National Child Development Study and 1970 British Cohort Study 1970
1999-2000 surveys

“STABILITY, CHANGE AND DEVELOPMENT IN THE BRITISH POPULATION”

Technical Report: Appendices

Prepared for the Economic and Social Research Council by
Joint Centre For Longitudinal Research

Appendix A  Pilot Evaluation Form
Appendix B  Main Stage Fieldwork Documents
Appendix C  Editing and Coding Documents
Appendix D  Details of UK Data Archive Deposit

September 2001
Appendix A  Pilot Evaluation Form

Copies of other pilot documentation, including interview and self-completion questionnaires are available from the User Support Group (cohort@cls.ioe.ac.uk)
PILOT EVALUATION FORM

Interviewer name: __________________  Number: __________________

Here are some questions for you to consider for this pilot. They focus on the length of the questionnaire, and specific sections of it, and its content. These should be used as a guide to help you critically evaluate our proposed strategy for conducting this survey. Please do not feel constrained by this format - if there are other issues that you come across that are not covered here, we want to know about them. It would also be useful if you could obtain feedback from cohort members on the content of the interview and the self-completion questionnaire.

Many thanks.

A DETAILS OF THE PEOPLE YOU INTERVIEWED

1) How many interviews did you conduct with NCDS cohort members?

2) And how many interviews did you conduct with BCS70 cohort members?

3) In how many cases did you find cohort members had moved?

   BCS70  NCDS

4) In how many cases were you unable to obtain a follow up address for a mover?

   BCS70  NCDS

5) Were the telephone numbers provided correct?
   ❑ Yes
   ❑ No

IF NO: Please give details of any problems and serial numbers

6) Did any cohort members that you contacted refuse to take part?
   ❑ Yes
   ❑ No

IF YES: Please state how many  BCS70  NCDS
7) Was any of the other sample information incorrect, for example day of birth, gender?

☐ Yes
☐ No

IF YES: Please give details and serial numbers

---

8) Were there any other problems with the sample?

☐ Yes
☐ No

IF YES: please give details and serial numbers

---

**B ADVANCE LETTER**

9) Did the cohort member recall receiving the advance letter?

☐ Yes
☐ No

10) Did cohort members feel the advance letter was clear and provided enough information?

☐ Yes
☐ No

11) Did cohort members make any other comments about the advance letter?

Please give details and serial numbers

12) Did any cohort members call the freephone number?

☐ Yes
☐ No

IF YES: What was their experience? For example, did they speak to someone, were they helpful, did they reassure them? Please give details
C  INITIAL CONTACT

13) What problems, if any, did you have in explaining the purpose of the survey and in gaining cohort members co-operation?

Please give details

14) Did you find any useful ways of overcoming these problems? For example, particular phrases which worked well. What were they?

Please give details

D  LENGTH OF INTERVIEW

15) How long did interviews take, **excluding** the self-completion questionnaire?

Between [ ] and [ ] mins

16) Were there particular types of cohort member for whom the interview was much longer than others? For example, BCS70 or NCDS cohort members, those who had been in and out of work etc?

☐ No
☐ Yes - give details ________________________________

17) Did any cohort members comment on the length of the interview? If yes: what comments did they make?

Comments:
18) Were there particular sections of the questionnaire that cohort members felt were too long - if so which ones?

Please give name of section(s)

---

E STRUCTURE AND CONTENT OF THE INTERVIEW

19) Did the structure of the questionnaire seem logical to you and the cohort member? Where were there problems?

Please give details of questions and/or sections

---

20) Were there any particularly problematic questions? Why were they problematic?

Please give details of question(s) and problem(s) and serial numbers

---

21) Were there any types of cohort member whose circumstances were not adequately covered by the questionnaire?

Please give examples
F  EVENT HISTORIES

22) How useful was the calendar in assisting cohort members to recall their housing and employment histories?

In what way was it helpful/unhelpful?

23) Did cohort members tend to think about their housing history working forward from 1986/1991 or working back from the present?

- Forward from 1986/1991 to present
- Backwards from present
- Varied

24) And what about their employment history?

- Forward
- Backwards
- Varied

25) Are there any improvements you feel we should make to the calendar, which would help in the collection of cohort member histories?

Please give details

G  SELF-COMPLETION QUESTIONNAIRE

26) How long did cohort members take to complete the self-completion questionnaire?

Between ____ and ____ mins

27) Were there particular types of cohort member for whom it was much longer than others?

- No
- Yes - give details _________________________________
28) Did cohort members have any problems completing the self-completion questionnaire? Did they ask you any questions or need any help?

Please give details of problems (including question numbers where appropriate) and serial numbers

29) Did cohort members comment on the content of the self-completion questionnaire?

Please give details of comments

H OTHER FEEDBACK

30) Do you have any comments or suggestions on additional documents or information interviewers need?

Comments:

31) Were there any issues that the briefing did not cover sufficiently, which caused you difficulties during fieldwork?

Please give details:

Please remember to bring this form with you to the debriefing on 20\textsuperscript{th} September. Thank you.
Appendix B  Main Stage Fieldwork Documents

BCS70 Advance Letter
NCDS Advance Letter
BCS70 Mover Letter
NCDS Mover Letter
ARF - Address Record Form
Mover ARF
Showcards
BCS70 Calendar
NCDS Calendar
APPENDIX B – BCS70 ADVANCE LETTER

Ref:
October 1999

Dear

I am writing to tell you about an important event – the next stage of the 1970 British Cohort Study of which you are a valued member. This long running project has been gathering information over the years about everyone in Britain born in the same week as you - 5 to 11 April 1970. The study is essential for planning services and developing policies to improve the lives of people in Britain as we move into the new millennium. This is why it is so important that you take part in this survey.

An interviewer from our partner organisation, the National Centre for Social Research, will be in touch with you shortly to arrange a convenient time to visit. If your address or telephone number has changed please let us know as soon as possible, by calling Freephone 0500 600 616.

As always, all the information you supply will be treated in strict confidence. It will not be released in any way that enables you to be identified - and will be used only to produce a picture of life in Britain today. We shall be sending you some of the results as soon as they are available.

If you have any questions or would like any further information please do not hesitate to contact us on Freephone 0500 600 616.

Many thanks for your continuing help.

Yours sincerely,

[Signatures]

Professor John Bynner                Professor Neville Butler

“…No other study has such a treasure trove of knowledge about life in the 20th century…”
APPENDIX B – NCDS ADVANCE LETTER

Ref:

October 1999

Dear

I am writing to tell you about an important event – the next stage of the National Child Development Study of which you are a valued member. This long running project has been gathering information over the years about everyone in Britain born in the same week as you - 3 to 9 March 1958.

The study is essential for planning services and developing policies to improve the lives of people in Britain as we move into the new millennium. This is why it is so important that you take part in this survey.

An interviewer from our partner organisation, the National Centre for Social Research, will be in touch with you shortly to arrange a convenient time to visit. If your address or telephone number has changed please let us know as soon as possible, by calling Freephone 0500 600 616.

As always, all the information you supply will be treated in strict confidence. It will not be released in any way that enables you to be identified - and will be used only to produce a picture of life in Britain today. We shall be sending you some of the results as soon as they are available.

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Many thanks for your continuing help.

Yours sincerely,

Professor John Bynner

“…No other study has such a treasure trove of knowledge about life in the 20th century…”
APPENDIX B - BCS70 Mover Letter

Cohort Number………………………………

Dear…………………………………………..

We are writing to tell you about an important event – the next stage of the 1970 British Cohort Study of which you are a valued member. This long running project has been gathering information over the years about everyone in Britain born in the same week as you - 5 to 11 April 1970.

The study is essential for planning services and developing policies to improve the lives of people in Britain as we move into the new millennium. This is why it is so important that you take part in this survey, and why we would like to contact you.

An interviewer from our partner organisation, the National Centre for Social Research, called today at the address we have on our files only to learn that you now live elsewhere.

The interviewer spoke to ………………………………………………who did not wish to give your new address without your permission, but did agree to forward this letter to you on our behalf.

We would be most grateful if you would let us have details of your present address as soon as possible, wherever you are living now. Please call us on Freephone 0500 600 616. Alternatively, you can complete the form on the back of this letter and return it to us in the FREEPOST envelope – you will not need a stamp.

Can I stress that by giving us your address you are not committing yourself to be interviewed. You can decide that when the interviewer contacts you to explain the interview and asks you to take part in the survey. If you do take part, all the information you supply will be treated in strict confidence. It will not be released in any way that enables you to be identified - and will be used only to produce a picture of life in Britain today. We will send you some of the results as soon as they are available.

If you have any questions or would like any further information please do not hesitate to contact us on Freephone 0500 600 616.

Thank you very much for your help.

Yours sincerely,

\[Signature\]

Professor John Bynner               Professor Neville Butler

“…No other study has such a treasure trove of knowledge about life in the 20\textsuperscript{th} century…”
MY NEW ADDRESS

Please complete using BLOCK CAPITALS

Title: First Name: Surname:

Address:

Postcode: Telephone: (inc. STD code)

PLEASE COMPLETE THE FOLLOWING:

- To us help check our records are correct, what is your full date of birth? 
  DAY MONTH YEAR

- If you have ever changed your name (eg: as a result of marriage), please give details of your old and new names below:

  Current (new) last/family name:
  Current (new) first name(s):
  Old last/family name(s):
  Old first name(s):

Please return the completed form in the enclosed FREEPOST envelope - you don’t need a stamp if you post it in the UK.

If you have any questions about this form, or about BCS70 please call:

Freephone 0500 600 616.

THANK YOU FOR YOUR HELP

British Cohort Study, FREEPOST KE770, London WC1H 0BR
APPENDIX B – NCDS Mover Letter

Dear…………………………………………..

We are writing to tell you about an important event – the next stage of the National Child Development Study of which you are a valued member. This long running project has been gathering information over the years about everyone in Britain born in the same week as you - 3 to 9 March 1958.

The study is essential for planning services and developing policies to improve the lives of people in Britain as we move into the new millennium. This is why it is so important that you take part in this survey, and why we would like to contact you.

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The interviewer spoke to ……………………………………….who did not wish to give your new address without your permission, but did agree to forward this letter to you on our behalf.

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If you have any questions or would like any further information please do not hesitate to contact us on Freephone 0500 600 616.

Thank you very much for your help.

Yours sincerely,

Professor John Bynner

“…No other study has such a treasure trove of knowledge about life in the 20th century…”
MY NEW ADDRESS

Please complete using BLOCK CAPITALS

Title: First Name: Surname:

Address:

Postcode: Telephone: (inc. STD code)

PLEASE COMPLETE THE FOLLOWING:

- To us help check our records are correct, what is your full date of birth? [DAY] [MONTH] [YEAR]
- If you have ever changed your name (eg: as a result of marriage), please give details of your old and new names below:

  Current (new) last/family name:
  Current (new) first name(s):
  Old last/family name(s):
  Old first name(s):

Please return the completed form in the enclosed FREEPOST envelope - you don’t need a stamp if you post it in the UK.

If you have any questions about this form, or about NCDS please call:

Freephone 0500 600 616.

THANK YOU FOR YOUR HELP

National Child Development Study, FREEPOST KE770, London WC1H 0BR
### CALLS RECORD (Note all personal visits and telephone calls even if no reply)

<table>
<thead>
<tr>
<th>Call no</th>
<th>Date (dd/mm)</th>
<th>Day of week</th>
<th>Time (24hr clock)</th>
<th>visit/tel call</th>
<th>Notes, e.g. result, who spoke to, observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>:</td>
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<td></td>
<td></td>
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</table>
### A INITIAL CONTACT ATTEMPT

A1 Is the address on the front of the ARF…

(RING ONE CODE ONLY)

<table>
<thead>
<tr>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>GO TO A2</td>
</tr>
<tr>
<td>01</td>
<td>RETURN TO OFFICE</td>
</tr>
<tr>
<td>02</td>
<td>OPS TO CONTACT</td>
</tr>
<tr>
<td>03</td>
<td>IOE</td>
</tr>
<tr>
<td>04</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>RETURN TO OFFICE</td>
</tr>
</tbody>
</table>

Traceable and occupied
Insufficient address *(call office before returning)*
Not traced *(call office before returning)*
Derelict/demolished
Other (please specify)______________________________
Reallocated to another interviewer *(FOR OFFICE USE ONLY)*

### A2 CONTACT SUMMARY

Cohort member lives at address
Cohort member does NOT live at address
No contact with anyone after 4 or more calls
Complete refusal of information about occupants

<table>
<thead>
<tr>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>BB</td>
<td>GO TO F (p.7)</td>
</tr>
<tr>
<td>CC</td>
<td>GO TO A3</td>
</tr>
<tr>
<td>21</td>
<td>RETURN TO OFFICE</td>
</tr>
<tr>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

### A3 ATTEMPT TO FIND FOLLOW UP ADDRESS

Try to find follow up address from current occupants or neighbours etc.

Follow up address in area
Follow up address outside area
Follow up address not known

<table>
<thead>
<tr>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD</td>
<td>GO TO B1 (p.3)</td>
</tr>
<tr>
<td>23</td>
<td>GO TO B1 (p.3) &amp; END</td>
</tr>
<tr>
<td>24</td>
<td>FILL IN TRACING ATTEMPTS AT A4 AND RETURN TO OFFICE</td>
</tr>
</tbody>
</table>

### A4 WRITE IN ALL TRACING ATTEMPTS TO FIND FOLLOW UP ADDRESS

(FILL IN ANY ADDRESS DETAILS AT B1)
B FOLLOW UP ATTEMPT 1

B1 RECORD FOLLOW UP ADDRESS /TELEPHONE NUMBER OF COHORT MEMBER

ADDRESS:

POSTCODE: TELEPHONE NO: (inc STD code)

_________________________ _________________________________________

Notes on address location

B2 ADDRESS SUMMARY
(RING ONE CODE ONLY)

Traceable and occupied
Insufficient address
Derelict/demolished
Other (please specify)__________________________
Re-allocated to another interviewer (FOR OFFICE USE ONLY)

AA GO TO B3
01 RETURN TO OFFICE
03 OPS TO CONTACT
04 IOE
08 RETURN TO OFFICE

B3 CONTACT SUMMARY

Cohort member lives at address
Cohort member does not live at address
No contact with anyone after 4 or more calls
Complete refusal of information about occupants

BB GO TO F1 (p.7)
CC GO TO B4
21 RETURN TO OFFICE
22

B4 ATTEMPT TO FIND FOLLOW UP ADDRESS

Try to find follow up address from current occupants or neighbours etc.
Follow up address in area
Follow up address outside area
Follow up address not known

DD GO TO C1 (p.4)
23 GO TO C1 (p.4) & END
24 FILL IN TRACING

B5 WRITE IN ALL TRACING ATTEMPTS TO FIND FOLLOW UP ADDRESS
(FILL IN ANY ADDRESS DETAILS AT C1)

RETURN TO OFFICE
C FOLLOW UP ATTEMPT 2

C1 RECORD FOLLOW UP ADDRESS / TELEPHONE NUMBER OF COHORT MEMBER

ADDRESS:

POSTCODE: __________________________ TELEPHONE NO: (inc STD code) __________________________

Notes on address location

C2 ADDRESS SUMMARY
(RING ONE CODE ONLY)

Traceable and occupied
Insufficient address
Derelict/demolished
Other (please specify)_____________________________
Re-allocated to another interviewer (FOR OFFICE USE ONLY)

C3 CONTACT SUMMARY

Cohort member lives at address
Cohort member does not live at address
No contact with anyone after 4 or more calls
Complete refusal of information about occupants

C4 ATTEMPT TO FIND FOLLOW UP ADDRESS

Try to find follow up address from current occupants or neighbours etc.
Follow up address in area
Follow up address outside area
Follow up address not known

C5 WRITE IN ALL TRACING ATTEMPTS TO FIND FOLLOW UP ADDRESS
(FILL IN ANY ADDRESS DETAILS AT D1)
## D FOLLOW UP ATTEMPT 3

### D1 RECORD FOLLOW UP ADDRESS / TELEPHONE NUMBER OF COHORT MEMBER

**ADDRESS:**

**POSTCODE:**

**TELEPHONE NO:** (inc STD code)

Notes on address location

### D2 ADDRESS SUMMARY
(RING ONE CODE ONLY)

<table>
<thead>
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<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Traceable and occupied</td>
</tr>
<tr>
<td>01</td>
<td>RETURN TO OFFICE</td>
</tr>
<tr>
<td>03</td>
<td>OPS TO CONTACT</td>
</tr>
<tr>
<td>04</td>
<td>IOE</td>
</tr>
<tr>
<td>08</td>
<td>RETURN TO OFFICE</td>
</tr>
</tbody>
</table>

### D3 CONTACT SUMMARY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BB</td>
<td>Cohort member lives at address</td>
</tr>
<tr>
<td>CC</td>
<td>Cohort member does not live at address</td>
</tr>
<tr>
<td>21</td>
<td>No contact with anyone after 4 or more calls</td>
</tr>
<tr>
<td>22</td>
<td>Complete refusal of information about occupants</td>
</tr>
</tbody>
</table>

### D4 ATTEMPT TO FIND FOLLOW UP ADDRESS

Try to find follow up address from current occupants or neighbours etc.

- Follow up address in area
- Follow up address outside area
- Follow up address not known

### D5 WRITE IN ALL TRACING ATTEMPTS TO FIND FOLLOW UP ADDRESS

(FILL IN ANY ADDRESS DETAILS AT E1)
FOLLOW UP ATTEMPT 4

E1 RECORD FOLLOW UP ADDRESS / TELEPHONE NUMBER OF COHORT MEMBER

ADDRESS:

POSTCODE: TELEPHONE NO: (inc STD code)

_________________________ __________________________________________

Notes on address location

E2 ADDRESS SUMMARY
(RING ONE CODE ONLY)

Traceable and occupied
Insufficient address
Derelict/demolished
Other (please specify)___________________________________________

Re-allocated to another interviewer (FOR OFFICE USE ONLY)

AA GO TO E3
01 RETURN TO OFFICE
03 OPS TO CONTACT
05 IOE
08 RETURN TO OFFICE

E3 CONTACT SUMMARY

Cohort member lives at address
Cohort member does not live at address
No contact with anyone after 4 or more calls
Complete refusal of information about occupants

BB GO TO F1 (p.7)
CC GO TO E4
21 RETURN TO OFFICE
22

E4 ATTEMPT TO FIND FOLLOW UP ADDRESS
Try to find follow up address from current occupants or neighbours etc.

Follow up address in area – WRITE IN ADDRESS ON CONT. SHEET
Follow up address outside area – WRITE IN ADDRESS ON CONT. SHEET
Follow up address not known

DD Continuation Sheet
23 Continuation Sheet
24 FILL IN TRACING
ATTEMPTS AT E5 AND
RETURN TO OFFICE

E5 WRITE IN ALL TRACING ATTEMPTS TO FIND FOLLOW UP ADDRESS
(FILL IN ANY ADDRESS DETAILS AT E1)
F FINAL OUTCOME (AT ANY ADDRESS)

F1 DID YOU CARRY OUT AN INTERVIEW?

Yes, full interview with cohort member including self-completion 51 GO TO F7
Yes, full interview with cohort member but no self-completion 52 GO TO F3
Yes, long partial interview with cohort member 53 GO TO F2
Yes, short partial interview with cohort member 55
Yes, proxy interview carer or relative 57 GO TO F2
No YY GO TO F4

F2 Please give details of the reason(s) for a partial or proxy interview.

GO TO F7

F3 Please code the reason(s) for the self-completion not being completed

Refusal 1
Inadequate English 2
Literacy problems 3 GO TO F7
Physical health problems 4
Mental health problems 5
Other (PLEASE SPECIFY)__________________________________ 6

F4 CODE REASON FOR NO MAIN INTERVIEW

IoE Office refusal 10
National Centre Office Refusal 11 END
Ineligible respondent 15 GO TO F6
Personal refusal 71 GO TO F5
Proxy refusal 72
Broken appointment, no re-contact 73
Ill at home throughout survey period 74
IF CM LIKELY TO BE WELL ENOUGH TO PARTICIPATE BEFORE MAY 2000 WRITE IN DATE
______________________________________
Away/abroad/in hospital throughout survey period 75 END
IF CM RETURNING BEFORE MAY 2000 WRITE IN DATE OF RETURN
______________________________________
Incapacitated 76
Inadequate English 77
Died 78
Other (please specify)______________________________________ 79
F5 Please give details of the reason(s) for refusal to take part in the study.

F6 Please give details of why you believe respondent was ineligible.

F7 CODE TOTAL LENGTH OF MAIN INTERVIEW (EXCLUDING S/C)

<table>
<thead>
<tr>
<th>MINUTES</th>
<th></th>
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<tbody>
<tr>
<td>No interview</td>
<td>998</td>
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</table>

NOTES:
**APPENDIX B – MOVER ARF**

<table>
<thead>
<tr>
<th>Slot name</th>
<th>Return Number</th>
<th>Final outcome code</th>
</tr>
</thead>
</table>

**BLUE TEAM**  
IoE Tracing Unit Outcome Form

**PLEASE RETURN THIS FORM TO:** The Blue Team, National Centre, 100 Kings Rd, Brentwood

**IoE USE ONLY** *(Ring one code only)*
- New confirmed address & phone number obtained 1 RECORD NEW
- New confirmed address only obtained 2 DETAILS AT ______

**No new address – CODE FINAL OUTCOME**
- CM untraceable 61
- Cohort member not to be interviewed:
  - CM away/abroad for entire survey period (beyond May 2000) 62
  - CM refused to take part 63
  - CM died 64
  - Other reason (please specify) ______________________________ 65

**National Centre Use Only:**

<table>
<thead>
<tr>
<th>Interviewer name:</th>
<th>Interviewer number:</th>
</tr>
</thead>
</table>

**CALLS RECORD** (Note all personal visits even if no reply)  
TNC: 

<table>
<thead>
<tr>
<th>Call no</th>
<th>Date dd/mm</th>
<th>Day of week</th>
<th>Time (24hr clock)</th>
<th>Notes, e.g. result, who spoke to, observations</th>
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</table>
## CARD P1

1. GCSE  
2. GCE O Level  
3. CSE  
4. A/S Level  
5. GCE A Level (or S Level)  
6. Scottish School Certificate, Higher School Certificate or Scottish School Qualification  
7. Diploma of Higher Education  
8. Degree (e.g. BA, BSc)  
9. Other degree level qualification such as Graduate Membership of a Professional Institute  
10. Higher degree (e.g. PhD, MSc)  
11. Nursing or other para-medical qualification not yet mentioned  
12. PGCE - Post-graduate Certificate of Education  
13. Other teaching qualification

## CARD P2

1. BTEC, BEC, TEC, SCOTBEC, SCOTEC, or SCOTVEC qualification  
2. City and Guilds qualification  
3. RSA qualification  
4. Pitman's qualifications  
5. NVQ – National Vocational Qualification  
6. GNVQ - General National Vocational Qualification  
7. ONC/OND not covered elsewhere  
8. HNC/HND not covered elsewhere  
9. Recognised trade apprenticeship  
10. HGV licence  
11. Other qualification

EDQuals, (Proxy)  
VocQual (Proxy)
APPENDIX B – SHOWCARDS

CARD A

1. British
2. Irish
3. Any other White background (specify)
4. White and Black Caribbean
5. White and Black African
6. White and Asian
7. Any other Mixed background (specify)
8. Indian
9. Pakistani
10. Bangladeshi
11. Any other Asian background (specify)
12. Caribbean
13. African
14. Any other Black background (specify)
15. Chinese
16. Any other ethnic group (specify)

CARD B

1. Very satisfied
2. Fairly satisfied
3. Neither satisfied or dissatisfied
4. Fairly dissatisfied
5. Very dissatisfied
CARD C

1. Want to buy
2. Want larger home
3. Want better home
4. Need cheaper home
5. Job change/nearer work
6. Spouse/partner job change
7. To be nearer relative(s)
8. Can no longer afford it
9. Evicted/repossessed
10. Relationship breakdown
11. New relationship
12. Move to better area
13. For children's education
14. Just want change
15. Want place of own
16. Problem with neighbours
17. Other

WhyMove

CARD D

1. Slept rough
2. Squatting
3. At friend's house
4. With parent's relatives
5. Night shelter
6. Hostel for the homeless
7. Bed & breakfast/hotel
8. Other

WherStay
CARD E

1. Living in parental home
2. The outright owners
3. Buying with a mortgage/loan
4. Renting from a Local Authority or Housing Association
5. Renting privately
6. Living rent free (not with parents)
7. Travelling
8. Other

CARD F

1. Wanted larger/better home
2. Left home for college/university
3. Because of work/partner's work
4. Relationship began/ended
5. Wanted to buy/rent own home
6. Disliked neighbours
7. Disliked area
8. Moved in with partner
9. To start/continue/end travelling
10. No choice
CARD G

1. Many times a day
2. At least every day
3. Several times a week
4. Once a week or less
5. Never

CARD H

1. Very friendly
2. Friendly
3. Neither friendly nor unfriendly
4. Unfriendly
5. Very unfriendly
CARD I

1. Smoke in the 3 months before you/your partner became pregnant

2. Smoke in months 1-5 of the pregnancy

3. Smoke in months 6-9 of pregnancy

4. Did not smoke at all in 3 months before (partner’s) pregnancy or during pregnancy

CARD J

1. Live birth

2. Still birth

3. Miscarriage

4. Abortion

5. Still pregnant
CARD K

1. Been sterilised/had a vasectomy/hysterectomy
2. Been told by a doctor that you are unable to have children
3. Been advised not to have children for health reasons
4. None of these

CARD L

1. Pressures of schoolwork and homework
2. Choosing the right school
3. Getting child into right school
4. Pressures to buy things that other children have (eg trainers, computer games)
5. Amount of time spent on computer
6. What children can see on a computer (eg Internet)
7. Amount of time spent watching TV
8. What children can see on TV
9. Drugs
10. Danger from road traffic
11. Danger from strangers outside home
12. Bad influence of other children
13. Environment/pollution
14. Other worry
CARD M

1. Yes, in Local Authority children's home
2. Yes, with Local Authority foster parents
3. Yes, in voluntary society children's home
4. Yes, with voluntary society foster parents
5. No

CARD N

1. Under three months
2. Between three months and 1 year
3. 1-2 years
4. 2-5 years
5. 5-10 years
6. 10 years or more
CARD O

1. With accommodation
2. Financial support
3. Child care
4. Other help
5. None of these

CARD P

1. Health
2. Ability to care for herself/himself
3. Money
4. Accommodation
5. Other (please specify)
6. None of these
### CARD Q

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### CARD R

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<td>2.</td>
<td>Child Benefit/Family Allowance</td>
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<td>3.</td>
<td>Jobseeker’s Allowance (JSA)</td>
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<td>4.</td>
<td>Income Support</td>
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<td>5.</td>
<td>Family Credit/Working Families Tax Credit (not received in a lump sum)</td>
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<td>6.</td>
<td>Family Credit/Working Families Tax Credit, paid in a Lump Sum</td>
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<td>Council Tax Benefit</td>
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<td>8.</td>
<td>Housing Benefit</td>
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<td>Maternity Allowance</td>
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<td>Statutory Maternity Pay from your employer or former employer</td>
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<td>11.</td>
<td>None of these</td>
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## CARD S

1. Attendance Allowance  
2. Guardian's Allowance  
3. Invalid Care Allowance  
4. Severe Disablement Allowance  
5. Disability Working Allowance  
6. Care component of Disability Living Allowance  
7. Mobility component of Disability Living Allowance  
8. Incapacity Benefit  
9. Industrial Injury Disablement Benefit  
10. Widow's Pension or Widowed Mother's Allowance (National Insurance)  
11. A grant from the Social Fund for Funeral Expenses  
12. Grant from the Social Fund for Maternity Expenses  
13. A Community Care Grant from the Social Fund  
14. National Insurance credits  
15. Other  
16. None of these

## CARD T

1. Education grants/studentships or work training / government training scheme allowance  
2. Pension from a former employer  
3. Annuity payments / payments from a trust fund  
4. Income from a trade union, friendly society or charitable organisation  
5. Maintenance allowance or other regular payments from a former husband or wife  
6. Allowance for a foster child  
7. Regular cash help from parents  
8. Regular cash help from other relatives or friends outside the household  
9. Rent from boarders, lodgers or sub-tenants / rent from other property  
10. Other income from organisations, relatives or friends outside the household  
11. Benefit from accident insurance / private sickness scheme  
12. Any other source of regular family/household income (Please Specify)  
13. None of these
CARD U

1. Pool all money

2. Pool some money and separate the rest

3. Keep own money separate

CARD V

1. Full-time paid employee (30 or more hours a week)

2. Part-time paid employee (under 30 hours a week)

3. Full-time self-employed

4. Part-time self-employed

5. Unemployed and seeking work

6. Full-time education

7. On a government scheme for employment training

8. Temporarily sick/disabled

9. Permanently sick/disabled

10. Looking after home/family

11. Wholly retired

12. Other (PLEASE SPECIFY)
CARD W

1. Private firm or company
2. Nationalised industry/public corporation
3. Local Authority/Local Education Authority
4. Health Authority/hospital
5. Central Government/Civil Service
6. Charity or trust
7. Other (Please Specify)

CARD X

1. At least once a week
2. At least once per month
3. Less often than once a month
4. Never
CARD Y

5. The chance to have shares in your employer’s firm
6. A company car or van for your private use
7. Other travel benefits
8. Subsidised meals
9. Private medical insurance
10. A pension scheme organised by your employer
11. Discounts on goods or services
12. Any other fringe benefits from your employer (Please Specify)
13. None of these

CJPerks

CARD Z

14. A nursery provided by your employer at your workplace
15. Childcare allowance or voucher scheme
16. Extra maternity leave in addition to the statutory minimum with or without pay
17. Paternity leave with or without pay
18. Other parental leave
19. Flexible hours or working arrangements (including job-sharing, term-time, evening or school-hours working)
20. None of these

CJProv
CARD AA

21. Very satisfied
22. Somewhat satisfied
23. Neither satisfied nor dissatisfied
24. Dissatisfied
25. Very dissatisfied

CARD BB

1. Fixed term or temporary job ended
2. Made redundant
3. Dismissed from a job
4. Left because pregnant
5. Left job for health reasons
6. Just decided to leave
7. Couldn’t get a job after leaving full-time education
8. For some other reason (PLEASE SPECIFY)
### Card CC
1. Husband wife/partner
2. Parents
3. Parents-in-law
4. Other relatives
5. Friends/Neighbours
6. Live-in nanny, au pair
7. Other nanny/au pair
8. Registered childminder
9. Unregistered childminder
10. Workplace nursery/creche
11. Local authority day nursery/creche
12. Private day nursery/creche
13. Playgroup
14. After school club
15. Nursery school/class
16. School
17. Other
18. Old enough to look after themselves
19. None of these

### CARD DD
1. GCSE
2. GCE O Level
3. CSE
4. A/S Level
5. GCE A Level (or S Level)
6. Scottish School Certificate, Higher School Certificate or Scottish School Qualification
7. Diploma of Higher Education
8. Degree (e.g. BA, BSc)
9. Other degree level qualification such as graduate membership of professional institute
10. Higher degree (e.g. PhD, MSc)
11. Nursing or other para-medical qualification not yet mentioned
12. PGCE - Post-graduate Certificate of Education
13. Other teaching qualification
**CARD EE**

1. School
2. Technical College
3. Teacher Training College, College of Education or College of Higher Education
4. Further Education College
5. Tertiary College
6. Institute of Higher Education
7. Polytechnic or Scottish Central Institution
8. University/Open University
9. Adult Education College/Centre
10. Government Skill Centre
11. Private or Commercial College
12. Your employer’s premises
13. Distance Learning & Correspondence Classes
14. Training Provider
15. Other location

**CARD FF**

1. BTEC, BEC, TEC, SCOTBEC, SCOTEC, or SCOTVEC qualification
2. City and Guilds qualification
3. RSA qualification
4. Pitman’s qualifications
5. NVQ – National Vocational Qualification
6. GNVQ - General National Vocational Qualification
7. ONC/OND not covered elsewhere
8. HNC/HND not covered elsewhere
9. Recognised trade apprenticeship
10. HGV licence
11. Other qualification

EdQloc, GCEWhQ, CSEEhQ, VocLoc, CurrLoc

VocQual,VocTyp
CARD GG (1)

1. I wanted to do something interesting
2. I was curious about the subject
3. I wanted to improve my knowledge or ability in the subject
4. I needed to do this learning so I could start another course
5. I needed to improve my job prospects
6. I needed to improve my job performance
7. None of these reasons applied.

CARD GG (2)

1. I wanted to do something interesting
2. I was curious about the subject
3. I wanted to improve my knowledge or ability in the subject
4. I needed to do this learning so I could start another course
5. I needed to improve my job prospects
6. I needed to improve my job performance
7. I wanted to know more so I could help my child
8. I needed to improve my basic skills so I could get onto another course.
9. None of these reasons applied.
CARD HH

1. I will get a new job
2. I will change to a different type of work
3. I will learn new skills for the job I am doing
4. I will be able to do my job better
5. I will get a pay rise in the job I am doing
6. I will get a promotion in the organisation where I am working
7. I will get more satisfaction out of the work I have been doing
8. Other job related outcomes
9. None of these things

CARD II

1. I don’t have time to learn because of work
2. I don’t have time to learn because of family
3. I don’t have any interest in learning
4. I can’t afford to do any courses
5. Poor access to public transport makes it difficult for me to get to courses
6. I have difficulties with reading
7. I have difficulties with writing and spelling
8. I have difficulties with maths
9. I don’t need to learn
10. None of these
CARD JJ

1. Time at school
2. Time at FE college/Sixth Form college
3. University
4. Work
5. All periods of learning have been useful for work
6. None

CARD KK

7. Word Processing
8. Internet (World Wide Web)
9. Email
10. Data analysis
11. Databases
12. Design packages
13. Playing Games
14. Sending faxes
15. Encylopædia or other information CD-roms
16. Composing music
17. Listening to music
18. Photography
19. Programming
20. Other
Card LL

1. I want to be able to help my children
2. I want to improve my chances of getting a job
3. I want to get promoted
4. I want to get a better job
5. I want to study for my own satisfaction
6. None of these reasons

CARD MM

1. On a college course in the daytime
2. On a college course in the evening
3. On a college course at weekends
4. On a course run at a community centre
5. Teaching yourself using the resources at a local library
6. Teaching yourself using packages on a home computer
7. Teaching yourself with the help of programs shown on the television
8. Teaching yourself with the help of programs on the radio
9. Teaching yourself at home using books
10. None of these apply
### CARD NN

1. Frequently – several times a term
2. Occasionally – only for organised parents’ events
3. Rarely – only for specific problems
4. Never

### Card OO

1. Eczema
2. Psoriasis
3. Acne
4. Coldsore
5. Fungus Infections
6. Recurrent Mouth Ulcers
7. Contact Dermatitis
8. Other Skin Problems
**CARD PP**

1. Endometriosis
2. Pelvic infection
3. Pelvic pain
4. Ovarian cyst
5. Vaginal discharge
6. Painful intercourse
7. Incontinence of urine
8. Prolapse
9. Fibroids
10. Other kind of problem

**CARD QQ**

1. Leukaemia
2. Hodgkin's disease
3. Lymphoma
4. Skin cancer
5. Bone cancer
6. Breast cancer
7. Cancer of the uterus
8. Cancer of the cervix
9. Cancer of the testes
10. Cancer of the colon
11. Lung cancer
12. Other (specify)
**CARD RR**

1. Nephritis
2. Kidney/bladder stones
3. Infection of the kidney/bladder (pyelitis)
4. Blood in urine
5. Other kidney/bladder problem

**CARD SS**

1. Feeling low, depressed or sad
2. Feeling generally anxious or jittery
3. Feeling anxious or scared about objects or situations
4. Feeling overexcited or over confident
5. Feeling compelled to repeat certain actions or thoughts
6. Hearing or seeing things, that other people haven't
7. Problems with alcohol
8. Problems with drugs
9. Other problems affecting your mood, emotions or behaviour
### CARD TT

1. Road accident as pedestrian
2. Road accident as driver/passenger in motor vehicle/pedal cycle, etc
3. Accident at work
4. Accident at home
5. Accident at school or college
6. Sports accident
7. Another kind of accident
8. A violent assault or mugging
9. Sexual assault
10. None of these

### CARD UU

1. More than once a day
2. Once a day
3. 3-6 days a week
4. 1 or 2 days a week
5. Less than 1 day a week
6. Occasionally
7. Never

**AccidAny, AccidWhy**
**CARD VV**

1. Take part in competitive sport of any kind
2. Go to ‘keep fit’ or aerobics classes
3. Go running or jogging
4. Go swimming
5. Go cycling
6. Go for walks
7. Take part in water sports
8. Take part in outdoor sports
9. Go dancing
10. Take part in any other sport or leisure activity which involves physical exercise

**CARD WW**

1. Every day
2. 4-5 days a week
3. 2-3 days a week
4. Once a week
5. 2-3 times a month
6. Less often
CARD XX

1. Political party
2. Charity/voluntary group (environment)
3. Charity/voluntary group (other)
4. Women’s groups
5. Townswomen’s Guild/Women’s Institute etc.
6. Parents/school organisations
7. Tenants/residents associations
8. None of these

CARD YY

1. No religion
2. Christian, no denomination
3. Roman Catholic
4. Church of England/Anglican
5. United Reformed Church (URC)/Congregational
6. Baptist
7. Methodist
8. Presbyterian/Church of Scotland
9. Other Christian (please state)
10. Hindu
11. Jew
12. Muslim/Islam
13. Sikh
14. Buddhist
15. Other non Christian (please state)

OrgEver, OrgNow

Religion
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### APPENDIX B – NCDS Calendar

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APPENDIX B – NCDS Supplementary Calendar
Appendix C  Editing and Coding Documents
General notes:

Where an `other' answer is to be re-coded back into a multi-coded question, ensure to edit using <F2> so that any original data that is still valid is not over-written.

Where problems arise that do not appear in these editing instructions, please contact the research team for further advice.

Note: Variables encased with ** denotes an optional edit check. We may not have the budget to do this.

**SELF-COMPLETION module**

**CASIInt**
Introduction to CASI module
If CASIInt= 1, Admin.SelfComp must be 1
If CASIInt= 2, Admin.SelfComp must be 2 or 3
If CASIInt= 3, Admin.SelfComp must be blank

**OthDrug[1-10]**
Name of drugs taken (if not already mentioned)
Backcode answers given at DRUG and DRUG12 to CANNABIS, ECSACY, AMPHET, LSD, POPPER, MAGMUSH, COCAINE, TEMAZ, SEMERON, KETAMINE, CRACK, HEROIN or METHAD using the codeframe listed below:

- **CANNABIS**: cannabis, blow, draw, puff, grass, skunk, weed, black, hash or red seal
- **ECSACY**: ecstasy, ‘E’, pills, dove, rhubarb or callys
- **AMPHET**: amphetamines, speed, whizz, uppers, Billy, Billy Whizz or sulph
- **LSD**: LSD, acid or trips
- **POPPER**: amyl nitrate or poppers
- **MAGMUSH**: magic mushrooms
- **COCAINE**: cocaine, coke or charlie
- **TEMAZ**: temazepan
- **SEMERON**: semeron
- **KETAMINE**: ketamine
- **CRACK**: crack, rock, stone, sand or pebbles
- **HEROIN**: heroin or smack
- **METHAD**: methadone

Produce listings of all non-codeable drugs entered at OTHDRUG
ADMIN module

**TNC**  Total number of calls
If TNC= 0, UnOut must be 61-65, 08, 10, 11, 78 or 79. If not, contact Elaine Iffland for verification against the ARF.

If UnOut=21, TNC must be ≥ 4. If not contact Elaine Iffland for verification against the ARF.

**NumTrace**  Number of addresses visited
If NumTrace>5, contact Elaine Iffland for verification against the ARF.

**TelNo**  Telephone number
If TelNo=3 (number refused), check ARF and key in number from ‘Telephone number’ box at TelChg

HEALTH module

**AccInj**  Injuries received from accidents and assaults
Description of injuries resulting from accidents or assaults is asked a maximum of six times. The answers to these questions are given in the variables AccInj[x] which should be coded using the coding frame for accidental injuries given below. Code using the variables ACCINJE1 to ACCINJE36 (allows up to six codes for each of six incidents).

Any injuries listed which cannot be found in either the code frame or the ICD should be sent to the researcher for a decision.

**ACCIDENTAL CODING FRAME INJURIES: CAPI variables AccInj[x]**

<table>
<thead>
<tr>
<th>Code</th>
<th>Injury</th>
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<tbody>
<tr>
<td><strong>FRACTURES</strong></td>
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</tr>
<tr>
<td>1</td>
<td>Fractures of skull and face bones (eg nose, jaw, cheek, eye palate)</td>
</tr>
<tr>
<td>2</td>
<td>Fractures of neck, spine, trunk (eg vertebral column, coccyx, ribs, breastbone, breastbone, chest, larynx, trachea, windpipe)</td>
</tr>
<tr>
<td>3</td>
<td>Fractures of upper limb (eg shoulders, arm, collar bone, shoulder blade)</td>
</tr>
<tr>
<td>4</td>
<td>Fractures of wrist, hand, fingers thumb</td>
</tr>
<tr>
<td>5</td>
<td>Fractures of hip and lower limb (eg leg, foot, toes, pelvis, knee cap, shinbone, ankle)</td>
</tr>
<tr>
<td>6</td>
<td>Multiple fractures</td>
</tr>
<tr>
<td>7</td>
<td>Fractures unspecified</td>
</tr>
<tr>
<td><strong>DISLOCATIONS (bones out of place)</strong></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Dislocation of jaw</td>
</tr>
</tbody>
</table>
9 Dislocation of upper limb (eg shoulder, elbow)
10 Dislocation of wrist, finger, thumb
11 Other, multiple and unspecified dislocations

**SPRAINS and STRAINS**

*[Includes: Avulsion of joint surrounds
  Tear ligaments
  Snap muscles
  Pull tendons
  Rupture
  Sprain
  Strain]*

*Excludes: Open wounds - See codes 24-34 below
  Lacerations of tendons in open wounds - See codes 24-30 below]*

13 Sprains and strains of upper limb (eg shoulder, arm)
14 Sprains and strains of wrist, hand, fingers, thumb
15 Sprains and strains of hip and lower limb (eg: thigh, knee, leg, ankle, foot, toes)
16 Sprains and strains of back and neck includes whiplash injury
17 Other and unspecified sprains and strains

**HEAD INJURY (without skull fracture)**

*[Excludes: Nerve injury - See codes 69-75 below
  Open wound of head without intracrania (brain) injury – See code 25
  Skull fracture alone - See code 1 above]*

18 Concussion
19 Cerebral (brain) laceration, bruising, haemorrhage, bleeding, following injury
20 Unspecified head/brain injury/other

**INTERNAL INJURY OF CHEST, ABDOMEN AND PELVIS**

*[Includes: Blast injuries of internal organs
  Bruise
  Jarring
  Crushing
  Haematoma (ie: accumulation of blood in tissues/blood clot)
  Laceration
  Puncture
  Tear
  Traumatic (ie: due to injury) rupture (ie: bursting open)]
21 Internal injury to chest, heart, lung and other organs in chest area
22 Internal injury to stomach, intestines, rectum, other areas in gastro-intestinal tract, liver, spleen, kidney, pelvic, organs, other abdominal organs
23 Other, multiple and unspecified internal injuries

OPEN WOUND

[INCLUDES: Animal bite
Avulsion/tear
Cut/laceration
Puncture wound
Traumatic (due to injury) amputation
Human bite

EXCLUDES: Burn - See codes 35-41 or 61-68 below
Crushing - See codes 49-54 below
Puncture of internal organs - Use codes 21-23 above
Superficial injury - Use codes 35-41 below
Wounds incidental to:
disclocations - see codes 8-12 above
fractures - see codes 1-7 above
internal injury - see codes 21-23 above
intracranial (brain) injury - see codes codes 18-20 above]

24 Open wound of eye
25 Open wound of ear, head, neck (eg ear, scalp, nose, cheek, jaw, lip, gum, tongue, broken tooth, neck, undefined and multiple face, throat, windpipe
26 Open wound of trunk (eg chest WALL, back, buttock, genital organs, other, unspecified, multiple)
27 Open wound of upper limb (shoulder, arm)
28 Open wound of wrist, hand, fingers, thumb
29 Open wound of hip and lower limb (eg thigh, knee, leg, foot)
30 Multiple and unspecified open wounds
31 Amputation (due to injury) of arm (at or above elbow)
32 Amputation of hand/fingers
33 Amputation of lower limb (leg, foot)
34 Amputation of toes

SUPERFICIAL INJURIES

[INCLUDES: Abrasions
Friction burn
Blister
Insect bite (non-venomous)
Superficial foreign body (eg: splinter) without major open wound

EXCLUDES: Major open wounds - See codes 24-34 above]

35 Superficial injury of face, scalp, neck (eg cheek, ear, gum, lip, nose, throat)
36 Superficial injury of eye (includes eyelids, eye socket, eyeball, cornea)
37 Superficial injury of trunk (eg abdominal wall, back, chest wall, breast, genital organs)
38 Superficial injury of upper limb (shoulder, arm)
39 Superficial injury of wrist, hand, finger thumb
40 Superficial injury of hip and lower limb
41 Other, multiple and unspecified

CONTUSION (bruise, haematoma) WITHOUT FRACTURE OR OPEN WOUND

42 Contusion of face, neck, scalp (eg cheek, ear, gum lip, nose, throat, jaw)
43 Contusion of eye and eye socket (eg black eye, eyelids, eyeball)
44 Contusion of trunk (eg: breast, chest, abdominal wall, side, groin, back buttock, genital organs)
45 Contusion of upper limb (eg shoulder, arm)
46 Contusion of wrist, hand, fingers, thumb
47 Contusion of hip and lower limb (eg: thigh, knee, ankle, foot, toes (nails)
48 Other, multiple and unspecified

CRUSHING INJURIES

[EXCLUDES: Intracranial (brain) injury/concussion - See codes 18-20 above
Severe crushing of internal organs due to internal injuries]- See codes

21-23 above

49 Crushing of face, neck, scalp (not brain)
50 Crushing of trunk (not internal organs or chest) (eg back, buttock, breast, external genital organs)
51 Crushing of upper limb (eg shoulder, arm)
52 Crushing of wrist, hand, fingers, thumb
53 Crushing of hip and lower limb

36
Multiple and unspecified

FOREIGN BODIES

[EXCLUDES: Penetrating wounds of the eye - See code 24 above]

55 Foreign body ON eye (not penetrating into eye)
56 Foreign body IN ear, nose
57 Foreign body in throat, windpipe, lung, (eg: asphyxia, choking, inhalation of fluid)
58 Foreign body in mouth, digestive system (eg: stomach, intestine)
59 Foreign body in rectum, anus, genitourinary tract (eg bladder, vagina, penis) not intrauterine contraceptive device IUCD)

60 Other and unspecified

BURNS

[INCLUDES: Burns from: electrical heating appliance, electricity, flame, hot object, lightening, radiation, chemicals, scalds

EXCLUDES: Friction burns - See codes 35-41 above
Sunburn - See code 77 below]

61 Burns confined to eye, eyelid, adjacent area
62 Burns confined to face, head, neck (eg: EYE WITH OTHER PARTS OF FACE, ear, head, lip, nose, scalp, temple)
63 Burns confined to trunk (abdominal wall, back, breast, chest, genital organs)
64 Burns confined to upper limb (arm, shoulder)
65 Burns confined to wrist, hand, fingers, thumb (nails)
66 Burns confined to hip and lower limb (eg: leg, thigh, foot, toe (nails)
67 Multiple burns
68 Unspecified burns

INJURY TO NERVES AND SPINAL CORD

69 Injury to optic, cranial (eye, head) nerves
70 Injury to spinal cord nerves (without bony injury)
71 Injury to trunk nerves (eg abdominal wall, back, breast, chest, genital organs)
72 Injury to upper limb nerves (eg: shoulder, arm)
73 Injury to nerves of wrist, hand, fingers, thumb
74 Injury to hip and lower limb nerves (eg: leg, foot)
75 Other, multiple and unspecified

**EARLY COMPLICATIONS OF TRAUMA**

76 Early complications of trauma
   (eg: haemorrhage, bleeding, shock, renal failure following crushing)

**INJURY: OTHER and UNSPECIFIED**

77 Injury: other and unspecified
   (eg back injury, unspecified; drug dependence & non-dependent abuse of drugs)

**EFFECTS OF POISONS**

*INCLUDES:* Overdose, dosage errors

*EXCLUDES:* Allergy/adverse reactions - See code 83 below
   Drug dependence or non-dependent abuse of drugs - See code 77 above

78 Poisoning by drugs
79 Poisoning by non-medicinal chemicals and substances  (INCLUDES: venom, bee stings)
80 Poisoning by gases, vapours, fumes
81 Poisoning by food (berries, shellfish, mushrooms, plants etc
   (eg: allergies, (rashes) gastroenteritis, toxic effects of food contaminants (mercury, etc))
82 Unspecified poisoning

**OTHER**

83 Other and unspecified effects of external causes (eg: radiation sickness, weather
   (sunstroke) shock from lightening, allergy/adverse reactions to drugs)

*EXCLUDES:* Burns (ICD CODES 940-949) Coded as 61-68

**DON'T KNOW/CAN'T SAY**

98 Don't know/Can't say

**INADEQUATE REPLY**

99 Inadequate reply to whole question
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<td>Contusions (bruises, haematoma)</td>
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<td>55-60, 35-41</td>
<td>Foreign bodies</td>
</tr>
<tr>
<td>81</td>
<td>Food (allergy, poisoning)</td>
</tr>
<tr>
<td>1-7</td>
<td>Fractures</td>
</tr>
<tr>
<td>35-41</td>
<td>Friction burns</td>
</tr>
<tr>
<td>80</td>
<td>Fumes etc (poisoning by)</td>
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<tr>
<td>80</td>
<td>Gases etc (poisoning by)</td>
</tr>
<tr>
<td>21-23, 42-48</td>
<td>Haematoma</td>
</tr>
<tr>
<td>76, 19</td>
<td>Haemorrhage</td>
</tr>
<tr>
<td>24-34</td>
<td>Human bite</td>
</tr>
<tr>
<td>35-41, 79</td>
<td>Insect bite</td>
</tr>
<tr>
<td>21-23</td>
<td>Internal injuries (chest, abdomen, pelvis)</td>
</tr>
<tr>
<td>21-23</td>
<td>Jarring</td>
</tr>
</tbody>
</table>

Codes:
<table>
<thead>
<tr>
<th>Condition</th>
<th>Codes</th>
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<tbody>
<tr>
<td>Laceration</td>
<td>21-23, 24-34</td>
</tr>
<tr>
<td>Lightening burns</td>
<td>61-68</td>
</tr>
<tr>
<td>Medicines</td>
<td>77, 78, 83</td>
</tr>
<tr>
<td>Nerve injury</td>
<td>69-75</td>
</tr>
<tr>
<td>Non-medical chemicals/substances (poisoning by)</td>
<td>79</td>
</tr>
<tr>
<td>Open wounds</td>
<td>24-30</td>
</tr>
<tr>
<td>Overdose (of drugs)</td>
<td>77, 78</td>
</tr>
<tr>
<td>Poisoning</td>
<td>78-83</td>
</tr>
<tr>
<td>Pulled</td>
<td>13-17</td>
</tr>
<tr>
<td>Puncture</td>
<td>21-23, 24-30</td>
</tr>
<tr>
<td>Radiation burns</td>
<td>61-68</td>
</tr>
<tr>
<td>Renal failure (following crushing)</td>
<td>76</td>
</tr>
<tr>
<td>Rupture</td>
<td>13-17</td>
</tr>
<tr>
<td>Scalds</td>
<td>61-68</td>
</tr>
<tr>
<td>Severe crushing (internal injury)</td>
<td>21-23</td>
</tr>
<tr>
<td>Shock</td>
<td>76</td>
</tr>
<tr>
<td>Sprain</td>
<td>13-17</td>
</tr>
<tr>
<td>Strain</td>
<td>13-17</td>
</tr>
<tr>
<td>Snap</td>
<td>13-17</td>
</tr>
<tr>
<td>Splinter (non-penetrating)</td>
<td>35-41</td>
</tr>
<tr>
<td>Suicide attempt (drugs, open wound)</td>
<td>78, 24-30</td>
</tr>
<tr>
<td>Superficial injury</td>
<td>35-41</td>
</tr>
<tr>
<td>Tear</td>
<td>13-17, 21-23</td>
</tr>
<tr>
<td>Trauma/Traumatic</td>
<td>21-23, 31-34</td>
</tr>
<tr>
<td>Whiplash injury</td>
<td>16</td>
</tr>
</tbody>
</table>

**Rules for coding injuries**

**Code 99**   Inadequate reply to whole question

Exclusive code - this should only be used when the whole response is too vague to be coded into one of the codes 01-83. This code can only be used in the ‘first mention’ columns. The editing program issues a warning if code 99 is used in any of the other columns.

Codes 01-83 can be used more than once if two different conditions are mentioned which both fall into the same category.

If more than 6 injuries have been typed in by the interviewer, the first 6 mentioned should be coded.
SKINOTH Other skin conditions
Backcode into SKINCOND if possible. If not codeable, print listings and give to researcher.

EATOTH Other eating problems
Backcode into EATING if possible. If not codeable, print listings and give to researcher.

GYNAEOOTH Other gynaecological conditions
Backcode into GYNAEPRB if possible. If not codeable, print listings and give to researcher.

OTHCNCR Other type of cancer
Backcode into CANCTYPE if possible. If not codeable, print listings and give to researcher.

BLADOTH Other kidney or bladder problems
Backcode into BLADPRB if possible. If not codeable, print listings and give to researcher.

WHATPILL Name of contraceptive pill
Assign ONE 6 digit code using the BNF. Eg 12.3.4 would be assigned the code 120304.
Produce listings for all pills that are not codeable.

HOWHAT Other health conditions
Description of ‘other health conditions’ is asked a maximum of ten times. The answers to these questions are given in the variables HOWHAT1-10 which should be coded using the Longstanding Illness frame above. Code using the variables HOCode01 – IllCode10.

Any illnesses listed which cannot be found in either the code frame for LSICOND (see above) or the ICD should be sent to the researcher for a decision.

ACCINJ Injuries received from accidents/assaults/burns/scalds
Asked for up to six most recent accidents.
Need clarification from IOE re:
a) What frame is to be used? – ICD9?
b) To what level ie how many digits should we code to?
c) If ICD9, who is to supply copies to coders? How many copies?
d) How many codes should we allow per accident? (If up to 3 injuries per accident, this will mean allowing for a max of 18 x-digit codes.)

HOSPY Reason for hospital day-surgery or overnight admission
Asked for up to 25 most recent admissions.
Need clarification from IOE re:
e) What frame is to be used? – ICD9?
f) To what level ie how many digits should we code to?
g) If ICD9, who is to supply copies to coders? How many copies?
h) How many codes should we allow per accident? (If up to 3 injuries per accident, this will mean allowing for a max of 75 x-digit codes.)
Other alcoholic drinks

Backcode into BEER, SPIRITS, WINE, SHERRY or POPS using frames below. If
Produce listings for any that are uncodeable.

Exclusion/Inclusions for drinks categories:
* Remember to exclude all low/non-alcoholic drinks.
* Home made drinks should be coded into the appropriate category.

For recoding of `other' answers please note the following inclusions/exclusions:

BEER
Exclude: Bottles/Canned shandy
Include: Export, Heavy, Bland and Tan, Barley Wine, Diabetic Beer, Home
Brew Lager, Special Brew Lager, Lager and Lime, Home Brew Beer, Gold Label,
Pommagne, Stout, Scrumpy.

SPIRITS
Include: Cocktails, Egg Flip, Snowball, Bacardi, Pernod, Sloe Gin, Pimms,
Bourbon, Whisky Mac, Schnapps, Liqueur (nes), Bluemoon, Vodka, Rum (and pep),
Souther Comfort, Tia Maria, Ouzo/Aniseed, Cheery Brandy, Arak (strong spirit),
Irish Velvet, Brandy, 150 proof Moonshine, Gaelic Coffee, Advocaat, Tequila,
Amagnac, Clan Dew, Campari, Malibu, Taboo.

WINE
Include: Punch, Mead, Moussec, Concorde, Champagne, Babycham, Saki,
Cherry B, Calypso Orange Perry, Home made wine, Thunder bird.

Exclude: Non alcoholic wines such as Eisberg

SHERRY
Include: Cinzano, Dubonnet, Bianco, Rocando, Noilly Prat, Ginger Wine, Home
made Sherry, Tonic wine, Sanatogen, Scotsmac and similar British wines fortified
with spirits, Port and Lemon.

Coding of other alcoholic drinks
All `other alcoholic drinks' need to be recoded into the appropriate drinks category.
The following rules will apply:

* If the appropriate drinks category is not already coded then information on
frequency and amount should be edited into appropriate variables and data in the
`other' drinks category deleted.

* If the appropriate drinks category is already coded then the highest frequency
and the associated amount should be coded. For example if frequency of Spirits is already
coded as 2 and Campari, with a frequency of 1, is to be recoded into the Spirits category
then the frequency should be changed to 1 and the amount variable should be recoded
to that associated with Campari.
- If the frequency of the other alcoholic drink is less than that contained in the drinks category into which it is to be recoded then the information in that 'other' alcoholic drink should be ignored.

- If the frequency in the other alcoholic drink and the category into which it is being coded are the same then the amounts should be added together.

**VEGOTH**  Other type of vegetarian diet
Backcode into VEGTYPE if possible. If not codeable, print listings and give to researcher.

**DIETOTH**  Other type of special diet
Backcode into DIETTYPE if possible. If not codeable, print listings and give to researcher.
Appendix D Details of UK Data Archive Deposit
An initial deposit of data from the NCDS and BCS70 1999-2000 Follow-ups was made with the UK Data Archive at the University of Essex on 12 July 2001, together with supporting documentation as identified below.

<table>
<thead>
<tr>
<th>Directory/Filename</th>
<th>Content</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCDS&amp;BCS70 Letter</td>
<td>Letter accompanying deposit</td>
<td>Word</td>
</tr>
<tr>
<td>ncds&amp;bc70c1_1.por</td>
<td>NCDS and BCS70 1999-2000 Follow-ups: Initial Cross-sectional Data (June 2001)</td>
<td>SPSS</td>
</tr>
<tr>
<td>NCDS&amp;BCS70 DepositForms.doc</td>
<td>Archive deposit forms: Data and Documentation Transfer Form Study Description Form Schedule of Materials Deposited</td>
<td>Word</td>
</tr>
<tr>
<td>NCDS&amp;BCS70 LicenceForm.doc</td>
<td>Licence Form</td>
<td>Word</td>
</tr>
<tr>
<td>NCDS&amp;BCS70 Design.doc</td>
<td>The design and conduct of the 1999-2000 surveys of the National Child Development Study and the 1970 British Cohort Study</td>
<td>Word</td>
</tr>
<tr>
<td>NCDS&amp;BCS70 CAPI Documentation.zip</td>
<td>NCDS/BCS70 1999-2000 Follow-ups: CAPI Documentation *</td>
<td>Word (ZIPped)</td>
</tr>
</tbody>
</table>

* See notes below

This element of the documentation was not included with the initial materials sent to the UK Data Archive. It is being finalised, and will be available shortly.

NCDS/BCS70 1999-2000 Follow-ups: CAPI Documentation

1. This is ZIPped and comprises a series of inter-related Word documents:
   - Introduction
   - Section1
   - Section2
   - Appendix 1
   - Appendix 2
   - Appendix 3

2. Users should put these in the same directory

3. This documentation will be very unwieldy in paper form. It is strongly recommended that an electronic version (in Microsoft Word) be used alongside, or instead of a paper copy.

   The use of the ‘Outline’ view in Word to display only major headings, block names and individual question names will aid navigation of such a large document. To use outline view select View, Outline. The ‘Outline toolbar’ can then provides the option of viewing headings at different levels (1 would be highest level of only Section titles, 2 reveals Block Titles etc). The ‘All’ button reveals all of the text. The ‘+’ or ‘-’ icons which appear to the left of each heading and paragraphs. A ‘+’ sign indicates that additional lower level text is hidden. Question text and other routing in Section 1 can be displayed by clicking on the ‘plus’ sign towards the left hand margin.

4. References to individual question names can be located using the ‘Find’ function.

NCDS/BCS70 1999-2000 Follow-ups: Interactive Data Dictionary for Combined NCDS/BCS70 SPSS dataset (based on the SPSS Data Dictionary)

1. This last item is ZIPped and comprises several files:

2. Users should copy contents of the 'Ideal1999' ZIPfile to separate directory

3. To use:
   - Click on 'Iwinread' - the Data Dictionary should load

   - If no database is loaded:
     - Click on 'File'
     - Within 'File', click on 'Open'
     - Within 'Open', select '2000.txt'

4. Opening screens will provide guidance on use and background on the surveys.

5. Address queries to: cohort@cls.ioe.ac.uk