Longitudinal and Life Course Studies

Additional guidance for writing study profiles

A study profile should introduce readers to longitudinal data resources on which research is or may be based. It should normally be between 3,000 and 5,000 words (excluding tables, figures, bibliography and abstract). It should explain the main features of the design and development of the study, its scientific aims, the main research questions that are (or will be) addressed, its achievements, and arrangements, if any, for data access. Reflections on purposes, problems and social/historical context of the study are welcome alongside formal description. An appendix can be used for supplementary material.

Content can cover the following topics:

Design: Sample specification (age, gender, ethnicity, multiple cohorts, single age/birth cohort(s); sample selection criteria (eligibility for inclusion and exclusion); selection process, sample size and demographic features (age, gender, social, ethnic and geographic distribution); power calculation factors (e.g. anticipated attrition, prevalence of experience or disease); any over-sampling of sub-populations.

- *Data collection method(s)*: face to face interviews, postal,online, computer-assisted personal interviewing, computer-assisted telephone interviewing, clinic-based data collection.
- *Panel maintenance*: procedures for tracing respondents between data collections ('waves'), sustaining response and minimising attrition.
- *Data adjustment:* any procedures used or to be used in the course of the study e.g. to compensate for sample loss, including weighting of data and imputation of missing data at the variable and respondent level.
- *Coverage:* main types of data collected; topic areas (e.g. physical, cognitive and behavioural development) and within each area the broad categories of data collected; details of measures taken, including measurement methods used (best placed in an appendix); collection of 'paradata', i.e. data concerning the process of data collection itself such as call-backs, reasons for refusals, data quality checking methods. Sources e.g. respondents, interviewers professionals (doctors, nurses, health visitors, teachers etc) and/or administrative or other records.
- *Frequency:* intervals between waves and frequency of data collections (including age-related), for each type of data collected.
  Location for each type of data where collection was carried out (e.g. at home or clinic visits) and who collected the data.
- *Training*: How data collectors are trained to ensure standardized measurement.

Organisation: Sources of support and management framework.

- *How the study is funded:* Main funding source at each wave.

- ***How the study is managed:*** Day-to-day operations
- ***Ethical approval:*** Types of approval sought/received (e.g. medical, educational).
- ***Respondent agreement:*** Stage(s) at which permissions for specific data collections are sought and the form they take; permissions to access external data sources (e.g. medical and administrative records).
- ***Policy and procedures for data access:*** i.e. governing the means of making the data available to other researchers and any restrictions that apply.
- ***Outputs:*** Publications, working papers and key documentation from the study.
- ***Evaluation:*** Main strengths and weaknesses, anticipated and revealed through the processes of implementation.