**B4 School Checks Data Dictionary**

Purpose

This document describes the B4 School Check data set that is available for operational and research purposes.

Dataset Description:

An up-to-date listing of all B4 School Checks either completed or under way since the Before School Check programme began in 2008/09. Includes one record per B4 School check (NHI).

Dataset Variable Listing:

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| **VARIABLE NAME** | **DESCRIPTION** |
| NHINUMBER | Child Information - NHI (National Health Identifier) (mandatory field) |
| TITLE | Child Information - Title |
| FIRST\_NAME | Child Information - First Name (mandatory field) |
| SECONDNAME | Child Information - Middle Name |
| FAMILY\_NAME | Child Information - Surname (mandatory field) |
| ADDRESS\_LINE\_1 | Child Information - Residential Address - Line 1 |
| ADDRESS\_LINE\_2 | Child Information - Residential Address - Line 2 |
| SUBURB | Child Information - Residential Address - Suburb |
| CITY | Child Information - Residential Address - City |
| POSTCODE | Child Information - Post Code |
| DOB | Child Information - Date of Birth (mandatory field)  |
| DOD | Child Information - Date of Death |
| AGE | Current Age of Child in Years (to 1 dp)Derived Field, using DOB and Current Date based on data extract date |
| GENDER | Child Information - Gender*(Male, Female, Unknown)* |
| ETHNICITY | Child Information - Prioritised EthnicityDerived Field, using Ethnicity1, Ethnicity2 and Ethnicity3.Based on NZ Standard Ethnic Classification ETH2005 Level 2.(*European Not Further Defined, New Zealand European/Pakeha, Other European, NZ Maori, Pacific Island Not Further Defined, Samoan, Cook Islands Maori, Tongan, Niuean, Tokelauan, Fijian, Other Pacific Island, Asian Not Further Defined, South East Asian, Chinese, Indian, Other Asian, Middle Eastern, Latin American/Hispanic, African, Other, Declined to State, Refused to answer, Response unidentifiable, Not Stated)* The child's prioritised ethnicity is derived by selecting the highest ranked of the (up to) 3 distinct ethnicity classifications (ethnicity1, ethnicity2, ethnicity3) assigned to the child as imported from the child's record on the Primary Health Organisation (PHO) enrolment register.Ethnicity rankings are as follows: (highest to lowest rank)NZ Maori (1), Tokelauan (2), Fijian (3), Niuean (4), Tongan (5), Cook Islands Maori (6), Samoan (7), Other Pacific Island (8), Pacific Island Not Further Defined (9), South East Asian (10), Indian (11), Chinese (12), Other Asian (13), Asian Not Further Defined (14), Latin American/Hispanic (15), African (16), Middle Eastern (17), Other (18), Other European (20), European Not Further Defined (21), New Zealand European/Pakeha (22), Declined to State (95), Not Stated (99) |
| ETHNICITY1 | Child Information - Ethnicity 1 (mandatory field)Child's first recorded ethnicity, using the NZ Standard Ethnic Classification ETH2005 Level 2 - see ETHNICITY above for details. ETHNICITY1 is automatically populated using the equivalent fields from the child's record on the PHO register.*(European Not Further Defined, New Zealand European/Pakeha, Other European, NZ Maori, Pacific Island Not Further Defined, Samoan, Cook Islands Maori, Tongan, Niuean, Tokelauan, Fijian, Other Pacific Island, Asian Not Further Defined, South East Asian, Chinese, Indian, Other Asian, Middle Eastern, Latin American/Hispanic, African, Other, Declined to State, Refused to answer, Response unidentifiable, Not Stated)*  |
| ETHNICITY2 | Child Information - Ethnicity 2Child's second recorded ethnicity (if available), using the NZ Standard Ethnic Classification ETH2005 Level 2 - see ETHNICITY above for details. ETHNICITY2 is automatically populated using the equivalent field from the child's record on the PHO register.*(European Not Further Defined, New Zealand European/Pakeha, Other European, NZ Maori, Pacific Island Not Further Defined, Samoan, Cook Islands Maori, Tongan, Niuean, Tokelauan, Fijian, Other Pacific Island, Asian Not Further Defined, South East Asian, Chinese, Indian, Other Asian, Middle Eastern, Latin American/Hispanic, African, Other, Declined to State, Refused to answer, Response unidentifiable, Not Stated)*  |
| ETHNICITY3 | Child Information - Ethnicity 3Child's third recorded ethnicity (if available), based on NZ Standard Ethnic Classification ETH2005 Level 2 - see ETHNICITY above for details. ETHNICITY3 is automatically populated using the equivalent field from the child's record on the PHO register.*(European Not Further Defined, New Zealand European/Pakeha, Other European, NZ Maori, Pacific Island Not Further Defined, Samoan, Cook Islands Maori, Tongan, Niuean, Tokelauan, Fijian, Other Pacific Island, Asian Not Further Defined, South East Asian, Chinese, Indian, Other Asian, Middle Eastern, Latin American/Hispanic, African, Other, Declined to State, Refused to answer, Response unidentifiable, Not Stated)*  |
| QUINTILE | Child Information - Deprivation QuintileThe deprivation quintile associated with the census area unit of the domicile address of the child. Deprivation quintile is a ranking of census area units within New Zealand by level of socio-economic deprivation, as derived from data collected during the New Zealand Census.*(0= Not Available, 1=low deprivation, 2, 3, 4, 5=high deprivation)*Deprivation quintile is automatically populated in the B4SC system using details from the domicile address of the child. Sometimes the deprivation quintile cannot be assigned because the recorded domicile address details cannot be linked to a particular meshblock/census area unit using the system-based matching processes. |
| NEED\_H\_L\_ | Derived Field, using QUINTILE.Deprivation Classification. Set to 'High' if Quintile = 5, else set to 'Low'.*(High, Low)* |
|  |   |
| STATUS | Current status of the child's B4SC check:*Assigned* – The child has been assigned to a DHB*Assigned VHT Completed* – The vision and hearing components have been completed, but others haven’t been.*Assigned Nurse Completed* – All but vision and hearing components have been completed.*Assigned Pending Completion* – All components completed and is waiting to be marked so.*Completed* – All components have been completed.*Closed* – All components have been completed, and any referrals also completed.*Returned* – Administrative, used to move check between DHBs, or if child can’t be found. |
| CAREGIVER\_CONSENTGIVEN | Indicates whether the child’s caregiver has given permission for the B4SC check to be conducted. This flag relates to the overall B4SC check.*Yes* - consent given by the caregiver *No* - consent is not given - - not recorded |
| DATEFIRSTCOMPLETED | The date when all components of the check (general, dental, growth, immunisation, PEDS, SQD-parent, SDQ-teacher, vision and hearing) are first completed. |
| DATEFIRSTCLOSED | The date when all components of the check (general, dental, growth, immunisation, PEDS, SDQ-parent, SDQ-teacher, vision and hearing) are first closed. |
| DATECOMPLETED | Date when the B4SC check is completed. |
| DATECLOSED | Date when the B4SC check is closed. |
| DATEFIRSTCOMPLETEDCLOSED | The date when all components of the B4SC check (general, dental, growth, immunisation, PEDS, SDQ-parent, SDQ-teacher, vision and hearing) are first completed or closed.DATEFIRSTCOMPLETEDCLOSED = COALESCE( DATEFIRSTCOMPLETED, DATEFIRSTCLOSED) |
| YEARFIRSTCOMPLETEDCLOSED | The financial year (July-June) associated with the date when all components of the B4SC check (general, dental, growth, immunisation, PEDS, SDQ-parent, SDQ-teacher, vision and hearing) are first completed or closed. Calculated based on the date defined by DATEFIRSTCOMPLETEDCLOSED - 7.Seven days are subtracted from the date first completed/closed to recognise the assumed 7 days of data entry lag between completion of the check and the associated data entry at which the value of DATEFIRSTCOMPLETEDCLOSED is determined.e.g. 2015\_2016. |
|  |   |
| PROVIDER\_ADMINISTRATIVEREGION | The DHB of the current B4SC provider assigned to the child (NHI).(*Auckland, Bay of Plenty, Canterbury, Capital and Coast, Counties Manukau, Hawkes Bay, Hutt, Lakes, Midcentral, Nelson Marlborough, Northland, South Canterbury, Southern, Tairawhiti, Taranaki, Waikato, Wairarapa, Waitemata, West Coast, Whanganui)* |
| INITIALPROVIDER | The name of the initial B4SC provider assigned to the child*(selected from a list of hundreds of b4sc providers)* |
| CURRENTPROVIDER | The current B4SC provider assigned to the child at the data extract date*(selected from a list of hundreds of b4sc providers)* |
| PROVIDER\_COMMENTS | Miscellaneous comments from the B4SC provider*(Free text field)* |
| PRESCHOOL | Child Health Questionnaire - Name of Preschool*(Free text field)* |
| DATEVHTFIRSTCOMPLETED | The date when all of the vision and hearing technician VHT components of the B4SC check (vision, hearing) are first completed. That is, the latest of the first vision check date and first hearing check date. |
| DATEVHTCOMPLETED | The date when all of the vision and hearing technician VHT components of the B4SC check (vision, hearing) are completed. That is, the latest of the first vision check date, the vision rescreen check date (if applicable), the first hearing check date or the hearing rescreen check date (if applicable). |
| DATEPROVIDERFIRSTCOMPLETED | The date when all of the b4sc provider (nurse) components of the check (general, dental, growth, immunisation, PEDS, SDQ-parent, SDQ-teacher) are first completed. |
| DATEPROVIDERCOMPLETED | The date when all of the b4sc provider (nurse) components of the check (general, dental, growth, immunisation, PEDS, SDQ-parent, SDQ-teacher) are completed. |
| PROVIDERCHECKLOCATION | Location of the B4SC Provider Checks.The B4SC Provider checks are the general, dental, growth, immunisation, PEDS, SDQ-parent, and SDQ-teacher checks. (Child's Home, Community Centre, ECE, General Practice, Hospital, Other )  |
| PROVIDERCHECKLOCATIONOTHER | Detailed description of the B4SC Provider Check Other Location (applicable where PROVIDERCHECKLOCATION=Other)(free text field) |
| VHTCHECKLOCATION | Location of the Vision and Hearing Technician ChecksThe Vision and Hearing Technician checks are the vision and hearing checks. (Child's Home, Community Centre, ECE, General Practice, Hospital, Other )  |
| VHTCHECKLOCATONOTHER | Detailed description of the Vision and Hearing Technician Checks Other Location (applicable where VHTCHECKLOCATION=Other)(free text field) |
|  |   |
| GENERAL | Is the B4SC general health check complete?Y = Yes- = No(Set to Y if GENERALHEALTHCHECKOUTCOM is populated, else - ) |
| DENTAL | Is the B4SC dental check complete?Y = Yes- = No(Set to Y if DENTAL\_DENTALCHECKOUTCOME is populated, else - ) |
| GROWTH | Is the B4SC growth check complete?Y = Yes- = No(Set to Y if GROWTH\_GROWTHCHECKOUTCOME is populated, else - ) |
| IMMS | Is the B4SC immunisation check complete?Y = Yes- = No(Set to Y if IMMS\_IMMUNISATIONCHECKOUTCOME is populated, else - ) |
| PEDS | Is the B4SC parental evaluation of development (PEDS) check complete?Y = Yes- = No(Set to Y if PED\_PEDOUTCOME is populated, else - ) |
| SDQ\_P | Is the B4SC strength and difficulties-parent (SDQ-P) check complete?Y = Yes- = No(Set to Y if SDQP\_SDQOUTCOME is populated, else - ) |
| SDQ\_T | Is the B4SC strength and difficulties-teacher (SDQ-T) check complete?Y = Yes- = No(Set to Y if SDQT\_SDQOUTCOME is populated, else - ) |
| VISION | Is the B4SC vision check complete?Y = Yes- = No(Set to Y if VISION\_DISTANCEVISIONCHECKOUTCOM is populated, else - ) |
| HEARING | Is the B4SC hearing check complete?Y = Yes- = No(Set to Y if HEARING\_HEARINGCHECKOUTCOME is populated, else - ) |
| HASOUTSTANDINGREFERRAL | Is there an outstanding referral associated with the child?*TRUE = YesFALSE = No*IF one or more NHI referral has status = 'In Progress' THEN HASOUTSTANDINGREFERRAL = TRUE |
|  |   |
| VISION\_CHECKEDBY | Vision Check - Checked by Provider*(from a list of hundreds of b4sc providers)* |
| VISION\_DATECLOSED | Vision Check - Date when the vision check is closed.  |
| VISION\_DATECOMPLETED | Vision Check - Date when the vision check is completed. |
| VISION\_DISTANCEVISIONCHECKOUTCOM | Vision Check - A short description of the result of the Vision check component.*Declined* – Check not completed due to caregiver declining consent*Pass Bilaterally* – Check passed*Rescreen* – Check could not be completed, so the check has been rescheduled.*Referred* – Check completed and child referred to specialist service*Under care* - Child already under care of specialist, check may or may not be completedWhere the child is subject to a vision rescreen, the rescreen outcome is recorded here. If the child is under the ongoing care of an ophthalmic practitioner (an ophthalmologist or optometrist) and has been prescribed glasses. The child should not usually be screened. If the child is screened, a referral is unnecessary no matter what the vision results are, but contact the parent or caregiver to provide them with the results and to make sure the child has had a recent vision examination. Reasons for not undertaking the vision screen should be noted in the child’s B4 School Check record. (see fields: VISION\_UNDERCARETYPEOFPROVIDER, VISION\_UNDERCAREOTHERTYPEOFPROVI, VISION\_UNDERCAREPROVIDERNAME) |
| VISION\_EYESCORELEFT | Vision Check - Left Eye Score:*(6 6, 6 9, 6 12, 6 18, 6 24+)*Where the child is subject to a vision rescreen, the rescreen left eye score is recorded here. |
| VISION\_EYESCORERIGHT | Vision Check - Right Eye Score:*(6 6, 6 9, 6 12, 6 18, 6 24+)*Where the child is subject to a vision rescreen, the rescreen right eye score is recorded here. |
| VISION\_UNDERCARETYPEOFPROVIDER | Vision Check - Under Care Type of Provider |
| VISION\_UNDERCAREOTHERTYPEOFPROVI | Vision Check - Under Care Other Type of Provider |
| VISION\_UNDERCAREPROVIDERNAME | Vision Check - Under Care Provider Name |
| VISION\_DATEREFERRALSENT | Vision Check - Intervention Started Date |
| VISION\_DATEINTERVENTIONSTARTED | Vision Check - Referral Status |
| VISION\_REFERRALSTATUS | Vision Check - Referral Sent Date |
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| HEARING\_CHECKEDBY | Hearing Check - Checked by Provider*(from a list of hundreds of b4sc providers)* |
| HEARING\_DATECLOSED | Hearing Check - Date when the hearing check is closed. |
| HEARING\_DATECOMPLETED | Hearing Check - Date when the hearing check is completed. |
| HEARING\_HEARINGCHECKOUTCOME | Hearing Check - OutcomeA short description of the result of the Hearing check component.*Declined* – Check not completed due to caregiver declining consent*Pass Bilaterally* – Check passed*Rescreen* – Check could not be completed, so the check has been rescheduled.*Referred* – Check completed and child referred to specialist service*Under care* - Child already under care of specialist, check may or may not be completedWhere the child is subject to a hearing rescreen, the rescreen outcome is recorded here. Note: If the child is under the care of an otorhinolaryngologist (an ORL or ENT specialist) or an audiologist or is wearing a hearing aid, has a cochlear implant, or currently has grommets inserted, it is not necessary to carry out audiometry or tympanometry. Reasons for not undertaking the audiometry or tympanometry screen should be noted in the child’s B4 School Check record.(see fields: HEARING\_UNDERCAREOTHERTYPEOFPROV, HEARING\_UNDERCAREPROVIDERNAME, HEARING\_UNDERCARETYPEOFPROVIDER) |
| HEARING\_UNDERCAREOTHERTYPEOFPROV | Hearing Check - Under Care Type of Provider |
| HEARING\_UNDERCAREPROVIDERNAME | Hearing Check - Under Care Other Type of Provider |
| HEARING\_UNDERCARETYPEOFPROVIDER | Hearing Check - Under Care Provider Name |
| HEARING\_LEFTEARAUDIOMETRYPASS | Hearing Check - Left Ear Audiometry Check ResultTRUE = PassFALSE = Fail |
| HEARING\_RIGHTEARAUDIOMETRYPASS | Hearing Check - Right Ear Audiometry Check ResultTRUE = PassFALSE = Fail |
| HEARING\_LEFTEARTYMPANOMETRYOUTCO | Hearing Check - Left Ear Tympanometry Check Result(Pass, Fail, Unequivocal) |
| HEARING\_RIGHTEARTYMPANOMETRYOUTC | Hearing Check - Right Ear Tympanometry Check Result(Pass, Fail, Unequivocal) |
| HEARING\_APPOINTMENTLOCATION | Hearing Check - Appointment Location(Free text field) |
| HEARING\_DATEINTERVENTIONSTARTED | Hearing Check - Intervention Started Date |
| HEARING\_DATEREFERRALCOMPLETED | Hearing Check - Referral Completed Date |
| HEARING\_DATEREFERRALSENT | Hearing Check - Referral Sent Date |
| HEARING\_REASONFORREFERRAL | Hearing Check - Reason for referral(Free text field) |
| HEARING\_REFERRALID | Hearing Check - Referral ID |
| HEARING\_REFERRALSTATUS | Hearing Check - Referral Status(Caregiver declines, Completed, In Progress, Service provider declines) |
| HEARING\_REFERRALTYPE | Hearing Check - Referral Type(Hearing) |
| HEARING\_REFERREDTO | Hearing Check - Referred To(Audiologist, Child development services, Ear nurse, General Practitioner, Ministry of Education - Special Education, Other, Public health nurse, Specialist services, VHT Rescreen) |
| HEARING\_TREATMENT | Hearing Check - Treatment description(Free text field) |
| HEARING\_LEFTEARTYMPANOMETRYCHECK | Hearing Check - Left Ear Tympanometry Check Outcome(Flat, Peak) |
| HEARING\_RIGHTEARTYMPANOMETRYCHEC | Hearing Check - Right Ear Tympanometry Check Outcome(Flat, Peak) |
|  |   |
| GENERAL\_CHECKEDBY | Child Health Questionnaire - Checked By Provider*(from a list of hundreds of b4sc providers)* |
| GENERAL\_DATECOMPLETED | Child Health Questionnaire - Date Completed |
| GENERAL\_DATECLOSED | Child Health Questionnaire - Date Closed |
| GENERAL\_GENERALHEALTHCHECKOUTCOM | Child Health Questionnaire - OutcomeA short description of the result of the Child Health Questionnaire check component.*Declined* – Check not completed due to caregiver declining consent*Referred* – Check completed and child referred to specialist service*Completed - Referral Declined* – Check completed and offer of referral to specialist service was declined*Completed - Not Referred* – Check completed and child not referred to specialist service*Completed - Advice Given* - Check completed and extensive clinical advice given*Under Care* – Child already under care of specialist, check may or may not be completed |
|  |   |
| GENERAL\_FAMILYDOCTOR | Child Health Questionnaire - Family Doctor |
| GENERAL\_IWIPROVIDER | Child Health Questionnaire - Iwi Provider |
| GENERAL\_SIBLINGS | Child Health Questionnaire - Siblings - Does the child have brothers and sisters?*(Free text field - listing of siblings by age, name and gender)* |
| GENERAL\_SIBLINGAGE | Child Health Questionnaire - Siblings - Age details |
| GENERAL\_SIBLINGGENDER | Child Health Questionnaire - Siblings - Gender details |
| GENERAL\_SIBLINGNAME | Child Health Questionnaire - Siblings - Name details |
| GENERAL\_BEENINHOSPITAL | Child Health Questionnaire - Hospital - Has the child spent time in hospital?*(Yes, No, Unknown)* |
| GENERAL\_HOSPITALDETAILS | Child Health Questionnaire - Hospital - Has the child spent time in hospital? Details.*(Free text field)* |
| GENERAL\_HASCONCERNSABOUTDENTALHE | Child Health Questionnaire - Dental Health - Does the Caregiver have concerns about the child's teeth?*TRUE = YesFALSE = No* |
| GENERAL\_DENTALCLINIC | Child Health Questionnaire - Dental Health - Dental clinic the child is enrolled with*(Free text field)* |
| GENERAL\_WEARSGLASSES | Child Health Questionnaire - Eye Health - Does the child wear glasses?*TRUE = YesFALSE = No* |
| GENERAL\_GROMMETS | Child Health Questionnaire - Ear Health - Grommets/Tubes inserted or planned?(Yes, No) |
| GENERAL\_EAROTHERPROBLEMS | Child Health Questionnaire - Ear Health - Are there any other problems?*TRUE = YesFALSE = No* |
| GENERAL\_EAROTHERPROBLEMSCOMMENTS | Child Health Questionnaire - Ear Health - Comments*(Free text field)* |
| GENERAL\_GETTINGHELPFROMSERVICES | Child Health Questionnaire - Final Questions - Is the Caregiver currently getting help from any services?*TRUE = YesFALSE = No* |
| GENERAL\_GETTINGHELPFROMSERVICESC | Child Health Questionnaire - Final Questions - Is the Caregiver currently getting help from any services - Which Services?*(Free text field)* |
| GENERAL\_HASCONCERNSABOUTTOILETIN | Child Health Questionnaire - Final Questions - Does the caregiver have any concerns about toileting? *TRUE = YesFALSE = No* |
| GENERAL\_HASCONCERNSABOUTTOILETCO | Child Health Questionnaire - Final Questions - Does the caregiver have any concerns about toileting - Comment*(Free text field)* |
| GENERAL\_HASCONCERNSABOUTSLEEPING | Child Health Questionnaire - Final Questions - Does the caregiver have any concerns about sleep? *TRUE = YesFALSE = No* |
| GENERAL\_HASCONCERNSABOUTSLEEPCO | Child Health Questionnaire - Final Questions - Does the caregiver have any concerns about sleep - Comment*(Free text field)*  |
| GENERAL\_HASCONCERNSABOUTEATING | Child Health Questionnaire - Final Questions - Does the caregiver have any concerns about eating - Comment*TRUE = YesFALSE = No* |
| GENERAL\_HASCONCERNSABOUTEATINGCO | Child Health Questionnaire - Final Questions - Does the caregiver have any concerns about eating - Comments?*(Free text field)* |
| GENERAL\_DOESANYONESMOKEINDOORS | Child Health Questionnaire - Final Questions - Does anyone in the household smoke indoors?*TRUE = YesFALSE = No* |
| GENERAL\_OTHERINFORMATION | Child Health Questionnaire - Final Questions - Is there anything else about the child that the Caregiver would like to talk about with the Registered Nurse or B4 School Check team?*TRUE = YesFALSE = No* |
| GENERAL\_OTHERINFORMATIONCOMMENTS | Child Health Questionnaire - Final Questions - Is there anything else about the child that the Caregiver would like to talk about with the Registered Nurse or B4 School Check team - Comments?*(Free text field)* |
| GENERAL\_PLANNEDSCHOOLNAME | Child Health Questionnaire - School the child will attend at 5 years*(Free text field)* |
| GENERAL\_PRESCHOOLLOCATION | Child Health Questionnaire - Preschool location (address)*(Free text field)* |
| GENERAL\_WELLCHILDPROVIDER | Child Health Questionnaire - Well Child Provider Name*(Free text field)* |
| GENERAL\_UNDERCARETYPEOFPROVIDER | Child Health Questionnaire - Under Care Type of Provider*(Child development services, Community dental – referral, Community dietician, Ear nurse, Eye clinic, General Practitioner, Ministry of Education - Special Education, Optometrist, Other,Paediatrician, Parenting programme, Public health, Public health nurse, Specialist services, VHT Rescreen)* |
| GENERAL\_UNDERCAREOTHERTYPEOFPROV | Child Health Questionnaire - Under Care Other Type of Provider |
| GENERAL\_UNDERCAREPROVIDERNAME | Child Health Questionnaire - Under Care Provider Name |
| GENERAL\_DATEREFERRALSENT | Child Health Questionnaire - Referral Sent Date |
| GENERAL\_DATEINTERVENTIONSTARTED | Child Health Questionnaire - Intervention Started Date |
| GENERAL\_REFERRALSTATUS | Child Health Questionnaire - Referral Status*(Caregiver declines, Completed, In Progress, Service provider declines)* |
|  |   |
| GROWTH\_CHECKEDBY | Growth Check - Checked By Provider*(from a list of hundreds of b4sc providers)* |
| GROWTH\_DATECOMPLETED | Growth Check - Date when the growth check is completed. Date is always populated if GROWTH\_GROWTHCHECKOUTCOME in (Completed - Advice Given, Completed - Not Referred, Completed - Referral Declined, Referred, Under Care).Date may or may not be populated if GROWTH\_GROWTHCHECKOUTCOME in (Declined). |
| GROWTH\_DATECLOSED | Growth Check - Date when the growth check is closed.  |
| GROWTH\_GROWTHCHECKOUTCOME | Growth Check - A short description of the result of the Growth check component.*Declined* – Check not completed due to caregiver declining consent*Referred* – Check completed and child referred to specialist service*Completed - Referral Declined* – Check completed and offer of referral to specialist service was declined*Completed - Not Referred* – Check completed and child not referred to specialist service*Completed - Advice Given* - Check completed and extensive clinical advice given*Under Care* – Child already under care of specialist, check may or may not be completed |
| GROWTH\_HEIGHT | Growth Check - Child’s height in centimetres, recorded to 1 dp. |
| GROWTH\_WEIGHT | Growth Check - Child’s weight in kilograms, recorded to 2 dp. |
| GROWTH\_BMI | Growth Check - Child's calculated body-mass index (BMI) measure, recorded to 2 dp.BMI = GROWTH\_WEIGHT / ( (GROWTH\_HEIGHT ^ 2 ) / 10000 )  |
| GROWTH\_DATEMEASURED | Growth Check - Date on which the child's height and weight are measured. |
| GROWTH\_UNDERCARETYPEOFPROVIDER | Growth Check - Under Care Type of Provider |
| GROWTH\_UNDERCAREOTHERTYPEOFPROVI | Growth Check - Under Care Other Type of Provider |
| GROWTH\_DATEREFERRALSENT | Growth Check - Referral Sent Date  |
| GROWTH\_DATEINTERVENTIONSTARTED | Growth Check – Intervention Started Date |
| GROWTH\_UNDERCAREPROVIDERNAME | Growth Check - Under Care Provider Name |
| GROWTH\_REFERRALSTATUS | Growth Check - Referral Status*(Caregiver declines, Completed, In Progress, Service provider declines)* |
| GROWTH\_AGE\_MTHS | Age of the child in months when the child's height and weight was measured |
|  |   |
| DENTAL\_CHECKEDBY | Dental Check - Checked By Provider*(from a list of hundreds of b4sc providers)* |
| DENTAL\_DATECOMPLETED | Dental Check - Date when the dental check is completed.  |
| DENTAL\_DATECLOSED | Dental Check - Date when the dental check is closed.  |
| DENTAL\_DENTALCHECKOUTCOME | Dental Check - OutcomeA short description of the result of the Dental check component.*Declined* – Check not completed due to caregiver declining consent*Referred* – Check completed and child referred to specialist service*Completed - Referral Declined* – Check completed and offer of referral to specialist service was declined*Completed - Not Referred* – Check completed and child not referred to specialist service*Enrolled at Check* – Check completed and child enrolled with dental service.*Enrolled at Check and Referred* - Check completed and child enrolled with dental service and referred to specialist service*Completed - Advice Given* - Check completed and extensive clinical advice given*Under Care* – Child already under care of specialist, check may or may not be completed |
| DENTAL\_PROGRESSIONOFDECAY | Dental - Lift the Lip - Progression of Decay Score*(1,2,3,4,5,6)*The result from conducting the ‘Lift the Lip’ dental examination |
| DENTAL\_PROGRESSIONOFDECAYNOTES | Dental - Lift the Lip - Lift the Lip Notes*(Free text field)* |
| DENTAL\_ENROLLED | Dental Enrolment - Enrolled?*TRUE*- Yes*FALSE -*No |
| DENTAL\_ENROLLEDNOTES | Dental Enrolment - Enrolment Notes*(Free text field specifying the enrolment dental clinic or action taken by nurse to enrol child)* |
| DENTAL\_UNDERCARETYPEOFPROVIDER | Dental Check - Under Care Type of Provider*(Community dental - referral, Community dietician, General Practitioner, Other, Public health, Public health nurse, Specialist services)* |
| DENTAL\_UNDERCAREOTHERTYPEOFPROVI | Dental Check - Under Care Other Type of Provider |
| DENTAL\_UNDERCAREPROVIDERNAME | Dental Check - Under Care Provider Name |
| DENTALLTL\_DATEREFERRALSENT | Dental Check - Lift the Lip - Referral Sent Date |
| DENTALLTL\_DATEINTERVENTIONSTARTE | Dental Check - Lift the Lip - Intervention Started Date |
| DENTALLTL\_REFERRALSTATUS | Dental Check - Lift the Lip - Referral Status*(Caregiver declines, Completed, In Progress, Service provider declines )* |
| DENTALENR\_DATEREFERRALSENT | Dental Check - Enrolment - Referral Sent Date |
| DENTALENR\_DATEINTERVENTIONSTARTE | Dental Check - Enrolment - Intervention Started Date |
| DENTALENR\_REFERRALSTATUS | Dental Check - Enrolment - Referral Status*(Caregiver declines, Completed, In Progress, Service provider declines)* |
|  |   |
| IMMS\_CHECKEDBY | Immunisation Check - Checked By Provider*(from a list of hundreds of b4sc providers)* |
| IMMS\_DATECOMPLETED | Immunisation Check - Date Completed |
| IMMS\_DATECLOSED | Immunisation Check - Date Closed |
| IMMS\_IMMUNISATIONCHECKOUTCOME | Immunisation Check - OutcomeA short description of the result of the Immunisation check component.*Declined* – Check not completed due to caregiver declining consent*Immunised* – Check completed, and child was given one or more immunisations.Completed – Check completed, and child has already received the correct immunisations*Completed - Advice Given –* Check completed, child has not received all of the correct immunisations, advice given*Referred* – Check completed and child referred to specialist service |
| IMMS\_RESULT15MONTHS | Immunisation Check - Status of scheduled immunisations at 6 weeks*(Completed, Partial, Declined)* |
| IMMS\_RESULT3MONTHS | Immunisation Check - Status of scheduled immunisations at 3 months*(Completed, Partial, Declined)* |
| IMMS\_RESULT4YEARS | Immunisation Check - Status of scheduled immunisations at 4 years*(Completed, Partial, Declined)* |
| IMMS\_RESULT5MONTHS | Immunisation Check - Status of scheduled immunisations at 5 months*(Completed, Partial, Declined)* |
| IMMS\_RESULT6WEEKS | Immunisation Check - Status of scheduled immunisations at 6 weeks*(Completed, Partial, Declined)* |
| IMMS\_REFERRALSTATUS | Immunisation Check - Referral Status*(Caregiver declines, Completed, In Progress, Service provider declines)* |
|  |   |
| PED\_CHECKEDBY | PED - Checked By Provider*(from a list of hundreds of b4sc providers)* |
| PED\_DATECOMPLETED | PED Check - The date when the Parental Evaluation of Development (PED) Questionnaire is completed. Date may or may not be populated when PED\_PEDOUTCOME is recorded. |
| PED\_DATECLOSED | The date when the Parental Evaluation of Development (PED) Questionnaire is closed. Date is always populated if PED\_PEDOUTCOME in (Declined, Under Care).Date may or may not be populated if PED\_PEDOUTCOME in (Completed - Advice Given, Completed - Referred, Completed - Referral Declined, Referred). |
| PED\_PEDOUTCOME | PED Check - OutcomeA short description of the result of the Parents’ Evaluation of Developmental Status (PEDS) check component.*Declined* – Check not completed due to caregiver declining consent*Referred* – Check completed and child referred to specialist service*Completed - Referral Declined* – Check completed and offer of referral to specialist service was declined*Completed - Not Referred* – Check completed and child not referred to specialist service*Completed - Advice Given* - Check completed and extensive clinical advice given*Under Care* – Child already under care of specialist, check may or may not be completed |
| PED\_PEDSPATHWAY | PED Check - PED PathwayThe child’s ‘pathway’ as determine by the Parents’ Evaluation of Developmental Status (PEDS) questionnaire.A *-* Two or more significant concerns are identified by the caregiver*B -* One significant concern is identified by the caregiver.*C -* Non-significant concern(s) identified*D -* Concerns could not be identified due to difficulty communicating with caregiver*E -* No concerns identifiedRefer to the PEDS Interpretation Form in Appendix 9 of the B4SC handbook |
| PED\_SHADEDSCORE | PED Check - Score for significant difficulties identified.*(0-10)*Refer to the PEDS scoring form in Appendix 8 of the B4SC handbook for more detail. |
| PED\_UNSHADEDSCORE | PED Check - Score for non-significant difficulties identified.*(0-10)*Refer to the PEDS scoring form in Appendix 8 of the B4SC handbook for more detail. |
| PED\_UNDERCARETYPEOFPROVIDER | PED Check - Under Care Type of Provider*(Audiologist, Child development services, Ear nurse, Eye clinic, General Practitioner, Mental health services, Ministry of Education - Special Education, Neuro-dev. Therapist, Other, Paediatrician, Parenting programme, Public health, Public health nurse, Specialist services )* |
| PED\_UNDERCAREOTHERTYPEOFPROVIDER | PED Check - Under Care Other Type of Provider |
| PED\_UNDERCAREPROVIDERNAME | PED Check - Under Care Provider Name |
| PED\_DATEREFERRALSENT | PED Check - Referral Sent Date |
| PED\_DATEINTERVENTIONSTARTED | PED Check - Intervention Started Date |
| PED\_REFERRALSTATUS | PED Check - Referral Status |
|  |   |
| SDQP\_CHECKEDBY | SDQ-Parent Questionnaire - Checked By Provider*(from a list of hundreds of b4sc providers* |
| SDQP\_DATECOMPLETED | SDQ-Parent Questionnaire - The date when the SDQ-Parent Questionnaire check is completed. Date may or may not be populated when SDQP\_SDQOUTCOME is recorded. |
| SDQP\_DATECLOSED | SDQ-Parent Questionnaire - The date when the SDQ-Parent Questionnaire check is closed. Date may or may not be populated when SDQP\_SDQOUTCOME is recorded. |
| SDQP\_SDQOUTCOME | SDQ-Parent Questionnaire - OutcomeA short description of the result of the Strengths and Difficulties Questionnaire – Caregiver Completed (SDQP) check component.*Declined* – Check not completed due to caregiver declining consent*Referred* – Check completed and child referred to specialist service*Completed - Referral Declined* – Check completed and offer of referral to specialist service was declined*Completed - Not Referred* – Check completed and child not referred to specialist service*Completed - Advice Given* - Check completed and extensive clinical advice given*Under Care* – Child already under care of specialist, check may or may not be completed |
| SDQP\_BEHAVIOURSCORE | SDQ-Parent Questionnaire - The score for the ‘Pro-Social Behaviour’ subscale of the SDQP.*(0-10)SDQP\_BEHAVIOURSCORE  = SUM (SDQP\_Q1CONSIDERATE ,  SDQP\_Q4SHARES , SDQP\_Q9HELPFUL , SDQP\_Q17KIND ,  SDQP\_Q20VOLUNTEERS )where SDQP Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)*Refer to the SDQ scoring form in the B4SC handbook for more detail. |
| SDQP\_CONDUCTSCORE | SDQ-Parent Questionnaire - ‘Conduct Problems’ subscale score*(0-10)SDQP\_CONDUCTSCORE  = SUM (SDQP\_Q5TEMPER , ( 2 - SDQP\_Q7OBEDIENCE ) , SDQP\_Q12FIGHTSBULLIES , SDQP\_Q18ARGUMENTATIVE,  SDQP\_Q22SPITEFUL ) where SDQP Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)* |
| SDQP\_EMOTIONALSCORE | SDQ-Parent Questionnaire - ‘Emotion Symptoms’ subscale score*(0-10)SDQP\_EMOTIONALSCORE  = SUM (SDQP\_Q3SOMATIC ,  SDQP\_Q8WORRIES ,  SDQP\_Q13UNHAPPY ,  SDQP\_Q16NERVOUSCLINGY ,  SDQP\_Q24FEARFUL )where SDQP Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)* |
| SDQP\_HYPERACTIVITYSCORE | SDQ-Parent Questionnaire - 'Hyperactivity' subscale score*(0-10)SDQP\_HYPERACTIVITYSCORE  = SUM (SDQP\_Q2RESTLESS , SDQP\_Q10FIDGETS ,  SDQP\_Q15DISTRACTED , ( 2 - SDQP\_Q21STOPSANDTHINKS ) , ( 2 - SDQP\_Q25ATTENTION ) )where SDQP Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)* |
| SDQP\_PEERPROBLEMSCORE | SDQ-Parent Questionnaire - ‘Peer Problems’ subscale score*(0-10)SDQP\_PEERPROBLEMSCORE  = SUM ( SDQP\_Q6SOLITARY ,  ( 2 - SDQP\_Q11FRIEND ),  ( 2 - SDQP\_Q14LIKED ), SDQP\_Q19PICKEDONBULLIED ,  SDQP\_Q23BETTERWITHADULTS )where SDQP Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)* |
| SDQP\_TOTALSCORE | SDQ-Parent Questionnaire – Total Score (*0-40).SDQP\_TOTALSCORE  = SUM (SDQP\_CONDUCTSCORE ,  SDQP\_EMOTIONALSCORE,  SDQP\_HYPERACTIVITYSCORE, SDQP\_PEERPROBLEMSCORE )*Note that an SDQ-P Total Score of 17 or above is identified as a ‘Concerning‘ score and requires the child to be referred to a registered health professional for further assessment and intervention, as part of the B4School check.  |
| SDQP\_UNDERCARETYPEOFPROVIDER | SDQ-Parent Check - Under Care Type of Provider*(Child development services, General Practitioner, Mental health services, Ministry of Education - Special Education, Neuro-dev Therapist, Other, Paediatrician, Parenting programme, Public health nurse, Specialist services)* |
| SDQP\_UNDERCAREOTHERTYPEOFPROVIDE | SDQ-Parent Check - Under Care Other Type of Provider |
| SDQP\_UNDERCAREPROVIDERNAME | SDQ-Parent Check - Under Care Provider Name |
| SDQP\_DATEREFERRALSENT | SDQ-Parent Check - Referral Sent Date |
| SDQP\_DATEINTERVENTIONSTARTED | SDQ-Parent Check - Intervention Started Date |
| SDQP\_REFERRALSTATUS | SDQ-Parent Check - Referral Status |
|  |   |
| SDQT\_CHECKEDBY | SDQ-Teacher Questionnaire - Checked By Provider*(from a list of hundreds of b4sc providers* |
| SDQT\_DATECOMPLETED | SDQ-Teacher Questionnaire - The date when the SDQ-Teacher Questionnaire check is completed. Date may or may not be populated when SDQT\_SDQOUTCOME is recorded. |
| SDQT\_DATECLOSED | SDQ-Teacher Questionnaire - The date when the SDQ-Teacher Questionnaire check is closed. Date may or may not be populated when SDQT\_SDQOUTCOME is recorded. |
| SDQT\_SDQOUTCOME | SDQ-Teacher Questionnaire - OutcomeA short description of the result of the Strengths and Difficulties Questionnaire – Teacher Completed (SDQT) check component.*Declined* – Check not completed due to caregiver declining consent*Referred* – Check completed and child referred to specialist service*Completed - Referral Declined* – Check completed and offer of referral to specialist service was declined*Completed - Not Referred* – Check completed and child not referred to specialist service*Completed - Advice Given* - Check completed and extensive clinical advice given*Under Care* – Child already under care of specialist, check may or may not be completed*Non Applicable* – There was no teacher to complete the questionnaire, often due to the child not being in Early Childhood Education (ECE). |
| SDQT\_BEHAVIOURSCORE | SDQ-Teacher Questionnaire - The score for the ‘Pro-Social Behaviour’ subscale of the SDQT.*(0-10)SDQT\_BEHAVIOURSCORE  = SUM (SDQT\_Q1CONSIDERATE ,  SDQT\_Q4SHARES , SDQT\_Q9HELPFUL , SDQT\_Q17KIND ,  SDQT\_Q20VOLUNTEERS )where SDQT Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)*Refer to the SDQ scoring form in the B4SC handbook for more detail. |
| SDQT\_CONDUCTSCORE | SDQ-Teacher Questionnaire - ‘Conduct Problems’ subscale score*(0-10)SDQT\_CONDUCTSCORE  = SUM (SDQT\_Q5TEMPER , ( 2 - SDQT\_Q7OBEDIENCE ) , SDQT\_Q12FIGHTSBULLIES , SDQT\_Q18ARGUMENTATIVE,  SDQT\_Q22SPITEFUL ) where SDQT Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)* |
| SDQT\_EMOTIONALSCORE | SDQ-Teacher Questionnaire - ‘Emotion Symptoms’ subscale score*(0-10)SDQT\_EMOTIONALSCORE  = SUM (SDQT\_Q3SOMATIC ,  SDQT\_Q8WORRIES ,  SDQT\_Q13UNHAPPY ,  SDQT\_Q16NERVOUSCLINGY ,  SDQT\_Q24FEARFUL )where SDQT Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)* |
| SDQT\_HYPERACTIVITYSCORE | SDQ-Teacher Questionnaire - 'Hyperactivity' subscale score*(0-10)SDQT\_HYPERACTIVITYSCORE  = SUM (SDQT\_Q2RESTLESS , SDQT\_Q10FIDGETS ,  SDQTP\_Q15DISTRACTED , ( 2 - SDQT\_Q21STOPSANDTHINKS ) , ( 2 - SDQT\_Q25ATTENTION ) )where SDQT Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)* |
| SDQT\_PEERPROBLEMSCORE | SDQ-Teacher Questionnaire - ‘Peer Problems’ subscale score*(0-10)SDQT\_PEERPROBLEMSCORE  = SUM ( SDQT\_Q6SOLITARY ,  ( 2 - SDQT\_Q11FRIEND ),  ( 2 - SDQT\_Q14LIKED ), SDQT\_Q19PICKEDONBULLIED ,  SDQT\_Q23BETTERWITHADULTS )where SDQT Q1-Q25 item responses take value 0, 1 or 2 based on responses:( 0 = Not True, 1 = Somewhat True, 2 = Certainly True)* |
| SDQT\_TOTALSCORE | SDQ-Teacher Questionnaire – Total Score (*0-40).SDQT\_TOTALSCORE  = SUM (SDQT\_CONDUCTSCORE ,  SDQT\_EMOTIONALSCORE,  SDQT\_HYPERACTIVITYSCORE, SDQT\_PEERPROBLEMSCORE )*Note that an SDQ-T Total Score of 16 or above is identified as a ‘Concerning‘ score and requires the child to be referred to a registered health professional for further assessment and intervention, as part of the B4School check. |
| SDQT\_UNDERCARETYPEOFPROVIDER | SDQ-Teacher Check - Under Care Type of Provider*(Child development services, General Practitioner, Mental health services, Ministry of Education - Special Education, Neuro-dev. Therapist, Other Paediatrician, Parenting programme, Public health nurse, Specialist services )* |
| SDQT\_UNDERCAREOTHERTYPEOFPROVIDE | SDQ-Teacher Check - Under Care Other Type of Provider |
| SDQT\_UNDERCAREPROVIDERNAME | SDQ-Teacher Check - Under Care Provider Name |
| SDQT\_DATEREFERRALSENT | SDQ-Teacher Check - Referral Sent Date |
| SDQT\_DATEINTERVENTIONSTARTED | SDQ-Teacher Check - Intervention Started Date |
| SDQT\_REFERRALSTATUS | SDQ-Teacher Check - Referral Status |
|  |   |
| GP\_ADDRESS | Child Health Questionnaire - Child's GP - address |
| GP\_HPI | Child Health Questionnaire - Child's GP - HPI (Healthcare Provider identifier) |
| GP\_MEDICALCENTRE | Child Health Questionnaire - Medical centre name |
| GP\_NAME | Child Health Questionnaire - Child's GP - name |
| GP\_PHONE | Child Health Questionnaire - Medical centre phone |
|  |   |
| CAREGIVER\_GIVENNAME | Child's Primary Caregiver - First name |
| CAREGIVER\_SECONDNAME | Child's Primary Caregiver - Second name |
| CAREGIVER\_FAMILYNAME | Child's Primary Caregiver - Family name (surname) |
| CAREGIVER\_RELATIONSHIP | Child's Primary Caregiver - Relationship to child*(Mother, Father, Sister, Brother, Aunt, Uncle, Nephew, Niece, Cousin, Grandmother, Grandfather, Stepmother, Stepfather, Employer, Other, Guardian, State Care)* |
| CAREGIVER\_ADDRESSTYPE | Child's Primary Caregiver - Address type *(Residential Address)* |
| CAREGIVER\_ADDRESSLINE1 | Child's Primary Caregiver - Residential address - Line 1 |
| CAREGIVER\_ADDRESSLINE2 | Child's Primary Caregiver - Residential address - Line 2 |
| CAREGIVER\_SUBURB | Child's Primary Caregiver - Residential address - Suburb |
| CAREGIVER\_CITY | Child's Primary Caregiver - Residential address - City |
| CAREGIVER\_POSTCODE | Child's Primary Caregiver - Residential address - Post Code |
| CAREGIVER\_COUNTRY | Child's Primary Caregiver - Country of residence |
| CAREGIVER\_ISLEGALGUARDIAN | Child's Primary Caregiver - Is the legal guardian?TRUE: YesFALSE: No |
| CAREGIVER\_ISPRIMARY | Child's Primary Caregiver - Is the primary caregiver?TRUE: Yes |
| CAREGIVER\_LIVESWITHCHILD | Child's Primary Caregiver - Lives with child?*TRUE*: Yes*FALSE*: No |
| CAREGIVER\_COMMDETAILS | Child's Primary Caregiver - Communication details. This will be a free text recorded phone or fax number or email address depending on the recorded CAREGIVER\_COMMMEDIUM.(*Free text field)* |
| CAREGIVER\_COMMMEDIUM | Child's Primary Caregiver - Communication medium*(Email Address, Fax, Mobile Phone, Pager, Phone)*  |
| CAREGIVER\_COMMPREFERRED | Child's Primary Caregiver - Communication medium is preferred medium?*TRUE* = Yes |
| CAREGIVER\_COMMUSAGE | Child's Primary Caregiver - Communication medium usage*(Business, Emergency, Personal)* |
| CAREGIVER\_CONSENTTYPE | Child's Primary Caregiver - Consent type*(Written, Verbal)* |
| CAREGIVER\_NOTES | Miscellaneous notes about the child's primary caregiver |
| CAREGIVER\_DATECONSENTPROVIDED | Caregiver consent date for child's participation in the B4SC. |