

Attach bar code label

The Newcastle



Study

Interview 2

The Institute for Ageing and Health



GENERAL INFORMATION

- For those participants who are particularly frail, the interview may need to be split over several visits or completed with the help of a proxy; use your judgement.

INTERVIEWS WITH A PROXY

- If you judge that a participant is too cognitively impaired to give reliable answers, you should carry out the interview with a proxy instead.
- In all other circumstances it is preferable to interview the participant directly. Where this is not possible an interview with a proxy is acceptable.
- If both participant and proxy are present and give conflicting responses, take the participant's answer, unless you have judged them too cognitively impaired to give reliable answers.
- The majority of the interview can be conducted with a proxy; those questions not possible with a proxy are clearly marked.
- Please note whether relevant sections were answered by participant, proxy or both by marking the appropriate code at the end of each section.

INTERVIEWER INSTRUCTIONS

- All interviewer instructions within the interview schedule will be in ***bold italics***

TYPES OF QUESTIONS

- **Closed questions:** in these, a range of possible responses has been identified by the research team and are printed on the questionnaire. The interviewer should mark the appropriate code number for the selected response. There will be an "other" category where necessary; please specify what the "other" is.
- **Numeric response questions**
 - If the numeric answer is actually zero this should be entered as such.
 - If the answer is 'missing', the interviewer should note the most appropriate missing value code.
 - **'don't know'** response from the participant.
 - **'refused to answer'** from participant.
 - **'not applicable'** to this respondent because of an answer to a previous question. This code would be inserted where questions have been skipped.
 - **'not asked'** by interviewer (usually omitted in error)

PAPER QUESTIONNAIRES

- Use only blue or black biro to mark responses and pencil for interviewer notes.

Zeros, Z and 7 should all be crossed to avoid confusion with letter O, 2 and 1. **Attach bar code label**

DATE OF BIRTH

D	D	M	M	Y	Y

SEX

MALE.....1

FEMALE.....2

RESEARCH NURSE ID

--

DATE OF 1ST VISIT FOR INTERVIEW 2

D	D	M	M	Y	Y

START TIME FOR 1ST VISIT

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FINISH TIME FOR 1ST VISIT

--	--	--	--

DATE OF 2ND VISIT FOR INTERVIEW 2

D	D	M	M	Y	Y

START TIME FOR 2ND VISIT

--	--	--	--

FINISH TIME FOR 2ND VISIT

--	--	--	--

DATE OF 3RD VISIT FOR INTERVIEW 2

D	D	M	M	Y	Y

START TIME FOR 3RD VISIT

--	--	--	--

FINISH TIME FOR 3RD VISIT

--	--	--	--

DATE OF 4TH VISIT FOR INTERVIEW 2

D	D	M	M	Y	Y

START TIME FOR 4TH VISIT

--	--	--	--

FINISH TIME FOR 4TH VISIT

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TOTAL TIME FOR INTERVIEW 2 (MINS)

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Interview 2

AA.	DIETARY ASSESSMENT: 24 HOUR RECALL 1	4
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Either ECG plus Waist/Hip Circumference or Spirometry and Oximetry will be done in Interview 2 with the converse in interview 3

AA. DIETARY ASSESSMENT: 24 HOUR RECALL 1

Now complete the 24 Hour Recall

**1 Now I would like to ask you some specific questions about your diet.
Do you usually add salt to food while cooking?**

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

2 Do you usually add salt to any food at the table?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

3 Do you usually add sugar to drinks i.e. tea/coffee?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

4 In the past year have you altered your diet because your food tastes differently?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

5 Does your food taste:

- Better than it used to
- Worse than it used to
- No different?
- Don't know*
- Refused to answer*
- Not asked*

6 In the last 12 months, did you ever have to cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No **SKIP AA7**
- Don't know* **SKIP AA7**
- Refused to answer* **SKIP AA7**
- Not asked*

7 Did this happen:

- At least once a month
- Most months but not every month
- Once or twice in the year?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

8 Was this section omitted?

- Yes
- No **SKIP AA9**
- Item not completed*

9 Why was it omitted?

- Participant frailty/fatigue
- Participant distress
- Participant busy
- Proxy only interview - section not possible by proxy
- Proxy only interview - proxy didn't know
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable*
- Item not completed*

BB. ALCOHOL

Possible with a proxy

I would now like to ask you a few questions about what you drink - that is if you drink.

1 Do you ever drink alcohol nowadays including drinks you brew or make at home?

- Yes **SKIP BB2 to BB4**
- No
- Don't know **SKIP BB2 to BB4**
- Refused to answer **SKIP BB2 to BB4**
- Not asked

2 Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

- Very occasionally **SKIP BB3 BB4**
- Never
- Don't know **SKIP BB3 BB4**
- Not applicable
- Refused to answer **SKIP BB3 BB4**
- Not asked

3 Have you always been a non-drinker or did you stop drinking for some reason?

- Always a non-drinker **SKIP BB4 TO BB37**
- Used to drink but stopped
- Don't know **SKIP BB4 TO BB37**
- Not applicable
- Refused to answer **SKIP BB4 TO BB37**
- Not asked

4 Did you stop drinking because of a particular health condition that you had at the time?

If respondent says pregnancy: code yes

- Yes **SKIP BB5 TO BB36**
- No **SKIP BB5 TO BB36**
- Don't know **SKIP BB5 TO BB36**
- Not applicable
- Refused to answer **SKIP BB5 TO BB36**
- Not asked

5 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Show prompt card BB5

- Almost every day
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not at all in the last 12 months **SKIP BB6 to BB35**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

6 You have told me what you have drunk over the last 12 months, but we know that what people drink can vary a lot from week to week, so I'd like to ask you a few questions about last week. Did you have an alcoholic drink in the seven days ending yesterday?

- Yes
- No **SKIP BB7 to BB35**
- Don't know* **SKIP BB7 to BB35**
- Not applicable*
- Refused to answer* **SKIP BB7 to BB35**
- Not asked*

7 On how many days out of the last seven did you have an alcoholic drink?

Min 1 Max 7 Don't know 97 Refused to answer 99 Not Asked 90

8 On which day last week did you have the most to drink?

If drank the same every day, select the most recent day

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

9 Thinking about last (insert answer to Which Day), what types of drink did you have that day?

Show prompt card BB9.

Code shandy and home brew under 'other alcoholic drinks'.

	Yes	No	Don't know	Not applic.	Refused to answer	Not asked
Normal strength beer/lager/cider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB10 to 15	<input checked="" type="checkbox"/> SKIP BB10 to 15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB10 to 15	<input checked="" type="checkbox"/>
Strong beer/lager/cider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB16 to 21	<input checked="" type="checkbox"/> SKIP BB16 to 21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB16 to 21	<input checked="" type="checkbox"/>
Spirits or liqueurs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB22	<input checked="" type="checkbox"/> SKIP BB22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB22	<input checked="" type="checkbox"/>
Sherry, martini or port	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB23	<input checked="" type="checkbox"/> SKIP BB23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB23	<input checked="" type="checkbox"/>
Wine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB24	<input checked="" type="checkbox"/> SKIP BB24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB24	<input checked="" type="checkbox"/>
Alcoholic lemonades/colas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB25 to 27	<input checked="" type="checkbox"/> SKIP BB25 to 27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB25 to 27	<input checked="" type="checkbox"/>
Other alcoholic drinks including shandy and home brew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB28 to 35	<input checked="" type="checkbox"/> SKIP BB28 to 35	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB28 to 35	<input checked="" type="checkbox"/>
Low alcohol drinks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

QUESTIONS BB10 to 15

10 Still thinking about last (*insert answer to Which Day*), how much normal strength beer, lager or cider did you drink that day?

Firstly code measures that apply

	Yes	No	Don't know	Not applic.	Refused to answer	Not asked
Half pints	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB11	<input type="checkbox"/> SKIP BB11	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB11	<input type="checkbox"/>
Small cans	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB12	<input type="checkbox"/> SKIP BB12	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB12	<input type="checkbox"/>
Large cans	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB13	<input type="checkbox"/> SKIP BB13	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB13	<input type="checkbox"/>
Bottles	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB14 to 15	<input type="checkbox"/> SKIP BB14 to 15	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB14 to 15	<input type="checkbox"/>

11 How many half pints of normal strength beer, lager or cider did you drink that day?

*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

12 How many small cans of normal strength beer, lager or cider did you drink that day?

*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

13 How many large cans of normal strength beer, lager or cider did you drink that day?

*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

14 How many bottles of normal strength beer, lager or cider did you drink that day?

*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

**15 What make of normal strength beer, lager or cider did you drink from bottles on that day?
*If respondent drank different makes, code which they drank most.***

QUESTIONS BB16 to 21

16 Still thinking about last (*insert answer to Which Day*), how much strong beer, lager, stout or cider did you drink that day?

Firstly code measures that apply

	Yes	No	Don't know	Not applic	Refused to answer	Not asked
Half pints	<input type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB17	<input checked="" type="checkbox"/> SKIP BB17	<input type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB17	<input type="checkbox"/>
Small cans	<input type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB18	<input checked="" type="checkbox"/> SKIP BB18	<input type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB18	<input type="checkbox"/>
Large cans	<input type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB19	<input checked="" type="checkbox"/> SKIP BB19	<input type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB19	<input type="checkbox"/>
Bottles	<input type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB20 to 21	<input checked="" type="checkbox"/> SKIP BB20 to 21	<input type="checkbox"/>	<input checked="" type="checkbox"/> SKIP BB20 to 21	<input type="checkbox"/>

17 How many half pints of strong beer, lager, stout or cider did you drink on that day?

*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

18 How many small cans of strong beer, lager, stout or cider did you drink on that day?

*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

19 How many large cans of strong beer, lager, stout or cider did you drink on that day?

*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

20 How many bottles of strong beer, lager, stout or cider did you drink on that day?

*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

**21 What make of strong beer, lager, stout or cider did you drink from bottles on that day?
*If respondent drank different makes code which they drank most.***

QUESTIONS BB22 to 27

22 Still thinking about last (insert answer to Which Day), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?

Code the number of singles - count doubles as two singles.



*Min 0.5 Max 12 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

23 Still thinking about last (insert answer to Which Day), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day?

Code the number of singles - count doubles as two singles.



*Min 0.5 Max 12 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

24 Still thinking about last (insert answer to Which Day), how much wine, including Babycham and champagne, did you drink on that day?

Code the number of glasses 1 bottle = 6 glasses, 1 litre = 8 glasses



*Min 0.5 Max 12 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

25 Still thinking about last (insert answer to Which Day), how much alcoholic soft drink ('alcopop') did you drink on that day?

Firstly code measures that apply

	Yes	No	Don't know	Not applic.	Refused to answer	Not asked
Small cans	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB26	<input type="checkbox"/> SKIP BB26	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB26	<input type="checkbox"/>
Bottles	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB27	<input type="checkbox"/> SKIP BB27	<input type="checkbox"/>	<input type="checkbox"/> SKIP BB27	<input type="checkbox"/>

26 How many small cans of alcoholic soft drink ('alcopop') did you drink on that day?



*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

27 How many bottles of alcoholic soft drink ('alcopop') did you drink on that day?



*Min 0.5 Max 24 Format nn.n
Don't know 99.7 Refused 99.9 Not Asked 99.0*

QUESTIONS BB33 to 35

33 Did you drink any other type of alcoholic drink on that day?

- Yes
- No **SKIP BB34 BB35**
- Don't know **SKIP BB34 BB35**
- Not applicable
- Refused to answer **SKIP BB34 BB35**
- Not asked

34 Still thinking about last (*insert answer to Which Day*), what other type of alcoholic drink did you drink on that day?

Enter first mentioned only

35 How much (*name of 'any other' alcoholic drink*) did you drink on that day?

Write in how much. Remember to specify half pints/singles/glasses/ bottles.

36 Now think about the time in your life when your regular alcohol consumption was the highest. Would you say that, on the whole, you drink more, about the same or less nowadays

- More nowadays **SKIP BB37**
- About the same **SKIP BB37**
- Less nowadays
- Don't know* **SKIP BB37**
- Not applicable*
- Refused to answer* **SKIP BB37**
- Not asked*

37 At what age did you cut down?

Min 16 Max 85 Don't Know 97 Refused 99 Not Asked 90

38 Alcohol section answered by?

- Participant alone **SKIP BB39**
- Proxy alone **SKIP BB39**
- Participant and proxy
- Item not completed*

39 If participant and proxy was this?

- Mainly participant
- Mainly proxy
- Equal contribution
- Not applicable*
- Item not completed*

40 Was this section omitted?

- Yes
- No **SKIP BB41**
- Item not completed

41 Why was it omitted?

- Participant frailty/fatigue
- Participant distress
- Participant busy
- Proxy only interview - section not possible by proxy
- Proxy only interview - proxy didn't know
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable
- Item not completed

CC. GERIATRIC DEPRESSION SCALE

*Not possible with a proxy.
Omit if MMSE<15*

I would now like to ask you some questions about how you feel. Please answer only yes or no based on how you felt over the past week.

0 SMMSE score (max 30)

1 Are you basically satisfied with your life?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

2 Have you dropped many of your activities and interests?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

3 Do you feel that your life is empty?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

4 Do you often get bored?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

5 Are you in good spirits most of the time?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

6 Are you afraid that something bad is going to happen to you?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

7 Do you feel happy most of the time?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

8 Do you often feel helpless?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

9 Do you prefer to stay at home rather than going out and doing new things?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

10 Do you feel you have more problems with memory than most?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

11 Do you think it is wonderful to be alive now?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

12 Do you feel pretty worthless the way you are now?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

13 Do you feel full of energy?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

14 Do you feel that your situation is hopeless?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

15 Do you feel that most people are better off than you are?

- Yes
- No
- Don't know
- Refused to answer
- Not asked

16 Total score

Consider the issue of missing values.

If GDS score is 8 or more, please inform Karen Barrass ASAP

Total score

17 Was this section omitted?

- Yes
- No **SKIP CC18**
- Item not completed

18 Why was it omitted?

- Participant frailty/fatigue
- Participant distress
- Participant busy
- Proxy only interview - section not possible by proxy
- Proxy only interview - proxy didn't know
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable
- Item not completed

DD. ORAL HEALTH

Not possible with a proxy.

I would like to ask you some questions about your mouth and your teeth or dentures and how they affect the way you eat

1 During the last 6 months, that is since (*state date 6 months ago*) have you had any problems eating food because of your mouth, teeth or dentures?

- Yes
- No **SKIP DD2 DD3**
- Don't know* **SKIP DD2 DD3**
- Refused to answer* **SKIP DD2 DD3**
- Not asked*

2 Were the problems short-term (for example something like toothache which may have lasted a few days or weeks) or did they affect you for most of the last 6 months?

- Short term
- Most of last 6 months
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

3 How much effect have these problems had on your everyday life?

- No effect
- Some effect
- A severe effect
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

4 Your teeth and the health of your mouth can influence the foods you are able to eat. We would like to know how easily you could eat the following list of sample foods. It does not matter whether or not you like the food types; we are interested in how well you could eat them if you wanted to.

	Eat easily	With some difficulty	Could not eat at all	<i>Don't know</i>	<i>Refused to answer</i>	<i>Not asked</i>
Crusty bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roast potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked green vegetables	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well done steaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Having a dry mouth can be a problem for some people. The following questions are about whether your mouth is dry.

	Yes	No	<i>Don't know</i>	<i>Refused to answer</i>	<i>Not asked</i>
i. Do you sip a drink of water through the night because your mouth feels dry?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ii. Do you sip liquids to help you swallow dry foods?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Does your mouth feel dry when you are eating a meal?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Do you have difficulties in swallowing foods because your mouth feels dry?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

6 Does the amount of saliva in your mouth seem to be:

- Too little
- Too much
- About right
- Don't know*
- Refused to answer*
- Not asked*

7 I've already asked whether you have difficulty swallowing foods because of a dry mouth. I would now like to know whether you have any difficulty swallowing food for any reason other than a dry mouth

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

8 Do you have any difficulty swallowing liquids?

- Yes
- No
- Don't know*
- Refused to answer*
- Not asked*

9 Was this section omitted?

- Yes
- No **SKIP DD10**
- Item not completed

10 Why was it omitted?

- Participant frailty/fatigue
- Participant distress
- Participant busy
- Proxy only interview - section not possible by proxy
- Proxy only interview - proxy didn't know
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable
- Item not completed

EE. TOOTH COUNT

0 Have you seen a dentist in the last year?

- Yes
- No
- Don't know
- Refused to answer
- Not asked

1 Was the tooth count performed?

- Yes **SKIP EE2 EE3**
- No **SKIP EE4 TO EE10**
- Item not completed

2 If tooth count not performed, state reason

- Interviewer omitted - participant frailty/fatigue **SKIP EE3**
 - Interviewer omitted - participant distress **SKIP EE3**
 - Interviewer omitted - participant too busy **SKIP EE3**
 - Interviewer omitted - concern re interviewer safety **SKIP EE3**
 - Interviewer omitted - interviewer error **SKIP EE3**
 - Interviewer omitted - other reason (specify) **SKIP EE3**
 - Refused - Participant refused
 - Refused - Relative/carer refused
 - Not applicable
 - Reason not entered
- This field is required. The text in this field cannot be changed once you have entered it.

3 If refused, why

- No reason
 - Other reason (specify)
 - Not applicable
 - Reason not entered
- This field is required. The text in this field cannot be changed once you have entered it.

4 Record the number of natural teeth present in the upper jaw and lower jaw

Upper	<input type="checkbox"/> <small>This field is required. The text in this field cannot be changed once you have entered it.</small>	<i>Min 0 Max 16 Omitted 90</i>
Lower	<input type="checkbox"/> <small>This field is required. The text in this field cannot be changed once you have entered it.</small>	<i>Min 0 Max 16 Omitted 90</i>

5 Does the participant use dentures?

- Yes
- No **SKIP EE6 EE7 EE8**
- Not applicable
- Item not completed

6 Does the participant use a COMPLETE denture?

- Upper and lower **SKIP EE8**
- Upper only **SKIP EE7**
- Lower only **SKIP EE7**
- No complete denture **SKIP EE7**
- Not applicable*
- Not asked*

7 If COMPLETE upper and lower denture ask

At what age did you start to wear full dentures?

Min 16 Max 86
Don't Know 97
Refused 99
Not Asked 90

8 Does the participant use a PARTIAL denture

- Upper and lower
- Upper only
- Lower only
- No partial denture
- Not applicable*
- Not asked*

9 If no remaining teeth, ask

At what age were your last natural teeth removed?

Min 16 Max 86
Don't Know 97
Refused 99
Not Asked 90

10 Was the tooth count performed by the nurse or from participant's self-report?

- Nurse
- Participant's self-report
- Not applicable*
- Item not completed*

11 Ask the participant: Do you have any loose teeth?

- Yes
- No
- No remaining teeth
- Don't know*
- Refused to answer*
- Not asked*

FF. COGNITION (training session for CDR)

For the next few moments I would like to take you through some activities using the computer. Please don't worry if you have not used a computer before I will only be asking you to look at the screen and press one button. These activities look at memory and concentration and are made to measure everyone's ability no matter what age. Therefore they are made so that no one will get everything correct so please don't worry if you think you're not doing well, just try your best.

Now run the CDR training session

1 CDR pen drive number

Min 101 Max 112

2 CDR slot number

Min 1 Max 40

3 Complete the CDR evaluation questions

Was the word presentation test completed?

- Yes **SKIP FF4 FF5**
- No
- Not asked

4 If No, why not

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Fatigue
- Interview terminated
- Omitted in error
- Other reason (specify)
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable
- Reason not entered

5 If refused, why

- No reason
- Other reason (specify)
- Not applicable
- Reason not entered

6 Was the simple reaction time test completed?

- Yes **SKIP FF7 FF8**
- No
- Not asked*

7 If No, why not

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Fatigue
- Interview terminated
- Omitted in error
- Other reason (specify)
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable*
- Reason not entered*

8 If refused, why

- No reason
- Other reason (specify)
- Not applicable*
- Reason not entered*

9 Was the digit vigilance test completed?

- Yes **SKIP FF10 FF11**
- No
- Not asked*

10 If No, why not

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Fatigue
- Interview terminated
- Omitted in error
- Other reason (specify)
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable*
- Reason not entered*

The field requires a response. The field requires a response. The field requires a response. The field requires a response. The field requires a response.

11 If refused, why

- No reason
- Other reason (specify)
- Not applicable*
- Reason not entered*

The field requires a response. The field requires a response. The field requires a response. The field requires a response. The field requires a response.

12 Was the choice reaction time test completed?

- Yes **SKIP FF13 FF14**
- No
- Not asked*

13 If No, why not

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Fatigue
- Interview terminated
- Omitted in error
- Other reason (specify)
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable*
- Reason not entered*

 This field requires a response. The field is required because it is a required field.

14 If refused, why

- No reason
- Other reason (specify)
- Not applicable*
- Reason not entered*

 This field requires a response. The field is required because it is a required field.

15 Was the delayed word recall test completed?

- Yes **SKIP FF17 FF18**
- No **SKIP FF16**
- Not asked*

16 Delayed word recall score

Min 0 Max 15 Omitted 90

17 If No, why not

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Fatigue
- Interview terminated
- Omitted in error
- Other reason (specify)
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable*
- Reason not entered*

18 If refused, why

- No reason
- Other reason (specify)
- Not applicable*
- Reason not entered*

19 Was the word recognition test completed?

- Yes **SKIP FF20 FF21**
- No
- Not asked*

20 If No, why not

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Fatigue
- Interview terminated
- Omitted in error
- Other reason (specify)
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable*
- Reason not entered*

21 If refused, why

- No reason
- Other reason (specify)
- Not applicable*
- Reason not entered*

22 Was the participant's performance on completed tests limited by any problems unrelated to cognitive function?

- Yes
- No **SKIP FF23**
- Not completed*

23 If Yes, what problem(s)

Code all that apply

- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Fatigue
- Literacy problem
- Other reason (specify)
- Not applicable*
- Reason not entered*

<input checked="" type="checkbox"/>	<small>This field requires a value. You may not have entered a value, or you may have entered an invalid value.</small>
-------------------------------------	---

GG. ECG

1 Was ECG recording completed

- Yes **SKIP GG2 GG3**
- No
- Item not completed*

2 IF NO why not?

- Scheduled for interview 3
- Interviewer omitted - Technical problem **SKIP GG3**
- Interviewer omitted - Unable to position participant (e.g. CVA) **SKIP GG3**
- Interviewer omitted - Participant frailty/fatigue **SKIP GG3**
- Interviewer omitted - Participant distress **SKIP GG3**
- Interviewer omitted - Participant too busy **SKIP GG3**
- Interviewer omitted - Concern re interviewer safety **SKIP GG3**
- Omitted in error **SKIP GG3**
- Interviewer decision - other reason (specify) **SKIP GG3**
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable*
- Reason not entered*

3 If refused, why

- No reason
- Unwell
- Fatigue
- Poor mobility
- Other reason (specify)
- Not applicable*
- Reason not entered*

HH. WAIST AND HIP CIRCUMFERENCE

1 Was the waist circumference measured?

- Yes **SKIP HH3**
- No **SKIP HH2**
- Item not completed*

2 Waist circumference

Waist measurement
(cm)

*Min 50 Max 120
Omitted 999.0*

Format nnn.n

3 If waist circumference not measured, state reason

- Scheduled for interview 3
- Interviewer omitted - Participant frailty/fatigue
- Interviewer omitted - Participant distress
- Interviewer omitted - Participant too busy
- Interviewer omitted - Concern re interviewer safety
- Omitted in error
- Interviewer decision - other reason (specify)
- Participant or relative/carer refused - no reason
- Participant or relative/carer refused - other reason (specify)
- Not applicable*
- Reason not entered*

4 Was the hip circumference measured?

- Yes **SKIP HH6**
- No **SKIP HH5**
- Item not completed*

5 Hip circumference

Hip measurement (cm) *Min 50 Max 120 Format nnn.n Omitted 999.0*

6 If hip circumference not measured, state reason

- Scheduled for interview 3
- Interviewer omitted - Participant frailty/fatigue
- Interviewer omitted - Participant distress
- Interviewer omitted - Participant too busy
- Interviewer omitted - Concern re interviewer safety
- Omitted in error
- Interviewer decision - other reason (specify)
- Participant or relative/carer refused - no reason
- Participant or relative/carer refused - other reason (specify)
- Not applicable*
- Reason not entered*

II. SPIROMETRY and OXIMETRY

Questions 1-7 possible with a proxy

I would like to ask you some questions about your chest. Please answer yes or no where possible.

0 Is this section scheduled for Interview 3?

- Yes **SKIP II1 to II16**
- No
- Item not completed*

1 Do you usually have a cough?

- Yes
- No **SKIP II2**
- Don't know* **SKIP II2**
- Not applicable*
- Refused to answer* **SKIP II2**
- Not asked*

2 If yes, ask Is it worse in the mornings?

- Yes
- No
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

3 Do you usually bring up phlegm from your chest?

- Yes
- No **SKIP II4**
- Don't know* **SKIP II4**
- Refused to answer* **SKIP II4**
- Not asked*

4 If yes, ask Is it worse in the mornings?

- Yes
- No
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

5 Do you ever wheeze?

- Yes
- No **SKIP II6**
- Don't know **SKIP II6**
- Not applicable
- Refused to answer **SKIP II6**
- Not asked

6 If yes, ask Is it worse in the mornings?

- Yes
- No
- Don't know
- Not applicable
- Refused to answer
- Not asked

7 Have you ever worked in any of the following

	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
Heavy industry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coal mining	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chemical works	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anywhere where you worked with asbestos	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

8 HEIGHT (cm): Women: Height= 1.35 x demi-span + 60.1

9 HEIGHT (cm): Men: Height= 1.40 x demi-span + 57.8

10 Was spirometry performed?

- Yes **SKIP II11**
- No **SKIP II12 II13**
- Not applicable*
- Item not completed*

11 If spirometry was not performed state reason

- Scheduled for interview 3
- Interviewer decision - Technical problem
- Interviewer omitted - Participant frailty/fatigue
- Interviewer omitted - Participant distress
- Interviewer omitted - Participant too busy
- Interviewer omitted - Concern re interviewer safety
- Omitted in error
- Interviewer decision - other reason (specify)
- Participant or relative/carer refused - no reason
- Participant or relative/carer refused - other reason (specify)
- Not applicable*
- Reason not entered*

12 Were 3 good blows obtained?

- Yes **SKIP II13**
- No
- Not applicable*
- Item not completed*

13 If No, state reason

- Technical problem
- Unable to comprehend task
- Distress
- Fatigue
- Other: Specify
- Participant or relative/carer refused - no reason
- Participant or relative/carer refused - other reason (specify)
- Not applicable*
- Reason not entered*

14 Was oximetry performed?

- Yes **SKIP II16**
- No **SKIP II15**
- Not applicable
- Item not completed

15 Oxygen saturation (%)

Min 93 Max 100 Omitted 990

16 If oximetry not performed, state reason

- Scheduled for interview 3
- Interviewer decision - Technical problem
- Interviewer omitted - Participant frailty/fatigue
- Interviewer omitted - Participant distress
- Interviewer omitted - Participant too busy
- Interviewer omitted - Concern re interviewer safety
- Omitted in error
- Interviewer decision - other reason (specify)
- Participant or relative/carer refused - no reason
- Participant or relative/carer refused - other reason (specify)
- Not applicable
- Reason not entered

KK. CLOSING REMARKS SECTION

1 How did you find this interview?

Image management software. This file has been moved or does not have a valid icon. To see the original image, click the red X icon.

2 Was this section omitted?

- Yes
- No **SKIP T3**
- Item not completed*

3 Why was it omitted?

- Participant frailty/fatigue
- Participant distress
- Participant busy
- Proxy only interview - section not possible by proxy
- Proxy only interview - proxy didn't know
- Concern re interviewer safety
- Interviewer error

- Other reason (specify)
- Not applicable*
- Item not completed*

LL. INTERVIEWER'S ASSESSMENT OF PARTICIPANT

1 Clear answers?

- Yes **SKIP LL2**
- No
- Not completed*

2 If NO, Problematic areas


This field requires attention. The data has not been entered, or there may be data problems for this field.

3 Reliable answers?

- Yes **SKIP LL4**
- No
- Not completed*

4 If NO, Problematic areas


This field requires attention. The data has not been entered, or there may be data problems for this field.

MM. PROXY INTERVIEWS

1 Did the interview take place with a proxy?

- Yes
- No **SKIP MM2 MM3**
- Item not completed*

2 Who was the proxy?

- Spouse/Partner
- Child
- Grandchild
- Brother/sister
- Other relative (specify) The field requires a minimum of 3 characters. Please provide an answer that meets this requirement.
- Care home staff
- Home care assistant
- Friend / acquaintance The field requires a minimum of 3 characters. Please provide an answer that meets this requirement.
- Other (specify)
- Not applicable*
- Item not completed*

3 How often does the proxy see the participant?

- Daily
- Weekly
- Monthly
- Less often
- Not applicable*
- Item not completed*