

Attach Bar Code Label

The Newcastle



Study

Interview 3

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 3

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 3

D	D	M	M	Y	Y

START TIME FOR 2ND VISIT

--	--	--	--

FINISH TIME FOR 2ND VISIT

--	--	--	--

DATE OF 3RD VISIT FOR INTERVIEW 3

D	D	M	M	Y	Y

START TIME FOR 3RD VISIT

--	--	--	--

FINISH TIME FOR 3RD VISIT

--	--	--	--

DATE OF 4TH VISIT FOR INTERVIEW 3

D	D	M	M	Y	Y

START TIME FOR 4TH VISIT

--	--	--	--

FINISH TIME FOR 4TH VISIT

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TOTAL TIME FOR INTERVIEW 3 (MINS)

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Interview 3

AAA.	COGNITION SECTION: CDR ASSESSMENT SESSION	5
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Either ECG plus Waist and Hip Circumference or Spirometry and Oximetry will be done depending on what was carried out on Interview 2.

AAA. COGNITION SECTION

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.

-1 Firstly may I ask do you have problems with your memory?

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

0 Question answered by

- Participant alone
- Proxy alone
- Participant and proxy
- item not completed

1 CDR pen drive number

Min 201 Max 212

2 CDR slot number

Min 1 Max 40

3 Complete the CDR evaluation questions

Was the word presentation test completed?

- Yes **SKIP AAA4 AAA5**
- 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 AAA7 AAA8**
- 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 AAA10 AAA11**
- 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*

11 If refused, why

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

12 Was the choice reaction time test completed?

- Yes **SKIP AAA13 AAA14**
- 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 attention. The data you have just entered is either only partially correct or is incorrect.

14 If refused, why

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

 This field requires attention. The data you have just entered is either only partially correct or is incorrect.

15 Was the delayed word recall test completed?

- Yes **SKIP AAA17 AAA18**
- No **SKIP AAA16**
- 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 AAA20 AAA21**
- 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 AAA23**
- 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"/>	
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BBB. GENERALISED PAIN

Not possible with a proxy.

I would now like to ask you about aches and pains.

1 During the past month, have you had any ache or pain lasting for one day or longer?

- Yes
- No **SKIP BBB2 TO BBB8**
- Don't know*
- Refused to answer*
- Not asked*

2 Do you have any pain now?

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

3 Did the pain start:

- Within the last three months
- More than three months ago?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

4 Have you already seen your GP because of your pain?

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

5 Thinking back over the past month, and including any pain you might have at present, on how many days have you had pain?

Min 1 Max 31

Don't Know 97 Refused 99 Not Asked

90

6 I am now going to give you a chart with four pictures of the body. Please shade in the parts of the body where you feel or felt the aches and pains during the last month.

Body map completed

- Yes **SKIP BBB7 BBB8**
- No
- Not applicable*
- Item not completed*

7 If no, why not?

- Visual impairment **SKIP BBB8**
- Hearing impairment **SKIP BBB8**
- Speech impairment **SKIP BBB8**
- Language barrier **SKIP BBB8**
- Unable to comprehend task **SKIP BBB8**
- Weakness in arm/hand **SKIP BBB8**
- Reduced manual dexterity **SKIP BBB8**
- Distress **SKIP BBB8**
- Fatigue **SKIP BBB8**
- Interview terminated **SKIP BBB8**
- Other reason (specify) **SKIP BBB8**
- 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 this section omitted?

- Yes
- No **SKIP BBB10**
- 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*

CCC. JOINTS

Not possible with a proxy.

Now I would like to ask you in more detail about problems with your joints.

1 During the last month, have you had any pain in your joints?

- Yes
- No **SKIP CCC2 to CCC5**
- Don't know* **SKIP CCC2 to CCC5**
- Refused to answer* **SKIP CCC2 to CCC5**
- Not asked*

2 Have you had this joint pain on most days during the last month?

- Yes
- No **SKIP CCC3 to CCC5**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

3 Which joint or joints have been painful?

Code all that apply

- left hip
- right hip
- left knee
- right knee
- left ankle
- right ankle
- left foot
- right foot
- left hand
- right hand
- left wrist
- right wrist
- left elbow
- right elbow
- left shoulder
- right shoulder
- neck
- lower back
- other (specify)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

<input type="checkbox"/> <small>The following information is required. The following information is optional and should only be provided if you have this information.</small>
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4 On a scale of 0 to 10 where 0 is no pain and 10 is the worst pain imaginable, where would you rate your worst joint pain during the last month?

Show pain scale chart

Min 0 Max 10

Don't Know 97 Refused 99 Not Asked

90

5 Which joint was this ?

Ideally code only 1 joint

- left hip
- right hip
- left knee
- right knee
- left ankle
- right ankle
- left foot
- right foot
- left hand
- right hand
- left wrist
- right wrist
- left elbow
- right elbow
- left shoulder
- right shoulder
- neck
- lower back
- other (specify)
- Don't know
- Not applicable
- Refused to answer
- Not asked

6 Was this section omitted?

- Yes
- No **SKIP CCC7**
- Item not completed

7 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

DDD. FRACTURES

Possible with a proxy

I would now like to ask you about fractures, broken bones or cracked bones. I am only interested in what has happened to you since the age of 50.

1 Have you had any fractures, broken bones or cracked bones since the age of 50?

- Yes
- No **SKIP DDD2 to DDD9**
- Don't know*
- Refused to answer*
- Not asked*

2 There are different reasons why someone might break a bone. This card lists the ones we are interested in.

Show prompt card DDD and read out responses

- A major accident such as a car crash, a fall from a height or a fall downstairs
- A fall due to a simple trip or slip (from standing height)
- An unexplained fall (from standing height) where they suddenly found themselves on the ground (without a trip or slip)
- Out of the blue - a spontaneous fracture

I am now going to ask you whether you have ever broken any bones due to any of these reasons since you were 50.

So, since you were 50, have you broken any bones due to a major accident?

- Yes
- No **SKIP DDD3**
- Don't know* **SKIP DDD3**
- Not applicable*
- Refused to answer* **SKIP DDD3**
- Not asked*

3 How many times since you were 50 have you had a major accident which caused a broken bone(s)?

Min 1 Max 15

Don't Know 97 Refused 99 Not Asked 90

4 Since you were 50, have you broken any bones due to a simple trip or slip?

- Yes
- No **SKIP DDD5**
- Don't know **SKIP DDD5**
- Not applicable
- Refused to answer **SKIP DDD5**
- Not asked

5 How many times since you were 50 have you had a simple trip or slip which caused a broken bone(s)?

Min 1 Max 15
Don't Know 97 Refused 99 Not Asked 90

6 Since you were 50, have you broken any bones due to an unexplained fall?

- Yes
- No **SKIP DDD7**
- Don't know **SKIP DDD7**
- Not applicable
- Refused to answer **SKIP DDD7**
- Not asked

7 How many times since you were 50 have you had an unexplained fall which caused a broken bone(s)?

Min 1 Max 15
Don't Know 97 Refused 99 Not Asked 90

8 Since you were 50, have you broken any bones 'out of the blue'?

- Yes
- No **SKIP DDD9**
- Don't know **SKIP DDD9**
- Not applicable
- Refused to answer **SKIP DDD9**
- Not asked

9 How many times since you were 50 have you had a broken bone(s) 'out of the blue'?

Min 1 Max 15
Don't Know 97 Refused 99 Not Asked 90

10 Did your father ever break his hip?

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

11 Did your mother ever break her hip?

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

12 Have you ever had a bone density scan (DEXA scan)?

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

13 Fracture section answered by

- Participant alone **SKIP DDD14**
- Proxy alone **SKIP DDD14**
- Participant and proxy
- Item not completed* **SKIP DDD14**

14 If participant and proxy

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

15 Was this section omitted?

- Yes
- No **SKIP DDD16**
- Item not completed*

16 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*

EEE. SHORTNESS OF BREATH

Possible with a proxy

I would now like to find out whether shortness of breath limits your day to day activities. I am not just asking whether or not you get short of breath when you do each activity but whether the shortness of breath limits you. I am interested in how you have been over the last 4 weeks, that is since (*State date 4 weeks previously*)

1 So in the last 4 weeks, has shortness of breath limited your ability to move around your home (on one level)?

Do not include stairs

- Yes
- No **SKIP EEE2**
- Limited for reason(s) unrelated to shortness of breath **SKIP EEE2**
- Don't know* **SKIP EEE2**
- Refused to answer* **SKIP EEE2**
- Not asked*

2 How much has shortness of breath limited your ability to move around your home (on one level)?

- A bit
- A lot
- Completely unable to move around the home due to shortness of breath
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

3 In the last 4 weeks, has shortness of breath limited your ability to walk outdoors, on the level, at your own pace?

- Yes
- No **SKIP EEE4**
- Limited for reason(s) unrelated to shortness of breath **SKIP EEE4**
- Don't know* **SKIP EEE4**
- Refused to answer* **SKIP EEE4**
- Not asked*

4 How much has shortness of breath limited your ability to walk outdoors, on the level, at your own pace?

- A bit
- A lot
- Completely unable to walk outdoors, on the level, at own pace due to shortness of breath
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

5 In the last 4 weeks, has shortness of breath limited your ability to hurry on the level?

- Yes
- No **SKIP EEE6**
- Limited for reason(s) unrelated to shortness of breath **SKIP EEE6**
- Don't know* **SKIP EEE6**
- Refused to answer* **SKIP EEE6**
- Not asked*

6 How much has shortness of breath limited your ability to hurry on the level?

- A bit
- A lot
- Completely unable to hurry on the level due to shortness of breath
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

7 Over the past 4 weeks, have you had any swelling in your feet, ankles or legs?

Only record bilateral swelling

- Yes
- No **SKIP EEE8**
- Don't know* **SKIP EEE8**
- Refused to answer* **SKIP EEE8**
- Not asked*

8 Was this swelling ever so bad that you were unable to put on your shoes?

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

9 Shortness of breath section answered by

- Participant alone **SKIP EEE10**
- Proxy alone **SKIP EEE10**
- Participant and proxy
- Item not completed **SKIP EEE10**

10 If participant and proxy

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

11 Was this section omitted?

- Yes
- No **SKIP EEE12**
- Item not completed

12 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

<input checked="" type="checkbox"/>	
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FFF. CHEST PAIN

Not possible with a proxy

Now I would like to ask you some questions about chest pain, again I am interested in what has happened over the last 4 weeks that is since (*State date 4 weeks previously*)

1 In the last 4 weeks, have you had any pain or discomfort in your chest?

- Yes **SKIP FFF2**
- No
- Don't know*
- Refused to answer*
- Not asked*

2 In the last 4 weeks, have you had any pressure, heaviness or tightness in your chest?

- Yes
- No **SKIP FFF3 to FFF9**
- Don't know* **SKIP FFF3 to FFF9**
- Not applicable*
- Refused to answer* **SKIP FFF3 to FFF9**
- Not asked*

3 Did the *symptom* come on when you exerted yourself?

- Yes
- No **SKIP FFF4 to FFF9**
- Completely unable to exert self for reason unrelated to *symptom*
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

4 Did the *symptom* limit your ability to move around your home (on one level)?

Do not include stairs

- Yes
- No **SKIP FFF5**
- Limited for reason(s) unrelated to *symptom* **SKIP FFF5**
- Don't know* **SKIP FFF5**
- Not applicable*
- Refused to answer* **SKIP FFF5**
- Not asked*

5 How much did the *symptom* limit your ability to move around your home (on one level)?

- A bit
- A lot
- Completely unable to move around home due to *symptom*
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

6 Did the *symptom* limit your ability to walk outdoors, on the level, at your own pace?

- Yes
- No **SKIP FFF7**
- Limited for reason(s) unrelated to *symptom* **SKIP FFF7**
- Don't know* **SKIP FFF7**
- Not applicable*
- Refused to answer* **SKIP FFF7**
- Not asked*

7 How much did the *symptom* limit your ability to walk outdoors, on the level, at your own pace?

- A bit
- A lot
- Completely unable to walk outdoors, on level, at own pace due to *symptom*
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

8 Did the *symptom* limit your ability to hurry on the level?

- Yes
- No **SKIP FFF9**
- Limited for reason(s) unrelated to *symptom* **SKIP FFF9**
- Don't know* **SKIP FFF9**
- Not applicable*
- Refused to answer* **SKIP FFF9**
- Not asked*

9 How much did the *symptom* limit your ability to hurry on the level?

- A bit
- A lot
- Completely unable to hurry on the level due to *symptom*
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

10 Was this section omitted?

- Yes
- No **SKIP FFF11**
- Item not completed*

11 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*

<input checked="" type="checkbox"/> <small>The field requires a minimum of 1 character. The field has a maximum length of 255 characters and only accepts the following characters.</small>

GGG1. FALLS

Possible with a proxy

I would now like to ask about falls, funny turns and dizziness.

1 In the last 12 months, that is since (State date 12 m previously) have you had a fall?

- Yes
- No **SKIP GGG2 to GGG17**
- Don't know **SKIP GGG2 to GGG17**
- Refused to answer **SKIP GGG2 to GGG17**
- Not asked

2 How many times have you fallen in the last 12 months?

Min 1 Max 50

Don't Know 97 Refused 99 Not Asked 90

3 For how long, in total, have you been having falls?

(Total duration of falls history in months)

Min 1 Max 120

Don't Know 997 Refused 999 Not Asked 990

4 Some falls are caused by a simple trip or slip whilst in other cases an individual might just suddenly find themselves on the ground. I would now like to find out about the kind of falls you have had.

In the last 12 months have you had any falls involving a simple trip or slip?

- Yes
- No **SKIP GGG5**
- Don't know **SKIP GGG5**
- Not applicable
- Refused to answer **SKIP GGG5**
- Not asked

5 How many times in the last 12 months have you had a fall involving a simple trip or slip?

Min 1 Max 50

Don't Know 97 Refused 99 Not Asked 90

6 In the last 12 months, have you had any falls where you have found yourself on the ground (without a trip or slip)?

(if yes send ECG for urgent report)

- Yes
- No **SKIP GGG7 GGG8**
- Don't know **SKIP GGG7 GGG8**
- Not applicable
- Refused to answer **SKIP GGG7 GGG8**
- Not asked

7 How many times in the last 12 months have you had a fall where you found yourself on the ground?

*Min 1 Max 50
Don't Know 97 Refused 99 Not Asked 90*

8 For how long, in total, have you been having falls where you find yourself on the ground? (Total duration of falls history in months)

*Min 1 Max 120
Don't Know 997 Refused 999 Not Asked 990*

9 In the last 12 months, have you broken any bones/had any fractures, due to a fall?

- Yes
- No **SKIP GGG10**
- Don't know **SKIP GGG10**
- Not applicable
- Refused to answer **SKIP GGG10**
- Not asked

10 In the last 12 months, how many times have you had a fall which resulted in a broken bone?

*Min 1 Max 10
Don't Know 97 Refused 99 Not Asked 90*

11 In the last 12 months, did you go to Accident and Emergency following a fall?

- Yes
- No **SKIP GGG12**
- Don't know **SKIP GGG12**
- Not applicable
- Refused to answer **SKIP GGG12**
- Not asked

12 How many times, in the last 12 months, did you attend Accident and Emergency because of a fall?

Min 1 Max 10
Don't Know 97 Refused 99 Not Asked 90

13 In the last 12 months, were you admitted to hospital following a fall? (by admission I mean staying in hospital at least overnight)

- Yes
- No **SKIP GGG14**
- Don't know **SKIP GGG14**
- Not applicable
- Refused to answer **SKIP GGG14**
- Not asked

14 How many times, in the last 12 months, did you get admitted following a fall?

Min 1 Max 10
Don't Know 97 Refused 99 Not Asked 90

15 Have you (or your carer) ever seen your GP to discuss your falls?

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

16 Have you ever seen a falls specialist?

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

17 Have your falls caused any of the following:

	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
1. Loss of confidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Worry about falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Going out less often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. An increase in the amount of care you receive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GGG18. DIZZINESS

GGG18-GGG26 not possible with a proxy.

18 Now I would like to ask whether you get dizzy when you stand up (from sitting or lying).
By dizzy I mean giddy feelings, a spinning sensation, unsteadiness or a fainty feeling.

In the last 12 months, have you ever felt dizzy when you stand up from sitting or lying?

- Yes
- No **SKIP GGG19 to GGG22**
- Don't know* **SKIP GGG19 to GGG22**
- Refused to answer* **SKIP GGG19 to GGG22**
- Not asked*

19 For how long, in total, have you been having dizziness when you stand up?

(Total duration in months)

Min 1 Max 120

Don't Know 997 Refused 999 Not Asked 990

20 On average, how often do you have dizziness when you stand up. Is it

Select the response closest to the participant's experience

- Daily
- Weekly
- Monthly
- Less often?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

21 On average, how long does the dizziness last for?

Select the response closest to the participant's experience

- A few minutes or less
- More than a few minutes
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

22 During the past 12 months, how much of the time has this dizziness kept you from doing the kinds of things other people your age do?

- Most of the time
- Some of the time
- None of the time
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

23 Now I would like to ask about whether you ever feel dizzy at times other than when you've just stood up.

In the last 12 months, have you ever felt dizzy at a time other than when you've just stood up?

- Yes
- No **SKIP GGG24 to GGG27**
- Don't know* **SKIP GGG24 to GGG27**
- Refused to answer* **SKIP GGG24 to GGG27**
- Not asked*

24 For how long, in total, have you been having these episodes?

(Total duration in months)

Min 1 Max 120

Don't Know 997 Refused 999 Not Asked 990

25 On average, how often do these episodes occur? Is it

Select the response closest to the participant's experience

- Daily
- Weekly
- Monthly
- Less often?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

26 On average, how long do these feelings last? Is it

Select the response closest to the participant's experience

- A few minutes or less
- More than a few minutes
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

27 During the past 12 months, how much of the time has this dizziness kept you from doing the kinds of things other people your age do?

- Most of the time
- Some of the time
- None of the time
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

28 In the last 12 months, have you had any fits, faints, funny turns or blackouts?

If mention funny turn ask them to describe in more detail . Only record severe dizziness here.

If yes, send ECG for urgent report

- Yes
- No **SKIP GGG29 to GGG31**
- Don't know **SKIP GGG29 to GGG31**
- Refused to answer **SKIP GGG29 to GGG31**
- Not asked

29 How many of these episodes have you had in the last 12 months?

Min 1 Max 50

Don't Know 97 Refused 99 Not Asked 90

30 For how long, in total, have you been having these episodes?

(Total duration in months)

Min 1 Max 120

Don't Know 997 Refused 999 Not Asked 990

31 On average, how often do these episodes occur. Is it

- Daily
- Weekly
- Monthly
- Less often?
- Don't know
- Not applicable
- Refused to answer
- Not asked

32 Falls section answered by

- Participant alone **SKIP GGG33**
- Proxy alone **SKIP GGG33**
- Participant and proxy
- Item not completed **SKIP GGG33**

33 If participant and proxy was this

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

34 Was this section omitted?

- Yes
- No **SKIP GGG35**
- Item not completed

35 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

The field is required but empty. The data has been marked as invalid. It should only be used for internal testing purposes.

HHH. INCONTINENCE

Possible with a proxy

Now I would like to ask you some questions about a common problem that is not always mentioned to the doctor. As before, the questions will have a choice of answers; please listen carefully to all of the choices before selecting the one which most closely matches your situation. Thinking about how you have been over the last 12 months, that is since (*State date 12m previously*)

1 Do you use a catheter:

- Yes
- No **SKIP HHH2**
- Don't know* **SKIP HHH2**
- Refused to answer* **SKIP HHH2**
- Not asked*

2 Have you used a catheter for the last 12 months?

- Yes **SKIP HHH3 to HHH10**
- No
- Don't know* **SKIP HHH3 to HHH10**
- Not applicable*
- Refused answer* **SKIP HHH3 to HHH10**
- Not asked*

3 If catheterised for less than 12 months then answer questions based on period when not catheterised

Do you ever leak any urine when you don't mean to? (this means anything from a few drops to a flood during the day or night)

- Yes
- No **SKIP HHH4 to HHH9**
- Don't know* **SKIP HHH4 to HHH9**
- Not applicable*
- Refused to answer* **SKIP HHH4 to HHH9**
- Not asked*

4 When you leak urine are you usually:

- Soaked
- Wet
- Damp
- Almost dry?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

5 Does this urine leakage occur

(Show prompt card HHH5 and read out)

- Continuously
- Several times a day
- Several times a week
- Several times a month
- Several times a year
- Rarely?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

6 Do you ever leak urine because you have difficulty going to, or getting on or off a toilet or commode:

- Several times a day
- Several times a week
- Several times a month
- Several times a year
- Never / Rarely?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

7 Do you leak urine when you laugh, cough or exercise?

- Several times a day
- Several times a week
- Several times a month
- Several times a year
- Never / Rarely?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

8 When you have to pass urine, does any leak before you get to the toilet?

- Several times a day
- Several times a week
- Several times a month
- Several times a year
- Never / Rarely?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

9 How much of a problem would you say you have with your urinary leakage:

- Severe problem
- Moderate problem
- Mild problem
- No problem?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

10 How often do you actually get up at night to pass urine?

- 4 times or more a night
- 3 times a night
- Twice a night
- Once a night
- Not usually
- Uses night bag
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

11 Do you ever leak from your bowels when you don't mean to: (during the day or night)

- Continuously
- Several times a day
- Several times a week
- Several times a month
- Several times a year
- Never /Rarely?
- Don't know*
- Refused to answer*
- Not asked*

12 Do you use the laundry services provided by Social Services to help those with incontinence?

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

13 Incontinence section answered by

- Participant alone **SKIP HHH14**
- Proxy alone **SKIP HHH14**
- Participant and proxy
- Item not completed **SKIP HHH14**

14 If participant and proxy

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

15 Was this section omitted?

- Yes
- No **SKIP HHH16**
- Item not completed

16 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

III. PHYSICAL ACTIVITY

Possible with a proxy

Now I would like to ask you about the type and amount of physical activity involved in your daily life. This includes not only sporting activities but also things such as gardening, housework, DIY and walking. For each activity there is a choice of answers which are written on this card (*show prompt card IIII*) The choice is:

1. 3 or more times per week
2. Once or twice per week
3. Once, twice or three times per month
4. Hardly ever or never

Listen carefully to each question and then indicate the response closest to your own situation

1 How often do you take part in activities which are very energetic e.g. swimming, cycling, running or heavy gardening (digging with a spade, mowing the lawn (manual))?

- 3 or more times a week
- Once or twice a week
- Once, twice or three times a month
- Hardly ever or never
- Don't know*
- Refused to answer*
- Not asked*

2 How often do you take part in activities which are moderately energetic e.g. moderate gardening (raking, hoeing, mowing lawn (electric)), cleaning the car, heavy housework (cleaning windows, scrubbing floors), walking at a moderate pace, dancing, floor or stretching exercises?

- 3 or more times a week
- Once or twice a week
- Once, twice or three times a month
- Hardly ever or never
- Don't know*
- Refused to answer*
- Not asked*

3 How often do you take part in activities which are mildly energetic e.g. light gardening (weeding, pruning), bowls, light housework (vacuuming, washing clothes by hand, mopping floors, ironing, making beds), DIY?

- 3 or more times a week
- Once or twice a week
- Once, twice or three times a month
- Hardly ever or never
- Don't know*
- Refused to answer*
- Not asked*

4 In the last question I asked about physical activities that you do for at least several minutes at a time. Now I would like to ask you about any activities that cause you to use a lot of effort for a short period of time for example lifting heavy loads or walking upstairs. How often do you do the following activities?

	Several times a day	Daily	Once or several times a week	Occasionally	Never	<i>Don't know</i>	<i>Refused to answer</i>	<i>Not asked</i>
Climbing stairs/steps (each of average height)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Climbing stairs/steps (each stair very high)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pushing/dragging loads (such as a heavy suitcase without wheels)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carrying heavy loads with your hands (such as a heavy suitcase)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lifting/moving heavy loads above shoulder height (such as putting a heavy box of groceries on a high shelf)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Using hands in strong movements (such as opening a jar)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

5 Physical activity section answered by

- Participant alone **SKIP III6**
- Proxy alone **SKIP III6**
- Participant and proxy
- Item not completed **SKIP III6**

6 If participant and proxy

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

7 Was this section omitted?

- Yes
- No **SKIP III8**
- Item not completed

8 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

<input checked="" type="checkbox"/> <small>The field may require a response. The field is required, unless it is marked as optional by the system.</small>
--

JJJ. DIETARY ASSESSMENT: 24 HOUR RECALL 2

Please now complete the 24 Hour Recall

1 Was this section omitted?

- Yes
- No **SKIP JJJ2**
- Item not completed

2 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

 This field requires a minimum of 1 character. The field is required and cannot be empty. Please provide a reason for omission.

KKK. ECG

1 Was ECG recording completed

- Yes **SKIP KKK2 KKK3**
- No
- Item not completed*

2 IF NO why not?

- Conducted in interview 2 **SKIP KKK3**
- Interviewer omitted - Technical problem **SKIP KKK3**
- Interviewer omitted - Unable to position participant (e.g. CVA) **SKIP KKK3**
- Interviewer omitted - Participant frailty/fatigue **SKIP KKK3**
- Interviewer omitted - Participant distress **SKIP KKK3**
- Interviewer omitted - Participant too busy **SKIP KKK3**
- Interviewer omitted - Concern re interviewer safety **SKIP KKK3**
- Omitted in error **SKIP KKK3**
- Interviewer decision - other reason (specify) **SKIP KKK3**
- 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*

LLL. WAIST AND HIP CIRCUMFERENCE

1 Was the waist circumference measured?

- Yes **SKIP LLL3**
- No **SKIP LLL2**
- Item not completed*

2 Waist circumference

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

3 If waist circumference not measured, state reason

- Conducted in interview 2
- 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 LLL6**
- No **SKIP LLL5**
- 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

- Conducted in interview 2
- 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*

This field must contain a reason. The following reasons are provided as a guide only. You should provide a reason for every omission.

This field must contain a reason. The following reasons are provided as a guide only. You should provide a reason for every omission.

MMM. SPIROMETRY AND OXIMETRY

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

0 Was this section completed on Interview 2?

- Yes **SKIP MMM1 to MMM16**
- No
- Not applicable*

1 Do you usually have a cough?

- Yes
- No **SKIP MMM2**
- Don't know* **SKIP MMM2**
- Refused to answer* **SKIP MMM2**
- 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 MMM4**
- Don't know* **SKIP MMM4**
- Not applicable*
- Refused to answer* **SKIP MMM4**
- 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 MMM6**
- Don't know **SKIP MMM6**
- Not applicable
- Refused to answer **SKIP MMM6**
- 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

ENTER FROM INTERVIEW 1

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

ENTER FROM INTERVIEW 1

10 Was spirometry performed?

- Yes **SKIP MMM11**
- No **SKIP MMM12 MMM13**
- Not applicable*
- Item not completed*

11 If spirometry was not performed state reason

- Conducted in interview 2
- 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 MMM13**
- No
- Not applicable*
- Item not completed*

13 If No, state reason

- Technical problem
- Unable to comprehend task
- Distress
- Fatigue
- Other Reason: 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 MMM16**
- No **SKIP MMM15**
- Not applicable*
- Item not completed*

15 Oxygen saturation (%)

Min 93 Max 100 Omitted 990

16 If oximetry not performed, state reason

- Conducted in interview 2
- 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*

NNN. TIMED "UP AND GO" TEST

1 Was the 'up and go' test completed?

- Yes **SKIP NNN5 NNN6**
- No **SKIP NNN2 to NNN4**
- Item not completed*

2 Total time taken (seconds)

Min 5 Max 100 Format nnn.nn Omitted 999.90

3 Did the participant use a walking aid?

- Yes
- No **SKIP NNN4**
- Not applicable*
- Not completed*

4 Specify aid

- Walking stick
- Walking frame
- Wheeled walker
- Other aid (specify)
- Not applicable*
- Item not completed*

5 If 'up and go' test not completed, why not?

- Interviewer decision: concern over participant's safety **SKIP NNN6**
- Interviewer decision: severely limited mobility **SKIP NNN6**
- Interviewer decision: participant frailty/fatigue **SKIP NNN6**
- Interviewer decision: participant distress **SKIP NNN6**
- Interviewer decision: participant too busy **SKIP NNN6**
- Interviewer decision: Concern over interviewer safety **SKIP NNN6**
- Omitted in error **SKIP NNN6**
- Interviewer decision: Other reason (specify) **SKIP NNN6**
- Participant/carer refused
- Not applicable*
- Reason not entered*

6 If refused, why

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

000. CLOSING REMARKS SECTION

1 How did you find this interview?

x

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*

PPP. INTERVIEWER'S ASSESSMENT OF PARTICIPANT

1 Clear answers?

- Yes **SKIP PPP2**
- No
- Not completed*

2 If NO, Problematic areas

x

3 Reliable answers?

- Yes **SKIP PPP4**
- No
- Not completed*

4 If NO, Problematic areas

x

QQQ. PROXY INTERVIEWS

1 Did the interview take place with a proxy?

- Yes
- No **SKIP QQQ2 QQQ3**
- Item not completed*

2 Who was the proxy?

- Spouse/Partner
- Child
- Grandchild
- Brother/sister
- Other relative (specify)
- Care home staff
- Home care assistant
- Friend / acquaintance
- 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*