Statistical Consulting Service
Database Checklist

Clients are required to tick off all the items on this list. If anything is left blank, there must be a valid reason which should be indicated with the submission of this form.

Note that this document is intended to be a final checklist; clients should first work through the Database Guidelines and ensure that their data are compliant *The SCS reserves the right to refuse to analyse databases not yet conforming to these instructions.*

☐ All of the data are combined in a **single table**.

☐ **Confidential identifying data** have been removed from the dataset.

☐ Each **row ('observation')** represents a unique instance of data (e.g. a single patient or student) and has a **unique identifier**.

☐ Each **column ('field')** corresponds to a single measured variable and is named in the **FIRST** row of the file. There are **no rows above this one**.

☐ **Variable names** are short, unique, and meaningful, and contain **no whitespaces or punctuation marks**. Hence, they are named like "AgeOfDeath" rather than "Age of Death" or "Age: Death" or "AgeOfDeath ".

☐ Any data which are **missing** or unknown are represented by completely **blank/empty cells**.

☐ **Numeric** fields contain **only numbers**, and no units or text descriptions.

☐ **Categorical fields are filled in consistently**: in the case of descriptive text, there are no discrepancies (for example, a Sex field is populated with just "Male" and "Female", or just "M" and "F", but not a combination of the two); in the case of coded answers, the code is exactly the same when the category is the same.

☐ **Dates** are entered in **the exact same format** throughout the data.

☐ A **codebook** has been compiled as per the Database/Codebook Guidelines.

I hereby confirm that the ticked items have been completed in accordance with the Database Guidelines and Codebook Guidelines, and that I have attached valid explanations for items which have not been ticked.

_____   _____
Client Name   **Signature**   **Date** (*DD/MM/YYYY*)

_____   _____
Supervisor Name   **Signature**   **Date** (*DD/MM/YYYY*)