

CODING FRAME
65+ HACKNEY
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 ~~XXXXXXXXXX~~ 04 ~~XXXXXXXXXX~~ } INTERVIEWER
02 ~~XXXXXXXXXX~~ 05 ~~XXXXXXXXXX~~ }
03 ~~XXXXXXXXXX~~ 06 ~~XXXXXXXXXX~~ }
07 ~~XXXXXXXXXX~~ }
Time started:
Time finished: } TIMEB = LENGTH OF INTERVIEW IN MINUTES
Date:

5
6
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	→ <u>HOMETIMB</u> →	10
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		

CODES FOR Q.2-17

MOVE HSE	MOVE IN	LETOFF	MOVE OUT	OTH CHNGE
1= LEASE EXPIRED 2= TO SHARE WITH RELATIVE 3= STAIRS DIFFICULT 4= SAFER - LESS RUGSLAZER 5= PLACE VACATED BY DEATH OF RELATIVE 6= DEMOLISHED / MODERNISED 7= FOR HEALTH	1= GRANDSON - FROM ABROAD 2= GRANDSON - CARER 3= CUSTODY OF GRAND DAUGHTER	1= NEW LODGER	1= GRANDDAUGHTER 2= OTHER RELATIVE 3= LODGER - JOB CHANGE 4= LODGER - HOSPITAL 5= DAUGHTER & GRANDSON.	1= TO CONVERT HOUSE TO FLAT.

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	→	1
CHANGER	→	1
MOVEHSE	→	1
MOVEIN	→	1
LETOFF	→	1
MOVEOUT	→	1
OTH CHNGE	→	1

- b) What was the reason for the change? (other than death (4))
- DNA = 8
- INAD = 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 = GROUND FLOOR
- 2 = MODERN CONVENIENCES
- 3 = NEARER FAMILY
- 4 = BETTER PEOPLE
- 5 = WARDEN / COMMUNITY HALL
- 6 = SAFER / MORE SECURE

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

- 8 = DNA 9 = INADEQUATE

- 0 = LESS OF FRIENDS
- 1 = POOR NEIGHBOURS - ISOLATED
- 2 = MOVING PROCESS

- 3 = TOO HOT 5 = NEEDS REDELOCATING

- 4 = ILL HEALTH 6 = EXPENSIVE

- 7 = BAD DESIGN / DIRTY

(UP TO 3 GOOD THINGS)

GOODA	→	18
GOODB	→	19
GOODC	→	20

(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=000) (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 LANDLORD = 5
 SON = 3
 Other SPECIFY

→ WHOSIDEA → 28

e) How do you feel about that move now?

VERY PLEASED = 1 NEGATIVE = 3
 OK / FAIR = 2 ACCLIMATIZING = 4

(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 → PROBHEAT → 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 LIVED HERE / EVERYTHING
2= FAMILY, FRIENDS + NEIGHBOURS / COMMUNITY
3= CONVENIENCE - SHOPS, MARKET, BUS
5= VIEW, PARK, GREEN, GARDEN, COUNTRY
6= CLEAN, "NICE", SAFE
7= TRANSPORT GOOD + SERVICES

- 9= INADEQUATE
0= NOTHING
4= QUIET
8= HOUSEBOUND

UP TO 3
FEELINGS

- WOTLIKBA → 39
WOTLIKBB → 40
WOTLIKBC → 41

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 / DETERIORATED / NOISE
6= NO NEIGHBOURHOOD, ISOLATION, NO FRIENDS
7= POOR SERVICES, NO FACILITIES, OTHER

- 8= HOUSEBOUND
9= INADEQUATE

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) } (UP TO 2 PROBLEMS) → LIMITA → 48
No 2 } LIMITB → 49
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

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	→ BEREAVEB	→ 1	2	→	54
Burglary/intruders	→ BURGLARB	→ 1	2	→	55
Other violence against self e.g. street theft/assault	→ ASSAULTB	→ 1	2	→	56
Fire	→ FIREB	→ 1	2	→	57
Change of residence SPECIFY	→ MOVEHOMB	→ 1	2	→	58
Other SPECIFY	→ OTHRUPBA	→ 1	2	→	59
	→ OTHRUPBB	→ 1	8	→	60

IF YES TO ANY OF THE UPSETS/UPHEAVALS ABOVE:

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

1=OK (AS YOU'D EXPECT
2=HAD TO COPE/NO CHOICE
3=SHOCK/WORRY, BUT COPE
4=DIFFICULTIES/PROBLEMS STILL
5=NOT VERY WELL/HARD TO ACCEPT
6=SURPRISE/DIFFICULT AT TIME - OK NOW
7=ONLY WITH SUPPORT
8=VERY WELL/NO PROBLEMS.

8=DNA
9=INADEQUATE

COPEILL	→	61
COPEOP	→	62
COPEFALL	→	63
COPEACC	→	64
COPEBER	→	65
COPEBURG	→	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?

No 2

INAD=9

→ OPENDOOB

72

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

Yes (UNSPECIFIED)... 1

SPECIFY,

3=CARRYING

4=FALLING

5=RUNNING

6=CROSSING ROAD

7=DANGER OUTSIDE (MUGGINGS)

0=OTHER

No 2

RISKS8

73

8. Is this accommodation:

a) Sheltered Housing (without warden) 1

Sheltered Housing (with warden) 2

Other housing 3

WARDEN8

74

b) House 1

Bungalow 2

Flat 3

Maisonette 4

Bedsit *..... 5

Other 6

ACCTYPE

75

(* 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.

98=BASEMENT

99=ONA

99=INADEQUATE

FLOOR8

76
77

(78 BLANK)

CARDK

79
80
CARDNO

SERIAL NO.

1	2	3	4
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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 5
 YES, PRIVATE 6

b) Would you like one?

- Yes 1
 No 2
 DNA 8

UNCERTAIN = 3

ALARM 5

☐ 5

LIKALAB 6

☐ 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

☐ 7

b) Is this:-

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

COUNCIL 8

☐ 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 = WANTS US OUT / MODERNISATION
 3 = NO PROBLEMS / GOOD
 4 = REPAIRS SLOW / COULD BE BETTER
 5 = EXCELLENT
 6 = RELATIVE / FRIEND
 7 = VERY POOR

CONTRACT 9

☐ 9
☐ 10

11 LANDLORD

12 LANDLORDS

UP TO 2 ANSWERS

Lives alone	1	→ <u>LIVEALOB</u> (CODE IN BOX 13 BELOW)
Lives with others	2	

DNA = 8/88
INAD = 9/99

Relationship			long						
Spouse.....	1	If	have	Age:					
Daughter.Son...	2	child	they						
Other relative..	3	ever	lived	under	16-45	45-60	60-70	70+	
SPECIFY		Married	with	16					
Friend.....	4	Yes... 1	M... 1	you *					
Other..(L-CONFER)	5	No... 2	F... 2	(years)	(1)	(2)	(3)	(4)	(5)

(BOXES 1-19)	(A) <u>WHOBA</u>	<u>EVERMARA</u>	<u>SEXBA</u>	<u>LONGLIVA</u>				<u>AGEBA</u>	
(BOXES 20-25)	(B) <u>WHOBB</u>	<u>EVERMARB</u>	<u>SEXBB</u>	<u>LONGLVB</u>				<u>AGEBB</u>	
(BOXES 26-31)	(C) <u>WHOBC</u>	<u>EVERMARC</u>	<u>SEXBC</u>	<u>LONGLVC</u>				<u>AGEBC</u>	
(BOXES 32-37)	(D) <u>WHOBD</u>	<u>EVERMARD</u>	<u>SEXBD</u>	<u>LONGLVD</u>				<u>AGEBD</u>	
(BOXES 38-43)	(E) <u>WHOBE</u>	<u>EVERMARE</u>	<u>SEXBE</u>	<u>LONGLVE</u>				<u>AGEBE</u>	
(BOXES 44-49)	(F) <u>WHOBF</u>	<u>EVERMARF</u>	<u>SEXBF</u>	<u>LONGLVF</u>				<u>AGEBF</u>	

(*00 = LESS THAN)
ONE YEAR

Yes 1 _____

No 2 GO TO Q.14

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

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

LIVEALOG

WHAOGA
EVERMABA
SEXBA
LONKINA
AGEBA

etc.

13

(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 50

LIKE MOVES

DNA = 8/88
INAD = 9/99

WHERE TBA	SHARORA	NEARTDA	SETUPA	TRANSFRA	ADVTGA	ADVTGB	DISVTGA	DISVTGB	PERSUADA	51-61
					C	D	C	D		62-72
(73-78) CARD NO. (BLANK) CARDK					1	2	SERIAL NO.			1 2 3 4
					79	80				
					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 7 (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 7 (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 7 (Box 5, CARD 13)
a) Would you be living with anyone else? Who?	<u>SHARORA</u> No = 0 1=DAUGHTER 2=SPOUSE 3=SON (Box 52, CARD 12)	<u>SHARORB</u> No = 0 4=NEICE/OR 7=REXEND 5=SISTER 6=FAMILY (Box 63, CARD 12)	<u>SHARORC</u> No = 0 (Box 6, CARD 13)
b) Would you be living near anyone (else)? Who?	<u>NEARTDA</u> No = 0 DEPENDS=1 DAUGHTER=2 SON=3 (Box 53, CARD 12)	<u>NEARTDB</u> No = 0 GRANDDAUGHTER=4 FAMILY=5 OTHER RELATIVE=6 (Box 64, CARD 12)	<u>NEARTDC</u> No = 0 FRIEND=7 (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) 1+2+3=11 5+8=12 If (6) are you on any transfer/exchange list?	<u>SETUPA</u> 01 02 03 04 05 06 07 08 09 10 (Box 54-55, CARD 12)	<u>SETUPB</u> 01 02 03 04 05 06 07 08 09 10 (Box 65-66, CARD 12)	<u>SETUPC</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>TRANSFRA</u> Yes=1 No=2 (Box 56, CARD 12) <u>ADVTGA + ADVTGB</u> 0=NONE 2=NEARER FAMILY 3=HELPED/CARED FOR	<u>TRANSFRB</u> Yes=1 No=2 (Box 67, CARD 12) <u>ADVTGC + ADVTGD</u> 1=LEVEL/SMALLER 4=MORE INDEPENDENT 5=FRIENDS THERE	<u>TRANSFRC</u> Yes=1 No=2 (Box 10, CARD 13) <u>ADVTGE + ADVTGF</u> 6=SAFER + MODERN 7=OTHER
e) And what, if any, are the disadvantages?	<u>DISVTGA + DISVTGB</u> 0=NONE 2=LOSS OF FRIENDS/RELS 4=DON'T WANT TO MOVE	<u>DISVTGC + DISVTGD</u> 5=OTHER 1=MOVING/UPHEAVAL 3=PHYSICAL DETERMIN OF	<u>DISVTGE + DISVTGF</u> 6=LESS INDEPENDENT 7=ENVIRONMENT NEW ACCURACY
f) Is anyone trying to persuade you to move there? Who?	<u>PERSUADA</u> No = 0 1=PROFESSIONAL 2=SON 3=DAUGHTER	<u>PERSUADB</u> No = 0 4=FAMILY 5=SIBLING 6=SPOUSE	<u>PERSUADC</u> No = 0 7=OTHER RELATIVE

TOTAL PCS

g) Total number of possibilities = $\frac{\text{CODE ACTUAL NUMBER}}{\text{INAD} = 9}$ 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 17

b) What do you feel about that possibility?

UNA = 8 INAD = 9

1 = UNSURE 4 = GOOD IF HELPS OTHERS

2 = COMPANY GOOD 5 = NOT HAPPY

3 = OK, FAIR

(UP TO 2 FEELINGS) { OKA → 18 OKB → 19

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?

1 = UNIVERSITY 4 = EMIGRATE 7 = RETIRE

2 = UNSPECIFIED 5 = BUY HOME 0 = OTHER

3 = COMANION 6 = HOLIDAY

(UPTO 2 CHANGES) { PLANA → 21 PLANB → 22

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 WHENOLD

Likely to: Move into institution 1

Stay at home 2

Uncertain 3

Other 4

SHELTERED SPECIFIED 5

SPECIFY TYPE 23

17a) Can I ask you your present age?

Years ... (ENTER AGE IN YEARS) BAGE

24

25

26

b) And what is your date of birth? DATEBORN

day month year

(ENTER DAY NO.) → DATEBORN D

(ENTER MONTH NO.) → DATEBORN M

(ENTER YEAR NO.) → DATEBORN Y

27-32

c) Code sex Male 1

Female 2 BSEX

33

18a) 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 4

ELDERLY

34

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
4 = GOOD HEALTH / LONGEVITY

5 = CLOSE TO DEATH
6 = RETIREMENT / NO WORK / LEISURE
7 = FRIENDS / FAMILY
8 = OTHER (EXPERIENCE, EVERYTHING)

UP TO 2
BESTA 35
BESTB 36

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 DISABILITIES
4 = LOSS OF HEARING / SIGHT

5 = FEAR / DANGER
6 = LOSS OF INDEPENDENCE / CONTROL / PRIVACY
7 = OTHER (MEMORIES / STATE OF WORLD)

UP TO 2
WORSTA 37
WORSTB 38

19a) And you are:

Married 1
Single 2
Widowed 3
Divorced 4
Separated 5

MARRIEDS

39

If married, how long have you been married? (ENTER NUMBER OF YEARS - eg. 0 = 1 yr, 00 = < 1 yr)

If less than 3 years, were you married before this? SPECIFY YES=1 NO=2

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

WEDDINGS
40
41

BEFORE
42

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

LONG WIDDS

43

KIDSALIB

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

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

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84

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95

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97

* (ENTER ACTUAL NO. , 0 = NONE)

SPEAKTOS

HAVEPONS

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 BOX (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 = 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
No 2
(Box 35)

IF YES PLACE AN ASTERISK (*) NEXT TO NAME TURNTOB (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 D'S + S'S + R'S	ENTER NUMBER OF D'S	ENTER NUMBER OF S'S	ENTER NUMBER OF R'S
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)

79-80
CARD NO.

EXCLUDE A - T

NETWORK GRID

NAMES

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

SERIAL NO.

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1-4

NETHAKAB	SEEEACHB	TURNTUB	RELTEGB	GRINDANT	GRINDSONS	GRINDRELS	MCOTHEL	ILUD FONE	RELSHOS	PERSONA	EVENTA	EFFECTA	PERSONB	EVENTB	EFFECTB
PERSONC	EVENTC	EFFECTC	NOTCON	NUMBER	SEERB	CALLAD	SEERB	CALLAD	SEERB	CALLAD	SEERB	CALLAD	SEERB	CALLAD	SEERB
FAABK	SEERB	FAABK	SEERB	FAABK	SEERB	FAABK	SEERB	FAABK	SEERB	FAABK	SEERB	FAABK	SEERB	FAABK	SEERB

5-30

31-56

57-75 (76-78 BLANK)

1	4
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79-80

CARD NO.
CARDN

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 ▲³ ON
 None 2
 BOX 37-38, CARD 25 GRID) - BOXES 20-21 CARD 14

JUST ONE - ENTER NUMBER OF (7) IN BOXES 22-23, CARD 14

F. Have there been any changes in your 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)

ONA=0

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

RELSHDS (BOX 24, CARD 14)

No... [2]

Yes... [1] SPECIFY:

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

If yes, what happened?

1=DIED
 2=ILLNESS / ACCIDENT
 3=MOVED
 4=PROBLEM WITH THEIR RELATIVES
 5=FELL OUT / DISAGREEMENT
 6=OTHER
 7=RETIRED.

PERSONA
 (BOX 25, CARD 14)

PERSONB
 (BOX 28, CARD 14)

PERSONC
 (BOX 31, CARD 14)

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.)

SEE LESS / LOSS OF COMPANY=1
 WORRIED / UPSET =2
 FRIGHTENED / SHOCK AT TIME=3
 NONE=4
 LOSS OF HELP=5
 OTHER=6
 BEREAVED / VERY UPSET - PROBLEMS=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.

(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	→ SEEB A	1	2	3	4	5	→ FARBA
2.	1	2	3	4	5	etc. SEEBB	1	2	3	4	5	FARBB
3.	1	2	3	4	5	SEEB C	1	2	3	4	5	FARBC
4.	1	2	3	4	5	SEEB D	1	2	3	4	5	FARBD
5.	1	2	3	4	5	SEEB E	1	2	3	4	5	FARBE
6.	1	2	3	4	5	SEEB F	1	2	3	4	5	FARBF
7.	1	2	3	4	5	SEEB G	1	2	3	4	5	FARBG
8.	1	2	3	4	5	SEEB H	1	2	3	4	5	FARBH
9.	1	2	3	4	5	SEEB I	1	2	3	4	5	FARBI
10.	1	2	3	4	5	SEEB J	1	2	3	4	5	FARBJ
11.	1	2	3	4	5	SEEB K	1	2	3	4	5	FARBK
12.	1	2	3	4	5	SEEB L	1	2	3	4	5	FARBL
13.	1	2	3	4	5	SEEB M	1	2	3	4	5	FARBM
14.	1	2	3	4	5	SEEB N	1	2	3	4	5	FARB N
15.	1	2	3	4	5	SEEB O	1	2	3	4	5	FARBO
16.	1	2	3	4	5	SEEB P	1	2	3	4	5	FARBP
17.	1	2	3	4	5	SEEB Q	1	2	3	4	5	FARBQ
18.	1	2	3	4	5	SEEB R	1	2	3	4	5	FARBR
19.	1	2	3	4	5	SEEB S	1	2	3	4	5	FARBS
20.	1	2	3	4	5	SEEB T	1	2	3	4	5	FARBT

*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 = *

WOODHELD

5
6

No 2

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

Yes 1 Who is that? CODES = *

UNDERSTB

7
8

No 2

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

Yes 1 Who is that? CODES = *

CARES

9
10

No 2

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

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

Yes 1 Who is that? CODES = *

IMPORTANT

13
14

No 2

h) Is there someone who comforts you when you need it?

Yes 1 Who is that? CODES = *

COMFORTS

15
16

No 2

NOTGRID (8x34) = IS ANYBODY MENTIONED IN Q24 C-H WHO IS NOT ON THE GRID? YES=1, NO=2.

NUMNOT (8x35) = 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 → SEEFRENB	19

DNA (NONE) = 8

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

Yes 1 SPECIFY: WHO & WHY

No 2
1=DAUGHTER 5= FRIEND / NEIGHBOUR
2=SON 6= PROFESSIONAL / COMMUNITY
3= OTHER RELATIVE 7= SIBLING
4= FAMILY 8= EVERYONE

UPTO 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 RESASSOC

24 LUNCHCL

25 MEETPLA

26 OTHERCL

27 OTHERCL

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)	=1	=2	=3	34 VOLWORK
Watch T.V./listen to radio	=1	=2	=3	35 TVR
Reading	=1	=2	=3	36 READER
Crafts	=1	=2	=3	37 CRAFTSB
Games	=1	=2	=3	38 GAMESB
Go for a walk	=1	=2	=3	39 WALKB
Go to the shops	=1	=2	=3	40 SHOPSB
Go to visit friends/family	=1	=2	=3	41 VISITPER
Trips out (theatre, museum park, cinema etc.)	=1	=2	=3	42 TRIPSOUT
Pub	=1	=2	=3	43 PUB
Church	=1	=2	=3	44 CHURCH
Other activities or clubs SPECIFY	=1	=2	=3	45 CLUBSB
Nothing - just sit	=1	=2	=3	46 SITB
Nothing - just sleep	=1	=2	=3	47 SLEEPB

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

Yes 1 How often? (Code overleaf)

No 2

VISITORS

48

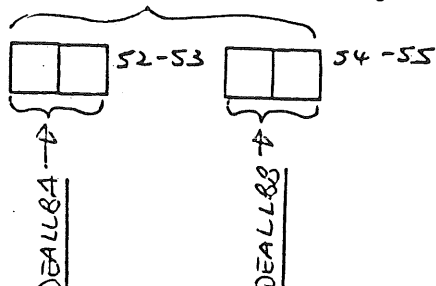
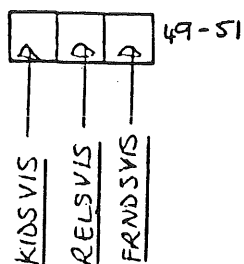
WHO VISITS	FREQUENCY						
	LESS THAN DAILY (1)	DAILY (2)	<WEEKLY >DAILY (3)	WEEKLY (4)	<MONTHLY >WEEKLY (5)	MONTHLY (6)	LESS OFTEN SPECIFY (7)
DNA = 8							
Son(s)/Daughter(s) (KIDSVIS - Box 49)	=1	=2	=3	=4	=5	=6	=7
Other relative(s) (RELSVIS - Box 50)	=1	=2	=3	=4	=5	=6	=7
Friends/neighbours (FRNDSVIS - 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 MONEY
- 25 = GOING BACK IN TIME / YOUTH
- 26 = COOKING
- 27 = DRIVING / CAR
- 28 = JIGSAWS
- 29 = FISHING
- 30 = OTHER

UP TO TWO WALLS



* 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>SIGHTB</u>	<u>SINCEA</u>	<u>SEENGABBA</u>
b) Poor hearing (unless corrected by hearing aid)	<u>HEARINGB</u>	<u>SINCEB</u>	<u>SEENGABBB</u>
c) Trouble with feet	<u>FEETB</u>	<u>SINCEC</u>	<u>SEENGABBC</u>
d) Nerves/stress/depression	<u>NERVESB</u>	<u>SINCED</u>	<u>SEENGABBD</u>
e) Forgetfulness	<u>FORGETB</u>	<u>SINCEE</u>	<u>SEENGABBE</u>
f) Confusion	<u>CONFUSEB</u>	<u>SINCEF</u>	<u>SEENGABBF</u>
g) Shortness of breath/ difficulty breathing	<u>BRONCHIB</u>	<u>SINCEG</u>	<u>SEENGABBG</u>
h) Trouble with waterworks (pain, lack of control, incontinence SPECIFY)	<u>URINARYB</u>	<u>SINCEH</u>	<u>SEENGABBH</u>
Bowel problems:			
i) Constipation	<u>CONSTIPB</u>	<u>SINCEI</u>	<u>SEENGABBI</u>
j) Alternately constipated/ loose	<u>CONSTIPB</u>	<u>SINCEJ</u>	<u>SEENGABBJ</u>
k) Passing blood or tar motions	<u>BLOODTAB</u>	<u>SINCEK</u>	<u>SEENGABBK</u>
l) Piles	<u>PILLESB</u>	<u>SINCEL</u>	<u>SEENGABBL</u>
Stomach problems:			
m) Indigestion/Heartburn	<u>HEARTBUB</u>	<u>SINCEM</u>	<u>SEENGABBM</u>

	(A-W)	(i)	(ii)
A) Abdominal pain/discomfort	<u>ABDOMAIS</u>	<u>SINCEN</u>	<u>SEENGABN</u>
O) Vomiting of blood	<u>VOMITBLB</u>	<u>SINCEO</u>	<u>SEENGABO</u>
P) Varicose ulcers (leg or foot)	<u>LEGULCER</u>	<u>SINCEP</u>	<u>SEENGABP</u>
Q) Aches/pains/stiffness: muscles/joints	<u>STIFFB</u>	<u>SINCEP</u>	<u>SEENGABQ</u>
R) Sleeplessness	<u>SLEEPBS</u>	<u>SINCER</u>	<u>SEENGABR</u>
S) Loss of appetite	<u>APPETIB</u>	<u>SINCES</u>	<u>SEENGABS</u>
T) Headaches	<u>HEADACHB</u>	<u>SINCET</u>	<u>SEENGABT</u>
U) Chestpains/other heart trouble	<u>HEARTB</u>	<u>SINCEU</u>	<u>SEENGABU</u>
V) Giddiness	<u>GIDDYB</u>	<u>SINCEV</u>	<u>SEENGABV</u>
W) Skin problems	<u>SKIN</u>	<u>SINCEW</u>	<u>SEENGABW</u>

- 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... HRTATTAK

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 WHENB

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

Yes = 1... No = 2... RESPIRAT

SPECIFY:

(BOXES 2
58, CARD 16)

- c) Do you have any other problems with your health?
YES = 1, NO = 2 (BOXES 9, CARD 16) EXTRA

PLEASE SPECIFY:-

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

a	i	ii	b	i	ii	c	i	ii	d	i	ii	e	i	ii	f	i	ii	g	i	ii	h	i	ii	35-39	1	5	79-80					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	35-39	4	4	4	4	4	4	4	4	4	4	4	4	4	4	51-58	

(* = SEE
PREVIOUS
PAGE)

1990 = DAMAGED
VERTEBRA
1991 = TEETH
1992 = SHAKINESS
1993 = BAD CIRCULATION
1994 = CRAMPS
1995 = TONGUE
1996 = ALLERGIES
1997 = THYROID
1998 = HERNIAS

- | | |
|-----------------|---|
| Excellent | 1 |
| Good | 2 |
| Fair | 3 |
| Poor | 4 |
| VARIES | 5 |

HEALTHC

- | | |
|-----------|---|
| Yes | 1 |
| No | 2 |

LONGILL

- 1 = E4E5

2 = JOINTS, ARTHRITIS, MOBILITY

3 = RESOLUTION

4 = 0220

$S = \text{STROKE}$

6 = PARKINSON'S DISEASE

7-CARDIAC /
CIRCULATION

O=OTHER

UP TO 2 REASONS { DISEASE A
DISEASE B

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

LIMITING

- Yes = 1 } PAIN
No = 2 }

very mild
pain

very severe
pain

$\begin{array}{cccccccc} 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 \\ 0 & 1 & 2 & 3 & 4 & 5 & 6 & 7 \end{array}$

DNA = 8 = RATING
INA = 9

59-67

EXTRA

ICDA

ICD8

HEALTH LONGILL

68

69

LIMITING

PAIN

RATING

70-71

72

73

74

75-78 (BLANK)

CARD NO.

16

79 80

DISEASE

DISEASE

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: b) How often				Do you need (more) help with this?			
		Slight	Moderate	Severe	Daily				> Weekly	> 2 Weekly	Less Often	Yes		No		
a) Get in/out of bed <u>beds</u>	1	2	3	4	5	6		NO HELP Yes: Non H.S. <u>1-2-3-4-5-6-7-8</u> Yes: <u>WHO BEDS</u> H.S. <u>1-2-3-4-5-6-7-8</u>	1	2	3	4	5	1	2	<u>MORE BEDS</u>
b) Rise from chair/ wheelchair SPECIFY <u>CHAIR</u>	1	2	3	4	5	6		NO HELP Yes: Non H.S. <u>1-2-3-4-5-6-7-8</u> Yes: <u>WHO CHAIR</u> H.S. <u>1-2-3-4-5-6-7-8</u>	1	2	3	4	5	1	2	<u>MORE CHAIRS</u>
c) Climb stairs/steps <u>STAIRS</u>	1	2	3	4	5	6		NO HELP Yes: Non H.S. <u>1-2-3-4-5-6-7-8</u> Yes: <u>WHO STAIRS</u> H.S. <u>1-2-3-4-5-6-7-8</u>	1	2	3	4	5	1	2	<u>MORE STAIRS</u>
d) Use toilet/commode SPECIFY <u>WCB</u>	1	2	3	4	5	6		NO HELP Yes: Non H.S. <u>1-2-3-4-5-6-7-8</u> Yes: <u>WHO WCB</u> H.S. <u>1-2-3-4-5-6-7-8</u>	1	2	3	4	5	1	2	<u>MORE WCB</u>
e) Wash self (inc. shaving:men) SPECIFY <u>WASH</u>	1	2	3	4	5	6		NO HELP Yes: Non H.S. <u>1-2-3-4-5-6-7-8</u> Yes: <u>WHO WASH</u> H.S. <u>1-2-3-4-5-6-7-8</u>	1	2	3	4	5	1	2	<u>MORE WASH</u>
f) Bath self <u>BATHS</u>	1	2	3	4	5	6		NO HELP Yes: Non H.S. <u>1-2-3-4-5-6-7-8</u> Yes: <u>WHO BATHS</u> H.S. <u>1-2-3-4-5-6-7-8</u>	1	2	3	4	5	1	2	<u>MORE BATHS</u>
g) Get in/out of bath <u>IN BATHS</u>	1	2	3	4	5	6		NO HELP Yes: Non H.S. <u>1-2-3-4-5-6-7-8</u> Yes: <u>WHO IN BATHS</u> H.S. <u>1-2-3-4-5-6-7-8</u>	1	2	3	4	5	1	2	<u>MORE IN BATHS</u>
h) Dress self <u>DRESS</u>	1	2	3	4	5	6		NO HELP Yes: Non H.S. <u>1-2-3-4-5-6-7-8</u> Yes: <u>WHO DRESS</u> H.S. <u>1-2-3-4-5-6-7-8</u>	1	2	3	4	5	1	2	<u>MORE DRESS</u>

(BOXES 5-12, CARD 17)

(BOXES 31-38, CARD 17)

(BOXES 5-12, CARD 18)

(BOXES 31-38, CARD 18)

A

B

C

D

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)
light	moderate		
severe			

[illegible]

i) Brush/comb hair <u>HAIR</u>	4	1	2	3	4	5	6	0 1 2 3 4 5 6 7 1-2-3-4-5-6-7-8 <u>WHO HAIRS</u>	1	2	3	4	5	1	2	<u>MORE HAIRS</u>
j) Wash hair <u>WASH HAIR</u>	4	1	2	3	4	5	6	1-2-3-4-5-6-7-8 <u>WHO HAIRS</u>	1	2	3	4	5	1	2	<u>MORE HAIRS</u>
k) Cut toe nails <u>TOENAILS</u>	4	1	2	3	4	5	6	1-2-3-4-5-6-7-8 <u>WHO TOES</u>	1	2	3	4	5	1	2	<u>MORE TOES</u>
l) Manage teeth/Dentures <u>TEETH</u>	4	1	2	3	4	5	6	1-2-3-4-5-6-7-8 <u>WHO TEETH</u>	1	2	3	4	5	1	2	<u>MORE TEETH</u>
m) Eat/cut up food <u>SPECIFY FOODS</u>	4	1	2	3	4	5	6	1-2-3-4-5-6-7-8 <u>WHO FOODS</u>	1	2	3	4	5	1	2	<u>MORE FOODS</u>
n) Prepare/cook meal <u>COOKS</u>	4	1	2	3	4	5	6	1-2-3-4-5-6-7-8 <u>WHO COOKS</u>	1	2	3	4	5	1	2	<u>MORE COOKS</u>
o) Housework <u>HOUSEWORK</u>	4	1	2	3	4	5	6	1-2-3-4-5-6-7-8 <u>WHO HOUSE</u>	1	2	3	4	5	1	2	<u>MORE HOUSE</u>
p) Laundry (eg towels, sheets-probe soiled laundry) <u>LAUNDRY</u>	4	1	2	3	4	5	6	1-2-3-4-5-6-7-8 <u>WHO LAUNDRY</u>	1	2	3	4	5	1	2	<u>MORE LAUNDRY</u>
q) Shopping <u>SHOP</u>	4	1	2	3	4	5	6	1-2-3-4-5-6-7-8 <u>WHO SHOP</u>	1	2	3	4	5	1	2	<u>MORE SHOP</u>

(Boxes 13-21, card 17)

(Boxes 39-47,
CAED 17)

Box 13-21,
Case 18)

39-47
CAED 181

ADL CODING

SERIAL No.

--	--	--	--

(A)
ADL

ⓑ
HELP

SERIAL NO.

A horizontal number line with four empty square boxes. To the right of the boxes, the number 4 is written.

©
HOW OFTEN

①
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

[illegible][illegible][illegible]

5-30

31-56

5-30

31-56

(57-75 BIANK)

1	7
---	---

79 80
CARDP

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 7
DNA 8
ANYONE - NO PREFERENCE, BUT "FREE" 0

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=MEALS ON WHEELS
02=HOME IMPROVEMENT 09=WINDOW CLEANER 17=CARPENTER 18=CARPER
03=HOMEHELP 10=OCCUPATIONAL THERAPY 19=AWARM 20=SHOWDE/BATH
04=VISUAL AID 11=TRANSPORT 21=PHYSIOTHERAPY 22=COMMUNE
05=DISTRICT NURSE 12=TELEPHONE 23=CARPER RELIEF 24=PAID
06=WASHER 13=OCCUPATIONAL THERAPY AIDS 25=HOLIDAY 26=HEALTH
07=HEALTH CHECK 14=SOCIAL SERVICES/WORKER 27=OTHER 28=LAUNDRY HELP
29=MOVE
30=WHEELCHAIR

58 INDEPENDEN

59 INDEPENDEN

60 INDEPENDEN

61 INDEPENDEN

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

Yes 1

No 2

62 DRUGS

63 DRUGS

64 DRUGS

65 DRUGS

66 DRUGS

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

67

68

69

70

71

72

73

74

75

76

77

78

CARD NO.

18

79 80

CARD

- 1=MINOR
2=MAJOR
3=ANTI DEPRESSANT
4=OTHER
5=OTHER NERVOUS SYSTEM eg. ANALGESICS
6=GASTROINTESTINAL
7=CARDIOVASCULAR/DIURETIC
8=RESPIRATORY/ALLERGY
9=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=6 MTHS < 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

SERIAL NO.

		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 GP

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

GP YEARS

14

* ADDITIONAL CODES

Q980 = HEART VALVE REPLACED
 Q981 = FOOT OPERATION
 Q982 = PROSTATE OPERATION
 Q983 = PNEUMONIA + PACEMAKER
 Q984 = CATARACT + ENTERITIS
 Q9890 = HIP REPLACEMENT
 Q991 = EYE OPERATION
 Q992 = CAR ACCIDENT

Q993 = BLADDER TROUBLE
 Q994 = LUMP IN NECK/HEAD
 Q995 = FRACTURE THIGH + SICKNESS
 Q996 = PROSTATE + REVISION OF HIP
 Q997 = PACEMAKER / HEART
 Q998 = ANGIOGRAM / VASCULAR SURGERY
 Q999 = FINGER OPERATION
 Q998 = M. I. + FRACTURED ANKLE
 Q997 = NOSE BLEEDS + HYPERTENSION

Q896 = STOMACH PAINS
 Q895 = LIVER CANCER + FITS + FALL
 Q894 = CHEST VIRUS
 Q893 = FALL
 Q892 = ULCERATED LEG OPERATION
 Q891 = TESTS: LEG
 Q890 = WEAK HEART.

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: 1) days

11) 23 days
 81) 23 days
 111) 60 days

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 - C

01 = HAMMERTOE /
 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 = ARM
 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.MTHS	
Health visitor						= (7) 3 MTHS HVS	43
District/other home nurse						DNS	44
Meals on wheels						MEALS	45
Home help						HHS	46
Chiropodist						CHIROPS	47
Incont. laundry						INCOB	48
Social worker						SWB	49
carer relief/ attendant schemes						CBS	50
Occupational therapist						OTB	51
Physiotherapist						PHYSIOB	52
Optician						OPTICB	53
Dentist						DENTISTB	54
Voluntary visitor						VOLVIS	55
Other specify						OTHRPROB	56
Other specify						OTHRPROB	57

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

	Yes	No
Health visitor.....	1	2
District/other home nurse.....	1	2
Bathing service.....	1	2
Meals on wheels.....	1	2
Home help.....	1	2
Chiropodist.....	1	2
Incontinence laundry.....	1	2
Social worker.....	1	2
Carer relief/attendant schemes.....	1	2
Occupational therapist.....	1	2
Physiotherapist.....	1	2
Optician.....	1	2
Dentist.....	1	2
Voluntary visitor.....	1	2
Other:.....	1	2
SPECIFY:	1	8

58 LIKEHVB

59 LIKEONB

60 LIKEBSB

61 LIKE MEAB

62 LIKEHAB

63 LIKECHAB

64 LIKEINCB

65 LIKE SWB

66 LIKECRB

67 LIKEOTB

68 LIKEPHYB

69 LIKEOPTB

70 LIKEONB

71 EXTRAVV

72 EXTRAPRA

73 EXTRAARE

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 = SHOPPING

02 = PENSION

03 = ANYTHING

04 = DRESS + SHOP

05 = BENDING

06 = BED PAN + FOOD

07 = HOUSEHOLD TASKS

08 = EVERYTHING

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

0 = OCCASIONALLY / AS REQUIRED

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

DAUSA

DAUSB

YOU CAREER

74

475 HELPHWCA

476 HELPHWHO B

(77-78 BSWK) CARD NO.

19 CARDS

79 80

SERIAL NO.

1-2

3-4

5-6 HELPAACA

HELPAACB

78

9-10

11-12

13-14

15-16

01 = EMERGENCY

10 = TOILET + BED + SHOP

11 = MEALS

12 = PHYSICAL CARE

13 = 12 + 01

14 = CUT UP FOOD

15 = SHOP + COOK

16 = EMOTIONAL SUPPORT

17 = HOUSEWORK + SHOP

18 = BANKING

19 = ODD JOBS

20 = OUTSIDE

21 = VISUAL THINGS

22 = GARDEN

23 = NEWSPAPER

24 = COOK + LAUNDRY

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

00=EVERYTHING

01=NOTHING

02=HEALTH + MOBILITY (OWN)

03=HEALTH + MOBILITY (OTHERS)

04=FAULS

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

B19WOLBA

☐ ☐ 17-18

B19WOLBB

☐ ☐ 19-20

← (UP TO TWO WORRIES)

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

HUSBEDB

☐ 24

CODES: - * 0 = OTHER / UNEMPLOYED

1 = I

2 = II

3 = NON MANUAL III (N.M.)

4 = MANUAL III (M.)

5 = IV

6 = V

7 = ARMED FORCES

8 = HOUSEWIFE

USING REGISTRAR
GENERALS'
CLASSIFICATION
OF OCCUPATIONS

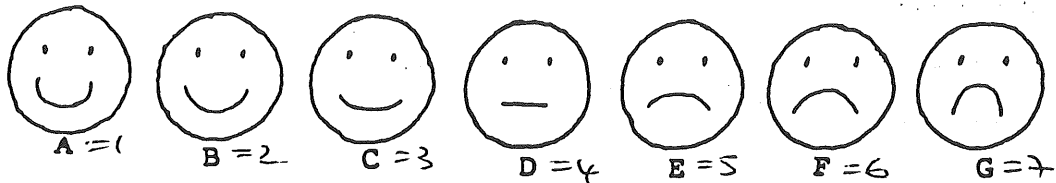
SOCCLCLSS

☐ 25

44.

"FACES" QUESTIONS

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



- Which face comes closest to expressing how you feel about your life as a whole now?
_____ write letter on line
- Which face comes closest to expressing how you feel about living here (your accommodation)?

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

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

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

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

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

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

FACEBA

26

FACEBB

27

FACEBC

28

FACEBD

29

FACEBE

30

FACEBF

31

FACEBG

32

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

CAREER

54

PERMISS

55

47. FINALLY:

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

INDIVIDUALS (INCOMEA)
(BOX 56-57)

<£30.....	01
£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 (INCOMEB)
(BOX 58-59)

< £50.....	01
£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

INCOMEA

56-57

INCOMEB

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

CONSCDEC

CONSCORD

60

61

62

63

TOTAL OF CONSCORA - D = TOTALCON

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

29. NUMBER OF CHANGED RELATIONSHIPS
(ENTER NUMBER)
(Q28f)

30. NETWORK ADDITIONAL Qs (24)c)

(YES=1)
(NO=2)

d)

e)

f)

g)

h)

ALLCHINGS

☐ 38

☐ 39 NETQA

☐ 40 NETQB

☐ 41 NETQC

☐ 42 NETQD

☐ 43 NETQE

☐ 44 NETQF

ALLCLUBS

☐ ☐ 45-46

☐ 47 HELPBDB

☐ 48 HELPCHAB

☐ 49 HELPSTAB

☐ 50 HELPWCB

☐ 51 HELPWAB

☐ 52 HELPBATB

☐ 53 HELPINB

☐ 54 HELPDREB

☐ 55 HELPHAB

☐ 56 HELPWHB

☐ 57 HELPTOEB

☐ 58 HELPTREB

☐ 59 HELPTOEB

☐ 60 HELPCOAB

☐ 61 HELPHOAB

☐ 62 HELPLAAB

☐ 63 HELPSHAB

☐ 64 HELPMOAB

☐ 65 HELPGIAB

31. NUMBER OF CLUBS
(ENTER NUMBER)
(Q27a)

32. HAS HELP WITH :-
(Q.31B)
(YES=1, NO=2)

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)

33. NUMBER OF TASKS HELPED WITH:
(ENTER NUMBER, Q31 (3))

34. NUMBER OF NEEDS/SERVICES (Q.33):
(ENTER NUMBER, Q33)

35. NUMBER OF DRUGS (TOTAL):
(ENTER NUMBER, Q34.b)

36. NUMBER OF MINOR TRANP.
(ENTER NUMBER Q34.b)

MAJOR TRANP.

ANTI DEPRESSANTS

OTHER PSYCHOTROP.

OTHER NERVOUS SYST.

GASTROINTESTINAL

CARDIOVASCULAR

RESPIRATORY/ALLERGIC

RHEUMATISM

ANTIBIOTICS/MICROBIALS

ENDOCRINE

NUTRITION/BLOOD

SKIN/EYES/MUC.MEMB.

OTHER

UNKNOWN PREP.

☐ 66 HELPGEOR
☐ 67 HELPBUSB
☐ 68 HELPODDB
☐ 69 HELPFORB
☐ 70 HELPBA
☐ 71 HELPBB
☐ 72 HELPBC

ALLHELPS

☐ 73-74

ALLNEEDS

☐ 75

NODRUGSB

☐ 76-77

(78 BLANK)

CARDY
CARD NO. SERIAL NO.

2	5				
79	80	1	2	3	4

☐ 5 MINTRANP
☐ 6 MAJTRANP
☐ 7 ANTIDEP
☐ 8 OTHPSYCH
☐ 9 OTHERCNS
☐ 10 GASTRO
☐ 11 CARDIO
☐ 12 RESPALL
☐ 13 RHEUMAT
☐ 14 ANTIBIOT
☐ 15 ENDOCRIN
☐ 16 NUTRITON
☐ 17 MUCMEMB
☐ 18 OTHRDRUG
☐ 19 UNKNOWN

TOTAL

--	--

GG-67 HAD TOTAL

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

63	68
----	----

Please comment:

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

No	1
Yes: mentally confused	2
language difficulties	3
deaf	4
blind	5
speech impediment	6
(e.g. stroke)	
frail	7
other	8

SPECIFY: _____

RESPONSE A	UP TO TWO DIFFICULTIES	RESPONSE B
64	65	69
66	70	

3. Did the respondent appear mentally confused at all?

Severely confused	1
Moderately	2
Mildly	3
Not at all	4

MENTALS

66	71
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4. Do you think the respondent is in need of help?

Yes: Specify	1
No	2

NEEDS

67	72
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Please comment:

- 01 = CHIROPODY
02 = HOME NURSE
03 = HOUSING
04 = CAREER RELIEF
05 = HOME HELP
06 = GENERAL AID
07 = COMPANY
08 = TO GO OUT
09 = DOCTOR
0 = OPTICIAN
11 = OCCUPATIONAL THERAPY
12 = SOCIAL WORKER

- 13 = ALARM
14 = ODD JOB
15 = TELEPHONE
16 = SOCIAL SERVICES
17 = WINDOW CLEANER
18 = PHYSIOTHERAPY
19 = HEALTH VISITOR
20 = OTHER

UP TO TWO NEEDS	SERVICE A	73-74
	SERVICE B	75-76

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?

☒ 77
77

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

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:-

(BLANK 78)

INTERVIEWER: _____

CARD NO.

2 6

77 80

CARD Z