of fieldwork and, where the letter has been forwarded to their new address, gives them an opportunity to inform us of their new details. The pre-notification letter also acts as a general reminder about their involvement in the study and gives an 'early warning' about the sweep 2 fieldwork. A laminated sample of the pre-notification letter is included in your pack.

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

Where we have been unable to trace the respondent in these situations, the case will still be issued to field but with the old (and suspected incorrect) address details. It will be your responsibility to make a reasonable attempt to trace these cases via some of the 'in-field' methods outlined below which were not suitable for the pre-field period. These cases will be indicated on the information sheet attached to the ARF. A statement reading "Tracing required" will have been entered in the 'Comments' field underneath the current address. **Please ensure you check all information sheets for this message when you receive your workpack - these cases will require immediate action in field and should assume some priority within your workload for each month.**

Our pre-field tracing exercise is by no means foolproof and there will be some cases which slip through the net. Therefore, if you cannot find an address or discover that the cohort member is no longer living at the address provided, please make a *reasonable* attempt to find or establish their current address. Remember that your objective is to locate the cohort member, that is, the child. Despite this you should **ALWAYS TRACE ADULTS, NEVER TRACE CHILDREN**. Always ask people if they know the whereabouts of an adult, **never ask about a child**.

In the first instance, trace the person named on the address label (the sweep 1 respondent). Trace other adults only when you know that the named person is not eligible for interview (e.g. because they are not living with the child).

Our address information was confirmed with the respondent at sweep 1 and therefore should be accurate, but 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. Telephone directories and electoral registers can also be checked, though the latter is useful only if you have a good idea of the street or neighbourhood (or there is an electronic version available to search).

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

If you establish a new address, check whether it is in your area. If you are unsure about this, your 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 and return your ARF. **If the new address is still in Scotland then please return your ARF as quickly as possible so that these cases can be promptly re-issued and we can attempt to secure an interview at sweep 2 - remember, because of the target interview date, each issued case only has a limited amount of time in field.**

### 3.3.7 Stable Contacts

At sweep 1, all respondents were asked to provide details of a stable contact. This person was described as someone who would be likely to know the whereabouts of the respondent should they move house between sweeps and that we could contact to obtain the respondent's new details. If the respondent provided a stable contact their details will be listed on the **information sheet** attached to the back of the ARF.

If the sample member has moved address you may get in touch with the stable contact to determine the respondent's whereabouts. If the stable contact lives locally you may wish to call at their address, otherwise it is acceptable to telephone them where a number has been given. If the stable contact does not live locally, and there is no telephone number it may not be possible to use the stable contact to trace the respondent and you should consider other measures on the tracing checklist below. You should also contact the Copper Team in these cases as they may be able to send a letter to the stable contact requesting information.

### 3.3.8 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 Copper 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 Copper 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 adult respondent's whereabouts
- asked the neighbours
- tried any telephone numbers listed on the information sheet
- followed up the stable contact
- followed up any local friends/relatives you are told might be able to help
- followed up any other useful leads

REMEMBER: you should not ask neighbours or other local people about the child directly, always ask about the sweep 1 respondent.

### 3.4 Who to interview

#### 3.4.1 Eligible respondents (Main interview)

In the first year of the survey, we aimed to interview the child's mother. This was because the questionnaire contained a number of questions on pregnancy and birth. In cases where the mother was unavailable or reluctant to participate we attempted to interview the father or another parent or guardian who was resident in the household and involved in the care of the child.

For sweep two, we are aiming to interview the same person interviewed at sweep 1 but only if they are still living with the child. In most cases, because of the procedures undertaken at sweep 1, this is most likely to be the child's mother. However, there is every chance that it may be someone else such as the father, a step-father, the mother's partner or a grandparent.

In situations where the sweep 1 respondent is not available, we would rather conduct an interview with another parent or guardian of the child than not conduct an interview at all, so you should be flexible if the sweep 1 respondent refuses, or is unavailable or away.

In some cases the child may no longer be in the care of the person interviewed at sweep 1. In this instance you should attempt to identify who is now caring for the child and their whereabouts - see "Tracing Procedures" above.

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

**\*\*\*SEE TRACING AND ELIGIBILITY DIAGRAM AT APPENDIX A\*\*\***

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

- Foster/adoptive parents are eligible for interview in the same way as natural parents.

- If a child is permanently cared for by someone other than parents (e.g. grandparent/aunt) then these carers are eligible for interview
- Same sex partners are eligible for interview – if one of them is the respondent from sweep 1, they should be the first choice for interview. If neither of them are natural parents, you should seek to interview the one who is the main carer – that is, the person who has most involvement in the day-to-day care of the child.

### 3.4.2 Non-resident parents

You should **not** interview parents who are not resident with the child.

### 3.4.3 The Partner's interview

At sweep 2 we have designed a short 20-25 minute interview for the partner of the main respondent. The questions in this interview are all included in the main questionnaire (as such all the showcard references refer to the main showcards). The object of the exercise is to obtain the viewpoint of another adult who is involved in the care of the sample child.

Where the main respondent has a partner resident in the same household that person will be eligible for this interview. The partner does not need to be a biological or step-parent of the child.

The partner's interview has been included as a 'parallel block' within the main program. As you collect information in the main interview, the questionnaire program will automatically determine whether there is an eligible partner resident in the household and allow you access to the parallel partner block. If the program informs you that there is an eligible partner in the household, continue with and complete the main interview before introducing the partner's interview.

When introducing the partner's interview, you may wish to say something like "Because the Scottish Executive is interested in a getting a whole picture of the lives of young children and their families I would like to speak to your husband/wife/partner about their views of some of the issues I have just asked you about."

You may wish to add that the partner's interview is much shorter than the main interview and should take around 20-25 minutes to complete.

If you are conducting the partner's interview at the same time as the main interview then the program will route you directly to it. If you have arranged the partner's interview for another occasion then on your return simply go back into the questionnaire for that household and press the <END> key or use <CTRL>+<ENTER> to access the parallel partner block.

The partner's interview does not collect any information about the child. It is therefore not as important as the main interview. For this reason, **you will not be able to access the partner's interview until you have reached the partial interview point in the main interview.** Even then, you should attempt to fully complete the main interview before starting the partner interview. Also, please remember to ask the final questions confirming



contact details and stable contact information with the main carer before conducting the partner's interview.

### **Conducting the Partner's interview by Telephone**

In some rare situations, allowances will be made to conduct the partner's interview by telephone. This will almost exclusively be for our most remote addresses where it will not be feasible or cost-effective for the interviewer to make a second visit for the sole purpose of interviewing the partner.

The suitability of a telephone partner's interview will be decided before issue on a case by case basis. You should not pursue this approach without discussing with your Team Leader, Area Manager or Deputy beforehand. As well as being a fieldwork issue this is also a data issue - if the partner's interview is conducted by telephone the self-complete section is not included. As such we would always prefer the interview to be conducted face-to-face.

Paper copies of the showcards for the partner's interview are available for these cases. These should be left behind with the respondent after the main 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 work pack.

You should call at the nearest police station to 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 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) do not pick them up and walk around with them (as you might drop them!). Try not to be left alone with the sample child or other children.

### **3.5.3 Children at risk**

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

more pronounced in the case of 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 sample child or other children in the family. This concern may be so intense that you feel you must do something about this. We would suggest that you are very cautious about coming to any hasty conclusions or about any action you take bearing in mind that it is unlikely that you are professionally qualified to make judgements about "abuse". If nevertheless you feel so convinced that there is a potential or actual danger of "abuse" and that you should take some action please ring 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.

#### 3.5.4 Parents who are known to you

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

#### 3.5.5 Magnets

We have organised the production of a GUS fridge magnet which will be given to respondents as a 'reward' for their contribution. The magnet also has various contact details for the study printed on it to encourage people to contact us if their contact details change. Please remember to leave a magnet behind when you have finished the interview.

## 4 THE ADDRESS RECORD FORM

### 4.1 ARF instructions

(\*\*SEE ALSO TRACING AND ELIGIBILITY DIAGRAM AT APPENDIX A\*\*)

Pages 1 and 2

On the first two pages 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. There is a box above the calls record form on the front page for you to record your total number of personal visits. Please also record any phone calls or visits that you make to the stable contact on the calls record form.

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

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

#### Section A

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

- In most cases the cohort member (i.e. the child) will be resident at the original address and you will be directed to section D.
- If the child is resident at a *different* address, you will be asked to record whether you have been able to establish the new address (at 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 and C

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

If you are unable to contact the cohort member at the follow-up address you will be asked to make up at least one more attempt to trace the cohort member, details of which should be recorded in Section C.

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 sweep 1 respondent.

### **Section D**

In this section you record the final outcome code for the main interview and partner's interview. All productive codes will be computed in Admin. Unproductive final outcome codes should only be used when you are certain that the cohort member (named child) is resident. If unproductive, please record full reasons at D3 and answer D4. All final outcome codes are in bold.

Outcomes for the partner's interview are merged into the main interview outcomes. If you have a case with an unproductive partner's interview please ensure that you complete the questions at D6 and D7 which ask for more detail on these cases.

### ***Refusals***

The object of Growing Up in Scotland is to revisit all of the families **every year** for the first five years of the study. Because of the frequency of contact we will not necessarily be discarding respondents who do not participate at any one individual sweep. As such, when a respondent refuses, you must establish whether they wish to remove themselves completely from the study or whether it is simply not convenient for them to participate at sweep 2. Where they do not want to remove themselves completely and are happy to be approached at sweep 3, please use codes 510 (illness) or 520 (away) if appropriate, or use code **525 - "Swp1 resp't/ main carer refused for sweep 2 only - other reason"**. **All refusals coded as 431 and 432 will be permanently removed from the sample so please be certain when you are using these codes.**

### **Section E**

At the end of the interview you will be prompted to record the details of the cohort member and the mother/main carer on the ARF at questions E1 and E2. If there is an adult in the household eligible for the partner's interview, please record their details at E3.

### **Section F**

You will also be prompted to check the stable address for the respondent. If the stable contact details have changed, or there were no existing stable contact details from sweep 1 then all **new** or **amended** details should be recorded at F1. 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). Please use the space at F3 to record any other useful contact or related information about the respondent including extra telephone or mobile numbers (such as work numbers) or additional e-mail addresses.

### **Section G**

Please answer the questions in this section for all productive outcomes, refusals (including office refusals) and non-contacts. You do not need to answer these for deadwood or other ineligible cases (codes 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
- Food and Nutrition (Toddlers only)
- Parenting
- The Transition to Pre-school (Children only)
- Childcare
- Child health and development
- Activities with others
- Self-completion section (feelings about being a parent, respondent health)
- Neighbourhood and Community (Toddlers only)
- Work, employment and income
- Accommodation and transport
- Height and weight measurements (Children only) - *Parallel block*
- (Partner's questionnaire - *Parallel block*)

Please make sure you read through the questionnaire very carefully, making sure you are familiar with it **before** you go out to start interviewing.

### 5.2 Different ages, different questions

For sweep 2 there are a number of significant differences in the questions being used for the birth cohort and those being used for the older children. This is because we are collecting height and weight measurements for the older children. To allow time for this, a number of topics included for toddlers have been excluded from the child version. Other differences between the questionnaires reflect the different stages of development for each cohort - for example, parents of toddlers are not asked about the transition to pre-school because their children are too young.

### 5.3 Detailed information about individual sections

#### 5.3.1 Household grid

Name	Question	Notes
Stilliv	Can you tell me does ^PersName still live here?	Household information collected at sweep 1 is fed forward into the questionnaire for this question. Please confirm or amend the details displayed on screen.
Marstat2	What is ^PersName's 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. Another question (LivWith2) 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	Be careful to get the coding the right way round here. We are asking what the <b>respondent's relationship to the sample child</b> is, and the respondent is usually the sample child'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 etc.  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
Livels	Since <i>^month of interview</i> last year, can you tell me if <i>^ChildName</i> has spent any time living with someone else?	Living elsewhere does not include staying over night with a grandparent once or twice a week - even if it is a regular arrangement.

It is important that the information recorded in the household grid is accurate - the details recorded here determine whether there is an adult in the household eligible for a partner's interview and thus access to the partner's interview parallel block.

### 5.3.2 Non-resident Parents

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

### 5.3.3 Food and Nutrition

This section is only asked of the parents of younger children.

Name	Question	Notes
Snack	Some children just have snacks all day while others wait for meals. How would you describe <i>^ChildName</i> ? Would you say <i>^ChHeShe...</i>	'Snacks' include fruit.

### 5.3.4 Parenting

Name	Question	Notes
MumTodd	In the last 12 months, have you attended any parent and toddler groups with <i>^ChildName</i> ?	This question covers the <u>whole</u> of the last 12 months. If a child has recently started a pre-school/nursery arrangement then the respondent may not remember about attendance at a parent/toddler group before the child started nursery.
NoClass	Is there any particular reason why you haven't done so? [attended any parent and	If the respondent answers that they haven't attended because of 'no transport' this should be coded as 'No suitable classes available/accessible'.

	toddler groups]	
Ptech1-4	Questions about parenting techniques/approaches	Definitions of all approaches have been included. You may notice a similarity between the 'Timeout' and 'Naughty step' approaches. Although the principle of these approaches is the same, there is a key difference in the terminology and it will be interesting to discover whether people have used one or the other or both.  There is no definition provided for smacking. For the purposes of this project we consider 'smacking' to be any punitive physical contact irrespective of the force used, this includes slaps or taps on the wrists and/or legs.
Serv1	Which, if any, of the people on this card have seen ^ChildName in the last year, for any reason - not just about any problems or concerns you might have mentioned?	'Other health professional' can be used for <i>any</i> other type of health professional not included on the list. It does not need to be one of the examples given on the screen alongside this answer option.
Pactv1	Can you tell me how often you do these activities with ^Chhimher...bath ^Chhimher	This question is asking about the how often the respondent bathes the child, NOT how often the child has a bath.

### 5.3.5 Transition to Pre-school

This section is only asked of parents of the older children.

Name	Question	Notes
Prscwhy	What would you say were the three main reasons why you chose to enrol ^Childname in a pre-school place?	This question is about the respondents <u>general</u> reasons why they enrolled their child in pre-school (e.g. for his/her educational development). It is not asking about why they chose the particular pre-school provider (i.e. nursery) that is being used.

### 5.3.6 Childcare

Name	Question	Notes
Stilcar	I'd like to check whether your childcare arrangements have changed. Can you tell me if the following arrangement is still in place?	Details of any childcare arrangements collected at sweep 1 are fed through for this question. Please confirm or amend the details displayed on screen.
CCare1	Do you currently get help with childcare for ^ChildName on a regular basis from any of the providers or people listed on the card?	'Childcare' includes any pre-school arrangements which were asked about in the previous section. Please bear this in mind, and re-emphasise our definition of childcare ("when ^ChildName is looked after by anyone other than you or your partner") as some respondents may not consider pre-school to be 'childcare'.

Cost	How much does your household usually pay per week or per month for ^ChildName's childcare?	If the sample child is cared for by the same provider as another child in the household and one overall payment is made for all children, simply split the overall payment by the number of children and enter that figure.
OthStop	What is the main reason you are not using that arrangement at the moment?	If the respondent stopped using a childcare arrangement because the child started a funded/free pre-school place then the answer here should be "Not needed anymore"

### 5.3.7 Child Health and Development

Name	Question	Notes
Chealth1	When you have had concerns about ^ChildName's health in the last year, from which, if any, of the following sources have you sought help, information or advice, or have you not had any concerns?	In some cases, this question will follow on from a range of additional questions about sources of help on specific problems and it may seem unnecessarily repetitive. The reason for seeming repetitiveness is that we want to pick up differences between the services used for specific problems compared to those used for health problems more generally. Also, not all respondents will be asked the specific questions (they are based on information provided at sweep 1).  This question is also similar to an earlier question in the Parenting section about seeking help etc on the child's <b>behaviour</b> .
DAccAny/ DAccC  Hthsrv4	Did ^ChildName go to hospital?  And still thinking about the last six months, did you or any member of your household contact or visit any of the following people or services because of ^ChildName's health? Hospital Accident and Emergency/Casualty Department	Both questions ask whether the child has been to Accident and Emergency. The key difference is that the first question is asked specifically within the context of the child having had an accident (for example a broken bone from a fall). The second question asks about visits to Accident & Emergency for <b>any</b> health related reason.

### 5.3.8 Activities with others

Name	Question	Notes
Acread1	On how many days in the last week has ^ChildName looked at books or read stories either on ^ChHisHer own or with someone else?	This question is specifically asking about the activity of 'reading'. Storytelling, without the use of books, should not be included.
TV2 & TV3	How long would ^ChildName	This should be the amount of time the child actually



	usually watch television for in total on an average weekday/at the weekend	spent <i>watching</i> television. Not the amount of time the television was on when the child was in the room.
--	--	--

### 5.3.9 Activities with others

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 <b>red sticker</b> (the enter key).</p> <p>Please ask the interviewer if you want any help. Now press 1 and THEN the key with the <b>red sticker</b> 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 a red stickers at the briefing which should be stuck onto the enter key on your computer for this purpose.</p>
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### 5.3.10 Employment and Income

Name	Question	Notes
SameJob	...I'd like to check whether any of your employment details have changed. Can you tell me if the following information is correct?	Details of any employment collected at sweep 1 are fed through for this question. Please confirm or amend the details displayed on screen.

### 5.3.11 Child Measurements

The measurement section has been set up as a 'parallel block'. Parallel blocks sit alongside the main questionnaire but can be accessed separately. The measurement block can be accessed at any point during the interview **after** you have completed the household grid. This means that you can take and record the measurements at any convenient point during the course of the interview. You may find this particularly useful if the child will only be present for some of the interview.

## 6 HEIGHT AND WEIGHT MEASUREMENTS

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

You are only asked to measure the height and weight of the children in the **older** cohort. However, in some cases it may not be possible or appropriate to do so. Do not force a child to be measured if it is clear that the child is unwilling or that the measurement will be far from reliable but whenever you think a reasonable measurement can be taken, do so. You are asked to record the reliability of your measurement at *RelHiteB* and *RelWaitB*.

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

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

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

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

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

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

### ***RelHite and RelWaitB***

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

***Measurement Record Cards***

You will be provided with measurement record cards in your workpack. If the respondent would like a record of the measurements, please complete a card with the child's height and weight details and leave it with them.

## 7 ADMIN AND RETURN OF WORK

### **Completing the Admin Block**

When you have finished all your interviewing at the address, please complete the Admin details. Please record the final outcome code on the ARF. 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 the cohort member and respondent and (if given) a stable address and (if given) a new address. You should have these details recorded on the ARF.

You will also be asked a number of questions regarding the partner’s interview including, for eligible cases, the outcome. If the outcome was unproductive you will be asked for further details - you should have this information 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.

Questionnaire data will be transferred back to the office via the modem.

## 8 CONTACTS

### Contact Points

The Brentwood field team is the Copper Team. Contact:

Jo Phillipson	Tel: 01277 690230
Bryan Mason	Tel: 01277 690233

Contact them about field problems, sample or tracing queries.

The Equipment Co-Ordinator for this project is John Lightfoot. Any queries regarding scales or stadiometers should be directed to John who can be contacted on 01277 690183.

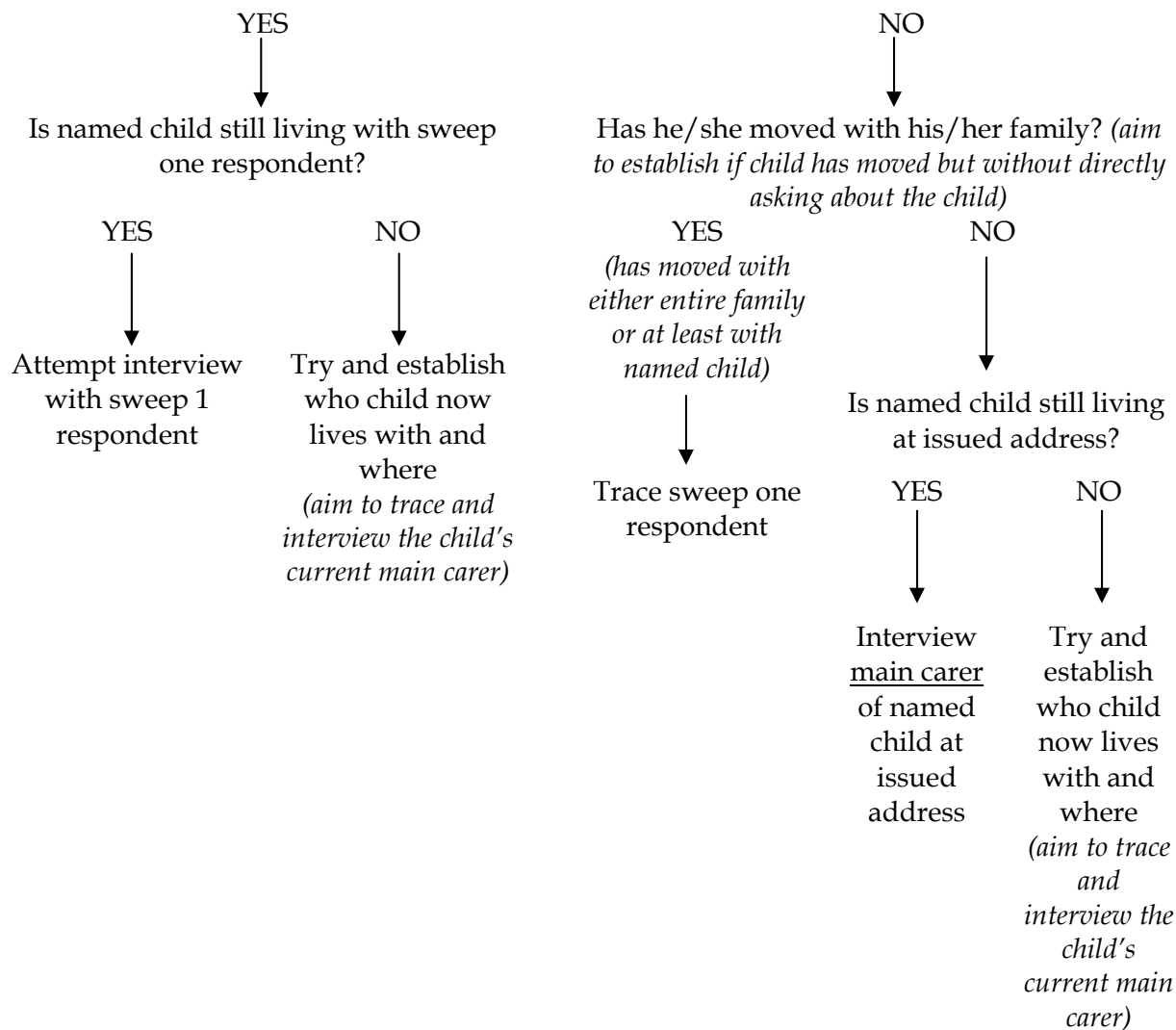
The Scottish Centre for Social Research team are:

Paul Bradshaw  
Louise Marryat  
Rachel Ormston

They can be contacted on 0131 228 2167. Contact them about problems with the program or if you have queries about the ARF, or if you have queries about the background to the study, why it is being done and what the results will be used for.

## Appendix A: TRACING AND ELIGIBILITY DIAGRAM

Is sweep one respondent still resident at the issued address on the front of the ARF?



## **Appendix B: PROTOCOL FOR TAKING HEIGHT MEASUREMENT**

### **A. THE EQUIPMENT**

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

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

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

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

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

#### **The rods**

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

#### **The base plate**

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

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

#### **The head plate**

There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by

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

### **Assembling the stadiometer**

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

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

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

### **Dismantling the stadiometer**

Follow these rules:-

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

## **C. THE PROTOCOL - CHILDREN**

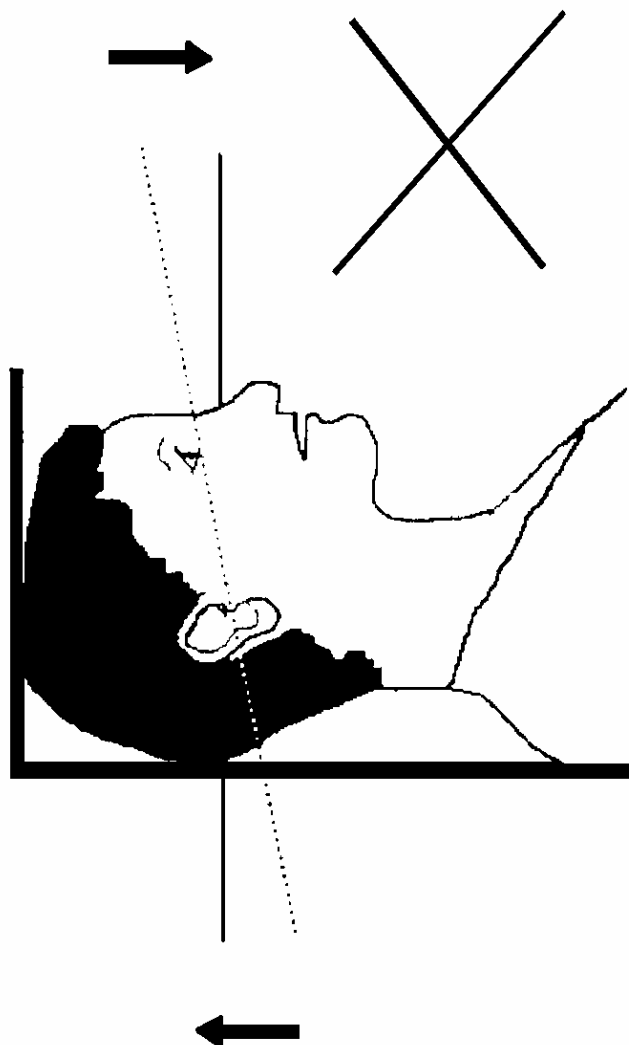
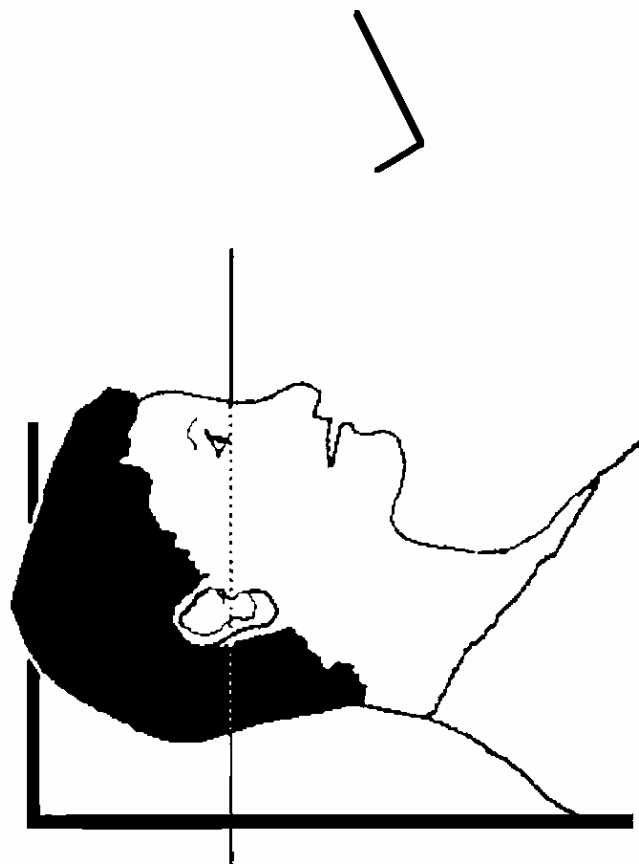
The protocol for measuring children differs slightly to that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement.

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

Before undertaking the measurements and stretching the child, you must fully explain the procedures to the respondent and ensure that they are comfortable with them. If you feel the respondent is uncomfortable, then instruct them to carry out the stretch.



# FRANKFORT PLANE



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

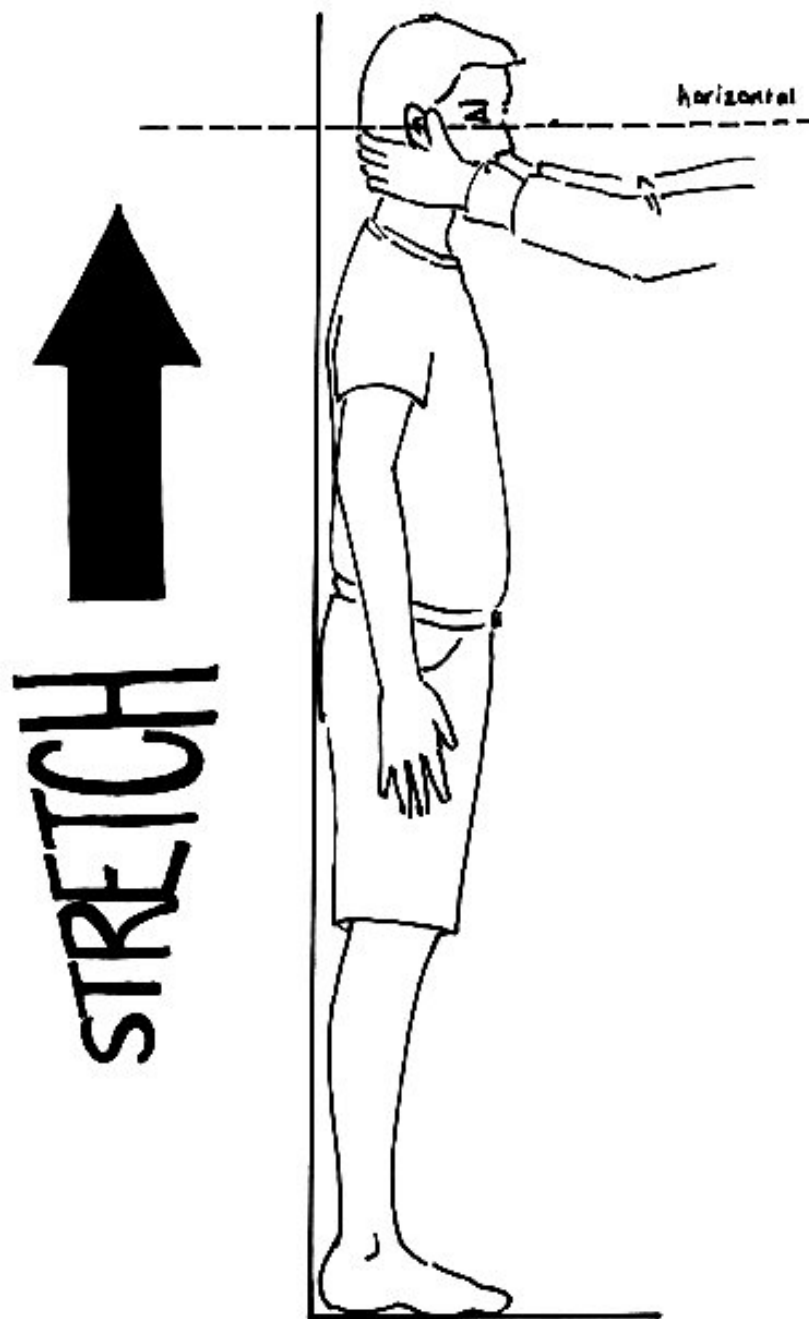
1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement. It is so that you can make sure that children don't lift their heels off of the base plate or scrunch up their toes. (See 3 below).
2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.
3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.
4. Place the measuring arm just above the child's head.
5. Move the child's head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
6. Cup the child's head in your hands, placing the heels of your palms either side of the chin. Your fingers should come to rest just under the ears (See diagram).
7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.
8. Ask the household member who is helping you to lower the headplate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.
9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.
10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question "Height." At the question "MbookHt" you will be asked to check the child's height. At that point the computer will display the recorded height in both centimetres and in feet and inches.

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

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

**E. ADDITIONAL POINTS - ALL RESPONDENTS**

1. If the child cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.
2. If the respondent has a hair style which stands well above the top of their head, bring the headplate down until it touches the hair. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head, and think that this will lead to an unreliable measure, record this at question *RelHite*. If it is a hairstyle that can be altered, e.g. a bun, if possible ask the respondent to change/undo it.



## Appendix C: PROTOCOL FOR TAKING WEIGHT MEASUREMENTS

### A. THE EQUIPMENT

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

#### *SOEHNLE SCALES*

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

#### *SECA 850*

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

#### *SECA 870*

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

#### *TANITA THD-305*

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

<p><b>When you are sending them through the post please make sure you remove the battery to stop the scales turning themselves on. (This does not apply to the Seca 870 scales)</b></p>
---

## BATTERIES (SOEHNLE, SECA 850 AND TANITA)

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

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

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

### **WARNING**

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

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

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

- a) You have to have a second or subsequent attempt at measuring the same child

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

## **B. WEIGHING CHILDREN**

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

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

In most cases it will be possible to measure children's weight following the protocol set out for adults. However, if accurate readings are to be obtained, it is very important that respondents stand still. Ask the child to stand perfectly still - "Be a statue." For very young children who are unable to stand unaided or small children who find this difficult you will

need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:-

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

The computer will then calculate the weight of the child and you will be asked to check that you have recorded the weight onto the child's Measurement Record Card at *MBookWt*. Again the computer will give the weight in both kilos and in stones and pounds.

### C. THE PROTOCOL

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

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

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

## **WEIGHT REFUSED, NOT ATTEMPTED OR ATTEMPTED BUT NOT OBTAINED**

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





Scottish Centre for  
Social Research  
*Incorporating Scottish Health Feedback*

**P7003 (COPPER TEAM)**

# **GROWING UP IN SCOTLAND SURVEY 2006/7**

## **CAPI**

### **Coder Instructions**

Version 1

**JUNE 2006**

## 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 to conduct the first four years of fieldwork for the study. The data you will be working on is being collected in the second year or 'sweep' of fieldwork. In the first year, we recruited two cohorts – one based on 5,000 babies and the other based on 3,000 toddlers and interviews were generally undertaken with mothers. At sweep two, in most cases the mother will again be the main respondent. However, this year we are also collecting information from the main respondent's resident partner. This is undertaken as a shorter CAPI interview using questions from the main questionnaire. The partner's interview is hosted as a parallel block on the main CAPI script and as such the edit program includes questions which have also been asked of the partners.

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.

**Soft checks**

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

**Employment Status**

The question which asks respondents whether they are employed or self-employed (called EmpSt) may come on route in the first few batches (a program fix was made and cases after that point were not affected). If it does please press <CONTROL> and <K> to get past this point.

**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

**Serv1O** (In Q.Parenting block)

Edit question: XSrv1O

“Which, if any, of the people on this card have seen ^childname in the last year, that is since ^month\_of\_interview, for any reason – not just about any problems or concerns you might have mentioned?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**ORIGINAL CODES:**

1. Local doctor/GP
2. Health visitor
3. Practice nurse
4. Social worker
5. Psychologist (including Educational Psychologist)
6. Other health professional (e.g. physiotherapist, consultant)
7. Other education or support service (Please specify)
8. Child has not seen any professionals in the last year

**NEW CODES:**

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

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

Note that initial data suggests in particular that category 7 'Other education or support service' is being used incorrectly instead of category 6 'Other health professional'.

## CODE FRAME 2

**Serv2O** (In Q.Parenting block)

Edit question: XSrv2O

“Other than those instance which you may have just mentioned, which, if any, of the people on this card have **you** been in contact with in the last year, for any reason?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**ORIGINAL CODES:**

1. Local doctor/GP
2. Health visitor
3. Practice nurse
4. Social worker
5. Psychologist (including Educational Psychologist)
6. Other health professional (e.g. physiotherapist, consultant)
7. Other education or support service (please specify)
8. Child has not seen any professionals in the last year

**NEW CODES:**

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

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

Note that initial data suggests in particular that category 7 'Other education or support service' is being used incorrectly instead of category 6 'Other health professional'.

### CODE FRAME 3

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

Edit question: XDiff

*And*

**PDiffic** (In Q.Partner block)

Edit question: XPDiff

“Thinking about the last year, what has been the most difficult thing about bringing up  
^childname?”

**Question Type: Open answer**

**MULTICODE: CODE ALL THAT APPLY**

**NEW CODES:**

1. Arranging/organising childcare
  2. Balancing parenting with household responsibilities
  3. Balancing parenting with work/studying
  4. Being/coping on my own
  5. Coping with more than one child
  6. Determination/strong willed/more independent
  7. Difficult/demanding child/requires lots of attention
  8. Discipline/Bad behaviour/Doesn't listen
  9. Feeding/Eating
  10. Lack of money/financial difficulties/money related
  11. Finding time for myself/ourselves
  12. He/she is growing up/developing too fast
  13. Having confidence as a parent
  14. Health related
  15. Keeping an eye on him/her
  16. Not having time to spend with him/her
  17. Other parent not around/Parental separation
  18. Problems related to a sibling
  19. Problems related to sleep
  20. Problems related to speech or a delay in development
  21. Problems related to toilet training
  22. Temper Tantrums
  23. Trying to fit it all in
  24. Nothing/Can't think of anything
- 
94. Other specific
  95. Vague or irrelevant
  96. Editor can't deal with

**Examples of answers to be coded:**

“balancing household tasks and bringing up 2 children”

“she is strong willed”

“affording everything to do with a child/financial”

## CODE FRAME 4

**Best** (In Q.Parentg block)

Edit question: XBest

*And*

**PBest** (In Q.Partner block)

Edit question: XPBest

“And what has been the best thing (about bringing up ^childname in the last year)?”

**Question Type: Open answer**

**MULTICODE: CODE ALL THAT APPLY**

### NEW CODES:

1. Him/her developing or achieving more
2. Everything about him/her
3. Going to nursery/getting on well at nursery
4. Good fun/entertaining/makes me laugh
5. Having him/her there on special occasions (weddings, christmas etc)
6. He/She is loving/good natured
7. His/her personality
8. His/her increasing independence
9. His/her increasing interaction with parent(s)
10. His/her increasing interaction with friends/peers
11. His/her increasing interaction with sibling(s)
12. Just having him/her
13. Playing or spending time with him/her or just being with him/her
14. Seeing that he/she is happy/content
15. He/she is affectionate/shows affection
16. Him/her talking
17. Him/her turning into individual
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

### Examples of answers to be coded:

“seeing her develop and grow up and being more independent”

“he is entertaining and fun to be with really nice personality”

“just having her in the family”

“now he's starting to talk”

## CODE FRAME 5

**KidTim2O** (In Q.Parentg block)

Edit question: XKTim2

*And*

**PKidTim2O** (In Q.Partner block)

Edit question: XPKTim2

“Why do you feel you do not have enough time to spend with ^childname?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**ORIGINAL CODES:**

1. Because I work
2. Working long hours
3. Work away from home
4. Other work reasons
5. Demands of housework
6. Demands of other children
7. My poor health
8. Other (please specify)

**NEW CODES:**

9. Because I study/ attend college
10. Because of DIY/jobs to do around the house
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

Where possible backcode 'other' answers (8) to the original code frame above (1-7). Otherwise assign the additional codes (9-10) or one of the 'other' codes (94-96) as appropriate.



## CODE FRAME 6

**Prscwhy** (In Q.PreSch block)

Edit question: XPrWhy

“What would you say were the three main reasons why you chose to enrol ^childname in ^pre-school\_type?”

**Question Type: Open answer**

**MULTICODE: MAX. 3 CODES**

### **NEW CODES:**

1. Child already at same nursery
2. Child enjoys it
3. Child 'needs' it/ it's good for him
4. Child wanted to go
5. Child was ready for it/at the right age
6. Continuation into/Preparation for school
7. Educational Development
8. For fun
9. General development
10. It's free
11. It's a natural progression/time for him/her to go
12. It's the right/normal thing to do
13. So Parent could work/study/look for work
14. Social development/skills
15. Stimulation outside the home
16. Socialise or make friends with other children/social development
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

### **Examples of answers to be coded:**

“good for them to mix with other kids and gets them ready for school”

“normal thing to do”

“everyone goes after they turn 3”

## CODE FRAME 7

**Prscwh** (In Q.PreSch block)

Edit question: XPrwha

“In what way did it (moving ^childname into ^pre-school\_type) affect you?”

**Question Type: Open answer**

**MULTICODE: CODE ALL THAT APPLY**

### **NEW CODES:**

1. Arrangements had to be made to drop-off and collect child
  2. Disrupted/changed usual daily routine
  3. Had to get used to time without child/child being away
  4. Less flexibility
  5. More time to do other things while child at pre-school
  6. Sibling had a routine change
  7. Went back to work
- 
94. Other specific
  95. Vague or irrelevant
  96. Editor can't deal with

### **Examples of answers to be coded:**

“used to do things in the morning which now get done in the afternoon”

“not able to go out and do things or spend a day here or there”

“had to arrange who would take him there and pick him up/ with ex-partner”

## CODE FRAME 8

**ReasOth** (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. For child’s social development (including ‘mixing with other children’)
13. To give me/my partner ‘a break’
14. Respondent/partner has had illness
15. To allow relative/carer to spend time with child
16. Other reason (Please specify)

### 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.

### Examples of answers to be coded:

“For my driving lessons”

“Get on with things in the house”

“I can attend aerobics class”

## CODE FRAME 9

**WhyNoC2** (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: CODE ALL THAT APPLY**

### 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 (Please specify)

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

Where possible backcode 'other' answers (9) to the original code frame above (1-8). Otherwise assign the additional codes (10-13) or one of the 'other' codes (94-96) as appropriate.

### Examples of answers to be coded:

“no nursery will take any child less than 2 years in the area”

“there is a shortage of childcare and who could you trust as a chil minder”

## CODE FRAME 10

**DiffCCO** (In Q.ChCare block)

Edit question: XDifCC

“Why did you find it difficult (to arrange suitable childcare for ^childname in the last 12 months)?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**ORIGINAL CODES:**

1. Not enough childcare places available locally
2. Transport difficulties getting to an appropriate provider
3. No childcare providers available that I could trust
4. Cost/too expensive
5. He/She needs special care
6. Other reasons (Please specify)

**NEW CODES:**

7. I/my partner/we work unusual/long/irregular hours
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

Where possible backcode 'other' answers (9) to the original code frame above (1-8). Otherwise assign the additional codes (10-13) or one of the 'other' codes (94-96) as appropriate.

**Examples of answers to be coded:**

“the long hours we both work”

“need irregular provision because of husband's shift work”

## CODE FRAME 11

**Helpth2** (In Q.Develop block)

Edit question: XHpht2

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

**Question Type: Open answer**

**MULTICODE: CODE ALL THAT APPLY**

**NEW CODES:**

1. Specific illness or condition
  2. Access to/problems with health service - GP
  3. Access to/problems with health service - NHS 24
  4. Access to/problems with health service - Specialist/Consultant
  5. Access to/problems with health service - Other
- 
94. Other specific
  95. Vague or irrelevant
  96. Editor can’t deal with

**Examples of answers to be coded:**

“Calling helplines and being told to contact GP and being told nothing was wrong.”

“she had a bad throat rumbling”

## CODE FRAME 12

**DisPrb** (In Q.Develop block)  
Edit question: XDPrbX

\*\*\*PLEASE ALSO SEE LONG-STANDING ILLNESS CODING GLOSSARIES  
APPENDIXES A & B - Pages 33-43\*\*\*

“What is the illness or disability?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### NEW CODES:

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

- 37. Infectious and parasitic disease
- 38. Disorders of blood and blood forming organs and immunity disorders
- 39. Skin complaints
- 40. Other complaints
- 41. Complaint no longer present
  
- 94. Other specific
- 95. Vague or irrelevant
- 96. Editor can't deal with



## CODE FRAME 13

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

Edit question: XHPrbX

\*\*\*PLEASE ALSO SEE CODING GLOSSARY - APPENDIX C - Pages 44-48\*\*\*

“What other kind of health problem or illness has ^ChildName had since we saw you in ^month\_txt last year?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### ORIGINAL CODES:

1. Coughs, colds 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. Chicken pox
14. Urinary tract infection
15. Other severe infection
16. Other mild infection
17. Constipation
18. Reaction(s) to immunisation(s)
19. Infection of nose or throat, croup, flu or severe cough
20. Other health problems (PLEASE SPECIFY)
21. No health problems

### NEW CODES:

22. High temperature/acute viral infection unspecified
23. Measles or whooping cough
24. Thrush
25. Breathing problem
26. Eczema
27. Other allergy, **except** wheezing asthma or eczema
28. Colic
29. Jaundice
30. Hernia
31. Reflux or other vomiting

### Congenital Abnormalities

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

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

Where possible backcode 'other' answers (20) to the original code frame above (1-19). Otherwise assign the additional codes (22-45) or one of the 'other' codes (94-96) as appropriate.

## CODE FRAME 14

**DAccAX** (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 15

**Hthsrv7O** (In Q.Develop block)

Edit question: XHtsv7

“Which other person or service did you visit because of ^childname’s health?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### **NEW CODES:**

1. Optician/Optomotrist/Eye specialist
2. Paediatrician
3. Physiotherapist
4. Skin consultant/Skin specialist/Dermatologist
5. Speech therapist
6. Unspecified Consulatant/Specialist
7. GP/family doctor
8. Health visitor
9. Practice Nurse
10. Accident & Emergency
11. NHS 24
12. Dentist
  
94. Other specific
95. Vague or irrelevant
96. Editor can’t deal with

### **Examples of answers to be coded:**

“eye specialist”

“hospital consultant”

“paediatrician”

## CODE FRAME 16

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

Edit question: XAEprb

“You mentioned that in the last 6 months you visited a hospital Accident and Emergency department because of ^childname’s health. Thinking about the last time this happened, what was the matter with ^childname?”

**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. Coughs, colds or fevers
12. Chest infections,
13. Ear infections,
14. Feeding problems,
15. Sleeping problems,
16. Wheezing or asthma,
17. Skin problems,
18. Sight or eye problems,
19. Failure to gain weight or to grow,
20. Persistent or severe vomiting,
21. Persistent or severe diarrhoea,
22. Fits or convulsions,
23. Chicken pox
24. Urinary tract infection
25. Other severe infection
26. Other mild infection
27. Constipation
28. Reaction(s) to immunisation(s)
29. Infection of nose or throat croup flu or severe cough
30. Other health problems (PLEASE SPECIFY)

### NEW CODES:

31. Dislocation, avulsion (avulsion = ‘tearing away’ of something’)
  32. Bruise, sprain, twist
  33. Choking fit
  34. Injury to mouth or face e.g. nosebleed
  35. 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 (30) to the original code frame above (1-29). Otherwise assign the additional codes (31-35) or one of the 'other' codes (94-96) as appropriate.

## CODE FRAME 17

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

Edit question: XAErea

“What was the other main reason you decided to take ^childname to Accident and Emergency on that occasion?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### ORIGINAL CODES:

1. Too long a wait at my GP surgery
2. I thought I would get better care or treatment
3. The opening hours were more convenient for me
4. The location was more convenient for me
5. I did not think the GP would be able to help
6. It was for a treatment/service only available at A&E (e.g. X-Ray or emergency treatment)
7. I was advised to go by my GP
8. I was advised to go by NHS 24
9. I couldn't get hold of a GP
10. I couldn't get through to NHS 24
11. Other reason - PLEASE SPECIFY

### NEW CODES:

12. It was at the weekend or 'out of hours'
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 code (12) or one of the 'other' codes (94-96) as appropriate.

### Examples of answers to be coded:

“at the weekend so was the best option”

“phoned gp who told me to take him to a+e”

“because of the amount of blood - cut to his eyebrow”

## CODE FRAME 18

**DActT18O** (In Q.Develop block)

Edit question: XAc18O

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

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

**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. He stutters
8. 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.

**Examples of answers to be coded:**

“speech has not developed as much as I'd expected”

“cannot produce words at all”

“just she cant say the letter f”



## CODE FRAME 19

TVWhyO (In Q.Activ block)

Edit question: XTVWy

“Looking at this card, please choose the three reasons why ^childname watches television?”

**Question Type: Other specify**

**MULTICODE: MAX. 3 CODES**

**ORIGINAL CODES:**

1. It is educational
2. It keeps him or her entertained
3. It keeps him/her quiet
4. It allows me/my partner to get on with other things
5. It helps him/her get to sleep
6. It keeps him/her awake
7. It raises his/her awareness of the world around him/her
8. It is a reward for good behaviour
9. Other reason (Please specify)

**NEW CODES:**

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

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

**Examples of answers to be coded:**

“To give mum time to do other things”

“relaxes her”

## CODE FRAME 20

**Nhinv2** (In Q.Neigh)  
Edit question: XNhin2

*And*

**PNhinv2** (In Q.Partner block)  
Edit question: XPNhin2

“What sort of group is it?”

**Question Type: Open answer**

**SINGLE CODE ONLY**

### **NEW CODES:**

1. Parent/toddler or Parent/baby group
  2. Playgroup or other pre-school group
  3. Parent/Teacher Association
  4. Hobbies/interest group
  5. Creche
  6. Uniformed child/youth organisation\*
  7. Health/disability related group
- 
94. Other specific
  95. Vague or irrelevant
  96. Editor can't deal with

*\*The principal organisations which will be coded under item 6 “Uniformed child/youth organisation” are Rainbows, Brownies, Guides, Beavers, Cubs, Scouts, Anchor Boys, Boys’ Brigade (Junior Section and Company Section), Girls’ Brigade, Air Training Corps, Sea Cadet and Army Cadets. This list is not exhaustive however, and other organisations may be included in this category as appropriate.*

### **Examples of answers to be coded:**

“parent and toddlers”

“Beavers/Cubs”

“church crèche”

“downs syndrome branch”

## CODE FRAME 21

**Nhinv4**, (In Q.Neigh block)

Edit question: XNhinv4,

*And*

**PNhinv4** (In Q.Partner block)

Edit question: XPNhinv4

“What is the group or organisation?”

**Question Type: Open answer**

**SINGLE CODE ONLY**

### **NEW CODES:**

1. Voluntary group or charity
2. Church/Church group/Church committee
3. Community group/Residents' association
4. Health/disability related group
5. Hobbies/interests
6. Parent/toddler group
7. Playgroup or other pre-school group
8. Political party
9. Professional association
10. PTA/School group/committee
11. Sport/leisure related
12. Trade Union
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

### **Examples of answers to be coded:**

“church group”

“Masonic lodge”

“bowling club”

“music group”

## CODE FRAME 22

**OthQu** and **PrOthQu** (In Q.EmpInc block)

Edit questions: XOthQu and XPrOtQu

*And*

**POthQu** (In Q.Partner block)

Edit Question: XPOtQu

\*\*\*PLEASE ALSO SEE CODING GLOSSARY - APPENDIX D - Page 49\*\*\*

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

**Question Type: Other specify**

**MULTICODE: MAX. 8 CODES**

### 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 23

**EthOth** and **PrEthOt** (In Q.EmpInc block)

Edit questions: XEtOt and XPrEtO

*And*

**PEthOth** (In Q.Partner block)

Edit question: XPETot

“Please can you describe your ethnic group?”

\*\*\*PLEASE ALSO SEE CODING GLOSSARY - APPENDIX E - Page 50\*\*\*

**Question Type: Other specify**

**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 24

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

Edit questions: XRelOt and XPrReO

*And*

**PRelOth** (In Q.Partner block)

Edit question: XPreLO

“Please can you describe your religion?”

\*\*\*PLEASE ALSO SEE CODING GLOSSARY - APPENDIX F - Pages 50-51\*\*\*

**Question Type: Other specify**

**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. Note, anything include under code 18 in the glossary should be coded as 94.

## **Socio-Economic Coding**

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

Questions about the respondent's employment

**PrMainJb, PrMainDo, PrIndSt, PrJbQual** (In Q.EmpInc block)

Proxy questions about the respondent's partner's employment

**PMainJb, PMainDo, PIndSt, PJbQual** (In Q.Partner block)

Questions about the respondent's partner's employment asked in partner's interview

### **Socio-Economic Coding**

SOC, SIC and NS\_SEC coding needs to be applied to these questions



## APPENDIX A - LONG STANDING ILLNESS CODING GLOSSARY

### CAPI variable: DisPrb

#### 01 Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts

*Overactive thyroid and swelling in neck - code 03 only.*

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

#### Endocrine/nutritional/metabolic diseases

#### 02 Diabetes

Incl. Hyperglycaemia

#### 03 Other endocrine/metabolic

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

*Thyroid trouble and tiredness - code 03 only*

## Mental, behavioural and personality disorders

### **04 Mental illness/anxiety/depression/ nerves (nes)**

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

<i>Alzheimer's disease, degenerative brain disease = code 08</i>
--

### **05 Mental handicap**

Incl. Down's syndrome, Mongol  
Mentally retarded, subnormal

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

### **06 Epilepsy/fits/convulsions**

Grand mal  
Petit mal  
Jacksonian fit  
Lennox-Gastaut syndrome  
blackouts  
febrile convulsions  
fit (nes)

### **07 Migraine/headaches**

### **08 Other problems of nervous system**

Abscess on brain  
Alzheimer's disease  
Bell's palsy  
Brain damage resulting from infection (eg. meningitis, encephalitis) or injury  
Carpal tunnel syndrome  
Cerebral palsy (spastic)  
Degenerative brain disease  
Fibromyalgia  
Friedreich's Ataxia  
Guillain-Barre syndrome  
Huntington's chorea

Hydrocephalus, microcephaly, fluid on brain  
Injury to spine resulting in paralysis  
Metachromatic leucodystrophy  
Motor neurone disease  
Multiple Sclerosis (MS), disseminated sclerosis  
Muscular dystrophy  
Myalgic encephalomyelitis (ME)  
Myasthenia gravis  
Myotonic dystrophy  
Neuralgia, neuritis  
Numbness/loss of feeling in fingers, hand, leg etc  
Paraplegia (paralysis of lower limbs)  
Parkinson's disease (paralysis agitans)  
Partially paralysed (nes)  
Physically handicapped - spasticity of all limbs  
Pins and needles in arm  
Post viral syndrome (ME)  
Removal of nerve in arm  
Restless legs  
Sciatica  
Shingles  
Spina bifida  
Syringomyelia  
Trapped nerve  
Trigeminal neuralgia

### **Eye complaints**

### **09 Cataract/poor eye sight/blindness**

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

### **10 Other eye complaints**

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

Squint, lazy eye  
Sty on eye

### Ear complaints

#### **11 Poor hearing/deafness**

Conductive/nerve/noise induced deafness  
Deaf mute/deaf and dumb  
Heard of hearing, slightly deaf  
Otosclerosis  
Poor hearing after mastoid operation

#### **12 Tinnitus/noises in the ear**

Incl. pulsing in the ear

#### **13 Meniere's disease/ear complaints causing balance problems**

Labryrinthitis,  
loss of balance - inner ear  
Vertigo

#### **14 Other ear complaints**

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

### Complaints of heart, blood vessels and circulatory system

#### **15 Stroke/cerebral haemorrhage/cerebral thrombosis**

Incl. stroke victim - partially paralysed and speech difficulty  
Hemiplegia, apoplexy, cerebral embolism,  
Cerebro - vascular accident

#### **16 Heart attack/angina**

Incl. coronary thrombosis, myocardial infarction

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

#### **18 Other heart problems**

Aortic stenosis, aorta replacement  
Cardiac asthma  
Cardiac diffusion  
Cardiac problems, heart trouble (nes)  
Dizziness, giddiness, balance problems (nes)  
Hardening of arteries in heart  
Heart disease, heart complaint  
Heart failure  
Heart murmur, palpitations  
Hole in the heart  
Ischaemic heart disease

Mitral stenosis  
Pacemaker  
Pains in chest (nes)  
Pericarditis  
St Vitus dance  
Tachycardia, sick sinus syndrome  
Tired heart  
Valvular heart disease  
Weak heart because of rheumatic fever  
Wolff - Parkinson - White syndrome

<i>Balance problems due to ear complaint = code 13</i>
--

#### **19 Piles/haemorrhoids incl. Varicose Veins in anus.**

#### **20 Varicose veins/phlebitis in lower extremities**

Incl. various ulcers, varicose eczema

#### **21 Other blood vessels/embolic**

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

<i>NB Haemorrhage behind eye = code 10</i>
--

### Complaints of respiratory system

#### **22 Bronchitis/emphysema**

Bronchiectasis  
Chronic bronchitis

#### **23 Asthma**

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

<i>NB Exclude cardiac asthma - code 18</i>
--

#### **24 Hayfever** Allergic rhinitis

#### **25 Other respiratory complaints**

Abscess on larynx  
Adenoid problems, nasal polyps  
Allergy to dust/cat fur

Bad chest (nes), weak chest - wheezy  
 Breathlessness  
 Bronchial trouble, chest trouble (nes)  
 Catarrh  
 Chest infections, get a lot of colds  
 Churg-Strauss syndrome  
 Coughing fits  
 Croup  
 Damaged lung (nes), lost lower lobe of left lung  
 Fibrosis of lung  
 Furred up airways, collapsed lung  
 Lung complaint (nes), lung problems (nes)  
 Lung damage by viral pneumonia  
 Paralysis of vocal cords  
 Pigeon fancier's lung  
 Pneumoconiosis, byssinosis, asbestosis and other  
 industrial, respiratory disease  
 Recurrent pleuritis  
 Rhinitis (nes)  
 Sinus trouble, sinusitis  
 Sore throat, pharyngitis  
 Throat infection  
 Throat trouble (nes), throat irritation  
 Tonsillitis  
 Ulcer on lung, fluid on lung

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

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

## Complaints of the digestive system

### **26 Stomach ulcer/ulcer (nes)/abdominal hernia/rupture**

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

### **27 Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)**

Cirrhosis of the liver, liver problems  
 Food allergies  
 Ileostomy  
 Indigestion, heart burn, dyspepsia  
 Inflamed duodenum  
 Liver disease, biliary artesia  
 Nervous stomach, acid stomach  
 Pancreas problems  
 Stomach trouble (nes), abdominal trouble (nes)  
 Stone in gallbladder, gallbladder problems  
 Throat trouble - difficulty in swallowing  
 Weakness in intestines

### **28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)**

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

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

### **29 Complaints of teeth/mouth/tongue**

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

## Complaints of genito-urinary system

### **30 Kidney complaints**

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

### **31 Urinary tract infection**

Cystitis, urine infection

### **32 Other bladder problems/incontinence**

Bed wetting, enuresis  
Bladder restriction  
Water trouble (nes)  
Weak bladder, bladder complaint (nes)

*Prostate trouble - code 33*

### **33 Reproductive system disorders**

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

## Musculo-skeletal - complaints of bones/joints/muscles

### **34 Arthritis/rheumatism/fibrositis**

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

### **35 Back problems/slipped disc/spine/neck**

Back trouble, lower back problems, back ache  
Curvature of spine  
Damage, fracture or injury to back/spine/neck  
Disc trouble

Lumbago, inflammation of spinal joint  
Prolapsed intervertebral discs  
Schuermann's disease  
Spondylitis, spondylosis  
Worn discs in spine - affects legs

*Exclude if damage/injury to spine results in paralysis - code 08*

*Sciatica or trapped nerve in spine - code 08*

### **36 Other problems of bones/joints/muscles**

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

*Muscular dystrophy - code 08*

### 37 Infectious and parasitic disease

AIDS, AIDS carrier, HIV positive (*previously code 03*)

Athlete's foot, fungal infection of nail

Brucellosis

Glandular fever

Malaria

Pulmonary tuberculosis (TB)

Ringworm

Schistosomiasis

Tetanus

Thrush, candida

Toxoplasmosis (nes)

Tuberculosis of abdomen

Typhoid fever

Venereal diseases

Viral hepatitis

Whooping cough

*After effect of Poliomyelitis, meningitis, encephalitis - code to site/system*

*Ear/throat infections etc - code to site*

### 38 Disorders of blood and blood forming organs and immunity disorders

Anaemia, pernicious anaemia

Blood condition (nes), blood deficiency

Haemophilia

Idiopathic Thrombocytopenic Purpura (ITP)

Immunodeficiencies

Polycythaemia (blood thickening), blood too thick

Purpura (nes)

Removal of spleen

Sarcoidosis (*previously code 37*)

Sickle cell anaemia/disease

Thalassaemia

Thrombocythemia

*Leukaemia - code 01*

### 39 Skin complaints

abscess in groin

acne

birth mark

burned arm (nes)

carbuncles, boils, warts, verruca

cellulitis (nes)

chilblains

corns, calluses

dermatitis

Eczema

epidermolysis, bulosa

impetigo

ingrown toenails

pilonidal sinusitis

Psoriasis, psoriasis arthritis (also code arthritis)

skin allergies, leaf rash, angio-oedema

skin rashes and irritations

skin ulcer, ulcer on limb (nes)

*Rodent ulcer - code 01*

*Varicose ulcer, varicose eczema - code 20*

### 40 Other complaints

adhesions

dumb, no speech

fainting

hair falling out, alopecia

insomnia

no sense of smell

nose bleeds

sleepwalking

travel sickness

*Deaf and dumb - code 11 only*

### 41 Unclassifiable (no other codable complaint)

after effects of meningitis (nes)

allergy (nes), allergic reaction to some drugs (nes)

electrical treatment on cheek (nes)

embarrassing itch (nes)

Forester's disease (nes)

general infirmity

generally run down (nes)

glass in head - too near temple to be removed (nes)

had meningitis - left me susceptible to other things (nes)

internal bleeding (nes)

ipinotalgia

old age/weak with old age

swollen glands (nes)

tiredness (nes)

war wound (nes), road accident injury (nes)

weight loss (nes)

**42 Complaint no longer present**

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

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

## APPENDIX B - LONG STANDING ILLNESS CODING GLOSSARY - ALPHABETICAL

### CAPI variable: DisPrb

<b>A</b>			
Abscess in groin	39	Bad chest (nes), weak chest - wheezy	25
Abscess on brain	8	Bad eyesight, restricted vision, partially sighted	9
Abscess on breast, mastitis, cracked nipple	33	Bad eyesight/nearly blind because of cataracts	9
Abscess on larynx	25	Bad shoulder, bad leg, collapsed knee cap, knee cap removed	36
Absence or loss of limb eg. lost leg in war, finger amputated, born without arms	36	Balance problems due to ear complaint	13
Aching arm, stiff arm, sore arm muscle	36	Beckwith - Wiedemann syndrome	3
Acne	39	Bed wetting, enuresis	32
Acoustic neuroma	1	Bell's palsy	8
Addison's disease	3	Bipolar Affective Disorder	4
Adenoid problems, nasal polyps	25	birth mark	39
Adhesions	40	blackouts	6
After affects of meningitis (nes)	41	Bladder restriction	32
After effect of cancer (nes)	1	Blind in one eye, loss of one eye	9
AIDS, AIDS carrier, HIV positive	37	Blindness caused by diabetes	9
Alcoholism, recovered not cured alcoholic	4	Blocked arteries in leg	21
All tumours, growths, masses, lumps and cysts whether malignant or benign eg. tumour on brain, growth in bowel, growth on spinal cord, lump in breast	1	Blood clots (nes)	21
Allergic rhinitis	24	Blood condition (nes), blood deficiency	38
Allergy (nes)	41	Blurred vision	9
allergy (nes), allergic reaction to some drugs (nes)	41	Brain damage resulting from infection (eg. meningitis, encephalitis) or injury	8
Allergy to dust/cat fur	25	Breathlessness	25
Alzheimer's disease	8	breathlessness as a result of anaemia	28
Alzheimer's disease, degenerative brain disease	8	breathlessness due to angina	16
Anaemia, pernicious anaemia	38	breathlessness due to hole in heart	18
Anorexia nervosa	4	Brittle bones, osteoporosis	36
Anxiety, panic attacks	4	Bronchial asthma, allergic asthma	23
Aortic stenosis, aorta replacement	18	Bronchial trouble, chest trouble (nes)	25
Arterial thrombosis	21	Bronchiectasis	22
Arteriosclerosis, hardening of arteries (nes)	21	Bronchitis/emphysema	22
Arthritis as result of broken limb	34	Brucellosis	37
Arthritis/rheumatism in any part of the body	34	Buphthalmos	10
Arthritis/rheumatism/fibrositis	34	burned arm (nes)	39
Artificial arteries (nes)	21	Bursitis, housemaid's knee, tennis elbow	36
Asbestosis	25	Byssinosis	25
Asperger Syndrome	4	<b>C</b>	
Asthma	23	Cancers sited in any part of the body or system eg. Lung, breast, stomach.....	1
Asthma - allergy to house dust/grass/cat fur	23	carbuncles, boils, warts, verruca	39
Astigmatism	10	Cardiac asthma	18
Athlete's foot, fungal infection of nail	37	Cardiac diffusion	18
Autism/Autistic	4	Cardiac problems, heart trouble (nes)	18
		Carpal tunnel syndrome	8
		Cartilage problems	36
		Catalepsy	4
		Cataract/poor eye sight/blindness	9
<b>B</b>		Catarrh	25
Back problems/slipped disc/spine/neck.....	35	cellulitis (nes)	39
Back trouble, lower back problems, back ache	35	Cerebral palsy (spastic)	8
		Cerebro - vascular accident	15



Chest infections, get a lot of colds	25	Disseminated lupus	36
Chilblains	39	Diverticulitis	28
Chondrodystrophia	36		
Chondromalacia	36	Dizziness, giddiness, balance problems (nes)	18
Chronic bronchitis	22	Double vision	10
Chronic renal failure	30	Double/inguinal/diaphragm/hiatus/umbilical hernia	26
Churg-Strauss syndrome	25	Down's syndrome, Mongol	5
Cirrhosis of the liver, liver problems	27	Drug addict	4
Cleft palate, hare lip	29	Dry eye syndrome, trouble with tear ducts, watery eyes	10
Coeliac disease	3	dumb, no speech	40
Colitis, colon trouble, ulcerative colitis	28	Dupuytren's contraction	36
Colostomy (nes)	28	Dyslexia	4
Colostomy caused by cancer	1		
Colour blind	10	<b>E</b>	
Complaint no longer present	42	Ear aches and discharges.....	14
Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)	28	Ear infection	14
Complaints of teeth/mouth/tongue	29	Ear problem (wax)	14
Concussion syndrome	4	Ear trouble (nes),	14
Conductive/nerve/noise induced deafness	11	Eczema	39
corns, calluses	39	electrical treatment on cheek (nes)	41
Coronary thrombosis, myocardial infarction	16	embarrassing itch (nes)	41
Coughing fits	25	Endometriosis	33
Cramp in hand	36	Enteritis	28
Crohn's disease	28	epidermolysis, bulosa	39
Croup	25	Epilepsy/fits/convulsions	6
Curvature of spine	35	Eye infection, conjunctivitis	10
Cushing's syndrome	3	Eyes are light sensitive	10
Cyst on eye, cyst in kidney.	1		
Cystic fibrosis	3	<b>F</b>	
Cystic fibrosis	3	Faecal incontinence/encopresis.....	28
Cystitis, urine infection	31	fainting	40
		febrile convulsions	6
<b>D</b>		Fibromyalgia	8
Damage, fracture or injury to		Fibromyalgia	36
back/spine/neck.....	35	Fibrosis of lung	25
Damaged lung (nes), lost lower lobe of left lung	25	fit (nes)	6
Damaged testicles	33	Flat feet, bunions,	36
Deaf and dumb	11	Floater in eye	10
Deaf mute/deaf and dumb	11	Food allergies	27
Deformity of limbs eg. club foot, claw-hand, malformed jaw	36	Food allergy	27
Degenerative brain disease	8	Forester's disease (nes)	41
Delayed healing of bones or badly set fractures	36	Fracture, damage or injury to extremities, ribs, collarbone, pelvis, skull, eg. knee injury, broken leg, gun shot wounds in leg/shoulder, can't hold arm out flat - broke it as a child, broken nose	36
Depression	4	Frequent diarrhoea, constipation	28
dermatitis	39	Friedreich's Ataxia	8
Detached/scarred retina	9	Frozen shoulder	36
Deviated septum	36	Furred up airways, collapsed lung	25
Diabetes	2		
Disc trouble	35	<b>G</b>	
Dislocations eg. dislocation of hip, clicky hip, dislocated knee/finger	36	Gastric/duodenal/peptic ulcer.....	26
Disorders of blood and blood forming organs and immunity disorders	38	General arthroma	1
Disorders of Eustachian tube	14		

general infirmity	41	Impotence, infertility	33
generally run down (nes)	41	Indigestion, heart burn, dyspepsia	27
Gilbert's syndrome	3	Industrial respiratory disease	25
Glandular fever	37	Infectious and parasitic disease	37
glass in head - too near temple to be removed (nes)	41	Inflamed duodenum	27
Glaucoma	10	ingrown toenails	39
Glue ear	14	Injury to eye	10
Gout	34	Injury to spine resulting in paralysis	8
Grand mal	6	insomnia	40
Grumbling appendix	28	Intermittent claudication	21
Guillain-Barre syndrome	8	internal bleeding (nes)	41
Gynaecological problems	33	ipinotalgia	41
		Iritis	10
		Irritable bowel, inflammation of bowel	28
		Ischaemic heart disease	18
<b>H</b>			
Haemophilia.....	38	<b>J</b>	
Haemorrhage behind eye	10	Jacksonian fit.....	6
Haemorrhage behind eye	10		
hair falling out, alopecia	40	<b>K</b>	
Hardening of arteries in heart	18	Keratoconus.....	10
Hardening of lens	9	Kidney complaints	30
Hayfever	24	Kidney trouble, tube damage, stone in the kidney	30
Heard of hearing, slightly deaf	11		
Heart attack/angina	16	<b>L</b>	
Heart disease, heart complaint	18	Labrynthitis.....	13
Heart failure	18	Legs won't go, difficulty in walking	36
Heart murmur, palpitations	18	Lennox-Gastaut syndrome	6
Hemiplegia, apoplexy, cerebral embolism,	15	Lens implants in both eyes	9
Hereditary cancer	1	Leukaemia (cancer of the blood)	1
Hernia (nes), rupture (nes)	26	Liver disease, biliary artesia	27
Hip infection, TB hip	36	loss of balance - inner ear	13
Hip replacement (nes)	36	Low blood pressure/hypertension	21
Hirschsprung's disease	28	Lumbago, inflammation of spinal joint	35
Hodgkin's disease	1	Lung complaint (nes), lung problems (nes)	25
Hole in the heart	18	Lung damage by viral pneumonia	25
Hormone deficiency, deficiency of growth hormone, dwarfism	3	Lymphoma	1
Horseshoe kidney, cystic kidney	30		
Huntington's chorea	8	<b>M</b>	
Hydrocephalus, microcephaly, fluid on brain	8	Malacia.....	3
Hyperactive child.	4	Malaria	37
Hypercalcemia	3	Marfan Syndrome	36
Hyperglycaemia	2	Mastectomy (nes)	1
Hypersensitive to the cold	21	Mastoiditis	14
Hypertension/high blood pressure/blood pressure (nes)	17	Meniere's disease/ear complaints causing balance problems	13
Hypopotassaemia, lack of potassium	3	Menopause	33
Hysterectomy (nes)	33	Mental handicap	5
Hysterectomy for cancer of womb	1	Mental illness/anxiety/depression/nerves (nes)	4
<b>I</b>		Mentally retarded, subnormal	5
Idiopathic Thrombochopenic Purpura (ITP)....	38	Metachromatic leucodystrophy	8
Ileostomy	27	Middle/inner ear problems	14
Immunodeficiencies	38	Migraine/headaches	7
Impacted wisdom tooth, gingivitis	29	Mitral stenosis	18
impetigo	39	Motor neurone disease	8

Multiple Sclerosis (MS), disseminated sclerosis	8	limbs	
Muscular dystrophy	8	Physically handicapped (nes)	36
Myalgic encephalomyelitis (ME)	8	Pierre Robin syndrome	36
Myasthenia gravis	8	Pigeon fancier's lung	25
Myotonic dystrophy	8	Piles/haemorrhoids incl. Varicose Veins in anus.	19
Myxoedema (nes)	3	Pilonidal sinus	39
<b>N</b>		pilonidal sinusitis	39
Nephritis, pyelonephritis.....	30	Pins and needles in arm	8
Nephrotic syndrome	30	Pituitary gland removed (cancer)	1
Nerves (nes)	4	Pneumoconiosis	25
Nervous breakdown, neurasthenia, nervous trouble	4	Polyarteritis Nodosa	34
Nervous stomach, acid stomach	27	Polycythaemia (blood thickening), blood to thick	38
Neuralgia, neuritis	8	Polyp on bowel	28
Neurofibromatosis	1	Poor circulation	21
Night blindness	10	Poor hearing after mastoid operation	11
No sense of smell	40	Poor hearing/deafness	11
No sense of taste	29	Post viral syndrome (ME)	8
nose bleeds	40	Prolapse (nes) if female	33
Numbness/loss of feeling in fingers, hand, leg etc	8	Prolapsed intervertebral discs	35
		Prolapsed womb	33
		Prostrate gland trouble	33
		Psoriasis arthritis (also code psoriasis)	34
<b>O</b>		Psoriasis, psoriasis arthritis (also code arthritis)	39
Obesity/overweight.....	3	Pulmonary embolism	21
old age/weak with old age	41	Pulmonary tuberculosis (TB)	37
Only one kidney, double kidney on right side	30	Pulsing in the ear	12
Operation for cataracts, now need glasses	9	Purpura (nes)	38
Osteoarthritis, rheumatoid arthritis, polymyalgia rheumatica	34		
Osteomyelitis	36	<b>R</b>	
Otitis media - glue ear	14	Raynaud's disease.....	21
Otosclerosis	11	Recurrent pleurisy	25
Overactive thyroid and swelling in neck	3	Removal of nerve in arm	8
		Removal of spleen	38
<b>P</b>		Renal TB	30
Pacemaker.....	18	Reproductive system disorders	33
Paget's disease	36	Restless legs	8
Pains in chest (nes)	18	Retinitis pigmentosa	10
Pancreas problems	27	Rheumatic symptoms	34
Paralysis of vocal cords	25	Rhinitis (nes)	25
Paraplegia (paralysis of lower limbs)	8	Rickets	3
Parkinson's disease (paralysis agitans)	8	Ringworm	37
Part of intestines removed (cancer)	1	Rodent ulcers	1
Partially paralysed (nes)	8		
Pelvic inflammatory disease/PID (female)	33	<b>S</b>	
Perforated ear drum (nes)	14	Sarcoidosis.....	38
Pericarditis	18	Sarcomas, carcinomas	1
Period problems, flooding, pre-menstrual tension/syndrome	33	Scarred cornea, corneal ulcers	10
Perthe's disease	36	Schistosomiasis	37
Petit mal	6	Schizophrenia, manic depressive	4
Phenylketonuria	3	Schlatter's disease	36
Phobias	4	Schuermann's disease	35
Physically handicapped - spasticity of all	8	Sciatica	8
		Sciatica or trapped nerve in spine	8

Senile dementia, forgetfulness, gets confused	4	Tinnitus/noises in the ear	12
Sever's disease	36	Tired heart	18
Shingles	8	tiredness (nes)	41
Short sighted, long sighted, myopia	9	Tonsillitis	25
Sick sinus syndrome	18	Too much cholesterol in blood	3
Sickle cell anaemia/ disease	38	Torn muscle in leg, torn ligaments, tendonitis	36
Sinus trouble, sinusitis	25	Toxoplasmosis (nes)	37
skin allergies, leaf rash, angio-oedema	39	Trapped nerve	8
Skin allergy	39	travel sickness	40
Skin cancer, bone cancer	1	Trigeminal neuralgia	8
Skin complaints	39	Trouble with eyes (nes), eyes not good (nes)	9
skin rashes and irritations	39	Tuberculosis of abdomen	37
skin ulcer, ulcer on limb (nes)	39	Tunnel vision	9
sleepwalking	40	Turner's syndrome	33
Sore throat, pharyngitis	25	Typhoid fever	37
Spastic colon	28		
Speech impediment, stammer	4	<b>U</b>	
Spina bifida	8	Ulcer (nes).....	26
Spondylitis, spondylosis	35	Ulcer on lung, fluid on lung	25
Squint, lazy eye	10	Ulcers on tongue, mouth ulcers	29
St Vitus dance	18	Unclassifiable (no other codable complaint)	41
Stiff joints, joint pains, contraction of sinews, muscle wastage	36	Underactive/overactive thyroid, goitre	3
Still's disease	34	Uraemia	30
Stomach trouble (nes), abdominal trouble (nes)	27	Urinary tract infection	31
Stomach ulcer/ulcer (nes)/abdominal hernia/rupture	26	<b>V</b>	
Stone in gallbladder, gallbladder problems	27	Vaginitis, vulvitis, dysmenorrhoea.....	33
Strained leg muscles, pain in thigh muscles	36	Valvular heart disease	18
Stress	4	Varicose veins in Oesophagus	21
Stroke victim - partially paralysed and speech difficulty	15	Varicose veins/phlebitis in lower extremities	20
Stroke/cerebral haemorrhage/cerebral thrombosis	15	Various ulcers, varicose eczema	20
Sty on eye	10	Venereal diseases	37
swollen glands (nes)	41	Vertigo	13
Swollen legs and feet	21	Viral hepatitis	37
Syringomyelia	8	<b>W</b>	
Systemic sclerosis, myotonia (nes)	36	Walk with limp as a result of polio, polio (nes), after affects of polio (nes).....	36
<b>T</b>		war wound (nes), road accident injury (nes)	41
Tachycardia, sick sinus syndrome.....	18	Water trouble (nes)	32
TB (pulmonary tuberculosis)	37	Water/fluid retention	3
Telangiectasia (nes)	21	Weak bladder, bladder complaint (nes)	32
Tenosynovitis	36	Weak heart because of rheumatic fever	18
Tetanus	37	Weak legs, leg trouble, pain in legs	36
Thalassaemia	38	Weakness in intestines	27
Throat infection	25	weight loss (nes)	41
Throat trouble - difficulty in swallowing	27	Whooping cough	37
Throat trouble (nes), throat irritation	25	Whooping cough	37
Thrombocythemia	38	Wilms tumour	1
Thrombosis (nes)	21	Wilson's disease	3
Thrush, candida	37	Wolff - Parkinson - White syndrome	18
Thyroid trouble and tiredness	3	Worn discs in spine - affects legs	35
		Wright's syndrome	21

## APPENDIX C - ILLNESS/HEALTH PROBLEMS CODING GLOSSARY

CAPI variable: HthPrb

### 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 apoea (sp apnia)  
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 - meltaforma  
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

**13 Chicken pox**

*Omit suspected*

Any mention

**14 Urinary Tract Infection**

*Examples*

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

**15 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 abscess  
Pneumoccal septicaemia (sp pneumococcai)  
Scarlet fever  
Strep infection

**16 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

**17 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

**18 Reaction to Immunisation**

*Examples*

Reaction to injection

**19 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)

#### NEW CODES

#### **22 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

#### **23 Measles or whooping cough**

*Omit suspected*

Any mention

#### **24 Thrush**

##### *Examples*

Thrush  
Oral thrush  
Thrush on penis

#### **25 Breathing problems**

##### *Examples*

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

#### **26 Eczema**

##### *Examples*

Any mention

#### **27 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

#### **28 Colic**

##### *Examples*

Any mention  
Constant crying

#### **29 Jaundice**

*Omit slight and mild*

Any mention

#### **30 Hernia**

Omit hiatus hernia

##### *Examples*

Any mention  
Protruding belly button  
Mention of hernia

#### **31 Reflux or other vomiting**

##### *Examples*

Gastric reflux  
Hiatus hernia  
Oesophageal reflux  
Reflux

#### CONGENITAL ABNORMALITIES

#### **32 Congenital heart disease, definite**

##### *Examples*

Aortic arch hypoplasia  
Cardio myopathy  
Congenital heart disease  
Co-artlation  
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

#### **33 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

**34 Congenital dislocation of hip, definite**

*Examples*

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

**35 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

**36 Clubfoot (Talipes equinovarus), definite**

*Examples*

Bilateral or unilateral talipes (sp talopese, talibeize)  
Club foot  
Feet turned in  
Inturned foot (strapped)  
Talipes feet pointing inwards

**37 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

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

*Examples*

Abnormality 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 sagital 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

**39 Urogenital abnormalities**

*Examples*

Blocked bladder

Cystic kidney

Duplex kidney

Dysplastic kidney

“Echobright kidney”

Fuid 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)

Ureterocoele

Urethral opening blocked

Vesicoureteric reflux

**40 Gastrointestinal abnormalities**

*Examples*

Abnormal hole near anus (sp annus)

Anal transposition

Bowel was outside

Colon removal at birth

Diaphragmatic hernia

Diaphragmatic eventration

Exomphalos

Gastroschisis

Hirschsprungs

Malrotation

Pyloric stenosis

Rectoperineal fistula with no anal opening



Salivary cyst  
Tracheo-oesophageal (fistula)  
Twisted bowel

#### **41 Harelip/cleft palate**

*Examples*

cleft lip / cleft palate  
cleft lip and gum

#### **42 Skin Abnormalities**

*Omit Mongolian birthmark*

*Examples*

Abnormal blood vessel under skin  
Birth mark  
Birthmark on throat  
Haemangioma  
Naevus on forehead (sp naevus)  
Raised blood vessels  
Strawberry mark  
Very large mole/mole

#### **43 Chromosomal or genetic abnormalities**

*Examples*

Amniotic ectodermal dysplasia  
Cline felter syndrome  
Chromosome 49 xxxxy  
Cystic fibrosis (sp fibrosis)  
Di/George syndrome 22Q11.2  
Downs Syndrome  
Phenyl ketonuria  
Sickle cell trait  
Spherocytosis  
Turner syndrome

#### **44 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  
Microphthalmia  
Mark on the iris of eye  
Neurofibromatosis  
Profound deafness

#### **45 Other congenital abnormalities, major**

*Examples*

Breathing problems due to having part of one lung missing

Congenital hypothyroidism  
Gangliosidosis (type 1)  
Haemangiomas round liver  
Hypo-glycaemia  
Hypo-adrenalism  
“Inherited arginino succinyl acidia”  
Laryngotracheal malacia  
Maple syrup urine disease  
Thyroid problem  
Tumour on lung

#### **46 Other congenital abnormalities, minor**

*Examples*

Congenital stridor  
Finger tags  
Floppy epiglottis (sp epiglottis)  
Floppy larynx  
Hole at back of spine  
Left ear low  
Skin tag on his left ear  
Testicle undescended/not dropped/problem/only one/(sp undescended)  
Toes were split on two toes

## APPENDIX D - QUALIFICATIONS

*Additional instructions for back-coding*

*CAPI variable: OthQu, PrOtQu, POthQu*

### 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

## **APPENDIX E - Ethnic Group** *Additional instructions for back-coding*

*CAPI variable: EthOth, PrEtOth and PEthOth*

### **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

## **APPENDIX F - Religion** *Additional instructions for back-coding*

*CAPI variable: ReligOth, PrRelOt and PRelOth*

### **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

#### **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