

## CFAS Wales Questionnaire part II

| <b><u>START THE CLOCK</u></b>   |   |
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| <p><b>This last part of the interview is about your well-being, your health and your day to day activities.</b></p> <p><b>First, how much would you agree or disagree with the following statements:</b></p> <p><b><u>LIFE SATISFACTION / WELL-BEING</u></b></p> <p>Q373.1<br/>In most ways my life is close to my ideal</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Slightly disagree<br/>4 Neither agree nor disagree<br/>5 Slightly agree<br/>6 Agree<br/>7 Strongly agree<br/>9 Not asked</p> | <p>A paper copy of these questions may be given to the person, and / or a response card provided so the person can indicate their response without the options having to be read out.</p> |
| <p>Q373.2<br/>The conditions in my life are excellent</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Slightly disagree<br/>4 Neither agree nor disagree<br/>5 Slightly agree<br/>6 Agree<br/>7 Strongly agree<br/>9 Not asked</p>  |   |
| <p>Q373.3<br/>I am satisfied with my life</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Slightly disagree<br/>4 Neither agree nor disagree<br/>5 Slightly agree<br/>6 Agree</p>   |   |

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| <p>7 Strongly agree<br/>9 Not asked</p>   |   |
| <p>Q373.4<br/>So far I have got the important things I want in life</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Slightly disagree<br/>4 Neither agree nor disagree<br/>5 Slightly agree<br/>6 Agree<br/>7 Strongly agree<br/>9 Not asked</p>      |   |
| <p>Q373.5<br/>If I could live my life over I would change almost nothing</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Slightly disagree<br/>4 Neither agree nor disagree<br/>5 Slightly agree<br/>6 Agree<br/>7 Strongly agree<br/>9 Not asked</p> |   |
| <p><u>SELF-ESTEEM</u></p> <p>Q373.6<br/>On the whole, I am satisfied with myself</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>   | <p>NOTE – RESPONSE OPTIONS CHANGE FOR REMAINING QUESTIONS</p> |
| <p>Q373.7<br/>I feel I do not have much to be proud of</p> <p>1 Strongly disagree<br/>2 Disagree</p>  |   |

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| <p>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>  |  |
| <p>Q373.8<br/>I feel that I have a number of good qualities</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p> |  |
| <p>Q373.9<br/>At times I think I am no good at all</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>          |  |
| <p>Q373.10<br/>I take a positive attitude toward myself</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>     |  |
| <p>Q373.11<br/>I wish I could have more respect for myself</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>  |  |
| <p>Q373.12</p>   |  |

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| <p>All in all, I am inclined to feel that I am a failure</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>                                 |  |
| <p>Q373.13<br/>I feel that I'm a person of worth, at least on an equal plane with others</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p> |  |
| <p>INTERPERSONAL CONTROL<br/>Q373.14<br/>I have no trouble making and keeping friends</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>    |  |
| <p>Q373.15<br/>I'm not good at guiding the course of a conversation with several others</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>  |  |
| <p>Q373.16<br/>If I need help in carrying off a plan of</p>   |  |

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| <p>mine, it's usually difficult to get others to help</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>                                |  |
| <p>Q373.17<br/>If there's someone I want to meet I can usually arrange it</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>            |  |
| <p>Q373.18<br/>I find it easy to play an important part in most group situations</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>     |  |
| <p><u>SELF-EFFICACY</u><br/>Q373.19<br/>When I make plans I follow through with them</p> <p>1 Strongly disagree<br/>2 Disagree<br/>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p> |  |
| <p>Q373.20<br/>I usually manage one way or another</p>  |  |

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| <p>1 Strongly disagree<br/> 2 Disagree<br/> 3 Undecided<br/> 4 Agree<br/> 5 Strongly agree<br/> 9 Not asked</p>   |  |
| <p>Q373.21<br/> I am able to depend on myself more than anyone else</p> <p>1 Strongly disagree<br/> 2 Disagree<br/> 3 Undecided<br/> 4 Agree<br/> 5 Strongly agree<br/> 9 Not asked</p> |  |
| <p>Q373.22<br/> I feel that I can handle many things at a time</p> <p>1 Strongly disagree<br/> 2 Disagree<br/> 3 Undecided<br/> 4 Agree<br/> 5 Strongly agree<br/> 9 Not asked</p>      |  |
| <p>Q373.23<br/> I keep interested in things</p> <p>1 Strongly disagree<br/> 2 Disagree<br/> 3 Undecided<br/> 4 Agree<br/> 5 Strongly agree<br/> 9 Not asked</p>                         |  |
| <p>Q373.24<br/> In an emergency, I'm someone people generally can rely on</p> <p>1 Strongly disagree<br/> 2 Disagree</p>  |  |

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| <p>3 Undecided<br/>4 Agree<br/>5 Strongly agree<br/>9 Not asked</p>   |   |
| <p>Q373-25 LANGUAGES SPOKEN</p> <p><b>Which languages do you speak, or have you spoken, during your life? We are interested in languages that you have used on a regular basis, for example at home, at work or at school.</b></p> <p>English Yes/No</p> <p>Q373-26 do you speak, or have you spoken Welsh? Welsh Yes/No</p> <p>Q372-27 do you speak, or have you spoken, another language (1)?</p> <p>Specify.....</p> <p>Q373-28 do you speak or have you spoken another language (2)</p> <p>Specify.....</p> | <p><i>Note to interviewer:</i><br/><i>If the participant starts talking about school French lessons or occasional Welsh classes as an adult the interviewer can say:</i></p> <p><b>We are interested in languages that you have used as a main, or second, language. We do not need to take details of foreign languages that you have learned by attending lessons or taking courses, but not used in day-to-day life.</b></p> |
| <p>Q373-29 At what age did you begin speaking Welsh?</p> <ol style="list-style-type: none"> <li>1. At 2 years old or younger</li> <li>2. At 4 years old or younger</li> <li>3. At primary school</li> <li>4. At secondary school</li> <li>5. Learned Welsh as an adult</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>   |   |
| <p>Q373-30 At what age did you begin speaking English?</p> <ol style="list-style-type: none"> <li>1. At 2 years old or younger</li> <li>2. At 4 years old or younger</li> <li>3. At primary school</li> </ol>   |   |

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| <p>4. At secondary school<br/>5. Learned English as an adult<br/>8. No answer<br/>9. Not asked</p>  |   |
| <p>Q373-31 At what age did you begin speaking [other language 1]?<br/>1. At 2 years old or younger<br/>2. At 4 years old or younger<br/>3. At primary school<br/>4. At secondary school<br/>5. Learned [other language 1] as an adult<br/>8. No answer<br/>9. Not asked</p> |   |
| <p>Q373-32 At what age did you begin speaking [other language 2]?<br/>1. At 2 years old or younger<br/>2. At 4 years old or younger<br/>3. At primary school<br/>4. At secondary school<br/>5. Learned [other language 2] as an adult<br/>8. No answer<br/>9. Not asked</p> |   |
| <p>Q373-33 How much of the time did your mother* speak Welsh to you when you were growing up?<br/>1. 100%<br/>2. 75%<br/>3. 50%<br/>4. 25%<br/>5. 0%<br/>8. No answer<br/>9. Not asked</p>  | * or other primary caregiver as a child |
| <p>Q373-34 How much of the time did your mother* speak English to you when you were growing up?<br/>1. 100%<br/>2. 75%<br/>3. 50%<br/>4. 25%<br/>5. 0%<br/>8. No answer<br/>9. Not asked</p>  | * or other primary caregiver as a child |
| <p>Q373-35 How much of the time did your mother* speak [other language 1] to you when you were growing up?<br/>1. 100%</p>  | * or other primary caregiver as a child |



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| <p>2. 75%</p> <p>3. 50%</p> <p>4. 25%</p> <p>5. 0%</p> <p>8. No answer</p> <p>9. Not asked</p>   |   |
| <p>Q373-36 How much of the time did your mother* speak [other language 2] to you when you were growing up?</p> <p>1. 100%</p> <p>2. 75%</p> <p>3. 50%</p> <p>4. 25%</p> <p>5. 0%</p> <p>8. No answer</p> <p>9. Not asked</p> | * or other primary caregiver as a child |
| <p>Q373-37 How much of the time did your father* speak Welsh to you when you were growing up?</p> <p>1. 100%</p> <p>2. 75%</p> <p>3. 50%</p> <p>4. 25%</p> <p>5. 0%</p> <p>8. No answer</p> <p>9. Not asked</p>              | * or other main caregiver as a child    |
| <p>Q373-38 How much of the time did your father* speak English to you when you were growing up?</p> <p>1. 100%</p> <p>2. 75%</p> <p>3. 50%</p> <p>4. 25%</p> <p>5. 0%</p> <p>8. No answer</p> <p>9. Not asked</p>            | * or other main caregiver as a child    |
| <p>Q373-39 How much of the time did your father* speak [other language 1] to you when you were growing up?</p> <p>1. 100%</p> <p>2. 75%</p> <p>3. 50%</p> <p>4. 25%</p> <p>5. 0%</p> <p>8. No answer</p>                     | * or other main caregiver as a child    |

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| 9. Not asked   |                                      |
| <p>Q373-40 How much of the time did your father* speak [other language 2] to you when you were growing up?</p> <p>1. 100%</p> <p>2. 75%</p> <p>3. 50%</p> <p>4. 25%</p> <p>5. 0%</p> <p>8. No answer</p> <p>9. Not asked</p>       | * or other main caregiver as a child |
| <p>Q373-41 Please state approximately what percentage of the time you speak Welsh on a daily basis:</p> <p>1. 100%</p> <p>2. 75%</p> <p>3. 50%</p> <p>4. 25%</p> <p>5. 0%</p> <p>8. No answer</p> <p>9. Not asked</p>              |                                      |
| <p>Q373-42 Please state approximately what percentage of the time you speak English on a daily basis:</p> <p>1. 100%</p> <p>2. 75%</p> <p>3. 50%</p> <p>4. 25%</p> <p>5. 0%</p> <p>8. No answer</p> <p>9. Not asked</p>            |                                      |
| <p>Q373-43 Please state approximately what percentage of the time you speak [other language 1] on a daily basis:</p> <p>1. 100%</p> <p>2. 75%</p> <p>3. 50%</p> <p>4. 25%</p> <p>5. 0%</p> <p>8. No answer</p> <p>9. Not asked</p> |                                      |

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| <p>Q373-44 Please state approximately what percentage of the time you speak [other language 2] on a daily basis:</p> <ol style="list-style-type: none"> <li>1. 100%</li> <li>2. 75%</li> <li>3. 50%</li> <li>4. 25%</li> <li>5. 0%</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>      |  |
| <p>Q373-45 Please state approximately what percentage of the time Welsh is currently spoken in the home:</p> <ol style="list-style-type: none"> <li>1. 100%</li> <li>2. 75%</li> <li>3. 50%</li> <li>4. 25%</li> <li>5. 0%</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>              |  |
| <p>Q373-46 Please state approximately what percentage of the time English is currently spoken in the home:</p> <ol style="list-style-type: none"> <li>1. 100%</li> <li>2. 75%</li> <li>3. 50%</li> <li>4. 25%</li> <li>5. 0%</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>            |  |
| <p>Q373-47 Please state approximately what percentage of the time [other language 1] is currently spoken in the home:</p> <ol style="list-style-type: none"> <li>1. 100%</li> <li>2. 75%</li> <li>3. 50%</li> <li>4. 25%</li> <li>5. 0%</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> |  |
| <p>Q373-48 Please state approximately what percentage of the time [other language 2] is</p>  |  |

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| <p>currently spoken in the home:</p> <ol style="list-style-type: none"> <li>1. 100%</li> <li>2. 75%</li> <li>3. 50%</li> <li>4. 25%</li> <li>5. 0%</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>  |  |
| <p>Q373-49 How well do you feel you speak Welsh?</p> <ol style="list-style-type: none"> <li>1. Only knows some words and expressions</li> <li>2. Can hold a very basic conversation</li> <li>3. Can hold a moderate conversation</li> <li>4. Can hold an extended conversation reasonably well</li> <li>5. Can hold an extended conversation and say anything wants to</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>              |  |
| <p>Q373-50 How well do you feel you speak English?</p> <ol style="list-style-type: none"> <li>1. Only knows some words and expressions</li> <li>2. Can hold a very basic conversation</li> <li>3. Can hold a moderate conversation</li> <li>4. Can hold an extended conversation reasonably well</li> <li>5. Can hold an extended conversation and say anything wants to</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>            |  |
| <p>Q373-51 How well do you feel you speak [other language 1]?</p> <ol style="list-style-type: none"> <li>1. Only knows some words and expressions</li> <li>2. Can hold a very basic conversation</li> <li>3. Can hold a moderate conversation</li> <li>4. Can hold an extended conversation reasonably well</li> <li>5. Can hold an extended conversation and say anything wants to</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> |  |
| <p>Q373-52 How well do you feel you speak</p>  |  |

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| <p>[other language 2]?</p> <ol style="list-style-type: none"> <li>1. Only knows some words and expressions</li> <li>2. Can hold a very basic conversation</li> <li>3. Can hold a moderate conversation</li> <li>4. Can hold an extended conversation reasonably well</li> <li>5. Can hold an extended conversation and say anything wants to</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> |  |
| <p>Q373-53 How well do you feel you read Welsh?</p> <ol style="list-style-type: none"> <li>1. Can only read a few words</li> <li>2. Can read basic information</li> <li>3. Can read general information</li> <li>4. Can read most things</li> <li>5. Can read anything wants to</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>  |  |
| <p>Q373-54 How well do you feel you read English?</p> <ol style="list-style-type: none"> <li>1. Can only read a few words</li> <li>2. Can read basic information</li> <li>3. Can read general information</li> <li>4. Can read most things</li> <li>5. Can read anything wants to</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>  |  |
| <p>Q373-55 How well do you feel you read [other language 1]?</p> <ol style="list-style-type: none"> <li>1. Can only read a few words</li> <li>2. Can read basic information</li> <li>3. Can read general information</li> <li>4. Can read most things</li> <li>5. Can read anything wants to</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>   |  |
| <p>Q373-56 How well do you feel you read [other language 2]?</p> <ol style="list-style-type: none"> <li>1. Can only read a few words</li> <li>2. Can read basic information</li> <li>3. Can read general information</li> </ol>   |  |

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| <p>4. Can read most things<br/> 5. Can read anything wants to<br/> 8. No answer<br/> 9. Not asked</p>   |  |
| <p>Q373-57 How well do you feel you write Welsh?<br/> 1. Knows how to write a few words and expressions<br/> 2. Can only write simple things<br/> 3. Can write moderately difficult things<br/> 4. Can write most things reasonably well<br/> 5. Can write anything wants to<br/> 8. No answer<br/> 9. Not asked</p>              |  |
| <p>Q373-58 How well do you feel you write English?<br/> 1. Knows how to write a few words and expressions<br/> 2. Can only write simple things<br/> 3. Can write moderately difficult things<br/> 4. Can write most things reasonably well<br/> 5. Can write anything wants to<br/> 8. No answer<br/> 9. Not asked</p>            |  |
| <p>Q373-59 How well do you feel you write [other language 1]?<br/> 1. Knows how to write a few words and expressions<br/> 2. Can only write simple things<br/> 3. Can write moderately difficult things<br/> 4. Can write most things reasonably well<br/> 5. Can write anything wants to<br/> 8. No answer<br/> 9. Not asked</p> |  |
| <p>Q373-60 How well do you feel you write [other language 2]?<br/> 1. Knows how to write a few words and expressions<br/> 2. Can only write simple things<br/> 3. Can write moderately difficult things<br/> 4. Can write most things reasonably well<br/> 5. Can write anything wants to<br/> 8. No answer<br/> 9. Not asked</p> |  |
| <p><u>HEALTH/RISK FACTORS</u></p>   |  |

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| <p>Q374 Would you say that for someone of your age, your own health in general is:</p> <ul style="list-style-type: none"> <li>0. Excellent</li> <li>1. Good</li> <li>2. Fair</li> <li>3. Poor</li> <li>7. Don't know</li> <li>9. Not asked</li> </ul>           |  |
| <p><b>We would like to know the type and amount of recreational physical activity involved in your daily life.</b></p>  |  |
| <p>Q375 Do you take part in sports or activities that are vigorous?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ul> <p>SPECIFY WHICH ACTIVITY, THEN ASK HOW OFTEN R TAKES PART IN THE ACTIVITY.</p> <p>IF RATED NO SKIP TO Q383</p> | <p>Example: Running or Jogging<br/>Swimming<br/>Cycling<br/>Aerobics or Gym workout<br/>Tennis<br/>Heavy gardening (digging with a spade)<br/>Mowing the lawn (manual)</p> |
| <p>Q376 Running or Jogging</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>                                       |  |
| <p>Q377 Swimming</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>   |  |
| <p>Q378 Cycling</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> </ul>   |  |

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| <ul style="list-style-type: none"> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>   |   |
| <p>Q379 Aerobics or gym workout</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>  |   |
| <p>Q380 Tennis</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>   |   |
| <p>Q381 Heavy gardening (Digging with a spade)</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>   |   |
| <p>Q382 Mowing the lawn (manual)</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>   |   |
| <p>Q383 Do you take part in sports or activities that are moderately energetic.</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ul> <p><b>SPECIFY WHICH ACTIVITY, THEN ASK HOW OFTEN R TAKES PART IN THE ACTIVITY.</b></p> <p><b>IF RATED NO SKIP TO Q391</b></p> | <p><b>Example:</b><br/> Moderate Gardening (raking, hoeing)<br/> mowing lawn (electric)<br/> Cleaning the car<br/> Walking at a moderate pace<br/> Dancing<br/> Floor or stretching exercises<br/> Heavy housework (cleaning windows, scrubbing floors)</p> |
| <p>Q384 Moderate Gardening (raking, hoeing)</p> <ul style="list-style-type: none"> <li>0. No</li> </ul>   |   |



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| <ul style="list-style-type: none"> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>  |  |
| <p>Q385 Mowing lawn (electric)</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>        |  |
| <p>Q386 Cleaning the car</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>              |  |
| <p>Q387 Walking at a moderate pace</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>    |  |
| <p>Q388 Dancing</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>                       |  |
| <p>Q389 Floor or stretching exercises</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul> |  |
| <p>Q390 Heavy housework (cleaning windows, scrubbing floors.</p>   |  |

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| <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>  |  |
| <p>Q391 Do you take part in sports or activities that are mildly energetic?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ul> <p><b>SPECIFY WHICH ACTIVITY, THEN ASK HOW OFTEN R TAKES PART IN THE ACTIVITY.</b></p> <p><b>IF RATED NO SKIP TO Q396</b></p> | <p>Example:<br/> Light gardening (weeding, pruning)<br/> Bowls<br/> Light Housework (vacuuming, mopping floors, ironing, making beds)<br/> Home Repairs. (DIY)</p> |
| <p>Q392 Light gardening (weeding, pruning)</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>   |  |
| <p>Q393 Bowls</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>  |  |
| <p>Q394 Light Housework (vacuuming, mopping floors, ironing, making beds)</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ul>              |  |
| <p>Q395 Home Repairs (DIY)</p> <ul style="list-style-type: none"> <li>0. No</li> </ul>  |  |

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| <ol style="list-style-type: none"> <li>1. More than once a week</li> <li>2. Once a week</li> <li>3. One to three times a month</li> <li>4. Hardly ever, or never</li> </ol>  |   |
| <p><b>I'm now going to ask about general health conditions and problems.</b></p> <p><b>Firstly have you ever been diagnosed /told you have any of the following health conditions.</b></p>   |   |
| <p>Q396 Angina</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ol>   |   |
| <p>Q397 Intermittent Claudication</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ol> <p>IF RATED NO CONTINUE OTHERWISE SKIP TO Q399</p>   |   |
| <p>Q398 Have you had pain in either calf on walking uphill or hurrying that only goes away with rest?</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>2. Chair/Bedfast</li> <li>3. Never walks uphill/hurries</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> |   |
| <p>Q399 High Blood Pressure</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ol>  |   |
| <p>IF RATED YES ASK Q400 OTHERWISE SKIP TO Q403</p>  |   |
| <p>Q400 Who told you that you have high blood pressure</p> <ol style="list-style-type: none"> <li>1. GP</li> </ol>   | <p>If diagnosed by more than one person rate for the most specialized, e.g. if diagnosed by both a GP and a specialist, code as</p> |

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| 2. Specialist<br>8. No answer<br>9. Not asked  | specialist. If seen at a hospital rate specialist. |
| Q401 Where you given medicine for high blood pressure?<br><br>0. No<br>1. Yes, by GP<br>2. Yes, by Specialist<br>8. No answer<br>9. Not asked      |  |
| Q402 How long did you take/have you been taking this medicine?<br><br>Mm Length of time in months<br>77 Don't know<br>88 No answer<br>99 Not asked |  |
| Q403 Low Blood Pressure?<br><br>0. No<br>1. Yes  |  |
| IF RATED NO ASK Q404 OTHERWISE SKIP TO Q405  |  |
| Q404 Do you sometimes feel dizzy when you stand up?<br><br>0. No<br>1. Yes<br>8. No answer<br>9. Not asked   |  |
| Q405 Cancer<br><br>0. No<br>1. Yes   | Exclude non malignant skin cancer                  |
| IF RATED YES ASK Q406 OTHERWISE SKIP TO Q409   |  |
| Q406<br>What type was it?  |  |

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| Textual answer.....   |  |
| Q407<br>At what age was it first diagnosed?<br>Nn     Age in years  |  |
| Q408    Is it a problem for you now?<br>(Are you currently in remission?)<br><br>0.   No<br>1.   Yes  |  |
| Q409   Sugar Diabetes<br><br>0.   No<br>1.   Yes  |  |
| IF RATED YES ASK Q410 OTHERWISE<br>SKIP TO Q412   |  |
| Q410   How old were you when that<br>happened?<br><br>Nnn    Age in years<br>777    Don't know<br>888    No answer<br>999    Not asked  |  |
| Q411   Are you currently being treated for<br>your diabetes with tablets or injections or<br>both?<br>0.    No<br>1.    Yes, dietary control only<br>2.    Yes, injections<br>3.    Yes, tablets<br>4.    Yes, both<br>8.    No answer<br>9.    Not asked |  |
| Q412   Parkinson's Disease<br>0.   No<br>1.   Yes   |  |

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| <p>IF RATED YES SKIP TO Q418</p>   |  |
| <p>Q413 Have you noticed tremor or shakiness in your hands? (If YES: When do you notice it?)</p> <p>0. No<br/> 1. Yes, action tremor<br/> 2. Yes, resting tremor<br/> 8. No answer<br/> 9. Not asked</p> | <p>If both rate for resting tremor.</p>  |
| <p>Q414 Have you had any difficulty in starting to move (e.g. starting to walk or getting out of a chair)?</p> <p>0. No<br/> 1. Yes<br/> 8. No answer<br/> 9. Not asked</p>                              | <p>Q414 The respondent will understand what you mean if they have experienced this problem. It does not refer to difficulty caused by arthritis but to a problem with initiating movement.</p> |
| <p>Q415 Has your walking become slower?</p> <p>0. No<br/> 1. Yes<br/> 8. No answer<br/> 9. Not asked</p>   | <p>Q415 Rate for slowing not due to joint difficulties.</p>  |
| <p>Q416 Has your handwriting changed (IF YES: In what way?)</p> <p>0. No<br/> 1. Yes, smaller<br/> 2. Yes, other<br/> 8. No answer<br/> 9. Not asked</p>   | <p>Q416 A change to small handwriting is one of the early signs of Parkinson's disease.</p>  |
| <p>Q417 Over what period of time have you noticed these changes?</p> <p>yy.mm Period of time<br/> 77.77 Don't know<br/> 88.88 No answer<br/> 99.99 Not asked</p>   | <p>Q417 Answer in years and months</p>   |
| <p><b>Secondly have you ever had or suffered from these health conditions.</b></p>   |  |

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| <p>Q418 Stroke</p> <p>0. No<br/>1. Yes<br/><u>9. Not asked</u></p>   | <p>Record only episodes that lasted for 24 hours or longer with partial paralysis in left or right arm and/or leg, blindness in eye/s, or speech disturbance. Ensure that respondent doesn't mean a heart attack.</p> |
| <p>IF RATED YES ASK Q419 OTHERWISE SKIP TO Q423</p>  |   |
| <p>Q419 Who diagnosed the/se stroke/s?</p> <p>1. No doctor<br/>2. GP<br/>3. Specialist<br/>8. No answer<br/>9. Not asked</p>                 | <p>If diagnosed by more than one person rate for the most specialized e.g. if diagnosed by both a GP and a specialist code for specialist. Rate specialist if ever attended hospital.</p>                             |
| <p>Q420 How many have you had?</p> <p>Nn Number of strokes<br/>77 Don't know<br/>88 No answer<br/>99 Not asked</p>                           |   |
| <p>Q421 How old were you when you had the (first) stroke?</p> <p>Nnn Age in years<br/>777 Don't know<br/>888 No answer<br/>999 Not asked</p> |   |
| <p>Q422 How old were you when you had the last stroke?</p> <p>Nnn Age in years<br/>777 Don't know<br/>888 No answer<br/>999 Not asked</p>    |   |
| <p>Q423 Heart Attack?</p>  |   |

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| 0. No<br>1. Yes   |  |
| IF RATED YES ASK Q424 OTHERWISE<br>SKIP TO Q427   |  |
| Q424 Who diagnosed this/these heart<br>attacks?<br>1. No doctor<br>2. GP<br>3. Specialist<br>8. No answer<br>9. Not asked       |  |
| Q425 How many heart attacks have you<br>had?<br>Nn Number of attacks<br>88 No answer<br>99 Not asked                            |  |
| Q426 How old were you when you had the<br>first attack?<br>Nnn Age in years<br>777 Don't know<br>888 No answer<br>999 Not asked |  |
| Q427 Fits or Epilepsy?<br>0. No<br>1. Yes   |  |
| IF RATED YES ASK Q428 OTHERWISE<br>SKIP TO Q429   |  |
| Q428 How many have you had?<br>1 Only 1 fit<br>2 More than 1 fit<br>8 No answer<br>9 Not asked                                  |  |
| Q429 Serious Head Injury/unconscious?<br>0. No<br>1. Yes  |  |
| IF RATED NO SKIP TO Q434  |  |
| Q430 How many times?<br>Nn Number of times  |  |



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| 77 Don't know<br>88 No answer<br>99 Not asked   |  |
| Q431 How old where you?<br><br>Nn Incident 1<br>77 Don't know<br>88 No answer<br>99 Not asked   |  |
| Q432 How old where you?<br><br>Nn Incident 2<br>77 Don't know<br>88 No answer<br>99 Not asked   |  |
| Q433 How old where you?<br><br>Nn Incident 3<br>77 Don't know<br>88 No answer<br>99 Not asked   |  |
| Q434 General Anaesthetic<br><br>0. No<br>1. Yes   |  |
| IF RATED YES ASK Q435 OTHERWISE<br>SKIP TO Q436   |  |
| Q435 How many times?<br><br>Nn Number of times<br>77 Don't know<br>88 No answer<br>99 Not asked |  |
| Q436 Chronic Bronchitis?<br><br>0. No<br>1. Yes   |  |

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| <p>Q437 Asthma?</p> <p>0. No<br/>1. Yes</p>  |  |
| <p>IF RATED YES ASK Q438 OTHERWISE SKIP TO Q439</p>  |  |
| <p>Q438 Was this childhood asthma only</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9. Not asked.</p>  |  |
| <p>Q439 Arthritis?</p> <p>0. No<br/>1. Yes</p>   |  |
| <p>IF RATED YES ASK Q440 OTHERWISE SKIP TO Q441</p>  |  |
| <p>Q440 Are you currently suffering from Arthritis? (If YES does it limit your day-to-day activities)?</p> <p>0 Not currently suffering from arthritis<br/>1 Currently suffering-not limiting<br/>2 Currently suffering-limiting<br/>8 No answer<br/>9 Not asked</p> | <p>Q440 Rate for arthritis in any part of the body. Include persistent joint pain.</p> |
| <p>Q441 Headaches</p> <p>0. No<br/>1. Yes</p> <p>IF RATED NO SKIP TO Q443</p>  |  |
| <p>Q442 Do you suffer from regular headaches?</p>  |  |

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| <p>0 No<br/> 1 Yes, non specific<br/> 2 Yes, migraine<br/> 8 No answer<br/> 9 Not asked</p>  |  |
| <p>Q443 Peptic Ulcers</p> <p>0. No<br/> 1. Yes</p>   | <p>Rate for Peptic, Gastric or duodenal ulcers</p>   |
| <p>Q444 Pernicious Anaemia</p> <p>0. No<br/> 1. Yes</p>  |  |
| <p>Q445 Have you experienced sudden problems with your speech, memory or vision which got better after a day?</p> <p>0. No<br/> 1. Yes<br/> 8. No answer<br/> 9. Not asked</p> | <p>Q445 Include unclear speech, not being able to pronounce words that are definitely known and not forming the correct sound. Include double vision, no vision, black in front of one/both eyes or something in vision (such as a beam, line or spot). Episodes to last less than 24 hours.</p> |
| <p>Q446 Have you experienced a sudden weakness in an arm or leg which got better after a day?</p> <p>0. No<br/> 1. Yes<br/> 8. No answer<br/> 9. Not asked</p>                 | <p>Q446 Include decreasing power, clumsiness, tiredness or heaviness in limbs, limpness or losing grip on objects. Episodes to last less than 24 hours.</p>  |
| <p>Q447 Have you ever suffered from thyroid problems?</p> <p>0. No<br/> 1. Underactive current<br/> 2. Overactive current<br/> 3. Other/non-specific current</p>               |  |

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| <ul style="list-style-type: none"> <li>4. Underactive past</li> <li>5. Overactive past</li> <li>6. Other/non-specific past</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>  |  |
| <p>MEDICATION</p> <p>Q448 Are you currently taking any medicines, tablets or injections of any kind, either that you buy yourself or that are prescribed by your doctor?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes (specify)</li> <li>8. No answer</li> <li>9. Not asked</li> </ul> | <p>Q448 If yes enter drug, dose and frequency for all medications currently being taken.</p> |
| <p>Q449 Proxy answered medication section</p> <ul style="list-style-type: none"> <li>1. Subject</li> <li>2. Proxy</li> </ul>   |  |
| <p>Q450 Do you suffer from hearing problems which interfere with day-to-day living?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>  | <p>Q450 If hearing is not problematic because the subject uses an aid, then rate 0.</p>      |
| <p>Q451 Do you find it very difficult to follow a conversation if there is background noise (such as TV, radio, children playing)?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ul>   |  |
| <p>Q452 Do you wear a hearing aid? (Rate if obvious).</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>  |  |

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| <p><b>Q453 I am now going to do some checks on your hearing by whispering some letters and numbers. Please keep looking forward.</b></p> <p>STAND BEHIND SUBJECT AT A DISTANCE OF 6 INCHES. TAKE A DEEP BREATH, BREATHE RIGHT OUT AND THEN WHISPER AT ONE WORD PER SECOND</p> <p style="text-align: center;">3, A, 2</p> <p style="text-align: center;"><b>SAY: Please repeat that.</b></p> <p>IF NO RESPONSE OR INCORRECT, WHISPER (BREATHING AS BEFORE)</p> <p style="text-align: center;">1, F, 3</p> <p>.</p> <ol style="list-style-type: none"> <li>1. Passed first time</li> <li>2. Passed second time</li> <li>3. Failed both tests</li> <li>9. Not asked</li> </ol> | <p>Q453 The test is passed if the whole sequence is heard and repeated correctly. Only one performance of each sequence is allowed.</p>  |
| <p><b>HearCheck Scanner</b></p> <p><b>I would like to conduct a further test on your hearing by using this device to play a short series of sounds into each ear. It will not hurt and will take only 30 seconds per ear.</b></p> <p>Q454 Are you happy for me to do this</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ol> <p>If Yes continue, If No skip to Q459</p> <p>No of tones heard in the 1000Hz test</p> <p>Q455 Right Ear<br/>Nn (1,2 or 3)</p> <p>Q456 Left Ear<br/>Nn (1,2 or 3)</p>   | <p>Perform the test on Rs <b>best ear</b> first.</p> <p>During the test the respondent will hear tones. Ask R to indicate when the tone is heard by raising a finger, even if the tone is very quiet.</p> <p>Gently place the cup of the device over the ear. It is important that the edges of the cup are in contact with Rs head.</p> <p>Press start button once to initiate the functional test sequence, if working correctly all three lights will flash in sequence 3 times. 1000Hz test</p> <p>The test will begin in three seconds. A light will appear when a tone is being played, first red, then yellow, and then green. Count and record the number of times the tone is heard by R in the first sequence.</p> |

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| <p>No of tones heard in the 3000Hz test</p> <p>Q457 Right Ear<br/>Nn (1,2 or 3)</p> <p>Q458 Left Ear<br/>Nn (1,2 or 3)</p>  | <p>The start button must be pressed within 20 seconds of the end of the first sequence (after green light has appeared) to start the second sequence.</p> <p>You will see all 3 lights flash in sequence 3000Hz test.<br/>Count and record the number of times the tone is heard by R in the second sequence.</p> <p>Repeat the full test on the other ear.</p> <p>Complete Hearcheck Screener outcome sheet and attach to notes.</p> |
| <p>Q459 Do you suffer from poor eyesight which interferes with day-to-day living?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9. Not asked</p>   | <p>Q459 To count as poor eyesight must interfere even when wearing glasses. If subject wears glasses all the time or in certain conditions but otherwise reports no problems, rate 0.</p>   |
| <p>Q460 May I just test your eyesight? Would you read from this card?</p> <p>0. Unable to read any<br/>1. N48<br/>2. N36<br/>3. N24<br/>4. N18<br/>5. N14<br/>6. N12<br/>7. N10<br/>8. Refused/No answer<br/>9. Not asked</p> | <p>Q460 Test allowing the respondent to wear their reading glasses. N48 is the largest print and N10 the smallest. Rate for the smallest print the respondent can read.</p>   |
| <p><b>Gait Speed Test</b></p> <p><b>Now we are going to observe how you normally walk. If you use a cane/stick or other walking aid and would feel more comfortable with it, then you may use it.</b></p>                     | <p>Exclusions<br/>Paralysis, inability to walk unaided</p> <p>Measure a distance of 2.4 metres= 8 foot and</p>  |

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| <p><b>I have marked a walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to go to the shops.</b></p> <p>DEMONSTRATE THE WALK FOR THE PARTICIPANT</p> <p>Q461 Do you feel this would be safe?</p> <p>0. No<br/>1. Yes</p>   | <p>mark each end with tape for the walking course.</p> <p>*Ask for permission before you start moving any furniture if needed.</p> |
| <p>IF YES CONTINUE, IF NO SKIP TO Q471</p>   |  |
| <p>HAVE THE PARTICIPANT STAND WITH BOTH FEET TOUCHING THE START LINE.</p> <p><b>When I want you to start, I will say: “Ready, begin.”</b></p> <p>WHEN THE PARTICIPANT IS PROPERLY POSITIONED AT THE STARTING LINE SAY <b>“Ready, begin”</b></p> <p>PRESS THE START/STOP BUTTON TO START STOPWATCH AS PARTICIPANT BEGINS WALKING. WALK BEHIND AND TO THE SIDE OF THE PARTICIPANT. STOP TIMING WHEN ONE OF THE PARTICIPANT’S FEET IS COMPLETELY ACROSS THE END LINE.</p> | <p>Please walk to the side of the respondent and slightly behind so that you can help steady them if required.</p>                 |
| <p>Q462 Length of walk test course</p> <p>Nn Metres</p>  |  |
| <p>Q463 Time for first walk</p> <p>Nn Minutes and Seconds.<br/>99.99 Test not completed</p>  |  |
| <p>Q464 If not attempted or not completed indicate reason</p>  |  |

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| <p>1 Tried but unable<br/> 2 R could not walk unaided<br/> 3 Not attempted interviewer felt unsafe<br/> 4 Not attempted participant felt unsafe<br/> 5 R unable to understand instructions<br/> 6. Other (specify)<br/> 7. R. refused<br/> 9. Not applicable</p>  |  |
| <p>Q465 Other specify (1<sup>st</sup> walk)<br/> Text.....</p>  |  |
| <p>Q466 Aids for first walk</p> <ol style="list-style-type: none"> <li>1. None</li> <li>2. Stick</li> <li>3. 2 Sticks</li> <li>4. Walking frame</li> </ol>  |  |
| <p>Second Gait speed test</p> <p><b>Now I want you to repeat the walk. Remember to walk at your usual pace and go all the way past the other end of the course.</b></p> <p><b>When I want you to start, I will say: “Ready, begin.” WHEN THE PARTICIPANT IS PROPERLY POSITIONED AT THE STARTING LINE SAY: “Ready, begin”</b></p> <p>PRESS THE START/STOP BUTTON TO START STOPWATCH AS PARTICIPANT BEGINS WALKING. WALK BEHIND AND TO THE SIDE OF THE PARTICIPANT. STOP TIMING WHEN ONE OF THE PARTICIPANT’S FEET IS COMPLETELY ACROSS THE END LINE.</p> |  |
| <p>Q467 Time for Second Walk</p>  |  |



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| mm.ss seconds  |  |
| <p>Q468 If not attempted or not completed indicate reason (2<sup>nd</sup> walk)</p> <ol style="list-style-type: none"> <li>1 Tried but unable</li> <li>2 R could not walk unaided</li> <li>3 Not attempted interviewer felt unsafe</li> <li>4 Not attempted participant felt unsafe</li> <li>5 R unable to understand instructions</li> <li>6. Other (specify)</li> <li>7. R. refused</li> <li>9. Not applicable</li> </ol>                            |  |
| <p>Q469 Other reason for failed walk<br/>Specify.....</p>  |  |
| <p>Q470 Aids for second walk</p> <ol style="list-style-type: none"> <li>1. None</li> <li>2. Stick</li> <li>3. 2 Sticks</li> <li>4. Walking frame</li> </ol>  |  |
| <p><b>Balance Module</b></p> <p>The next test measures the strength in your legs. I want you to try to stand up from a firm straight backed chair, like a dining chair.</p> <p>First, fold your arms across your chest and sit so that your feet are on the floor; then stand up keeping your arms across your chest.</p> <p>Q471 Do you feel it would be safe to do this?</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ol> | <p>First explain and then demonstrate the procedure.</p> |
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| IF YES CONTINUE, IF NO SKIP TO Q478   |  |
| <p>Q472 RECORD OUTCOME OF SINGLE CHAIR RISE.</p> <ol style="list-style-type: none"> <li>1. R stood without using arms</li> <li>2. R used arms to stand</li> <li>3. Test not completed.</li> </ol> <p>IF RATED 1 SKIP TO Q474</p> <p>IF RATED 2 OR 3 RATE Q473</p>   | <p>If respondent cannot rise without using arms, SAY “ Okay, try to stand up using your arms”</p>  |
| <p>Q473 If test not completed record the reason why</p> <ol style="list-style-type: none"> <li>a. Tried but unable</li> <li>b. R could not hold position unassisted.</li> <li>c. Not attempted, interviewer felt unsafe</li> <li>d. Not attempted, respondent felt unsafe</li> <li>e. R unable to understand instructions</li> <li>f. Other reason</li> <li>g. R refused</li> </ol> <p>SKIP TO Q478</p>   |  |
| <p><b>Now I would like you to repeat the procedure but this time I want you to stand up straight as quickly as you can five times, without stopping in between and without using your arms to push off.</b></p> <p><b>After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. I’ll be timing you with a stopwatch.</b></p> <p>Q474 Do you feel it would be safe to do this?</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ol> | <p>When respondent is seated with feet resting on the floor and arms folded across the chest say <b>ready?, begin.</b></p> <p>Start the stopwatch as soon as you say Begin. Count out loudly as they rise each time, up to five times. A rise is complete when the respondent is fully standing with their back straight.</p> <p>When the respondent has straightend up completely for the fifth time, stop the stopwatch.</p> <p>Record the total number of rises completed.<br/>Record the time taken to complete 5 rises.</p> |
| IF YES CONTINUE, IF NO SKIP TO Q478   |  |

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| <p>Q475 Time taken to complete 5 stands<br/>mm___ Sec___</p>   | <p>If &lt; 5 stands, record as 99.99</p>  |
| <p>Q476 If &lt; 5 stands, record number of stands completed</p> <p>Nn Number of stands completed</p>   |   |
| <p>Q477 If test not completed record the reason why</p> <p>a. Tried but unable<br/>b. R could not hold position unassisted.<br/>c. Not attempted, interviewer felt unsafe<br/>d. Not attempted, respondent felt unsafe<br/>e. R unable to understand instructions<br/>f. Other reason<br/>g. R refused<br/>h. not applicable</p> |   |
| <p>Q478 Have you ever suffered from meningitis or encephalitis (brain fever)?</p> <p>0. No<br/>1. Yes, meningitis<br/>2. Yes, encephalitis<br/>3. Yes, non-specific<br/>8. No answer<br/>9. Not asked</p>  |   |
| <p>Q479 Have you ever suffered from shingles? (IF YES: Where?) (If HEAD NOT MENTIONED: Anywhere else?)</p> <p>0. No<br/>1. Yes, in the body<br/>2. Yes, in the head<br/>8. No answer<br/>9. Not asked</p>  | <p>Q479 The location of shingles is important here. Shingles in the trunk is less significant than shingles in the head. Rate in the head for shingles on the face, in the eyes, in the ears or on the scalp.</p> |

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| <p>MEN SKIP TO Q482</p>  |   |
| <p>ASK OF WOMEN ONLY</p> <p>Q480 How old were you when you had your last menstrual period?<br/> Nn Age at last period</p>  | <p>Q480 Age of menopause is thought to be a risk factor for vascular dementia. Age of last menstrual period is asked because it is more specific and therefore easier to pinpoint.</p> <p>Try to complete even if only an approximation. Answer with age of last period, even if it was brought forward by hysterectomy or extended by HRT</p>                    |
| <p>Q481 For how long did you have (have you had) hormone replacement therapy?</p> <p>yy.mm Length of time<br/> 77.77 Don't know<br/> 88.88 No answer<br/> 99.99 Not asked/Not applicable</p>   |   |
| <p>Q482 Have you had any other medical problem that we haven't covered?</p> <p>0. No<br/> 1. Yes (specify)<br/> 8. No answer<br/> 9. Not asked</p>   |   |
| <p>Q483 Other medical problem that we haven't covered<br/> Specify.....</p>  |   |
| <p><b>And now some questions about your parents and your brothers and sisters.</b></p> <p>Q484 How old was your mother when you were born?</p> <p>Nn Age in years (roughly is ok)<br/> 77 Don't know<br/> 88 No answer<br/> 99 Not asked</p> | <p>Q484 Maternal age at birth is thought to be a risk factor for dementia. It is important that we collect this information as accurately as possible.</p> <p>If the subject cannot remember, ask for mother's year of birth or year of death, and subject's age at her death. If this still doesn't help, suggest a range, and then try to be more specific.</p> |

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|   | <p>A relatively inaccurate age is better than no age at all.</p> <p>Critical ages are: higher risk 17-18, lower at 20, lowest at 21-22, rising to 35. The greatest risk is at 35 and over.</p> |
| <p>Q485 Are either of your parents still alive?<br/>IF FATHER NOT ALIVE: How old was your father when he died?</p> <p>000. Still alive<br/>nnn Age at death<br/>777 Don't know<br/>999 Not asked</p>  |  |
| <p>Q486 IF MOTHER NOT ALIVE: How old was your mother when she died?</p> <p>000. Still alive<br/>nnn Age at death<br/>777 Don't know<br/>999 Not asked</p>   |  |
| <p>Q487 Do you have any brothers or sisters?<br/>IF YES: How many? (INCLUDE THOSE WHO HAVE DIED BUT EXCLUDE SUBJECT)</p> <p>nn Number of siblings, excluding subject<br/>77 Don't know<br/>88 No answer<br/>99 Not asked</p> <p>IF NO SIBS SKIP TO Q491</p> | <p>Q487 Include all siblings, excluding subject.</p>   |
| <p>Q488 How many of them are still alive?</p> <p>nn Number of siblings still alive<br/>77 Don't know<br/>88 No answer</p>   | <p>Q488 Number alive, excluding subject.</p>   |

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| <p>99 Not asked</p> <p>IF NONE ALIVE, SKIP TO Q490</p>  |   |
| <p>Q489 And how many of them have reached the age of 70 years?</p> <p>nn Number aged 70+</p> <p>77 Don't know</p> <p>88 No answer</p> <p>99 Not asked</p> <p>IF NONE HAVE DIED SKIP TO Q491</p>   | <p>Q489 Number still alive who are 70 or above</p>  |
| <p>Q490 And of those who have died, did any reach the age of 70 years?</p> <p>nn Number aged 70+</p> <p>77 Don't know</p> <p>88 No answer</p> <p>99 Not asked</p>   |   |
| <p><b>This next set of questions is about your first degree blood relatives, that is, your parents, brothers and sisters, and your children.</b></p> <p>How many of them have been diagnosed as suffering from the following disorders?</p> <p>Q491. Down's syndrome (what used to be known as a Mongol child)?.</p> <p>Q492. Senility/dementia/serious memory problems</p> <p>Q493 Alzheimer's disease</p> <p>Q494 Parkinson's disease</p> <p>Q495 Stroke</p> <p>Q496 Heart attack</p> | <p>Q491 Enter the number of first degree relatives that have been diagnosed (since we last saw them). First degree relatives: parents, brothers, sisters, children, half-brothers and sisters. <b>Note: not second degree relatives: aunts, uncles, cousins.</b></p> <p>Rate 77 for Don't know, 88 for No answer, 99 for Not asked.</p> <p>If the subject has been adopted and has no information about their blood relative's rate 77. In each case, if only one relative has been named, ask 'Anyone else?'</p> |

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| Q497 Sugar diabetes  |   |
| Q498 Leukaemia/lymphoma  |   |
| Q499 Psychiatric disorder  |   |
| SMOKING  |   |
| Q500 Do you smoke?<br><br>0. No<br>1. Yes<br>8. No answer<br>9. Not asked  |   |
| IF NO SKIP TO Q502   |   |
| Q501 How many cigarettes to you smoke in a day?<br><br>0. Cigars/pipe only<br>1. Only smoke occasionally<br>2. 1 – 3<br>3. 4 – 9<br>4. 10 – 19<br>5. 20 – 29<br>6. 30+<br>8. No answer<br>9. Not asked | Q501 Record amount currently smoked.                      |
| Q502 Have you ever smoked?<br><br>0. No<br>1. Yes<br>8. No answer<br>9. Not asked  |   |
| IF NO SKIP TO Q506   |   |
| Q503 How old were you when you stopped?  | Q503 Record subject's age when they last stopped smoking. |

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| <p>Age in years _____<br/>         No Answer 888<br/>         Not Asked 999</p>  |  |
| <p>Q504 How many cigarettes did you smoke in a day?</p> <p>0. Cigars/pipe only<br/>         1. Only smoke occasionally<br/>         2. 1 – 3<br/>         3. 4 – 9<br/>         4. 10 – 19<br/>         5. 20 – 29<br/>         6. 30+<br/>         8. No answer<br/>         9. Not asked</p> | <p>Q504 Record consumption prior to giving up.</p>                                   |
| <p>Q505 How old were you when you first started smoking?</p> <p>Nn Age in years<br/>         77 Don't know<br/>         88 No answer<br/>         99 Not asked</p>   | <p>Q505 Record subject's age when they first started smoking on a regular basis.</p> |
| <p>Q 506 Have you ever taken any other substances? (i.e. Opium or any other possibilitites)</p> <p>0. No<br/>         1. Yes</p>   |  |
| <p>IF NO SKIP TO Q508</p>  |  |
| <p>Q507 IF YES What have you taken and how much?</p> <p>Please Specify.....</p>  |  |



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| <p><b><u>ALCOHOL INTAKE</u></b></p> <p>Q508<br/>Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months.</p> <ol style="list-style-type: none"> <li>1. Almost every day</li> <li>2. Five or six days a week</li> <li>3. Three or four days per week</li> <li>4. Once or twice a week</li> <li>5. Once or twice a month</li> <li>6. Once every couple of months</li> <li>7. Once or twice a year</li> <li>8. Not at all in the last 12 months.</li> </ol> <p>77 Don't know<br/>88 No answer<br/>99 Not asked</p> |  |
| <p>IF RATED 1-7 CONTINUE<br/>IF RATED 8 SKIP TO Q522</p>  |  |
| <p>Q509 Did you have an alcoholic drink in the seven days ending yesterday?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>   |  |
| <p>IF RATED YES CONTINUE<br/>IF RATED NO SKIP TO Q522</p>   |  |
| <p>Q510 On how many days over the last week did you have an alcoholic drink?</p>  |  |

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| <p>A. One                      B. Two<br/> C. Three                    D. Four<br/> E. Five                      F. Six<br/> G. Seven</p>   |  |
| <p>Please think about the <b><u>day in the last week on which you drank the most.</u></b> (If you drank the same amount on more than one day, please answer about the most recent of those days.)</p> <p>From this list please can you tell me all types of alcoholic drinks you <b>drank on that day.</b></p> <p><b>EXCLUDE NON-ALCOHOLIC OR LOW ALCOHOL DRINKS, EXCEPT SHANDY</b></p> | <p>Still Table Wine 1 bottle gives 6 - 8 glasses<br/> Sparkling Wine 1 bottle gives 8 well filled flutes<br/> Sherry or Port 1 bottle gives 16 glasses<br/> Vermouth 1 bottle gives 16 glasses<br/> Whisky, Gin, Brandy etc 1 bottle gives 32 single bar measures<br/> Liqueur 1 bottle gives 30 glasses</p> |
| <p>Q 511</p> <p>Normal strength beer, lager, stout<br/> Cider or shandy (&lt;6% alcohol)<br/> Excludes bottles/cans of shandy.</p> <p>Nn How many pints?</p>  |  |
| <p>Q512</p> <p>Normal strength beer, lager, stout Cider or shandy (&lt;6% alcohol) Excludes bottles/cans of shandy</p> <p>Nn How many large cans or bottles?</p>  |  |
| <p>Q513</p> <p>Normal strength beer, lager, stout<br/> Cider or shandy (&lt;6% alcohol)<br/> Excludes bottles/cans of shandy</p>  |  |

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| Nn How many small cans or bottles?  |                              |
| Q514<br>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Extra, Special Brew, Diamond White)<br><br>Nn How many pints?              |                              |
| Q515 Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Extra, Special Brew, Diamond White)<br><br>Nn How many large cans or bottles? |                              |
| Q516 Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Extra, Special Brew, Diamond White)<br><br>Nn How many small cans or bottles? |                              |
| Q517 Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka or cocktails<br><br>Nn How many glasses? (in singles)                                     | Count doubles as two singles |
| Q518 Sherry or martini (including port, vermouth, cinzano, dubonnet)<br><br>Nn How many glasses? (in singles)   | Count doubles as two singles |
| Q519 Wine (including babycham and Champagne)<br>Nn How many glasses? (in singles)   |                              |
| Q520 Alcoholic soft drinks or 'alcopops' (such as Bacardi Breezer, Smirnoff Ice)<br><br>Nn How many bottles? (in singles)                                   |                              |

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| <p>Q521 Other kinds of Alcoholic Drink</p> <p>Specify type of drink. IF ANSWERED "No", ENTER "No", OTHERWISE SPECIFY.</p> <p>Specify type of drink.....</p>   |  |
| <p>Q522</p> <p>Nn How many small cans or bottles?)</p>  |  |
| <p>Q523 Do you sometimes go without for a while and then drink for several days at a time?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9. Not asked</p>  | <p>Q523 Rate here for 'bout drinkers'.</p> |
| <p>Q524 Is alcohol in any way a problem for you?</p> <p>0. No problem<br/>1. Mild problem<br/>2. Severe problem<br/>8. No answer<br/>9. Not asked</p>   |  |
| <p>IF Q523 or Q524 ARE RATED POSITIVE ASK Q525 OTHERWISE SKIP TO 529</p>  |  |
| <p>Q525 How much do you drink when you are by yourself?</p> <p>0. Less than 3 successive drinks<br/>1. 3+ successive drinks- infrequently<br/>2. 3+ successive drinks- frequently<br/>8. No answer<br/>9. Not asked</p> |  |

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| <p>Q526 How many times a day do you usually have a drink?</p> <p>0. Less than 4<br/> 1. 4+ throughout day – infrequent<br/> 2. 4+ throughout day – frequently<br/> 8. No answer<br/> 9. Not asked</p>   |  |
| <p>IF EITHER OF THE ABOVE TWO QUESTIONS RATED 1 OR 2 ASK Q527, OTHERWISE SKIP TO 529.</p>   |  |
| <p>Q527 Have you in the last 3 months suffered falls or unsteadiness, forgotten what happened for part of the day, had shaking of the hands, vomiting or anything else which has occurred because of drinking too much or not being able to get a drink?</p> <p>0. No<br/> 1. Yes<br/> 8. No answer<br/> 9. Not asked</p> |  |
| <p>Q528 Do you need a drink in the morning before you start the day?</p> <p>0. No<br/> 1. Yes<br/> 8. No answer<br/> 9. Not asked</p>   |  |
| <p>Q529 OBSERVATION INTERVIEWEE HAS A DRINKING PROBLEM.</p> <p>0. No<br/> 1. Yes<br/> 8. No answer<br/> 9. Not asked</p>  |  |
| <p>Q530 Proxy answered smoking and drinking sections.</p>   |  |

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| <p>1. Subject<br/>2. Proxy</p>  |   |
| <p>Q531 For at least the last six months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been</p> <p>1. Severely limited<br/>2. Limited but not severely<br/>3. Not limited<br/>8. No answer<br/>9. Not asked</p>   |   |
| <p><b>I would now like to ask you some questions about day to day activities, which some people find difficult.</b></p> <p>I would like to know if you are able, or if you have any difficulty with the following activities.</p> <p>Q532 Are you able to cut your own toenails? (IF YES: Do you have difficulty cutting your own toenails?)</p> <p>0. (No), needs help<br/>1. (Yes), some difficulty<br/>2. (Yes), no difficulty<br/>7. Don't know<br/>8. No answer<br/>9. Not asked</p> | <p>The following questions (Q532-Q550) take the same form and these notes should be applied consistently throughout. It will be necessary to probe in order to confirm the use of aids in carrying out activities of daily living.</p> <p>Using scissors as an aid to cut toenails does not count, as we would all normally use these. However, specially adapted furniture or the use of adapted cooking utensils would count as special aids.</p> <p>Probing will also be necessary to establish whether the subject would be able to undertake the activity in the absence of another person. This particularly applies to men when asking about household activities as they may never undertake such activities but it could equally apply to women where someone else is available.</p> |
| <p>Q533 Are you able to wash all over or bathe? (IF YES: Do you have difficulty washing all over or bathing?)</p> <p>0. (No), needs help<br/>1. (Yes), some difficulty<br/>2. (Yes), no difficulty<br/>7. Don't know</p>  | <p>People with mental frailties who cannot undertake activities because of their mental frailty should be coded as needing help.</p> <p><b>Rate 0</b> - Needs help if the subject requires assistance from another person to undertake the activity. Do not use this code if they <b>could</b> undertake the activity for themselves</p>  |

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| <p>8. No answer<br/>9. Not asked</p>   | <p>but someone usually does it for them.</p> <p><b>Rate 1</b> - Some difficulty if the subject reports difficulty undertaking activity or if they report no difficulty but use an aid.</p> <p><b>Rate 2</b> - No difficulty if the subject is able to undertake this activity by themselves without difficulty and without the use of aids or help from others.</p> |
| <p>Q534 Are you able to get on a bus?<br/>(IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/>1. (Yes), some difficulty<br/>2. (Yes), no difficulty<br/>7. Don't know<br/>8. No answer<br/>9. Not asked</p>                 |   |
| <p>Q535 Are you able to go up <b>and</b> down stairs?<br/>(IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/>1. (Yes), some difficulty<br/>2. (Yes), no difficulty<br/>7. Don't know<br/>8. No answer<br/>9. Not asked</p> |   |
| <p>Q536 Are you able to do the light housework?<br/>(IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/>1. (Yes), some difficulty<br/>2. (Yes), no difficulty<br/>7. Don't know<br/>8. No answer</p>                        | <p>Light housework – (e.g. vacuuming, mopping floors, ironing, making beds.</p>   |

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| <p>9. Not asked</p>  |   |
| <p>Q537 Are you able to do the heavy housework? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/> 1. (Yes), some difficulty<br/> 2. (Yes), no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p>      | <p>Q537 Heavy housework – (e.g. cleaning windows, scrubbing floors).</p>  |
| <p>Q538 Are you able to shop and carry heavy bags? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/> 1. (Yes), some difficulty<br/> 2. (Yes), no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p>   |   |
| <p>Q539 Are you able to prepare and cook a hot meal? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/> 1. (Yes), some difficulty<br/> 2. (Yes), no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p> | <p>Q539<br/> If the subject claims they never have to cook a hot meal because this is always done for them, ask them to make the judgement as to whether they could if they had to.</p> |
| <p>Q540 Are you able to reach an overhead shelf? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/> 1. (Yes), some difficulty<br/> 2. (Yes), no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p>     |   |



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| <p>Q541 Are you able to tie a good knot in a piece of string? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/> 1. (Yes), some difficulty<br/> 2. (Yes), no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p>     |  |
| <p>Q542 Are you able to put on your shoes and socks or stockings? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/> 1. (Yes), some difficulty<br/> 2. (Yes), no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p> |  |
| <p>Q543 Do you have any difficulty using a telephone i.e. looking up numbers, dialing etc?</p> <p>0. needs help<br/> 1. some difficulty<br/> 2. no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p>                              |  |
| <p>Q544 Do you have any difficulty taking medicine (preparing and taking correct dose)?</p> <p>0. needs help<br/> 1. some difficulty<br/> 2. no difficulty<br/> 7. Don't know<br/> 8. No answer</p>   |  |

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| 9. Not asked  |  |
| <p>Q545 Do you have any difficulty managing money (paying bills/writing cheques or using an ATM to remove or deposit money)?</p> <p>0. needs help<br/> 1. (some difficulty<br/> 2. no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p> |  |
| <p>Q546 Do you have any difficulty following TV programmes or movies and remembering details of the stories?</p> <p>0. needs help<br/> 1. some difficulty<br/> 2. no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p>                  |  |
| <p>Q547 Do you have difficulty with household tasks such as making yourself a cup of tea?</p> <p>0. No<br/> 1. Yes<br/> 2. Impossible<br/> 8. No answer<br/> 9. Not asked</p>   |  |
| <p>Q548 Have you needed any help recently to check your change after spending small amounts of money?</p> <p>0. No<br/> 1. Yes<br/> 8. No answer<br/> 9. Not asked</p> <p>IF EITHER Q547 OR Q548 RATED 1 RATE 549, OTHERWISE SKIP TO Q550.</p>              |  |
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| <p>549 OBSERVATION FAILURE IN Q547 &amp; Q548 IS DUE TO PHYSICAL IMPEDIMENT (E.G. STROKE, SEVERE RHEUMATOID ARTHRITIS) AS DISTINCT FROM COGNITIVE IMPAIRMENT.</p> <p>0. Not physical<br/> 1. Partly physical<br/> 2. Entirely physical<br/> 8. No answer<br/> 9. Not asked</p> |  |
| <p>Q550 Are you able to get to and use the toilet? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help<br/> 1. (Yes), some difficulty<br/> 2. (Yes), no difficulty<br/> 7. Don't know<br/> 8. No answer<br/> 9. Not asked</p>   |  |
| <p>Q551 Do you have difficulty controlling your bladder?</p> <p>0. No<br/> 1. Occasionally wets<br/> 2. Frequently wets<br/> 8. No answer<br/> 9. Not asked</p>  |  |
| <p>Q552 Would you say there has been any change in your ability to do practical things in the past two years?</p> <p>0. No change<br/> 1. Better<br/> 2. Worse<br/> 3. Much worse<br/> 8. No answer<br/> 9. Not asked</p>  |  |

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| <p>Q553 Does anyone help you with any of the day-to-day tasks I've just asked about?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9. Not asked</p>  |  |
| <p>IF RATED NO SKIP TO Q559</p>   |  |
| <p>Q554 Who usually helps? CODE MAIN HELPER.</p> <p>A No-one                      J Friend or neighbour<br/>B Spouse                        K Home help<br/>C Daughter                     L Care worker<br/>D Daughter-in-law          M Meals on wheels<br/>E Son                              N Community worker<br/>F Son-in-law                    O Community nurse<br/>G Brother                        P Warden<br/>H Sister                         Q Paid help<br/>I Other relative                R Other<br/>    S Not applicable</p> <p>IF A OR S SKIP TO Q559</p> |  |
| <p>Q555 Do they help every day, most days or less often?</p> <p>0. Every day<br/>1. Most days<br/>2. Less often<br/>8. No answer<br/>9. Not asked</p>   |  |
| <p>Q556 Does anyone else help? CODE UP TO 3 OTHER HELPERS. 1<sup>st</sup> Helper</p> <p>A. No-one                      J. Friend or neighbour<br/>B. Spouse                      K. Home help<br/>C. Daughter                    L. Care worker</p>   |  |

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| <p>D Daughter-in-law M Meals on wheels<br/> E Son N Community worker<br/> F Son-in-law O Community nurse<br/> G Brother P Warden<br/> H Sister Q Paid help<br/> I Other relative R Other<br/> S Not applicable</p>   |  |
| <p>Q557 Does anyone else help? 2<sup>ND</sup> Helper.</p> <p>A. No-one J. Friend or neighbour<br/> B. Spouse K. Home help<br/> C. Daughter L. Care worker<br/> D Daughter-in-law M Meals on wheels<br/> E Son N Community worker<br/> F Son-in-law O Community nurse<br/> G Brother P Warden<br/> H Sister Q Paid help<br/> I Other relative R Other<br/> S Not applicable</p> |  |
| <p>Q558 Does anyone else help? 3<sup>rd</sup> Helper</p> <p>A. No-one J. Friend or neighbour<br/> B. Spouse K. Home help<br/> C. Daughter L. Care worker<br/> D Daughter-in-law M Meals on wheels<br/> E Son N Community worker<br/> F Son-in-law O Community nurse<br/> G Brother P Warden<br/> H Sister Q Paid help<br/> I Other relative R Other<br/> S Not applicable</p>  |  |
| <p>Q559 Establish degree of mobility of subject.</p> <p>1. Usually ambulant non house bound<br/> 2. Usually ambulant house bound<br/> 3. Chairfast permanently<br/> 4. Bedfast permanently<br/> 7. Unable to establish mobility</p>  | <p>Q559 Where subject's degree of mobility is obvious you may code from observation or from information already obtained. However check that the observed state is permanent and not temporary i.e. the subject is not expected to improve markedly in the short term. If in doubt overestimate degree of disability and notify.</p> |

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|  | <ul style="list-style-type: none"> <li>• Rate 1 for people who are usually able to get out without assistance.</li> <li>• Rate 2 for people who can get about on the level inside but who never go out of the house or garden without assistance.</li> <li>• Rate 3 for people who spend all their time confined to a chair or who need help to transfer from the chair to the toilet or bed. Use this rating for a wheelchair user even if they can get out of the house.</li> <li>• Rate 4 for people who spend all their time confined to bed</li> </ul> |
| <p>Q560 Proxy answered daily living section</p> <ol style="list-style-type: none"> <li>1. Subject</li> <li>2. Proxy</li> </ol>   |   |
| <p>Q561 Taking everything into consideration (name) how would you describe your satisfaction with life in general at the present time: good, fair or poor?</p> <ol style="list-style-type: none"> <li>0. Good</li> <li>1. Fair</li> <li>2. Poor</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>   |   |
| <p>SERVICE USAGE</p>   |   |
| <p>Lastly I'd like to ask you whether you have received various Health or Local Authority Services or any private help in recent weeks.</p> <p>So in the last 4 weeks, have you seen or had a visit from, or to any of the following Services? <b>IN THE LAST FOUR WEEKS</b></p> <p>Q562 Local authority home help or home care assistant?</p> | <p>Q563 Any nursing Services?</p>   |

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| <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked.</p>                              | <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked.</p>                                    |
| <p>Q564 Chiropodist?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked.</p>     | <p>Q565 Meals on wheels?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p>        |
| <p>Q566 Physiotherapist?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p>  | <p>Q567 Occupational therapist?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p> |
| <p>Q568 Speech Therapist?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p> | <p>Q569 Social Worker?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not ask</p>            |
| <p>Q570 Day Centre?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p>       | <p>Q571 Day Hospital?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p>           |
| <p>Q572 GP (the doctor)?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p>  |  |

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| <p>Q573 During the last 3 complete calendar months, did you attend the Casualty or outpatient department of a hospital (as a patient)?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p> |  |
| <p>IF YES CONTINUE OTHERWISE SKIP TO Q579</p>   |  |
| <p>Q574 Which month(s) was this?</p> <p>Month(s).....</p>   |  |
| <p>Q575 How many times did you attend the casualty or outpatient department during that month/those months?</p>   |  |
| <p>Q576 Rate Days for Month One</p> <p>Nn</p>   |  |
| <p>Q577 Rate Days for Month Two</p> <p>Nn</p>   |  |
| <p>Q578 Rate Days for Month Three.</p> <p>Nn</p>  |  |
| <p>Q579 During the last year, have you been in hospital for treatment as a day patient (i.e. admitted to a hospital bed or day ward, but not required to stay overnight)?</p>                       |  |



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|---|---------------------------------------|
| 0. No<br>1. Yes<br>8. No answer<br>9 Not asked  |                                       |
| IF YES CONTINUE OTHERWISE SKIP TO Q581  |                                       |
| Q580 How many separate days in hospital have you had as a day patient (in the last year)?<br><br>_____ Rate no of days  |                                       |
| Q581 During the last year, have you been in hospital as an inpatient, overnight or longer?<br><br>0. No<br>1. Yes<br>8. No answer<br>9 Not asked  |                                       |
| IF YES CONTINUE OTHERWISE SKIP TO Q591  |                                       |
| Q582 How many separate stays in hospital have you had as an inpatient (in the last year)?<br><br>Nn Rate no of days   |                                       |
| How many nights altogether were you in hospital on each occasion?<br><br>Q583 Number of nights in hospital stay 1<br>Q584 Number of nights in hospital stay 2<br>Q585 Number of nights in hospital stay 3<br>Q586 Number of nights in hospital stay 4<br>Q587 Number of nights in hospital stay 5<br>Q588 Number of nights in hospital stay 6<br>Q589 Number of nights in hospital stay 7<br>Q590 Number of nights in hospital stay 8 | Rate nights stayed for up to 8 stays. |
| Q591 Have you had your sight tested by an   |                                       |

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| <p>optician in the last year?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p>  | <p>Exclude tests done by GP's, Hospital Doctors and any done abroad</p> |
| <p>Q592 Have you had a hearing test in the last year?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p>  |   |
| <p>Q593 Have you seen the dentist in the last year?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p>  |   |
| <p>Q594 ONLY ASK IF APPROPRIATE: Have you received respite care in the last year?</p> <p>0. No<br/>1. Yes<br/>8. No answer<br/>9 Not asked</p>  |   |
| <p>Q595 Proxy answered service usage section</p> <p>1. Subject<br/>2. Proxy</p>   |   |
| <p><b>Thank you very much for taking part in the study. You have been very patient and the information you have given us will help us to understand the ageing process and how it affects people in a wide range of circumstances.</b></p> <p>Q596 How did you feel about answering all</p> |   |

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| <p>the questions?</p> <ol style="list-style-type: none"> <li>1. Extreme negative reaction</li> <li>2. Negative reaction</li> <li>3. Neutral</li> <li>4. Positive reaction</li> </ol>   |   |
| <p>Q597 ENTER ANY BRIEF COMMENTS MADE</p>  |   |
| <p><b>Before I can switch off the machine I have to tidy up a few details. It should only take a few minutes so I hope you won't mind.</b></p>   |   |
| <p><b>INTERVIEWER OBSERVATIONS</b></p> <p><b>The items in this section are of two main types:</b></p> <ol style="list-style-type: none"> <li><b>1. Most of them refer to behaviour that is only abnormal when present continually or to a marked degree; the mere presence of such behaviour at times during the interview is not necessarily abnormal.</b></li> </ol> | <ol style="list-style-type: none"> <li><b>2. Some of the items refer to behaviour which would not normally be expected to occur at all, e.g. shouting or anger. These items should be marked positive if there is any occurrence at all in the interview.</b></li> </ol> <p><b>If you are in any doubt at all be guided by the principle that the intention is to record only behaviour that is clearly abnormal.</b></p> |
| <p><b><u>AFFECT</u></b></p> <p>598 EXPRESSIONLESS FACE. NO PLAY OF EXPRESSION IN CONVERSATION.</p> <ol style="list-style-type: none"> <li>0. Absent</li> <li>1. Mild</li> <li>2. Severe</li> <li>8. No answer</li> </ol>   |   |
| <p>599 MONOTONOUS VOICE. NO PLAY OF EXPRESSION IN CONVERSATION.</p> <ol style="list-style-type: none"> <li>0. Absent</li> <li>1. Mild</li> <li>2. Severe</li> <li>8. No answer</li> </ol>  | <p>600</p> <p>LABILITY OF MOOD: RAPIDLY CHANGES FROM SAD TO HAPPY, FRIENDLY TO IRRITABLE?</p> <ol style="list-style-type: none"> <li>0. Absent</li> </ol>   |

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|   | 1. Mild<br>2. Severe<br>8. No answer  |
| 601 UNCONTROLLABLE SHORT BOUTS OF CRYING?<br><br>0. Absent<br>1. Mild<br>2. Severe<br>8. No answer  | 602 UNCONTROLLABLE SHORT BOUTS OF LAUGHING?<br><br>0. Absent<br>1. Mild<br>2. Severe<br>8. No answer  |
| 603 INFECTIOUS GAIETY?<br><br>0. Absent<br>1. Mild<br>2. Severe<br>8. No answer   | 604 UNCO-OPERATIVE, TRIES TO START AN ARGUMENT?<br><br>0. Absent<br>1. Mild<br>2. Severe<br>8. No answer  |
| 605 HOSTILE OR IRRITABLE E.G. ANGRY RESPONSE?<br><br>0. Absent<br>1. Mild<br>2. Severe<br>8. No answer  | <b><u>MOVEMENT</u></b><br><br>606 MOVEMENT. RESTLESS: E.G. FIDGETING, PACING, UNNECESSARY MOVEMENTS?<br>0. No<br>1. Yes<br>8. No answer                     |
| 607 CHOREIFORM MOVEMENTS (CONTINUOUS, PURPOSELESS, JERKY, INVOLUNTARY MOVEMENTS OF THE HEAD, BODY OR LIMBS WHILE AT REST)?<br><br>0. Absent<br>1. Mild<br>2. Severe<br>8. No answer | 608 ATHETOID MOVEMENTS (CONTINUOUS, PURPOSELESS, SLOW WRITHING MOVEMENTS OF TONGUE, JAW OR LIMBS)?<br><br>0. Absent<br>1. Mild<br>2. Severe<br>8. No answer |
| 609 PARKINSONIAN MOVEMENTS  | 610 OBVIOUS ABNORMALITY OF  |

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| <p>(CHARACTERISTIC REPEATED REGULAR TREMOR OF THE HANDS AT REST. DESCRIBED AS 'PILL ROLLING')?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p> | <p>WALKING?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>  |
| <p>611 OBVIOUS EVIDENCE OF PARALYSIS OR STROKE?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>  | <p>612 OBVIOUS EVIDENCE OF PHYSICAL ABNORMALITY OF THE LEGS/ARMS/HANDS LIKE ARTHRITIS, AMPUTATION, GROSS SWELLING?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p> <p>IF 611 &amp; 612 RATED 1 OR 2 SKIP TO 616</p>                    |
| <p>613 GAIT NORMAL, JUST UNSTEADY?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>   | <p>614 STAGGERS AS IF DRUNK?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>   |
| <p>615 TAKES SLOW SHUFFLING STEPS?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>   | <p><b>SOCIAL SPEECH</b></p> <p>616 IRRELEVANCE: WHOLE CONTENT OF ANSWER MAY HAVE LITTLE TO DO WITH THE QUESTION. (DO NOT INCLUDE WANDERING OR RAMBLING FROM THE TOPIC OR INCOHERENCE)?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p> |
| <p>617 CIRCUMSTANTIAL: MUCH UNNECESSARY DETAIL BUT THE</p>   | <p>618 RAMBLING: TALKS IN AN AIMLESS FASHION. OBJECT IN VIEW</p>   |

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| <p>OBJECT IN VIEW AT THE BEGINNING IS ULTIMATELY REACHED?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>  | <p>AT THE BEGINNING IS NOT REACHED?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>  |
| <p>619 SPEECH VERY SLOW. DISTINCT PAUSES BETWEEN WORDS?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>  | <p>620 LONG PAUSES BEFORE REPLYING A CHARACTERISTIC FEATURE?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>                                     |
| <p>621 SPEECH VERY RAPID AND DIFFICULT TO FOLLOW?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>  | <p>622 SPEECH RESTRICTED IN QUALITY: E.G. ANSWERS TO QUESTIONS ONLY, NO SPONTANEOUS EXPRESSIONS?</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p> |
| <b>COMMUNICATION DIFFICULTIES</b>  |  |
| <p>623 . PERSEVERATION. REPEATS ANSWERS INAPPROPRIATELY.<br/>e.g. E.G. Q: WEEKDAY? A: TUESDAY.<br/>Q: MONTH? A: TUESDAY.</p> <p>0. Absent<br/>1. Mild<br/>2. Severe<br/>8. No answer</p> | <p>624 DYSPHASIA (DUE TO BRAIN DAMAGE) WORDS ARE MUDDLED UP OR USED INCORRECTLY?</p> <p>0. No.<br/>1. Yes<br/>8. No answer</p>                                   |
| <p>625 DYSARTHRIA (DUE TO BRAIN DAMAGE) DIFFICULTY ARTICULATING WORDS BUT KNOWS WHAT S/HE WANTS TO SAY?</p> <p>0. No.<br/>1. Yes<br/>8. No answer</p>                                    | <p>626 DYSARTHRIA (DUE TO SPEECH ORGANS) COARSE TREMOR OF THE TONGUE OR PARALYSIS OF VOCAL CHORDS?</p> <p>0. No.<br/>1. Yes<br/>8. No answer</p>                 |
| <p>627 LACK OF TEETH?</p>  | <p>628 DID THE SUBJECT HAVE HEARING PROBLEMS THAT</p>  |

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| <p>0. No.<br/>1. Yes<br/>8. No answer</p>   | <p>INTERFERED WITH THE QUESTIONING?<br/>0. No<br/>1. To some extent<br/>2. To a marked extent<br/>3. Deaf<br/>8. No answer</p> |
| <p>629 DID THE SUBJECT HAVE POOR/NO EYESIGHT THAT INTERFERED WITH READING, WRITING OR DRAWING??</p> <p>0. No<br/>1. To some extent<br/>2. To a marked extent<br/>3. Blind<br/>8. No answer</p>  | <p>630 STUTTERING?</p> <p>0. No.<br/>1. Yes<br/>8. No answer</p>   |
| <p>631 MUTISM SPECIFIED AS DUE TO PHYSICAL DEFECT?</p> <p>0. No.<br/>1. Yes<br/>8. No answer</p>  | <p>632 WEAKNESS – SEVERE?</p> <p>0. No.<br/>1. Yes<br/>8. No answer</p>  |
| <p>633 DID THE SUBJECT HAVE A WEAKNESS, TREMOR ETC OF HAND THAT INTERFERED WITH WRITING, DRAWING OR FOLDING PAPER?</p> <p>0. No<br/>1. To some extent<br/>2. To marked extent<br/>3. Use of one hand/arm only<br/>4. No answer</p>        | <p>634 LOW INTELLIGENCE?</p> <p>0. No.<br/>1. Yes<br/>8. No answer</p>   |
| <p>635 POOR GRASP OF LANGUAGE THAT INTERFERED WITH QUESTIONING OR ILLITERATE?</p> <p>0 No<br/>1. Yes, English not mother tongue<br/>2. Yes, unable to read<br/>3. Yes, unable to write<br/>4. Neither read nor write<br/>8. No answer</p> | <p>636 SLURRING NOT SPECIFIED AS DUE TO PHYSICAL DEFECT OR DRUGS?</p> <p>0. No<br/>1. Yes<br/>8. No answer</p>                 |

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| <p>637 INTERVIEW CONDITIONS UNFAVOURABLE E.G. NOISY DISTRACTING ENVIRONMENT?</p> <p>0. No<br/>1. Yes<br/>8. No answer</p>                 | <p>638 INTERVIEWEE REPEATEDLY FALLS ASLEEP AND HAS TO BE AWAKENED?</p> <p>0. No<br/>1. Yes<br/>8. No answer</p>   |
| <p>639 INTERVIEWEE APPEARS GENERALLY SLEEPY, BUT DOES NOT ACTUALLY FALL ASLEEP?</p> <p>0. No<br/>1. Yes<br/>8. No answer</p>              | <p><b>OTHER DIFFICULTIES</b></p> <p>640 LACK OF INSIGHT INTO PRESENT DISABILITY?</p> <p>0. No<br/>1. Yes<br/>8. No answer</p>   |
| <p>641 IMPAIRED ABILITY TO FOCUS, SUSTAIN AND SHIFT ATTENTION?</p> <p>0. No<br/>1. Yes<br/>8. No answer</p>                               | <p>642 IMPAIRED JUDGEMENT OF SITUATIONS AND OR PERSONS?</p> <p>0. No<br/>1. Yes<br/>8. No answer</p>  |
| <p>643 HALLUCINATING: BEHAVES AS THOUGH HEARS VOICES OR SEES VISIONS, OR ADMITS TO DOING SO?</p> <p>0. No<br/>1. Yes<br/>8. No answer</p> | <p>644 INCOHERENT IN CLEAR CONSCIOUSNESS (E.G. NOT SLEEPY) IRRELEVANT OR BIZARRE OR RANDOM ANSWERS, DISJOINTED IDEAS, GIBBERISH, NEOLOGISMS, PERSEVERATION, FLIGHT OF IDEAS?</p> <p>0. No<br/>1. Yes<br/>8. No answer</p> |
| <p>645 MEMORY DEFECT (CLEAR-CUT) E.G. DISORIENTATED, GROSS MEMORY LOSS, CLEAR-CUT BLACKOUT ETC?</p> <p>0. No</p>                          | <p>646 MEMORY DEFECT (DUBIOUS) E.G. HAZY RECALL, UNCONVINCINGLY CLAIMS NOT TO REMEMBER, MAKES LITTLE ATTEMPT TO RECALL?</p> <p>0. No<br/>1. Yes</p>   |



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| <p>1. Yes<br/>8. No answer</p>   | <p>2. Severe<br/>8. No answer</p>  |
| <p>647 JUDGEMENT PROBLEMS WITH MEMORY ARE MORE PROMINENT THAN PROBLEMS WITH THINKING I.E. MORE DIFFICULTY WITH REMEMBERING THINGS THAN WORKING THINGS OUT?</p> <p>0. No<br/>1. Mild<br/>8. No answer</p> | <p>648 WAS THE INTERVIEW COMPLETE? (IN CASE NOT THE SEVEN OBSERVATION ITEMS IN THE BODY OF THE INTERVIEW ARE REPEATED HERE FOR COMPLETION)<br/>Rate 0 No if in priority mode.</p> <p>0. No<br/>1. Yes<br/>8. No answer</p> <p>IF YES SKIP TO 656 OTHERWISE CONTINUE</p> <p>A complete interview is not in priority mode – all sections are completed. If the interview has skipped any section automatically or the interviewer has elected not to ask certain sections rate ‘O’ No.</p> |
| <p>649 RESPONDENT (R) LOOKS OR SOUNDS SAD, MOURNFUL OR DEPRESSED?</p> <p>0. No<br/>1. Mild<br/>2. Severe<br/>8. No answer<br/>9. Inapplicable</p>  | <p>650 RESPONDENT’S EYES MOIST, TEARFUL OR CRYING?</p> <p>0. No<br/>1. Mild<br/>2. Severe<br/>8. No answer<br/>9. Inapplicable</p>   |
| <p>651 R VERY SLOW IN ALL MOVEMENTS?</p> <p>0. No<br/>1. Mild<br/>2. Severe<br/>8. No answer<br/>9. Inapplicable</p>   | <p>652 R APPEARS INDECISIVE?</p> <p>0. No<br/>1. Mild<br/>2. Severe<br/>8. No answer<br/>9. Inapplicable</p>   |
| <p>653 R LOOKS OR SOUNDS UNDULY SUSPICIOUS?</p> <p>0. No<br/>1. Mild<br/>2. Severe<br/>8. No answer</p>  | <p>654 R HAS OBVIOUS DIFFICULTY IN CONCENTRATING ON INTERVIEW?</p> <p>0. No<br/>1. Mild<br/>2. Severe<br/>8. No answer<br/>9. Inapplicable</p>   |

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| 9. Inapplicable  |  |
| <p><b><u>OUTCOME</u></b><br/> Q655 RATE: HAS THE RESPONDENT (SPONTANEOUSLY) ADAMANTLY REFUSED TO BE RE-INTERVIEWED?</p> <p>1. No spontaneous adamant refusal<br/> 2. Adamantly Refused to be seen again.</p> |  |
| <b><u>CONFIDENCE IN DATA</u></b>   |  |
| <p>656 RATER'S CONFIDENCE IN DATA</p> <p>0. Reasonable/No Doubts<br/> 1. A few doubts<br/> 2. Moderate doubts<br/> 3. Grave doubts<br/> 4. Worthless</p>   |  |
| <p>657 DOUBTFUL RELIABILITY BECAUSE OF:</p> <p>1. Exaggeration<br/> 2. Minimisation<br/> 3. Another person present<br/> 4. Other (specify)</p>   |  |
| <p>658 DOUBTFUL RELIABILITY BECAUSE OF OTHER (SPECIFY)</p>   |  |
| <p>659 DATE OF ADMISSION TO RESIDENTIAL OR NURSING HOME. (IF NOT IN A RESIDENTIAL OR NURSING HOME ENTER 99.99)</p> <p>_____</p>  |  |
| <p>660 WHAT WOULD BE YOUR CLINICAL DIAGNOSIS?</p> <p>0. Well</p>   | <p>660<br/> Enter any apparent diagnosis. Rate only if you are reasonably certain. If there is conflicting symptomatology and your</p> |

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| <ol style="list-style-type: none"> <li>1. Demented (specify)</li> <li>2. Depressed</li> <li>3. Demented and depressed (specify)</li> <li>4. Other (specify)</li> <li>7. Don't know</li> <li>8. No answer</li> </ol>  | <p>doubt lies in the subject then rate 7. If you feel unable to make a diagnosis and the doubt lies in yourself (e.g. because you are a non clinician) then rate 8.</p> |
| <p>661 CLINICAL DIAGNOSIS SPECIFY:</p>   |   |
| <p><b>As we mentioned in the information sheet we would hope to approach you for another interview in about two years time. Could you give me the name and phone number for two people who would know your whereabouts if you should have moved in that time?</b></p> <p>If yes enter details in contact section.</p> <p>Q662 Details inserted in contact section?</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ol> |   |
| <p><b>THE COMPUTER WILL NOW SCORE THE INTERVIEW, IF A HAS INTERVIEW IS REQUIRED PLEASE ASK Q663 OTHERWISE THANK THE RESPONDENT ONCE AGAIN AND END THE INTERVIEW.</b></p>   |   |
| <p>Q663 Part of our research involves us asking people that we interview if we can talk to someone else about their health. This is because often people aren't aware of changes in their own health, whereas someone close to them may have noticed changes.</p> <p>Is there someone we could ask about your health?</p>  |   |

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| <ul style="list-style-type: none"> <li>0. Consent not given</li> <li>1. Consent given (specify details)</li> <li>2. No suitable person</li> <li>9. Not asked</li> </ul> |  |
| <p>Q664 INFORMANT CONTACT DETAIL<br/>OBTAINED?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> </ul>  |  |