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
 - o If the numeric answer is actually zero this should be entered as such.
 - o If the answer is 'missing', the interviewer should note the most appropriate <u>missing</u> 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.

	Att	ach B	ar C	ode I	Labe	l		
DATE OF BIRTH							<u> </u>	
DATE OF BIRTH		D	D	N	1	M	Y	Y
SEX	MALEFEMALE							1
RESEARCH NURSE ID								
		_					l	
DATE OF 1 st VISIT FOR INTERVI	EW 3		D	D	M	M	Y	Y
START TIME FOR 1 ST VISIT								
FINISH TIME FOR 1 ST VISIT								
THUSH THUE FOR T VISIT								
DATE OF 2ND VISIT FOR INTERV	VIEW 3		D	D	M	M	Y	Y
START TIME FOR 2 ND VISIT								
FINISH TIME FOR 2 ND VISIT								
DATE OF 3 RD VISIT FOR INTERV	IEW 3	Γ		<u> </u>				
		L	D	D	M	M	Y	Y
START TIME FOR 3 RD VISIT								
FINISH TIME FOR 3 RD VISIT								
DATE OF 4 TH VISIT FOR INTERV	IEW 2	Г		1	1			
DATE OF 4 VISIT FOR INTERV	IEW 3	_	D	D	M	M	Y	Y
START TIME FOR 4 TH VISIT								
FINISH TIME FOR 4 TH VISIT								
FINISH THRIE FUR 4 VISII								
TOTAL TIME FOR INTERVIEW 3	(MINS)							

Interview 3

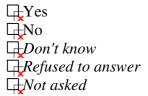
AAA.	COGNITION SECTION: CDR ASSESSMENT SESSION	5
BBB.	GENERALISED PAIN	13
CCC.	JOINTS	16
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Either ECG plus Waist and Hip Circumference or Spirometry and Oximetry will be done depending on what was carried out on Interview 2.

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?



0 Question answered by

Participant alone	
Proxy alone	
Participant and prox	y
☐item not completed	

1 CDR pen drive number

To black days worth days, it has been been most mount, a state tool before it pass to cover their business.	Min 201	Max 212

2 CDR slot number

The last degree and the digital of the last fact words control of digital only defined by principle for control for includes.	Min 1	Max 40

3 Complete the CDR evaluation questions

Was	the	word	presentatio	n test	comp	leted?

☐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
\Box Reason not entered

6 Was the simple reaction time test completed?	
Yes SKIP AAA7 AAA8 No 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)	National special shall be been because and count of the best for the best of t
Not applicable Reason not entered	

9 Was the digit vigilance test completed?
Yes SKIP AAA10 AAA11 No 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
TX toubout not office out
11 If refused, why

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

12 V	Was	the	choice	reaction	time	test	completed?
------	-----	-----	--------	----------	------	------	------------

Yes	SKIP AAA13	AAA14
□No		
Not a	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	The later large contribution. The last later lat
Other reason (specify)	
Refused - Participant refuse	d
Refused - Relative/carer ref	used
□Not applicable	
\square Reason not entered	

14 If refused, why

Other reason (specify)	
Not applicable ☐ Reason not entered	

15 Was the delayed word recall test completed?

Yes SKIP AAA17 AAA18
No SKIP AAA16
Not asked

16 Delayed word recall score

The latest degree and to degree . The Brown Section States are seen as the Section of Section Section Description.	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	
₩eakness in arm/hand	
Reduced manual dexterity	
Distress	
Fatigue	
Interview terminated	
Omitted in error	The bid diagnosed to display to The tray local team count, or stand, and their bid periods to coverely and state.
Other reason (specify)	_
Refused - Participant refused	1
Refused - Relative/carer refu	ised
Not applicable	
Reason not entered	

18 If refused, why

No reason Other reason (specify)	X halan angunan dangana da halang kalan mang anang anang ang kalan kangana da manda kananda.
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

Not applicable

Reason not entered

Other reason (specify)

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

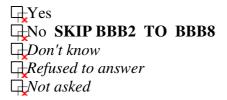
☐ Visual impairment	
Hearing impairment	
Speech impairment	
Language barrier	
Weakness in arm/hand	
Reduced manual dexter	ity
Distress	
Fatigue	
Literacy problem	
Other reason (specify)	The bidding quarter being up. The thing becomes using a sense of the bidding parts for course the articular.
Not applicable	
Reason not entered	

BBB. GENERALISED PAIN

Not possible with a proxy.

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

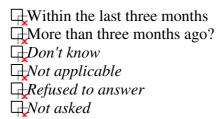
1 During the past month, have you had any ache or pain lasting for one day or longer?



2 Do you have any pain now?



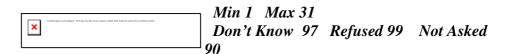
3 Did the pain start:



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



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



	w going to give you a chart with four pictures of the body. Please shade in the where you feel or felt the aches and pains during the last month.	he parts
Body map c	completed	
	Yes SKIP BBB7 BBB8 No Not applicable Item not completed by 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 Patigue SKIP BBB8 Interview terminated SKIP BBB8 Interview terminated SKIP BBB8 Other reason (specify) Refused - Participant refused Refused - Relative/carer refused Not applicable Reason not entered	P BBB8
8 If refused	ed, why?	
Ġ.	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

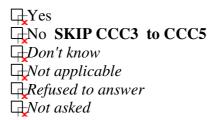
Not possible with a proxy.

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?



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	This is appared to the printed and construction and construction and the first appared a
ther (specify)	×
$\square Don't \ know$	
□ Not applicable	
Refused to answer	
\square Not asked	

Min 0 Max 10 Don't Know 97 Refused 9 90 i joint was this? ode only 1 joint left hip left knee right knee left ankle right ankle left foot right foot	O Not Asked
Joint was this? Joint was this? John Control Joint Joi	
left hip right hip left knee right knee right knee right ankle right ankle left foot right foot	
left hip right hip left knee right knee right knee right ankle right ankle left foot right foot	
right hip left knee right knee left ankle right ankle right ankle left foot right foot	
right hip left knee right knee left ankle right ankle right ankle left foot right foot	
Heft knee right knee Heft ankle right ankle right ankle heft foot right foot	
Heft ankle Tright ankle Heft foot Tright foot	
right ankle left foot right foot	
eft foot right foot	
right foot	
left hand	
right hand	
Heft wrist	
right wrist	
eft elbow	
right elbow	
left shoulder	
right shoulder Ineck	
Hower back	
other (specify)	
Don't know	
Not applicable	
Refused to answer	
Not asked	
is section omitted?	
₹Yes	
No SKIP CCC7	
Item not completed	
as it omitted?	
_	
Participant frailty/fatigue	
Participant distress	
Participant busy Provy only interview - section not possible by provy	
Proxy only interview - section not possible by proxy Proxy only interview - proxy didn't know	
Concern re interviewer safety	
Interviewer error	
Other reason (specify)	

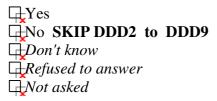
☐ Item not completed

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?



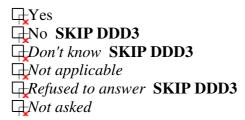
2 There are different reasons why someone might break a bone. This card lists the ones we are interested in.

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?



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

The final comparament in defining at. The firm is the same moved, constant, or defined in the first day produce the control final indicates.	Min 1 Max 15		
	Don't Know 97	Refused 99	Not Asked 90

4 511	ince you were 50, nave you brok	ten any bones due to a simple trip or slip?
	Yes	
	No SKIP DDD5 Don't know SKIP DDD5	
	Not applicable	
	Refused to answer SKIP \Box	DDD5
	Not asked	
	To table a	
	ow many times since you were 5 ken bone(s)?	50 have you had a simple trip or slip which caused a
		Min 1 Max 15
	^	Don't Know 97 Refused 99 Not Asked 90
		•
6 Si	ince vou were 50, have vou brok	ten any bones due to an unexplained fall?
	, ,	
	\Box \mathbf{V}_{20}	
	☐Yes ☐No SKIP DDD7	
	Don't know SKIP DDD7	
	Not applicable	
	Refused to answer SKIP	DDD7
	Not asked	
	' <u>-</u>	
7 H	ow many times since you were 5	50 have you had an unexplained fall which caused a
	ken bone(s)?	70
	. ,	
		Min 1 Max 15
	^	
		Don't Know 97 Refused 99 Not Asked 90
o a.	70.1	1 (4 641 11 10
8 811	ince you were 50, have you brok	ten any bones 'out of the blue'?
	Q Yes	
	□ No SKIP DDD9	
	Don't know SKIP DDD9	
	Not applicable	
	Refused to answer SKIP	UUU9
	\square Not asked	
9 Но	ow many times since you were 5	50 have you had a broken bone(s) 'out of the blue'?
		Min 1 May 15
	^	Min 1 Max 15 Don't Know 97 Refused 99 Not Asked 90
	L	Don i Know 37 Rejuseu 33 Noi Askeu 30

$ \Box_{\mathbf{X}} \mathbf{Yes} $ $ \Box_{\mathbf{N}} \mathbf{Don't} \ know $ $ \Box_{\mathbf{R}} \mathbf{Refused} \ to \ answer $ $ \Box_{\mathbf{N}} \mathbf{Ot} \ asked $				
11 Did your mother ever break her hip?				
Yes \square No \square Don't know \square Refused to answer \square 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				

10 Did your father ever break his hip?

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*)

10.	
	the last 4 weeks, has shortness of breath limited your ability to move around your on one level)?
,	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 level)?	much has shortness of breath limited your ability to move around your home (on one
	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
	e last 4 weeks, has shortness of breath limited your ability to walk outdoors, on the t your own pace?
	Yes No SKIP EEE4 Imited for reason(s) unrelated to shortness of breath SKIP FFF4

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?			
$ \begin{array}{c} $			

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 - secti	on not possible by proxy
Proxy only interview - prox	y didn't know
Concern re interviewer safe	ty
Interviewer error	The last requirement related to the last section could write the first best and the last special best about the last special best and the last special best about the last
Other reason (specify)	
☐Not applicable	
Item not completed	

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				
Don't know SKI	P FFF3	to FF	F9	
Not applicable				
Refused to answe	r SKIP	FFF3	to	FFF9
Not asked				

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

Yes	
□No :	SKIP FFF4 to FFF9
Com	apletely unable to exert self for reason unrelated to symptom
$\square Don$	't know
$\square Not$	applicable
Refu	sed to answer
\square Not	asked

4 Did the *symptom* limit your ability to move around your home (on one level)? Do not include stairs

⊥ Y es	
No SKIP FFF5	
Limited for reason(s) unrelated to sympa	tom SKIP FFF5
Don't know SKIP FFF5	
Not applicable	
Refused to answer SKIP FFF5	
Not asked	

	A bit A lot Completely unable to move around home due to symptom Don't know Refused to answer			
6 Did t	he 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 <i>symptom</i> 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 <i>symptom</i> Don't know Not applicable Refused to answer Not asked			
8 Did t	he 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			

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

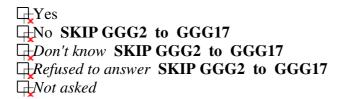
9 H	9 How much did the <i>symptom</i> limit your ability to hurry on the level?				
	A bit A lot Completely unable to hurry on the level due to <i>symptom</i> Don't know Not applicable Refused to answer Not asked				
10 V	Was this section omitted?				
11 \	Yes No SKIP FFF11 Item not completed Why was 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				

GGG1. FALLS

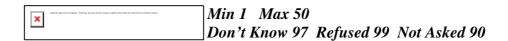
Possible with a proxy

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?

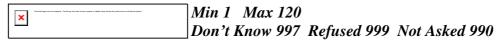


2 How many times have you fallen in the last 12 months?



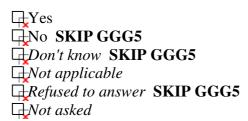
3 For how long, in total, have you been having falls?

(Total duration of falls history in months)



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?



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

Γ	Training improved in playing. The time has been except content, or defined the fit defined a partial for covered floor fit and as.	Min 1	<i>Max 50</i>		
	_	Don't	Know 97	Refused 99	Not Asked 90

6 In the last 12 months, have you leave the without a trip or slip)?	had any falls where you have found yourself on the ground
(if yes send ECG for urgent report)	
Yes No SKIP GGG7 GGG Don't know SKIP GGG Not applicable Refused to answer SKIP Not asked	7 GGG8
7 How many times in the last 12 n ground?	nonths have you had a fall where you found yourself on the
	Min 1 Max 50 Don't Know 97 Refused 99 Not Asked 90
8 For how long, in total, have you (Total duration of falls history in m	been having falls where you find yourself on the ground? onths)
	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 GGG Not applicable Refused to answer SKIP Not asked	
10 In the last 12 months, how man bone?	ny times have you had a fall which resulted in a broken
	Min 1 Max 10 Don't Know 97 Refused 99 Not Asked 90
11 In the last 12 months, did you ş	go to Accident and Emergency following a fall?
Yes No SKIP GGG12 Don't know SKIP GGG Not applicable Refused to answer SKIP	

Not asked

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 Don't Know 9		Refi	used 99	Not Asked	l 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?		団			-	
	2. Worry about falling?	<u> </u>					
	3. Going out less often?					<u></u>	
	4. An increase in the amount of care you receive?	1					

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

Don't Know 97 Refused 99 Not Asked 90

Min 1 Max 10

of a fall?

GGG18. DIZZINESS

□ Don't know
□ Not applicable
□ Refused to answer

□Not asked

GGG18-GGC26 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 ₩eekly ☐ 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* \square 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

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?

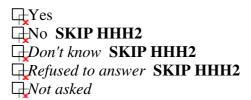
⊋Participant frailty/fatigu	e			
Participant distress				
Participant busy				
Proxy only interview - section not possible by proxy				
Proxy only interview - proxy didn't know				
Concern re interviewer safety				
Interviewer error				
Other reason (specify)	No had designations belonged. The first payment around, second, or instead to the payment for extending.			
Not applicable				
Item not completed				

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:

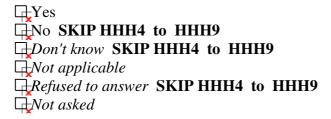


2 Have you used a catheter for the last 12 months?

Yes SKIP HHH3 to HHH10	
→No →Don't know SKIP HHH3 to HHH10)
Not applicable	
⊋Refused answer SKIP HHH3 to HH ⊋Not asked	H10

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)



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)					
☐ Continuou ☐ Several ti ☐ Several ti ☐ Several ti ☐ Rarely? ☐ Don't kno ☐ Not appli ☐ Refused to ☐ Not asked	mes a day mes a week mes a month mes a year w cable o answer				
6 Do you ever leak commode:	urine because you have difficulty going to, or getting on or off a toilet or				
Several ti Never / R Don't kno Not appli Refused to	mes a week mes a month mes a year arely? w cable o answer				
,					
Several ti Several ti Several ti Several ti Never / R Don't kno Refused to	mes a week mes a month mes a year arely? w cable o answer				
8 When you have to	pass urine, does any leak before you get to the toilet?				
Several ti Several ti Several ti Several ti Several ti Never / R Don't kno Refused to	mes a week mes a month mes a year arely? w cable o answer				

у ПО	w 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 H	ow often do you actually get up at night to pass urine?
11 Do	☐ 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 O 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
	you use the laundry services provided by Social Services to help those with tinence?
	☐Yes ☐No ☐Don't know ☐Not applicable ☐Refused to answer ☐Not asked

13 Incontinence section answered by	13	3 Incontii	nence	section	answered	b_1
-------------------------------------	----	------------	-------	---------	----------	-------

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 mor	ıtl
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	Don't know	Refused to answer	Not asked
Climbing stairs/steps (each of average height)	□ <mark>k</mark>	₽	₽ <mark>x</mark>	□ <mark>x</mark>	₽ <u></u>	₽	□	—
Climbing stairs/steps (each stair very high)	□ <mark>x</mark>	₽ x	₽ <mark>x</mark>	Ģ <u>x</u>	₽ x	Ģ <u></u>	Ģ <u></u>	₽
Pushing/dragging loads (such as a heavy suitcase without wheels)	₽ <mark>x</mark>	₽	₽ <mark>x</mark>	₽ <mark>.</mark>	Ģ <u></u>	₽ .	₽ <mark>x</mark>	₽
Carrying heavy loads with your hands (such as a heavy suitcase)	₽	₽ <u></u>	₽ x	₽ <u></u>	Ģ <u></u>	₽ <u></u>	₽ x	₽
Lifting/moving heavy loads above shoulder height (such as putting a heavy box of groceries on a high shelf)	Ģ <u></u>	₽	F <u>k</u>	₽	₽ <u>x</u>	₽ <mark>x</mark>	₽ <u></u>	₽ x
Using hands in strong movements (such as opening a jar)	₽ .	₽ x	₽ x	₽ <u></u>	Ģ <u></u>	₽ <u></u>	₽ x	Ģ <u>x</u>

3	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

JJJ. DIETARY ASSESSMENT: 24 HOUR RECALL 2

Please now complete the 24 Hour Recall

1 Was this section omitted?



2 Why was it omitted?

Participant frailty/fatigue	
Participant distress	
Participant busy	
Proxy only interview - sec	ction not possible by proxy
Proxy only interview - pro	oxy didn't know
Concern re interviewer sa	fety
Interviewer error	The land step control right on The Street St
Other reason (specify)	
Not applicable	
Item not completed	

KKK. ECG

1 Was ECG recording completed

Yes	SKIP KKK2	KKK3
□No		
I tem	not completed	!

2 IF NO why not?

Conducted in interview 2 SKIP KKK3		
Interviewer omitted - Technical problem SI	KIP KKK3	
Interviewer omitted - Unable to position par	ticipant (e.g. CVA) SK	IP KKK3
Interviewer omitted - Participant frailty/fatig	gue SKIP KKK3	
Interviewer omitted - Participant distress SI	KIP KKK3	
Interviewer omitted - Participant too busy S	SKIP KKK3	
Interviewer omitted - Concern re interviewe	r safety SKIP KKK3	
Omitted in error SKIP KKK3	This is a second state of the second	
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)	National grant of days. It there is not consider and a state of the state pass to consideration.
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. West the bip eigenverforence recovered?
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 saf	ety
Omitted in error	
Interviewer decision - other reason (specify)	×
Participant or relative/carer refused - no reason	The State Anguerant Anguage To This State of State Anguage and State Anguage A
Participant or relative/carer refused - other reaso	n (specify)
₩Not applicable	
Reason not entered	

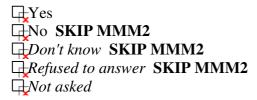
MMM. SPIROMETRY AND OXIMETRY

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
No work applicable

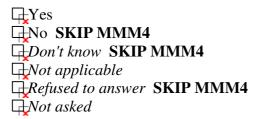
1 Do you usually have a cough?



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



3 Do you usually bring up phlegm from your chest?



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



Yes No SKIP MMM6 Don't know SKIP MMM6 Not applicable Refused to answer SKIP MMM6 Not asked						
yes, ask Is it worse in the mornings?						
Yes No Don't know Not applicable Refused to answer Not asked						
ave you ever worked in any of the following	ng					
ve you ever worked in any of the following	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
ve you ever worked in any of the following Heavy industry	Yes		know		to	asked
		No G.		applicable	to answer	
Heavy industry	Yes		know	applicable	to answer	asked
Heavy industry Coal mining	Yes	G.	know	applicable	to answer	asked

5 Do you ever wheeze?

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 saf	ety
Omitted in error	The last large arms to displace. The firms fraction most county is stated by batch by prices the conscillations.
Interviewer decision - other reason (specify)	×
Participant or relative/carer refused - no reason	The least larger areas to displayed. The liberal baselines receipt comment and final the least devices the control for and final the control for an artifact and the control for arti
Participant or relative/carer refused - other reaso	n (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 t	ask	
Distress		_
Fatigue Fatigue	To haid rings aren'to deligned. To those the road, wasted or district and had been aren't found statute.	
Other Reason: Specify		Substantings cover to diagon? Subtle may backer record, covered, or deleted leadly defined by pullets the controlls and hadron.
Participant or relative/ca	rer refused - no reason	×
Participant or relative/ca	rer refused - other reason (specify)	
₩Not applicable		
Reason not entered		

14 Was oximetry performed?

Yes S	SKIP MMM16
□No S	KIP MMM15
□Not ap	oplicable
∏Item n	ot completed

15 Oxygen saturation (%)

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	٦
Interviewer decision: Other reason (specify)	SKIP NNN6
Participant/carer refused	_
Not applicable	
Reason not entered	

6 If refused, why

Extremely limited mobilit	y
Unwell	
Fatigue	
Other reason (specify)	This indicates the state of the contract of th
No reason	
Not applicable	
Reason not entered	

OOO. CLOSING REMARKS SECTION

1	How	did	vou	find	this	inter	viewʻ	?
---	-----	-----	-----	------	------	-------	-------	---

X	

2 Was this section omitted?

677	T 7
L J	Yes

O No SKIP T3

☐ Item not completed

3 Why was it omitted?

 Participant 	trailty/	'tatıgue
---------------------------------	----------	----------

- Participant distress
- Participant busy
- O Proxy only interview section not possible by proxy
- O 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			
	Not completed			
If N	O, Problematic areas			
	X			
Relia	iable answers?			
	Yes SKIP PPP4 No Not completed			
	L ☆ Not completed			
If N	O, Problematic areas			

QQQ. PROXY INTERVIEWS

1	Did	the	interview	take	place	with	a	proxy?
---	-----	-----	-----------	------	-------	------	---	--------

Yes		
No	SKIP QQQ2	QQQ3
☐-Iten	not completed	l

2 Who was the proxy?

Spouse/Partner	
Child	
Grandchild	
Brother/sister	
Other relative (specify)	** Anthon Apparatus Indigental Parks between constructions and construction by Control Section 1.
Care home staff	
Home care assistant	
Friend / acquaintance [
Other (specify)	** The temporary and below. The first to be the control and the first to provide the control described.
∏Not applicable L	
Item not completed	

3 How often does the proxy see the participant?

Daily
Weekly
Monthly
Less often
Not applicable
Item not completed