



Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA)

WAVE 2 MAIN QUESTIONNAIRE: CONFIDENTIAL

IDS-TILDA ID Number:

Gender: **Female** **Male**

Interview Date:

Interviewer ID Number



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*Working to Make Ireland the Best Place
to Grow Old*

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Section 1: Coverscreen & Demographics (CS)

IWER: Thank you for taking part in this second wave of the IDS-TILDA study. As you know, this study is interested in learning about the health and well-being of people aged 40 and over. This interview is completely voluntary and private. If we should come to any question you don't want to answer, just let me know and I will go on to the next question. The answers that you give will be kept private and will be used only for research purposes.

IWER: Verbal consent should be negotiated throughout the interview process

Living Circumstance

CS1	<p>INTRO: Now I would like to ask some questions about where you live.</p> <p>We have asked this question of you before but we are interested in finding out if many people have moved house since their last interview.</p> <p>Where do you live most of the time?</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%;"> <tr> <td>At home with both parents</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>At home with one parent</td> <td style="text-align: right;"><input type="checkbox"/> 2</td> </tr> <tr> <td>At home with sibling</td> <td style="text-align: right;"><input type="checkbox"/> 3</td> </tr> <tr> <td>At home with other relative</td> <td style="text-align: right;"><input type="checkbox"/> 4</td> </tr> <tr> <td>Foster care and boarding-out arrangements</td> <td style="text-align: right;"><input type="checkbox"/> 5</td> </tr> <tr> <td>Living independently</td> <td style="text-align: right;"><input type="checkbox"/> 6</td> </tr> <tr> <td>Living semi-independently</td> <td style="text-align: right;"><input type="checkbox"/> 7</td> </tr> <tr> <td>5-day community group home</td> <td style="text-align: right;"><input type="checkbox"/> 8</td> </tr> <tr> <td>7-day (48-week) community group home (goes home for holidays)</td> <td style="text-align: right;"><input type="checkbox"/> 9</td> </tr> <tr> <td>7-day (52-week) community group home</td> <td style="text-align: right;"><input type="checkbox"/> 10</td> </tr> </table>	At home with both parents	<input type="checkbox"/> 1	At home with one parent	<input type="checkbox"/> 2	At home with sibling	<input type="checkbox"/> 3	At home with other relative	<input type="checkbox"/> 4	Foster care and boarding-out arrangements	<input type="checkbox"/> 5	Living independently	<input type="checkbox"/> 6	Living semi-independently	<input type="checkbox"/> 7	5-day community group home	<input type="checkbox"/> 8	7-day (48-week) community group home (goes home for holidays)	<input type="checkbox"/> 9	7-day (52-week) community group home	<input type="checkbox"/> 10
At home with both parents	<input type="checkbox"/> 1																				
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5-day community group home	<input type="checkbox"/> 8																				
7-day (48-week) community group home (goes home for holidays)	<input type="checkbox"/> 9																				
7-day (52-week) community group home	<input type="checkbox"/> 10																				

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Community group home	<input type="checkbox"/> 11
5-day residential centre	<input type="checkbox"/> 12
7-day (48-week) residential centre (goes home for holidays)	<input type="checkbox"/> 13
7-day (52-week) residential centre	<input type="checkbox"/> 14
Nursing home	<input type="checkbox"/> 15
Mental health community residence	<input type="checkbox"/> 16
Psychiatric hospital	<input type="checkbox"/> 17
Intensive placement (challenging behaviour)	<input type="checkbox"/> 18
Intensive placement (profound or multiple disability)	<input type="checkbox"/> 19

Other (please specify)

	95
--	----

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(Adapted from NIDD/IDS-TILDA)

CS2 **IWER:** Is this the residence in which you were living at the time of the last interview?

Yes	<input type="checkbox"/> 1	(Go to CS22)
No	<input type="checkbox"/> 5	(Go to CS3)

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

CS3 How many times have you moved since your last interview?
 _____ times (number)

CS4 What residence were you living in before current residence?
IWER: CODE THE ONE THAT APPLIES

At home with both parents	<input type="checkbox"/> 1
At home with one parent	<input type="checkbox"/> 2
At home with sibling	<input type="checkbox"/> 3
At home with other relative	<input type="checkbox"/> 4
Foster care and boarding-out arrangements	<input type="checkbox"/> 5
Living independently	<input type="checkbox"/> 6
Living semi-independently	<input type="checkbox"/> 7
5-day community group home	<input type="checkbox"/> 8
7-day (48-week) community group home (goes home for holidays)	<input type="checkbox"/> 9
7-day (52-week) community group home	<input type="checkbox"/> 10
Community group home	<input type="checkbox"/> 11
5-day residential centre	<input type="checkbox"/> 12

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7-day (48-week) residential centre (goes home for holidays)	<input type="checkbox"/> 13
7-day (52-week) residential centre	<input type="checkbox"/> 14
Nursing home	<input type="checkbox"/> 15
Mental health community residence	<input type="checkbox"/> 16
Psychiatric hospital	<input type="checkbox"/> 17
Intensive placement (challenging behaviour)	<input type="checkbox"/> 18
Intensive placement (profound or multiple disability)	<input type="checkbox"/> 19
Different unit in same residence i.e. moved residence within the campus setting.	<input type="checkbox"/> 20

Other (please specify)

	95
--	----

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(Adapted from NIDD/IDS-TILDA)

<p>CS5</p>	<p>What was/were the reason(s) for this move?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1"> <tr> <td data-bbox="343 324 1252 403">Physical health changes/change in health status.</td> <td data-bbox="1252 324 1372 403"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 403 1252 481">Loss of primary carer e.g. death of a parent</td> <td data-bbox="1252 403 1372 481"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 481 1252 560">Change in Service Policy</td> <td data-bbox="1252 481 1372 560"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 560 1252 638">Moved to accommodate service</td> <td data-bbox="1252 560 1372 638"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 638 1252 716">Not happy where I was living</td> <td data-bbox="1252 638 1372 716"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 716 1252 795">Funding Shortages/Staff Shortage</td> <td data-bbox="1252 716 1372 795"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 795 1252 873">Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)</td> <td data-bbox="1252 795 1372 873"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 873 1252 952">Lack of Nursing Support</td> <td data-bbox="1252 873 1372 952"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 952 1252 1030">Lack of 24hr care</td> <td data-bbox="1252 952 1372 1030"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 1030 1252 1108">As part of the transition process</td> <td data-bbox="1252 1030 1372 1108"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 1108 1252 1187">Personal choice</td> <td data-bbox="1252 1108 1372 1187"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 1187 1252 1265">I don't know the reason for the move</td> <td data-bbox="1252 1187 1372 1265"><input type="checkbox"/> 1</td> </tr> </table> <p>Other, please tell us</p> <div data-bbox="359 1288 1141 1377" style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: right;">1</p> <p>(IDS-TILDA)</p>	Physical health changes/change in health status.	<input type="checkbox"/> 1	Loss of primary carer e.g. death of a parent	<input type="checkbox"/> 1	Change in Service Policy	<input type="checkbox"/> 1	Moved to accommodate service	<input type="checkbox"/> 1	Not happy where I was living	<input type="checkbox"/> 1	Funding Shortages/Staff Shortage	<input type="checkbox"/> 1	Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)	<input type="checkbox"/> 1	Lack of Nursing Support	<input type="checkbox"/> 1	Lack of 24hr care	<input type="checkbox"/> 1	As part of the transition process	<input type="checkbox"/> 1	Personal choice	<input type="checkbox"/> 1	I don't know the reason for the move	<input type="checkbox"/> 1
Physical health changes/change in health status.	<input type="checkbox"/> 1																								
Loss of primary carer e.g. death of a parent	<input type="checkbox"/> 1																								
Change in Service Policy	<input type="checkbox"/> 1																								
Moved to accommodate service	<input type="checkbox"/> 1																								
Not happy where I was living	<input type="checkbox"/> 1																								
Funding Shortages/Staff Shortage	<input type="checkbox"/> 1																								
Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)	<input type="checkbox"/> 1																								
Lack of Nursing Support	<input type="checkbox"/> 1																								
Lack of 24hr care	<input type="checkbox"/> 1																								
As part of the transition process	<input type="checkbox"/> 1																								
Personal choice	<input type="checkbox"/> 1																								
I don't know the reason for the move	<input type="checkbox"/> 1																								
<p>CS6</p>	<p>Now, thinking about the reason(s) you chose, what was the most important reason for this move?</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td data-bbox="343 1702 1252 1780">Physical health changes/change in health status.</td> <td data-bbox="1252 1702 1372 1780"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="343 1780 1252 1859">Loss of primary carer e.g. death of a parent</td> <td data-bbox="1252 1780 1372 1859"><input type="checkbox"/> 2</td> </tr> <tr> <td data-bbox="343 1859 1252 1937">Change in Service Policy</td> <td data-bbox="1252 1859 1372 1937"><input type="checkbox"/> 3</td> </tr> <tr> <td data-bbox="343 1937 1252 2016">Moved to accommodate service</td> <td data-bbox="1252 1937 1372 2016"><input type="checkbox"/> 4</td> </tr> </table>	Physical health changes/change in health status.	<input type="checkbox"/> 1	Loss of primary carer e.g. death of a parent	<input type="checkbox"/> 2	Change in Service Policy	<input type="checkbox"/> 3	Moved to accommodate service	<input type="checkbox"/> 4																
Physical health changes/change in health status.	<input type="checkbox"/> 1																								
Loss of primary carer e.g. death of a parent	<input type="checkbox"/> 2																								
Change in Service Policy	<input type="checkbox"/> 3																								
Moved to accommodate service	<input type="checkbox"/> 4																								

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	Not happy where I was living	<input type="checkbox"/> 5
	Funding Shortages/Staff Shortage	<input type="checkbox"/> 6
	Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)	<input type="checkbox"/> 7
	Lack of Nursing Support	<input type="checkbox"/> 8
	Lack of 24hr care	<input type="checkbox"/> 9
	As part of the transition process	<input type="checkbox"/> 10
	Personal choice	<input type="checkbox"/> 11
	I don't know the reason for the move	<input type="checkbox"/> 12
	Other, please tell us	
	<input type="text"/>	95
	(IDS-TILDA)	
CS7	Who was involved in choosing your new home/accommodation?	
	IWER: CODE ALL THAT APPLY	
	Myself	<input type="checkbox"/> 1
	Family	<input type="checkbox"/> 1
	Key worker	<input type="checkbox"/> 1
	The Staff	<input type="checkbox"/> 1
	The Service	<input type="checkbox"/> 1
	Other please tell us	<input type="checkbox"/> 1

<p>CS8</p>	<p>IWER: In what month and year did you decide to move home/accommodation?</p> <p>(MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="text"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="text"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="text"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="text"/> 97	Don't know	<input type="text"/> 98	Refused to answer	<input type="text"/> 99				
Unclear response	<input type="text"/> 97										
Don't know	<input type="text"/> 98										
Refused to answer	<input type="text"/> 99										
<p>CS9</p>	<p>IWER: In what month and year did you move home/accommodation?</p> <p>(MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="text"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="text"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="text"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="text"/> 97	Don't know	<input type="text"/> 98	Refused to answer	<input type="text"/> 99				
Unclear response	<input type="text"/> 97										
Don't know	<input type="text"/> 98										
Refused to answer	<input type="text"/> 99										
<p>CS10</p>	<p>Did you view any alternative accommodation options? (eg bungalow, independent living house or flat, nursing home)</p> <p>IWER: CODE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Yes</td> <td><input type="text"/> 1</td> </tr> <tr> <td>No</td> <td><input type="text"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="text"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="text"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="text"/> 99</td> </tr> </table>	Yes	<input type="text"/> 1	No	<input type="text"/> 5	Unclear response	<input type="text"/> 97	Don't know	<input type="text"/> 98	Refused to answer	<input type="text"/> 99
Yes	<input type="text"/> 1										
No	<input type="text"/> 5										
Unclear response	<input type="text"/> 97										
Don't know	<input type="text"/> 98										
Refused to answer	<input type="text"/> 99										

<p>CS11</p>	<p>IWER: Did you want to move?</p> <p>IWER: CODE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99			
Yes	<input type="checkbox"/>	1																	
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Unclear response	<input type="checkbox"/>	97																	
Don't know	<input type="checkbox"/>	98																	
Refused to answer	<input type="checkbox"/>	99																	
<p>CS12</p>	<p>Are you happy with your new home/accommodation?</p> <p>IWER: CODE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Very happy</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Somewhat happy</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Not happy</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table>	Very happy	<input type="checkbox"/>	1	Somewhat happy	<input type="checkbox"/>	2	Not happy	<input type="checkbox"/>	3	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
Very happy	<input type="checkbox"/>	1																	
Somewhat happy	<input type="checkbox"/>	2																	
Not happy	<input type="checkbox"/>	3																	
Unclear response	<input type="checkbox"/>	97																	
Don't know	<input type="checkbox"/>	98																	
Refused to answer	<input type="checkbox"/>	99																	
<p>CS13</p>	<p>Is this the only move you made since your last interview?</p> <p>IWER: CODE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>Go to CS22</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>Go to CS14</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/>	1	Go to CS22	No	<input type="checkbox"/>	5	Go to CS14	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99	
Yes	<input type="checkbox"/>	1	Go to CS22																
No	<input type="checkbox"/>	5	Go to CS14																
Unclear response	<input type="checkbox"/>	97																	
Don't know	<input type="checkbox"/>	98																	
Refused to answer	<input type="checkbox"/>	99																	
<p>CS14</p>	<p>What residence were you living in before this move?</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>At home with both parents</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>At home with one parent</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>At home with sibling</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>At home with other relative</td> <td><input type="checkbox"/></td> <td>4</td> </tr> </table>	At home with both parents	<input type="checkbox"/>	1	At home with one parent	<input type="checkbox"/>	2	At home with sibling	<input type="checkbox"/>	3	At home with other relative	<input type="checkbox"/>	4						
At home with both parents	<input type="checkbox"/>	1																	
At home with one parent	<input type="checkbox"/>	2																	
At home with sibling	<input type="checkbox"/>	3																	
At home with other relative	<input type="checkbox"/>	4																	

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	Foster care and boarding-out arrangements	<input type="checkbox"/> 5
	Living independently	<input type="checkbox"/> 6
	Living semi-independently	<input type="checkbox"/> 7
	5-day community group home	<input type="checkbox"/> 8
	7-day (48-week) community group home (goes home for holidays)	<input type="checkbox"/> 9
	7-day (52-week) community group home	<input type="checkbox"/> 10
	5-day residential centre	<input type="checkbox"/> 11
	7-day (48-week) residential centre (goes home for holidays)	<input type="checkbox"/> 12
	7-day (52-week) residential centre	<input type="checkbox"/> 13
	Nursing home	<input type="checkbox"/> 14
	Mental health community residence	<input type="checkbox"/> 15
	Psychiatric hospital	<input type="checkbox"/> 16
	Intensive placement (challenging behaviour)	<input type="checkbox"/> 17
	Intensive placement (profound or multiple disability)	<input type="checkbox"/> 18
	Different unit in same residence i.e. moved residence within the campus setting.	<input type="checkbox"/> 19
	Other (please specify)	
	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	95
	Unclear response	<input type="checkbox"/> 97
	Don't know	<input type="checkbox"/> 98
	Refused to answer	<input type="checkbox"/> 99
CS15	<p>What was the reason for this move?</p> <p>IWER: CODE ALL THAT APPLY</p>	
	Physical health changes/change in health status.	<input type="checkbox"/> 1
	Loss of primary carer e.g. death of a parent	<input type="checkbox"/> 1
	Change in Service Policy	<input type="checkbox"/> 1
	Moved to accommodate service	<input type="checkbox"/> 1
	Not happy where I was living	<input type="checkbox"/> 1

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	Funding Shortages/Staff Shortage	<input type="checkbox"/> 1																												
	Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)	<input type="checkbox"/> 1																												
	Lack of Nursing Support	<input type="checkbox"/> 1																												
	Lack of 24hr care	<input type="checkbox"/> 1																												
	As part of the transition process	<input type="checkbox"/> 1																												
	Personal choice	<input type="checkbox"/> 1																												
	I don't know the reason for the move	<input type="checkbox"/> 1																												
	Other	<input type="checkbox"/> 1																												
	<p>Please tell us</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																													
	(IDS-TILDA)																													
CS16	<p>What residence were you living in before this move?</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>At home with both parents</td> <td align="right"><input type="checkbox"/> 1</td> </tr> <tr> <td>At home with one parent</td> <td align="right"><input type="checkbox"/> 2</td> </tr> <tr> <td>At home with sibling</td> <td align="right"><input type="checkbox"/> 3</td> </tr> <tr> <td>At home with other relative</td> <td align="right"><input type="checkbox"/> 4</td> </tr> <tr> <td>Foster care and boarding-out arrangements</td> <td align="right"><input type="checkbox"/> 5</td> </tr> <tr> <td>Living independently</td> <td align="right"><input type="checkbox"/> 6</td> </tr> <tr> <td>Living semi-independently</td> <td align="right"><input type="checkbox"/> 7</td> </tr> <tr> <td>5-day community group home</td> <td align="right"><input type="checkbox"/> 8</td> </tr> <tr> <td>7-day (48-week) community group home (goes home for holidays)</td> <td align="right"><input type="checkbox"/> 9</td> </tr> <tr> <td>7-day (52-week) community group home</td> <td align="right"><input type="checkbox"/> 10</td> </tr> <tr> <td>5-day residential centre</td> <td align="right"><input type="checkbox"/> 11</td> </tr> <tr> <td>7-day (48-week) residential centre (goes home for holidays)</td> <td align="right"><input type="checkbox"/> 12</td> </tr> <tr> <td>7-day (52-week) residential centre</td> <td align="right"><input type="checkbox"/> 13</td> </tr> <tr> <td>Nursing home</td> <td align="right"><input type="checkbox"/> 14</td> </tr> </table>		At home with both parents	<input type="checkbox"/> 1	At home with one parent	<input type="checkbox"/> 2	At home with sibling	<input type="checkbox"/> 3	At home with other relative	<input type="checkbox"/> 4	Foster care and boarding-out arrangements	<input type="checkbox"/> 5	Living independently	<input type="checkbox"/> 6	Living semi-independently	<input type="checkbox"/> 7	5-day community group home	<input type="checkbox"/> 8	7-day (48-week) community group home (goes home for holidays)	<input type="checkbox"/> 9	7-day (52-week) community group home	<input type="checkbox"/> 10	5-day residential centre	<input type="checkbox"/> 11	7-day (48-week) residential centre (goes home for holidays)	<input type="checkbox"/> 12	7-day (52-week) residential centre	<input type="checkbox"/> 13	Nursing home	<input type="checkbox"/> 14
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CONFIDENTIAL

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	Different unit in same residence i.e. moved residence within the campus setting.	<input type="checkbox"/> 19																										
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	Unclear response <input type="checkbox"/> 97																											
	Don't know <input type="checkbox"/> 98																											
	Refused to answer <input type="checkbox"/> 99																											
CS17	<p>What was the reason for this move?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Physical health changes/change in health status.</td> <td style="width:15%; text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Loss of primary carer e.g. death of a parent</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Change in Service Policy</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Moved to accommodate service</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Not happy where I was living</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Funding Shortages/Staff Shortage</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Lack of Nursing Support</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Lack of 24hr care</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>As part of the transition process</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Personal choice</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>I don't know the reason for the move</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Other,</td> <td style="text-align: right;"><input type="checkbox"/> 1</td> </tr> </table> <p>please tell us</p> <div style="border: 1px solid black; height: 20px; width: 400px; margin-bottom: 5px;"></div> <p>(IDS-TILDA)</p>		Physical health changes/change in health status.	<input type="checkbox"/> 1	Loss of primary carer e.g. death of a parent	<input type="checkbox"/> 1	Change in Service Policy	<input type="checkbox"/> 1	Moved to accommodate service	<input type="checkbox"/> 1	Not happy where I was living	<input type="checkbox"/> 1	Funding Shortages/Staff Shortage	<input type="checkbox"/> 1	Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)	<input type="checkbox"/> 1	Lack of Nursing Support	<input type="checkbox"/> 1	Lack of 24hr care	<input type="checkbox"/> 1	As part of the transition process	<input type="checkbox"/> 1	Personal choice	<input type="checkbox"/> 1	I don't know the reason for the move	<input type="checkbox"/> 1	Other,	<input type="checkbox"/> 1
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Other,	<input type="checkbox"/> 1																											

CS18

What residence were you living in before this move?

IWER: CODE THE ONE THAT APPLIES

At home with both parents	<input type="checkbox"/> 1
At home with one parent	<input type="checkbox"/> 2
At home with sibling	<input type="checkbox"/> 3
At home with other relative	<input type="checkbox"/> 4
Foster care and boarding-out arrangements	<input type="checkbox"/> 5
Living independently	<input type="checkbox"/> 6
Living semi-independently	<input type="checkbox"/> 7
5-day community group home	<input type="checkbox"/> 8
7-day (48-week) community group home (goes home for holidays)	<input type="checkbox"/> 9
7-day (52-week) community group home	<input type="checkbox"/> 10
5-day residential centre	<input type="checkbox"/> 11
7-day (48-week) residential centre (goes home for holidays)	<input type="checkbox"/> 12
7-day (52-week) residential centre	<input type="checkbox"/> 13
Nursing home	<input type="checkbox"/> 14
Mental health community residence	<input type="checkbox"/> 15
Psychiatric hospital	<input type="checkbox"/> 16
Intensive placement (challenging behaviour)	<input type="checkbox"/> 17
Intensive placement (profound or multiple disability)	<input type="checkbox"/> 18
Different unit in same residence i.e. moved residence within the campus setting.	<input type="checkbox"/> 19

Other (please specify)

	95
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Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

CS19

What was the reason for this move?

IWER: CODE ALL THAT APPLY

Physical health changes/change in health status.	<input type="checkbox"/> 1
Loss of primary carer e.g. death of a parent	<input type="checkbox"/> 1
Change in Service Policy	<input type="checkbox"/> 1
Moved to accommodate service	<input type="checkbox"/> 1
Not happy where I was living	<input type="checkbox"/> 1
Funding Shortages/Staff Shortage	<input type="checkbox"/> 1
Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)	<input type="checkbox"/> 1
Lack of Nursing Support	<input type="checkbox"/> 1
Lack of 24hr care	<input type="checkbox"/> 1
As part of the transition process	<input type="checkbox"/> 1
Personal choice	<input type="checkbox"/> 1
I don't know the reason for the move	<input type="checkbox"/> 1
Other,	<input type="checkbox"/> 1

please tell us

(IDS-TILDA)

CS20

What residence were you living in before this move?

IWER: CODE THE ONE THAT APPLIES

At home with both parents	<input type="checkbox"/> 1
At home with one parent	<input type="checkbox"/> 2
At home with sibling	<input type="checkbox"/> 3
At home with other relative	<input type="checkbox"/> 4
Foster care and boarding-out arrangements	<input type="checkbox"/> 5
Living independently	<input type="checkbox"/> 6
Living semi-independently	<input type="checkbox"/> 7
5-day community group home	<input type="checkbox"/> 8
7-day (48-week) community group home (goes home for holidays)	<input type="checkbox"/> 9

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	7-day (52-week) community group home	<input type="checkbox"/> 10
	5-day residential centre	<input type="checkbox"/> 11
	7-day (48-week) residential centre (goes home for holidays)	<input type="checkbox"/> 12
	7-day (52-week) residential centre	<input type="checkbox"/> 13
	Nursing home	<input type="checkbox"/> 14
	Mental health community residence	<input type="checkbox"/> 15
	Psychiatric hospital	<input type="checkbox"/> 16
	Intensive placement (challenging behaviour)	<input type="checkbox"/> 17
	Intensive placement (profound or multiple disability)	<input type="checkbox"/> 18
	Different unit in same residence	<input type="checkbox"/> 19
	Other (please specify)	
	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	95
	Unclear response	<input type="checkbox"/> 97
	Don't know	<input type="checkbox"/> 98
	Refused to answer	<input type="checkbox"/> 99
CS21	<p>What was the reason for this move?</p> <p>IWER: CODE ALL THAT APPLY</p>	
	Physical health changes/change in health status.	<input type="checkbox"/> 1
	Loss of primary carer e.g. death of a parent	<input type="checkbox"/> 1
	Change in Service Policy	<input type="checkbox"/> 1
	Moved to accommodate the Service Provider	<input type="checkbox"/> 1
	Not happy where I was living	<input type="checkbox"/> 1
	Funding Shortages/Staff Shortage	<input type="checkbox"/> 1
	Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)	<input type="checkbox"/> 1
	Lack of Nursing Support	<input type="checkbox"/> 1
	Lack of 24hr care	<input type="checkbox"/> 1

	<p>As part of the transition process <input style="width: 30px;" type="checkbox"/> 1</p> <p>Personal choice <input style="width: 30px;" type="checkbox"/> 1</p> <p>I don't know the reason for the move <input style="width: 30px;" type="checkbox"/> 1</p> <p>Other <input style="width: 30px;" type="checkbox"/> 1</p> <p>Please tell us</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p>(IDS-TILDA)</p>																
CS22	<p>IWER: How many people live where you live (who live under the same roof as you)?</p> <p>NOTE: By live we mean people who are NOT paid staff and who reside at this residence for the majority of the week (e.g. family members, other people with ID). Please include the SR in this figure.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 60%;">Number of people</td> <td style="width: 40%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Unclear response</td> <td style="width: 20%;"><input style="width: 30px;" type="checkbox"/></td> <td style="width: 20%;">97</td> </tr> <tr> <td>Don't know</td> <td><input style="width: 30px;" type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input style="width: 30px;" type="checkbox"/></td> <td>99</td> </tr> </table> <p>(Adapted POMONA)</p>	Number of people		Unclear response	<input style="width: 30px;" type="checkbox"/>	97	Don't know	<input style="width: 30px;" type="checkbox"/>	98	Refused to answer	<input style="width: 30px;" type="checkbox"/>	99					
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Refused to answer	<input style="width: 30px;" type="checkbox"/>	99															
CS23	<p>IWER: Do you have your own bedroom for yourself?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 15%;"><input style="width: 30px;" type="checkbox"/></td> <td style="width: 55%;">1 (Go to CS 26)</td> </tr> <tr> <td>No</td> <td><input style="width: 30px;" type="checkbox"/></td> <td>5 (Go to CS 24)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 15%;"><input style="width: 30px;" type="checkbox"/></td> <td style="width: 55%;">97 (Go to CS 26)</td> </tr> <tr> <td>Don't know</td> <td><input style="width: 30px;" type="checkbox"/></td> <td>98 (Go to CS 26)</td> </tr> <tr> <td>Refused to answer</td> <td><input style="width: 30px;" type="checkbox"/></td> <td>99 (Go to CS 26)</td> </tr> </table>	Yes	<input style="width: 30px;" type="checkbox"/>	1 (Go to CS 26)	No	<input style="width: 30px;" type="checkbox"/>	5 (Go to CS 24)	Unclear response	<input style="width: 30px;" type="checkbox"/>	97 (Go to CS 26)	Don't know	<input style="width: 30px;" type="checkbox"/>	98 (Go to CS 26)	Refused to answer	<input style="width: 30px;" type="checkbox"/>	99 (Go to CS 26)	
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Refused to answer	<input style="width: 30px;" type="checkbox"/>	99 (Go to CS 26)															

	(IDS-TILDA)												
CS24	<p>IWER: How many people do you share a bedroom with? (other than with a partner)</p> <table border="1"> <tr> <td>Number of people</td> <td><input type="text"/></td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="text"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="text"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="text"/> 99</td> </tr> </table> <p>(National Quality Standards HIQA/IDS-TILDA)</p>	Number of people	<input type="text"/>	Unclear response	<input type="text"/> 97	Don't know	<input type="text"/> 98	Refused to answer	<input type="text"/> 99				
Number of people	<input type="text"/>												
Unclear response	<input type="text"/> 97												
Don't know	<input type="text"/> 98												
Refused to answer	<input type="text"/> 99												
CS25	<p>IWER: Would you prefer to have your own bedroom?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="text"/> 1</td> </tr> <tr> <td>No</td> <td><input type="text"/> 5</td> </tr> <tr> <td>Not applicable</td> <td><input type="text"/> 94</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="text"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="text"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="text"/> 99</td> </tr> </table> <p>(National Quality Standards HIQA/IDS-TILDA)</p>	Yes	<input type="text"/> 1	No	<input type="text"/> 5	Not applicable	<input type="text"/> 94	Unclear response	<input type="text"/> 97	Don't know	<input type="text"/> 98	Refused to answer	<input type="text"/> 99
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Not applicable	<input type="text"/> 94												
Unclear response	<input type="text"/> 97												
Don't know	<input type="text"/> 98												
Refused to answer	<input type="text"/> 99												
CS26	<p>IWER: Do you receive support from nursing staff in your residence...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>24 hours a day</td> <td><input type="text"/> 1</td> </tr> <tr> <td>only at night</td> <td><input type="text"/> 2</td> </tr> <tr> <td>only during the day</td> <td><input type="text"/> 3</td> </tr> <tr> <td>part time both at day and night</td> <td><input type="text"/> 4</td> </tr> <tr> <td>Not applicable (no paid nursing staff in your house day or night)</td> <td><input type="text"/> 94</td> </tr> </table> <p>Other (please specify)</p>	24 hours a day	<input type="text"/> 1	only at night	<input type="text"/> 2	only during the day	<input type="text"/> 3	part time both at day and night	<input type="text"/> 4	Not applicable (no paid nursing staff in your house day or night)	<input type="text"/> 94		
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Refused to answer	<input type="checkbox"/> 99																				
CS27	<p>IWER: Do you receive support from other staff (e.g. key worker, support worker) in your residence (excluding nursing staff)...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">24 hours a day</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>only at night</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td>only during the day</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>part time both at day and night</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> </tr> <tr> <td>Not applicable (no paid support staff in your house day or night)</td> <td style="text-align: center;"><input type="checkbox"/> 94</td> </tr> </table> <p>Other (please specify)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 80%; height: 50px;"></td> <td style="width: 20%; text-align: center; vertical-align: middle;">95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(Adapted from POMONA)</p>			24 hours a day	<input type="checkbox"/> 1	only at night	<input type="checkbox"/> 2	only during the day	<input type="checkbox"/> 3	part time both at day and night	<input type="checkbox"/> 4	Not applicable (no paid support staff in your house day or night)	<input type="checkbox"/> 94		95	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
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Refused to answer	<input type="checkbox"/> 99																				
CS28	<p>NOTE: If the interview is conducted in the SR's home, the interviewer should complete the following question. If not, read out the following to the SR and code the one that applies.</p> <p>IWER: Is your residence...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p>																				

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a bungalow or 1 storey house	<input type="checkbox"/> 1
a house with 2 or more storeys	<input type="checkbox"/> 2
a ground floor flat	<input type="checkbox"/> 3
a flat/apartment/maisonette on upper story, with lift	<input type="checkbox"/> 4
a flat/apartment/maisonette on upper storey, with no lift	<input type="checkbox"/> 5
Other (please specify)	
	95
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99
(NDS/IDS to TILDA)	

CS29

IWER: Does your residence have a bathroom, bedroom and kitchen all on the same floor or level?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(Adapted from Disability Follow back Survey)

Religion

CS30

IWER: About how often do you go to religious services?

IWER: CODE THE ONE THAT APPLIES

No religion	<input type="checkbox"/> 1	(Go to CS33)
Never/almost never	<input type="checkbox"/> 2	(Go to CS 31)

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	About once or twice a year	<input type="checkbox"/> 3	(Go to CS 31)																
	Every few months	<input type="checkbox"/> 4	(Go to CS 31)																
	About once a month	<input type="checkbox"/> 5	(Go to CS 31)																
	Twice a month	<input type="checkbox"/> 6	(Go to CS 31)																
	About once a week	<input type="checkbox"/> 7	(Go to CS 31)																
	More than once a week	<input type="checkbox"/> 8	(Go to CS 31)																
	Unclear response	<input type="checkbox"/> 97	(Go to CS33)																
	Don't know	<input type="checkbox"/> 98	(Go to CS 33)																
	Refused to answer	<input type="checkbox"/> 99	(Go to CS 33)																
	(SNI/IDS-TILDA)																		
CS31	<p>(SELF-REPORT ONLY) IWER: How important would you say religion is in your life? IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Very important</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Somewhat important</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Not too important</td> <td><input type="checkbox"/> 3</td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't Know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> <tr> <td>SR not present – unable to complete</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(HRS)</p>			Very important	<input type="checkbox"/> 1	Somewhat important	<input type="checkbox"/> 2	Not too important	<input type="checkbox"/> 3	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't Know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	SR not present – unable to complete	<input type="checkbox"/> 0
Very important	<input type="checkbox"/> 1																		
Somewhat important	<input type="checkbox"/> 2																		
Not too important	<input type="checkbox"/> 3																		
Unable to understand	<input type="checkbox"/> 93																		
Unclear response	<input type="checkbox"/> 97																		
Don't Know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
SR not present – unable to complete	<input type="checkbox"/> 0																		
CS32	<p>(SELF-REPORT ONLY) IWER: Do you find that you get comfort and strength from religion or not? IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Often/always</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Sometimes</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Never</td> <td><input type="checkbox"/> 3</td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> </table>			Often/always	<input type="checkbox"/> 1	Sometimes	<input type="checkbox"/> 2	Never	<input type="checkbox"/> 3	Unable to understand	<input type="checkbox"/> 93								
Often/always	<input type="checkbox"/> 1																		
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	<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't Know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> <tr> <td>SR not present – unable to complete</td> <td><input type="checkbox"/> 0</td> </tr> </table>	Unclear response	<input type="checkbox"/> 97	Don't Know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	SR not present – unable to complete	<input type="checkbox"/> 0	
Unclear response	<input type="checkbox"/> 97									
Don't Know	<input type="checkbox"/> 98									
Refused to answer	<input type="checkbox"/> 99									
SR not present – unable to complete	<input type="checkbox"/> 0									
<p>CS33</p>	<p>Any Other Information (Religion):</p>									
<p>CS34</p>	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed</p> <table border="1"> <tr> <td>Self Report Only</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>SR and Proxy</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Proxy Only</td> <td><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>		Self Report Only	<input type="checkbox"/> 1	SR and Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3		
Self Report Only	<input type="checkbox"/> 1									
SR and Proxy	<input type="checkbox"/> 2									
Proxy Only	<input type="checkbox"/> 3									

Section 2: Cognitive Health (CH)

Memory

TO BE COMPLETED BY THE INTERVIEWER

NOTE: This is a SELF-REPORT SECTION. Only the SR can answer the questions in this section. It cannot be answered by a proxy.

IWER: Please indicate the status of completion.

IWER: CODE THE ONE THAT APPLIES

SR is present and will be invited to complete (Coded 1)

SR is present but proxy has answered all the questions for SR (link to cautionary note) (Coded 0)

SR is not present – unable to complete (Coded 0)

NOTE: Select this option with caution. Although the proxy has answered all the questions for SR, the SR may be able to complete some of the tasks in this section.

(SELF-REPORT ONLY)

INTRO: Part of this study is concerned with people’s day-to-day memory. In this section, we will do some memory and concentration tasks. Some of them may seem rather easy and others may be more difficult, please just do the best you can on all of them.

IWER: How would you rate your day-to-day memory at the present time? Would you say it is...

IWER: READ OUT AND CODE THE ONE THAT APPLIES

excellent	<input type="checkbox"/> 1
very good	<input type="checkbox"/> 2
good	<input type="checkbox"/> 3
fair	<input type="checkbox"/> 4
poor	<input type="checkbox"/> 5

Unable to understand 93

CH 1

Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/ELSA/HRS/ MMSE)

CH 2 (SELF-REPORT ONLY)

IWER: Can you tell me what year it is?

TO BE COMPLETED BY THE INTERVIEWER.

Year given correctly	<input type="checkbox"/> 1
Year given incorrectly	<input type="checkbox"/> 2

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/ELSA/HRS/ MMSE)

CH 3 (SELF-REPORT ONLY)

IWER: Can you tell me what month it is?

TO BE COMPLETED BY THE INTERVIEWER.

Month given correctly	<input type="checkbox"/> 1
Month given incorrectly	<input type="checkbox"/> 2

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98

Refused to answer	<input type="checkbox"/> 99
-------------------	-----------------------------

(SHARE/ELSA/HRS/ MMSE)

CH 4 (SELF-REPORT ONLY)

IWER: Can you tell me what day of the week it is?

TO BE COMPLETED BY THE INTERVIEWER.

Day of week given correctly	<input type="checkbox"/> 1
Day of week given incorrectly	<input type="checkbox"/> 2

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/ELSA/HRS/ MMSE)

CH 5 (SELF-REPORT ONLY)

IWER: Can you tell me what today's date is?

TO BE COMPLETED BY THE INTERVIEWER.

Date given correctly	<input type="checkbox"/> 1
Date given incorrectly	<input type="checkbox"/> 2

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97

Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/ELSA/HRS/ MMSE)

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CH 6	Any Other Information (Memory):
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Cognitive Domains

CH 7	<p>(SELF-REPORT ONLY)</p> <p>NOTE: Before starting the tasks, make sure the SR has his/her glasses etc if needed.</p> <p>NOTE: You may repeat a question 3 times to gain the SR's attention.</p> <p>MOTOR PERFORMANCE</p> <p>NOTE: Comb</p> <p>IWER: Show me how you would use this comb.</p> <p>IWER: Hand the respondent the comb.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" style="width: 100%;"> <tr> <td>Correctly demonstrates combing</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td style="text-align: center;"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly demonstrates combing	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly demonstrates combing	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				

<p>CH 8</p>	<p>(SELF-REPORT ONLY)</p> <p>NOTE: Pen and Top</p> <p>IWER: Can you put the top on the pen?</p> <p>IWER: Remove the top from the pen in full view of SR. Hand the pen and top to SR.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 779 1018 898"> <tr> <td>Correctly puts top on pen [not on bottom of pen]</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly puts top on pen [not on bottom of pen]	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly puts top on pen [not on bottom of pen]	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p>CH 9</p>	<p>(SELF-REPORT ONLY)</p> <p>NOTE: Pen and Paper</p> <p>IWER: Write your name.</p> <p>IWER: Hand the SR pen without top and place paper on the desk in front of the SR.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 1682 1031 1800"> <tr> <td>Correctly writes name (first or last name legible)</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly writes name (first or last name legible)	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly writes name (first or last name legible)	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p>CH 10</p>	<p>TOTAL MOTOR PERFORMANCE (Max = 3)</p>				

		Score:				
<p>CH 11</p>	<p>(SELF-REPORT ONLY)</p> <p>LANGUAGE-COMPREHENSION</p> <p>IWER: Point to your ear.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="201 786 676 904"> <tr> <td>Correctly points to ear</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly points to ear	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0	
Correctly points to ear	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<p>CH 12</p>	<p>(SELF-REPORT ONLY)</p> <p>IWER: Close your eyes.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="201 1272 676 1391"> <tr> <td>Correctly closes eyes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly closes eyes	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0	
Correctly closes eyes	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<p>CH 13</p>	<p>(SELF-REPORT ONLY)</p> <p>NOTE: Pens – Red, Blue and Green</p> <p>IWER: Show me the red pen.</p> <p>IWER: Place the 3 pens on the table spread so that they have some space between them.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p>					

	Correctly points to red pen <input type="checkbox"/> 1 Responds incorrectly <input type="checkbox"/> 0 (Test for Severe Impairment)					
CH 14	<p>(SELF-REPORT ONLY)</p> <p>IWER: Show me the green pen.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 703 762 819"> <tr> <td>Correctly points to green pen</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> (Test for Severe Impairment)		Correctly points to green pen	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to green pen	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
CH 15	<p>TOTAL LANGUAGE-COMPREHENSION (Max = 4)</p>	<p>Score:</p>				
CH 16	<p>(SELF-REPORT ONLY)</p> <p>LANGUAGE PRODUCTION</p> <p>IWER: What is this called?</p> <p>IWER: Point to your nose.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 1644 676 1760"> <tr> <td>Correctly names nose</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> (Test for Severe Impairment)		Correctly names nose	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly names nose	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					

<p>CH 17</p>	<p>(SELF-REPORT ONLY)</p> <p>NOTE: Pens – Red and Green</p> <p>IWER: Place the 2 pens on the table spread so that they have some space between them.</p> <p>IWER: What colour is this pen?</p> <p>IWER: Hold up red pen in front of the SR.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 913 715 1025"> <tr> <td>Correctly names red pen</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly names red pen	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly names red pen	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p>CH 18</p>	<p>(SELF-REPORT ONLY)</p> <p>IWER: What colour is this pen?</p> <p>IWER: Hold up green pen in front of the SR.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 1541 715 1653"> <tr> <td>Correctly names green pen</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly names green pen	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly names green pen	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p>CH 19</p>	<p>(SELF-REPORT ONLY)</p> <p>NOTE: Key</p> <p>IWER: What is this called?</p>				

IWER: Show the SR the key.

TO BE COMPLETED BY THE INTERVIEWER.

Correctly names key	<input type="checkbox"/> 1
Responds incorrectly	<input type="checkbox"/> 0

(Test for Severe Impairment)

CH 20

TOTAL LANGUAGE PRODUCTION (MAX = 4)

Score:

CH 21

(SELF-REPORT ONLY)

MEMORY IMMEDIATE

NOTE: One large paperclip

IWER: Watch carefully.

IWER: Place clip in your hand so SR can see. Hold hands out to SR. With hands open.

IWER: Which hand is the clip in?

TO BE COMPLETED BY THE INTERVIEWER.

Correctly points to clip	<input type="checkbox"/> 1
Responds incorrectly	<input type="checkbox"/> 0

(Test for Severe Impairment)

<p>CH 22</p>	<p>(SELF-REPORT ONLY)</p> <p>IWER: With hands closed</p> <p>IWER: Which hand is the clip in?</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 651 836 768"> <tr> <td>Correctly points to hand with clip</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly points to hand with clip	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to hand with clip	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p>CH 23</p>	<p>(SELF-REPORT ONLY)</p> <p>IWER: Move hands behind back.</p> <p>IWER: Which hand/side is the clip in/on?</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 1290 836 1406"> <tr> <td>Correctly points to hand with clip</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly points to hand with clip	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to hand with clip	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p>CH 24</p>	<p>TOTAL MEMORY IMMEDIATE (MAX = 3)</p>	<p>Score:</p>			

CH 25	<p>(SELF-REPORT ONLY)</p> <p>GENERAL KNOWLEDGE</p> <p>IWER: How many ears do I have?</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">Correctly states 2</td> <td style="text-align: center; width: 40px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">Responds incorrectly</td> <td style="text-align: center;"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly states 2	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly states 2	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
CH 26	<p>(SELF-REPORT ONLY)</p> <p>IWER: Count my fingers and thumbs.</p> <p>IWER: Place hands in front of the SR. Credit given even if no one-to-one correspondence between fingers and numbers.</p> <p>NOTE: If SR only gives final answer ask:</p> <p>IWER: Can you count to 10 starting at 1?</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">Correctly counts to 10</td> <td style="text-align: center; width: 40px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">Responds incorrectly</td> <td style="text-align: center;"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly counts to 10	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly counts to 10	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
CH 27	<p>(SELF-REPORT ONLY)</p> <p>IWER: How many weeks are in a year?</p>				

TO BE COMPLETED BY THE INTERVIEWER.

Correctly states 52	<input type="checkbox"/> 1
Responds incorrectly	<input type="checkbox"/> 0

(Test for Severe Impairment)

CH 28 (SELF-REPORT ONLY)

IWER: I am going to sing a song. If you know the words I want you to sing along with me.

IWER: Softly sing 'Happy Birthday'

TO BE COMPLETED BY THE INTERVIEWER.

Correctly sings most the words	<input type="checkbox"/> 1
Responds incorrectly	<input type="checkbox"/> 0

(Test for Severe Impairment)

CH 29 TOTAL GENERAL KNOWLEDGE (MAX = 4)

Score:

CH 30 (SELF-REPORT ONLY)

CONCEPTUALISATION

NOTE: Two large Paperclips and One Pen

IWER: Which of these is different?

IWER: Spread objects out on table.

TO BE COMPLETED BY THE INTERVIEWER.

Correctly points to or states pen	<input type="checkbox"/> 1
Responds incorrectly	<input type="checkbox"/> 0

(Test for Severe Impairment)

CH 31 (SELF-REPORT ONLY)

NOTE: Pens – 2 Red and 1 Green

IWER: Put this next to the pen that is the same colour.

IWER: Place one red and one green pen down and hand SR the other red pen.

TO BE COMPLETED BY THE INTERVIEWER.

Correctly places the red pen	<input type="checkbox"/> 1
Responds incorrectly	<input type="checkbox"/> 0

(Test for Severe Impairment)

CH 32 (SELF-REPORT ONLY)

NOTE: One large paperclip

IWER: Place hands out in front of the SR. Alternate the clip between your hands 4 times.

IWER: Watch me move the paperclip, which hand will I move it to next?

TO BE COMPLETED BY THE INTERVIEWER.

Correctly points to the correct hand	<input type="checkbox"/> 1
Responds incorrectly	<input type="checkbox"/> 0

(Test for Severe Impairment)

CH 33 (SELF-REPORT ONLY)

NOTE: If the SR responded correctly to the last task (large paperclip), say:

IWER: Now which hand will I put it in next?

NOTE: If the SR responded incorrectly to the last task (large paperclip), say:

IWER: I would put it in this hand. Now which hand will I put it in next?

TO BE COMPLETED BY THE INTERVIEWER.

Correctly points to the correct hand	<input type="checkbox"/> 1
Responds incorrectly	<input type="checkbox"/> 0

(Test for Severe Impairment)

CH 34

TOTAL CONCEPTUALISATION (MAX = 4)

Score:

CH 35 (SELF-REPORT ONLY)

MEMORY DELAYED

NOTE: Thread, Key and Paperclip

	<p>IWER: Which of these have we not worked with already?</p> <p>IWER: Place objects on table.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 519 738 636"> <tr> <td>Correctly points to the thread</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly points to the thread	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0	
Correctly points to the thread	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<p>CH 36</p>	<p>TOTAL MEMORY DELAYED (Max = 1)</p>	<p>Score:</p>				
<p>CH 37</p>	<p>(SELF-REPORT ONLY)</p> <p>MOTOR PERFORMANCE</p> <p>IWER: Thank you for spending time with me on these tasks.</p> <p>IWER: Extend hand to shake hands.</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="204 1520 699 1637"> <tr> <td>Correctly shakes hands</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly shakes hands	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0	
Correctly shakes hands	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<p>CH 38</p>	<p>TOTAL MOTOR PERFORMANCE (Max = 1)</p>	<p>Score:</p>				
<p>CH 39</p>	<p>TOTAL TSI Score (MAX = 24)</p>					

		Total Score:
CH 40	Any Other Information (Cognitive Domains):	

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Section 3: Social Participation (SP)

General Activities

SP1

INTRO: Now I would like to ask you some general questions about your life.

IWER: Which of these statements apply to you?

IWER: READ OUT AND CODE ALL THAT APPLY

Have voted in any recent election	<input type="checkbox"/> 1
Have a hobby or pastime	<input type="checkbox"/> 1
Have taken a holiday in Ireland in the last 12 months	<input type="checkbox"/> 1
Have taken a holiday abroad in the last 12 months	<input type="checkbox"/> 1
Have gone on a daytrip or outing in the last 12 months	<input type="checkbox"/> 1
Use the internet and/or email	<input type="checkbox"/> 1
Own a mobile phone	<input type="checkbox"/> 1
Not applicable – none of these statements apply to me	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(ELSA)

SP2

IWER: Over the past 30 days, on average, how many hours per day did you sit and watch TV or videos? Would you say...?

IWER: CODE THE ONE THAT APPLIES

None/don't watch TV or videos	<input type="checkbox"/> 1
Less than 1 hour	<input type="checkbox"/> 2
More than 1 hour and up to 3 hours	<input type="checkbox"/> 3
More than 3 hours and up to 5 hours	<input type="checkbox"/> 4
5 hours or more	<input type="checkbox"/> 5

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(NHANES)

SP 3

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IWER: Are you a member of any of these organisations, clubs or societies? [Note whether these activities happen within community setting, within an ID service setting or both in SP 3A]. Please ensure that all Responses relate to when the SR is in attendance of these groups and not just a member by default e.g. in receipt of residential services from a charity organisation.

IWER: READ OUT AND CODE ALL THAT APPLY (SP 3 & SP 3A)

Question SP 3		Question SP 3A					
		Within community setting	Within ID service	Both within community and ID service	Unclear response	Don't know	Refused to answer
Political party, trade union or environmental groups	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Tenants groups, resident groups, Neighbourhood Watch	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Church or religious groups	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Charitable associations (e.g. St Vincent De Paul's)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Education, arts or music groups or evening classes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Retirement clubs	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Special Olympics Network	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Arch Club	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Advocacy Group	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Other (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Not applicable – You are not a member of any organisation, club or society	<input type="checkbox"/> 1	(Go to SP 4)					

If yes, go to SP3A

Unclear response	<input type="checkbox"/> 1	(Go to SP 4)
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	<table border="1"><tr><td>Don't know</td><td><input type="checkbox"/> 1</td><td>(Go to SP 4)</td></tr><tr><td>Refused to answer</td><td><input type="checkbox"/> 1</td><td>(Go to SP 4)</td></tr></table> <p>(ELSA/IDS-TILDA)</p>	Don't know	<input type="checkbox"/> 1	(Go to SP 4)	Refused to answer	<input type="checkbox"/> 1	(Go to SP 4)
Don't know	<input type="checkbox"/> 1	(Go to SP 4)					
Refused to answer	<input type="checkbox"/> 1	(Go to SP 4)					
SP 4	Any Other Information (General Activities):						

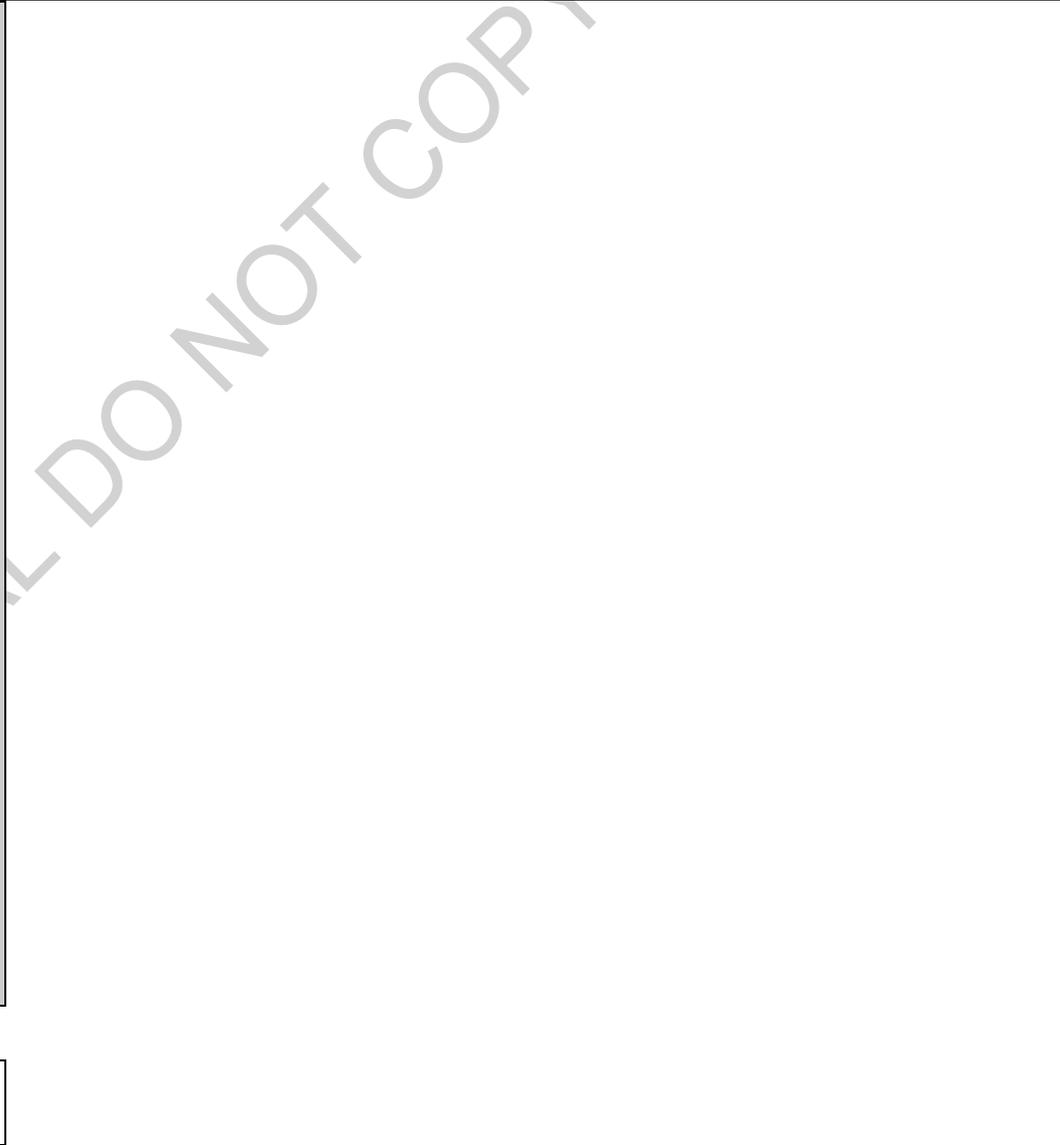
CONFIDENTIAL DO NOT COPY

Social Activities

IWER: Now we would like to ask you some questions about your social activities. Do you do any of the following?

PLEASE CODE ALL THAT APPLY

SP 5	Go to the cinema theatre, concert or the opera	<input type="checkbox"/> 1	If yes, Go to SP5A & SP5B
	Eat out	<input type="checkbox"/> 1	
	Go to an art gallery or museum	<input type="checkbox"/> 1	
	Go to church or other place of worship	<input type="checkbox"/> 1	
	Go to the pub for a drink	<input type="checkbox"/> 1	
	Go to a coffee shop for light refreshments	<input type="checkbox"/> 1	
	Go shopping	<input type="checkbox"/> 1	
	Go to sports events	<input type="checkbox"/> 1	
	Participate in sports activities / events	<input type="checkbox"/> 1	
	Go to library	<input type="checkbox"/> 1	
	Go to social clubs (e.g. bingo, play cards)	<input type="checkbox"/> 1	
	Go to the hairdressers	<input type="checkbox"/> 1	
	Perform in local arts groups and choirs	<input type="checkbox"/> 1	
	Spend time on hobbies or creative activities	<input type="checkbox"/> 1	
	Visit family and friends in their home	<input type="checkbox"/> 1	
	Talk to family or friends on the telephone	<input type="checkbox"/> 1	
	Other activities outside of your home (please specify)	<input type="checkbox"/> 1	
Unclear response	<input type="checkbox"/> 1	Go to SP6	



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Don't Know	<input type="checkbox"/> 1	Go to SP6
Refused to answer	<input type="checkbox"/> 1	Go to SP6
Non applicable – don't engage in any social activities	<input type="checkbox"/> 1	Go to SP7

How often, if at all, do you do any of the following activities [note whether these activities happen within community setting, within an ID service setting or both settings in SP 5B].

IWER: READ OUT AND CODE TWO BOXES ON EACH LINE (SP 5A& SP 5B)

**SP
5A**

SP 5A										SP 5B					
	Daily/ Almost Daily	Once a week or more	Twice a month or more	About once a month	Every few months	About once or twice a year	Unclear response	Don't know	Refused to answer	Within community setting	Within ID service setting	Both within community setting and ID setting	Unclear response	Don't know	Refused to answer
Go to the cinema theatre, a concert or the opera	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Eat out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to an art gallery or museum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to church or other place of worship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to the pub for a drink	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to a coffee shop for light refreshments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

CONFIDENTIAL

Participates in sports activities / events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to sports events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to social clubs (e.g. bingo, play cards)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to the hairdressers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Perform in local arts groups and choirs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Spend time on hobbies or creative activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Visit family and friends in their home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Talk to family and friends on the telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Other activities outside of your home (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

Unclear response	<input type="checkbox"/> 1	(Go to SP 6)
Don't know	<input type="checkbox"/> 1	(Go to SP 6)
Refused to answer	<input type="checkbox"/> 1	(Go to SP 6)

(Adapted from ELSA/Index of Community Involvement/IDS-TILDA)

SP6	<p>IWER: Are your main social activities with ...?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="padding: 2px;">Family</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Friends within your house</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Friends outside the house</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Key worker/support staff</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Other (please specify)</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Unclear response</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Don't know</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Refused to answer</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> </table> <p style="margin-top: 10px;">(IDS-TILDA)</p>	Family	<input type="checkbox"/> 1	Friends within your house	<input type="checkbox"/> 1	Friends outside the house	<input type="checkbox"/> 1	Key worker/support staff	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1	Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
Family	<input type="checkbox"/> 1																
Friends within your house	<input type="checkbox"/> 1																
Friends outside the house	<input type="checkbox"/> 1																
Key worker/support staff	<input type="checkbox"/> 1																
Other (please specify)	<input type="checkbox"/> 1																
Unclear response	<input type="checkbox"/> 1																
Don't know	<input type="checkbox"/> 1																
Refused to answer	<input type="checkbox"/> 1																
SP7	<p>(SELF-REPORT ONLY)</p> <p>IWER: Are there particular activities you would like to do more?</p> <p>IWER: PROBE IF NECESSARY – ‘WOULD YOU SAY YES OR NO?’</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="text-align: right; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> 1</td> <td style="padding: 5px;">(Go to SP 8)</td> </tr> <tr> <td style="text-align: right; padding: 5px;">No</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> 5</td> <td style="padding: 5px;">(Go to SP 9)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="padding: 2px;">Unable to understand</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 93</td></tr> <tr><td style="padding: 2px;">Unclear response</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td></tr> <tr><td style="padding: 2px;">Don't know</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td></tr> <tr><td style="padding: 2px;">Refused to answer</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td></tr> <tr><td style="padding: 2px;">SR not present – unable to complete</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 0</td></tr> </table> <p style="margin-top: 10px;">(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	(Go to SP 8)	No	<input type="checkbox"/> 5	(Go to SP 9)	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	SR not present – unable to complete	<input type="checkbox"/> 0
Yes	<input type="checkbox"/> 1	(Go to SP 8)															
No	<input type="checkbox"/> 5	(Go to SP 9)															
Unable to understand	<input type="checkbox"/> 93																
Unclear response	<input type="checkbox"/> 97																
Don't know	<input type="checkbox"/> 98																
Refused to answer	<input type="checkbox"/> 99																
SR not present – unable to complete	<input type="checkbox"/> 0																
SP8	<p>SELF REPORT ONLY</p> <p>IWER: What activities would you like to do?</p>																

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IWER: Record the SR's response below.

Unable to understand	<input type="checkbox"/>	93
Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99
SR not present – unable to complete	<input type="checkbox"/>	0

(IDS-TILDA)

SP9

IWER: Do you experience any difficulties participating in social activities outside your home?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/>	1	(Go to SP 10)
No	<input type="checkbox"/>	5	(Go to SP 11)

Unclear response	<input type="checkbox"/>	97	(Go to SP 11)
Don't know	<input type="checkbox"/>	98	(Go to SP 11)
Refused to answer	<input type="checkbox"/>	99	(Go to SP 11)

(IDS-TILDA)

SP10

IWER: What makes it difficult for you to participate in social activities outside your home?

IWER: CODE ALL THAT APPLY

Health considerations or physically unable	<input type="checkbox"/> 1
Need someone's assistance	<input type="checkbox"/> 1
Need specialised aids or equipment that you do not have	<input type="checkbox"/> 1
Transport services are inadequate or not accessible	<input type="checkbox"/> 1
Service facilities are not accessible	<input type="checkbox"/> 1
Not able to read signs and timetables	<input type="checkbox"/> 1
Not allowed to go	<input type="checkbox"/> 1
Have no one to go with	<input type="checkbox"/> 1
Lack of local facilities or suitable activities	<input type="checkbox"/> 1
Unfriendly or negative attitudes towards you	<input type="checkbox"/> 1
You are self-conscious of your intellectual disability	<input type="checkbox"/> 1
Don't have enough money	<input type="checkbox"/> 1
Don't have enough time	<input type="checkbox"/> 1
Don't like social activities	<input type="checkbox"/> 1
Getting too old	<input type="checkbox"/> 1
Family and friends' residence not accessible to you	<input type="checkbox"/> 1
Communication/language problems	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1
Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(CSO NDS 2006/IDS-TILDA)

SP11

IWER: Do you experience any difficulty getting around your community (e.g. using zebra crossings, using traffic lights etc)?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> ₁	(Go to SP 12)
No	<input type="checkbox"/> ₅	(Go to SP 13)
Not applicable – don't travel around my community	<input type="checkbox"/> ₉₄	(Go to SP 13)

Unclear response	<input type="checkbox"/> ₉₇	(Go to SP 13)
Don't know	<input type="checkbox"/> ₉₈	(Go to SP 13)
Refused to answer	<input type="checkbox"/> ₉₉	(Go to SP 13)

(IDS-TILDA)

SP12

IWER: What causes you difficulty?

IWER: CODE ALL THAT APPLY

Footpaths design and surfaces	<input type="checkbox"/> ₁
Lack of street crossings	<input type="checkbox"/> ₁
Problems with signs (e.g. size and colour)	<input type="checkbox"/> ₁
Getting access to recreational areas	<input type="checkbox"/> ₁
Feeling unsafe	<input type="checkbox"/> ₁
Other (please specify)	<input type="checkbox"/> ₁

Unclear response	<input type="checkbox"/> ₁
Don't know	<input type="checkbox"/> ₁
Refused to answer	<input type="checkbox"/> ₁

(Adapted from NDS)

SP13	Any Other Information (Social Activities):
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Transport

DR 1 **INTRO:** I'd now like to ask you some questions about how you get around.
IWER: Within the last year, have you used any of the following means of transport?
IWER: READ OUT AND CODE ALL THAT APPLY

Bicycle/motorbike	<input type="checkbox"/> 1	(Go to DR 2)
Drive myself	<input type="checkbox"/> 1	
Driven as a passenger by family	<input type="checkbox"/> 1	
Driven as a passenger by friends	<input type="checkbox"/> 1	
Driven as a passenger by service staff	<input type="checkbox"/> 1	
Public bus (city or urban)	<input type="checkbox"/> 1	
Public bus (intercity)	<input type="checkbox"/> 1	
Public buses (rural)	<input type="checkbox"/> 1	
Taxi/hackney	<input type="checkbox"/> 1	
DART/Luas	<input type="checkbox"/> 1	
Train (commuter)	<input type="checkbox"/> 1	
Train (intercity)	<input type="checkbox"/> 1	
Bus operating as part of the rural transport scheme	<input type="checkbox"/> 1	
Other (please specify)	<input type="checkbox"/> 1	
Not applicable – haven't used any forms of transport in the last year	<input type="checkbox"/> 1	(Go to DR 3)
Unclear response	<input type="checkbox"/> 1	(Go to DR 3)
Don't know	<input type="checkbox"/> 1	(Go to DR 3)
Refused to answer	<input type="checkbox"/> 1	(Go to DR 3)

(Adapted from ELSA/TILDA)

DR 2

IWER: Which of these methods of transport do you use most often?

IWER: CODE THE ONE THAT APPLIES

Bicycle/motorbike	<input type="checkbox"/> 1
Drive myself	<input type="checkbox"/> 2
Driven as a passenger by family	<input type="checkbox"/> 3
Driven as a passenger by friends	<input type="checkbox"/> 4
Driven as a passenger by service staff	<input type="checkbox"/> 5
Public bus (city or urban)	<input type="checkbox"/> 6
Public bus (intercity)	<input type="checkbox"/> 7
Public buses (rural)	<input type="checkbox"/> 8
Taxi/hackney	<input type="checkbox"/> 9
DART/Luas	<input type="checkbox"/> 10
Train (commuter)	<input type="checkbox"/> 11
Train (intercity)	<input type="checkbox"/> 12
Bus operating as part of the rural transport scheme	<input type="checkbox"/> 13
Other (please specify)	<input type="checkbox"/> 95

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(TILDA)

DR 3

IWER: How would you rate overall private transport options in your neighbourhood such as taxis and hackneys?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

excellent	<input type="checkbox"/> 1
very good	<input type="checkbox"/> 2
good	<input type="checkbox"/> 3
fair	<input type="checkbox"/> 4
poor	<input type="checkbox"/> 5

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Refused to answer</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(TILDA)</p>	Refused to answer	<input type="checkbox"/> 99																									
Refused to answer	<input type="checkbox"/> 99																											
DR 4	<p>IWER: How would you rate overall public transport options in your neighbourhood such as trains, public buses and community buses?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">excellent</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>very good</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td>good</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>fair</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> </tr> <tr> <td>poor</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(TILDA)</p>	excellent	<input type="checkbox"/> 1	very good	<input type="checkbox"/> 2	good	<input type="checkbox"/> 3	fair	<input type="checkbox"/> 4	poor	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99											
excellent	<input type="checkbox"/> 1																											
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fair	<input type="checkbox"/> 4																											
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Don't know	<input type="checkbox"/> 98																											
Refused to answer	<input type="checkbox"/> 99																											
DR 5	<p>IWER: How often do you use public transport? (e.g. the bus or train)</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Every day or nearly every day</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 50%;">(Go to DR 8)</td> </tr> <tr> <td>Two or three times a week</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td>(Go to DR 8)</td> </tr> <tr> <td>Once a week</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td>(Go to DR 6)</td> </tr> <tr> <td>Two or three times a month</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td>(Go to DR 6)</td> </tr> <tr> <td>Once a month or less</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>(Go to DR 6)</td> </tr> <tr> <td>Never</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> <td>(Go to DR 6)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 50%;">(Go to DR 8)</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to DR 8)</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to DR 8)</td> </tr> </table> <p>(ELSA)</p>	Every day or nearly every day	<input type="checkbox"/> 1	(Go to DR 8)	Two or three times a week	<input type="checkbox"/> 2	(Go to DR 8)	Once a week	<input type="checkbox"/> 3	(Go to DR 6)	Two or three times a month	<input type="checkbox"/> 4	(Go to DR 6)	Once a month or less	<input type="checkbox"/> 5	(Go to DR 6)	Never	<input type="checkbox"/> 6	(Go to DR 6)	Unclear response	<input type="checkbox"/> 97	(Go to DR 8)	Don't know	<input type="checkbox"/> 98	(Go to DR 8)	Refused to answer	<input type="checkbox"/> 99	(Go to DR 8)
Every day or nearly every day	<input type="checkbox"/> 1	(Go to DR 8)																										
Two or three times a week	<input type="checkbox"/> 2	(Go to DR 8)																										
Once a week	<input type="checkbox"/> 3	(Go to DR 6)																										
Two or three times a month	<input type="checkbox"/> 4	(Go to DR 6)																										
Once a month or less	<input type="checkbox"/> 5	(Go to DR 6)																										
Never	<input type="checkbox"/> 6	(Go to DR 6)																										
Unclear response	<input type="checkbox"/> 97	(Go to DR 8)																										
Don't know	<input type="checkbox"/> 98	(Go to DR 8)																										
Refused to answer	<input type="checkbox"/> 99	(Go to DR 8)																										

DR 6

IWER: Why don't you use public transport more often?

IWER: CODE ALL THAT APPLY

Private transport provided by intellectual disability service provider	<input type="checkbox"/> 1
Private transport provided by family	<input type="checkbox"/> 1
Private transport provided by friends	<input type="checkbox"/> 1
Use your own car	<input type="checkbox"/> 1
No public transport available	<input type="checkbox"/> 1
Public transport available does not take you where you want to go	<input type="checkbox"/> 1
Transport facilities are not accessible	<input type="checkbox"/> 1
Not able to read signs and timetables	<input type="checkbox"/> 1
Need someone's assistance	<input type="checkbox"/> 1
Your health prevents you	<input type="checkbox"/> 1
Fear of crime	<input type="checkbox"/> 1
Too dirty	<input type="checkbox"/> 1
Not convenient	<input type="checkbox"/> 1
Prefer to walk	<input type="checkbox"/> 1
Too expensive	<input type="checkbox"/> 1
Infrequent	<input type="checkbox"/> 1
You are self-conscious of your intellectual disability	<input type="checkbox"/> 1
Unfriendly or negative attitudes towards you	<input type="checkbox"/> 1
Communication/Language problems	<input type="checkbox"/> 1
All amenities are local, so don't need any transport	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(Adapted from ELSA/IDS-TILDA)

DR 7	<p>IWER: Would you like to use more public transport?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 80%;">Yes</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99					
Yes	<input type="checkbox"/> 1															
No	<input type="checkbox"/> 5															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
DR 8	<p>IWER: Do you feel there is a lack of transport facilities in your area?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 55%;">(Go to DR 9)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>(Go to DR 11)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 55%;">(Go to DR 11)</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to DR 11)</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to DR 11)</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	(Go to DR 9)	No	<input type="checkbox"/> 5	(Go to DR 11)	Unclear response	<input type="checkbox"/> 97	(Go to DR 11)	Don't know	<input type="checkbox"/> 98	(Go to DR 11)	Refused to answer	<input type="checkbox"/> 99	(Go to DR 11)
Yes	<input type="checkbox"/> 1	(Go to DR 9)														
No	<input type="checkbox"/> 5	(Go to DR 11)														
Unclear response	<input type="checkbox"/> 97	(Go to DR 11)														
Don't know	<input type="checkbox"/> 98	(Go to DR 11)														
Refused to answer	<input type="checkbox"/> 99	(Go to DR 11)														
DR 9	<p>IWER: Does the lack of transport facilities in your area affect your lifestyle?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 80%;">A great deal</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>To some extent</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td>Not at all</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table>	A great deal	<input type="checkbox"/> 1	To some extent	<input type="checkbox"/> 2	Not at all	<input type="checkbox"/> 3	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99			
A great deal	<input type="checkbox"/> 1															
To some extent	<input type="checkbox"/> 2															
Not at all	<input type="checkbox"/> 3															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															

	(TILDA)						
<p>DR 10</p>	<p>IWER: What would you consider are the most important improvements that could be made to the transport options available to you?</p> <p>IWER: Record the response below.</p> <div data-bbox="260 495 1485 694" style="border: 1px solid black; height: 89px; margin: 10px 0;"></div> <table border="1" data-bbox="260 757 675 931"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Unclear response	<input type="checkbox"/> 97						
Don't know	<input type="checkbox"/> 98						
Refused to answer	<input type="checkbox"/> 99						
<p>DR 11</p>	<p>Any Other Information (Transport):</p>						
<p>DR 12</p>	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed</p> <table border="1" data-bbox="260 1520 738 1680"> <tr> <td>Self Report Only</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>SR and Proxy</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Proxy Only</td> <td><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>	Self Report Only	<input type="checkbox"/> 1	SR and Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3
Self Report Only	<input type="checkbox"/> 1						
SR and Proxy	<input type="checkbox"/> 2						
Proxy Only	<input type="checkbox"/> 3						

Section 4: Social Connectedness (SC)

SC1

INTRO: Now I would like to ask you some questions about your family and social networks

Do you have family...please tell us

PLEASE CODE ALL THAT APPLY

Spouse/Partner	<input type="checkbox"/> 1	Go to SC2
Mother	<input type="checkbox"/> 1	Go to SC2
Father	<input type="checkbox"/> 1	Go to SC2
Brother(s)	<input type="checkbox"/> 1	Go to SC2
Sister(s)	<input type="checkbox"/> 1	Go to SC2
Aunt/ Uncle	<input type="checkbox"/> 1	Go to SC2
Nieces/Nephews	<input type="checkbox"/> 1	Go to SC2
Cousin	<input type="checkbox"/> 1	Go to SC2
Not Applicable, I don't have any family	<input type="checkbox"/> 1	Go to SC4
Other	<input type="checkbox"/> 1	Go to SC2

Unclear response	<input type="checkbox"/> 97	Go to SC4
Don't know	<input type="checkbox"/> 98	Go to SC4
Refused to answer	<input type="checkbox"/> 99	Go to SC4

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SC2

Please tell us where your family member lives in relation to you...

	Lives with me	Lives in the same building	Lives in the same neighbourhood	Lives in different neighbourhood but same county	Lives in different county	Lives in different country	Unclear Response	Don't know	Refused to answer
Spouse/Partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Mother	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Father	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Brother(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Sister(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Aunt/Uncle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Nieces/Nephews	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Cousin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	Go to SC4	Go to SC3	Go to SC3	Go to SC3	Go to SC3	Go to SC3	Go to SC4	Go to SC4	Go to SC4

from TILDA)

(Adapted

SC3Spouse/Partner

IWER: On average, how often do you do each of the following with your spouse/partner?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(ELSA/IDS-TILDA)

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SC3Mother

IWER: On average, how often do you do each of the following with your mother?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(ELSA/IDS-TILDA)

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SC3Father	On average, how often do you do each of the following with your father?										
	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

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SC3Brother

On average, how often do you do each of the following with your brother?

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

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SC3Sister

On average, how often do you do each of the following with your sister?

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

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SC3Aunt/ Uncle	On average, how often do you do each of the following with your aunt/uncle?											
		Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
	a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
SC3Niece/ Nephew	On average, how often do you do each of the following with your niece/nephew?											
		Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
	a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	

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SC3Cousin

On average, how often do you do each of the following with your cousin?

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

SC3Other

On average, how often do you do each of the following with your other family member?

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

SC4

IWER: Are your friends ...?

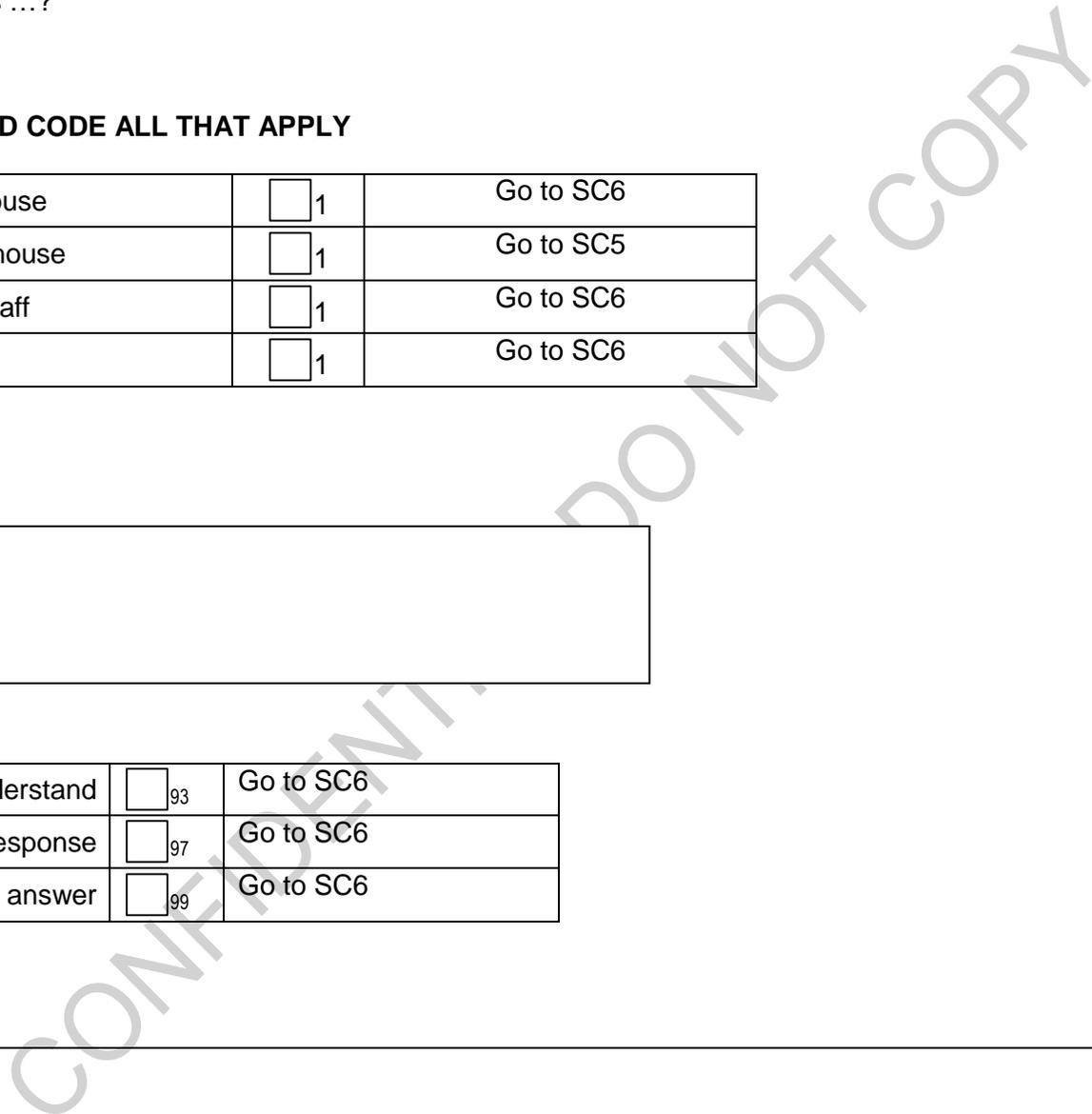
IWER: READ OUT AND CODE ALL THAT APPLY

Friends within your house	<input type="checkbox"/> 1	Go to SC6
Friends outside your house	<input type="checkbox"/> 1	Go to SC5
Key worker/support staff	<input type="checkbox"/> 1	Go to SC6
Other	<input type="checkbox"/> 1	Go to SC6

Please specify

Unable to understand	<input type="checkbox"/> 93	Go to SC6
Unclear response	<input type="checkbox"/> 97	Go to SC6
Refused to answer	<input type="checkbox"/> 99	Go to SC6

(IDS-TILDA)



SC5

IWER: On average, how often do you do each of the following with your friends, not counting any of your family members, staff or anyone who lives with you?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(ELSA/IDS-TILDA)

CONFIDENTIAL DO NOT

SC6

(SELF REPORT ONLY)

IWER: Now I would like to ask you some questions about happiness

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Most of the time do you feel...?

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99
SR not present/ proxy unable to complete	<input type="checkbox"/> 0

(Adapted from the Oxford Happiness Questionnaire; Oxford Happiness Inventory; and also from GDS Scale Brink TL, Yesavage JA, Lum O, Heersema P, Adey MB, Rose JL)

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SC7

(SELF REPORT ONLY)

What makes you happy?

IWER: Record SR response below

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99
SR not present /proxy unable to complete	<input type="checkbox"/> 0

(Adapted from ideas by Sonja Lyubomirsky, Ed Diener & Robert Biswas Diener)

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SC8	<p>(SELF-REPORT ONLY)</p> <p>INTRO: The next few questions are about how people sometimes feel.</p> <p>IWER: Do you ever feel lonely?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;">(Go to SC 9)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>(Go to SC 10)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unable to understand</td> <td style="text-align: center;"><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td style="text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't Know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> <tr> <td style="color: blue;">SR not present/ proxy unable to complete</td> <td style="text-align: center; color: blue;"><input type="checkbox"/> 0</td> </tr> </table> <p>(IDS-TILDA/UCLA Loneliness Scale)</p>	Yes	<input type="checkbox"/> 1	(Go to SC 9)	No	<input type="checkbox"/> 5	(Go to SC 10)	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't Know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	SR not present/ proxy unable to complete	<input type="checkbox"/> 0
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SC9	<p>(SELF-REPORT ONLY)</p> <p>IWER: How often do you feel lonely? Would you say...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 70%;">most of the time</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>some of the time</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td>Hardly ever, never</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unable to understand</td> <td style="text-align: center;"><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td style="text-align: center;"><input type="checkbox"/> 97</td> </tr> </table>	most of the time	<input type="checkbox"/> 1	some of the time	<input type="checkbox"/> 2	Hardly ever, never	<input type="checkbox"/> 3	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97						
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SC10	<p>(SELF-REPORT ONLY)</p> <p>IWER: Do you ever feel left out?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to SC 11)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to SC 12)</td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/></td> <td>93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't Know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> <tr> <td>SR not present/ proxy unable to complete</td> <td><input type="checkbox"/></td> <td>0</td> </tr> </table> <p>(IDS-TILDA/UCLA Loneliness Scale)</p>	Yes	<input type="checkbox"/>	1	(Go to SC 11)	No	<input type="checkbox"/>	5	(Go to SC 12)	Unable to understand	<input type="checkbox"/>	93	Unclear response	<input type="checkbox"/>	97	Don't Know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99	SR not present/ proxy unable to complete	<input type="checkbox"/>	0
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SC11	<p>(SELF-REPORT ONLY)</p> <p>IWER: How often do you feel left out? Would you say...</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>most of the time</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>some of the time</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Hardly ever, never</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/></td> <td>93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> </table>	most of the time	<input type="checkbox"/>	1	some of the time	<input type="checkbox"/>	2	Hardly ever, never	<input type="checkbox"/>	3	Unable to understand	<input type="checkbox"/>	93	Unclear response	<input type="checkbox"/>	97								
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SR not present/ proxy unable to complete	<input type="checkbox"/> 0														
SC12	<p>(SELF-REPORT ONLY)</p> <p>IWER: Do you find it difficult to make friends?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't Know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> <tr> <td>SR not present/ proxy unable to complete</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(IDS-TILDA/UCLA Loneliness Scale)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't Know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	SR not present/ proxy unable to complete	<input type="checkbox"/> 0
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Refused to answer	<input type="checkbox"/> 99														
SR not present/ proxy unable to complete	<input type="checkbox"/> 0														
SC13	<p>(SELF REPORT ONLY)</p> <p>How often do you feel you lack friendship / friends?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>most of the time</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>some of the time</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Hardly ever or never</td> <td><input type="checkbox"/> 3</td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't Know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>	most of the time	<input type="checkbox"/> 1	some of the time	<input type="checkbox"/> 2	Hardly ever or never	<input type="checkbox"/> 3	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't Know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
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	SR not present/ proxy unable to complete <input type="checkbox"/> ₀																						
(IDS-TILDA)																							
SC14	<p>(SELF REPORT ONLY)</p> <p>Do you ever feel isolated? (Never asked out to socialise e.g. out for coffee, I live very far away from other people)</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="284 548 726 721"> <tr> <td>most of the time</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>some of the time</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>Hardly ever or never</td> <td><input type="checkbox"/>₃</td> </tr> </table> <table border="1" data-bbox="284 788 718 1097"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/>₉₃</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't Know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> <tr> <td>SR not present/ proxy unable to complete</td> <td><input type="checkbox"/>₀</td> </tr> </table> <p>(UCLA/IDS-TILDA)</p>		most of the time	<input type="checkbox"/> ₁	some of the time	<input type="checkbox"/> ₂	Hardly ever or never	<input type="checkbox"/> ₃	Unable to understand	<input type="checkbox"/> ₉₃	Unclear response	<input type="checkbox"/> ₉₇	Don't Know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉	SR not present/ proxy unable to complete	<input type="checkbox"/> ₀					
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SR not present/ proxy unable to complete	<input type="checkbox"/> ₀																						
SC15	<p>(SELF REPORT ONLY)</p> <p>IWER: Do you have someone with whom you can confide? (e.g. someone that you feel at ease with, can talk to about private matters, and can call on for help)</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="284 1505 1321 1621"> <tr> <td>Yes</td> <td><input type="checkbox"/>₁</td> <td>(Go to SC 16)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/>₅</td> <td>(Go to SC 17)</td> </tr> </table> <table border="1" data-bbox="284 1697 1321 2033"> <tr> <td>Not applicable (e.g. completely dependent on others to interpret needs and wants etc)</td> <td><input type="checkbox"/>₉₄</td> <td>(Go to SC 17)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to SC 17)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to SC 17)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to SC 17)</td> </tr> <tr> <td>SR not present/proxy unable to complete</td> <td><input type="checkbox"/>₀</td> <td>(Go to SC 17)</td> </tr> </table>		Yes	<input type="checkbox"/> ₁	(Go to SC 16)	No	<input type="checkbox"/> ₅	(Go to SC 17)	Not applicable (e.g. completely dependent on others to interpret needs and wants etc)	<input type="checkbox"/> ₉₄	(Go to SC 17)	Unclear response	<input type="checkbox"/> ₉₇	(Go to SC 17)	Don't know	<input type="checkbox"/> ₉₈	(Go to SC 17)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to SC 17)	SR not present/proxy unable to complete	<input type="checkbox"/> ₀	(Go to SC 17)
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SR not present/proxy unable to complete	<input type="checkbox"/> ₀	(Go to SC 17)																					

(Adapted from Community Integration Questionnaire)

SC16

IWER: Who do you confide in?

IWER: CODE ALL THAT APPLY

Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/> 1
Parent	<input type="checkbox"/> 1
Sibling	<input type="checkbox"/> 1
Grandparent	<input type="checkbox"/> 1
Aunt/Uncle	<input type="checkbox"/> 1
Cousin	<input type="checkbox"/> 1
Friend	<input type="checkbox"/> 1
Neighbour	<input type="checkbox"/> 1
Key worker/Support worker	<input type="checkbox"/> 1
Advocate	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(IDS-TILDA)

SC17

IWER: Do you have a pet?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5

Unable to understand the question	<input type="checkbox"/> 93
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	Unclear response	<input type="checkbox"/> 97																						
	Don't know	<input type="checkbox"/> 98																						
	Refused to answer	<input type="checkbox"/> 99																						
	<small>(IDS-TILDA)</small>																							
SC18	<p>INTRO: The next questions are about help you gave or received regularly in the last two years from friends and neighbours.</p> <p>IWER: In the last 2 years, did your neighbours or friends give you any kind of help, such as:</p> <ul style="list-style-type: none"> • Household help: help with home repairs, gardening, transportation, shopping or household chores • Help with paperwork, such as filling out forms, settling money matters <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;">(Go to SC19)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>(Go to SC20)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;">(Go to SC20)</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to SC20)</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to SC20)</td> </tr> </table> <p>Please record any narrative information below.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><small>(SHARE/12months)</small></p>			Yes	<input type="checkbox"/> 1	(Go to SC19)	No	<input type="checkbox"/> 5	(Go to SC20)	Unclear response	<input type="checkbox"/> 97	(Go to SC20)	Don't know	<input type="checkbox"/> 98	(Go to SC20)	Refused to answer	<input type="checkbox"/> 99	(Go to SC20)						
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SC19	<p>IWER: About how much help did you receive from friends and neighbours over the last two years?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Daily</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;"></td> </tr> <tr> <td>Weekly</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td>Monthly</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td></td> </tr> <tr> <td>Less often</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;"></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table>			Daily	<input type="checkbox"/> 1		Weekly	<input type="checkbox"/> 2		Monthly	<input type="checkbox"/> 3		Less often	<input type="checkbox"/> 4		Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99	
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(IDS-TILDA)

SC20

IWER: In the last 2 years, did you give any kind of help to your friends, and neighbours (who did not pay you) such as:

- Household help: help with home repairs, gardening, transportation, shopping or household chores
- Help with personal care, such as dressing, eating, getting into and out of bed, using the toilet
- Help with paperwork, such as filling out forms, settling money matters

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to SC21)
No	<input type="checkbox"/> 5	(Go to SC22)

Unclear response	<input type="checkbox"/> 97	(Go to SC22)
Don't know	<input type="checkbox"/> 98	(Go to SC22)
Refused to answer	<input type="checkbox"/> 99	(Go to SC22)

Please record any narrative information below.

(SHARE)

SC21

IWER: About how much help did you give friends and neighbours over the last two years?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Daily	<input type="checkbox"/> 1
Weekly	<input type="checkbox"/> 2
Monthly	<input type="checkbox"/> 3
Less often	<input type="checkbox"/> 4

	<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99																		
Unclear response	<input type="checkbox"/>	97																										
Don't know	<input type="checkbox"/>	98																										
Refused to answer	<input type="checkbox"/>	99																										
SC22	<p>Do you provide support/help to a family member</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to SC23)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to SC26)</td> </tr> <tr> <td>N/A - Don't have a family member</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to SC26)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/>	1	(Go to SC23)	No	<input type="checkbox"/>	2	(Go to SC26)	N/A - Don't have a family member	<input type="checkbox"/>	5	(Go to SC26)	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99						
Yes	<input type="checkbox"/>	1	(Go to SC23)																									
No	<input type="checkbox"/>	2	(Go to SC26)																									
N/A - Don't have a family member	<input type="checkbox"/>	5	(Go to SC26)																									
Unclear response	<input type="checkbox"/>	97																										
Don't know	<input type="checkbox"/>	98																										
Refused to answer	<input type="checkbox"/>	99																										
SC23	<p>Who do you provide support/help to...? TICK ALL THAT APPLY</p> <table border="1"> <tr> <td>Mother</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Father</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Sibling</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Cousin</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td>1</td> </tr> </table> <p>Please tell us</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table>	Mother	<input type="checkbox"/>	1	Father	<input type="checkbox"/>	1	Sibling	<input type="checkbox"/>	1	Aunt/Uncle	<input type="checkbox"/>	1	Cousin	<input type="checkbox"/>	1	Other	<input type="checkbox"/>	1	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
Mother	<input type="checkbox"/>	1																										
Father	<input type="checkbox"/>	1																										
Sibling	<input type="checkbox"/>	1																										
Aunt/Uncle	<input type="checkbox"/>	1																										
Cousin	<input type="checkbox"/>	1																										
Other	<input type="checkbox"/>	1																										
Unclear response	<input type="checkbox"/>	97																										
Don't know	<input type="checkbox"/>	98																										
Refused to answer	<input type="checkbox"/>	99																										

	(IDS-TILDA)																
SC24	<p>What support do you provide?</p> <p>TICK ALL THAT APPLY</p> <table border="1"> <tr> <td>Day to day support e.g. washing, dressing, cooking</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Help with shopping</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Help with remembering day to day items and events</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Support with mobility e.g. going up and down stairs/from room to room</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Emotional Support e.g. companionship</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Financial Support</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Full support – do everything for them</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/> 1</td> </tr> </table> <p>Please tell us.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Day to day support e.g. washing, dressing, cooking	<input type="checkbox"/> 1	Help with shopping	<input type="checkbox"/> 1	Help with remembering day to day items and events	<input type="checkbox"/> 1	Support with mobility e.g. going up and down stairs/from room to room	<input type="checkbox"/> 1	Emotional Support e.g. companionship	<input type="checkbox"/> 1	Financial Support	<input type="checkbox"/> 1	Full support – do everything for them	<input type="checkbox"/> 1	Other	<input type="checkbox"/> 1
Day to day support e.g. washing, dressing, cooking	<input type="checkbox"/> 1																
Help with shopping	<input type="checkbox"/> 1																
Help with remembering day to day items and events	<input type="checkbox"/> 1																
Support with mobility e.g. going up and down stairs/from room to room	<input type="checkbox"/> 1																
Emotional Support e.g. companionship	<input type="checkbox"/> 1																
Financial Support	<input type="checkbox"/> 1																
Full support – do everything for them	<input type="checkbox"/> 1																
Other	<input type="checkbox"/> 1																
SC25	<p>How satisfied are you with providing support/help to a family member?</p> <table border="1"> <tr> <td>Very satisfied</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Satisfied</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Not satisfied</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>Please tell us more about this</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Very satisfied	<input type="checkbox"/> 97	Satisfied	<input type="checkbox"/> 98	Not satisfied	<input type="checkbox"/> 99										
Very satisfied	<input type="checkbox"/> 97																
Satisfied	<input type="checkbox"/> 98																
Not satisfied	<input type="checkbox"/> 99																
SC26	Any Other Information (Social Connectedness):																

SC27	TO BE COMPLETED THE BY INTERVIEWER IWER: How was this section completed <table border="1"><tr><td>Self Report Only</td><td><input type="checkbox"/> 1</td></tr><tr><td>SR and Proxy</td><td><input type="checkbox"/> 2</td></tr><tr><td>Proxy Only</td><td><input type="checkbox"/> 3</td></tr></table>	Self Report Only	<input type="checkbox"/> 1	SR and Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3
Self Report Only	<input type="checkbox"/> 1						
SR and Proxy	<input type="checkbox"/> 2						
Proxy Only	<input type="checkbox"/> 3						

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Section 5: Personal Choices (PC)

PC1 **INTRO:** Now I would like to ask you some questions about personal choices.
NOTE: If the SR says it is “**someone else**” then ask “**who does choose; is it a relative, friend, or support staff?**” Remember that friends may include neighbours, or non-relative residents, and support staff may include any paraprofessional or professional persons.
IWER: In general, who chooses ...?
IWER: READ OUT AND CODE ONE BOX ON EACH LINE

	The person		Someone else			Unclear response	Don't know	Refused to answer	Not applicable
	Self	Supported Choice	Relative	Friend	Support staff				
the food you eat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what food is cooked in your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
the clothes you wear?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
who you spend your free time with?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
where you go in your free time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
how you spend your money?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what time you go to bed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what job you have?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
where you live?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
who you live with?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what support you may receive?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what TV shows you watch?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
how you decorate your room?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
where you keep your money?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94

{Adapted from Heller et al (2000) adaption of a scale developed by Kishi et al (1980)}

<p>PC2</p>	<p>INTRO: Now I would like to ask you some questions about any personal plan you may have.</p> <p>IWER: Do you have a personal plan?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="300 427 940 544"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to PC 3)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to PC 5)</td> </tr> </table> <table border="1" data-bbox="300 577 940 750"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PC 5)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to PC 5)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to PC 5)</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/> 1	(Go to PC 3)	No	<input type="checkbox"/> 5	(Go to PC 5)	Unclear response	<input type="checkbox"/> 97	(Go to PC 5)	Don't know	<input type="checkbox"/> 98	(Go to PC 5)	Refused to answer	<input type="checkbox"/> 99	(Go to PC 5)
Yes	<input type="checkbox"/> 1	(Go to PC 3)														
No	<input type="checkbox"/> 5	(Go to PC 5)														
Unclear response	<input type="checkbox"/> 97	(Go to PC 5)														
Don't know	<input type="checkbox"/> 98	(Go to PC 5)														
Refused to answer	<input type="checkbox"/> 99	(Go to PC 5)														
<p>PC3</p>	<p>IWER: Does your plan include what you want to do and the support you will need to do it?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="300 1021 711 1137"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1" data-bbox="300 1171 711 1344"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99					
Yes	<input type="checkbox"/> 1															
No	<input type="checkbox"/> 5															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
<p>PC4</p>	<p>IWER: Does your plan take account of your abilities and your skills?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="300 1552 711 1668"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1" data-bbox="300 1702 711 1874"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA/HIQA National Quality Standards)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99					
Yes	<input type="checkbox"/> 1															
No	<input type="checkbox"/> 5															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															

<p>PC5</p>	<p>IWER: Do you have a key worker?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to PC 6)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to PC 7)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PC 7)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to PC 7)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to PC 7)</td> </tr> </table> <p>IMPORTANT FILTER NOTES</p> <ul style="list-style-type: none"> - If PC 2 = No and combined with any of the response options in PC 5, Go to PC 9. - If PC 2 = Unclear response/Don't know/Refused to answer and PC5 = Yes, Go to PC9. - If PC 2 & PC 5 = Unclear response/Don't know/Refused to answer, Go to PC 9. - For all other responses in PC 2, follow the directions on the questionnaire. <p>(IDS-TILDA/HIQA National Quality Standard)</p>	Yes	<input type="checkbox"/> 1	(Go to PC 6)	No	<input type="checkbox"/> 5	(Go to PC 7)	Unclear response	<input type="checkbox"/> 97	(Go to PC 7)	Don't know	<input type="checkbox"/> 98	(Go to PC 7)	Refused to answer	<input type="checkbox"/> 99	(Go to PC 7)
Yes	<input type="checkbox"/> 1	(Go to PC 6)														
No	<input type="checkbox"/> 5	(Go to PC 7)														
Unclear response	<input type="checkbox"/> 97	(Go to PC 7)														
Don't know	<input type="checkbox"/> 98	(Go to PC 7)														
Refused to answer	<input type="checkbox"/> 99	(Go to PC 7)														
<p>PC6</p>	<p>IWER: Does your key worker talk to you about your plan and how it is going to be achieved?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99					
Yes	<input type="checkbox"/> 1															
No	<input type="checkbox"/> 5															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
<p>PC7</p>	<p>IWER: Are you involved in your plan as much as you would like to be?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99					
Yes	<input type="checkbox"/> 1															
No	<input type="checkbox"/> 5															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															

<p>PC8</p>	<p>(IDS-TILDA/National Quality Standards)</p> <p>IWER: Do you talk about your plan at least every six months?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="300 360 711 479"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1" data-bbox="300 512 711 687"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1										
No	<input type="checkbox"/> 5										
Unclear response	<input type="checkbox"/> 97										
Don't know	<input type="checkbox"/> 98										
Refused to answer	<input type="checkbox"/> 99										
<p>PC9</p>	<p>IWER: Do you have an independent advocate? An independent advocate is a person who assists and enables more effective communication and who is a person outside the normal services you receive.</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="300 1025 711 1193"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1" data-bbox="300 1227 711 1482"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1										
No	<input type="checkbox"/> 5										
Unclear response	<input type="checkbox"/> 97										
Don't know	<input type="checkbox"/> 98										
Refused to answer	<input type="checkbox"/> 99										
<p>PC10</p>	<p>IWER: Do you have access to an advocacy service, if you so wished?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="300 1653 711 1771"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1" data-bbox="300 1805 711 1973"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1										
No	<input type="checkbox"/> 5										
Unclear response	<input type="checkbox"/> 97										
Don't know	<input type="checkbox"/> 98										
Refused to answer	<input type="checkbox"/> 99										

<p>PC11</p>	<p>Any Other Information (Personal Choices)</p>						
<p>PC12</p>	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed</p> <table border="1" data-bbox="300 533 778 712"> <tr> <td>Self Report Only</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>SR and Proxy</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Proxy Only</td> <td><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>	Self Report Only	<input type="checkbox"/> 1	SR and Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3
Self Report Only	<input type="checkbox"/> 1						
SR and Proxy	<input type="checkbox"/> 2						
Proxy Only	<input type="checkbox"/> 3						

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Section 6: Ageing Perceptions (AP)

TO BE COMPLETED BY THE INTERVIEWER

NOTE: This is a **SELF-REPORT SECTION**. Only the SR can answer the questions in this section. It cannot be answered by a proxy.

IWER: Please indicate the status of completion.

IWER: CODE THE ONE THAT APPLIES

SR is present and will be invited to complete (Coded 1)

SR is present but proxy has answered all the questions for SR (link to cautionary note) (Coded 0)

SR is not present - unable to complete (Coded 0)

NOTE: Select this option with caution. Although the proxy has answered all the questions for SR, the SR may be able to complete some of the tasks in this section.

(SELF-REPORT ONLY)

INTRO: We are interested in your own personal views and experience about getting older.

NOTE: Use the following questions as your topic guide.

IWER: When you hear someone described as 'old' what do you think that it means?

IWER: Record the SR's response below.

Unable to understand	<input type="checkbox"/>	93
Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(IDS-TILDA)

AP 1

AP 2

(SELF-REPORT ONLY)

IWER: How would you describe yourself, would you say you are a young adult, middle aged, or old?

IWER: CODE THE ONE THAT APPLIES

Young adult	<input type="checkbox"/> 1
Middle aged	<input type="checkbox"/> 2
Old	<input type="checkbox"/> 3

Other (please specify)

	95
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Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

AP 3 (SELF-REPORT ONLY)

IWER: Would you say as you get older, things are...

IWER: READ OUT AND CODE THE ONE THAT APPLIES

better	<input type="checkbox"/> 1
worse	<input type="checkbox"/> 2
the same	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

AP 4 (SELF-REPORT ONLY)

IWER: Are there any good things about getting older?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to AP 5)
No	<input type="checkbox"/> 5	(Go to AP 6)

Unable to understand	<input type="checkbox"/> 93	(Go to AP 6)
Unclear response	<input type="checkbox"/> 97	(Go to AP 6)
Don't know	<input type="checkbox"/> 98	(Go to AP 6)
Refused to answer	<input type="checkbox"/> 99	(Go to AP 6)

(IDS-TILDA)

AP 5 (SELF-REPORT ONLY)

IWER: What would you say are the good things about getting older?

IWER: Record the SR's response below.

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

AP 6	<p>(SELF-REPORT ONLY)</p> <p>IWER: Do you have any concerns or worries about getting older?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 60%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 30%;">(Go to AP 7)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>(Go to AP 8)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Unable to understand</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 93</td> <td style="width: 30%;">(Go to AP 8)</td> </tr> <tr> <td>Unclear response</td> <td style="text-align: center;"><input type="checkbox"/> 97</td> <td>(Go to AP 8)</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to AP 8)</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to AP 8)</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	(Go to AP 7)	No	<input type="checkbox"/> 5	(Go to AP 8)	Unable to understand	<input type="checkbox"/> 93	(Go to AP 8)	Unclear response	<input type="checkbox"/> 97	(Go to AP 8)	Don't know	<input type="checkbox"/> 98	(Go to AP 8)	Refused to answer	<input type="checkbox"/> 99	(Go to AP 8)
Yes	<input type="checkbox"/> 1	(Go to AP 7)																	
No	<input type="checkbox"/> 5	(Go to AP 8)																	
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Unclear response	<input type="checkbox"/> 97	(Go to AP 8)																	
Don't know	<input type="checkbox"/> 98	(Go to AP 8)																	
Refused to answer	<input type="checkbox"/> 99	(Go to AP 8)																	
AP 7	<p>(SELF-REPORT ONLY)</p> <p>IWER: What might these concerns be?</p> <p>IWER: Record the SR's response below.</p> <div style="border: 1px solid black; height: 100px; margin: 10px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Unable to understand</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 93</td> <td style="width: 30%;"></td> </tr> <tr> <td>Unclear response</td> <td style="text-align: center;"><input type="checkbox"/> 97</td> <td></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table> <p>(IDS-TILDA)</p>	Unable to understand	<input type="checkbox"/> 93		Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99							
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Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
AP 8	<p>(SELF-REPORT ONLY)</p>																		

IWER: Do you think older people can do most things like work, go out, play sport, use the computer etc?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

AP 9 (SELF-REPORT ONLY)

IWER: What activities do you think older people like to do?

IWER: Record the SR's response below.

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

AP 10 (SELF-REPORT ONLY)

IWER: Do you think that people who are older can support you?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

AP 11 Any Other Information (Ageing Perceptions):

AP 12 TO BE COMPLETED THE BY INTERVIEWER

IWER: How was this section completed?

Self-Report Only	<input type="checkbox"/> 1
SR & Proxy	<input type="checkbox"/> 2
Proxy Only	<input type="checkbox"/> 3

(IDS-TILDA)

Section 7: Occupation (OC)

OC1 **INTRO:** Now I would like to ask you questions about work, day service and retirement.

IWER: Have you ever done paid work?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

OC2 **IWER:** Which of these would you say describes your current situation?

IWER: READ OUT AND CODE ALL THAT APPLY [for each ticked choice, complete that option, and then continue to the next ticked option]

Employed, which includes: <ul style="list-style-type: none"> • Open paid employment • Supported Employment Scheme • Participating in apprenticeship or employment programme - such as Community Employment 	<input type="checkbox"/> 1	(Go to OC 3)
Self-Employed (including farming)	<input type="checkbox"/> 1	(Go to OC 3)
In a Sheltered Workshop	<input type="checkbox"/> 1	(Go to OC 15)
Attending a Day Service	<input type="checkbox"/> 1	(Go to OC 26)
Unemployed or Looking for work	<input type="checkbox"/> 1	(Go to OC 38)
Retired	<input type="checkbox"/> 1	(Go to OC45)
Unable to work due to being permanently sick or disabled	<input type="checkbox"/> 1	(Go to OC 55)
Looking after home or family	<input type="checkbox"/> 1	(Go to OC 55)

In education or training	<input type="checkbox"/> ₁	(Go to OC55)
Other (please specify)	<input type="checkbox"/> ₁	(Go to OC 54)

Unclear response	<input type="checkbox"/> ₉₇	(Go to OC 55)
Don't know	<input type="checkbox"/> ₉₈	(Go to OC 55)
Refused to answer	<input type="checkbox"/> ₉₉	(Go to OC 55)

(Adapted from ELSA)

Employed / Self-Employed

OC3 **IWER:** On average, how many days per week do you spend at work?

_____ day(s) per week

Unclear response	<input type="checkbox"/> ₉₇
Don't know	<input type="checkbox"/> ₉₈
Refused to answer	<input type="checkbox"/> ₉₉

(Adapted from POMONA)

OC4 **IWER:** On average, how many hours per week do you spend at work?

_____ hour(s) per week

Unclear response	<input type="checkbox"/> ₉₇
Don't know	<input type="checkbox"/> ₉₈
Refused to answer	<input type="checkbox"/> ₉₉

(Adapted from POMONA)

OC5	<p>Could you please tell me if your job is....?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">A permanent job</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>A temporary job</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td>Occasional work without a contract</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>Other working arrangement</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> </tr> </table> <p>(TILDA)</p>	A permanent job	<input type="checkbox"/> 1	A temporary job	<input type="checkbox"/> 2	Occasional work without a contract	<input type="checkbox"/> 3	Other working arrangement	<input type="checkbox"/> 4
A permanent job	<input type="checkbox"/> 1								
A temporary job	<input type="checkbox"/> 2								
Occasional work without a contract	<input type="checkbox"/> 3								
Other working arrangement	<input type="checkbox"/> 4								
OC6	<p>IWER: How much is your typical weekly wage?</p> <p>€ _____ per week</p> <p>Don't receive any wage <input type="checkbox"/> 1</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(Adapted from EU-SILC/IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99		
Unclear response	<input type="checkbox"/> 97								
Don't know	<input type="checkbox"/> 98								
Refused to answer	<input type="checkbox"/> 99								
OC7	<p>IWER: In what kind of business, industry or service do you work in (that is, what did they make or do at the place where you work)?</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 80px; margin: 10px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99		
Unclear response	<input type="checkbox"/> 97								
Don't know	<input type="checkbox"/> 98								
Refused to answer	<input type="checkbox"/> 99								

(SHARE)

OC8 In general how satisfied are you with your job...?

Very Satisfied	<input type="checkbox"/> 1
Satisfied	<input type="checkbox"/> 2
Not satisfied	<input type="checkbox"/> 3

Please tell us

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

OC9 **IWER:** When you travel to work, is this mainly by:

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Car	<input type="checkbox"/> 1	(Go to OC10)
Taxi	<input type="checkbox"/> 2	(Go to OC10)
Bus	<input type="checkbox"/> 3	(Go to OC10)
Bike	<input type="checkbox"/> 4	(Go to OC10)
Walking	<input type="checkbox"/> 5	(Go to OC10)
Train	<input type="checkbox"/> 6	(Go to OC10)
Transport provided by service	<input type="checkbox"/> 7	(Go to OC10)

Other (please specify)

	95	(Go to OC10)
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	Unclear response	<input type="checkbox"/> ₉₇	(Go to OC11)															
	Don't know	<input type="checkbox"/> ₉₈	(Go to OC11)															
	Refused to answer	<input type="checkbox"/> ₉₉	(Go to OC11)															
(IDS-TILDA)																		
OC10	IWER: On average, how long does it take you to travel to your work on any one day? <input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> mins <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table>			Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉									
Unclear response	<input type="checkbox"/> ₉₇																	
Don't know	<input type="checkbox"/> ₉₈																	
Refused to answer	<input type="checkbox"/> ₉₉																	
(IDS-TILDA)																		
OC11	IWER: Does anyone support you going to and from work? IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?' <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/>₁</td> <td>(Go to OC12)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/>₅</td> <td>(Go to OC13)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to OC13)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to OC13)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to OC13)</td> </tr> </table>			Yes	<input type="checkbox"/> ₁	(Go to OC12)	No	<input type="checkbox"/> ₅	(Go to OC13)	Unclear response	<input type="checkbox"/> ₉₇	(Go to OC13)	Don't know	<input type="checkbox"/> ₉₈	(Go to OC13)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to OC13)
Yes	<input type="checkbox"/> ₁	(Go to OC12)																
No	<input type="checkbox"/> ₅	(Go to OC13)																
Unclear response	<input type="checkbox"/> ₉₇	(Go to OC13)																
Don't know	<input type="checkbox"/> ₉₈	(Go to OC13)																
Refused to answer	<input type="checkbox"/> ₉₉	(Go to OC13)																
(IDS-TILDA)																		
OC12	IWER: What support do they give you? IWER: Record the response below. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> </table>			Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈											
Unclear response	<input type="checkbox"/> ₉₇																	
Don't know	<input type="checkbox"/> ₉₈																	

	<table border="1"> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Refused to answer	<input type="checkbox"/> 99
Refused to answer	<input type="checkbox"/> 99		

OC13	<p>(SELF-REPORT)</p> <p>IWER: At what age do you plan to stop working?</p> <p><input type="text"/> years old</p> <table border="1"> <tr> <td>Do not plan to stop working</td> <td><input type="checkbox"/> 1</td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> <tr> <td>SR not present – unable to complete</td> <td><input type="checkbox"/> 0</td> </tr> </table>	Do not plan to stop working	<input type="checkbox"/> 1	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	SR not present – unable to complete	<input type="checkbox"/> 0
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Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
SR not present – unable to complete	<input type="checkbox"/> 0												

OC14	<p>Do you have any concerns about retiring/stopping work...?</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <p>Please tell us</p> <p><input type="text"/></p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1										
No	<input type="checkbox"/> 5										
Unclear response	<input type="checkbox"/> 97										
Don't know	<input type="checkbox"/> 98										
Refused to answer	<input type="checkbox"/> 99										

Sheltered Workshop

OC15	<p>IWER: On average, how many days per week do you spend at the Sheltered Workshop?</p>
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	<input style="width: 90%;" type="text" value="_____ day(s) per week"/>							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₇</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₈</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₉</td> </tr> </table>	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉	
Unclear response	<input type="checkbox"/> ₉₇							
Don't know	<input type="checkbox"/> ₉₈							
Refused to answer	<input type="checkbox"/> ₉₉							
	(Adapted from POMONA)							
OC16	IWER: On average, how many hours per week do you spend at the Sheltered Workshop?							
	<input style="width: 90%;" type="text" value="_____ hour(s) per week"/>							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₇</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₈</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₉</td> </tr> </table>	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉	
Unclear response	<input type="checkbox"/> ₉₇							
Don't know	<input type="checkbox"/> ₉₈							
Refused to answer	<input type="checkbox"/> ₉₉							
	(Adapted from POMONA)							
OC17	IWER: How much is your typical weekly wage?							
	<input style="width: 90%;" type="text" value="€_____ per week"/>							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Don't receive any wage</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₁</td> </tr> </table>	Don't receive any wage	<input type="checkbox"/> ₁					
Don't receive any wage	<input type="checkbox"/> ₁							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₇</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₈</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₉</td> </tr> </table>	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉	
Unclear response	<input type="checkbox"/> ₉₇							
Don't know	<input type="checkbox"/> ₉₈							
Refused to answer	<input type="checkbox"/> ₉₉							
	(Adapted from EU-SILC/IDS-TILDA)ow much is your typical weekly wage?							
OC18	What do you do or make in the Sheltered workshop?							
	Please tell us							
	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>							

OC21	<p>IWER: On average, how long does it take you to travel to the sheltered workshop on any one day?</p> <p style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hour(s) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> mins </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₉₇</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₉₈</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₉₉</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₇	Don't know	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₈	Refused to answer	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₉									
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Don't know	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₈															
Refused to answer	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₉															
OC22	<p>IWER: Does anyone support you going to and from the Sheltered Workshop?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₁</td> <td style="padding: 2px;">(Go to OC23)</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₅</td> <td style="padding: 2px;">(Go to OC24)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₉₇</td> <td style="padding: 2px;">(Go to OC24)</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₉₈</td> <td style="padding: 2px;">(Go to OC24)</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₉₉</td> <td style="padding: 2px;">(Go to OC24)</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₁	(Go to OC23)	No	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₅	(Go to OC24)	Unclear response	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₇	(Go to OC24)	Don't know	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₈	(Go to OC24)	Refused to answer	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₉	(Go to OC24)
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Refused to answer	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₉	(Go to OC24)														
OC23	<p>IWER: What support do they give you?</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 80px; margin: 10px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₉₇</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₉₈</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="padding: 2px; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>₉₉</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₇	Don't know	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₈	Refused to answer	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₉									
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Don't know	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₈															
Refused to answer	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ₉₉															

OC24

SELF REPORT ONLY: At what age do you plan to stop working in the sheltered workshop?

years old

Do not plan to stop working	<input type="checkbox"/> 1
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Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99
SR not present – unable to complete	<input type="checkbox"/> 0

(IDS-TILDA)

OC25

Do you have any concerns about stopping work in the sheltered workshop?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5

Please tell us

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

Day Services

OC26 IWER: What type of activities do you undertake at the day service?
 IWER: CODE ALL THAT APPLY

		OC26A							
		Within Home/House/ Unit	Within ID service campus	In the community in an ID setting	In the community in mainstream setting	Unclear response	Don't Know	Refused to answer	
Music	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Arts & Crafts	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Cooking/Baking	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Multisensory and other health therapies	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Daily living Skills Development (e.g., cooking, money management etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Sports (e.g.Swimming)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Social skills Development (e.g ordering in a restaurant, booking theatre/cinema tickets etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Horticulture	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Woodwork	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Information Technology	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
Other (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	

If yes, please indicate the type of setting in OC26A

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

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OC27 **IWER:** How often do you choose the activities you do in the day service? Would you say...?

IWER: CODE THE ONE THAT APPLIES

Most of the time	<input type="checkbox"/> 1
Sometimes	<input type="checkbox"/> 2
Rarely	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 4

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

OC28 **IWER:** On average, how many days per week do you attend?

_____ day(s) per week

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

OC29 **IWER:** On average, how many hours per week do you spend at the day service?

_____ hour(s) per week

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(Adapted from POMONA)

OC30 **IWER:** When you travel to the day service, is this mainly by:

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Car	<input type="checkbox"/> 1	(Go to OC31)
Taxi	<input type="checkbox"/> 2	(Go to OC31)
Bus	<input type="checkbox"/> 3	(Go to OC31)
Bike	<input type="checkbox"/> 4	(Go to OC31)
Walking	<input type="checkbox"/> 5	(Go to OC31)
Train	<input type="checkbox"/> 6	(Go to OC31)
Transport provided by service	<input type="checkbox"/> 7	(Go to OC31)
Not applicable - Day service is in the same place I live	<input type="checkbox"/> 94	(Go to OC34)

Other (please specify)

	<input type="checkbox"/> 95	(Go to OC31)
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Unclear response	<input type="checkbox"/> 97	(Go to OC32)
Don't know	<input type="checkbox"/> 98	(Go to OC32)
Refused to answer	<input type="checkbox"/> 99	(Go to OC32)

(IDS-TILDA)

OC31 **IWER:** On average, how long does it take you to travel to your day service on any one day?

hour(s) mins

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

OC32 **IWER:** Does anyone support you going to and from the day service?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to DS 33)
No	<input type="checkbox"/> 5	(Go to OC35)

Unclear response	<input type="checkbox"/> 97	(Go to OC35)
Don't know	<input type="checkbox"/> 98	(Go to OC35)
Refused to answer	<input type="checkbox"/> 99	(Go to OC35)

(IDS-TILDA)

OC33 **IWER:** What support do they give you?

IWER: Record the response below.

	(Go to OC35)
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Unclear response	<input type="checkbox"/> 97	(Go to OC35)
Don't know	<input type="checkbox"/> 98	(Go to OC35)
Refused to answer	<input type="checkbox"/> 99	(Go to OC35)

(IDS-TILDA)

OC34 **IWER:** Would you like to attend a day service outside your home/residence?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

OC35 In general how satisfied are you with the Day Service...?

Very Satisfied	<input type="checkbox"/> 1
Satisfied	<input type="checkbox"/> 2
Not satisfied	<input type="checkbox"/> 3

Please tell us

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

OC36 (SELF-REPORT ONLY)
At what age do you plan to stop going to the day service?

_____ years old

Do not plan to stop going to day services	<input type="checkbox"/> 1
---	----------------------------

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99
SR not present – unable to complete	<input type="checkbox"/> 0

OC37 Have you any concerns about when you stop going to the day service?

Please Specify

	No	<input type="checkbox"/> 5	(Go to OC 42)																								
	Unclear response	<input type="checkbox"/> 97	(Go to OC41)																								
	Don't know	<input type="checkbox"/> 98	(Go to OC41)																								
	Refused to answer	<input type="checkbox"/> 99	(Go to OC41)																								
	(HRS)																										
OC41	<p>IWER: What type of work are you looking for?</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 80px; margin: 10px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>			Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99																		
Unclear response	<input type="checkbox"/> 97																										
Don't know	<input type="checkbox"/> 98																										
Refused to answer	<input type="checkbox"/> 99																										
OC42	<p>IWER: What are all the things you have done to find work?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Not applicable - I'm not looking for work</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 30%; text-align: right;">(Go to OC 55)</td> </tr> <tr> <td>Read advertisements</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td rowspan="10" style="vertical-align: middle; text-align: right;">(Go to OC43)</td> </tr> <tr> <td>Attended school or received training</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Checked with employment agency</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Checked with private employment agency</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Visited or wrote to employers directly</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Asked friends or relatives</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Placed or answered advertisements</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Searched the internet</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Didn't do anything specific</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Other (please specify)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> </table>			Not applicable - I'm not looking for work	<input type="checkbox"/> 1	(Go to OC 55)	Read advertisements	<input type="checkbox"/> 1	(Go to OC43)	Attended school or received training	<input type="checkbox"/> 1	Checked with employment agency	<input type="checkbox"/> 1	Checked with private employment agency	<input type="checkbox"/> 1	Visited or wrote to employers directly	<input type="checkbox"/> 1	Asked friends or relatives	<input type="checkbox"/> 1	Placed or answered advertisements	<input type="checkbox"/> 1	Searched the internet	<input type="checkbox"/> 1	Didn't do anything specific	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1
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Refused to answer	<input type="checkbox"/> 1	(Go to OC43)													
<p>OC43</p>	<p>IWER: How long have you been looking for work?</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>6 months or less</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>6 months to one year</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>One to two years</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>Longer than 2 years</td> <td><input type="checkbox"/> 4</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	6 months or less	<input type="checkbox"/> 1	6 months to one year	<input type="checkbox"/> 2	One to two years	<input type="checkbox"/> 3	Longer than 2 years	<input type="checkbox"/> 4	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
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Longer than 2 years	<input type="checkbox"/> 4														
Unclear response	<input type="checkbox"/> 97														
Don't know	<input type="checkbox"/> 98														
Refused to answer	<input type="checkbox"/> 99														
<p>OC44</p>	<p>IWER: Is someone supporting you to look for work?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>N/A don't need support</td> <td><input type="checkbox"/> 94</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	N/A don't need support	<input type="checkbox"/> 94	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99		
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Unclear response	<input type="checkbox"/> 97														
Don't know	<input type="checkbox"/> 98														
Refused to answer	<input type="checkbox"/> 99														

Retired

OC45

IWER: In what month and year did you retire?

(MM/YYYY) /

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(HRS)

OC46

Did you retire from....?
Please Tick all that Apply

Employment	<input type="checkbox"/> 1
Sheltered Workshop	<input type="checkbox"/> 1
Day service	<input type="checkbox"/> 1
Other	<input type="checkbox"/> 1

Please Tell us

(IDS-TILDA)

OC47

IWER: What would you say was the main reason you retired?

IWER: CODE THE ONE THAT APPLIES

Became eligible for a state pension	<input type="checkbox"/> 1
Became eligible for an occupational pension	<input type="checkbox"/> 2
Became eligible for a private pension or annuity	<input type="checkbox"/> 3
Made redundant	<input type="checkbox"/> 4
Own ill health	<input type="checkbox"/> 5
Ill health of a relative or friend	<input type="checkbox"/> 6
To retire at same time as spouse or partner	<input type="checkbox"/> 7
To spend more time with family	<input type="checkbox"/> 8

	To enjoy life <input style="float: right;" type="checkbox"/> 9																			
	Other (please specify) <table border="1" style="width: 100%; height: 50px; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">95</td> </tr> </table>		95																	
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Unclear response	<input type="checkbox"/>	97																		
Don't know	<input type="checkbox"/>	98																		
Refused to answer	<input type="checkbox"/>	99																		
	(SHARE)																			
OC48	<p>IWER: Did you take early retirement, that is did you retire before the normal retirement age? IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 60%; text-align: center;">1 (Go to OC49)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">5 (Go to OC50)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 60%; text-align: center;">97 (Go to OC50)</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98 (Go to OC50)</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99 (Go to OC50)</td> </tr> </table>		Yes	<input type="checkbox"/>	1 (Go to OC49)	No	<input type="checkbox"/>	5 (Go to OC50)	Unclear response	<input type="checkbox"/>	97 (Go to OC50)	Don't know	<input type="checkbox"/>	98 (Go to OC50)	Refused to answer	<input type="checkbox"/>	99 (Go to OC50)			
Yes	<input type="checkbox"/>	1 (Go to OC49)																		
No	<input type="checkbox"/>	5 (Go to OC50)																		
Unclear response	<input type="checkbox"/>	97 (Go to OC50)																		
Don't know	<input type="checkbox"/>	98 (Go to OC50)																		
Refused to answer	<input type="checkbox"/>	99 (Go to OC50)																		
	(ELSA)																			
OC49	<p>IWER: What were your reasons for taking early retirement? IWER: CODE ALL THAT APPLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Own ill health</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ill health of a relative or friend</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Made redundant/dismissed/had no choice</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Offered early retirement incentive by employer</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Could not find another job</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>To spend more time with partner/family</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>To enjoy life while still young and fit enough</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fed up with job and wanted a change</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>To retire at the same time as husband/wife/partner</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Own ill health	<input type="checkbox"/>	Ill health of a relative or friend	<input type="checkbox"/>	Made redundant/dismissed/had no choice	<input type="checkbox"/>	Offered early retirement incentive by employer	<input type="checkbox"/>	Could not find another job	<input type="checkbox"/>	To spend more time with partner/family	<input type="checkbox"/>	To enjoy life while still young and fit enough	<input type="checkbox"/>	Fed up with job and wanted a change	<input type="checkbox"/>	To retire at the same time as husband/wife/partner	<input type="checkbox"/>
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">To give the young generation a chance</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Other (please specify)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> </table> <p>(ELSA)</p>	To give the young generation a chance	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1			Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
To give the young generation a chance	<input type="checkbox"/> 1												
Other (please specify)	<input type="checkbox"/> 1												
Unclear response	<input type="checkbox"/> 1												
Don't know	<input type="checkbox"/> 1												
Refused to answer	<input type="checkbox"/> 1												
OC50	<p>IWER: In what kind of business, industry or service did you work in (that is, what did they do or make at the place where you worked)?</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 50px; margin: 5px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(TILDA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99						
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
OC51	<p>IWER: On average, how many days per week did you spend at work?</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> _____ day(s) per week </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(Adapted from POMONA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99						
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												

<p>OC52</p>	<p>IWER: On average, how many hours per week did you spend at work?</p> <p>_____ hour(s) per week</p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(Adapted from POMONA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99						
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
<p>OC53</p>	<p>In general how satisfied are you with being retired?</p> <table border="1"> <tr> <td>Very Satisfied</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Satisfied</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Not Satisfied</td> <td><input type="checkbox"/> 3</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>Please tell us</p> <p>_____</p> <p>(IDS-TILDA)</p>	Very Satisfied	<input type="checkbox"/> 1	Satisfied	<input type="checkbox"/> 2	Not Satisfied	<input type="checkbox"/> 3	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Very Satisfied	<input type="checkbox"/> 1												
Satisfied	<input type="checkbox"/> 2												
Not Satisfied	<input type="checkbox"/> 3												
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
<p>OC54</p>	<p>What activities/work does this involve...?</p> <p>Please tell us</p> <p>_____</p>												
<p>OC55</p>	<p>Any Other Information (Occupation):</p>												

OC56

TO BE COMPLETED BY THE INTERVIEWER

IWER: How was this section completed

Self Report Only	<input type="checkbox"/> 1
SR and Proxy	<input type="checkbox"/> 2
Proxy Only	<input type="checkbox"/> 3

(TILDA)

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Section 8 : Sources of Income (SI)

SI 1 **INTRO:** Now I would like to ask you some questions about your income. I would like to remind you that all the information you give is confidential and will be used only for research purposes.

IWER: Did you receive any of these payments in the last year?

IWER: READ OUT AND CODE ALL THAT APPLY

Disability Allowance	<input type="checkbox"/> 1
Mobility Allowance	<input type="checkbox"/> 1
Disability Benefit (Previously known as Illness Benefit)	<input type="checkbox"/> 1
Retirement Pension from Former Employment	<input type="checkbox"/> 1
Contributory State Pension (previously known as Contributory Old Age Pension)	<input type="checkbox"/> 1
Non-Contributory State Pension (previously known as Non-Contributory Old Age Pension)	<input type="checkbox"/> 1
Transition State Pension (previously known as Retirement Pension)	<input type="checkbox"/> 1
Invalidity Pension	<input type="checkbox"/> 1
Widow's or Widower's Contributory Pension	<input type="checkbox"/> 1
Private Pension	<input type="checkbox"/> 1
Jobseeker's Allowance (previously known as Unemployment Assistance)	<input type="checkbox"/> 1
Jobseeker's Benefit (previously known as Unemployment Benefit)	<input type="checkbox"/> 1
Supplementary Welfare Allowance	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1
Not applicable - did not receive any of these payments	<input type="checkbox"/> 94

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(Adapted from TILDA)

<p>SI 2</p>	<p>IWER: Do you control your own money?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="191 392 826 589"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to SI 3)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to SI 3)</td> </tr> <tr> <td>SR not considered to have the capacity</td> <td><input type="checkbox"/> 94</td> <td>(Go to SI 4)</td> </tr> </table> <table border="1" data-bbox="191 629 826 804"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to SI 4)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to SI 4)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to SI 4)</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/> 1	(Go to SI 3)	No	<input type="checkbox"/> 5	(Go to SI 3)	SR not considered to have the capacity	<input type="checkbox"/> 94	(Go to SI 4)	Unclear response	<input type="checkbox"/> 97	(Go to SI 4)	Don't know	<input type="checkbox"/> 98	(Go to SI 4)	Refused to answer	<input type="checkbox"/> 99	(Go to SI 4)
Yes	<input type="checkbox"/> 1	(Go to SI 3)																	
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Unclear response	<input type="checkbox"/> 97	(Go to SI 4)																	
Don't know	<input type="checkbox"/> 98	(Go to SI 4)																	
Refused to answer	<input type="checkbox"/> 99	(Go to SI 4)																	
<p>SI 3</p>	<p>IWER: Have you received information and support to manage your money?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="191 1077 603 1193"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1" data-bbox="191 1236 603 1411"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99								
Yes	<input type="checkbox"/> 1																		
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Unclear response	<input type="checkbox"/> 97																		
Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
<p>SI 4</p>	<p>IWER: Do you know how much money you receive?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="191 1695 826 1812"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to SI 8)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to SI 5)</td> </tr> </table> <table border="1" data-bbox="191 1852 826 2027"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to SI 5)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to SI 5)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to SI 5)</td> </tr> </table>	Yes	<input type="checkbox"/> 1	(Go to SI 8)	No	<input type="checkbox"/> 5	(Go to SI 5)	Unclear response	<input type="checkbox"/> 97	(Go to SI 5)	Don't know	<input type="checkbox"/> 98	(Go to SI 5)	Refused to answer	<input type="checkbox"/> 99	(Go to SI 5)			
Yes	<input type="checkbox"/> 1	(Go to SI 8)																	
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Unclear response	<input type="checkbox"/> 97	(Go to SI 5)																	
Don't know	<input type="checkbox"/> 98	(Go to SI 5)																	
Refused to answer	<input type="checkbox"/> 99	(Go to SI 5)																	

IMPORTANT FILTER NOTES

SI 1 = Refused to answer or Not applicable and SI4 = Yes, Go to SI 9

SI 1 = Unclear response and Don't know and SI 4 = Yes, review in terms of SI 1 response.

For all other responses in SI 2, follow the directions on the questionnaire.

(IDS-TILDA Pilot Study)

SI 5 **NOTE:** If SR or proxy **does not know their income and expenditure** [or unclear response and refused to answer occurred in the previous question] interviewer to ask permission to gain this information from another source.

IWER: Is it okay if we find out your income and expenditure from someone else?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to SI 6)
No	<input type="checkbox"/> 5	(Go to SI 11)

Unclear response	<input type="checkbox"/> 97	(Go to SI 11)
Don't know	<input type="checkbox"/> 98	(Go to SI 11)
Refused to answer	<input type="checkbox"/> 99	(Go to SI 11)

(IDS-TILDA PILOT)

SI 6 **IWER:** And what is the name of the person we may ask?

	(Go to SI 11)
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Unclear response	<input type="checkbox"/> 97	(Go to SI 11)
Don't know	<input type="checkbox"/> 98	(Go to SI 11)
Refused to answer	<input type="checkbox"/> 99	(Go to SI 11)

(IDS-TILDA)

SI 7	<p>TO BE COMPLETED BY THE INTERVIEWER</p> <p>IWER: Is this person available now?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Yes</td> <td style="width: 10%; text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="padding: 2px;">(Go to SI 8)</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> <td style="padding: 2px;">(Go to SI 11)</td> </tr> </table> <p>IWER: Record any other related information below.</p> <div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	(Go to SI 8)	No	<input type="checkbox"/> 5	(Go to SI 11)				
Yes	<input type="checkbox"/> 1	(Go to SI 8)									
No	<input type="checkbox"/> 5	(Go to SI 11)									
SI 8	<p>NOTE: Payment or payments received in the last year.</p> <p>IWER: Thinking about the payment or payments you have received, how much money did you receive in total?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> € . </div> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%; padding: 2px;">Per week</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Per month</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> </tr> </table> <p>IWER: If the amount is from different sources, record the amount from each source below.</p> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div> <p>(Adapted from EU-SILC)</p>	Per week	<input type="checkbox"/>	Per month	<input type="checkbox"/>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Per week	<input type="checkbox"/>										
Per month	<input type="checkbox"/>										
Unclear response	<input type="checkbox"/> 97										
Don't know	<input type="checkbox"/> 98										
Refused to answer	<input type="checkbox"/> 99										

SI 9 **IWER:** Do you receive money from any other sources (not previously mentioned)?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to SI 10)
No	<input type="checkbox"/> 5	(Go to SI 11)

Unclear response	<input type="checkbox"/> 97	(Go to SI 11)
Don't know	<input type="checkbox"/> 98	(Go to SI 11)
Refused to answer	<input type="checkbox"/> 99	(Go to SI 11)

(IDS-TILDA)

SI 10 **IWER:** How much money do you receive?

€	.
---	---

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Per week	<input type="checkbox"/>
Per month	<input type="checkbox"/>

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

IWER: If the amount is from different sources, record the amount from each source below.

--

(Adapted from EU-SILC)

SI 11	<p>IWER: Do you know when you receive your money/allowances?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 70%; padding: 2px;">Yes</td> <td style="width: 5%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Unclear response</td> <td style="width: 5%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center; padding: 2px;">97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">99</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99					
Yes	<input type="checkbox"/>	1																			
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Unclear response	<input type="checkbox"/>	97																			
Don't know	<input type="checkbox"/>	98																			
Refused to answer	<input type="checkbox"/>	99																			
SI 12	<p>IWER: Do you collect your money/allowances yourself from the post office or bank?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 70%; padding: 2px;">Yes</td> <td style="width: 5%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width: 25%; padding: 2px;">1</td> <td style="padding: 2px;">(Go to SI 14)</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">5</td> <td style="padding: 2px;">(Go to SI 13)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Unclear response</td> <td style="width: 5%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width: 25%; padding: 2px;">97</td> <td style="padding: 2px;">(Go to SI 13)</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">98</td> <td style="padding: 2px;">(Go to SI 13)</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">99</td> <td style="padding: 2px;">(Go to SI 13)</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/>	1	(Go to SI 14)	No	<input type="checkbox"/>	5	(Go to SI 13)	Unclear response	<input type="checkbox"/>	97	(Go to SI 13)	Don't know	<input type="checkbox"/>	98	(Go to SI 13)	Refused to answer	<input type="checkbox"/>	99	(Go to SI 13)
Yes	<input type="checkbox"/>	1	(Go to SI 14)																		
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Unclear response	<input type="checkbox"/>	97	(Go to SI 13)																		
Don't know	<input type="checkbox"/>	98	(Go to SI 13)																		
Refused to answer	<input type="checkbox"/>	99	(Go to SI 13)																		
SI 13	<p>IWER: Do you know who does collect it?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 70%; padding: 2px;">Yes</td> <td style="width: 5%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Unclear response</td> <td style="width: 5%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center; padding: 2px;">97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">99</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99					
Yes	<input type="checkbox"/>	1																			
No	<input type="checkbox"/>	5																			
Unclear response	<input type="checkbox"/>	97																			
Don't know	<input type="checkbox"/>	98																			
Refused to answer	<input type="checkbox"/>	99																			

SI 14	IWER: Does some of your money go into a central fund (i.e. for mobility allowance)?								
	IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'								
	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to SI 15)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to SI 16)</td> </tr> </table>	Yes	<input type="checkbox"/> 1	(Go to SI 15)	No	<input type="checkbox"/> 5	(Go to SI 16)		
	Yes	<input type="checkbox"/> 1	(Go to SI 15)						
	No	<input type="checkbox"/> 5	(Go to SI 16)						
	<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to SI 16)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to SI 16)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to SI 16)</td> </tr> </table>	Unclear response	<input type="checkbox"/> 97	(Go to SI 16)	Don't know	<input type="checkbox"/> 98	(Go to SI 16)	Refused to answer	<input type="checkbox"/> 99
Unclear response	<input type="checkbox"/> 97	(Go to SI 16)							
Don't know	<input type="checkbox"/> 98	(Go to SI 16)							
Refused to answer	<input type="checkbox"/> 99	(Go to SI 16)							
(IDS-TILDA Pilot Study)									
SI 15	IWER: If yes, do you agree with this?								
	IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'								
	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5				
	Yes	<input type="checkbox"/> 1							
	No	<input type="checkbox"/> 5							
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Unclear response	<input type="checkbox"/> 97								
Don't know	<input type="checkbox"/> 98								
Refused to answer	<input type="checkbox"/> 99								
(IDS-TILDA Pilot Study/National Quality Standard)									
SI 16	IWER: Have you somewhere safe to keep your money?								
	IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'								
	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Not applicable – someone else takes care of my money</td> <td><input type="checkbox"/> 94</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Not applicable – someone else takes care of my money	<input type="checkbox"/> 94		
	Yes	<input type="checkbox"/> 1							
	No	<input type="checkbox"/> 5							
	Not applicable – someone else takes care of my money	<input type="checkbox"/> 94							
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Unclear response	<input type="checkbox"/> 97								
Don't know	<input type="checkbox"/> 98								
Refused to answer	<input type="checkbox"/> 99								
(IDS-TILDA/National Quality Standards)									

SI 17	<p>INTRO: Now there are a few questions about the money you pay to live in your residence.</p> <p>IWER: Do you...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">own your own house</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 20%;">(Go to SI 21)</td> </tr> <tr> <td>pay rent</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td>(Go to SI 18)</td> </tr> <tr> <td>live rent free</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td>(Go to SI 21)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 20%;">(Go to SI 21)</td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to SI 21)</td> </tr> <tr> <td style="text-align: center;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to SI 21)</td> </tr> </table> <p>(SHARE/IDS-TILDA)</p>	own your own house	<input type="checkbox"/> 1	(Go to SI 21)	pay rent	<input type="checkbox"/> 2	(Go to SI 18)	live rent free	<input type="checkbox"/> 3	(Go to SI 21)	Unclear response	<input type="checkbox"/> 97	(Go to SI 21)	Don't know	<input type="checkbox"/> 98	(Go to SI 21)	Refused to answer	<input type="checkbox"/> 99	(Go to SI 21)
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Don't know	<input type="checkbox"/> 98	(Go to SI 21)																	
Refused to answer	<input type="checkbox"/> 99	(Go to SI 21)																	
SI 18	<p>IWER: How much rent do you pay?</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> € . </div> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Per week</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td rowspan="2" style="width: 20%;">(Go to SI 19)</td> </tr> <tr> <td>Per month</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 20%;">(Go to SI 21)</td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to SI 21)</td> </tr> <tr> <td style="text-align: center;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to SI 21)</td> </tr> </table> <p>(Adapted from EU-SILC)</p>	Per week	<input type="checkbox"/> 1	(Go to SI 19)	Per month	<input type="checkbox"/> 2	Unclear response	<input type="checkbox"/> 97	(Go to SI 21)	Don't know	<input type="checkbox"/> 98	(Go to SI 21)	Refused to answer	<input type="checkbox"/> 99	(Go to SI 21)				
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Don't know	<input type="checkbox"/> 98	(Go to SI 21)																	
Refused to answer	<input type="checkbox"/> 99	(Go to SI 21)																	
SI 19	<p>IWER: Does your rent include all charges and services, such as electricity, gas or heating?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 20%;">(Go to SI 21)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>(Go to SI 20)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 20%;">(Go to SI 21)</td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to SI 21)</td> </tr> </table>	Yes	<input type="checkbox"/> 1	(Go to SI 21)	No	<input type="checkbox"/> 5	(Go to SI 20)	Unclear response	<input type="checkbox"/> 97	(Go to SI 21)	Don't know	<input type="checkbox"/> 98	(Go to SI 21)						
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Refused to answer	<input type="checkbox"/>	99															
(Adapted from HRS)																	
SI 20	<p>IWER: On average, how much do you pay for charges and services that are not included in your rent?</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> € . </div> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 70%;">Per week</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;">1</td> </tr> <tr> <td>Per month</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;">97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </table> <p>(Adapted from SHARE)</p>		Per week	<input type="checkbox"/>	1	Per month	<input type="checkbox"/>	2	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
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Refused to answer	<input type="checkbox"/>	99															
SI 21	<p>Any Other Information (Sources of Income):</p>																
SI 22	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Self-Report Only</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;">1</td> </tr> <tr> <td>SR and Proxy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Proxy Only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">3</td> </tr> </table> <p>(TILDA)</p>		Self-Report Only	<input type="checkbox"/>	1	SR and Proxy	<input type="checkbox"/>	2	Proxy Only	<input type="checkbox"/>	3						
Self-Report Only	<input type="checkbox"/>	1															
SR and Proxy	<input type="checkbox"/>	2															
Proxy Only	<input type="checkbox"/>	3															

Section 9 : Voluntary Work (VW)

VW 1

NOTE: By voluntary work, we mean any kind of unpaid work, whether formal or informal

IWER: Do you do any voluntary work?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to VW 2)
No	<input type="checkbox"/> 5	(Go to VW 4)

Unclear response	<input type="checkbox"/> 97	(Go to VW 4)
Don't know	<input type="checkbox"/> 98	(Go to VW 4)
Refused to answer	<input type="checkbox"/> 99	(Go to VW 4)

(IDS-TILDA)

VW 2

IWER: How often do you do voluntary work? Is it ...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

twice a month or more	<input type="checkbox"/> 1
about once a month	<input type="checkbox"/> 2
every few months	<input type="checkbox"/> 3
about once a year	<input type="checkbox"/> 4
less than once a year	<input type="checkbox"/> 5

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(ELSA)

VW 3

IWER: Why do you do voluntary work?

IWER: CODE ALL THAT APPLY

To meet other people	<input type="checkbox"/> 1
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	<table border="1"> <tr> <td>To contribute something useful</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>For personal achievement</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Because I am needed</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Because I enjoy it</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>To use my skills</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>To keep fit</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Because I feel obliged to do it</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>For work experience</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>To learn particular skills</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td></td> <td></td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 1</td> </tr> </table> <p>(ELSA)</p>	To contribute something useful	<input type="checkbox"/> 1	For personal achievement	<input type="checkbox"/> 1	Because I am needed	<input type="checkbox"/> 1	Because I enjoy it	<input type="checkbox"/> 1	To use my skills	<input type="checkbox"/> 1	To keep fit	<input type="checkbox"/> 1	Because I feel obliged to do it	<input type="checkbox"/> 1	For work experience	<input type="checkbox"/> 1	To learn particular skills	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1			Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
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Unclear response	<input type="checkbox"/> 1																												
Don't know	<input type="checkbox"/> 1																												
Refused to answer	<input type="checkbox"/> 1																												
VW 4	Any Other Information (Voluntary Work):																												
VW 5	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed?</p> <table border="1"> <tr> <td>Self Report Only</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>SR & Proxy</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Proxy Only</td> <td><input type="checkbox"/> 3</td> </tr> </table> <p>(IDS-TILDA)</p>	Self Report Only	<input type="checkbox"/> 1	SR & Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3																						
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SR & Proxy	<input type="checkbox"/> 2																												
Proxy Only	<input type="checkbox"/> 3																												

Section 10: Life Long Learning (LE)

LE 1

IWER: Are you currently attending or did you participate in any courses or any other education and training in the last year? (Include any training courses you are currently attending)

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to LE 2)
No	<input type="checkbox"/> 5	(Go to LE 7)

Unclear response	<input type="checkbox"/> 97	(Go to LE 7)
Don't know	<input type="checkbox"/> 98	(Go to LE 7)
Refused to answer	<input type="checkbox"/> 99	(Go to LE 7)

(QNHS)

LE 2

NOTE: If the SR has attended more than one course, enquire about the activity that has led to a formal qualification or has lasted for the longer period.

IWER: Was/Is this course or activity run or organised by...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

FAS	<input type="checkbox"/> 1
a 2 nd level school	<input type="checkbox"/> 2
an Institute of Technology	<input type="checkbox"/> 3
VEC	<input type="checkbox"/> 4
a university	<input type="checkbox"/> 5
a training centre	<input type="checkbox"/> 6
a local community programme	<input type="checkbox"/> 7

Other (please specify)

	95
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Unclear response	<input type="checkbox"/> 97
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	Don't know	<input type="checkbox"/>	98
	Refused to answer	<input type="checkbox"/>	99
(Adapted from IDS-TILDA/IDS)			

LE 3 **IWER:** What type of course was this?

IWER: CODE THE ONE THAT APPLIES

Literacy classes/basic education (To help SR overcome reading/writing difficulties)	<input type="checkbox"/>	1
Computer classes	<input type="checkbox"/>	2
Personal development/Recreational/Hobby	<input type="checkbox"/>	3
Technical or vocational course, not leading to a formal qualification	<input type="checkbox"/>	4
Technical or vocational course, leading to a formal qualification	<input type="checkbox"/>	5
Junior or leaving cert	<input type="checkbox"/>	6
Third level diploma or degree	<input type="checkbox"/>	7
Postgraduate diploma or degree	<input type="checkbox"/>	8
FETAC award	<input type="checkbox"/>	9

Other (please specify)

	95
--	----

Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(Adapted from TILDA)

LE 4 **IWER:** On average, how many hours per week did (does) this course involve?

_____ hour(s) per week

Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98

	Refused to answer <input type="checkbox"/> 99																
	(EU-SILC)																
LE 5	IWER: For how many weeks did/will this course last? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">_____ week(s)</td> <td></td> </tr> <tr> <td style="text-align: center;">Unclear response</td> <td style="text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="text-align: center;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> (EU-SILC)		_____ week(s)		Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99							
_____ week(s)																	
Unclear response	<input type="checkbox"/> 97																
Don't know	<input type="checkbox"/> 98																
Refused to answer	<input type="checkbox"/> 99																
LE 6	IWER: What was the main reason for participating in this course or activity? IWER: READ OUT AND CODE THE ONE THAT APPLIES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Mainly job related reasons (professional)</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 30%;">Go to LE 9</td> </tr> <tr> <td>Mainly non-job related reasons (personal/social)</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td>Go to LE 9</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;">Go to LE 9</td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>Go to LE 9</td> </tr> <tr> <td style="text-align: center;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>Go to LE 9</td> </tr> </table> <p>NOTE: Job-related (professional): the SR takes part in this activity in order to obtain knowledge and/or learn new skills for a current or a future job, increase earnings, improve job- and/or career opportunities in a current or another field and generally improve his/her opportunities for advancement and promotion.</p> <p>NOTE: Non-job Related (personal/social): the SR takes part in this activity in order to develop competencies required for personal, community, domestic, social or recreational purposes.</p> (TILDA)		Mainly job related reasons (professional)	<input type="checkbox"/> 1	Go to LE 9	Mainly non-job related reasons (personal/social)	<input type="checkbox"/> 2	Go to LE 9	Unclear response	<input type="checkbox"/> 97	Go to LE 9	Don't know	<input type="checkbox"/> 98	Go to LE 9	Refused to answer	<input type="checkbox"/> 99	Go to LE 9
Mainly job related reasons (professional)	<input type="checkbox"/> 1	Go to LE 9															
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Don't know	<input type="checkbox"/> 98	Go to LE 9															
Refused to answer	<input type="checkbox"/> 99	Go to LE 9															
LE 7	IWER: Would you like to participate in a course or other education and training scheme? IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?' <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;">(Go to LE 8)</td> </tr> </table>		Yes	<input type="checkbox"/> 1	(Go to LE 8)												
Yes	<input type="checkbox"/> 1	(Go to LE 8)															

	No	<input type="checkbox"/> 5	(Go to LE 9)
	Unclear response	<input type="checkbox"/> 97	(Go to LE 9)
	Don't know	<input type="checkbox"/> 98	(Go to LE 9)
	Refused to answer	<input type="checkbox"/> 99	(Go to LE 9)

LE 8	<p>IWER: What course or other education and training scheme would you like to do?</p> <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> 95 </div> <p>(IDS-TILDA)</p>
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Reading

LE9	<p>IWER: Now we would like to ask you some questions about reading, writing and numbers</p> <p>Do you have any difficulty with reading?</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to LE 10)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to LE 11)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to LE 10)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to LE 10)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to LE 10)</td> </tr> </table> <p>Adapted from Adult Literacy and Life Skills Survey 2003 & International Adult Literacy Survey</p>	Yes	<input type="checkbox"/> 1	(Go to LE 10)	No	<input type="checkbox"/> 5	(Go to LE 11)	Unclear response	<input type="checkbox"/> 97	(Go to LE 10)	Don't know	<input type="checkbox"/> 98	(Go to LE 10)	Refused to answer	<input type="checkbox"/> 99	(Go to LE 10)
Yes	<input type="checkbox"/> 1	(Go to LE 10)														
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Unclear response	<input type="checkbox"/> 97	(Go to LE 10)														
Don't know	<input type="checkbox"/> 98	(Go to LE 10)														
Refused to answer	<input type="checkbox"/> 99	(Go to LE 10)														

LE10	<p>Reading</p> <p>'WOULD YOU SAY YES OR NO?'</p> <p>Please answer yes or no to the following statements</p>
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	Yes, without assistance	Yes, with assistance	No
I can read my own name	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can identify most letters of the alphabet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can read name of own street or town	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can read easy to read material	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can read common environmental words (Stop, Exit, Ladies, Gents) in context (i.e., recognizes them when they are in the appropriate position in the environment)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can read basic large print book	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can read instructions, such as those on a medicine bottle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can read instructions on packaged goods in shops or supermarkets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can read information from government agencies, businesses or other institutions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can read newspaper articles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5

Adapted from Adult Literacy and Life Skills Survey 2003 & International Adult Literacy Survey

Writing

LE11	IWER: Do you have any difficulty with writing?		
	Yes	<input type="checkbox"/> 1	(Go to LE 12)
	No	<input type="checkbox"/> 5	(Go to LE 13)
	Unclear response	<input type="checkbox"/> 97	(Go to LE 12)
	Don't know	<input type="checkbox"/> 98	(Go to LE 12)
	Refused to answer	<input type="checkbox"/> 99	(Go to LE 12)

LE12	Writing				
	IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'				
	Please answer yes or no to the following statements				
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				

	Yes, without assistance	Yes, with assistance	No
I can write most letters of the alphabet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅
I can write own name	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅
I can write notes and letters (e.g. birthday or Christmas cards)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅
I can fill out forms such as applications or bank deposits slips	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅

Adapted from Adult Literacy and Life Skills Survey 2003 & International Adult Literacy Survey

Numeracy

LE13

IWER: Do you have any difficulty with numbers e.g. knowing the numbers on a phone or doing some simple sums.

Yes	<input type="checkbox"/> ₁	(Go to LE 14)
No	<input type="checkbox"/> ₅	(Go to LE 15)

Unclear response	<input type="checkbox"/> ₉₇	(Go to LE 14)
Don't know	<input type="checkbox"/> ₉₈	(Go to LE 14)
Refused to answer	<input type="checkbox"/> ₉₉	(Go to LE 14)

Adapted from Adult Literacy and Life Skills Survey 2003 & International Adult Literacy Survey

LE14

Numeracy

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Please answer yes or no to the following statements

	Yes, without assistance	Yes, with assistance	No
I can recognise numbers 1-10	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅
I can recognise and locate numbers on phone or ATM or Post office machine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅

I can dial numbers on phone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅
I understand <i>more- less</i> relationships e.g. If I have 10 apples I have less than someone who has 20 apples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅
I can do simple sums - that is add and subtract	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅
I can tell time on a clock or watch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅
I can use a calculator for simple sums	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₅

Adapted from Adult Literacy and Life Skills Survey 2003 & International Adult Literacy Survey

Money

LE15

IWER: Do you have any difficulty with money e.g. recognising different money values or knowing the change you should get in a shop.

Yes	<input type="checkbox"/> ₁	(Go to LE 16)
No	<input type="checkbox"/> ₅	(Go to LE 17)

Unclear response	<input type="checkbox"/> ₉₇	(Go to LE 16)
Don't know	<input type="checkbox"/> ₉₈	(Go to LE 16)
Refused to answer	<input type="checkbox"/> ₉₉	(Go to LE 16)

(IDS-TILDA)

Adapted from International Adult Literacy Survey

LE16

Money

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Please answer yes or no to the following statements

	Yes, with assistance	Yes, without assistance	No
I can identify €5, €10, €20 notes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can identify coins: 1c, 2c, 5, 10c, 20c, 50c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can arrange coins in order of value	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can arrange notes in order of value	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I understand <i>more</i> or <i>less</i> applied to money: can attempt to identify from price of an item whether change is due from note or coin handed in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5

Adapted from International Adult Literacy Survey

Technology

LE17

Do you own a mobile phone?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA & Wehmeyer et al 2006)

LE18 **Can you send a text message?**

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

LE19 **Do you have access to a computer on a regular basis?**

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

LE20 **Do you have access to the internet?**

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

LE21	<p>Do you have any difficulty with computers eg. turning a computer on, sending an e mail, logging onto the internet....</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 30%; padding: 2px;">Yes</td> <td style="width: 10%; text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="padding: 2px;">Go to LE22</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> <td style="padding: 2px;">Go to LE23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	Go to LE22	No	<input type="checkbox"/> 5	Go to LE23	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99																
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LE22	<p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <p>Please answer yes or no to the following statements</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;">Yes, with assistance</th> <th style="width: 15%; text-align: center;">Yes, without assistance</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">I can type my name on a keyboard</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="padding: 2px;">I can type a letter</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="padding: 2px;">I can turn on a computer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="padding: 2px;">I can send an e mail</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="padding: 2px;">I can look up topics of interests on Google</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="padding: 2px;">I can use social media sites such as Facebook, Twitter</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> </tr> </tbody> </table> <p>(IDS-TILDA)</p>		Yes, with assistance	Yes, without assistance	No	I can type my name on a keyboard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	I can type a letter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	I can turn on a computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	I can send an e mail	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	I can look up topics of interests on Google	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	I can use social media sites such as Facebook, Twitter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
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I can use social media sites such as Facebook, Twitter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5																										
LE23	<p>Any Other Information (Lifelong Learning):</p>																												

LE24

TO BE COMPLETED THE BY INTERVIEWER

IWER: How was this section completed

Self Report Only	<input type="checkbox"/> 1
SR and Proxy	<input type="checkbox"/> 2
Proxy Only	<input type="checkbox"/> 3

(TILDA)

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Section 11: Physical Health Section (PH)

Overall Health

<p>PH1</p>	<p>INTRO: Now I would like to ask you some questions about your health.</p> <p>IWER: Would you say your health is...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>excellent</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>very good</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>good</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>fair</td> <td><input type="checkbox"/></td> <td>4</td> </tr> <tr> <td>poor</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(ELSA/HRS/SHARE)</p>	excellent	<input type="checkbox"/>	1	very good	<input type="checkbox"/>	2	good	<input type="checkbox"/>	3	fair	<input type="checkbox"/>	4	poor	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
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Don't know	<input type="checkbox"/>	98																							
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<p>PH2</p>	<p>Now thinking about your physical health, which includes Physical illness and injury, how many days during the past 30 days was your physical health not good?</p> <p>_____ Day(s)</p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(Health Related Quality of Life)</p>	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99															
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<p>PH3</p>	<p>IWER: Would you say your emotional or mental health is...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>excellent</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>very good</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>good</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>fair</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>poor</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(ELSA/HRS/SHARE/TILDA)</p>	excellent	<input type="checkbox"/> 1	very good	<input type="checkbox"/> 2	good	<input type="checkbox"/> 3	fair	<input type="checkbox"/> 4	poor	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
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<p>PH4</p>	<p>Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good</p> <p>_____ Day(s)</p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(Health Related Quality of Life)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99										
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<p>PH5</p>	<p>During the past 30 days, approximately how many days did poor physical health or mental health keep you from doing your usual activities, such as self care, work or recreation?</p> <p>_____ Day(s)</p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(Health Related Quality of Life)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99										
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PH6	<p>IWER: Some people have long-term health conditions. By long-term, I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time (e.g. epilepsy, arthritis, a mental health problem).</p> <p>IWER: Do you have any long-term health conditions?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;">(Go to PH 7)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>(Go to PH 12)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;">(Go to PH 12)</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to PH 12)</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to PH 12)</td> </tr> </table> <p>(ELSA/HRS/SHARE)</p>	Yes	<input type="checkbox"/> 1	(Go to PH 7)	No	<input type="checkbox"/> 5	(Go to PH 12)	Unclear response	<input type="checkbox"/> 97	(Go to PH 12)	Don't know	<input type="checkbox"/> 98	(Go to PH 12)	Refused to answer	<input type="checkbox"/> 99	(Go to PH 12)
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PH7	<p>IWER: What long-term health conditions are they?</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;"></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99							
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Refused to answer	<input type="checkbox"/> 99															

<p>PH8</p>	<p>IWER: Do(es) these/this condition(s) limit your activities in any way?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to PH 9)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to PH 10)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PH 10)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to PH 10)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to PH 10)</td> </tr> </table> <p>(ELSA/HRS)</p>	Yes	<input type="checkbox"/> 1	(Go to PH 9)	No	<input type="checkbox"/> 5	(Go to PH 10)	Unclear response	<input type="checkbox"/> 97	(Go to PH 10)	Don't know	<input type="checkbox"/> 98	(Go to PH 10)	Refused to answer	<input type="checkbox"/> 99	(Go to PH 10)
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<p>PH9</p>	<p>IWER: For the past six months or more, to what extent have you been limited because of a health condition in activities people usually do?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Severely limited</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Limited, but not severely</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Not limited</td> <td><input type="checkbox"/> 3</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(SHARE)</p>	Severely limited	<input type="checkbox"/> 1	Limited, but not severely	<input type="checkbox"/> 2	Not limited	<input type="checkbox"/> 3	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99			
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Refused to answer	<input type="checkbox"/> 99															
<p>PH10</p>	<p>IWER: Do you have any health conditions that limit the kind or amount of paid work you could do, should you want to?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to PH 11)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to PH 12)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PH 12)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to PH 12)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to PH 12)</td> </tr> </table> <p>(ELSA/ HRS)</p>	Yes	<input type="checkbox"/> 1	(Go to PH 11)	No	<input type="checkbox"/> 5	(Go to PH 12)	Unclear response	<input type="checkbox"/> 97	(Go to PH 12)	Don't know	<input type="checkbox"/> 98	(Go to PH 12)	Refused to answer	<input type="checkbox"/> 99	(Go to PH 12)
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Refused to answer	<input type="checkbox"/> 99	(Go to PH 12)														
<p>PH11</p>	<p>IWER: Is this a health condition that you expect to last less than three months?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p>															

	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(ELSA/ HRS)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99										
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PH12	<p>(SELF-REPORT ONLY)</p> <p>IWER: In general, compared to other people your age, would you say your health is...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>excellent</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>very good</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>good</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>fair</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>poor</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> <tr> <td>SR not present/proxy not able to complete</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(VES)</p>	excellent	<input type="checkbox"/> 1	very good	<input type="checkbox"/> 2	good	<input type="checkbox"/> 3	fair	<input type="checkbox"/> 4	poor	<input type="checkbox"/> 5	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	SR not present/proxy not able to complete	<input type="checkbox"/> 0
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PH13	<p>Any Other Information (Overall Health and Functional Limitations):</p>																				
Eyesight																					
PH14	<p>INTRO: I would now like to ask you some questions about your eyesight.</p> <p>IWER: Is your eyesight (using glasses or contact lenses if you use them)...</p>																				

	<p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Excellent</td> <td><input type="checkbox"/> 1</td> <td>Go to PH15</td> </tr> <tr> <td>very good</td> <td><input type="checkbox"/> 2</td> <td>Go to PH15</td> </tr> <tr> <td>Good</td> <td><input type="checkbox"/> 3</td> <td>Go to PH15</td> </tr> <tr> <td>Fair</td> <td><input type="checkbox"/> 4</td> <td>Go to PH15</td> </tr> <tr> <td>Poor</td> <td><input type="checkbox"/> 5</td> <td>Go to PH15</td> </tr> <tr> <td>Not applicable - registered or legally blind</td> <td><input type="checkbox"/> 94</td> <td>Go to PH17</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(ELSA/ HRS/SHARE)</p>	Excellent	<input type="checkbox"/> 1	Go to PH15	very good	<input type="checkbox"/> 2	Go to PH15	Good	<input type="checkbox"/> 3	Go to PH15	Fair	<input type="checkbox"/> 4	Go to PH15	Poor	<input type="checkbox"/> 5	Go to PH15	Not applicable - registered or legally blind	<input type="checkbox"/> 94	Go to PH17	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
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<p>PH15</p>	<p>IWER: How good is your eyesight for seeing things at a distance, like recognising a friend across the street (using glasses or corrective lens if you use them)? Would you say it is...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>excellent</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>very good</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>good</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>fair</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>poor</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(ELSA/ HRS/ SHARE)</p>	excellent	<input type="checkbox"/> 1	very good	<input type="checkbox"/> 2	good	<input type="checkbox"/> 3	fair	<input type="checkbox"/> 4	poor	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99								
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<p>PH16</p>	<p>IWER: How good is your eyesight for seeing things up close, for example like reading ordinary newspaper print or looking at photographs (using glasses or corrective lens if you use them)? Would you say it is...?</p>																								

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Refused to answer	<input type="checkbox"/>	99																							
<p>PH17</p>	<p>IWER: Have you been prescribed glasses or contact lenses?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH 18)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH 20)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH 20)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH 20)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH 20)</td> </tr> </table> <p>(Adapted from CHAP)</p>	Yes	<input type="checkbox"/>	1	(Go to PH 18)	No	<input type="checkbox"/>	5	(Go to PH 20)	Unclear response	<input type="checkbox"/>	97	(Go to PH 20)	Don't know	<input type="checkbox"/>	98	(Go to PH 20)	Refused to answer	<input type="checkbox"/>	99	(Go to PH 20)				
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<p>PH18</p>	<p>IWER: Do you usually wear ordinary glasses, bifocals or contact lenses?</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Ordinary glasses</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Bifocals</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Contact lenses</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> </table>	Ordinary glasses	<input type="checkbox"/>	1	Bifocals	<input type="checkbox"/>	2	Contact lenses	<input type="checkbox"/>	3	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98									
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	(TILDA)																						
PH19	<p>IWER: Do you usually wear your glasses or contact lenses?</p> <p>NOTE: By usually I mean most of the time for what they have been prescribed for i.e. reading.</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Yes</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 5px;">No</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Unclear response</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 5px;">Don't know</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 5px;">Refused to answer</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p style="text-align: center;">(SHARE)</p>		Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99											
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PH20	<p>IWER: When was your last eye exam?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Less than one year</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 1</td> <td style="padding: 5px;">(Go to PH 22)</td> </tr> <tr> <td style="padding: 5px;">One-three years ago</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 2</td> <td style="padding: 5px;">(Go to PH 22)</td> </tr> <tr> <td style="padding: 5px;">More than three years ago</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 3</td> <td style="padding: 5px;">(Go to PH 21)</td> </tr> <tr> <td style="padding: 5px;">Never</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 4</td> <td style="padding: 5px;">(Go to PH 21)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Unclear response</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 97</td> <td style="padding: 5px;">(Go to PH 22)</td> </tr> <tr> <td style="padding: 5px;">Don't know</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 98</td> <td style="padding: 5px;">(Go to PH 22)</td> </tr> <tr> <td style="padding: 5px;">Refused to answer</td> <td style="width: 40px; text-align: center;"><input type="checkbox"/> 99</td> <td style="padding: 5px;">(Go to PH 22)</td> </tr> </table> <p>(Adapted from Special Olympics – H.A.S. Opening Eyes Screening Form)</p>		Less than one year	<input type="checkbox"/> 1	(Go to PH 22)	One-three years ago	<input type="checkbox"/> 2	(Go to PH 22)	More than three years ago	<input type="checkbox"/> 3	(Go to PH 21)	Never	<input type="checkbox"/> 4	(Go to PH 21)	Unclear response	<input type="checkbox"/> 97	(Go to PH 22)	Don't know	<input type="checkbox"/> 98	(Go to PH 22)	Refused to answer	<input type="checkbox"/> 99	(Go to PH 22)
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<p>PH21</p>	<p>IWER: Can you tell me the reasons why you haven't had an eye exam recently?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1" data-bbox="303 414 1145 1003"> <tr> <td>The environment is not accessible e.g. the chair is too high, no wheelchair access</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>No need</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>I don't get enough time at my appointment</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>I have to wait too long in the waiting room</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Fear</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Transport</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Cost</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/>₁</td> </tr> </table> <p>Please tell us</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <table border="1" data-bbox="303 1227 715 1413"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(IDS-TILDA)</p>	The environment is not accessible e.g. the chair is too high, no wheelchair access	<input type="checkbox"/> ₁	No need	<input type="checkbox"/> ₁	I don't get enough time at my appointment	<input type="checkbox"/> ₁	I have to wait too long in the waiting room	<input type="checkbox"/> ₁	Fear	<input type="checkbox"/> ₁	Transport	<input type="checkbox"/> ₁	Cost	<input type="checkbox"/> ₁	Other	<input type="checkbox"/> ₁	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉
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<p>PH22</p>	<p>Any Other Information (Eyesight):</p>																						

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PH23	<p>IWER: We would like to ask some questions about your hearing. Would you say your hearing is....</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">excellent</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">very good</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td></tr> <tr><td style="padding: 2px;">good</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 3</td></tr> <tr><td style="padding: 2px;">fair</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 4</td></tr> <tr><td style="padding: 2px;">poor</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px; text-align: center;">Unclear response</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td></tr> <tr><td style="padding: 2px; text-align: center;">Don't know</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td></tr> <tr><td style="padding: 2px; text-align: center;">Refused to answer</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td></tr> </table> <p>(ELSA/ HRS/SHARE, TILDA)</p>	excellent	<input type="checkbox"/> 1	very good	<input type="checkbox"/> 2	good	<input type="checkbox"/> 3	fair	<input type="checkbox"/> 4	poor	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
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PH24	<p>IWER: Do you use any of the following aids or appliances to help you with your hearing?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Hearing aid (all the time)</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Hearing aid (some of the time)</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Phone messaging service</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Amplifier</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">None of the above</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px; text-align: center;">Unclear response</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px; text-align: center;">Don't know</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px; text-align: center;">Refused to answer</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> </table> <p>(TILDA)</p>	Hearing aid (all the time)	<input type="checkbox"/> 1	Hearing aid (some of the time)	<input type="checkbox"/> 1	Phone messaging service	<input type="checkbox"/> 1	Amplifier	<input type="checkbox"/> 1	None of the above	<input type="checkbox"/> 1	Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
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PH25	<p>IWER: Is your hearing (with or without a hearing aid)...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p>																

	<table border="1"> <tr> <td>excellent</td> <td><input type="checkbox"/>₁</td> <td>(Go to PH 26)</td> </tr> <tr> <td>very good</td> <td><input type="checkbox"/>₂</td> <td>Go to PH 26)</td> </tr> <tr> <td>Good</td> <td><input type="checkbox"/>₃</td> <td>Go to PH 26)</td> </tr> <tr> <td>Fair</td> <td><input type="checkbox"/>₄</td> <td>Go to PH 26)</td> </tr> <tr> <td>Poor</td> <td><input type="checkbox"/>₅</td> <td>Go to PH 26)</td> </tr> <tr> <td>Not applicable - deaf</td> <td><input type="checkbox"/>₉₄</td> <td>(Go to PH 30)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to PH 26)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to PH 26)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to PH 26)</td> </tr> </table> <p>(ELSA/ HRS/ SHARE/IDS-TILDA)</p>	excellent	<input type="checkbox"/> ₁	(Go to PH 26)	very good	<input type="checkbox"/> ₂	Go to PH 26)	Good	<input type="checkbox"/> ₃	Go to PH 26)	Fair	<input type="checkbox"/> ₄	Go to PH 26)	Poor	<input type="checkbox"/> ₅	Go to PH 26)	Not applicable - deaf	<input type="checkbox"/> ₉₄	(Go to PH 30)	Unclear response	<input type="checkbox"/> ₉₇	(Go to PH 26)	Don't know	<input type="checkbox"/> ₉₈	(Go to PH 26)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 26)
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Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 26)																										
PH26	<p>IWER: Can you follow a conversation with one person (with or without a hearing aid)?</p> <p>NOTE: If SR asks, the environment to think of should be non-noisy, i.e. their home.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> <td>(Go to PH 27)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> <td>(Go to PH 27)</td> </tr> <tr> <td>Much difficulty</td> <td><input type="checkbox"/>₃</td> <td>(Go to PH 27)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/>₄</td> <td>(Go to PH 28)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to PH 27)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to PH 27)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to PH 27)</td> </tr> </table> <p>(TILDA)</p>	No difficulty	<input type="checkbox"/> ₁	(Go to PH 27)	Some difficulty	<input type="checkbox"/> ₂	(Go to PH 27)	Much difficulty	<input type="checkbox"/> ₃	(Go to PH 27)	Cannot do at all	<input type="checkbox"/> ₄	(Go to PH 28)	Unclear response	<input type="checkbox"/> ₉₇	(Go to PH 27)	Don't know	<input type="checkbox"/> ₉₈	(Go to PH 27)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 27)						
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Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 27)																										
PH27	<p>IWER: Can you follow a conversation with four people (with or without a hearing aid)?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> </tr> </table>	No difficulty	<input type="checkbox"/> ₁	Some difficulty	<input type="checkbox"/> ₂																							
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	<table border="1"> <tr> <td>Much difficulty</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/> 4</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(TILDA)</p>	Much difficulty	<input type="checkbox"/> 3	Cannot do at all	<input type="checkbox"/> 4	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99											
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Refused to answer	<input type="checkbox"/> 99																					
PH28	<p>IWER: When was your last hearing test?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Less than one year</td> <td><input type="checkbox"/> 1</td> <td>(Go to PH 30)</td> </tr> <tr> <td>One-three years ago</td> <td><input type="checkbox"/> 2</td> <td>(Go to PH 30)</td> </tr> <tr> <td>More than three years ago</td> <td><input type="checkbox"/> 3</td> <td>(Go to PH 29)</td> </tr> <tr> <td>Never</td> <td><input type="checkbox"/> 4</td> <td>(Go to PH 29)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PH 30)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to PH 30)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to PH 30)</td> </tr> </table> <p>(IDS-TILDA/Adapted from Special Olympics)</p>	Less than one year	<input type="checkbox"/> 1	(Go to PH 30)	One-three years ago	<input type="checkbox"/> 2	(Go to PH 30)	More than three years ago	<input type="checkbox"/> 3	(Go to PH 29)	Never	<input type="checkbox"/> 4	(Go to PH 29)	Unclear response	<input type="checkbox"/> 97	(Go to PH 30)	Don't know	<input type="checkbox"/> 98	(Go to PH 30)	Refused to answer	<input type="checkbox"/> 99	(Go to PH 30)
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Refused to answer	<input type="checkbox"/> 99	(Go to PH 30)																				
PH29	<p>IWER: Can you tell me why you haven't had your hearing tested recently?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1"> <tr> <td>The environment is not accessible e.g. the chair is too high, no wheelchair access</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No need</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>I don't get enough time at my appointment</td> <td><input type="checkbox"/> 1</td> </tr> </table>	The environment is not accessible e.g. the chair is too high, no wheelchair access	<input type="checkbox"/> 1	No need	<input type="checkbox"/> 1	I don't get enough time at my appointment	<input type="checkbox"/> 1															
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	I have to wait too long in the waiting room	<input type="checkbox"/> ₁	Please tell us
	Fear	<input type="checkbox"/> ₁	
	Transport	<input type="checkbox"/> ₁	
	Cost	<input type="checkbox"/> ₁	
	Other	<input type="checkbox"/> ₁	
			Unclear response <input type="checkbox"/> ₉₇
			Don't know <input type="checkbox"/> ₉₈
			Refused to answer <input type="checkbox"/> ₉₉
	(IDSTILDA)		

PH30 Any Other Information (Hearing):

General Communication

PH31 **INTRO:** Now I would like to ask you a couple of questions about the day-to-day communication you use.

IWER: Do you have any difficulty speaking or making yourself understood when speaking?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/> ₁	(Go to PH 33)
Some difficulty	<input type="checkbox"/> ₂	(Go to PH 32)
A lot of difficulty	<input type="checkbox"/> ₃	(Go to PH 32)
Cannot do at all	<input type="checkbox"/> ₄	(Go to PH 33)

Unclear response	<input type="checkbox"/> ₉₇	(Go to PH 33)
Don't know	<input type="checkbox"/> ₉₈	(Go to PH 33)
Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 33)

(NDS)

<p>PH32</p>	<p>IWER: How well are you able to make yourself understood when speaking with ...?</p> <p>IWER: READ OUT AND CODE ONE BOX ON EACH LINE</p> <table border="1"> <thead> <tr> <th></th> <th>Completely</th> <th>Partially</th> <th>Not at all</th> <th>Unclear response</th> <th>Don't know</th> <th>Refused to answer</th> <th>Not applicable</th> </tr> </thead> <tbody> <tr> <td>Members of your own family</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 97</td> <td><input type="checkbox"/> 98</td> <td><input type="checkbox"/> 99</td> <td><input type="checkbox"/> 94</td> </tr> <tr> <td>Your friends</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 97</td> <td><input type="checkbox"/> 98</td> <td><input type="checkbox"/> 99</td> <td><input type="checkbox"/> 94</td> </tr> <tr> <td>Professionals and service providers such as doctors and home help workers</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 97</td> <td><input type="checkbox"/> 98</td> <td><input type="checkbox"/> 99</td> <td><input type="checkbox"/> 94</td> </tr> <tr> <td>Other people</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 97</td> <td><input type="checkbox"/> 98</td> <td><input type="checkbox"/> 99</td> <td><input type="checkbox"/> 94</td> </tr> </tbody> </table> <p>(NDS)</p>		Completely	Partially	Not at all	Unclear response	Don't know	Refused to answer	Not applicable	Members of your own family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94	Your friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94	Professionals and service providers such as doctors and home help workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94	Other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
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<p>PH33</p>	<p>Any Other Information (General Communication):</p>																																								
<p>Oral Health</p>																																									
<p>PH34</p>	<p>INTRO: I would now like to ask you some questions about your oral health.</p> <p>IWER: Which best describes the teeth you have?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tbody> <tr> <td>I have all my own natural teeth – none missing</td> <td><input type="checkbox"/> 1</td> <td>(Go to PH 38)</td> </tr> <tr> <td>I have my own teeth, but some missing – I have no dentures</td> <td><input type="checkbox"/> 2</td> <td>(Go to PH 35)</td> </tr> <tr> <td>I have dentures as well as some of my own teeth</td> <td><input type="checkbox"/> 3</td> <td>(Go to PH 38)</td> </tr> <tr> <td>I wear full dentures</td> <td><input type="checkbox"/> 4</td> <td>(Go to PH 38)</td> </tr> <tr> <td>I have no teeth or dentures</td> <td><input type="checkbox"/> 5</td> <td>(Go to PH 35)</td> </tr> <tr> <td>I have dentures but don't wear them</td> <td><input type="checkbox"/> 6</td> <td>(Go to PH 36)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PH 35)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to PH 35)</td> </tr> </tbody> </table>	I have all my own natural teeth – none missing	<input type="checkbox"/> 1	(Go to PH 38)	I have my own teeth, but some missing – I have no dentures	<input type="checkbox"/> 2	(Go to PH 35)	I have dentures as well as some of my own teeth	<input type="checkbox"/> 3	(Go to PH 38)	I wear full dentures	<input type="checkbox"/> 4	(Go to PH 38)	I have no teeth or dentures	<input type="checkbox"/> 5	(Go to PH 35)	I have dentures but don't wear them	<input type="checkbox"/> 6	(Go to PH 36)	Unclear response	<input type="checkbox"/> 97	(Go to PH 35)	Don't know	<input type="checkbox"/> 98	(Go to PH 35)																
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Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 35)															
PH35	<p>IWER Have you had dentures fitted by a dentist?</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/>₁</td> <td>(Go to PH 36)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/>₅</td> <td>(Go to PH 37)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to PH 38)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to PH 38)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to PH 38)</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> ₁	(Go to PH 36)	No	<input type="checkbox"/> ₅	(Go to PH 37)	Unclear response	<input type="checkbox"/> ₉₇	(Go to PH 38)	Don't know	<input type="checkbox"/> ₉₈	(Go to PH 38)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 38)	
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Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 38)															
PH36	<p>IWER: Why do you not wear your dentures?</p> <table border="1"> <tr> <td>I did not like having dentures</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>The dentures did not fit properly</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>The dentures caused pain</td> <td><input type="checkbox"/>₃</td> </tr> <tr> <td>The dentures caused discomfort</td> <td><input type="checkbox"/>₄</td> </tr> <tr> <td>I am not able to put them in myself</td> <td><input type="checkbox"/>₅</td> </tr> <tr> <td>I am not able to care for them myself</td> <td><input type="checkbox"/>₆</td> </tr> <tr> <td>I lost them</td> <td><input type="checkbox"/>₇</td> </tr> <tr> <td>Other.... Please tell us</td> <td></td> </tr> </table> <p>(IDS-TILDA)</p>	I did not like having dentures	<input type="checkbox"/> ₁	The dentures did not fit properly	<input type="checkbox"/> ₂	The dentures caused pain	<input type="checkbox"/> ₃	The dentures caused discomfort	<input type="checkbox"/> ₄	I am not able to put them in myself	<input type="checkbox"/> ₅	I am not able to care for them myself	<input type="checkbox"/> ₆	I lost them	<input type="checkbox"/> ₇	Other.... Please tell us	
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I lost them	<input type="checkbox"/> ₇																
Other.... Please tell us																	
PH37	<p>IWER: Would you like to have replacement of your missing teeth?</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/>₅</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> ₁	No	<input type="checkbox"/> ₅	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉						
Yes	<input type="checkbox"/> ₁																
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Don't know	<input type="checkbox"/> ₉₈																
Refused to answer	<input type="checkbox"/> ₉₉																
PH38	<p>IWER: How often do you brush your teeth or dentures/have them brushed OR how often do you clean your mouth/have it cleaned for you?</p>																

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Once or more a day	<input type="checkbox"/> 1
2 to 6 times per week	<input type="checkbox"/> 2
Once per week	<input type="checkbox"/> 3
Less than once per week	<input type="checkbox"/> 4
Never	<input type="checkbox"/> 5

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(Adapted from SLAN)

PH39 **IWER:** When was the last time you visited a dentist or dental hygienist?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Less than a year ago	<input type="checkbox"/> 1	(Go to PH 41)
1-2 years ago	<input type="checkbox"/> 2	(Go to PH 41)
More than two years	<input type="checkbox"/> 3	(Go to PH 40)
Never	<input type="checkbox"/> 4	(Go to PH 40)

Unclear response	<input type="checkbox"/> 97	(Go to PH 40)
Don't know	<input type="checkbox"/> 98	(Go to PH 40)
Refused to answer	<input type="checkbox"/> 99	(Go to PH 40)

(Adapted from SLAN)

PH40 **IWER:** Can you tell me the reasons why you haven't seen a dentist or dental hygienist recently?

IWER: READ OUT AND CODE ALL THAT APPLY

	The environment is not accessible e.g. the chair is too high, no wheelchair access	<input type="checkbox"/> 1										
	No need	<input type="checkbox"/> 1										
	I don't get enough time at my appointment	<input type="checkbox"/> 1										
	I have to wait too long in the waiting room	<input type="checkbox"/> 1										
	Fear	<input type="checkbox"/> 1										
	Transport	<input type="checkbox"/> 1										
	Cost	<input type="checkbox"/> 1										
	Other	<input type="checkbox"/> 1										
	Please tell us											
	Unclear response	<input type="checkbox"/> 97										
	Don't know	<input type="checkbox"/> 98										
	Refused to answer	<input type="checkbox"/> 99										
	(IDS-TILDA)											
PH41	<p>IWER: Do you have any obvious problem with teeth or gums? (e.g. painful or sensitive teeth, bleeding gums when you brush your teeth)</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(Adapted from OK Health Check)</p>		Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1											
No	<input type="checkbox"/> 5											
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Don't know	<input type="checkbox"/> 98											
Refused to answer	<input type="checkbox"/> 99											

<p>PH42</p>	<p>IWER: In general are the following used to make dental treatment easier..?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLIES</p> <table border="1"> <tr> <td data-bbox="279 331 758 443">Verbal reassurance (eg. Someone with you to tell you that you will be ok)</td> <td data-bbox="758 331 879 443"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 443 758 499">Oral sedation</td> <td data-bbox="758 443 879 499"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 499 758 555">Gas and air sedation</td> <td data-bbox="758 499 879 555"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 555 758 611">IV sedation</td> <td data-bbox="758 555 879 611"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 611 758 667">General Anaesthesia</td> <td data-bbox="758 611 879 667"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 667 758 723">Don't use any of these</td> <td data-bbox="758 667 879 723"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 723 758 779">Other</td> <td data-bbox="758 723 879 779"><input type="checkbox"/> 1</td> </tr> </table> <div data-bbox="279 824 1102 1003" style="border: 1px solid black; padding: 5px;"> <p>Please tell us</p> </div>	Verbal reassurance (eg. Someone with you to tell you that you will be ok)	<input type="checkbox"/> 1	Oral sedation	<input type="checkbox"/> 1	Gas and air sedation	<input type="checkbox"/> 1	IV sedation	<input type="checkbox"/> 1	General Anaesthesia	<input type="checkbox"/> 1	Don't use any of these	<input type="checkbox"/> 1	Other	<input type="checkbox"/> 1
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<p>PH43</p>	<p>Any Other Information (Oral Health):</p>														
<p>Nutritional Health</p>															
<p>PH44</p>	<p>INTRO: I would now like to ask you some questions about your nutritional health.</p> <p>IWER: In general, how healthy is your overall diet? Would you say...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td data-bbox="279 1675 614 1731">excellent</td> <td data-bbox="614 1675 735 1731"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 1731 614 1787">very good</td> <td data-bbox="614 1731 735 1787"><input type="checkbox"/> 2</td> </tr> <tr> <td data-bbox="279 1787 614 1843">good</td> <td data-bbox="614 1787 735 1843"><input type="checkbox"/> 3</td> </tr> <tr> <td data-bbox="279 1843 614 1899">fair</td> <td data-bbox="614 1843 735 1899"><input type="checkbox"/> 4</td> </tr> <tr> <td data-bbox="279 1899 614 1955">poor</td> <td data-bbox="614 1899 735 1955"><input type="checkbox"/> 5</td> </tr> </table>	excellent	<input type="checkbox"/> 1	very good	<input type="checkbox"/> 2	good	<input type="checkbox"/> 3	fair	<input type="checkbox"/> 4	poor	<input type="checkbox"/> 5				
excellent	<input type="checkbox"/> 1														
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poor	<input type="checkbox"/> 5														

	<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(NHANES)</p>	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99									
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Don't know	<input type="checkbox"/>	98																	
Refused to answer	<input type="checkbox"/>	99																	
PH45	<p>IWER: Do you add salt to food while at the table?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Always</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Usually</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Sometimes</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>Rarely</td> <td><input type="checkbox"/></td> <td>4</td> </tr> <tr> <td>Never</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table> <p>(Slan 2007)</p>	Always	<input type="checkbox"/>	1	Usually	<input type="checkbox"/>	2	Sometimes	<input type="checkbox"/>	3	Rarely	<input type="checkbox"/>	4	Never	<input type="checkbox"/>	5			
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Rarely	<input type="checkbox"/>	4																	
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PH46	<p>IWER: In general, would you consider yourself to be ...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Overweight</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Underweight</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>or about the right weight</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(Adapted from NHANES 2005-2006)</p>	Overweight	<input type="checkbox"/>	1	Underweight	<input type="checkbox"/>	2	or about the right weight	<input type="checkbox"/>	3	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
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Refused to answer	<input type="checkbox"/>	99																	
PH47	<p>IWER: Are you on any special diet?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH 48)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH 50)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH 50)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH 50)</td> </tr> </table>	Yes	<input type="checkbox"/>	1	(Go to PH 48)	No	<input type="checkbox"/>	5	(Go to PH 50)	Unclear response	<input type="checkbox"/>	97	(Go to PH 50)	Don't know	<input type="checkbox"/>	98	(Go to PH 50)		
Yes	<input type="checkbox"/>	1	(Go to PH 48)																
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	Refused to answer <input type="checkbox"/> ₉₉	(Go to PH 50)																							
(Adapted from Nutritional Risk Index/IDS-TILDA)																									
PH48	IWER: Who advised you to follow this diet? IWER: CODE ALL THAT APPLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">A dietician</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>A nurse</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>A doctor</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>A family member</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>A key worker/support worker</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Yourself</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Other (please specify)</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> </table> (IDS-TILDA)			A dietician	<input type="checkbox"/> ₁	A nurse	<input type="checkbox"/> ₁	A doctor	<input type="checkbox"/> ₁	A family member	<input type="checkbox"/> ₁	A key worker/support worker	<input type="checkbox"/> ₁	Yourself	<input type="checkbox"/> ₁	Other (please specify)	<input type="checkbox"/> ₁			Unclear response	<input type="checkbox"/> ₁	Don't know	<input type="checkbox"/> ₁	Refused to answer	<input type="checkbox"/> ₁
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Don't know	<input type="checkbox"/> ₁																								
Refused to answer	<input type="checkbox"/> ₁																								
PH49	IWER: What type of diet are you following? IWER: CODE ALL THAT APPLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Low fat/cholesterol</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Low sodium</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>High calorie</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Gluten free</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Weight reducing</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Diabetic diet</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>PKU</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Lactose intolerant</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Low potassium</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Soft/liquidised foods</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td>Thickened fluids</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> </table>			Low fat/cholesterol	<input type="checkbox"/> ₁	Low sodium	<input type="checkbox"/> ₁	High calorie	<input type="checkbox"/> ₁	Gluten free	<input type="checkbox"/> ₁	Weight reducing	<input type="checkbox"/> ₁	Diabetic diet	<input type="checkbox"/> ₁	PKU	<input type="checkbox"/> ₁	Lactose intolerant	<input type="checkbox"/> ₁	Low potassium	<input type="checkbox"/> ₁	Soft/liquidised foods	<input type="checkbox"/> ₁	Thickened fluids	<input type="checkbox"/> ₁
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Unclear response	<input type="checkbox"/> 1														
Don't know	<input type="checkbox"/> 1														
Refused to answer	<input type="checkbox"/> 1														
<p>PH50</p>	<p>IWER: Within the last year, have you lost or gained ten pounds (4.5kg) or more in weight when you weren't trying to?</p> <p>[NOTE: By losing or gaining weight when you weren't trying to, for example, because of illness. Also if the person answers 'Yes', probe for whether they gained, lost or both gained and lost ten or more pounds]</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Yes, gained weight</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Yes, lost weight</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Yes, gained and lost weight</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>No, weight has remained the same</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(HRS/ELSA/TILDA)</p>	Yes, gained weight	<input type="checkbox"/> 1	Yes, lost weight	<input type="checkbox"/> 2	Yes, gained and lost weight	<input type="checkbox"/> 3	No, weight has remained the same	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes, gained weight	<input type="checkbox"/> 1														
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Unclear response	<input type="checkbox"/> 97														
Don't know	<input type="checkbox"/> 98														
Refused to answer	<input type="checkbox"/> 99														
<p>PH51</p>	<p>Any Other Information (Nutritional Health):</p>														

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Foot Health

PH52 **INTRO:** I would now like to ask you some questions about your foot health.

IWER: In general, what condition would you say your feet are in?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Excellent	<input type="checkbox"/>	1
Very good	<input type="checkbox"/>	2
Good	<input type="checkbox"/>	3
Fair	<input type="checkbox"/>	4
Poor	<input type="checkbox"/>	5

Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(Adapted from FHSQ)

PH53 **IWER:** Do you have any pain in your feet?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/>	1	(Go to PH 54)
No	<input type="checkbox"/>	5	(Go to PH 56)

Unclear response	<input type="checkbox"/>	97	(Go to PH 56)
Don't know	<input type="checkbox"/>	98	(Go to PH 56)
Refused to answer	<input type="checkbox"/>	99	(Go to PH 56)

(Adapted from OK Health Check)

PH54 **IWER:** What is the cause of this pain?

IWER: Record the response below.

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99															
Unclear response	<input type="checkbox"/>	97																							
Don't know	<input type="checkbox"/>	98																							
Refused to answer	<input type="checkbox"/>	99																							
PH55	<p>IWER: How much does your foot health limit you walking (e.g. because of foot pain)?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Not at all</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">1</td> </tr> <tr> <td>Slightly</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Moderately</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">3</td> </tr> <tr> <td>Quite a bit</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">4</td> </tr> <tr> <td>Extremely</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </table> <p>(Adapted from FHSQ)</p>	Not at all	<input type="checkbox"/>	1	Slightly	<input type="checkbox"/>	2	Moderately	<input type="checkbox"/>	3	Quite a bit	<input type="checkbox"/>	4	Extremely	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
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Unclear response	<input type="checkbox"/>	97																							
Don't know	<input type="checkbox"/>	98																							
Refused to answer	<input type="checkbox"/>	99																							
PH56	Any Other Information (Foot Health):																								
Falls																									
PH57	<p>NOTE: A fall is defined as an unexpected event in which the participant comes to rest on the ground, floor or lower level (Lamb et al 2005).</p> <p>IWER: In the past month have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 65%; text-align: center;">1 (Go to PH 58)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">5 (Go to PH 61)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">97 (Go to PH 61)</td> </tr> </table>	Yes	<input type="checkbox"/>	1 (Go to PH 58)	No	<input type="checkbox"/>	5 (Go to PH 61)	Unclear response	<input type="checkbox"/>	97 (Go to PH 61)															
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Don't know	<input type="checkbox"/> ₉₈	(Go to PH 61)															
Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 61)															
PH58	<p>IWER: How often have you fallen down in the past month?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Once</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Twice</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>Once a week</td> <td><input type="checkbox"/>₃</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/>₉₅</td> </tr> <tr> <td colspan="2"> </td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(ELSA/HRS/IDS-TILDA)</p>	Once	<input type="checkbox"/> ₁	Twice	<input type="checkbox"/> ₂	Once a week	<input type="checkbox"/> ₃	Other (please specify)	<input type="checkbox"/> ₉₅			Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉
Once	<input type="checkbox"/> ₁																
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Don't know	<input type="checkbox"/> ₉₈																
Refused to answer	<input type="checkbox"/> ₉₉																
PH59	<p>IWER: In general, were most of these falls...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Accidental (e.g. slipping or tripping over something)</td> <td><input type="checkbox"/>₁</td> <td>(Go to PH 61)</td> </tr> <tr> <td>Non-accidental</td> <td><input type="checkbox"/>₂</td> <td>(Go to PH 60)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to PH 61)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to PH 61)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to PH 61)</td> </tr> </table> <p>(TILDA/IDS-TILDA)</p>	Accidental (e.g. slipping or tripping over something)	<input type="checkbox"/> ₁	(Go to PH 61)	Non-accidental	<input type="checkbox"/> ₂	(Go to PH 60)	Unclear response	<input type="checkbox"/> ₉₇	(Go to PH 61)	Don't know	<input type="checkbox"/> ₉₈	(Go to PH 61)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 61)	
Accidental (e.g. slipping or tripping over something)	<input type="checkbox"/> ₁	(Go to PH 61)															
Non-accidental	<input type="checkbox"/> ₂	(Go to PH 60)															
Unclear response	<input type="checkbox"/> ₉₇	(Go to PH 61)															
Don't know	<input type="checkbox"/> ₉₈	(Go to PH 61)															
Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 61)															
PH60	<p>IWER: Were these non-accidental falls because of...?</p>																

	<p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1"> <tr> <td>No apparent or obvious reason</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Due to a pre-existing physical or mental health condition (e.g. epilepsy, Parkinson's disease, diabetes)</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>As a result of being pushed</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td colspan="3"> </td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>1</td> </tr> </table> <p>(TILDA/IDS-TILDA)</p>	No apparent or obvious reason	<input type="checkbox"/>	1	Due to a pre-existing physical or mental health condition (e.g. epilepsy, Parkinson's disease, diabetes)	<input type="checkbox"/>	1	As a result of being pushed	<input type="checkbox"/>	1	Other (please specify)	<input type="checkbox"/>	1				Unclear response	<input type="checkbox"/>	1	Don't know	<input type="checkbox"/>	1	Refused to answer	<input type="checkbox"/>	1
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Unclear response	<input type="checkbox"/>	1																							
Don't know	<input type="checkbox"/>	1																							
Refused to answer	<input type="checkbox"/>	1																							
PH61	<p>IWER: In the past year have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH 62)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH 67)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH 67)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH 67)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH 67)</td> </tr> </table> <p>(ELSA/HRS/Lamb et al 2005)</p>	Yes	<input type="checkbox"/>	1	(Go to PH 62)	No	<input type="checkbox"/>	5	(Go to PH 67)	Unclear response	<input type="checkbox"/>	97	(Go to PH 67)	Don't know	<input type="checkbox"/>	98	(Go to PH 67)	Refused to answer	<input type="checkbox"/>	99	(Go to PH 67)				
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Unclear response	<input type="checkbox"/>	97	(Go to PH 67)																						
Don't know	<input type="checkbox"/>	98	(Go to PH 67)																						
Refused to answer	<input type="checkbox"/>	99	(Go to PH 67)																						
PH62	<p>IWER: How often have you fallen down in the past year?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Once</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Twice</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Once a week</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>Once a month</td> <td><input type="checkbox"/></td> <td>4</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/></td> <td>95</td> </tr> <tr> <td colspan="3"> </td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> </table>	Once	<input type="checkbox"/>	1	Twice	<input type="checkbox"/>	2	Once a week	<input type="checkbox"/>	3	Once a month	<input type="checkbox"/>	4	Other (please specify)	<input type="checkbox"/>	95				Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98
Once	<input type="checkbox"/>	1																							
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Once a month	<input type="checkbox"/>	4																							
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Don't know	<input type="checkbox"/>	98																							

	<table border="1"> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(ELSA/HRS/IDS-TILDA)</p>	Refused to answer	<input type="checkbox"/> ₉₉														
Refused to answer	<input type="checkbox"/> ₉₉																
PH63	<p>IWER: In general, were most of these falls...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Accidental (e.g. slipping or tripping over something)</td> <td><input type="checkbox"/>₁</td> <td>(Go to PH 65)</td> </tr> <tr> <td>Non-accidental</td> <td><input type="checkbox"/>₂</td> <td>(Go to PH 64)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to PH 65)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to PH 65)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to PH 65)</td> </tr> </table> <p>(TILDA/IDS-TILDA)</p>	Accidental (e.g. slipping or tripping over something)	<input type="checkbox"/> ₁	(Go to PH 65)	Non-accidental	<input type="checkbox"/> ₂	(Go to PH 64)	Unclear response	<input type="checkbox"/> ₉₇	(Go to PH 65)	Don't know	<input type="checkbox"/> ₉₈	(Go to PH 65)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 65)	
Accidental (e.g. slipping or tripping over something)	<input type="checkbox"/> ₁	(Go to PH 65)															
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Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 65)															
PH64	<p>IWER: Were these non-accidental falls because of...?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1"> <tr> <td>No apparent or obvious reason</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Due to a pre-existing physical or mental health condition (e.g. epilepsy, diabetes, Parkinson's)</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>As a result of being pushed</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td colspan="2"> </td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₁</td> </tr> </table> <p>(TILDA/IDS-TILDA)</p>	No apparent or obvious reason	<input type="checkbox"/> ₁	Due to a pre-existing physical or mental health condition (e.g. epilepsy, diabetes, Parkinson's)	<input type="checkbox"/> ₁	As a result of being pushed	<input type="checkbox"/> ₁	Other (please specify)	<input type="checkbox"/> ₁			Unclear response	<input type="checkbox"/> ₁	Don't know	<input type="checkbox"/> ₁	Refused to answer	<input type="checkbox"/> ₁
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Unclear response	<input type="checkbox"/> ₁																
Don't know	<input type="checkbox"/> ₁																
Refused to answer	<input type="checkbox"/> ₁																
PH65	<p>IWER: Because of a fall, did you ever injure yourself seriously enough to need medical treatment? (i.e. At an A&E Department or visit to or by a General Practitioner or Resident Physician)</p> <p>IWER: IF YES, PROBE: DID YOU GET MEDICAL TREATMENT?</p> <table border="1"> <tr> <td>Yes and I got treatment</td> <td><input type="checkbox"/>₁</td> <td>(Go to PH 66)</td> </tr> <tr> <td>Yes and I did not get treatment</td> <td><input type="checkbox"/>₂</td> <td>(Go to PH 66)</td> </tr> </table>	Yes and I got treatment	<input type="checkbox"/> ₁	(Go to PH 66)	Yes and I did not get treatment	<input type="checkbox"/> ₂	(Go to PH 66)										
Yes and I got treatment	<input type="checkbox"/> ₁	(Go to PH 66)															
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	(ELSA/HRS)																						
PH66	<p>What type of injury did you sustain/receive?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1"> <tr> <td data-bbox="277 667 671 723">Bruise</td> <td data-bbox="671 667 791 723"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="277 723 671 779">Scratch or small cut</td> <td data-bbox="671 723 791 779"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="277 779 671 835">Cut that required stitches</td> <td data-bbox="671 779 791 835"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="277 835 671 891">Fracture/broken bone</td> <td data-bbox="671 835 791 891"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="277 891 671 947">Head Injury</td> <td data-bbox="671 891 791 947"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="277 947 671 1003">Other (please specify)</td> <td data-bbox="671 947 791 1003"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="277 1003 671 1059"></td> <td data-bbox="671 1003 791 1059"></td> </tr> </table> <table border="1"> <tr> <td data-bbox="277 1093 568 1149">Unclear response</td> <td data-bbox="568 1093 687 1149"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="277 1149 568 1205">Don't know</td> <td data-bbox="568 1149 687 1205"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="277 1205 568 1261">Refused to answer</td> <td data-bbox="568 1205 687 1261"><input type="checkbox"/> 1</td> </tr> </table>			Bruise	<input type="checkbox"/> 1	Scratch or small cut	<input type="checkbox"/> 1	Cut that required stitches	<input type="checkbox"/> 1	Fracture/broken bone	<input type="checkbox"/> 1	Head Injury	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1			Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
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Unclear response	<input type="checkbox"/> 1																						
Don't know	<input type="checkbox"/> 1																						
Refused to answer	<input type="checkbox"/> 1																						
PH67	<p>IWER: Have you ever had a blackout or fainted? (i.e. Not related to seizure type activity)</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td data-bbox="277 1473 568 1529">Yes</td> <td data-bbox="568 1473 687 1529"><input type="checkbox"/> 1</td> <td data-bbox="687 1473 1066 1529">(Go to PH 68)</td> </tr> <tr> <td data-bbox="277 1529 568 1585">No</td> <td data-bbox="568 1529 687 1585"><input type="checkbox"/> 5</td> <td data-bbox="687 1529 1066 1585">(Go to PH 69)</td> </tr> </table> <table border="1"> <tr> <td data-bbox="277 1619 568 1686">Unclear response</td> <td data-bbox="568 1619 687 1686"><input type="checkbox"/> 97</td> <td data-bbox="687 1619 1083 1686">(Go to PH 69)</td> </tr> <tr> <td data-bbox="277 1686 568 1753">Don't know</td> <td data-bbox="568 1686 687 1753"><input type="checkbox"/> 98</td> <td data-bbox="687 1686 1083 1753">(Go to PH 69)</td> </tr> <tr> <td data-bbox="277 1753 568 1832">Refused to answer</td> <td data-bbox="568 1753 687 1832"><input type="checkbox"/> 99</td> <td data-bbox="687 1753 1083 1832">(Go to PH 69)</td> </tr> </table> <p>(TILDA)</p>			Yes	<input type="checkbox"/> 1	(Go to PH 68)	No	<input type="checkbox"/> 5	(Go to PH 69)	Unclear response	<input type="checkbox"/> 97	(Go to PH 69)	Don't know	<input type="checkbox"/> 98	(Go to PH 69)	Refused to answer	<input type="checkbox"/> 99	(Go to PH 69)					
Yes	<input type="checkbox"/> 1	(Go to PH 68)																					
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Unclear response	<input type="checkbox"/> 97	(Go to PH 69)																					
Don't know	<input type="checkbox"/> 98	(Go to PH 69)																					
Refused to answer	<input type="checkbox"/> 99	(Go to PH 69)																					
PH68	<p>IWER: Approximately, how many times have you had a blackout or fainted in the last year?</p>																						

	_____ time(s) in the last year
	Unclear response <input type="checkbox"/> 97
	Don't know <input type="checkbox"/> 98
	Refused to answer <input type="checkbox"/> 99
	(TILDA)

PH69	<p>IWER: Since your last interview have you attended a falls clinic?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>SR/Proxy not aware of falls clinic</td> <td><input type="checkbox"/> 2</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	SR/Proxy not aware of falls clinic	<input type="checkbox"/> 2	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1												
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SR/Proxy not aware of falls clinic	<input type="checkbox"/> 2												
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												

PH70	<p>Any Other Information (Falls):</p>
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Fear of Falling

PH71	<p>IWER: Are you afraid of falling?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to PH 72)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to PH 74)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PH 72)</td> </tr> </table>	Yes	<input type="checkbox"/> 1	(Go to PH 72)	No	<input type="checkbox"/> 5	(Go to PH 74)	Unclear response	<input type="checkbox"/> 97	(Go to PH 72)
Yes	<input type="checkbox"/> 1	(Go to PH 72)								
No	<input type="checkbox"/> 5	(Go to PH 74)								
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Don't know	<input type="checkbox"/> ₉₈	(Go to PH 72)									
Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 72)									
PH72	<p>IWER: Do you feel somewhat afraid or very much afraid of falling?</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Somewhat afraid of falling</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Very much afraid of falling</td> <td><input type="checkbox"/>₂</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(TILDA)</p>	Somewhat afraid of falling	<input type="checkbox"/> ₁	Very much afraid of falling	<input type="checkbox"/> ₂	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉
Somewhat afraid of falling	<input type="checkbox"/> ₁										
Very much afraid of falling	<input type="checkbox"/> ₂										
Unclear response	<input type="checkbox"/> ₉₇										
Don't know	<input type="checkbox"/> ₉₈										
Refused to answer	<input type="checkbox"/> ₉₉										
PH73	<p>IWER: Do you ever limit your activities, for example, what you do or where do you go, because you are afraid of falling?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/>₅</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(TILDA)</p>	Yes	<input type="checkbox"/> ₁	No	<input type="checkbox"/> ₅	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉
Yes	<input type="checkbox"/> ₁										
No	<input type="checkbox"/> ₅										
Unclear response	<input type="checkbox"/> ₉₇										
Don't know	<input type="checkbox"/> ₉₈										
Refused to answer	<input type="checkbox"/> ₉₉										
PH74	Any Other Information (Fear of Falling):										
<i>Steadiness and Fractures</i>											
PH75	<p>IWER: We are interested in your steadiness when walking, standing or getting up from a chair. How steady do you feel...?</p> <p>IWER: READ OUT AND CODE ONE BOX ON EACH LINE</p>										

	Very steady	Slightly steady	Slightly unsteady	Very unsteady	Not Applicable	Unclear response	Don't know	Refused to answer
Walking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₄	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈	<input type="checkbox"/> ₉₉
Standing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₄	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈	<input type="checkbox"/> ₉₉
Getting up from a chair	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₄	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈	<input type="checkbox"/> ₉₉

(TILDA)

PH76 **IWER: Have you ever fractured/broken a bone?**

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> ₁	(Go to PH 77)
No	<input type="checkbox"/> ₅	(Go to PH 78)
Unclear response	<input type="checkbox"/> ₉₇	(Go to PH 78)
Don't know	<input type="checkbox"/> ₉₈	(Go to PH 78)
Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 78)

(Adapted from ELSA/HRS)

PH77 **IWER: Which bone(s) have you fractured?**

IWER: READ OUT AND CODE ALL THAT APPLY

Arm	<input type="checkbox"/> ₁
Leg	<input type="checkbox"/> ₁
Hip	<input type="checkbox"/> ₁
Wrist	<input type="checkbox"/> ₁
Ankle	<input type="checkbox"/> ₁
Shoulder	<input type="checkbox"/> ₁
Knee	<input type="checkbox"/> ₁
Other (please specify)	<input type="checkbox"/> ₁
Unclear response	<input type="checkbox"/> ₁

	<table border="1"> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>1</td> </tr> </table> <p>(Adapted from ELSA/HRS)</p>	Don't know	<input type="checkbox"/>	1	Refused to answer	<input type="checkbox"/>	1																					
Don't know	<input type="checkbox"/>	1																										
Refused to answer	<input type="checkbox"/>	1																										
PH78	<p>IWER: Have you had any joint replacements?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH 79)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH 81)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH 81)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH 81)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH 81)</td> </tr> </table> <p>(ELSA)</p>	Yes	<input type="checkbox"/>	1	(Go to PH 79)	No	<input type="checkbox"/>	5	(Go to PH 81)	Unclear response	<input type="checkbox"/>	97	(Go to PH 81)	Don't know	<input type="checkbox"/>	98	(Go to PH 81)	Refused to answer	<input type="checkbox"/>	99	(Go to PH 81)							
Yes	<input type="checkbox"/>	1	(Go to PH 79)																									
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Refused to answer	<input type="checkbox"/>	99	(Go to PH 81)																									
PH79	<p>IWER: Which joints did you have replaced?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1"> <tr> <td>Hip</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Both hips</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Knee</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Both knees</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>1</td> </tr> </table> <p>(ELSA/HRS)</p>	Hip	<input type="checkbox"/>	1	Both hips	<input type="checkbox"/>	1	Knee	<input type="checkbox"/>	1	Both knees	<input type="checkbox"/>	1	Other (please specify)	<input type="checkbox"/>	1				Unclear response	<input type="checkbox"/>	1	Don't know	<input type="checkbox"/>	1	Refused to answer	<input type="checkbox"/>	1
Hip	<input type="checkbox"/>	1																										
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Unclear response	<input type="checkbox"/>	1																										
Don't know	<input type="checkbox"/>	1																										
Refused to answer	<input type="checkbox"/>	1																										
PH80	<p>IWER: Was/were the joint replacement(s) because of ...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Arthritis</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>A fracture</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Both arthritis and a fracture</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table>	Arthritis	<input type="checkbox"/>	1	A fracture	<input type="checkbox"/>	2	Both arthritis and a fracture	<input type="checkbox"/>	3																		
Arthritis	<input type="checkbox"/>	1																										
A fracture	<input type="checkbox"/>	2																										
Both arthritis and a fracture	<input type="checkbox"/>	3																										

	<p>Other (please specify)</p> <table border="1" data-bbox="277 230 1310 360"> <tr> <td data-bbox="277 230 1190 360"></td> <td data-bbox="1190 230 1310 360">95</td> </tr> </table> <table border="1" data-bbox="277 396 692 580"> <tr> <td data-bbox="277 396 571 450">Unclear response</td> <td data-bbox="571 396 692 450"><input type="checkbox"/> 97</td> </tr> <tr> <td data-bbox="277 450 571 504">Don't know</td> <td data-bbox="571 450 692 504"><input type="checkbox"/> 98</td> </tr> <tr> <td data-bbox="277 504 571 580">Refused to answer</td> <td data-bbox="571 504 692 580"><input type="checkbox"/> 99</td> </tr> </table> <p>(ELSA)</p>		95	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
	95								
Unclear response	<input type="checkbox"/> 97								
Don't know	<input type="checkbox"/> 98								
Refused to answer	<input type="checkbox"/> 99								
PH81	<p>Any Other Information (Steadiness & Fractures):</p>								
Falls Efficacy									
PH82	<p>IWER: Now we would like to ask some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently don't do the activity, please answer to show whether you think you would be concerned about falling IF you did the activity.</p> <p>FOR EACH OF THE FOLLOWING ACTIVITIES, PLEASE TICK THE BOX WHICH IS CLOSEST TO YOUR OWN OPINION TO SHOW HOW</p>								

CONCERNED YOU ARE THAT YOU MIGHT FALL IF YOU DID THIS ACTIVITY.

	Not at all concerned	Somewhat concerned	Fairly Concerned	Very concerned
Getting dressed or undressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Taking a bath or a shower	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Getting in or out of a chair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Going up or down stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reaching for something over your head or on the ground	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Walking up or down a slope	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Going out to a social event	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

(SHORT FES-1)

Pain

PH83

NOTE: I would now like to ask you some questions about pain.

IWER: Are you often troubled with pain?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to PH 84)
No	<input type="checkbox"/> 5	(Go to PH 89)

Unclear response	<input type="checkbox"/> 97	(Go to PH 89)
Don't know	<input type="checkbox"/> 98	(Go to PH 89)
Refused to answer	<input type="checkbox"/> 99	(Go to PH 89)

(ELSA/HRS)

PH84

IWER: How bad is the pain most of the time? Is it...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Mild	<input type="checkbox"/> 1
Moderate	<input type="checkbox"/> 2
Severe	<input type="checkbox"/> 3

	<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(ELSA/HRS)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99																		
Unclear response	<input type="checkbox"/> 97																								
Don't know	<input type="checkbox"/> 98																								
Refused to answer	<input type="checkbox"/> 99																								
PH85	<p>(SELF-REPORT ONLY)</p> <p>IWER: Now thinking about this pain, in which part of your body is the pain most?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1"> <tr> <td>Back</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Hips</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Knees</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Feet</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Mouth/teeth</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>All over</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>SR not present – unable to complete</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(TILDA/IDS-TILDA)</p>	Back	<input type="checkbox"/> 1	Hips	<input type="checkbox"/> 1	Knees	<input type="checkbox"/> 1	Feet	<input type="checkbox"/> 1	Mouth/teeth	<input type="checkbox"/> 1	All over	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1	Unable to understand	<input type="checkbox"/> 1	Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1	SR not present – unable to complete	<input type="checkbox"/> 0
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Don't know	<input type="checkbox"/> 1																								
Refused to answer	<input type="checkbox"/> 1																								
SR not present – unable to complete	<input type="checkbox"/> 0																								
PH86	<p>IWER: Does the pain make it difficult for you to do your usual activities such as household chores, work, social or leisure activities?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99														
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Don't know	<input type="checkbox"/> 98																								
Refused to answer	<input type="checkbox"/> 99																								

	(HRS/IDS-TILDA)															
PH87	<p>IWER: Are you taking any medication to control the pain?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to PH 88)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to PH 89)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PH 89)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to PH 89)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to PH 89)</td> </tr> </table> <p>(ELSA)</p>	Yes	<input type="checkbox"/> 1	(Go to PH 88)	No	<input type="checkbox"/> 5	(Go to PH 89)	Unclear response	<input type="checkbox"/> 97	(Go to PH 89)	Don't know	<input type="checkbox"/> 98	(Go to PH 89)	Refused to answer	<input type="checkbox"/> 99	(Go to PH 89)
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Don't know	<input type="checkbox"/> 98	(Go to PH 89)														
Refused to answer	<input type="checkbox"/> 99	(Go to PH 89)														
PH88	<p>IWER: Does this medication control your pain?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(ELSA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99					
Yes	<input type="checkbox"/> 1															
No	<input type="checkbox"/> 5															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
PH89	Any Other Information (Pain):															
<i>Bladder Incontinence</i>																
PH90	<p>INTRO: We are interested in finding out more about problems that affect people's quality of life. I would therefore like to ask you some questions about going to the toilet/urinary incontinence.</p> <p>IWER: During the last 12 months, have you lost any amount of urine beyond your control?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p>															

	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to PH 91)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to PH 94)</td> </tr> <tr> <td>Not relevant, never continent</td> <td><input type="checkbox"/> 3</td> <td>(Go to PH 94)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PH 94)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to PH 94)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to PH 94)</td> </tr> </table> <p>(ELSA/HRS/IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	(Go to PH 91)	No	<input type="checkbox"/> 5	(Go to PH 94)	Not relevant, never continent	<input type="checkbox"/> 3	(Go to PH 94)	Unclear response	<input type="checkbox"/> 97	(Go to PH 94)	Don't know	<input type="checkbox"/> 98	(Go to PH 94)	Refused to answer	<input type="checkbox"/> 99	(Go to PH 94)
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Refused to answer	<input type="checkbox"/> 99	(Go to PH 94)																	
PH91	<p>IWER: Did this happen more than once during a 1 month period?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(ELSA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99								
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Unclear response	<input type="checkbox"/> 97																		
Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
PH92	<p>IWER: Have you ever mentioned this problem to a doctor, nurse or other health professional?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(ELSA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99								
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Unclear response	<input type="checkbox"/> 97																		
Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
PH93	<p>IWER: Do you ever limit your activities, for example, what you do or where you go because of this problem?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p>																		

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(TILDA)

PH94 Any Other Information (Bladder Incontinence):

Bowel Incontinence

PH95 IWER: During the last 12 months, have you lost any amount of faeces beyond your control?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to PH 96)
No	<input type="checkbox"/> 5	(Go to PH 99)
Not relevant, never continent	<input type="checkbox"/> 3	(Go to PH 99)

Unclear response	<input type="checkbox"/> 97	(Go to PH 99)
Don't know	<input type="checkbox"/> 98	(Go to PH 99)
Refused to answer	<input type="checkbox"/> 99	(Go to PH 99)

(Adapted from OK Health Check)

PH96 IWER: Did this happen more than once during a 1 month period?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98

	<table border="1"> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(Adapted from ELSA)</p>	Refused to answer	<input type="checkbox"/>	99												
Refused to answer	<input type="checkbox"/>	99														
PH97	<p>IWER: Have you ever mentioned this problem to a doctor, nurse or other health professional?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(Adapted from ELSA)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
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Unclear response	<input type="checkbox"/>	97														
Don't know	<input type="checkbox"/>	98														
Refused to answer	<input type="checkbox"/>	99														
PH98	<p>IWER: Do you ever limit your activities, for example, what you do or where you go because of this problem?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
Yes	<input type="checkbox"/>	1														
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Unclear response	<input type="checkbox"/>	97														
Don't know	<input type="checkbox"/>	98														
Refused to answer	<input type="checkbox"/>	99														
PH99	<p>Any Other Information (Bowel Incontinence):</p>															
PH100	<p>IWER: Is constipation a problem for you?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH 101)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH 103)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH 103)</td> </tr> </table>	Yes	<input type="checkbox"/>	1	(Go to PH 101)	No	<input type="checkbox"/>	5	(Go to PH 103)	Unclear response	<input type="checkbox"/>	97	(Go to PH 103)			
Yes	<input type="checkbox"/>	1	(Go to PH 101)													
No	<input type="checkbox"/>	5	(Go to PH 103)													
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	<table border="1"> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to PH 103)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to PH 103)</td> </tr> </table> <p>(Adapted from OK Health Check)</p>	Don't know	<input type="checkbox"/> ₉₈	(Go to PH 103)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 103)				
Don't know	<input type="checkbox"/> ₉₈	(Go to PH 103)									
Refused to answer	<input type="checkbox"/> ₉₉	(Go to PH 103)									
PH101	<p>IWER: Have you ever mentioned this problem to a doctor or nurse?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/>₅</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(Adapted from ELSA)</p>	Yes	<input type="checkbox"/> ₁	No	<input type="checkbox"/> ₅	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉
Yes	<input type="checkbox"/> ₁										
No	<input type="checkbox"/> ₅										
Unclear response	<input type="checkbox"/> ₉₇										
Don't know	<input type="checkbox"/> ₉₈										
Refused to answer	<input type="checkbox"/> ₉₉										
PH102	<p>IWER: Do you ever limit your activities, for example, what you do or where you go because of this problem?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/>₅</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> ₁	No	<input type="checkbox"/> ₅	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉
Yes	<input type="checkbox"/> ₁										
No	<input type="checkbox"/> ₅										
Unclear response	<input type="checkbox"/> ₉₇										
Don't know	<input type="checkbox"/> ₉₈										
Refused to answer	<input type="checkbox"/> ₉₉										
PH103	<p>Any Other Information (Bowel Continence):</p>										
Medication											
PH104	<p>IWER: In the pre-interview questionnaire, we asked you to record all medications that you take on a regular basis, like every day or every week. This included prescription and non-prescription medications, over-the-counter medicines, vitamins, and herbal and alternative medicines (see examples on PIQ)</p>										

	<p>IWER: Do I have all of your medications here (see pre-interview questionnaire)?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to PH 105)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Refer to the operational protocol & go to PH 105)</td> </tr> <tr> <td>Not relevant, don't take any medication</td> <td><input type="checkbox"/> 94</td> <td>(Go to PH 115)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to PH 105)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to PH 105)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to PH 105)</td> </tr> </table> <p>(TILDA/IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	(Go to PH 105)	No	<input type="checkbox"/> 5	(Refer to the operational protocol & go to PH 105)	Not relevant, don't take any medication	<input type="checkbox"/> 94	(Go to PH 115)	Unclear response	<input type="checkbox"/> 97	(Go to PH 105)	Don't know	<input type="checkbox"/> 98	(Go to PH 105)	Refused to answer	<input type="checkbox"/> 99	(Go to PH 105)
Yes	<input type="checkbox"/> 1	(Go to PH 105)																	
No	<input type="checkbox"/> 5	(Refer to the operational protocol & go to PH 105)																	
Not relevant, don't take any medication	<input type="checkbox"/> 94	(Go to PH 115)																	
Unclear response	<input type="checkbox"/> 97	(Go to PH 105)																	
Don't know	<input type="checkbox"/> 98	(Go to PH 105)																	
Refused to answer	<input type="checkbox"/> 99	(Go to PH 105)																	
PH105	<p>IWER: Do you know what medication you take and how often you take them?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99								
Yes	<input type="checkbox"/> 1																		
No	<input type="checkbox"/> 5																		
Unclear response	<input type="checkbox"/> 97																		
Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
PH106	<p>IWER: Do you administer/take your own medication/tablets?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes independently</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Yes with support</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes independently	<input type="checkbox"/> 1	Yes with support	<input type="checkbox"/> 2	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99						
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Unclear response	<input type="checkbox"/> 97																		
Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		

<p>PH107</p>	<p>IWER: Have you ever received training/instructions about taking medications?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td colspan="2">If Yes, Please tell us.</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	If Yes, Please tell us.		Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1												
No	<input type="checkbox"/> 5												
If Yes, Please tell us.													
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
<p>PH108</p>	<p>IWER: Do you know what your medications are <u>for</u>?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99		
Yes	<input type="checkbox"/> 1												
No	<input type="checkbox"/> 5												
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
<p>PH109</p>	<p>IWER: Do you experience any side effects from taking any of your medications?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> </table>	Yes	<input type="checkbox"/> 1										
Yes	<input type="checkbox"/> 1												

	<p>No <input type="checkbox"/> 5</p>	<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>If Yes, please tell us which tablet and what side effect..</p> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99				
Unclear response	<input type="checkbox"/> 97											
Don't know	<input type="checkbox"/> 98											
Refused to answer	<input type="checkbox"/> 99											
<p>NOTE if proxy present at interview go to PH110 otherwise go to PH115</p>												
<p>PH110</p>	<p>IWER: Do you know what medication (participant's name) takes?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <p>IDS-TILDA</p>		Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5						
Yes	<input type="checkbox"/> 1											
No	<input type="checkbox"/> 5											
<p>PH111</p>	<p>IWER: Do you know how often (name) has to take medication?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <p>IDS-TILDA</p>		Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5						
Yes	<input type="checkbox"/> 1											
No	<input type="checkbox"/> 5											
<p>PH112</p>	<p>IWER: Have you ever received training/instructions about administering medications?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <p>If Yes, Please tell us.</p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>		Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1											
No	<input type="checkbox"/> 5											
Unclear response	<input type="checkbox"/> 97											
Don't know	<input type="checkbox"/> 98											
Refused to answer	<input type="checkbox"/> 99											

<p>PH113</p>	<p>IWER: Do you know what the SR's medications are for?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td data-bbox="279 302 566 353">Yes</td> <td data-bbox="566 302 689 353"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 353 566 405">No</td> <td data-bbox="566 353 689 405"><input type="checkbox"/> 5</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5		
Yes	<input type="checkbox"/> 1						
No	<input type="checkbox"/> 5						
<p>PH114</p>	<p>IWER: Do you understand the side effects of the medications?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td data-bbox="279 600 566 651">Yes</td> <td data-bbox="566 600 689 651"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 651 566 703">No</td> <td data-bbox="566 651 689 703"><input type="checkbox"/> 5</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5		
Yes	<input type="checkbox"/> 1						
No	<input type="checkbox"/> 5						
<p>PH115</p>	<p>Any Other Information (Medication):</p>						
<p>PH116</p>	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed</p> <table border="1"> <tr> <td data-bbox="279 1025 635 1077">Self Report Only</td> <td data-bbox="635 1025 758 1077"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="279 1077 635 1128">SR and Proxy</td> <td data-bbox="635 1077 758 1128"><input type="checkbox"/> 2</td> </tr> <tr> <td data-bbox="279 1128 635 1180">Proxy Only</td> <td data-bbox="635 1128 758 1180"><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>	Self Report Only	<input type="checkbox"/> 1	SR and Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3
Self Report Only	<input type="checkbox"/> 1						
SR and Proxy	<input type="checkbox"/> 2						
Proxy Only	<input type="checkbox"/> 3						

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Section 12 : Mental Health (MH)

MH1	<p>INTRO: The next section of the interview is about people's mood, feelings and wellbeing. I am going to read a list of statements that describe some of the ways you may have felt or behaved in the last week. Please look at the card and tell me how often you have felt this way during the past week.</p> <p>NOTE: If the SR answers most of the questions in Sections 1 – 12 administer the MHD1 (Depression Scale – attached separately)</p>																		
MH2	<p>IWER: PLEASE COMPLETE THE HOSPITAL ANXIETY AND DEPRESSION SCALE (HADS) WITH ALL PARTICIPANTS OR THEIR PROXY (separately attached)</p>																		
MH3	<p>INTRO: The following questions are about how you feel and how things have been with you during the past 4 weeks</p> <p>How much of the time during the past 4 weeks</p> <p>IWER: Did you feel full of pep? (By pep I mean lively, full of spirit or vigour)</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">All of the time</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">Most of the time</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="padding: 2px;">A good bit of the time</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="padding: 2px;">Some of the time</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> </tr> <tr> <td style="padding: 2px;">A little bit of the time</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="padding: 2px;">None of the time</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(Vitality Scale: RAND Health Survey Tool CEV4 Slan 2007)</p>	All of the time	<input type="checkbox"/> 1	Most of the time	<input type="checkbox"/> 2	A good bit of the time	<input type="checkbox"/> 3	Some of the time	<input type="checkbox"/> 4	A little bit of the time	<input type="checkbox"/> 5	None of the time	<input type="checkbox"/> 6	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
All of the time	<input type="checkbox"/> 1																		
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Unclear response	<input type="checkbox"/> 97																		
Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
MH4	<p>How much of the time during the past 4 weeks</p> <p>IWER: Did you have a lot of energy?</p>																		

IWER: READ OUT AND CODE THE ONE THAT APPLIES

All of the time	<input type="checkbox"/> 1
Most of the time	<input type="checkbox"/> 2
A good bit of the time	<input type="checkbox"/> 3
Some of the time	<input type="checkbox"/> 4
A little bit of the time	<input type="checkbox"/> 5
None of the time	<input type="checkbox"/> 6

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

Vitality Scale: RAND Health Survey Tool CEV4 Slan 2007

MH5

How much of the time during the past 4 weeks

IWER: Did you feel worn out?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

All of the time	<input type="checkbox"/> 1
Most of the time	<input type="checkbox"/> 2
A good bit of the time	<input type="checkbox"/> 3
Some of the time	<input type="checkbox"/> 4
A little bit of the time	<input type="checkbox"/> 5
None of the time	<input type="checkbox"/> 6

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

Vitality Scale: RAND Health Survey Tool CEV4 Slan 2007

MH6	<p>How much of the time during the past 4 weeks</p> <p>IWER: Did you feel tired?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">All of the time</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">Most of the time</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="padding: 2px;">A good bit of the time</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="padding: 2px;">Some of the time</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 4</td> </tr> <tr> <td style="padding: 2px;">A little bit of the time</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> </tr> <tr> <td style="padding: 2px;">None of the time</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 6</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> </tr> </table> <p>Vitality Scale: RAND Health Survey Tool</p>	All of the time	<input type="checkbox"/> 1	Most of the time	<input type="checkbox"/> 2	A good bit of the time	<input type="checkbox"/> 3	Some of the time	<input type="checkbox"/> 4	A little bit of the time	<input type="checkbox"/> 5	None of the time	<input type="checkbox"/> 6	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
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Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
MH7	<p>TO BE COMPLETED BY THE INTERVIEWER</p> <p>IWER: PLEASE INDICATE HOW THE VITALITY QUESTIONS (PREVIOUS FOUR QUESTIONS) WERE COMPLETED</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">Self Report Only</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">SR & Proxy</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="padding: 2px;">Proxy Only</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 3</td> </tr> </table>	Self Report Only	<input type="checkbox"/> 1	SR & Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3												
Self Report Only	<input type="checkbox"/> 1																		
SR & Proxy	<input type="checkbox"/> 2																		
Proxy Only	<input type="checkbox"/> 3																		

MH8

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INTRO: The following are a list of **Life Events** you may have experienced in the last 12 months. By a life event I mean something that would have caused significant distress in your life. Please indicate if you have gone through any of the following in the last 12 months.

IWER: READ OUT AND CODE ALL THAT APPLY

	Yes		MH8A		
			Level of Stress A LOT	Level of Stress A LITTLE	Level of Stress NONE
Change of staff in my home where I live or day service I attend.	<input type="checkbox"/> 1	If yes, please tell us how much it stresses you in MH8A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
New resident moved into my home	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Change of my key worker	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Change at or from work or day service	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Death of a parent	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Deeath of a sibling	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Death of other relative	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Death of a friend	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Death of a pet	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Major illness of a relative , caregiver or friend	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Death of a significant other (other than a relative or friend)	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Moving within service organisation	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Moving from my family home to a service supported home (community group home/residential setting)	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Change in frequency of visits from or to family/friend	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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Major illness or injury	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Break up of a steady relationship/ Divorce	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Experience of crime (mugged or burgled)	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Problems with justice and/or authorities	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
No significant life event	<input type="checkbox"/> 1	Go to MH9			
Any other event or change of routine which may have caused distress, please tell us...					
(Adapted from the Life events scale Hermans et al 2012 & IDS-TILDA Study)					

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MH 9	Any Other Information (Mental Health)						
MH 10	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed?</p> <table border="1" data-bbox="357 891 836 1144"><tr><td data-bbox="357 891 716 974">Self Report Only</td><td data-bbox="716 891 836 974"><input type="checkbox"/>₁</td></tr><tr><td data-bbox="357 974 716 1057">SR & Proxy</td><td data-bbox="716 974 836 1057"><input type="checkbox"/>₂</td></tr><tr><td data-bbox="357 1057 716 1144">Proxy Only</td><td data-bbox="716 1057 836 1144"><input type="checkbox"/>₃</td></tr></table> <p>(IDS-TILDA)</p>	Self Report Only	<input type="checkbox"/> ₁	SR & Proxy	<input type="checkbox"/> ₂	Proxy Only	<input type="checkbox"/> ₃
Self Report Only	<input type="checkbox"/> ₁						
SR & Proxy	<input type="checkbox"/> ₂						
Proxy Only	<input type="checkbox"/> ₃						

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Section 13 : Behavioural Health (BH)

Smoking

BH1

INTRO: Now I would like to ask you some questions about your lifestyle.

IWER: Have you ever smoked cigarettes, cigars, cigarillos or a pipe daily for a period of at least one year?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to BH 2)
No	<input type="checkbox"/> 5	(Go to BH 5)

Unclear response	<input type="checkbox"/> 97	(Go to BH 5)
Don't know	<input type="checkbox"/> 98	(Go to BH 5)
Refused to answer	<input type="checkbox"/> 99	(Go to BH 5)

(SHARE/Similar question ELSA/HRS)

BH2

IWER: Do you smoke at the present time?

NOTE: Respond 'yes' if the SR has smoked anytime in the past 3 months.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Yes	<input type="checkbox"/> 1	(Go to BH 5)
No, I have stopped	<input type="checkbox"/> 5	(Go to BH 3)

Unclear response	<input type="checkbox"/> 97	(Go to BH5)
Don't know	<input type="checkbox"/> 98	(Go to BH5)
Refused to answer	<input type="checkbox"/> 99	(Go to BH5)

(SHARE/ Similar question ELSA/HRS)

BH3

IWER: How old were you when you stopped smoking?

years old

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/Similar question HRS)

BH4

IWER: For how many years have you smoked altogether?

	_____year(s)	
	Unclear response	<input type="checkbox"/> 97
	Don't know	<input type="checkbox"/> 98
	Refused to answer	<input type="checkbox"/> 99

(SHARE/Similar question HRS)

BH5 Any Other Information (Smoking):

Alcohol

BH6 **IWER:** Do you drink alcohol?

NOTE: Respond 'yes' if the SR has drank alcohol anytime in the last 6 months.

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to BH 7)
No	<input type="checkbox"/> 5	(Go to BH 10)

Unclear response	<input type="checkbox"/> 97	(Go to BH 10)
Don't know	<input type="checkbox"/> 98	(Go to BH 10)
Refused to answer	<input type="checkbox"/> 99	(Go to BH 10)

(TILDA)

BH7 **IWER:** During the **last 12 months**, how often have you drunk any alcoholic beverages, like beer, cider, wine, spirits or cocktails?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Almost every day	<input type="checkbox"/> 1
Five or six days a week	<input type="checkbox"/> 2
Three or four days a week	<input type="checkbox"/> 3
Once or twice a week	<input type="checkbox"/> 4
Once or twice a month	<input type="checkbox"/> 5
Less than once a month	<input type="checkbox"/> 6
Not at all in the last 12 months	<input type="checkbox"/> 7

Unclear response	<input type="checkbox"/> 97
------------------	-----------------------------

	<table border="1"> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(SHARE/Similar question in ELSA,TILDA)</p>	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99																
Don't know	<input type="checkbox"/> 98																				
Refused to answer	<input type="checkbox"/> 99																				
BH8	<p>IWER: During the last 12 months, how often have you had more than two drinks in a single day?</p> <p>NOTE: A drink is a half pint of beer or a glass of wine.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Almost every day</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Five or six days a week</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Three or four days a week</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>Once or twice a week</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Once or twice a month</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Less than once a month</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td>Not at all in the last 12 months</td> <td><input type="checkbox"/> 7</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(SHARE)</p>	Almost every day	<input type="checkbox"/> 1	Five or six days a week	<input type="checkbox"/> 2	Three or four days a week	<input type="checkbox"/> 3	Once or twice a week	<input type="checkbox"/> 4	Once or twice a month	<input type="checkbox"/> 5	Less than once a month	<input type="checkbox"/> 6	Not at all in the last 12 months	<input type="checkbox"/> 7	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
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Not at all in the last 12 months	<input type="checkbox"/> 7																				
Unclear response	<input type="checkbox"/> 97																				
Don't know	<input type="checkbox"/> 98																				
Refused to answer	<input type="checkbox"/> 99																				
BH9	<p>IWER: During the last12 months, on the days you drank alcohol, about how many drinks did you have?</p> <p>_____drinks</p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(HRS)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99														
Unclear response	<input type="checkbox"/> 97																				
Don't know	<input type="checkbox"/> 98																				
Refused to answer	<input type="checkbox"/> 99																				
BH10	<p>Any Other Information (Alcohol):</p>																				

Diet

BH11 **INTRO:** I am now going to ask you a few questions about your diet and about what you eat and drink.

IWER: How often do you eat the following?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

	Daily	Most of the time	Some of the time	Never	Unclear response	Don't know	Refused to answer
Breakfast	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Lunch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Dinner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Snacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(Senior Nutrition Questionnaire)

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BH 12 **IWER:** On average, **in the last year**, how often did you eat the following...?

NOTE: Medium servings

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

	More than 4 times per day	2-3 times a day	Once a day	5-6 times per week	2-4 times per week	Once a week	1-3 times per month	Never or less than once a month	Unclear response	Don't know	Refused to answer
meat, fish and poultry e.g. beef, pork, lamb, chicken (Serving: size of deck of cards)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
bread and savoury biscuits e.g. cream crackers, Ryvita (Serving: 1 slice or biscuit)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
cereals e.g. porridge, cornflakes, muesli (Serving: 1 med sized bowl)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
potatoes, rice and pasta (Serving: about a cupful)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
dairy products e.g. milk, cream, cheese, butter, margarine (Serving: medium)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
fruit e.g. apples, pears, oranges, bananas, tinned fruit (Serving: 1 piece of fruit)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
vegetables e.g. carrots, broccoli, cauliflower, baked beans (Serving:2 tablespoons)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
sweet and savoury snacks e.g. chocolates, crisps (Serving: medium)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Fast food e.g. McDonalds, Chipper take away, Chinese meal,Subway etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

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BH13	IWER: On average, in the last year, how often did you drink the following...?											
	IWER: READ OUT AND CODE ONE BOX ON EACH LINE											
		More than 4 times per day	2-3 times a day	Once a day	5-6 times per week	2-4 times per week	Once a week	1-3 times per month	Never or less than once a month	Unclear response	Don't know	Refused to answer
	tea (Serving: one cup)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	coffee (Serving: one cup)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	water (Serving: one cup)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	milk (Serving: one cup)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	low calorie or diet soft fizzy (Serving: one glass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	fizzy soft drinks e.g. Cocoa Cola (Serving: one glass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	pure fruit drinks e.g. orange juice (Serving: 1 small glass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
fruit squash (Serving: one small glass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	
	(SLAN)											
BH14	Any Other Information (Diet):											
	(SLAN)											

Physical Activity

BH 15

INTRO: We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. **The next set of questions will ask you about the time you spent being physically active in the last 7 days.** Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and garden work, to get from place to place and in your spare time for recreation, exercise or sport.

Vigorous physical activities can be considered anything that lasts at least 10 to 20 minutes, which causes heavy sweating and makes you breathe harder than normal.

For example: running or jogging, exercise bike, vigorous swimming, cycling, aerobics or gym workout, tennis, heavy housework or gardening like digging with a spade or shovel.

IWER: During the last 7 days on how many days did you do vigorous physical exercise.

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

Vigorous physical activities	<input type="checkbox"/> Day (s)	Go to BH16
No, I have not done any vigorous physical exercise	5 <input type="checkbox"/>	Go to BH17

Unclear response	<input type="checkbox"/> ₉₇	Go to BH17
Don't know	<input type="checkbox"/> ₉₈	Go to BH17
Refused to answer	<input type="checkbox"/> ₉₉	Go to BH17

(ELSA/SHARE/TILDA/IDS-TILDA)

BH16

How much time did you usually spend doing vigorous physical activities on one of those days?

Minutes per day	<input type="checkbox"/>
-----------------	--------------------------

Unclear response	<input type="checkbox"/> ₉₇
Don't know	<input type="checkbox"/> ₉₈
Refused to answer	<input type="checkbox"/> ₉₉

(ELSA/SHARE/TILDA/IDS-TILDA)

BH17	<p>Moderately energetic physical activities can be considered anything that lasts at least 10 to 20 minutes that causes only light sweating or a moderate increase in breathing or heart rate.</p> <p>For example: gardening, cleaning the car, walking at a moderate pace, dancing, floor or stretching exercises, swimming or cycling.</p> <p>IWER: During the last 7 days on how many days did you do moderate physical exercise.</p> <p>IWER: READ OUT AND CODE ONE BOX ON EACH LINE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">moderate physical activities</td> <td style="width: 10%;">1</td> <td style="width: 10%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 10%;">Day(s)</td> <td style="width: 30%; text-align: center;">Go to BH18</td> </tr> <tr> <td>No, I have not done any moderate physical exercise</td> <td>5</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td></td> <td style="text-align: center;">Go to BH19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 10%; text-align: center;">97</td> <td style="width: 50%; text-align: center;">Go to BH19</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;">98</td> <td style="text-align: center;">Go to BH19</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;">99</td> <td style="text-align: center;">Go to BH19</td> </tr> </table> <p>(ELSA/SHARE/TILDA/IDS-TILDA)</p>	moderate physical activities	1	<input style="width: 20px; height: 20px;" type="text"/>	Day(s)	Go to BH18	No, I have not done any moderate physical exercise	5	<input style="width: 20px; height: 20px;" type="text"/>		Go to BH19	Unclear response	<input style="width: 20px; height: 20px;" type="text"/>	97	Go to BH19	Don't know	<input style="width: 20px; height: 20px;" type="text"/>	98	Go to BH19	Refused to answer	<input style="width: 20px; height: 20px;" type="text"/>	99	Go to BH19
moderate physical activities	1	<input style="width: 20px; height: 20px;" type="text"/>	Day(s)	Go to BH18																			
No, I have not done any moderate physical exercise	5	<input style="width: 20px; height: 20px;" type="text"/>		Go to BH19																			
Unclear response	<input style="width: 20px; height: 20px;" type="text"/>	97	Go to BH19																				
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Refused to answer	<input style="width: 20px; height: 20px;" type="text"/>	99	Go to BH19																				
BH18	<p>How much time did you usually spend doing moderate physical activities on one of those days?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Minutes per day</td> <td style="width: 30%; text-align: center;"><input style="width: 40px; height: 25px;" type="text"/></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 10%; text-align: center;">97</td> <td style="width: 50%;"></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;">98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;">99</td> <td></td> </tr> </table> <p>(ELSA/SHARE/TILDA/IDS-TILDA)</p>	Minutes per day	<input style="width: 40px; height: 25px;" type="text"/>	Unclear response	<input style="width: 20px; height: 20px;" type="text"/>	97		Don't know	<input style="width: 20px; height: 20px;" type="text"/>	98		Refused to answer	<input style="width: 20px; height: 20px;" type="text"/>	99									
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Don't know	<input style="width: 20px; height: 20px;" type="text"/>	98																					
Refused to answer	<input style="width: 20px; height: 20px;" type="text"/>	99																					
BH19	<p>Mildly energetic physical activities can be considered anything that lasts at least 10 to 20 minutes that cause minimal or no sweating, or mild increase in breathing or heart rate.</p> <p>For example: bowls, walking, golf, light exercises, vacuuming, laundry or home repairs</p> <p>IWER: During the last 7 days on how many days did you do mild physical exercise.</p> <p>IWER: READ OUT AND CODE ONE BOX ON EACH LINE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">mild physical activities</td> <td style="width: 10%;">1</td> <td style="width: 10%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 10%;">Day(s)</td> <td style="width: 30%; text-align: center;">Go to BH20</td> </tr> </table>	mild physical activities	1	<input style="width: 20px; height: 20px;" type="text"/>	Day(s)	Go to BH20																	
mild physical activities	1	<input style="width: 20px; height: 20px;" type="text"/>	Day(s)	Go to BH20																			

	No, I have not done any mild physical exercise	5 <input type="text"/>	Go to BH21									
<table border="1"> <tr> <td data-bbox="207 331 510 394">Unclear response</td> <td data-bbox="510 331 630 394"><input type="text"/>97</td> <td data-bbox="630 331 941 394">Go to 21</td> </tr> <tr> <td data-bbox="207 394 510 450">Don't know</td> <td data-bbox="510 394 630 450"><input type="text"/>98</td> <td data-bbox="630 394 941 450">Go to 21</td> </tr> <tr> <td data-bbox="207 450 510 510">Refused to answer</td> <td data-bbox="510 450 630 510"><input type="text"/>99</td> <td data-bbox="630 450 941 510">Go to 21</td> </tr> </table>				Unclear response	<input type="text"/> 97	Go to 21	Don't know	<input type="text"/> 98	Go to 21	Refused to answer	<input type="text"/> 99	Go to 21
Unclear response	<input type="text"/> 97	Go to 21										
Don't know	<input type="text"/> 98	Go to 21										
Refused to answer	<input type="text"/> 99	Go to 21										
(ELSA/SHARE/TILDA/IDS-TILDA)												
BH20	How much time did you usually spend doing mild physical activities on one of those days?											
<table border="1"> <tr> <td data-bbox="207 779 542 864">Minutes per day</td> <td data-bbox="542 779 845 864"><input type="text"/></td> </tr> </table>				Minutes per day	<input type="text"/>							
Minutes per day	<input type="text"/>											
<table border="1"> <tr> <td data-bbox="207 898 510 958">Unclear response</td> <td data-bbox="510 898 630 958"><input type="text"/>97</td> </tr> <tr> <td data-bbox="207 958 510 1019">Don't know</td> <td data-bbox="510 958 630 1019"><input type="text"/>98</td> </tr> <tr> <td data-bbox="207 1019 510 1077">Refused to answer</td> <td data-bbox="510 1019 630 1077"><input type="text"/>99</td> </tr> </table>				Unclear response	<input type="text"/> 97	Don't know	<input type="text"/> 98	Refused to answer	<input type="text"/> 99			
Unclear response	<input type="text"/> 97											
Don't know	<input type="text"/> 98											
Refused to answer	<input type="text"/> 99											
(ELSA/SHARE/TILDA/IDS-TILDA)												

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BH21

IWER: What type of physical activity do you regularly take part in?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Not applicable - I don't take part in regular physical activity	<input type="checkbox"/> 1
Bowling	<input type="checkbox"/> 1
Swimming	<input type="checkbox"/> 1
Walking	<input type="checkbox"/> 1
Gym/treadmill/cycling bike	<input type="checkbox"/> 1
Cycling	<input type="checkbox"/> 1
Running/jogging	<input type="checkbox"/> 1
Aerobics	<input type="checkbox"/> 1
Golf	<input type="checkbox"/> 1
Basketball	<input type="checkbox"/> 1
Badminton	<input type="checkbox"/> 1
Horseback riding	<input type="checkbox"/> 1
Soccer/football	<input type="checkbox"/> 1
Dancing	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(NHANES)

BH22 **IWER:** What difficulties might stop you doing physical activity?

IWER: CODE ALL THAT APPLY

Non-applicable (don't experience any difficulties)	<input type="checkbox"/> 1
Health considerations or physically unable	<input type="checkbox"/> 1
Wheelchair user	<input type="checkbox"/> 1
Motor impairment	<input type="checkbox"/> 1
Don't have enough money	<input type="checkbox"/> 1
Can't get a lift	<input type="checkbox"/> 1
Transport services are inadequate or not accessible	<input type="checkbox"/> 1
Have no one to go with for company	<input type="checkbox"/> 1
Not allowed to go	<input type="checkbox"/> 1
Need someone's assistance but there is no one to help you	<input type="checkbox"/> 1
Get too tired	<input type="checkbox"/> 1
Don't have enough time	<input type="checkbox"/> 1
There is nothing you can do at the leisure centre	<input type="checkbox"/> 1
Don't like exercise	<input type="checkbox"/> 1
Service facilities are not accessible	<input type="checkbox"/> 1
You are self-conscious	<input type="checkbox"/> 1
Unfriendly or negative attitudes towards you	<input type="checkbox"/> 1
No available exercise facilities	<input type="checkbox"/> 1
Getting too old	<input type="checkbox"/> 1
Other reason (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(Adapted from POMONA/Special Olympics)

BH23 **IWER:** Would you like to do more (or some, where applicable) physical activities?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to BH 24)
-----	----------------------------	----------------------

No	<input type="checkbox"/> 5	(Go to BH 25)
Unclear response	<input type="checkbox"/> 97	(Go to BH 25)
Don't know	<input type="checkbox"/> 98	(Go to BH 25)
Refused to answer	<input type="checkbox"/> 99	(Go to BH 25)

(IDS-TILDA)

BH24 **IWER:** Which physical activities would you like to do more of?
IWER: Record the response below.

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

BH25 **Any Other Information (Physical Activity):**

Sleep

BH26 **INTRO:** We are interested in how well people manage to sleep at night and if they have any trouble sleeping.
IWER: How often do you have trouble falling asleep at night?
IWER: READ OUT AND CODE THE ONE THAT APPLIES

Most of the times	<input type="checkbox"/> 1	(Go to BH 27)
Sometimes	<input type="checkbox"/> 2	(Go to BH 27)
Rarely	<input type="checkbox"/> 3	(Go to BH 28)
Never	<input type="checkbox"/> 4	(Go to BH 28)

Unclear response	<input type="checkbox"/> 97	(Go to BH 28)
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	Don't know	<input type="checkbox"/> 98	(Go to BH 28)																					
	Refused to answer	<input type="checkbox"/> 99	(Go to BH 28)																					
	(HRS/IDS-TILDA – 'at night')																							
BH27	<p>IWER: For what reasons do you have trouble falling asleep at night? (e.g. sharing a room etc)</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td style="text-align: center;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table>			Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99													
Unclear response	<input type="checkbox"/> 97																							
Don't know	<input type="checkbox"/> 98																							
Refused to answer	<input type="checkbox"/> 99																							
	(HRS)																							
BH28	<p>IWER: Is your sleep interrupted during the night by episodes of wakefulness?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width: 30%;">Most of the times</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;">(Go to BH 29)</td> </tr> <tr> <td>Sometimes</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td>(Go to BH 29)</td> </tr> <tr> <td>Rarely</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td>(Go to BH 30)</td> </tr> <tr> <td>Never</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td>(Go to BH 30)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 20%;">(Go to BH 30)</td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to BH 30)</td> </tr> <tr> <td style="text-align: center;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to BH 30)</td> </tr> </table>			Most of the times	<input type="checkbox"/> 1	(Go to BH 29)	Sometimes	<input type="checkbox"/> 2	(Go to BH 29)	Rarely	<input type="checkbox"/> 3	(Go to BH 30)	Never	<input type="checkbox"/> 4	(Go to BH 30)	Unclear response	<input type="checkbox"/> 97	(Go to BH 30)	Don't know	<input type="checkbox"/> 98	(Go to BH 30)	Refused to answer	<input type="checkbox"/> 99	(Go to BH 30)
Most of the times	<input type="checkbox"/> 1	(Go to BH 29)																						
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Refused to answer	<input type="checkbox"/> 99	(Go to BH 30)																						
	(HRS)																							
BH29	<p>IWER: For what reasons is your sleep interrupted? (e.g. sharing a room etc)</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td style="text-align: center;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table>			Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99													
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Refused to answer	<input type="checkbox"/> 99																							
	(HRS)																							

BH30	<p>IWER: How often do you have trouble with waking up too early and not being able to fall asleep again?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Most of the times</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;">(Go to BH 31)</td> </tr> <tr> <td>Sometimes</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td>(Go to BH 31)</td> </tr> <tr> <td>Rarely</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td>(Go to BH 32)</td> </tr> <tr> <td>Never</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td>(Go to BH 32)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;">(Go to BH 32)</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to BH 32)</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to BH 32)</td> </tr> </table> <p>(HRS)</p>	Most of the times	<input type="checkbox"/> 1	(Go to BH 31)	Sometimes	<input type="checkbox"/> 2	(Go to BH 31)	Rarely	<input type="checkbox"/> 3	(Go to BH 32)	Never	<input type="checkbox"/> 4	(Go to BH 32)	Unclear response	<input type="checkbox"/> 97	(Go to BH 32)	Don't know	<input type="checkbox"/> 98	(Go to BH 32)	Refused to answer	<input type="checkbox"/> 99	(Go to BH 32)
Most of the times	<input type="checkbox"/> 1	(Go to BH 31)																				
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Refused to answer	<input type="checkbox"/> 99	(Go to BH 32)																				
BH31	<p>IWER: For what reasons do you wake too early (e.g. sharing a room etc)</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;"></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table> <p>(HRS)</p>	Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99													
Unclear response	<input type="checkbox"/> 97																					
Don't know	<input type="checkbox"/> 98																					
Refused to answer	<input type="checkbox"/> 99																					
BH32	<p>IWER How likely are you to fall asleep or dose during the day?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Would never dose</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;"></td> </tr> <tr> <td>Slight chance of dozing</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td>Moderate chance of dozing</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td></td> </tr> <tr> <td>High chance of dozing</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;"></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table> <p>(TILDA)</p>	Would never dose	<input type="checkbox"/> 1		Slight chance of dozing	<input type="checkbox"/> 2		Moderate chance of dozing	<input type="checkbox"/> 3		High chance of dozing	<input type="checkbox"/> 4		Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99	
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Unclear response	<input type="checkbox"/> 97																					
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Refused to answer	<input type="checkbox"/> 99																					
BH33	<p>Any Other Information (Behavioural Health)</p>																					

BH34

TO BE COMPLETED THE BY INTERVIEWER

IWER: How was this section completed

Self Report Only	<input type="checkbox"/> 1
SR and Proxy	<input type="checkbox"/> 2
Proxy Only	<input type="checkbox"/> 3

(TILDA)

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Section 14: I(ADL) & Helpers (FL)

Functional Limitations

FL1

INTRO: We need to understand the difficulties people may have with various activities.

NOTE: If the SR is confined to bed or a wheelchair, read the following statement: *“I am required to ask about all of these activities. I realise that you may not be able to do some of them, but I would appreciate it if you could try to answer each question as best you can”*. Exclude any difficulties that you expect to last less than three months.

NOTE: Please refer to protocol definitions throughout this section. Please record any information pertaining to the SR’s/ proxy’s definition of level of difficulty in the textboxes provided throughout the section.

IWER: Please indicate the level of difficulty, if any, you have **with walking 100 yards**.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/> ₁	(Go to FL3)
Some difficulty	<input type="checkbox"/> ₂	(Go to FL 2)
A lot of difficulty	<input type="checkbox"/> ₃	(Go to FL 2)
Cannot do at all	<input type="checkbox"/> ₄	(Go to FL 2)
Unclear response	<input type="checkbox"/> ₉₇	(Go to FL3)
Don't know	<input type="checkbox"/> ₉₈	(Go to FL3)
Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL3)

(SHARE/NDS)

FL2

[Please record description of the difficulty here]

<p>FL3</p>	<p>IWER: [Please indicate the level of difficulty, if any,] you have with running or jogging about 1.5 kilometres (1 mile).</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> <td>(Go to FL 5)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> <td>(Go to FL 4)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/>₃</td> <td>(Go to FL 4)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/>₄</td> <td>(Go to FL 4)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to FL 5)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to FL 5)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to FL 5)</td> </tr> </table> <p>(SHARE/NDS)</p>	No difficulty	<input type="checkbox"/> ₁	(Go to FL 5)	Some difficulty	<input type="checkbox"/> ₂	(Go to FL 4)	A lot of difficulty	<input type="checkbox"/> ₃	(Go to FL 4)	Cannot do at all	<input type="checkbox"/> ₄	(Go to FL 4)	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 5)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 5)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 5)
No difficulty	<input type="checkbox"/> ₁	(Go to FL 5)																				
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Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 5)																				
Don't know	<input type="checkbox"/> ₉₈	(Go to FL 5)																				
Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 5)																				
<p>FL4</p>	<p>[Please record description of the difficulty here]</p>																					
<p>FL5</p>	<p>IWER: [Please indicate the level of difficulty, if any,] you have with sitting for about two hours.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> <td>(Go to FL 7)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> <td>(Go to FL 6)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/>₃</td> <td>(Go to FL 6)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/>₄</td> <td>(Go to FL 6)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to FL 7)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to FL 7)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to FL 7)</td> </tr> </table> <p>(SHARE/NDS)</p>	No difficulty	<input type="checkbox"/> ₁	(Go to FL 7)	Some difficulty	<input type="checkbox"/> ₂	(Go to FL 6)	A lot of difficulty	<input type="checkbox"/> ₃	(Go to FL 6)	Cannot do at all	<input type="checkbox"/> ₄	(Go to FL 6)	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 7)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 7)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 7)
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Don't know	<input type="checkbox"/> ₉₈	(Go to FL 7)																				
Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 7)																				
<p>FL6</p>	<p>[Please record description of the difficulty here]</p>																					

<p>FL7</p>	<p>IWER: [Please indicate the level of difficulty, if any,] you have with getting up from a chair after sitting for long periods.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="320 584 946 831"> <tr> <td>No difficulty</td> <td><input type="checkbox"/> 1</td> <td>(Go to FL9)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/> 2</td> <td>(Go to FL 8)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/> 3</td> <td>(Go to FL 8)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/> 4</td> <td>(Go to FL 8)</td> </tr> </table> <table border="1" data-bbox="320 869 946 1039"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FL 9)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FL 9)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FL 9)</td> </tr> </table> <p>(SHARE/NDS)</p>	No difficulty	<input type="checkbox"/> 1	(Go to FL9)	Some difficulty	<input type="checkbox"/> 2	(Go to FL 8)	A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 8)	Cannot do at all	<input type="checkbox"/> 4	(Go to FL 8)	Unclear response	<input type="checkbox"/> 97	(Go to FL 9)	Don't know	<input type="checkbox"/> 98	(Go to FL 9)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 9)
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Refused to answer	<input type="checkbox"/> 99	(Go to FL 9)																				
<p>FL8</p>	<p>[Please record description of the difficulty here]</p>																					
<p>FL9</p>	<p>IWER: [Please indicate the level of difficulty, if any,] you have with climbing <u>several</u> flights of stairs without resting.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="320 1283 946 1512"> <tr> <td>No difficulty</td> <td><input type="checkbox"/> 1</td> <td>(Go to FL 11)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/> 2</td> <td>(Go to FL 10)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/> 3</td> <td>(Go to FL 10)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/> 4</td> <td>(Go to FL 10)</td> </tr> </table> <table border="1" data-bbox="320 1547 946 1744"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FL 11)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FL 11)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FL 11)</td> </tr> </table> <p>(SHARE/NDS)</p>	No difficulty	<input type="checkbox"/> 1	(Go to FL 11)	Some difficulty	<input type="checkbox"/> 2	(Go to FL 10)	A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 10)	Cannot do at all	<input type="checkbox"/> 4	(Go to FL 10)	Unclear response	<input type="checkbox"/> 97	(Go to FL 11)	Don't know	<input type="checkbox"/> 98	(Go to FL 11)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 11)
No difficulty	<input type="checkbox"/> 1	(Go to FL 11)																				
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Don't know	<input type="checkbox"/> 98	(Go to FL 11)																				
Refused to answer	<input type="checkbox"/> 99	(Go to FL 11)																				
<p>FL10</p>	<p>Please record description of the difficulty here]</p>																					

<p>FL11</p>	<p>IWER: [Please indicate the level of difficulty, if any,] you have with climbing <u>one</u> flight of stairs without resting.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> <td>(Go to FL 13)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> <td>(Go to FL 12)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/>₃</td> <td>(Go to FL 12)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/>₄</td> <td>(Go to FL 12)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to FL 13)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to FL 13)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to FL 13)</td> </tr> </table> <p>(SHARE/NDS)</p>	No difficulty	<input type="checkbox"/> ₁	(Go to FL 13)	Some difficulty	<input type="checkbox"/> ₂	(Go to FL 12)	A lot of difficulty	<input type="checkbox"/> ₃	(Go to FL 12)	Cannot do at all	<input type="checkbox"/> ₄	(Go to FL 12)	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 13)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 13)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 13)
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Don't know	<input type="checkbox"/> ₉₈	(Go to FL 13)																				
Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 13)																				
<p>FL12</p>	<p>Please record description of the difficulty here]</p>																					
<p>FL13</p>	<p>IWER: [Please indicate the level of difficulty, if any,] you have with stooping, kneeling, or crouching.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> <td>(Go to FL 15)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> <td>(Go to FL 14)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/>₃</td> <td>(Go to FL 14)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/>₄</td> <td>(Go to FL 14)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to FL 15)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to FL 15)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to FL 15)</td> </tr> </table>	No difficulty	<input type="checkbox"/> ₁	(Go to FL 15)	Some difficulty	<input type="checkbox"/> ₂	(Go to FL 14)	A lot of difficulty	<input type="checkbox"/> ₃	(Go to FL 14)	Cannot do at all	<input type="checkbox"/> ₄	(Go to FL 14)	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 15)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 15)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 15)
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Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 15)																				
<p>FL14</p>	<p>Please record description of the difficulty here]</p>																					
<p>FL15</p>	<p>IWER: [Please indicate the level of difficulty, if any,] you have with reaching or extending your arms above shoulder level.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> <td>(Go to FL 17)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> <td>(Go to FL 16)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/>₃</td> <td>(Go to FL 16)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/>₄</td> <td>(Go to FL 16)</td> </tr> </table>	No difficulty	<input type="checkbox"/> ₁	(Go to FL 17)	Some difficulty	<input type="checkbox"/> ₂	(Go to FL 16)	A lot of difficulty	<input type="checkbox"/> ₃	(Go to FL 16)	Cannot do at all	<input type="checkbox"/> ₄	(Go to FL 16)									
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	<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to FL 17)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to FL 17)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to FL 17)</td> </tr> </table> <p>(SHARE/NDS)</p>	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 17)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 17)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 17)												
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FL16	Please record description of the difficulty here]																					
FL17	<p>IWER: [Please indicate the level of difficulty, if any,] you have with pulling or pushing large objects like a living room chair.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> <td>(Go to FL 19)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> <td>(Go to FL 18)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/>₃</td> <td>(Go to FL 18)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/>₄</td> <td>(Go to FL 18)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to FL 19)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to FL 19)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to FL 19)</td> </tr> </table> <p>(SHARE/NDS)</p>	No difficulty	<input type="checkbox"/> ₁	(Go to FL 19)	Some difficulty	<input type="checkbox"/> ₂	(Go to FL 18)	A lot of difficulty	<input type="checkbox"/> ₃	(Go to FL 18)	Cannot do at all	<input type="checkbox"/> ₄	(Go to FL 18)	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 19)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 19)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 19)
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Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 19)																				
FL18	Please record description of the difficulty here]																					
FL19	<p>IWER: [Please indicate the level of difficulty, if any,] you have with lifting or carrying weights over 10 pounds/5 kilos, like a heavy bag of groceries.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> <td>(Go to FL 21)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> <td>(Go to FL 20)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/>₃</td> <td>(Go to FL 20)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/>₄</td> <td>(Go to FL 20)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to FL 21)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to FL 21)</td> </tr> </table>	No difficulty	<input type="checkbox"/> ₁	(Go to FL 21)	Some difficulty	<input type="checkbox"/> ₂	(Go to FL 20)	A lot of difficulty	<input type="checkbox"/> ₃	(Go to FL 20)	Cannot do at all	<input type="checkbox"/> ₄	(Go to FL 20)	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 21)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 21)			
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FL20	Please record description of the difficulty here]																					
FL21	<p>IWER: [Please indicate the level of difficulty, if any,] you have with picking up a small coin from a table.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/>₁</td> <td>(Go to FL 23)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/>₂</td> <td>(Go to FL 22)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/>₃</td> <td>(Go to FL 22)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/>₄</td> <td>(Go to FL 22)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to FL 23)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to FL 23)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to FL 23)</td> </tr> </table> <p>(SHARE/NDS)</p>	No difficulty	<input type="checkbox"/> ₁	(Go to FL 23)	Some difficulty	<input type="checkbox"/> ₂	(Go to FL 22)	A lot of difficulty	<input type="checkbox"/> ₃	(Go to FL 22)	Cannot do at all	<input type="checkbox"/> ₄	(Go to FL 22)	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 23)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 23)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 23)
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FL22	Please record description of the difficulty here]																					
FL23	Any Other Information (Functional Limitations):																					

Activities of Daily Living																							
Dressing																							
FL24	<p>INTRO: I'm going to ask you some questions about everyday activities. I realise that you may not have any difficulty with the following activities, but I'd appreciate it if you could still answer each question as best you can.</p> <p>IWER: Please indicate the level of difficulty, if any, you have with dressing, including putting on shoes and socks?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">No difficulty</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₁</td> <td style="padding: 2px;">(Go to FL 26)</td> </tr> <tr> <td style="padding: 2px;">Some difficulty</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₂</td> <td style="padding: 2px;">Go to FL 25)</td> </tr> <tr> <td style="padding: 2px;">A lot of difficulty</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₃</td> <td style="padding: 2px;">Go to FL 25)</td> </tr> <tr> <td style="padding: 2px;">Cannot do at all</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₄</td> <td style="padding: 2px;">Go to FL 25)</td> </tr> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₇</td> <td style="padding: 2px;">(Go to FL 26)</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₈</td> <td style="padding: 2px;">(Go to FL 26)</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₉</td> <td style="padding: 2px;">(Go to FL 26)</td> </tr> </table> <p>(SHARE/NDS)</p>		No difficulty	<input type="checkbox"/> ₁	(Go to FL 26)	Some difficulty	<input type="checkbox"/> ₂	Go to FL 25)	A lot of difficulty	<input type="checkbox"/> ₃	Go to FL 25)	Cannot do at all	<input type="checkbox"/> ₄	Go to FL 25)	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 26)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 26)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 26)
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FL25	<p>[Please record description of the difficulty here]</p>																						
FL26	<p>IWER: Do you ever use equipment or devices to help you get dressed?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₁</td> <td style="padding: 2px;">(Go to FL 27)</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₅</td> <td style="padding: 2px;">(Go to FL 28)</td> </tr> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₇</td> <td style="padding: 2px;">(Go to FL 28)</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₈</td> <td style="padding: 2px;">(Go to FL 28)</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₉₉</td> <td style="padding: 2px;">(Go to FL 28)</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>		Yes	<input type="checkbox"/> ₁	(Go to FL 27)	No	<input type="checkbox"/> ₅	(Go to FL 28)	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 28)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 28)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 28)						
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FL27	<p>IWER: Which equipment is that?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Velcro fastenings on clothes</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="padding: 2px;">Shoe horn</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="padding: 2px;">Pick-up stick</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/>₁</td> </tr> </table>		Velcro fastenings on clothes	<input type="checkbox"/> ₁	Shoe horn	<input type="checkbox"/> ₁	Pick-up stick	<input type="checkbox"/> ₁															
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FL28	<p>IWER: Does anyone ever help you with dressing including putting on shoes and socks?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Not applicable – SR completely dependently on support</td> <td><input type="checkbox"/> 94</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Not applicable – SR completely dependently on support	<input type="checkbox"/> 94	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99									
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Walking																						
FL29	<p>IWER: [Please indicate the level of difficulty], if any, you have with walking across a room.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/> 1</td> <td>(Go to FL 34)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/> 2</td> <td>(Go to FL 30)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/> 3</td> <td>(Go to FL 30)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/> 4</td> <td>(Go to FL 30)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FL 31)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FL 31)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FL 31)</td> </tr> </table> <p>(HRS/SHARE/ELSA/NDS)</p>	No difficulty	<input type="checkbox"/> 1	(Go to FL 34)	Some difficulty	<input type="checkbox"/> 2	(Go to FL 30)	A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 30)	Cannot do at all	<input type="checkbox"/> 4	(Go to FL 30)	Unclear response	<input type="checkbox"/> 97	(Go to FL 31)	Don't know	<input type="checkbox"/> 98	(Go to FL 31)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 31)
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FL30	[Please record description of the difficulty here]																					
FL31	<p>IWER: Do you ever use equipment or devices such as a walking stick or frame when crossing a room?</p>																					

<p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to FL 32)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to FL 33)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FL 33)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FL 33)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FL 33)</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>		Yes	<input type="checkbox"/> 1	(Go to FL 32)	No	<input type="checkbox"/> 5	(Go to FL 33)	Unclear response	<input type="checkbox"/> 97	(Go to FL 33)	Don't know	<input type="checkbox"/> 98	(Go to FL 33)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 33)												
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<p>FL32</p> <p>IWER: Which equipment is that?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1"> <tr><td>Walking stick</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Walking frame</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Crutches</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Railing</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Orthopaedic shoes</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Brace (leg or back)</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Limb prosthesis</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Oxygen/Respirator</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Furniture or walls</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Wheelchair</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Other (please specify)</td><td><input type="checkbox"/> 1</td></tr> </table> <table border="1"> <tr><td>Unclear response</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Don't know</td><td><input type="checkbox"/> 1</td></tr> <tr><td>Refused to answer</td><td><input type="checkbox"/> 1</td></tr> </table> <p>(HRS/SHARE/ELSA)</p>	Walking stick	<input type="checkbox"/> 1	Walking frame	<input type="checkbox"/> 1	Crutches	<input type="checkbox"/> 1	Railing	<input type="checkbox"/> 1	Orthopaedic shoes	<input type="checkbox"/> 1	Brace (leg or back)	<input type="checkbox"/> 1	Limb prosthesis	<input type="checkbox"/> 1	Oxygen/Respirator	<input type="checkbox"/> 1	Furniture or walls	<input type="checkbox"/> 1	Wheelchair	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1	Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
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Crutches	<input type="checkbox"/> 1																											
Railing	<input type="checkbox"/> 1																											
Orthopaedic shoes	<input type="checkbox"/> 1																											
Brace (leg or back)	<input type="checkbox"/> 1																											
Limb prosthesis	<input type="checkbox"/> 1																											
Oxygen/Respirator	<input type="checkbox"/> 1																											
Furniture or walls	<input type="checkbox"/> 1																											
Wheelchair	<input type="checkbox"/> 1																											
Other (please specify)	<input type="checkbox"/> 1																											
Unclear response	<input type="checkbox"/> 1																											
Don't know	<input type="checkbox"/> 1																											
Refused to answer	<input type="checkbox"/> 1																											
<p>FL33</p> <p>IWER: Does anyone ever help you with walking/getting across a room?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Not applicable – SR completely dependently on support</td> <td><input type="checkbox"/> 94</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Not applicable – SR completely dependently on support	<input type="checkbox"/> 94																						
Yes	<input type="checkbox"/> 1																											
No	<input type="checkbox"/> 5																											
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94																											

Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(HRS/SHARE/ELSA/IDS-TILDA)

Getting About Your Home

FL34 **IWER:** Do you have any difficulty getting around inside your home for example, getting to and from the toilet, going from room to room, such as your bedroom to the living room?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL38)
Some difficulty	<input type="checkbox"/>	2	(Go to FL35)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL35)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL35)

Unclear response	<input type="checkbox"/>	97	(Go to FL38)
Don't know	<input type="checkbox"/>	98	(Go to FL38)
Refused to answer	<input type="checkbox"/>	99	(Go to FL38)

(Adapted from NDS)

FL35 **IWER:** What do you have difficulty with (e.g. getting upstairs, no stair lift, no hoist and doorways not wide enough)?

IWER: Record the response below.

Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(IDS-TILDA)

FL36 **IWER:** Have any modifications been made to your home to **help you** get around?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/>	1	(Go to FL37)
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No but modifications are needed	<input type="checkbox"/> 2	(Go to FL37)
No and modifications are not needed	<input type="checkbox"/> 5	(Go to FL38)
Unclear response	<input type="checkbox"/> 97	(Go to FL38)
Don't know	<input type="checkbox"/> 98	(Go to FL38)
Refused to answer	<input type="checkbox"/> 99	(Go to FL38)

(IDS-TILDA)

FL37

IWER: What modifications have been (need to be) made?

IWER: CODE ALL THAT APPLY

Ramps on street level entrances	<input type="checkbox"/> 1
Automatic or easy to open doors (includes lever handles)	<input type="checkbox"/> 1
Widened doorways or hallways	<input type="checkbox"/> 1
Lift device	<input type="checkbox"/> 1
Visual alarms or audio warning devices	<input type="checkbox"/> 1
Grab bars or a bath lift (in the bathroom)	<input type="checkbox"/> 1
Lowered counters in the kitchen	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1
Unclear Response	<input type="checkbox"/> 1
Don't Know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(NDS Adapted by IDS-TILDA)

Bathing and Showering

FL38

IWER: [Please indicate the level of difficulty, if any,] you have with bathing or showering.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/> 1	(Go to FL 43)
Some difficulty	<input type="checkbox"/> 2	(Go to FL 39)
A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 39)
Cannot do at all	<input type="checkbox"/> 4	(Go to FL 39)

Unclear response	<input type="checkbox"/> 97	(Go to FL 40)
Don't know	<input type="checkbox"/> 98	(Go to FL 40)
Refused to answer	<input type="checkbox"/> 99	(Go to FL 40)

	(HRS/SHARE/ELSA/NDS)																				
FL39	[Please record description of the difficulty here]																				
FL40	<p>IWER: Do you ever use equipment or devices such as a shower seat, grab rails, hand-held shower when bathing or showering?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to FL 41)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to FL 42)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FL 42)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FL 42)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FL 42)</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Yes	<input type="checkbox"/> 1	(Go to FL 41)	No	<input type="checkbox"/> 5	(Go to FL 42)	Unclear response	<input type="checkbox"/> 97	(Go to FL 42)	Don't know	<input type="checkbox"/> 98	(Go to FL 42)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 42)					
Yes	<input type="checkbox"/> 1	(Go to FL 41)																			
No	<input type="checkbox"/> 5	(Go to FL 42)																			
Unclear response	<input type="checkbox"/> 97	(Go to FL 42)																			
Don't know	<input type="checkbox"/> 98	(Go to FL 42)																			
Refused to answer	<input type="checkbox"/> 99	(Go to FL 42)																			
FL41	<p>IWER: Which equipment is that?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1"> <tr> <td>Shower seat</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Grab rails</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Hand-held shower</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Walking frame or stick</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Rubber mat</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Hoist</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 1</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Shower seat	<input type="checkbox"/> 1	Grab rails	<input type="checkbox"/> 1	Hand-held shower	<input type="checkbox"/> 1	Walking frame or stick	<input type="checkbox"/> 1	Rubber mat	<input type="checkbox"/> 1	Hoist	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1	Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
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Other (please specify)	<input type="checkbox"/> 1																				
Unclear response	<input type="checkbox"/> 1																				
Don't know	<input type="checkbox"/> 1																				
Refused to answer	<input type="checkbox"/> 1																				
FL42	<p>IWER: Does anyone ever help you with bathing or showering?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Not applicable – SR completely dependently on support</td> <td><input type="checkbox"/> 94</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Not applicable – SR completely dependently on support	<input type="checkbox"/> 94														
Yes	<input type="checkbox"/> 1																				
No	<input type="checkbox"/> 5																				
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94																				

Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(HRS/SHARE/ELSA)

Oral Hygiene

FL43 **IWER:** [Please indicate the level of difficulty, if any,] you have with cleaning your teeth/taking care of your dentures?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL 46)
Some difficulty	<input type="checkbox"/>	2	(Go to FL 44)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL 44)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL 44)

Unclear response	<input type="checkbox"/>	97	(Go to FL 45)
Don't know	<input type="checkbox"/>	98	(Go to FL 45)
Refused to answer	<input type="checkbox"/>	99	(Go to FL 45)

(HRS/SHARE/ELSA/NDS)

FL44 [Please record description of the difficulty here]

FL45 **IWER:** Does anyone ever help you to clean your teeth/take care of your dentures?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5
Not applicable – SR completely dependently on support	<input type="checkbox"/>	94

Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(HRS/SHARE/ELSA)

Eating

FL46 **IWER:** [Please indicate the level of difficulty, if any,] you have with have with eating such as cutting up food, use of utensils, drinking from a cup/glass etc?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL 51)
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	Some difficulty	<input type="checkbox"/> 2	(Go to FL 47)																
	A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 47)																
	Cannot do at all	<input type="checkbox"/> 4	(Go to FL 47)																
	Unclear response	<input type="checkbox"/> 97	(Go to FL 48)																
	Don't know	<input type="checkbox"/> 98	(Go to FL 48)																
	Refused to answer	<input type="checkbox"/> 99	(Go to FL 48)																
	(HRS/SHARE/ELSA/NDS)																		
	FL47	[Please record description of the difficulty here]																	
	FL48	<p>IWER: Do you ever use special utensils when you eat?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to FL 49)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to FL 50)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FL 50)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FL 50)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FL 50)</td> </tr> </table> <p>(IDS-TILDA)</p>			Yes	<input type="checkbox"/> 1	(Go to FL 49)	No	<input type="checkbox"/> 5	(Go to FL 50)	Unclear response	<input type="checkbox"/> 97	(Go to FL 50)	Don't know	<input type="checkbox"/> 98	(Go to FL 50)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 50)
Yes	<input type="checkbox"/> 1	(Go to FL 49)																	
No	<input type="checkbox"/> 5	(Go to FL 50)																	
Unclear response	<input type="checkbox"/> 97	(Go to FL 50)																	
Don't know	<input type="checkbox"/> 98	(Go to FL 50)																	
Refused to answer	<input type="checkbox"/> 99	(Go to FL 50)																	
FL49	<p>IWER: Which special utensils is that?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1"> <tr> <td>Beakers</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Grip mats</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Modified utensils e.g. spoons, forks</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Plate guards</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td colspan="2"> </td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 1</td> </tr> </table>			Beakers	<input type="checkbox"/> 1	Grip mats	<input type="checkbox"/> 1	Modified utensils e.g. spoons, forks	<input type="checkbox"/> 1	Plate guards	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1			Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1
Beakers	<input type="checkbox"/> 1																		
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Other (please specify)	<input type="checkbox"/> 1																		
Unclear response	<input type="checkbox"/> 1																		
Don't know	<input type="checkbox"/> 1																		

	<table border="1"> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>1</td> </tr> </table> <p>(IDS-TILDA)</p>	Refused to answer	<input type="checkbox"/>	1																									
Refused to answer	<input type="checkbox"/>	1																											
<p>FL50</p>	<p>IWER: Does anyone ever help you with eating?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> </tr> <tr> <td>Not applicable – SR completely dependently on support</td> <td><input type="checkbox"/></td> <td>94</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Not applicable – SR completely dependently on support	<input type="checkbox"/>	94	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99										
Yes	<input type="checkbox"/>	1																											
No	<input type="checkbox"/>	5																											
Not applicable – SR completely dependently on support	<input type="checkbox"/>	94																											
Unclear response	<input type="checkbox"/>	97																											
Don't know	<input type="checkbox"/>	98																											
Refused to answer	<input type="checkbox"/>	99																											
<p>Getting In and Out of Bed</p>																													
<p>FL51</p>	<p>IWER: [Please indicate the level of difficulty, if any,] you have with getting in or out of bed.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to FL 56)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to FL 52)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/></td> <td>3</td> <td>(Go to FL 52)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/></td> <td>4</td> <td>(Go to FL 52)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to FL 53)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to FL 53)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to FL 53)</td> </tr> </table> <p>(HRS/SHARE/ELSA/NDS)</p>	No difficulty	<input type="checkbox"/>	1	(Go to FL 56)	Some difficulty	<input type="checkbox"/>	2	(Go to FL 52)	A lot of difficulty	<input type="checkbox"/>	3	(Go to FL 52)	Cannot do at all	<input type="checkbox"/>	4	(Go to FL 52)	Unclear response	<input type="checkbox"/>	97	(Go to FL 53)	Don't know	<input type="checkbox"/>	98	(Go to FL 53)	Refused to answer	<input type="checkbox"/>	99	(Go to FL 53)
No difficulty	<input type="checkbox"/>	1	(Go to FL 56)																										
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Unclear response	<input type="checkbox"/>	97	(Go to FL 53)																										
Don't know	<input type="checkbox"/>	98	(Go to FL 53)																										
Refused to answer	<input type="checkbox"/>	99	(Go to FL 53)																										
<p>FL52</p>	<p>[Please record description of the difficulty here]</p>																												

FL53	<p>IWER: Do you ever use equipment or devices such as a stick, frame or wheelchair when getting in or out of bed?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/>1</td> <td style="width: 60%;">(Go to FL 54)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/>5</td> <td>(Go to FL 55)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/>97</td> <td style="width: 60%;">(Go to FL 55)</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/>98</td> <td>(Go to FL 55)</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/>99</td> <td>(Go to FL 55)</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Yes	<input type="checkbox"/> 1	(Go to FL 54)	No	<input type="checkbox"/> 5	(Go to FL 55)	Unclear response	<input type="checkbox"/> 97	(Go to FL 55)	Don't know	<input type="checkbox"/> 98	(Go to FL 55)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 55)																			
Yes	<input type="checkbox"/> 1	(Go to FL 54)																																	
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Don't know	<input type="checkbox"/> 98	(Go to FL 55)																																	
Refused to answer	<input type="checkbox"/> 99	(Go to FL 55)																																	
FL54	<p>IWER: Which equipment is that?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Walking stick</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Walking frame</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Bed rail</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Crutches</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Orthopaedic Shoes</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Brace (leg or back)</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Prosthesis</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Oxygen/Respirator</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Furniture/walls</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Wheelchair</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Bed lever</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Hoist</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td>Other (please specify)</td><td style="text-align: center;"><input type="checkbox"/>1</td></tr> <tr><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/>1</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/>1</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/>1</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Walking stick	<input type="checkbox"/> 1	Walking frame	<input type="checkbox"/> 1	Bed rail	<input type="checkbox"/> 1	Crutches	<input type="checkbox"/> 1	Orthopaedic Shoes	<input type="checkbox"/> 1	Brace (leg or back)	<input type="checkbox"/> 1	Prosthesis	<input type="checkbox"/> 1	Oxygen/Respirator	<input type="checkbox"/> 1	Furniture/walls	<input type="checkbox"/> 1	Wheelchair	<input type="checkbox"/> 1	Bed lever	<input type="checkbox"/> 1	Hoist	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1			Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
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Hoist	<input type="checkbox"/> 1																																		
Other (please specify)	<input type="checkbox"/> 1																																		
Unclear response	<input type="checkbox"/> 1																																		
Don't know	<input type="checkbox"/> 1																																		
Refused to answer	<input type="checkbox"/> 1																																		

FL55 **IWER:** Does anyone ever help you with getting into or out of bed?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5
Not applicable – SR completely dependently on support	<input type="checkbox"/>	94

Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(HRS/SHARE/ELSA)

Using the Toilet

FL56 **IWER:** [Please indicate the level of difficulty, if any,] you have with using the toilet, including getting up or down.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL 61)
Some difficulty	<input type="checkbox"/>	2	(Go to FL 57)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL 57)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL 57)

Unclear response	<input type="checkbox"/>	97	(Go to FL 58)
Don't know	<input type="checkbox"/>	98	(Go to FL 58)
Refused to answer	<input type="checkbox"/>	99	(Go to FL 58)

(HRS/SHARE/ELSA/NDS)

FL57 [Please record description of the difficulty here]

FL58 **IWER:** Do you ever use equipment or devices such as a raised toilet seat or portable toilet, when using the toilet?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/>	1	(Go to FL 59)
No	<input type="checkbox"/>	5	(Go to FL 60)

Unclear response	<input type="checkbox"/>	97	(Go to FL 60)
Don't know	<input type="checkbox"/>	98	(Go to FL 60)

	Refused to answer <input type="checkbox"/> ₉₉	(Go to FL 60)																
(HRS/SHARE/ELSA)																		
FL59	<p>IWER: Which equipment is that?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Raised toilet seat</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="padding: 2px;">Portable toilet / commode</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="padding: 2px;">Grab rails</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="padding: 2px;">Other (please specify)</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="padding: 2px;"> </td> <td> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>		Raised toilet seat	<input type="checkbox"/> ₁	Portable toilet / commode	<input type="checkbox"/> ₁	Grab rails	<input type="checkbox"/> ₁	Other (please specify)	<input type="checkbox"/> ₁			Unclear response	<input type="checkbox"/> ₁	Don't know	<input type="checkbox"/> ₁	Refused to answer	<input type="checkbox"/> ₁
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Don't know	<input type="checkbox"/> ₁																	
Refused to answer	<input type="checkbox"/> ₁																	
FL60	<p>IWER: Does anyone ever help you with using the toilet, including getting on and off the toilet?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center;"><input type="checkbox"/>₅</td> </tr> <tr> <td style="padding: 2px;">Not applicable – SR completely dependently on support</td> <td style="text-align: center;"><input type="checkbox"/>₉₄</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/>₉₇</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/>₉₈</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/>₉₉</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>		Yes	<input type="checkbox"/> ₁	No	<input type="checkbox"/> ₅	Not applicable – SR completely dependently on support	<input type="checkbox"/> ₉₄	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉				
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No	<input type="checkbox"/> ₅																	
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Refused to answer	<input type="checkbox"/> ₉₉																	

Medication																										
FL 61	<p>IWER: [Please indicate the level of difficulty, if any,] you have with taking medication</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">No difficulty</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="padding: 2px;">(Go to FL 64)</td> </tr> <tr> <td style="padding: 2px;">Some difficulty</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> <td style="padding: 2px;">(Go to FL 62)</td> </tr> <tr> <td style="padding: 2px;">A lot of difficulty</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 3</td> <td style="padding: 2px;">(Go to FL 62)</td> </tr> <tr> <td style="padding: 2px;">Cannot do at all</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 4</td> <td style="padding: 2px;">(Go to FL 62)</td> </tr> <tr> <td style="padding: 2px;">Not Applicable, do not take medication</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> <td style="padding: 2px;">(Go to FL 64)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> <td style="padding: 2px;">(Go to FL 64)</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td> <td style="padding: 2px;">(Go to FL 64)</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> <td style="padding: 2px;">(Go to FL 64)</td> </tr> </table> <p>(HRS/SHARE/ELSA/NDS)</p>		No difficulty	<input type="checkbox"/> 1	(Go to FL 64)	Some difficulty	<input type="checkbox"/> 2	(Go to FL 62)	A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 62)	Cannot do at all	<input type="checkbox"/> 4	(Go to FL 62)	Not Applicable, do not take medication	<input type="checkbox"/> 5	(Go to FL 64)	Unclear response	<input type="checkbox"/> 97	(Go to FL 64)	Don't know	<input type="checkbox"/> 98	(Go to FL 64)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 64)
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Refused to answer	<input type="checkbox"/> 99	(Go to FL 64)																								
FL62	<p>IWER: Does anyone help you to take your medication(s)?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="padding: 2px;">(Go to FL 63)</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> <td style="padding: 2px;">(Go to FL 64)</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> <td style="padding: 2px;">(Go to FL 64)</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td> <td style="padding: 2px;">(Go to FL 64)</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> <td style="padding: 2px;">(Go to FL 64)</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>		Yes	<input type="checkbox"/> 1	(Go to FL 63)	No	<input type="checkbox"/> 5	(Go to FL 64)	Unclear response	<input type="checkbox"/> 97	(Go to FL 64)	Don't know	<input type="checkbox"/> 98	(Go to FL 64)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 64)									
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Don't know	<input type="checkbox"/> 98	(Go to FL 64)																								
Refused to answer	<input type="checkbox"/> 99	(Go to FL 64)																								
FL63	<p>IWER: What support do they give you?</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> </tr> </table>		Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99																		
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(IDS-TILDA)		
Support with Activities of Daily Living		
FL64	IWER: If you receive help with any of the activities we have just discussed (e.g. getting across a room; dressing; bathing; eating; cleaning your teeth/taking care of your dentures; getting in/out of bed; and with using the toilet), who most often supports you with this activity/these activities?	
	Not applicable - No help needed	<input type="checkbox"/> ₉₄ (Go to FL 67)
	IWER: CODE THE ONE THAT APPLIES	
	Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/> ₁ (Go to FL 65)
	Parent	<input type="checkbox"/> ₂ (Go to FL 65)
	Sibling	<input type="checkbox"/> ₃ (Go to FL 65)
	Grandparent	<input type="checkbox"/> ₄ (Go to FL 65)
	Aunt/Uncle	<input type="checkbox"/> ₅ (Go to FL 65)
	Cousin	<input type="checkbox"/> ₆ (Go to FL 65)
	Key worker/Support worker	<input type="checkbox"/> ₇ (Go to FL 65)
	Friend	<input type="checkbox"/> ₈ (Go to FL 65)
	Neighbour	<input type="checkbox"/> ₉ (Go to FL 65)
Home help	<input type="checkbox"/> ₁₀ (Go to FL 65)	
Public health nurse	<input type="checkbox"/> ₁₁ (Go to FL 65)	
Other (please specify)		
	<input type="checkbox"/> ₉₅ (Go to FL 65)	
Unclear response	<input type="checkbox"/> ₉₇ (Go to FL 68)	
Don't know	<input type="checkbox"/> ₉₈ (Go to FL 68)	
Refused to answer	<input type="checkbox"/> ₉₉ (Go to FL 68)	
(HRS/NDS/IDS-TILDA)		
FL65	IWER: Let's think for a moment about the help you receive with the activities that we just talked about. During the last month, how often did you receive help from this person?	
	IWER: READ OUT AND CODE THE ONE THAT APPLIES	
	More than once a day	<input type="checkbox"/> ₁
Once a day	<input type="checkbox"/> ₂	

More than once a week	<input type="checkbox"/> 3
Once a week	<input type="checkbox"/> 4
Less often	<input type="checkbox"/> 5
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(TILDA/SIS/NDS)

FL66

IWER: On the days when you receive this help, about how many hours per day do they spend helping you?

NOTE: If more than one activity, try to get total time of support by key worker etc.

IWER: CODE THE ONE THAT APPLIES

Less than 30 minutes	<input type="checkbox"/> 1
30 minutes to less than 2 hours	<input type="checkbox"/> 2
2 hours to less than 4 hours	<input type="checkbox"/> 3
4 hours or more	<input type="checkbox"/> 4

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(TILDA/SIS)

FL67

Any Other Information (Activities of Daily Living):

Instrumental Activities of Daily Living

Preparing a hot meal

FL68

INTRO: I would now like to ask you some questions about common activities you do day-to-day. I realise that you may not have any difficulty with the following activities, but I'd appreciate it if you could still try to answer each question as best you can. Exclude any difficulties that you expect to last less than three months.

IWER: Please indicate the level of difficulty, if any, you have with preparing a hot meal.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

	<table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/> 1</td> <td>(Go to FL 71)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/> 2</td> <td>(Go to FL 69)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/> 3</td> <td>(Go to FL 69)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/> 4</td> <td>(Go to FL 69)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FL 70)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FL 70)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FL 70)</td> </tr> </table> <p style="text-align: center;">(HRS/SHARE/ELSA/NDS)</p>	No difficulty	<input type="checkbox"/> 1	(Go to FL 71)	Some difficulty	<input type="checkbox"/> 2	(Go to FL 69)	A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 69)	Cannot do at all	<input type="checkbox"/> 4	(Go to FL 69)	Unclear response	<input type="checkbox"/> 97	(Go to FL 70)	Don't know	<input type="checkbox"/> 98	(Go to FL 70)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 70)
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FL69	[Please record description of the difficulty here]																					
FL70	<p>IWER: Does anyone help you with preparing a hot meal?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Not applicable – SR completely dependently on support</td> <td><input type="checkbox"/> 94</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Not applicable – SR completely dependently on support	<input type="checkbox"/> 94	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99									
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Refused to answer	<input type="checkbox"/> 99																					
Shopping for groceries																						
PH71	<p>IWER: [Please indicate the level of difficulty, if any,] you have with shopping for groceries.</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/> 1</td> <td>(Go to FL 74)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/> 2</td> <td>(Go to FL 72)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/> 3</td> <td>(Go to FL 72)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/> 4</td> <td>(Go to FL 72)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FL 73)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FL 73)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FL 73)</td> </tr> </table>	No difficulty	<input type="checkbox"/> 1	(Go to FL 74)	Some difficulty	<input type="checkbox"/> 2	(Go to FL 72)	A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 72)	Cannot do at all	<input type="checkbox"/> 4	(Go to FL 72)	Unclear response	<input type="checkbox"/> 97	(Go to FL 73)	Don't know	<input type="checkbox"/> 98	(Go to FL 73)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 73)
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	(HRS/SHARE/ELSA/NDS)																												
FL72	[Please record description of the difficulty here]																												
FL73	<p>IWER: Does anyone help you with shopping for groceries?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> </tr> <tr> <td>Not applicable – SR completely dependently on support</td> <td><input type="checkbox"/></td> <td>94</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Not applicable – SR completely dependently on support	<input type="checkbox"/>	94	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99										
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Refused to answer	<input type="checkbox"/>	99																											
Making Telephone Calls																													
FL74	<p>IWER: [Please indicate the level of difficulty, if any,] you have with making telephone calls (including hearing).</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to FL 77)</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to FL 75)</td> </tr> <tr> <td>A lot of difficulty</td> <td><input type="checkbox"/></td> <td>3</td> <td>(Go to FL 75)</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/></td> <td>4</td> <td>(Go to FL 75)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to FL 76)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to FL 76)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to FL 76)</td> </tr> </table> <p>(HRS/SHARE/ELSA/NDS)</p>	No difficulty	<input type="checkbox"/>	1	(Go to FL 77)	Some difficulty	<input type="checkbox"/>	2	(Go to FL 75)	A lot of difficulty	<input type="checkbox"/>	3	(Go to FL 75)	Cannot do at all	<input type="checkbox"/>	4	(Go to FL 75)	Unclear response	<input type="checkbox"/>	97	(Go to FL 76)	Don't know	<input type="checkbox"/>	98	(Go to FL 76)	Refused to answer	<input type="checkbox"/>	99	(Go to FL 76)
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Refused to answer	<input type="checkbox"/>	99	(Go to FL 76)																										
FL75	[Please record description of the difficulty here]																												
FL76	<p>IWER: Does anyone help you make phone calls?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5																						
Yes	<input type="checkbox"/>	1																											
No	<input type="checkbox"/>	5																											

Not applicable – SR completely dependently on support	<input type="checkbox"/> 94
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(HRS/SHARE/ELSA)

Managing Money
Such as paying bills and keeping track of expenses

FL77 **IWER:** [Please indicate the level of difficulty, if any,] you have with managing money, such as paying bills and keeping track of expenses.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/> 1	(Go to FL 80)
Some difficulty	<input type="checkbox"/> 2	(Go to FL 78)
A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 78)
Cannot do at all	<input type="checkbox"/> 4	(Go to FL 78)

Unclear response	<input type="checkbox"/> 97	(Go to FL 79)
Don't know	<input type="checkbox"/> 98	(Go to FL 79)
Refused to answer	<input type="checkbox"/> 99	(Go to FL 79)

(HRS/SHARE/ELSA/NDS)

FL78 [Please record description of the difficulty here]

FL79 **IWER:** Does anyone help you with managing your own money?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5
Not applicable – SR completely dependently on support	<input type="checkbox"/>	94
Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(HRS/SHARE/ELSA)

Doing Household chores
Such as laundry and cleaning

FL80 **IWER:** [Please indicate the level of difficulty, if any,] you have with doing household chores, such as laundry and cleaning.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL 83)
Some difficulty	<input type="checkbox"/>	2	(Go to FL81)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL81)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL81)
Unclear response	<input type="checkbox"/>	97	(Go to FL 82)
Don't know	<input type="checkbox"/>	98	(Go to FL 82)
Refused to answer	<input type="checkbox"/>	99	(Go to FL 82)

(HRS/SHARE/ELSA/NDS)

FL81 [Please record description of the difficulty here]

FL82

IWER: Does anyone help you with doing household chores?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(HRS/SHARE/ELSA)

Support with Instrumental Activities of Daily Living

FL83

IWER: If you receive help with any of the everyday activities we have just discussed (e.g. preparing a hot meal; shopping for groceries; making a telephone call; managing money and paying bills), who **most often helps** you with this activity/these activities?

Not applicable - No help needed	<input type="checkbox"/> 94	(Go to FL 88)
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IWER: CODE THE ONE THAT APPLIES

Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/> 1	(Go to FL 84)
Parent	<input type="checkbox"/> 2	(Go to FL 84)
Sibling	<input type="checkbox"/> 3	(Go to FL 84)
Grandparent	<input type="checkbox"/> 4	(Go to FL 84)
Aunt/Uncle	<input type="checkbox"/> 5	(Go to FL 84)
Cousin	<input type="checkbox"/> 6	(Go to FL 84)
Key worker/Support worker	<input type="checkbox"/> 7	(Go to FL 84)
Friend	<input type="checkbox"/> 8	(Go to FL 84)
Neighbour	<input type="checkbox"/> 9	(Go to FL 84)
Home help	<input type="checkbox"/> 10	(Go to FL 84)
Public health nurse	<input type="checkbox"/> 11	(Go to FL 84)

Other (please specify)

	95	(Go to FL 84)
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	<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> <td>(Go to FL 86)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> <td>(Go to FL 86)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> <td>(Go to FL 86)</td> </tr> </table> <p>(HRS/NDS/IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 86)	Don't know	<input type="checkbox"/> ₉₈	(Go to FL 86)	Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 86)							
Unclear response	<input type="checkbox"/> ₉₇	(Go to FL 86)															
Don't know	<input type="checkbox"/> ₉₈	(Go to FL 86)															
Refused to answer	<input type="checkbox"/> ₉₉	(Go to FL 86)															
FL84	<p>IWER: Let's think for a moment about the help you receive with the activities that we just talked about. During the last month, on about how many days did you receive help from this person?</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>More than once a day</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>Once a day</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>More than once a week</td> <td><input type="checkbox"/>₃</td> </tr> <tr> <td>Once a week</td> <td><input type="checkbox"/>₄</td> </tr> <tr> <td>Less often</td> <td><input type="checkbox"/>₅</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(TILDA/SIS/NDS)</p>	More than once a day	<input type="checkbox"/> ₁	Once a day	<input type="checkbox"/> ₂	More than once a week	<input type="checkbox"/> ₃	Once a week	<input type="checkbox"/> ₄	Less often	<input type="checkbox"/> ₅	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉
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Don't know	<input type="checkbox"/> ₉₈																
Refused to answer	<input type="checkbox"/> ₉₉																
FL85	<p>IWER: On the days when you receive this help, about how many hours per day do they spend helping you?</p> <p>NOTE: If more than one activity, try to get total time of support by key worker etc.</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Less than 30 minutes</td> <td><input type="checkbox"/>₁</td> </tr> <tr> <td>30 minutes to less than 2 hours</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>2 hours to less than 4 hours</td> <td><input type="checkbox"/>₃</td> </tr> <tr> <td>4 hours or more</td> <td><input type="checkbox"/>₄</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/>₉₇</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/>₉₈</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/>₉₉</td> </tr> </table> <p>(TILDA/SIS)</p>	Less than 30 minutes	<input type="checkbox"/> ₁	30 minutes to less than 2 hours	<input type="checkbox"/> ₂	2 hours to less than 4 hours	<input type="checkbox"/> ₃	4 hours or more	<input type="checkbox"/> ₄	Unclear response	<input type="checkbox"/> ₉₇	Don't know	<input type="checkbox"/> ₉₈	Refused to answer	<input type="checkbox"/> ₉₉		
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FL86	<p>IWER: Are there any of these activities you feel you need more help with, e.g. preparing a hot meal; shopping for groceries; making a telephone call; managing money and paying bills?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/>₁</td> <td>(Go to FL 87)</td> </tr> </table>	Yes	<input type="checkbox"/> ₁	(Go to FL 87)													
Yes	<input type="checkbox"/> ₁	(Go to FL 87)															

	<table border="1"> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to FL 88)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FL 88)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FL 88)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FL 88)</td> </tr> </table> <p>(IDS-TILDA)</p>	No	<input type="checkbox"/> 5	(Go to FL 88)	Unclear response	<input type="checkbox"/> 97	(Go to FL 88)	Don't know	<input type="checkbox"/> 98	(Go to FL 88)	Refused to answer	<input type="checkbox"/> 99	(Go to FL 88)
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Refused to answer	<input type="checkbox"/> 99	(Go to FL 88)											
FL87	<p>IWER: What help do you feel you need?</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99						
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Refused to answer	<input type="checkbox"/> 99												
FL88	<p>Any Other Information (Instrumental Activities of Daily Living):</p>												
FL89	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed</p> <table border="1"> <tr> <td>Self Report Only</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>SR and Proxy</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Proxy Only</td> <td><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>	Self Report Only	<input type="checkbox"/> 1	SR and Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3						
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Section 15 : Objective Measures (OM)

Note: This section is not completed by all interviewers

YES I Am Completing Objective Measures Section	<input type="checkbox"/> 1	GO TO OM1
NO I Am Not Completing Objective Measures Section	<input type="checkbox"/> 2	Do Not Complete This Section

THE NEXT SECTION SHOULD BE ADDRESSED DIRECTLY TO THE RESPONDENT.

IWER: PLEASE GO TO YOUR OBJECTIVE MEASURE PROTOCOL SHEET AND FOLLOW THE PROCEDURES AS OUTLINED.

PLEASE USE YOUR LAMINATED ACCESSIBLE MATERIAL TO EXPLAIN THE PROCEDURE

Grip Strength

OM1 **IWER:** Now I would like to assess the strength of your hand in a gripping action. This test helps us to understand how strong people are as they grow older. I will count up to three and then ask you to squeeze the handle as hard as you can, just for two or three seconds and then let go. I will now demonstrate this to you.

IWER: USING THE EASY TO READ LAMINATED INSTRUCTIONS, GO THROUGH THE INSTRUCTIONS. THEN DEMONSTRATE THE CORRECT PROCEDURE AS PER PROTOCOL.

Is the participant willing to have his/her grip strength measured?

YES	<input type="checkbox"/> 1	GO TO OM2
NO	<input type="checkbox"/> 2	GO TO OM1A

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

IWER: OM1A Give details why grip strength test was not attempted

GO TO OM6

(TILDA; Southampton Protocol for Adult Grip Strength; Roberts et al 2011; Innes 1999)

<p>OM2</p>	<p>IWER: Which is your dominant/ strongest hand?</p> <table border="1" data-bbox="229 456 671 860"> <tr> <td>Right Hand</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Left Hand</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Neither</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>Unable to understand</td> <td><input type="checkbox"/></td> <td>93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(TILDA; Southampton Protocol for Adult Grip Strength; Roberts et al 2011; Innes 1999)</p>	Right Hand	<input type="checkbox"/>	1	Left Hand	<input type="checkbox"/>	2	Neither	<input type="checkbox"/>	3	Unable to understand	<input type="checkbox"/>	93	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
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Refused to answer	<input type="checkbox"/>	99																				
<p>OM3</p>	<p>IWER: Check the participant has no hand injury.</p> <p>IWER: Can I just check if you have had any recent hand injury or surgery to your dominant hand with in the last six months? Do you have any pain or swelling in your dominant hand?</p> <p>IWER: IF <u>YES</u> TO EITHER QUESTION DO NOT ATTEMPT GRIP STRENGTH MEASURE ON THE DOMINANT HAND. INSTEAD USE THE NON DOMINANT HAND PROVIDED IT HAS NOT BEEN INJURED AND IT IS NOT SORE OR SWOLLEN. IF THE PARTICIPANT CANNOT USE EITHER HAND FOR THIS OR ANY OTHER REASON CODE 3 BELOW.</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="229 1420 1126 1594"> <tr> <td>Dominant hand used in test</td> <td><input type="checkbox"/></td> <td>1</td> <td>GO TO OM 4</td> </tr> <tr> <td>Non-dominant hand used in test</td> <td><input type="checkbox"/></td> <td>2</td> <td>GO TO OM 5</td> </tr> <tr> <td>Participant is unable to use either hand</td> <td><input type="checkbox"/></td> <td>3</td> <td>GO TO OM 6</td> </tr> </table> <p>TILDA; Southampton Protocol for Adult Grip Strength; Roberts et al 2011; Innes 1999</p>	Dominant hand used in test	<input type="checkbox"/>	1	GO TO OM 4	Non-dominant hand used in test	<input type="checkbox"/>	2	GO TO OM 5	Participant is unable to use either hand	<input type="checkbox"/>	3	GO TO OM 6									
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<p>OM4</p>	<p>IWER: Before starting the test I need to make sure that the handle is comfortable for you.</p> <p>IWER: Follow Grip Strength Setup Procedure as per protocol.</p> <p>IWER: Now we are ready to begin. Please squeeze as hard as you can like I showed you earlier.</p> <p>ENCOURAGE THE PARTICIPANT TO SQUEEZE AS HARD AS THEY CAN FOR AS LONG AS THEY CAN OR UNTIL THE NEEDLE STOPS RISING. ONCE THE NEEDLE STOPS RISING THE PARTICIPANT CAN BE INSTRUCTED TO STOP SQUEEZING.</p>																					

IWER: One, two, three, squeeze...

Enter result to the nearest whole value (Kg)

Refused to perform the test	<input type="checkbox"/> 99
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IWER: Give details why grip strength test was not completed

(TILDA; Southampton Protocol for Adult Grip Strength; Roberts et al 2011; Innes 1999)

OM5

IWER: Non-dominant hand measure

IWER: Now we are ready to begin. Please squeeze as hard as you can like I showed you earlier, One, two, three, squeeze...

Enter result to the nearest whole value (Kg)

Refused to perform the test	<input type="checkbox"/> 99
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IWER: Give details why grip strength test was not completed

(TILDA; Southampton Protocol for Adult Grip Strength; Roberts et al 2011; Innes 1999)

Timed up and go section (TUG)

OM6

INTRO: Now we have a different kind of exercise that involves walking a short distance. This test gives us a picture of how active people are.

IWER: USING THE EASY TO READ LAMINATED INSTRUCTIONS, GO THROUGH THE INSTRUCTIONS. THEN DEMONSTRATE THE CORRECT PROCEDURE AS PER PROTOCOL.

IWER: Are you able to walk alone without holding on to another person, using a walking stick or other aid if necessary?

YES	<input type="checkbox"/> 1	GO TO OM7
YES, BUT AID UNAVAILABLE	<input type="checkbox"/> 2	GO TO OM18
NO	<input type="checkbox"/> 5	GO TO OM18

TILDA

OM 7

INTRO: I would now like to see how long it takes you to stand up from a chair, walk a short distance, turn, walk back to the chair and sit down again comfortably. First, I would like to check if it is safe to carry out the test. Do you have any problems from recent surgery, injury or other health conditions that might prevent you from completing this test?

NO APPARENT RESTRICTION	<input type="checkbox"/> 1
YES, RECENT SURGERY	<input type="checkbox"/> 2
YES INJURY	<input type="checkbox"/> 3
YES OTHER HEALTH CONDITION	<input type="checkbox"/> 4

TILDA

OM 8

IWER: So you are willing to do the test?

	Yes	<input type="checkbox"/> 1	Go to OM 9						
	No	<input type="checkbox"/> 5	Go to OM 8A						
	Unable to understand	<input type="checkbox"/> 93	Go to OM18						
	Unclear response	<input type="checkbox"/> 97	Go to OM18						
	Don't know	<input type="checkbox"/> 98	Go to OM18						
	Refused to answer	<input type="checkbox"/> 99	Go to OM18						
	Refused to perform the test	<input type="checkbox"/> 99							
<p>IWER: OM8A Give details why TUG test was not completed</p> <p style="text-align: right;">Go to OM18</p>									
TILDA									
OM9	<p>IWER: DO YOU FEEL THAT IT IS SAFE TO CONTINUE WITH THE 'TIMED UP AND GO ' TEST?</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>Go to OM 10</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>Go to OM 9A</td> </tr> </table> <p>OM9A Please tell us why?</p> <p style="text-align: right;">Go to OM18</p>			Yes	<input type="checkbox"/> 1	Go to OM 10	No	<input type="checkbox"/> 5	Go to OM 9A
Yes	<input type="checkbox"/> 1	Go to OM 10							
No	<input type="checkbox"/> 5	Go to OM 9A							
TILDA									
OM10	<p>IWER: GO TO YOUR LAMINATED PROTOCOL SHEET AND FOLLOW THE PROCEDURES AS OUTLINED</p> <p>Is there suitable space available for the test?</p> <table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/> 1</td> <td>GO TO OM11</td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/> 5</td> <td>GO TO OM18</td> </tr> </table> <p>(IDS-TILDA)</p>			YES	<input type="checkbox"/> 1	GO TO OM11	NO	<input type="checkbox"/> 5	GO TO OM18
YES	<input type="checkbox"/> 1	GO TO OM11							
NO	<input type="checkbox"/> 5	GO TO OM18							

<p>OM11</p>	<p>Is there a suitable chair available for the test?</p> <table border="1" data-bbox="229 259 951 376"> <tr> <td data-bbox="229 259 549 315">YES</td> <td data-bbox="549 259 719 315"><input type="checkbox"/> 1</td> <td data-bbox="719 259 951 315">GO TO OM12</td> </tr> <tr> <td data-bbox="229 315 549 376">NO</td> <td data-bbox="549 315 719 376"><input type="checkbox"/> 5</td> <td data-bbox="719 315 951 376">GO TO OM18</td> </tr> </table> <p>TILDA</p>	YES	<input type="checkbox"/> 1	GO TO OM12	NO	<input type="checkbox"/> 5	GO TO OM18						
YES	<input type="checkbox"/> 1	GO TO OM12											
NO	<input type="checkbox"/> 5	GO TO OM18											
<p>OM12</p>	<p>IWER: RECORD HEIGHT OF THE CHAIR FROM THE SEAT TO THE GROUND TO THE NEAREST CM (RANGE 30-50 CMS – THIS WILL DEPEND ON THE HEIGHT OF THE PERSON SOME PEOPLE MAY BE QUITE SMALL ENSURE THE CHAIR IS IN PROPORTION – THEIR KNEES ARE IN LINE WITH THEIR HIPS WHILST THEY ARE IN A SITTING POSITION)</p> <p>Height in CM's</p> <div data-bbox="229 752 549 824" style="border: 1px solid black; height: 30px; width: 200px; margin: 10px 0;"></div> <p>TILDA</p>												
<p>OM13</p>	<p>IWER: SET UP THE WALKING COURSE AND DEMONSTRATE THE 'TIMED UP AND GO' FOR THE PARTICIPANT. ENSURE YOU HAVE GIVEN THE FULL INSTRUCTION PRIOR TO THE DEMONSTRATION BY SAYING.</p> <p>IWER: 'I am going to do a walking test I will get you to sit in this chair with your back resting against the back of the chair. On the word GO you should stand up walk to the line on the floor, turn around, walk back to the chair and sit down. Please walk at your regular pace. Is that OK?. Do you have any questions? I will demonstrate this now'.</p> <p>NOTE: DO NOT TALK DURING THE DEMONSTRATION. IF YOU FEEL THE RESPONDENT DOES NOT FULLY UNDERSTAND THE INSTRUCTIONS ALLOW THEM TO DO A PRACTICE PRIOR TO THE TIMED TEST.</p> <p>PAUSE</p> <p>IWER: 'I will now get you to do that. Do you have any questions before we begin? I am going to time you. You should walk at your usual pace. Are you ready?' 'Go'</p> <p>NOTE: Start timing on the word 'GO' and stop timing when the respondent is seated again correctly in the chair with their back resting on the back of the chair.</p> <p>IWER: Record result of the timed trial</p> <table border="1" data-bbox="229 1760 1530 2024"> <tr> <td data-bbox="229 1760 678 1816">Completed successfully</td> <td data-bbox="678 1760 986 1816"><input type="checkbox"/> 1</td> <td data-bbox="986 1760 1530 1816">GO TO OM14</td> </tr> <tr> <td data-bbox="229 1816 678 1895">Attempted but unable to complete</td> <td data-bbox="678 1816 986 1895"><input type="checkbox"/> 2</td> <td data-bbox="986 1816 1530 1895">GO TO OM17</td> </tr> <tr> <td data-bbox="229 1895 678 1973">Stopped by the interviewer because of safety reasons</td> <td data-bbox="678 1895 986 1973"><input type="checkbox"/> 3</td> <td data-bbox="986 1895 1530 1973">GO TO OM17</td> </tr> <tr> <td data-bbox="229 1973 678 2024">Not attempted, participant felt it</td> <td data-bbox="678 1973 986 2024"><input type="checkbox"/> 4</td> <td data-bbox="986 1973 1530 2024">GO TO OM17</td> </tr> </table>	Completed successfully	<input type="checkbox"/> 1	GO TO OM14	Attempted but unable to complete	<input type="checkbox"/> 2	GO TO OM17	Stopped by the interviewer because of safety reasons	<input type="checkbox"/> 3	GO TO OM17	Not attempted, participant felt it	<input type="checkbox"/> 4	GO TO OM17
Completed successfully	<input type="checkbox"/> 1	GO TO OM14											
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Stopped by the interviewer because of safety reasons	<input type="checkbox"/> 3	GO TO OM17											
Not attempted, participant felt it	<input type="checkbox"/> 4	GO TO OM17											

	would be unsafe		
	Participant unable to understand instructions	<input type="checkbox"/> 5	GO TO OM17
	Participant refused	<input type="checkbox"/> 6	GO TO OM17
TILDA			
OM14	IWER: Enter time taken to complete walk in minutes, seconds and centiseconds		
	Minutes (0-10)		
	Seconds (0-59)		
	Centiseconds (0-99)		
TILDA			
OM15	IWER: Record type of floor surface		
	Linoleum/tile/wood	<input type="checkbox"/> 1	
	Low-pile carpet	<input type="checkbox"/> 2	
	Thick-pile carpet	<input type="checkbox"/> 3	
	Concrete	<input type="checkbox"/> 4	
	Not sure	<input type="checkbox"/> 5	
	Other	<input type="checkbox"/> 98	
TILDA			
OM16	IWER: Record type of aid used during test		
	None	<input type="checkbox"/> 1	
	Walking stick or cane	<input type="checkbox"/> 2	
	Elbow Crutches	<input type="checkbox"/> 3	
	Walking frame	<input type="checkbox"/> 4	
	Other	<input type="checkbox"/> 98	
TILDA			

Blood Pressure

OM17

INTRO: Now I would like to measure your blood pressure, this is important because it can tell us if people are at risk of heart disease.

IWER: USING THE EASY TO READ LAMINATED INSTRUCTIONS, GO THROUGH THE INSTRUCTIONS AND EXPLAIN PROCEDURE CAREFULLY AS PER PROTOCOL.

Is the participant willing to have his/her blood pressure measured?

YES	<input type="checkbox"/> 1	Go to OM 18
NO	<input type="checkbox"/> 2	Go to OM17A

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

OM17A IWER: Give details why blood pressure test was not attempted

(GO TO OM 19)

OM18

IWER: ENSURE PARTICIPANT IS SITTING COMFORTABLY. PLACE BLOOD PRESSURE MEASURING EQUIPMENT ON A FLAT SURFACE (TABLE) LEVEL AS FAR AS POSSIBLE WITH THE PARTICIPANTS HEART. REMOVE CUFF FROM SLOT AND TURN ON MACHINE.

IF PARTICIPANT IS WEARING OUTER LAYERS (CARDIGAN, JACKET) ASK THEM TO REMOVE IT/ASSIST THEM TO REMOVE IT. ROLL SLEEVE UP SO THE ARM ABOVE THE ELBOW IS CLEAR OF ANY BULKY GARMENTS (APPROX. 15CMS). COMMENCE MEASUREMENT

IWER: 'I am going to take the measurement now, you will feel some tightness on your arm that is normal it will only last a few seconds, please remain still'

IWER: 'I am going to count down from 5 when I get to 1 I want you to stand up and keep your arms by your sides'

IWER: RECORD SECOND MEASUREMENT AND STANDING MEASUREMENT

Systolic	Diastolic	
		mmHg
		mmHg (STANDING)

(IDS-TILDA)

Waist Circumference

OM19

INTRO: Now I would like to measure your waist, this is important because it can tell us if people are at risk of developing things like diabetes

Is the participant willing to have his/her waist measured?

YES	<input type="checkbox"/> 1	Go to OM 20
NO	<input type="checkbox"/> 2	Go to OM 19A

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

OM19A IWER: Give details why waist measurement was not attempted

(GO TO OM 21)

OM20	<p>IWER: ENSURE THE PARTICIPANT IS STANDING COMFORTABLY AND DOES NOT HAVE A LOT OF CLOTHING ON THEIR UPPER BODY. FOLLOW PROCEDURE AS PER PROTOCOL TO FIND THE MEASURING POINT. COMMENCEMENT MEASUREMENT.</p> <p>IWER: Now I am going to take the measurement now. Please breath normally.</p> <p>TAKE MEASUREMENT WHEN ABDOMINAL MUSCLES ARE RELAXED NORMALLY AT THE END OF AN EXPIRATION.</p> <p>IWER: Record measurement to nearest cm.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">CMS</td> <td style="width: 50%;"></td> <td style="width: 20%; text-align: right;">First waist measure</td> </tr> <tr> <td></td> <td style="text-align: center;">CMS</td> <td></td> <td style="text-align: right;">Largest of the two hips measures</td> </tr> <tr> <td></td> <td style="text-align: center;">CMS</td> <td></td> <td style="text-align: right;">Second waist measure</td> </tr> <tr> <td></td> <td style="text-align: center;">CMS</td> <td></td> <td style="text-align: right;">Largest of the two hips measures</td> </tr> </table> <p>IDS-TILDA</p>		CMS		First waist measure		CMS		Largest of the two hips measures		CMS		Second waist measure		CMS		Largest of the two hips measures
	CMS		First waist measure														
	CMS		Largest of the two hips measures														
	CMS		Second waist measure														
	CMS		Largest of the two hips measures														
OM21	<p style="text-align: center;"><i>Height Measurement</i></p> <p>INTRO: Now I would like to measure your height, this is important because it is used to calculate your body mass index which helps us understand more about who can develop conditions like diabetes.</p> <p>IWER: USING THE EASY TO READ LAMINATED INSTRUCTIONS, GO THROUGH THE INSTRUCTIONS.</p> <p>Is the participant willing to have his/her height measured?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%;">YES</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;">GO TO OM23</td> </tr> <tr> <td>NON AMBULANT</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td>GO TO OM24</td> </tr> <tr> <td>NO</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>GO TO OM22</td> </tr> </table>	YES	<input type="checkbox"/> 1	GO TO OM23	NON AMBULANT	<input type="checkbox"/> 2	GO TO OM24	NO	<input type="checkbox"/> 5	GO TO OM22							
YES	<input type="checkbox"/> 1	GO TO OM23															
NON AMBULANT	<input type="checkbox"/> 2	GO TO OM24															
NO	<input type="checkbox"/> 5	GO TO OM22															

	<table border="1"><tr><td>Unable to understand</td><td><input type="checkbox"/> 93</td></tr><tr><td>Unclear response</td><td><input type="checkbox"/> 97</td></tr><tr><td>Don't know</td><td><input type="checkbox"/> 98</td></tr><tr><td>Refused to answer</td><td><input type="checkbox"/> 99</td></tr></table>	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	
Unable to understand	<input type="checkbox"/> 93									
Unclear response	<input type="checkbox"/> 97									
Don't know	<input type="checkbox"/> 98									
Refused to answer	<input type="checkbox"/> 99									
OM22	<p>IWER: Give details why height measurement was not attempted</p> <div data-bbox="240 721 1414 808" style="border: 1px solid black; padding: 5px; text-align: right;">(GO TO OM 25)</div>									

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<p>OM 23</p>	<p>IWER: SET UP STADIOMETER AGAINST A WALL, ENSURE SAFETY. ASK PARTICIPANT TO REMOVE THEIR SHOES IF NOT ALREADY OFF.</p> <p>IWER: Please stand under the measuring device, please stand straight and still until I get your measurement.</p> <p>IWER: Record measurement to nearest cm.</p> <p><input type="text"/> CMS</p> <p>IDS-TILDA</p>
<p>OM24</p>	<p>If participant is non ambulant and is willing to have his/her ulna measurement proceed with the following</p> <p>IWER: USING THE EASY TO READ LAMINATED INSTRUCTIONS, GO THROUGH THE INSTRUCTIONS.</p> <p>IWER: ENSURE PARTICIPANT IS SITTING COMFORTABLY, ASK PARTICIPANT TO PLACE ARM ACROSS THEIR CHEST WITH FINGERS POINTING UPWARD. MEASURE ULNA FROM THE POINT OF THE ELBOW TO THE MIDPOINT OF THE BONEY PROMINENCE AT THE WRIST.</p> <p>IWER: Record measurement to nearest cm.</p> <p><input type="text"/> CMS</p> <p>IDS-TILDA</p>

Weight Measurement

OM 25

INTRO: Now I would like to measure your weight, this is important because it will let us know how healthy people are.

IWER: USING THE EASY TO READ LAMINATED INSTRUCTIONS, GO THROUGH THE INSTRUCTIONS. THEN DEMONSTRATE THE CORRECT PROCEDURE AS PER PROTOCOL.

Is the participant willing to have his/her weight measured?

YES	<input type="checkbox"/> 1	GO TO OM 27
NO	<input type="checkbox"/> 2	GO TO OM 26

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

OM26

IWER: Give details why waist measurement was not attempted

GO TO OM28

OM27

IWER: SET UP SCALES AS PER PROTOCOL, ENSURE SAFETY. ASK PARTICIPANT TO REMOVE THEIR SHOES IF NOT ALREADY OFF.

IWER: Please stand scales, please stand still until I get your measurement.

IWER: Record measurement in Kilos (Kg).

	Kg
--	----

IDS-TILDA

Quantitative Ultrasound of the Heel (Bone Density)

OM28

INTRO: Now I would like to measure your bone density. This test tells us how strong your bones are. This is important to have strong bones as you grow older so that you will stay healthy.

IWER: USING THE EASY TO READ LAMINATED INSTRUCTIONS, GO THROUGH THE INSTRUCTIONS. THEN DEMONSTRATE THE CORRECT PROCEDURE AS PER PROTOCOL.

Is the participant willing to have his/her bone density measured?

YES	<input type="checkbox"/> 1	GO TO OM 30
NO	<input type="checkbox"/> 2	GO TO OM 29

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

IDS-TILDA

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OM29	<p>IWER: Give details why QUS was not attempted</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px; display: flex; justify-content: flex-end; align-items: center; padding-right: 10px;"> (GO TO OM31) </div>												
OM 30	<p>IWER: SET UP QUS AS PER PROTOCOL, ENSURE SAFETY. ASK PARTICIPANT TO REMOVE THEIR SOCK. DEMONSTRATE THE PROCEDURE IF REQUIRED</p> <p>IWER: Now we are going to begin the test, please place your foot into the measuring device. This will only take 15 seconds, please keep your foot as still as possible. You will feel the balloons blowing up slightly on either side of your ankle, this is normal.</p> <p>IWER :Take measurements and record</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%;">Right Foot</td> <td style="width: 40%;">BUA</td> <td style="width: 30%;">dB/MHz</td> </tr> <tr> <td></td> <td>SOS</td> <td>m/s</td> </tr> <tr> <td>Left Foot</td> <td>BUA</td> <td>dB/MHz</td> </tr> <tr> <td></td> <td>SOS</td> <td>m/s</td> </tr> </table> <p>IDS-TILDA</p>	Right Foot	BUA	dB/MHz		SOS	m/s	Left Foot	BUA	dB/MHz		SOS	m/s
Right Foot	BUA	dB/MHz											
	SOS	m/s											
Left Foot	BUA	dB/MHz											
	SOS	m/s											
OM31	<p>Any other information about objective measures</p>												
OM32	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Self-Report Only</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>SR & Proxy</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td>Proxy Only</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <p>(IDS-TILDA)</p>	Self-Report Only	<input type="checkbox"/> 1	SR & Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3						
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SR & Proxy	<input type="checkbox"/> 2												
Proxy Only	<input type="checkbox"/> 3												

Section 16: Evaluation Questions (EQ)

EQ 1 **INTRO:** Now I just have a few final questions before we reach the end of my visit.

IWER: In general, did you find the questions in the interview easy to understand?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to EQ 3)
No	<input type="checkbox"/> 5	(Go to EQ 2)

Unclear response	<input type="checkbox"/> 97	(Go to EQ 3)
Don't know	<input type="checkbox"/> 98	(Go to EQ 3)
Refused to answer	<input type="checkbox"/> 99	(Go to EQ 3)

(IDS-TILDA)

EQ 2 **IWER:** Which questions did you find most difficult to understand?

IWER: Record the response below.

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)



EQ 3 **IWER:** Did you find the information booklet (sent before the interview) easy to understand?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to EQ 5)
No	<input type="checkbox"/> 5	(Go to EQ 4)
Not applicable - I did not see the information booklet	<input type="checkbox"/> 94	(Go to EQ 5)

Unclear response	<input type="checkbox"/> 97	(Go to EQ 5)
Don't know	<input type="checkbox"/> 98	(Go to EQ 5)
Refused to answer	<input type="checkbox"/> 99	(Go to EQ 5)

(IDS-TILDA)

EQ 4 **IWER:** Which part(s) did you not find easy to understand?

IWER: Record the response below.

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

EQ 5 **IWER:** Did you find the showcards useful?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to EQ 7)
No	<input type="checkbox"/> 5	(Go to EQ 6)
Not applicable - we did not use the showcards	<input type="checkbox"/> 94	(Go to EQ 7)

Unclear response	<input type="checkbox"/> 97	(Go to EQ 7)
Don't know	<input type="checkbox"/> 98	(Go to EQ 7)
Refused to answer	<input type="checkbox"/> 99	(Go to EQ 7)

(IDS-TILDA)

EQ 6 **IWER:** Which part(s) did you not find useful?

IWER: Record the response below.

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

EQ 7 **IWER:** Once we have spoken to everyone taking part in this study and reviewed the findings we will be writing about parts of it. Are there any particular topics that you would like to see written about and published? [Probe: Are there parts you think are important?]

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1	(Go to EQ 8)
No	<input type="checkbox"/> 5	(Go to EQ 9)

Unclear response	<input type="checkbox"/> 97	(Go to EQ 9)
Don't know	<input type="checkbox"/> 98	(Go to EQ 9)
Refused to answer	<input type="checkbox"/> 99	(Go to EQ 9)

(IDS-TILDA)

EQ 8 **IWER:** Which topics or areas would you like to know more about or read more about?

IWER: Record the response below.

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)



EQ 9 **IWER:** How would you like us to present the findings from this study? Please tell us your first preference. Would you say....?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Full written report	<input type="checkbox"/>	1
Short written report (summary of main findings only)	<input type="checkbox"/>	2
Host information evenings	<input type="checkbox"/>	3
Audio recording of key findings	<input type="checkbox"/>	4
DVD of key findings	<input type="checkbox"/>	5
Other (please specify)	<input type="checkbox"/>	6
Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(IDS-TILDA)

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EQ 10	Any Other Information (Evaluation):
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EQ 11	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed...?</p> <table border="1" data-bbox="159 873 638 1052"> <tr> <td>Self-Reported</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>SR supported by proxy</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Proxy only</td> <td><input type="checkbox"/> 3</td> </tr> </table>	Self-Reported	<input type="checkbox"/> 1	SR supported by proxy	<input type="checkbox"/> 2	Proxy only	<input type="checkbox"/> 3
Self-Reported	<input type="checkbox"/> 1						
SR supported by proxy	<input type="checkbox"/> 2						
Proxy only	<input type="checkbox"/> 3						

Section 17: Final Checks (FC)

FC 1	<p>IWER: We are coming to the end of the interview, before we move to the final questions is there anything else you would like to tell us about yourself? Or the people who support you, where applicable?</p> <p>IWER: Record the response below.</p> <div data-bbox="159 1467 1444 1780" style="border: 1px solid black; height: 140px; margin: 10px 0;"></div> <table border="1" data-bbox="159 1814 750 1993"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Unclear response	<input type="checkbox"/> 97						
Don't know	<input type="checkbox"/> 98						
Refused to answer	<input type="checkbox"/> 99						



(IDS-TILDA)

FC 2

IWER: Would you agree to us contacting you again, if needed, so we can talk about certain areas of your life in more depth, such as talking more about getting older?

IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

IWER: And, where applicable talk to ... (name of SR's informal carer) about their own health?

FC 2A

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable	<input type="checkbox"/> 94

Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

<p>FC 3</p>	<p>IWER: As I explained earlier this is a longitudinal study which means that people who take part will be visited once every two years. Are you willing to be re-contacted to participate in a similar interview in the next 2 years? Again your participation will be voluntary.</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td>(Go to FC 5)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td>(Go to FC 4)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to FC 4)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to FC 4)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to FC 4)</td> </tr> </table> <p>(TILDA)</p>	Yes	<input type="checkbox"/> 1	(Go to FC 5)	No	<input type="checkbox"/> 5	(Go to FC 4)	Unclear response	<input type="checkbox"/> 97	(Go to FC 4)	Don't know	<input type="checkbox"/> 98	(Go to FC 4)	Refused to answer	<input type="checkbox"/> 99	(Go to FC 4)
Yes	<input type="checkbox"/> 1	(Go to FC 5)														
No	<input type="checkbox"/> 5	(Go to FC 4)														
Unclear response	<input type="checkbox"/> 97	(Go to FC 4)														
Don't know	<input type="checkbox"/> 98	(Go to FC 4)														
Refused to answer	<input type="checkbox"/> 99	(Go to FC 4)														
<p>FC 4</p>	<p>IWER: Interviewers should make every effort to outline to the respondent of the importance of the study and the benefits to people with intellectual disability living in Ireland. Also attempt to understand reasons for not wanting to be re-contacted (where applicable) and address these i.e. give assurances on confidentiality and anonymity.</p> <p>IWER: Please record response below.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>(TILDA)</p>															
<p>FC 5</p>	<p>Any Other Information (Final Checks):</p>															
<p>FC 6</p>	<p>TO BE COMPLETED THE BY INTERVIEWER</p> <p>IWER: How was this section completed?</p> <table border="1"> <tr> <td>Self-Report Only</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>SR & Proxy</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Proxy Only</td> <td><input type="checkbox"/> 3</td> </tr> </table> <p>(IDS-TILDA)</p>	Self-Report Only	<input type="checkbox"/> 1	SR & Proxy	<input type="checkbox"/> 2	Proxy Only	<input type="checkbox"/> 3									
Self-Report Only	<input type="checkbox"/> 1															
SR & Proxy	<input type="checkbox"/> 2															
Proxy Only	<input type="checkbox"/> 3															

That is the end of the interview. Thank you very much for taking part.

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Section 18 : Final Status (FS)

FS 0 TO BE COMPLETED BY THE INTERVIEWER

IWER: Please record any other relevant information below:

Section 1 – Coverscreen & Demographic	
Section 2 - Cognitive Health	
Section 3 - Social Participation	
Section 4 - Social Connectedness	
Section 5 - Personal Choices	
Section 6 - Ageing Perceptions	
Section 7 – Occupation	
Section 8 - Sources of Income	
Section 9 - Voluntary Work	
Section 10 - Lifelong Learning	
Section 11 – Physical Health	

Section 12- Mental Health	
Section 13 - Behavioural Health	
Section 15 - Mental Health	
Section 16 -	
Section 14 - I (ADL) & Helpers	
Section 15 – Objective Measures	
Section 16 - Evaluation Questions	
Section 17 - Final Checks	
Section 18 - Final Status	

(IDS-TILDA)

FS 1 TO BE COMPLETED BY THE INTERVIEWER

IWER: Result of Interview

All sections completed	<input type="checkbox"/> 1
Partially completed	<input type="checkbox"/> 2

(IDS-TILDA)

FS 1A TO BE COMPLETED BY THE INTERVIEWER

IWER: Do you wish to record the Source of Income details now?

Yes	<input type="checkbox"/> 1	(Go to SI 7 – SI 9)
No, will return later	<input type="checkbox"/> 5	(On return, Go to SI 7 – SI 9)
Not applicable	<input type="checkbox"/> 94	(Go to FS 2)

(IDS-TILDA)

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FS 2 TO BE COMPLETED BY THE INTERVIEWER

IWER: How was the interview conducted?

IWER: CODE THE ONE THAT APPLIES

	Visit 1	Visit 2	Visit 3
Direct interview with the SR	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Assisted interview – a proxy assisted the SR occasionally	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Assisted interview – a proxy assisted the SR frequently	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
A proxy answered all questions for the SR who was present	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Interpreted interview (answers given to proxy by the SR)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
A proxy answered all questions for SR who was not present	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

Other (Please specify)		
Visit 1		95
Visit 2		95
Visit 3		95

(NDS)

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FS 3

TO BE COMPLETED BY THE INTERVIEWER

IWER: What was the SR's general communication style?

IWER: CODE THE ONE THAT APPLIES

Verbal communication	<input type="checkbox"/> 1	(Go to FS 4)
Non-verbal communication mostly	<input type="checkbox"/> 2	(Go to FS 4)
Other (please specify)	<input type="checkbox"/> 95	(Go to FS 4)

Not applicable SR not present (IDS-TILDA)	<input type="checkbox"/> 94	(Go to FS 5)

FS 4 TO BE COMPLETED BY THE INTERVIEWER

IWER: What methods did the SR use to communicate during the interview?

IWER: CODE ALL THAT APPLY

Words	<input type="checkbox"/> 1
Signs	<input type="checkbox"/> 1
Vocalisations	<input type="checkbox"/> 1
Eye expressions	<input type="checkbox"/> 1
Facial expressions	<input type="checkbox"/> 1
Bodily movements	<input type="checkbox"/> 1
Gestures	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

(Wilder 2005 Adapted IDS-TILDA)

FS 5 TO BE COMPLETED BY THE INTERVIEWER

IWER: If the SR was not present for any of the visits, please indicate why.

		Not applicable
Visit 1		<input type="checkbox"/> 94

<p>Visit 2</p>		<input type="checkbox"/> 94
<p>Visit 3</p>		<input type="checkbox"/> 94

(IDS-TILDA)

FS 5A TO BE COMPLETED BY THE INTERVIEWER

IWER: Did you take any breaks during the interview?

<p>Yes</p>	<input type="checkbox"/> 1	<p>(Go to FS 5B)</p>
<p>No</p>	<input type="checkbox"/> 5	<p>(Go to FS 6)</p>

(IDS-TILDA)

FS 5B TO BE COMPLETED BY THE INTERVIEWER

IWER: How many did you take?

(IDS-TILDA)

FS 6 TO BE COMPLETED BY THE INTERVIEWER

IWER: Please complete the final checklist.

IWER: CODE ONE BOX ON EACH LINE

	Yes	No	Not applicable	Date of Contact dd.mm.yy
Preload completed	<input type="checkbox"/> 1	<input type="checkbox"/> 5		
Pre-Interview Questionnaire collected	<input type="checkbox"/> 1	<input type="checkbox"/> 5		
Contact made with designated interviewer regarding further mental health assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 94	

(IDS-TILDA)

FS 7 TO BE COMPLETED BY THE INTERVIEWER

IWER: Please identify if this location is in...?

Dublin city or county	<input type="checkbox"/> 1
A city or town in the Republic of Ireland other than Dublin	<input type="checkbox"/> 2
A rural part of the Republic of Ireland	<input type="checkbox"/> 3

	<input type="checkbox"/> Don't know (TILDA)	<input type="checkbox"/> 98																						
FS 8	TO BE COMPLETED BY THE INTERVIEWER																							
	<p>IWER: Please identify the Health Service Executive area of residence.</p> <p>NOTE: HSE area in which the individual lives most of the time.</p>																							
Q 18 (Please record any qualitative)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Midland</td> <td style="width: 10%;"><input type="checkbox"/> 1</td> <td style="width: 25%;">Southern</td> <td style="width: 10%;"><input type="checkbox"/> 6</td> </tr> <tr> <td>Mid-Western</td> <td><input type="checkbox"/> 2</td> <td>Western</td> <td><input type="checkbox"/> 7</td> </tr> <tr> <td>North-Eastern</td> <td><input type="checkbox"/> 3</td> <td>Northern</td> <td><input type="checkbox"/> 8</td> </tr> <tr> <td>North-Western</td> <td><input type="checkbox"/> 4</td> <td>South-Western</td> <td><input type="checkbox"/> 9</td> </tr> <tr> <td>South-Eastern</td> <td><input type="checkbox"/> 5</td> <td>East Coast</td> <td><input type="checkbox"/> 10</td> </tr> </table>				Midland	<input type="checkbox"/> 1	Southern	<input type="checkbox"/> 6	Mid-Western	<input type="checkbox"/> 2	Western	<input type="checkbox"/> 7	North-Eastern	<input type="checkbox"/> 3	Northern	<input type="checkbox"/> 8	North-Western	<input type="checkbox"/> 4	South-Western	<input type="checkbox"/> 9	South-Eastern	<input type="checkbox"/> 5	East Coast	<input type="checkbox"/> 10
Midland	<input type="checkbox"/> 1	Southern	<input type="checkbox"/> 6																					
Mid-Western	<input type="checkbox"/> 2	Western	<input type="checkbox"/> 7																					
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<input type="checkbox"/> Don't know (NIDD 2008)	<input type="checkbox"/> 98																							
FS 9	Any Other Information (Final Status):																							