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[Interview 1](#) 

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# A. INTRODUCTION

NOT POSSIBLE WITH AN INFORMANT

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

## 1 How are you feeling today?

Record verbatim

## 2 Was this section omitted?

- Yes *SKIP A.1*
- No *SKIP A.3(98) A.4(8)*
- Item not completed*

## 3 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue *SKIP A.4(8)*
- Interviewer decision - Participant distress *SKIP A.4(8)*
- Interviewer decision - Participant unwell *SKIP A.4(8)*
- Interviewer decision - Participant too busy *SKIP A.4(8)*
- Interviewer decision - Informant/consultee ONLY answering - section not possible with informant *SKIP A.4(8)*
- Interviewer decision - Concern re interviewer safety *SKIP A.4(8)*
- Interviewer error *SKIP A.4(8)*
- Participant refused
- Relative/carer refused
- Other reason (specify)  *SKIP A.4(8)*
- Not applicable*
- Item not completed*

## 4 Why did they refuse?

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

## B. GENERAL HEALTH

### POSSIBLE WITH AN INFORMANT - EXCEPT B1

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

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

Not possible with informant

- Excellent
- Very good
- Good
- Fair
- Poor
- Interviewer omitted - participant not present - interview- 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

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

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

- Yes
- No **SKIP B.3 B.4**
- Don't know
- Not applicable
- Refused to answer
- Not asked

#### 3 What is the matter with you?

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

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

If entered missing value codes in B3, use same missing value codes in B4.

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

**5 General health section answered by**

- Participant alone *SKIP B.6(8)*
- Informant/consultee alone *SKIP B.6(8)*
  
- Participant and Informant/consultee
- Not applicable*
- Item not completed*

**6 If participant and informant/consultee**

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

**7 Was this section omitted?**

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

**8 Why was it omitted?**

- Interviewer decision - Participant frailty/fatigue *SKIP B.9(8)*
- Interviewer decision - Participant distress *SKIP B.9(8)*
- Interviewer decision - Participant unwell *SKIP B.9(8)*
- Interviewer decision - Participant too busy *SKIP B.9(8)*
- Interviewer decision - Concern re interviewer safety *SKIP B.9(8)*
- Interviewer error *SKIP B.9(8)*
- Participant refused
- Relative/carer refused
- Other reason (specify)  *SKIP B.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*

## C. EYESIGHT

### POSSIBLE WITH AN INFORMANT

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

#### 1 Do you use glasses/contact lenses?

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

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

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

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

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

#### 4 Are you registered blind or partially sighted?

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

**5 Eyesight section answered by**

- Participant alone *SKIP C.6(8)*
- Informant/consultee alone *SKIP C.6(8)*
  
- Participant and informant/consultee
- Not applicable*
- Item not completed*

**6 If participant and informant/consultee**

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

**7 Was this section omitted?**

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

**8 Why was it omitted?**

- Interviewer decision - Participant frailty/fatigue *SKIP C.9(8)*
- Interviewer decision - Participant distress *SKIP C.9(8)*
- Interviewer decision - Participant unwell *SKIP C.9(8)*
- Interviewer decision - Participant too busy *SKIP C.9(8)*
- Interviewer decision - Concern re interviewer safety *SKIP C.9(8)*
- Interviewer error *SKIP C.9(8)*
- Participant refused
- Relative/carer refused
- Other reason (specify)  *SKIP C.9(8)*
  
- Not applicable*
- Item not completed*

**9 Why was it refused?**

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

## D. HEARING

### POSSIBLE WITH AN INFORMANT

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

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

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

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

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

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

- No difficulty
- Some difficulty
- Unable to hear at all
- Participant not present
- Not applicable*
- Item not completed*

**4 Is the participant wearing a hearing aid?**

- Yes
- No
- Participant not present
- Not applicable*
- Item not completed*

**5 Hearing section answered by**

- Participant alone SKIP D.6(8)
- Informant/consultee alone SKIP D.6(8)
  
- Participant and informant/consultee
- Not applicable*
- Item not completed*

**6 If participant and informant/consultee**

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

**7 Was this section omitted?**

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

**8 Why was it omitted?**

- Interviewer decision - Participant frailty/fatigue SKIP D.9(8)
- Interviewer decision - Participant distress SKIP D.9(8)
- Interviewer decision - Participant unwell SKIP D.9(8)
- Interviewer decision - Participant too busy SKIP D.9(8)
- Interviewer decision - Concern re interviewer safety SKIP D.9(8)
- Interviewer error SKIP D.9(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP D.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*



## E. KEY EVENTS

POSSIBLE WITH AN INFORMANT.

1 Since we saw you last time (e.g. in June last year) has anything happened to you or your family which has stood out as important? This might be things you have done, or things that have been of interest or concern. Just whatever comes to mind as important to you since we last saw you.

RECORD VERBATIM RESPONSE. FOR EACH EVENT, PROMPT PARTICIPANT AND RECORD 'SUBJECT (S)'.

**2 DO NOT ATTEMPT TO CODE THIS DURING THE INTERVIEW.  
CODE BACK IN OFFICE. CODE UP TO 6 EVENTS TOGETHER WITH THE SUBJECT  
CODE(S) (E.G. THE PARTICIPANT, THEIR SPOUSE, FRIEND OR PET)**

Event code 1	<input type="text"/>	Min: 001 Max: 097 Don't know: 997 Refused to answer:
	999 Not asked: 990	
Subject code 1a	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 1b	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 1c	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Event code 2	<input type="text"/>	Min: 001 Max: 097 Don't know: 997 Refused to answer:
	999 Not asked: 990	
Subject code 2a	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 2b	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 2c	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Event code 3	<input type="text"/>	Min: 001 Max: 097 Don't know: 997 Refused to answer:
	999 Not asked: 990	
Subject code 3a	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 3b	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 3c	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Event code 4	<input type="text"/>	Min: 001 Max: 097 Don't know: 997 Refused to answer:
	999 Not asked: 990	
Subject code 4a	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 4b	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 4c	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Event code 5	<input type="text"/>	Min: 001 Max: 097 Don't know: 997 Refused to answer:
	999 Not asked: 990	
Subject code 5a	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 5b	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	
Subject code 5c	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99
	Not asked: 90	

Event code 6	<input type="text"/>	Min: 001 Max: 097 Don't know: 997 Refused to answer: 999 Not asked: 990
Subject code 6a	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99 Not asked: 90
Subject code 6b	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99 Not asked: 90
Subject code 6c	<input type="text"/>	Min: 00 Max: 20 Don't know: 97 Refused to answer: 99 Not asked: 90

**3 IN THE FOLLOWING QUESTIONS CHECK WITH PARTICIPANT AND RECORD ANSWERS AGAIN EVEN IF ANSWERED AT QUESTION 1 ABOVE. TAKE CARE IF REPEATING SENSITIVE TOPICS.**

**Since we last saw you has anyone very close to you died?**

PROMPT TO INCLUDE PETS

- Yes  
 No SKIP E.4\_01(8) E.4\_02(8) E.4\_03(8) E.4\_04(8) E.4\_05(8) E.4\_06(8) E.4\_07(8) E.4\_08(8) E.4\_09(8) E.4\_10(8) E.4\_11(8) E.4\_12(8) E.4\_13(8) E.4\_14(8) E.5  
 Don't know  
 Not applicable  
 Refused to answer  
 Not asked

**4 Who was it who died?**

If a neighbour is also a friend then code as friend

	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
Spouse/partner	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Daughter(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Daughter(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Son(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Son(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Brother(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Brother(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sister(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sister(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Other relative(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Friend	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Neighbour	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Pet	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Other(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

**5 If other(s) (final row), please specify. No need to specify other relative(s)**

**6 Since we last saw you has there been any change in your levels of physical activity?**

- No change
- More active
- Less active
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**7 Since we last saw you has there been any change in your ability to do daily activities?**

- No change
- More able
- Less able
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**8 Since we last saw you has there been any change in your income or standard of living?**

- No change
- Better off
- Less well off
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**9 Could I just check, what is your current legal marital status?**

- Single, that is never married **SKIP E.10**
- Married (1st marriage) **SKIP E.10**
- Remarried **SKIP E.10**
- Separated but still legally married
- Divorced
- Widowed
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**10 How long have you been separated/divorced/widowed from your most recent partner?**

Enter in years. If 1 year or less then enter as 1.

Min: 01 Max: 70 Don't know: 97 Refused to answer: 99 Not asked: 90

**11 Key events section answered by**

- Participant alone SKIP E.12(8)
- Informant/consultee alone SKIP E.12(8)
- Participant and informant/consultee
- Not applicable
- Item not completed

**12 If participant and informant/consultee**

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

**13 Was this section omitted?**

- Yes SKIP E.1 E.2\_01 E.2\_02 E.2\_03 E.2\_04 E.2\_05 E.2\_06 E.2\_07 E.2\_08 E.2\_09 E.2\_10 E.2\_11 E.2\_12 E.2\_13 E.2\_14 E.2\_15 E.2\_16 E.2\_17 E.2\_18 E.2\_19 E.2\_20 E.2\_21 E.2\_22 E.2\_23 E.2\_24 E.3(8) E.4\_01(8) E.4\_02(8) E.4\_04(8) E.4\_05(8) E.4\_06(8) E.4\_07(8) E.4\_08(8) E.4\_09(8) E.4\_10(8) E.4\_11(8) E.4\_12(8) E.4\_13(8) E.4\_14(8) E.5 E.6(8) E.7(8) E.8(8) E.9(8) E.10 E.11(8) E.12(8)
- No SKIP E.14(98) E.15(8)
- Item not completed

**14 Why was it omitted?**

- Interviewer decision - Participant frailty/fatigue SKIP E.15(8)
- Interviewer decision - Participant distress SKIP E.15(8)
- Interviewer decision - Participant unwell SKIP E.15(8)
- Interviewer decision - Participant too busy SKIP E.15(8)
- Interviewer decision - Concern re interviewer safety SKIP E.15(8)
- Interviewer error SKIP E.15(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP E.15(8)
- Not applicable
- Item not completed

**15 Why did they refuse?**

No reason given

Distress/anxiety

Unwell

Fatigue

Other reason (specify)

*Not applicable*

*Item not completed*

## F. LIVING ARRANGEMENTS

### POSSIBLE WITH AN INFORMANT

The following questions ask about where you live now.....

#### 1 Could I just check, since we last saw you have you changed address?

Is the participant's CURRENT address different to their address at Phase 2? Do not include 'intermediate' changes or current changes which are temporary.

- Yes - moved into care home SKIP F.3(8) F.4\_01(8) F.4\_02(8) F.4\_03(8) F.4\_04(8) F.4\_05(8) F.4\_06(8) F.4\_07(8) F.4\_08(8) F.4\_09(8) F.4\_10(8) F.4\_11(8) F.4\_12(8) F.5 F.6(8) F.7\_01(8) F.7\_02(8) F.7\_03(8) F.7\_04(8) F.7\_05(8) F.7\_06(8) F.7\_07(8) F.7\_08(8) F.7\_09(8) F.7\_10(8) F.7\_11(8) F.7\_12(8) F.8 F.9(8) F.10\_01(8) F.10\_02(8) F.10\_03(8) F.10\_04(8) F.10\_05(8) F.10\_06(8) F.10\_07(8) F.10\_08(8) F.10\_09(8) F.10\_10(8) F.10\_11(8) F.10\_12(8) F.11 F.12
- Yes - moved but NOT into care home
- No SKIP F.2 F.3(8) F.4\_01(8) F.4\_02(8) F.4\_03(8) F.4\_04(8) F.4\_05(8) F.4\_06(8) F.4\_07(8) F.4\_08(8) F.4\_09(8) F.4\_10(8) F.4\_11(8) F.4\_12(8) F.5 F.14(8) F.15(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

#### 2 Why was that?

Record answer verbatim



**3 Did you move in with someone else?**

Refers to the move to their current address

- Yes  
 No SKIP F.4\_01(8) F.4\_02(8) F.4\_03(8) F.4\_04(8) F.4\_05(8) F.4\_06(8) F.4\_07(8) F.4\_08(8) F.4\_09(8) F.4\_10(8) F.4\_11(8) F.4\_12(8) F.5  
 Don't know  
 Not applicable  
 Refused to answer  
 Not asked

**4 Who did you move in with?**

	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
Spouse/partner	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Daughter(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Daughter(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Son(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Son(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Brother(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Brother(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sister(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sister(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Other relative(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Friend	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Other(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

**5 If other(s) (final row), please specify. No need to specify other relative(s)**

**6 Since we last saw you, has anyone moved in to live with you?**

If participant still resides in a care home, please select 'not relevant-resides in care home'

- Yes
- No SKIP F.7\_01(8) F.7\_02(8) F.7\_03(8) F.7\_04(8) F.7\_05(8) F.7\_06(8) F.7\_07(8) F.7\_08(8) F.7\_09(8) F.7\_10(8) F.7\_11(8) F.7\_12(8) F.8
- Not relevant-resides in care home SKIP F.7\_01(8) F.7\_02(8) F.7\_03(8) F.7\_04(8) F.7\_05(8) F.7\_06(8) F.7\_07(8) F.7\_08(8) F.7\_09(8) F.7\_10(8) F.7\_11(8) F.7\_12(8) F.8 F.9(8) F.10\_01(8) F.10\_02(8) F.10\_03(8) F.10\_04(8) F.10\_05(8) F.10\_06(8) F.10\_07(8) F.10\_08(8) F.10\_09(8) F.10\_10(8) F.10\_11(8) F.10\_12(8) F.11 F.12
- Don't know
- Not applicable
- Refused to answer
- Not asked

**7 Who has moved in with you?**

	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
Spouse/partner	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Daughter(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Daughter(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Son(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Son(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Brother(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Brother(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sister(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sister(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Other relative(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Friend	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Other(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

**8 If other(s) (final row), please specify. No need to specify other relative(s)**

**9 So, could I just check, do you live alone?**

- Yes SKIP F.10\_01(8) F.10\_02(8) F.10\_03(8) F.10\_04(8) F.10\_05(8) F.10\_06(8) F.10\_07(8) F.10\_08(8) F.10\_09(8) F.10\_10(8) F.10\_11(8) F.10\_12(8) F.11 F.12  
 No  
 Don't know  
 Not applicable  
 Refused to answer  
 Not asked

**10 And could I just check, who do you live with?**

	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
Spouse/partner	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Daughter(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Daughter(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Son(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Son(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Brother(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Brother(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sister(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sister(s) in law	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Other relative(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Friend	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Other(s)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

**11 If other(s) (final row), please specify. No need to specify other relative(s)**

**12 So could I just check, how many people do you live with**


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

**13 What best describes your home**

CODE GRANNY FLAT AS STANDARD HOUSING

TAKE CARE WITH SKIPS OF CC1 (INT 2) SET UP FROM THIS QUESTION- ONLY CERTAIN ROWS OF CC1 SHOULD BE SKIPPED. STANDARD HOUSING AND 'OTHER' SKIP ROW 1 CC1, CARE HOME - RESIDENTIAL OR NURSING PLACEMENT AND LONG STAY HOSPITAL SKIP ROWS 1-5 CC1.

- "Standard" housing SKIP CC.1\_01(8)
- Sheltered housing with warden
- Care home - residential placement: council SKIP CC.1\_01(8) CC.1\_02(8) CC.1\_03(8) CC.1\_04(8) CC.1\_05(8) F.14(8) F.15(8) F.16(8)
- Care home - residential placement: private SKIP CC.1\_01(8) CC.1\_02(8) CC.1\_03(8) CC.1\_04(8) CC.1\_05(8) F.14(8) F.15(8) F.16(8)
- Care home - nursing placement SKIP CC.1\_01(8) CC.1\_02(8) CC.1\_03(8) CC.1\_04(8) CC.1\_05(8) F.14(8) F.15(8) F.16(8)
- Long stay hospital SKIP CC.1\_01(8) CC.1\_02(8) CC.1\_03(8) CC.1\_04(8) CC.1\_05(8) F.14(8) F.15(8) F.16(8)
- Other (specify)  SKIP CC.1\_01(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

**14 Is your home**

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

**15 In whose name is your home rented or owned/mortgaged:**

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

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

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

**17 Living arrangements section answered by**

- Participant alone **SKIP F.18(8)**
- Informant/consultee alone **SKIP F.18(8)**
  
- Participant and informant/consultee
- Not applicable*
- Item not completed*

**18 If participant and informant/consultee**

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

**19 Was this section omitted?**

- Yes SKIP F.1(8) F.2 F.3(8) F.4\_01(8) F.4\_02(8) F.4\_03(8) F.4\_04(8) F.4\_05(8) F.4\_06(8) F.4\_07(8) F.4\_08(8) F.4\_09(8) F.4\_10(8) F.4\_11(8) F.4\_12(8) F.5 F.6(8) F.7\_01(8) F.7\_02(8) F.7\_03(8) F.7\_04(8) F.7\_05(8) F.7\_06(8) F.7\_07(8) F.7\_08(8) F.7\_09(8) F.7\_10(8) F.7\_11(8) F.7\_12(8) F.8 F.9(8) F.10\_01(8) F.10\_02(8) F.10\_03(8) F.10\_04(8) F.10\_05(8) F.10\_06(8) F.10\_07(8) F.10\_08(8) F.10\_09(8) F.10\_10(8) F.10\_11(8) F.10\_12(8) F.11 F.12 F.13(98) F.14(8) F.15(8) F.16(8) F.17(8) F.18(8)
- No SKIP F.20(98) F.21(8)
- Item not completed*

**20 Why was it omitted?**

- Interviewer decision - Participant frailty/fatigue SKIP F.21(8)
- Interviewer decision - Participant distress SKIP F.21(8)
- Interviewer decision - Participant unwell SKIP F.21(8)
- Interviewer decision - Participant too busy SKIP F.21(8)
- Interviewer decision - Concern re interviewer safety SKIP F.21(8)
- Interviewer error SKIP F.21(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP F.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*

## G. STANDARDISED MINI-MENTAL STATE EXAMINATION (SMMSE)

Complete the SMMSE recording sheet during the interview. Do not attempt to complete this section during the interview, leave it until you return to the office.

### -2 Was this section omitted?

- Yes SKIP G.1 G.2 G.3 G.4 G.5 G.6 G.7 G.8 G.9 G.10 G.11 G.12 G.13 G.14 G.15 G.16 G.17 G.18 G.19 G.20 G.26(8) G.27(98) G.28(8) G.29(8) G.30(8) G.31(98) G.33(8) G.34(8) G.35(8) G2.1\_2 G2.2\_2 G2.3\_2 G2.4\_2 G2.5\_2 G2.6\_2 G2.7\_2 G2.8\_2 G2.9\_2 G2.10\_2 G2.11\_2 G2.12\_2 G2.13\_2 G2.14\_2 G2.15\_2 G2.16\_2 G2.17\_2 G2.18\_2 G2.19\_2 G2.20\_2
- No SKIP G.-1(98) G.0(8)
- Item not completed

### -1 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP G.0(8)
- Interviewer decision - Participant distress SKIP G.0(8)
- Interviewer decision - Participant unwell SKIP G.0(8)
- Interviewer decision - Participant too busy SKIP G.0(8)
- Interviewer decision - concern re interviewer safety SKIP G.0(8)
- Interviewer error SKIP G.0(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP G.0(8)
- Not applicable
- Item not completed

### 0 Why did they refuse?

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

### 1 What year is this?

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

### 2 What season is this?

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**3 What month is this?**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**4 What is today's date?**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**5 What day of the week is this?**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**6 ORIENTATION - PLACE****What country are we in?**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**7 What county are we in?**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**8 What city/town are we in?**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**9 What is the street address of this house? / What is the name of this hospital/building?**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**10 What room are we in? / What floor of the building are we on?**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**11 REGISTRATION**

If participant does not respond record as '88'

Min: 0 Max: 3 Don't know: 97 Refused to answer: 99 Not asked: 90

**12 ATTENTION AND CALCULATION****Could you spell the word WORLD backwards?**

If participant does not respond record as '88'

Min: 0 Max: 5 Don't know: 97 Refused to answer: 99 Not asked: 90



**13 RECALL**

If participant does not respond record as '88'

Min: 0 Max: 3 Don't know: 97 Refused to answer: 99 Not asked: 90

**14 LANGUAGE - WRISTWATCH**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**15 PENCIL**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**16 No ifs, ands or buts**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**17 CLOSE YOUR EYES**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**18 FOLLOWING INSTRUCTIONS: PAPER FOLDING**

If participant does not respond record as '88'

Min: 0 Max: 3 Don't know: 97 Refused to answer: 99 Not asked: 90

**19 SENTENCE**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**20 COPY DIAGRAM**

If participant does not respond record as '88'

Min: 0 Max: 1 Don't know: 97 Refused to answer: 99 Not asked: 90

**21 Orientation - time: score (max 5)**0 **22 Orientation - place: score (max 5)**0 **23 Registration/Calculation/Recall: score (max 11)**0 **24 Language: score (max 9)**0 **25 Total score (max 30)**0 **26 Were any items not asked?**

- Yes  
 No **SKIP G.27(98)**  
 *Not applicable*  
 *Item not completed*

**27 Reasons why items not asked****CODE ALL THAT APPLY**

- Visual impairment  
 Hearing impairment  
 Speech impairment  
 Language barrier  
 Unable to comprehend task  
 Literacy problem (unable to read/write)  
 Reduced manual dexterity  
 Distress  
 Fatigue  
 Interviewer error  
 Other reason (specify)   
 *Not applicable*  
 *Reason not entered*

**28 Were any items refused?**

- Yes
- No **SKIP G.29(8)**
- Not applicable*
- Item not completed*

**29 Reasons why items refused**

CODE ALL THAT APPLY

- Participant refused - no reason
- Participant refused - visual impairment
- Participant refused - literacy problem (unable to read/write)
- Participant refused - reduced manual dexterity
- Participant refused - other reason (specify)
- Relative/carer refused - no reason
- Relative/carer refused - other reason (specify)
- Not applicable*
- Reason not entered*

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

- Yes
- No **SKIP G.31(98)**
- Not applicable*
- Item not completed*

**31 If Yes, what problem(s)**

CODE ALL THAT APPLY

- Visual impairment
- Hearing impairment
- Speech impairment
- Language barrier
- Literacy problem (unable to read/write)
- Reduced manual dexterity
- Distress
- Fatigue
- Other reason (specify)
- Not applicable*
- Reason not entered*

**32 Total Score**

0

**33 Is the total SMMSE score less than 19?**

- Yes
- No *SKIP G.34(8) G.35(8)*
- Not applicable*
- Item not completed*

**34 Was consultee approval obtained prior to starting interview?**

- Yes *SKIP G.35(8)*
- No
- Not applicable*
- Item not completed*

**35 In your opinion, is the participant capable of consent without the need for consultee approval?**

*IT WILL BE VERY UNUSUAL TO ANSWER 'YES' TO THIS QUESTION. IF YOU DO JUDGE THAT THE PARTICIPANT IS CAPABLE OF CONSENT WITHOUT ADDITIONAL CONSULTEE APPROVAL DESPITE A SMMSE <19 YOU MAY CONTINUE THE INTERVIEW BUT YOU MUST DISCUSS THIS WITH THE RESEARCH NURSE MANAGER ASAP AND DOCUMENT YOUR DECISION. IF YOU JUDGE THAT THE PARTICIPANT IS NOT CAPABLE OF CONSENT WITHOUT CONSULTEE APPROVAL, YOU MUST DISCONTINUE THE INTERVIEW UNTIL APPROVAL IS OBTAINED.*

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

## G2. SMMSE CHECK

### 1 What year is this?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

### 2 What season is this?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

### 3 What month is this?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

### 4 What is today's date?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

### 5 What day of the week is this?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

## 6 ORIENTATION - PLACE

### What country are we in?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

### 7 What county are we in?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

### 8 What city/town are we in?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

### 9 What is the street address of this house? / What is the name of this hospital/building?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

### 10 What room are we in? / What floor of the building are we on?

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

**11 REGISTRATION****I am going to name three objects**

If participant does not respond record as '88'

Min: 00 Max: 03 Don't know: 97 Refused to answer: 99 Not asked: 90

**12 ATTENTION AND CALCULATION****Could you spell the word WORLD backwards?**

If participant does not respond record as '88'

Min: 00 Max: 05 Don't know: 97 Refused to answer: 99 Not asked: 90

**13 RECALL****Now what were the 3 objects that I asked you to remember?**

If participant does not respond record as '88'

Min: 00 Max: 03 Don't know: 97 Refused to answer: 99 Not asked: 90

**14 LANGUAGE - WRISTWATCH**

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

**15 PENCIL**

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

**16 No ifs, ands or buts**

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

**17 CLOSE YOUR EYES**

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

**18 FOLLOWING INSTRUCTIONS: PAPER FOLDING**

If participant does not respond record as '88'

Min: 00 Max: 03 Don't know: 97 Refused to answer: 99 Not asked: 90

**19 SENTENCE**

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

**20 COPY DIAGRAM**

If participant does not respond record as '88'

Min: 00 Max: 01 Don't know: 97 Refused to answer: 99 Not asked: 90

**21 Do SMMSE CHECK scores match 1st SMMSE entry scores?**

If "0" appears when you "recalculate" this indicates there are NO mismatches. Any other number indicates the question where the mismatch occurs, this will need to be corrected and "recalculated" (more than once if necessary) until you achieve 0

0



# H1. DISABILITY

## POSSIBLE WITH AN INFORMANT

Now I would like to ask about any difficulties you may have with day to day activities. For each activity I would like to know if you are able to do the activity at the moment. It does not matter whether you are actually doing the activities, but whether you could do them if you had to.

For each activity there are a choice of answers written on this card and they are:

### SHOW PROMPT CARD H AND READ OUT

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

**N.B. Aids and appliances do NOT include items a non-disabled person might ordinarily use to perform an activity such as a microwave for cooking**

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

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

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

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

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

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

**3 Are you able to get on and off the toilet?**

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

- I have no difficulty doing this by myself SKIP H1.4(8) H1.5(98) H1.6(8) H1.7(98) H1.8(8)
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help SKIP H1.4(8)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**4 Does anyone help you to use the toilet?**

- Yes
- No SKIP H1.5(98) H1.6(8) H1.7(98) H1.8(8)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**5 Who usually helps you?**

(CODE 1 ONLY)

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

**6 Do they help:**

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

**7 Does any one else help you?**

(CODE UP TO 3)

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

**8 Would you say the help you get to use the toilet:**

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

## H9. DISABILITY

### 9 Are you able to get around in the house?

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

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

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

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

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

### 11 Are you able to walk at least 400 yards?

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

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

**12 Are you able to dress and undress yourself?**

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

- I have no difficulty doing this by myself SKIP H9.13(8) H9.14(98) H9.15(8) H9.16(98) H9.17(8)
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help SKIP H9.13(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

**13 Does anyone help you to dress/undress?**

- Yes
- No SKIP H9.14(98) H9.15(8) H9.16(98) H9.17(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

**14 Who usually helps you?**

(CODE 1 ONLY)

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

**15 Do they help:**

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

**16 Does any one else help you?**

(CODE UP TO 3)

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

**17 Would you say the help you get to dress/undress:**

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

## H18. DISABILITY

### 18 Are you able to wash your face and hands?

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

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

### 19 Are you able to wash yourself all over?

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

- I have no difficulty doing this by myself SKIP H18.20(8) H18.21(98) H18.22(8) H18.23(98) H18.24(8)
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help SKIP H18.20(8)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

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

- Yes
- No SKIP H18.21(98) H18.22(8) H18.23(98) H18.24(8)
  
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**21 Who usually helps you?**

(CODE 1 ONLY)

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

**22 Do they help:**

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



**23 Does any one else help you?**

(CODE UP TO 3)

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

**24 Would you say the help you get with washing yourself:**

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

## H25. DISABILITY

### 25 Are you able to cut your own toenails?

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

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

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

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

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

### 27 Are you able to prepare and cook a hot meal?

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

- I have no difficulty doing this by myself **SKIP H25.28(8) H25.29(98) H25.30(8) H25.31(98) H25.32(8)**
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help **SKIP H25.28(8)**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**28 Does anyone help you to prepare and cook hot meals?**

- Yes
- No **SKIP H25.29(98) H25.30(8) H25.31(98) H25.32(8)**
  
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**29 Who usually helps you?****(CODE 1 ONLY)**

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

**30 Do they help:**

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

**31 Does any one else help you?**

(CODE UP TO 3)

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

**32 Would you say the help you get to prepare hot meals:**

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

## H33. DISABILITY

**33 Are you able to do your shopping for groceries? (including getting your shopping home)**  
IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

- I have no difficulty doing this by myself SKIP H33.34(8) H33.35(98) H33.36(8) H33.37(98) H33.38(8)
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help SKIP H33.34(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

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

- Yes
- No SKIP H33.35(98) H33.36(8) H33.37(98) H33.38(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

**35 Who usually helps you?**

(CODE 1 ONLY)

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

**36 Do they help:**

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

**37 Does any one else help you?**

(CODE UP TO 3)

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

**38 Would you say the help you get with shopping:**

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

## H39. DISABILITY

### 39 Are you able to do light housework? (e.g. dusting and tidying up)

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

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

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

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

- I have no difficulty doing this by myself SKIP H39.41(8) H39.42(98) H39.43(8) H39.44(98) H39.45(8)
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help SKIP H39.41(8)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

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

- Yes
- No SKIP H39.42(98) H39.43(8) H39.44(98) H39.45(8)
  
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**42 Who usually helps you?****(CODE 1 ONLY)**

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

**43 Do they help:**

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

**44 Does any one else help you?****(CODE UP TO 3)**

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



**45 Would you say the help you get with housework:**

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

## H46. DISABILITY

### 46 Are you able to take your medication?

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

- I have no difficulty doing this by myself SKIP H46.48(8) H46.49(98) H46.50(8) H46.51(98) H46.52(8)
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help SKIP H46.48(8)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

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

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

### 48 Does anyone help you with your medication?

- Yes
- No SKIP H46.49(98) H46.50(8) H46.51(98) H46.52(8)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

**49 Who usually helps you?**

(CODE 1 ONLY)

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

**50 Do they help:**

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

**51 Does any one else help you?**

(CODE UP TO 3)

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

**52 Would you say the help you get with managing your medication:**

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

## H53. DISABILITY

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

IF USES AIDS OR APPLIANCES BUT ALSO NEEDS SOMEONE TO HELP THEM, CODE AS "I AM UNABLE TO DO THIS MYSELF, I NEED SOMEONE ELSE'S HELP"

- I have no difficulty doing this by myself SKIP H53.54(8) H53.55(98) H53.56(8) H53.57(98) H53.58(8)
- I have some difficulty doing this by myself
- I can only do this by myself if I use an aid or appliance
- I am unable to do this by myself, I need someone else's help SKIP H53.54(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

### 54 Does anyone help you to manage money?

- Yes
- No SKIP H53.55(98) H53.56(8) H53.57(98) H53.58(8)
- Don't know
- Not applicable
- Refused to answer
- Not asked

### 55 Who usually helps you?

(CODE 1 ONLY)

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

**56 Do they help:**

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

**57 Does any one else help you?**

(CODE UP TO 3)

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

**58 Would you say the help you get to manage money:**

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

## H59. DISABILITY

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

CODE ALL THAT APPLY

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

### 60 Disability section answered by

- Participant alone *SKIP H59.61(8)*
- Informant/consultee alone *SKIP H59.61(8)*
- Participant and informant/consultee
- Not applicable*
- Item not completed*

### 61 If participant and informant/consultee

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

**62 Was this section omitted?**

- Yes SKIP H1.1(8) H1.2(8) H1.3(8) H1.4(8) H1.5(98) H1.6(8) H1.7(98) H1.8(8) H9.9(8) H9.10(8) H9.11(8) H9.12(8) H9.13(8) H9.14(98) H9.15(8) H9.16(98) H9.17(8) H18.18(8) H18.19(8) H18.20(8) H18.21(98) H18.22(8) H18.23(98) H18.24(8) H25.25(8) H25.26(8) H25.27(8) H25.28(8) H25.29(98) H25.30(8) H25.31(98) H25.32(8) H33.33(8) H33.34(8) H33.35(98) H33.36(8) H33.37(98) H33.38(8) H39.39(8) H39.40(8) H39.41(8) H39.42(98) H39.43(8) H39.44(98) H39.45(8) H46.46(8) H46.47(8) H46.48(8) H46.49(98) H46.50(8) H46.51(98) H46.52(8) H53.53(8) H53.54(8) H53.55(98) H53.56(8) H53.57(98) H53.58(8) H59.59(98) H59.60(8) H59.61(8)
- No SKIP H59.63(98) H59.64(8)
- Item not completed*

**63 Why was it omitted?**

- Interviewer decision - Participant frailty/fatigue SKIP H59.64(8)
- Interviewer decision - Participant distress SKIP H59.64(8)
- Interviewer decision - Participant unwell SKIP H59.64(8)
- Interviewer decision - Participant too busy SKIP H59.64(8)
- Interviewer decision - Concern re interviewer safety SKIP H59.64(8)
- Interviewer error SKIP H59.64(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP H59.64(8)
- Not applicable*
- Item not completed*

**64 Why did they refuse?**

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



# I. BLOOD PRESSURE: SITTING

## 1 Was the BP section attempted?

- Yes SKIP I.2(98) I.3(8)
- No SKIP I.4(8) I.5\_1 I.5\_2 I.6\_1 I.6\_2 I.7 I.8(8) I.9(8) I.10(98) I.11(8)
- Item not completed

## 2 Why was it not attempted

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

## 3 Why did they refuse?

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

## 4 Has your GP told you that you have high blood pressure?

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

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

**First BP Reading**

Systolic (mmHg)  Min: 090 Max: 230 Omitted: 990

Diastolic (mmHg)  Min: 040 Max: 120 Omitted: 990

**6 Second BP Reading (after a further 2 minutes)**

Systolic (mmHg)  Min: 090 Max: 230 Omitted: 990

Diastolic (mmHg)  Min: 040 Max: 120 Omitted: 990

**7 Time (hhmm)**

Min: 0800 Max: 1800 Omitted: 9990

**8 Which arm was used?**

- Left
- Right
- Not applicable
- Item not completed

**9 Number of BP measurements obtained**

- 0 SKIP I.5\_1 I.5\_2 I.6\_1 I.6\_2
- 1 SKIP I.6\_1 I.6\_2
- 2 SKIP I.10(98) I.11(8)
- Not applicable
- Item not completed

**10 If not 2, state reason**

- Interviewer decision - Participant frailty/fatigue SKIP I.11(8)
- Interviewer decision - Participant distress SKIP I.11(8)
- Interviewer decision - Participant unwell SKIP I.11(8)
- Interviewer decision - Too painful SKIP I.11(8)
- Interviewer decision - Technical problem SKIP I.11(8)
- Interviewer error SKIP I.11(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP I.11(8)
- Not applicable
- Item not completed

**11 Why did they refuse?**

No reason given

Distress/anxiety

Unwell

Fatigue

Painful

Other (specify)

*Not applicable*

*Item not completed*

## J. HAND-GRIP STRENGTH

### 1 Was the hand-grip strength section attempted?

- Yes SKIP J.2(98) J.3(8)
- No SKIP J.4(8) J.5(98) J.6(8) J.7\_1 J.7\_2 J.8\_1 J.8\_2 J.10(98) J.11(8)
- Item not completed

### 2 Why was it not attempted

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

### 3 Why did they refuse?

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

**4 Instruct the participant to squeeze on the dynamometer as hard as they can. This should be done first with the right hand then the left hand, then again with the right hand and finally again with the left hand. This gives a total of four measurements. The mean value of the highest measurement for each hand is displayed on the device after approximately three seconds.**

**Were all 4 measurements obtained?**

- Yes *SKIP J.5(98) J.6(8)*
- No
- Not applicable*
- Item not completed*

### 5 Why weren't all 4 measurements obtained?

- Interviewer decision - Participant frailty/fatigue SKIP J.6(8)
- Interviewer decision - Participant distress SKIP J.6(8)
- Interviewer decision - Participant unwell SKIP J.6(8)
- Interviewer decision - Too painful SKIP J.6(8)
- Interviewer decision - Technical problem SKIP J.6(8)
- Interviewer error SKIP J.6(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP J.6(8)
- Not applicable
- Item not completed

### 6 Why did they refuse?

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

### 7 First Measurement

If unable to even attempt an individual measurement enter 88.8 in the relevant box(es)

Right Hand  Min: 00.0 Max: 70.0 Format: nn.n Omitted: 99.0

Left Hand  Min: 00.0 Max: 70.0 Format: nn.n Omitted: 99.0

### 8 Second Measurement

Right Hand  Min: 00.0 Max: 70.0 Format: nn.n Omitted: 99.0

Left Hand  Min: 00.0 Max: 70.0 Format: nn.n Omitted: 99.0

### 9 Mean of highest value for each hand

0

**10 Record any difficulties participant had with measurement**  
(CODE ALL THAT APPLY)

- No difficulties
- Difficulty understanding task
- Hemi-paresis - left
- Hemi-paresis - right
- Arthritis - left
- Arthritis - right
- Parkinson's - left
- Parkinson's - right
- Recent trauma - left
- Recent trauma - right
- Old trauma - left
- Old trauma - right
- Hand contractures - left
- Hand contractures- right
- Other (specify)
- Not applicable*
- Item not completed*

**11 Which is the participant's dominant hand?**

- Left *SKIP K.13(8) N.13(8) O.4(8)*
- Right *SKIP K.13(8) N.13(8) O.4(8)*
- Ambidextrous *SKIP K.13(8) N.13(8) O.4(8)*
- Not applicable*
- Item not completed*

## K. TIMED "UP AND GO" TEST

### 1 Was the timed 'up and go' test section attempted?

- Yes SKIP K.2(98) K.3(8)
- No SKIP K.4(8) K.5 K.6(8) K.7(8) K.8(98) K.9(8) K.10(8) K.11(8) K.12 K.13(8) K.14(8) K.15(8) K.16(8) K.17(8) K.18(8) K.19 K.20
- Item not completed

### 2 Why was it not attempted?

- Interviewer decision - Participant distress SKIP K.3(8)
- Interviewer decision - Participant unwell SKIP K.3(8)
- Interviewer decision - Participant too busy SKIP K.3(8)
- Interviewer decision - Concern over PARTICIPANT safety SKIP K.3(8)
- Interviewer decision - Concern over INTERVIEWER safety SKIP K.3(8)
- Interviewer decision - Technical problem SKIP K.3(8)
- Interviewer error SKIP K.3(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP K.3(8)
- Not applicable
- Item not completed

### 3 Why did they refuse?

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

### 4 Did the participant COMPLETE the timed 'up and go' test?

If the PAM stops recording part-way through the test, complete the test anyway and record the time taken in K5. If the participant agrees, repeat the test and record the repeat time in K16 under 'other' specify together with the fact that the test was repeated and why.

- Yes SKIP K.6(8) K.7(8) K.8(98)
- No SKIP K.5
- Not applicable
- Item not completed



**5 Total time taken (seconds)**

Min: 005.00 Max: 100.00 Format: nnn.nn Omitted: 999.90

**6 Did the participant manage ANY of the timed up and go test?**

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

**7 Which PARTS of the timed up and go test did the participant manage to do?**

- Getting out of chair
- Walking to marker
- Turning
- Walking back from marker
- Not applicable
- Item not completed

**8 What was the MAIN reason why the participant was unable to COMPLETE the timed up and go test?**

- Participant was unable to understand task
- Mobility problem
- Unwell
- Frailty/fatigue
- Dizziness
- Distress/anxiety
- Interviewer stopped test - Concern over participant safety
- Other reason (specify)
- Not applicable
- Item not completed

**9 Did the participant use a walking aid?**

- Yes
- No SKIP K.10(8)
- Not applicable
- Not completed

**10 Specify aid**

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

**11 Was the activity monitor used during the timed 'up and go' test?**

- Yes SKIP K.17(8) K.18(8)
- No SKIP K.12 K.13(8) K.14(8) K.15(8) K.16(8) K.19 K.20
- Not applicable
- Item not completed

**12 Enter PAM serial number**

Record last four characters from PAM

**13 Which is the participant's dominant hand?**

- Right SKIP N.13(8) O.4(8)
- Left SKIP N.13(8) O.4(8)
- Ambidextrous SKIP N.13(8) O.4(8)
- Not applicable
- Item not completed

**14 Which wrist was used?**

- Right SKIP K.15(8)
- Left
- Not applicable
- Item not completed

**15 Why was the left wrist used?**

If participant has a local problem which also affects function, then code as functional problem.

- Right side affected by local problem e.g. pain/deformity/skin lesion preventing application  
(specify)
- Right side affected by functional problem (specify)
- Participant insisted
- Other reason (specify)
- Not applicable
- Item not completed

**16 Please record any problems with the PAM data***Code all that apply*

If you had to repeat the test due to a problem with the PAM recording, record this fact under 'other' specify. The time for the 1st test should be recorded under K5 and the repeat time recorded here under 'other' specify.

- No problems
- Participant talked during test
- Other (specify)
- Not applicable*
- Item not completed*

**17 Why was the activity monitor not used?**

- Interviewer decision - Technical problem **SKIP K.18(8)**
- Interviewer decision - Local problem affecting both wrists preventing application **SKIP K.18(8)**
  
- Interviewer decision - Participant distress **SKIP K.18(8)**
- Interviewer error **SKIP K.18(8)**
- Participant refused
- Relative/carer refused
- Other reason (specify)  **SKIP K.18(8)**
- Not applicable*
- Item not completed*

**18 If refused, why?**

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

**19 Enter date of activity monitor recording.**

Please use DD/MM/YYYY format including slashes

**20 Enter START time of activity monitor recording**

Use 24 hour clock format with preceding zero if necessary e.g. 0845

# L. SOCIAL PARTICIPATION AND SOCIAL SUPPORT

POSSIBLE WITH AN INFORMANT *except 3, 4, 5, 8, 9*

Now I would like to ask about social activities you may have been involved in during the past 4 weeks. I will read out a list of activities and for each of them I will ask if you've done them and if so, how often.

There is a choice of answers shown on this card (*SHOW PROMPT CARD L1 AND READ OUT*) and they are:

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

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

## 1 During the last 4 weeks, how often have you.....

Select the response which is closest to the respondent's behaviour

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

museum?								
Rested in bed during the day?	<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
Rested in a chair during the day?	<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

**2 Do you currently drive**

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

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

Not possible with informant

- Always alone
- Often alone
- Seldom alone
- Never alone
- Interviewer omitted - participant not present - not possible with an 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*

**4 And would you say that you:**

Not possible with informant

- Always feel lonely
- Often feel lonely
- Sometimes feel lonely
- Never feel lonely
- 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*

**5 Compared with when we last saw you (e.g. in June last year) would you say that you were:**

Not possible with informant



- Less lonely now
- More lonely now
- About the same?
- Interviewer omitted - participant not present - not possible with an 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*

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

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

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

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

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

Not possible with informant

Min: 00 Max: 20 Don't know: 97 Refused to answer: 99 Not asked: 90

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

Not possible with informant

IF L8 = 00, PLEASE ENTER 98 FOR L9.

Min: 00 Max: 20 Don't know: 97 Refused to answer: 99 Not asked:

90

**10 Social participation and social support section answered by**

- Participant alone SKIP L.11(8)  
 Informant/consultee alone SKIP L.11(8)  
 Participant and informant/consultee  
 Not applicable  
 Item not completed

**11 If participant and informant/consultee**

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

**12 Was this section omitted?**

- Yes SKIP L.1\_01(8) L.1\_02(8) L.1\_03(8) L.1\_04(8) L.1\_05(8) L.1\_06(8) L.1\_07(8) L.1\_08(8) L.1\_09(8) L.1\_10(8) L.1\_11(8) L.1\_12(8) L.1\_13(8) L.1\_14(8) L.1\_15(8) L.1\_16(8) L.1\_17(8) L.1\_18(8) L.1\_19(8) L.1\_20(8) L.1\_21(8) L.2(8) L.3(8) L.4(8) L.5(8) L.6(8) L.7(8) L.8 L.9 L.10(8) L.11(8)
- No SKIP L.13(98) L.14(8)
- Item not completed*

**13 Why was it omitted?**

- Interviewer decision - Participant frailty/fatigue SKIP L.14(8)
- Interviewer decision - Participant distress SKIP L.14(8)
- Interviewer decision - Participant unwell SKIP L.14(8)
- Interviewer decision - Participant too busy SKIP L.14(8)
- Interviewer decision - Concern re interviewer safety SKIP L.14(8)
- Interviewer error SKIP L.14(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP L.14(8)
- Not applicable*
- Item not completed*

**14 Why did they refuse?**

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

# M. PHYSICAL ACTIVITY

## POSSIBLE WITH AN INFORMANT

Now I would like to ask you about the type and amount of physical activity involved in your daily life. This includes not only sporting activities but also things such as gardening, housework, DIY and walking.

For each activity there is a choice of answers which are written on this card. (SHOW PROMPT CARD M)

The choice is:

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

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

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

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

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

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

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

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

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

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

#### 5 Physical activity section answered by

- Participant alone *SKIP M.6(8)*
- Informant/consultee alone *SKIP M.6(8)*
- Participant and informant/consultee
- Not applicable*
- Item not completed*

#### 6 If participant and informant/consultee

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

**7 Was this section omitted?**

- Yes SKIP M.1(8) M.2(8) M.3(8) M.4\_1(8) M.4\_2(8) M.4\_3(8) M.4\_4(8) M.4\_5(8) M.4\_6(8) M.5(8) M.6(8)
- No SKIP M.8(98) M.9(8)
- Item not completed

**8 Why was it omitted?**

- Interviewer decision - Participant frailty/fatigue SKIP M.9(8)
- Interviewer decision - Participant distress SKIP M.9(8)
- Interviewer decision - Participant unwell SKIP M.9(8)
- Interviewer decision - Participant too busy SKIP M.9(8)
- Interviewer decision - Concern re interviewer safety SKIP M.9(8)
- Interviewer error SKIP M.9(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP M.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

## N. CHAIR STAND TEST

### 1 Was the chair stand test section attempted?

- Yes SKIP N.2(98) N.3(8)  
 No SKIP N.4(8) N.5(8) N.6(98) N.7(8) N.8 N.9(8) N.10(98) N.11(8) N.12 N.13(8) N.14(8) N.15(8) N.16(8) N.17(8) N.18(8) N.19 N.20  
 Item not completed

### 2 Why was it not attempted?

- Interviewer decision - Participant distress SKIP N.3(8)  
 Interviewer decision - Participant unwell SKIP N.3(8)  
 Interviewer decision - Participant too busy SKIP N.3(8)  
 Interviewer decision - Concern over PARTICIPANT safety SKIP N.3(8)  
 Interviewer decision - Concern over INTERVIEWER safety SKIP N.3(8)  
 Interviewer decision - Technical problem SKIP N.3(8)  
 Interviewer error SKIP N.3(8)  
 Participant refused  
 Relative/carer refused  
 Other reason (specify)  SKIP N.3(8)  
 Not applicable  
 Item not completed

### 3 Why did they refuse?

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

### 4 Was the participant able to manage the TRIAL 1 chair stand WITHOUT USING HANDS?

- Yes SKIP N.5(8) N.6(98)  
 No  
 Not applicable  
 Item not completed

### 5 Was the participant able to manage the TRIAL 1 chair stand USING HANDS?

- Yes SKIP N.6(98)  
 No SKIP N.7(8) N.8 N.9(8) N.10(98)

- Not applicable*
- Item not completed*



**6 What was the MAIN reason why the participant was unable to manage the TRIAL 1 chair stand - even using their hands?**

- Participant unable to understand task
- Mobility problem
- Unwell
- Frailty/fatigue
- Dizziness
- Distress/anxiety
- Interviewer stopped test - Concern re participant safety
- Other reason (specify)
- Not applicable*
- Not asked*

**7 Did the participant COMPLETE the 5 chair stand test?**

If the PAM stops recording part-way through the test, complete the test anyway and record the time taken in N8. If the participant agrees, repeat the test and record the repeat time in N16 under 'other' specify together with the fact that the test was repeated and why.

- Yes - 5 chair stands achieved SKIP N.10(98)
- No - had to stop SKIP N.8
- No - not attempted SKIP N.8 N.9(8)
- Not applicable*
- Item not completed*

**8 Enter the time taken.**

Min: 005.00 Max: 100.00 Format: nnn.nn Omitted: 999.90

**9 Did the participant use their hands at any point during the 5 chair stand test?**

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

**10 What was the MAIN reason why the participant was unable to complete 5 chair stands?**

- Participant was unable to understand the task
- Mobility problem
- Unwell
- Frailty/fatigue
- Dizziness
- Distress/anxiety
- Interviewer stopped the test - Concern re participant safety
- Other reason (specify)
- Not applicable*
- Item not completed*

**11 Was the activity monitor used during the chair stand test?**

- Yes SKIP N.17(8) N.18(8)
- No SKIP N.12 N.13(8) N.14(8) N.15(8) N.16(8) N.19 N.20
- Not applicable
- Item not completed

**12 Enter serial number of PAM**

Record last four characters from PAM

**13 Which is the participant's dominant hand?**

- Right SKIP O.4(8)
- Left SKIP O.4(8)
- Ambidextrous SKIP O.4(8)
- Not applicable
- Item not completed

**14 Which wrist was used?**

- Left
- Right SKIP N.15(8)
- Not applicable
- Item not completed

**15 Why was the left wrist used?**

If participant has a local problem which also affects function, then code as functional problem.

- Right side affected by local problem e.g. pain/deformity/skin lesion preventing application (specify)
- Right side affected by functional problem (specify)
- Participant insisted
- Other reason (specify)
- Not applicable
- Item not completed

**16 Record any problems with the PAM data.**

Code all that apply

If you had to repeat the test due to a problem with the PAM recording, record this fact under 'other' specify. The time for the 1st test should be recorded under N8 and the repeat time recorded here under 'other' specify.

- No problems
- Arms folded in opposite way to protocol
- Participant talked during test
- Other (specify)
- Not applicable

*Item not completed*

**17 Why was the activity monitor not used?**

- Interviewer decision - Technical problem **SKIP N.18(8)**
- Interviewer decision- Local problem affecting both wrists preventing application **SKIP N.18(8)**
  
- Interviewer decision - Participant distress **SKIP N.18(8)**
- Interviewer error **SKIP N.18(8)**
- Participant refused
- Relative/carer refused
- Other reason (specify)  **SKIP N.18(8)**
- Not applicable*
- Item not completed*

**18 If refused, why was it refused?**

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

**19 Enter date of activity monitor recording**

Use DD/MM/YYYY format including slashes

**20 Enter START time of activity monitor recording**

Use 24 hour clock format with preceding zero if necessary e.g. 0845

## O. APPLICATION OF 7 DAY ACTIVITY MONITOR

Remember to check whether the participant uses a WHEELCHAIR. Omit 7 day PAM if participant uses a wheelchair for ALL mobility tasks. If participant only uses a wheelchair for some of the time, proceed with 7 day PAM but record wheelchair use in O7.

### 1 Was the application of the 7 day activity monitor section attempted?

- Yes SKIP O.2(98) O.3(8)
- No SKIP O.4(8) O.5(8) O.6(8) O.7(8) O.8 O.9 O.10
- Item not completed

### 2 Why was it not attempted?

- Interviewer decision - Participant uses wheelchair for ALL mobility SKIP O.3(8)
- Interviewer decision - Participant distress SKIP O.3(8)
- Interviewer decision - Participant too busy SKIP O.3(8)
- Interviewer decision - Concern re interviewer safety SKIP O.3(8)
- Interviewer decision - Technical problem SKIP O.3(8)
- Interviewer error SKIP O.3(8)
- Participant refused
- Relative/carer refused
- Other reason (specify)  SKIP O.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 Which is the participant's dominant hand?

- Right
- Left
- Ambidextrous
- Not applicable
- Item not completed

**5 Which wrist was used?**

- Right SKIP O.6(8)
- Left
- Not applicable
- Item not completed

**6 Why was the left wrist used?**

If participant has a local problem which also affects function, then code as functional problem.

- Right side affected by local problem e.g. pain/deformity/skin lesion preventing application  
(specify)
- Right side affected by functional problem (specify)
- Participant insisted
- Other reason (specify)
- Not applicable
- Item not completed

**7 Please record any special circumstances/potential problems with PAM data**

Code all that apply

- No special circumstances/potential problems
- Uses wheelchair AT TIMES
- Other (specify)
- Not applicable
- Item not completed

**8 Enter serial number of 7 day PAM**

Record last four characters from PAM

**9 Enter date of issue of 7 day PAM**

Please use DD/MM/YYYY format including slashes

**10 Enter time of issue of PAM**

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

# P. CLOSING REMARKS

## POSSIBLE WITH AN INFORMANT

### 1 How did you find this interview?

### 2 Closing remarks section answered by

- Participant alone *SKIP P.3(8)*
- Informant/consultee alone *SKIP P.3(8)*
  
- Participant and informant/consultee
- Not applicable*
- Item not completed*

### 3 If participant and informant/consultee

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



**4 Was this section omitted?**

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

**5 Why was it omitted?**

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

# Q. INTERVIEWER'S ASSESSMENT OF PARTICIPANT

COMPLETE DISCREETLY

## 1 SMMSE Total Score

This will NOT populate until the SMMSE has been scored.

Use the SMMSE score as a prompt in this section.

0

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

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

## 3 Was the SMMSE <19?

- Yes
- No SKIP Q.8
- Not applicable
- Item not completed

## 4 Clear answers?

- Yes SKIP Q.5
- No
- Not applicable
- Item not completed

## 5 If no, problematic areas

**6 Reliable answers?**

- Yes SKIP Q.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 Q4 and Q6, then please justify**

Leave blank if 'no' to Q4 and Q6

**9 Did any of the interview with the PARTICIPANT take place by telephone?**

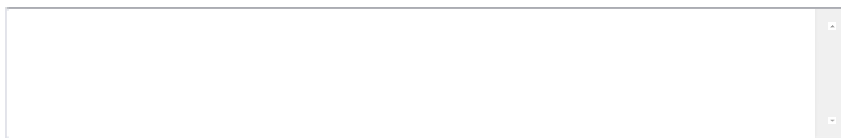
- Yes - whole interview by telephone SKIP Q.10
- Yes - part of interview by telephone
- No telephone interview SKIP Q.10
- Not applicable
- Item not completed

**10 Which sections took place by telephone?****11 Reliable measurements/function test data?**

- Yes SKIP Q.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)'.  
If you have not, please detail any problematic areas here.



**13 Was this section omitted?**

- Yes SKIP Q.2(8) Q.3(8) Q.4(8) Q.5 Q.6(8) Q.7 Q.8 Q.9(8) Q.10 Q.11(8) Q.12
- No SKIP Q.14(8)
- Not applicable*
- 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*

## R. 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 SMMSE as a prompt for R.2

0

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

- Yes SKIP R.3(8)
- No SKIP R.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 R.5(98) R.6(8) R.7 R.8(8) S.1(8) S.2 S.3(8) S.4 S.5(8) S.6 S.7(8) S.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 R.2(8) R.3(8) R.4(8) R.5(98) R.6(8) R.7 R.8(8)  
 No SKIP R.10(8)  
 *Item not completed*

**10 Why was it omitted?**

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

## S. INTERVIEWER'S ASSESSMENT OF INFORMANT/CONSULTEE

COMPLETE DISCREETLY

### 1 Clear answers?

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

### 2 If no, problematic areas

### 3 Reliable answers?

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

### 4 If no, problematic areas

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

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

### 6 Which sections were completed by telephone



**7 Was this section omitted?**

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

**8 Why was it omitted**

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