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) **SKIP B.9(8)**
- **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)

<table>
<thead>
<tr>
<th>Event code 1</th>
<th>999 Not asked: 990</th>
<th>Min: 001 Max: 097 Don't know: 997 Refused to answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject code 1a</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 1b</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 1c</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event code 2</th>
<th>999 Not asked: 990</th>
<th>Min: 001 Max: 097 Don't know: 997 Refused to answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject code 2a</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 2b</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 2c</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event code 3</th>
<th>999 Not asked: 990</th>
<th>Min: 001 Max: 097 Don't know: 997 Refused to answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject code 3a</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 3b</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 3c</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event code 4</th>
<th>999 Not asked: 990</th>
<th>Min: 001 Max: 097 Don't know: 997 Refused to answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject code 4a</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 4b</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 4c</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event code 5</th>
<th>999 Not asked: 990</th>
<th>Min: 001 Max: 097 Don't know: 997 Refused to answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject code 5a</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 5b</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 5c</td>
<td></td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Event code 6</td>
<td>999 Not asked: 990</td>
<td>Min: 001 Max: 097 Don't know: 997 Refused to answer:</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Subject code 6a</td>
<td>Not asked: 90</td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 6b</td>
<td>Not asked: 90</td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
<tr>
<td>Subject code 6c</td>
<td>Not asked: 90</td>
<td>Min: 00 Max: 20 Don't know: 97 Refused to answer: 99</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/partner</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Daughter(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Daughter(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Son(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Son(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Brother(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Brother(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sister(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sister(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other relative(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Friend</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Neighbour</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Pet</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

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?

- 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)

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

4 Who did you move in with?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/partner</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Daughter(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Daughter(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Son(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Son(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Brother(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Brother(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sister(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sister(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other relative(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Friend</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/partner</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Daughter(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Daughter(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Son(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Son(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Brother(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Brother(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sister(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sister(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other relative(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Friend</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/partner</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Daughter(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Daughter(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Son(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Son(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Brother(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Brother(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sister(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Sister(s) in law</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other relative(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Friend</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other(s)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

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) SKI 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) G.1_2 G.2_2 G.23_2 G.24_2 G.25_2 G.26_2 G.27_2 G.28_2 G.29_2 G.30_2 G.31_2 G.33_2 G.34_2 G.35_2 G.2.1_2 G.2.2_2 G.2.3_2 G.2.4_2 G.2.5_2 G.2.6_2 G.2.7_2 G.2.8_2 G.2.9_2 G.2.10_2 G.2.11_2 G.2.12_2 G.2.13_2 G.2.14_2 G.2.15_2 G.2.16_2 G.2.17_2 G.2.18_2 G.2.19_2 G.2.20_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'

4 What is today's date?
If participant does not respond record as '88'

5 What day of the week is this?
If participant does not respond record as '88'

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'

8 What city/town are we in?
If participant does not respond record as '88'

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'

10 What room are we in? / What floor of the building are we on?
If participant does not respond record as '88'

11 REGISTRATION
If participant does not respond record as '88'

12 ATTENTION AND CALCULATION
Could you spell the word WORLD backwards?
If participant does not respond record as '88'
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 Recalculate

22 Orientation - place: score (max 5)
0 Recalculate

23 Registration/Calculation/Recall: score (max 11)
0 Recalculate

24 Language: score (max 9)
0 Recalculate

25 Total score (max 30)
0 Recalculate

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
Not applicable
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
32 Total Score

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'

2 What season is this?
If participant does not respond record as '88'

3 What month is this?
If participant does not respond record as '88'

4 What is today's date?
If participant does not respond record as '88'

5 What day of the week is this?
If participant does not respond record as '88'

6 ORIENTATION - PLACE

What country are we in?
If participant does not respond record as '88'

7 What county are we in?
If participant does not respond record as '88'

8 What city/town are we in?
If participant does not respond record as '88'

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'
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  Recalculate
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?
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
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 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
- 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
- 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?


☐ No SKIP H59.63(98) H59.64(8)

☐ Item not completed

63 Why was it omitted?
Newcastle 85+ Study phase 5 questionnaire v1.0 19/07/16

- 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
1. **During the last month, have you had any pain in your joints?**
   - Yes
   - No
   - Don’t know
   - Refused to answer
   - Not asked

2. **Have you had this joint pain on most days during the last month?**
   - Yes
   - No
   - Don’t know
   - Not applicable
   - Refused to answer
   - Not asked

3. **Which joint or joints have been painful?**
   - left hip
   - right hip
   - left knee
   - right knee
   - left ankle
   - right ankle
   - left foot
   - right foot
   - left hand
   - right hand
   - left wrist
   - right wrist
   - left elbow
   - right elbow
   - left shoulder
   - right shoulder
   - neck
   - lower back
   - other
   - don’t know
   - Not applicable
   - Refused to answer
   - Not asked

4. **On a scale of 0 to 10, where 0 is no pain and 10 is the worst pain imaginable, where would you rate your worst joint pain?** Show pain scale chart – Min 0, Max 10
5. Which joint was this? *Code only one joint*

- left hip
- right hip
- left knee
- right knee
- left ankle
- right ankle
- left foot
- right foot
- left hand
- right hand
- left wrist
- right wrist
- left elbow
- right elbow
- left shoulder
- right shoulder
- neck
- lower back
- other
- don’t know
- Not applicable
- Refused to answer
- Not asked

6. Do you require help to walk?

- Walk unaided
- Walk with a stick
- Walk with a frame
- Walk with a wheeled walker

7. Do you have any of the following

- Manual wheelchair
- Electric Wheelchair
- Mobility scooter

8. Was this section omitted?

- Yes
- No
- item not completed
9 Why was it omitted?

- Participant frailty/fatigue
- Participant distress
- Participant busy
- Proxy only interview – section not possible by proxy
- Proxy only interview – proxy did not know
- Concern re interviewer safety
- Interviewer error
- Other reason (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 behavior

<table>
<thead>
<tr>
<th>Activity</th>
<th>Every day</th>
<th>Every week</th>
<th>Once</th>
<th>Not at all</th>
<th>Don’t know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Done any voluntary work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Helped other people (with anything other than voluntary work)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Taken care of pets?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Taken care of plants?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Listened to the radio?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Watched television?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Read newspapers, magazines or books?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Spent time on a hobby?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Walked (or taken other exercise) for your own enjoyment?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Driven a car for your own enjoyment?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Done any DIY around the house or garden?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Played card or board games?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Played bingo?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Been on the phone to any of your relatives or friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Visited, or been visited by, any of your relatives or friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Been in email contact with any of your relatives or friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Taken part in any church activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Taken part in any club activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Visited a restaurant, theatre, cinema, art gallery or museum?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Rested in bed during the day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Rested in a chair during the day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Used the internet?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>
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:

- 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?
- 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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Several times a day</th>
<th>Daily</th>
<th>Once or several times a week</th>
<th>Occasionally</th>
<th>Never</th>
<th>Don’t know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climbing stairs/steps (each of average height)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Climbing stairs/steps (each stair very high)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Pushing/dragging loads (such as a heavy suitcase without wheels)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Carrying heavy loads with your hands (such as a heavy suitcase)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Lifting/moving heavy loads above shoulder height (such as putting a heavy box of groceries on a high shelf)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Using hands in strong movements (such as opening a jar)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

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?
- 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

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>State retirement pension</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other welfare benefits</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Occupational pension</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Private pension</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Savings and investments</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

2 Does your Husband/Wife have income from any of the following sources:
Show prompt L1, list of welfare benefits

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>State retirement pension</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other welfare benefits</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Occupational pension</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Private pension</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Savings and investments</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Several times a day</th>
<th>Once a day</th>
<th>One or more times a week</th>
<th>Less than once a week</th>
<th>No contact</th>
<th>Don't know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warden</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Home care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Night attendant/sitter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Day sitter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Meals provision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Community nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Chiropodist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Speech therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Dietician</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes, less than once a week</th>
<th>Yes, 1-2 days per week</th>
<th>Yes, 3-4 days per week</th>
<th>Yes, 5 days per week</th>
<th>Don't know</th>
<th>Not applicable</th>
<th>Refused to answer</th>
<th>Not asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luncheon club</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Day centre</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

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 111 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
- 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

<table>
<thead>
<tr>
<th>Month</th>
<th>No. times in 1st month</th>
<th>No. times in 2nd month</th>
<th>No. times in 3rd month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st month (1-12)</td>
<td>99 Not asked: 90</td>
<td>99 Not asked: 90</td>
<td>99 Not asked: 90</td>
</tr>
<tr>
<td>2nd month (1-12)</td>
<td>99 Not asked: 90</td>
<td>99 Not asked: 90</td>
<td>99 Not asked: 90</td>
</tr>
<tr>
<td>3rd month (1-12)</td>
<td>99 Not asked: 90</td>
<td>99 Not asked: 90</td>
<td>99 Not asked: 90</td>
</tr>
</tbody>
</table>
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) 99 Not asked: 90
No. times in 1st month 99 Not asked: 90

2nd month (1-12) 99 Not asked: 90
No. times in 2nd month 99 Not asked: 90

3rd month (1-12) 99 Not asked: 90
No. times in 3rd month 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?

<table>
<thead>
<tr>
<th>Stay</th>
<th>Nights</th>
<th>Min: 001 Max: 100</th>
<th>Don't know: 997</th>
<th>Refused to answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6th</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7th</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9th</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10th</td>
<td></td>
<td>999 Not asked: 990</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.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 Recalculate

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 [Recalculate]

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?
- No SKIP N.20(8) 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)

  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?
   - Min: 01 Max: 50 Don't know: 97 Refused to answer: 99 Not asked: 90
7 In the last 12 months, have you broken any bones/had any fractures, due to a fall?
- Yes
- No SKIP 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?

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

- 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. FRACTURES

POSSIBLE WITH A PROXY

I would now like to ask you about fractures, broken bones or cracked bones.
I am interested in what has happened to you in the last 10 years since you started this study.

1 Have you had any fractures, broken bones or cracked bones in the last 10 years?
   - Yes
   - No SKIP S.2, S.3, S.4, S.5, S.6, S.7, S.8, S.9
   - Don’t know
   - Refused to answer
   - Not asked

2 Have you broken your hip in the last 10 years?
   - Yes
   - No
   - Don’t know
   - Refused to answer
   - Not asked

3 If yes, how many times have you broken your hip?
   - Once
   - Twice
   - 3 times
   - 4 times
   - Don’t know
   - Not applicable
   - Refused to answer
   - Not asked
   - Refused to answer
   - Not asked

4 There are different reasons why someone might break a bone. This card lists the ones we are interested in.
   - A major accident such as a car crash, a fall from a height or a fall down stairs
   - A fall due to simple trip or slip (from standing height)
   - An unexplained fall (from standing height) where they suddenly found themselves on the ground (without a trip)
   - Out of the blue – a spontaneous fracture

Document the cause of each hip fracture
5 In the past 10 years have you had any other fractures?
- Yes
- No
- Don’t know
- Not applicable
- Refused to answer
- Not asked

6 There are different reasons why someone might break a bone. This card lists the ones we are interested in.
- A major accident such as a car crash, a fall from a height or a fall down stairs
- A fall due to simple trip or slip (from standing height)
- An unexplained fall (from standing height) where they suddenly found themselves on the ground (without a trip)
- Out of the blue – a spontaneous fracture

Document the cause of each of the “other” fractures.

7 Fracture section answered by?
- Participant alone
- Proxy alone
- Equal contribution
- Item not completed

8. Was this section omitted?
- Yes
- No
- Item not completed
9. Why was it omitted?

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

Left Hand

Min: 0.0 Max: 70.0 Format: nn.n Omitted: 99.0

8 Second Measurement

Right Hand

Left Hand

Min: 0.0 Max: 70.0 Format: nn.n Omitted: 99.0

9 Mean of highest value for each hand

Recalculate
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. 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)

6 Why did they refuse?
- No reason given
- Distress/anxiety
- Unwell
- Fatigue
- Other reason (specify)
- Not applicable
- Item not completed
V. 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.

Recalculate

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
W. 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 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

[Recalculate]

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
X. 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

End Visit