

(Underlined words in capitals  
= VARIABLE NAMES)

SERIALNA  
Serial No. from address list

--	--	--	--

1 2 3 4

NB. Inadequate = 9 } unless otherwise stated.  
Does not apply = 8 }

Questionnaire for people aged 85+ living at home in City and Hackney.

Name of Interviewer: ~~Archie...~~ = 09...

Time started:..

Time started: .. } CALCULATE NO. OF MINUTES AND ENTER  
Time finished: .. (eg., 100, 060 etc. IN BOXES 7-9) —

Date: .....

INTERVIEWER

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 85 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
INADEQUATE	9

## • HOMETIME

10

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

Yes.....	1
No.....	2
Uncertain.....	3
<b>INADEQUATE</b>	<b>9</b>

LIKE A REA

11

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

ALWAYS LIVED HERE / MANY YEARS	= 1
FRIENDS / FAMILY HERE	= 2
"HOME" / GOT USED TO IT	= 3
NOTHING	= 4
UNCERTAIN	= 5
OTHER	= 6
INADEQUATE	= 9

(up to 3 things)

WOTLIKA

12

WOTLIK

13

WOTLIK

14


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

FEAR OF ASSAULT / BREAK IN = 1  
ISOLATION, NEIGHBOURS MOVED etc. = 2  
NOISY, DIRTY, AREA DETERIORATED = 3  
INCONVENIENT - NO SHOPS NEARBY = 4  
INFLUX OF FOREIGNERS = 5  
OTHER INADEQUATE = 6  
INADEQUATE = 9

(up to 4 reasons)

WOTNOTA	15	
WOTNOTB	16	
WOTNOTC	17	
WOTNOTD	18	

2d. Is transport a problem in this area?

Yes.....1

No.....2

TRANSPT

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

DNA

8

Yes.....1

SPECIFY

No.....2

2e. In the last twelve months have you had any upsets or upheavals? What about:

YES NO

Major illness/operations/accidents/  
fall SPECIFY  
Death of someone close SPECIFY  
Burglary/intruders  
Other violence against self e.g.  
street theft/assault  
Fire  
Change of residence  
Other SPECIFY

1	2
1	2
1	2
1	2
1	2
1	2
1	2

20	ILL
21	BERGAVE
22	BURGLAR
23	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

24	FIRE
25	MOVEMENT
26	OTHER UPST
27	OPEN DOOR

2g. Are there any other things that you feel are risky in your life? (eg Falls)

Yes.....1

No.....2

28	RISKS
29	BLANK
30	
31	

3. Is this accommodation:

Sheltered Housing (without warden).....1  
Sheltered Housing (with warden).....2  
House.....3  
Flat (ground floor).....4  
Flat (upper floor).....5  
(if upper, which floor?)  
Bedsit.....6  
Other.....7

32	WARDEN
----	--------

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 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 PLEASE SPECIFY

LIVEALON

34 ☐

If lives with others: who else lives here?

CODE FOR EACH PERSON LIVED WITH:

Relationship	Gender	Age
Spouse.....1	M F	Under 16 16<45 45<60 60<70 70+
Other relative.....2	(1) (2)	(1) (2) (3) (4) (5)
Friend.....3		
Other eg lodger.....4		
<u>WHA</u> (35)	<u>SEXA</u> (36)	<u>AGEA</u> (37)
<u>WHOB</u> (38)	<u>SEXB</u> (39)	<u>AGEB</u> (40)
<u>WHOC</u> (41)	<u>SEXC</u> (42)	<u>AGEC</u> (43)
<u>WHOD</u> (44)	<u>SEXD</u> (45)	<u>AGED</u> (46)
<u>WHOE</u> (47)	<u>SEXE</u> (48)	<u>AGEE</u> (49)
<u>WHOF</u> (50)	<u>SEXF</u> (51)	<u>AGEF</u> (52)

35 ☐ ☐ ☐  
 36 ☐ ☐ ☐  
 37 ☐ ☐ ☐  
 38 ☐ ☐ ☐  
 39 ☐ ☐ ☐  
 40 ☐ ☐ ☐  
 41 ☐ ☐ ☐  
 42 ☐ ☐ ☐  
 43 ☐ ☐ ☐  
 44 ☐ ☐ ☐  
 45 ☐ ☐ ☐  
 46 ☐ ☐ ☐  
 47 ☐ ☐ ☐  
 48 ☐ ☐ ☐  
 49 ☐ ☐ ☐  
 50 ☐ ☐ ☐  
 51 ☐ ☐ ☐  
 52 ☐ ☐ ☐

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

WARMTH

☐

53

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

YES.....1  
NO.....2

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

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

TYPEACOM

☒ 56

OMIT IF LIVES WITH SPOUSE OR OTHERS

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

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

WHOWITH

☒ 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  
Not on any waiting list.....7

WAITLIST

☒ 58

AGE

7a. Can I ask you your present age?

- 85 less than 90.....1
- 90 less than 95.....2
- 95 less than 100.....3
- 100+.....4

AGE  
59

7b. And what is your date of birth?

ENTER LAST TWO DIGITS  
OF YEAR (eg. IF 1900,  
ENTER "00" IN BOXES  
60-61)

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
- OTHER COMMENT.....4

Office check:  
DOB x  
DOB/FPC  
FEEL OLD  
62

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

BLANK  
63-66

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

- ISOLATION = 1
  - INFIRMITY = 2
  - NOTHING = 3
  - OTHER = 4
  - DON'T KNOW = 5
- (up to 4)

WORSTAG A  
WORSTAG B  
WORSTAG C  
WORSTAG D  
67-70

WHY OLD

8d. There are lots of theories about why some people live to a great old age. Why do YOU think you have lived so long?

GENETIC, IN FAMILY = 1  
DIET = 2  
EXERCISE, FIT = 3  
TAKE CARE, CLEAN, HEALTHY = 4  
HARD WORK = 5  
NO SMOKING, DRINKING = 6  
SOCIAL CONTACTS = 7  
FATE, GODS WILL = 8  
OTHER = 8

71 ☐

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 + 6

LONG WID

73 ☐

9b. Do you have any sons or daughters?

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

HOW MANY ARE STILL ALIVE? 1=1 etc.

KIDS ALIV

74 ☐

LONELY

10. Do you ever feel lonely?

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

75 ☐

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

SPEAK PHONE

78 ☐

PLEASE SPECIFY

BLANK Box NO  
79 80 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

N.B. TURN TO GRID IN  
APPENDIX A FOR  
CODING BOXES FOR A-E

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?

Yes.....✓ PLACE NAMES ACROSS TOP AND BOTTOM OF GRID IN THE SAME ORDER (IN THICK BOXES)

No.....88.2 CODE ACTUAL NO. IN BOXES 9-10 ON APPENDIX A (COUNT NAMES) (NETWORK)

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

Yes.....✓ IF YES PLACE AN 'X' IN THE APPROPRIATE BOX IN THE MATRIX

No.....=88.2 CODE DENSITY (NUMBER OF X'S AS PERCENTAGE OF ALL POTENTIAL X'S) IN BOXES 11-12 ON APPENDIX A (SEE EACH)  
(98% + 99% + 100% = 98%)  
NO ONE OR ONLY ONE PERSON AT A = 77

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.....✓ IF YES PLACE AN ASTERISK (\*) NEXT TO THEIR NAME IN MATRIX

No.....=88.2 CODE ACTUAL NO. IN BOXES 13-14 ON APPENDIX A (COUNT \*S) (TURN TO)  
NO ONE ON GRID = 77

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

IF ANY.....✓ PLACE A TICK (✓) BY THEIR NAMES CODE ACTUAL NO. IN BOXES 15-16

None.....=88.2 ON APPENDIX A (COUNT ✓S) (RELATED)  
NO ONE ON GRID = 77

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

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

None.....2 } RELATIVE = 1  
FRIEND/NEIGHBOUR = 2  
BOTH = 3  
NEITHER/NO-ONE = 8  
DNA (BLANK GRID) = 7  
CODE IN BOX 17 ON APPENDIX A

ii) CODE ACTUAL NO. IN BOX 18 ON APPENDIX A (COUNT ΔS, 6+ = 6)  
DNA = 8

(MOST HELP)

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 $\rightarrow$ SEEK KIDS
Your relatives	=1	=2	=3 $\rightarrow$ SEE RELS
Your friends	=1	=2	=3 $\rightarrow$ SEE FRIENDS

(PLEASE TICK)

5	6	7
8	9	10
11	12	13

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

Yes.....1 SPECIFY WHO & WHY

No.....2  
INADEQUATE = 8

BURDEN

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

DAY CENTRE = 1 + BOTH = 3  
OTHER CLUB = 2 + NEITHER/NONE = 4

CLUBS

15	16
----	----

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 $\rightarrow$ TV
Reading	=1	=2	=3 $\rightarrow$ READ
Crafts	=1	=2	=3 $\rightarrow$ CRAFTS
Games	=1	=2	=3 $\rightarrow$ GAMES
Go for a walk	=1	=2	=3 $\rightarrow$ WALK
Go to the shops	=1	=2	=3 $\rightarrow$ SHOPS
Visit friends/family	=1	=2	=3 $\rightarrow$ VISIT
Other activities (eg Church, pub etc. NOT housework) SPECIFY	=1	=2	=3 $\rightarrow$ CHURCH
Nothing-Just sit	=1	=2	=3 $\rightarrow$ SIT
Nothing-Just sleep	=1	=2	=3 $\rightarrow$ SLEEP

17	18	19	20	21	22	23	24	25	26
----	----	----	----	----	----	----	----	----	----

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

27
----



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

Yes.....1 SPECIFY WHO → UNDERSTD → 28 ☐  
No.....2 →

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

Yes.....1 → DO CARE → 29 ☐  
No.....2 →

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 (30)</u>	<u>SEENGPA (31)</u>
Poor hearing (apart from hearing aid)	<u>HEARING (32)</u>	<u>SEENGPB (33)</u>
Trouble with feet	<u>FEET (34)</u>	<u>SEENGPC (35)</u>
Nerves/stress/depression	<u>NERVES (36)</u>	<u>SEENGPD (37)</u>
Forgetfulness	<u>FORGET (38)</u>	<u>SEENGPE (39)</u>
Confusion	<u>CONFUSE (40)</u>	<u>SEENGPF (41)</u>
Bronchitis	<u>BRONCHIC (42)</u>	<u>SEENGPG (43)</u>
High blood pressure	<u>HIGHBP (44)</u>	<u>SEENGPH (45)</u>
Stroke	<u>STROKE (46)</u>	<u>SEENGPI (47)</u>
Trouble with waterworks (pain, lack of control, incontinence SPECIFY)	<u>URINARY (48)</u>	<u>SEENGPI (49)</u>
	<u>CONSIP (50)</u>	<u>SEENGPK (51)</u>
Bowel problems	<u>CONLOSE (52)</u>	<u>SEENGPL (53)</u>
	<u>BLOODTAR (54)</u>	<u>SEENGPM (55)</u>
	<u>PILES (56)</u>	<u>SEENGPN (57)</u>
Stomach Problems	<u>HEARTBURN (58)</u>	<u>SEENGPO (59)</u>
	<u>ABDO PAIN (60)</u>	<u>SEENGPP (61)</u>
	<u>VOMITBLD (62)</u>	<u>SEENGPP (63)</u>
Aches / pains / stiffness: muscles / joints	<u>STIFF (64)</u>	<u>SEENGPR (65)</u>
Sleeplessness	<u>SLEEP (66)</u>	<u>SEENGPS (67)</u>
Loss of appetite	<u>APPETITE (68)</u>	<u>SEENGPT (69)</u>
Headaches	<u>HEADACHE (70)</u>	<u>SEENGPU (71)</u>
Chestpains/other heart trouble	<u>HEART (72)</u>	<u>SEENGPV (73)</u>
Giddiness	<u>GIDDY (74)</u>	<u>SEENGPW (75)</u>
Diabetes	<u>DIABETIC (76)</u>	<u>SEENGPX (77)</u>
Cancer	<u>CANCER (78)</u>	<u>SEENGPY (79)</u>

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

(A)	(B)
SIGHT - CANCER	SEENGPA - Y
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

1 2 3 4  
Serial No.

MALE = 1  
FEMALE = 2

SEX  
D  
5

20. INTERVIEWER PLEASE CIRCLE NUMBER REPRESENTING REPLY

Are you able to do these things:

On own without difficulty

On own with someone's help

Only with someone's help

Unable to do at all (total help needed)

If difficulty: (2-6)

Do you have help with this?

YES NO

Severe

Moderate

Slight

If has help:

a) Who helps?

Professionals only

Friends only

Relatives only

b) How often?

Daily

More than weekly

Weekly

More than fortnightly

Less often specify

Do you need (more) help with this?

YES NO

a) Get in/out of bed	1	2	3	4	5	6	HELP BED 1 2	WHO BED 1 2 3 *	OFTEN BED 1 2 3 4 5	MORE BED 1 2
b) Rise from chair/ Wheelchair SPECIFY	1	2	3	4	5	6	HELACHAIR 1 2	WHOCHAIR 1 2 3 *	OFTCHAIR 1 2 3 4 5	MORECHAIR 1 2
c) Climb stairs/steps	1	2	3	4	5	6	HELSTAIR 1 2	WHOSTAIR 1 2 3 *	OFTSTAIR 1 2 3 4 5	MORESTAIR 1 2
d) Use toilet/commode SPECIFY	1	2	3	4	5	6	HELWC 1 2	WHOWC 1 2 3 *	OFTWC 1 2 3 4 5	MOREWC 1 2
e) Wash self (inc. shaving: men) SPECIFY	1	2	3	4	5	6	HELWASH 1 2	HOWASH 1 2 3 *	OFTWASH 1 2 3 4 5	MOREWASH 1 2
f) Bath self	1	2	3	4	5	6	HELFBATH 1 2	WHOFBATH 1 2 3 *	OFTFBATH 1 2 3 4 5	MOREFBATH 1 2
g) Get in/out of bath	1	2	3	4	5	6	HELP IN 1 2	WHO IN 1 2 3 *	OFT IN OUT 1 2 3 4 5	MORE IN BA 1 2
h) Dress self	1	2	3	4	5	6	HEL DRES 1 2	WHO DRES 1 2 3 *	OFT DRES 1 2 3 4 5	MORE DRES 1 2
i) Brush/comb hair	1	2	3	4	5	6	HELHAIR 1 2	WHOHAIR 1 2 3 *	OFTHAIR 1 2 3 4 5	MOREHAIR 1 2
j) Wash hair	1	2	3	4	5	6	HELWASH 1 2	WHO WASH 1 2 3 *	OFT WASH 1 2 3 4 5	MORE WASH 1 2
k) Cut tow nails	1	2	3	4	5	6	HEL T OE 1 2	WHO T OE 1 2 3 *	OFT T OE 1 2 3 4 5	MORE T OE 1 2
l) Manage teeth/ dentures	1	2	3	4	5	6	HEL T EETH 1 2	WHO T EETH 1 2 3 *	OFT T EETH 1 2 3 4 5	MORE T EETH 1 2

\* 6 = RELS + PACFS 7 = ALL (RELS + FRIENDS + PACFS)

CODING SHEET FOR CODERS IN APPENDIX D

-11A-

NB. TO BE CODED ON APPENDIX D

"CODING SHEET FOR PAGE 10. ADL."

(A) Boxes 37-54

(B) Boxes 67-10

(C) Boxes 23-40

(D) Boxes 53-10

(E) Boxes 23-40

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)

Severe Moderate Slight

If has help: a) Who helps? b) How often? Less often specify More than fortnightly Weekly More than weekly Daily

If difficulty: (2-6) Do you have help with this? YES NO

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

TO BE CODED ON APPENDIX D - "CODING SHEET FOR PAGE 10. ADL"

CODING SHEET FOR CODERS IN APPENDIX D -B11-

FOOD SPECIFY	1	2	3	4	5	6	HELP FOOD 1 2	WHO FOOD 1 2 3 *	OFT FOOD 1 2 3 4 5	MORE FOOD 1 2
n) Eat/cut up food	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
COOK										
n) Prepare/cook a meal	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
HOUSEWORK										
n) Housework	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
LAUNDRY										
n) Laundry (eg towels, sheets-probe soiled laundry)	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
SHOP										
n) Shopping	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
MANAGEMENT										
n) Handle/manage money etc.	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
GET IN										
n) Get around indoors (with/without sticks etc.)	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
GET OUT										
n) Get around outdoors (with/without sticks etc.)	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
TRAIN										
n) Use public transport	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
ODD JOBS										
n) Odd jobs in home (eg open windows, change light bulbs, fuses, gardening, window cleaning, etc.)	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
FORMS										
n) Filling in forms/writing	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2
ELSEA										
n) Other difficulties TO SPECIFY ELSEA (up to 7)	1	2	3	4	5	6	1 2	1 2 3 *	1 2 3 4 5	1 2

\* 4 = RELS + PROFS 6 = RELS + RELS

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  
SOMEONE TO DO ODD JOBS =6  
OTHER =7

6

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

Where would you apply:

Meals on wheels	→ YES=1 , NO=2 →	<u>HOW</u>	7
Home help	→ YES=1 , NO=2 →	<u>HOME HELP</u>	8
Social worker	→ YES=1 , NO=2 →	<u>SOC WORK</u>	9
District Nurse	→ YES=1 , NO=2 →	<u>NURSE</u>	10
Mobility aids	→ YES=1 , NO=2 →	<u>AIDS</u>	11
Financial help	→ YES=1 , NO=2 →	<u>MONEY</u>	12
Housing advice	→ YES=1 , NO=2 →	<u>HOUSING</u>	13
Carer relief / attendant scheme	→ YES=1 , NO=2 →	<u>ATTEND</u>	14
Day centre	→ YES=1 , NO=2 →	<u>DAY CARE</u>	15
Residential care	→ YES=1 , NO=2 →	<u>RES CARE</u>	16
Any community transport services	→ YES=1 , NO=2 →	<u>CAR</u>	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

RECORD ACTUAL NO. MENTIONED (eg. 0=00)  
1=01

DRUGS

18

NODRUGS

19 20

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

INTERVIEWER RECORD: NB - FIRST DRUG CODED HERE (BOXES 21-24)  
= OTHERS CODED ON APPENDIX D: "DRUG CODING"

Name of Medication (1)	Frequency taken (2)	Dosage	How long been taking it (3)
(A) Box 21-22, CARD 3	Box 23, CARD 3		Box 24, CARD 3
(D) Box 41-42	Box 43	ONE/DAY = 1	Box 44
(C) Box 47-48	Box 49	TWICE/DAY = 2	Box 50
(D) Box 53-54	Box 55	THREE/DAY = 3	Box 56
(E) Box 59-60	Box 61	FOUR/DAY = 4	Box 62
(F) Box 65-66	Box 67	FIVE/DAY = 5	Box 68
(G) Box 71-72	Box 73	AS REQUIRED = 6	Box 74
		OTHER = 7	

(A)

21

22

23

24

25

26

24. Do you take them all according to instructions?

Yes.....1

No.....2 CAN YOU TELL ME WHY THAT IS?

TAKEINST

27

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

Difficulty in opening container.....YES = 1 OPEN  
Difficulty in remembering instructions.....YES = 2 REMEMBER  
Difficulty reading instructions.....YES = 3 READING  
Difficulty swallowing tablets.....YES = 4 SWALLOW  
Other.....YES = 5 OTR  
SPECIFY

Circle more than one if necessary

28

29

30

31

32

CODES FOR DRUGS (D)

(\* PSYCHOTROPIC - MINOR TRANQUILLISER, SEDATIVE OR HYPNOTIC = 01

- MAJOR TRANQUILLISER, SEDATIVE OR HYPNOTIC = 02

- ANTI DEPRESSANT OR STIMULANT = 03

- OTHER = 04

OTHER NERVOUS SYSTEM = 05

GASTRO INTESTINAL = 06

CARDIOVASCULAR/DIURETIC = 07

RESPIRATORY/ALLERGIC = 08

RHEUMATIC = 09

ANTI MICROBIAL = 10

ENDOCRINOLOGICAL = 11

NUTRITION/BLOOD = 12

SKIN/EYE/MUCOUS MEMBRANE = 13

OTHER = 14

UNKNOWN PREPARATION = 15

NONE = 00

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

☐

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

	Daily =1	<Daily >Weekly =2	Weekly =3	<Weekly >Monthly =4	Monthly =5	Less often =6 (SPECIFY)	
Health Visitor						HV	34-49 50-6
District Nurse						DN	LIKEHV
Other nurse						ON	LIKEON
(SPECIFY)						BS	LIKEBS
Bathing Service						CR	LIKECR
Carer rel/attend*						SW	LIKEBS
Social worker						OT	LIKECR
Occupational						PHYSIO	LIKESW
Therapist						OPTIC	LIKEOT
Physiotherapist						DENTIST	LIKEOT
Optician						MEALS	LIKEPY
Dentist						HH	LIKEOT
Meals on Wheels						CHIROP	LIKEDEI
Home help						INCO	LIKEDEI
Chiropodist						HOSPDR	LIKEDEI
Incont. laundry						EQ VOL	LIKEH
Hospital doctor							LIKEH
(Specify)							LIKEH
Other							LIKEH
(e.g. Voluntary)							LIKEH

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

COMPUTE  
SPSSX

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

IMPROVE

☐

66

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?

YES = 1  
NO = 2  
INADEQUATE = 3

ASK HELP

67	
68	X
69	X
70	X

31.

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

AFRAID OF LOSING INDEPENDENCE = 1  
AFRAID OF BEING A BURDEN = 2  
SERVICES SHORT STAFFED / INADEQUATE = 3  
OTHER = 4  
DNA (NO AT Q. 30) = 5  
INADEQUATE = 6

DIFASK

71	
72	X
73	X
74	X

32.

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

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

AGELUCK

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

CANHEALT

76	
----	--



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

HEALTH =1  
FINANCIAL =2  
OTHER =3  
NOTHING =4

Big worry

☐

77

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 \_\_\_\_\_  
School leaving matriculation \_\_\_\_\_  
Other PLEASE SPECIFY \_\_\_\_\_  
NONE

1  
2  
3  
7

DEGREE

☐

78

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

CODE USING  
REGISTRAR  
GENERAL'S  
OCCUPATIONAL  
CLASS BOOK

CLASS

OC

☐

79

☐

Box NO

80

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

1 2 3 4  
Serial No.

AGED

☐

5

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

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

CODE USING  
REGISTRAR  
GENERAL'S  
OCCUPATIONAL  
CLASS BOOK

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

HUSBDES

☐

6

HUSBCLAS

OC

☐

7

HUSBED

☐

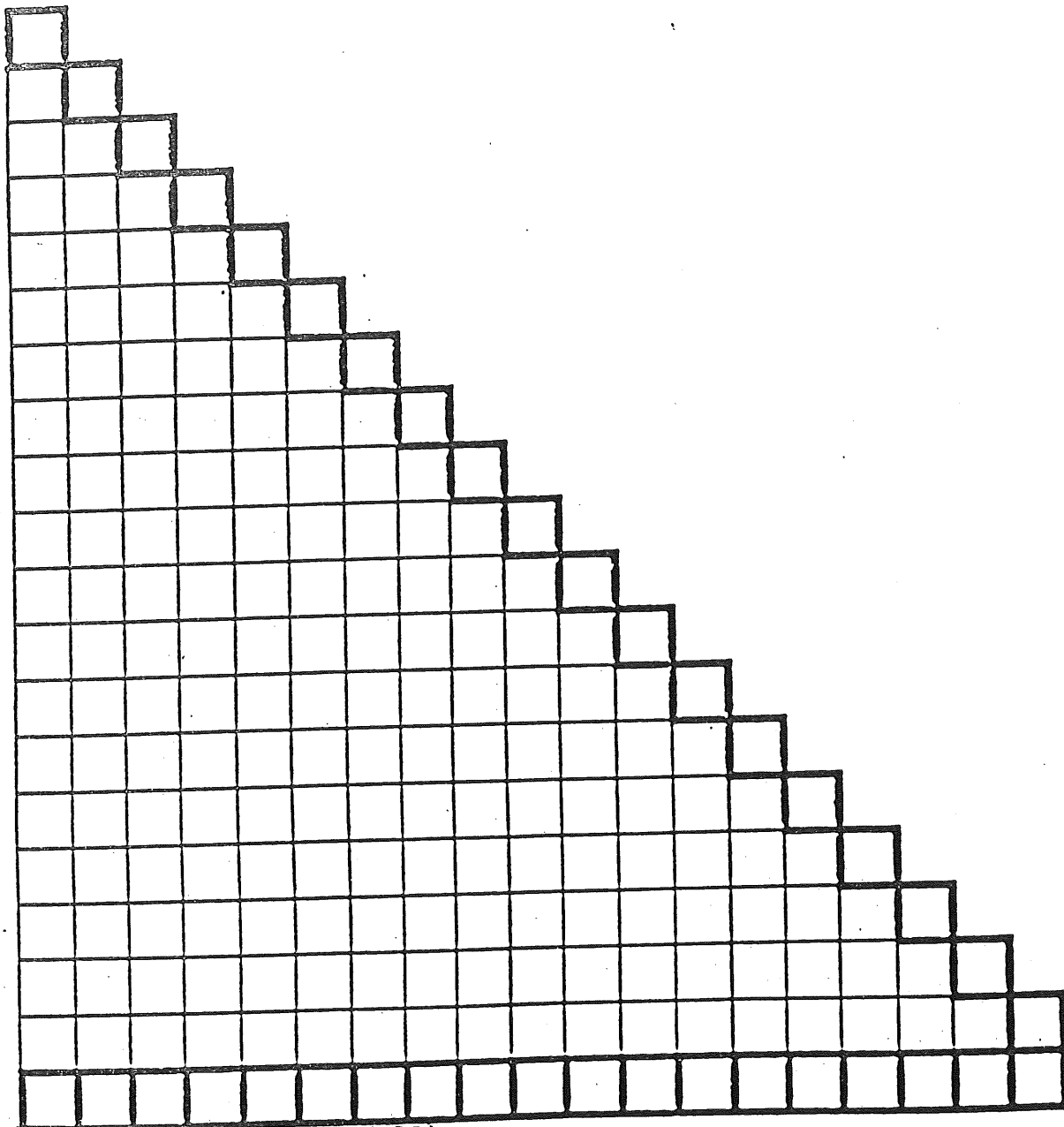
8

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.

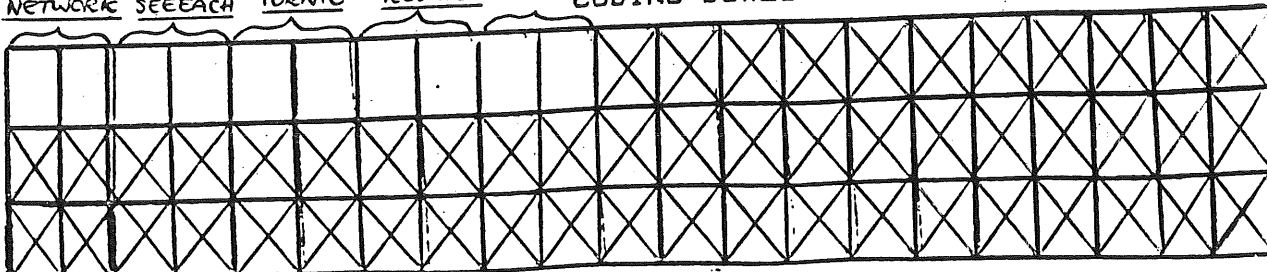
# Appendix A

## GRID



(SEE PAGE 7 FOR CODES)

NETWORK SEE EACH TURNT RELATED MOST HELD  
CODING BOXES



9-29

30-50

51-71

# Appendix B

Neighborhood

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

(72-73 BLANK)

INTEC (74-76)    (77 BLANK)

INTECOD  (79 BLANK)

78

BOX NO

80

1 2 3 4

SERIAL NO.

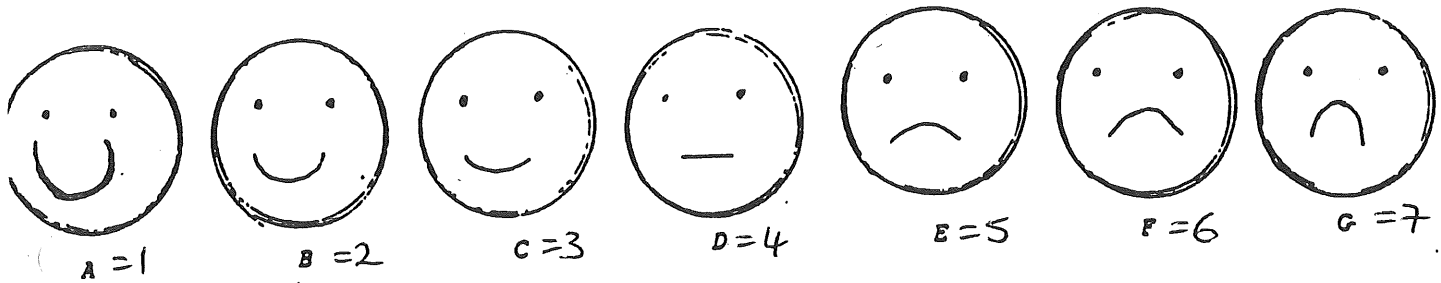
5-24 BLANK

COMPUTE  
SPSSX

# Appendix Ci

## "FACES" QUESTIONS

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



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

\_\_\_\_\_ write letter on line

FACEA

☐

45

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

\_\_\_\_\_

FACEB

☐

46

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

\_\_\_\_\_

FACEC

☐

47

4. 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

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

\_\_\_\_\_

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

(A)  
ADD UP  
SCORE  
AND  
ENTER  
IN BOX  
50

(B)  
ADD UP  
SCORE  
AND  
ENTER  
IN BOX  
51

PLEASE TURN OVER

# HAVE YOU RECENTLY

C1 — been managing to keep yourself busy and occupied?

=0  
More so than usual

=0  
Same as usual

=1  
Rather less than usual

=1  
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

(C)  
ADD UP  
SCORE  
AND  
ENTER  
IN BOX 52

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

(D)  
ADD UP  
SCORE  
AND  
ENTER  
IN BOX 53

(A) GHQA  
50

(B) GHQB  
51

(C) GHQC  
52

(D) GHQD  
53

(ADD SCORE A+B+C+D)  
TOTAL GHQTOTAL  
54 55  
COMPUTE SPSS X

(56-79)  
BLANK

5 BOX  
NO.  
20

# VARIABLE NAMES + CODES

(INADEQUATE = 9, 99, 999, 9999)

UNDERLINED = VARIABLE NAME

## DEATH CERTIFICATES CODING SHEET

SERIAL NUMBER

SERIAL DC

1	2	3	4

### 1. STATUS:

Dead....1  
Alive...2

DEAD

5

### 2. DATE OF DEATH:

Day\Month\Year (numerically eg.16/05/1990)

(A) DAY DEAD (B) MONTH DEAD (C) YEAR DEAD

(A)	(B)		
(C)			

6-7  
10-13

### 3. PLACE OF DEATH:

At home.....01  
Hospital - within Hackney.....02  
Hospital - within Tower Hamlets.....03  
Hospital - elsewhere.....04  
Other institution - within Hackney.....05  
Other institution - within Tower Hamlets...06  
Other institution - elsewhere.....07  
Other.....08  
NOT SPECIFIED 99

PLACE DTH

14	15

### 4. SEX:

Male.....1  
Female...2

SEX DEAD

16

### 5. DATE OF BIRTH:

Day/Month/Year (numerically eg. 23/03/1892)

(A) DAY BIRTH (B) MONTH BIRTH (C) YEAR BIRTH

(A)	(B)		
(C)			

17-20  
21-24

### 6. PLACE OF BIRTH:

Within Hackney.....01  
Within Tower Hamlets...02  
Inner London.....03  
Greater London.....04  
Essex.....05  
Other Home Counties....06  
British Isles.....07  
Europe.....08  
Elsewhere.....09  
RUSSIA + E. Europe 10

PLACE BTH

25	26



7. AGE AT DEATH:

(Calculate and enter age in years eg. 92 years=092)

AGE DEATH

27	28	29

8. SOCIAL CLASS:

(See Social Class Coding Book)

SC DEATH

30

9. USUAL ADDRESS:

- a) Own/others' home.....1  
Hospital.....2  
Old Peoples' Home....3  
Other institution....4  
Other.....5

USUL HOME

31

- b) Within Hackney.....01  
Within Tower Hamlets...02  
Inner London.....03  
Greater London.....04  
Essex.....05  
Other Home Counties...06  
British Isles.....07  
Europe.....08  
Elsewhere.....09

USUL AREA

32	33

- c) Is the address the same as that on OPCS card?

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

SAME ADDR

34

10. MARITAL STATUS AT DEATH:

- Single.....1  
Widowed.....2  
Married.....3  
Divorced/separated...4  
Wife of 'unspecified' 8  
NO Information 9

MARRY DTH

35

11. CAUSE OF DEATH:

Code each listed cause (Ia-II) according to International Classification of Diseases Version VIII (using all digits).

CAUSE A

36	37	38	39

CAUSE B

40	41	42	43

CAUSE C

44	45	46	47

CAUSE D

48	49	50	51

12. INFORMANT:

Daughter.....1  
 Son.....2  
 Spouse.....3  
 Other relative.....4  
 "Causing the body to be buried"...5  
 Other.....6

INFORMANT

☐ 52

13. INFORMANT'S ADDRESS:

Within Hackney.....01  
 Within Tower Hamlets...02  
 Inner London.....03  
 Greater London.....04  
 Essex.....05  
 Other Home Counties....06  
 British Isles.....07  
 Europe.....08  
 Elsewhere.....09  
 Undertaker's address 88

INFO ADDR

☐ ☐ 53 54

(55-78 BLANK)

CAEDDTH

CARD NO.

09

CARD 10

EMILY'S EXTRA VARIABLES:-

VARIABLE NAME	COLUMN	MEANING
SERIALEG	1-4	Serial number
EGDAYINT	5-6	Day of baseline interview
EGMTHINT	7-8	Month of baseline interview
EGYRINT	9-12	Year of baseline interview
EGDAYDOB	13-14	Day of birth (from interview)
EGMTHDOB	15-16	Month of birth (from interview)
EGYRDOB	17-20	Year of birth (from interview)
EGAGE	21-23	Age at baseline interview
CARDJ	79-80	Card number (09)