

85+ FOLLOW-UP; CODING FRAME

UNDERLINED WORDS = VARIABLE NAME ON SASSX.

8^s = DOES NOT APPLY } UNLESS OTHERWISE
9^s = INADEQUATE } STATED

CONFIDENTIAL

Serial No. from address list

1	2	3	4

Questionnaire for people aged 85+ living at home

NAME =

Name of Interviewer:

Time started:

Time finished: LENGTH = LENGTH OF INTERVIEW (IN MINUTES)

Date:

NAME		5
		6
LENGTH		7
		8
		9

INTRODUCTION

I am (show identity card) from 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 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 |

ALIVED → ☐ 1c

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 5 SPECIFY: PEOPLE MOVED OUT=5

NO-GO TO Q.4a = 8 INAD=9

(UP TO TWO CHANGES)

CHANGEA → 11
CHANGEB → 12

b) What was the reason for the change?

(other than death (4)) DNA=8 INAD=9

MOVEDOUT

- 1 = RAND DAUGHTER - GOT MARRIED
- 2 = RELATIVE - TO HOSPITAL / O.P.H
- 3 = LODGER - JOBS CHANGE
- 4 = LODGER - HOSPITALISED

MOVETMP

1 = HOUSE CONVERTED TO FLATS

MOVEHSE

- 1 = LEASE EXPIRED
- 2 = TO SHARE WITH RELATIVE
- 3 = COULD NO LONGER COPE WITH STAIRS
- 4 = SAFER - LESS BUGLARY ETC.
- 5 = PLACE VACATED BY DEATH OF RELATIVE
- 6 = NOISY NEIGHBOURS

MOVEIN

- 1 = GRANDSON - RETURNED FROM ABROAD
- 2 = GRANDSON - LOCAL WORK + CAREER

LETOFF

1 = NEW LODGER

MOVEOUT → 13
MOVETMP → 14
MOVEHSE → 15
MOVEIN → 16
LETOFF → 17

3. If has been at present address less than 3 years (0-2 at Q.1)

a) What are the good things about the move?

8 = DNA 9 = INAD

- 0 = NOTHING
- 1 = GROUND FLOOR
- 2 = MORE MODERN EQ. HEAT, BATH
- 3 = NEARER FAMILY
- 4 = BETTER NEIGHBOURHOOD / PEOPLE
- 5 = WARDEN + COMMUNAL AREAS
- 6 = SAFER + MORE SECURE

(UP TO THREE GOOD THINGS)

GOODA → 18
GOODB → 19
GOODC → 20

b) What are the bad things about the move?

8 = DNA 9 = INAD

- 0 = LEFT FRIENDS
- 1 = POOR NEIGHBOURHOOD + ISOLATION
- 2 = MOVING PROCESS - LOST THINGS + EXPENSE
- 3 = TOO HOT
- 4 = ILL HEALTH SINCE MOVE
- 5 = NEED DECORATING
- 6 = MORE EXPENSIVE
- 7 = POOR DESIGN

(UP TO THREE BAD THINGS)

BADA → 21
BADB → 22
BADC → 23

c) And how far is it that you moved?

From To

Number of miles DISTANCE = NUMBER OF MILES
(LESS THAN 1 MILE = 000) →

From within Hackney/Braintree ... 1

From outside Hackney/Braintree
but inside London/Essex 2

From outside London/Essex 3
DNA=8 INAD=9

DISTANCE

24
25
26

DISTRICT →

27

d) Whose idea was it mainly that you should move?

Self 1

Other SPECIFY: DAUGHTER = 2
DAUGHTER + PROF = 3
PROFESSIONAL = 4
SELF + OTHER RELATIVE = 5
LANDLORD = 7

WHOSIDEA →

28

e) How do you feel about that move now?

VERY POSITIVE = 1
FINE / O.K. = 2
VERY TIRED = 3
(UP TO TWO FEELINGS)

HOWFEEL →

29
30

ASK EVERYONE

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

Stairs
Hot Water
Heating
Expense SPECIFY
Nearness to shops
Nearness to relatives and friends
Other problems SPECIFY

Alright	Problems		
0	1	PROBSTAIRS →	31
0	1	PROBHOTW →	32
0	1	PROBSHEAT →	33
0	1	PROBSCST →	34
0	1	PROBSHOP →	35
0	1	PROBSREL →	36
0	1	PROBSOTH →	37

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

Yes 1
No 2
Uncertain 3

LIKEHERE →

38

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

1 = ALWAYS LIVED HERE / EVERYTHING

2 = FAMILY, FRIENDS + NEIGHBOURS

3 = CONVENIENCE - SHOPS, MARKET, PUB

4 = QUIET

5 = VIEW, PARK, GREEN, GARDEN

6 = CLEAN, "NICE", SAFE

7 = GOOD SERVICES + TRANSPORT, ~~OTHER~~ 8 = DON'T GO OUT

9 = INADEQUATE

0 = NOTHING

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

1 = REFERENCE TO ETHNIC MINORITIES

2 = ROADS, TRAFFIC, PAVEMENTS

3 = NOTHING

4 = FEAR / DANGER

5 = DIRT, RUBBISH, DETERIORATION

6 = NO "NEIGHBOURHOOD", ISOLATION, NO FRIENDS

7 = POOR SERVICES, POLL TAX, NOISE, PESTS, INCONVENIENT - ~~OTHER~~

5.

a) Is there a car or van normally available for use by you or any member of your household?

Yes 1

No 2

REFERENCE TO CAR
REGULARLY USED
BUT NOT IN HOUSEHOLD... 3

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

Yes 1

No 2

c) Is public transport a problem in this area?

Yes 1

No 2

DNA (does not use) 8

IF YES:

d) Does this restrict your activities in any way?

Yes (UNSPECIFIED)... 1 (SPECIFY)

No 2

DNA (does not use) 8

YES, LONG WALK TO BUS STOP = 3

YES, CHANGED ROUTES = 4

YES, INFREQUENT SERVICE = 5

YES, DIFFICULTY GETTING ON BUS = 6

(UP TO 3
FEELINGS)

LIKWOTA

LIKWOTB

LIKWOTC

39

40

41

NOTLIKA

NOTLIK B

NOTLIK C

42

43

44

(UP TO 3
FEELINGS)

VEHICLE

45

PUBTRANS

46

BUSESOK

47

LIMITA

LIMIT B

48

49

(UP TO 2
PROBLEMS)

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

What about:-

YES NO

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

Major illness SPECIFY

1 2 MAJOR ILLNESS 50

Operations SPECIFY

1 2 OPERATED 51

Accidents SPECIFY

1 2 ACCIDENTS 52

Falls SPECIFY

1 2 FALLS 53

Death of someone close SPECIFY

1 2 DEATHS 54

Burglary/intruders

1 2 BREAKINS 55

Other violence against self e.g. street theft/assault

1 2 MUGGED 56

Fire

1 2 BLAZE 57

Other SPECIFY

1 2 UPSETA 58
(UP TO 2 OTHERS) UPSETB 59

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

Yes 1 } What are these?
No 2 }

FEARS 60

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

Yes 1 SPECIFY 1 = FALLS / ACCIDENTS
No 2 3 = ILLNESS
4 = DANGER IN STREET
5 = YES, UNSPECIFIED
6 = STAIRS
7 = BEING LEFT ALONE

DANGERS 61

7. Is this accommodation:

a) Sheltered Housing (without warden) 1
Sheltered Housing (with warden) 2
Other housing (i.e. non sheltered) 3

SHELTERED 62

- b) House 1
 Bungalow 2
 Flat 3
 Maisonette 4
 Bedsit* 5
 Other SPECIFY:..... 6
- ACCOTYPE → ☐ 63

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

00 = GROUND
 01 = FIRST
 02 = SECOND
 03 = THIRD
 etc.
 77 = BASEMENT

→ FLOOR →

☐ 64
☐ 65

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

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

- Yes, in warden accommodation - alarm to warden 1
 Yes, provided by housing department 2
 Yes, OTHER 3
 No 4
 ON WAITING LIST 5

→ ALARM →

☐ 66

b) Would you like one?

- Yes 1
 No 2
 UNCERTAIN 3
 DNA 8

→ LIKE ONE →

☐ 67

9. a) So, 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
 OWN + SON'S (SHARED TENANCY) .. 6

→ OWN HOME →

☐ 68

b) Is this:-

- Owned outright 1
- Owned mortgage 2
- Council tenancy 3
- Private tenancy (include house association). 4
- Other (Please SPECIFY) 5

MORTGAGE

69

c) If private tenancy (4)

ENTER NO. OF YEARS, EXCEPT:
00 = NONE
66 = SIX MONTHS
77 = INDEFINITE

CONTRACT

i) How much longer does your contract/tenure run for?

ii) How do you get on with your present landlord?

- 1 = RARELY SEE
- 2 = WANTS US TO MOVE / WANTS TO MODERNISE
- 3 = GOOD, NO PROBLEMS
- 4 = OK, COULD BE BETTER
- 5 = EXCELLENT, COULDN'T BE BETTER
- 6 = HE IS A RELATIVE / FRIEND
- 7 = VERY POOR - DOES NOT DO ANYTHING

UP TO 2 ANSWERS

LANDLORD

LANDLORD

70

71

72

73

10) Do you live alone here or do others live with you?

- Lives alone 1
- Lives with others 2

ALONE

74

INSTITUTIONAL INTERVIEWS ADDITIONAL QUESTION

4d) CAN YOU TELL ME WHY YOU MOVED HERE?

- COULD NOT CODE/UNABLE TO RUN HOME ALONE = 1
- FAMILY COULD NOT CODE = 2
- FALLS = 3
- BURDEN TO FAMILY = 4
- ACCOMMODATION PROBLEMS = 5

UP TO 3

WHY MOVA

WHY MOVA

WHY MOVA

75

76

77

78
BLANK

CARD NO.

CARDK

79

80

11. If lives with others: who else lives here?

21 22 23 24

(*00 = LESS THAN ONE YEAR)

Complete Q.13 about each possibility

13.

A								A	B	A	B	4. 55
B								C	D	C	D	56. 66
C								E	F	E	F	67. 77

MILES A-C
 SHARERA-C
 NEARTOA-C
 SETUPA-C
 TRANSFERA-C
 ADVTGA-C
 DISVTGA-C
 CARDS NR.
 1 2
 80
 PERSUADA-C

	Place <u>MILES A</u>	Place <u>MILES B</u>	Place <u>MILES C</u>
IF LOCALLY How far away is that?	Miles LOCAL=0 1 1 2 < 5 ... 2 5 < 10 .. 3 10 < 20 .. 4 20 < 40 .. 5 40 < 60 .. 6 60+ SPECIFY..7	Miles LOCAL=0 1 1 2 < 5 ... 2 5 < 10 .. 3 10 < 20 .. 4 20 < 40 .. 5 40 < 60 .. 6 60+ SPECIFY..7	Miles LOCAL=0 1 1 2 < 5 ... 2 5 < 10 .. 3 10 < 20 .. 4 20 < 40 .. 5 40 < 60 .. 6 60+ SPECIFY..7
a) Would you be living with anyone else?	<u>SHARERA</u> No = 0	<u>SHARERS</u> No = 0 DAUGHTER=1 SISTER=5 SPOUSE=2 FAMILY=6 SON=3 FRIEND=7 NEICE=4	<u>SHARERC</u> No = 0
b) Would you be living near anyone (else)?	<u>NEARTOA</u> No = 0	<u>NEARTOB</u> No = 0 DEPENDS=1 DAUGHTER=2 SON=3 GRANDDAUGHTER=4	<u>NEARTOC</u> No = 0 FAMILY=5 OTHER RELATIVE=6 FRIEND=7
c) So would it involve:	<u>SETUPA</u> Sharing with son (1) → 01 Sharing with daughter (2) → 02 Sharing with other relatives (3) → 03 Sharing with others (4) → 04 Buying (5) → 05 Renting SPECIFY: (6) → 06 Going into an old person's home (7) → 07 Sheltered accommodation (8) → 08 Other (9) → 09 Uncertain (10) → 10 SHARING WITH SON, DAUGHTER + OTHER RELATIVES → 11 <u>TRANSFRA</u> Yes 1 No 2	<u>SETUPB</u> 01 02 03 04 05 06 07 08 09 10 11 <u>TRANSFRB</u> Yes 1 No 2	<u>SETUPC</u> 01 02 03 04 05 06 07 08 09 10 11 <u>TRANSFRC</u> Yes 1 No 2
d) What do you see as the main advantages of moving there?	<u>ADVTGA + ADVTGB</u> 0=NONE 1=GROUND FLOOR, ONE LEVEL, SMALLER 2=NEARER FAMILY 3=HELPED, CARE FOR	<u>ADVTGC + ADVTGD</u> 4=MORE INDEPENDENCE 5=MORE COMPANY	<u>ADVTGE + ADVTGF</u> 6=SAFER, BETTER, MORE MODERN 7=OTHER
e) And what, if any, are the disadvantages?	<u>DISVTGA + DISVTGB</u> 0=NONE 1=MOVING PROCESS 2=EFFECT ON RELATIONSHIPS 3=LONG CORRIDOR, SMALLER 4=I DON'T WANT TO MOVE	<u>DISVTGC + DISVTGD</u> 5=OTHER - WHERE, SAFETY, COSTS 6=LOSS OF INDEPENDENCE/OWN HOME 7=ENVIRONMENTAL, STRONG WINDS	<u>DISVTGE + DISVTGF</u>
f) Is anyone trying to persuade you to move there? Who?	<u>PERSUADA</u> No = 0	<u>PERSUADB</u> No = 0 1=PROFESSIONAL 2=SON 3=DAUGHTER 4=FAMILY 5=SIBLING 6=SPOUSE 7=OTHER RELATIVE	<u>PERSUADC</u> No = 0

		1-2
		3-4

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

IF YES a) Who might come?

Yes, Friend 3

Yes, Relative: SPECIFY ... 4

Yes, Lodger 5

LODGER → 5

b) What do you feel about that possibility?

1= HAPPY

2= SOME OF HOUSEHOLD HAPPY, OTHERS NOT

3= NOT KEEN

UP TO 2 FEELINGS { OKA → 6
OKB → 6

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

Yes 1

No 2

LIFEPLAN → 8

IF YES Can you tell me about them?

1= SPEND SUMMERS ABROAD

2= SON DUE TO RETIRE

3= HOSPITALISATION, TEMPORARY

UP TO 2 PLANS { PLANA → 9
PLANB → 9

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

LIVE WITH RELATIVE 7

Likely to: Move into institution, unspecified 1

Stay at home 2

Uncertain 3

Other SPECIFY SHELTERED ACCOM. 4

NURSING HOME 5

OLD PEOPLE'S HOME 6

SPECIFY TYPE

WHENOLD → 11

17. a) Can I ask you your present age?

years: ENTER ACTUAL YEARS
AGE eg. 90 = 090

		12
		13
		14

b) And what is your date of birth?

ENTER DAY NO. → DATBORN D

day month year

ENTER MONTH NO. → DATBORN M

ENTER YEAR NO. → DATBORN Y

(66 = INADEQUATE)

		15
		16
		17
		18
		19
		20

c) Code sex Male 1

Female 2

FEMALE → 21

18. a) 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
VARIES DAILY 4

ELDERLY

22

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

1 = DON'T THINK ABOUT IT, NO DIFFERENCE
2 = NOTHING
3 = INDEPENDENCE, EAT WHAT I LIKE
4 = GOOD HEALTH, MOBILITY, MENTAL HEALTH
5 = CLOSE TO DEATH

6 = RETIREMENT, LEISURE TIME

7 = RELATIONSHIPS, FAMILY

0 = OTHER (EVERYTHING, EXPERIENCE OF LIFE)

UP TO 2

BEST A

BEST B

23 24

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

1 = NO VISITORS, LONELINESS

2 = DEPRESSION, BOREDOM, FED UP

3 = HOUSEBOUND, PHYSICAL DISABILITY (EXCEPT SENSES)

4 = HEARING, SIGHT LOSS

5 = FEAR, DANGER

6 = LOSS OF INDEPENDENCE, CONTROL + MEMORY

7 = OTHER (STATE OF WORLD, WAR MEMORIES, MONEY)

0 = NOTHING

UP TO 2

AWFUL A

AWFUL B

25 26

19. a) And are you:

Married 1
Single 2
Widowed 3
Divorced 4
Separated 5

STATUS

27

(ENTER NO. OF YRS.) WED YRS

If married, how long have you been married? years

28 29

If less than 3 years, were you married before this? SPECIFY BEFORE

YES = 1
NO = 2

30

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

WIDOWED

31

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 + STEP CHILDREN

c) IF has own children i) how old is your oldest child? _____ years

So what is his/her date of birth? _____

ii) And, how young is your youngest child? _____ 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

22. a) 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

CHILD LIVING 32

DAUGHTERS 33

SONS 34

CHILDREN 35-36

STEP DAUGHTERS 37

STEP SONS 38

STEP KIDS 39-40

ALL KIDS 41-42

OLDEST 43-44

OLDBORN 45-46

OLDBORN M 47-48

OLDBORN F 49-50

YOUNGEST 51-52

YNG BORN 53-54

YNG BORN M 55-56

YNG BORN F 57-58

ISOLATED 59

FACE TO FACE 60

TELEPHONE 61

(* ENTER ACTUAL NO.)
0=0

b) Do you ever use a public payphone? Yes 1 } PAYPHONE ☐ 62
No 2 }

c) How often do you speak to relatives, friends or neighbours on the telephone?

Daily 1 }
More than weekly 2 } WHEN FONE ☐ 63
Weekly 3 }
Less often 4 } PLEASE SPECIFY
Never 5 }

23.

NETWORK GRID: INTERVIEWER TO COMPLETE WITH RESPONDENT
(CODES ENTERED ON CARD 14)

- EXCLUDE ALL T^s**
- 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 lives with etc)
⊕ = TELEPHONE ONLY
Yes 1 PLACE NAMES ACROSS TOP OF GRID ON DOTTED LINES
ALLGRID (ENTER TOTAL NUMBER OF FACE-TO-
No 2 FACE CONTACTS (NOT TELEPHONE ONLY) IN
BOX 5+6. 88 = NO CONTACTS)
- B. Are any of these significant in each others lives and have contact with each other at least once a month?
Yes 1 IF YES PLACE AN 'X' IN THE APPROPRIATE BOX IN
THE GRID
No 2 DENSITY (NUMBER OF X^s OUT OF POTENTIAL
NUMBER OF X^s, EXPRESSED AS A % eg. 90%
= 090, NO X^s = 888, NO ONE/JUST ONE PERSON ON GRID = 777)
- 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 IF YES PLACE AN ASTERISK (*) NEXT TO NAME
STARS (ENTER NUMBER OF *^s ON GRID)
No 2 (TO BOX 10+11)
(77 = NO ONE ON GRID)
- D. Can I check, which of these people are daughters/sons/other relatives?
FAMILY (ENTER NUMBER OF RELATIVES eg. D^s+S^s+R^s
TO BOX 12+13) (77 = NO ONE ON GRID)
IF ANY 1 { PLACE A "D" NEXT TO DAUGHTERS' NAMES (COUNT) → GRID DAUT (16+15)
PLACE AN "S" NEXT TO SONS' NAMES (COUNT) → GRID SONS (16+17)
None 2 { PLACE AN "R" NEXT TO OTHER RELATIVES' NAME (COUNT) → GRID RELS (17+18)
→ 77 = NO ONE ON GRID (17+18)
- E. Which friend, relative or neighbour would you say gives you the most help and support?
IF ANY 1 PLACE A TRIANGLE (▲) BY NAME
None 2 TRIANGLE (ENTER NUMBER OF ▲^s ON GRID)
(TO BOX 20+21)
(77 = NO-ONE ON GRID)

JUST FONE (ENTER NUMBER OF T^s ON GRID
TO BOX 22+23) (NONE = 00/88)
(NO ONE ON
GRID = 77)

(64-78
BLANK)

CARD NO.
CARDM ☐ 1 3
79 80

NETWORK GRID

NAMES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1																		
	2																	
		3																
			4															
				5														
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																	18	
																		19

SERIAL NO.

				1-4
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ALLGRID	DENSITY	STARS	FAMILY	GRIDDAUT	GRIDSONS	GRIDBELS	TRIANGLE	JUSTFCNG	RELHAS	PERSONA	PERSONS	PERSONC	EVENTA	EVENTB	EVENTC	5-30
---------	---------	-------	--------	----------	----------	----------	----------	----------	--------	---------	---------	---------	--------	--------	--------	------

FARE	SEEL	FAAL	SEET	FAAL	SEEN	FAAN	SEED	FAAO	SEED	FAAP	SEED	FAAD	SEED	FAAE	SEED	FAAF	SEED	FAAG	SEED	FAAH	SEED	FAAI	SEED	FAAJ	SEED	FAAK	SEED	31-56
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FARE	SEEL	FAAL	SEET	FAAL	SEEN	FAAN	SEED	FAAO	SEED	FAAP	SEED	FAAD	SEED	FAAE	SEED	FAAF	SEED	FAAG	SEED	FAAH	SEED	FAAI	SEED	FAAJ	SEED	FAAK	SEED	57-75 (76-78 BLANK)	79-80
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CARDN

N.B. { EVENT A HAPPENED TO PERSON A, AND HAD EFFECT A ON RESPONDENT
EVENT B HAPPENED TO PERSON B, AND HAD EFFECT B ON RESPONDENT
EVENT C HAPPENED TO PERSON C, AND HAD EFFECT C ON RESPONDENT

F) SOCIAL NETWORK APPENDIX

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

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

No...1 } RELSHPS (BOX 24)

Yes...2 } SPECIFY:

PERSON A (BOX 25)

PERSON B (BOX 26)

PERSON C (BOX 27)

UP TO 3
PEOPLE

{ 0=SELF
1=SPOUSE
2=SON
3=DAUGHTER
4=OTHER RELATIVE
5=FRIEND
6=NEIGHBOUR

If yes, what happened?

EVENT A (BOX 28)

EVENT B (BOX 29)

EVENT C (BOX 30)

ONE EVENT
PER PERSON

{ 0=OTHER
1=DIED
2=MOVED
3=FEAR/SCARED OF AREA/UNSET
4=HOSPITALISED
5=ARGUED/FELL OUT
6=ILL/FALL/DISABLED
7=TAKEN ON ROLE AS CARER
OF OTHER

And has this effected you in any way?

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

EFFECT A (BOX 31)

EFFECT B (BOX 32)

EFFECT C (BOX 33)

ONE EFFECT
PER PERSON

{ 0=NONE
1=LOSS OF PRACTICAL HELP
2=LOSS OF FRIENDSHIP/
COMFORT/COMPANY
3=AFFECTED HEALTH
4=1+2
5=OTHER eg. GO OUT LESS,
SEE MORE OF PERSON
6=WORRIED ABOUT PERSON
7=LOSS OF CARING ROLE

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	A SEEA (Box 36)	1	2	3	4	5	A FARA (Box 37)
2.	1	2	3	4	5	A SEEB (Box 38)	1	2	3	4	5	A FARB (Box 39)
3.	1	2	3	4	5	A SEEC (Box 40)	1	2	3	4	5	A FARC (Box 41)
4.	1	2	3	4	5	A SEED (Box 42)	1	2	3	4	5	A FARD (Box 43)
5.	1	2	3	4	5	A SEEE (Box 44)	1	2	3	4	5	A FARE (Box 45)
6.	1	2	3	4	5	A SEEF (Box 46)	1	2	3	4	5	A FARF (Box 47)
7.	1	2	3	4	5	A SEEG (Box 48)	1	2	3	4	5	A FARG (Box 49)
8.	1	2	3	4	5	A SEEH (Box 50)	1	2	3	4	5	A FARH (Box 51)
9.	1	2	3	4	5	A SEEI (Box 52)	1	2	3	4	5	A FARI (Box 53)
	1	2	3	4	5	A SEEJ (Box 54)	1	2	3	4	5	A FARJ (Box 55)
11.	1	2	3	4	5	A SEEK (Box 56)	1	2	3	4	5	A FARK (Box 57)
12.	1	2	3	4	5	A SEEL (Box 58)	1	2	3	4	5	A FARL (Box 59)
13.	1	2	3	4	5	A SEEM (Box 60)	1	2	3	4	5	A FARM (Box 61)
14.	1	2	3	4	5	A SEEN (Box 62)	1	2	3	4	5	A FARN (Box 63)
15.	1	2	3	4	5	A SEEO (Box 64)	1	2	3	4	5	A FARO (Box 65)
16.	1	2	3	4	5	A SEEP (Box 66)	1	2	3	4	5	A FARP (Box 67)
17.	1	2	3	4	5	A SEEQ (Box 68)	1	2	3	4	5	A FARQ (Box 69)
18.	1	2	3	4	5	A SEER (Box 70)	1	2	3	4	5	A FARR (Box 71)
19.	1	2	3	4	5	A SEES (Box 72)	1	2	3	4	5	A FARs (Box 73)
20.	1	2	3	4	5	A SEET (Box 74)	1	2	3	4	5	A FART (Box 75)

- 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 = LODGER + 05
- 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
- 50 = YES, UNSPECIFIED
- 60 = ALL FRIENDS
- 77 = NOT SURE

25. a) 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 = * → KNOWHELP

5	6
---	---

 No 2

b) Do you have a friend or relative who understands you?
 Yes 1 Who is that? CODES = * → UNDERSTA

7	8
---	---

 No 2

c) Do you have a friend or relative who shows they care about you?
 Yes 1 Who is that? CODES = * → CARES

9	10
---	----

 No 2

d) Is there someone you can really count on to listen when you need to talk?
 Yes 1 Who is that? CODES = * → LISTENS

11	12
----	----

 No 2

e) Do you feel you are an important part of anyone's life?
 Yes 1 Who is that? CODES = * → IMPORTANT

13	14
----	----

 No 2

f) Is there someone who comforts you when you need it?
 Yes 1 Who is that? CODES = * → COMFORTS

15	16
----	----

 No 2

NOT GRID (BOX 34) - IS ANYBODY MENTIONED IN Q.25 a-f WHO IS NOT ON THE GRID? YES = 1, NO = 2
NUMBER 2 (BOX 35) - ENTER NUMBER OF PEOPLE WHO ARE NOT ON GRID
 26. a) DO you see as much of your friends, relatives and neighbours as you would like?

	See enough	See too little	See too much	
Your neighbours	= 1	= 2	= 3	→ <u>MORENEBS</u> → 17
Your relatives	= 1	= 2	= 3	→ <u>MORERELS</u> → 18
Your friends	= 1	= 2	= 3	→ <u>MOREFROS</u> → 19

(NONE = 8)

b) Do you ever feel you are a burden to anyone?

Yes 1
No 2

SPECIFY: WHO & WHY

1=DAUGHTER 5=FRIEND/NEIGHBOUR
2=SON 6=PROFESSIONAL/COMMUNITY
3=OTHER RELATIVE 7=SIBLING
4=FAMILY 8=EVERYONE

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

	Belong ONLY	BELONG + regularly attend	
Tenants'/residents' association	=1	=2 → RESASSOC	23
Lunch clubs	=1	=2 → LUNCHCLUB	24
Other meeting place for older people	=1	=2 → MEETPLAC	25
Church	=1	=2 → KIRK	26
Other clubs	=1	=2 → OTHERCLUB	27
Bingo	=1	=2 → BINGO	28
Other SPECIFY	=1	=2 → GOTCA	29

(REGULARLY ATTENDS, BUT NOT A MEMBER = 3)

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

	Never/ rarely	Occasionally/ sometimes	Regularly/ often	
Paid Work	=1	=2	=3 VOLWORK	30
Watch T.V./listen to radio	=1	=2	=3 RADIO	31
Reading	=1	=2	=3 STUDY	32
Crafts	=1	=2	=3 SEWING	33
Games	=1	=2	=3 CARDS	34
Go for a walk	=1	=2	=3 HIKE	35
Go to the shops	=1	=2	=3 TESCO	36
Go to visit friends/family	=1	=2	=3 VISITING	37
Trips out (theatre, museum park, cinema etc.)	=1	=2	=3 TRIPSCUT	38
Other activities SPECIFY (e.g. church, pub etc)	=1	=2	=3 ACTIVITY	39
Nothing - just sit	=1	=2	=3 JUSTSIT	40
Nothing - just sleep	=1	=2	=3 SLEEPING	41

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

Yes 1 How often? (Code below)

No 2 → VISITORS (Box 42)

WHO VISITS	FREQUENCY						
	LESS THAN DAILY (1)	DAILY (2)	< WEEKLY > DAILY (3)	WEEKLY (4)	< MONTHLY > WEEKLY (5)	MONTHLY (6)	LESS OFTEN SPECIFY (7)
KIDSVIS (Box 43) son(s)/Daughter(s)	=1	=2	=3	=4	=5	=6	=7
RELSVIS (Box 44) other relative(s)	=1	=2	=3	=4	=5	=6	=7
FRNDSVIS (Box 45) friends/neighbours	=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, PUBS
- 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 / DAY UNIT
- 17 = ON THE TELEPHONE
- 18 = SEASIDE / COUNTRYSIDE
- 19 = WALKING
- 20 = RESTING / PEACE + QUIET
- 21 = WITH A PET
- 22 = JOIN A CLUB
- 23 = BACK AT WORK
- 24 = MORE MONEY
- 25 = GOING BACK IN TIME / YOUTH
- 26 = COOKING
- 27 = HELP OTHERS

UP TO 2 WAYS

INSTITUTIONAL INTERVIEWS ADDITIONAL QUESTION

IS THERE ANYTHING YOU WOULD LIKE HELP WITH BUT DO NOT LIKE TO ASK OR FEEL THERE IS NO POINT IN ASKING?

YES = 1 NO = 2 NEEDHELP (Box 50)

IF YES, WHAT MAKES IT DIFFICULT TO ASK FOR HELP?

POINTLESS / WHAT CAN THEY DO = 01
THEY ARE TOO BUSY = 02

MAKESA (S1-S2)
MAKESB (S3-S4)

VISITORS	KIDSVIS	RELSVIS	FRNDSVIS	IDEALA	IDEALS	CARD NO
42	43	44	45	46	47	79 80
				MAKESA	MAKESB	CARD NO
				53-54	55-58	BLANK

SINCEA-W *

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

HEALTH

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

30. a) 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?

	Yes have got	No	IF YES:		
			i) How long have you had this problem? (specify days/mths years precisely)	ii) Yes No has seen G.P.	
	(1)	(2)	*	(1)	(2)
a) Poor eyesight (unless corrected with glasses)	<u>EYES</u>		<u>SINCEA</u>	<u>DOCTORA</u>	
b) Poor hearing (unless corrected by hearing aid)	<u>EARS</u>		<u>SINCEB</u>	<u>DOCTORB</u>	
c) Trouble with feet	<u>TOES</u>		<u>SINCEC</u>	<u>DOCTORC</u>	
d) Nerves/stress/depression	<u>STRESS</u>		<u>SINCED</u>	<u>DOCTORD</u>	
e) Forgetfulness	<u>MEMORY</u>		<u>SINCEE</u>	<u>DOCTORE</u>	
f) Confusion	<u>MUDDLED</u>		<u>SINCEF</u>	<u>DOCTORF</u>	
g) Shortness of breath/ difficulty breathing	<u>BREATH</u>		<u>SINCEG</u>	<u>DOCTORG</u>	
h) Trouble with waterworks (pain, lack of control, incontinence SPECIFY)	<u>CYSTITIS</u>		<u>SINCEH</u>	<u>DOCTORH</u>	
i) Constipation	<u>SOLID</u>		<u>SINCEI</u>	<u>DOCTORI</u>	
j) Alternately constipated/ loose	<u>DIARRH</u>		<u>SINCEJ</u>	<u>DOCTORJ</u>	
k) Passing blood/tar motions	<u>PASSBLD</u>		<u>SINCEK</u>	<u>DOCTORK</u>	
l) Piles	<u>HEMOROID</u>		<u>SINCEL</u>	<u>DOCTORL</u>	
m) Indigestion/Heartburn	<u>INDIGEST</u>		<u>SINCEM</u>	<u>DOCTORM</u>	
n) Abdominal pain/discomfort	<u>TUMYACHE</u>		<u>SINCEN</u>	<u>DOCTORN</u>	
o) Vomiting of blood	<u>HAEMOPTI</u>		<u>SINCEO</u>	<u>DOCTORO</u>	

(Boxes 5-49
CARD 16)

- p) Varicose ulcers (leg or foot)
 q) Aches/pains/stiffness: muscles/
 joints
 r) Sleeplessness
 s) Loss of appetite
 t) Headaches
 u) Chestpains/other heart trouble
 v) Giddiness
 w) Skin problems

<u>LEGULCER</u>	<u>SINCEP</u>	<u>DOCTORP</u>
<u>RHEUMAT</u>	<u>SINCEQ</u>	<u>DOCTORQ</u>
<u>INSOMNIA</u>	<u>SINCER</u>	<u>DOCTORR</u>
<u>HUNGRY</u>	<u>SINCES</u>	<u>DOCTORS</u>
<u>HALATETE</u>	<u>SINCET</u>	<u>DOCTORT</u>
<u>ANGINA</u>	<u>SINCEU</u>	<u>DOCTORU</u>
<u>DIZZY</u>	<u>SINCEV</u>	<u>DOCTORV</u>
<u>SKIN</u>	<u>SINCEW</u>	<u>DOCTORW</u>

(Boxes
50-73
Card
16)

- b) (i) Do you have diabetes? Yes = 1..... No = 2... DIABETES (Box 74)
 (ii) Do you have high blood pressure? Yes = 1..... No = 2... HYPERTEN (Box 75)
 (iii) Have you ever had a heart attack? Yes = 1..... No = 2... HEARTATTAK (Box 76)

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

_____ months ago _____ WHEN A = * CODE AS
SINCE A-W (Box 5, Card 17)

- (iv) Do you have any other heart condition? Yes = 1..... No = 2... CARDIAC
 (Box 6)

SPECIFY:

- (v) Have you ever had a stroke? Yes = 1... No = 2... STROKEZ (Box 7)

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

_____ months ago _____ WHEN B = * CODE AS
SINCE A-W (Box 8)

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

Yes = 1... No = 2... RESPIRAT (Box 9)
 SPECIFY:

- c) Do you have any other problems with your health? YES = 1, NO = 2 EXTRA (Box 10)

PLEASE SPECIFY:- CODE ACCORDING TO } UP TO { ICDA (Boxes 11-14)
ICDA - FIRST FOUR DIGITS } 2 DISEASES { ICDB (Boxes 15-18)

SERIAL NO.

1-4

a) a i ii b i ii c i ii d i ii e i ii f i ii g i ii h i ii i i ii 5-31
 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 32-52

s i ii t i ii u i ii v i ii w i ii 53-73

SERIAL NO.

1-4

↑ ↑ ↑ ↑ ↑
WHEN A WHEN B STROKEZ WHEN S RESPIRAT EXTRA
ICDA ICDB

DIABETES
 HYPERTEN
 HEARTATTAK

1 6 74-8
 CARD NO.
 CARD P

5-18

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

Excellent 1
Good 2
Fair 3
Poor 4
VARIES 5

HEALTH 19

e) Do you have any long-standing illness, disability or infirmity?

By long-standing I mean anything 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

LONG ILL 20

(i) What is the matter with you?

DO NOT PROBE CAUSE

1=EYES

2=JOINTS, ARTHRITIS, MOBILITY

3=RESPIRATION

4=EARS

5=STROKE

6=PARKINSONS DISEASE

7=CARDIAC/CIRCULATION

8=OTHER (INCONTINENCE,
VARICOSE VEINS, HERNIA,
EPILEPSY, SKIN ETC.)

UP TO TWO DISEASES 21

DISEASES 22

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

Yes (TO ALL) 1
No 2
YES - FIRST DISEASE ONLY ... 3
YES - SECOND DISEASE ONLY .. 4

LIMITING 23

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

Yes = 1
No = 2

PAIN 24

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

very mild
pain

1=0, 2=1, 3=2, 4=3, 5=4, 6=5, 7=6, 8=7

very severe

pain

RATING

25

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)		If has help:				Do you need (more) help with this?
		Slight	Moderate	Severe	a) Do you have help with this			b) How often	Yes	No				
a) Get in/out of bed <u>IN/OUT BED</u> (Box 26)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 0 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 WHO IN BED	Daily > Weekly Weekly > 2 Weekly Less Often	1	2	1	2	WHO IN BED	
b) Rise from chair/ wheelchair SPECIFY <u>RISE CHAIR</u> (Box 27)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 0 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 WHO RISE	Daily > Weekly Weekly > 2 Weekly Less Often	1	2	1	2	WHO RISE	
c) Climb stairs/steps <u>STEPS</u> (Box 28)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 0 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 WHO STAIRS	Daily > Weekly Weekly > 2 Weekly Less Often	1	2	1	2	WHO STAIRS	
d) Use toilet/commode SPECIFY <u>LOO</u> (Box 29)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 0 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 WHO LOO	Daily > Weekly Weekly > 2 Weekly Less Often	1	2	1	2	WHO LOO	
e) Wash self (inc. shaving:men) SPECIFY <u>SCRUB</u> (Box 30)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 0 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 WHO SCRUB	Daily > Weekly Weekly > 2 Weekly Less Often	1	2	1	2	WHO SCRUB	
f) Bath self <u>BATH</u> (Box 31)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 0 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 WHO BATH	Daily > Weekly Weekly > 2 Weekly Less Often	1	2	1	2	WHO BATH	
g) Get in/out of bath <u>OUT BATH</u> (Box 32)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 0 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 WHO OUT BATH	Daily > Weekly Weekly > 2 Weekly Less Often	1	2	1	2	WHO OUT BATH	
h) Dress self <u>CLOTH</u> (Box 33)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 0 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 WHO CLOTH	Daily > Weekly Weekly > 2 Weekly Less Often	1	2	1	2	WHO CLOTH	

(Box 52-59)

(Box 5-12)

(Box 31-38)

31.

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:				Do you need (more) help with this?	
		Slight	Moderate	Severe				b) How often	Daily	> Weekly	Weekly		> 2 Weekly
i) Brush/comb hair COMB (Box 34)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 S/D 1 2 3 4 5 6 7 8 M/N 1 2 3 4 5 6 7 8 O.R. 1 2 3 4 5 6 7 8	1	2	3	4	5	1 MORE COMB
j) Wash hair SHAMPOO (Box 35)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 S/D 1 2 3 4 5 6 7 8 M/N 1 2 3 4 5 6 7 8 O.R. 1 2 3 4 5 6 7 8	1	2	3	4	5	1 MORSHAMP
k) Cut toe nails PEDICURE (Box 36)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 S/D 1 2 3 4 5 6 7 8 M/N 1 2 3 4 5 6 7 8 O.R. 1 2 3 4 5 6 7 8	1	2	3	4	5	1 MORPEDIC
l) Manage teeth/Dentures DENTAL (Box 37)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 S/D 1 2 3 4 5 6 7 8 M/N 1 2 3 4 5 6 7 8 O.R. 1 2 3 4 5 6 7 8	1	2	3	4	5	1 MORIDENT
m) Eat/cut up food SPECIFY EATCUT (Box 38)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 S/D 1 2 3 4 5 6 7 8 M/N 1 2 3 4 5 6 7 8 O.R. 1 2 3 4 5 6 7 8	1	2	3	4	5	1 MOR EAT
n) Prepare/cook meal PREPMEAL (Box 39)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 S/D 1 2 3 4 5 6 7 8 M/N 1 2 3 4 5 6 7 8 O.R. 1 2 3 4 5 6 7 8	1	2	3	4	5	1 MORPREP
o) Housework CLEANHOM (Box 40)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 S/D 1 2 3 4 5 6 7 8 M/N 1 2 3 4 5 6 7 8 O.R. 1 2 3 4 5 6 7 8	1	2	3	4	5	1 MORCLEANHOM
p) Laundry (eg towels, sheets-probe soiled, laundry) CLEANLO (Box 41)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 S/D 1 2 3 4 5 6 7 8 M/N 1 2 3 4 5 6 7 8 O.R. 1 2 3 4 5 6 7 8	1	2	3	4	5	1 MORCLEANLO
q) Shopping GROCERYS (Box 42)	1	2	3	4	5	6	NO HELP Yes: Non H.S. 1 2 3 4 5 6 7 Yes: H.S. 1 2 3 4 5 6 7 8 S/D 1 2 3 4 5 6 7 8 M/N 1 2 3 4 5 6 7 8 O.R. 1 2 3 4 5 6 7 8	1	2	3	4	5	1 MORGROC

(Box 60-68)

(Box 13-21)

(Box 39-47)

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:				Do you need (more) help with this?				
		Slight	Moderate	Severe				Daily	> Weekly	> 2 Weekly	Less Often					
r) Handle/manage pension, money etc CASH (Box 43) A	1	2	3	4	5	6	NO HELP Yes: Non H.S.: O 1 2 3 4 5 6 7 1-2-3-4-5-6-7-8 WHOCASH	1	2	3	4	5	1	2	1	MORCASH
s) Get around indoors (with/without sticks) INDOORS (Box 44) A	1	2	3	4	5	6	NO HELP Yes: Non H.S.: O 1 2 3 4 5 6 7 1-2-3-4-5-6-7-8 WHOWINDOR	1	2	3	4	5	1	2	1	MORINDOR
t) Get around outdoors (with/without sticks) OUTDOORS (Box 45) A	1	2	3	4	5	6	NO HELP Yes: Non H.S.: O 1 2 3 4 5 6 7 1-2-3-4-5-6-7-8 WHOCOUTDR	1	2	3	4	5	1	2	1	MOROUTDR
u) Use public transport TRANSPET (Box 46) A	1	2	3	4	5	6	NO HELP Yes: Non H.S.: O 1 2 3 4 5 6 7 1-2-3-4-5-6-7-8 WHOTRANS	1	2	3	4	5	1	2	1	MOTRANS
v) Odd jobs in home (eg open windows, change light bulbs, fuses, gardening, window cleaning etc. WINDOWS (Box 47) A	1	2	3	4	5	6	NO HELP Yes: Non H.S.: O 1 2 3 4 5 6 7 1-2-3-4-5-6-7-8 WHOWINDO	1	2	3	4	5	1	2	1	MORWINDO
w) Filling in forms/ writing WRITING (Box 48) A	1	2	3	4	5	6	NO HELP Yes: Non H.S.: O 1 2 3 4 5 6 7 1-2-3-4-5-6-7-8 WHOWRITE	1	2	3	4	5	1	2	1	MORWRITE
x) Other difficulties ADLA (Box 49) A	1	2	3	4	5	6	NO HELP Yes: Non H.S.: O 1 2 3 4 5 6 7 1-2-3-4-5-6-7-8 WHOADLA	1	2	3	4	5	1	2	1	MORADLA
ADLB (Box 50) A							WHOADLB									MORADLB
ADLC (Box 51) A							WHOADLC									MORADLC

(Box 69-77) (Box 22-30) (Box 48-56)

ADL CODING

SERIAL NO

				1-4
--	--	--	--	-----

ADL HELP HOW OFTEN MORE?

<u>INOUTBED</u> →	26 <u>WHOINBED</u> →	52 <u>HOWINBED</u> →	5 <u>MORINBED</u> →	31
<u>RISECHR</u> →	27 <u>WHORISE</u> →	53 <u>HOWRISE</u> →	6 <u>MORRISE</u> →	32
<u>STEPS</u> →	28 <u>WHO STEPS</u> →	54 <u>HOWSTEPS</u> →	7 <u>MORSTEPS</u> →	33
<u>LOO</u> →	29 <u>WHO LOO</u> →	55 <u>HOW LOO</u> →	8 <u>MOR LOO</u> →	34
<u>SCRUB</u> →	30 <u>WHO SCRUB</u> →	56 <u>HOW SCRUB</u> →	9 <u>MOR SCRUB</u> →	35
<u>BAIN</u> →	31 <u>WHO BAIN</u> →	57 <u>HOW BAIN</u> →	10 <u>MOR BAIN</u> →	36
<u>OUTBATH</u> →	32 <u>WHO OUTBA</u> →	58 <u>HOW OUTBA</u> →	11 <u>MOR OUTBA</u> →	37
<u>CLOTHE</u> →	33 <u>WHO CLOTH</u> →	59 <u>HOW CLOTH</u> →	12 <u>MOR CLOTH</u> →	38
<u>COMB</u> →	34 <u>WHO COMB</u> →	60 <u>HOW COMB</u> →	13 <u>MOR COMB</u> →	39
<u>WPOO</u> →	35 <u>WHO SHAMPA</u> →	61 <u>HOW SHAMPA</u> →	14 <u>MOR SHAMPA</u> →	40
<u>PEDICURE</u> →	36 <u>WHO PEDIC</u> →	62 <u>HOW PEDIC</u> →	15 <u>MOR PEDIC</u> →	41
<u>DENTAL</u> →	37 <u>WHO DENT</u> →	63 <u>HOW DENT</u> →	16 <u>MOR DENT</u> →	42
<u>EATCUT</u> →	38 <u>WHO EAT</u> →	64 <u>HOW EAT</u> →	17 <u>MOR EAT</u> →	43
<u>PREPHEAL</u> →	39 <u>WHO PREP</u> →	65 <u>HOW PREP</u> →	18 <u>MOR PREP</u> →	44
<u>CLEANHOM</u> →	40 <u>WHO CLHOM</u> →	66 <u>HOW CLHOM</u> →	19 <u>MOR CLHOM</u> →	45
<u>CLEANCLO</u> →	41 <u>WHO CLCLO</u> →	67 <u>HOW CLCLO</u> →	20 <u>MOR CLCLO</u> →	46
<u>GROCERYS</u> →	42 <u>WHO GROC</u> →	68 <u>HOW GROC</u> →	21 <u>MOR GROC</u> →	47
<u>CASH</u> →	43 <u>WHO CASH</u> →	69 <u>HOW CASH</u> →	22 <u>MOR CASH</u> →	48
<u>INDOORS</u> →	44 <u>WHO INDOOR</u> →	70 <u>HOW INDOOR</u> →	23 <u>MOR INDOOR</u> →	49
<u>OUTDOORS</u> →	45 <u>WHO OUTDOOR</u> →	71 <u>HOW OUTDOOR</u> →	24 <u>MOR OUTDOOR</u> →	50
<u>VSART</u> →	46 <u>WHO TRANS</u> →	72 <u>HOW TRANS</u> →	25 <u>MOR TRANS</u> →	51
<u>WINDOWS</u> →	47 <u>WHO WINDO</u> →	73 <u>HOW WINDO</u> →	26 <u>MOR WINDO</u> →	52
<u>WRITING</u> →	48 <u>WHO WRITE</u> →	74 <u>HOW WRITE</u> →	27 <u>MOR WRITE</u> →	53
<u>ADLA</u> →	49 <u>WHO ADLA</u> →	75 <u>HOW ADLA</u> →	28 <u>MOR ADLA</u> →	54
<u>ADLB</u> →	50 <u>WHO ADLB</u> →	76 <u>HOW ADLB</u> →	29 <u>MOR ADLB</u> →	55
<u>ADLC</u> →	51 <u>WHO ADLC</u> →	77 <u>HOW ADLC</u> →	30 <u>MOR ADLC</u> →	56

(78 BLANK)

1	7	79-80
---	---	-------

CARD NO.
CARDQ

01=NOTHING	08=CHIROPODY	15=MONEY	24=INCONTINENCE
02=HOME IMPROVEMENT	09=WINDOUCLEANER	16=HEALS ON WHEELS	PADS
03=HOME HELP	10=OCCUPATIONAL THERAPY	17=GARDENER	25=HOLIDAY
04=VISUAL AID	HOME ADAPTATIONS	18=CARER	26=HEALTH
05=DISTRICT NURSE	11=TRANSPORT	19=ALARM	27=OTHER
06=WARDEN	12=TELEPHONE	20=SHOWER/BATH	
07=HEALTH CHECK	13=OCCUPATIONAL THERAPY AIDS	21=PHYSIOTHERAPY	
	14=SOCIAL SERVICES/WORKER	22=COMMUNE	
		23=CARER RELIEF	

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.....5
 Prefer to manage without.(OR "NO").....6

UP TO 3
 WHO FROM A
 WHO FROM B
 WHO FROM C

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

PROVIDEA
 PROVIDEB
 UP TO TWO

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

Yes 1
 No 2
 RECORD ACTUAL NO. OF DRUGS eg. 0=00
 10=10
 PILLS
 ALLPILL

b) INTERVIEWER:

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			
B			
C			
D			
E			
F			

PILLA-F
(CODE TYPE OF DRUG)

00=NONE
 01=MINOR
 02=MAJOR
 03=ANTI DEPRESSANT
 04=OTHER
 05=OTHER NERVOUS
 SYSTEM eg. ANALGESICS
 06=GASTRO INTESTINAL
 07=CARDIO VASCULAR/DIURETIC
 08=RESPIRATORY/ALLERGY
 09=RHEUMATIC

FREQA-F

1=ONCE A DAY
 2=TWICE A DAY
 3=THRICE A DAY
 4=FOUR A DAY
 5=FIVE A DAY
 6=AS REQUIRED
 7=OTHER

STARTA-F

1=<6 MONTHS
 2=6 MONTHS < 1 YEAR
 3=1 YEAR < 2 YEARS
 4=2 YEARS < 5 YEARS
 5=5 YEARS < 10 YEARS
 6=10 YEARS < 15 YEARS
 7=15 YEARS +

75-78 BLANK
 CARD NO.
 1 8
 79 80
 CARD R

35. a) 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:-

PILLC	FREQC	→	→
	FREQD	→	→
	STARTC	→	→
	STARTD	→	→
		5-8	9-12
PILLE	FREQE	→	→
	FREQF	→	→
	STARTE	→	→
	STARTF	→	→
		13-16	17-20
		CONSULT →	
		21	

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

→ GPYEAR →

22

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

Yes 1 SPECIFY

No 2 a) reason: → * → (Box 24-26) CAUSE

b) number of times: ENTER NO. → (BOX 27) NOADmits

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

* CODE USING -
FIRST THREE DIGITS OF ICD 9
EXCEPT:-
000 = SOCIAL ADMISSION
001 = MULTIPLE REASON
002 = TOTAL HIP REPLACEMENT
003 = FALLS AND CATARACTS
004 = CARDIAC - UNSPECIFIED
005 = BOWEL PAIN
111 = FALLS
006 = UNSPECIFIED REACNRS

11) _____ days
111) _____ days
ENTER NO. OF DAYS EACH TIME eg. 2 = 02
98 = 984

23	
24	25
26	27
28	29
30	31
32	33

CODES FOR Q.37 REASON A-C

- 01 = ARTHRITIS
- 02 = SKIN
- 03 = FRACTURE
- 04 = EYES
- 05 = EARS
- 06 = GYNAECOLOGICAL
- 07 = GENERAL MEDICAL
- 08 = CANCER
- 09 = CHEST INFECTION
- 10 = UROLOGICAL
- 11 = SUPPORT / AID
- 12 = ENTERITIS
- 13 = FALLS
- 14 = INFECTED FOOT
- 15 = DUODENAL ULCER
- 16 = CARDIAC
- 17 = BOWEL OBSTRUCTION
- 18 = POST ABDOMINAL OPERATION
- 19 = ARTIFICIAL LIMB
- 20 = ABDOMINAL PAIN
- 21 = BLOOD CLOTTING
- 22 = ANAEMIA
- 23 = STOMA
- 24 = HERNIA
- 25 = BAD CIRCULATION
- 26 = PACE MAKER
- 27 = POST BOWEL OPERATION
- 28 = BURNS
- 29 = BLOOD IN URINE (HAEMATURIA)
- 30 = FLU JAB
- 31 = "RING" (TO CORRECT INCONTINENCE)
- 32 = DIABETES
- 33 = XRAY
- 34 = PROSTATE
- 35 = FOREIGN BODY IN THROAT
- 36 = POST TOTAL HIP REPLACEMENT
- 37 = HAEMHORRHOIDS

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

Yes 1 SPECIFY (code below) → OUTPAT

No 2

(* = CODES ON NEXT PAGE)

	Reason <u>REASON A</u> *	Reason <u>REASON B</u> *	Reason <u>REASON C</u> *
Number of visits	<u>APPTMTA</u>	<u>APPTMTB</u>	<u>APPTMTC</u>

Total number of visits ENTER NO. (0=00, 2=02) ENTER NO. (0=00, 2=02)

38 a) 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)	< MONTHLY > 3 MONTHS (6)	MONTHLY > 3 MONTHLY (7)
Health visitor <u>HLTHVIS</u>	=1	=2	=3	=4	=5	=6	=7
District/other home nurse <u>DISNURSE</u>	=1	=2	=3	=4	=5	=6	=7
Bathing service <u>BATHING</u>	=1	=2	=3	=4	=5	=6	=7
Meals on wheels <u>MOW2</u>	=1	=2	=3	=4	=5	=6	=7
Home help <u>HMEHLP</u>	=1	=2	=3	=4	=5	=6	=7
Chiropodist <u>FOOTCARE</u>	=1	=2	=3	=4	=5	=6	=7
Incont. laundry <u>SHEETS</u>	=1	=2	=3	=4	=5	=6	=7
Social worker <u>SOCIAL</u>	=1	=2	=3	=4	=5	=6	=7
carer relief/ attendant schemes <u>RELIEF</u>	=1	=2	=3	=4	=5	=6	=7
Occupational therapist <u>OCCUPAT</u>	=1	=2	=3	=4	=5	=6	=7
Physiotherapist <u>PTHERAPY</u>	=1	=2	=3	=4	=5	=6	=7
Optician <u>EYECARE</u>	=1	=2	=3	=4	=5	=6	=7
Dentist <u>TOOTH</u>	=1	=2	=3	=4	=5	=6	=7
Voluntary visitor <u>VOLVIS</u>	=1	=2	=3	=4	=5	=6	=7
Other specify <u>OTHRPROF</u>	=1	=2	=3	=4	=5	=6	=7

1) Do you attend a day centre or day hospital?

Yes 1 }
No 2 } DAYCENTR → 64

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

L.A. 1 + JEWISH WELFARE BOARD = 3 }
D.H.A. 2 + INDEPENDENT = 4 } DHA → 65

What is the address? _____

Number of visits per week? ENTER NO. PER WEEK → PERWEEK → 66

How long been attending? ENTER NO. OF MONTHS (<1=00) → MONTHS → 67
(98+=98)

39. Would you like (more) visits from any of these people or any other professionals? CARDZ → 19

	Yes	No
Health visitor <u>EXTRAHV</u>	=1	=2
District/other home nurse <u>EXTRAHN</u>	=1	=2
Bathing service <u>EXTRABTH</u>	=1	=2
Meals on wheels <u>EXTRAMOW</u>	=1	=2
Home help <u>EXTRAHH</u>	=1	=2
Chiropodist <u>EXTRACH</u>	=1	=2
Incontinence laundry <u>EXTRAINC</u>	=1	=2
Social worker <u>EXTRASW</u>	=1	=2
Carer relief/attendant schemes <u>EXTRACR</u>	=1	=2
Occupational therapist <u>EXTRACT</u>	=1	=2
Physiotherapist <u>EXTRA PT</u>	=1	=2
Optician <u>EXTRA OPT</u>	=1	=2
Dentist <u>EXTRA DEN</u>	=1	=2
Voluntary visitor <u>EXTRA VV</u>	=1	=2
Other <u>EXTRA PRO</u>	=1	=2

SPECIFY: (NOT CODED)

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 } YOU CAREER → 20

N.B. { TASKA + TASKB IS DONE FOR HELPWHO A (FIRST PERSON)
 { TASKC + TASKD IS DONE FOR HELPWHO B (SECOND PERSON)

IF YES: Who is that? Spouse 1 } UP TO TWO PEOPLE
 Son/Daughter 2 }
 Other relative .. 3 } Circle more than
 Friend 4 } one if necessary
 Neighbour 5 }
 Other 6 }

Age: _____ years → ENTER AGE OF EACH PERSON CARED FOR

Does he/she live with you? Yes 1 } FOR EACH PERSON {
 No 2 } LIVE IN A
 LIVE IN B

What kinds of things do you usually do for him/her?
 1 = WALK OUTDOORS 4 = HOUSEWORK + MEALS } UP TO TWO PEOPLE
 2 = DRESSING 5 = BATHING 7 = EVERYTHING } FOR EACH PERSON
 3 = TOILET 6 = MOBILITY IN DOORS 0 = SHOPPING + ODD JOBS }

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

_____ days ENTER NUMBER OF DAYS FOR EACH PERSON

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

00 = EVERYTHING

01 = NOTHING

02 = HEALTH + IMMOBILITY (OWN)

03 = HEALTH + IMMOBILITY (OTHERS)

04 = FALLS

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

06 = PROBLEMS WITH RELATIVES

07 = WAITING TO DIE (WANTS TO DIE)

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 TO FAMILY + OTHERS

19 = HOUSEWORK

20 = LONELINESS

21 = NEED A HOLIDAY

22 = HOUSEBOUND

23 = WAITING TO MOVE (WANTS TO MOVE)

24 = LOSS OF MEMORY

GREATEST

NON-RESPONDENTS TO FIRST INTERVIEW ONLY
OCCUPATIONAL CLASS

42. a) 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

(SEE OVER)* SOCCLSSA

37

EDUCA

38

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

43. a) 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

*

SOCCLSSB



39

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



EDUCB



40

* SOCCLSSA-B

0 = OTHER / UNEMPLOYED

1 = I

2 = II

3 = NON MANUAL III (N.M.)

4 = MANUAL III (M.)

5 = IV

6 = V

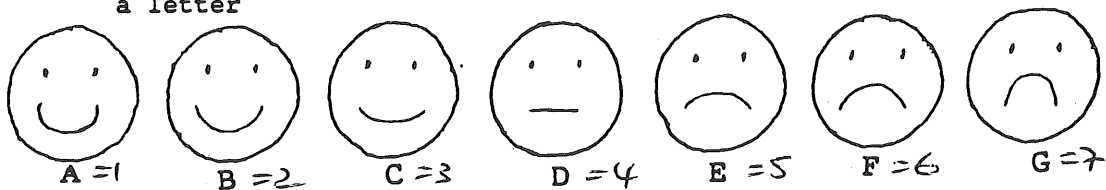
7 = ARMY

8 = HOUSEWIFE

44.

"FACES" QUESTIONS

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



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

_____ write letter on line

→ SMILEA → 41

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

→ SMILEB → 42

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

→ SMILEC → 43

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

→ SMILED → 44

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

→ SMILEE → 45

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

→ SMILEF → 46

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

→ SMILEG → 47

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

→ SMILEH → 48

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	LSATA → 49
2	1	2	3	4	5	LSATB → 50
3	1	2	3	4	5	LSATC → 51
4	1	2	3	4	5	LSATD → 52
5	1	2	3	4	5	LSATE → 53
6	1	2	3	4	5	LSATF → 54
7	1	2	3	4	5	LSATG → 55
8	1	2	3	4	5	LSATH → 56
9	1	2	3	4	5	LSATI → 57
10	1	2	3	4	5	LSATJ → 58
11	1	2	3	4	5	LSATK → 59
12	1	2	3	4	5	LSATL → 60
13	1	2	3	4	5	LSATM → 61
14	1	2	3	4	5	LSATN → 62
15	1	2	3	4	5	LSATO → 63
16	1	2	3	4	5	LSATP → 64
17	1	2	3	4	5	LSATQ → 65
18	1	2	3	4	5	LSATR → 66
19	1	2	3	4	5	LSATS → 67
20	1	2	3	4	5	LSATT → 68

- Now ask i) GHQ
 ii) NHP
 iii) GWB
 iv) Affect Balance Scale
 v) MHIQ
 vi) SELF Scale
 vii) QL

(CODED ON APPENDICES
 CODING SHEETS)

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

C A R E R

46. a) 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

→ CAREER

→ 69

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

→ PERMISSN

→ 70

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	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"/>
---	----------------------	---	----------------------	---	----------------------	---	----------------------	-------	----------------------	----------------------

APPENDIX VIII

(CODE ON APPENDICES CODING SHEET
CARD 25)

CHECK

1. What borough is this ?	CORRECT=1 INCORRECT=0	<u>CONSCORA</u> (Box 9)
2. What place is this ?		<u>CONSCORB</u> (Box 10)
3. What month is this ?		<u>CONSCORC</u> (Box 11)
4. What year is this ?		<u>CONSCORD</u> (Box 12)

TOTAL OF CONSCORA - 0 —————> TOTALCON (Box 13)

Thank the respondent and try to leave him/her happy.

(CODE ON APPENDICES CODING SHEET)
- CARD 25

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

INDIVIDUALS:

< £30.....01	INCOME A
£30 > £40.....02	
£40 > £50.....03	
£50 > £60.....04	
£60 > £70.....05	
£70 > £80.....06	
£80 > £90.....07	
£90 > £100.....08	
£100 > £150.....09	
> £150.....10	

COUPLES:

< £50.....01	INCOME B
£50 > £60.....02	
£60 > £70.....03	
£70 > £80.....04	
£80 > £90.....05	
£90 > £100.....06	
£100 > £150.....07	
£150 > £200.....08	
£200 > £250.....09	
> £250.....10	

APPENDICES CODING SHEET

INTERVIEW

1. a) Was interview a proxy?

Yes...1 }
No...2 }
PART...3 } → PROXY INT → ☐

b) If yes, who was the proxy?

Daughter.....1 }
Son.....2 }
Spouse.....3 }
Other relative....4 }
Friend/Neighbour..5 }
Professional.....6 }
COMBINATION7 } → WHO PROXY → ☐

2. Date of interview:

(day/month/year eg 02/05/90) →

(NB, IF MORE THAN ONE DATE GIVEN
ON FRONT OF INTERVIEW THEN
ENTER LAST DATE)

GHQ

3. Any help given with appendix?

Yes...1 }
No...2 } → ASSISTA → ☐

(THREE SCORING SYSTEMS)

4. 0011 scoring + totals:

TOTAL OF SECTION A = SUMGAA (Box 34)
TOTAL OF SECTION B = SUMGAB (Box 35)
TOTAL OF SECTION C = SUMGAC (Box 36)
TOTAL OF SECTION D = SUMGAD (Box 37)
GRAND TOTAL OF A-D = GRNDTOTA (Box 38
~39)

5. 0111 scoring + totals:

TOTAL OF SECTION A = SUMGBA (Box 68)
TOTAL OF SECTION B = SUMGBB (Box 69)
TOTAL OF SECTION C = SUMGBC (Box 70)
TOTAL OF SECTION D = SUMGBD (Box 71)
GRAND TOTAL OF A-D = GRNDTOTB (Box 72
~73)

INT DATE

☐ ☐ ☐ ☐ ☐ ☐
73 74 75 76 77 78

CARD NO:

☐ ☐ CARDT

79 80

SERIAL NO:

☐ ☐ ☐ ☐
1 2 3 4

ITEM SCORES

GAA GAB GAC GAD GAE GAF GAG 6-12
GAH GAI GAJ GAK GAL GAM GAN 13-19
GAO GAP GAQ GAR GAS GAT GAU 20-26
GAV GAW GAX GAY GAZ GAONE GATWO 27-33

☐ + ☐ + ☐ + ☐ = ☐ ☐
34 35 36 37 38 39

ITEM SCORES

GBA GBB GBC GBD GBE GBF GBG 40-46
GBH GBI GBJ GBK GBL GBM GBN 47-53
GBO GBP GBQ GBR GBSGBT GBW 54-60
GBV GBW GBX GBY GBZ GBONE GBTWO 61-67

☐ + ☐ + ☐ + ☐ = ☐ ☐
68 69 70 71 72 73

CARDU

(CALC) N

☐ ☐

74 75

6. 0123 scoring + totals:

ITEM SCORES
 TOTAL OF SECTION A = $\sum GCA$ (80x33)
 TOTAL OF SECTION B = $\sum GCB$ (80x34)
 TOTAL OF SECTION C = $\sum GCC$ (80x35)
 TOTAL OF SECTION D = $\sum GCD$ (80x36)
 GRAND TOTAL OF A-D = $\sum GCDTOTC$ (80x37-38)
 NHP

7. Any help given with appendix?

Yes...1 } ASSISTB
 No...2 }

8. Item scores - part I:

PART I: YES = 1
 NO = 0

9. Totals - part I:

A = TOTAL of AS D = TOTAL of DS
 B = TOTAL of BS E = TOTAL of ES
 C = TOTAL of CS F = TOTAL of FS

NHPONE = A+B+C+D+E+F
 (PART I)

10. Item scores + total - part II:

PART II: YES = 1, NO = 0

G = NHPHOME, H = NHPSLIFE, I = NHPHLIFE, J = NHPHOSSY

(G+H+I+J) TOTAL OF PART II = NHP TWO

11. Grand totals:

TOTAL OF PART I + PART II = NHP GRAND
 (NHPONE + NHP TWO)

GWB

12. Any help given with appendix?

Yes...1 } ASSISTC
 No...2 }

13. Item scores:

(SEE ATTACHED SCALE FOR ITEM SCORING)

TOTAL OF AS = (A) TOTAL OF DS = (D)
 TOTAL OF BS = (B) TOTAL OF ES = (E)
 TOTAL OF CS = (C) TOTAL OF FS = (F)

14. Totals:

(A+B+C+D+E+F)-14 = n

If:- n = 0-60, SCORE IS '1'
 n = 61-72, SCORE IS '2'
 n = 73+, SCORE IS '3'

SERIAL NO.

GCA GCB GCC GCD GCE GCF GCY 5-11

GCH GCI GCJ GCK GCL GCM GCN 12-18

GCO GCP GCQ GCR GCS GCY 19-25

GCV GCW GCT GCY GCZ GCU 26-32

33 34 35 36 37 38

39

A B C B D C C B E F
 ELA PA ERA PA SA ERB ERB DE SVA SIB 40-49

F A D F E C F F B C
 PAA ELB SB PAB SIC ERD PAC PAD PD ERE 50-59

E D C B F A F R D E
 SID SC ERF PE PAE ELG PAF PF SD SIE 60-69

C C D E F B C B
 ERA ERA SE SIF PAC PCI ERI PH 70-79

CARD NO. 2 2

SERIAL NO. 1-4

(A) (B) (C) (D) (E) (F) 5-12.

SUMEL SUMF SUMG SUMH SUMI SUMJ NHPONE

G H I J 13-16

17

18-19

C A D B A C D
 PWDA ANYA SCWA DEPA ANXB PWBA SCWB 21-27

A E F C R D E
 ANXC VITA GWA PWXC DEPB SCWC VITB 28-34

GWB ANXD VITC DEPC 35-42

SCORE 43

(A) (B) (C)
 SUMANX SUMDEP SUMWB 44-49

(D) (E) (F)
 SUMSCV SUMVIT SUMGH 50-55

ABS

15. Any help given with appendix?

Yes...1 } → ASSISTD —→ ☐ 56
No...2 }

16. Item scores + totals:

(SEE ATTACHED SCALE FOR ITEM SCORING; POSITIVE RESPONSE=1, NEGATIVE RESPONSE=2 FOR EACH ITEM)

- ① = TOTAL NO. OF POSITIVE RESPONSES (SUMPOS)
② = TOTAL NO. OF NEGATIVE RESPONSES (SUMNEG)

③ = BALANCE, IE. ① - ②

MHIQ

17. Any help given with appendix?

Yes...1 } ASSISTE
No...2 }

18. Item scores + totals:

(SEE SCALE ATTACHED FOR ITEMSCORES)

- ① = TOTAL OF PART ONE SCORES ÷ 18
② = TOTAL OF PART TWO SCORES ÷ 6
③ = TOTAL OF PART ONE + TWO SCORES ÷ 24

SELF

19. Any help given with appendix?

Yes...1 } ASSISTF —→ ☐ 36
No...2 }

20. Item scores + totals:

(SEE SCALE ATTACHED FOR ITEM SCORES)

- ① = TOTAL OF A'S
② = TOTAL OF B'S
③ = TOTAL OF C'S
④ = TOTAL OF D'S
⑤ = TOTAL OF E'S

A	B	C	D	E
ABS A	ABS B	ABS C	ABS D	ABS E
57-61				
F	G	H	I	J
ABS F	ABS G	ABS H	ABS I	ABS J
62-66				
SUMPOS SUMNEG BALANCE				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67-72 (73-78) BLANK				
CARD NO.				
<input type="checkbox"/> 2 <input type="checkbox"/> 3				
79 80				

SERIAL NO.
☐ ☐ ☐ ☐ 1-4

(PART ONE SCORES)

MHIQ A	MHIQ B	MHIQ C	MHIQ D	MHIQ E	MHIQ F	MHIQ G	MHIQ H	MHIQ I	MHIQ J
↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
6-14									
MHIQ A	MHIQ B	MHIQ C	MHIQ D	MHIQ E	MHIQ F	MHIQ G	MHIQ H	MHIQ I	MHIQ J
↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
15-23									
SUMMHIQ (PART TWO SCORES)									
24-25									
SUMMHIQ (PART TWO SCORES)									
26-31									
32-35									

MHIQ SCORE

A	A	A	D	D	A	A	D	A	A	A
SELF A	SELF B	SELF C	SELF D	SELF E	SELF F	SELF G	SELF H	SELF I	SELF J	SELF K
D	A	D	D	B	E	D	B	E	D	37-44
SELF D	SELF A	SELF E	SELF F	SELF B	SELF C	SELF G	SELF H	SELF I	SELF J	SELF K
D	E	B	C	C	B	B	B	D	B	45-52
SELF D	SELF E	SELF B	SELF C	SELF A	SELF F	SELF G	SELF H	SELF I	SELF J	SELF K
53-60										

①	②	③	④
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70-77			
SUMSELF A SUMSELF B SUMSELF C SUMSELF D (78-80) BLANK			
CARD NO.			
<input type="checkbox"/> 2 <input type="checkbox"/> 4			
79 80			
SERIAL NO.			
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			

QL

21. Any help given with appendix?

Yes...1 } ASSISTG
No...2 }

7

22. QL score: (SEE SCALE FOR SCORES) → QL

8

CONFUSION

23. Scores + totals:

CONFUSION
CONFUSOR
CONFUSOR
CONFUSOR
CONFUSOR
9-12
TOTALCON
13

INCOME

24. Individuals:

INCOME A
14-15

25. Couples:

INCOME B
16-17

ADDITIONAL NETWORK CODES

26. Give each person in network a code

NONE.....0 eg.no symbol
▲.....1
✓.....2
*.....3
▲ ✓.....4
* ✓.....5
▲ *.....6
▲ * ✓.....7
DNA.....8 eg.no further names
INAD.....9 eg.illegible

SYMBOL A
SYMBOL B
SYMBOL C
SYMBOL D
SYMBOL E
SYMBOL F
SYMBOL G
SYMBOL H
18-25
-33
SYMBOL I
SYMBOL J
SYMBOL K
SYMBOL L
SYMBOL M
SYMBOL N
SYMBOL O
SYMBOL P
34-36

(37-62 BLANK)

INTERVIEWER ASSESSMENT FORM

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

Very Well						Not very Well	Please mark line where it represents your answer	
1	2	3	4	5	6		→ RAPPORT	<div style="border: 1px solid black; padding: 2px;">63</div>

Please comment:

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

No	1	}	→	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DIFFA</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DIFFB</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;">64</div> <div style="border: 1px solid black; padding: 2px;">65</div> </div> </div>
Yes: mentally confused	2			
language difficulties	3			
deaf	4			
blind	5			
speech impediment	6			
(e.g. stroke)				
frail	7			
other	8	}	→	SPECIFY: _____
	0			

3. Did the respondent appear mentally confused at all?

Severely confused	1	}	→	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">66</div> </div>
Moderately	2			
Mildly	3			
Not at all	4			

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

Yes: Specify	1	}	→	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">67</div> </div>
No	2			

Please comment:

01 = CHIROPODY	13 = ALARM	}	→	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">68</div> <div style="border: 1px solid black; padding: 2px;">69</div> </div>
02 = HOME NURSE	14 = ODD JOBS			
03 = HOUSING	15 = TELEPHONE			
04 = CAREER RELIEF	16 = SOCIAL SERVICES			
05 = HOME HELP	17 = WINDOW CLEANER			
06 = GENERAL /ALL	18 = PHYSIOTHERAPY			
07 = COMPANY	19 = HEALTH VISITOR			
08 = TO GO OUT	20 = SURGICAL BOOT			
09 = DOCTOR	21 = HOLIDAY			
10 = OPTICIAN	22 = OTHER			
11 = OCCUPATIONAL THERAPY	23 = LAUNDRY			
12 = SOCIAL WORKER				

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

Yes, put in touch (SPECIFY) 1

Yes, suggested a contact (SPECIFY) 2

Yes, both 3

No 4

Already known to services 5

DNA 8

COMBINATION (2+5) 6

→ INTOUCH

→ ☐
72

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

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:-

(73-77
BLANK)

INTERVIEWED = 1 }
NOT " = 2 }

→ SURVIVOR

→ ☐
78

INTERVIEWER: _____

CARD NO.

☐ 2 ☐ 5
79 80

CARD 4