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Interview 1 

	Name	Description	StartDate	EndDate			
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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 L.2_1(8) L.2_2(8) L.2_3(8) L.2_4(8) L.2_5(8)**
- Married (1st marriage) **SKIP E.10**
- Remarried **SKIP E.10**
- Separated but still legally married **SKIP L.2_1(8) L.2_2(8) L.2_3(8) L.2_4(8) L.2_5(8)**
- Divorced **SKIP L.2_1(8) L.2_2(8) L.2_3(8) L.2_4(8) L.2_5(8)**
- Widowed **SKIP L.2_1(8) L.2_2(8) L.2_3(8) L.2_4(8) L.2_5(8)**
- 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_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 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 3? 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 M1 SET UP FROM THIS QUESTION- ONLY CERTAIN ROWS OF M1 SHOULD BE SKIPPED. STANDARD HOUSING AND 'OTHER' SKIP ROW 1 M1, CARE HOME - RESIDENTIAL OR NURSING PLACEMENT AND LONG STAY HOSPITAL SKIP ROWS 1-5 M1.

- "Standard" housing SKIP M.1_01(8)
- Sheltered housing with warden
- Care home - residential placement: council SKIP F.14(8) F.15(8) F.16(8) M.1_01(8) M.1_02(8) M.1_03(8) M.1_04(8) M.1_05(8)
- Care home - residential placement: private SKIP F.14(8) F.15(8) F.16(8) M.1_01(8) M.1_02(8) M.1_03(8) M.1_04(8) M.1_05(8)
- Care home - nursing placement SKIP F.14(8) F.15(8) F.16(8) M.1_01(8) M.1_02(8) M.1_03(8) M.1_04(8) M.1_05(8)
- Long stay hospital SKIP F.14(8) F.15(8) F.16(8) M.1_01(8) M.1_02(8) M.1_03(8) M.1_04(8) M.1_05(8)
- Other (specify) SKIP M.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: 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

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

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 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 Score0 **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. TIMED "UP AND GO" TEST

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

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

2 Why was it not attempted?

- 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 over PARTICIPANT safety SKIP I.3(8)
 Interviewer decision - Concern over 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
 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?

- Yes SKIP I.6(8) I.7(8) I.8(98)
 No SKIP I.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 I.7(8) I.9(8) I.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 I.10(8)**
- Not applicable*
- Not completed*

10 Specify aid

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

J. 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 J1 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

IF INFORMANT ONLY INTERVIEW ENTER 88 FOR J8

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 J8 = 00, PLEASE ENTER 98 FOR J9

IF INFORMANT ONLY INTERVIEW ENTER 88 FOR J9

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

13 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP J.14(8)
- Interviewer decision - Participant distress SKIP J.14(8)
- Interviewer decision - Participant unwell SKIP J.14(8)
- Interviewer decision - Participant too busy SKIP J.14(8)
- Interviewer decision - Concern re interviewer safety SKIP J.14(8)
- Interviewer error SKIP J.14(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP J.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*

K. 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 K)

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 K.6(8)*
- Informant/consultee alone *SKIP K.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 K.1(8) K.2(8) K.3(8) K.4_1(8) K.4_2(8) K.4_3(8) K.4_4(8) K.4_5(8) K.4_6(8) K.5(8) K.6(8)
- No SKIP K.8(98) K.9(8)
- Item not completed*

8 Why was it omitted?

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

L. FINANCES

POSSIBLE WITH A PROXY

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

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

Show prompt L1, list of welfare benefits

	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
State retirement pension	<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 welfare benefits	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Occupational pension	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Private pension	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Savings and investments	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

2 Does your Husband/Wife have income from any of the following sources:

Show prompt L1, list of welfare benefits

	Yes	No	Don't know	Not applicable	Refused to answer	Not asked
State retirement pension	<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 welfare benefits	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Occupational pension	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Private pension	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Savings and investments	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

3 Do you find this adequate or is it difficult to manage on that income?

- Adequate
- Difficult to manage
- Don't know
- Not applicable
- Refused to answer
- Not asked

4 Finances section answered by

- Participant alone SKIP L.5(8)
- Informant/consultee alone SKIP L.5(8)
- Participant and informant/consultee
- Not applicable
- Item not completed

5 If participant and informant/consultee was this

- Mainly participant
- Mainly informant/consultee
- Equal contribution

- Not applicable*
- Item not completed*

6 Was this section omitted?

- Yes *SKIP L.1_1(8) L.1_2(8) L.1_3(8) L.1_4(8) L.1_5(8) L.2_1(8) L.2_2(8) L.2_3(8) L.2_4(8) L.2_5(8) L.3(8) L.4(8) L.5(8)*
- No *SKIP L.7(98) L.8(8)*
- Item not completed*

7 Why was it omitted?

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

8 Why did they refuse?

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

M. FORMAL CARE

POSSIBLE WITH AN INFORMANT

Now I would like to ask about whether you have used various health and social services recently. Firstly I would like to find out about any contact you personally have had with a range of services during the last 4 weeks.

IDENTIFY THE RELEVANT 4 WEEKS BY REFERENCE TO THE DATE 4 WEEKS PREVIOUSLY.

For each service there is a choice of answers which are written on this card and they are:

(SHOW PROMPT CARD M1 AND READ OUT RESPONSES).

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

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

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

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

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

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

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

DO NOT ENTER DETAILS OF ANY SERVICES COVERED IN M1 OR M3 TO M17

3 In the last 4 weeks have you attended a:

	No	Yes, less than once a week	Yes, 1-2 days per week	Yes, 3-4 days per week	Yes, 5 days per week	Don't know	Not applicable	Refused to answer	Not asked
Luncheon club	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Day centre	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

4

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

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

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

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

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

- Yes
 No SKIP M.7_1 M.7_2 M.7_3 M.7_4 M.7_5 M.7_6
 Don't know
 Not applicable
 Refused to answer
 Not asked

7 How many times each month did you attend?

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

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

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

- Yes
 No **SKIP M.9_1 M.9_2 M.9_3 M.9_4 M.9_5 M.9_6**
 Don't know
 Not applicable
 Refused to answer
 Not asked

9 How many times each month did you attend?

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

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

10

Now I am going to ask about some different services you may have used.

This time I will ask about the last year. **SPECIFY THE DATE 1 YEAR PREVIOUSLY**

During the last year, have you been in hospital for treatment as a day patient? (i.e. admitted to a hospital bed or day ward but not required to stay overnight).

- Yes
 No **SKIP M.11**
 Don't know
 Not applicable
 Refused to answer
 Not asked

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

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

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

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

 Don't know
 Not applicable
 Refused to answer
 Not asked

13 Where was this?

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

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

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

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

- Yes
 No *SKIP M.16 M.17_01 M.17_02 M.17_03 M.17_04 M.17_05 M.17_06 M.17_07 M.17_08 M.17_09 M.17_10*
 Don't know
 Not applicable
 Refused to answer
 Not asked

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

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

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

1st stay no. nights	<input type="text"/>	Min: 001 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
2nd stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
3rd stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
4th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
5th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
6th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
7th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
8th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
9th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990
10th stay no. nights	<input type="text"/>	Min: 000 Max: 100 Don't know: 997 Refused to answer: 999 Not asked: 990

18 Formal care section answered by

- Participant alone SKIP M.19(8)
- Informant/consultee alone SKIP M.19(8)
- Participant and informant/consultee
- Not applicable
- Item not completed

19 If participant and informant/consultee, was this

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

20 Was this section omitted?

- Yes SKIP M.1_01(8) M.1_02(8) M.1_03(8) M.1_04(8) M.1_05(8) M.1_06(8) M.1_07(8) M.1_08(8) M.1_09(8) M.1_10(8) M.1_11(8) M.1_12(8) M.2 M.3_1(8) M.3_2(8) M.4(8) M.5(8) M.6(8) M.7_1 M.7_2 M.7_3 M.7_4 M.7_5 M.7_6 M.8(8) M.9_1 M.9_2 M.9_3 M.9_4 M.9_5 M.9_6 M.10(8) M.11 M.12(8) M.13(8) M.14 M.15(8) M.16 M.17_01 M.17_02 M.17_03 M.17_04 M.17_05 M.17_06 M.17_07 M.17_08 M.17_09 M.17_10 M.18(8) M.19(8)
- No SKIP M.21(98) M.22(8)
- Item not completed*

21 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP M.22(8)
- Interviewer decision - Participant distress SKIP M.22(8)
- Interviewer decision - Participant unwell SKIP M.22(8)
- Interviewer decision - Participant too busy SKIP M.22(8)
- Interviewer decision - Concern re interviewer safety SKIP M.22(8)
- Interviewer error SKIP M.22(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP M.22(8)
- Not applicable*
- Item not completed*

22 Why did they refuse?

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

N. GERIATRIC DEPRESSION SCALE

NOT POSSIBLE WITH AN INFORMANT.

OMIT IF PHASE 4 MMSE<15

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

0 Phase 4 SMMSE score (max 30)

0

1 Are you basically satisfied with your life?

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

2 Have you dropped many of your activities and interests?

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

3 Do you feel that your life is empty?

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

4 Do you often get bored?

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

5 Are you in good spirits most of the time?

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

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

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

7 Do you feel happy most of the time?

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

8 Do you often feel helpless?

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

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

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

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

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

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

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

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

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

13 Do you feel full of energy?

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

14 Do you feel that your situation is hopeless?

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

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

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

16 Total GDS score

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

Total score **0**

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

- Yes
- No **SKIP N.18**
- Not applicable
- Item not completed

18 If yes, Please give details

19 Was this section omitted?

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

20 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP N.21(8)
- Interviewer decision - Participant distress SKIP N.21(8)
- Interviewer decision - Participant unwell SKIP N.21(8)
- Interviewer decision - Participant too busy SKIP N.21(8)
- Interviewer decision - Phase 4 SMMSE < 15 SKIP N.21(8)
- Interviewer decision - Informant/consultee ONLY answering - section not possible with informant SKIP N.21(8)
- Interviewer decision - Concern re interviewer safety SKIP N.21(8)
- Interviewer error SKIP N.21(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP N.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

O. EXHAUSTION

Not Possible with an Informant

Now in the next two questions I would like to ask about your energy levels during the past week. I will ask you the question and then give you a range of options as answers. Please listen carefully to all of the options and then chose the one which most closely matches your situation.

1 During the past week how often have you felt that everything you did was an effort?

...

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of time (3-4 days)
- Most or all of the time (5-7 days)
- Don't know*
- Not applicable*
- Refused*
- Not asked*

2 During the past week how often have you felt that you could not get "going"?

- Rarely or none of the time (less than 1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of time (3-4 days)
- Most or all of the time (5-7 days)
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

3 Was this section omitted?

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

4 Why was it omitted?

- Interviewer decision - participants frailty/fatigue *SKIP O.5(8)*
- Interviewer decision - participant distress *SKIP O.5(8)*
- Interviewer decision - participant unwell *SKIP O.5(8)*
- Interviewer decision - participant too busy *SKIP O.5(8)*
- Interviewer decision - concern re interviewer safety *SKIP O.5(8)*
- Interviewer decision - participant not present - not possible with informant *SKIP O.5(8)*
- Interviewer decision - participant too cognitively impaired - not possible with informant *SKIP O.5(8)*
- Interviewer error *SKIP O.5(8)*
- Participant refused
- Relative/carer refused
- Other reason (specify) *SKIP O.5(8)*

- Not applicable*
- Item not completed*

5 Why did they refuse?

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

P. FALLS

POSSIBLE WITH AN INFORMANT

I would now like to ask you about falls.

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

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

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

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

90

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

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

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

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

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

90

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

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

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

90

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

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

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

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

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

90

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

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

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

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

90

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

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

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

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

90

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

IF MENTION FUNNY TURN ASK THEM TO DESCRIBE IN MORE DETAIL. IF DIZZYNESS ONLY RECORD IF SEVERE.

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

- Refused to answer*
- Not asked*

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

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

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

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

16 Falls section answered by

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

17 If participant and informant/consultee, was this

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

18 Was this section omitted?

- Yes SKIP P.1(8) P.2 P.3(8) P.4 P.5(8) P.6 P.7(8) P.8 P.9(8) P.10 P.11(8) P.12 P.13(8) P.14 P.15(8) P.16(8) P.17(8)
- No SKIP P.19(98) P.20(8)
- Item not completed*

19 Why was it omitted?

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

20 Why did they refuse?

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

Q. GENERALISED PAIN

NOT POSSIBLE WITH AN INFORMANT.

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

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

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

2 Do you have any pain now?

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

3 Did the pain start:

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

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

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

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

90

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

6 Was this section omitted?

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

7 Why was it omitted?

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

8 Why did they refuse?

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

R. INCONTINENCE

POSSIBLE WITH AN INFORMANT

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

1 Do you currently use a catheter?

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

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

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

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

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

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

4 When you leak urine are you usually:

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

5 Does this urine leakage occur

(SHOW PROMPT CARD Q5 AND READ OUT)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 Incontinence section answered by

- Participant alone SKIP R.14(8)
- Informant/consultee alone SKIP R.14(8)
- Participant and informant/consultee
- Not applicable*
- Item not completed*

14 If participant and informant/consultee, was this

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

15 Was this section omitted?

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

16 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue SKIP R.17(8)
- Interviewer decision - Participant distress SKIP R.17(8)
- Interviewer decision - Participant unwell SKIP R.17(8)
- Interviewer decision - Participant too busy SKIP R.17(8)
- Interviewer decision - Concern re interviewer safety SKIP R.17(8)
- Interviewer error SKIP R.17(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP R.17(8)
- Not applicable*
- Item not completed*

17 Why did they refuse?

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

S. SHORTNESS OF BREATH

POSSIBLE WITH AN INFORMANT

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

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

DO NOT INCLUDE STAIRS

- Yes
- No **SKIP 5.2(8)**
- Limited for reason(s) unrelated to shortness of breath **SKIP 5.2(8)**

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

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

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

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

- Yes
- No **SKIP 5.4(8)**
- Limited for reason(s) unrelated to shortness of breath **SKIP 5.4(8)**

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

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

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

- Don't know*
- Not applicable*

- Refused to answer*
- Not asked*

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

- Yes
- No **SKIP 5.6(8)**
- Limited for reason(s) unrelated to shortness of breath **SKIP 5.6(8)**

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

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

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

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

ONLY RECORD BILATERAL SWELLING

- Yes
- No **SKIP 5.8(8)**
- Don't know*
- Not applicable*
- Refused to answer*
- Not asked*

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

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

9 Shortness of breath section answered by

- Participant alone **SKIP 5.10(8)**
- Informant/consultee alone **SKIP 5.10(8)**

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

10 If participant and informant/consultee, was this

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

11 Was this section omitted?

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

12 Why was it omitted?

- Interviewer decision - Participant frailty/fatigue *SKIP S.13(8)*
- Interviewer decision - Participant distress *SKIP S.13(8)*
- Interviewer decision - Participant unwell *SKIP S.13(8)*
- Interviewer decision - Participant too busy *SKIP S.13(8)*
- Interviewer decision - Concern re interviewer safety *SKIP S.13(8)*
- Interviewer error *SKIP S.13(8)*
- Participant refused
- Relative/carer refused
- Other reason (specify) *SKIP S.13(8)*
- Not applicable*
- Item not completed*

13 Why did they refuse?

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

T. HAND-GRIP STRENGTH

1 Was the hand-grip strength section attempted?

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

2 Why was it not attempted

- Interviewer decision - Participant frailty/fatigue SKIP T.3(8)
- Interviewer decision - Participant distress SKIP T.3(8)
- Interviewer decision - Participant unwell SKIP T.3(8)
- Interviewer decision - Participant too busy SKIP T.3(8)
- Interviewer decision - Concern re interviewer safety SKIP T.3(8)
- Interviewer decision - Technical problem SKIP T.3(8)
- Interviewer error SKIP T.3(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP T.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 T.5(98) T.6(8)*
- No
- Not applicable*
- Item not completed*

5 Why weren't all 4 measurements obtained?

- Interviewer decision - Participant frailty/fatigue SKIP T.6(8)
- Interviewer decision - Participant distress SKIP T.6(8)
- Interviewer decision - Participant unwell SKIP T.6(8)
- Interviewer decision - Too painful SKIP T.6(8)
- Interviewer decision - Technical problem SKIP T.6(8)
- Interviewer error SKIP T.6(8)
- Participant refused
- Relative/carer refused
- Other reason (specify) SKIP T.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 attempt ALL or ANY ONE of these measurements 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
- Right
- Ambidextrous
- Not applicable*
- Item not completed*

U. WEIGHT

1 HEIGHT

Enter this from spreadsheet list of Phase 1 heights BEFORE WBB visit

error

2 WEIGHT LOSS

Since I last weighed you, have you been trying to lose weight?

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

3 Was the weight measurement ATTEMPTED?

- Yes *SKIP U.4(98) U.5(8)*
- No *SKIP U.6(8) U.7 U.8 U.9(8)*
- Not applicable
- Item not completed

4 If weight measurement NOT attempted, why not?

- Participant unable to stand *SKIP U.5(8)*
- Participant unable to comprehend *SKIP U.5(8)*
- Participant frailty/fatigue *SKIP U.5(8)*
- Participant distress *SKIP U.5(8)*
- Participant unwell *SKIP U.5(8)*
- Participant too busy *SKIP U.5(8)*
- Concern re PARTICIPANT'S safety *SKIP U.5(8)*
- Concern re INTERVIEWER'S safety *SKIP U.5(8)*
- Technical problem *SKIP U.5(8)*
- Interviewer error *SKIP U.5(8)*
- Refused - Participant refused
- Refused - Relative/carer refused
- Other reason (specify) *SKIP U.5(8)*
- Not applicable
- Item not completed

5 If refused, why?

- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Inconvenient

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

6 Was the weight measurement COMPLETED?

- Yes **SKIP U.9(8)**
- No **SKIP U.7 U.8**
- Not applicable*
- Item not completed*

7 Date of weight measurement

Please use DD/MM/YYYYY format - using slashes as shown.

8 Weight

In Kg

Min: 033.0 Max: 115.0 Format: nnn.n Omitted: 999.0

9 Why was the weight measurement not COMPLETED?

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

10 Was this section omitted?

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

11 Why was it omitted?

- Interviewer decision - participants frailty/fatigue **SKIP U.12(8)**
- Interviewer decision - participant distress **SKIP U.12(8)**
- Interviewer decision - participant unwell **SKIP U.12(8)**
- Interviewer decision - participant too busy **SKIP U.12(8)**
- Interviewer decision - concern re interviewer safety **SKIP U.12(8)**
- Interviewer decision - participant not present - not possible with informant **SKIP U.12(8)**
- Interviewer decision - participant too cognitively impaired - not possible with informant **SKIP U.12(8)**
- Interviewer error **SKIP U.12(8)**
- Participant refused
- Relative/carer refused
- Other reason (specify) **SKIP U.12(8)**
- Not applicable*
- Item not completed*

12 Why did they refuse?

- No reason given
- Distress/anxiety
- Unwell

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

V. CLOSING REMARKS SECTION

POSSIBLE WITH AN INFORMANT

1 How did you find this interview?

2 Closing remarks section answered by

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

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

3 If participant and informant/consultee, was this

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

4 Was this section omitted?

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

5 Why was it omitted?

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

W. INTERVIEWER'S ASSESSMENT OF PARTICIPANT

COMPLETE DISCREETLY

1 SMMSE Total Score

This will not populate until the SMMSE has been scored.

Use the SMMSE as a prompt in this section.

0

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

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

3 Was the SMMSE <19?

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

4 Clear answers?

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

5 If NO, Problematic areas

6 Reliable answers?

- Yes SKIP W.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 V4 and V6, then please justify.**

Leave blank if 'no' to V4 AND V6

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

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

10 Which sections took place by telephone?

11 Reliable measurements/function test data?

- Yes *SKIP W.12*
- No
- Not applicable*
- Item not completed*

12 If NO, Problematic areas

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

13 Was this section omitted?

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

14 Why was it omitted?

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

X. CONSULTEE/ INFORMANT DETAILS

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

In some cases this will be because the participant required a legal consultee in the consent process- in this scenario the interview **MUST** have been conducted with an informant to ensure that reliable answers are obtained. Measurements/function tests/CDR should still have been conducted/attempted with the participant where possible.

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

1 SMMSE Total Score

This will not populate until the SMMSE has been scored.

Use the SMMSE as a prompt for W2

0

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

- Yes SKIP X.3(8)
- No SKIP X.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 X.5(98) X.6(8) X.7 X.8(8) Y.1(8) Y.2 Y.3(8) Y.4 Y.5(8) Y.6 Y.7(8) Y.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 X.2(8) X.3(8) X.4(8) X.5(98) X.6(8) X.7 X.8(8)~~
 No ~~SKIP X.10(8)~~
 Item not completed

10 Why was it omitted?

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

Y. INTERVIEWER'S ASSESSMENT OF INFORMANT/CONSULTEE

COMPLETE DISCREETLY

1 Clear answers?

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

2 If no, problematic areas

3 Reliable answers?

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

4 If no, problematic areas

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

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

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

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

8 Why was it omitted?

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