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1 2 3 4

BRAINTREE
BASELINE

Questionnaire for people aged 65+ living at home in Braintree.

Name of Interviewer:?

Time started: } CALCULATE NO. OF MINUTES

Time finished: } TIME

Date:

INTERVIEW

5	6
7	
8	9

INTRODUCTION

I am (show identity card) from Mid Essex 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
- (NAD) 9

HOMETIME

10

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

- Yes.....1
- No.....2
- Uncertain.....3
- (NAD) 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

<u>WOTLIKA</u>	12
<u>WOTLIK B</u>	13
<u>WOTLIK C</u>	14

2c. What - if anything do you dislike this area?

FEAR OF ASSAULT / BOMB 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 / L.A.T.S)
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

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	ILL
Death of someone close SPECIFY	1	2	21	BEREAV
Burglary/intruders	1	2	22	BURGLAR
Other violence against self e.g. street theft/assault	1	2	23	ASSAULT
Fire	1	2	24	FIRE
Change of residence	1	2	25	MOVE HOME
Other SPECIFY	1	2	26	OTHER UPST

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

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 3
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 8
INAD 9

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 ALONE

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		
W H O A	SEX A	AGE A
W H O B	SEX B	AGE B
W H O C	SEX C	AGE C
W H O D	SEX D	AGE D
W H O E	SEX E	AGE E
W H O F	SEX F	AGE F

(A) (B) (C)
 35 A ☐ ☐ ☐
 37 B ☐ ☐ ☐
 39 C ☐ ☐ ☐
 41 D ☐ ☐ ☐
 43 E ☐ ☐ ☐
 45 F ☐ ☐ ☐
 47 ☐ ☐ ☐
 49 ☐ ☐ ☐
 51 ☐ ☐ ☐
 53 ☐ ☐ ☐

~~6.~~

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

(NOT ASKED)

☒

53

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

YES.....1
NO.....2
INA 9 } →

LIKEMOVE

☐

54

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

Same neighbourhood.....1
Elsewhere in London.....2
Outside London.....3
Elsewhere.....4 PLEASE SPECIFY
DNA
INA 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 PLEASE SPECIFY
DNA
INA 9 } →

TYPEACOM

☐

56

OMIT IF LIVES WITH SPOUSE

~~6e.~~

Would you rather live alone or with others?

(NOT ASKED)

~~Alone.....1
With others : family....2
With others: friends....3
Other.....4 PLEASE SPECIFY~~

☒

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 PLEASE SPECIFY
Sheltered housing.....5
Other housing.....6 PLEASE SPECIFY
INA 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

7b. And what is your date of birth?

ENTER LAST TWO } →
DIGITS OF YEAR EG.
1920 = 20

DOB

☐
60-61

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

Office
check:
DOB x
DOB/FPC

☒

62
FEEL LOW

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

(UP TO 4) {
BESTAGEA →
BESTAGEB →
BESTAGEC →
BESTAGED →

☐
☐
☐
☐

63-66

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

(UP TO 4) {
WORSTAGA →
WORSTAGB →
WORSTAGC →
WORSTAGD →

☐
☐
☐
☐

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 howlong 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

LONGWID

73 ☐

9b. Do you have any sons or daughters?

Yes.....☒
No.....☒

How many are still alive? ENTER ACTUAL NUMBER

KIDSALIV

74 ☐

LONELY

75 ☐

10. Do you ever feel lonely?

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

SPEAKTO

76 ☐

PLEASE SPECIFY

12a. Do you have a telephone?

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

HAVEPHONE

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

SPEAKPHONE

78 ☐

BLANK BOX NO

79 ☒ ☐

80 CARSA

(CODED ON CARD 4)

Serial No.

1	2	3	4

13.

USE GRID FROM APPENDIX A.

NETWORK MATRIX: INTERVIEWER TO COMPLETE WITH RESPONDENT:

A. Do you have any relatives, friends or neighbours who are significant in your life with whom you have contact at least once a month?

NETWORK

(Box 9-10)

Yes.....X PLACE NAMES ACROSS TOP AND BOTTOM OF GRID IN THE SAME ORDER (IN THICK BOXES)
No.....88.2 (CODE ACTUAL NO.)
DNA 99

B. Are any of these significant in each others lives and have contact with each other at least once a month?

SEEEACH

(Box 11-12)

Yes.....X IF YES PLACE AN 'X' IN THE APPROPRIATE BOX IN THE MATRIX
No.....88.2 (DENSITY CODE = NUMBER OF X'S / POTENTIAL NUMBER OF X'S X 100)
DNA 99
DNA (NO ONE / ONE AT A TIME) 77 (NB = 98%, 99% + 100% CODED AS 98)

C. Do you feel close to any of these people and feel you could confide in them or turn to them for help in an emergency?

Yes.....X IF YES PLACE AN ASTERISK (*) NEXT TO THEIR NAME IN MATRIX

TURNO

(Box 13-14)

No.....88.2 (CODE NUMBER)
DNA 77

D. Can I check, which of these people are relatives?

RELATED

(Box 15-16)

IF ANY.....X PLACE A TICK (✓) BY THEIR NAMES

None.....88.2 (CODE NUMBER)
DNA 77

E. Which friend, relative or neighbour would you say gives you the most help and support?

MOSTHELP

(Box 17)

IF ANY.....X PLACE A TRIANGLE (Δ) BY NAME IN GRID.

None.....X (CODE NUMBER)
DNA 7

1 = RELATIVE
2 = FRIENDS / NEIGHBOURS
3 = BOTH
8 = NO ONE 7 = DNA

NOW TURN TO SUPPLEMENT AA

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>

(PLEASE TICK)

<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

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

DAY CENTRE=1 LUNCH CLUB=2 OLD PEOPLE'S 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
Reading			
Crafts			
Games			
Go for a walk			
Go to the shops			
Visit friends/family			
Other activities			
(eg Church, pub etc. NOT housework) SPECIFY			
Nothing-Just sit			
Nothing-Just sleep			

17	<input type="checkbox"/>
18	<input type="checkbox"/>
19	<input type="checkbox"/>
20	<input type="checkbox"/>
21	<input type="checkbox"/>
22	<input type="checkbox"/>
23	<input type="checkbox"/>
24	<input type="checkbox"/>
25	<input type="checkbox"/>
26	<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 }

WOOLHELP

<input type="checkbox"/>
27

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

Yes.....1 } SPECIFY WHO
No.....2 } →

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 No have got (1) (2)	Yes No has seen (1) (2)
Poor eyesight (apart from wearing glasses)	<u>SIGHT</u>	<u>SEENGPA</u>
Poor hearing (apart from hearing aid)	<u>HEARING</u>	<u>SEENGAS</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>SEENGAH</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>ABDOMAIN</u>	<u>SEENGAPQ</u>
Stomach Problems	<u>VOMITBL</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>	
Loss of appetite	<u>GIDDY</u>	<u>SEENGOW</u>
Headaches	<u>DIABETIC</u>	<u>SEENGAX</u>
Chestpains/other heart trouble		
Giddiness		
Diabetes		

(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	
80	

BOX NO. 80

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

20.

INTERVIEWER PLEASE CIRC NUMBER
REPRESENTING REPLYAre you able to
do these things:On own
without
difficultyOn own
with
difficultyOnly with
someone
helpingUnable to
do at all
(total help
needed)If difficulty:
(2-6)Do you have
help with
this?

YES NO

Slight
Moderate
Severe

Who has help:

a)

Who helps?

Relatives

Friends

Professionals

More than weekly

Weekly

More than fortnightly

Less often specify

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

b)

How often?

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

CODING SHEET FOR CODERS IN APPENDIX D

-11A-

(CODE ON
CARDS 6, 7 & 8)

INTERVIEWER PLEASE CIRCLE NUMBER REPRESENTING REPLY

On own without difficulty	On own with difficulty	Only with someone helping
---------------------------------	------------------------------	---------------------------------

<i>this?</i>	YES	NO
--------------	-----	----

a) b)

How often?

Less often specify _____
More than fortnightly _____
Weekly _____
More than weekly _____
Daily _____

Do you need
(more) help
with this?

- 11B -

	1	2	3	4	5	6	7	8	9	0
m) Eat/cut up food SPECIFY FOOD	1	HELPEFOOD	WHOFD	1 2 3 4 5	6					
n) Prepare/cook a meal COOK	1	HUOCCCK	WOCOCK	1 2 3 4 5	6					
p) Housework HOUSEWORK	1	HUOHOUH	WHOHOUS	1 2 3 4 5	6					
r) Laundry (eg towels, sheets-probe soiled laundry LAUNDRY)	1	HUOLAWN	WLOLAWN	1 2 3 4 5	6					
s) Shopping SHOP	1	HULSHOP	WHOSHOP	1 2 3 4 5	6					
t) Handle/manage MONIES pension, money etc.	1	HUOMONY	WOMONY	1 2 3 4 5	6					
v) Get around indoors (with/without sticks etc.) GETIN	1	HUGETI	WHOTIN	1 2 3 4 5	6					
w) Get around outdoors (with/without sticks etc.) GETOUT	1	HUGETO	WHOTO	1 2 3 4 5	6					
y) Use public transport TRAN	1	HUTRAN	WTRBUS	1 2 3 4 5	6					
z) Odd jobs in home (eg open windows, change light bulbs, fuses, gardening, window cleaning, etc.) ODDJOB	1	HUODOJ	WHOODO	1 2 3 4 5	6					
a) Filling in forms/writing FORMS	1	HUFORM	WHOFORM	1 2 3 4 5	6					
b) Other difficulties SPECIFY ELSDA CLOS ELEC FLER	1	HUESDA HEPAC HERPD	WHOSADA WHOSC WHOCFL WHONAD	1 2 3 4 5	6					

INDEPEND

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, CHAIR)
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
	2 = TWICE / DAY		6 MTHS < 1 YR = 2
	3 = THREE / DAY		1 < 2 YRS = 3
	4 = FOUR / DAY		2 < 5 YRS = 4
	5 = FIVE / DAY		5 < 10 YRS = 5
	6 = AS REQUIRED		10 < 15 YRS = 6
	7 = OTHER		15 YRS + = 7
	8 = NOT APPLIC		DNA = 8
	9 = INAD		INAD = 9

21

22

23

24

25

26

(CONT. C
DRUG CARD
CONTINUATION
SHEET - CA)

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

Circle more than one if necessary

28

29

30

31

32

DIF

DIF

DIF

DIF

DIF

DIF

* 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
12 = NUTRITION / BLOOD

13 = SKIN / EYE / MUCOUS MEMBRANE

14 = OTHER (CRAMP)

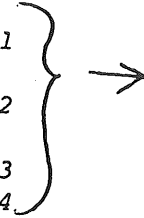
15 = UNKNOWN PREP.

00 = NONE

99 = INAD.

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



WHENGP

☐

NOW GO TO SUPPLEMENT CC

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

	Daily	<Daily >Weekly	Weekly	<Weekly >Monthly	Monthly	Less Often (SPECIFY)		
Health Visitor	1	2	3	4	5	6		
District Nurse								
Other nurse								
(SPECIFY)								
Bathing 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 LIKE DN
 CR LIKE CR
 SW LIKE SW
 OT LIKE OT
 PHYSIO LIKE PHYSIO
 OPTIC LIKE OPTIC
 DENTIST LIKE DENTIST
 MEALS LIKE MEALS
 HH LIKE HH
 CHIROP LIKE CHIROP
 INCO LIKE INCO
 HOSPO LIKE HOSPO
 EQVOL LIKE EQVOL

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 IMPROVEMENT/ADAPTATIONS=4
ODD JOBS=5
NO=7
INAD=9

UP TO 4

ASKHELPA

67

☐

ASKHELBS

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 SHORTSTACED/INADEQUATE=3

OTHER=4

NO=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

(NAD) = 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

(NAD)

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

(NAD)

BIG WORRY

☐

77

DEGREE

☐

78

CLASS

OC

☐

79

CAREX

☐

80

SEX NO

--	--	--	--

1 2 3 4
Serial No.

AGEED

☐

5

CODE USING
REGISTRAR
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

} →
4
5
6
7
8
9

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

(C)G
(AS
CLASS) →

HUSBDE9

☐
6

HUSBCLAS

OC
☐
7

HUSBED

☐
8

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

} →
6
7
8
9

* 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.

APPENDIX A

GRID

CODING BOXES

[illegible]

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

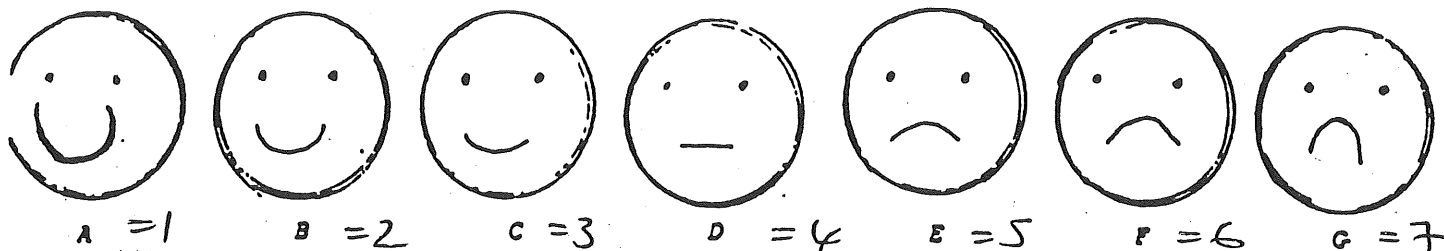
25		<u>LIFEA</u>
26		<u>LIFEB</u>
27		<u>LIFEC</u>
28		<u>LIFED</u>
29		<u>LIFEE</u>
30		<u>LIFEF</u>
31		<u>LIFEG</u>
32		<u>LIFEH</u>
33		<u>LIFEI</u>
34		<u>LIFEJ</u>
35		<u>LIFEK</u>
36		<u>LIFEL</u>
37		<u>LIFEM</u>
38		<u>LIFEN</u>
39		<u>LIFE O</u>
40		<u>LIFE P</u>
41		<u>LIFE Q</u>
42		<u>LIFER</u>
43		<u>LIFES</u>
44		<u>LIFET</u>

COMPUTE
SPSSX

APPENDIX C1

"FACES" QUESTIONS

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



1NAD=9.

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

_____ write letter on line

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

3. Which comes closest to expressing how your feel about your activities?

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

5. Which comes closest to expressing how lonely you are?

FACEA



45

FACEB



46

FACEC



47

FACED



48

FACEE



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

PLEASE TURN OVER

HAVE YOU RECENTLY

1 - been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
2 - been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
3 - felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
4 - been satisfied with the way you've carried out (things) ?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
5 - felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
6 - felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
7 - 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

1 - been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
2 - felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
3 - felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
4 - thought of the possibility that you might do away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
5 - 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
6 - 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
7 - 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

GHQA

B

GHQB

C

GHQC

D

GHQD

TOTAL

GHQTOTAL

29 50

30 51

31 52

32 53

33 54 - 55

56 - 79 BLANK

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

(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			<u>DRUGOFTB</u>
44			<u>LONGB</u>
45			
46			

59		}	<u>DRUGTYPE</u>
60			
61			<u>DRUGOFTF</u>
62			<u>LONGE</u>
63			
64			

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

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

(77-79 BLANK)

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

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

CARD A

8

80

1. Code sex for all respondents

Female.....2

INAD

$$\left. \begin{array}{l} .1 \\ .2 \\ 9 \end{array} \right\} \rightarrow$$

SEX

5

2. For each person listed in the Social Network Grid, ask:-

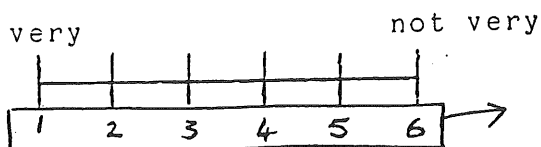
- a) How often do you usually see _____?
(code below)
- b) How far away from you does _____
live? (code below)

[illegible]
$$\begin{array}{r} 26- \\ 6 \\ -25 \end{array}$$

3. How satisfied are you with your relationships with:-

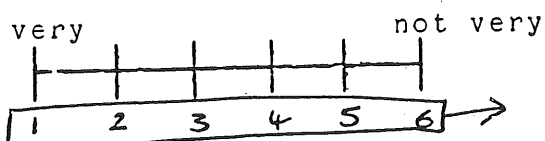
- a) your relatives?
(PROBE about quality, like each other, support)

* Interviewer code quality of supportive relationship(s):-



- b) your friends?
(PROBE about quality, like each other, support)

* Interviewer code quality of supportive relationship(s):-



SATRELAT

☐
46

SATFRIEND

☐
47

4. a) Can you tell me what happened last time you needed immediate help (probe: who was called on to help, who came, enough help, felt a burden?)

(A)

1 = NONE
2 = BURGLARY
3 = ILL
4 = MURDER
5 = ACCIDENT/FALL
6 = HOUSEHOLD PROBS
7 = OTHER

(B)

NEIGHBOUR = 1
PROF = 2
REL = 3
FRIEND = 4
NO-ONE = 5
BYSTANDERS = 7
(UP TO 3)

(C)

HOSPITALISED = 1
FELT BURDEN = 2
RELATIVE HELPED = 3
OK = 4
STAYED WITH REL. = 5
NOT ENOUGH HELP = 6
ENOUGH HELP = 7
(UP TO 2)

(A)

EVENT
HELPERA
HELPERB
HELPERC
RESULTA
RESULTB

(B)

(C)

48-53

- b) So if you needed help immediately who would you call?

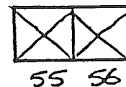
Son/daughter.....1
Other relative.....2
Friend.....3
Professional.....4
999.....5
FRIEND/REL + PROF = 6
REL + FRIEND = 7

☐
54

IMMED

(NOT ASKED)

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.



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.)?

FREQUENT VISITS TO LOO = 01
UP IN NIGHT / RETURN HOME = 02
PADS = 03

RISK = 06
POOR CONTROL = 07
DON'T TAKE DIURETIC = 08
TABLETS FROM GP = 09
DNA.....88

POTTY = 04
SOMETIMES WET = 05
Does this problem ever stop you:

a) Going out:-

Yes.....1
No.....2
DNA.....8 } →

b) Having visitors:-

Yes.....1
No.....2
DNA.....8 } →

c) Any other restrictions?

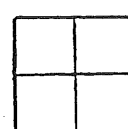
MISERY / OBSTRESSING / IRREMOVABLE = 1
UP IN NIGHT = 2
NO LONG JOURNALS = 3
FOR THIS

SPECIFY
PAD DISPOSAL DIFFICULT = 4 X2
CATHETER LEAKS = 5
CAN'T STAY WITH PEOPLE = 6
EMBARRASSED = 7

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 4
TICK
ALL
THAT APPLY



MANAG
57-58
MANAG
59-60

CATHETER = 10
HAD CP. = 11
URGENCY = 12
DRINK LESS = 13
BUS STOP = 14
SLOWEE = 15



STOP OUT

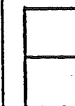


STOP VIST



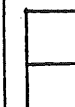
STOP C

STOP D



DOCTOR A

DOCTOR B



DOCTOR C

DOCTOR D

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 PROOF=4
DNA=8



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

ADS-MAG. GLASS / LIGHT=7

FOR THIS WHITE STICK

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

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)

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

HEARING AID=01

NOT THAT BAD=02

TAKE SOMEONE WITH ME IF NEEDED=03

WITH DIFFICULTY=04

ONE EAR OK=05

USE FRIEND'S AID=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

UP TO 2

☐ 69 NOTSEENA

☐ 70 TALKA

☐ 71 TALKS

MANAGE
MANAGE
72-73
MANAGE
74-75
MANAGE

☐ 76 DOCTORE
☐ 77 DOCTORF

☐ 78 DOCTORS
CARD NO.
☐ 79 DOCTORH 9
80 CARE

SN
☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 5 NOTSEENB

☒ 6

MANAGE
7-8
9-10
MANAGE

IF HAS SEEN GP (P10). 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+8662 IT=10

CHIROPODY=01 WALK SLOW=04 TO SEE GP=07 SPLINT/STICK=11
DRESSING=02 OPERATION=05 PHYSIO=08
PAINKILLERS=03 SELF TREAT=06 SPECIAL SHOES=09

IF HAS SEEN GP (P10): What did your doctor do?
(If referred, what happened then?)

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

RELATIVE WITH NAILS=12
ELEVATE=13
TABLETS=14

UP TO 4

MANAGE

☐ 17-18
☐ 19-20

MANAGJ

☐ 21 DOCTOR M
☐ 22 DOCTOR N

☐ 23 DOCTOR O
☐ 24 DOCTOR P

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

☐ NOT SEEN D
25

☒ 26

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 SETS 6

☐ NOT
27

SUPPLEMENT CC: SERVICES (re P.12)

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

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

☐ 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

NA

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 SHS

☐ 33 PROFHELP

☐ 34 WHYNOA

☐ 35 WHYNOB

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 = CHAIR, 04 = HOME HELP, 05 = H.H. DON'T TURN UP, 06 = GETTING APPOINTMENT, 07 = MOW, 08 = BATHING SERVICE, 09 = CANNING, 10 = P.A.D. 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

U.O TO 3

☐ 36 ANY PROBS

☐ 37-38 PROBA

☐ 39-40 PROBB

☐ 41-42 PROBC

☐ 43 ALARM

b) Would you like one?

YES.....1

NO.....2

GOT ONE

8

☐ 44 LIKALARM

SUPPLEMENT DD: EXPECTATIONS (re P16)

1. How would you ideally like to spend your time now?

AS I AM = 01

HOLIDAY / TRAVEL = 02

COUNTRY / SEASIDE = 03

NEARER / WITH FAMILY = 04

OUT + ABOUT MORE = 05

MOVE = 06

SERVANTS / HOTEL = 07

MUSIC / DANCES / SHOWS / CONCERTS = 08

COMPANY = 09

ABROAD 6 MONTHS = 10

RETIRE WITH MONEY = 11

WORK = 12

> MONEY = 13

HOBBIES = 14

BETTER HEALTH = 15

BETTER ENVIRONMENT = 16

DECORATE / GARDENING = 17

CLUB / SOCIETY / CHURCH = 19

PET = 20

HOUSEWORK = 21

HELP OTHERS / VOL. WORK = 22

TV = 23

X	IDEALLY A	→			45-46
3	IDEALLY B	→			47-48
	IDEALLY C	→			49-50

2. When you are older, do you expect eventually to move into a residential or nursing home or hospital ward for elderly people, or do you expect to remain at home?

Likely to:

Move into institution.....1

Stay at home.....2

Uncertain.....3

SHELTERED / RELATIVES.....4

SPECIFY

WHEN OLDER

☐ 51

ONLY ASK IF HELPER IDENTIFIED ON P11A/B

AND

HELP GIVEN WITH ADL

C A R E R

) 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

CARE

☐ 52

IF AT LEAST WEEKLY:

) 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

INTERVIEWER ASSESSMENT FORM

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

Very Well | 1 | 2 | 3 | 4 | 5 | 6 | Not very Well

A bracket is drawn under the line from 1 to 4, with an arrow pointing to the right.

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 RESPON

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 }

NEED

	67
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Please comment:

1 = ADAPTION TO HOUSE

2 = COMPANY

3 = ENVIRONMENTAL

4 = SOCIAL SERVICES

5 = EMERG. ALARM / PHONE

6 = CHIROPCHY

7 = OTHER

8 = DNA

9 = ON JOBS

0 = MOVE

→ UP TO 2

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

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71

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72-75

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76

CARDJ	1	0
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77 80

SERIALSC

COMBINED OWN /
HUSBANDS S.C.

→ NEWSOC

(77-78 BLANK)