

CODING FRAME
65+ BRAINTREE
FOLLOW UP.

UNDERLINED WORDS = VARIABLE NAME ON SPSSX

CONFIDENTIAL

Serial No. from address list

SERIALNB →

1	2	3	4

Questionnaire for people aged 65+ living at home

Name of Interviewer: 01 = HELEN McGUIGAN 04 = JENNY GREEN
02 = JILL ERESEN 05 = MORAG KARQUHAR
03 = VALERIE NORTH

INTERVIEWER

	5
	6

Time started:

Time finished: } TIMEB = LENGTH OF INTERVIEW IN MINUTES

Date:

	7
	8
	9

INTRODUCTION

I am (show identity card) from 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 lived in this house or flat?

- | | |
|---------------------------|---|
| Less than 1 year | 0 |
| 1 year < 2 years | 1 |
| 2 years < 3 years | 2 |
| 3 years < 5 years | 3 |
| 5 years < 10 years | 4 |
| 10 years < 15 years | 5 |
| 15 years < 20 years | 6 |
| 20 years or more | 7 |

→ HOMETIMB →

	10
--	----

MOVE IN	MOVE IN	LETOFF	MOVE OUT	OTHER
1=HOUSE TOO BIG 2=HOUSE TOO SMALL 3=HELPER DIED 4=GARDEN TOO BIG 5=PROBLEM WITH NEIGHBOURS 6=STAIRS DIFFICULT	1=GRANDCHILDREN-TEMPORARILY 2=DAUGHTER-TEMPORARILY 3=SON-TEMPORARILY	(NO CODES)	1=SON MOVED OUT 2=SPOUSE LEFT	(NO CODES)

2. Have there been any changes in your household arrangements in the last 3 years:-

- a) Moved house 1
- People moved in 2
- Let off a room 3
- Anybody died 4
- Other change UNSPECIFIED..... 5
PEOPLE MOVED OUT..... 6
- NO-GO TO Q.4a = 8
- INADEQUATE = 9

(UP TO TWO CHANGES)

(OTHER CODES ABOVE)

- | | |
|----------|----|
| CHANGEA | 11 |
| CHANGEB | 12 |
| MOVEHSE | 13 |
| MOVEIN | 14 |
| LETOFF | 15 |
| MOVEOUT | 16 |
| OTHCHNGE | 17 |

- b) What was the reason for the change? (other than death (4))

DNA=8

INADE=9

3. If has been at present address less than 3 years (0-2 at Q.2)

- a) What are the good things about the move?

8=DNA 9=INADEQUATE

0=NOTHING
1=SMALLER
2=SAFER
3=LEVEL
4=WARDEN
5=WARMER
7=OTHER

- (UP TO 3 GOOD THINGS)
- | | |
|-------|----|
| GOODA | 18 |
| GOODB | 19 |
| GOODC | 20 |

- b) What are the bad things about the move?

8=DNA 9=INADEQUATE

0=NOTHING
1=TOO SMALL
2=TOO FAR FROM FAMILY/TOWN - INCONVENIENT
3=STAIRS DIFFICULT
4=LOSS OF INDEPENDENCE
7=OTHER

- (UP TO 3 BAD THINGS)
- | | |
|------|----|
| BADA | 21 |
| BADB | 22 |
| BADC | 23 |

c) And how far is it that you moved?

From To
 ENTER NUMBER
 OF MILES
 Number of miles (<1 MILE = 0.00) (DNA=888, INAD=999) → DISTANCE → 24, 25, 26

From within Hackney/Braintree ... 1

From outside Hackney/Braintree but inside London/Essex 2

From outside London/Essex 3 → DISTRICT → 27
 8=DNA 9=INAD

d) Whose idea was it mainly that you should move?
 8=DNA 9=INAD

Self 1 PROFESSIONAL = 4
 FAMILY = 2
 SON = 3
 Other SPECIFY → WHOSIDEA → 28

e) How do you feel about that move now?

VERY PLEASED = 1
 OK / FAIR = 2
 MISSES FAMILY = 3
 / FRIENDS

(UP TO 2 FEELINGS) { NOWFEELA → 29
 NOWFEELB → 30

ASK EVERYONE

4. a) Would you say your home is alright or are there any problems with it?

Alright Problems

Stairs 0 1 → PROBSTRS → 31

Hot water 0 1 → PROBHOTW → 32

Heating 0 1 → PROBSHEAT → 33

Expense SPECIFY 0 1 → PROBCOST → 34

Nearness to shops 0 1 → PROBSHOP → 35

Nearness to relatives and friends 0 1 → PROBRELS → 36

Other problems SPECIFY 0 1 → PROBOTHR → 37

b) On the whole, do you like living in this area?

Yes 1

No 2

Uncertain 3 → LIKEAREB → 38

c) What if anything, do you like about this area?

- 1= ALWAYS LIVE HERE / EVERYTHING
2= FAMILY, FRIENDS + NEIGHBOURS / COMMUNITY
3= CONVENIENCE - SHOPS, MARKET, BUS
4= VIEW, PARK, GREEN, GARDEN, COUNTRY
5= CLEAN, "NICE", SAFE, QUIET
6= TRANSPORT GOOD
7= OTHER
8= INADEQUATE
9= NOTHING
0= NOTHING
5= CLUBS

UP TO 3 FEELINGS
WOTLIKBA → 39
WOTLIKBB → 40
WOTLIKBC → 41

d) What if anything, do you dislike about this area?

- 1= EVERYTHING
2= ROADS, TRAFFIC, PAVEMENTS
3= INCONVENIENCE
4= FEAR / DANGER
5= DEVELOPERS / OVER DEVELOPMENT / MODERNISATION
6= NO NEIGHBOURHOOD, ISOLATION, NO FRIENDS
7= POOR SERVICES, NO FACILITIES
8= OTHER
9= INADEQUATE
0= NOTHING

UP TO 3 FEELINGS
WOTNOTBA → 42
WOTNOTBB → 43
WOTNOTBC → 44

5. a) Is there a car or van normally available for your use ?

Yes - within the household 1 → TRANSPTB → 45
Yes - outside the household 2
No 3

b) Do you ever use public transport (buses, underground)?

Yes 1 → PUBTRANS → 46
No 2

IF YES:

c) Is public transport a problem in this area?

Yes 1 (SPECIFY)
No 2 → BUSESOK → 47
DNA (does not use) 8

IF YES:

d) Does this restrict your activities in any way?

Yes (UNSPECIFIED) .. 1 (SPECIFY)
No 2
DNA (DOESNOT USE) 8
YES, LONG WALK TO BUS STOP = 3
YES, CHANGED ROUTES = 4
YES, INFREQUENT SERVICE = 5
YES, DIFFICULTY GETTING ON = 6
YES, HIGH COST = 7
YES, OTHER = 0
(UP TO 2 PROBLEMS) → LIMITA → 48
LIMITB → 49

6 a) In the last twelve months have you had any upsets or upheavals?

What about:-

INADEQUATE=9

YES

NO

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

Major illness SPECIFY	→ ILLB	→ 1	2	→	50
Operations SPECIFY	→ OPERATE	→ 1	2	→	51
Falls SPECIFY	→ FALLS	→ 1	2	→	52
Other accidents SPECIFY	→ ACCIDENT	→ 1	2	→	53
Death of someone close SPECIFY	→ BEREAVED	→ 1	2	→	54
Burglary/intruders	→ BURGLARS	→ 1	2	→	55
Other violence against self e.g. street theft/assault	→ ASSAULTS	→ 1	2	→	56
Fire	→ FIRES	→ 1	2	→	57
Change of residence SPECIFY	→ MOVEHOME	→ 1	2	→	58
Other SPECIFY	→ OTHRUPTA	→ 1	2	→	59
	→ OTHRUPTB	→ 1	8	→	60

IF YES TO ANY OF THE UPSETS/UPHEAVALS ABOVE:

b) How well do you feel you handled/coped with this? (INTERVIEWER PROMPT: ASK FOR EACH UPHEAVAL MENTIONED)

1=VERY WELL
2=OK, WELL
3=WITH DIFFICULTY
4=ONLY WITH HELP
5=VERY DIFFICULT-LOT OF PROBLEMS
6=UPSETTING
8=DNA
9=INADEQ.

COPEILL	→	61
COPEOP	→	62
COPEFALL	→	63
COPEACC	→	64
COPEBER	→	65
COPEBURS	→	66
COPEASS	→	67
COPEFIRE	→	68
COPEMOVE	→	69
COPEOTHA	→	70
COPEOTHB	→	71

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

Yes 1 What are these? → OPENDOOR

No 2

INADE = 9

- b) Are there any other things that you feel are risky in your life? (e.g. Falls)

Yes (UNSPECIFIED)... 1 SPECIFY

3 = ODD JOBS (DECORATING)

4 = WORKING

5 = GARDENING

6 = FALLS

7 = OTHER

No 2

RISKS

8. Is this accommodation:

a) Sheltered Housing (without warden) 1

Sheltered Housing (with warden) 2

Other housing 3

WARDEN

b) House 1

Bungalow 2

Flat 3

Maisonette 4

Bedsit * 5

Other 6

ACCTYPE

(* Kitchen, living and sleeping facilities in same room; shared bathroom)

- c) If flat, which floor is it on? ...

00 = GROUND

01 = FIRST

02 = SECOND

03 = THIRD

etc.

77 = BASEMENT

88 = DNA

99 = INADEQUATE

FLOOR

→

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

00

01

02

03

04

05

06

07

08

09

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

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

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

00

01

02

03

04

05

06

07

08

09

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

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

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

00

01

02

03

04

05

06

07

08

09

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

3

9. a) Do you have an emergency alarm system?

- Yes, in warden accomodation - alarm to warden 1
Yes, provided by housing department 2
Yes, other (UNSPECIFIED)..... 3
No 4
SMOKE ALARM
YES, PRIVATE 5
b) Would you like one? 6

ALARM
☐ 5

- Yes 1
No 2
YES - FIRE ALARM 3
DNA 8

LIKALAB
☐ 6

10. a) Is this your home or do you live with friends/relatives?

- Own home 1
Friends home 2
Son's home 3
Daughter's home 4
Other relatives home 5
SPECIFY
Joint tenancy/ownership 6
SPECIFY
OTHER 7

DOWNHOME
☐ 7

b) Is this:-

- Owned outright 1
Owned mortgage 2
Council tenancy 3
Private tenancy (include house association).. 4
Other (Please SPECIFY) (EG: LEFT IN TRUST).... 5
"RIGHT TO BUY" 6

COUNCILS
☐ 8

c) If private tenancy (4)

- i) How much longer does your contract/tenance run for?
ENTER NO. OF YEARS {00=NO CONTRACT ??=INDEFINITE}
OR {66=SIX MONTHS}
ii) How do you get on with your present landlord?
1=RARELY SEE
2=EXCELLENT
3=NO PROBLEMS
4=REPAIRS SLOW
5=NOT VERY WELL

CONTRACT
☐ 9
☐ 10
☐ 11 LANDLORDA
☐ 12 LANDLORDS

UP TO 2
ANSWERS

1

2

1

2

IF YES (1) COMPLETE Q.13 ABOUT EACH POSSIBLE MOVE

LIVEALOB 13

WIKOBA
EVERMARA
SEUBA
LONKUNA
ASEBA
etc.

(A) 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

(B) 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49

LIKEMOVB 50

DNA = 8/88
INAD = 9/99

WHERE TBA	SHARE RA	NEAR TDA	SETUP A	TRANS FR A	ADVTGA	ADVTGB	DISVTGA	DISVTGB	PERSUA DA	51-61
(A)					A	B	A	B		
(B)					C	D	C	D		62-72
(73-78) CARD NO. (BLANK) CARD					1	2	SERIAL NO.			
					79	80	1	2	3	4
(C)							E	F	E	F
										5-15

13.

	(A)	(B)	(C)
IF LOCALLY How far away is that?	Place <u>WHERE TBA</u> Miles LOCAL=0 1 1 2 < 5 ... 2 5 < 10 .. 3 10 < 20 .. 4 20 < 40 .. 5 40 < 60 .. 6 60+ SPECIFY (Box 51, CARD 12)	Place <u>WHERE TBB</u> Miles LOCAL=0 1 1 2 < 5 ... 2 5 < 10 .. 3 10 < 20 .. 4 20 < 40 .. 5 40 < 60 .. 6 60+ SPECIFY (Box 62, CARD 12)	Place <u>WHERE TBC</u> Miles LOCAL=0 1 1 2 < 5 ... 2 5 < 10 .. 3 10 < 20 .. 4 20 < 40 .. 5 40 < 60 .. 6 60+ SPECIFY (Box 5, CARD 13)
Would you be living with anyone else? Who?	<u>SHARE RA</u> No = 0 1 = AS NOW (Box 52, CARD 12)	<u>SHARE RB</u> No = 0 (Box 63, CARD 12)	<u>SHARE RC</u> No = 0 (Box 6, CARD 13)
b) Would you be living near anyone (else)? Who?	<u>NEAR TDA</u> No = 0 SON = 1 DAUGHTER = 2 AS NOW = 3 (Box 53, CARD 12)	<u>NEAR TDB</u> No = 0 OTHER RELATIVE = 4 FAMILY = 5 (Box 64, CARD 12)	<u>NEAR TDC</u> No = 0 (Box 7, CARD 13)
c) So would it involve: Sharing with son (1) Sharing with daughter (2) Sharing with other relatives (3) Sharing with others (4) Buying (5) Renting SPECIFY: (6) Going into an old person's home (7) Sheltered accommodation (8) Other (9) Uncertain (10) BUNGALOW If (6) are you on any transfer/exchange list?	<u>SETUP A</u> 01 02 03 04 05 06 07 08 09 10 11 (Box 54-55, CARD 12)	<u>SETUP B</u> 01 02 03 04 05 06 07 08 09 10 (Box 65-66, CARD 12)	<u>SETUP C</u> 01 02 03 04 05 06 07 08 09 10 (Box 8-9, CARD 13)
d) What do you see as the main advantages of moving there?	<u>TRANS FR A</u> Yes=1 No=2 (Box 56, CARD 12) <u>ADVTGA + ADVTGB</u> 0 = NONE 1 = NEARER FAMILY 2 = GET AWAY FROM NEIGHBOURS	<u>TRANS FR B</u> Yes=1 No=2 (Box 67, CARD 12) <u>ADVTGC + ADVTGD</u> 3 = LEVEL 4 = HELP AT HAND 5 = GARDENS (BIG)	<u>TRANS FR C</u> Yes=1 No=2 (Box 10, CARD 13) <u>ADVTGE + ADVTGF</u> 6 = BIGGER / SMALLER 7 = OTHER (BIGGER / SMALLER)
e) And what, if any, are the disadvantages?	<u>DISVTGA + DISVTGB</u> 0 = NONE 1 = LOSS OF FRIENDS / RELS 2 = DON'T WANT TO MOVE	<u>DISVTGC + DISVTGD</u> 3 = OTHER 4 = MOVING / UPHEAVAL 5 = PHYSICAL DESIGN OF NEW PROPERTY	<u>DISVTGE + DISVTGF</u> 6 = LOSS OF GARDEN 7 = INCONVENIENT
f) Is anyone trying to persuade you to move there? Who?	<u>PERSUA DA</u> No = 0	<u>PERSUA DB</u> No = 0 1 = SON 2 = DAUGHTER	<u>PERSUA DC</u> No = 0

TOTLPOCS

g) Total number of possibilities = $\frac{\text{CODE ACTUAL NUMBER}}{(\text{NAD}=9)}$ 16
(0=0 1=1 etc.)

14. Have you thought at all - or has anyone suggested someone (else) either a friend or relative or a lodger coming to live here with you?

Yes (UNSPECIFIED) 1

No 2 LODGER

IF YES a) Who might come?

Friend 3

Relative: SPECIFY 4

Lodger 5

b) What do you feel about that possibility?

NVA=8 INAD=9 DON'T KNOW=7

1=POSITIVE 2=NEGATIVE

(UP TO 2 FEELINGS) 18
 OKA 19
 OKB

15. Are you planning or thinking about the possibility of any (other) changes in your life? LIFEPLAN

Yes 1 20

No 2

IF YES Can you tell me about them?

(UP TO 2 CHANGES) 21
 PLANA 22
 PLANB

16. 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 } SPECIFY TYPE WHENOLDB
 Stay at home 2 } 23
 Uncertain 3
 Other 4
 SHELTERED SPECIFIED 5

17a) Can I ask you your present age?

Years ... *(ENTER AGE IN YEARS)* 24
25
26

b) And what is your date of birth? BAGE

day month year 27
(ENTER DAY NO.) 28
(ENTER MONTH NO.) 29
(ENTER YEAR NO.) 30

c) Code sex Male 1 BSEX
 Female 2 31
32
33

KIDSAL18

b) Do you have any sons or daughters?

Yes 1

No 2

How many daughters are still alive? *

How many sons are still alive? *

TOTAL children *

How many step daughters still alive? *

How many step sons still alive? *

Total step children *

TOTAL CHILDREN + STEPCHILDREN

* (ENTER ACTUAL NO., 0 = NONE)

c) IF has own children i) how old is your oldest child? (ENTER AGE) years

So what is his/her date of birth?

ii) And, how young is your youngest child? (ENTER AGE) years

So what is his/her date of birth?

20. Do you ever feel lonely?

Never 1

Rarely 2

Sometimes 3

Often 4

All/Most of the time. 5

21. How often do you speak (face to face) to relatives, friends or neighbours?

Daily 1

More than weekly 2

Weekly 3

Less often 4

PLEASE SPECIFY

22a) Do you (or your home sharers) have a telephone that you can use?

Yes (Private phone) 1

Yes (Pay phone) 2

No 3

NEIGHBOURS 4

44

45

46

47-48

49

50

51-52

53-54

55-56

57-62

63-64

65-70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

PAYPHONE

- b) Do you ever use a public payphone? Yes 1
No 2

74

- c) 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

PLEASE SPECIFY

SPEKPOB

75

NETWORK GRID: INTERVIEWER TO COMPLETE WITH RESPONDENT

23.

- 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 (PROMPT: include spouse, people live with etc) (T = TELEPHONE ONLY)

- Yes 1
No 2
(Box 33)

PLACE NAMES ACROSS TOP OF GRID ON DOTTED LINES NETWORKS (BOXES 5-6) ENTER TOTAL NUMBER OF FACE TO FACE CONTACTS: 0=00 1=01, INAD=99 etc.

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

- Yes 1
No 2
(Box 34)

IF YES PLACE AN 'X' IN THE APPROPRIATE BOX IN THE GRID SEE EACH BOXES 7-9) NUMBER OF X'S OUT OF POTENTIAL NUMBER OF X'S, EXPRESSED AS A % eg. 90% = 090, NO X'S = 000, NO ONE ON GRID = 888, ONLY ONE PERSON ON GRID = 111

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

- Yes 1
No 2
(Box 35)

IF YES PLACE AN ASTERISK (*) NEXT TO NAME TURN TO BOXES 10-11) ENTER NUMBER OF *S ON GRID: 00 = NO STARS 88 = NO ONE ON GRID 99 = INAD

- D. Can I check, which of these people are daughters/sons/other relatives?

- IF ANY 1
None 2
(Box 36)

PLACE A "D" NEXT TO DAUGHTERS' NAMES
PLACE AN "S" NEXT TO SONS' NAMES
PLACE AN "R" NEXT TO OTHER RELATIVES' NAME

RELATEDS (BOXES 12-13)	GRIDDOUT (BOXES 14-15)	GRIDSONS (BOXES 16-17)	GRIDARELS (BOXES 18-19)
ENTER NUMBER OF DS + S + RS	ENTER NUMBER OF DS	ENTER NUMBER OF S	ENTER NUMBER OF RS
0=00 INAD=99	0=00 INAD=99	0=00 INAD=99	0=00 INAD=99

CODE ON CODING APPENDIX - BOXES 33-36, CARD 25.

CODE IN BOXES 5-19 CARD 14 (OVERLEAF)

(76-78 BLANK)

CARD M
13 79-80
CARD NO.

EXCLUDE A - T

NETWORK GRID

NAMES

[illegible]

SERIAL NO.

--	--	--	--

1-4

[illegible]

5-30

31-56

79-80

CARD NO.
CARDN

(CODE IN: BOXES 36-75, CARD 14)

(DNA=8, INAD=9)

24. 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)

Name	Daily	Less than daily, but more than weekly	Weekly	Less than weekly, but more than monthly	Monthly		In same household/ building	Less than 5 miles away	5 < 10 miles (specify where)	10 < 20 miles (specify where)	20 miles + (specify miles and where)	
1.	1	2	3	4	5	→ SEEBA	1	2	3	4	5	→ FARBA
2.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
3.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
4.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
5.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
6.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
7.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
8.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
9.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
10.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
11.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
12.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
13.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
14.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
15.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
16.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
17.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
18.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
19.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC
20.	1	2	3	4	5	SEEBC	1	2	3	4	5	FARBC

EXCLUDE 7

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

IF ANY 1 PLACE A TRIANGLE (▲) BY NAME
NETWORK MOST HELD (ENTER NUMBER OF ▲ ON
 None 2 GRID) - BOXES 20-21 CARD 14
 BOX 37-38, CARD 25

JUST DONE - ENTER NUMBER OF 7S IN BOXES 22-23, CARD 14

F. Have there been any changes in you relationships with your friends, family neighbours, or in their circumstances, in the last two and a half years? (anyone been ill, died, gone into hospital, moved away, or fallen out)

INTERVIEWER PROMPT: leave lots of time for people to think.

RELSHIPS (BOX 27, CARD 14)

No... 2
 Yes... 1 SPECIFY:

(D.N.A = 8)

NEIGHBOUR = 1
 SIBLING = 2
 DAUGHTER/SON = 3
 OTHER RELATIVE = 4
 FRIEND = 5
 SELF = 6
 SPOUSE = 7

PERSONA

(BOX 25, CARD 14)

PERSONB

(BOX 28, CARD 14)

PERSONC

(BOX 31, CARD 14)

If yes, what happened?

MOVED OUT = 1
 MOVED IN = 2
 DIED = 3
 ILL = 4
 DON'T KNOW = 5
 MOVED = 6
 OTHER = 7

EVENTA

(BOX 26, CARD 14)

EVENTB

(BOX 29, CARD 14)

EVENTC

(BOX 32, CARD 14)

And has this affected you in any way?

(PROBE: loss of help given with tasks, comfort etc.)

UPSET = 1
 VERY HELPFUL = 2
 LOSS-COMPANY = 3
 LOSS-HELP = 4
 PROBLEMS/DIFFICULTIES = 5
 NO, NOT REALLY = 6
 SEE MORE/BETTER = 7

EFFECTA

(BOX 27, CARD 14)

EFFECTB

(BOX 30, CARD 14)

EFFECTC

(BOX 33, CARD 14)

(NB: EVENTA HAPPENED TO PERSONA AND HAD EFFECTA ON RESPONDENT)
 etc.

*CODES FOR c) - h)

00 = NO-ONE
01 = DAUGHTER
02 = SON
03 = SPOUSE
04 = OTHER RELATIVE
05 = FRIEND/NEIGHBOUR
06 = PROFESSIONAL
07 = 01+02
08 = 01+03
09 = 01+04
10 = 01+05
11 = 01+06
12 = 02+03
13 = 02+04
14 = 02+05
15 = 02+06
16 = 03+04
17 = 03+05
18 = 03+06
19 = 04+05
20 = 04+06
21 = 05+06
22 = 01+02+05
23 = 02+04+05
24 = 01+04+05
25 = ALL FAMILY
26 = 02+04+06
27 = 04+05+06
28 = 01+05+06
29 = 02+05+06
30 = ALL FAMILY + FRIENDS
31 = 01+02+04
32 = 02+05+06
33 = 01+02+06
34 = 03+04+05
35 = 02+03+05
36 = 02+03+04
37 = 01+03+04
38 = 01+02+03

50 = YES, UNSPECIFIED
60 = ALL FRIENDS
77 = NOT SURE

SERIAL NO

		1-2
		3-4

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

Yes 1 Who is that? CODES = *

No 2

d) Do you have a friend or relative who understands you?

Yes 1 Who is that? CODES = *

No 2

e) Do you have a friend or relative who shows they care about you?

Yes 1 Who is that? CODES = *

No 2

Is there someone you can really count on to listen when you need to talk?

Yes 1 Who is that? CODES = *

No 2

g) Do you feel you are an important part of anyone's life?

Yes 1 Who is that? CODES = *

No 2

Is there someone who comforts you when you need it?

Yes 1 Who is that? CODES = *

No 2

NOTGRID (BOX 34) = IS ANYBODY MENTIONED IN Q24 C-H WHO IS NOT ON THE GRID? YES=1, NO=2.

NUMBNOT (BOX 35) = ENTER NUMBER OF PEOPLE NOT ON THE GRID BUT MENTIONED IN Q24 C-H.

25. 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	SEEKIDSB	17
Your relatives	=1	=2	=3	SEERELSB	18
Your friends	=1	=2	=3	SEEFRENS	19

DNA (NONE) = 8

26. Do you ever feel you are a burden to anyone?

Yes 1 SPECIFY: WHO & WHY

No 2

1=DAUGHTER
2=SON
3=SPOUSE
4=FAMILY

5= FRIENDS / NEIGHBOUR
6= PROFESSIONAL / COMMUNITY
7= SIBLING
8= EVERYONE

UP TO TWO

20 BURDEN

21 WHO TO

22 WHO TO

27a) Do you regularly attend or belong to any of these:-
(Tick more than one if necessary)

NO YES-Belong ONLY YES-BELONG+ regularly attend

Tenants'/residents' association = 0 1 2

Lunch clubs = 0 1 2

Other meeting place for older people = 0 1 2

Other SPECIFY { = 0 1 2
= 8 1 2

23 RESASSON

24 LUNCHCL

25 MEETPL

26 OTHERCL

27 OTHERC

b) Do you attend a day centre or day hospital? (3 = BELONG & OCCASIONALLY ATTEND)

Yes 1

No 2

DAYCENTR

28

IF YES: Is that a local authority or a district health authority day centre or day hospital?

L.A. = 1
CHURCH = 3
D.H.A. = 2
INDEPENDENT = 4

DHA + LA = 5

DHA

29

What is the address?

PERWEEK

Number of visits per week? ENTER NO. PER WEEK 30

How long been attending? ENTER NO. OF MONTHS (<1=000)

MONTHS

31

32

33

28 a) What other things do you ever do during the day/evening?

	Never/ rarely =1	Occasionally/ sometimes =2	Regularly/ often =3	
Paid or voluntary work (SPECIFY)	<u>=1</u>	<u>=2</u>	<u>=3</u>	34 VOLWORK
Watch T.V./listen to radio	<u>=1</u>	<u>=2</u>	<u>=3</u>	35 TVB
Reading	<u>=1</u>	<u>=2</u>	<u>=3</u>	36 READS
Crafts	<u>=1</u>	<u>=2</u>	<u>=3</u>	37 CRAFTSB
Games	<u>=1</u>	<u>=2</u>	<u>=3</u>	38 GAMESB
Go for a walk	<u>=1</u>	<u>=2</u>	<u>=3</u>	39 WALKS
Go to the shops	<u>=1</u>	<u>=2</u>	<u>=3</u>	40 SHOPSB
Go to visit friends/family	<u>=1</u>	<u>=2</u>	<u>=3</u>	41 VISITFEB
Trips out (theatre, museum park, cinema etc.)	<u>=1</u>	<u>=2</u>	<u>=3</u>	42 TRIPSOUT
Pub	<u>=1</u>	<u>=2</u>	<u>=3</u>	43 PUB
Church	<u>=1</u>	<u>=2</u>	<u>=3</u>	44 CHURCH
Other activities or clubs SPECIFY	<u>=1</u>	<u>=2</u>	<u>=3</u>	45 CLUBSB
Nothing - just sit	<u>=1</u>	<u>=2</u>	<u>=3</u>	46 SITB
Nothing - just sleep	<u>=1</u>	<u>=2</u>	<u>=3</u>	47 SLEEPS

b) Do you have visits from friends, neighbours or relatives?

Yes 1 How often? (Code overleaf)

No 2

VISITORS

48

WHO VISITS	FREQUENCY						
	LESS THAN DAILY (1)	DAILY (2)	< WEEKLY > DAILY (3)	WEEKLY (4)	< MONTHLY > WEEKLY (5)	MONTHLY (6)	LESS OFTEN SPECIFY (7)
DNA = 8							
Son(s)/Daughter(s) (KIDSVIS - Box 49)	= 1	= 2	= 3	= 4	= 5	= 6	= 7
Other relative(s) (RELSVIS - Box 50)	= 1	= 2	= 3	= 4	= 5	= 6	= 7
Friends/neighbours (FRNDSVIS - Box 51)	= 1	= 2	= 3	= 4	= 5	= 6	= 7

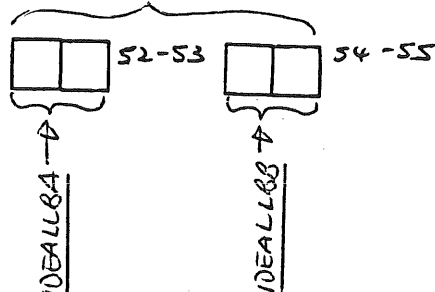
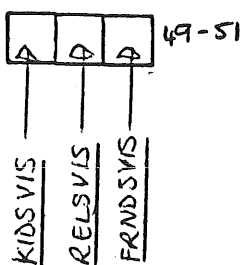
29. How would you ideally like to spend your time now?

- 00 = DEAD
 01 = AS I AM
 02 = GOING OUT LOCALLY - SHOPS, PUB
 03 = THINGS I USED TO DO / SOMETHING DIFFERENT
 04 = READING / WRITING / TV
 05 = BETTER HEALTH / ABILITY
 06 = COMPANY / FAMILY
 07 = DANCING / THEATRE
 08 = GARDENING
 09 = MOVE HOME
 10 = OUTDOORS / PARK
 11 = HOUSEWORK
 12 = ON HOLIDAY / TRAVELLING
 13 = BEING LOOKED AFTER
 14 = SEWING / KNITTING
 15 = PAINTING
 16 = DAY CENTRE / UNIT
 18 = SEASIDE / COUNTRYSIDE
 19 = WALKING
 20 = RESTING / PEACE + QUIET
 21 = WITH A PET
 22 = JOIN A CLUB

- 23 = BACK AT WORK
 24 = MORE MOVIE
 25 = GOING BACK IN TIME / YOUTH
 26 = COOKING
 27 = DRIVING / CAR
 28 = JIGSAWS
 29 = FISHING
 30 = OTHER

4

UP TO TWO WAYS 4



* SINCEA
SINCEW

1 = ≤ 1 WEEK
2 = > WEEK, ≤ MONTH
3 = > MONTH, ≤ 6 MONTHS
4 = > 6 MONTHS, ≤ 1 YEAR
5 = > 1 YEAR, ≤ 2 YEARS
6 = > 2 YEARS, ≤ 5 YEARS
7 = > 5 YEARS

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

30a. Are any of the following problems troubling you?

IF YES TO ANY: HOW LONG HAVE YOU HAD THIS PROBLEM AND HAVE YOU SEEN THE DOCTOR ABOUT THIS?

	<u>a-w</u>	<u>i</u>	<u>ii</u>
	Yes No have got	How long have you had this problem Specify days/ months years *	Yes No has seen
	(1) (2)		(1) (2)
a) Poor eyesight (unless corrected with glasses)	<u>SIGHTS</u>	<u>SINCEA</u>	<u>SEENG, PBA</u>
b) Poor hearing (unless corrected by hearing aid)	<u>HEARINGB</u>	<u>SINCEB</u>	<u>SEENG, PBB</u>
c) Trouble with feet	<u>FEETS</u>	<u>SINCEC</u>	<u>SEENG, PBC</u>
d) Nerves/stress/depression	<u>NERVES</u>	<u>SINCE D</u>	<u>SEENG, PBD</u>
e) Forgetfulness	<u>FORGETS</u>	<u>SINCEE</u>	<u>SEENG, PBE</u>
f) Confusion	<u>CONFUSES</u>	<u>SINCE F</u>	<u>SEENG, PBF</u>
g) Shortness of breath/ difficulty breathing	<u>BRONCHIS</u>	<u>SINCE G</u>	<u>SEENG, PBG</u>
h) Trouble with waterworks (pain, lack of control, incontinence SPECIFY)	<u>URINARYS</u>	<u>SINCE H</u>	<u>SEENG, PBH</u>
Bowel problems:			
i) Constipation	<u>CONSTIPS</u>	<u>SINCE I</u>	<u>SEENG, PBI</u>
j) Alternately constipated/ loose	<u>CONSTLOSES</u>	<u>SINCE J</u>	<u>SEENG, PBJ</u>
k) Passing blood or tar motions	<u>BLOODTAS</u>	<u>SINCE K</u>	<u>SEENG, PBK</u>
l) Piles	<u>PILES</u>	<u>SINCE L</u>	<u>SEENG, PBL</u>
Stomach problems:			
m) Indigestion/Heartburn	<u>HEARTBUS</u>	<u>SINCE M</u>	<u>SEENG, PBM</u>

(Boxes 56-78
card 15
+
Boxes 5-20
card 16)

	(A-W)	(i)	(ii)
A) Abdominal pain/discomfort	ABDOPALS	SINCEN	SEENGAPBN
O) Vomiting of blood	VOMITBLB	SINCEO	SEENGABO
P) Varicose ulcers (leg or foot)	LEGULCER	SINCEP	SEENGAPBP
Q) Aches/pains/stiffness: muscles/joints	STIFFB	SINCEP	SEENGAPBP
R) Sleeplessness	SLEEPBB	SINCER	SEENGAPBR
S) Loss of appetite	APPETITB	SINCES	SEENGAPBS
T) Headaches	HEADACHB	SINCEP	SEENGAPBT
U) Chestpains/other heart trouble	HEARTB	SINCEU	SEENGAPBU
V) Giddiness	GIDDYB	SINCEV	SEENGAPBV
W) Skin problems	SKIN	SINCEW	SEENGAPBW

- b) (i) Do you have diabetes? Yes = 1... No = 2... → DIABETIS
- (ii) Do you have high blood pressure? Yes = 1... No = 2... → BHIGHBP
- (iii) Have you ever had a heart attack? Yes = 1... No = 2... → HEARTATTAK

If yes, how many months/years ago was that?

* months ago * years ago → WHENA

- (iv) Do you have any other heart condition? Yes = 1... No = 2... → CARDIAC
- SPECIFY:

- (v) Have you ever had a stroke? Yes = 1... No = 2... → STROKES

If yes, how many months/years ago was that?

* months ago * years ago → WHENAS

- (vi) Do you have any other respiratory problem that you haven't told me about already?

Yes = 1... No = 2... SPECIFY: → RESPIRAT

(BOXES 21-58, CARD 16)

- c) Do you have any other problems with your health? YES = 1, NO = 2 (BOXES 59, CARD 16) → EXTRA

PLEASE SPECIFY:- + CODE UP TO 2 PROBLEMS IN BOXES 60-67 → ICDA
OF CARD 16 USING FIRST 4 DIGITS OF ICD9 ICD9

a	i	ii	b	i	ii	c	i	ii	d	i	ii	e	i	ii	f	i	ii	g	i	ii	h	i	ii	58-78	CARD NO.	SERIAL NO.	1-4				
ii	l	i	ii	j	i	ii	k	i	ii	l	i	ii	m	i	ii	n	i	ii	o	i	ii	p	i	ii	q	i	ii	r	i	ii	5-34
ii	s	i	ii	t	i	ii	u	i	ii	v	i	ii	w	i	ii	35-50	4	4	4	4	4	4	4	51-58	RESPIRAT	WHENB	WHENB	WHENB	WHENB	WHENB	

(* = SEE PREVIOUS PAGE)

d) So would you say your health is excellent, good, fair or poor for your age?

Excellent 1
 Good 2
 Fair 3
 Poor 4
 VARIES 5

} HEALTHQ

e) Do you have any long-standing illnesses, disability or infirmity?
 By long-standing I mean that has troubled you over a period of time
 or that is likely to affect you over a period of time.

Yes 1
 No 2

} LONGILL

i) What is the matter with you?

DO NOT PROBE CAUSE

1 = EYES

2 = JOINTS, ARTHRITIS, MOBILITY

3 = RESPIRATION

4 = EAR

5 = STROKE

6 = PARKINSON'S DISEASE

7 = CARDIAC / CIRCULATION

0 = OTHER

UP TO 2 { DISEASEA
 REASONS { DISEASEB

ii) Does this illness or disability limit your activities in any way?

Yes 1
 No 2
 YES TO FIRST ONLY 3
 YES TO SECOND ONLY 4

} LIMITING

f) Have you ever suffered any physical pain in the last week?

Yes = 1
 No = 2

} PAIN

If yes, can you put a mark on the line to indicate how severe:-

very mild
 pain

very severe
 pain

1 2 3 4 5 6 7 8

DNA = 8
 INAD = 9 = RATING

EXTRA	ICDA	ICDB	59-67	HEALTHQ	LONGILL	LIMITING	PAIN	RATING
4	1	2	3	4	5	6	7	8
68	69	70-71	72	73	74			
(75-78 BLANK)						CARD NO.		
DISEASEA						DISEASEB		
16						79 80		

②

On own with difficulty	Only with someone helping	Unable to do at all (total help needed)
slight		
moderate		
severe		

$\left. \begin{array}{l} \text{F/N} \\ \text{S/D} \\ \text{O.R.} \end{array} \right\}$
 $\left. \begin{array}{l} \text{P} \\ \text{F/N} \\ \text{S/D} \\ \text{O.R.} \end{array} \right\}$

• S •
: 88

• S •
: 88

If has help:
b) How often

Do you need
(more) help
with this?

Yes **No**

h) Dress self
dress

~~1-2-3-4-5-6-7-8~~

2 3 4 5

1 2

(Boxes 31-38,
card 17)

(Boxes 5-12,
CAED 18)

(BOXES 31-38)
CASE 18)

④

②

0

A

Do you need
(more) help
with this?

Yes No

Are you able to do these things:	On own with-out difficulty	On own with difficulty	Only with someone helping	Unable to do at all (total help needed)		
	1	2	3	4	5	6
i) Brush/comb hair <u>HAIR</u>	4-1	2	3	4	5	6
j) Wash hair <u>WASH HAIR</u>	4-1	2	3	4	5	6
k) Cut toe nails <u>TOENAILS</u>	4-1	2	3	4	5	6
l) Manage teeth/Dentures <u>TEETH</u>	4-1	2	3	4	5	6
m) Eat/cut up food <u>SPECIFY FOODS</u>	4-1	2	3	4	5	6
n) Prepare/cook meal <u>COOK</u>	4-1	2	3	4	5	6
o) Housework <u>HOUSEWORK</u>	4-1	2	3	4	5	6
p) Laundry (eg towels, sheets-probe soiled laundry) <u>LAUNDRY</u>	4-1	2	3	4	5	6
q) Shopping <u>SHOPPING</u>	4-1	2	3	4	5	6

(Boxes 39-47,
CED 17)

Box 13-21,
Case 18)

2025 39-47
CAB 18)

31.

Are you able to do these things:

Are you able to do these things:	On own with-out difficulty	On own with difficulty			Only with someone helping	Unable to do at all (total help needed)	If difficulty (2-6) a) Do you have help with this	If has help: b) How often	Do you need (more) help with this?
		Slight	Moderate	Severe					
r) Handle/manage pension, money etc MOVIES	1	2	3	4	5	6	NO HELP Yes: Non H.S. 0 1 2 3 4 5 6 7 1-2-3-4-5-6-7-8 WHO MON THS	Daily > Weekly Weekly > 2 Weekly Less Often	Yes No 1 MORE MON THS 2
s) Get around indoors (with/without sticks) GETTING	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1-2-3-4-5-6-7-8 WHO IN THS	Daily > Weekly Weekly > 2 Weekly Less Often	Yes No 1 MORE IN THS 2
t) Get around outdoors (with/without sticks) GET OUTS	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1-2-3-4-5-6-7-8 WHO OUTS	Daily > Weekly Weekly > 2 Weekly Less Often	Yes No 1 MORE OUTS 2
u) Use public transport TRAIN	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1-2-3-4-5-6-7-8 WHO BUS	Daily > Weekly Weekly > 2 Weekly Less Often	Yes No 1 MORE BUS 2
v) Odd jobs in home (eg open windows, change light bulbs, fuses, gardening, window cleaning etc. ODD JOBS	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1-2-3-4-5-6-7-8 WHO ODDS	Daily > Weekly Weekly > 2 Weekly Less Often	Yes No 1 MORE ODDS 2
w) Filling in forms/ writing FORMS	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1-2-3-4-5-6-7-8 WHO FORMS	Daily > Weekly Weekly > 2 Weekly Less Often	Yes No 1 MORE FORMS 2
x) Other difficulties ELSEBA	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1-2-3-4-5-6-7-8 WHO BAAA	Daily > Weekly Weekly > 2 Weekly Less Often	Yes No 1 MORE BAAA 2
y) ELSEBS							WHOBSBS	OPTOTBS	MOREOTBS
z) ELSEBC							WHOBSBC	OPTOTBC	MOREOTBC

UP TO THESE OTHER DIFFICULTIES

(Boxes 22-30, coded 17)

(Boxes 48-56
Coded 17)

(Boxes 22-30,
Coded 18)

(Boxes 48-56,
Coded 18)

32. You mentioned you needed help with _____
Who would you like this help from?

- Relatives, friends or neighbours 1
Someone whose job it is - arranged
by health and social services 2
Someone whose job it is - arranged privately by you 3
Voluntary worker 4
Other - SPECIFY ..(FRIEND)..... 5
Prefer to manage without 6
FAMILY/RELATIVE
DNA
ANYONE - NO PREFERENCE, BUT "FREE"

WHO FROM

57

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

- UP TO TWO
01=NOTHING 08=CHIROPODY 15=MONEY 16=HEALS ON WHEELS
02=HOME IMPROVEMENT 09=WINDOW CLEANER 17=CARPENTER 18=CARPER
03=HOMEHELP 10=OCCUPATIONAL THERAPY HOME ADAPTATIONS 19=ALARM 20=SHOWER/BATH
04=VISUAL AID 11=TRANSPORT 21=PHYSIOTHERAPY 22=COMMUNE
05=DISTRICT NURSE 12=TELEPHONE 23=CARPER RELIEF 24=PADS
06=WALKER 13=OCCUPATIONAL THERAPY AIDS 25=HOLIDAY 26=HEALTH
07=HEALTH CHECK 14=SOCIAL SERVICES/WORKER 27=OTHER 28=LAUNDRY HELP
29=MOVE
30=WHEELCHAIR

34a) Do you take any medicine, pills, injections or ointment prescribed by your doctor?

- Yes 1
No 2

INTERVIEWER:

b) If yes, ask to see medicines so you can record name, frequency dosage below:-

INTERVIEWER RECORD:

Name of medication	Frequency taken	Dosage	How long been taking it?
(A) DRUGTYBA	DRUGOFBA		LONGBA
(B) DRUGTYBB	DRUGOFBB		LONGBB
(C) DRUGTYBC	DRUGOFBC		LONGBC
(D) DRUGTYBD	DRUGOFBD		LONGBD
(E) DRUGTYBE	DRUGOFBE		LONGBE
(F) DRUGTYBF	DRUGOFBF		LONGBF

- 01=MINOR
02=MAJOR
03=ANTI DEPRESSANT
04=OTHER
05=OTHER NERVOUS SYSTEM eg. ANALGESIC
06=GASTROINTESTINAL
07=CARDIOVASCULAR/DIURETIC
08=RESPIRATORY/ALLERGY
09=RHEUMATIC
10=ANTIMICROBIAL
11=ENDOCRINAL
12=NUTRITION / BLOOD
13=SKIN/EYES/MUCOUS MEMBRANES
14=OTHER
15=UNKNOWN PREPARATION
16=NONE

- 1=ONCE A DAY
2=TWICE A DAY
3=THREE A DAY
4=FOUR A DAY
5=FIVE A DAY
6=AS REQUIRED
7=OTHER
8=DNA

- 1=< 6 MONTHS
2=6MTHS < 1 YEAR
3=1 YR < 2 YRS
4=2 YRS < 5 YRS
5=5 YRS < 10 YRS
6=10 YRS < 15 YRS
7=15 YRS +
8=DNA

CARD NO.
18
79 80
CARD

58 } INDEPENDENT
59 }
60 } INDEPENDENT
61 }
62 DRUGS

63 } DRUGTYBA
64 }
65 DRUGOFBA
66 LONGBA

67 }
68 }
69 }
70 }

71 }
72 }
73 }
74 }

75 }
76 }
77 }
78 }

ADL CODING

SERIAL No.

--	--	--	--

 1-4

(A)
ADL

ⓑ
HELP

SERIAL NO

--	--	--	--

1-4

©

HOW OFTEN

⑤

MORE?

a
b
c
d
e
f
g
h
i
j
k
L
M
N
O
P
q
r
S
t
U
v
w
x
y
z

5-30

[illegible]

31-56

[illegible]

5-30

[illegible]

31-56

(57-78 B1ANK)

1	7
---	---

79 80
CARDP

		1-2
		3-4

(E)	5
	6
	7
	8

(F)	9
	10
	11
	12

35a) How long ago did you last consult your general practitioner?

- 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, but less than one year 4
- More than a year ago, but less than five years ago 5
- Five years ago or more 6

SPECIFY:-

WHEN G.P.

13

b) Now 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, assistant or locum? IF HAD DOCTOR LESS THAN A YEAR please include any consultations with your previous general practitioner.

- Not at all 0
- Once 1
- 2 - 4 2
- 5 - 9 3
- 10+ 4

CPY YEARS

14

36. In the last twelve months, have you been in hospital as an in-patient?

Yes 1 SPECIFY

No 2 a) reason: * ICD 9, FIRST FOUR DIGITS → CAUSE

b) number of times: NO ADMITS
(ENTER ACTUAL NUMBER)

c) length of stay each time: i) _____ days

* ADDITIONAL CODES:-

9990 = HIP REPLACEMENT

9991 = HEART ATTACK + STROKE

9992 = HEART ATTACK + CATHETER

9993 = FALLS

9994 = CHOLECYSTECTOMY

9995 = BLADDER OPERATION (INCONTINENCE)

37. In the last twelve months have you seen a doctor in a hospital out-patients department?

Yes 1 SPECIFY (code below)

No 2

	Reason ① <u>REASON A</u> *	Reason ② <u>REASON B</u> *	Reason ③ <u>REASON C</u> *
Number of visits	<u>APPTMTA</u> (A)	<u>APPTMTB</u> (B)	<u>APPTMTC</u> (C)

Total number of visits = ALL APPTS (ENTER TOTAL NUMBER)

CODES:-
REASON A - C

01 = HAMMER TOES/

02 = BACK

03 = DIABETES

04 = EYES / SIGHT

05 = POST HIP REPLACEMENT

06 = ASTHMA / RESPIRATORY

07 = FRACTURE

08 = SINUS PROBLEM

09 = RHEUMATISM / ARTHRITIS

10 = HICCUP

11 = BREAST (CANCER ETC.)

12 = VARICOSE VEINS

13 = EARS

14 = PACEMAKER

15 = HEART, OTHER

16 = PROSTATE

17 = PAW

18 = BLADDER

19 = STOMACH

20 = BOWELS

21 = STROKE

22 = STOMACH CANCER

23 = POST OPERATION

24 = POST FALL / ACCIDENT

25 = RIBS

26 = SCAN

27 = BLOOD TEST

28 = XRAY

29 = GALL STONES

30 = LEG ULCER

31 = CANCER, NO SITE

32 = SKIN

33 = PILES

34 = ANAEMIA

35 = STITCHES

36 = STOMACH PAINS

37 = TEMPORAL ARTERITIS

38 = NOSE / SINUS

39 = ORTHOPAEDIC

40 = GENERAL

41 = GIDDINESS / BLACKOUTS

42 = ORAL

43 = CORSET

44 = HERNIA

45 = OTHER BLOOD DISORDER

15

16

17

18

19

20

21

22-23

24-25

26-27

28

29-30

31-32

33-34

35-36

37-38

39-40

41-42

38. Can I check how often you see any of these?

(please tick)

Professional	Daily = (1)	Daily < Weekly = (2)	Weekly = (3)	Weekly < Monthly = (4)	Monthly = (5)	Less Often SPECIFY = (6) < MONTHLY 23.1.74	
Health visitor						= (7) 3 MONTHS HVS	43
District/other home nurse						DNS	44
Meals on wheels						MEALS	45
Home help						HHS	46
Chiropodist						CHIROPS	47
Incont. laundry						INCOBS	48
Social worker						SWS	49
carer relief/ attendant schemes						CRS	50
Occupational therapist						OTS	51
Physiotherapist						PHYSICS	52
Optician						OPTICS	53
Dentist						DENTISTS	54
Voluntary visitor						VOLVIS	55
Bathing service						BATHES	56
Other specify						OTHER ARCS	57

39. Would you like (more) visits from any of these people or any other professionals?

	Yes	No	
Health visitor.....	1	2	58 LIKEHVS
District/other home nurse.....	1	2	59 LIKEONB
Bathing service.....	1	2	60 LIKEBSB
Meals on wheels.....	1	2	61 LIKEMEBS
Home help.....	1	2	62 LIKEHHB
Chiropodist.....	1	2	63 LIKECHB
Incontinence laundry.....	1	2	64 LIKEINCB
Social worker.....	1	2	65 LIKESWB
Carer relief/attendant schemes.....	1	2	66 LIKECRB
Occupational therapist.....	1	2	67 LIKEOTB
Physiotherapist.....	1	2	68 LIKEPTB
Optician.....	1	2	69 LIKEOPTB
Dentist.....	1	2	70 LIKEONB
Voluntary visitor.....	1	2	71 EXTRAVV
Other:.....	1	2	72 EXTRAPRA
SPECIFY:	1	3	73 EXTRAPER

40. And what about you, do you look after, or help anyone who is sick, handicapped or elderly (relative/spouse/friend/neighbour etc)?

Yes 1
No 2

IF YES: Who is that?

Spouse 1
Son/Daughter 2
Other relative 3
Friend 4
Neighbour 5
Other 6

UP TO TWO
Circle more than one if necessary

Age: _____ years (ENTER ACTUAL AGE OF UP TO TWO PEOPLE)

Does he/she live with you? Yes 1
No 2

What kinds of things do you usually do for him/her?

01 = EVERYTHING 05 = PENSION + LAUNDRY
02 = MOBILITY 06 = PENSION + WASHING
03 = PENSION + JOBS 07 = COMBANY
04 = SHOPPING + GARDENING 08 = BATH

How many days a week do you usually look after/help him/her?

0 = OCCASIONALLY
1 = 1 days
2 = 2
3 = 3 etc.

FOR UP TO TWO PEOPLE

FOR UP TO TWO PEOPLE

FOR UP TO TWO PEOPLE

LIVE IN A
LIVE IN B

TASK A

TASK B

DAUS A

DAUS B

YOU CARER

74

75 HELPHVHCA

76 HELPHVHCB

(77-78 SWANK)
CARD NO.

19 CARDS

79 80

SERIAL NO.

1-2

3-4

5-6 HELPAHCA

HELPAHCB

78

9-10

11-12

13-14

15-16

09 = TREATMENTS
10 = FORMS
11 = DRESSING
12 = ODD JOBS + GARDENING
13 = BABY SIT
14 = SHOPPING + LAUNDRY
15 = SHOPPING + LAUNDRY + FOOT CARE
16 = SHOPPING + LAUNDRY + FOOT CARE

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

← (UP TO TWO WORRIES)

00 = EVERYTHING

01 = NOTHING

02 = HEALTH + MOBILITY (OWN)

03 = HEALTH + MOBILITY (OTHERS)

04 = FALLS

05 = AGEING + DEATH (DOESN'T WANT TO DIE)

06 = PROBLEMS WITH RELATIVES

07 = WAITING TO DIE (WANTS TO)

08 = OTHER

09 = FEAR / DANGER / BURGLARIES

10 = STAYING IN OWN HOME (DOESN'T WANT TO MOVE)

11 = REFERENCE TO ETHNIC MINORITIES

12 = MONEY + BILLS

13 = DIRTY WINDOWS

14 = BEREAVED

15 = SHOPPING

16 = GETTING SERVICES / ADAPTIONS TO HOME

17 = POLL TAX

18 = BEING A BURDEN / LOSING INDEPENDENCE

19 = HOUSEWORK

20 = LONELINESS

21 = NEED A HOLIDAY

22 = HOUSEBOUND

23 = WAITING TO MOVE (WANTS TO)

24 = LOSS OF MEMORY

25 = ADJUSTING TO RETIREMENT

26 = PROBLEMS WITH NEIGHBOURS

27 = GARDENING

28 = HOUSEHOLD REPAIRS

29 = TRANSPORT

BIGWORBA

--	--

17-18

BIGWORBB

--	--

19-20

NON-RESPONDENTS TO FIRST INTERVIEW ONLY
OCCUPATIONAL CLASS

42a) ASK ALL NON-RESPONDENTS

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: _____

b) Any supervisory/management responsibility?

Supervisory 1

Management 2

Self employed with employees 3

Self employed no employees 4

Employee no supervisory/management
responsibility 5

c) 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

CLASS 3

☐ 21

AGEED 3

☐ 22

PLEASE ASK MARRIED AND PREVIOUSLY MARRIED WOMEN (NON-RESPONDENTS)

43a) 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: _____

b) Any supervisory/management responsibility?

Supervisory 1

Management 2

Self employed with employees 3

Self employed no employees 4

Employee no supervisory/management
responsibility 5

HUSCLAB

☐ 23 *

c) At what age did your spouse 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

HUSBEDS

☐ 24

CODES: - * 0 = OTHER / UNEMPLOYED

1 = I

2 = II

3 = NON MANUAL III (A.M.)

4 = MANUAL III (M.)

5 = IV

6 = V

7 = ARMED FORCES

8 = HOUSEWIFE

USING REGISTER
GENERALS'
CLASSIFICATION
OF OCCUPATIONS

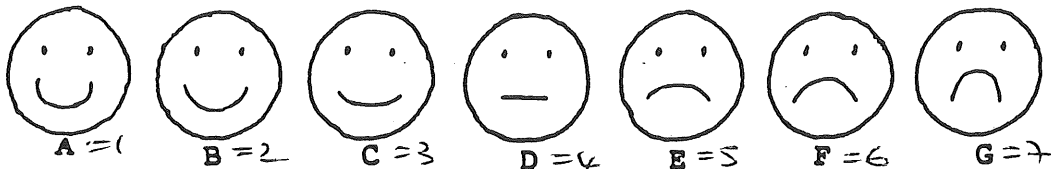
SOCCLCSS

☐ 25

44.

"FACES" QUESTIONS

Here are some faces expressing various feelings. Below each is a letter (NAD=9)



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

_____ write letter on line

FACEBA

→ 26

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

FACEBB

→ 22

- c. Which face comes closest to expressing how you feel about your activities?

FACEBC

→ 28

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

FACEBD

→ 29

- e. Which face comes closest to expressing how you feel about the control you have over your life?

FACEBE

→ 30

- f. Which face comes closest to expressing how satisfied you are with your social contacts?

FACEBF

→ 31

- g. Which face comes closest to expressing how you feel about your health?

FACEBG

→ 32

- h. Which face comes closest to expressing how you feel about the quality of your life?

FACEBH

→ 33

45. 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

34	LIFEBA
35	LIFEBB
36	LIFEB C
37	LIFEBD
38	LIFEBE
39	LIFEBF
40	LIFEBG
41	LIFEBH
42	LIFEBI
43	LIFEBJ
44	LIFEBK
45	LIFEBL
46	LIFEBM
47	LIFEBN
48	LIFEB O
49	LIFEBP
50	LIFEBQ
51	LIFEBR
52	LIFEB S
53	LIFEBT

- Now ask i) GHQ
 ii) NHP
 iii) GWB
 iv) ABS
 v) MHIQ
 vi) SELF
 vii) QL
 viii) PGCMS

ONLY ASK IF HELPER IDENTIFIED AT QUESTION 31
AND
HELP GIVEN WITH ADL

C A R E R

46a) 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

IF AT LEAST WEEKLY:

- b) We might 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: _____

Telephone No. _____

Permission given 1

Refused 2

DNA, no helper 7

DNA, no weekly helper 8

DNA, no one weekly helper. 6

CAREERB

54

PERMISSB

55

47. **FINALLY:**

In which category does your weekly income fall? Please include your pension, any benefits (including housing benefit) you receive.

INDIVIDUALS (<u>INCOME A</u>) (BOX 56-57)	COUPLES (<u>INCOME B</u>) (BOX 58-59)
<£30.....01	< £50.....01
£30 > £40.....02	£50 > £60.....02
£40 > £50.....03	£60 > £70.....03
£50 > £60.....04	£70 > £80.....04
£60 > £70.....05	£80 > £90.....05
£70 > £80.....06	£90 > £100.....06
£80 > £90.....07	£100 > £150.....07
£90 > £100.....08	£150 > £200.....08
£100 > £150.....09	£200 > £250.....09
£150 +10	£250+10

INCOME A

56-57

INCOME B

58-59

48. **INTERVIEWER CHECK:**

a) What borough is this?

b) What place is this?

c) What month is this?

d) What year is this?

CORRECT=1
INCORRECT=0

CONSCORA

CONSCORB

CONSCODE

CONSCORD

60

61

62

63

TOTAL OF CONSCORA - D = TOTAL CON

64-65

THANK THE RESPONDENT AND TRY TO LEAVE HIM/HER HAPPY.

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.

	THREE WAY SCORING =			
HAVE YOU RECENTLY:	0	0	1	1
	0	1	1	1
	0	1	2	3
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

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	<input type="text"/>	B	<input type="text"/>	C	<input type="text"/>	D	<input type="text"/>	TOTAL	<input type="text"/>	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------	---	----------------------	-------	----------------------	----------------------