

Attach bar code label

The Newcastle



Study

Interview 1

The Institute for Ageing and Health



INTERVIEWER NOTES

- Interview 1 is the most important interview.
- 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 box 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.
 - **'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

Grid for date of birth with labels D, D, M, M, Y, Y

Double check that they were born in 1921 and check any discrepancies

SEX

MALE.....1
FEMALE.....2

RESEARCH NURSE ID

Empty box for Research Nurse ID

DATE OF 1st VISIT FOR INTERVIEW 1

Grid for date of 1st visit with labels D, D, M, M, Y, Y

START TIME FOR 1st VISIT

Time slot grid for start time

FINISH TIME FOR 1st VISIT

Time slot grid for finish time

DATE OF 2ND VISIT FOR INTERVIEW 1

Grid for date of 2nd visit with labels D, D, M, M, Y, Y

START TIME FOR 2nd VISIT

Time slot grid for start time

FINISH TIME FOR 2nd VISIT

Time slot grid for finish time

DATE OF 3rd VISIT FOR INTERVIEW 1

Grid for date of 3rd visit with labels D, D, M, M, Y, Y

START TIME FOR 3rd VISIT

Time slot grid for start time

FINISH TIME FOR 3rd VISIT

Time slot grid for finish time

DATE OF 4th VISIT FOR INTERVIEW 1

Grid for date of 4th visit with labels D, D, M, M, Y, Y

START TIME FOR 4th VISIT

Time slot grid for start time

FINISH TIME FOR 4th VISIT

Time slot grid for finish time

TOTAL TIME FOR INTERVIEW 1 (MINS)

Time slot grid for total time

Interview 1

A. INTRODUCTION	6
B. GENERAL HEALTH	7
C. EYESIGHT	9
D. HEARING	11
E. LIVING ARRANGEMENTS	14
F. STANDARDISED MINI-MENTAL STATE EXAMINATION (SMMSE) ...	18
G. NON-PRESCRIBED MEDICATION	27
H. DISABILITY	29
I. AIDS/APPLIANCES AND HOUSEHOLD MODIFICATIONS	53
J. FORMAL CARE	57
K. SOCIAL PARTICPATION AND SOCIAL SUPPORT	64
L. FAMILY DATA	69
M. EDUCATION AND WORK	77
N. FINANCES	84
O. SMOKING	85
P. ETHNIC ORIGIN	90
Q. BLOOD PRESSURE: SITTING	92
R. DEMI-SPAN	95
S. HAND-GRIP STRENGTH	97
T. CLOSING REMARKS	99
U. INTERVIEWERS ASSESSMENT OF PARTICIPANT	100
V. PROXY INTERVIEWS	101

A. INTRODUCTION

Not possible with a proxy

I would now like to start the interview and firstly I would like to ask

1 How old were you on your last birthday?

2 How are you feeling today?

Record verbatim

3 Was this section omitted?

- Yes
- No **SKIP A4**
- Item not completed*

4 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*

B. GENERAL HEALTH

I would now like to ask about your health. Some questions have a choice of answers; please listen carefully to all of the options and then choose the answer which most closely matches your situation.

B1, not possible with a proxy

1 In general, compared with other people your age, would you say that your health is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Refused to answer
- Not asked

2 Do you have any longstanding illness, disability or infirmity?

By longstanding I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.

- Yes
- No **SKIP B3 B4**
- Don't Know **SKIP B3 B4**
- Refused to answer **SKIP B3 B4**
- Not asked

3 What is the matter with you?

After each condition ask, "Can I just check, do you have any more longstanding illnesses, disabilities or infirmities?"

x

4 How many longstanding illnesses, disabilities or infirmities does the respondent have?

x

5 Was this section omitted?

- Yes
- No **SKIP B6**
- Item not completed*

6 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*

C. EYESIGHT

Possible with a proxy

Now I would like to ask you some questions about your eyesight.

1 Do you use glasses/contact lenses?

- Yes
- No **SKIP C2**
- Don't know* **SKIP C2**
- Refused to answer* **SKIP C2**
- Not asked*

2 Are they for:

	Yes	No	<i>Don't know</i>	<i>Not applicable</i>	<i>Refused to answer</i>	<i>Not asked</i>
Glasses/contact lenses for distance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Glasses/contact lenses for reading?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Glasses/contact lenses: bifocals?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3 Do you use a magnifying glass for close work?

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

4 Do you have difficulty recognising a friend across the road? (wearing your glasses/contact lenses if necessary)

- Yes
- No
- Does not perform the activity for reason unrelated to vision
- Don't know*
- Refused to answer*
- Not asked*

5 Do you have difficulty reading ordinary newsprint? (wearing your glasses/contact lenses if necessary)

- Yes
- No
- Does not perform the activity for reason unrelated to vision
- Don't know*
- Refused to answer*
- Not asked*

6 Have you had your eyesight tested by an optician in the last year? (Not including any tests done by GPs or hospital doctors and any done abroad)

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

7 Are you registered blind or partially sighted?

- Registered blind
- Registered partially sighted
- Not registered blind or partially sighted
- Don't know*
- Refused to answer*
- Not asked*

8 Was this section omitted?

- Yes
- No **SKIP C9**
- Item not completed*

9 Why was it omitted?

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

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

<input checked="" type="checkbox"/>

D. HEARING

Possible with a proxy

Now I would like to ask you some questions about your hearing.

1 Do you have a hearing aid?

- Yes
- No **SKIP D2 D3**
- Don't know* **SKIP D2 D3**
- Refused to answer* **SKIP D2 D3**
- Not asked*

2 Is it an NHS or private aid?

- NHS
- Private
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

3 How often do you use your hearing aid:

- Always
- Regularly
- Only on special occasions
- Never
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

4 Do you have difficulty hearing someone talking in a quiet room? (Wearing your hearing aid if you have one)

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

5 Do you find it difficult to follow a conversation if there is background noise, for example, a TV, radio or children playing? (Wearing your hearing aid if you have one)

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

6 Have you had a hearing test in the last year?

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

7 Interviewer to make an assessment of how much difficulty the participant had hearing the questions in the interview so far (wearing aid if necessary)

- No difficulty
- Some difficulty
- Unable to hear at all
- Not completed*

8 Is the participant wearing a hearing aid?

- Yes
- No
- Not completed*

9 Was this section omitted?

- Yes
- No **SKIP D10**
- 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*

E. LIVING ARRANGEMENTS

Possible with a proxy

The following questions ask about where you live now

1 What best describes your home

Code granny flat as "standard" housing

- ~~x~~ "Standard" housing **SKIP J1 LINE 1**
- ~~x~~ Sheltered housing with warden
- ~~x~~ Residential home: council **SKIP E2 to E9 and J1 LINES 1-13**
- ~~x~~ Residential home: private **SKIP E2 to E9 and J1 LINES 1-13**
- ~~x~~ Nursing home **SKIP E2 to E9 and J1 LINES 1-13**
- ~~x~~ Long stay hospital **SKIP E2 to E9 and J1 LINES 1-13**
- ~~x~~ Other (specify) **SKIP J1 LINE1**
- ~~x~~ *Don't know*
- ~~x~~ *Refused to answer*
- ~~x~~ *Not asked*

2 Is your home

- ~~x~~ Rented from the local authority (Council), housing association or trust
- ~~x~~ Rented from private landlord
- ~~x~~ Owned or mortgaged
- ~~x~~ *Don't know*
- ~~x~~ *Not applicable*
- ~~x~~ *Refused to answer*
- ~~x~~ *Not asked*

3 In whose name is your home rented or owned/mortgaged?:

- ~~x~~ Your own name (either alone or jointly with someone else)
- ~~x~~ Spouse/partner (but not in your name)
- ~~x~~ Brother or brother-in-law, sister or sister-in-law (but not in your name)
- ~~x~~ Daughter or daughter-in-law, son or son-in-law (but not in your name)
- ~~x~~ Other relative (but not in your name)
- ~~x~~ Other (specify)
- ~~x~~ *Don't know*
- ~~x~~ *Not applicable*
- ~~x~~ *Refused to answer*
- ~~x~~ *Not asked*

4 Do you live alone?

- Yes **SKIP E5 E6 E7**
- No
- Don't know*
- Not applicable*
- Refused to answer* **SKIP E5 E6 E7**
- Not asked*

5 Who do you live with?

	Yes	No	<i>Don't know</i>	<i>Not applicable</i>	<i>Refused to answer</i>	<i>Not asked</i>
Spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daughter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daughter(s) in law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son(s) in law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s) in law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister(s) in law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 If other (s), please specify

7 So could I just check how many people do you live with?

8 Are your bedroom, toilet, kitchen, and living room on the same level?

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

9 Now I would like to ask about various household items you may have. Which of the following do you have in your home?

(if combined washing machine and tumble dryer code yes for both)

	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
Gas/electric rings for cooking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oven	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Microwave oven	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grill	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fridge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Deep Freezer or fridge freezer (other than ice compartment)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Any form of central heating (including electric storage heaters)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tumble dryer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dishwasher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Television	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Satellite, Freeview, cable or digital TV receiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Video recorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DVD Player	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Compact disc (CD) player	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Computer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to internet at home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

10 Was this section omitted?

- Yes
- No **SKIP E11**
- 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"/>	
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F. STANDARDISED MINI-MENTAL STATE EXAMINATION (SMMSE)

Not possible with a proxy

-1 Was this section omitted?

- Yes **SKIP F1 to F20 and F26 to F31**
 No **SKIP F0**
 Item not completed

0 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

- *Ensure that the participant is sitting relaxed and with their eyes at a comfortable reading distance, wearing glasses if necessary.*
- *If you omit an item or the participant refuses to answer an item, please note this down (in the space for that item) together with the reason why.*
- *If you feel that the participant's performance on attempted questions was limited by anything other than cognitive function, again note this down.*
- *Do not attempt to score the MMSE as you go, instead record all of the participant's answers and score the test after the interview.*
- *If you have the slightest doubt as to whether an answer is correct, check with Karen after the testing.*

I am going to ask you some questions and give you some problems to solve. Please try to answer as best you can.

<u>ORIENTATION – TIME</u> <i>Allow 10 seconds for each reply</i>	<i>Score</i>
(F)1. What year is this?	
(F)2. What season is this?	
(F)3. What month of the year is this?	
(F)4. What is today's date?	
(F)5. What day of the week is this?	

<p><u>ORIENTATION-PLACE</u> <i>Allow 10 seconds for each reply</i></p>	<p>Score</p>
<p>(F)6. What country are we in?</p>	
<p>(F)7. What county are we in?</p>	
<p>(F)8. What city/town are we in?</p>	
<p>(F)9. <i>In the home:</i> What is the street address of this house? <i>In the clinic:</i> What is the name of this hospital/building?</p>	
<p>(F)10. <i>In the home:</i> What room are we in?</p> <p><i>Correct</i> <input type="checkbox"/></p> <p><i>Incorrect</i> <input type="checkbox"/></p> <p><i>Not asked</i> <input type="checkbox"/></p> <p><i>In the clinic:</i> What floor of the building are we on?</p>	

(F)11 Registration

I am going to name three objects.

After I have said all 3 objects, I would like you to repeat them.

Try to remember what they are because I am going to ask you to name them again in a few minutes.

So the 3 objects are: **ball – car – man**

Say them slowly at approximately 1 second intervals

Please repeat the 3 items for me.

Allow 20 seconds for response

First attempt

ball

car

man

*If the participant could not repeat all 3 words in the first attempt, then reiterate **ball – car – man**, until the participant can repeat all three, up to 5 attempts.*

Note the number of attempts

Score

	<i>Score</i>										
<p>(F)12 Attention and calculation</p> <p>Could you spell the word WORLD</p> <p><i>You may help the participant to spell the word correctly</i></p> <p>Now spell it backwards please</p> <p><i>Allow 30 seconds to spell it backwards</i></p> <table border="1" data-bbox="268 647 655 763"> <tr> <td><i>D</i></td> <td><i>L</i></td> <td><i>R</i></td> <td><i>O</i></td> <td><i>W</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<i>D</i>	<i>L</i>	<i>R</i>	<i>O</i>	<i>W</i>						
<i>D</i>	<i>L</i>	<i>R</i>	<i>O</i>	<i>W</i>							
<p>(F)13 Recall</p> <p>Now what were the 3 objects that I asked you to remember?</p> <p><i>Allow 10 seconds for response</i></p> <p><i>ball</i> <input data-bbox="308 1146 360 1196" type="text"/></p> <p><i>car</i> <input data-bbox="308 1196 360 1245" type="text"/></p> <p><i>man</i> <input data-bbox="308 1245 360 1294" type="text"/></p>											

<u>Language</u>	<i>Score</i>
<p>(F)14. Show wristwatch and ask What is this called? <i>allow 10 seconds</i></p>	
<p>(F)15. Show pencil and ask What is this called?</p>	
<p>(F)16. Repetition of phrase I would like you to repeat this phrase after me: <u>“No ifs, ands or buts”</u>. <i>Allow 10 seconds for response</i> <i>Note participant’s answer</i></p>	
<p>(F)17. ‘Close your eyes’ Read the words on this page and then do what it says <i>Hand the participant the laminated sheet ‘close your eyes’</i> <i>Allow 10 seconds</i> <i>If the participant just reads and does not then close eyes, you may repeat ‘Read the words on this page and then do what it says’ to a maximum of three times. Participant does not have to read out loud.</i> <i>Did the participant close their eyes?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Item omitted <input type="checkbox"/></p>	

	<i>Score</i>
<p>(F)18. Following instructions Could I just check, are you right or left handed? (<i>Circle which</i>) Take a piece of paper hold it up in front of the participant and say</p> <p>Take this paper in yourhand, <i>(insert left if right handed or right if left handed)</i> fold the paper in half once with both hands and put the paper down on your lap. Only give the participant the paper after completing all the instructions Allow 30 seconds Takes paper in correct hand <input type="checkbox"/> Folds it in half <input type="checkbox"/> Puts it on lap <input type="checkbox"/></p>	
<p>(F)19. Sentence Hand participant a pencil and paper Please could you write any complete sentence on that piece of paper. allow 30 seconds Interviewer to copy sentence here:</p>	
<p>(F)20. Copy diagram Place design, pencil, eraser and paper in front of the participant</p> <p>Please could you copy this design for me. Allow multiple tries until the participant has finished and hands it back. Maximum time 1 minute.</p>	

26 Were any items ‘not asked’?

- Yes
- No **SKIP F27**
- Not applicable*
- Item not completed*

27 Reasons why items not asked

Code all that apply

- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem (unable to read/write)
- Reduced manual dexterity
- Distress
- Fatigue
- Interviewer error

- Other reason (specify)
- Not applicable*
- Reason not entered*

28 Were any items ‘refused’?

- Yes
- No **SKIP F29**
- Not applicable*
- Item not completed*

29 Reasons why items refused

Code all that apply

- Participant refused - no reason
- Participant refused - other reason (specify)
- Relative/carer refused - no reason

- Relative/carer refused - other reason (specify)
- Not applicable*
- Reason not entered*

30 Was the participant's performance on attempted questions limited by any problems unrelated to cognitive function?

- Yes
- No **SKIP F31**
- Not applicable*
- Item not completed*

31 If Yes, what problem(s)

Code all that apply

- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Literacy problem (unable to read/write)
- Reduced manual dexterity
- Distress
- Fatigue

- Other reason (specify)
- Not applicable*
- Reason not entered*

The text displayed here is a placeholder. The text box has been created, however, it cannot be edited. You may not be able to edit the text.

G. NON-PRESCRIBED MEDICATION

Possible with a proxy

Participants will have been primed to have all their medicines out ready and interviewer should check bottles, packets etc directly. Do not include medications that were prescribed by a doctor or nurse. These will be recorded in the GP record review.

Now I would like to find out about any medicines, vitamin or mineral supplements and herbal or homeopathic remedies you have taken in the last week. I don't need to know about any medication which a doctor or nurse has prescribed for you as I can find this out from your GP records.

1 In the last week have you taken any medicines, vitamin or mineral supplements or herbal or homeopathic remedies that were NOT prescribed by a doctor or nurse?

SHOW PROMPT CARD G1

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

2 Please list all non-prescribed preparations, check bottles/packets even if participant answers no to G1

x

3 General health, eyesight, hearing, living arrangements and medication section answered by

- Participant alone **SKIP G4**
- Proxy alone **SKIP G4**
- Participant and proxy
- Item not completed*

4 If participant and proxy was this:

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

5 Was this section omitted?

- Yes
- No **SKIP G6**
- Item not completed*

6 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*

H. DISABILITY

Possible with a proxy

Now I would like to ask about any difficulties you may have with day to day activities. For each activity I would like to know if you are able to do the activity at the moment. It does not matter whether you are actually doing the activities, but whether you could do them if you had to. For each activity there is a choice of answers written on this card and they are:

Show prompt card H and read out

1. I have no difficulty doing this by myself
2. I have some difficulty doing this by myself
3. I can only do this by myself if I use an aid or appliance
4. I am unable to do this by myself, I need someone else's help

N.B. "aids and appliances" do not include devices a non disabled person might ordinarily use to perform an activity such as a microwave for cooking.

1 Are you able to get in and out of bed?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H2**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help
- Don't know* **SKIP H2**
- Refused to answer* **SKIP H2**
- Not asked*

2 What is the cause of your difficulty?

(Up to 4 reasons may be specified)

x

3 Are you able to get in and out of a chair?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H4**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help
- Don't know **SKIP H4**
- Refused to answer **SKIP H4**
- Not asked

4 What is the cause of your difficulty?

(Up to 4 reasons may be specified)

Please report any changes. Tick the box next to each reason or enter text in the space provided.

5 Are you able to get on and off the toilet?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H6 to H11**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help **SKIP H7**
- Don't know
- Refused to answer
- Not asked

6 What is the cause of your difficulty?

(up to 4 reasons may be specified)

Please report any changes. Tick the box next to each reason or enter text in the space provided.

7 Does anyone help you to use the toilet?

- Yes
- No **SKIP H8 to H11**
- Don't know* **SKIP H8 to H11**
- Not applicable*
- Refused to answer* **SKIP H8 to H11**
- Not asked*

8 Who usually helps you?

(code 1 only)

- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Community nurse
- Private Nurse
- Other (specify)

The field requires a value. The field is required, please enter a value only suitable to provide the answer.
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

9 Do they help:

- Whenever you need the toilet
- Several times a day
- Once a day
- Most days
- Less often?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

10 Does any one else help you?

(code up to 3)

- No, no-one else helps
- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Community nurse
- Private Nurse
- Other (specify)
- Don't know
- Not applicable
- Refused to answer
- Not asked

11 Would you say the help you get to use the toilet:

- Meets your needs all the time
- Usually meets your needs
- Sometimes meets your needs
- Hardly ever meets your needs?
- Don't know
- Not applicable
- Refused to answer
- Not asked

H12. DISABILITY

12 Are you able to get around in the house?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H13**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help
- Don't know* **SKIP H13**
- Refused to answer* **SKIP H13**
- Not asked*

13 What is the cause of your difficulty?

(up to 4 reasons may be specified)

This space is reserved for you to specify the cause of your difficulty. You may have more than one cause of difficulty. Please specify the cause of your difficulty.

14 Are you able to go up and down stairs/steps? (At least 12)

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H15**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help
- Don't know* **SKIP H15**
- Refused to answer* **SKIP H15**
- Not asked*

15 What is the cause of your difficulty?

(up to 4 reasons may be specified)

This space is reserved for you to specify the cause of your difficulty. You may have more than one cause of difficulty. Please specify the cause of your difficulty.

16 Are you able to walk at least 400 yards?

(if uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H17**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help
- Don't know* **SKIP H17**
- Refused to answer* **SKIP H17**
- Not asked*

17 What is the cause of your difficulty?

(up to 4 reasons may be specified)

x

18 Are you able to dress and undress yourself?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H19 to H24**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help **SKIP H20**
- Don't know*
- Refused to answer*
- Not asked*

19 What is the cause of your difficulty?

(up to 4 reasons may be specified)

x

20 Does anyone help you to dress/undress?

- Yes
- No **SKIP H21 to H24**
- Don't know* **SKIP H21 to H24**
- Not applicable*
- Refused to answer* **SKIP H21 to H24**
- Not asked*

21 Who usually helps you?

(code 1 only)

- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Community nurse
- Private Nurse
- Other (specify)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

22 Do they help:

- Several times a day
- Once a day
- Most days
- Less often?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

23 Does any one else help you?

(code up to 3)

- No, no-one else helps
- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Community nurse
- Private Nurse
- Other (specify)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

24 Would you say the help you get to dress/undress:

- Meets your needs all the time
- Usually meets your needs
- Sometimes meets your needs
- Hardly ever meets your needs?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

H25. DISABILITY

25 Are you able to wash your face and hands?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H26**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help
- Don't know* **SKIP H26**
- Refused to answer* **SKIP H26**
- Not asked*

26 What is the cause of your difficulty?

(Up to 4 reasons may be specified)

Do not type in this box. This box is reserved for the interviewer to use for recording the respondent's answer.

27 Are you able to wash yourself all over?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H28 to H33**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help **SKIP H29**
- Don't know*
- Refused to answer*
- Not asked*

28 What is the cause of your difficulty?

(up to 4 reasons may be specified)

Do not type in this box. This box is reserved for the interviewer to use for recording the respondent's answer.

29 Does anyone help you to wash and dry your whole body?

- Yes
- No **SKIP H30 to H33**
- Don't know* **SKIP H30 to H33**
- Not applicable*
- Refused to answer* **SKIP H30 to H33**
- Not asked*

30 Who usually helps you?

(code 1 only)

- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Community nurse
- Private Nurse
- Other (specify)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

31 Do they help:

- Several times a day
- Once a day
- Most days
- Less often?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

32 Does any one else help you?

(code up to 3)

- No, no-one else helps
- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Community nurse
- Private Nurse
- Other (specify)
- Don't know
- Not applicable
- Refused to answer
- Not asked

33 Would you say the help you get with washing yourself:

- Meets your needs all the time
- Usually meets your needs
- Sometimes meets your needs
- Hardly ever meets your needs?
- Don't know
- Not applicable
- Refused to answer
- Not asked

H34. DISABILITY

34 Are you able to cut your own toenails?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H35**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help
- Don't know* **SKIP H35**
- Refused to answer* **SKIP H35**
- Not asked*

35 What is the cause of your difficulty?

(up to 4 reasons may be specified)




36 Are you able to feed yourself (including cutting up food)?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H37**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help
- Don't know* **SKIP H37**
- Refused to answer* **SKIP H37**
- Not asked*

37 What is the cause of your difficulty?

(Up to 4 reasons may be specified)



38 Are you able to prepare and cook a hot meal?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H39 to H44**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help **SKIP H40**
- Don't know*
- Refused to answer*
- Not asked*

39 What is the cause of your difficulty?

(Up to 4 reasons may be specified)

Please specify the reason for the difficulty. This may be done in the space below.

40 Does anyone help you to prepare and cook hot meals?

- Yes
- No **SKIP H41 to H44**
- Don't know* **SKIP H41 to H44**
- Not applicable*
- Refused to answer* **SKIP H41 to H44**
- Not asked*

41 Who usually helps you?

(code 1 only)

- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Other (specify)
- Meals provision service (e.g. Meals on wheels)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

42 Do they help:

- Several times a day
- Once a day
- Most days
- Less often?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

43 Does any one else help you?

(code up to 3)

- No, no-one else helps
- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Other (specify)
- Meals provision service (e.g. Meals on wheels)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

44 Would you say the help you get to prepare hot meals:

- Meets your needs all the time
- Usually meets your needs
- Sometimes meets your needs
- Hardly ever meets your needs?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

H45. DISABILITY

45 Are you able to do your shopping for groceries? (including getting your shopping home)
(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H46 to H51**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help **SKIP H47**
- Don't know*
- Refused to answer*
- Not asked*

46 What is the cause of your difficulty?
(up to 4 reasons may be specified)

×

47 Does anyone help you to shop for groceries (including getting your shopping home)?

- Yes
- No **SKIP H48 to H51**
- Don't know* **SKIP H48 to H51**
- Not applicable*
- Refused to answer* **SKIP H48 to H51**
- Not asked*

48 Who usually helps you?
(code 1 only)

- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Other (specify)

×
- Shop delivery service (including internet shopping)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

49 Do they help:

- Several times a day
- Once a day
- Most days
- Less often?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

50 Does any one else help you?

(code up to 3)

- No, no-one else helps
- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Other (specify)
- Shop delivery service (including internet shopping)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

51 Would you say the help you get with shopping:

- Meets your needs all the time
- Usually meets your needs
- Sometimes meets your needs
- Hardly ever meets your needs?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

H52. DISABILITY

52 Are you able to do light housework? (E.g. dusting and tidying up)

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H53**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help
- Don't know* **SKIP H53**
- Refused to answer* **SKIP H53**
- Not asked*

53 What is the cause of your difficulty?

(up to 4 reasons may be specified)

Please specify the cause of your difficulty. This box may be used to specify up to 4 reasons for your difficulty.

54 Are you able to do heavy housework (e.g. mopping, vacuuming)?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H55 to H60**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help **SKIP H56**
- Don't know*
- Refused to answer*
- Not asked*

55 What is the cause of your difficulty?

(up to 4 reasons may be specified)

Please specify the cause of your difficulty. This box may be used to specify up to 4 reasons for your difficulty.

56 Does anyone help you to do your housework (light or heavy duties)?

- Yes
- No **SKIP H57 to H60**
- Don't know* **SKIP H57 to H60**
- Not applicable*
- Refused to answer* **SKIP H57 to H60**
- Not asked*

57 Who usually helps you?

(code 1 only)

- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Other (specify)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

58 Do they help:

- Several times a day
- Once a day
- Most days
- Less often?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

59 Does any one else help you?

(code up to 3)

- No, no-one else helps
- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Other (specify)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

60 Would you say the help you get with housework:

- Meets your needs all the time
- Usually meets your needs
- Sometimes meets your needs
- Hardly ever meets your needs?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

H61. DISABILITY

61 Are you able to take your medication?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H62 and H64 to H68**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help **SKIP H64**
- Don't know*
- Refused to answer*
- Not asked*

62 What is the cause of your difficulty?

(up to 4 reasons may be specified)

63 Do you use a pill organising box? (e.g. dossett box)

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

64 Does anyone help you with your medication?

- Yes
- No **SKIP H65 to H68**
- Don't know* **SKIP H65 to H68**
- Not applicable*
- Refused to answer* **SKIP H65 to H68**
- Not asked*

65 Who usually helps you?

(code 1 only)

- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Community nurse
- Private Nurse
- Pharmacy
- Other (specify)
- Don't know
- Not applicable
- Refused to answer
- Not asked

66 Do they help:

- Several times a day
- Once a day
- Most days
- Less often?
- Don't know
- Not applicable
- Refused to answer
- Not asked

67 Does any one else help you?

(code up to 3)

- No, no-one else helps
- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Community nurse
- Private Nurse
- Pharmacy
- Other (specify)
- Don't know
- Not applicable
- Refused to answer
- Not asked

68 Would you say the help you get with managing your medication:

- Meets your needs all the time
- Usually meets your needs
- Sometimes meets your needs
- Hardly ever meets your needs?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

H69. DISABILITY

69 Are you able to manage money such as paying bills and keeping track of expenses?

(If uses aids or appliances but also needs someone to help them, code as "I am unable to do this myself, I need someone else's help")

- I have no difficulty doing this by myself **SKIP H70 to H75**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help **SKIP H71**
- Don't know*
- Refused to answer*
- Not asked*

70 What is the cause of your difficulty?

(up to 4 reasons may be specified)

This area is reserved for handwritten responses. Do not use this area for printed responses.

71 Does anyone help you to manage money?

- Yes
- No **SKIP H72 to H75**
- Don't know* **SKIP H72 to H75**
- Not applicable*
- Refused to answer* **SKIP H72 to H75**
- Not asked*

72 Who usually helps you?

(code 1 only)

- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Other (specify)
- Don't know
- Not applicable
- Refused to answer
- Not asked

73 Do they help:

- Several times a day
- Once a day
- Most days
- Less often?
- Don't know
- Not applicable
- Refused to answer
- Not asked

74 Does any one else help you?

(code up to 3)

- No, no-one else helps
- Spouse/Partner
- Children
- Other relatives
- Friend or neighbour
- Home help/Home care provided by Social Services
- Home help/Home care provided by a voluntary agency
- Home help/ Home care (private)
- Care worker (in residential/nursing home)
- Other (specify)
- Don't know
- Not applicable
- Refused to answer
- Not asked

75 Would you say the help you get to manage money:

- Meets your needs all the time
- Usually meets your needs
- Sometimes meets your needs
- Hardly ever meets your needs?
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

H76. DISABILITY

76 Do you have any other particular needs for which you don't receive any help or the help you receive is not enough? You don't need to include things you've already told me about.

Code all that apply

- No other needs
- Shaving
- Decorating
- Gardening
- Hanging curtains
- DIY
- Transport
- Other (specify)
- Don't know*
- Refused to answer*
- Not asked*

 This field requires a question. The field has been marked as required, so please only enter text if you are sure you want to provide an answer.

77 Was this section omitted?

- Yes
- No **SKIP H78**
- Item not completed*

78 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 question. The field has been marked as required, so please only enter text if you are sure you want to provide an answer.

I. AIDS/APPLIANCES AND HOUSEHOLD MODIFICATIONS

Possible with a proxy

This section asks about any aids or appliances you might have and about any adaptations to your home.

Firstly I would like to ask about alarm systems such as care system alarms and alarms or intercoms connected to a warden.

1 Do you have an alarm system?

- Yes
- No **SKIP I2**
- Don't know* **SKIP I2**
- Refused to answer* **SKIP I2**
- Not asked*

2 When did you last use it?

- In the last four weeks
- More than four weeks ago
- Never used it
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

3 Now I am going to ask you about some other aids/appliances, for each I will ask you whether you have one and, if so, whether you use it.

For equipment categories where participant has more than 1 item, code usage as 'yes I have it and I use it' if any of items are used

	No, I don't have it	Yes, I have it and I use it	Yes, I have it but I don't use it	Don't know	Refused to answer	Not asked
Walking stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheeled walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment to help you get in and out of bed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialised bed (in and out)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chair with special features (in and out)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chair raising equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing equipment (eg shoe horn, stocking aid)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kitchen equipment (eg jar opener, kettle tipper)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feeding / drinking equipment (eg special cutlery, 2 handled mugs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hoists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath equipment (eg seats, bath lifts)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pressure relieving mattress or cushion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4 Do you have any other aids/appliances and do you use them?

5 Do you have any of the following adaptations to your home?

	No, I don't have it	Yes, I have it	<i>Don't know</i>	<i>Refused to answer</i>	<i>Not asked</i>
Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic or easy open doors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Widened doorways or hallways	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handrails / grab rails/extra bannister	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet rails / toilet frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grab rail beside bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapted bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level access shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Do you have any other adaptations to your home?

7 Disability and aids/appliances section answered by

- Participant alone **SKIP I8**
- Proxy alone **SKIP I8**
- Participant and proxy
- Item not completed

8 If participant and proxy was this

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

9 Was this section omitted?

- Yes
- No **SKIP I10**
- 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

This text area is for specifying other reasons for omission. It should not be used for general comments.

J. FORMAL CARE

Possible with a proxy

Now I would like to ask about whether you have used various health and social services recently.

First I would like to find out about any contact you personally have had with a range of services during the last 4 weeks.

Identify the relevant 4 weeks by reference to the date 4 weeks previously.

For each service there is a choice of answers which are written on this card and they are:
(Show prompt card J1 and read out responses).

1. Several times day
2. Once a day
3. One or more times a week
4. Less than once a week
5. No contact

Listen to the choice of answers then indicate the one which most closely matches your situation.

1 In the last 4 weeks have you seen or had a visit from, or to, any of the following services and if so, how often?

	Several times a day	Once a day	One or more times a week	Less than once a week	No contact	Don't know	Not applicable	Refused to answer	Not asked
Warden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home care (social services)	<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"/>	<input checked="" type="checkbox"/>
Home care (voluntary agency)	<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"/>	<input checked="" type="checkbox"/>
Home care (private help)	<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"/>	<input checked="" type="checkbox"/>
Night attendant/sitter (social services)	<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"/>	<input checked="" type="checkbox"/>
Night attendant/sitter (voluntary agency)	<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"/>	<input checked="" type="checkbox"/>
Night attendant/sitter (private help)	<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"/>	<input checked="" type="checkbox"/>
Day sitter (social services)	<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"/>	<input checked="" type="checkbox"/>
Day sitter (voluntary agency)	<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"/>	<input checked="" type="checkbox"/>
Day sitter (private help)	<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"/>	<input checked="" type="checkbox"/>
Meals provision (social services)	<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"/>	<input checked="" type="checkbox"/>
Meals provision (voluntary agency)	<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"/>	<input checked="" type="checkbox"/>
Meals provision (private help)	<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"/>	<input checked="" type="checkbox"/>
Community nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropodist (NHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropodist (Private)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 In the last 4 weeks have you seen or had a visit from, or to, any other formal services and if so, how often? I do not need to know about visits to or from a GP as I will get this information from your GP records.

Do not enter details of any services covered in J3-J18

3 In the last 4 weeks have you attended a:

	No	Yes, less than once a week	Yes, 1-2 days per week	Yes, 3-4 days per week	Yes, 5 days per week	Don't know	Refused to answer	Not asked
Luncheon club	<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"/>
Day centre	<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"/>

4 Now I want to ask you about some other services you may have had contact with. This time I am interested in the last three complete calendar months. Identify the relevant 3 months
During the last 3 complete calendar months have you contacted NHS Direct about yourself?

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

5 During the last 3 complete calendar months have you required an emergency ambulance?

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

6 During the last 3 complete calendar months, did you attend Accident and Emergency as a patient?

- Yes
- No **SKIP J7**
- Don't know **SKIP J7**
- Refused to answer **SKIP J7**
- Not asked

7 How many times each month did you attend?

Enter number of month in first box, number of times in second

1st month (1-12)	<input checked="" type="checkbox"/>
No. times in 1st month	<input checked="" type="checkbox"/>
2nd month (1-12)	<input checked="" type="checkbox"/>
No. times in 2nd month	<input checked="" type="checkbox"/>
3rd month (1-12)	<input checked="" type="checkbox"/>
No. times in 3rd month	<input checked="" type="checkbox"/>

8 During the last 3 complete calendar months, did you attend the outpatient department of a hospital as a patient?

- Yes
- No **SKIP J9**
- Don't know **SKIP J9**
- Refused to answer **SKIP J9**
- Not asked

9 How many times each month did you attend?

Enter number of month in first box, number of times in second

1st month (1-12)	<input checked="" type="checkbox"/>
No. times in 1st month	<input checked="" type="checkbox"/>
2nd month (1-12)	<input checked="" type="checkbox"/>
No. times in 2nd month	<input checked="" type="checkbox"/>
3rd month (1-12)	<input checked="" type="checkbox"/>
No. times in 3rd month	<input checked="" type="checkbox"/>

10 Now I am going to ask about some different services you may have used. This time I will ask about the last year. Specify the date 1 year previously
During the last year, have you been in hospital for treatment as a day patient? (i.e. admitted to a hospital bed or day ward but not required to stay overnight).

- Yes
- No **SKIP J11**
- Don't know **SKIP J11**
- Refused to answer **SKIP J11**
- Not asked

11 How many separate days in hospital have you had as a day patient in the last year?

This question is mandatory. The data you enter will be used to generate your report.

12 During the last year have you received "short break" or respite care in a care home or hospital?

- Yes
- No **SKIP J13 J14**
- Resident in care home / hospital for last 12 months **SKIP J13 J14**
- Don't know **SKIP J13 J14**
- Refused to answer **SKIP J13 J14**
- Not asked

13 Where was this?

- Care home (Residential Home / Nursing home)
- Hospital
- Other (specify)

This question is mandatory. The data you enter will be used to generate your report.
- Don't know
- Not applicable
- Refused to answer
- Not asked

14 On how many days was "short break" /respite care received?

This question is mandatory. The data you enter will be used to generate your report.

15 During the last year, have you been in hospital as an inpatient, overnight or longer excluding "short break"/respite care?

- Yes
- No **SKIP J16 J17**
- Don't know* **SKIP J16 J17**
- Refused to answer* **SKIP J16 J17**
- Not asked*

16 How many separate stays have you had in hospital as an inpatient over the last year?

This field requires a numeric value. The field has been marked as invalid as it does not contain a numeric value.

17 How many nights altogether were you in hospital on each occasion?

1st stay no. nights	<input checked="" type="checkbox"/> <small>This field requires a numeric value. The field has been marked as invalid as it does not contain a numeric value.</small>
2nd stay no. nights	<input checked="" type="checkbox"/> <small>This field requires a numeric value. The field has been marked as invalid as it does not contain a numeric value.</small>
3rd stay no. nights	<input checked="" type="checkbox"/> <small>This field requires a numeric value. The field has been marked as invalid as it does not contain a numeric value.</small>
4th stay no. nights	<input checked="" type="checkbox"/> <small>This field requires a numeric value. The field has been marked as invalid as it does not contain a numeric value.</small>
5th stay no. nights	<input checked="" type="checkbox"/> <small>This field requires a numeric value. The field has been marked as invalid as it does not contain a numeric value.</small>
6th stay no. nights	<input checked="" type="checkbox"/> <small>This field requires a numeric value. The field has been marked as invalid as it does not contain a numeric value.</small>
7th stay no. nights	<input checked="" type="checkbox"/> <small>This field requires a numeric value. The field has been marked as invalid as it does not contain a numeric value.</small>
8th stay no. nights	<input checked="" type="checkbox"/> <small>This field requires a numeric value. The field has been marked as invalid as it does not contain a numeric value.</small>

18 During the last year, have you personally had contact with any of the following services

	Yes	No	<i>Don't know</i>	<i>Refused to answer</i>	<i>Not asked</i>
Day Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Rehabilitation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Resource Team for Older People	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Orthopaedic Discharge Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Stroke Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care at Home Hospital Discharge Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Access Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Response Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for Cancer at Home Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Care Unit-Walkergate Ward 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 Formal care section answered by

- Participant alone **SKIP J20**
- Proxy alone **SKIP J20**
- Participant and proxy
- Item not completed*

20 If participant and proxy was this

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

21 Was this section omitted?

- Yes
- No **SKIP J22**
- Item not completed*

22 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*

K. SOCIAL PARTICIPATION AND SOCIAL SUPPORT

Possible with a proxy except 3, 4, 5, 8, 9

Now I would like to ask about social activities you may have been involved in during the past 4 weeks. I will read out a list of activities and for each of them I will ask if you've done them and if so, how often. There is a choice of answers shown on this card (*show prompt card K1 and read out*) and they are:

1. Every day
2. Every week
3. Once
4. Not at all

Please listen carefully to each question and then indicate the response which most closely matches your own situation.

1 During the last 4 weeks, how often have you

Select the number in the box which is closest to the respondent's behaviour

	Every Day	Every Week	Once	Not at all	Don't know	Refused to answer	Not asked
Done any voluntary work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped other people (with anything other than voluntary work)	<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"/>
Taken care of pets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken care of plants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listened to the radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watched television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read newspapers, magazines or books?	<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"/>
Spent time on a hobby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walked (or taken other exercise) for your own enjoyment?	<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"/>
Driven a car for your own enjoyment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done any DIY around the house or garden?	<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"/>
Played card or board games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Played bingo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been on the phone to any of your relatives or friends?	<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"/>
Visited, or been visited by, any of your relatives or friends?	<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"/>
Been in e-mail contact with any of your relatives or friends?	<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"/>
Taken part in any church activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken part in any club activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited a restaurant, theatre, cinema, art gallery or museum?	<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"/>
Rested in bed during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rested in a chair during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Do you currently drive

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

3 How much time do you spend by yourself? Are you:

- Always alone
- Often alone
- Seldom alone
- Never alone
- Don't know*
- Refused to answer*
- Not asked*

4 And would you say that you:

- Always feel lonely
- Often feel lonely
- Sometimes feel lonely
- Never feel lonely
- Don't know*
- Refused to answer*
- Not asked*

5 Compared with ten years ago would you say that you were:

- Less lonely
- More lonely
- About the same?
- Don't know*
- Refused to answer*
- Not asked*

6 If you needed a lift to be somewhere urgently, could you ask anyone for help?

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

7 If you were ill in bed and needed help at home, could you ask anyone for help?

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

8 If you had a serious personal crisis, how many people, if any, do you feel you could turn to for comfort and support?

 This question is mandatory. You must answer this question. If you do not answer this question, you will not be able to complete the survey.

9 How many of these people live within a 15-20 min walk or 5-10 min drive, if any?

Omit if k8 = 0

 This question is mandatory. You must answer this question. If you do not answer this question, you will not be able to complete the survey.

10 Social participation and support section answered by

- Participant alone **SKIP K11**
- Proxy alone **SKIP K11**
- Participant and proxy
- Item not completed

11 If participant and proxy was this

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

12 Was this section omitted?

- Yes
- No **SKIP K13**
- Item not completed*

13 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*

L. FAMILY DATA

Possible with a proxy

Now I would like to ask some questions about you and your family.
Firstly some questions about you

1 What is your current legal marital status

- Single, that is never married **SKIP L2**
- Married (1st marriage) **SKIP L2 L3**
- Remarried **SKIP L2 L3**
- Separated but still legally married
- Divorced
- Widowed?
- Don't know* **SKIP L2 L3**
- Refused to answer* **SKIP L2 L3**
- Not asked*

2 How long have you been *separated/divorced/widowed* from most recent partner? (in years)

3 May I just check are you living with someone in the household as a couple?

- Yes
- No
- SPONTANEOUS ONLY-same sex couple
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

4 How old was your natural mother when she died

5 How old was your natural father when he died?

6 I would now like to find out more about your brothers, sisters and children.

For each member of your family I would like to ask:

1. Whether they are alive or dead?
2. If alive, what age they are now
3. Or if dead, how old they were when they died

Don't worry if you can't remember exact ages; it doesn't matter if you get it wrong by a few years.

Suggest participant starts with oldest brother/sister/son/daughter (or the one who would have been oldest if survived).

Do you / did you have any brothers?

Please include any brothers who grew up in the same household as you, whether they were full brothers, half brothers, step brothers or adopted/fostered brothers.

- Yes
- No **SKIP L7**
- Don't know* **SKIP L7**
- Refused to answer* **SKIP L7**
- Not asked*

7 Brothers

	1st Name	Alive	Dead	Don't know	Not applic.	Ref	Not asked	Current age or age at death
Brother 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Do you / did you have any sisters?

Please include any sisters who grew up in the same household as you, whether they were full sisters, half sisters, step sisters or adopted/fostered sisters.

- Yes
- No **SKIP L9**
- Don't know* **SKIP L9**
- Refused to answer* **SKIP L9**
- Not asked*

9 Sisters

	1 st Name	Alive	Dead	Don't know	Not applic.	Ref.	Not asked	Current age or age at death
Sister 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Do you / did you have any sons?

Please include any natural sons, step sons and any adopted/fostered sons.

- Yes
- No **SKIP L11 L12**
- Don't know* **SKIP L11 L12**
- Refused to answer* **SKIP L11 L12**
- Not asked*

11 Sons - type

	First Name	Natural	Step	Adopted/Fostered	<i>Don't know</i>	<i>Not applic.</i>	<i>Ref. to answer</i>	<i>Not asked</i>
Son 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 Sons - age

Enter in same order as above

	Alive	Dead	Don't know	Not applicable	Refused to answer	Not asked	Current age or age at death
Son 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13 Do you / did you have any daughters?

Please include any natural daughters, step daughters and any adopted/fostered daughters.

- Yes
- No **SKIP L14 L15**
- Don't know* **SKIP L14 L15**
- Refused to answer* **SKIP L14 L15**
- Not asked*

14 Daughters - type

	First Name	Natural	Step	Adopted/Fostered	<i>Don't know</i>	<i>Not applic.</i>	<i>Ref.</i>	<i>Not asked</i>
Daughter 1	<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"/>
Daughter 2	<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"/>
Daughter 3	<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"/>
Daughter 4	<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"/>
Daughter 5	<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"/>
Daughter 6	<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"/>
Daughter 7	<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"/>
Daughter 8	<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"/>
Daughter 9	<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"/>
Daughter 10	<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"/>

15 Daughters - age

Enter in same order as above

	Alive	Dead	Don't know	Not applicable	Refused to answer	Not asked	Current age or age at death
Daughter 1	<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"/>
Daughter 2	<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"/>
Daughter 3	<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"/>
Daughter 4	<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"/>
Daughter 5	<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"/>
Daughter 6	<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"/>
Daughter 7	<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"/>
Daughter 8	<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"/>
Daughter 9	<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"/>
Daughter 10	<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"/>

16 Family data section answered by

- Participant alone **SKIP L17**
- Proxy alone **SKIP L17**
- Participant and proxy
- Item not completed

17 If participant and proxy was this

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

18 Was this section omitted?

- Yes
- No **SKIP L19**
- Item not completed*

19 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*

M. EDUCATION AND WORK

Possible with a proxy

I would now like to ask about your education and your working life.

1 How old were you when you started school?

2 How old were you when you left school?

3 Did you have any full-time higher education?

(Prompt to include college, university)

- Yes
- No **SKIP M4**
- Don't know **SKIP M4**
- Refused to answer **SKIP M4**
- Not asked

4 For how many years were you in full-time higher education?

5 I would like to ask about what you did for most of your working life.

(The job/role they had for longest time in their working life, review job history to establish this)

How old were you when you started your main job/role?

6 How old were you when you stopped your main job/role

7 What did the firm/organisation you worked for mainly make or do (at the place where you worked)?

Describe fully, probe manufacturing or processing or distributing etc and main goods produced, material used etc.

The data requested in this question is not available for this respondent.

8 What was your (main) job?

The data requested in this question is not available for this respondent.

9 What did you mainly do in your job?

Check whether any special qualifications/training were needed to do the job

The data requested in this question is not available for this respondent.

10 Were you working as an employee or were you self employed?

- Employee **SKIP M13 M14**
- Self employed **SKIP M11 M12**
- Don't know* **SKIP M11 to M14**
- Refused to answer* **SKIP M11 to M14**
- Not asked*
- Not relevant*

11 In your job, did you have any formal responsibility for supervising the work of other employees?

Do not include supervisors of children e.g. teachers, nannies, childminders, supervisors of animals, people who supervise security or buildings only e.g. caretakers, security guards

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

12 How many people worked for your employer at the place where you worked: Were there

We are interested in the size of the 'local unit of the establishment' at which the respondent works in terms of the total number of employees. The 'local unit' is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building or at the largest a self-contained group of buildings.

It is the total number of employees at the respondent's workplace that we are interested in not just the number employed within the particular section or department in which he/she works.

- 1-24
- 25-499
- 500 or more employees
- Don't know
- Not applicable
- Refused to answer
- Not asked
- Not relevant

13 Were you working on your own or did you have employees?

- On own / with partner(s) but no employees **SKIP M14**
- With employees
- Don't know **SKIP M14**
- Not applicable
- Refused to answer **SKIP M14**
- Not asked
- Not relevant

14 How many people did you employ at the place where you worked

- 1-24
- 25-499
- 500 or more employees
- Don't know
- Not applicable
- Refused to answer
- Not asked
- Not relevant

**15 Now I'd like to ask about your spouse/partner at that time and their main job/role.
Did you have a spouse or partner at that time?**

- Yes **SKIP M16 M17**
- No
- Don't know
- Refused to answer
- Not asked

16 Probe as to whether they had a spouse/partner for any of their working life time period

- Yes
- No **SKIP M17 to M27**
- Don't know **SKIP M17 to M27**
- Not applicable
- Refused to answer **SKIP M17 to M27**
- Not asked

17 Enter details including time period

x

**18 I would like to ask about what they did for most of their working life.
How old were they when they started their main job/role**


x

19 How old were they when they stopped their main job/role

x

20 What did the firm/organisation they worked for mainly make or do (at the place where they worked)?

Describe fully, probe manufacturing or processing or distributing etc and main goods produced, material used etc.

Text area for response

21 What was their (main) job?

Text area for response

22 What did they mainly do in their job?

Check whether any special qualifications/training were needed to do the job

Text area for response

23 Were they working as an employee or were they self employed?

- Employee **SKIP M26 M27**
- Self employed **SKIP M24 M25**
- Don't know* **SKIP M24 to M27**
- Not applicable*
- Refused to answer* **SKIP M24 to M27**
- Not asked*
- Not relevant*

24 In their job, did they have any formal responsibility for supervising the work of other employees

Do not include supervisors of children e.g. teachers, nannies, childminders, supervisors of animals, people who supervise security or buildings only e.g. caretakers, security guards

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

25 How many people worked for their employer at the place where they worked: Were there
We are interested in the size of the 'local unit of the establishment' at which the respondent works in terms of the total number of employees. The 'local unit' is considered to be the geographical location where the job is mainly carried out. Normally this will consist of a single building, part of a building or at the largest a self-contained group of buildings.

It is the total number of employees at the respondent's workplace that we are interested in not just the number employed within the particular section or department in which he/she works.

- 1-24
- 25-499
- 500 or more employees
- Don't know
- Not applicable
- Refused to answer
- Not asked
- Not relevant

26 Were they working on their own or did they have employees?

- On own / with partner(s) but no employees **SKIP M27**
- With employees
- Don't know **SKIP M27**
- Not applicable
- Refused to answer **SKIP M27**
- Not asked
- Not relevant

27 How many people did they employ at the place where they worked

- 1-24
- 25-499
- 500 or more employees
- Don't know
- Not applicable
- Refused to answer
- Not asked
- Not relevant

28 Education and employment section answered by

- Participant alone **SKIP M29**
- Proxy alone **SKIP M29**
- Participant and proxy
- Item not completed

29 If participant and proxy was this

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

30 Was this section omitted?

- Yes
- No **SKIP M31**
- Item not completed

31 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

N. FINANCES

Possible with a proxy

Now I would like to check about the sources of income you have; I will not be asking about the amount of income you have, just whether you have income from some particular sources. Remember that any information you give us will be treated in strictest confidence.

1 Do you have income from any of the following sources:

Show prompt N1, list of welfare benefits

	Yes	No	Don't know	Refused to answer	Not asked
State retirement pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other welfare benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings and investments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Was this section omitted?

- Yes
- No **SKIP N3**
- 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*

O. SMOKING

Possible with a proxy

This section asks about smoking.

1 Have you ever smoked a cigarette, cigar or pipe?

- Yes
- No **SKIP O2 to O23**
- Don't know
- Refused to answer
- Not asked

2 Do you smoke cigarettes at all nowadays?

- Yes **SKIP O10 to O17**
- No **SKIP O3 to O9**
- Don't know **SKIP O3 to O9**
- Not applicable
- Refused to answer **SKIP O3 to O9**
- Not asked

3 Do you mainly smoke:

- Filter tipped cigarettes **SKIP O6 to O9**
- Plain or untipped cigarettes **SKIP O6 to O9**
- Roll ups? **SKIP O4 O5**
- Don't know **SKIP O4 to O9**
- Not applicable
- Refused to answer **SKIP O4 to O9**
- Not asked

4 About how many cigarettes a day do you usually smoke on weekdays

5 About how many cigarettes a day do you usually smoke on weekends

6 About how much tobacco do you normally smoke on weekdays? (in oz)

7 If not in oz, enter details of amount

8 About how much tobacco do you normally smoke per day on weekends? (in oz)

9 If not in oz, enter details of amount

10 Have you ever smoked cigarettes ?

- Yes
- No **SKIP O11 to O18**
- Don't know **SKIP O11 to O18**
- Not applicable
- Refused to answer **SKIP O11 to O18**
- Not asked

11 Did you smoke cigarettes regularly, that is at least 1 cigarette a day, or did you smoke them only occasionally?

- Smoked cigarettes regularly, at least 1 a day
- Smoked them only occasionally **SKIP O12 to O18**
- Never really smoked cigarettes, just tried them once or twice **SKIP O12 to O18**
- Don't know **SKIP O12 to O18**
- Not applicable
- Refused to answer **SKIP O12 to O18**
- Not asked

12 Did you mainly smoke:

- Filter tipped cigarettes **SKIP O14 O15**
- Plain or unfiltered cigarettes **SKIP O14 O15**
- Roll ups? **SKIP O13**
- Don't know* **SKIP O13 to O15**
- Not applicable*
- Refused to answer* **SKIP O13 to O15**
- Not asked*

13 About how many cigarettes did you smoke in a day

14 About how much tobacco did you normally smoke a day? (in oz)

15 If not in oz, enter details of amount

16 How long ago did you stop smoking cigarettes?

- Less than 6 months ago
- More than 6 months but less than one year
- 1 or more years - specify
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

17 For approximately how many years did you smoke cigarettes regularly

18 How old were you when you started to smoke cigarettes regularly?

 Required question answered. This may have been asked in a previous survey. Please do not answer this question.

19 Do you smoke at least 1 cigar of any kind per month nowadays?

- Yes **SKIP O21**
- No **SKIP O20**
- Don't know* **SKIP O20**
- Not applicable*
- Refused to answer* **SKIP O20**
- Not asked*

20 About how many cigars do you usually smoke in a week?

 Required question answered. This may have been asked in a previous survey. Please do not answer this question.

21 Have you ever regularly smoked at least 1 cigar of any kind per month?

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

22 Do you smoke a pipe at all nowadays?

- Yes **SKIP O23**
- No
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

23 Have you ever smoked a pipe regularly?

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

24 Smoking section answered by

- Participant alone **SKIP O25**
- Proxy alone **SKIP O25**
- Participant and proxy
- Item not completed

25 If participant and proxy was this

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

26 Was this section omitted?

- Yes
- No **SKIP O27**
- Item not completed

27 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

P. ETHNIC ORIGIN

Possible with a proxy

This section asks about your personal heritage.

1 To which of these groups do you consider you belong:

Show prompt card P1 and read out

- White
- Black - Caribbean
- Black - African
- Black - Other Black Groups
- Indian
- Pakistani
- Bangladeshi
- Chinese
- None of these?
- Don't know*
- Refused to answer*
- Not asked*

2 Which country were you born in?

- England
- Wales **SKIP P3**
- Scotland **SKIP P3**
- Northern Ireland **SKIP P3**
- UK (don't know which part) **SKIP P3**
- Republic of Ireland **SKIP P3**
- Other Europe **SKIP P3**
- Non Europe **SKIP P3**
- Don't know* **SKIP P3**
- Refused to answer* **SKIP P3**
- Not asked*

3 Which part of England were you born in?

- North East England
- Cumbria
- other
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

4 Was this section omitted?

- Yes
- No **SKIP P5**
- Item not completed*

5 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*

Q. BLOOD PRESSURE: SITTING

1 Was the BP measured?

- Yes **SKIP Q2 Q3**
- No **SKIP Q4 to Q13**
- Item not completed*

2 If not, state reason

- Interviewer omitted - participant frailty/fatigue **SKIP Q3**
- Interviewer omitted - participant distress **SKIP Q3**
- Interviewer omitted - participant busy **SKIP Q3**
- Interviewer omitted - concern re interviewer safety **SKIP Q3**
- Interviewer omitted - interviewer error **SKIP Q3**
- Interviewer omitted - other reason (specify) **SKIP Q3**
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable*
- Reason not entered*

3 If refused, why?

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

4 Time (hhmm)

5 Which arm was used?

- Left
- Right
- Not applicable*
- Not completed*

6 Allow subject to rest for 5 minutes before 1st measurement then take 3 measurements in succession, with a 2 minute gap between each measurement.

First BP Reading

Systolic (mmHg)	<input checked="" type="checkbox"/>	<input type="text"/>
Diastolic (mmHg)	<input checked="" type="checkbox"/>	<input type="text"/>

7 Second BP Reading (after a further 2 minutes)

Systolic (mmHg)	<input checked="" type="checkbox"/>	<input type="text"/>
Diastolic (mmHg)	<input checked="" type="checkbox"/>	<input type="text"/>

8 Third BP Reading (after a further 2 minutes)

Systolic (mmHg)	<input checked="" type="checkbox"/>	<input type="text"/>
Diastolic (mmHg)	<input checked="" type="checkbox"/>	<input type="text"/>

9 Mean of 2nd and 3rd readings

Systolic (mmHg)	<input checked="" type="checkbox"/>	<input type="text"/>
Diastolic (mmHg)	<input checked="" type="checkbox"/>	<input type="text"/>

10 Number of BP measurements obtained

- 1
- 2
- 3 **SKIP Q11 Q12**
- Not applicable

11 If not 3, state reason

- Interviewer decision - other reason (specify) **SKIP Q12**
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable
- Reason not entered

12 If refused, why

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

13 Has your GP told you that you have high blood pressure?

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

R. DEMI-SPAN

The right arm should be used unless the participant cannot fully extend it, in which case the left should be used.

1 Was the demi-span measured?

- Yes **SKIP R9 R10**
- No **SKIP R2 to R8**
- Item not completed*

2 Which arm was used?

- Right
- Left
- Not applicable*
- Not completed*

3 First measurement (cm)

To 1 decimal place

 This item requires completion. You may not have enough information to answer this question for yourself.

4 Second measurement (cm)

To 1 decimal place

 This item requires completion. You may not have enough information to answer this question for yourself.

5 Mean

 This item requires completion. You may not have enough information to answer this question for yourself.

6 HEIGHT (cm): Women: $Height = 1.35 \times demi-span + 60.1$

 This item requires completion. You may not have enough information to answer this question for yourself.

7 HEIGHT (cm): Men: $Height = 1.40 \times demi-span + 57.8$

 This item requires completion. You may not have enough information to answer this question for yourself.

8 Record any special circumstances

- No special circumstances
- Done sitting
- Unable to extend arm fully - Arthritis
- Unable to extend arm fully - Parkinson's
- Unable to extend arm fully - Other reason
- Unable to stand parallel to wall

Other special circumstances (specify)

Not applicable

Item not completed

9 If demi-span not measured, state reason

- Interviewer decision - unable to extend arm **SKIP R10**
- Interviewer omitted - participant frailty/fatigue **SKIP R10**
- Interviewer omitted - participant distress **SKIP R10**
- Interviewer omitted - participant busy **SKIP R10**
- Interviewer omitted - concern re interviewer safety **SKIP R10**
- Interviewer omitted - interviewer error **SKIP R10**

Interviewer omitted - other reason (specify)

Refused - Participant refused

Refused - Relative/carer refused

Not applicable

Reason not entered

SKIP R10

10 If refused, why

No reason

Other reason (specify)

Not applicable

Reason not entered

11 Have you lost height since you were a young adult?

Yes

No **SKIP R12**

Don't know **SKIP R12**

Refused to answer **SKIP R12**

Not asked

12 How much height?

Record number of inches

S. HAND-GRIP STRENGTH

1 Was the hand grip strength measured?

- Yes **SKIP S7 S8**
- No **SKIP S2 to S6**
- Item not completed*

2 First Measurement

Right Hand	<input checked="" type="checkbox"/>
Left Hand	<input checked="" type="checkbox"/>

3 Second Measurement

Right Hand	<input checked="" type="checkbox"/>
Left Hand	<input checked="" type="checkbox"/>

4 Mean of highest value for each hand

<input checked="" type="checkbox"/>

5 Which is the participant's dominant hand?

- Left
- Right
- Ambidextrous
- Not applicable*
- Not completed*

6 Record any difficulties participant had with measurement

(code all that apply)

- No difficulties
- Difficulty understanding task
- Hemi-paresis - left
- Hemi-paresis - right
- Arthritis - left
- Arthritis - right
- Arthritis - bilateral
- Parkinson's - left
- Parkinson's - right
- Item not completed*
- Parkinson's - bilateral

- Other (specify)
- Not applicable*

 This field requires a response. The field has been marked as required, so you must enter a value for this field.

7 If handgrip strength not measured, state reason

- Interviewer omitted - participant frailty/fatigue **SKIP S8**
- Interviewer omitted - participant distress **SKIP S8**
- Interviewer omitted - participant busy **SKIP S8**
- Interviewer omitted - concern re interviewer safety **SKIP S8**
- Interviewer omitted - interviewer error **SKIP S8**

- Interviewer omitted - other reason (specify)
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable*
- Reason not entered* **SKIP S8**

 This field requires a response. The field has been marked as required, so you must enter a value for this field.

SKIP S8

8 If refused, why

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

 This field requires a response. The field has been marked as required, so you must enter a value for this field.

T. CLOSING REMARKS

Participant's opinion

1 How did you find this interview?

This is a required question. You must provide an answer. If you cannot, please contact the administrator.

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)

This is a required question. You must provide an answer. If you cannot, please contact the administrator.
- Not applicable*
- Item not completed*

U. INTERVIEWERS ASSESSMENT OF PARTICIPANT

Complete discretely

1 Clear answers?

- Yes **SKIP U2**
- No
- Not completed*

2 If no, problematic areas

x

Please report any problems. This box has been reserved for your use only. You may use it to report any problems.

3 Reliable answers?

- Yes **SKIP U4**
- No
- Not completed*

4 If no, problematic areas

x

Please report any problems. This box has been reserved for your use only. You may use it to report any problems.

V. PROXY INTERVIEWS

1 Did the interview take place with a proxy?

- Yes
- No **SKIP V2 V3**
- 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)
- Item not completed*
- Not applicable*

3 How often does the proxy see the participant?

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