

INTERVIEWER ASSESSMENT FORM

1. On the whole, how well would you say this interview went (e.g. rapport)?

Very Well						Not very Well	Please mark line where it represents your answer
1	2	3	4	5	6		

→ RAPPORT →

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Please comment:

2. Did the respondent have any difficulties answering the questions?

No	1	}	→
Yes: mentally confused	2		
language difficulties	3		
deaf	4		
blind	5		
speech impediment	6		
(e.g. stroke)			
frail	7	}	→
other	8		

SPECIFY: _____

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3. Did the respondent appear mentally confused at all?

Severely confused	1	}	→
Moderately	2		
Mildly	3		
Not at all	4		

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4. Do you think the respondent is in need of help?

Yes: Specify	1	}	→
No	2		

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Please comment:

01 = CHIROPODY
 02 = HOME NURSE
 03 = HOUSING / repair
 04 = CATER RELIEF
 05 = HOME HELP
 06 = GENERAL / ALL
 07 = COMPANY
 08 = TO GO OUT
 09 = DOCTOR
 10 = OPTICIAN
 11 = OCCUPATIONAL THERAPY Aids
 12 = SOCIAL WORKER

13 = ALARM
 14 = ODD JOBS
 15 = TELEPHONE
 16 = SOCIAL SERVICES
 17 = WINDOW CLEANER
 18 = PHYSIOTHERAPY
 19 = HEALTH VISITOR
 20 = SURGICAL BOOT
 21 = HOLIDAY
 22 = OTHER
 23 = LAUNDRY
 24 = JWB
 25 = V.V.

→ UP TO 2 NEEDS

WOT NEEDS	→
INOT NEEDS	→

26 HV - 27 - General / Decorator
 28 - CPN

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IF YES: Did you (with their permission) put them in touch with anyone - or suggest they contact someone?

Yes, put in touch (SPECIFY) 1

Yes, suggested a contact (SPECIFY) 2

Yes, both 3

No 4

Already known to services 5

DNA 8

COMBINATION (2+5) 6
1+2 7

→ INTOUCH



--- ***** --- ***** --- ***** ---

Please write a descriptive account of this person's health/
frailty, accommodation, social and professional support,
morale, how days are spent and anything else you consider
important:-

INTERVIEWED = 1 }
NOT " = 2 }

→ SURVIVOR



INTERVIEWER: _____

(73-7:
BLAN

CARD 1

2
79

CARD