

Participant's Contact Details							
Participant ID	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
Participant's first name							
Participant's surname							
Property name or number							
Road Name							
Town/City							
County							
Post code							
Mobile phone number							
Home phone number							
Email address							
<i>Note: To be stored separately from research data. Do not archive.</i>							

PRIDE Feasibility RCT

eCRF Workbook

Participants

Participant Initials:

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Participant ID:

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Sponsor:

University of Nottingham

CRF Version:

Final v1.0 – 20 November 2018

Participant ID:

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Participant Initials:

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Enrolment

Date of Birth
(dd-mmm-yyyy)

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Gender

male ☐

female ☐

Date of consent
(dd-mmm-yyyy)

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Currently taking one or more
medication(s) for dementia?

Yes ☐

No ☐

Note: Medications for dementia include any of the following –

- Donepezil Hydrochloride (Aricept)
- Rivastigmine (Exelon)
- Memantine Hydrochloride (Ebixa)
- Galantamine (Reminyl)

Participant visit completion – Visit 1: Screening & Baseline

Date completed

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Number of times the
researcher visited the
participant to complete this
protocol scheduled visit

1 ☐

2 ☐

3 ☐

4 or more ☐

Total time spent with
participant (minutes)

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Participant ID:

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Participant Initials:

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Baseline demographics

Ethnicity	White ☐ Black ☐ Asian ☐ Mixed ☐ Not given ☐ Other ☐
If other, specify	
Highest education attended	Primary ☐ Secondary ☐ Higher ☐
Living arrangements	Lives alone ☐ Lives with others ☐
Marital status	Single / widowed / divorced / separated ☐ Married / with partner ☐
Type of dementia	Alzheimer's Type ☐ Vascular ☐ Lewy Body ☐ Mixed ☐ Unknown ☐ Other* ☐
*Specify	
Does the participant have access to a computer / internet access for use of the web-manual?	Yes ☐ No ☐

Participant ID:

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Participant Initials:

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Post-Consent Screening Assessment: Clinical Dementia Rating (CDR) Scale

Domain	CDR 0	CDR 0.5	CDR 1	CDR 2	CDR 3
Memory	☐	☐	☐	☐	☐
Orientation	☐	☐	☐	☐	☐
Judgement and Problem Solving	☐	☐	☐	☐	☐
Community Affairs	☐	☐	☐	☐	☐
Home and Hobbies	☐	☐	☐	☐	☐
Personal Care	☐	☐	☐	☐	☐
Total CDR score	0	☐	<i>Participant is <u>not</u> eligible for randomisation</i>		
	0.5	☐	<i>Participant is eligible for randomisation</i>		
	1	☐			
	2	☐	<i>Participant is not eligible for randomisation</i>		
	3	☐			

Participant ID:

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Participant Initials:

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Participant Inclusion Criteria

<i>To be eligible for this trial all the inclusion criteria must be answered Yes</i>	No	Yes
1. Resident within the catchment area of one of the participating NHS sites	☐	☐
2. Aged 18 or over; there is no upper age limit	☐	☐
3. Meet the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) criteria for dementia of any type, including Alzheimer's, vascular, Lewy body type and mixed	☐	☐
4. Able to engage with and participate in the intervention in the judgement of the investigator or designee	☐	☐
5. Able to provide informed consent in the judgement of the investigator or designee	☐	☐
6. Able to read and communicate verbally in English.	☐	☐
7. Mild dementia, defined as a score of 0.5 or 1 on the Clinical Dementia Rating Scale	☐	☐

Participant Exclusion Criteria

<i>To be eligible for this trial all the exclusion criteria must be answered No</i>	No	Yes
1. Living in institutional care	☐	☐

Recruitment status

Participant randomised into the trial?	Yes ☐ No ☐
If No, primary reason for not randomising	withdrawal of consent ☐ inclusion/exclusion criteria not met ☐ Other* ☐
*Please specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion: Visit 1 - Baseline

IADL completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
EQ-5D-5L completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
DEMQOL completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion: Visit 1 – Baseline (continued)

GDS completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
Standardised mini mental state examination completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
CASP-19 completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion: Visit 1 – Baseline (continued)

Impact on Participation and Autonomy completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
PPOM completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
Social engagement measure completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Participant Initials:

Participant assessment & questionnaire completion: Visit 1 – Baseline (continued)

Client Service Receipt Inventory
completed

Yes ☐

No ☐

If no, reason

participant refused ☐

researcher error/forgot ☐

insufficient time ☐

Other (specify) ☐

If other, specify

Sign-off statement: Visit 1

Completed by the researcher conducting the study visit and procedures.

To the best of my knowledge, I confirm that I have made every reasonable effort to ensure that ALL of the data in this Case Record Form is a true, accurate and complete report.

Name

Signature

Date _____

Participant ID:

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Participant Initials:

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Visit 2: 3 Month Follow-Up

Participant visit completion											
Has the visit been completed?	Yes ☐ No ☐										
Reason not completed	unable to contact ☐ declined (not withdrawn) ☐ participant lacks capacity ☐ withdrew consent ☐ death ☐ other ☐										
If other, specify											
Date completed	<table border="1"> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Number of times the researcher visited the participant to complete this protocol scheduled visit	1 ☐ 2 ☐ 3 ☐ 4 or more ☐										
Total time spent with participant (minutes)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>										
In the judgement of the researcher (informal assessment), did the participant have capacity to provide ongoing valid informed consent?	Yes ☐ No ☐ Not sure ☐										
If no or not sure, has a formal assessment of capacity been undertaken?	Yes ☐ No ☐										
What was the result of the formal capacity assessment?	Participant lacks capacity ☐ Capacity demonstrated ☐										

Participant ID:

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Participant Initials:

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Has the researcher been unblinded?	Yes, prior to the visit ☐ Yes, during the visit ☐ No ☐
How was the researcher unblinded?	by participant ☐ by supporter ☐ intervention manual seen ☐ by member of research team ☐ other ☐
If other, specify	
Has there been a change in the participant's main supporter?	Yes, person supporting has changed** ☐ Yes, supporter no longer involved** ☐ No change ☐
** INSTRUCTION: if participant has a change of supporter please update Supporter Contact Details in the enrolment and randomisation system and complete Supporter Registration Log	
Reason for change	Supporter withdrawal of consent ☐ Supporter died ☐ Participant decision ☐ Other ☐
If other, specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion – Visit 2: 3 Month Follow-Up

IADL completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
EQ-5D-5L completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
DEMQOL completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion – Visit 2: 3 Month Follow-Up (continued)

GDS completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
Standardised mini mental state examination completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
CASP-19 completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion – Visit 2: 3 Month Follow-Up (continued)

Impact on Participation and Autonomy completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
PPOM completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
Social engagement measured/checklist completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion – Visit 2: 3 Month Follow-Up (continued)

Global change measure completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
Client Service Receipt Inventory completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Sign-off statement: Visit 2

Completed by the researcher conducting the study visit and procedures.

To the best of my knowledge, I confirm that I have made every reasonable effort to ensure that ALL of the data in this Case Record Form is a true, accurate and complete report.

Name											
Signature											
Date	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

Participant ID:

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Participant Initials:

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Visit 3: 6 Month Follow-Up

Participant visit completion											
Has the visit been completed?	Yes ☐ No ☐										
Reason not completed	unable to contact ☐ declined (not withdrawn) ☐ participant lacks capacity ☐ withdrew consent ☐ death ☐ other ☐										
If other, specify											
Date completed	<table border="1"> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Number of times the researcher visited the participant to complete this protocol scheduled visit	1 ☐ 2 ☐ 3 ☐ 4 or more ☐										
Total time spent with participant (minutes)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>										
In the judgement of the researcher (informal assessment), did the participant have capacity to provide ongoing valid informed consent?	Yes ☐ No ☐ Not sure ☐										
If no or not sure, has a formal assessment of capacity been undertaken?	Yes ☐ No ☐										
What was the result of the formal capacity assessment?	Participant lacks capacity ☐ Capacity demonstrated ☐										

Participant ID:

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Participant Initials:

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Has the researcher been unblinded?	Yes, prior to the visit ☐ Yes, during the visit ☐ No ☐
How was the researcher unblinded?	by participant ☐ by supporter ☐ intervention manual seen ☐ by member of research team ☐ other ☐
If other, specify	
Has there been a change in the participant's main supporter?	Yes, person supporting has changed** ☐ Yes, supporter no longer involved** ☐ No change ☐
** INSTRUCTION: if participant has a change of supporter please update Supporter Contact Details in the enrolment and randomisation system and complete Supporter Registration Log	
Reason for change	Supporter withdrawal of consent ☐ Supporter died ☐ Participant decision ☐ Other ☐
Specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion – Visit 3: 6 Month Follow-Up

IADL completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
EQ-5D-5L completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
DEMQOL completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion – Visit 3: 6 Month Follow-Up (continued)

GDS completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
Standardised mini mental state examination completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
CASP-19 completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion – Visit 3: 6 Month Follow-Up (continued)

Impact on Participation and Autonomy completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
PPOM completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
Social engagement measured/checklist completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Participant ID:

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Participant Initials:

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Participant assessment & questionnaire completion – Visit 3: 6 Month Follow-Up (continued)

Global change measure completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	
Client Service Receipt Inventory completed	Yes ☐ No ☐
If no, reason	participant refused ☐ researcher error/forgot ☐ insufficient time ☐ Other (specify) ☐
If other, specify	

Sign-off statement: Visit 3

Completed by the researcher conducting the study visit and procedures.

To the best of my knowledge, I confirm that I have made every reasonable effort to ensure that ALL of the data in this Case Record Form is a true, accurate and complete report.

Name											
Signature											
Date	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										

Participant Questionnaires

Visit:	Visit Date:
1. Baseline ☐	- -
2. 3 Month Follow-Up ☐	
3. 6 Month Follow-Up ☐	

Participant ID:

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Participant Initials:

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Lawton IADL Scale

Ability to Use Telephone	Operates telephone on own initiative; looks up and dials numbers ☐ Dials a few well-known numbers ☐ Answers telephone, but does not dial ☐ Does not use telephone at all ☐
Shopping	Takes care of all shopping needs independently ☐ Shops independently for small purchases ☐ Needs to be accompanied on any shopping trip ☐ Completely unable to shop ☐
Food Preparation	Plans, prepares, and serves adequate meals independently ☐ Prepares adequate meals if supplied with ingredients ☐ Heats and serves prepared meals or prepares meals but does not maintain adequate diet ☐ Needs to have meals prepared and served ☐
Housekeeping	Maintains house alone with occasion assistance (heavy work) ☐ Performs light daily tasks such as dishwashing, bed making ☐ Performs light daily tasks, but cannot maintain acceptable level of cleanliness ☐ Needs help with all home maintenance tasks ☐ Does not participate in any housekeeping tasks ☐
Laundry	Does personal laundry completely ☐ Launders small items, rinses socks, stockings, etc ☐ All laundry must be done by others ☐
Mode of Transportation	Travels independently on public transportation or drives own car ☐ Arranges own travel via taxi, but does not otherwise use public transportation ☐ Travels on public transportation when assisted or accompanied by another ☐ Travel limited to taxi or automobile with assistance of another ☐ Does not travel at all ☐
Responsibility for Own Medications	Is responsible for taking medication in correct dosages at correct time ☐ Takes responsibility if medication is prepared in advance in separate dosages ☐ Is not capable of dispensing own medication ☐
Ability to Handle Finances	Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to bank); collects and keeps track of income ☐ Manages day-to-day purchases, but needs help with banking, major purchases, etc ☐ Incapable of handling money ☐

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Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

SELF-CARE

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

PAIN / DISCOMFORT

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

ANXIETY / DEPRESSION

- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

Participant ID:

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Participant Initials:

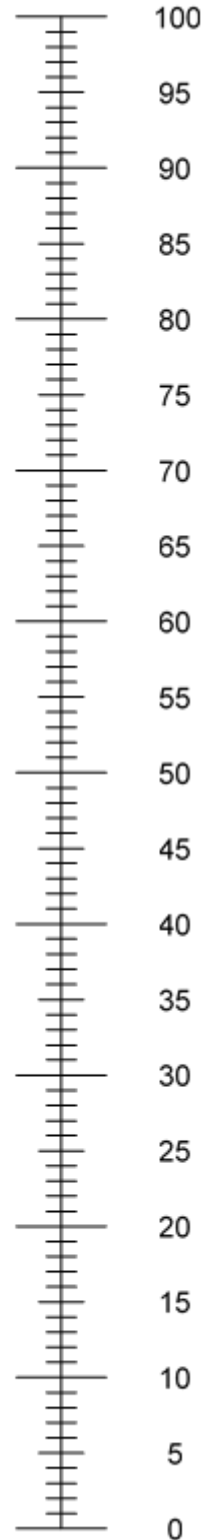
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- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

--

The best health
you can imagine



The worst health
you can imagine

Participant ID:

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Participant Initials:

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EQ-5D-5L: Relevance

The questions in this section
asked about things that are
relevant to me

Strongly agree ☐

Agree ☐

Neither agree nor disagree ☐

Disagree ☐

Strongly disagree ☐

Participant ID:

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Participant Initials:

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DEMQOL

For all of the questions I'm going to ask you, I want you to think about the last week.

First I'm going to ask about your feelings. In the last week, have you felt.....

1. cheerful?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
2. worried or anxious?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
3. that you are enjoying life?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
4. frustrated?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
5. confident?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
6. full of energy?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
7. sad?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
8. lonely?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
9. distressed?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐

Participant ID:

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Participant Initials:

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10. lively?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
11. irritable?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
12. fed-up?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
13. that there are things that you wanted to do but couldn't?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐

Next, I'm going to ask you about your memory. In the last week, how worried have you been about.....

14. forgetting things that happened recently?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
15. forgetting who people are?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
16. forgetting what day it is?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
17. your thoughts being muddled?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐
18. difficulty making decisions?	A lot ☐ Quite a bit ☐ A little ☐ Not at all ☐

Participant ID:

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Participant Initials:

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19. poor concentration?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

Now, I'm going to ask you about your everyday life. In the last week, how worried have you been about.....

20. not having enough company?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

21. how you get on with people close to you?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

22. getting the affection that you want?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

23. people not listening to you?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

24. making yourself understood?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

25. getting help when you need it?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

26. getting to the toilet in time?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

27. how you feel in yourself?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

Participant ID:

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Participant Initials:

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28. your health overall?

- A lot ☐
 Quite a bit ☐
 A little ☐
 Not at all ☐

We've already talked about lots of things: your feelings, memory and everyday life. Thinking about all of these things in the last week, how would you rate.....

29. your quality of life overall?

- Very good ☐
 Good ☐
 Fair ☐
 Poor ☐

DEMQOL: Relevance

The questions in this section
asked about things that are
relevant to me

- Strongly agree ☐
 Agree ☐
 Neither agree nor disagree ☐
 Disagree ☐
 Strongly disagree ☐

Participant ID:

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Participant Initials:

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GDS

1. Are you basically satisfied with your life?	Yes ☐	No ☐
2. Have you dropped many of your activities and interests?	Yes ☐	No ☐
3. Do you feel that your life is empty?	Yes ☐	No ☐
4. Do you often get bored?	Yes ☐	No ☐
5. Are you in good spirits most of the time?	Yes ☐	No ☐
6. Are you afraid that something bad is going to happen to you?	Yes ☐	No ☐
7. Do you feel happy most of the time?	Yes ☐	No ☐
8. Do you often feel helpless?	Yes ☐	No ☐
9. Do you prefer to stay at home, rather than going out and doing new things?	Yes ☐	No ☐
10. Do you feel you have more problems with memory than most?	Yes ☐	No ☐
11. Do you think it is wonderful to be alive now?	Yes ☐	No ☐
12. Do you feel pretty worthless the way you are now?	Yes ☐	No ☐
13. Do you feel full of energy?	Yes ☐	No ☐
14. Do you feel that your situation is hopeless?	Yes ☐	No ☐
15. Do you think that most people are better off than you are?	Yes ☐	No ☐

GDS: Relevance

The questions in this section asked about things that are relevant to me	Strongly agree ☐
	Agree ☐
	Neither agree nor disagree ☐
	Disagree ☐
	Strongly disagree ☐

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Standardised Mini Mental State Examination

Say: I am going to ask you some questions and give you some problems to solve. Please try to answer as best you can.

1. Allow ten seconds for each reply.	Response	Score
a) What year is this? (accept exact answer only)		___ /1
b) What season is this? (during the last week of the old season or first week of a new season, accept either)		___ /1
c) What month is this? (on the first day of a new month or the last day of the previous month, accept either)		___ /1
d) What is today's date? (accept previous or next date)		___ /1
e) What day of the week is this? (accept exact answer only)		___ /1
2. Allow ten seconds for each reply.		
a) What country are we in? (accept exact answer only)		___ /1
b) What county are we in? (accept exact answer only)		___ /1
c) What city/town are we in? (accept exact answer only)		___ /1
d) <At home> What is the street address of this house? (accept street name and house number or equivalent in rural areas) OR <In facility> What is the name of this building? (accept exact name of institution only)		___ /1
e) What room are we in? (accept exact answer only)		___ /1
3. Say: I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes (say slowly at approximately one-second intervals) Ball Car Man For repeated use: Bell, jar, fan; bill, tar, can; bull, bar, pan Say: Please repeat the three items for me		
a) Score one point for each correct reply on the <u>first</u> attempt		___ /3
Allow 20 seconds for reply; if the person did not repeat all three, repeat until they are learned or up to a maximum of five times (but only score first attempt)		
4. Say: Spell the word WORLD (you may help the person to spell the word correctly). Say: Now spell it backwards please (allow 30 seconds; if the person cannot spell world even with assistance, score zero).		
a) Allow 1 point for each correctly positioned letter (refer to scoring instructions)		___ /5

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5. Say: Now what were the three objects I asked you to remember?		
a) Score one point for each correct answer regardless of order; allow ten seconds		___ /1
6. Show wristwatch. Ask: What is this called?		
a) Score one point for correct response; accept 'wristwatch' or 'watch'; do not accept 'clock' or 'time', etc.; allow ten seconds.		___ /1
7. Show pencil. Ask: What is this called?		
a) Score one point for correct response; accept 'pencil' only; score zero for pen; allow ten seconds for reply.		___ /1
8. Say: I would like you to repeat a phrase after me: No ifs, ands, or buts (Allow ten seconds for response.)		
a) Score one point for a correct repetition. (Must be exact, e.g. no ifs or buts, score zero)		___ /1
9. Say: Read the words on this page and then do what it says Then, hand the person the sheet with CLOSE YOUR EYES on it. If the subject just reads and does not close eyes, you may repeat: Read the words on this page and then do what it says, a maximum of three times. Allow ten seconds.		
a) Score one point only if the person closes their eyes. The person does not have to read aloud.		___ /1
10. Hand the person a pencil and paper. Say: Write any complete sentence on that piece of paper. Allow 30 seconds.		
a) Score one point. The sentence must make sense. Ignore spelling errors.		___ /1
11. Place design (intersecting polygons - paper attached), pencil, eraser, and paper in front of the person. Say: Copy this design please. Allow multiple tries. Wait until the person is finished and hands it back. Maximum time: one minute.		
a) Score one point for a correctly copied diagram. The person must have drawn a four-sided figure between two five-sided figures.		___ /1
12. Ask the person if he is right or left handed. Take a piece of paper, hold it up in front of the person and say the following: Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the floor.		
a) Takes paper in correct hand		___ /1
b) Folds it in half		___ /1
c) Puts it on the floor		___ /1
TOTAL TEST SCORE: Sum of correct responses		___ /30
ADJUSTED SCORE: (Refer to scoring instructions)		

Participant ID:

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Participant Initials:

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CASP-19

My age prevents me from doing the things I would like to	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I feel that what happens to me is out of my control	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I feel free to plan for the future	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I feel left out of things	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I can do the things that I want to do	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
Family responsibilities prevent me from doing what I want to do	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I feel that I can please myself what I do	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
My health stops me from doing things I want to do	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
Shortage of money stops me from doing the things I want to do	Often ☐ Sometimes ☐ Not Often ☐ Never ☐

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I look forward to each day	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I feel that my life has meaning	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I enjoy the things that I do	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I enjoy being in the company of others	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
On balance, I look back on my life with a sense of happiness	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I feel full of energy these days	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I choose to do things that I have never done before	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I feel satisfied with the way my life has turned out	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I feel that life is full of opportunities	Often ☐ Sometimes ☐ Not Often ☐ Never ☐
I feel that the future looks good for me	Often ☐ Sometimes ☐ Not Often ☐ Never ☐

Participant ID:

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Participant Initials:

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CASP-19: Relevance

The questions in this section
asked about things that are
relevant to me

Strongly agree ☐

Agree ☐

Neither agree nor disagree ☐

Disagree ☐

Strongly disagree ☐

Participant ID:

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Participant Initials:

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IPAQ-O Social Relationships

My chances to talk to people close to me on equal terms are good	Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor ☐
The respect I receive from people who are close to me are good	Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor ☐
My chances to talk to acquaintances on equal terms are good	Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor ☐
The respect I receive from acquaintances are good	Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor ☐
My chances to see people as often as I want are good	Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor ☐

IPAQ-O Social Relationships: Relevance

The questions in this section asked about things that are relevant to me	Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐
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Instructions

We would like to know how you have been feeling over the **past month**. Please answer the below questions by **circling one number** (0, 1, 2, 3 or 4) that most closely reflects how you have felt for each question. Please answer all the questions. If you are unsure, circle the number that is your best guess.

PPOM V3					
	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I have a positive outlook on life	0	1	2	3	4
I can see positive things in difficult situations	0	1	2	3	4
I can recall happy/ joyful times	0	1	2	3	4
I have inner strength	0	1	2	3	4
I can give and receive care/ love	0	1	2	3	4
I have a sense of direction in life	0	1	2	3	4
I believe that each day has potential	0	1	2	3	4
My life has value and worth	0	1	2	3	4
I am able to adapt to things	0	1	2	3	4
I am able to deal with whatever happens	0	1	2	3	4
I am able to see the humorous side	0	1	2	3	4
I can cope with stress well	0	1	2	3	4
I can bounce back	0	1	2	3	4

Participant ID:

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Participant Initials:

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I can stay focused	0	1	2	3	4
I am an emotionally strong person	0	1	2	3	4
I can handle unpleasant feelings	0	1	2	3	4

PPOM: Relevance

The questions in this section
asked about things that are
relevant to me

- Strongly agree ☐
- Agree ☐
- Neither agree nor disagree ☐
- Disagree ☐
- Strongly disagree ☐

Participant ID:

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Participant Initials:

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Social Engagement

How many times over the last 2 weeks have you met up with friends or family?
(e.g., family or friends visiting, you visiting them, attending a social club)

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How many times over the last 2 weeks have you participated in any leisure
activities? (e.g., hobbies)

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Social Engagement: Relevance

The questions in this section
asked about things that are
relevant to me

- Strongly agree ☐
- Agree ☐
- Neither agree nor disagree ☐
- Disagree ☐
- Strongly disagree ☐

Global Change

Note: Do not ask at baseline.

Compared to 3/6 [depending
on time since randomisation]
months ago when you started
in the PRIDE study, how would
you rate your general
wellbeing now?

- Much worse ☐
- A bit worse ☐
- No change ☐
- A bit better ☐
- Much better ☐

Compared to 3/6 [depending
on time since randomisation]
months ago when you started
in the PRIDE study, how
independent do you feel now?

- Much more independent ☐
- A bit more independent ☐
- No change ☐
- A bit less independent ☐
- Much less independent ☐

Global Change: Relevance

The questions in this section
asked about things that are
relevant to me

- Strongly agree ☐
- Agree ☐
- Neither agree nor disagree ☐
- Disagree ☐
- Strongly disagree ☐

Participant ID:

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Participant Initials:

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Client Service Receipt Inventory

1. How many people are there in the participant's household?	Number of adults (including participant) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Number of children under the age of 16 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>				
2. What kind of accommodation does the participant live in at the moment? (tick one box)	Council-rented housing ☐ Housing-association rented housing ☐ Private rented housing ☐ Owner-occupied housing ☐ Other housing ☐				
Please describe other housing					
3. Is the participant's accommodation "sheltered" housing (has a warden or scheme manager on-site)?	Yes ☐ No ☐				
4. Has the participant lived anywhere else during the last 3 months? (excluding hospital stays)	Yes ☐ No ☐ <i>Go to Q5</i> ☐ <i>Go to Q6</i> ☐				

Participant ID:

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Participant Initials:

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5. What type of accommodation did the participant stay in at that time?

If participant reports a stay in a care/nursing home or other location, complete the questions in that row. For 'Participant or family contribution', ask: 'Did you or a family member pay for this accommodation?' and tick yes if the person reports having paid all or part of the costs

Accommodation		Reason for using service	Name of home	Date entered this home as permanent resident (if applicable)	Number of days	Participant or family contribution	Provider*																					
Care home	Yes ☐ No ☐			<table border="1"> <tr> <td></td><td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td><td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				-							-							<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					Yes ☐ No ☐	
			-							-																		
Nursing home	Yes ☐ No ☐			<table border="1"> <tr> <td></td><td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td><td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				-							-							<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					Yes ☐ No ☐	
			-							-																		
Other Please describe using 'Name of home' box	Yes ☐ No ☐			<table border="1"> <tr> <td></td><td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td><td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				-							-							<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					Yes ☐ No ☐	
			-							-																		

[*Note: Use the "Name of home" information to complete the Provider box, using WHO codes after the interview]

WHO codes

- 1 Local Authority/Social Services/Council
- 2 NHS
- 3 Voluntary/charitable organisation
- 4 Private company or insurance company

- 5 Self or family members
- 6 Other
- 7 Researcher unable to classify response
- 8 Not completed

Participant ID:

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Participant Initials:

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Community health and social services

6. In the last 3 months has the participant used any of the services below [SHOW CARD 1]

Note: please tick the 'no' box if participant has not used the service

Service		Number of home visits	Number of clinic or office visits	Average duration of contact (minutes)										
GP	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Practice nurse (at GP surgery)	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Community / District Nurse	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Community psychiatric / Community Mental Health Nurse	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Psychiatrist	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Social worker or care manager	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Psychologist	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Physiotherapist	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

Participant ID:

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Participant Initials:

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Service		Number of home visits	Number of clinic or office visits	Average duration of contact (minutes)										
Occupational therapist	Yes ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
No ☐														
Dietician	Yes ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
No ☐														
Counsellor	Yes ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
No ☐														
Mental health team worker	Yes ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
No ☐														
Specialist nurse (e.g. Admiral Nurse, palliative care nurse, respiratory nurse)	Yes ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
No ☐														
Please describe														

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7. In the last 3 months, has the participant used any of the services below? [SHOW CARD 2]

Note: please tick the 'no' box if participant has not used the service

For 'Participant or family contribution', ask: 'Did you or a family member pay for this service?' and tick yes if the person reports having paid all or part of the costs

Service		Number of home visits	Number of clinic or office visits	Average duration of contact (minutes)	Participant or family contribution					
Home care / home help	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td></tr></table>			N/A	<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐ No ☐
Home care / home help - Additional organisation	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td></tr></table>			N/A	<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐ No ☐
Home care / home help - Additional organisation	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td></tr></table>			N/A	<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐ No ☐
Cleaner	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td></tr></table>			N/A	<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐ No ☐
Meals on wheels	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td></tr></table>			N/A	<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐ No ☐
Laundry service	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td></tr></table>			N/A	<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐ No ☐
Sitting service (e.g. Crossroads)	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td></tr></table>			N/A	<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐ No ☐
Carer's support worker	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td></tr></table>			N/A	<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐ No ☐

Participant ID:

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Participant Initials:

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Service		Number of home visits	Number of clinic or office visits	Average duration of contact (minutes)	Participant or family contribution							
Optician	Yes ☐	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐
No ☐				No ☐								
Chiropodist	Yes ☐	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐
No ☐				No ☐								
Dentist	Yes ☐	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐
No ☐				No ☐								
<i>Other health or social care services (please specify service type)</i>												
	Yes ☐	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐
No ☐				No ☐								
	Yes ☐	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td></tr></table>				Yes ☐
No ☐				No ☐								

Participant ID:

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Participant Initials:

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Day Services

8. In the last 3 months, has the participant used any of the day services below? [SHOW CARD 3]

Note: please tick the 'no' box if participant has not used the service

For 'Participant or family contribution', ask: 'Did you or a family member pay for this service?' and tick yes if the person reports having paid all or part of the costs

If the participant is now permanently resident in a care home, do not include any day services provided within that care home

Service		Number of times per week	Number of times in last 3 months	Name of service	Participant or family contribution	Provider*							
Day centre	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						Yes ☐ No ☐	
Lunch club	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						Yes ☐ No ☐	
Patient education group (e.g. reminiscence)	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						Yes ☐ No ☐	
<i>Please describe</i>													
Other health or social care day services	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						Yes ☐ No ☐	
<i>Service:</i>													
Other health or social care day services	Yes ☐ No ☐	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						Yes ☐ No ☐	
<i>Service:</i>													

Participant ID:

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Participant Initials:

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*[*Note: Use the "Name of service" information to complete the Provider box, using WHO codes, after the interview]*

WHO codes

- 1 Local Authority/Social Services/Council
- 2 NHS
- 3 Voluntary/charitable organisation
- 4 Private company or insurance company
- 5 Self or family members
- 6 Other
- 7 Researcher unable to classify response
- 8 Not completed

Direct Payments

9. Has the participant been in receipt of direct payments, individual budget or personal budget in the last 3 months?

Direct payments	Yes ☐	No ☐
Total weekly value in £		
Individual budget / Personal budget	Yes ☐	No ☐
Total weekly value in £		

Participant ID:

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Participant Initials:

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10. In the last 3 months, has the participant used any of the following hospital services?

Note: please tick the 'no' box if participant has not used the service

Service		Name of ward, clinic hospital or centre	Reason for using service (condition, specialty)	Unit of measurement	Number of days / attendances	NHS Trust code*
Accident & Emergency Department (A&E)	Yes ☐			Attendance		
	No ☐					
Inpatient ward admission 1	Yes ☐			Inpatient day		
	No ☐					
Inpatient ward admission 2	Yes ☐			Inpatient day		
	No ☐					
Inpatient ward admission 3	Yes ☐			Inpatient day		
	No ☐					
Inpatient ward admission 4	Yes ☐			Inpatient day		
	No ☐					
Inpatient ward admission 5	Yes ☐			Inpatient day		
	No ☐					

[*Note: Use 'name of hospital' information to assign NHS Trust code after the interview]

Participant ID:

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Participant Initials:

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Service		Name of ward, clinic hospital or centre	Reason for using service (condition, specialty)	Unit of measurement	Number of days / attendances	NHS Trust code*			
OPD Attendance 1	Yes ☐ No ☐			Appointment	<table><tr><td></td><td></td><td></td></tr></table>				
OPD Attendance 2	Yes ☐ No ☐			Appointment	<table><tr><td></td><td></td><td></td></tr></table>				
OPD Attendance 3	Yes ☐ No ☐			Appointment	<table><tr><td></td><td></td><td></td></tr></table>				
OPD Attendance 4	Yes ☐ No ☐			Appointment	<table><tr><td></td><td></td><td></td></tr></table>				
OPD Attendance 5	Yes ☐ No ☐			Appointment	<table><tr><td></td><td></td><td></td></tr></table>				
Day hospital Attendance 1	Yes ☐ No ☐			Day attendance	<table><tr><td></td><td></td><td></td></tr></table>				
Day hospital Attendance 2	Yes ☐ No ☐			Day attendance	<table><tr><td></td><td></td><td></td></tr></table>				

[*Note: Use 'name of hospital' information to assign NHS Trust code after the interview]

Participant ID:

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Participant Initials:

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11. In the last 3 months, has the participant had any adaptations or equipment to meet their needs? [SHOW CARD 4]

(If the participant is now permanently resident in a care home, do not include adaptations / equipment provided in the care home)

If yes, tick the box for each type of change or equipment that the participant has had and ask 'who or which organisation paid for these'.

Type of adaptation or equipment		Who / which organisation paid for this?				
		Council	NHS	Self	Voluntary / charity	Other
Outdoor railing	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Outdoor ramp	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Grab rail / Stair rail	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Walk-in shower / shower cubicle replacing bath	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Over-bath shower	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Walking stick	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Walking frame	Yes ☐	☐	☐	☐	☐	☐
	No ☐					

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Type of adaptation or equipment		Who / which organisation paid for this?				
		Council	NHS	Self	Voluntary / charity	Other
Wheelchair	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Hoist	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Kitchen trolley	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Kitchen stool	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Toilet frame / raised seat	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Commode	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Bed lever / rail	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Bath seat	Yes ☐	☐	☐	☐	☐	☐
	No ☐					
Continence pads	Yes ☐	☐	☐	☐	☐	☐
	No ☐					

Participant ID:

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Participant Initials:

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12. Any other new changes or equipment in the last 3 months

If yes, please describe the type of change or equipment that the participant has had and ask 'who or which organisation paid for these'.

(If the participant is now permanently resident in a care home, do not include adaptations / equipment provided in the care home)

Type of adaptation or equipment <i>Please describe</i>	Who / which organisation paid for this?				
	Council	NHS	Self	Voluntary / charity	Other
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Participant ID:

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Participant Initials:

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13. Has the participant taken any medications for his / her condition over the last 3 months?

Tradename	First day	Last day (or tick if ongoing)	Dose	Medication unit code ¹	Frequency code ²	Medication code*																															
DEMENTIA DRUGS	Yes ☐ No ☐																																				
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Participant ID:

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Participant Initials:

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Tradename	First day	Last day (or ongoing)	Dose	Medication unit code ¹	Frequency code ²	Medication code*																															
OTHER MENTAL HEALTH DRUGS	Yes ☐ No ☐	☐																																			
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Participant ID:

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Participant Initials:

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**Note: Use 'Tradename' information to assign medication code after the interview*

¹ Medication unit codes

- 1 mg
- 2 microgram
- 3 gram
- 4 ml
- 5 Tubs/tubes
- 6 Puffs (inhalers)
- 7 Drops
- 8 Sprays (spray)
- 9 Bottles
- 10 Packs
- 11 IU (injections)
- 99 Other – give details

² Medication frequency codes

- 1 Once daily
- 2 Twice daily
- 3 Three times daily
- 4 Four times daily
- 5 Three times a week
- 6 Twice a week
- 7 Once a week
- 8 Once every two weeks
- 9 Once every three weeks
- 10 Once every four weeks
- 11 Once every five weeks
- 88 As required / "PRN"