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Interview 2

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AA. REMOVAL OF 7 DAY ACTIVITY MONITOR

1 Was the removal of the 7 day activity monitor section attempted?

- Yes SKIP AA.2(8)
- No SKIP AA.3 AA.4 AA.5 AA.6(98) AA.7(8) AA.8(8) AA.9(8) AA.10(8) AA.11(8) AA.12(8) AA.13(8) AA.14
- Item not completed

2 Why was it not attempted?

- 7 day monitor was not applied
- Other reason (specify)
- Interviewer error
- Not applicable
- Item not completed

3 Enter date of 7 day PAM removal

Please use DD/MM/YYYYY format.

4 Enter time of 7 day PAM removal

Please use 24 hour clock format with preceeding zero if necessary e.g. 0845.

5 For how many days was the activity monitor worn?

Each day must be a full 24 hours

Min: 00 Max: 10 Omitted: 90

6 If less than seven days why?

- Worn for 7 days
- Technical problem
- Reaction to strap
- Lack of understanding
- Distress
- Unwell
- Other reason (specify)
- Don't know
- Not applicable
- Refused to answer
- Not asked

7 Did you use a wheelchair at any time during the monitored period?

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

8 Do you think your level of activity over the last 7 days reflects your usual level of activity at this time of year?

- Yes **SKIP AA.9(8)**
- No
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

9 So, over the last 7 days were you

- More active than usual
- Less active than usual
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

10 Do you think that your usual level of activity at this time of year is similar to that at other times of the year?

- Yes **SKIP AA.11(8)**
- No
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

11 So, at this time of year are you usually

- More active than at other times
- Less active than at other times
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

12 Removal of 7 day activity monitor questions answered by

- Participant alone *SKIP AA.13(8)*
- Informant/consultee alone *SKIP AA.13(8)*

- Participant and informant/consultee
- Not applicable*
- Item not completed*

13 If participant and informant/consultee, was this

- Mainly participant
- Mainly informant/consultee
- Equal contribution
- Not applicable*
- Item not completed*

14 Please record any problems with the PAM data.

BB. COGNITION SECTION-CDR

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

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

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

2 QUESTION ANSWERED BY

- Participant alone
- Informant/consultee alone
- Participant and informant/consultee
- Item not completed*

3 NOW RUN THE CDR SESSION

CDR PEN DRIVE NUMBER

Min: 301 Max: 325 Omitted: 990

4 CDR SLOT NUMBER

Min: 01 Max: 40 Omitted: 90

5 Was the PRACTICE choice reaction time test completed?

- Yes SKIP BB.6(8) BB.7(8) BB.8(98)
- No
- Item not completed*

6 Was this a refusal?

- Yes - participant refused SKIP BB.8(98)
- Yes - relative/carer refused SKIP BB.8(98)
- No - not a refusal SKIP BB.7(8)
- Not applicable*
- Item not completed*

7 Why was it refused?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Visual impairment
- Other reason (specify)
- Not applicable*
- Item not completed*

8 If not a refusal, why was it not completed?

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Frailty/fatigue
- Unwell
- Too busy
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable*
- Reason not entered*

9 Was the WORD PRESENTATION test completed?

- Yes **SKIP BB.10(8) BB.11(8) BB.12(98)**
- No
- Item not completed*

10 Was this a refusal?

- Yes - Participant refused **SKIP BB.12(98)**
- Yes - Relative/carer refused **SKIP BB.12(98)**
- No - not a refusal **SKIP BB.11(8)**
- Not applicable*
- Item not completed*

11 Why was it refused?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Visual impairment
- Other reason (specify)
- Not applicable*
- Item not completed*

12 If not a refusal, why was it not completed?

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Frailty/fatigue
- Unwell
- Too busy
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable*
- Reason not entered

13 Was the SIMPLE REACTION TIME test completed?

- Yes **SKIP BB.14(8) BB.15(8) BB.16(98)**
- No
- Item not completed*

14 Was this a refusal?

- Yes - Participant refused **SKIP BB.16(98)**
- Yes - Relative/carer refused **SKIP BB.16(98)**
- No - not a refusal **SKIP BB.15(8)**
- Not applicable*
- Item not completed*

15 Why was it refused?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Visual impairment
- Other reason (specify)
- Not applicable*
- Item not completed*

16 If not a refusal, why was it not completed?

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Frailty/fatigue
- Unwell
- Too busy
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable*
- Item not completed*

17 Was the DIGIT VIGILANCE test completed?

- Yes **SKIP BB.18(8) BB.19(8) BB.20(98)**
- No
- Item not completed*

18 Was this a refusal?

- Yes - Participant refused **SKIP BB.20(98)**
- Yes - Relative/carer refused **SKIP BB.20(98)**
- No - not a refusal **SKIP BB.19(8)**
- Not applicable*
- Item not completed*

19 Why was it refused?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Visual impairment
- Other reason (specify)
- Not applicable*
- Item not completed*

20 If not a refusal, why was it not completed?

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Frailty/fatigue
- Unwell
- Too busy
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable*
- Item not completed*

21 Was the CHOICE REACTION TIME test completed?

- Yes **SKIP BB.22(8) BB.23(8) BB.24(98)**
- No
- Item not completed*

22 Was this a refusal?

- Yes - Participant refused **SKIP BB.24(98)**
- Yes - Relative/carer refused **SKIP BB.24(98)**
- No - not a refusal **SKIP BB.23(8)**
- Not applicable*
- Item not completed*

23 Why was it refused?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Visual impairment
- Other reason (specify)
- Not applicable*
- Item not completed*

24 If not a refusal, why was it not completed?

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Frailty/fatigue
- Unwell
- Too busy
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable*
- Item not completed*

25 Was the DELAYED WORD RECALL test completed?

- Yes **SKIP BB.27(8) BB.28(8) BB.29(98)**
- No **SKIP BB.26**
- Item not completed*

26 DELAYED WORD RECALL SCORE

Min: 00 Max: 15 Omitted: 90

27 Was this a refusal?

- Yes - Participant refused **SKIP BB.29(98)**
- Yes - Relative/carer refused **SKIP BB.29(98)**

- No - not a refusal **SKIP BB.28(8)**
- Not applicable*
- Item not completed*

28 Why was it refused?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Visual impairment
- Other reason (specify)
- Not applicable*
- Item not completed*

29 If not a refusal, why was it not completed?

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Frailty/fatigue
- Unwell
- Too busy
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable*
- Item not completed*

30 Was the WORD RECOGNITION test completed?

- Yes **SKIP BB.31(8) BB.32(8) BB.33(98)**

- No
- Item not completed*

31 Was this a refusal?

- Yes - Participant refused **SKIP BB.33(98)**
- Yes - Relative/carer refused **SKIP BB.33(98)**

- No - not a refusal **SKIP BB.32(8)**
- Not applicable*
- Item not completed*

32 Why was it refused?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Visual impairment
- Other reason (specify)
- Not applicable*
- Item not completed*

33 If not a refusal, why was it not completed?

Code all that apply

- Technical problem
- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Unable to comprehend task
- Literacy problem
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Frailty/fatigue
- Unwell
- Too busy
- Concern re interviewer safety
- Interviewer error
- Other reason (specify)
- Not applicable*
- Item not completed*

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

- Yes
- No **SKIP BB.35(98)**

- Item not completed*

35 If Yes, what problem(s)

CODE ALL THAT APPLY

- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Weakness in arm/hand
- Reduced manual dexterity
- Distress
- Frailty/fatigue
- Literacy problem
- Distracted e.g. by phone call
- Other reason (specify)
- Not applicable*
- Item not completed*

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 CC3 TO CC17

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	Not applicable	Refused to answer	Not asked
Luncheon club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
- Not applicable
- Refused to answer
- Not asked

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

- Yes
- No
- Don't know
- Not applicable
- 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 CC.7**
- Don't know
- Not applicable
- Refused to answer
- 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 type="text"/>	Min: 01 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90
No. times in 1st month	<input type="text"/>	Min: 00 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90
2nd month (1-12)	<input type="text"/>	Min: 01 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90
No. times in 2nd month	<input type="text"/>	Min: 00 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90
3rd month (1-12)	<input type="text"/>	Min: 01 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90
No. times in 3rd month	<input type="text"/>	Min: 00 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90

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

- Yes
- No **SKIP CC.9**
- Don't know
- Not applicable
- Refused to answer
- 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) Min: 01 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90

No. times in 1st month Min: 00 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90

2nd month (1-12) Min: 01 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90

No. times in 2nd month Min: 00 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90

3rd month (1-12) Min: 01 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90

No. times in 3rd month Min: 00 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90

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 CC.11**
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

Min: 01 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90

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

- Yes
- No *SKIP CC.13(8) CC.14*
- Resident in care home / hospital for last 12 months *SKIP CC.13(8) CC.14*

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

13 Where was this?

- Care home (Residential Home/Nursing home)
- Hospital
- Respite care centre
- Resource centre
- Other (specify)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

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

Min: 001 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990

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

- Yes
- No *SKIP CC.16 CC.17*

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

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

Min: 01 Max: 10 Don't know: 97 Refused to answer: 99 Not asked: 90

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

1st stay no. nights	<input type="text"/>	Min: 001 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
2nd stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
3rd stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
4th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
5th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
6th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
7th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
8th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990

18 Formal care section answered by

- Participant alone *SKIP CC.19(8)*
- Informant/consultee alone *SKIP CC.19(8)*

- Participant and informant/consultee
- Not applicable*
- Item not completed*

19 If participant and informant/consultee, was this

- Mainly participant
- Mainly informant/consultee
- Equal contribution
- Not applicable*
- Item not completed*

20 Was this section omitted?

- Yes SKIP CC.1(8) CC.2 CC.3(8) CC.4(8) CC.5(8) CC.6(8) CC.7 CC.8(8) CC.9 CC.10(8) CC.11 CC.12(8) CC.13(8) CC.14 CC.15(8) CC.16 CC.17 CC.18(8) CC.19(8)
- No SKIP CC.21(98) CC.22(8)
- Item not completed

21 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP CC.22(8)
- Interviewer decision - Participant distress SKIP CC.22(8)
- Interviewer decision - Participant unwell SKIP CC.22(8)
- Interviewer decision - Participant too busy SKIP CC.22(8)
- Interviewer decision - Informant/consultee ONLY answering - informant didn't know SKIP CC.22(8)

- Interviewer decision - Concern re interviewer safety SKIP CC.22(8)
- Interviewer error SKIP CC.22(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP CC.22(8)
- Not applicable
- Item not completed

22 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Item not completed

DD. GERIATRIC DEPRESSION SCALE

NOT POSSIBLE WITH AN INFORMANT.

OMIT IF PHASE 1 MMSE<15

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

0 Phase 1 SMMSE score (max 30)

error

1 Are you basically satisfied with your life?

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

2 Have you dropped many of your activities and interests?

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

3 Do you feel that your life is empty?

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

4 Do you often get bored?

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

5 Are you in good spirits most of the time?

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

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

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

7 Do you feel happy most of the time?

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

8 Do you often feel helpless?

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

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

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

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

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

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

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

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

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

13 Do you feel full of energy?

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

14 Do you feel that your situation is hopeless?

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

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

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

16 Total GDS score

CONSIDER THE ISSUE OF MISSING VALUES.

IF GDS SCORE IS 8 OR MORE, PLEASE INFORM KAREN DAVIES ASAP

Total score 0.00

Recalculate

17 Do you consider that the participant's performance was limited by cognitive impairment?

- Yes
- No SKIP DD.18
- Not applicable
- Item not completed

18 If yes, Please give details

19 Was this section omitted?

- Yes SKIP DD.1(8) DD.2(8) DD.3(8) DD.4(8) DD.5(8) DD.6(8) DD.7(8) DD.8(8) DD.9(8) DD.10(8) DD.11(8) DD.12(8) DD.13(8) DD.14(8) DD.15(8) DD.16 DD.17(8) DD.18
- No SKIP DD.20(98) DD.21(8)
- Item not completed*

20 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP DD.21(8)
- Interviewer decision - Participant distress SKIP DD.21(8)
- Interviewer decision - Participant unwell SKIP DD.21(8)
- Interviewer decision - Participant too busy SKIP DD.21(8)
- Interviewer decision - Baseline SMMSE < 15 SKIP DD.21(8)
- Interviewer decision - Informant/consultee ONLY answering - section not possible with informant SKIP DD.21(8)

- Interviewer decision - Concern re interviewer safety SKIP DD.21(8)
- Interviewer error SKIP DD.21(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP DD.21(8)
- Not applicable*
- Item not completed*

21 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable*
- Item not completed*

EE. FALLS

POSSIBLE WITH AN INFORMANT

I would now like to ask you about falls.

1 In the last 12 months, that is since (STATE DATE 12 M PREVIOUSLY) have you had a fall?

- Yes
- No SKIP EE.2 EE.3(8) EE.4 EE.5(8) EE.6 EE.7(8) EE.8 EE.9(8) EE.10 EE.11(8) EE.12
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

Min: 01 Max: 50 Don't know: 97 Refused to answer: 99 Not asked: 90

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

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

- Yes
- No SKIP EE.4
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

Min: 01 Max: 50 Don't know: 97 Refused to answer: 99 Not asked: 90

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

(If yes send ECG (if done) for urgent report)

- Yes
- No SKIP EE.6
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

Min: 01 Max: 50 Don't know: 97 Refused to answer: 99 Not asked: 90

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

- Yes
- No **SKIP EE.8**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

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

Min: 01 Max: 10 Don't know: 97 Refused to answer: 99 Not asked: 90

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

- Yes
- No **SKIP EE.10**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

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

Min: 01 Max: 10 Don't know: 97 Refused to answer: 99 Not asked: 90

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

- Yes
- No **SKIP EE.12**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

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

Min: 01 Max: 10 Don't know: 97 Refused to answer: 99 Not asked: 90

13 Falls section answered by

- Participant alone SKIP EE.14(8)
- Informant/consultee alone SKIP EE.14(8)

- Participant and informant/consultee
- Not applicable
- Item not completed

14 If participant and informant/consultee, was this

- Mainly participant
- Mainly informant/consultee
- Equal contribution
- Not applicable
- Item not completed

15 Was this section omitted?

- Yes SKIP EE.1(8) EE.2 EE.3(8) EE.4 EE.5(8) EE.6 EE.7(8) EE.8 EE.9(8) EE.10 EE.11(8) EE.12 EE.13(8) EE.14(8)

- No SKIP EE.16(98) EE.17(8)
- Item not completed

16 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP EE.17(8)
- Interviewer decision - Participant distress SKIP EE.17(8)
- Interviewer decision - Participant unwell SKIP EE.17(8)
- Interviewer decision - Participant too busy SKIP EE.17(8)
- Interviewer decision - Informant/consultee ONLY answering -informant didn't know SKIP EE.17(8)

- Interviewer decision - Concern re interviewer safety SKIP EE.17(8)
- Interviewer error SKIP EE.17(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP EE.17(8)
- Not applicable
- Item not completed

17 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Item not completed

FF. GENERALISED PAIN

NOT POSSIBLE WITH AN INFORMANT.

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

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

- Yes
- No *SKIP FF.2(8) FF.3(8) FF.4(8) FF.5*
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

2 Do you have any pain now?

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

3 Did the pain start:

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

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

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

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

Min: 01 Max: 31 Don't know: 97 Refused to answer: 99 Not asked: 90

6 Was this section omitted?

- Yes SKIP FF.1(8) FF.2(8) FF.3(8) FF.4(8) FF.5
- No SKIP FF.7(98) FF.8(8)
- Item not completed*

7 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP FF.8(8)
- Interviewer decision - Participant distress SKIP FF.8(8)
- Interviewer decision - Participant unwell SKIP FF.8(8)
- Interviewer decision - Participant too busy SKIP FF.8(8)
- Interviewer decision - Informant/consultee ONLY answering - section not possible with informant SKIP FF.8(8)

- Interviewer decision - Concern re interviewer safety SKIP FF.8(8)
- Interviewer error SKIP FF.8(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP FF.8(8)
- Not applicable*
- Item not completed*

8 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable*
- Item not completed*

GG. INCONTINENCE

POSSIBLE WITH AN INFORMANT

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

1 Do you currently use a catheter?

- Yes
- No SKIP GG.2(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

- Yes SKIP GG.3(8) GG.4(8) GG.5(8) GG.6(8) GG.7(8) GG.8(8) GG.9(8) GG.10(8)
- No
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

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

- Yes
- No SKIP GG.4(8) GG.5(8) GG.6(8) GG.7(8) GG.8(8) GG.9(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

4 When you leak urine are you usually:

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

5 Does this urine leakage occur

(SHOW PROMPT CARD GG5 AND READ OUT)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 Incontinence section answered by

- Participant alone *SKIP GG.14(8)*
- Informant/consultee alone *SKIP GG.14(8)*

- Participant and informant/consultee
- Not applicable*
- Item not completed*

14 If participant and informant/consultee, was this

- Mainly participant
- Mainly informant/consultee
- Equal contribution
- Not applicable*
- Item not completed*

15 Was this section omitted?

- Yes *SKIP GG.1(8) GG.2(8) GG.3(8) GG.4(8) GG.5(8) GG.6(8) GG.7(8) GG.8(8) GG.9(8) GG.10(8) GG.11(8) GG.12(8) GG.13(8) GG.14(8)*
- No *SKIP GG.16(98) GG.17(8)*
- Item not completed*

16 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue *SKIP GG.17(8)*
- Interviewer decision - Participant distress *SKIP GG.17(8)*
- Interviewer decision - Participant unwell *SKIP GG.17(8)*
- Interviewer decision - Participant too busy *SKIP GG.17(8)*
- Interviewer decision - Informant/consultee ONLY answering - informant didn't know *SKIP GG.17(8)*

- Interviewer decision - Concern re interviewer safety *SKIP GG.17(8)*
- Interviewer error *SKIP GG.17(8)*
- Participant refused
- Relative/carer refused
- Other reason (specify) *SKIP GG.17(8)*
- Not applicable*
- Item not completed*

17 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable*
- Item not completed*

HH. SPIROMETRY

1 Was the spirometry section attempted?

- Yes SKIP HH.2(98) HH.3(8)
- No SKIP HH.5(8) HH.6(8) HH.7(8) HH.8(8) HH.9(8) HH.10(8) HH.11(8) HH.12(8) HH.13(8) HH.14(8) HH.15(8) HH.16(8) HH.17(8) HH.18(8) HH.19(8) HH.20(8) HH.21(8) HH.22(8) HH.23(8) HH.24(8)
- Item not completed

2 Why was it not attempted?

- Interviewer decision - Technical problem SKIP HH.3(8)
- Interviewer decision - Participant frailty/fatigue SKIP HH.3(8)
- Interviewer decision - Participant distress SKIP HH.3(8)
- Interviewer decision - Participant unwell SKIP HH.3(8)
- Interviewer decision - Participant severe cognitive impairment, unable to even attempt task SKIP HH.3(8)

- Interviewer decision - Participant too busy SKIP HH.3(8)
- Interviewer decision - Concern re interviewer safety SKIP HH.3(8)
- Interviewer error SKIP HH.3(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP HH.3(8)
- Not applicable
- Item not completed

3 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Item not completed

4 HEIGHT (cm): Imported from baseline

error

5 Was any data saved in the SPIDA software?

- Yes SKIP HH.6(8)
- No SKIP HH.7(8) HH.8(8)

- Not applicable
- Item not completed

6 Why was it not possible to save any data in the SPIDA software'?

- Technical problem
- Participant unable to comprehend task
- Distress
- Frailty/fatigue
- Other reason (specify)
- Not applicable*
- Item not completed*

7 Was at least one 'good' blow saved in the SPIDA software?

- Yes **SKIP HH.8(8)**
- No
- Not applicable*
- Item not completed*

8 What was the MAIN reason why it was not possible to save at least one 'good' blow?

- Technical problem
- Participant unable to comprehend task
- Poor technique
- Problem with initial blow(s) and too tired to repeat
- Frail- just not enough 'puff'
- Other reason (specify)
- Not applicable*
- Item not completed*

9 I would like to ask you some questions about your chest. Please answer yes or no where possible. Do you usually have a cough?

- Yes
- No **SKIP HH.10(8)**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

10 Is it worse in the mornings?

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

11 Do you usually bring up phlegm from your chest?

- Yes
- No **SKIP HH.12(8)**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

12 Is it worse in the mornings?

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

13 Do you ever wheeze?

- Yes
- No **SKIP HH.14(8)**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

14 Is it worse in the mornings?

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

15 Now I would like to ask you some questions about your chest OVER THE LAST 6 WEEKS, that is since.....

(State date 6 weeks previously).

Have you had a chest infection during the last 6 weeks?

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

16 Have you taken any antibiotics for your chest during the last 6 weeks?

- Yes
- No **SKIP HH.17(8) HH.18(8)**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

17 Are you still taking these antibiotics?

- Yes **SKIP HH.18(8)**
- No
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

18 When did you finish these antibiotics?

- Within the last 7 days
- More than 7 days ago
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

23 Spirometry symptom questions answered by

- Participant alone SKIP HH.24(8)
- Informant/consultee alone SKIP HH.24(8)

- Participant and informant/consultee
- Not applicable*
- Item not completed*

24 If participant and informant/consultee, was this

- Mainly participant
- Mainly informant/consultee
- Equal contribution
- Not applicable*
- Item not completed*

II. OXIMETRY

1 Was the oximetry section attempted?

- Yes SKIP II.2(98) II.3(8)
- No SKIP II.4
- Item not completed

2 Why was it not attempted?

- Interviewer decision - Technical problem SKIP II.3(8)
- Interviewer decision - Participant frailty/fatigue SKIP II.3(8)
- Interviewer decision - Participant distress SKIP II.3(8)
- Interviewer decision - Participant unwell SKIP II.3(8)
- Interviewer decision - Participant too busy SKIP II.3(8)
- Interviewer decision - Concern re interviewer safety SKIP II.3(8)
- Interviewer error SKIP II.3(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP II.3(8)
- Not applicable
- Item not completed

3 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Item not completed

4 Oxygen saturation (%)

Min: 093 Max: 100 Omitted: 990

JJ. SHORTNESS OF BREATH

ONLY ASK IF PARTICIPANT RANDOMISED TO CARDIAC SUB-STUDY

POSSIBLE WITH AN INFORMANT

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

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

DO NOT INCLUDE STAIRS

- Yes
- No **SKIP JJ.2(8)**
- Limited for reason(s) unrelated to shortness of breath **SKIP JJ.2(8)**

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

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

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

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

- Yes
- No **SKIP JJ.4(8)**
- Limited for reason(s) unrelated to shortness of breath **SKIP JJ.4(8)**

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

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

- A bit
- A lot
- Completely unable to walk outdoors, on the level, at own pace due to shortness of breath

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

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

- Yes
- No **SKIP JJ.6(8)**
- Limited for reason(s) unrelated to shortness of breath **SKIP JJ.6(8)**

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

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

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

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

ONLY RECORD BILATERAL SWELLING

- Yes
- No **SKIP JJ.8(8)**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

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

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

9 Shortness of breath section answered by

- Participant alone **SKIP JJ.10(8)**
- Informant/consultee alone **SKIP JJ.10(8)**
- Participant and informant/consultee
- Not applicable*
- Item not completed*

10 If participant and informant/consultee, was this

- Mainly participant
- Mainly informant/consultee
- Equal contribution
- Not applicable*
- Item not completed*

11 Was this section omitted?

- Yes SKIP JJ.1(8) JJ.2(8) JJ.3(8) JJ.4(8) JJ.5(8) JJ.6(8) JJ.7(8) JJ.8(8) JJ.9(8) JJ.10(8)
- No SKIP JJ.12(98) JJ.13(8)
- Not applicable
- Item not completed

12 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP JJ.13(8)
- Interviewer decision - Participant distress SKIP JJ.13(8)
- Interviewer decision - Participant unwell SKIP JJ.13(8)
- Interviewer decision - Participant too busy SKIP JJ.13(8)
- Interviewer decision - Informant/consultee ONLY answering - informant didn't know SKIP JJ.13(8)

- Interviewer decision - Concern re interviewer safety SKIP JJ.13(8)
- Interviewer error SKIP JJ.13(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP JJ.13(8)
- Not applicable
- Item not completed

13 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Item not completed

KK. CHEST PAIN

ONLY ASK IF PARTICIPANT RANDOMISED TO CARDIAC SUB-STUDY

NOT POSSIBLE WITH AN INFORMANT

Now I would like to ask you some questions about chest pain, again I am interested in what has happened over the last 4 weeks that is since (STATE DATE 4 WEEKS PREVIOUSLY)

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

- Yes SKIP KK.2(8)
- No
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

- Yes
- No SKIP KK.3(8) KK.4(8) KK.5(8) KK.6(8) KK.7(8) KK.8(8) KK.9(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

- Yes
- No SKIP KK.4(8) KK.5(8) KK.6(8) KK.7(8) KK.8(8) KK.9(8)
- Completely unable to exert self for reason unrelated to 'symptom'
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

DO NOT INCLUDE STAIRS

- Yes
- No SKIP KK.5(8)
- Limited for reason(s) unrelated to 'symptom' SKIP KK.5(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

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

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

- Yes
- No SKIP KK.7(8)
- Limited for reason(s) unrelated to 'symptom' SKIP KK.7(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

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

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

- Yes
- No SKIP KK.9(8)
- Limited for reason(s) unrelated to 'symptom' SKIP KK.9(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

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

10 Was this section omitted?

- Yes SKIP KK.1(8) KK.2(8) KK.3(8) KK.4(8) KK.5(8) KK.6(8) KK.7(8) KK.8(8) KK.9(8)
- No SKIP KK.11(98) KK.12(8)
- Not applicable
- Item not completed

11 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP KK.12(8)
- Interviewer decision - Participant distress SKIP KK.12(8)
- Interviewer decision - Participant unwell SKIP KK.12(8)
- Interviewer decision - Participant too busy SKIP KK.12(8)
- Interviewer decision - Informant/consultee ONLY answering - section not possible with informant SKIP KK.12(8)

- Interviewer decision - Concern re interviewer safety SKIP KK.12(8)
- Interviewer error SKIP KK.12(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP KK.12(8)
- Not applicable
- Item not completed

12 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Item not completed

LL. MEDICATION

ONLY ASK IF PARTICIPANT RANDOMISED TO CARDIAC SUB-STUDY

POSSIBLE WITH AN INFORMANT.

Participants will have been primed to have all their medicines out ready and interviewer should check bottles/packets directly

Now I would like to find out about any medicines that you have taken in the last 7 days. I am interested firstly in items prescribed by a doctor or nurse and also whether you have taken aspirin that you bought 'over the counter'.

1 In the last week, has the participant taken any medicines prescribed by a doctor or nurse?

- Yes
- No SKIP LL.2 LL.3

- Not applicable
- Item not completed

2 List all the PRESCRIBED items. Record whether each item was an oral preparation (O), topical (T), inhaled (I), nasal (N), injection (INJ), eye drops (EYED), ear drops (EARD) or otherwise.

For prescribed ASPIRIN, please also record the dose

If not prescribed for participant i.e. taking somebody else's prescribed medication, then put (NPPF) in brackets after relevant medication.

3 BACK IN THE OFFICE, code all the PRESCRIBED items.

P-Med 1	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 2	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 3	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 4	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 5	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 6	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 7	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 8	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 9	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 10	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 11	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 12	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 13	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 14	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 15	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 16	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 17	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 18	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 19	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990
P-Med 20	<input type="text"/>	Min: 010110 Max: 180700 Omitted: 999990

**4 Has the participant taken any aspirin that was bought 'over the counter'
If dose= 75mg it will be for cardiac use.**

If uses aspirin for BOTH cardiac and painkiller purposes, code as *CARDIAC*.

- Yes - for circulatory reason (thin blood, prevent heart attack or stroke)
- Yes - as painkiller
- Yes - purpose unclear
- No
- Not applicable*
- Item not completed*

5 Medication section answered by

- Participant alone *SKIP LL.6(8)*
- Informant/consultee alone *SKIP LL.6(8)*

- Participant and informant/consultee
- Not applicable*
- Item not completed*

6 If participant and informant/consultee, was this

- Mainly participant
- Mainly informant/consultee
- Equal contribution
- Not applicable*
- Item not completed*

7 Was this section omitted?

- Yes SKIP LL.1(8) LL.2 LL.3 LL.4(8) LL.5(8) LL.6(8)
- No SKIP LL.8(98) LL.9(8)
- Not applicable
- Item not completed

8 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP LL.9(8)
- Interviewer decision - Participant distress SKIP LL.9(8)
- Interviewer decision - Participant unwell SKIP LL.9(8)
- Interviewer decision - Participant too busy SKIP LL.9(8)
- Interviewer decision - Informant/consultee ONLY answering - informant didn't know SKIP LL.9(8)

- Interviewer decision - Concern re interviewer safety SKIP LL.9(8)
- Interviewer error SKIP LL.9(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP LL.9(8)
- Not applicable
- Item not completed

9 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Item not completed

MM. CLOSING REMARKS SECTION

POSSIBLE WITH AN INFORMANT

1 How did you find this interview?

2 Closing remarks section answered by

- Participant alone *SKIP MM.3(8)*
- Informant/consultee alone *SKIP MM.3(8)*

- Participant and informant/consultee
- Not applicable*
- Item not completed*

3 If participant and informant/consultee, was this

- Mainly participant
- Mainly informant/consultee
- Equal contribution
- Not applicable*
- Item not completed*

4 Was this section omitted?

- Yes SKIP MM.1 MM.2(8) MM.3(8)
- No SKIP MM.5(98) MM.6(8)
- Item not completed

5 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP MM.6(8)
- Interviewer decision - Participant distress SKIP MM.6(8)
- Interviewer decision - Participant unwell SKIP MM.6(8)
- Interviewer decision - Participant too busy SKIP MM.6(8)
- Interviewer decision - Informant/consultee ONLY answering - informant didn't know SKIP MM.6(8)

- Interviewer decision - Concern re interviewer safety SKIP MM.6(8)
- Interviewer error SKIP MM.6(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP MM.6(8)
- Not applicable
- Item not completed

6 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Item not completed

NN. INTERVIEWER'S ASSESSMENT OF PARTICIPANT

COMPLETE DISCREETLY

1 Clear answers?

- Yes SKIP NN.2
- No
- Not applicable
- Not completed

2 If NO, Problematic areas

3 Reliable answers/data?

Include measurements

- Yes SKIP NN.4
- No
- Not applicable
- Not completed

4 If NO, Problematic areas

5 Was this section omitted?

- Yes SKIP NN.1(8) NN.2 NN.3(8) NN.4
- No SKIP NN.6(8)
- Item not completed

6 Why was it omitted?

- Participant not present for any of interview
- Interviewer error
- Other reason (specify)
- Not applicable
- Item not completed

OO. CONSULTEE/ INFORMANT DETAILS

This section is to record details of informant(s) who have contributed to the interview.

In some cases this will be because the participant required a legal consultee in the consent process- in this scenario the interview **MUST** have been conducted with an informant to ensure that reliable answers are obtained.

Measurements/function tests/CDR should still have been conducted/attempted with the participant where possible.

In other cases an individual may have acted as an 'informant' and provided prompts to a participant who was not sufficiently cognitively impaired to require consultee approval by law. This may have been because of mild cognitive impairment or simple memory lapse. This type of informant's responses should only have been recorded if you felt that they were more reliable than those of the participant.

1 Was consultee approval legally required according to the consent procedure for this participant?

- Yes SKIP OO.2(8)
- No SKIP OO.3(8) OO.7(8)

- Not applicable
- Item not completed

2 Did any of this interview take place with an informant(s)?

Exclude cases where consultee approval was required in the consent process.

- Yes
- No SKIP OO.4(98) OO.5(8) OO.6 PP.1(8) PP.2 PP.3(8) PP.4 PP.5 PP.6(8)

- Not applicable
- Item not completed

3 Was the MAIN informant for this interview the same person as the legal consultee?

- Yes
- No
- Not applicable
- Item not completed

4 Who was the MAIN informant for this interview?

- Spouse/Partner
- Child
- Grandchild
- Brother/sister
- Other relative (specify)
- Care home staff
- Home help/home care
- Friend/acquaintance
- Other (specify)
- Not applicable
- Item not completed

5 How often do they see the participant?

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

6 How many informants in total contributed to this interview?

Min: 1 Max: 5 Not completed: 0

7 Was the participant present for the interview as well?

- Yes- all of interview
- Yes- part of interview
- No
- Not applicable*
- Item not completed*

8 Was this section omitted?

- Yes SKIP OO.1(8) OO.2(8) OO.3(8) OO.4(98) OO.5(8) OO.6 OO.7(8)
- No SKIP OO.9(8)
- Item not completed*

9 Why was it omitted?

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

PP. INTERVIEWER'S ASSESSMENT OF INFORMANT/CONSULTEE

COMPLETE DISCREETLY

1 Clear answers?

- Yes SKIP PP.2
- No
- Not applicable
- Item not completed

2 If no, problematic areas

3 Reliable answers?

- Yes SKIP PP.4
- No
- Not applicable
- Item not completed

4 If no, problematic areas

5 Was this section omitted?

- Yes SKIP PP.1(8) PP.2 PP.3(8) PP.4
- No SKIP PP.6
- Item not completed

6 Why was it omitted?

- Interviewer error
- Other reason (specify)
- Not applicable
- Item not completed

QQ. ECG

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

If mention funny turn, ask them to describe in more detail. Only record dizziness here if severe. If yes to this question or EE5 then send ECG for urgent report.

- Yes
- No **SKIP QQ.2**
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

Min: 01 Max: 50 Don't know: 97 Refused to answer: 99 Not asked: 90

3 Was ECG recording completed

- Yes **SKIP QQ.4(98) QQ.5(8)**
- No
- Not applicable
- item not complete

4 IF NO why not?

- Interviewer omitted - Technical problem **SKIP QQ.5(8)**
- Interviewer omitted - Unable to position participant (CVA) **SKIP QQ.5(8)**
- Interviewer omitted - Participant frailty/fatigue **SKIP QQ.5(8)**
- Interviewer omitted - Participant distress **SKIP QQ.5(8)**
- Interviewer omitted - Participant too busy **SKIP QQ.5(8)**
- Interviewer omitted - Concern re interviewer safety **SKIP QQ.5(8)**
- Omitted in error **SKIP QQ.5(8)**
- Interviewer decision - other reason (specify) **SKIP QQ.5(8)**
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable
- Reason not entered

5 If refused, why

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

End Visit