

VARIABLE NAMES
UNDERLINED ONCE

- 1 -

CONFIDENTIAL

SERIAL NA

Serial No. from address list

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1 2 3 4

65+ BASELINE

HACKNEY

Questionnaire for people aged 65+ living at home in City and Hackney.

Name of Interviewer:

INTERVIEWER

Time started: ... } CALCULATE NO. OF MINUTES

Time finished: ... }

Date:

TIME

5	6
7	
8	9

INTRODUCTION

I am (show identity card) from Hackney Social Services Department and City & Hackney Health Authority. We are carrying out a survey of people aged 65 and over living at home in order to find out what their needs are. This will help us plan health and social services. You will have already received a letter about this. Would you be kind enough to help by answering some questions about this? Anything you tell me will be treated as confidential.

ACCOMMODATION

1. How long have you been living at this address?

- Less than 1 year.....1
 - 1 > 3 years.....2
 - 3 > 5 years.....3
 - 5 > 10 years.....4
 - 10 > 20 years.....5
 - 20 years or more.....6
- INAD 9

HOME TIME

--

10

2a. On the whole, do you like living in this area?

- Yes.....1
 - No.....2
 - Uncertain.....3
- INAD 9

LIKE AREA

--

11

2b. What if anything do you like about this area?

- ALWAYS LIVED HERE = 1
- FRIENDS / NEIGHBOURS / FAMILY HERE = 2
- "HOME" / USED TO IT / ALRIGHT = 3
- NOTHING / UNCERTAIN = 4
- OPEN SPACE / VIEW = 5
- OTHER = 6 (SERVICES / QUIET)
- CONVENIENT (SHOPS / WORK / BUS / CHURCH) = 7

UP TO 3

WOTLIKA

12

WOTLIK B

13

WOTLIK C

14

2c.

What - if anything do you dislike this area?

FEAR OF ASSAULT / BREAK IN / VIOLENCE = 1
 ISOLATION / NEIGHBOURS MOVED AWAY = 2
 NOISE / DIRT / AREA DETERIORATED = 3
 INCONVENIENT - NO SHOPS ETC. = 4
 INFLUX OF FOREIGNERS = 5
 OTHER = 6 (EVERYTHING / KIDS / LIARS)
 NOTHING = 7

UP TO
4

WOTNOTA

15

WOTNOTB

16

WOTNOTC

17

WOTNOTD

18

2d.

Is transport a problem in this area?

Yes.....1

No.....2

TRANSP

If YES: Does this restrict your activities in any way?

19 ☐

Yes.....1 SPECIFY

No.....2

2e.

In the last twelve months have you had any upsets or upheavals? What about:

(*PROBE circumstances and who helped, delays in help etc.)

YES

NO

{ Major illness/operations/accidents/
fall SPECIFY

1

2

20

Death of someone close SPECIFY

1

2

21

Burglary/intruders

1

2

22

{ Other violence against self e.g.

street theft/assault

1

2

23

Fire

1

2

23

Change of residence

1

2

Other SPECIFY

1

2

ILL

BEREAVE

BURGLAR

ASSAULT

2f.

Do you have any anxieties or fears about intruders, going out or opening the door at home?

Yes.....1 } What are these?

No.....2
INAD 9

24

FIRE

25

MOVE HOME

26

OTHER UPST

27

OPEN DOOR

2g.

Are there any other things that you feel are risky in your life? (eg Falls)

Yes.....1 } SPECIFY

No.....2
INAD 9

28

RISKS

29

30

31

WARDEN

3.

Is this accommodation:

NOT SHELTERED

Sheltered Housing (without warden).....1

Sheltered Housing (with warden).....2

IF NOT
IN
SHELTERED

House.....3

Flat (ground floor).....4

Flat (upper floor).....5

(if upper, which floor?)

Bedsit.....6

Other.....7

IN SHELTERED

INAD

3

31

32

FLOOR

4. Do you own your own home or rent it?

- Owned outright/mortgage.....1
 Council tenant.....2
 Private tenant.....3
 In relative/friends home.....4
 Other.....5
 INAD 9 PLEASE SPECIFY

COUNCIL

33 ☐

5. Do you live alone here or do others live with you?

- Lives alone.....1
 With spouse only.....2
 With relatives.....3
 With friends.....4
 With lodger.....5
 Other.....6
 INAD 9 PLEASE SPECIFY

LIVE ALON

34 ☐

If lives with others: who else lives here?

CODE FOR EACH PERSON LIVED WITH:

(9 = INAD)
 8 = DNA

Relationship Gender Age
 Spouse.....1
 Other relative 2 M F Under 16 16<45 45<60 60<70 70+
 Friend.....3 (1) (2) (1) (2) (3) (4) (5)
 Other eg lodger 4

Relationship	Gender	Age					
Spouse.....1							
Other relative 2	M F	Under 16 16<45 45<60 60<70 70+					
Friend.....3	(1) (2)	(1) (2) (3) (4) (5)					
Other eg lodger 4							
WHOA	SEXA	AGEA					
WHOB	SEXB	AGEB					
WHOC	SEXC	AGEC					
WHOD	SEXD	AGED					
WHOE	SEXE	AGEE					
WHOF	SEXF	AGEF					

(A) (B) (C)
 35 A
 37 A
 38 B
 40 B
 41 C
 43 C
 44 D
 46 D
 47 E
 49 E
 50 F
 52 F

6a. Is your home warm enough for you?

- Never/rarely warm enough.....1
 Sometimes warm.....2
 Could be but can't afford to have heating on all the time.....3
 Usually warm enough.....4
 Always warm enough.....5
 Other.....6

YES = 1
 NO (UNQUALIFIED) = 2
 TOO WARM = 3
 TOO EXPENSIVE = 4
 NO CENTRAL HEATING - COLD = 5
 DAMP + DRAUGHTY = 6
 YES, BUT EXPENSIVE = 7

WARMTH

☐
 53

6b. If you could would you like to move?

YES.....1
NO.....2
INAD 9

LIKE MOVE

☐
54

6c. If yes: where would you like to move to?

Same neighbourhood.....1
Elsewhere in London.....2
Outside London.....3
Elsewhere.....4
DNA
INAD 9

WHERE TO

☐
55

6d. To what sort of accommodation?

House.....1
Flat.....2
Sheltered housing.....3
Residential home.....4
Nursing home.....5
Other.....6
DNA
INAD 9

TYPE ACOM

☐
56

OMIT IF LIVES WITH SPOUSE

6e. Would you rather live alone or with others?

Alone.....1
With others : family....2
With others: friends....3
Other.....4
DON'T MIND
DNA
INAD 5

WHO WITH

☐
57

6f. Are you on a waiting list for

Residential care.....1
Long stay hospital bed.....2
Operation waiting list.....3
Other hospital bed.....4
Sheltered housing.....5
Other housing.....6
INAD 9
Not on any waiting list.....7

WAITLIST

☐
58

AGE

7a. Can I ask you your present age?

65 less than 75.....1
75 less than 85.....2
85+3



AGE

☐
59

DOB

☐
☐

60-61

7b. And what is your date of birth?

ENTER LAST TWO

DIGITS OF YEAR EG.
1920 = 20



8a. Some people of your age feel themselves to be elderly, some middle-aged and some quite young. How do you feel about yourself?

Young.....1
Middle-aged.....2
Elderly.....3

(NOT ASKED)

Office
check:
DOB x
DOB/FPC

☒

62

8b. What are the best things about being the age you are now?

(NOT ASKED)

☒
☒
☒
☒

63-66

8c. What are the worst things about being the age you are now?

(NOT ASKED)

☒
☒
☒
☒

67-70

71 ☒

SOCIAL CONTACTS

9a. And are you:

Married.....1
Single.....2
Widowed.....3
Divorced.....4
Separated.....5

MARRIED

72 ☐

If widowed, divorced or separated how long have you been widowed/
divorced / separated?

Less than 6 months.....1
6 months < 1 year.....2
1 year < 2 years.....3
2 years < 5 years.....4
5 years < 10 years.....5
10 years +
DNA

LONG WID

73 ☐

9b. Do you have any sons or daughters?

Yes.....1
No.....2

How many are still alive? ACTUAL
ENTER NUMBER

KIDS ALIV

74 ☐

LONELY

75 ☐

10. Do you ever feel lonely?

NEVER
Rarely.....1
Sometimes.....2
Often.....3
Most of the time.....4
5

11. How often do you speak to relatives, friends or neighbours
(personally and on the telephone)?

Daily.....1
More than weekly.....2
Weekly.....3
Less often.....4
NEVER
5

SPEAK TO

76 ☐

PLEASE SPECIFY

12a. Do you have a telephone?

Yes.....1
No.....2

HAVE PHONE

77 ☐

12b. How often do you speak to relatives, friends or neighbours
on the telephone?

Daily.....1
More than weekly.....2
Weekly.....3
Less often.....4
NEVER
5

SPEAK PHONE

78 ☐

PLEASE SPECIFY

Card A

BLANK Box NO

☒ ☐

79 80

14a. Do you see as much of your friends, relatives and neighbours as you would like?

	See enough	See too little	See too much
Your children	1	2	3 <u>SEEKIDS</u>
Your relatives	1	2	3 <u>SEERELS</u>
Your friends	1	2	3 <u>SEEFREND</u>

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	6	7
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	9	10
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	12	13

(PLEASE TICK)

14b. Do you ever feel you are a burden to anyone?

Yes.....1 } SPECIFY WHO _____ & WHY _____
 No.....2 }

BURDEN

<input type="checkbox"/>
14

15. Do you belong to any club?

Circle more than one if necessary

- Residents' association etc.....1
- Clubs for older people.....2
- Local authority/hospital day centre.....3
- Lunch clubs.....4
- Church clubs.....5
- Clubs/regular meetings in pubs.....6
- Bingo.....7
- Other.....8

CLUBS

<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	16

DAY CENTRE=1 LUNCH CLUB=2 OLD PEOPLES CLUB=3
 OTHER CLUB=4 DAY CENTRE + CLUB=5 DAY CENTRE + LUNCH CLUB=6
 5+6=7

16. What other things do you ever do during the day/evening?

	Never/ Rarely	Occas/Sometimes	Regularly Often	
Watch TV/listen to radio	1	2	3	TV 17
Reading				READ 18
Crafts				CRAFTS 19
Games				GAMES 20
Go for a walk				WALK 21
Go to the shops				SHOPS 22
Visit friends/family				VISIT FEA 23
Other activities (eg Church, pub etc. NOT housework) SPECIFY				CHURCPUB 24
Nothing-Just sit				SIT 25
Nothing-Just sleep				SLEEP 26

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

17a. If you needed the help of a relative or friend do you know there is one who would help?

Yes.....1 } →
 No.....2 }

WOODBHELP

<input type="checkbox"/>
27

17b. Do you have at least one friend or relative who understands you?

Yes.....1 }
No.....2 } SPECIFY WHO

UNDERSTD

28 ☐

17c. Do you have at least one friend or relative who shows they care about you?

Yes.....1 }
No.....2 } →

DO CARE

29 ☐

NEUGARTEN LIFE SATISFACTION SCALE TO BE ASKED HERE-SEE APPENDIX B

I'd like to ask you some questions about your health now

18. Are any of the following problems troubling you?

IF YES TO ANY: HAVE YOU SEEN THE DOCTOR ABOUT THIS?

	(A)	(B)
	Yes have got (1)	No (2)
	Yes has seen (1)	No (2)
Poor eyesight (apart from wearing glasses)	<u>SIGHT</u>	<u>SEENGPA</u>
Poor hearing (apart from hearing aid)	<u>HEARING</u>	<u>SEENGAB</u>
Trouble with feet	<u>FEET</u>	<u>SEENGAC</u>
Nerves/stress/depression	<u>NERVES</u>	<u>SEENGAD</u>
Forgetfulness	<u>FORGET</u>	<u>SEENGAE</u>
Confusion	<u>CONFUSE</u>	<u>SEENGAF</u>
Bronchitis	<u>BRONCHIC</u>	<u>SEENGAG</u>
High blood pressure	<u>HIGHBP</u>	<u>SEENGAI</u>
Stroke	<u>STROKE</u>	<u>SEENGAI</u>
Trouble with waterworks (pain, lack of control, incontinence SPECIFY)	<u>URINARY</u>	<u>SEENGAT</u>
	<u>CONSID</u>	<u>SEENGAK</u>
Bowel problems	<u>CONLOSE</u>	<u>SEENGAL</u>
(Constipation)	<u>BLOODTAR</u>	<u>SEENGAM</u>
(Alternately constipated/loose)	<u>PILES</u>	<u>SEENGAN</u>
(Passing blood or tar motions)	<u>HEARTBUN</u>	<u>SEENGAP</u>
(Piles)	<u>ABDOMPAIN</u>	<u>SEENGAPQ</u>
tomach Problems	<u>VOMITBLD</u>	
(Indigestion/Heartburn)	<u>STIFF</u>	<u>SEENGAR</u>
(Abdominal pain/discomfort)	<u>SLEEP</u>	<u>SEENGAS</u>
(Vomiting of blood)	<u>APPETITE</u>	<u>SEENGAT</u>
Aches / pains / stiffness: muscles / joints	<u>HEADACHE</u>	<u>SEENGAV</u>
Sleeplessness	<u>HEART</u>	<u>SEENGAV</u>
Loss of appetite		
Headaches	<u>GIDDY</u>	<u>SEENGOW</u>
Chestpains/other heart trouble	<u>DIABETIC</u>	<u>SEENGXP</u>

	(A)	(B)
30/31		
32/33		
34/35		
36/37		
38/39		
40/41		
42/43		
44/45		
46/47		
48/49		
50/51		
52/53		
54/55		
56/57		
58/59		
60/61		
62/63		
64/65		
66/67		
68/69		
70/71		
72/73		
74/75		
76/77		
78/79		

2 BOX NO. 80 CARD 80

19. Do you have any other problems with your health? Please specify:

NOW TURN TO SUPPLEMENT BB

1 2 3 4
Serial No.

5

INTERVIEWER PLEASE CIRCLE NUMBER

REPRESENTING REPLY

Are you able to do these things:

On own without difficulty

On own with someone difficulty helping

Unable to do at all (total help needed)

If difficulty: (2-6) Do you have help with this?

Slight

Moderate

Severe

Relatives

Friends

Professionals

How often? Daily More than weekly More than fortnightly Less often specify

Do you need (more) help with this? YES NO

If has help:

a)

b)

a) Get in/out of bed	1	2	3	4	5	6	1	2	3	4	5	1	2
b) Rise from chair/ Wheelchair SPECIFY	1	2	3	4	5	6	1	2	3	4	5	1	2
c) Climb stairs/steps	1	2	3	4	5	6	1	2	3	4	5	1	2
d) Use toilet/commode SPECIFY WC	1	2	3	4	5	6	1	2	3	4	5	1	2
e) Wash self (inc. shaving: men) SPECIFY WASH	1	2	3	4	5	6	1	2	3	4	5	1	2
f) Bath self BATH	1	2	3	4	5	6	1	2	3	4	5	1	2
g) Get in/out of bath IN BATH	1	2	3	4	5	6	1	2	3	4	5	1	2
h) Dress self DRESS	1	2	3	4	5	6	1	2	3	4	5	1	2
i) Brush/comb hair HAIR	1	2	3	4	5	6	1	2	3	4	5	1	2
j) Wash hair WASHHAIR	1	2	3	4	5	6	1	2	3	4	5	1	2
k) Cut toe nails TOENAILS	1	2	3	4	5	6	1	2	3	4	5	1	2
l) Manage teeth/ DENTURES	1	2	3	4	5	6	1	2	3	4	5	1	2
Teeth	1	2	3	4	5	6	1	2	3	4	5	1	2

20.

INTERVIEWER PLEASE CII E NUMBER
REPRESENTING REPLYAre you able to
do these things:On own On own Only with
without with someone
difficulty difficulty helping

Slight Moderate Severe

Do you need
(more) help
with this?
YES NO

If has help:

b)

How often?
Daily More than weekly More than fortnightly Less often specify

a)

Who helps?
Relatives Friends Professionals

m) Eat/cut up food SPECIFY <u>FOOD</u>	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
n) Prepare/cook a meal <u>COOK</u>	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
o) Housework <u>HOUSEWORK</u>	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
p) Laundry (eg towels, sheets-probe soiled laundry <u>LAUNDRY</u>	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
q) Shopping <u>SHOP</u>	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
r) Handle/manage <u>MONIES</u> pension, money etc.	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
s) Get around indoors (with/without sticks etc. <u>GET IN</u>)	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
t) Get around outdoors (with/without sticks etc. <u>GET OUT</u>)	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
u) Use public transport <u>TRAIN</u>	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
v) Odd jobs in home (eg open windows, change light bulbs, fuses, gardening, windows, cleaning, etc. <u>ODD JOBS</u>)	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
w) Filling in forms/ writing <u>FORMS</u>	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2
x) Other difficulties SPECIFY <u>ELSE</u>	1	2	3	4	5	6	1	2	3	1	2	3	4	5	1	2

INDEPENDENT

21. Is there anything else that could be provided for you that would make it easier for you to maintain your independence at home?

MOBILITY AIDS=1
HOME ADAPTATIONS=2
COMPANY=3
NURSING CARE=4
HOME HELP=5
ODD JOBBES=6
OTHER=7 (TRANSPORT, MONEY, WARDEN,
MOVE, TELEPHONE, CHIEF)
NO=8
INAD=9



6

NOW TURN TO SUPPLEMENT CC

22. Do you know where to apply for the following services?

Where would you apply:

(NOT ASKED)

Meals on wheels

Home help

Social worker

District Nurse

Mobility aids

Financial help

Housing advice

Carer relief /
attendant scheme

Day centre

Residential care

Any community transport
services

7	/
8	/
9	/
10	/
11	/
12	/
13	/
14	/
15	/
16	/
17	/

Compute
SPSSX

INTERVIEWER NOTE: RESPONDENT TO COMPLETE

(1) FACES AND (2) GENERAL HEALTH QUESTIONNAIRES
HERE. SEE APPENDICES Ci and Cii

23. Do you take any medicine, pills or ointment prescribed by your doctor?

Yes.....1

No.....2

(ENTER NUMBER) →

DRUGS

☐

18

NO DRUGS

☐ ☐
19 20

NB. If yes ask to see medicines so you can record name, frequency and dosage.

INTERVIEWER RECORD:

Name of Medication	Frequency taken	Dosage	How long been taking it
A) SEE BELOW *	1 = ONCE / DAY		< 6 MTHS = 1
B)	2 = TWICE / DAY	1	6 MTHS < 1 YR = 2
C)	3 = THREE / DAY	2	1 < 2 YRS = 3
D)	4 = FOUR / DAY	3	2 < 5 YRS = 4
E)	5 = FIVE / DAY	4	5 < 10 YRS = 5
F)	6 = AS REQUIRED	5	10 < 15 YRS = 6
G)	7 = OTHER	6	15 YRS + = 7
	8 = NOT APPLIC	7	DNA = 8
	9 = INAD	8	INAD = 9

21 ☐ DRUG TYPE

22 ☐ DRUG TYPE

23 ☐ DRUG TYPE

24 ☐ DRUG TYPE

25 ☐ DRUG TYPE

26 ☐ DRUG TYPE

(CONTD. ON DRUG CODING CONTINUATION SHEET - CARD)

24. Do you take them all according to instructions?

Yes.....1

No.....2

CAN YOU TELL ME WHY THAT IS?

TAKE INST

27 ☐

25. Do you have any difficulties in taking your medication?

NO AFTER 1ST REPLY

NO TO ALL

Difficulty in opening container.....1

Difficulty in remembering instructions.....2

Difficulty reading instructions.....3

Difficulty swallowing tablets.....4

Other.....5

SPECIFY

12 = Nutrition/
Blood

13 = SKIN/EYE/MUCOUS MEM BRNG

14 = OTHER (CRAMP)

15 = UNKNOWN PRBP.

00 = NONE

99 = INAD.

Circle more than one if necessary

* 01 = MIN. TRAMP
02 = MAJ. TRAMP
03 = ANTI DEPRESS.
04 = OTHER
05 = OTHER NERVOUS SYSTEM
06 = GASTRO INTESTINAL
07 = CARDIOVASCULAR/DIURETIC
08 = RESPIRATORY/ALLERGIC
09 = RHEUMATIC
10 = ANTI MICROBIAL
11 = ENDOCRINOLOGICAL

28 ☐ DIFF

29 ☐ DIFF

30 ☐ DIFF

31 ☐ DIFF

32 ☐ DIFF

26. How long ago did you last see your doctor?

Within the last seven days.....1
 More than seven days ago
 but within the last month.....2
 More than a month ago
 but within the last three months.....3
 More than three months ago SPECIFY.....4



WHEN?

☐

NOW GO TO SUPPLEMENT CC

27. Can I check how often you see any of these? (Please tick)

Daily <Daily Weekly <Weekly Monthly Less
 >Weekly >Monthly Often
 (SPECIFY)

1 2 3 4 5 6

Health Visitor
 District Nurse
 Other nurse
 (SPECIFY)
 Pathing Service
 Carer rel/attend*
 Social worker
 Occupational
 Therapist
 Physiotherapist
 Optician
 Dentist

Meals on Wheels
 Home help
 Chiropodist
 Incont. laundry
 Hospital doctor
 (Specify)
 Other
 (e.g. Voluntary)

Q28
 34-49 50-65

HV LIKEHV
 DN LIKEDN
 ON LIKEON
 BS LIKEBS
 CR LIKECR
 SW LIKESW
 OT LIKEOT
 PHYSIO LIKEPY
 OPTIC LIKEOPT
 DENTIST LIKEDENT
 MEALS LIKEHEAL
 HH LIKEHA
 CHIROP LIKECHIR
 INCO LIKEINCO
 HOSPOR LIKEDR
 EQVOL LIKEVOL

PROBE FOR VOLUNTARY*****

*e.g. Carer relief or care attendant schemes such as Crossroads, Lockwood, Triangle etc. SPECIFY

28. Would you like (more) visits from any of these people or any other professional? See checklist

PROBE AGAIN FOR VOLUNTARY VISITOR

YES=1
 NO=2
 INAD=9

29. What improvement if any would you like to see in any of these services?

MORE FREQUENT (BETTER STAFFING (FUNDING)=1
 BETTER QUALIFIED STAFF=2
 DIFFERENT TIMES AVAILABLE=3
 OTHER=4
 NONE=7
 INAD=9



IMPROVE

☐

66

COMPLETE
 SPSS X

30. Is there anything you would like help with but do not like to ask or feel there is no point in asking?

If so, what?

SOCIAL SERVICES=1
HEALTH SERVICES=2
FINANCIAL HELP=3
HOME IMPROVEMENTS/
ADAPTATIONS =4
ODD JOBS =5
NO =7
INAD =9

UP TO 4

ASKHELPA

67

☐

ASKHELPS

68

☐

ASKHELPC

69

☐

ASKHELAD

70

☐

31. If yes, what makes it difficult to ask for help sometimes?

AFRAID OF LOSING INDEPENDENCE=1
(+ PRIDE)
AFRAID OF BEING BURDEN=2
SERVICES SHORTSTAPPED / INADEQUATE=3
OTHER=4
DNA=8
INAD=6

DIFFASK

71

☐

72

☒

73

☒

74

☒

32. Could you tell me if you agree or disagree with the following statements?

(NOT ASKED)

- A. There's not much you can do about your health in old age because it's mainly a matter of luck:

Strongly agree.....1)
Agree.....2)
Disagree.....3)
Strongly disagree.....4)
Don't know.....5

STATE WHY

75

☒

- B. There's alot you can do to keep healthy in old age:

Strongly agree.....1)
Agree.....2)
Disagree.....3)
Strongly disagree.....4)
Don't know.....5

STATE WHY

76

☒

33. What would you say is your greatest worry or problem at the present time?

HEALTH = 1

FINANCIAL = 2

OTHER = 3 (OTHER'S HEALTH, MOVING, SAFETY, LONELY, KIDNEY)

NOTHING = 4

INAD = 9

NOW TURN TO SUPPLEMENT DD

OCCUPATIONAL CLASS

34. What was the main job you did for most of your working life?

Name /title of job _____

Description of activity _____

Skill/training/qualification/experience for the job _____

INTERVIEWERS PLEASE ALSO PROBE FOR ANY EDUCATIONAL QUALIFICATIONS HELD (WHETHER RELEVANT TO JOB OR NOT):

University/polytechnic degree _____ 1

School leaving matriculation _____ 2

Other PLEASE SPECIFY _____ 3

NONE

INAD

35. Any supervisory/management responsibility?

Supervisory.....1

Management.....2

Self employed with employees.....3

Self employed no employees.....4

Employee no sup/man responsibility.5

36. At what age did you finish your full time education?
i.e. school, college, university.

Under 14.....1

14 < 16.....2

16 < 18.....3

18 < 21.....4

Over 21.....5

INAD

BIG WORRY

☐

77

DEGREE

☐

78

CLASS

OC

☐

79

CODE

3

80

SEX NO

1	2	3	4
---	---	---	---

Serial No.

AGEED

☐

5

CODE USING
REGISTER
GENERAL'S
CLASSIFICATION

PLEASE ASK MARRIED WOMEN:

37. What kind of work did your husband do for most of his working life?

Name/title of job _____

Description of activity _____

Skill/training/qualification/
experience for the job _____

INTERVIEWERS PLEASE ALSO PROBE FOR ANY EDUCATIONAL QUALIFICATIONS HELD (WHETHER RELEVANT TO JOB OR NOT):

University/polytechnic degree.....1
School leaving matriculation.....2
Other PLEASE SPECIFY.....3

NONE
DNA
INAD

38. Any supervisory/management responsibility?

Supervisory.....1
Management.....2

Self employed with employees...3
Self employed no employees.....4
Employee no sup/man
responsibility.....5

39. At what age did your spouse finish full time education?

Under 14.....1
14 < 16.....2
16 < 18.....3
18 < 21.....4
Over 21.....5

DON'T KNOW
DNA
INAD

*

NOW TURN TO SUPPLEMENT EE

*

ASK SUPPLEMENT O - HQ - IF APPROP

THANK YOU VERY MUCH FOR YOUR TIME

INTERVIEWERS: PLEASE NOTE ANY ACUTE NEEDS (ESPECIALLY VULNERABILITY TO COLD), ASK RESPONDENT IF THEY WOULD LIKE THEIR NAME TO BE PASSED ON TO SOMEONE FOR HELP (EG. WE CAN INVOLVE THE DISTRICT NURSES). WE MUST HAVE THEIR PERMISSION TO REFER THEM TO A SERVICE.

HUSB0E9

☐
6

HUSBCLAS

OC

☐
7

HUSBED

☐
8

GRID

GRID

A large grid of squares, resembling graph paper, with a diagonal line drawn across it from the top-left corner to the bottom-right corner. The grid is composed of 15 columns and 15 rows of squares. The diagonal line starts at the top-left corner of the first square and extends to the bottom-right corner of the last square, passing through the center of each square along the main diagonal.

9-29

CODING BOXES													
<u>NETWORK</u>	<u>SEARCH</u>	<u>TWENTY</u>	<u>RELATED</u>	<u>MOTHER</u>	<u>NUMBER</u>								

9-29
30-50
51-71

APPENDIX B

I would now like to play a little game with you.

LIFE SATISFACTION INDEX

Ask respondent to separate the cards into three piles - agree, disagree and uncertain.

Then repeat for uncertain until there is a residual uncertain pile.

CODE BELOW

Item	1st sort		2nd sort		
	Agree	Disagree	Agree	Disagree	Uncertain
1	1	2	3	4	5 →
2	1	2	3	4	5 →
3	1	2	3	4	5 →
4	1	2	3	4	5 →
5	1	2	3	4	5 →
6	1	2	3	4	5 →
7	1	2	3	4	5 →
8	1	2	3	4	5 →
9	1	2	3	4	5 →
10	1	2	3	4	5 →
11	1	2	3	4	5 →
12	1	2	3	4	5 →
13	1	2	3	4	5 →
14	1	2	3	4	5 →
15	1	2	3	4	5 →
16	1	2	3	4	5 →
17	1	2	3	4	5 →
18	1	2	3	4	5 →
19	1	2	3	4	5 →
20	1	2	3	4	5 →

(9 = INAD)

72-79
BLANK
CARDS

4 BOX
NO
80

1	2	3	4

SERIAL NO.

5-24
BLANK

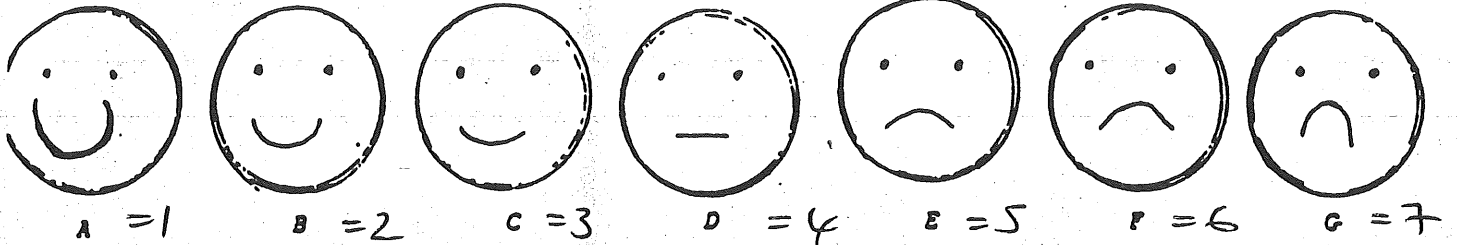
25		<u>LIFE A</u>
26		<u>LIFE B</u>
27		<u>LIFE C</u>
28		<u>LIFE D</u>
29		<u>LIFE E</u>
30		<u>LIFE F</u>
31		<u>LIFE G</u>
32		<u>LIFE H</u>
33		<u>LIFE I</u>
34		<u>LIFE J</u>
35		<u>LIFE K</u>
36		<u>LIFE L</u>
37		<u>LIFE M</u>
38		<u>LIFE N</u>
39		<u>LIFE O</u>
40		<u>LIFE P</u>
41		<u>LIFE Q</u>
42		<u>LIFE R</u>
43		<u>LIFE S</u>
44		<u>LIFE T</u>

COMPUTE
SPSSX

APPENDIX C1

"FACES" QUESTIONS

Here are some faces expressing various feelings. Below each is a letter



INAD = 9.

- Which face comes closest to expressing how you feel about your life as a whole now?

_____ write letter on line

FACEA



45

- Which comes closest to expressing how you feel about living here (your accommodation)?

FACEB



46

- Which comes closest to expressing how your feel about your activities?

FACEC



47

- Which comes closest to expressing how you feel about your independence or freedom - the chance you have to do what you want?

FACE D



48

- Which comes closest to expressing how lonely you are?

FACE E



49

GENERAL HEALTH QUESTIONNAIRE

GHQ-28

Please read this carefully:

We should like to know if you have had any medical complaints, and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

HAVE YOU RECENTLY:

	0	0	1	1
A1 — been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2 — been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3 — been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4 — felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5 — been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6 — been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7 — been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
B1 — lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2 — had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3 — felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4 — been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5 — been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6 — found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7 — been feeling nervous and highly strung all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

GHQA

GHQB

PLEASE TURN OVER

HAVE YOU RECENTLY

	0	0	1	1
C1 — been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2 — been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3 — felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4 — been satisfied with the way you've carried out (things) ?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
C5 — felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
C6 — felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
C7 — been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
D1 — been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2 — felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3 — felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4 — thought of the possibility that you might do away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
D5 — found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6 — found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7 — found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely has

A GHQA 29 50
 B GHQB 30 51
 C GHQC 31 52
 D GHQD 32 53
 TOTAL GHQTOTAL 33 54-55

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Code 4075.02.4

(TOTAL OF GHQA-D)

HEALTH ASSESSMENT QUESTIONNAIRE

Name Date

We are interested in learning how your illness affects your ability to function in daily life.
Please feel free to add any comments at the end of this form.

PLEASE TICK THE ONE RESPONSE WHICH BEST DESCRIBES YOUR USUAL ABILITIES
OVER THE PAST WEEK:

Without ANY difficulty	With SOME difficulty	With MUCH difficulty	Unable to do
---------------------------	-------------------------	-------------------------	-----------------

1. DRESSING AND GROOMING

Are you able to:

a) - Dress yourself, including tying shoelaces
and doing buttons?

b) - Shampoo your hair?

*	{	0	1	2	3
	
		0	1	2	3
	

2. RISING

Are you able to:

- Stand up from an armless straight chair?

- Get in and out of bed?

3. EATING

Are you able to:

- Cut your meat?

- Lift a full cup or glass to your mouth?

- Open a new carton of milk (or soap
powder)?

4. WALKING

Are you able to:

- Walk outdoors on flat ground?

- Climb up five steps?

(* = ONE SCORE PER ITEM - HIGHEST SCORE
OF a) OR b) DETERMINES ITEM SCORE.
THEN ADD SCORES AND DIVIDE BY
NUMBER OF CATEGORIES ANSWERED.
CODE TO THREE DECIMAL POINTS
IN BOXES 56-59 OF CARD 5.)

PLEASE TICK ANY AIDS OR DEVICES THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES: **

..... Cane Devices used for dressing (button hook, zipper pull, long handled shoe horn, etc.)
..... Walking frame Built-up or special utensils
..... Crutches Special or built-up chair
..... Wheelchair	
..... Other (specify)	

PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED HELP FROM ANOTHER PERSON:

..... Dressing and Grooming Eating
..... Rising Walking

(** = IF TICKED AIDS/
DEVICES / HELP FOR ITEMS 1,
2, 3 OR 4, THEN SCORE FOR
THAT ITEM MUST BE AT LEAST
2)

PLEASE TICK THE ONE RESPONSE WHICH BEST DESCRIBES YOUR USUAL ABILITIES OVER THE PAST WEEK

	Without ANY difficulty	With SOME difficulty	With MUCH difficulty	Unable to do
5. HYGIENE				
Are you able to:				
- Wash and dry your entire body?
- Take a bath?
- Get on and off the toilet?
6. REACH				
Are you able to:				
- Reach and get down a 5lb object (e.g. a bag of potatoes) from just above your head?
- Bend down to pick up clothing from the floor?
7. GRIP				
Are you able to:				
- Open car doors?
- Open jars which have been previously opened?
- Turn taps on and off?
8. ACTIVITIES				
Are you able to:				
- Run errands and shop?
- Get in and out of a car?
- Do chores such as vacuuming, housework or light gardening?

PLEASE TICK ANY AIDS OR DEVICES THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES:

..... Raised toilet seat Bath rail
..... Bath seat Long handled appliances for reach
..... Jar opener (for jars previously opened)	Other (specify)

PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED HELP FROM ANOTHER PERSON:

..... Hygiene Gripping and opening things
..... Reach Errands and housework

HAQ

56	57	58	59

(60-79)
80-89
90-99
100

5

HAQ

Scoring and Coding:

Possible responses for the component questions are:

Without ANY difficulty	= 0
With SOME difficulty	= 1
With MUCH difficulty	= 2
UNABLE to do	= 3

The highest score for any component question determines the score for that category. If a component question is left blank or the response is too ambiguous to assign a score, then the score for that category is determined by the remaining completed question(s). If all component questions are blank, then the category is left blank.

If the patient's mark is between the response columns then move it to the closest one. If it's directly between the two, move it to the higher one.

If either devices and/or help from another person is checked for a category the score = 2. This may determine the score unless the score on any other component question = 3. For example, the response to "Dress yourself..." is with SOME difficulty (score = 1). The patient has checked the use of a device for dressing, thereby increasing the score to 2. The response to "Shampoo your hair is UNABLE to do (score = 3). Therefore, the score for the DRESSING category is 3.

Devices associated with each category:

DRESSING & GROOMING	- Devices used for dressing(button hook, zipper pull, long handled shoe horn, etc.
ARISING	- built up or special chair
EATING	- built up or special utensils
WALKING	- cane, walker, crutches
HYGIENE	- raised toilet seat bathtub seat bathtub bar long-handled appliances in bathroom
REACH	- long-handled appliances for reach
GRIP	- jar opener (for jars previously opened)

Devices written in the "Other" sections are considered only if they would be used for any of the stated categories.

Disability Index Calculation:

The index is calculated by adding the scores for each of the categories and dividing by the number of categories answered. This gives a score in the 0 to 3.0 range.

CODING SHEET FOR ADL

SERIAL NO.

1	2	3	4

(BOXES 5-24 BLANK)

ADL	HELP	WHO HELPS	HOW OFTEN	MORE HELP?
25	55	11	41	11
26	56	12	42	12
27	57	13	43	13
28	58	14	44	14
29	59	15	45	15
30	60	16	46	16
31	61	17	47	17
32	62	18	48	18
33	63	19	49	19
34	64	20	50	20
35	65	21	51	21
36	66	22	52	22
37	67	23	53	23
38	68	24	54	24
39	69	25	55	25
40	70	26	56	26
41	71	27	57	27
42	72	28	58	28
43	73	29	59	29
44	74	30	60	30
45	75	31	61	31
46	76	32	62	32
47	77	33	63	33
48	78	34	64	34

(79 BLANK)

(65-79 BLANK)

ADL	HELP	WHO HELPS	HOW OFTEN	MORE HELP?
49	5	35	5	35
50	6	36	6	36
51	7	37	7	37
52	8	38	8	38
53	9	39	9	39
54	10	40	10	40

DRUG CODING CONTINUATION.

41		}	<u>DRUGTYPEB</u>
42			
43			
44			<u>DRUGOFTB</u>
45			<u>LONGB</u>
46			
46			

54		}	<u>DRUGTYPE</u>
60			
61			
62			<u>DRUGOFTF</u>
63			<u>LONGF</u>
64			
64			

47		}	<u>DRUGTYPEC</u>
48			
49			
50			<u>DRUGOFTC</u>
51			<u>LONGC</u>
52			
52			

65		}	<u>DRUGTYPEF</u>
66			
67			
68			<u>DRUGOFTF</u>
69			<u>LONGF</u>
70			
70			

(77-79 BLANK)

53		}	<u>DRUGTYPED</u>
54			
55			
56			<u>DRUGOFTD</u>
57			<u>LONGD</u>
58			
58			

71		}	<u>DRUGTYPEG</u>
72			
73			
74			<u>DRUGOFTG</u>
75			<u>LONGG</u>
76			
76			

CARDH

8

80

SUPPLEMENT BB: HEALTH & GP (re P.10)

ASK ALL: Can I check, you told me you last saw your GP about _____ ago (P14): Just during the last 12 months (that is since this time last year), how many times have you yourself consulted, that is seen professionally, your doctor, or his partners, or a locum?). IF HAD DOCTOR LESS THAN ONE YEAR, INCLUDE PREVIOUS DR.

GP YEAR

55	56

Actual No. _____

1. ASK IF YES TO BLADDER (P10)

You mentioned earlier you had problems with your bladder. Can you tell me how you manage? (Probe: pads, garments, ever wet chairs/bed, frequent visits to WC etc.)?

MANAGA
57-58
MANAGB
59-60

FREQUENT VISITS TO LOO = 01

UP IN NIGHT / RETURN HOME = 02

PADS = 03

POTTY = 04

SOMETIMES WET = 05

RINS = 06

POOR CONTROL = 07

DONT TAKE DIURETIC = 08

TAB LETS FROM GP = 09

DNA.....88

CATHETER = 10

HAD OP. = 11

URGENCY = 12

DRINK LESS = 13

BUS STOP = 14

SLOWEE = 15

Does this problem ever stop you:

a) Going out:-

Yes.....1
No.....2
DNA.....8

} →

61

STOP OUT

b) Having visitors:-

Yes.....1
No.....2
DNA.....8

} →

62

STOP VIST

c) Any other restrictions?

MISERY / DEPRESSING / IRRITABLE = 1

UP IN NIGHT = 2

NO LONG JOURNALS = 3

FOR THIS

SPECIFY

PAD DISPOSAL DIFFICULT = 4

CATHETER LEAKS = 5

CANT STAY WITH PEOPLE = 6

EMBARRASSED = 7

X2

STOP C

STOP D

63-64

IF HAS SEEN GP (P10): What did your doctor do?

(If referred: what happened then?)

Referred to hospital.....1
Referred to District Nurse.....2
Prescription only from GP.....3
No action by GP.....4
Other: SPECIFY.....5
DNA.....8

} → UP TO X
TICK
ALL
THAT APPLY

DOCTORA

DOCTORS

65-66

DOCTORC

DOCTORD

67-68

FOR THIS
IF HAS NOT SEEN GP (P.10): Do you think your GP
could help you? (Probe why not consulted and whether
usually avoids consulting):-

Yes.....1
No.....2
Uncertain.....3
DNA.....8

If not, did you talk to anyone about it?

YES=1, NO=2
DNA=8, INAD=9

ASK IF YES TO SIGHT (P.10)

REL=1
FRIENDS=2
BOTH=3
OTHER PROF=4
DNA=8

☐ 69 NOTSEENA

☐ 70 TALKA

☐ 71 TALKS

☐ 72-73 MANAGE
☐ 74-75 MANAGE

2. You mentioned earlier you had problems with your
sight? Can you tell me how you manage?

NOT BAD/=1
HAD ALL LIFE

SELF TREATMENT=2

OPTICIAN=3

AVOID READING=4
TREATMENT / O.P.=5
WITH DIFFICULTY=6
AIDS - MAG. GLASS / LIGHT=7
WHITE STICK

FOR THIS

IF HAS SEEN GP (P.10): What did your doctor do?
(If referred what happened then?)

Referred to hospital.....1
Referred to optician.....2
Prescription only by GP.....3
No action.....4
Other.....5
DNA.....8

UP TO 4

☐ 76 DOCTORE
☐ 77 DOCTORE

☐ 78 DOCTORS
CARD NO. 9
☐ 79 DOCTORS
80 CAR

IF HAS NOT SEEN GP (P.10): Do you think your GP
could help you? (Probe why not consulted / and whether
usually avoids consulting):-

Yes, could help.....1
No.....2
Uncertain.....3
DNA.....8
CAN'T BE BOTHERED 4

ASK IF YES TO HEARING (P.10)

SN
☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 5 NOTSEENB

☒ 6

3. You mentioned earlier you had problems with hearing?
Can you tell me how you manage?

HEARING AIDS=01

NOT THAT BAD=02

TAKE SOMEONE WITH ME IF NEEDED=03

WITH DIFFICULTY=04

ONE EAR OK=05

USE FRIENDS AIDS=06

ASK OTHERS TO TALK IN CERTAIN WAY=07

TABLETS=08

WARM OLIVE OIL=09

- SYRINGE / CLEAN OUT=10

TV / RADIO DIFFICULT=11

MASKING DEVICE=12

HOSPITAL APPOINT. = 13

☐ 7-8 MANAGE
☐ 9-10 MANAGE

IF HAS SEEN GP (P 10). What did your doctor do?
(if referred what happened then?)

Referred to hospital.....1
Referred to audiologist.....2
Prescription only by GP.....3
No action.....4
Other.....5
DNA.....8

UP TO
4

☐ DOCTOR I
11-12
☐ DOCTOR J

☐ DOCTOR K
13-14
☐ DOCTOR L

IF HAS NOT SEEN GP (P10): Do you think your GP could help you? (Probe why not consulted / and whether usually avoids consulting):-

Yes, could help.....1
No.....2
Uncertain.....3
DNA.....8

☐ NOT SEEN C
15

☒ 16

ASK IF YES TO FEET (P.10)

4. You mentioned earlier you had problems with your feet?
Can you tell me how you manage? *GRIN + BGA 15 = 10*

CHIRPODDY = 01

DRESSING = 02

PAINKILLERS = 03

WALK SLOW = 04

OPERATION = 05

SELF TREAT = 06

TO SEE GP = 07

PHYSIO = 08

SPECIAL SHOES = 09

SPLINT / STICK = 11

RELATIVE CUTS NAILS = 12

ELEVATE = 13

TABLETS = 14

UP TO
2

MANAGI

☐ 17-18
☐ 19-20

MANAGJ

☐ 21 DOCTOR M
☐ 22 DOCTOR N

☐ 23 DOCTOR O
☐ 24 DOCTOR P

☐ NOT SEEN D
25

☒ 26

IF HAS NOT SEEN GP (P.10): Do you think your GP could help you? (Probe why not consulted / and whether usually avoids consulting):-

Yes, could help.....1
No.....2
Uncertain.....3
DNA.....8

☐ MOT
27

5. Would you like your doctor, or a nurse, to give you an annual health check-up?

Yes, GP.....1
Yes, nurse.....2
Yes, either.....3
No.....4
Uncertain.....5

ALREADY GETS

6

SUPPLEMENT CC: SERVICES (re P.12)

0 = ODD JOBS, 1 = HOME HELP, 2 = BATH AID/SERVICE, 3 = OTHER
 4 = REPAIRS, 5 = WHEELCHAIR, 6 = CHAIR, 7 = MOVE/MONEY/
 SPECIAL CHAIR, 8 = HOLIDAY
 Have you ever tried to get a service/professional
 and not been successful? DVA=8, INAD=9

1. YES.....1 SPECIFY (WHO, WHAT, WHEN,
 WHAT DID YOU DO INSTEAD?)
 NO.....2

(UP TO 5)
☐ 28 TRIEDA
☐ 29 TRIEDB
☐ 30 TRIEDC
☐ 31 TRIEDD
☐ 32 TRIEDE

IF PERSON SAYS NEEDS HELP WITH LISTED TASKS ON
 PAGE 11A/B:-

You mentioned you needed help with _____,
 would you like this help from professionals (e.g.
 health and social services)?

YES.....1
 NO.....2
 SOME YES,
 SOME NO.....3
 UNCERTAIN....4
 DVA 8

IF NO, WHY?
 1 = PEOPLE WORSE THAN ME
 2 = GOT FAMILY
 3 = I CAN MANAGE
 4 = THEY WOULDN'T
 5 = PROBLEMS
 6 = NO FAITH IN NHS

☐ 33 PROFHELP
☐ 34 WHYNDA
☐ 35 WHYNDB

2. IF RESPONDENT RECEIVES SERVICES ON P.14:

Are there any problems with the services you receive
 (e.g. do they always turn up, work well etc.)

NO PROBLEMS.....1
 SOME PROBLEMS.....2

SPECIFY
 01 = AMBULANCE PROBS, 02 = BATHING, 03 = CHAIRPROB, 04 = HOME HELP/STOLE,
 05 = H.H. DON'T TURN UP, 06 = GETTING APPOINTMENTS, 07 = MOW, 08 = BATHING SERVICE
 DON'T TURN UP, 09 = COMMON SENSE, 10 = PAID DELIVERY

3. a) Do you have an emergency alarm system? (A small alarm
 to hang round your neck so you can always call for
 help to a central operator).

YES, in warden flat - alarm to warden.....1
 YES, provided by housing department.....2
 YES, both.....3
 NO.....4

UP TO 3
☐ 37-38 PROBA
☐ 39-40 PROPB
☐ 41-42 PROBC

☐ 43 ALARM

b) Would you like one?

YES.....1
 NO.....2
 GOT ONE 8

☐ 44 LIKALARM

ONLY ASK IF HELPER IDENTIFIED ON P11A/B

AND

HELP GIVEN WITH ADL

C A R E R

1) Can I check,

You told me _____ (check name) gave you the most help with tasks (pause). How often does _____ help you?

At least weekly.....1

Less often.....2

} → SPECIFY

CAREG

☐ 52

IF AT LEAST WEEKLY:

2) We would like to find out if he/she has any needs by including him/her in our study. Would you give me his/her address in order that we can ask him/her if they would like to be involved? It will not be me interviewing _____ and nothing you have told me will be repeated to X, and all information is treated in strictest confidence.

Main Carer's Name: _____
Address: _____

Permission given.....1

Refused.....2

DNA, no helper.....7

DNA, no weekly helper.....8

} →

PERMISSION

☐ 53

1. How would you describe your ethnic grouping?

White European.....01
 African.....02
 Caribbean.....03
 Black British.....04
 Asian.....05
 Chinese.....06
 Jewish.....07
 Turkish/Turkish Cypriot...08
 Greek Cypriot.....09
 Irish.....10
 OTHER: SPECIFY.....11



ETHNIC

54	55

2. What type of meals do you prefer?

Traditional British.....01
 Vegetarian British.....02
 Vegetarian Hindu.....03
 Kosher.....04
 Halal.....05
 Caribbean.....06
 African.....07
 Chinese.....08
 Greek.....09
 Turkish.....10
 OTHER: SPECIFY.....11



UP
TO
2

PREFERS

		56-57
		58-59

3. If you lived in a home for the elderly or a nursing home or hospital ward, would you prefer to live with people of your culture only, or with people from mixed cultures:-

Prefer own.....1
 Prefer mixed.....2
 No preference.....3



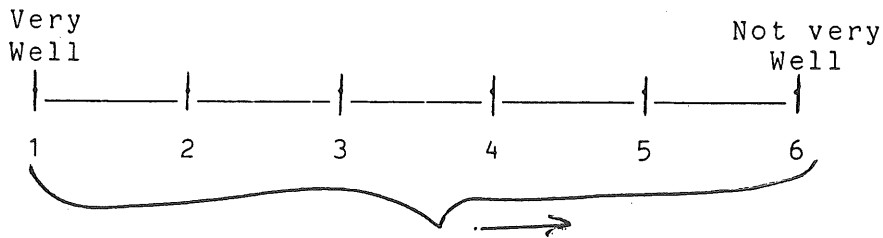
CULTURE

	60
--	----

THANK YOU FOR YOUR HELP

INTERVIEWER ASSESSMENT FORM

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



Please mark line where it represents your answer

RAPPORT

☐ 61

Please comment:

☒ 62 ☒ 63

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
- INAD 9

UP TO 2

SPECIFY: _____

☐ 64 RESPONSE

☐ 65 RESPONSE

3. Did the respondent appear mentally confused at all?

- Severely confused.....1
- Moderately.....2
- Mildly.....3
- Not at all.....4

MENTAL

☐ 66

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

Yes: Specify.....1 } →
No.....2 }

Please comment:

1 = ADAPTION TO HOUSE

2 = COMPANY

3 = ENVIRONMENTAL

4 = SOCIAL SERVICES

5 = EMERG. ALARM / PHONE

6 = CHIROPODY

7 = OTHER

8 = DNA

9 = OWN JOBS

0 = MOVE

→ UP TO 2

NEED

☐ 67

SERVICEA

☐ 68 ☐ 69

SERVICEB

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

DNA.....8

INTOUCH

☐ 70

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:-

INTERVIEWER: _____

Q'AIRE COMPLETE?

YES = 1

NO = 2

2 SESSIONS / PROX 4 = 3

COMPLETE

☐ 71

SERIALSC

☐ 72 ☐ 73 ☐ 74 ☐ 75

COMBINED OWN / HUSBANDS S.C.

→ NEWSOC

(77-78 BLANK)

☐ 76

CARDJ ☐ 77 ☐ 78 ☐ 79 ☐ 80