Growing Up in Scotland Sweep 7: 2012-13

Interviewer and Coder Instructions

Project Instructions

Coder instructions

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GUS
Growing Up in Scotland

Growing Up in Scotland Study

Sweep 7 – 2012/2013

Project Instructions

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1 About the study

1.1 Background and introduction to the study

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

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

ScotCen Social Research was originally commissioned to undertake the first four years of fieldwork in 2005, and was subsequently commissioned to conduct the next four years of fieldwork for the study, including this sweep 7.

When GUS first started in 2005, two cohorts were recruited - one based on 5,000 babies (birth cohort 1/BC1) and the other involving 3,000 toddlers (child cohort/CC). Respondents from the child cohort were interviewed on an annual basis for four years. The birth cohort has been interviewed on an annual basis for six years. As you may be aware, during 2011 we recruited a new birth cohort (BC2) of 6000 children born in 2010/2011.

The Scottish Government has just issued (April 2012) a new tender for the continuation of the study from 2012-2016. This tender provides funding for three further rounds of interviewing with children in both birth cohorts. It is envisaged that the new birth cohort (BC2) will be interviewed when the child is aged 3 and 5 (fieldwork carried out during 2013 and 2015 respectively). There are also plans to carry out interviews with the birth cohort (BC1) during 2014-2015. This work has been put out to open tender and we obviously hope that ScotCen Social Research will be chosen again to conduct this work; we will keep you posted!

1.2 How GUS is used?

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

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

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

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

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

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

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

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

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

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

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

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

1.3 Sweep 7: Overview of procedures

At sweep 7, we are conducting interviews with the birth cohort (BC1) when the child will be approaching their 8th birthday. As may be expected in any longitudinal study, a certain number of the questions from previous sweeps are being repeated at sweep 7. Some new questions have also been added including questions exploring aspects of the child's experience at school and parental attitudes to the environment. As in Sweeps 2, 4 and 6, the child's height and weight measurements will be taken.

At this sweep, for the first time, we would like to interview the children directly. They will do this by answering questions on the laptop computer using an AUDIO-CASI (A-CASI) program. More information on the A-CASI and protocols associated with its administration is detailed in Chapter 7. The child interview is being funded by Medical Research Council Social and Public Health Sciences Unit in Glasgow and Education Scotland.

The respondents you will be visiting were involved in sweeps 1 to 6. However, not all of them necessarily completed an interview at every sweep or even the last sweep.

In summary, Growing up in Scotland Sweep 7 involves the following procedures:

i) attempting to make contact with the previous respondent who, in most cases, will be the child's mother (but in certain cases may be another adult caring for the child) for all the children in your assignment

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

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

iv) gaining consent to and taking the child's height and weight measurements

v) gaining consent to link to school records (where this has not previously been done)

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

2 The sample, the ARF and information sheets

2.1 The sample

As at previous sweeps, you will be given both an ARF and an address information sheet that will have the contact details for the child and the previous respondent(s), as well as stable contact details. The children will be two years older than at sweep 6, approximately 7 years and 10 months old at the time of interview.

As in previous sweeps, we will trace all families who move **within Scotland,** irrespective of where in Scotland they have moved to. Families who move away from Scotland are dropped from the study. More details on tracing are included below.

2.1.1 Previous refusers

For Sweep 7, we will be re-visiting those families who refused in sweeps 3-4. When we did this at sweep 6 on GUS, we were successful in getting back a significant number of respondents; often people often don't remember refusing and are quite happy to come back. These respondents will be flagged at the top of the address information sheet.

There are some implications for these cases:

- There is only limited feed forward data
- They may not remember much about the study so you may need to take some more time to talk to them about the study.

2.2 Cohort maintenance

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

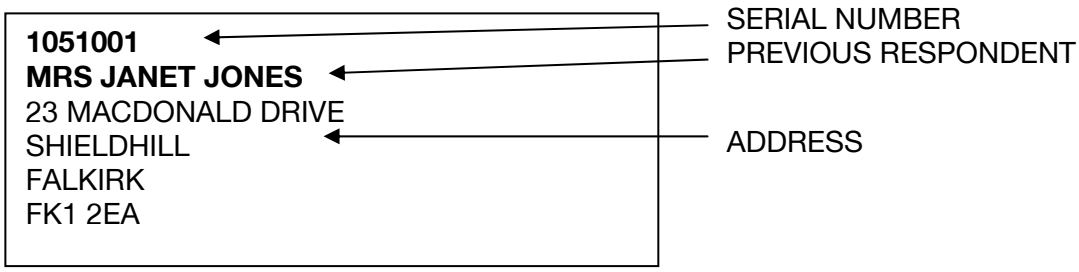
After each interview, families who take part are sent a thank-you letter. The thank-you letter has a 'change of address' slip at the bottom allowing families to notify us of any moves. Before each monthly sample is issued to field, families are sent a 'pre-notification' mailing. This acts as a reminder of their involvement in the study and gives them another opportunity to notify us of a change of address before fieldwork starts. In addition, we keep in touch with families between sweeps of the study by sending GUS newsletters. In May 2011, a newsletter containing sweep 5 results was sent out to all families involved in the study. We will also send them a newsletter in May this year (2012), with information on sweep 6 results. All families are sent a letter and Christmas card/calendar at Christmas.

We have a specialist tracer who is responsible for keeping addresses up to date and finding families who move. Any mail that is returned to us as 'undelivered' is traced from

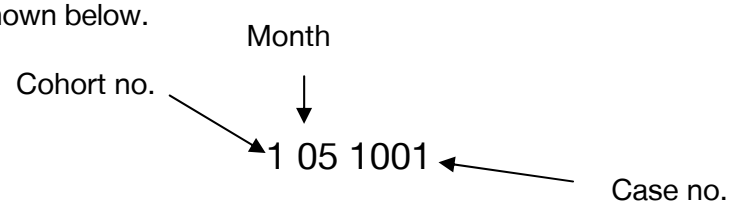
the office, using all methods available, in an attempt to get a new address before fieldwork. We also keep in touch with families through the study website www.growingupinscotland.co.uk and have a dedicated Freephone number and email address for the study.

2.3 Examples of ARF labels

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

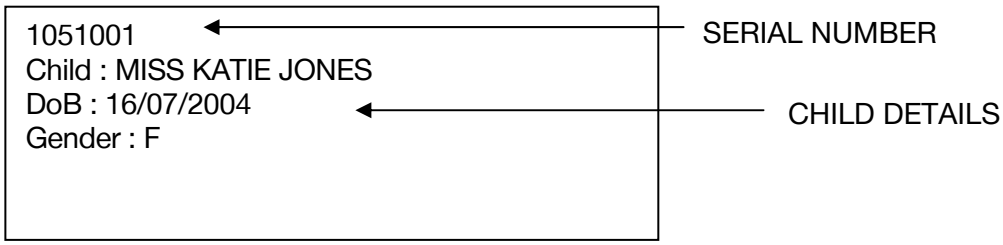


The serial number for the household in which the cohort member lives has seven digits. An example is shown below.



The first digit indicates the cohort number - all cases in our sample begin with 1 because they are all part of the first group of cohorts for the study. The second and third digits indicate the sample month (05 = May, 06 = June etc) and digits four to seven indicate the unique case number.

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



2.4 ARF instructions

IT IS OF GREAT IMPORTANCE THAT YOU RECORD ANY INFORMATION RELATED TO CONTACTING THE RESPONDENT AT A FUTURE SWEEP – INCLUDING CHANGES TO CONTACT DETAILS – IN THE CAPI ADMIN BLOCK.

2.4.1 Pages 1 and 2

On pages 1 and 2 of the ARF there are standard calls record forms for you to keep a note of the times, dates and results of all your calls. Please remember to fill this in at each separate visit: it will help you to plan any further visits you may have to make. Please also record any phone calls or visits that you make to the stable contact on the calls record form.

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

2.4.2 Section A

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

In most cases the cohort member (i.e. the child) will be resident at the original address and you will be directed to section D.

If the child is resident at a *different* address, you will be asked to record whether you have been able to establish the new address (at A2) and details of all tracing attempts. Any new address obtained should be recorded (at question B1).
If you cannot establish whether the child is resident or not, you will be asked to record the reason for this (i.e. address inaccessible, or information about the child refused) at A1 and will then be directed to an outcome code at D.

2.4.3 Sections B and C

If you are successful in obtaining a follow-up address for the named child you should write it in at question B1. If the address is in the same area that you are working in then please follow it up yourself. If it is slightly further away please check with your Team Leader who will decide whether it needs to be re-allocated to another interviewer. **Please note that if the address needs to be re-allocated then the sooner we find out the better**.

We are only interviewing families who live in Scotland. If you have an address outside Scotland, please complete the ARF as appropriate, 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.

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

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

2.4.4 Section D

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

Productive codes:

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

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

Unproductive final outcome codes should only be used when you are certain that the cohort member (named child) is resident. If unproductive, please record full reasons at D8. All final outcome codes are in bold.

Refusals

Because we now have several years of data for all families still participating in the study, we will not necessarily be discarding respondents who do not participate at any one individual sweep. As such, when a respondent refuses, you must establish whether they wish to remove themselves completely from the study or whether it is simply not convenient for them to participate at sweep 7. Where they do not want to remove themselves completely and are happy to be approached at sweep 8, please use codes 510 (illness) or 520 (away) if appropriate, or use code **425 – "Refusal for sweep 7 only – other reason".**

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

2.4.5 Section E

At the end of the interview you will be prompted to record the details of the cohort member and the mother/main carer on the ARF at questions E1 and E2.

2.4.6 Section F

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

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

The interview will also prompt you for details of any plans the respondent has for moving house. There is a space to write in a new address for the respondent if they tell you they are planning to move (along with an expected moving date). Please use the space at F4 to

record any other useful contact or related information about the respondent including extra telephone or mobile numbers (such as work numbers) or additional e-mail addresses.

2.5 The One-Way ARF

As you will no doubt be aware, NatCen Social Research operates a 'one-way ARF'. **AFTER** you enter all information from the ARF onto the CAPI, you must shred all pages with respondent, child or stable contact information on. Any remaining non-confidential pages should be recycled.

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

2.6 Information sheet

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

At each sweep, interviewers are asked to record any generally useful information for re-contact in the CAPI admin block. In some cases, this may be a brief reminder of how to find the address, or the times of day it was best to call. Where such information has been recorded, it is now made available on the information sheet in the 'Case Comments' section at the very bottom of the sheet. Whilst most of this information is general in nature, in some cases it may contain details which could be considered 'sensitive', for example, whether the respondent or child has a particular illness, or if there is a particular issue about the family which makes contact difficult. Rather than print this type of data onto the information sheet, when the information is sensitive the symbol '**' will be displayed in the additional information box at the bottom of the sheet. If you see this symbol, please ring Brentwood and ask to speak to someone in the Data Unit who will provide this information over the telephone. **Such information will usually be of significance for making contact or obtaining a productive interview so it is important that you contact the team whenever you see this symbol on one of your sheets.**

Note that any changes to the respondent's details should ultimately be recorded in the CAPI admin block. This is very important due to the one-way ARF system. Therefore, if you use the information sheet or the ARF to record any changes to the respondent's details please ensure that these are also updated in the CAPI admin block.

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

3 Fieldwork issues

3.1 Timetable

In sweep 7, the sample is being issued in **eleven** monthly waves. Normally each wave of fieldwork contains only children born in a specific month. However, due to starting fieldwork one month later in May, we are condensing 3 months of fieldwork into 2 waves at the beginning of fieldwork. This means that the first two waves of fieldwork will contain children with D.O.Bs across 2 months. Wave 1 will include all children born in June and those born in the first half of July. Wave 2 will contain those born in the second half of July and all of those in August. The rest of the waves will continue as in previous years. The table below shows the broad relationship between dates of birth and fieldwork dates for each wave.

Ideally, all the interviews would be conducted when the sampled children are exactly 94.5 months old (7 years 10 months) - 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 1st September 2004 will reach 94.5 months old on 14th July 2012. The fieldwork window for this child therefore will run from 1st July 2012 until the 28th July 2012. We realise that for waves 1 and 2, reaching the target interview date might be difficult so please try as best you can to meet this target.

Fieldwork Wave	Child's date of birth	Fieldwork period
Wave 1	1st June – 15th July 2004	1st May-28th June 2012
Wave 2	16th July – 31st August	1st June/27th July 2012
Wave 3	1st Sept – 30th Sept 2004	1st July/31st Aug 2012
Wave 4	1st Oct – 31st Oct 2004	1st Aug/28th Sept 2012
Wave 5	1st Nov – 30th Nov 2004	1st Sept/31st Oct 2012
Wave 6	1st Dec – 31st Dec 2004	1st Oct/30th Nov 2012
Wave 7	1st Jan – 31st Jan 2005	1st Nov/28th Dec 2012
Wave 8	1st Feb – 28th Feb 2005	1st Dec/28th Jan 2013
Wave 9	1st Mar – 31st Mar 2005	1st Jan 2012/28th Feb 2013
Wave 10	1st Apr - 30th April 2005	1st Feb/29th Mar 2013
Wave 11	1st May - 31st May 2005	1st Mar/26 Apr 2013

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 previous sweeps. Waves 1 and 2 will be slightly bigger.

3.2 Materials for the study

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

- Address Record Forms (ARFs) with information sheets attached
- Advance letters
- Adult information leaflets to go with advance letters
- Child information leaflets to go with advance letters
- Spare copies of the pre-notification letter, advance letter, adult information leaflet and child leaflet to show to/leave with the respondent as necessary
- Laminate of pre-notification letter and advance letter
- GUS 'Helplines' leaflet to leave with every respondent
- Blank copy of child questionnaire to show the main carer
- Showcards, a pack of shuffle cards and a base sheet for the shuffle cards
- Child height and weight measurement cards
- Headphones (for the child to use and keep as a gift)
- Post-it notes (gift) for the main carer
- Consent form for education data linkage (for those not asked at Sweep 6)
- Leaflets about ScotCen Social Research
- Stickers – only to be given out if younger child in family (use sparingly but ring Brentwood if you need more)
- Template for child's picture or poem – **Please remember to write on the serial number.**
- Freepost envelope to return child's picture or poem
- Project instructions

3.3 Contact procedures

3.3.1 Advance letters and leaflets

All respondents have received a pre-notification letter (sent by Brentwood around two months in advance of the sample being issued). This was sent as a tracing exercise to try and identify in advance those sample members who have moved. However, it also informed people that we would be in touch soon about the study.

You will be asked to send an advance letter to the parents of all cohort members in your allocation. These letters will be provided with the name and address of the previous respondent mail-merged onto the top. There is a space for you to write your name in the text of the letter before you send it out. **Please also insert a GUS information adult leaflet AND a child 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 letters and both leaflets 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. All advance correspondence has been addressed to this person.

3.3.2 Doorstep versus telephone

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

- Where you conducted an interview with the family at sweep 6
- Where the address is particularly remote or rural, or
- Where repeat doorstep calling at the address has been unsuccessful.

3.4 Who to interview

3.4.1 Eligible respondents

For sweep 7 families, we are aiming to interview the same person interviewed at the previous sweep but only if they are still living with the child. In most cases, this is likely to be the child's mother. 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 previous respondent is not available, we would rather conduct an interview with another parent or guardian of the child than not conduct an interview at all, so you should be flexible if the previous respondent refuses, or is unavailable or away.

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

You should **not** conduct the interview with anyone else who is neither a parent nor a guardian of the sampled child. If in doubt about who to interview, contact the ScotCen Social Research office.

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

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

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

- If a child is permanently cared for by someone other than parents (e.g. grandparent/aunt) then these carers are eligible for interview

- Same sex partners are eligible for interview – if one of them is the respondent from the previous sweep, they should be the first choice for interview. If neither of them

are natural parents, you should seek to interview the one who is the main carer – that is, the person who has most involvement in the day-to-day care of the child.

3.4.2 Non-resident parents

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

3.4.3 Interviews in translation

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

3.5 General protocols

3.5.1 Notifying the police

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

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

Central Scotland	01786 456000
Dumfries & Galloway	01387 252112 or 0845 600 5701
Fife	01592 418888 or 0845 600 5702
Grampian	01224 386000 or 0845 600 5700
Lothian & Borders	0131 311 3131
Northern Scotland	01463 715555 or 08456 033388
Strathclyde	0141 532 2000
Tayside	0300 111 2222

Initially, when calling the non-emergency line you should be made clear interviewer that this is purely a 'notification' exercise and not a 'registration' one. These Police contact points are not obliged to support our ways of working but *do* compliment them and thus, we need to be clear in our message that we are a legitimate organisation, whom they can verify through either our switchboard and Internet site, and that we are purely seeking to let them know of our activities in the geographic area and should not demand authentication from them (e.g. demand an incident number).

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

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

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

3.5.2 Handling babies or toddlers and contact with children

In general, handling babies or toddlers is discouraged. Never pick them up uninvited. If you have to entertain them (for example while the mother does the self-completion) do not pick them up and walk around with them. Try not to be left alone with the sample child or other children and **ensure that a parent/responsible adult is always in the household** when you are there.

3.5.3 Children at risk

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

There may be an exceptional occasion when, because of various signs you observe, you become concerned about the treatment of the sample child or other children in the family. This concern may be so intense that you feel you must do something about this. We would suggest that you are very cautious about coming to any hasty conclusions or about any action you take bearing in mind that it is unlikely that you are professionally qualified to make judgements about "abuse". If, nevertheless, you feel so convinced that there is a potential or actual danger of "abuse" and that you should take some action please ring Carol Babicz in Brentwood (01277 690111). As far as possible, the issue should be discussed without compromising respondent anonymity.

3.5.4 Parents who are known to you

We do <u>not</u> 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.

4 Tracing procedures for previous respondents

4.1 Introduction

Keeping in touch with people is crucial for the success of any longitudinal study, so at sweep 7 the tracing of people who have previously participated in the survey and since moved will be a very important part of the fieldwork process. As explained earlier, we will attempt to trace all cohort members who have moved within Scotland. We have a number of measures in place to facilitate tracing and through some of these methods hope to cut down the amount of tracing required 'in-field'.

4.2 Pre-notification and pre-field tracing

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 previous respondents have moved in advance of fieldwork and, where the letter has been forwarded to their new address, gives them an opportunity to inform us of their new details. The pre-notification letter also acts as a general reminder about their involvement in the study and gives an 'early warning' about the sweep 7 fieldwork. An example 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.**

4.3 Tracing in-field

Our pre-field tracing exercise is by no means foolproof and there will be some cases which slip through the net. Therefore, if you cannot find an address or discover that the cohort member is no longer living at the address provided, please make a *reasonable* attempt to find or establish their current address. Remember that your objective is to locate the cohort member, that is, the child. Despite this you should **ALWAYS TRACE**

ADULTS, NEVER TRACE CHILDREN. Always ask people if they know the whereabouts of an adult, **never ask about a child**.

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

To trace people who have moved, the current occupants of the sample address and their neighbours are the obvious contacts to pursue. Even if they don't know the new address of the named adult, they might know close friends or relatives in the area who you could call on. Telephone directories and electoral registers can also be checked, though the latter is useful only if you have a good idea of the street or neighbourhood (or there is an electronic version available to search).

Remember, for reasons of confidentiality, when trying to trace the respondent named on the ARF label, you must NEVER mention 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 will be able to advise you. If the address is in your area, seek to make contact, being fully aware that the respondent may well not have had the advance materials and so you may need to leave copies for them to consider. If the address is not in your area, simply follow the instructions to complete and return your ARF.

4.4 Stable contacts for previous respondents

At previous sweeps, 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. When calling, do not necessarily name the project. Do not mention the child, simply say that:

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

4.5 Incomplete addresses

Although previous respondents should have given us full and accurate addresses, you may still find some addresses are wrong or incomplete. Where the address appears

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

4.6 Tracing checklist

IF YOU ARE GIVEN AN INCOMPLETE ADDRESS, HAVE YOU:

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

IF YOU CANNOT FIND THE ADDRESS, HAVE YOU:

- checked the telephone directory?
- looked in local street maps?
- consulted the post office?
- consulted the police?
- asked local shops such as a newsagent or florists?
- checked at the local library?
- asked people who live in the local area?
- checked the location on the internet?

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

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

5 Introducing the survey

5.1 Important things to remember

5.1.1 Getting a high response rate

This survey aims to collect information about the same person over a number of years. If the family is lost from the survey in one year, it is much harder to gain their co-operation in future years, so gaining co-operation is a high priority. If a high response rate is not achieved then we run a greater risk that the findings will be biased and unrepresentative of the Scottish population. This is because people who do not take part are likely to have different characteristics to those that do.

5.1.2 Being persuasive

It is essential to persuade reluctant respondents to take part, if at all possible. Please remember that the cohort members and their families are very special people who cannot be replaced in the sample if they drop out. You will need to tailor your arguments to the particular respondent, meeting their objections or worries with reassuring and convincing points.

5.1.3 Broken appointments

If someone is out when you arrive for an appointment, it may be a way of telling you they have changed their mind about helping you. On the other hand, they may have simply forgotten all about it or had to go out on an urgent errand. You should leave a NatCen Social Research call back card if any appointments are broken.

In any case, make every effort to re-contact the person and fix another appointment

5.2 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 – including the child's involvement - and willing to take part in it again. You should normally plan to make a subsequent appointment to carry out the interview. As we need to keep the long-term co-operation of the parents and children it is important that respondents don't feel they have to do the interview straightaway or indeed that they are under any compulsion to take part. This is particularly the case with the child as we do not want their first formal experience of taking part in the survey to be unpleasant. However, if a respondent is already well-informed and happy to do the interview straightaway, that's fine.

5.3 Interviewing in one or more sessions

As we are carrying out three different elements in the household - the main adult survey, child survey and child height and weight measurements - you may be unable to carry out all three elements in one visit. Indeed, experience from the pilots indicate that the families and the children themselves are very busy with work, school, and children's activities so finding a time slot long enough for all elements may be difficult. Please be flexible in the way you approach this, be prepared to make a return visit if necessary and make the most efficient use of your time in the household.

The CAPI program allows you to conduct the three different elements in any order so the child interview and height and weight measurements could be conducted before the main interview and vice versa. Remember that you can also use the time during the adult or child self-complete to assemble and organise the height and weight equipment.

5.4 'Selling' the study

Most of the cohort member's families are aware of the importance of the study, and of the unique role each one of them plays in it. This means they are usually very keen to be involved in the study and will be prepared to give up their time to be interviewed. However, as stated above, they are busy people and in some cases may require some persuasion. Below, we have provided some answers to questions that respondents asked during the sweep 7 pilots and you may be asked to answer on the doorstep.

How long will the interview take?

The interview with the adult carer should take around 60 minutes to complete.
The interview with the child will take no more than 15 minutes to complete.

How many families are still involved?

GUS (across the 3 age groups) involves around 14,000 children and their families. The families are part of one of the biggest and most valuable research studies undertaken in Scotland. Within their child's age group, there are over 4,000 families still taking part.

Why do you keep coming back?

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

What have you done with the data so far?

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

Some examples to use:

- GUS data has been used to develop and inform the Scottish Government's Play, Talk, Read campaign

- Save the Children use it to help to inform their policy work and support programmes for families

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

Will the funders see my replies?

No, they will not know who said what. Your computerised questionnaire and your child's questionnaire do not have your name and address on it. Your name and address are kept quite separate from the questionnaire. Your name and address will never be revealed without your permission and no one's replies can be personally identified without these.

How much longer will the study continue for?

The Scottish Government have recently committed to funding GUS until 2016. This shows how important the study is to the Government.

What this means for the Sweep 7 families is that they are likely to be contacted again in 2014 – about the time their child goes into Primary 6. They are of course under no obligation to participate in 2014 and can decide then.

How can I be sure you are a genuine interviewer?

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

5.5 Further information

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

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

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

6 Questionnaire content

6.1 Overview of content

The main questionnaire has the following broad structure:

- Household grid/composition
- Parental Support
- Non-resident Parent (this time asked of all households where one of the natural parents is not resident)
- Primary school
- Educational aspirations and attitudes
- Out of school care
- Child health and development
- Activities
- Environment
- Self-complete section
- Employment and Education
- Income and financial management
- Housing and Accommodation (only asked of those who have moved)

There are also two parallel blocks – the child height and weight measurements and the child questionnaire.

The child questionnaire can be completed at any time. It consists of the following sections:

1) Introduction, consent and practice questions, which is interviewer led.

2) AUDIO CASI questions on the following topics: school, friends, parents/family life, materialism, wellbeing.

7 Administering the Audio-CASI interview with the cohort child

7.1 Introduction

Although this is the first time that the cohort child will be interviewed directly they may have already participated in other elements of the study such as cognitive tests or height and weight measurements. Therefore, some of the children may be aware of the study and familiar with the idea of an interviewer coming into the home. In all cases you should explain (in a way in which they understand) why we'd like to hear from them, what we'd like them to do and why, and check they are happy to participate. You can use the information provided on the child leaflet to guide you in how to explain your work and why we'd like to talk to them.

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

7.2 Gaining informed consent

Before you start interviewing the child, it is very important that you gain informed consent from both the parent/carer and the child. As we are hoping to gain the trust of both the parent and child as well as their willingness to participate now and in the future, it is essential that both parties feel able to ask questions and do not feel coerced into participating. The advance letter included an information leaflet for both the adult and the child. The adult leaflet introduced and explained the child interview and asked parents/carers to give their child the child leaflet. We have encouraged the parent/carer to read the child leaflet with their child and talk to them about taking part in the interview.

7.2.1 Parental and carer informed consent

With the parent please cover the following points:

- Explain format of questionnaire (self-complete, audio CASI)-all the questions and answers will be read out to the child.

- Explain that children will complete the questionnaire on their own (but this is not a test) and that you'll need a quiet place, away from distractions.

- Topics: school, friends, family life, materialism and wellbeing. The questionnaire should take the child about 15 minutes to complete

- Explain that you will not be able to tell the parent their child's answers.

- Stress that you will only conduct the interview if their child is happy to participate and that you will talk separately to their child about it

- Show the parent the blank copy of the child questionnaire and ask them to read through the questions. Check that they are happy for all these questions to be asked. Do not let them keep the copy.

It is very important to show the parent the blank copy of the questionnaire. Experience from other similar studies show that parents are happier if they are aware of the content of the questions being asked. It is not envisaged that these questions will be particularly upsetting or sensitive but nevertheless you need to this. Parents should not keep the blank copy of the questionnaire as we do not want them quizzing their child about the questions afterwards. In the pilots, parents have generally been very positive about their child participating.

7.2.2 Child informed consent

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

- Introduce yourself

- Briefly explain that you are asking them some questions as part of a study about children because the government wants to hear from children about what it is like to be 7/8 years old and living in Scotland.

- Explain the format of the questionnaire: using headphones they will listen to questions on the laptop computer and type in their answers.

- This is not a test -there are no right or wrong answers.

- If there are any questions they don't want to answer then or they want to stop then that's fine, they just need to tell you.

- Explain that no one they know will see their answers (e.g. family/teachers)

- Ask whether they have any questions before you start and that they are happy to take part.

Please try to make this as informal (and light-hearted) as possible but do try to cover all of these points and encourage the child to ask questions.

7.2.3 Informed consent from both parties

Please note that if any one of the parties (either parent OR child) does not want the child to take part, you must respect this wish. Some children, if anxious, may need a little persuading to take part but please avoid and stop any interview in situations where the

parent is coercing the child to take part and it is clear that the child is unwilling. We would much rather that an interview was **NOT** conducted with a child that is in any way upset or anxious or unwilling to take part as we would like their interview to be a positive experience. Please use your own judgement in this respect.

7.3 Administering the Audio-CASI

Where possible, please find a place away from distractions and other family members. Before the child starts the A-CASI element, we would like you to show them how to enter their answers on the computer laptop. (N.B. There is no audio sound here, nor for the practice questions).

7.3.1 Interviewer led practice questions

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

Then there are a few practice questions that we would like you to work and talk them through. It is important that you follow the script that is provided as it mimics the way in which the questions are asked in the Audio-CASI element and will help the child get used to answering the questions.

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

7.3.2 Privacy

We have deliberately chosen an A-CASI mode of data collection to ensure as much privacy as possible for the child. Where possible we would like the child to be able to complete it on their own and away from other family members (this should be explained to the adult beforehand).

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

At the end of the Audio-CASI, there is a question for the interviewer to complete that asks how the A-CASI was completed (i.e. on their own, or with assistance from interviewer/family member).

7.3.3 Providing assistance to the child

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

The interview is quite short and most children (in the cognitive testing and pilots) have been able and happy to complete the whole questionnaire. However, if at any time the child wants to stop the interview early, please respect their wishes and end the interview.

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

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

7.3.4 Children with disabilities

A-CASI has been specifically selected to allow children of all literacy levels to participate. Regardless of reading ability, do issue the headphones as standard and encourage the child to listen to the questions and answers. If you have a child who has learning difficulties or any other difficulties that is unable to answer the questions on their own, do help them as they require.

7.3.5 Sound and technical issues

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

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

7.3.6 Headphones

You will have a set of headphones for every address issued. We are aware that these headphones may not fit some children well and there are a number of alternatives:

- Children can use their own set if they have them and want to.
- If they fall out, try replacing the ends with the pink or the blue ones that come in the pack. These are slightly bigger than the white ones.
- You can let the child listen to the questions without the headphones, with the sound through the laptop speakers. Note – this is less preferable as it encourages other members of the family to be involved and some laptops may not be loud enough.

Please tell the child that they can keep the headphones.

7.4 Other child information

7.4.1 Child certificate of completion

All children will receive a certificate of thanks for taking part in the study. This will be sent a few weeks after the interview, along with the thank you letter sent to the adult respondent.

7.4.2 Picture or poem and story

When talking to the child, please give them the paper on which they can draw or write a poem or story about a special day they remember. You can explain to them that these drawings may be used in the GUS calendar and/or put on the project website.

7.4.3 Kids' pages on GUS website

We are also designing some special pages for children on the GUS website:
http://www.crfr.ac.uk/gus/kidshomepage.html

8 Obtaining consent for linking to education records

8.1 Introduction

An important long-term aim of GUS is enhancement of the interview datasets through linking the existing survey data to education information on the child from administrative education records which are held by Scottish Exchange of Educational Data (ScotXed). These records hold data such as attendance, Gaelic speaking, class size and additional support needs. We must obtain informed consent from the families involved to be able to link to these records.

At sweep 6, around 97% of the families asked consented to link the education records of their child to their interview data. At sweep 7, we will be asking those that were not asked at sweep 6 for their consent to link to records. This is not likely to be many cases – probably a few hundred in total.

8.2 Gaining consent

To gain consent, you must give the parent/guardian of the child the Consent Form which includes information on what we want to do and what it involves for them. They must read it. Then they indicate by ticking boxes and signing whether they give permission to us obtaining data and about the cohort child, from education records. Please note – no reference has been made to this in the survey information leaflet because of the small number of respondents that this will apply to. It will mainly be those that were unproductive at Sweep 6 and a question will come up at the end of the interview asking you to seek consent.

The consent form also contains information on the data linkage and is in carbon copy. Both you and the respondent need to sign these and you need to put the respondent serial number and are two copies of each Consent Form, and both you and the respondent need to sign both copies in ALL the places indicated on each form. The Office Copy needs to be posted back to the Brentwood. Make sure you put the respondent serial number and your own interviewer number at the bottom before you send it back. The Personal Copy should be left with the parent/guardian as a record of what they consented to.

8.2.1 Consent forms for non-English speakers

Obviously a person cannot give informed consent if they cannot understand the Information Consent form, e.g. because of language difficulties. Please ensure that a person with the relevant language skills reads the consent form to them in their mother tongue, before they are asked to sign. Please contact the ScotCen Social Research office if you require translation of this document.

8.2.2 Consent forms for people with literacy problems or poor vision

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

8.2.3 Questions you might be asked about linking to health records

What sort of information on my child will you be requesting from ScotXed?

We will only have access to routine administrative data for example, attendance, Gaelic speaking, class size and additional support needs. This is helpful because it will help us identify what support children need to help them at school, and what factors help child development e.g. class size. This does not include any personal information on your child.

Will you have access to my child's personal school record?

No, we will **not** have any access to the personal school records for your child.

Where can I find out more information about educational data held on my child?

More information is available through the ScotXed website: www.scotxed.net

9 Child height and weight measurement

9.1 Introduction

The relationship between general build and health is of great interest to the Scottish Government, especially in relation to children. This is particularly so, as both the height and the weight of the population appear to have been changing very rapidly over the last two decades. These changes reflect the changes in children's diet and lifestyle. This survey will provide a reliable source of data on the changes that are taking place in all of these areas. We have previously measured the child's height and weight at sweeps 2 and 4, and took both the child and natural mother's measurements at sweep 6.

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

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

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

9.2 Refusals

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

9.3 Overview of protocol

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

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

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

Please note that only you, the interviewer, is allowed to perform the stretch procedure NOT the parent or carer. If either the adult or the child is not happy with this, do not take the height measurement. This should be in line with other NatCen Social Research studies such as the Scottish Health Survey.

9.4 Reliability – RelHite and RelWaitB

You are asked here to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide, if you think the measurement is likely to be more than 2 cms (3/4 inch) from the true figure for height or 1 kg (2 lbs) from the true figure for weight, code as unreliable. Also, if you were unable to carry out the stretching of the child or if the child was not cooperative you should state this here.

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

10 Admin and return of work

10.1 Completing the admin block

The Admin block should be completed once you have reached a final outcome code.

The Admin block mirrors the ARF and for the most part you will simply be transferring information from the ARF. Please transfer your answers exactly as they are on the ARF, following the instructions on the screen.

You must complete an Admin block for **every** serial number, including unproductives, deadwood and office refusals. Failure to complete all Admin blocks will prevent you from doing your end of assignment clearout.

10.2 Returning your work to the office

Work should be returned via standard modem procedures – as soon as you have anything to transmit. Never hold onto work for more than a few days. Regular transmissions will minimise the risk of lost productives through laptop failure, loss or damage. It will also ensure that Newsflash information will be received quickly as well as any possible program updates.

11 Contacts

The ScotCen Social Research team on GUS are:

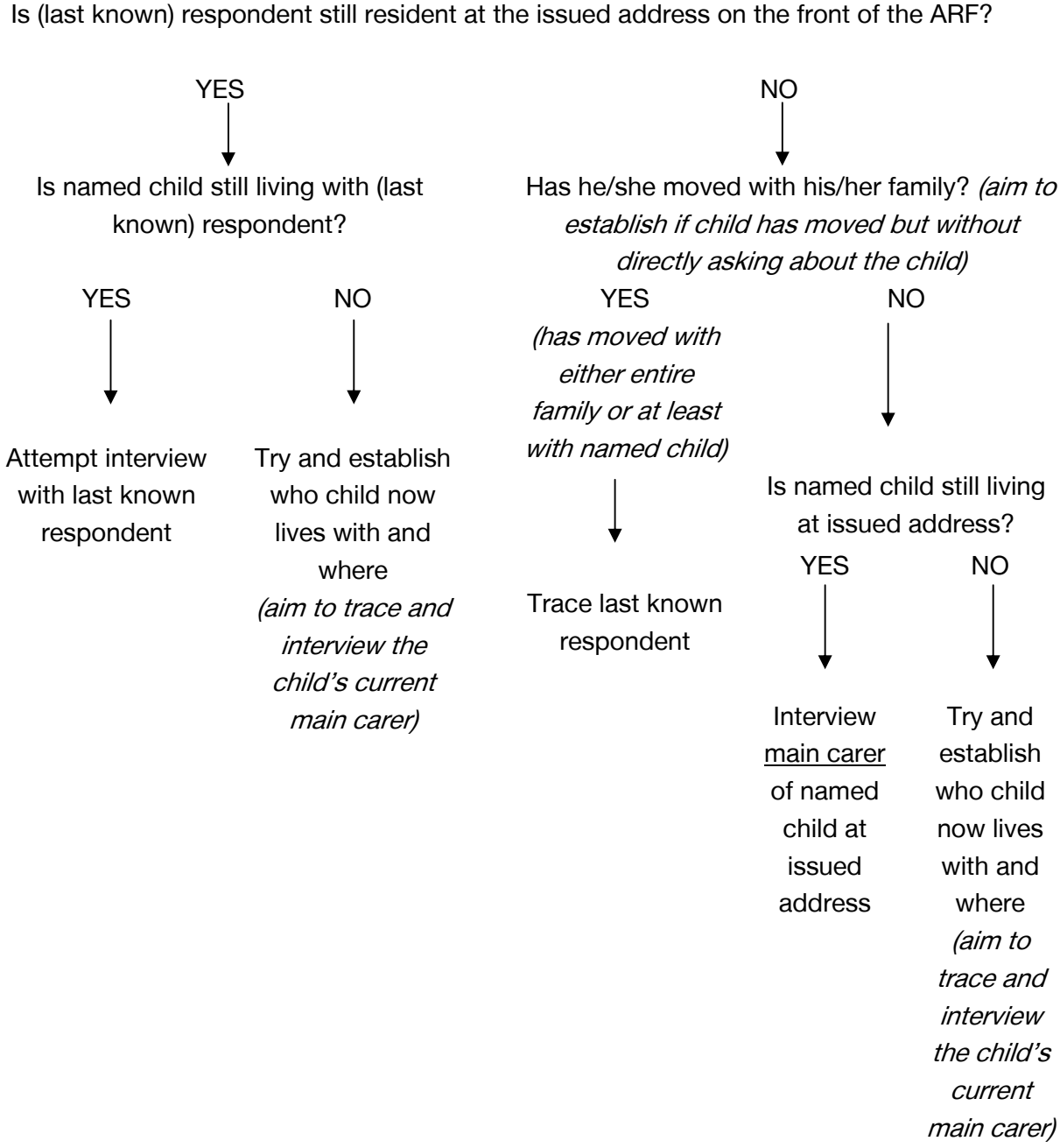
Paul Bradshaw
Judith Mabelis
Tessa Hill

They can be contacted on 0131 228 2167.

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

We hope that all goes well and that you enjoy working on the study. Thank you for your hard work.

Appendix A Tracing and eligibility diagram



Appendix B Protocol for taking height measurement

The Equipment

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

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

The stadiometer will be sent to you in a special cardboard box. Always store it in the box when it is not in use. Use the special bag provided for when carrying it around on assignments. Pack the stadiometer carefully in the box whenever you are sending it on by courier. If you have any problems with your stadiometer, report these to Brentwood immediately. Do not attempt measurements with a stadiometer that is broken or damaged.

The rods
There are three rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. The rods are made of aluminium and so avoid putting any kind of pressure on them which could cause them to bend. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and so will not take accurate measurements.

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

The head plate
There are two parts to the head plate; the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. Grasp the head plate by the cuff whenever you are moving the headplate up or down the rods, as this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

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

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

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

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

Dismantling the stadiometer

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

Measuring the child's height

The protocol for measuring children differs slightly to that for adults (which you may have done in previous GUS sweeps or on other surveys). You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement. Please note that the adult should only help by lowering the headplate and should not do any of the stretching (described below).

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

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

1. In addition to removing their shoes, children should remove their socks as well. This is not because the socks affect the measurement but so that you can make sure that the child doesn't lift their heels off of the base plate. (See 3 below).

2. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.

3. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child's back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.

4. Place the measuring arm just above the child's head.

5. Move the child's head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

6. Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck. (See diagram).

7. Firmly but gently, apply upward pressure lifting the child's head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.

8. Ask the household member who is helping you to lower the headplate down gently onto the child's head. Make sure that the plate touches the skull and that it is not pressing down too hard.

9. Still holding the child's head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.

10. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question “Height.” Please then write the child’s height onto their measurement card. At that point the computer will display the recorded height in both centimetres and in feet and inches.

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

Height refused, not attempted or attempted but not obtained

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

Recording height measurements

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

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

Additional points

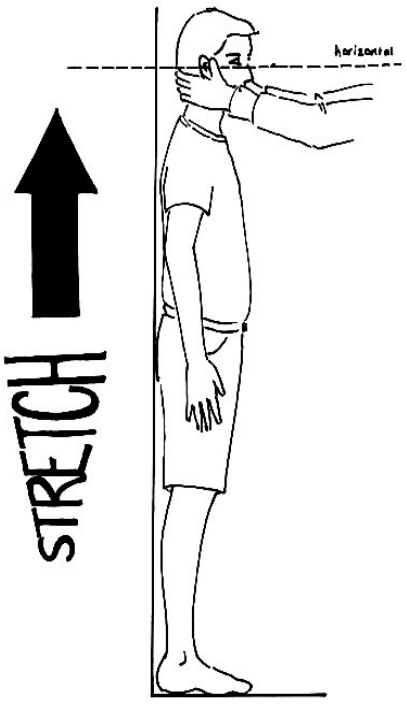
1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.

2. If the respondent has a hair style which stands well above the top of their head, (or is wearing a religious head dress), bring the headplate down until it touches the hair/head dress. With some hairstyles you can compress the hair to touch the head. If you can not lower the headplate to touch the head, and think that this will lead to an unreliable measure, record this at question *RelHite.* If it is a hairstyle that can be altered, e.g. a bun, if possible ask the respondent to change/undo it.

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

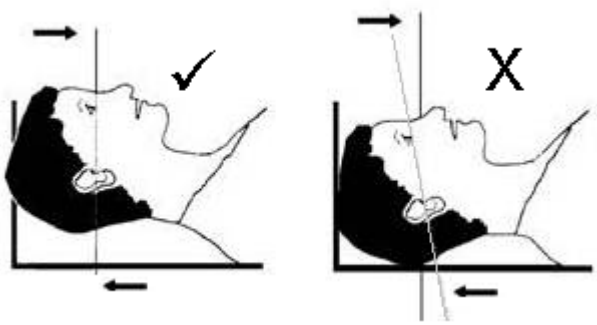
4. You may need to tip the stadiometer to read the height of tall respondents

5. If the respondent has long hair then you may need to tuck it behind their ear in order to position the head correctly. Always ask the respondent to tuck their hair behind their ears.



PROTOCOL

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



Appendix C Protocol for taking weight measurement

The Equipment

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

Soehnle Scales

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

Seca 850

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

Seca 870 & 880

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

Tanita THD-305

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

When you are storing the scales or sending them through the post please make sure you remove the battery to stop the scales turning themselves on. (This does not apply to the Seca 870 scales).

Batteries (Soehnle, Seca 850 and Tanita)
It should not be necessary to have to replace the batteries, but always ensure that you have some spare batteries with you in case this happens. If you need to change the battery, please buy one and claim for it. The batteries used are commonly available.

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

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

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

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

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

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

b) Two respondents appear to be of a very similar weight

c) Your reading for a respondent in a household is identical to the reading for another respondent in the household whom you have just weighed.

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

The protocol

1. Place the scales on a hard and even surface if possible. Carpets may affect measurements. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, and to empty their pockets of all items.

2. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the NatCen Social Research at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.

3. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

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

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 *RespWts* before the respondent steps off the scales. The computer will then display the measured weight in both kilos and in stones and pounds.

WARNING
The maximum weight registering accurately on the scales is 130 kg (20 ½ stone). (The SECA 870 can weight up to a maximum of 150 kg (23 ½ stone). If you think the respondent exceeds this limit code them as "Weight not attempted" at *RespWts*. The computer will display a question asking them for an estimate. Do not attempt to weight them.

Weighing children – additional points

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

In most cases it will be possible to measure the child's weight following the protocol set out for above. However, if accurate readings are to be obtained, it is very important that respondents stand still. Ask the child to stand perfectly still - “Be a statue.”

There may be some cases, for example children with certain disabilities, who are unable to stand unaided. For these situations, you will need to alter the protocol and first weigh an adult then weigh that adult holding the child as follows:-

a) Code as “Weight obtained (child held by adult)” at *RespWts*

b) Weigh the adult as normal following the protocol as set out above. Enter this weight into the computer at *WtAdult*.

c) Weigh the adult and child together and enter this into the computer at *WtChAd.*

The computer will then calculate the weight of the child at *MBookWt*. Again the computer will give the weight in both kilos and in stones and pounds.

Weight refused, not attempted or attempted but not obtained

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

Growing Up in Scotland Sweep 7: 2012-13

CAPI Edit spec

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Introduction

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

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

ScotCen Social Research was originally commissioned to undertake the first four years of fieldwork in 2005, and was subsequently commissioned to conduct the next four years of fieldwork for the study, including this sweep 7.

When GUS first started in 2005, two cohorts were recruited - one based on 5,000 babies (birth cohort 1/BC1) and the other involving 3,000 toddlers (child cohort/CC). Respondents from the child cohort were interviewed on an annual basis for four years. The birth cohort has been interviewed on an annual basis for six years. As you may be aware, during 2011 we recruited a new birth cohort (BC2) of 6000 children born in 2010/2011.

This year, sweep 7 involves families from our birth cohort 1, where the child is approaching 8 years old. We are conducting an interview with the child's main carer (in most cases the mother) as well as interviewing the child, now approaching 8 years old, through Audio-CASI (Computer Assisted Self-Interview). The coding and editing concern questions asked of the main carer.

Background to editing

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

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

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

Navigating the edit program

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

Standard codes

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

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

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

Code 94 'Other specific answer not in codeframe'.
This is for any answer given by the respondent that answers the original question, but is not covered by any of the codes.
THIS SHOULD BE USED WHEN YOU ARE CODING RESPONSES THAT FIT IN AN "OTHER" CATEGORY (THE ORIGINAL CODE FOR 'OTHER' SHOULD NOT BE USED WHEN YOU ARE EDITING).

Code 95 'Vague or irrelevant answer'.
This is for recorded responses that don't really answer the question and cannot be coded into any of the other codes.

Code 96 'Editor can't deal with'.
This is for recorded responses that the editor can't deal with.

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

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

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

CODE FRAME 1

Igen (In Q.ParentSupp)
Edit question: XIgen

And which of the following sources have you used for help, information or advice about ^childname in the last year? For example, for advice about ^his health, development or behaviour.
INTERVIEWER: DO NOT INCLUDE TEACHERS.

Question type: Other (please specify)

MULTICODE CODE ALL THAT APPLY

Original codes

1 Husband/wife/partner
2 Books, magazines or leaflets
3 Telephone helplines
4 Parenting classes
5 Internet discussion forums (e.g. mumsnet)
6 Other internet websites
7 Counsellors/mediators
8 Citizen's Advice Bureau
9 Your own parents or other relatives
10 Your friends
11 Other parents
12 Television programmes
13 Other (please specify)
14 None of these/not required (exclusive code)

NEW CODES:

15. Colleagues
16. Ex-partner
17. Other (professional person, NOT TEACHER)

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

Back coding may be required.
Please ignore any comments relating to teachers or school unless this is the only source mentioned. In which case, the response should be changed to 14 'None of these/not required'

CODE FRAME 2

Icon0 (In Q.ParentSupp)
Edit question:XIcon

Which, if any of the people on this card have you seen or spoken to about ^childname in the last year for any reason?

INTERVIEWER: DO NOT INCLUDE TEACHERS AND HEADTEACHERS.

Question type: Other (please specify)

MULTICODE CODE ALL THAT APPLY

Original codes

1. Local doctor/GP
2. Practice nurse
3. Dentist
4. NHS24
5. Social worker
6. Psychologist (including Educational Psychologist)
7. Speech and language therapist
8. Other health professional (e.g. physiotherapist, consultant)
9. School nurse
10. Police
11. Other education or support service (PLEASE SPECIFY)
12. Child has not seen any professionals in the last year

NEW CODES:

13. Learning support teacher

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

Back coding may be required.
Please ignore any comments relating to teachers unless this is the only source mentioned. In which case, the response should be changed to 'Child has not seen any professionals in the last year' (12)

CODE FRAME 3

PSctt5o (In QPriSch)
Edit question: XPsctt

Why do you say that? [Disagree or strongly disagree that : 'The Parent Council at ^ChildName's school represents my views and interests effectively'}

Question type: OPEN

MULTICODE ALL THAT APPLY

NEW CODES:

1. Do not go/Am not involved in the Parent Council
2. Not enough feedback/communication on what the Parent Council does
3. The Parent Council does not ask for the views of parents
4. Negative statements about Parent Council (e.g. cliquey, opinionated, don't like the
.. people)
5. Parent council is more interested fundraising

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

CODE FRAME 4

PSpgw0 (In Q.PriSch)
Edit Question: XPSgw

Looking at this card, please tell me which, if any, of these types of contact ^childname's school or teacher have used to keep you up to date with ^his **progress** at school.

Question Type: Other (please specify)

MULTICODE ALL THAT APPLY

Original codes

1 Homework diary, Personal Learning Plan or Learning Log
2 A meeting with the child's teacher
3 A letter or report
4 Activities at the school where children show what they have been learning
5 Something else (please say what)

NEW CODES:

6. Informal chat (e.g. at school gate)
7. Phone call
8. Do not have any communication/contact/information

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

Back coding may be required.

CODE FRAME 5

PSprg2 (In Q.PriSch)
Edit Question: XPSprg

Why do you say that? [i.e. Not happy with child's progress at school]

Question Type: OPEN

MULTICODE ALL THOSE THAT APPLY

NEW CODES:

1. Is not being given the right support/needs additional support
2. Child has behavioural/learning difficulties
3. Child is not challenged enough/should be making more progress for age
4. Finds it hard to concentrate at school/messes about/easily distracted

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

CODE FRAME 6

PSimpO (In QPri.Sch)
Edit Question: XPsimp

What other things could be improved at ^ChildName's school?

Question type: Other

MULTICODE ALL THOSE THAT APPLY

Original codes

1 Communication with parents
2 How it makes children feel safe
3 How it makes children feel included
4 How they encourage children to do their best
5 The approach to discipline
6 The teaching of basic skills like reading and using numbers
7 The extent to which PE is included in the curriculum
8 How it makes parents feel welcome
9 Making sure children enjoy their time at school
10 The school building
11 Something else (PLEASE SAY WHAT)
12 Nothing could be improved (Exclusive code)

NEW CODES:

13. Better playground/playfields etc
14. School's approach/awareness/policy towards bullying
15. Homework (not enough/too much)
16. Teaching of expressive arts (e.g. art, music, drama)
17. Better resources (e.g. books)
18. Smaller class sizes

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

Back coding may be required.

CODE FRAME 7

Ebar2 (In Q.Edd.Att)
Edit question: XEbar

What do you think might stop ^childname doing this when ^he is 16?

Question type: OPEN

MULTICODE ALL THOSE THAT APPLY

NEW CODES

1. Child's lack of ambition/motivation/willingness
2. Child does not like school now
3. Child's lack of ability (might not do well at school, might not get the grades etc)
4. It is up to the child to decide what they want to do
5. Cost of education
6. External factors (eg. Education system, lack of jobs, economic situation)

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

CODE FRAME 8

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

What is the illness or disability?

Question Type: OPEN

MULTICODE: CODE ALL THAT APPLY

NEW CODES:

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

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

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

See Appendix A.

Again, this is the same as at sweep 6.

CODE FRAME 9

AclbN0
Edit question: XAclbN

What are the other main reason(s) ^ChildName is not involved in ^any_more_of these activities?

Question type: Other please specify

Original codes:

1 Child does not want to
2 Child is too young
3 Child's personality/disability prevents ^him/her
4 Child is too busy
5 Child is too tired
6 Not available (either in the area, on waiting list)
7 Parent/carer does not want them to
8 Too expensive
9 Difficulties for parents/carers (time, practicalities)
10 About to start
11 Child not confident
12 Child already does enough activities
13 Other (please specify)
14 None of these

10. About to start – this involves any mention of 'just about to start'/'starting shortly' but does not include 'child is on a waiting list', which goes into 6. Not available.

Please backcode only. If they cannot be backcoded please use codes below:

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

CODE FRAME 10

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

Question Type: Other specify

MULTICODE: MAX. 8 CODES

BACKCODE WHERE APPLICABLE

ORIGINAL CODES:

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

NEW CODES:

25. Professional qualification (employment related)
26. IT certificate/qualification (other than those listed above)
27. Aviation certificate/Pilot's licence
28. Other employment related qualification
29. None

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

Some backcoding required as well as coding into new codes.

CODE FRAME 11

Wwyn2 (In QEmpInc.)
Edit question: XWwyn

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

Question type: OPEN

MULTICODE ALL THAT APPLY

NEW CODES

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

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

Socio-Economic Coding

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

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

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

Stadiometer and scale numbers

Interviewers are required to record the equipment numbers of the stadiometers and scales that they use to take the child's height and weight measurements. In some cases, these numbers are bigger than the space allowed in the CAPI program. In these cases, the interview enters '997' and then enters the full number in a remark. It is then just a case of recording the full number that is in the remark, under the edit question.

Block: child measurement (it is possible to access this block at the beginning as it is a parallel block).

Stadiometer number Question: StadNo
Edit question: XStadNo

Scale number Question: SclNo
Edit question: XSclNo

#

APPENDIX A – LONG STANDING ILLNESS CODING GLOSSARY

CAPI variable: DisPrb

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

Endocrine/nutritional/metabolic diseases

02 Diabetes
Incl. Hyperglycaemia

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

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

Mental, behavioural and personality disorders

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

Alzheimer's disease, degenerative brain disease = code 08

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

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

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

07 Migraine/headaches

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

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

Eye complaints

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

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

Ear complaints

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

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

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

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

Complaints of heart, blood vessels and circulatory system

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

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

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

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

Weak heart because of rheumatic fever
Wolff - Parkinson - White syndrome

Balance problems due to ear complaint = code 13

19 Piles/haemorrhoids incl. Varicose Veins in anus.

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

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

NB Haemorrhage behind eye = code 10

Complaints of respiratory system

22 Bronchitis/emphysema
Bronchiectasis
Chronic bronchitis

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

NB *Exclude cardiac asthma - code 18*

24 Hayfever
Allergic rhinitis

25 Other respiratory complaints
Abscess on larynx
Adenoid problems, nasal polyps
Allergy to dust/cat fur
Bad chest (nes), weak chest - wheezy
Breathlessness
Bronchial trouble, chest trouble (nes)
Catarrh
Chest infections, get a lot of colds
Churg-Strauss syndrome
Coughing fits
Croup
Damaged lung (nes), lost lower lobe of left lung
Fibrosis of lung

Furred up airways, collapsed lung
Lung complaint (nes), lung problems (nes)
Lung damage by viral pneumonia
Paralysis of vocal cords
Pigeon fancier's lung
Pneumoconiosis, byssinosis, asbestosis and other industrial, respiratory disease
Recurrent pleurisy
Rhinitis (nes)
Sinus trouble, sinusitis
Sore throat, pharyngitis
Throat infection
Throat trouble (nes), throat irritation
Tonsillitis
Ulcer on lung, fluid on lung

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

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

Complaints of the digestive system

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

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

28 Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
Colitis, colon trouble, ulcerative colitis
Colostomy (nes)
Crohn's disease
Diverticulitis
Enteritis
Faecal incontinence/encopresis.

Frequent diarrhoea, constipation
Grumbling appendix
Hirschsprung's disease
Irritable bowel, inflammation of bowel
Polyp on bowel
Spastic colon

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

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

Complaints of genito-urinary system

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

31 Urinary tract infection
Cystitis, urine infection

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

Prostate trouble - code 33

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

Musculo-skeletal - complaints of bones/joints/muscles

34 Arthritis/rheumatism/fibrositis

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

35 Back problems/slipped disc/spine/neck

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

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

36 Other problems of bones/joints/muscles

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

Systemic sclerosis, myotonia (nes)
Tenosynovitis
Torn muscle in leg, torn ligaments, tendonitis
Walk with limp as a result of polio, polio (nes), after affects of polio (nes)
Weak legs, leg trouble, pain in legs

Muscular dystrophy - code 08

37 Infectious and parasitic disease

AIDS, AIDS carrier, HIV positive (*previously code 03*)
Athlete's foot, fungal infection of nail
Brucellosis
Glandular fever
Malaria
Pulmonary tuberculosis (TB)
Ringworm
Schistosomiasis
Tetanus
Thrush, candida
Toxoplasmosis (nes)
Tuberculosis of abdomen
Typhoid fever
Venereal diseases
Viral hepatitis
Whooping cough

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

38 Disorders of blood and blood forming organs and immunity disorders

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

Leukaemia - code 01

39 Skin complaints

abscess in groin
acne
birth mark
burned arm (nes)
carbuncles, boils, warts, verruca
cellulitis (nes)
chilblains
corns, calluses
dermatitis
Eczema
epidermolysis, bulosa
impetigo
ingrown toenails

pilonidal sinusitis
Psoriasis, psoriasis arthritis (also code arthritis)
skin allergies, leaf rash, angio-oedema
skin rashes and irritations
skin ulcer, ulcer on limb (nes)

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

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

Deaf and dumb - code 11 only

41 Unclassifiable (no other codable complaint)
after affects of meningitis (nes)
allergy (nes), allergic reaction to some drugs (nes)
electrical treatment on cheek (nes)
embarrassing itch (nes)
Forester's disease (nes)
general infirmity
generally run down (nes)
glass in head - too near temple to be removed (nes)
had meningitis - left me susceptible to other things (nes)
internal bleeding (nes)
ipinotaligia
old age/weak with old age
swollen glands (nes)
tiredness (nes)
war wound (nes), road accident injury (nes)
weight loss (nes)

42 Complaint no longer present

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

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