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Interview 2

	Name	Description	StartDate	EndDate			
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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 including slashes.

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: 401 Max: 425 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*

CC. FORMAL CARE

POSSIBLE WITH AN INFORMANT

Now I would like to ask about whether you have used various health and social services recently. Firstly 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 CC1 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?

ONLY ASK LINE 1 IF PARTICIPANT LIVES IN ACCOMMODATION WITH A WARDEN.

OMIT LINES 1-5 IF PARTICIPANT LIVES IN A CARE HOME OR LONG STAY HOSPITAL.

	Several times a day	Once a day	One or more times a week	Less than once a week	No contact	<i>Don't know</i>	<i>Not applicable</i>	<i>Refused to answer</i>	<i>Not asked</i>
Warden	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Home care	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Night attendant/sitter	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Day sitter	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Meals provision	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Community nurse	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Physiotherapist	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Occupational therapist	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Chiropodist	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Speech therapist	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Dietician	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Social Worker	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

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 CC1 OR 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"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Day centre	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

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_1 CC.7_2 CC.7_3 CC.7_4 CC.7_5 CC.7_6*
 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"/>	<i>Min: 01 Max: 12 Don't know: 97 Refused to answer:</i>
	<i>99 Not asked: 90</i>	
No. times in 1st month	<input type="text"/>	<i>Min: 00 Max: 12 Don't know: 97 Refused to answer:</i>
	<i>99 Not asked: 90</i>	
2nd month (1-12)	<input type="text"/>	<i>Min: 01 Max: 12 Don't know: 97 Refused to answer:</i>
	<i>99 Not asked: 90</i>	
No. times in 2nd month	<input type="text"/>	<i>Min: 00 Max: 12 Don't know: 97 Refused to answer:</i>
	<i>99 Not asked: 90</i>	
3rd month (1-12)	<input type="text"/>	<i>Min: 01 Max: 12 Don't know: 97 Refused to answer:</i>
	<i>99 Not asked: 90</i>	
No. times in 3rd month	<input type="text"/>	<i>Min: 00 Max: 12 Don't know: 97 Refused to answer:</i>
	<i>99 Not asked: 90</i>	

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_1 CC.9_2 CC.9_3 CC.9_4 CC.9_5 CC.9_6**
 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)	<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	

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?

asked: 990

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

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_01 CC.17_02 CC.17_03 CC.17_04 CC.17_05 CC.17_06 CC.17_07 CC.17_08 CC.17_09 CC.17_10*
 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"/> 999 Not asked: 990	Min: 001 Max: 100 Don't know: 997 Refused to answer:
2nd stay no. nights	<input type="text"/> 999 Not asked: 990	Min: 000 Max: 100 Don't know: 997 Refused to answer:
3rd stay no. nights	<input type="text"/> 999 Not asked: 990	Min: 000 Max: 100 Don't know: 997 Refused to answer:
4th stay no. nights	<input type="text"/> 999 Not asked: 990	Min: 000 Max: 100 Don't know: 997 Refused to answer:
5th stay no. nights	<input type="text"/> 999 Not asked: 990	Min: 000 Max: 100 Don't know: 997 Refused to answer:
6th stay no. nights	<input type="text"/> 999 Not asked: 990	Min: 000 Max: 100 Don't know: 997 Refused to answer:
7th stay no. nights	<input type="text"/> 999 Not asked: 990	Min: 000 Max: 100 Don't know: 997 Refused to answer:
8th stay no. nights	<input type="text"/> 999 Not asked: 990	Min: 000 Max: 100 Don't know: 997 Refused to answer:
9th stay no. nights	<input type="text"/> 999 Not asked: 990	Min: 000 Max: 100 Don't know: 997 Refused to answer:
10th stay no. nights	<input type="text"/> 999 Not asked: 990	Min: 000 Max: 100 Don't know: 997 Refused to answer:

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_01(8) CC.1_02(8) CC.1_03(8) CC.1_04(8) CC.1_05(8) CC.1_06(8) CC.1_07(8) CC.1_08(8) CC.1_09(8) CC.1_10(8) CC.1_11(8) CC.1_12(8) CC.2 CC.3_1(8) CC.3_2(8) CC.4(8) CC.5(8) CC.6(8) CC.7_1 CC.7_2 CC.7_3 CC.7_4 CC.7_5 CC.7_6 CC.8(8) CC.9_1 CC.9_2 CC.9_3 CC.9_4 CC.9_5 CC.9_6 CC.10(8) CC.11 CC.12(8) CC.13(8) CC.14 CC.15(8) CC.16 CC.17_01 CC.17_02 CC.17_03 CC.17_04 CC.17_05 CC.17_06 CC.17_07 CC.17_08 CC.17_09 CC.17_10 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 - 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 3 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 3 SMMSE score (max 30)

0

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

IF THERE ARE MISSING VALUES, DISCUSS SCORING WITH KAREN
IF GDS SCORE IS 8 OR MORE, PLEASE INFORM KAREN DAVIES ASAP

Total score **0**

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.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 - Phase 3 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 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. IF DIZZINESS ONLY RECORD IF SEVERE. IF YES TO THIS QUESTION OR EE5 then SEND ECG FOR URGENT REPORT

- Yes
- No **SKIP EE.14 EE.15(8)**
- Don't know
- Not applicable

- Refused to answer*
- Not asked*

14 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

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

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

16 Falls section answered by

- Participant alone *SKIP EE.17(8)*
- Informant/consultee alone *SKIP EE.17(8)*
- Participant and informant/consultee
- Not applicable*
- Item not completed*

17 If participant and informant/consultee, was this

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

18 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 EE.15(8) EE.16(8) EE.17(8)
- No SKIP EE.19(98) EE.20(8)
- Item not completed*

19 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP EE.20(8)
- Interviewer decision - Participant distress SKIP EE.20(8)
- Interviewer decision - Participant unwell SKIP EE.20(8)
- Interviewer decision - Participant too busy SKIP EE.20(8)
- Interviewer decision - Concern re interviewer safety SKIP EE.20(8)
- Interviewer error SKIP EE.20(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP EE.20(8)
- Not applicable*
- Item not completed*

20 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?

90

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

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 - 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. SLEEP

POSSIBLE BY INFORMANT EXCEPT HH10, HH13, HH15

1 Do you have any problems with sleeping?

- Yes
 No **SKIP HH.2 HH.3**
 Don't know
 Not applicable
 Refused to answer
 Not asked

2 How long have you had problems with sleeping?

If 12 months or less, enter number of complete months here and omit 3. If more than 12 months, enter 88 here and proceed to 3

Min: 00 Max: 12 Don't know: 97 Refused to answer: 99 Not asked: 90

3 At what age did your sleep first become a problem?

Only answer if Q2 > 12 months, if Q2 ≤ 12 months, enter 98 here

Min: 20 Max: 88 Don't know: 97 Refused to answer: 99 Not asked: 90

4

THE PITTSBURGH SLEEP QUALITY INDEX

The following questions (**HH4 TO HH15**) relate to your usual sleep habits during the past month *only*. Your answers should indicate the most accurate reply for the *majority* of days and nights in the past month. Please answer all the questions.

During the past month, when have you usually gone to bed at night?

Please use 24 hour clock format (HHMM) with preceding zero if necessary e.g. 2245

5 During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

990

Min: 000 Max: 240 Don't know: 997 Refused to answer: 999 Not asked:

6 During the past month, when have you usually got up in the morning?

Please use 24 hour clock format (HHMM) with preceding zero if necessary e.g. 0645

7 During the past month, how many hours of *actual* sleep did you get at night? (This may be different than the number of hours you spend in bed).

e.g. 10.50=10 and 50 minutes

Min: 04.00 Max: 14.00 Format: nn.nn Don't know: 99.97 Refused to answer: 99.99 Not asked: 99.90

8 For each of the remaining questions, tell me the one best response. Please answer *all* questions.

The next question set asks how often you have had trouble sleeping during the past month due to range of possible problems. For each problem there are a choice of answers which are written on this card and they are.....

Show prompt card HH8 and read out responses.

1. Not during the past month
2. Less than once a week
3. Once or twice a week
4. Three or more times a week

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

So, during the past month, how often have you had trouble sleeping because you

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	<i>Don't know</i>	<i>Not applicable</i>	<i>Refused to answer</i>	<i>Not asked</i>
Cannot get to sleep within 30 minutes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Wake up in the middle of the night or early morning	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Have to get up to use the bathroom	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Cannot breathe comfortably	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Cough or snore loudly	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Feel too cold	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Feel too hot	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Had bad dreams	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Have pain	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Other reason(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

9 If other reason(s) please describe

10 During the past month, how would you rate your sleep quality overall?

Not possible with informant

- Very good
- Fairly good
- Fairly bad
- Very bad
- Interviewer omitted - participant not present - not possible with informant
- Interviewer omitted-participant too cognitively impaired to give reliable answer-not possible with informant
- Don't know
- Not applicable
- Refused to answer
- Not asked

11 During the past month :

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	Don't know	Not applicable	Refused to answer	Not asked
How often have you taken medicine (prescribed or "over the counter") to help you sleep?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

12 During the past month :

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	Don't know	Not applicable	Refused to answer	Not asked
How often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

13 During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

Not possible with informant

- No problem at all
- Only a very slight problem
- Somewhat of a problem
- A very big problem
- Interviewer omitted - participant not present - not possible with informant
- Interviewer omitted-participant too cognitively impaired to give reliable answer-not possible with informant
- Don't know
- Not applicable
- Refused to answer
- Not asked

14 Do you have a spouse/bed partner or roommate?

By roommate, I mean anyone other than your spouse/bed partner who stays or sleeps in your accommodation overnight.

- No bed partner or roommate
- Partner/roommate in other room
- Partner in same room, but not same bed
- Partner in same bed
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

15 The next question asks, based on the past month, how often you feel tired during the morning, afternoon and evening. For each time of day there is a choice of responses shown on this card (Show prompt card HH.15**) and they are**

1. Most days
2. Often
3. Occasionally
4. Never

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

So, during the past month, how often do you feel tired during the following times during the day?

Not possible with informant

	Most days	Often	Occasionally	Never	omitted participant absent	omitted too cog. impaired	<i>Don't know</i>	<i>Not applicable</i>	<i>Refused to answer</i>	<i>Not asked</i>
Morning	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Afternoon	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Evening	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

16**THE EPWORTH SLEEPINESS SCALE**

The next question asks how likely are you to doze off or fall asleep in a range of situations, in contrast to just feeling tired.

For each situation there is a choice of responses shown on this card (**show prompt card HH16 and read out**) and they are

1. Would never doze
2. Slight chance of dozing
3. Moderate chance of dozing
4. High chance of dozing

Please listen carefully to all the situations and indicate the response which most closely matches your situation. So, how likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times i.e. over the past 3 months. Even if you have not done some of these things recently, try to work out how they would have affected you.

N.B. Row 8, 'In a car.....' either as a driver or passenger.

	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing	Don't know	Not applicable	Refused to answer	Not asked
Sitting and reading	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Watching TV	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sitting, inactive in a public place (e.g. Cinema)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
As a passenger in a car for an hour without a break	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Lying down to rest in the afternoon when given a chance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sitting and talking to someone	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sitting quietly after lunch without alcohol	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
In a car, while stopped for a few minutes in traffic	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

17 SLEEP SCORE

-99

18 Sleep section answered by?

- Participant alone *SKIP HH.19(8) HH.20(8)*
- Informant/consultee alone *SKIP HH.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 If informant/consultee contributed to answers, please tick the response which best describes the informant/consultee's USUAL sleeping arrangements

- Informant/consultee sleeps in the same bed as the participant
- Informant/consultee sleeps in the same room as the participant but not the same bed
- Informant/consultee sleeps in the same residence as the participant but not the same room
- Informant/consultee sleeps in a different residence to the participant
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

21 Was this section omitted?

- Yes SKIP HH.1(8) HH.2 HH.3 HH.4 HH.5 HH.6 HH.7 HH.8_01(8) HH.8_02(8) HH.8_03(8) HH.8_04(8) HH.8_05(8) HH.8_06(8) HH.8_07(8) HH.8_08(8) HH.8_09(8) HH.8_10(8) HH.9 HH.10(8) HH.11(8) HH.12(8) HH.13(8) HH.14(8) HH.15_01(8) HH.15_02(8) HH.15_03(8) HH.16_01(8) HH.16_02(8) HH.16_03(8) HH.16_04(8) HH.16_05(8) HH.16_06(8) HH.16_07(8) HH.16_08(8) HH.18(8) HH.19(8) HH.20(8)
- No SKIP HH.22(98) HH.23(8)
- Item not completed*

22 Why was it omitted?

- Interviewer decision - participant frailty/fatigue SKIP HH.23(8)
- Interviewer decision - participant distress SKIP HH.23(8)
- Interviewer decision - participant unwell SKIP HH.23(8)
- Interviewer decision - participant too busy SKIP HH.23(8)
- Interviewer decision - concern re interviewer safety SKIP HH.23(8)
- Interviewer error SKIP HH.23(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP HH.23(8)
- Not applicable*
- Item not completed*

23 Why did they refuse?

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

II. ORAL HEALTH

NOT POSSIBLE WITH AN INFORMANT.

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

1 During the last 6 months, that is since (STATE DATE 6 MONTHS AGO) have you had any problems eating food because of your mouth, teeth or dentures?

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

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

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

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

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

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

	Eat easily	With some difficulty	Could not eat at all	<i>Don't know</i>	<i>Not applicable</i>	<i>Refused to answer</i>	<i>Not asked</i>
Crusty bread	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Toast	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Tomato	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Raw carrots	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Roast potato	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Cooked green vegetables	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Lettuce	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Well done steaks	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Apples	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Nuts	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

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

	Yes	No	<i>Don't know</i>	<i>Not applicable</i>	<i>Refused to answer</i>	<i>Not asked</i>
i. Do you sip a drink of water through the night because your mouth feels dry?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
ii. Do you sip liquids to help you swallow dry foods?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
iii. Does your mouth feel dry when you are eating a meal?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
iv. Do you have difficulties in swallowing foods because your mouth feels dry?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

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

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

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

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

Not asked

8 Do you have any difficulty swallowing liquids?

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

9 Was this section omitted?

- Yes SKIP II.1(8) II.2(8) II.3(8) II.4_1(8) II.4_10(8) II.4_2(8) II.4_3(8) II.4_4(8) II.4_5(8) II.4_6(8) II.4_7(8) II.4_8(8) II.4_9(8) II.5_1(8) II.5_2(8) II.5_3(8) II.5_4(8) II.6(8) II.7(8) II.8(8)
- No SKIP II.10(98) II.11(8)
- Item not completed

10 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP II.11(8)
- Interviewer decision - Participant distress SKIP II.11(8)
- Interviewer decision - participant unwell SKIP II.11(8)
- Interviewer decision - Participant too busy SKIP II.11(8)
- Interviewer decision - informant/consultee ONLY answering section - not possible with informant SKIP II.11(8)
- Interviewer decision - Concern re interviewer safety SKIP II.11(8)
- Interviewer error SKIP II.11(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP II.11(8)
- Not applicable
- Item not completed

11 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Not asked

JJ. TOOTH COUNT

0 Are you, or have you ever been, registered with a dentist?

- Yes - currently registered
- Yes - not currently registered but have been in the past
- No, never been registered with a dentist **SKIP JJ.2**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

1 Has the participant/consultee given consent for dental records review?

- Yes
- No **SKIP JJ.2**
- Not applicable*
- Item not completed*

2 Enter details of current or last dentist (name, address)

3 Have you seen a dentist in the last year?

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

4 Was this your registered dentist or another dentist?

- Registered dentist **SKIP JJ.5**
- Another dentist
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

5 Enter details of other dentist (name, address)



6 Was the 'tooth count' performed BY NURSE?

- Yes SKIP JJ.7(98) JJ.8(8) JJ.9(8) JJ.10(8) JJ.11(8)
- No
- Not applicable
- Item not completed

7 If 'tooth count' not performed BY NURSE, state reason

- Interviewer omitted - participant frailty/fatigue SKIP JJ.8(8)
- Interviewer omitted - participant distress SKIP JJ.8(8)
- Interviewer omitted - participant unwell SKIP JJ.8(8)
- Interviewer omitted - participant too busy SKIP JJ.8(8)
- Interviewer omitted - concern re interviewer safety SKIP JJ.8(8)
- Interviewer error SKIP JJ.8(8)
- Refused - Participant refused
- Refused - Relative/carer refused
- Other reason (specify) SKIP JJ.8(8)
- Not applicable
- Reason not entered

8 Why did they refuse?

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

9 Was the 'tooth count' performed by self-report?

- Yes SKIP JJ.10(8) JJ.11(8)
- No SKIP JJ.12_1 JJ.12_2 JJ.13(8) JJ.14(8) JJ.15 JJ.16(8)
- Not applicable
- Item not completed

10 If 'tooth count' not done by nurse and then not done by self-report, state reason why not done by self-report

- Participant refused
- Relative/carer refused
- Participant not present and informant didn't know SKIP JJ.11(8)
- Interviewer error SKIP JJ.11(8)
- Other reason (specify) SKIP JJ.11(8)
- Not applicable

Item not completed

11 Why did they refuse?

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

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

Upper Min: 0 Max: 16 Omitted: 90
 Lower Min: 0 Max: 16 Omitted: 90

13 Does the participant use dentures?

- Yes
 No **SKIP JJ.14(8) JJ.15 JJ.16(8)**
 Not applicable
 Item not completed

14 Does the participant use a COMPLETE denture?

- Upper and lower **SKIP JJ.16(8)**
 Upper only **SKIP JJ.15**
 Lower only **SKIP JJ.15**
 No complete denture **SKIP JJ.15**
 Not applicable
 Not asked

15 If COMPLETE upper and lower denture ask

At what age did you start to wear full dentures? Min: 15 Max: 89 Don't know: 97
 Refused to answer: 99 Not asked: 90

16 Does the participant use a PARTIAL denture

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

17 Does the participant have any remaining natural teeth?

- Yes **SKIP JJ.18**
 No **SKIP JJ.19(8)**
 Don't know

- Not applicable*
- Refused to answer*
- Not asked*

18 IF NO REMAINING NATURAL TEETH ASK

At what age were your last natural teeth removed?

Min: 15 Max: 89 Don't know: 97

Refused to answer: 99 Not asked: 90

19 IF REMAINING NATURAL TEETH ASK, Do you have any loose teeth?

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

20 Was this section omitted?

- Yes *SKIP JJ.0(8) JJ.1(8) JJ.2 JJ.3(8) JJ.4(8) JJ.5 JJ.6(8) JJ.7(98) JJ.8(8) JJ.9(8) JJ.10(8) JJ.11(8) JJ.12_1 JJ.12_2 JJ.13(8) JJ.14(8) JJ.15 JJ.16(8) JJ.17(8) JJ.18 JJ.19(8)*
- No *SKIP JJ.21(98) JJ.22(8)*
- Item not completed*

21 Why was it omitted?

- Interviewer decision - participant frailty/fatigue *SKIP JJ.22(8)*
- Interviewer decision - participant distress *SKIP JJ.22(8)*
- Interviewer decision - participant unwell *SKIP JJ.22(8)*
- Interviewer decision - participant too busy *SKIP JJ.22(8)*
- Interviewer decision -concern re interviewer safety *SKIP JJ.22(8)*
- Interviewer error *SKIP JJ.22(8)*
- Participant refused
- Relative/carer refused
- Other reason (specify) *SKIP JJ.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*

KK. SPIROMETRY

1 Was the spirometry section attempted?

- Yes SKIP KK.2(98) KK.3(8)
 No SKIP KK.5(8) KK.6(8) KK.7(8) KK.8(8) KK.9(8) KK.10(8) KK.11(8) KK.12(8) KK.13(8) KK.14(8) KK.15(8) KK.16(8) KK.17(8) KK.18(8) KK.19(8) KK.20(8) KK.21(8) KK.22_1(8) KK.22_2(8) KK.22_3(8) KK.22_4(8) KK.23(8) KK.24(8)
 Item not completed

2 Why was it not attempted?

- Interviewer decision - Technical problem SKIP KK.3(8)
 Interviewer decision - Participant frailty/fatigue SKIP KK.3(8)
 Interviewer decision - Participant distress SKIP KK.3(8)
 Interviewer decision - Participant unwell SKIP KK.3(8)
 Interviewer decision - Participant severe cognitive impairment, unable to even attempt task SKIP KK.3(8)
 Interviewer decision - Participant too busy SKIP KK.3(8)
 Interviewer decision - Concern re interviewer safety SKIP KK.3(8)
 Interviewer error SKIP KK.3(8)
 Participant refused
 Relative/carer refused
 Other reason (specify) SKIP KK.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):

Please enter height from spreadsheet of Phase 1 heights BEFORE WBB visit

error

5 Was any data saved in the SPIDA software?

- Yes *SKIP* KK.6(8)
- No *SKIP* KK.7(8) KK.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 KK.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 KK.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 KK.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 KK.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 KK.17(8) KK.18(8)**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

17 Are you still taking these antibiotics?

- Yes **SKIP KK.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*

19 Have you taken any ORAL steroids for your chest during the last 6 weeks?

- Yes
- No **SKIP KK.20(8) KK.21(8)**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

20 Are you still taking these ORAL steroids?

- Yes **SKIP KK.21(8)**
- No
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

21 When did you finish these ORAL steroids?

- Within the last 7 days
- More than 7 days ago

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

22 Have you EVER worked in any of the following

	Yes	No	<i>Don't know</i>	<i>Not applicable</i>	<i>Refused to answer</i>	<i>Not asked</i>
Heavy industry	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Coal mining	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Chemical works	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Anywhere where you worked with asbestos	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

23 Spirometry symptom questions answered by

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

LL. OXIMETRY

1 Was the oximetry section attempted?

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

2 Why was it not attempted?

- Interviewer decision - Technical problem SKIP LL.3(8)
- Interviewer decision - Participant frailty/fatigue SKIP LL.3(8)
- Interviewer decision - Participant distress SKIP LL.3(8)
- Interviewer decision - Participant unwell SKIP LL.3(8)
- Interviewer decision - Participant too busy SKIP LL.3(8)
- Interviewer decision - Concern re interviewer safety SKIP LL.3(8)
- Interviewer error SKIP LL.3(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP LL.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

MM. SHORTNESS OF BREATH

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 MM.2(8)**
- Limited for reason(s) unrelated to shortness of breath **SKIP MM.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 MM.4(8)**
- Limited for reason(s) unrelated to shortness of breath **SKIP MM.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 MM.6(8)**
- Limited for reason(s) unrelated to shortness of breath **SKIP MM.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 MM.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 MM.10(8)**
- Informant/consultee alone **SKIP MM.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 MM.1(8) MM.2(8) MM.3(8) MM.4(8) MM.5(8) MM.6(8) MM.7(8) MM.8(8) MM.9(8) MM.10(8)*
- No *SKIP MM.12(98) MM.13(8)*
- Not applicable*
- Item not completed*

12 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue *SKIP MM.13(8)*
- Interviewer decision - Participant distress *SKIP MM.13(8)*
- Interviewer decision - Participant unwell *SKIP MM.13(8)*
- Interviewer decision - Participant too busy *SKIP MM.13(8)*
- Interviewer decision - Concern re interviewer safety *SKIP MM.13(8)*
- Interviewer error *SKIP MM.13(8)*
- Participant refused
- Relative/carer refused
- Other reason (specify) *SKIP MM.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*

NN. CHEST PAIN

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 NN.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 NN.3(8) NN.4(8) NN.5(8) NN.6(8) NN.7(8) NN.8(8) NN.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 NN.4(8) NN.5(8) NN.6(8) NN.7(8) NN.8(8) NN.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 NN.5(8)
- Limited for reason(s) unrelated to 'symptom' SKIP NN.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 NN.7(8)
- Limited for reason(s) unrelated to 'symptom' SKIP NN.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 NN.9(8)
- Limited for reason(s) unrelated to 'symptom' SKIP NN.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 NN.1(8) NN.2(8) NN.3(8) NN.4(8) NN.5(8) NN.6(8) NN.7(8) NN.8(8) NN.9(8)
- No SKIP NN.11(98) NN.12(8)
- Not applicable
- Item not completed

11 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP NN.12(8)
- Interviewer decision - Participant distress SKIP NN.12(8)
- Interviewer decision - Participant unwell SKIP NN.12(8)
- Interviewer decision - Participant too busy
- Interviewer decision - Informant/consultee ONLY answering - section not possible with informant SKIP NN.12(8)
- Interviewer decision - Concern re interviewer safety SKIP NN.12(8)
- Interviewer error SKIP NN.12(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP NN.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

OO. ECG

1 Was ECG recording completed

- Yes *SKIP OO.2(98) OO.3(8)*
- No
- Not applicable*
- item not complete*

2 IF NO why not?

- Interviewer decision - Technical problem *SKIP OO.3(8)*
- Interviewer decision - Unable to position participant *SKIP OO.3(8)*
- Interviewer decision - Participant frailty/fatigue *SKIP OO.3(8)*
- Interviewer decision - Participant distress *SKIP OO.3(8)*
- Interviewer decision - Participant too busy *SKIP OO.3(8)*
- Interviewer decision - Concern re interviewer safety *SKIP OO.3(8)*
- Omitted in error *SKIP OO.3(8)*
- Other reason (specify) *SKIP OO.3(8)*
- Refused - Participant refused
- Refused - Relative/carer refused
- Not applicable*
- Reason not entered*

3 If refused, why

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

PP. CLOSING REMARKS SECTION

POSSIBLE WITH AN INFORMANT

1 How did you find this interview?

2 Closing remarks section answered by

- Participant alone *SKIP PP.3(8)*
- Informant/consultee alone *SKIP PP.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 PP.1 PP.2(8) PP.3(8)
- No SKIP PP.5(98) PP.6(8)
- Item not completed

5 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP PP.6(8)
- Interviewer decision - Participant distress SKIP PP.6(8)
- Interviewer decision - Participant unwell SKIP PP.6(8)
- Interviewer decision - Participant too busy SKIP PP.6(8)
- Interviewer decision - Concern re interviewer safety SKIP PP.6(8)
- Interviewer error SKIP PP.6(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP PP.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

QQ. INTERVIEWER'S ASSESSMENT OF PARTICIPANT

COMPLETE DISCREETLY

1 SMMSE Total Score

This will not populate until the SMMSE has been scored.
Use the SMMSE as a prompt in this section.

0

2 Did the participant contribute to any of the QUESTION responses?

- Yes
- No *SKIP QQ.3(8) QQ.4(8) QQ.5 QQ.6(8) QQ.7 QQ.8 QQ.9(8) QQ.10*
- Not applicable*
- Item not completed*

3 Was the SMMSE <19?

- Yes
- No *SKIP QQ.8*
- Not applicable*
- Item not completed*

4 Clear answers?

- Yes *SKIP QQ.5*
- No
- Not applicable*
- Item not completed*

5 If NO, Problematic areas

6 Reliable answers?

- Yes SKIP QQ.7
- No
- Not applicable
- Item not completed

7 If NO, Problematic areas**8 If SMMSE <19 and you judged participant's answers to be clear and reliable i.e. 'yes' to QQ4 and QQ6, then please justify.**

Leave blank if 'no' to QQ4 AND QQ6

9 Did any of the participant interview take place by telephone?

- Yes - all interview by telephone SKIP QQ.10
- Yes - part of interview by telephone
- No telephone interview SKIP QQ.10
- Not applicable
- Item not completed

10 Which sections took place by telephone?

11 Reliable measurements/function test data?

- Yes SKIP QQ.12
- No
- Not applicable
- Item not completed

12 If NO, Problematic areas

If you have already detailed this information in the relevant section, you do NOT need to repeat this here - enter 'documented in relevant section(s)'.

13 Was this section omitted?

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

14 Why was it omitted?

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

RR. 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 SMMSE Total Score

This will not populate until the SMMSE has been scored.

Use the SMMSE as a prompt for RR.2

0

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

- Yes SKIP RR.3(8)
- No SKIP RR.4(8)
- Not applicable
- Item not completed

3 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 RR.5(98) RR.6(8) RR.7 RR.8(8) SS.1(8) SS.2 SS.3(8) SS.4 SS.5(8) SS.6 SS.7(8) SS.8 (8)
- Not applicable
- Item not completed

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

- Yes
- No
- Not applicable
- Item not completed

5 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

6 How often do they see the participant?

- Daily
 Weekly
 Monthly
 Less often
 Not applicable
 Item not completed

7 How many informants in total contributed to this interview?

Min: 1 Max: 5 Not completed: 0

8 Was the participant present for the interview as well?

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

9 Was this section omitted?

- Yes *SKIP RR.2(8) RR.3(8) RR.4(8) RR.5(98) RR.6(8) RR.7 RR.8(8)*
 No *SKIP RR.10(8)*
 Item not completed

10 Why was it omitted?

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

SS. INTERVIEWER'S ASSESSMENT OF INFORMANT/CONSULTEE

COMPLETE DISCREETLY

1 Clear answers?

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

2 If no, problematic areas

3 Reliable answers?

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

4 If no, problematic areas

5 Did any of the interview with informant/consultee take place by telephone?

- Yes - all interview by telephone *SKIP SS.6*
- Yes - part of interview by telephone
- No telephone interview *SKIP SS.6*
- Not applicable*
- Item not completed*

6 Which sections took place by telephone?**7 Was this section omitted?**

- Yes *SKIP SS.1(8) SS.2 SS.3(8) SS.4 SS.5(8) SS.6*
- No *SKIP SS.8(8)*
- Not applicable*
- Item not completed*

8 Why was it omitted?

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