



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

Wave 3 Questionnaire: Confidential

IDS-TILDA ID Number:

Gender:

Female:

Male:

Interview Date:

Interviewer ID Number:



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IDS-TILDA

Working to Make Ireland the Best

Place to Grow Old

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Colour code guides for ethics committee:

Black – Repeated from wave 2

Blue – New additions

Orange – Feed forward

Pre-Interview Changes to be done

Remove has someone answered the door/phone on this 1st call tho this house

Remove good morning/afternoon etc text

Change “Result of this call” to Interview status

Demographics			
CS_IWER_3	Interviewer Number	IDS_i for i = 1-3ii	Interviewer number IDS3ii
CS_IWERName_3	Interviewer Name Display FFIWERName and give option to confirm Yes (1) correct No (0) incorrect	Text Box	Interviewer name
CS_IWERName1_3	If no ask to verify correct interviewer number		
CS_Resp_3	Respondant ID	W3XYZ	
CS_Rname_3	Display FFName and give option to confirm Yes (1) correct No (0) incorrect If no ask to verify respondant ID number is correct		
CS_GenderConf_3	Display Gender fed forward and give option to confirm Yes (1) correct No (0) incorrect		
CS_Gender_3	If no enter in correct gender		
CS_DOBConf_3	Display (DOB) DDMMYYYY fed forward and and give option to confirm Yes (1) No (0) incorrect		
CS_DOB_3	If no enter in correct (DOB) DDMMYYYY		
CS_Marital Status_3	Are you...? Single (1) Living with a partner as if married (2)		

	With a partner but not living with him/her (3) Married (4) Separated (5) Divorced (6) Widowed (7) Unclear response (97) Don't know (98) Refused to answer (99)		
CS_AddressConf_3	Feedforward address from wave 2 and give option to confirm Yes (1) No (0) If no enter in correct Address		
CS_Address_3	If no enter in correct address		
CS_TypeConf_3	Feedforward type of residence from wave 2 and give option to confirm Yes (1) No (0)		
CS_ToR_3	If no enter in correct Type of residence		

Section 1 Coverscreen & Demographics

IWER: Thank you for taking part in this third 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.

PAT01. IWER Designate type of Interview

1. Self Respondant / Self Respondant with Proxy Support - code 1
2. Proxy only - code 2

Living Circumstance

CS_1_3 **INTRO:** Now I would like to ask some questions about where [you/Rname] [live/lives].
We have asked this question from you before but we are interested in finding out if many people have moved house since their last interview.

[Are/Is] [you/he/she] living at the same address that [you/he/she] lived in at the time of the last interview?

[IWER: State address participant gave at Wave 2 here CS_AddressFF_3 or corrected address is applicable]

CS_1a_3

Yes	1	Go to CS_35_3
No record new address	5	Go to CS_1b_3
Unclear response	97	Go to CS_1b_3
Don't know	98	Go to CS_1b_3
Refused to answer	99	Go to CS_1b_3

CS_1b_3

Please enter the current address at which the respondent is now resident

Which type of residence is this?

IWER: Select one only

CS_1c_3

Family/Independent (Drop Down Menu)	
At home with both parents	1
At home with one parent	2
At home with Sibling	3
At home with other relative	4
Foster care and boarding-out arrangements	5
Living independently	6
Living semi-independently	7
Home Sharing / Shared living	22
Community (Drop Down Menu)	

	5-day community group home – (Dispersed setting) (new option)	8																
	5-day community group home – (Clustered setting) (New option)	20																
	7-day community group home – (Dispersed setting) (new option)	9																
	7-day community group home – (clustered setting) (new option)	10																
	Residential (Drop Down Menu)																	
	7 day residential setting	14																
	5 day residential setting (home at weekends)	12																
	Nursing home	15																
	Mental health community residence	16																
	Psychiatric hospital	17																
	Intensive placement (challenging behaviour)	18																
	Intensive placement (profound or multiple disability)	19																
	Different unit in same residence i.e. moved residence within the campus setting	21																
	OTHER (please specify, e.g. hostel)																	
	<input type="text"/>	95																
	<table border="1"> <tr> <td>Unclear response</td> <td>97</td> </tr> <tr> <td>Don't know</td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td>99</td> </tr> </table> <p>(Adapted from NIDD/IDS-TILDA)</p>	Unclear response	97	Don't know	98	Refused to answer	99											
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CS_35_3 New Q wave 3	IWER Probe for all relevant movements that may have occurred since last interview.																	
	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Participant has not moved</td> <td></td> <td>1</td> <td>Go to CS_info1_3</td> </tr> <tr> <td>Participant has moved but has returned to wave 2 address</td> <td></td> <td>2</td> <td>Go to CS_info1_3</td> </tr> <tr> <td>Participant has moved</td> <td></td> <td>3</td> <td>Go to CS_info1_3</td> </tr> </table>					Participant has not moved		1	Go to CS_info1_3	Participant has moved but has returned to wave 2 address		2	Go to CS_info1_3	Participant has moved		3	Go to CS_info1_3	
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Participant has moved		3	Go to CS_info1_3															
	(IDS-TILDA)																	
CS_info1_3	ASK ALL PARTICIPANTS Any other information (address, moving, type of residence etc)																	
	Note to programmer: If CS_35_3 = 1, GO TO CS_48_3 If CS_35_3 = 2 OR If CS_35_3 = 3, GO TO CS_5_3																	

CS_5_3

What was the reason for this move?

IWER: CODE ALL THAT APPLY

CS_5_i_3
for i = 1-13,
95, oth, 97,
98, 99

Physical health changes/change in health status	1
Loss of primary carer e.g. death of a parent	1
Change in service policy	1
Moved to accommodate service	1
Not happy where [I/he/she] was living	1
Funding shortages/staff shortages	1
Supports, services, skill mix not in place to meet [my/his/her] needs	1
Lack of accessibility within the home/home not accessible	1
For [my/his/her/ changing needs (e.g. no downstairs facilities)	1
Lack of nursing support	1
Lack of 24hr care	1
As part of the transition process	1
Personal choice	1
Other (Please tell us)	95

(IDS-TILDA)

Unclear response	97
Don't know	98
Refused to answer	99

CS_6_3

Now, thinking about the reason(s) you chose, what was the most important reason for this move?

IWER: CODE THE ONE THAT APPLIES

Physical health changes/change in health status	1
Loss of primary carer e.g. death of a parent	2
Change in service policy	3
Moved to accommodate service	4
Not happy where [I/he/she] was living	5
Funding shortages/staff shortages	6
Supports, services, skill mix not in place to meet [my/his/her] needs	13
Lack of accessibility within the home/home not accessible for [my/his/her] changing needs (e.g. no downstairs facilities)	7
Lack of nursing support	8
Lack of 24hr care	9
As part of the transition process	10
Personal choice	11
[I/He/She] [don't/doesn't] know the reason for the move	12

	Other (as given in CS_5_95_3)	95
	Unclear response	97
	Don't know	98
	Refused to answer	99
	IDS-TILDA	

CS_7_3 CS_7_i_3 for I = 1-5, 95, oth, 97, 98, 99	Who was involved in choosing [your/Rname's] new home/accommodation? IWER: CODE ALL THAT APPLY	
	[Myself/Himself/Herself]	1
	Family	1
	Key worker	1
	The staff	1
	The service	1
	Other (please tell us)	95
	Unclear response	97
	Don't know	98
	Refused to answer	99
	IDS_TILDA	

CS_36_3 New question wave 3	Was the move of house talked about or/included in [your/his/her] personal plan	
	Yes	<input type="checkbox"/> 1
	No	<input type="checkbox"/> 5
	Unclear response	97
	Don't know	98
	Refused to answer	99

CS_10_3	Did [you/he/she] view any alternative accommodation options? (eg bungalow, independent living house
----------------	---

or flat, nursing home)

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

Unclear response	97
Don't know	98
Refused to answer	99

CS_11_3

Did [you/he/she] want to move?

IWER: CODE ONE THAT APPLIES

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

CS_12_3

[Are/Is] [you/he/she] happy with [your/his/her] new home/ accommodation?

IWER: CODE ONE THAT APPLIES

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

CS_37_3

How [do/does] [you/he/she] feel now that [you/he/she] [have/has] moved?

New Question	IWER: CODE ONE THAT APPLIES	
	Happy with new home	1
	Not happy with new home	2
	Still getting used/adapting to the change	3
	Other (Please specify)	95
	Unclear response	97
	Don't know	98
	Refused to answer	99
(IDS_TILDA)		

CS_38_3 New Question Wave 3	How many times [have/has] [you/he/she] moved since [your/his/her] last interview?	
	INTERVIEWER: PLEASE NOTE THAT A MOVE INCLUDES A CHANGE IN UNIT ON THE SAME CAMPUS.	
	IF	ONLY ONE MOVE RECORD '1' IN THE BOX BELOW
	<input type="text"/>	Number (Constrain from 1 to 96)
	Unclear response <input type="text"/> 97	Go to CS_48_3
	Don't know <input type="text"/> 98	Go to CS_48_3
	Refused to answer <input type="text"/> 99	Go to CS_48_3
(IDS-TILDA)		

CS_39_3	If CS_38_3 > 1 but < 97, ask CS_39_3
----------------	---

New question

**What were the reasons for moving more than once?
IWER: CODE ALL THAT APPLY**

CS_39_i_3
For i = 1 to
7,95,oth,
97, 98, 99

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
Not happy where [I/he/she] was living	<input type="checkbox"/> 4
Staff shortage/lack of staff numbers	<input type="checkbox"/> 5
Lack of accessibility within the home/Home not accessible for my changing needs. (e.g. no downstairs facilities)	<input type="checkbox"/> 6
Supports services skill mix not in place to meet [my/his/her] needs	7
Other (Please tell us)	95

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

CS_48_3

Ask ALL Participants

[Do/Does] [you/he/she] have a key to [your/his/her] own home?

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

(McConkey et al. 2016)

CS_22_3

How many people live where [you/Rname] [live/lives] (who live under the same roof as [you/him/her])?

IWER: 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.

Number of People	
------------------	--

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

(Adapted POMONA)

CS_23_3

[Do/Does] [you/he/she] have [your/his/her] own bedroom for [yourself/himself/herself]?

IWER: PROBE IF NECESSARY – ‘WOULD YOU SAY YES OR NO’

Yes	<input type="checkbox"/>	1	(Go to CS_26_3)
No	<input type="checkbox"/>	5	(Go to CS_24_3)

Unclear response	<input type="checkbox"/>	97	(Go to CS_26_3)
Don't know	<input type="checkbox"/>	98	(Go to CS_26_3)
Refused to answer	<input type="checkbox"/>	99	(Go to CS_26_3)

IDS_TILDA

CS_24_3

How many people [do/does] [you/he/she] share a bedroom with? (other than with a partner)

Number of People	
------------------	--

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

(National Quality standards HIQA/IDS-TILDA)

CS_25_3	<p>Would [you/he/she] prefer to have [your/his/her] own bedroom?</p> <p>IWER: PROBE IF NECESSARY – ‘WOULD [YOU/HE/SHE] SAY YES OR NO?’</p> <table border="1" data-bbox="231 360 879 555"> <tr> <td>Yes</td> <td></td> <td>1</td> </tr> <tr> <td>No</td> <td></td> <td>5</td> </tr> <tr> <td>Not applicable</td> <td></td> <td>94</td> </tr> </table> <table border="1" data-bbox="231 589 691 703"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table> <p>(National Quality Standards HIQA/IDS-TILDA)</p>	Yes		1	No		5	Not applicable		94	Unclear response		97	Don't know		98	Refused to answer		99						
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Not applicable		94																							
Unclear response		97																							
Don't know		98																							
Refused to answer		99																							
CS_26_3	<p>[Do/Does] [you/he/she] receive support from nursing staff in [your/his/her] residence?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="231 898 1086 1178"> <tr> <td>24 Hours a day</td> <td></td> <td>1</td> </tr> <tr> <td>Only at night</td> <td></td> <td>2</td> </tr> <tr> <td>Only during the day</td> <td></td> <td>3</td> </tr> <tr> <td>Part time both at day and night</td> <td></td> <td>4</td> </tr> <tr> <td>Not applicable (no paid nursing staff in [your/his/her] house day or night)</td> <td></td> <td>94</td> </tr> </table> <p>Other (95), (Please specify)</p> <div data-bbox="231 1279 1576 1417" style="border: 1px solid black; height: 60px; margin: 10px 0;"></div> <table border="1" data-bbox="231 1451 691 1565"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table> <p>(Adapted from POMONA)</p>	24 Hours a day		1	Only at night		2	Only during the day		3	Part time both at day and night		4	Not applicable (no paid nursing staff in [your/his/her] house day or night)		94	Unclear response		97	Don't know		98	Refused to answer		99
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Don't know		98																							
Refused to answer		99																							
CS_27_3	<p>[Do/Does] [you/he/she] receive support from other staff (e.g. key worker, support worker) in [your/his/her] residence (excluding nursing staff)...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="231 1850 1086 2063"> <tr> <td>24 Hours a day</td> <td></td> <td>1</td> </tr> <tr> <td>Only at night</td> <td></td> <td>2</td> </tr> <tr> <td>Only during the day</td> <td></td> <td>3</td> </tr> <tr> <td>Part time both at day and night</td> <td></td> <td>4</td> </tr> <tr> <td>Not applicable (no paid nursing staff in</td> <td></td> <td>94</td> </tr> </table>	24 Hours a day		1	Only at night		2	Only during the day		3	Part time both at day and night		4	Not applicable (no paid nursing staff in		94									
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[your/his/her] house day or night)

Other (95), please specify

--

Unclear response		97
Don't know		98
Refused to answer		99

(Adapted from POMONA)

CS_40_3

Thinking about [your/his/her] current home [do/does] [you/he/she]
e.g. House, flat, apartment

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Own this residence/have mortgage		1	(Go to CS_28_3)
Family own the residence		5	(Go to CS_28_3)
Rent – From service provider		2	(Go to CS_41_3)
Rent – From private landlord		3	(Go to CS_41_3)
Rent – From local authority / social housing		4	(Go to CS_41_3)
Does not pay rent / Not applicable		9	(Go to CS_41_3)
		4	
Rent - Other (Please specify)		9	(Go to CS_41_3)
		5	

Unclear response		97	(Go to CS_41_3)
Don't know		98	(Go to CS_41_3)
Refused to answer		99	(Go to CS_41_3)

CS_41_3	<p>[Do/Does] [you/he/she] have a tenancy agreement between [you/him/her] and the person [you/he/she] [rent/rents] from?</p> <table border="1" data-bbox="231 392 694 470"> <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" data-bbox="231 504 694 627"> <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									
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Refused to answer	<input type="checkbox"/>	99																							
CS_28_3	<p>IWER: 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>Is [your/his/her] residence...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="231 1019 1061 1220"> <tr> <td>A bungalow or 1 storey house</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>A house with 2 or more stories</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>A ground floor flat</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>A flat/apartment/maisonette on upper storey, with lift</td> <td><input type="checkbox"/></td> <td>4</td> </tr> <tr> <td>A flat/apartment/maisonette on upper storey, with no lift</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table> <p>Other (95), (Please specify)</p> <div data-bbox="231 1288 1572 1355" style="border: 1px solid black; height: 30px;"></div> <table border="1" data-bbox="231 1388 694 1512"> <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>(NDS/IDS-TILDA)</p>	A bungalow or 1 storey house	<input type="checkbox"/>	1	A house with 2 or more stories	<input type="checkbox"/>	2	A ground floor flat	<input type="checkbox"/>	3	A flat/apartment/maisonette on upper storey, with lift	<input type="checkbox"/>	4	A flat/apartment/maisonette on upper storey, with no lift	<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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Refused to answer	<input type="checkbox"/>	99																							
CS_47_3	<p>Is [your/his/her] residence adapted or not adapted to meet [your/his/her] needs?</p> <table border="1" data-bbox="231 1668 853 1758"> <tr> <td>Adapted</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Not adapted</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table> <table border="1" data-bbox="231 1780 694 1904"> <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>	Adapted	<input type="checkbox"/>	1	Not adapted	<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																							

CS_29_3	<p>Does [your/his/her] residence have a bathroom, bedroom and kitchen all on the same floor or level?</p> <p>IWER: PROBE IF NECESSARY – ‘WOULD YOU SAY YES OR NO’</p> <table border="1" data-bbox="231 414 877 604"> <tr> <td>Yes</td> <td></td> <td>1</td> </tr> <tr> <td>No</td> <td></td> <td>5</td> </tr> <tr> <td>Not applicable</td> <td></td> <td>94</td> </tr> </table> <table border="1" data-bbox="231 672 694 795"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table> <p>(Adapted from Disability Follow back Survey)</p>	Yes		1	No		5	Not applicable		94	Unclear response		97	Don't know		98	Refused to answer		99
Yes		1																	
No		5																	
Not applicable		94																	
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Refused to answer		99																	
CS_info2_3	Any other information (Residence and living circumstances)																		

Faith / Spirituality

CS_0_3	<p>How will this section be completed?</p> <table border="1" data-bbox="231 1187 1061 1310"> <tr> <td>Self Report Only</td> <td>1</td> </tr> <tr> <td>Self Report & Proxy</td> <td>2</td> </tr> <tr> <td>Proxy only</td> <td>3</td> </tr> </table> <hr/> <p>If CS_0_3 = 1 or CS_0_3 = 2 ask CS_43_3</p> <p>IWER: (SELF-REPORT ONLY)</p> <p>IWER: Now we would like to ask you some questions about the things that give you hope, peace or comfort</p>	Self Report Only	1	Self Report & Proxy	2	Proxy only	3
Self Report Only	1						
Self Report & Proxy	2						
Proxy only	3						
CS_43_3	<p>What helps you and brings you hope during difficult times?</p> <p>IWER: Tick all that apply</p> <table border="1" data-bbox="223 1960 1173 2027"> <tr> <td>Talking to Friends / family</td> <td></td> <td>1</td> </tr> </table>	Talking to Friends / family		1			
Talking to Friends / family		1					

CS_43_i_3
for i = 1 to
9, 95, oth,
93, 97, 98,
99, 0.

Talking to staff		1
Praying		1
Going to a religious/faith based service		1
Spending quiet time on my own		1
Listening to music		1
Going for a walk		1
Being in nature		1
Meditating/yoga/other practice		1
Other (Please Specify)		95

Unable to understand		93
Unclear response		97
Don't know		98
Refused to answer		99
SR not present – Proxy NOT to complete		0

CS_44_3

If CS_0_3 = 1 or CS_0_3 = 2 ask CS_44_3

IWER: (SELF-REPORT ONLY)

Which of these things would you do most often during the difficult times?

Difficult times may include death of a parent, loss of a pet, change of keyworker, victim of crime.

IWER: Tick one only

Talking to friends / family		1
Talking to staff		2
Praying		3
Going to a religious / faith based service		4
Spending quiet time on my own		5
Listening to music		6
Going for a walk		7
Being in nature		9
Meditating / yoga / other practice		8
Other (as given above in CS_43_95_3)		95

Unable to understand		93
Unclear response		97
Don't know		98
Refused to answer		99

Listening to music		6
Going for a walk/		7
Being in nature		9
Meditating/yoga/other practice		8
Other (As given in CS_45_95_3)		95

Unable to understand		93
Unclear response		97
Don't know		98
Refused to answer		99
SR not present – Proxy NOT to complete		0

CS_30_3

About how often [do/does] [you/he/she] go to religious services?

IWER: CODE THE ONE THAT APPLIES

No religion		1	(Go to CS_33_3)
Never / almost never		2	(Go to CS_31_3)
About once or twice a year		3	(Go to CS_31_3)
Every few months		4	(Go to CS_31_3)
About once a month		5	(Go to CS_31_3)
Twice a month		6	(Go to CS_31_3)
About once a week		7	(Go to CS_31_3)
More than once a week		8	(Go to CS_31_3)

Unclear response		97
Don't know		98
Refused to answer		99

(SNI/IDS-TILDA)

If CS_0_3 = 1 or CS_0_3 = 2 ask CS_31_3

IWER: (SELF-REPORT ONLY)

CS_31_3

How important would you say religion is in your life?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

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 – Proxy NOT to complete	<input type="checkbox"/>	0

(HRS)

If CS_0_3 = 1 or CS_0_3 = 2 ask CS_32_3

CS_32_3

IWER: (SELF-REPORT ONLY)

Do you find that you get comfort and strength from religion or not?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Often/Always	<input type="checkbox"/>	1
Sometimes	<input type="checkbox"/>	2
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 not to complete	<input type="checkbox"/>	0

(HRS)

CS_33_3

Any other information (Spirituality):

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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 invited to complete CH_1_3 to CH_40_3	1
SR is present (and supported by a PROXY) and invited to complete CH_1_3 to CH_40_3	2
SR is not present and proxy is invited to SKIP to CH_53_3	0

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: (SELF-REPORT ONLY)

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		1
Very Good		2
Good		3
Fair		4
Poor		5

Unable to Understand		93
Unclear Response		97
Don't Know		98
Refused to answer		99
SR not present – proxy NOT to complete		0

(SHARE/ELSA/HRS/ MMSE)

IWER: (SELF-REPORT ONLY)

CH_0_3

CH_1_3

CH_52_3

Compared to the last time we interviewed you, would you say your memory is

Much better		1
A bit better		2
The same		3
A bit worse		4
Much worse		5

Unable to Understand		93
Unclear Response		97
Don't Know		98
Refused to answer		99
SR not present – proxy NOT to complete		0

CH_2_3

(SELF-REPORT ONLY)

Can you tell me what year it is?

Year given correctly		1
Year given incorrectly		2

Unable to Understand		93
Unclear Response		97
Don't Know		98
Refused to answer		99
SR not present – proxy NOT to complete		0

(SHARE/ELSA/HRS/ MMSE)

CH_3_3

(SELF-REPORT ONLY)

Can you tell me what month it is?

Month given correctly		1
Month given incorrectly		0

Unable to Understand		93
Unclear Response		97
Don't Know		98
Refused to answer		99
SR not present – proxy NOT to complete		-0

(SHARE/ELSA/HRS/ MMSE)

CH_4_3

(SELF-REPORT ONLY)

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

Day given correctly		1
Day given incorrectly		0

Unable to Understand		93
Unclear Response		97
Don't Know		98
Refused to answer		99
SR not present – proxy NOT to complete		-0

(SHARE/ELSA/HRS/ MMSE)

CH_5_3

(SELF-REPORT ONLY)

Can you tell me what today's date is?

IWER: TO BE COMPLETED BY THE INTERVIEWER.

Date given correctly		1
Date given incorrectly		0

Unable to Understand		93
Unclear Response		97
Don't Know		98
Refused to answer		99
SR not present – proxy NOT to complete		-0

(SHARE/ELSA/HRS/ MMSE)

CH_6_3

Any Other Information (Memory):

Cognitive Domains

CH_7_3

(SELF-REPORT ONLY)

MOTOR PERFORMANCE

NOTE: Before starting the tasks, make sure the SR has his/her glasses etc if needed. You may repeat a question 3 times to gain the SR's attention.

NOTE: Comb

Show me how you would use this comb.

IWER: Hand the respondent the comb.

Correctly demonstrates combing	<input type="checkbox"/>	1
Responds incorrectly	<input type="checkbox"/>	0

(Test for Severe Impairment)

CH_8_3

(SELF-REPORT ONLY)

NOTE: Pen and Top

IWER: Remove the top from the pen in full view of SR. Hand the pen and top to SR.

Can you put the top on the pen?

Correctly puts top on pen [not on bottom of pen]	<input type="checkbox"/>	1
Responds incorrectly	<input type="checkbox"/>	0

(Test for Severe Impairment)

CH_9_3 (SELF-REPORT ONLY)

NOTE: Pen and Paper

IWER: Hand the SR pen without top and place paper on the desk in front of the SR.

Write your name.

Correctly writes names (first or last name)	<input type="checkbox"/>	1
Responds incorrectly	<input type="checkbox"/>	0

(Test for Severe Impairment)

CH_10_3 **TOTAL MOTOR PERFORMANCE (Max =3)** **SCORE:**

Do not display during CAPI

CH_11_3 (SELF-REPORT ONLY)

LANGUAGE-COMPREHENSION

Point to your ear.

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

(Test for Severe Impairment)

CH_12_3 (SELF-REPORT ONLY)

Close your eyes.

Correctly closes eyes	<input type="checkbox"/>	1
Responds incorrectly	<input type="checkbox"/>	0

(Test for Severe Impairment)

CH_13_3

(SELF-REPORT ONLY)

NOTE: Pens – Red, Blue and Green

IWER: Place the 3 pens on the table spread so that they have some space between them

Show me the red pen.

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

(Test for Severe Impairment)

CH_14_3

(SELF-REPORT ONLY)

Show me the green pen.

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

(Test for Severe Impairment)

CH_15_3

TOTAL LANGUAGE-COMPREHENSION (Max = 4)
Do not display during CAPI

Score:

CH_16_3

(SELF-REPORT ONLY)

LANGUAGE PRODUCTION

IWER: Point to your nose.

What is this called?

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

(Test for Severe Impairment)

CH_17_3

(SELF-REPORT ONLY)

NOTE: Pens – Red and Green

IWER: Place the 2 pens on the table spread so that they have some space between them.

IWER: Hold up red pen in front of the SR.

What colour is this pen?

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

(Test for Severe Impairment)

CH_18_3

(SELF-REPORT ONLY)

IWER: Hold up green pen in front of the SR.

IWER: What colour is this pen?

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

(Test for Severe Impairment)

CH_19_3

(SELF-REPORT ONLY)

NOTE: Key

IWER: Show the SR the key

What is this called?

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

(Test for Severe Impairment)

CH_20_3

Do not display during CAPI

TOTAL LANGUAGE PRODUCTION (Max = 4)

Score:

(SELF-REPORT ONLY)

MEMORY IMMEDIATE

CH_21_3

NOTE: One large paperclip

Watch carefully.

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

Which hand is the clip in?

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

(Test for Severe Impairment)

(SELF-REPORT ONLY)

CH_22_3

IWER: With hands closed

Which hand is the clip in?

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

(Test for Severe Impairment)

(SELF-REPORT ONLY)

CH_23_3

IWER: Move hands behind back.

Which hand/side is the clip in/on?

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

(Test for Severe Impairment)

CH_24_3

TOTAL MEMORY IMMEDIATE (MAX = 3)
Do not display during CAPI

Score:

<p>CH_25_3</p>	<p>(SELF-REPORT ONLY) GENERAL KNOWLEDGE</p> <p>How many ears do I have?</p> <table border="1" data-bbox="323 394 967 472"> <tr> <td>Correctly states 2</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/></td> <td>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					
<p>CH_26_3</p>	<p>(SELF-REPORT ONLY)</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>Count my fingers and thumbs.</p> <p>NOTE: If SR only gives final answer ask: Can you count to 10 starting at 1?</p> <table border="1" data-bbox="323 983 967 1061"> <tr> <td>Correctly counts to 10</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/></td> <td>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					
<p>CH_27_3</p>	<p>(SELF-REPORT ONLY)</p> <p>IWER: How many weeks are in a year?</p> <table border="1" data-bbox="323 1330 967 1408"> <tr> <td>Correctly states 52</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/></td> <td>0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly states 52	<input type="checkbox"/>	1	Responds incorrectly	<input type="checkbox"/>	0
Correctly states 52	<input type="checkbox"/>	1					
Responds incorrectly	<input type="checkbox"/>	0					
<p>CH_28_3</p>	<p>(SELF-REPORT ONLY)</p> <p>I am going to sing a song. If you know the words I want you to sing along with me.</p> <p>IWER: Softly sing 'Happy Birthday'</p> <table border="1" data-bbox="323 1749 967 1827"> <tr> <td>Correctly sings most of the words</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/></td> <td>0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly sings most of the words	<input type="checkbox"/>	1	Responds incorrectly	<input type="checkbox"/>	0
Correctly sings most of the words	<input type="checkbox"/>	1					
Responds incorrectly	<input type="checkbox"/>	0					
<p>CH_29_3</p>	<p>Do not display during CAPI TOTAL GENERAL KNOWLEDGE (Max = 4)</p> <p>SCORE: <input data-bbox="1246 1933 1458 2022" type="text"/></p>						

<p>CH_30_3</p>	<p>(SELF-REPORT ONLY) CONCEPTUALISATION</p> <p>NOTE: Two large Paperclips and One Pen IWER: Spread objects out on table.</p> <p>Which of these is different?</p> <table border="1" data-bbox="325 461 965 539"> <tr> <td>Correctly points to or states pen</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/></td> <td>0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly points to or states pen	<input type="checkbox"/>	1	Responds incorrectly	<input type="checkbox"/>	0
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<p>CH_31_3</p>	<p>(SELF-REPORT ONLY)</p> <p>NOTE: Pens – 2 Red and 1 Green IWER: Place one red and one green pen down and hand SR the other red pen.</p> <p>Put this next to the pen that is the same colour.</p> <table border="1" data-bbox="325 842 965 920"> <tr> <td>Correctly places the red pen</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/></td> <td>0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly places the red pen	<input type="checkbox"/>	1	Responds incorrectly	<input type="checkbox"/>	0
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<p>CH_32_3</p>	<p>(SELF-REPORT ONLY)</p> <p>NOTE: One large paperclip</p> <p>IWER: Place hands out in front of the SR. Alternate the clip between your hands 4 times.</p> <p>Watch me move the paperclip, which hand will I move it to next?</p> <table border="1" data-bbox="325 1256 965 1335"> <tr> <td>Correctly points to the correct hand</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/></td> <td>0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly points to the correct hand	<input type="checkbox"/>	1	Responds incorrectly	<input type="checkbox"/>	0
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Responds incorrectly	<input type="checkbox"/>	0					
<p>CH_33_3</p>	<p>(SELF-REPORT ONLY) IF CH_32_3 = 1 then ask “Now which hand will I put it in next?” IF CH_32_3 = 0 then ask “ I would put it in this hand. Now which hand will I put it in next?”</p> <p>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?</p> <p>TO BE COMPLETED BY THE INTERVIEWER.</p> <table border="1" data-bbox="325 1771 965 1850"> <tr> <td>Correctly points to the correct hand</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/></td> <td>0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly points to the correct hand	<input type="checkbox"/>	1	Responds incorrectly	<input type="checkbox"/>	0
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Responds incorrectly	<input type="checkbox"/>	0					
<p>CH_34_3</p>	<p>Do not display during CAPI</p> <p>TOTAL CONCEPTUALISATION (Max = 4) SCORE: <input data-bbox="1286 1973 1465 2060" type="text"/></p>						

CH_40_3	Any other Information (Cognitive Domains):																								
CH_53_3	<p>(PROXY ONLY) If CH_0_3= 0 then ask CH_53_3, OTHERS GO TO CH_55_3</p> <p>How would you rate [Rname's] day to day memory at the present time?</p> <p>Would you say it is</p> <table border="1" data-bbox="336 869 746 1057"> <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" data-bbox="336 1093 1209 1205"> <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>	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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CH_54_3	<p>(PROXY ONLY) If CH_0_3= 0 then ask CH_54_3, OTHERS GO TO CH_55_3</p> <p>Compared to [His/Her] last interview would you say [Rname's] memory is</p> <p>NOTE: You may need to remind the proxy of the date of the last interview.</p> <table border="1" data-bbox="336 1507 746 1695"> <tr><td>Much Better</td><td><input type="checkbox"/></td><td>1</td></tr> <tr><td>A bit better</td><td><input type="checkbox"/></td><td>2</td></tr> <tr><td>The same</td><td><input type="checkbox"/></td><td>3</td></tr> <tr><td>A bit worse</td><td><input type="checkbox"/></td><td>4</td></tr> <tr><td>Much worse</td><td><input type="checkbox"/></td><td>5</td></tr> </table> <table border="1" data-bbox="336 1731 1209 1843"> <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>	Much Better	<input type="checkbox"/>	1	A bit better	<input type="checkbox"/>	2	The same	<input type="checkbox"/>	3	A bit worse	<input type="checkbox"/>	4	Much worse	<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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Refused to answer	<input type="checkbox"/>	99																							
CH_55_3	<p>If CH_0_3= 0 then ask CH_54_3, OTHERS GO TO Next section (PROXY ONLY)</p>																								

Any other Information (Memory and Cognitive Domains):

2B: Brief Praxis Exam

(SELF-REPORT ONLY SECTION)

CH_41a_3

IWER: TO BE COMPLETED BY INTERVIEWER

SR is present and invited to complete CH_41_3	1
SR is present (and supported by a proxy) and invited to complete CH_41_3	2
SR is not present and proxy will go to next section	0

CH_41_Intro_3

NOTE TO PROGRAMMER:

**Total Score - If any single element of CH_41_3 is missing/(blank)/DK/RF/UR
The total score will appear as missing**

4 points: A correct response on request (1 repeat) without any prompts within 5-8 seconds

3 points: A correct response following additional verbal cues and verbal hints.

2 points: A correct response following a display by the examiner of how the correct response should be executed.

1 point: A correct response following “physical prompting” using hand-over-hand, in which the examiner may place his/her hand over the person’s hand, or doing something for the person.

0 points: Person is unable or unwilling to perform the response.

Note: **Scores of 0,1,2,3 or 4 are used for items 1-16 only**
Scores of 0 or 4 are used for items 17-20 with no prompting

I am now going to ask you to do some activities, there are no right or wrong answers and if you need help let me know.

This is will help us to understand how well people are able to follow instructions.

CH_41_3

New q

Wave 3

	No	WHILE STANDING	4	3	2	1	0
CH_41_1_3	1	Clap your hands					

CH_41_2_3	2	Lift one arm over your head						
CH_41_3_3	3	Lift the other arm over your head						
CH_41_4_3	4	Turn your head to the side						
CH_41_5_3	5	Turn your head to the other side						
CH_41_6_3	6	Lift one leg						
CH_41_7_3	7	Lift the other leg						
		WHILE SEATED	4	3	2		1	0
CH_41_8_3	8	Place each of the coins in the jar <u>using one hand</u>						
CH_41_9_3	9 In the jar with the other hand						
CH_41_10_3	10	Salute						
CH_41_11_3	11	Scratch your head						
CH_41_12_3	12	Click your fingers						
CH_41_13_3	13	Open the jar						
CH_41_14_3	14	Close the jar						
CH_41_15_3	15	Unlock the padlock						
CH_41_16_3	16	Lock the padlock						
CH_41_17_3	17	Point to your index finger						
CH_41_18_3		Give me 50 cent						
CH_41_19_3	19	Give me a 20 cent						
CH_41_20_3	20	Give me a 10 cent						
CH_41_3		TOTAL						

CH_56_3

Any other Information (Cognitive Domains):

SECTION 3: Social Participation (SP)

GENERAL ACTIVITIES

SP_0_3

IWER: TO BE COMPLETED BY INTERVIEWER

IWER: How will this section be completed?

Self Report ONLY	1
SR and PROxy	2
Proxy ONLY	3

SP_1_3

INTRO: Now I would like to ask you some general questions about [your/Rname's] life.

Which of these statements apply to [you/Rname]?

IWER: READ OUT AND CODE ALL THAT APPLY

SP_1_i_3
from i = 1 to
7

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

SP_1_94_3S
P_1_97_3
SP_1_98_3
SP_1_99_3

Not applicable – none of these statements apply to [me/him/her]	<input type="checkbox"/>	94
Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(ELSA)

SP_2_3

Over the past 30 days, on average, how many hours per day did [you/he/she] sit and watch TV or DVD's ? Would you say...?

IWER: CODE THE ONE THAT APPLIES

None/don't watch TV or DVD's	<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_3 [Are/Is] [you/he/she] an active member of any of these organisations, clubs or societies? (Have attended within the last six months)
 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 organisation.

IWER: READ OUT AND CODE ALL THAT APPLY

Question SP_3_3			Question SP_3A_3												
			IF yes, go to SP_3A	Within Community Setting		Within ID Service		Both within community & ID		Unclear response		Don't know		Refused to Answer	
		1			1		2		3		97		98		99
Political party, trade union or environmental groups		1			1		2		3		97		98		99
Tenants groups, resident groups, Neighbourhood Watch		1			1		2		3		97		98		99
Church or religious groups		1			1		2		3		97		98		99
Charitable associations (e.g. St Vincent De Paul's)		1			1		2		3		97		98		99
Arts or music		1			1		2		3		97		98		99
Special Olympics Network		1			1		2		3		97		98		99
Arch Club		1			1		2		3		97		98		99
Advocacy Group		1			1		2		3		97		98		99
		1		1		2		3		97		98		99	

SP_3_i
3 for i =
1 to 9,
95, 94,
97, 98,
99

SP_3A_i
3 for i =
1 to 9,
95, 94,
97, 98,
99

Social, Sports or Leisure club															
Other (please specify)		1		1		2		3			97		98		99
Not applicable – Not a member of any specialized ,club or society		1		1		2		3			97		98		99

SP_3_97_3	Unclear response		97	Go to SP_4_3
SP_3_98_3	Don't know		98	Go to SP_4_3
SP_3_99_3	Refused to answer		99	Go to SP_4_3

(ELSA/IDS-TILDA)

SP_4_3 **Any other information (General Activities)**

SP_7_3 **(SELF-REPORT ONLY)**
If SP_0_3 = 1 OR SP_0_3 = 2 then ask SP_7_3
: Are there particular activities you would like to do more?

Yes	<input type="checkbox"/>	1	(Go to SP 8_3)
No	<input type="checkbox"/>	5	(Go to SP 9_3)

Unable to understand	<input type="checkbox"/>	93	(Go to SP 9_3)
Unclear response	<input type="checkbox"/>	97	(Go to SP 9_3)
Don't know	<input type="checkbox"/>	98	(Go to SP 9_3)
Refused to answer	<input type="checkbox"/>	99	(Go to SP 9_3)
SR not present –Proxy NOT to complete	<input type="checkbox"/>	0	(Go to SP 9_3)

(IDS-TILDA)

SP_8_3 **If SP_0_3 = 1 OR SP_0_3 = 2 then ask SP_8_3**
(SELF-REPORT ONLY)
What activities would you like to do?

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 to complete	<input type="checkbox"/>	0

(IDS-TILDA)

SP_9_3

[Do/Does] [you/he/she] experience any difficulties participating in social activities outside [your/his/her] home?

Yes	<input type="checkbox"/>	1	(Go to SP_10_3)
No	<input type="checkbox"/>	5	(Go to SP_11_3)

Unclear response	<input type="checkbox"/>	97	(Go to SP_11_3)
Don't know	<input type="checkbox"/>	98	(Go to SP_11_3)
Refused to answer	<input type="checkbox"/>	99	(Go to SP_11_3)

(IDS-TILDA)

SP_10_3

What makes it difficult for [you/him/her] to participate in social activities outside [your/his/her] home?

IWER: CODE ALL THAT APPLY

SP_10_i_3
For i = 1 to 17, 95,97,98,99

Health considerations or physically unable	<input type="checkbox"/>	1
Need someone's assistance	<input type="checkbox"/>	1
Need specialized aids or equipment that [you/he/she] [do/does] 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/him/her]	<input type="checkbox"/>	1
[You/He/She] [are/is] self-conscious of [your/his/her] 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/him/her]	<input type="checkbox"/>	1
Communication/language problems	<input type="checkbox"/>	1
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

(CSO NDS 2006/IDS-TILDA)

<p>SP_11_3</p>	<p>[Do/Does] [you/he/she] experience any difficulty getting around [your/his/her] community (e.g. using zebra crossings, using traffic lights etc)?</p> <table border="1" data-bbox="229 327 1139 584"> <tr> <td>Yes</td> <td></td> <td>1</td> <td>(Go to SP_12_3)</td> </tr> <tr> <td>No</td> <td></td> <td>5</td> <td>(Go to SP_13_3)</td> </tr> <tr> <td>Not applicable – [don't/doesn't] travel around [my/his/her] community</td> <td></td> <td>94</td> <td>(Go to SP_13_3)</td> </tr> </table> <table border="1" data-bbox="229 689 1174 835"> <tr> <td>Unclear response</td> <td></td> <td>97</td> <td>(Go to SP_13_3)</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> <td>(Go to SP_13_3)</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> <td>(Go to SP_13_3)</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes		1	(Go to SP_12_3)	No		5	(Go to SP_13_3)	Not applicable – [don't/doesn't] travel around [my/his/her] community		94	(Go to SP_13_3)	Unclear response		97	(Go to SP_13_3)	Don't know		98	(Go to SP_13_3)	Refused to answer		99	(Go to SP_13_3)			
Yes		1	(Go to SP_12_3)																									
No		5	(Go to SP_13_3)																									
Not applicable – [don't/doesn't] travel around [my/his/her] community		94	(Go to SP_13_3)																									
Unclear response		97	(Go to SP_13_3)																									
Don't know		98	(Go to SP_13_3)																									
Refused to answer		99	(Go to SP_13_3)																									
<p>SP_12_3</p> <p>SP_12_i_3 for I = 1 to 5, 95, oth, 97, 98, 99.</p>	<p>What causes [you/him/her] difficulty?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1" data-bbox="229 1133 1182 1559"> <tr> <td>Footpaths design and surfaces</td> <td></td> <td>1</td> </tr> <tr> <td>Lack of street crossings</td> <td></td> <td>1</td> </tr> <tr> <td>Problems with signs (e.g. size and colour)</td> <td></td> <td>1</td> </tr> <tr> <td>Getting access to recreational areas</td> <td></td> <td>1</td> </tr> <tr> <td>Feeling unsafe</td> <td></td> <td>1</td> </tr> <tr> <td>Other (Please specify)</td> <td></td> <td>95</td> </tr> </table> <table border="1" data-bbox="229 1632 877 1778"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table> <p>(Adapted from NDS)</p>	Footpaths design and surfaces		1	Lack of street crossings		1	Problems with signs (e.g. size and colour)		1	Getting access to recreational areas		1	Feeling unsafe		1	Other (Please specify)		95	Unclear response		97	Don't know		98	Refused to answer		99
Footpaths design and surfaces		1																										
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Feeling unsafe		1																										
Other (Please specify)		95																										
Unclear response		97																										
Don't know		98																										
Refused to answer		99																										
<p>SP_13_3</p>	<p>Any Other Information (Social Activities):</p>																											

SECTION 4: Social Connectedness (SC)

SC_0_3

IWER: How will this section be completed?

Self report only	<input type="checkbox"/>	1
SR and Proxy	<input type="checkbox"/>	2
Proxy only	<input type="checkbox"/>	3

SC_1_3

INTRO: Now I would like to ask you some questions about [your/Rname's] family and social networks

[Do/Does] [you/he/she] have family..... please tell us

PLEASE CODE ALL THAT APPLY

SC_1_1_3	Spouse/Partner	<input type="checkbox"/>	1	Go to SC_2_3
SC_1_2_3	Mother	<input type="checkbox"/>	1	Go to SC_2_3
SC_1_3_3	Father	<input type="checkbox"/>	1	Go to SC_2_3
SC_1_4_3	Brother(s)	<input type="checkbox"/>	1	Go to SC_1_4a_3
SC_1_5_3	Sister(s)	<input type="checkbox"/>	1	Go to SC_1_5a_3
SC_1_6_3	Aunt/uncle	<input type="checkbox"/>	1	Go to SC_2_3
SC_1_7_3	Nieces/nephews	<input type="checkbox"/>	1	Go to SC_2_3
SC_1_8_3	Cousin	<input type="checkbox"/>	1	Go to SC_2_3
SC_1_9_3	Child	<input type="checkbox"/>	1	Go to SC_2_3
		<input type="checkbox"/>		
SC_1_95_3	Other	<input type="checkbox"/>	95	Go to SC_2_3

SC_1_94_3	Not applicable, [I/he/she] [don't/doesn't] have family	<input type="checkbox"/>	94	(Go to SC_28_3)
SC_1_97_3	Unclear response	<input type="checkbox"/>	97	(Go to SC_28_3)
SC_1_98_3	Don't know	<input type="checkbox"/>	98	(Go to SC_28_3)
SC_1_99_3	Refused to answer	<input type="checkbox"/>	99	(Go to SC_28_3)

SC_1_4a_3

SC_1_4a_3: If SC_1_4_3 = 1 then ask "How many brothers [do/does] [you/he/she] have?" (numerical response)

SC_1_5a_3

SC_1_5a_3: If SC_1_5_3 = 1 then ask "How many sisters [do/does] [you/he/she] have?" (numerical response)

SC_2_3	Please tell us where [your/his/her] family member lives in relation to [you/him/her]																						
	If respondent has more than one brother or sister clarify that it is the one they live closest to																						
		Lives with [me/him/her]		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		1		2		3		4		5		6		97		98		99				
	Mother		1		2		3		4		5		6		97		98		99				
	Father		1		2		3		4		5		6		97		98		99				
	Brother(s)		1		2		3		4		5		6		97		98		99				
	Sister(s)		1		2		3		4		5		6		97		98		99				
	Aunt/Uncle		1		2		3		4		5		6		97		98		99				
	Nieces/Nephews		1		2		3		4		5		6		97		98		99				
Cousin		1		2		3		4		5		6		97		98		99					
Child		1		2		3		4		5		6		97		98		99					
Other		1		2		3		4		5		6		97		98		99					
(Adapted from TILDA)																							
SC_3_3 Spouse / Partner	If SC_2_i_3 = 1, 97, 98, 99 then skip SC_3_ia_3 to SC_3_ic_3																						
	IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] spouse/partner?																						
	IWER: READ OUT AND CODE ONE BOX ON EACH LIINE																						
			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 month	Never	Not Applicable	Unclear Response	Don't Know	Refused to answer										
SC_3_1a_3	Meet up (both arranged and chance meeting)		1		2		3		4		5		6		7		94		97		98		99
SC_3_1b_3	Speak on the phone		1		2		3		4		5		6		7		94		97		98		99
SC_3_1c_3	Write, text, email or face book		1		2		3		4		5		6		7		94		97		98		99

	(ELSA/IDS-TILDA)											
SC_3_3 Mother	IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] mother?											
	IWER: READ OUT AND CODE ONE BOX ON EACH LINE											
SC_3_2a_3		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
SC_3_2b_3	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"/> --
SC_3_2c_3	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"/> --
	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"/> --
	(ELSA/IDS-TILDA)											
SC_3_3 Father	On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] 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
SC_3_3a_3	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
SC_3_3b_3	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
SC_3_3c_3	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

SC_3_3 Brother	<p>On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] brother?</p> <p>If respondent has more than one brother or sister clarify that it is the one they have most contact with</p>											
		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
SC_3_4a_3	a) Meet up (both arranged and chance meeting)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99
SC_3_4b_3	b) Speak on the phone	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99
SC_3_4c_3	c) Write, text, email or Facebook	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99
Sc_3_3 Sister	<p>On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] Sister?</p> <p>If respondent has more than one brother or sister clarify that it is the one they have most contact with</p>											
		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
SC_3_5a_3	a) Meet up (both arranged and chance meeting)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99
SC_3_5b_3	b) Speak on the phone	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99
SC_3_5c_3	c) Write, text, email or Facebook	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99

SC_3_3 Aunt / Uncle	On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] aunt/uncle?											
		Three or more times a week	Once or twice a week	Once or twice a month	Ever y few months	Once or twice a year	Less than once a year	Never	Not applicab le	Unclear respons e	Don't know	Refused to answer
SC_3_6a_3	a) Meet up (both arranged and chance meeting)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> --
SC_3_6b_3	b) Speak on the phone	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> --
SC_3_6c_3	c) Write, text, email or Facebook	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> --
SC_3_3 Niece / Nephew	On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] niece/nephew?											
		Three or more times a week	Once or twice a week	Once or twice a month	Ever y few months	Once or twice a year	Less than once a year	Never	Not applicab le	Unclear respons e	Don't know	Refused to answer
SC_3_7a_3	a) Meet up (both arranged and chance meeting)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99
SC_3_7b_3	b) Speak on the phone	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99
SC_3_7c_3	c) Write, text, email or Facebook	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 9	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99

SC_3_3 Cousin SC_3_8a_3 SC_3_8b_3 SC_3_8c_3	<p>On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] cousin?</p> <table border="1"> <thead> <tr> <th></th> <th>Three or more times a week</th> <th>Once or twice a week</th> <th>Once or twice a month</th> <th>Every few months</th> <th>Once or twice a year</th> <th>Less than once a year</th> <th>Never</th> <th>Not applicable</th> <th>Unclear response</th> <th>Don't know</th> <th>Refused to answer</th> </tr> </thead> <tbody> <tr> <td>a) Meet up (both arranged and chance meeting)</td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="5"/></td> <td><input type="text" value="6"/></td> <td><input type="text" value="7"/></td> <td><input type="text" value="94"/></td> <td><input type="text" value="97"/></td> <td><input type="text" value="98"/></td> <td><input type="text" value="--"/></td> </tr> <tr> <td>b) Speak on the phone</td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="5"/></td> <td><input type="text" value="6"/></td> <td><input type="text" value="7"/></td> <td><input type="text" value="94"/></td> <td><input type="text" value="97"/></td> <td><input type="text" value="98"/></td> <td><input type="text" value="--"/></td> </tr> <tr> <td>c) Write, text, email or Facebook</td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="5"/></td> <td><input type="text" value="6"/></td> <td><input type="text" value="7"/></td> <td><input type="text" value="94"/></td> <td><input type="text" value="97"/></td> <td><input type="text" value="98"/></td> <td><input type="text" value="--"/></td> </tr> </tbody> </table>		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="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="94"/>	<input type="text" value="97"/>	<input type="text" value="98"/>	<input type="text" value="--"/>	b) Speak on the phone	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="94"/>	<input type="text" value="97"/>	<input type="text" value="98"/>	<input type="text" value="--"/>	c) Write, text, email or Facebook	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="94"/>	<input type="text" value="97"/>	<input type="text" value="98"/>	<input type="text" value="--"/>
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SC_3_3 Child SC_3_9a_3 SC_3_9b_3 SC_3_9c_3	<p>On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] child?</p> <table border="1"> <thead> <tr> <th></th> <th>Three or more times a week</th> <th>Once or twice a week</th> <th>Once or twice a month</th> <th>Every few months</th> <th>Once or twice a year</th> <th>Less than once a year</th> <th>Never</th> <th>Not applicable</th> <th>Unclear response</th> <th>Don't know</th> <th>Refused to answer</th> </tr> </thead> <tbody> <tr> <td>a) Meet up (both arranged and chance meeting)</td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="5"/></td> <td><input type="text" value="6"/></td> <td><input type="text" value="7"/></td> <td><input type="text" value="94"/></td> <td><input type="text" value="97"/></td> <td><input type="text" value="98"/></td> <td><input type="text" value="--"/></td> </tr> <tr> <td>b) Speak on the phone</td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="5"/></td> <td><input type="text" value="6"/></td> <td><input type="text" value="7"/></td> <td><input type="text" value="94"/></td> <td><input type="text" value="97"/></td> <td><input type="text" value="98"/></td> <td><input type="text" value="--"/></td> </tr> <tr> <td>c) Write, text, email or Facebook</td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="5"/></td> <td><input type="text" value="6"/></td> <td><input type="text" value="7"/></td> <td><input type="text" value="94"/></td> <td><input type="text" value="97"/></td> <td><input type="text" value="98"/></td> <td><input type="text" value="--"/></td> </tr> </tbody> </table>		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="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="94"/>	<input type="text" value="97"/>	<input type="text" value="98"/>	<input type="text" value="--"/>	b) Speak on the phone	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="94"/>	<input type="text" value="97"/>	<input type="text" value="98"/>	<input type="text" value="--"/>	c) Write, text, email or Facebook	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="94"/>	<input type="text" value="97"/>	<input type="text" value="98"/>	<input type="text" value="--"/>
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SC_3_3
Other

On average, how often [do/does] [you/he/she]do each of the following with [your/his/her] 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="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 94	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99
b) Speak on the phone	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 94	<input type="text"/> 97	<input type="text"/> 98	<input type="text"/> 99
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SC_3_95a_3

SC_3_95b_3

SC_3_95c_3

New
SC_28_3

If SC_0_3 = 1 or SC_0_3 =2 skip SC_30_3 and SC_31_3

I am now going to ask you some questions about your friends.
Friends can include family or staff as well as other types of friends

SC_28_i_3
from i = 1 to 4

	YES		NO		Sometimes		
[Do/Does] [you/Rname] have friends?		1		5		3	
[Do/Does] [you/Rname] have a best friend?							Skip if SC_28_1_3 = 5
Can [you/he/she] see friends when [you/he/she] [want/wants]?							Skip if SC_28_1_3 = 5
Can [you/he/she] go on a date if [you/he/she] [want/wants]?							
Do you ever feel lonely?							Ask only if SC_0_3 = 1 OR SC_0_3 = 2

Ask ALL Participants

SC_28_info_3

Any other information (Friendship scale)

IF SC_28_2_3 = 1 OR SC_28_2_3 = 3, then ask SC_29_3 - Others go to SC_4_3

SC_29_3

Who is [your/Rnames] best friend?

Family		1
Work colleague		2
Friend who has an intellectual disability		3
Other friend		4
Carer or person who provides a disability service		5

(National Disability Survey categories – Q8.2)
(Lead-in question about friendship: (Mehling & Tasse, 2014) [developed using data from National Core Indicators survey – these 5 questions were used as initial indicators of overall quality of social relationships])

SC_29A_3

IF SC_28_2_3 = 1 OR SC_28_2_3 = 3, then ask SC_29A_3

Is [your/Rnames] 'best friend' someone who lives with [you/him/her]?

Yes		1
No		5

Closeness Scale

Create new variable

SC_30_3 Closeness Scale (SC_30_01_3 + SC_30_02_3 + SC_30_03_3 + SC_30_04_03 + SC_30_05_3)/5

Note to programmer: If any single element of SC_30_3 is missing/(blank)/DK/RF/UR, the total scores will appear as missing

If SC_0_3 = 1 or SC_0_3 =2 SC_30_3 and SC_31_3

SC_30_3
New Q

Wave 3

SC_30_i_3
from i = 1 to
5

If SC_0_3 = 1 or SC_0_3 =2 SC_30_3 and SC_31_3

IF SC_28_2_3 = 1 OR SC_28_2_3 = 3, then ask SC_30_3

(SELF-REPORT ONLY)

IWER: Please explain response options using these scales before asking the questions

Bukowski et al (1994) – Closeness Sub-scale of the Friendship Qualities Scale:

	Not at all	A little	A lot	Unable to understand	Unclear response	Don't know	Refused to answer	SR not present – Proxy NOT to complete
If ____ had to move away, I would miss him/her	1	2	3	93	97	98	99	0
I feel happy when I am with _____	1	2	3	93	97	98	99	0
I think about _____ even when my friend is not around	1	2	3	93	97	98	99	0
When I do a good job at something, _____ is happy for me	1	2	3	93	97	98	99	0
Sometimes _____ does things for me, or makes me feel special	1	2	3	93	97	98	99	0

Ref: Bukowski, W.M., Hoza, B. & Boivin, M. (1994) 'Measuring friendship quality during pre- and early adolescence: The development and psychometric properties of the Friendship Qualities scale', Journal of social and personal relationships 11(3), 471-84

SC_5_3 IF SC_4_2_3 = 1 then ask SC_5_3 – Others go to SC_6_3

On average, how often [do/does] [you/he/she] do each of the following [your/his/her] friends, not counting any of [your/his/her] family members, staff or anyone who lives with [you/him/her]?

IWER: READ OUT AND CODE ONE

	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
SC_5a_3								
SC_5b_3	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 94
SC_5c_3	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 94
	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 94

(ELSA/IDS-TILDA)

SC_6_3 **(SELF-REPORT ONLY)**

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_6_3 to SC_16_3

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Now I would like to ask you some questions about happiness

Most of the time do you feel...?

Happy	<input type="text"/>	1
Not Happy	<input type="text"/>	2
Not Sure	<input type="text"/>	3

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

(Adapted from the Oxford Happiness Questionnaire, Oxford happiness inventory, and also from GDS Scale Brink TL, Yessavage JA Lum O, Heersema P, Adey MB, Rose TL)

SC_7_3

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_7_3

(SELF-REPORT ONLY)

What makes you happy?

IWER: Record SR response below

Unable to understand		93
Unclear response		97
Don't know		98
Refused to answer		99
SR not present – Proxy NOT to complete		0

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

SC_8_3

(SELF-REPORT ONLY)

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_8_3

INTRO: The next few questions are about how people sometimes feel.

Do you ever feel lonely?

IWER: PROBE IF NECESSARY 'Would you say Yes or No?'

Yes		1	(Go to SC_9_3)
No		5	(Go to SC_10_3)

Unable to understand		93	(Go to SC_10_3)
Unclear response		97	(Go to SC_10_3)
Don't know		98	(Go to SC_10_3)
Refused to answer		99	(Go to SC_10_3)
SR not present - Proxy NOT to complete		0	(Go to SC_10_3)

(IDS-TILDA/UCLA Loneliness Scale)

SC_9_3

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_9_3

(SELF-REPORT ONLY)

How often do you feel lonely? Would you say...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

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
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99
SR not present - Proxy NOT to complete	<input type="checkbox"/>	0

(IDS-TILDA)

SC_10_3

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_10_3

(SELF-REPORT ONLY)

IWER: Do you ever feel left out?

IWER: PROBE IF NECESSARY – ‘WOULD YOU SAY YES OR NO?’

Yes	<input type="checkbox"/>	1	(Go to SC_11_3)
No	<input type="checkbox"/>	5	(Go to SC_12_3)

Unable to understand	<input type="checkbox"/>	93	(Go to SC_12_3)
Unclear response	<input type="checkbox"/>	97	(Go to SC_12_3)
Don't know	<input type="checkbox"/>	98	(Go to SC_12_3)
Refused to answer	<input type="checkbox"/>	99	(Go to SC_12_3)
SR not present - Proxy NOT to complete	<input type="checkbox"/>	0	(Go to SC_12_3)

(IDS-TILDA/UCLA Loneliness Scale)

SC_11_3

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_11_3

(SELF-REPORT ONLY)

How often do you feel left out? Would you say...

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Most of the time		1
Some of the time		2
Hardly ever, never		3

Unable to understand		93
Unclear response		97
Don't know		98
Refused to answer		99
SR not present - Proxy NOT to complete		

(IDS-TILDA)

SC_12_3

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_12_3

(SELF-REPORT ONLY)

Do you find it difficult to make friends?

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

Yes		1
No		5

Unable to understand		93
Unclear response		97
Don't know		98
Refused to answer		99
SR not present - Proxy NOT to complete		0

(IDS-TILDA/UCLA Loneliness Scale)

SC_13_3

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_13_3

(SELF REPORT ONLY)

How often do you feel you lack friendship / friends?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Most of the time		1
Some of the time		2
Hardly ever, never		3

Unable to understand		93
Unclear response		97
Don't know		98
Refused to answer		99
SR not present – Proxy NOT to complete		0

(IDS-TILDA)

SC_14a_3

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_14a_3

(SELF-REPORT ONLY)

Do you ever feel isolated?

PROMPT: (Never asked out to socialize e.g. out for coffee, I live very far away from other people)

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Yes		1	(Go to SC_14b_3)
No		5	(Go to SC_15_3)

Unable to understand		93	(Go to SC_15_3)
Unclear response		97	(Go to SC_15_3)
Don't know		98	(Go to SC_15_3)
Refused to answer		99	(Go to SC_15_3)
SR not present – Proxy NOT to complete		0	(Go to SC_15_3)

UCLA/IDS-TILDA

SC_14b_3

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_14b_3

(SELF- REPORT ONLY)

How often do you feel isolated?

Most of the time		1
Some of the time		2
Hardly ever, never		3
Unable to understand		93
Unclear response		97
Don't Know		98
Refused to answer		99
SR not present – Proxy NOT to complete		0

SC_15_3

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_15_3

(SELF REPORT ONLY)

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)

IWER: PROBE IF NECESSARY – ‘WOULD YOU SAY YES OR NO?’

Yes		1	(Go to SC_16_3)
No		5	(Go to SC_17_3)

Unable to understand		93	(Go to SC_17_3)
Not applicable (e.g. completely dependent on others to interpret needs and wants etc.		94	(Go to SC_17_3)
Unclear response		97	(Go to SC_17_3)
Don't know		98	(Go to SC_17_3)
Refused to answer		99	(Go to SC_17_3)
SR not present – Proxy NOT to complete		0	(Go to SC_17_3)

(Adapted from Community Integration Questionnaire)

SC_16_3

SC_16_i_3
from i = 1 to
10,
95,97,98,99

If SC_0_3 = 1 or SC_0_3 = 2 then ask SC_16_3

(SELF REPORT ONLY)
Who do you confide in?

IWER: CODE ALL THAT APPLY

Spouse / Partner / Boyfriend / Girlfriend		1
Parent		1
Sibling		1
Grandparent		1
Aunt / Uncle		1
Cousin		1
Friend		1
Neighbour		1
Key worker / Support worker		1
Advocate		1
Other (Please specify)		95

SR not present – Proxy NOT to complete		0
Unclear response		97
Don't know		98
Refused to answer		99

(IDS-TILDA)

SC_17_3

[Do/Does] [you/he/she] have a pet?

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

Yes		1
No		5

Unable to understand		93
Unclear response		97
Don't know		98
Refused to answer		99

(IDS-TILDA)

SC_18_3

INTRO: The next questions are about help [you/Rname] gave or received regularly in the last two years from friends and neighbours.

In the last 2 years, did [your/his/her] neighbours or friends give [you/him/her] any kind of help, such as:

- Household help: help with home repairs, gardening, transportation, shopping or household chores
- 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 SC_18_oth_3)
No	<input type="checkbox"/>	5	(Go to SC_18_oth_3)

Unclear response	<input type="checkbox"/>	97	(Go to SC_20_3)
Don't know	<input type="checkbox"/>	98	(Go to SC_20_3)
Refused to answer	<input type="checkbox"/>	99	(Go to SC_20_3)

SC_18_oth_3

Please record any narrative information below

(SHARE/12months)

SC_19_3

If SC_18_3 =1 then ask SC_19_3

About how much help did [you/he/she] receive from 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

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

(IDS-TILDA)

SC_20_3

In the last 2 years, did [you/Rname] give any kind of help to [your/his/her] friends, and neighbours (who did not pay [you/him/her]) 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 SC_20_oth_3)
No	<input type="checkbox"/>	5	(Go to SC_20_oth_3)

Unclear response	<input type="checkbox"/>	97	(Go to SC_22_3)
Don't know	<input type="checkbox"/>	98	(Go to SC_22_3)
Refused to answer	<input type="checkbox"/>	99	(Go to SC_22_3)

Please record any narrative information below.

SC_20_oth_3

(SHARE)

SC_21_3

If SC_20_3 =1 then ask SC_21_3

About how much help did [you/he/she] 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

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

(IDS-TILDA)

<p>SC_22_3</p>	<p>[Do/Does] [you/he/she] provide support/help to a family member</p> <table border="1" data-bbox="300 324 1254 506"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to SC_23_3)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to SC_27_Comm_3)</td> </tr> <tr> <td>N/A - Don't have a family member</td> <td><input type="checkbox"/></td> <td>94</td> <td>(Go to SC_27_Comm_3)</td> </tr> </table> <table border="1" data-bbox="300 539 1126 752"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to SC_27_Comm_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to SC_27_Comm_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to SC_27_Comm_3)</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/>	1	(Go to SC_23_3)	No	<input type="checkbox"/>	5	(Go to SC_27_Comm_3)	N/A - Don't have a family member	<input type="checkbox"/>	94	(Go to SC_27_Comm_3)	Unclear response	<input type="checkbox"/>	97	(Go to SC_27_Comm_3)	Don't know	<input type="checkbox"/>	98	(Go to SC_27_Comm_3)	Refused to answer	<input type="checkbox"/>	99	(Go to SC_27_Comm_3)						
Yes	<input type="checkbox"/>	1	(Go to SC_23_3)																												
No	<input type="checkbox"/>	5	(Go to SC_27_Comm_3)																												
N/A - Don't have a family member	<input type="checkbox"/>	94	(Go to SC_27_Comm_3)																												
Unclear response	<input type="checkbox"/>	97	(Go to SC_27_Comm_3)																												
Don't know	<input type="checkbox"/>	98	(Go to SC_27_Comm_3)																												
Refused to answer	<input type="checkbox"/>	99	(Go to SC_27_Comm_3)																												
<p>SC_23_3</p> <p>SC_23_i_3 for i = 1 to 5, 95,oth, 97,98,99</p>	<p>Who [do/does] [you/he/she] provide support/help to...?</p> <p>IWER: TICK ALL THAT APPLY</p> <table border="1" data-bbox="300 1021 936 1429"> <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>95</td> </tr> <tr> <td colspan="3">Please tell us</td> </tr> </table> <table border="1" data-bbox="300 1496 863 1610"> <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>	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"/>	95	Please tell us			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"/>	95																													
Please tell us																															
Unclear response	<input type="checkbox"/>	97																													
Don't know	<input type="checkbox"/>	98																													
Refused to answer	<input type="checkbox"/>	99																													
<p>SC_24_3</p> <p>SC_24_i_3 for i = 1 to 7, 95,oth,97,98,99</p>	<p>What support [do/does] [you/he/she] provide?</p> <p>IWER: TICK ALL THAT APPLY</p> <table border="1" data-bbox="300 1809 1203 2009"> <tr> <td>Day to day support i.e washing, dressing, cooking</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Help with shopping</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Help with remembering day to day items and events</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Support with mobility e.g going up and down stairs / from room to room</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Emotional support i.e. companionship</td> <td><input type="checkbox"/></td> <td>1</td> </tr> </table>	Day to day support i.e 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 i.e. companionship	<input type="checkbox"/>	1															
Day to day support i.e 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 i.e. companionship	<input type="checkbox"/>	1																													

Financial support		1
Full support – do everything for them		1
Other		95

Please tell us

Unclear response		97
Don't know		98
Refused to answer		99

SC_25_3

How satisfied [are/is] [you/he/she] with providing support/help to a family member?

Very satisfied		1	(Go to SC_25_info_3)
Satisfied		2	(Go to SC_25_info_3)
Not Satisfied		3	(Go to SC_25_info_3)

Unclear response		97	(Go to SC_27_comm_3)
Don't know		98	(Go to SC_27_comm_3)
Refused to answer		99	(Go to SC_27_3_comm)

SC_25_info_3

Please tell us more about this

SC_27_Comm_3
New Q Wave 3

Sense of belonging / Connection with community

IWER: Please state the specific name local community
SC_27_info_3 _____ (e.g.) Clonsilla, Palmerstown) so the person refers to the
general locality, rather than a service campus

SC_27_3

IWER: Sense of belonging refers to if the person feels like they are a part of their community
(and interviewer should name the community e.g. Clonsilla, Blackrock, to clarify what is
meant by community

[Do/Does] [you/he/she] feel a part of the community of _ (SC_27_Comm_3) _?

A Little	<input type="checkbox"/>	1
A lot	<input type="checkbox"/>	2
Not at all	<input type="checkbox"/>	3
	<input type="checkbox"/>	

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

(Capriano & hystad, 2011 shields, 2008: Romans et al., 2010; Wister & Wanless, 2007; Ross, 2002)

SC_26_3

Any Other Information (Social Connectedness):

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PC_0_3

TO BE COMPLETED THE BY INTERVIEWER

IWER: Who is completing this section

Self report only	<input type="checkbox"/>	1
SR and Proxy	<input type="checkbox"/>	2
Proxy only	<input type="checkbox"/>	3

(TILDA)

PC_1_3

Create new variable PC_1_mean_3 to appear in dataset only (for office use) and not in the CAPI during the interview
(PC_1_01_3 + PC_1_02_3 +PC_1_13_3)/13

Note to Programmer: If any single element of PC_1_3 is missing(blank)/DK/RF/UR/NA the total scores will appear as missing

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.

No choice should be used in situations where there are no options available to the individual and/or the staff that support the individual in choice-making. An example would be where an individual is not given option of searching/applying/having a job – employment is not considered an option or feasible for the individual and the decision as to whether the individual would like to have a job or not, and what job that would be, is not provided. In effect no choice opportunity is present.

IWER: In general, who chooses ...?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

		Supported Choice				Someone Else								
		Self	Relative	Friend	Support Staff	Relative	Friend	Support Staff / Service						
PC_1_i_3 for i = 1 to 1 to 13	The food [you/he/she] [eat/eats]?	1	2	3	4	5	6	7	8	97	98	99	94	
	What food is cooked in [your/his/her] home?	1	2	3	4	5	6	7	8	97	98	99	94	
	The clothes [you/he/she] [wear/wears]?	1	2	3	4	5	6	7	8	97	98	99	94	
	Who [you/he/she] [spend/spends] [your/his/her] free time with?	1	2	3	4	5	6	7	8	97	98	99	94	
	Where [you/he/she] [go/goes] in [your/his/her] free time?	1	2	3	4	5	6	7	8	97	98	99	94	
	How [you/he/she] [spend/spends] [your/his/her] money	1	2	3	4	5	6	7	8	97	98	99	94	
	What time [you/he/she] [go/goes] to bed	1	2	3	4	5	6	7	8	97	98	99	94	
	What job [you/he/she] [have/has]	1	2	3	4	5	6	7	8	97	98	99	94	

Where [you/he/she] [live/lives]	1		2	3	4		5	6	7		8	97	98	99	94
Who [you/he/she] [live/lives] with	1		2	3	4		5	6	7		8	97	98	99	94
What support [you/he/she] may receive	1		2	3	4		5	6	7		8	97	98	99	94
How [do/does] [you/he/she] decorate [your/his/her] room	1		2	3	4		5	6	7		8	97	98	99	94
Where [you/he/she] [keep/keeps] [your/his/her] money	1		2	3	4		5	6	7		8	97	98	99	94

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

PC_15_3

New Q

Wave 3

Amend in
new doc

IWER: Read the following statement to the participant:

How [do/does] [you/he/she] usually handle instructions from the doctor or nurse to do something such as getting blood pressure checked or taking [your/his/her] medications?

TICK ONE ONLY

[I/He/She] [do/does] these things by [myself/himself/herself] IWER: Mostly independently (or "self-manage")		1
Other people help [me/him/her/] with these things IWER: Together with family members or close friends or staff ("co-manage")		2
Other people do these things for [me/him/her] IWER: Mostly managed by others (example family or staff)		3
It changes, sometimes [I/he/she] [get/gets] help, sometimes [I/he/she] [do/does] these thing [myself/himself/herself] IWER: It varied		4

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

(Wolff and boyd, 2015 based on 2012 national health and aging trends study)

PC_16_3

IWER: Read the following statement to the participant:

“People today are faced with many decisions about their health care - for example: whether to start a new medication or change an old medication.

We want to know how [you/he/she] usually [make/makes] these decisions

TICK ONE ONLY

Make decisions on [my/his/her] own without much help or advice from anyone		1
Get advice or help from the doctor and then make the decision [myself/himself/herself]		2
Get advice or help from [my/his/her] family/friends/staff and then make the decision [myself/himself/herself]		3
Make decisions together with the doctor		4
Make decisions together with family/friends/staff		5
[I/He/She] [am/is] not involved in the decision, the doctor decides		6
Decisions are made as part of a multi-disciplinary team meeting with [me/him/her]		7
Decisions are made as part of a multi-disciplinary team meeting but [I/he/she] [do/does] not attend		8

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

(Wolff and boyd, 2015 based on 2012 national health and aging trends study)

PC_18_3
New Q
Wave 3

Can you tell me how often are these things difficult for [you/him/her] to do?

Never / hardly ever		1
Sometimes		2
Often		3

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

(Wolff and boyd, 2015 based on 2012 national health and aging trends study)

PC_19_3
New Q

Can you tell me how often are these things difficult for [your/his/her] family or close friends to h

Wave 3

Never / hardly ever		1
Sometimes		2
Often		3

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

PC_20_3
New Q

Can you tell me how often do these things that [you/he/she] [do/does] to stay healthy or treat h
problems get delayed?

Wave 3

Never / hardly ever		1
Sometimes		2
Often		3

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

(Wolff and boyd, 2015 based on 2012 national health and aging trends study)

PC_21_3
New Q
Wave 3

Can you tell me how often [do/does] [you/he/she] feel that doctors or other providers ask [you/h

Never/ hardly ever		1
Sometimes		2
Often		3

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

PC_22_3
New q
wave 3

[Do/Does] [you/he/she] have a formal written plan (decision agreement plan) in place that includ
[you/he/she] may need to make decisions about [your/his/her] life?

IWER: By a decision agreement plan we mean is there a plan in place which highlights the individual need for support in making decisions (such as what clothes [you/he/she] wear, h
[spend/spends] [your/his/her] money, where [you/he/she] [live/lives], who [you/he/she] [live/lives
specifying what type of support is needed to make decisions and who should provide this supp

IWER: This may be co-decision maker agreement, decision – making assistance agreement or other

Yes In progress	1	
Yes full / complete	2	
-No but have plans make a decision agreement plan	3	
No	4	
Not needed / did not want	5	
No individual plan but organisational protocol in place	6	

(Referring to Assisted Decision capacity bill)

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

PC_23_3

New Q
wave 3

IWER: SELF REPORT ONLY

If PC_0_3 = 1 or PC_0_3 = 2, then ask PC_23_3

Thinking about the year ahead, are there any things you would like to do or achieve in the next year? These can be big or small goals you have.

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

Yes	<input type="checkbox"/> 1	(Go to PC_24_3)
No	<input type="checkbox"/> 5	(Go to PC 2_3)

Unable to understand	93	(Go to PC 2_3)
Unclear response	<input type="checkbox"/> 97	(Go to PC 2_3)
Don't know	<input type="checkbox"/> 98	(Go to PC 2_3)
Refused to answer	<input type="checkbox"/> 99	(Go to PC 2_3)
SR not present Proxy NOT to answer question	0	(Go to PC_2_3)

PC_24_3

New q
wave 3

(SELF-REPORT ONLY)

If PC_0_3 = 1 or PC_0_3 = 2, then ask PC_24_3

What are these things/goals? (open ended question)

(Please specify)

PC_2_3

IWER: ANSWERED BY ALL PARTICIPANTS

IWER: [Do/Does] [you/he/she] have a personal plan?

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

Yes	<input type="checkbox"/> 1	(Go to PC_3_3)
No	<input type="checkbox"/> 5	(Go to PC_5_3)

Unclear response	<input type="checkbox"/> 97	(Go to PC_5_3)
Don't know	<input type="checkbox"/> 98	(Go to PC_5_3)
Refused to answer	<input type="checkbox"/> 99	(Go to PC_5_3)

(IDS-TILDA/National Quality Standards)

PC_3_3

IWER: ANSWERED BY ALL PARTICIPANTS

IWER: Does [your/his/her] plan include what support [you/he/she] will need to achieve [your/his/her] goals?

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

Yes	<input type="checkbox"/> 1	(Go to PC_25_3)
No	<input type="checkbox"/> 5	(Go to PC_25_3)

Unclear response	<input type="checkbox"/> 97	(Go to PC_25_3)
Don't know	<input type="checkbox"/> 98	(Go to PC_25_3)
Refused to answer	<input type="checkbox"/> 99	(Go to PC_25_3)

(IDS-TILDA/National Quality Standards)

PC_25_3
 New Q
 Wave 3

(SELF-REPORT ONLY)
 If PC_0_3 = 1 or PC_0_3 = 2, then ask PC_25_3

Are these things/goals you would like to do, that you mentioned above included in your plan?

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

Yes	<input type="checkbox"/> 1	(Go to PC_26_3)
No	<input type="checkbox"/> 5	(Go to PC_26_3)
Unable to understand	93	(Go to PC_26_3)
Unclear response	<input type="checkbox"/> 97	(Go to PC_26_3)
Don't know	<input type="checkbox"/> 98	(Go to PC_26_3)
Refused to answer	<input type="checkbox"/> 99	(Go to PC_26_3)
SR not present - Proxy NOT to answer question	<input type="checkbox"/> 0	(Go to PC_27_3)

PC_26_3
 New Q
 Wave 3

(SELF-REPORT ONLY) (To be completed by interviewer only)
 If PC_0_3 = 1 or PC_0_3 = 2, then ask PC_26_3

IWER: Record here if individual and/or proxy needed to check the actual PCP for this information

Yes	<input type="checkbox"/> 1	(Go to PC_27_3)
No	<input type="checkbox"/> 5	(Go to PC_27_3)
Don't know	<input type="checkbox"/> 98	(Go to PC_27_3)

PC_27_3

New Q

Wave 3

IWER: To be answered by all Participants

Think about [your/his/her] plan last year, did [you/he/she] achieve the goals included in [your/his/her] plan?

Yes all		1	(Go to PC_5_3)
Yes most		2	(Go to PC_28_3)
Yes some		3	(Go to PC_28_3)
No none of the goals		4	(Go to PC_28_3)

Unclear response	<input type="checkbox"/> 97	(Go to PC_5_3)
Don't know	<input type="checkbox"/> 98	(Go to PC_5_3)
Refused to answer	<input type="checkbox"/> 99	(Go to PC_5_3)

New Q

PC_28_3

What were the reasons [you/he/she] didn't achieve [your/his/her] goals last year?

PC_5_3

IWER: [Do/Does] [you/he/she] have a key worker?

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

Yes	<input type="checkbox"/> 1	(Go to PC_9_3)
No	<input type="checkbox"/> 5	(Go to PC_9_3)

Unclear response	<input type="checkbox"/> 97	(Go to PC_9_3)
Don't know	<input type="checkbox"/> 98	(Go to PC_9_3)
Refused to answer	<input type="checkbox"/> 99	(Go to PC_9_3)

(IDS-TILDA/HIQA National Quality Standard)

PC_9_3

IWER: [Do/Does] [you/he/she] 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/he/she] [receive/receives] and can include family and friends**

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

(IDS-TILDA/National Quality Standards)

PC_10_3

IWER: [Do/Does] [you/he/she] have access to a professional advocacy service, if [you/Rname] so wished? This can be provided within the service provider organisation or external to it.

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

(IDS-TILDA/National Quality Standards)

PC_11_3

Any Other Information (Personal Choices)

Note to Programmer: Proxy interview ends here for PC section and goes to next section.

Quality of Life

(SELF-REPORT ONLY)

IF PC_0_3 = 1 or if PC_0_3 = 2, then ask **PC_29_3**

IWER: Now we are going to ask you some questions about how you feel about your life and what things make you happy

	Sad (0)	Neither happy or sad (1)	Happy (2)	SR not present Proxy -NOT to answer question (-0)
How happy do you feel about your life as a whole?				

Personal wellbeing Index – Intellectual Disability Robert A Cummins

(SELF-REPORT ONLY)

PC_30_3
New Q
Wave 3

If PC_0_3 = 1 or if PC_0_3 = 2, then ask **PC_30_3**

$PC_QoL_3 = PC_30_01_3 + PC_30_02_3 + PC_30_03_3 + PC_30_04_3 + PC_30_05_3 + PC_30_06_3 + PC_30_07_3$

Note to Programmer: To appear in dataset only, not CAPI. If any single element of PC_QoL_3 is missing/(blank)/DK/RF/UR, the total scores will appear as missing

How happy do you feel about.....?

	Sad (0)	Neither happy or sad (1)	Happy (2)	SR not present - Proxy NOT to answer question (-0)
The things you have? Like the money you have and the things you have and the things you own?				
How healthy you are?				
The things you make or the things you learn?				
Getting on with the people you know?				
How safe you feel?				
Doing things outside your home?				
How things will be later on in your life?				

Personal wellbeing Index – Intellectual Disability Robert A Cummin

Satisfaction with Life Scale (SWLS)

PC_SWLS_3 (SELF-REPORT ONLY)

Note to Programmer: IF PC_0_3 = 1 or if PC_0_3 = 2, then ask [PC_33_3 to PC_38_3](#), PC_QoL_3

IWER: Below are five statements that you may agree or disagree with.
Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate Number on the line preceding that item.

IWER: Please be open and honest in your responding.

Reference: Diener, E., Emmons, R.A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.

PC_33_3

(Self-report only)

In most ways my life is close to my ideal

Strongly agree		7
Agree		6
Slightly agree		5
Neither agree nor disagree		4
Slightly disagree		3
Disagree		2
Strongly disagree		1

PC_34_3

(Self-report only)

The conditions of my life are excellent

Strongly agree		7
Agree		6
Slightly agree		5
Neither agree nor disagree		4
Slightly disagree		3
Disagree		2
Strongly disagree		1

PC_35_3

(Self-report only)

The conditions of my life are excellent

Strongly agree		7
Agree		6
Slightly agree		5
Neither agree nor disagree		4
Slightly disagree		3
Disagree		2
Strongly disagree		1

PC_36_3	<p>(Self-report only)</p> <p>I am satisfied with my life</p> <table border="1" data-bbox="272 327 1064 611"> <tr><td>Strongly agree</td><td></td><td>7</td></tr> <tr><td>Agree</td><td></td><td>6</td></tr> <tr><td>Slightly agree</td><td></td><td>5</td></tr> <tr><td>Neither agree nor disagree</td><td></td><td>4</td></tr> <tr><td>Slightly disagree</td><td></td><td>3</td></tr> <tr><td>Disagree</td><td></td><td>2</td></tr> <tr><td>Strongly disagree</td><td></td><td>1</td></tr> </table>	Strongly agree		7	Agree		6	Slightly agree		5	Neither agree nor disagree		4	Slightly disagree		3	Disagree		2	Strongly disagree		1
Strongly agree		7																				
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Neither agree nor disagree		4																				
Slightly disagree		3																				
Disagree		2																				
Strongly disagree		1																				
PC_37_3	<p>(Self-report only)</p> <p>So far I have gotten the important things I want in life</p> <table border="1" data-bbox="272 781 1064 1066"> <tr><td>Strongly agree</td><td></td><td>7</td></tr> <tr><td>Agree</td><td></td><td>6</td></tr> <tr><td>Slightly agree</td><td></td><td>5</td></tr> <tr><td>Neither agree nor disagree</td><td></td><td>4</td></tr> <tr><td>Slightly disagree</td><td></td><td>3</td></tr> <tr><td>Disagree</td><td></td><td>2</td></tr> <tr><td>Strongly disagree</td><td></td><td>1</td></tr> </table>	Strongly agree		7	Agree		6	Slightly agree		5	Neither agree nor disagree		4	Slightly disagree		3	Disagree		2	Strongly disagree		1
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Slightly disagree		3																				
Disagree		2																				
Strongly disagree		1																				
PC_38_3	<p>(Self-report only)</p> <p>If I could live my life over, I would change almost nothing.</p> <table border="1" data-bbox="272 1220 1064 1532"> <tr><td>Strongly agreeExtremely satisfied</td><td></td><td>731—35</td></tr> <tr><td>AgreeSatisfied</td><td></td><td>626—30</td></tr> <tr><td>Slightly agreeSlightly satisfied</td><td></td><td>521—25</td></tr> <tr><td>Neither agree nor disagreeNeutral</td><td></td><td>420</td></tr> <tr><td>Slightly disagreeSlightly dissatisfied</td><td></td><td>315—19</td></tr> <tr><td>DisagreeDissatisfied</td><td></td><td>210—14</td></tr> <tr><td>Strongly disagreeExtremely dissatisfied</td><td></td><td>15—9</td></tr> </table>	Strongly agree Extremely satisfied		7 31—35	Agree Satisfied		6 26—30	Slightly agree Slightly satisfied		5 21—25	Neither agree nor disagree Neutral		4 20	Slightly disagree Slightly dissatisfied		3 15—19	Disagree Dissatisfied		2 10—14	Strongly disagree Extremely dissatisfied		1 5—9
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Disagree Dissatisfied		2 10—14																				
Strongly disagree Extremely dissatisfied		1 5—9																				
PC_QoL_3	<p>(Self-Report Only) Any other information (Quality of Life)</p>																					

Section 6: Occupation(OC)

OC_0_3

TO BE COMPLETED THE BY INTERVIEWER

IWER: How will this section completed?

Self-report only	<input type="checkbox"/>	1
SR and Proxy	<input type="checkbox"/>	2
Proxy only	<input type="checkbox"/>	3

(TILDA)

OC_2A_3

Blue added to question

INTRO: Now I would like to ask you questions about work and retirement.
Which one of these would you say best describes [your/Rname's] current situation?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Retired	<input type="checkbox"/>	1
Employed, which includes: <ul style="list-style-type: none"> • Supported Employment Scheme • Sheltered Work (training centre)/ Workshop • Participating in apprenticeship or employment programme - such as Community Employment • Temporarily away from work 	<input type="checkbox"/>	2
Self-Employed (including farming)	<input type="checkbox"/>	3
Unemployed and looking for work	<input type="checkbox"/>	4
Unemployed and NOT looking for work	<input type="checkbox"/>	5
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

OC_2B_3

[Do/Does] [you/he/she] attend/do any of the following?

IWER: CODE ALL THAT APPLY

				If yes, for how long per week (in hours and minutes)	
				Hours	Minutes
OC_2B_1_3	In education or training	1		OC_2B_1hrs_3	OC_2B_1mins_3
OC_2B_2_3	Attend day service/activation in the community	1		OC_2B_2hrs_3	OC_2B_2mins_3
OC_2B_3_3	Attend day service / activation in a service provider setting	1		OC_2B_3hrs_3	OC_2B_3mins_3
OC_2B_4_3	Receive day activation at home	1		OC_2B_4hrs_3	OC_2B_4mins_3
OC_2B_5_3	Attend active age facility	1		OC_2B_5hrs_3	OC_2B_5mins_3
OC_2B_95_3	Other	95	3	OC_2B_95hrs_3	OC_2B_95mins_3
OC_2B_oth_3	(Please specify)	oth			

[I/He/She] [don't/doesn't] do anything specific during the day	94	
Unclear response	<input type="checkbox"/> 97	
Don't know	<input type="checkbox"/> 98	
Refused to answer	<input type="checkbox"/> 99	

OC_57_Day_3
New Wave 3

Note to Programmer: Record name of day of week and add separate text box for each cell in table

Could you describe what [you/Rname] did yesterday, including what activities and where you did these activities?

Day of week: _____ (Drop down menu for days of week)

OC_57_i_3
for i = 1 to 12

Time of Day	Activity (met friends for lunch; went to day service for 2 hours; stayed in bed...)	Where [you/he/she] did this activity? (at home, café, library, service provider setting etc.)
Morning (up to 10am)		
Mid-morning		
Lunch time (12-2pm)		
Afternoon (12-4pm)		
Early evening		
Evening (6pm and later)		

OC_58_3
New Wave 3

Would you say this is the same as every [include name of day here]?

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>OC_59_3</p> <p>New Q Wave 3</p>	<p>Is this what [you/he/she] wanted to do yesterday ?</p> <table border="1"> <tr> <td data-bbox="288 277 580 409">Yes</td> <td data-bbox="580 277 702 409"><input type="checkbox"/> 1</td> <td data-bbox="702 277 1238 409">(Go to OC_62_3)</td> </tr> <tr> <td data-bbox="288 409 580 495">No</td> <td data-bbox="580 409 702 495"><input type="checkbox"/> 5</td> <td data-bbox="702 409 1238 495">(Go to OC_60_3)</td> </tr> <tr> <td data-bbox="288 562 580 647">Unclear response</td> <td data-bbox="580 562 702 647"><input type="checkbox"/> 97</td> <td data-bbox="702 562 1238 647">(Go to OC_62_3)</td> </tr> <tr> <td data-bbox="288 647 580 732">Don't know</td> <td data-bbox="580 647 702 732"><input type="checkbox"/> 98</td> <td data-bbox="702 647 1238 732">(Go to OC_62_3)</td> </tr> <tr> <td data-bbox="288 732 580 817">Refused to answer</td> <td data-bbox="580 732 702 817"><input type="checkbox"/> 99</td> <td data-bbox="702 732 1238 817">(Go to OC_62_3)</td> </tr> </table>	Yes	<input type="checkbox"/> 1	(Go to OC_62_3)	No	<input type="checkbox"/> 5	(Go to OC_60_3)	Unclear response	<input type="checkbox"/> 97	(Go to OC_62_3)	Don't know	<input type="checkbox"/> 98	(Go to OC_62_3)	Refused to answer	<input type="checkbox"/> 99	(Go to OC_62_3)									
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<p>OC_60_3</p> <p>New Q Wave 3</p>	<p>If no, what would [you/he/she] have preferred to have done on that day ?</p> <p>(Please specify)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>																								
<p>OC_61_3</p> <p>New Q Wave 3</p>	<p>What were the reasons [you/he/she] could not do what [you/he/she] wanted to do yesterday?</p> <p>Code ONE that applies</p> <table border="1"> <tr> <td data-bbox="288 1413 1070 1451">Was not feeling well</td> <td data-bbox="1070 1413 1102 1451"></td> <td data-bbox="1102 1413 1238 1451">1</td> </tr> <tr> <td data-bbox="288 1451 1070 1489">Did not have anyone support [me/him/her] to do it</td> <td data-bbox="1070 1451 1102 1489"></td> <td data-bbox="1102 1451 1238 1489">2</td> </tr> <tr> <td data-bbox="288 1489 1070 1527">Was not allowed (no choice)</td> <td data-bbox="1070 1489 1102 1527"></td> <td data-bbox="1102 1489 1238 1527">3</td> </tr> <tr> <td data-bbox="288 1527 1070 1565">Could not afford to</td> <td data-bbox="1070 1527 1102 1565"></td> <td data-bbox="1102 1527 1238 1565">4</td> </tr> <tr> <td data-bbox="288 1565 1070 1603">Did not know how to get there</td> <td data-bbox="1070 1565 1102 1603"></td> <td data-bbox="1102 1565 1238 1603">5</td> </tr> <tr> <td data-bbox="288 1603 1070 1767">Other (Please specify)</td> <td data-bbox="1070 1603 1102 1767"></td> <td data-bbox="1102 1603 1238 1767">95</td> </tr> </table> <table border="1"> <tr> <td data-bbox="288 1805 580 1881">Unclear response</td> <td data-bbox="580 1805 702 1881"><input type="checkbox"/> 97</td> </tr> <tr> <td data-bbox="288 1881 580 1957">Don't know</td> <td data-bbox="580 1881 702 1957"><input type="checkbox"/> 98</td> </tr> <tr> <td data-bbox="288 1957 580 2033">Refused to answer</td> <td data-bbox="580 1957 702 2033"><input type="checkbox"/> 99</td> </tr> </table>	Was not feeling well		1	Did not have anyone support [me/him/her] to do it		2	Was not allowed (no choice)		3	Could not afford to		4	Did not know how to get there		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
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<p>OC_62_3</p>	<p>Can you tell me what [you/Rname] did last weekend?</p> <p>IWER: Weekend refers to Saturday and Sunday. Ask respondent to think of the last full weekend, so if interviewing on a Saturday this question refers to the weekend previous</p> <p>Please specify</p>																														
<p>OC_63_3</p> <p>New Q</p> <p>Wave 3</p>	<p>How many days in the last week (including the weekend) did [you/he/she] stay at home all day? _____ number of days</p> <p>(If OC_63_3 = 0 Go to OC_65_3, OTHERS GO TO OC_64_3)</p> <table border="1" data-bbox="288 790 1155 1043"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td>(Go to next section)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td>(Go to next section)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td>(Go to next section)</td> </tr> </table>	Unclear response	<input type="checkbox"/> 97	(Go to next section)	Don't know	<input type="checkbox"/> 98	(Go to next section)	Refused to answer	<input type="checkbox"/> 99	(Go to next section)																					
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<p>OC_64_3</p> <p>New q</p> <p>Wave 3</p>	<p>What were the reasons [you/he/she] did not leave the house?</p> <p>IWER: Select one only</p> <table border="1" data-bbox="288 1247 1241 1509"> <tr> <td>Staff / resource issues</td> <td></td> <td>1</td> </tr> <tr> <td>Ill Health</td> <td></td> <td>2</td> </tr> <tr> <td>Bad Weather</td> <td></td> <td>3</td> </tr> <tr> <td>Challenging behaviour</td> <td></td> <td>4</td> </tr> <tr> <td>Mood / didn't feel like it</td> <td></td> <td>5</td> </tr> <tr> <td>Personal choice / didn't want to</td> <td></td> <td>6</td> </tr> <tr> <td>Other (Please specify)</td> <td></td> <td>95</td> </tr> </table> <table border="1" data-bbox="288 1579 946 1832"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td></td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td></td> </tr> </table>	Staff / resource issues		1	Ill Health		2	Bad Weather		3	Challenging behaviour		4	Mood / didn't feel like it		5	Personal choice / didn't want to		6	Other (Please specify)		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																														
<p>OC_65_3</p>	<p>Any Other Information (Occupation)</p>																														

Technology

LE_17_3

[Do/Does] [you/Rname] own a mobile phone?

Yes	<input type="checkbox"/>	1	(Go to LE_25_3)
No	<input type="checkbox"/>	5	(Go to LE_19_3)

Unclear response	<input type="checkbox"/>	97	(Go to LE_19_3)
Don't know	<input type="checkbox"/>	98	(Go to LE_19_3)
Refused to answer	<input type="checkbox"/>	99	(Go to LE_19_3)

(IDS-TILDA & Wehmeyer et al 2006)

LE_25_3

[Do/Does] [you/he/she] use [your/his/her] mobile phone?

New question wave 3

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5
[I/He/She] [do/does] not know how to use a mobile phone	<input type="checkbox"/>	2

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

(IDS-TILDA)

LE_19_3

[Do/Does] [you/he/she] have access to a computer, **laptop, tablet or smartphone** on a regular basis?

Add blue to sentence

(IWER prompt: For example [do/does] [you/he/she] attend computer classes?)

Yes	<input type="checkbox"/>	1	(Go to LE_26_3)
No	<input type="checkbox"/>	5	(Go to LE_21_3)

Unclear response	<input type="checkbox"/>	97	(Go to LE_21_3)
Don't know	<input type="checkbox"/>	98	(Go to LE_21_3)
Refused to answer	<input type="checkbox"/>	99	(Go to LE_21_3)

(IDS-TILDA)

<p>LE_26_3</p> <p>New question wave 3</p>	<p>How often [do/does] [you/he/she] use a computer, laptop, tablet or smartphone</p> <table border="1"> <tr><td>Most of the time</td><td><input type="checkbox"/></td><td>1</td></tr> <tr><td>Sometimes</td><td><input type="checkbox"/></td><td>2</td></tr> <tr><td>Rarely</td><td><input type="checkbox"/></td><td>3</td></tr> <tr><td>Never</td><td><input type="checkbox"/></td><td>4</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>	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																												
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<p>LE_21_3</p>	<p>[Do/Does] [you/he/she] have any difficulty with computers eg. turning a computer on, sending an e mail, logging onto the internet....</p> <table border="1"> <tr><td>Yes</td><td><input type="checkbox"/></td><td>1</td><td>(Go to LE_22_3)</td></tr> <tr><td>No</td><td><input type="checkbox"/></td><td>5</td><td>(Go to LE_23_3)</td></tr> </table> <table border="1"> <tr><td>Unclear response</td><td><input type="checkbox"/></td><td>97</td><td>(Go to LE_22_3)</td></tr> <tr><td>Don't know</td><td><input type="checkbox"/></td><td>98</td><td>(Go to LE_22_3)</td></tr> <tr><td>Refused to answer</td><td><input type="checkbox"/></td><td>99</td><td>(Go to LE_22_3)</td></tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/>	1	(Go to LE_22_3)	No	<input type="checkbox"/>	5	(Go to LE_23_3)	Unclear response	<input type="checkbox"/>	97	(Go to LE_22_3)	Don't know	<input type="checkbox"/>	98	(Go to LE_22_3)	Refused to answer	<input type="checkbox"/>	99	(Go to LE_22_3)																													
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<p>LE_22_3</p> <p>LE_22_i_3 for i = 1 to 6</p>	<p>Please answer yes or no to the following statements</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Yes with assistance</th> <th colspan="2">Yes, without assistance</th> <th colspan="2">No</th> </tr> </thead> <tbody> <tr> <td>[I/He/She] can type [my/his/her] name on a keyboard</td> <td><input type="checkbox"/></td><td>1</td> <td><input type="checkbox"/></td><td>2</td> <td><input type="checkbox"/></td><td>5</td> </tr> <tr> <td>[I/He/She] can type a letter</td> <td><input type="checkbox"/></td><td>1</td> <td><input type="checkbox"/></td><td>2</td> <td><input type="checkbox"/></td><td>5</td> </tr> <tr> <td>[I/He/She] can turn on a computer</td> <td><input type="checkbox"/></td><td>1</td> <td><input type="checkbox"/></td><td>2</td> <td><input type="checkbox"/></td><td>5</td> </tr> <tr> <td>[I/He/She] can send an email</td> <td><input type="checkbox"/></td><td>1</td> <td><input type="checkbox"/></td><td>2</td> <td><input type="checkbox"/></td><td>5</td> </tr> <tr> <td>[I/He/She] can look up topics of interests on Google</td> <td><input type="checkbox"/></td><td>1</td> <td><input type="checkbox"/></td><td>2</td> <td><input type="checkbox"/></td><td>5</td> </tr> <tr> <td>[I/He/She] can use social media sites such as Facebook, Twitter</td> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td></td> </tr> </tbody> </table> <p>(IDS-TILDA)</p>		Yes with assistance		Yes, without assistance		No		[I/He/She] can type [my/his/her] name on a keyboard	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	5	[I/He/She] can type a letter	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	5	[I/He/She] can turn on a computer	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	5	[I/He/She] can send an email	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	5	[I/He/She] can look up topics of interests on Google	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	5	[I/He/She] can use social media sites such as Facebook, Twitter	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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Section: 7 Physical Health Section (PH)

**Section 7A: Health and Communication
Overall Health**

PH_0_3	<p>How will this section be completed?</p> <table border="1"> <tr> <td>Self Report Only</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Self Report and Proxy</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Proxy Only</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table>	Self Report Only	<input type="checkbox"/>	1	Self Report and Proxy	<input type="checkbox"/>	2	Proxy Only	<input type="checkbox"/>	3															
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Self Report and Proxy	<input type="checkbox"/>	2																							
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PH_1_3	<p>INTRO: Now I would like to ask you some questions about [your/Rname's] health.</p> <p>Would you say [your/Rname's] 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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PH_2_3	<p>Now thinking about [your/his/her] physical health, which includes physical illness and injury, how many days during the past 30 days was [your/Rname's] physical health not good?</p> <p>_____ Day(s) (Constrain to 30 days: 0.....30)</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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Refused to answer	<input type="checkbox"/>	99																							

PH_3_3	<p>Would you say [your/his/her] emotional or mental health is...?</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;">Excellent</td><td style="width: 30px; text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="width: 20px; text-align: center;">1</td></tr> <tr><td style="padding: 2px;">Very good</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">2</td></tr> <tr><td style="padding: 2px;">Good</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">3</td></tr> <tr><td style="padding: 2px;">Fair</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">4</td></tr> <tr><td style="padding: 2px;">Poor</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">5</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="width: 30px; text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="width: 20px; text-align: center;">97</td></tr> <tr><td style="padding: 2px;">Don't know</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">98</td></tr> <tr><td style="padding: 2px;">Refused to answer</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">99</td></tr> </table> <p style="margin-top: 10px;">(ELSA/HRS/SHARE/TILDA)</p>	Excellent	<input style="width: 100%; height: 15px;" type="checkbox"/>	1	Very good	<input style="width: 100%; height: 15px;" type="checkbox"/>	2	Good	<input style="width: 100%; height: 15px;" type="checkbox"/>	3	Fair	<input style="width: 100%; height: 15px;" type="checkbox"/>	4	Poor	<input style="width: 100%; height: 15px;" type="checkbox"/>	5	Unclear response	<input style="width: 100%; height: 15px;" type="checkbox"/>	97	Don't know	<input style="width: 100%; height: 15px;" type="checkbox"/>	98	Refused to answer	<input style="width: 100%; height: 15px;" type="checkbox"/>	99
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PH_4_3	<p>Now thinking about [your/Rname's] mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was [your/his/her] mental health not good</p> <p>_____ Day(s) (Constrain to 30 days: 0.....30)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="padding: 2px;">Unclear response</td><td style="width: 30px; text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="width: 20px; text-align: center;">97</td></tr> <tr><td style="padding: 2px;">Don't know</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">98</td></tr> <tr><td style="padding: 2px;">Refused to answer</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">99</td></tr> </table> <p style="margin-top: 10px;">(Health Related Quality of Life)</p>	Unclear response	<input style="width: 100%; height: 15px;" type="checkbox"/>	97	Don't know	<input style="width: 100%; height: 15px;" type="checkbox"/>	98	Refused to answer	<input style="width: 100%; height: 15px;" type="checkbox"/>	99															
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PH_10_3	<p>[Do/Does] [you/he/she] have any health conditions that limit the kind or amount of paid work [you/he/she] could do, should [you/he/she] want to?</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="padding: 2px;">Yes</td> <td style="width: 30px; text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td> <td style="width: 20px; text-align: center;">1</td> <td style="padding: 2px;">(Go to PH_11_3)</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td> <td style="text-align: center;">5</td> <td style="padding: 2px;">(Go to PH_12_3)</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="width: 30px; text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="width: 20px; text-align: center;">97</td><td style="padding: 2px;">(Go to PH_12_3)</td></tr> <tr><td style="padding: 2px;">Don't know</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">98</td><td style="padding: 2px;">(Go to PH_12_3)</td></tr> <tr><td style="padding: 2px;">Refused to answer</td><td style="text-align: center;"><input style="width: 100%; height: 15px;" type="checkbox"/></td><td style="text-align: center;">99</td><td style="padding: 2px;">(Go to PH_12_3)</td></tr> </table>	Yes	<input style="width: 100%; height: 15px;" type="checkbox"/>	1	(Go to PH_11_3)	No	<input style="width: 100%; height: 15px;" type="checkbox"/>	5	(Go to PH_12_3)	Unclear response	<input style="width: 100%; height: 15px;" type="checkbox"/>	97	(Go to PH_12_3)	Don't know	<input style="width: 100%; height: 15px;" type="checkbox"/>	98	(Go to PH_12_3)	Refused to answer	<input style="width: 100%; height: 15px;" type="checkbox"/>	99	(Go to PH_12_3)				
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(ELSA/ HRS)

PH_11_3

Is this a health condition that [you/he/she] [expect/expects] to last less than three months

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

(ELSA/ HRS)

PH_12_3

If PH_0_3 = 1 or PH_0_3 = 2 then ask PH_12_3, others go to PH_13_3

(SELF-REPORT ONLY)

In general, compared to other people [your/his/her] age, would you say [your/Rname's] health 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	<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 to complete	<input type="checkbox"/>	0

(VES)

PH_13_3

Any Other Information (Overall Health and Functional Limitations):

Eyesight

PH_14_3

INTRO: I would now like to ask you some questions about [your/Rname's] eyesight.

Is [your/his/her] eyesight (using glasses or contact lenses if [you/he/she] [use/uses] them)...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Excellent	<input type="checkbox"/>	1	(Go to PH_15_3)
Very good	<input type="checkbox"/>	2	(Go to PH_15_3)
Good	<input type="checkbox"/>	3	(Go to PH_15_3)
Fair	<input type="checkbox"/>	4	(Go to PH_15_3)
Poor	<input type="checkbox"/>	5	(Go to PH_15_3)
Not applicable – registered or legally blind	<input type="checkbox"/>	94	(Go to PH_17_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_15_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_15_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_15_3)

(ELSA/ HRS/SHARE)

PH_15_3

How good is [your/his/her] eyesight for seeing things at a distance, like recognizing a friend across the street (using glasses or corrective lens if [you/he/she] [use/uses] them)? 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

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

(ELSA/ HRS/ SHARE)

PH_16_3	<p>How good is [your/his/her] eyesight for seeing things up close, for example like reading ordinary newspaper print or looking at photographs (using glasses or corrective lens if [you/he/she] [use/uses] them)? Would you say it is...?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="292 477 884 674"> <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" data-bbox="292 714 852 837"> <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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Refused to answer	<input type="checkbox"/>	99																							
PH_17_3	<p>[Have/Has] [you/he/she] been prescribed glasses or contact lenses?</p> <table border="1" data-bbox="292 1019 1270 1099"> <tr><td>Yes</td><td><input type="checkbox"/></td><td>1</td><td>(Go to PH_18_3)</td></tr> <tr><td>No</td><td><input type="checkbox"/></td><td>5</td><td>(Go to PH_20_3)</td></tr> </table> <table border="1" data-bbox="292 1140 1283 1263"> <tr><td>Unclear response</td><td><input type="checkbox"/></td><td>97</td><td>(Go to PH_20_3)</td></tr> <tr><td>Don't know</td><td><input type="checkbox"/></td><td>98</td><td>(Go to PH_20_3)</td></tr> <tr><td>Refused to answer</td><td><input type="checkbox"/></td><td>99</td><td>(Go to PH_20_3)</td></tr> </table> <p>(Adapted form CHAP)</p>	Yes	<input type="checkbox"/>	1	(Go to PH_18_3)	No	<input type="checkbox"/>	5	(Go to PH_20_3)	Unclear response	<input type="checkbox"/>	97	(Go to PH_20_3)	Don't know	<input type="checkbox"/>	98	(Go to PH_20_3)	Refused to answer	<input type="checkbox"/>	99	(Go to PH_20_3)				
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Refused to answer	<input type="checkbox"/>	99	(Go to PH_20_3)																						
PH_18_3	<p>[Do/Does] [you/he/she] usually wear ordinary glasses, bifocals or contact lenses?</p> <p>IWER: CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="292 1691 884 1814"> <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" data-bbox="292 1854 852 1977"> <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)</p>	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	Refused to answer	<input type="checkbox"/>	99						
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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)

PH_300a_3

NOTE TO PROGRAMMER: All conditions fed forward from previous waves i.e. those reported in Wave 1 and/or Wave 2

**IF (PH_300_01FF_3 – PH_300_03FF_3 = 1) , ASK PH300a_3
ALL OTHERS GO TO PH_300_3**

Last time [you/Rname] [were/was] interviewed, [you/he/she] told us that [you/he/she] [have/has] (insert conditions from PH_300.iFF_3). PAUSE

- 1. Continue (go to PH_300Y_i_3)**
- 2. Respondent disputes having one/all of these conditions**

CONDITION DISPUTED

PH_300XO_3 INTERVIEWER Which of the conditions is being disputed

- 1. Cataracts (display if PH_300_01FF_3 = 1)
[PH_300XO_01_3]**
- 2. Glaucoma (display if PH_300_02FF_3 = 1)
[PH_300XO_02_3]**
- 3. Age related macular degeneration (display if PH_300.03FF_3 = 1)
[PH_300XO_03_3]**

**IF(PH_300XO_01_3=1) THEN ASK
PH_300X_01_3 it maybe that we have a recording error about [you/him/her] having
Cataracts. Can you confirm, that.....READ OUT**

- 1. [You/He/She] never had cataracts (error from previous wave)**
- 2. Cataracts were misdiagnosed**

**IF(PH_300XO_02_3=1) THEN ASK
PH_300x_02_3 it maybe that we have a recording error about [you/him/her] having
Glaucoma. Can you confirm, that.....READ OUT**

- 3. [You/He/She] never had glaucoma (error from previous wave)**

4. **Glaucoma was misdiagnosed**

**IF(PH_300XO_03_3=1) THEN ASK
PH_300X_03_3 it maybe that we have a recording error about [you/him/her] having age related macular degeneration. Can you confirm, that.....READ OUT**

5. **[You/He/She] never had age related macular degeneration (error from previous wave)**
6. **Age related macular degeneration was misdiagnosed**

PH_300Y_01_3

**IF (PH_300_01FF_3 = 1 & PH300a_3 = 1,2 & PH_300XO_01_3≠1), ASK PH_300Y_01_3
OTHERS GO TO PH_300y_02_3**

[Do/Does] [you/he/she] still have cataracts?

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

PH_300Y_02_3

**IF (PH_300_02FF_3 = 1 & PH300a_3 = 1,2 & ph_300XO_02_3≠1), ASK PH_300Y_02_3
OTHERS GO TO PH_300Y_03_3**

[Do/Does] [you/he/she] still have glaucoma?

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

PH_300Y_03_3

**IF (PH_300_03FF_3 = 1 & PH300A_3 = 1,2 & ph_300_03_3≠1), ASK PH_300Y_03_3
OTHERS GO TO PH_300_3**

[Do/Does] [you/he/she] still have age related macular degeneration?

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

<p>PH_300_3</p>	<p>Since [your/his/her/the/] last interview, has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the following [other] eye diseases?</p> <p>IWER: READ OUT CODE ALL THAT APPY</p> <table border="1" data-bbox="292 459 1393 651"> <tr> <td>Cataracts</td> <td>1</td> <td>[PH_300_01_3]</td> </tr> <tr> <td>Glaucoma</td> <td>2</td> <td>[PH_300_02_3]</td> </tr> <tr> <td>Age related macular degeneration</td> <td>3</td> <td>[PH_300_03_3]</td> </tr> <tr> <td>Other (Please specify)</td> <td>95</td> <td>[PH_300_95_3] [PH_300_oth_3]</td> </tr> </table> <table border="1" data-bbox="292 694 1393 864"> <tr> <td>None</td> <td>96</td> <td>[PH_300_96_3]</td> </tr> <tr> <td>Unclear response</td> <td>97</td> <td>[PH_300_97_3]</td> </tr> <tr> <td>Don't Know</td> <td>98</td> <td>[PH_300_98_3]</td> </tr> <tr> <td>Refuse to answer</td> <td>99</td> <td>[PH_300_99_3]</td> </tr> </table>	Cataracts	1	[PH_300_01_3]	Glaucoma	2	[PH_300_02_3]	Age related macular degeneration	3	[PH_300_03_3]	Other (Please specify)	95	[PH_300_95_3] [PH_300_oth_3]	None	96	[PH_300_96_3]	Unclear response	97	[PH_300_97_3]	Don't Know	98	[PH_300_98_3]	Refuse to answer	99	[PH_300_99_3]
Cataracts	1	[PH_300_01_3]																							
Glaucoma	2	[PH_300_02_3]																							
Age related macular degeneration	3	[PH_300_03_3]																							
Other (Please specify)	95	[PH_300_95_3] [PH_300_oth_3]																							
None	96	[PH_300_96_3]																							
Unclear response	97	[PH_300_97_3]																							
Don't Know	98	[PH_300_98_3]																							
Refuse to answer	99	[PH_300_99_3]																							
<p>PH_301_3</p>	<p>IF((PH_300_3_01_3 = 1) OR (PH_300_01FF_3 = 1 & PH_300a_3 = 1,2 & PH_300XO_01_3≠1)) THEN ASK PH_301_3 OTHERS GO TO PH_22_3</p> <p>[Have/Has] [you/he/she] had cataract surgery?</p> <table border="1" data-bbox="292 1263 708 1500"> <tr> <td>Yes one eye</td> <td>1</td> </tr> <tr> <td>Yes both eyes</td> <td>2</td> </tr> <tr> <td>No</td> <td>3</td> </tr> <tr> <td>Unclear Response</td> <td>97</td> </tr> <tr> <td>Don't Know</td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td>99</td> </tr> </table>	Yes one eye	1	Yes both eyes	2	No	3	Unclear Response	97	Don't Know	98	Refused to answer	99												
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Yes both eyes	2																								
No	3																								
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Refused to answer	99																								
<p>PH_22_3</p>	<p>Any Other Information (Eyesight):</p>																								

Hearing

PH_24_3

[Do/Does] [you/Rname] use any of the following aids or appliances to help [you/him/her] with [your/his/her] hearing?

IWER: READ OUT AND CODE ALL THAT APPLY

PH_24_i_3 for
i = 1 to 4, 96,
97, 98, 99

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"/>	96
Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(TILDA)

PH_25_3

Is [your/his/her] hearing (with or without a hearing aid)...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Excellent	<input type="checkbox"/>	1	(Go to PH_26_3)
Very good	<input type="checkbox"/>	2	(Go to PH_26_3)
Good	<input type="checkbox"/>	3	(Go to PH_26_3)
Fair	<input type="checkbox"/>	4	(Go to PH_26_3)
Poor	<input type="checkbox"/>	5	(Go to PH_26_3)
Not applicable – deaf	<input type="checkbox"/>	94	(Go to PH_30_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_26_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_26_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_26_3)

(ELSA/ HRS/ SHARE/IDS-TILDA)

PH_26_3

Can [you/he/she] follow a conversation with one person (with or without a hearing aid)?

NOTE: If SR asks, the environment to think of should be non-noisy, i.e. their home.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to PH_27_3)
Some difficulty	<input type="checkbox"/>	2	(Go to PH_27_3)
Much difficulty	<input type="checkbox"/>	3	(Go to PH_27_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to PH_28_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_27_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_27_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_27_3)

(TILDA)

PH_27_3

Can [you/he/she] follow a conversation with four people (with or without a hearing aid)?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
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

(TILDA)

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PH_28_3

When was [your/Rname's] last hearing test?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Less than one year	<input type="checkbox"/>	1	(Go to PH_140_3)
One-three years ago	<input type="checkbox"/>	2	(Go to PH_140_3)
More than three years ago	<input type="checkbox"/>	3	(Go to PH_29_3)
Never	<input type="checkbox"/>	4	(Go to PH_29_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_140_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_140_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_140_3)

(IDS-TILDA/Adapted from Special Olympics)

PH_29_3

PH_29_i_3 for
i = 1 to 7, 95,
oth, 97, 98, 99

Can you tell me why [you/he/she] [haven't/hasn't] had [your/his/her] hearing tested 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/He/She] [don't/doesn't] get enough time at [my/his/her] appointment	<input type="checkbox"/>	1
[I/He/She] [have/has] 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 (Please tell us)	<input type="checkbox"/>	9 5

Please tell us

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

(IDSTILDA)

PH_140_3

Do you feel [you/he/she] [have/has] a hearing loss?

IWER: READ OUT

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

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

PH_30_3

Any Other Information (Hearing)

General Communication

PH_31_3

INTRO: Now I would like to ask you a couple of questions about the day-to-day communication [you/Rname] [use/uses].

[Do/Does] [you/Rname] have any difficulty speaking or making [yourself/himself/herself] understood when speaking?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to PH_33_3)
Some difficulty	<input type="checkbox"/>	2	(Go to PH_32_3)
Much difficulty	<input type="checkbox"/>	3	(Go to PH_32_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to PH_33_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_33_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_33_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_33_3)

(NDS)

<p>PH_32_3</p> <p>PH_32_i_3 for i = 1 to 4</p>	<p>How well [are/is] [you/he/she] able to make [yourself/himself/herself] 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/his/her] 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/His/Her] 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/his/her] 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/His/Her] 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>PH_33_3</p>	<p>Any other information (General communication):</p>																																								

Section 7B: Oral Health and HEIath Conditions
Oral Health

<p>PH_0B_3</p>	<p>How will this section be completed?</p> <table border="1"> <tr> <td>Self Report Only</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Self Report and Proxy</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Proxy Only</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table>	Self Report Only	<input type="checkbox"/>	1	Self Report and Proxy	<input type="checkbox"/>	2	Proxy Only	<input type="checkbox"/>	3			
Self Report Only	<input type="checkbox"/>	1											
Self Report and Proxy	<input type="checkbox"/>	2											
Proxy Only	<input type="checkbox"/>	3											
<p>PH_34_3</p>	<p>INTRO: I would now like to ask you some questions about [your/Rname's] oral health.</p> <p>Which best describes the teeth [you/he/she] [have/has]?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>[I/He/She] [have/has] all [my/his/her] own natural teeth – none missing</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH_124_3)</td> </tr> <tr> <td>[I/He/She] [have/has] [my/his/her] own teeth, no dentures / but some missing</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to PH_124_3)</td> </tr> <tr> <td>[I/He/She] [have/has] dentures as well as some of [my/his/her] own teeth</td> <td><input type="checkbox"/></td> <td>3</td> <td>(Go to PH_124_3)</td> </tr> </table>	[I/He/She] [have/has] all [my/his/her] own natural teeth – none missing	<input type="checkbox"/>	1	(Go to PH_124_3)	[I/He/She] [have/has] [my/his/her] own teeth, no dentures / but some missing	<input type="checkbox"/>	2	(Go to PH_124_3)	[I/He/She] [have/has] dentures as well as some of [my/his/her] own teeth	<input type="checkbox"/>	3	(Go to PH_124_3)
[I/He/She] [have/has] all [my/his/her] own natural teeth – none missing	<input type="checkbox"/>	1	(Go to PH_124_3)										
[I/He/She] [have/has] [my/his/her] own teeth, no dentures / but some missing	<input type="checkbox"/>	2	(Go to PH_124_3)										
[I/He/She] [have/has] dentures as well as some of [my/his/her] own teeth	<input type="checkbox"/>	3	(Go to PH_124_3)										

[I/He/She] [have/has] full dentures	<input type="checkbox"/>	4	(Go to PH_124_3)
[I/He/She] [have/has] no teeth or dentures	<input type="checkbox"/>	5	(Go to PH_124_3)
Unclear response	<input type="checkbox"/>	97	(Go to PH_124_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_124_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_124_3)

(Adapted from SLAN) (comparable to wave 1)

PH_124_3	<p>Would you say [your/Rname's] dental health (mouth, teeth and or dentures) 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> <td>(Go to PH_122_3)</td> </tr> <tr> <td>Very good</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to PH_122_3)</td> </tr> <tr> <td>Good</td> <td><input type="checkbox"/></td> <td>3</td> <td>(Go to PH_122_3)</td> </tr> <tr> <td>Fair</td> <td><input type="checkbox"/></td> <td>4</td> <td>(Go to PH_122_3)</td> </tr> <tr> <td>Poor</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH_122_3)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH_122_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH_122_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH_122_3)</td> </tr> </table> <p>TILDA</p>	Excellent	<input type="checkbox"/>	1	(Go to PH_122_3)	Very good	<input type="checkbox"/>	2	(Go to PH_122_3)	Good	<input type="checkbox"/>	3	(Go to PH_122_3)	Fair	<input type="checkbox"/>	4	(Go to PH_122_3)	Poor	<input type="checkbox"/>	5	(Go to PH_122_3)	Unclear response	<input type="checkbox"/>	97	(Go to PH_122_3)	Don't know	<input type="checkbox"/>	98	(Go to PH_122_3)	Refused to answer	<input type="checkbox"/>	99	(Go to PH_122_3)
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Refused to answer	<input type="checkbox"/>	99	(Go to PH_122_3)																														

PH_122_3	<p>[Do/Does] [you/he/she] currently have any of the following?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1"> <tr> <td>Dental decay</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH_121_3)</td> </tr> <tr> <td>Gum disease</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to PH_121_3)</td> </tr> <tr> <td>Bad breath</td> <td><input type="checkbox"/></td> <td>3</td> <td>(Go to PH_121_3)</td> </tr> <tr> <td>Sore teeth/mouth</td> <td><input type="checkbox"/></td> <td>4</td> <td>(Go to PH_121_3)</td> </tr> </table> <table border="1"> <tr> <td>None of these</td> <td><input type="checkbox"/></td> <td>96</td> <td>(Go to PH_38_3)</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH_38_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH_38_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH_38_3)</td> </tr> </table> <p>(IDS-TILDA)</p>	Dental decay	<input type="checkbox"/>	1	(Go to PH_121_3)	Gum disease	<input type="checkbox"/>	2	(Go to PH_121_3)	Bad breath	<input type="checkbox"/>	3	(Go to PH_121_3)	Sore teeth/mouth	<input type="checkbox"/>	4	(Go to PH_121_3)	None of these	<input type="checkbox"/>	96	(Go to PH_38_3)	Unclear response	<input type="checkbox"/>	97	(Go to PH_38_3)	Don't know	<input type="checkbox"/>	98	(Go to PH_38_3)	Refused to answer	<input type="checkbox"/>	99	(Go to PH_38_3)
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Don't know	<input type="checkbox"/>	98	(Go to PH_38_3)																														
Refused to answer	<input type="checkbox"/>	99	(Go to PH_38_3)																														

PH_121_3 New Q	<p>In the past 6 months, have [your/his/her] problems with [your/his/her] mouth, teeth or dentures caused [you/him/her] to have any of the following?</p> <p>IWER: Read out and code all that apply</p> <table border="1"> <tr> <td>Difficulty eating food</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH_38_3)</td> </tr> <tr> <td>Difficulty speaking clearly</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to PH_38_3)</td> </tr> </table>	Difficulty eating food	<input type="checkbox"/>	1	(Go to PH_38_3)	Difficulty speaking clearly	<input type="checkbox"/>	2	(Go to PH_38_3)
Difficulty eating food	<input type="checkbox"/>	1	(Go to PH_38_3)						
Difficulty speaking clearly	<input type="checkbox"/>	2	(Go to PH_38_3)						

Embarrassment		3	(Go to PH_38_3)
Sadness		4	(Go to PH_38_3)
Behaviours that challenge		5	(Go to PH_38_3)
None of these	<input type="checkbox"/>	96	(Go to PH_38_3)
Unclear response	<input type="checkbox"/>	97	(Go to PH_38_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_38_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_38_3)

(TILDA New wave) British Regional Heart Study – 30 year follow up
https://www.ucl.ac.uk/pcph/research-groups-themes/brhs-pub/tools/pdfs/rescreen_2010_final_ucl_logo.pdf

PH_38_3	<p>How often [do/does] [you/he/she] brush [your/his/her] teeth or dentures/have them brushed OR how often [do/does] [you/he/she] clean [your/his/her] mouth/have it cleaned for [you/him/her] ?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Once or more a day</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH_118_3)</td> </tr> <tr> <td>Two to six times per week</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to PH_118_3)</td> </tr> <tr> <td>Once per week</td> <td><input type="checkbox"/></td> <td>3</td> <td>(Go to PH_118_3)</td> </tr> <tr> <td>Less than once per week</td> <td><input type="checkbox"/></td> <td>4</td> <td>(Go to PH_118_3)</td> </tr> <tr> <td>Never</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH_118_3)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH_118_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH_118_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH_118_3)</td> </tr> </table> <p>(Adapted from SLAN)</p>	Once or more a day	<input type="checkbox"/>	1	(Go to PH_118_3)	Two to six times per week	<input type="checkbox"/>	2	(Go to PH_118_3)	Once per week	<input type="checkbox"/>	3	(Go to PH_118_3)	Less than once per week	<input type="checkbox"/>	4	(Go to PH_118_3)	Never	<input type="checkbox"/>	5	(Go to PH_118_3)	Unclear response	<input type="checkbox"/>	97	(Go to PH_118_3)	Don't know	<input type="checkbox"/>	98	(Go to PH_118_3)	Refused to answer	<input type="checkbox"/>	99	(Go to PH_118_3)
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PH_118_3	<p>What best describes the physical assistance [you/he/she] [get/gets] from someone else clean [your/his/her] teeth?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>[I/He/She] [clean/cleans] [my/his/her] teeth [myself/himself/herself] without assistance</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH_117_3)</td> </tr> <tr> <td>[I/He/She] [clean/cleans] [my/his/her] teeth with assistance</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to PH_117_3)</td> </tr> <tr> <td>[I/He/She] [am/is] totally dependent on another person to clean [my/his/her] teeth</td> <td><input type="checkbox"/></td> <td>3</td> <td>(Go to PH_117_3)</td> </tr> <tr> <td>[I/He/She] [do/does] not clean [my/his/her] teeth</td> <td><input type="checkbox"/></td> <td>4</td> <td>(Go to PH_117_3)</td> </tr> <tr> <td>[I/He/She] [don't/doesn't] have any teeth to clean</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH_39_3)</td> </tr> </table>	[I/He/She] [clean/cleans] [my/his/her] teeth [myself/himself/herself] without assistance	<input type="checkbox"/>	1	(Go to PH_117_3)	[I/He/She] [clean/cleans] [my/his/her] teeth with assistance	<input type="checkbox"/>	2	(Go to PH_117_3)	[I/He/She] [am/is] totally dependent on another person to clean [my/his/her] teeth	<input type="checkbox"/>	3	(Go to PH_117_3)	[I/He/She] [do/does] not clean [my/his/her] teeth	<input type="checkbox"/>	4	(Go to PH_117_3)	[I/He/She] [don't/doesn't] have any teeth to clean	<input type="checkbox"/>	5	(Go to PH_39_3)
[I/He/She] [clean/cleans] [my/his/her] teeth [myself/himself/herself] without assistance	<input type="checkbox"/>	1	(Go to PH_117_3)																		
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	Unclear response	<input type="checkbox"/>	97	(Go to PH_117_3)
	Don't know	<input type="checkbox"/>	98	(Go to PH_117_3)
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(IDS_TILDA) (reworked)				

PH_117_3 New Q Wave 3 PH_117_i_3 for i = 1 to 4, 95, oth, 96	Which of these items [do/does] [you/Rname] use to clean [your/his/her] teeth?			
	IWER: Read out and code all that apply			
	[I/He/She] use floss / an interdental cleaner	<input type="checkbox"/>	1	(Go to PH_119_3)
	[I/He/She] use a standard toothbrush	<input type="checkbox"/>	2	(Go to PH_119_3)
	[I/He/She] use a modified toothbrush (like a Superbrush or a brush with a special handle)	<input type="checkbox"/>	3	(Go to PH_119_3)
	[I/He/She] use an electric tooth-brush	<input type="checkbox"/>	4	(Go to PH_119_3)
Other (Please specify)	<input type="checkbox"/>	95	(Go to PH_119_3)	
[I/He/She] [don't/doesn't] use any	<input type="checkbox"/>	96	(Go to PH_119_3)	
Unclear response	<input type="checkbox"/>	97	(Go to PH_119_3)	
Don't know	<input type="checkbox"/>	98	(Go to PH_119_3)	
Refused to answer	<input type="checkbox"/>	99	(Go to PH_119_3)	
IDS_TILDA				

PH_119_3 PH_119_i_3 for i = 1 to 8, 97, 98, oth, 99	If PH_118_3 = 2 ask PH_119_3 others go to PH_39_3			
	I: Which of these best describes how [you/he/she] [clean/cleans] [your/his/her] teeth?			
	IWER: READ OUT AND CODE ALL THAT APPLY			
	Some degree of holding still is used when cleaning [my/his/her] teeth	<input type="checkbox"/>	1	(Go to PH_39_3)
	A second toothbrush is used to bite on during tooth cleaning	<input type="checkbox"/>	2	(Go to PH_39_3)
	Another person places their hand over [my/his/her] hand to improve [my/his/her] tooth cleaning	<input type="checkbox"/>	3	(Go to PH_39_3)
Another person cleans [my/his/her] teeth after [I/he/she] [clean/cleans] them	<input type="checkbox"/>	4	(Go to PH_39_3)	
[I/He/She] [am/is] supervised while [I/he/she] [clean/cleans] [my/his/her] teeth	<input type="checkbox"/>	5	(Go to PH_39_3)	

[I/He/She] [am/is] reminded / encouraged to clean [my/his/her] teeth	<input type="checkbox"/>	6	(Go to PH_39_3)
Other (please specify)	<input type="checkbox"/>	95	(Go to PH_39_3)
Unclear response	<input type="checkbox"/>	97	(Go to PH_39_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_39_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_39_3)

(IDS_TILDA)

PH_39_3

When was the last time [you/he/she] 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_120_3)
One to two years ago	<input type="checkbox"/>	2	(Go to PH_120_3)
More than two years	<input type="checkbox"/>	3	(Go to PH_123_3)
Never	<input type="checkbox"/>	4	(Go to PH_123_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_123_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_123_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_123_3)

(Adapted from SLAN)

PH_120_3

Wave 3 new question

PH_120_i_3 for i = 1 to 5, 95, oth, 97,98, 99

What treatment did [you/he/she] get with the dentist in the last year?

IWER: READ OUT AND CODE ALL THAT APPLY

Check up	<input type="checkbox"/>	1	(Go to PH_125_3)
Gum/tooth cleaning (scale / polish)	<input type="checkbox"/>	1	(Go to PH_125_3)
Extraction	<input type="checkbox"/>	1	(Go to PH_125_3)
Filling	<input type="checkbox"/>	1	(Go to PH_125_3)
Other (please tell us)	<input type="checkbox"/>	95	(Go to PH_125_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_125_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_125_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_125_3)

(IDS-TILDA)

PH_125_3

If PH_120_i_3 = 1 ask PH_125_3 for each type of treatment

Regarding the treatment you described above, did the dentist do this properly?

IWER: READ OUT AND CODE ONE THAT APPLIES

PH_125_i_3
for i = 1 to 4,
95,

PH_125_ioth_
3

The dentist did this treatment properly	<input type="checkbox"/>	1	(Go to PH_123_3)
The dentist did not do this treatment properly	<input type="checkbox"/>	2	(Go to PH_123_3)
Other (Please specify)	<input type="checkbox"/>	95	(Go to PH_123_3)

Unclear response	<input type="checkbox"/>	97	Go to PH_123_3)
Don't know	<input type="checkbox"/>	98	Go to PH_123_3)
Refused to answer	<input type="checkbox"/>	99	Go to PH_123_3)

PH_123_3

Wave 3 new
question

If [you/he/she] needed a routine visit for dental care, which one of the following would [you/he/she] attend?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

A general dental practice as a private patient	<input type="checkbox"/>	1	
A general dental practice through the medical card or PRSI scheme	<input type="checkbox"/>	2	
A private dentist at [my/his/her] home/work/ day service	<input type="checkbox"/>	3	
A HSE dentist at [my/his/her] home/work / day service	<input type="checkbox"/>	4	
A HSE dentist at the local clinic	<input type="checkbox"/>	5	
A dental hospital	<input type="checkbox"/>	6	
A dental technician (Office)	<input type="checkbox"/>	7	
Other (Please Specify)	<input type="checkbox"/>	95	

Unclear response		97
Don't know		98
Refused to answer		99

(modified from TILDA)

PH_43_3

Any Other Information (Oral Health):

Health Care Heart Conditions

INTRO: Read out: We are interested in finding out more information about heart problems people may suffer from.

PH_310a_3

IF (PH_310_1FF_3 - PH_310_10FF_3=1), GO TO PH_310a_3. ALL OTHERS GO TO PH_310_10FF_3

Last time [you/Rname] were interviewed, [you/he/she] told us that [you/he/she] had (*insert conditions from PH_310_iFF_3*).

- 1. Continue (go to PH_310Y_i_3)**
- 2. Respondent disputes having one/all of these conditions**

CONDITION DISPUTED

Interviewer: Which of the conditions is being disputed

PH_310XO

1	High blood pressure or hypertension	Display if PH_310_01FF_3 = 1
2	Angina	Display if PH_310_02FF_3 = 1
3	A heart attack (inc. myocardial infarction or coronary thrombosis)	Display if PH_310_03FF_3 = 1
4	Congestive heart failure	Display if PH_310_04FF_3 = 1
5	Diabetes or high blood sugar	Display if PH_310_05FF_3 = 1
6	A stroke (cerebral vascular disease)	Display if PH_310_06FF_3 = 1
7	Ministroke or TIA	Display if PH_310_07FF_3 = 1
8	High cholesterol	Display if PH_310_08FF_3 = 1
9	A heart murmur	Display if PH_310_09FF_3 = 1
10	An abnormal heart rhythm	Display if PH_310_10FF_3 = 1

ASK FOR EACH SELECTION AT PH_310XO

PH_310X_01-PH_310X_12 It maybe that we have a recording error about [you/him/her] having [condition selected at PH_310XO]. Can you confirm that.....READ OUT

1. [You/He/She] never had [condition selected at PH_310XO] (error from previous wave)
2. [condition selected at PH_310XO] was misdiagnosed

PH_310Y_01_3

IF(PH_310_01FF_3 = 1 & PH_310a_3 = 1,2 & PH_310XO_01 ≠ 1)Ask PH_310Y_01_3
OTHERS GO TO PH_310Y_02_3
[Do/Does] [you/he/she] still have high blood pressure or hypertension?

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

PH_310Y_02_3

IF(PH_310_02FF_3 = 1 & PH_310a_3 = 1,2 & PH_310XO_02 ≠ 1)Ask PH_310Y_02_3
OTHERS GO TO PH_310Y_03_3[Do/Does] [you/he/she] still have angina?

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

PH_310Y_04_3

IF(PH_310_04FF_3 = 1 & PH_310a_3 = 1,2 & PH_1_310XO_04 ≠ 1)Ask PH_310Y_04_3
OTHERS GO TO PH_310Y_05_3
[Do/Does] [you/he/she] still have congestive heart failure?

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

PH_310Y_05_3

IF(PH_310_05FF_3 = 1 & PH_310a_3 = 1,2 & PH310XO_05 ≠ 1)Ask PH_310Y_05_3
OTHERS GO TO PH_310Y_08_3
[Do/Does] [you/he/she] still have diabetes or high blood sugar?

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

PH_310Y_08_3	<p>IF(PH_310_08FF = 1 & PH_310a_3 = 1,2 & PH_310XO_08 ≠ 1)Ask PH_310Y_08_3</p> <p>OTHERS GO TO PH_310Y_09_3</p> <p>[Do/Does] [you/he/she]still have high cholesterol?</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					

PH_310Y_09_3	<p>IF(PH_310_09FF_3 = 1 & PH_310a_3 = 1,2 & PH_310XO_09 ≠ 1)Ask PH_310Y_09_3</p> <p>OTHERS GO TO PH_311_3</p> <p>[Do/Does] [you/he/she]still have a heart murmur?</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></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5		<input type="checkbox"/>	
Yes	<input type="checkbox"/>	1								
No	<input type="checkbox"/>	5								
	<input type="checkbox"/>									

PH_311_3	<p>IF(PH_310_10FF_3 = 1 & PH_310a_3 = 1,2 & PH_310XO_10 ≠ 1), ASK PH_311_3</p> <p>OTHERS GO TO PH_310Y_11_3</p> <p>With regards to [your/his/her]abnormal heart rhythm, can you tell me if that was “Atrial Fibrillation” or not?</p> <p>(CODE ONE ONLY)</p> <table border="1"> <tr> <td>Atrial fibrillation</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>An abnormal heart rhythm (not Atrial Fibrillation)</td> <td><input type="checkbox"/></td> <td>2</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>	Atrial fibrillation	<input type="checkbox"/>	1	An abnormal heart rhythm (not Atrial Fibrillation)	<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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PH_310y_11_3	<p>IF (PH_311_3 = 1) ASK PH_310Y_11_3, OTHERS GO TO PH_310Y_12_3</p> <p>[Do/Does] [you/he/she] still have atrial fibrillation?</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					

<p>PH_310Y_12_3</p>	<p>IF (PH_311_3=2) ASK PH_310Y_12_3, Others to to PH_310_3</p> <p>[Do/Does] [you/he/she] still have an abnormal heart rhythm (not atrial fibrillation)?</p> <table border="1" data-bbox="341 443 935 524"> <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																																										
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<p>PH_310_3</p>	<p>IF PH_0B_1 = 1 or PH_0B_1 = 2 USE WORDING “A” IF PH_0B_1 = 3 USE WORDING “B”</p> <p>(A) Since our last interview has a doctor ever told you that you have any of the following conditions ? (B) Since our last interview has a doctor ever told [Rname] that [he/she] has any of the following conditions?</p> <p>INTERVIEWER: PROBE – “What others”? CODE ALL THAT APPLY</p> <table border="1" data-bbox="341 981 1573 1783"> <tr> <td>1</td> <td>High blood pressure or hypertension</td> <td>[PH_310_01_3]</td> </tr> <tr> <td>2</td> <td>Angina</td> <td>[PH_310_02_3]</td> </tr> <tr> <td>3</td> <td>A heart attack (inc. myocardial infarction or coronary thrombosis)</td> <td>[PH_310_03_3]</td> </tr> <tr> <td>4</td> <td>Congestive heart failure</td> <td>[PH_310_04_3]</td> </tr> <tr> <td>5</td> <td>Diabetes or high blood sugar</td> <td>[PH_310_05_3]</td> </tr> <tr> <td>6</td> <td>A stroke (cerebral vascular disease)</td> <td>[PH_310_06_3]</td> </tr> <tr> <td>7</td> <td>Ministroke or TIA</td> <td>[PH_310_07_3]</td> </tr> <tr> <td>8</td> <td>High cholesterol</td> <td>[PH_310_08_3]</td> </tr> <tr> <td>9</td> <td>A heart murmer</td> <td>[PH_310_09_3]</td> </tr> <tr> <td>11</td> <td>Atrial fibrillation</td> <td>[PH_310_11_3] Display if PH_311_3 = 2,97,98,99</td> </tr> <tr> <td>12</td> <td>An abnormal heart rhythm (not atrial fibrillation)</td> <td>[PH_310_12_3] Display if PH_311_3 = 1,97,98,99</td> </tr> <tr> <td>95</td> <td>Any other heart trouble (specify)</td> <td>[PH_310_95_3] [PH_310oth_3]</td> </tr> <tr> <td>96</td> <td>None of these</td> <td>[PH_310_96_3]</td> </tr> <tr> <td>97</td> <td>Unclear response</td> <td>[PH_310_97_3]</td> </tr> <tr> <td>98</td> <td>Don't know</td> <td>[PH_310_98_3]</td> </tr> <tr> <td>99</td> <td>Refused to answer</td> <td>[PH_310_99_3]</td> </tr> </table>	1	High blood pressure or hypertension	[PH_310_01_3]	2	Angina	[PH_310_02_3]	3	A heart attack (inc. myocardial infarction or coronary thrombosis)	[PH_310_03_3]	4	Congestive heart failure	[PH_310_04_3]	5	Diabetes or high blood sugar	[PH_310_05_3]	6	A stroke (cerebral vascular disease)	[PH_310_06_3]	7	Ministroke or TIA	[PH_310_07_3]	8	High cholesterol	[PH_310_08_3]	9	A heart murmer	[PH_310_09_3]	11	Atrial fibrillation	[PH_310_11_3] Display if PH_311_3 = 2,97,98,99	12	An abnormal heart rhythm (not atrial fibrillation)	[PH_310_12_3] Display if PH_311_3 = 1,97,98,99	95	Any other heart trouble (specify)	[PH_310_95_3] [PH_310oth_3]	96	None of these	[PH_310_96_3]	97	Unclear response	[PH_310_97_3]	98	Don't know	[PH_310_98_3]	99	Refused to answer	[PH_310_99_3]
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	<p>If (PH_310_01_3 = 1), ASK PH_312_3</p>																																																

PH_312_3

When [were/was] [you/rname] first told by a doctor that [you/he/she] had high blood pressure?

Month [MM] _____ Year [YYYY] _____ [PH_312m_3] [PH_312y_3]

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

PH_312a_3

IF(PH_310_01_3 = 1)OR (PH_310_01FF_3 = 1 & PH_310a_3 = 1,2 & PH_310XO_01 ≠), ASK PH_312a_3

[Is/Are] [you/he/she] currently doing any of the following to manage [your/his/her] blood pressure?

Select all that apply

Taking medications	<input type="checkbox"/>	[PH_312a_01_3]
Lifestyle changes (e.g. diet, exercise, etc.)	<input type="checkbox"/>	[PH_312a_02_3]
Other (please specify)	<input type="checkbox"/>	[PH_312a_95_3] [PH_312aOth_3]
None of the above	<input type="checkbox"/>	[PH_312a_96_3]
Unclear Response	<input type="checkbox"/>	[PH_312a_97_3]
Don't Know	<input type="checkbox"/>	[PH_312a_98_3]
Refused to answer	<input type="checkbox"/>	[PH_312a_99_3]

PH_313_3

IF[PH_310_02_3 = 1), ASK PH_313_3

When [were/was] [you/he/she] first told by a doctor that [you/he/she] had angina?

Month [MM] _____ Year [YYYY] _____ [PH_313m_3] [PH_313y_3]

Unclear Response	<input type="checkbox"/>	95
Don't Know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

PH_314_3

IF (PH_310_02_3 = 1 OR PH_301Y_02_3 = 1), ASK PH_314_3 OTHERS go to PH_315_3

[Are/Is] [you/he/she] limiting [your/his/her] usual activities because of [your/his/h] angina?

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

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

PH_315_3	IF PH_310_03_3 = 1 Go to PH_315_3 OTHERS GO TO PH_318_3		
	<p>When [were/was] [you/Rname] first told by a doctor that [you/he/she] had a heart attack (including myocardial infarction or coronary thrombosis)?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_315m_3] [PH_315y_3]</p>		
	Unclear Response	<input type="checkbox"/>	95
	Don't Know	<input type="checkbox"/>	98
	Refused to answer	<input type="checkbox"/>	99

PH_316_3	IF(PH_310_03_3 = 1, GO TO PH_316_3 OTHERS GO TO PH_318_3		
	<p>According to the doctor how many heart attacks [have/has] [you/he/she] had?</p> <p>1.....97</p>		
	Unclear response	<input type="checkbox"/>	97
	Don't Know	<input type="checkbox"/>	98
	Refuse to answer	<input type="checkbox"/>	99

PH_317_3	IF (PH_316_3 > 1), ASK PH_317_3 OTHERS GO TO PH_318_3		
	<p>In what year/month was [your/his/her] (most recent) heart attack?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_317m_3] [PH_317y_3]</p>		

	Unclear Response		97
	Don't Know		98
	Refused to answer		99

PH_318_3	IF (PH_310_03FF_3 = 1 & PH_310XO_03 ≠ 1), GO TO PH_318_3 OTHERS GO TO PH_321b_3		
	Since [your/his/her] last interview [have/has] [you/he/she] had another heart attack?		
	Yes	<input type="checkbox"/>	1 Go TO PH_319_3
	No	<input type="checkbox"/>	5 GO TO PH_321b_3
	Unclear response	<input type="checkbox"/>	97 GO TO PH_321b_3
	Don't know	<input type="checkbox"/>	98 GO TO PH_321b_3
	Refused to answer	<input type="checkbox"/>	99 GO TO PH_321b_3

PH_319_3	In what year/month was [your/his/her] (most recent) heart attack?		
	Month [MM] _____ Year [YYYY] _____ [PH_319m_3] [PH_319y_3]		
	Unclear response	<input type="checkbox"/>	97
	Don't know	<input type="checkbox"/>	98
	Refused to answer	<input type="checkbox"/>	99

PH_320_3	According to [your/his/her] doctor, how many heart attacks [have/has] [you/he/she] had since [your/his/her] last interview?		
	1.....96		
	Unclear response	<input type="checkbox"/>	97
	Don't know	<input type="checkbox"/>	98
	Refuse to answer	<input type="checkbox"/>	99

	IF ((PH_310_02FF_3 = 1 & PH_310XO_02 ≠ 1) OR (PH_310_03FF_3 = 1 & PH_310XO_03 ≠ 1)), GO TO PH_321b_3 Others GO TO PH_321_3		
--	--	--	--

PH_321_3	<p>[Have/Has] [you/he/she] ever had an angioplasty or Stent?</p> <table border="1" data-bbox="341 293 1272 495"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>Go TO PH_322_3</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>GO TO PH_323_3</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>GO TO PH_323_3</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>GO TO PH_323_3</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>GO TO PH_323_3</td> </tr> </table>	Yes	<input type="checkbox"/>	1	Go TO PH_322_3	No	<input type="checkbox"/>	5	GO TO PH_323_3	Unclear response	<input type="checkbox"/>	97	GO TO PH_323_3	Don't know	<input type="checkbox"/>	98	GO TO PH_323_3	Refused to answer	<input type="checkbox"/>	99	GO TO PH_323_3
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Refused to answer	<input type="checkbox"/>	99	GO TO PH_323_3																		
PH_322_3	<p>In what year/month was [your/his/her] last angioplasty or stent?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_322m_3] [PH_322y_3]</p> <table border="1" data-bbox="341 797 992 920"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table>	Unclear response		97	Don't know		98	Refused to answer		99											
Unclear response		97																			
Don't know		98																			
Refused to answer		99																			
PH_323_3	<p>[Have/Has] [you/he/she] ever had open heart surgery?</p> <table border="1" data-bbox="341 1155 1272 1357"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>Go TO PH_324_3</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>GO TO PH_325_3</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>GO TO PH_325_3</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>GO TO PH_325_3</td> </tr> <tr> <td>Refuse to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>GO TO PH_325_3</td> </tr> </table>	Yes	<input type="checkbox"/>	1	Go TO PH_324_3	No	<input type="checkbox"/>	5	GO TO PH_325_3	Unclear response	<input type="checkbox"/>	97	GO TO PH_325_3	Don't know	<input type="checkbox"/>	98	GO TO PH_325_3	Refuse to answer	<input type="checkbox"/>	99	GO TO PH_325_3
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Don't know	<input type="checkbox"/>	98	GO TO PH_325_3																		
Refuse to answer	<input type="checkbox"/>	99	GO TO PH_325_3																		
PH_324_3	<p>In what year/month was [your/his/her] last heart surgery?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_324m_3] [PH_324y_3]</p> <table border="1" data-bbox="341 1648 1367 1771"> <tr> <td>Unclear response</td> <td></td> <td>97</td> <td>GO TO PH_325_3</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> <td>GO TO PH_325_3</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> <td>GO TO PH_325_3</td> </tr> </table>	Unclear response		97	GO TO PH_325_3	Don't know		98	GO TO PH_325_3	Refused to answer		99	GO TO PH_325_3								
Unclear response		97	GO TO PH_325_3																		
Don't know		98	GO TO PH_325_3																		
Refused to answer		99	GO TO PH_325_3																		
PH_321b_3	<p>Since [your/his/her] last interview, [have/has] [you/he/she] had an angioplasty or Stent?</p>																				

Yes	<input type="checkbox"/>	1	Go TO PH_322b_3
No	<input type="checkbox"/>	5	GO TO PH_323b_3
Unclear response	<input type="checkbox"/>	97	GO TO PH_323b_3
Don't know	<input type="checkbox"/>	98	GO TO PH_323b_3
Refuse to answer	<input type="checkbox"/>	99	GO TO PH_323b_3

PH_322b_3

In what year/month was [your/his/her] last angioplasty or stent?

Month [MM] _____ Year [YYYY] _____ [PH_322bm_3] [PH_322y_3]

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

PH_323b_3

Since [your/his/her] last interview, [have/has] [you/he/she] [had/has] open heart surgery?

Yes	<input type="checkbox"/>	1	Go TO PH_324b_3
No	<input type="checkbox"/>	5	GO TO PH_325_3
Unclear response	<input type="checkbox"/>	97	GO TO PH_325_3
Don't know	<input type="checkbox"/>	98	GO TO PH_325_3
Refuse to answer	<input type="checkbox"/>	99	GO TO PH_325_3

PH_324b_3

In what year/month was [your/his/her] last heart surgery?

Month [MM] _____ Year [YYYY] _____ [PH_324bm_3] [PH_324by_3]

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

PH_325_3

IF(PH_310_04_3 = 1) ASK PH_325_3, Others go to PH_326_3

When [were/was] [you/he/she] first told by a doctor that [you/he/she] had congestive heart failure?

	<p>Month [MM] _____ Year [YYYY] _____ [PH_324bm_3] [PH_324by_3]</p> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>95</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table>	Unclear response		95	Don't know		98	Refused to answer		99									
Unclear response		95																	
Don't know		98																	
Refused to answer		99																	
<p>PH_326_3</p>	<p>If (PH_310_05_3 = 1) ASK PH_326_3 Others go to PH_327_3</p> <p>When [were/was] [you/he/she] first told by a doctor that [you/he/she] had diabetes or high blood sugar?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_326m_3] [PH_326y_3]</p> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table>	Unclear response		97	Don't know		98	Refused to answer		99									
Unclear response		97																	
Don't know		98																	
Refused to answer		99																	
<p>PH_327_3</p>	<p>IF (PH_310_05_3 = 1 OR PH_310_05FF_3 = 1 & Ph_310XO_05 ≠ 1), ASK PH_327_3 Others go to PH_328_3</p> <p>What type of diabetes [do/does/did] [you/Rname] have?</p> <table border="1"> <tr> <td>Type 1</td> <td></td> <td>1</td> </tr> <tr> <td>Type 2</td> <td></td> <td>2</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table>	Type 1		1	Type 2		2				Unclear response		97	Don't know		98	Refused to answer		99
Type 1		1																	
Type 2		2																	
Unclear response		97																	
Don't know		98																	
Refused to answer		99																	
<p>PH_328_3</p> <p>PH_328_i_3 for i = 1 to 4, 95, oth,</p>	<p>IF (PH_310_05_3 = 1 OR PH_310_05FF_3 = 1 & PH_310XO_05 ≠ 1), ASK PH_328_3 Others go to PH_329_3</p> <p>[Are/Is] [you/Rname] currently doing any of the following</p> <p>Select all that apply</p> <table border="1"> <tr> <td>Taking medication, other than insulin, for diabetes</td> <td>1</td> <td>PH_328_01_3</td> </tr> <tr> <td>Taking insulin injections</td> <td>1</td> <td>PH_328_02_3</td> </tr> <tr> <td>Taking other injections for diabetes</td> <td>1</td> <td>PH_328_03_3</td> </tr> <tr> <td>Lifestyle changes (e.g. diet, exercise, etc.) to manage diabetes</td> <td>1</td> <td>PH_328_04_3</td> </tr> <tr> <td>Other (Please specify)</td> <td>95</td> <td>PH_328_95_3</td> </tr> </table>	Taking medication, other than insulin, for diabetes	1	PH_328_01_3	Taking insulin injections	1	PH_328_02_3	Taking other injections for diabetes	1	PH_328_03_3	Lifestyle changes (e.g. diet, exercise, etc.) to manage diabetes	1	PH_328_04_3	Other (Please specify)	95	PH_328_95_3			
Taking medication, other than insulin, for diabetes	1	PH_328_01_3																	
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Lifestyle changes (e.g. diet, exercise, etc.) to manage diabetes	1	PH_328_04_3																	
Other (Please specify)	95	PH_328_95_3																	

96, 97, 98, 99				PH_328oth_3
	None of these		96	PH_328_96_3
	Unclear response		97	PH_328_97_3
	Don't know		98	PH_328_98_3
	Refused to answer		99	PH_328_99_3

<p>PH_329_3</p> <p>PH_329_i_3 for i = 1 to 5, 96, 97, 98, 99</p>	<p>IF(PH_310_05 = 1) OR (PH_310_05FF_3 = 1 & PH_310XO_05 ≠ 1), Ask PH_329_3. Others go to PH_330_3</p>			
	<p>Has a doctor ever told [your/him/her] that [you/he/she] [have/has] any of the following conditions related to [your/his/her] diabetes?</p>			
	<p>IWER: Select all that apply</p>			
	Leg ulcers		1	[PH_329_01_3]
	Protein in [your/his/her] urine		1	[PH_329_02_3]
	Lack of feeling and tingling pain in [your/his/her] legs and feet due to nerve damage (diabetic neuropathy)		1	[PH_329_03_3]
	Damage to the back of [your/his/her] eye (diabetic retinopathy)		1	[PH_329_04_3]
	Damage to [your/his/her] kidneys (diabetic nephropathy)		1	[PH_329_05_3]
	No, none of these		96	[PH_329_96_3]
	Unclear response		97	[PH_329_97_3]
	Don't know		98	[PH_329_98_3]
	Refused to answer		99	[PH_329_99_3]

PH_329a_3	<p>IF(PH_310_05 = 1) OR (PH_310_05FF_3 = 1 & PH_310XO_05 ≠ 1), ASK PH_329a_3. Others go to PH_329b_3</p>			
	<p>How often [do/does] [you/he/she] have [your/his/her] blood glucose levels checked?</p>			
Before meals		1		

Daily		2	
Weekly		3	
Monthly		4	
Never		5	
Other (please specify)		95	[PH_329a_95_3][PH_329aoth_3]
Unclear response		97	
Don't Know		98	
Refused to answer		99	

PH_329b_3

IF (PH_310_05=1) PR (PH_310_05FF_3 =1 & PH_310XO_05 ≠ 1)
 ASK PH_329b_3 Others go to PH_330_3
 [Have/Has] [you/he/she] ever had education on how best to take care of / manage
 [your/his/her] diabetes?

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

Unclear response		97
Don't know		98
Refused to answer		99

PH_330_3

IF (PH_310_06_3 = 1) GO TO PH_330_3 Others GO TO PH_333_3

When [were/was] [you/he/she] first told by a doctor that [you/he/she]
 had a stroke?

Month [MM] _____ Year [YYYY] _____ [PH_330m_3] [PH_330y_3]

Unclear response		97
Don't know		98
Refused to answer		99

IF (PH_310_06_3 = 1) ASK PH_331_3 Others go to PH_331_3 OTHER
 Go to PH_333_3

PH_331_3	<p>How many strokes [have/has] [you/he/she] had?</p> <p>1.....97</p> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>-97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>-98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>-99</td> </tr> </table>	Unclear response		-97	Don't know		-98	Refused to answer		-99											
Unclear response		-97																			
Don't know		-98																			
Refused to answer		-99																			
PH_332_3	<p>IF (PH_331_3 > 1), ASK PH_332_3. OTHERS GO TO PH_333_3</p> <p>In what year/month was [your/his/her] most recent stroke?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_332m_3] [PH_332y_3]</p> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table>	Unclear response		97	Don't know		98	Refused to answer		99											
Unclear response		97																			
Don't know		98																			
Refused to answer		99																			
PH_333_3	<p>IF (PH_310_06FF_3 = 1 & PH_310X0_06 ≠ 1), ASK PH_333_3. OTHERS GO TO PH_334_3</p> <p>Since [your/his/her] last interview, [have/has] [you/he/she] had any further strokes?</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>Go TO PH_334_3</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>GO TO PH_336_3</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>GO TO PH_336_3</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>GO TO PH_336_3</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>GO TO PH_336_3</td> </tr> </table>	Yes	<input type="checkbox"/>	1	Go TO PH_334_3	No	<input type="checkbox"/>	5	GO TO PH_336_3	Unclear response	<input type="checkbox"/>	97	GO TO PH_336_3	Don't know	<input type="checkbox"/>	98	GO TO PH_336_3	Refused to answer	<input type="checkbox"/>	99	GO TO PH_336_3
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PH_334_3	<p>IF (PH_333_3 = 1), GO TO PH_334_3. OTHERS GO TO PH_336_3</p> <p>Since [your/his/her] last interview, how many strokes [have/has] [you/he/she] had?</p> <p>1.....96</p> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table>	Unclear response		97	Don't know		98	Refused to answer		99											
Unclear response		97																			
Don't know		98																			
Refused to answer		99																			
PH_335_3	<p>When was [your/his/her] most recent stroke?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_335m_3] [PH_335y_3]</p>																				

	<table border="1"> <tr><td>Unclear response</td><td></td><td>97</td></tr> <tr><td>Don't know</td><td></td><td>98</td></tr> <tr><td>Refused to answer</td><td></td><td>99</td></tr> </table>	Unclear response		97	Don't know		98	Refused to answer		99	
Unclear response		97									
Don't know		98									
Refused to answer		99									
PH_336_3	<p>IF (PH_310_07_3= 1), ASK PH_336_3. OTHERS GO TO PH_339_3</p> <p>When [were/was] [you/Rname] first told by a doctor that [you/he/she] had a TIA, ministroke, or transient ischaemic attack?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_336m_3] [PH_336y_3]</p> <table border="1"> <tr><td>Unclear response</td><td></td><td>97</td></tr> <tr><td>Don't know</td><td></td><td>98</td></tr> <tr><td>Refused to answer</td><td></td><td>99</td></tr> </table>	Unclear response		97	Don't know		98	Refused to answer		99	
Unclear response		97									
Don't know		98									
Refused to answer		99									
PH_337_3	<p>How many TIA's or ministrokes [have/has] [you/he/she] had?</p> <p>How many TIA's or ministrokes [have/has] [you/he/she] had?</p> <p>1.....97</p> <table border="1"> <tr><td>Unclear response</td><td></td><td>97</td></tr> <tr><td>Don't know</td><td></td><td>98</td></tr> <tr><td>Refused to answer</td><td></td><td>99</td></tr> </table>	Unclear response		97	Don't know		98	Refused to answer		99	
Unclear response		97									
Don't know		98									
Refused to answer		99									
PH_338_3	<p>IF (PH_337_3 > 1), GO TO PH_338_3. OTHERWISE GO TO PH_339_3</p> <p>In what month/year was [your/his/her] most recent TIA or ministrokes?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_338m_3] [PH_338y_3]</p> <table border="1"> <tr><td>Unclear response</td><td></td><td>97</td></tr> <tr><td>Don't know</td><td></td><td>98</td></tr> <tr><td>Refused to answer</td><td></td><td>99</td></tr> </table>	Unclear response		97	Don't know		98	Refused to answer		99	
Unclear response		97									
Don't know		98									
Refused to answer		99									
PH_339_3	<p>IF (PH_310_07FF_3 = 1 & PH_310X0_07 ≠ 1), ASK PH_339_3. OTHERS GO TO PH_342_3</p> <p>Since [your/his/her] last interview, [have/has] [you/he/she] had any further TIA's or ministrokes?</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>Go TO PH_340_3</td> </tr> </table>	Yes	<input type="checkbox"/>	1	Go TO PH_340_3						
Yes	<input type="checkbox"/>	1	Go TO PH_340_3								

	<table border="1"> <tr><td>No</td><td><input type="checkbox"/></td><td>5</td><td>GO TO PH_342_3</td></tr> <tr><td>Unclear response</td><td><input type="checkbox"/></td><td>97</td><td>GO TO PH_342_3</td></tr> <tr><td>Don't know</td><td><input type="checkbox"/></td><td>98</td><td>GO TO PH_342_3</td></tr> <tr><td>Refused to answer</td><td><input type="checkbox"/></td><td>99</td><td>GO TO PH_342_3</td></tr> </table>	No	<input type="checkbox"/>	5	GO TO PH_342_3	Unclear response	<input type="checkbox"/>	97	GO TO PH_342_3	Don't know	<input type="checkbox"/>	98	GO TO PH_342_3	Refused to answer	<input type="checkbox"/>	99	GO TO PH_342_3										
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Refused to answer	<input type="checkbox"/>	99	GO TO PH_342_3																								
<p>PH_340_3</p>	<p>IF PH_339_3=1, GO TO PH_340_3. OTHERS GO TO PH_342_3</p> <p>Since [your/his/her] last interview, how many TIA's or ministrokes [have/has] [you/he/she] had?</p> <p>1.....96</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>	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>PH_341_3</p>	<p>When was [your/his/her] most recent TIA or ministroke?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_341m_3] [PH_341y_3]</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>	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>PH_342_3</p> <p>PH_342_i_3 for i = 1 to 2, 95, oth, 96, 97, 98, 99</p>	<p>IF (PH_310_08_3= 1) OR (PH_310_08FF_3 = 1 & PH_310X0_08 ≠ 1), ASK PH_342_3. OTHERS GO TO PH_343_3</p> <p>[Are/Is] [you/he/she] currently doing any of the following to manage [your/his/her] cholesterol?</p> <p>(Select all that apply)</p> <table border="1"> <tr><td>Taking medications</td><td><input type="checkbox"/></td><td>1</td><td>PH_342_01_3</td></tr> <tr><td>Lifestyle changes (e.g. diet, exercise, etc)</td><td><input type="checkbox"/></td><td>2</td><td>PH_342_02_3</td></tr> <tr><td>Other (please specify)</td><td><input type="checkbox"/></td><td>95</td><td>PH_342_95_3 PH_342oth_3</td></tr> </table> <table border="1"> <tr><td>None of these</td><td><input type="checkbox"/></td><td>96</td><td>PH_342_96_3</td></tr> <tr><td>Unclear response</td><td><input type="checkbox"/></td><td>97</td><td>PH_342_97_3</td></tr> <tr><td>Don't know</td><td><input type="checkbox"/></td><td>98</td><td>PH_342_98_3</td></tr> </table>	Taking medications	<input type="checkbox"/>	1	PH_342_01_3	Lifestyle changes (e.g. diet, exercise, etc)	<input type="checkbox"/>	2	PH_342_02_3	Other (please specify)	<input type="checkbox"/>	95	PH_342_95_3 PH_342oth_3	None of these	<input type="checkbox"/>	96	PH_342_96_3	Unclear response	<input type="checkbox"/>	97	PH_342_97_3	Don't know	<input type="checkbox"/>	98	PH_342_98_3		
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Refused to answer	<input type="checkbox"/>	99	PH_342_99_3
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PH_343_3

If PH_310_95_3 = 1 then ask PH_343_3

When [were/was] [you/Rname] first told by a doctor that [you/he/she] has other heart trouble?

Month [MM] _____ Year [YYYY] _____ [PH_343m_3] [PH_343y_3]

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

PH_344_3

If (PH_310_10FF_3 = 1 & PH_310X0_10 ≠ 1) or (PH_310_11_3 = 1 or PH_310_12_3 = 1 other go to PH_346_3)

[Are/Is] [you/Rname] taking blood thinning medications e.g. warfarin for [your/his/her] irregular heart rhythm?

Yes	<input type="checkbox"/>	1	Go TO PH_345_3
No	<input type="checkbox"/>	5	GO TO PH_346_3
Unclear response	<input type="checkbox"/>	97	GO TO PH_346_3
Don't know	<input type="checkbox"/>	98	GO TO PH_346_3
Refused to Answer	<input type="checkbox"/>	99	GO TO PH_346_3

PH_345_3

In the last 2 months, has [your/Rname's] warfarin or blood thinning medication dose been changed more than 3 times by [your/his/her] doctor?

Yes	<input type="checkbox"/>	1	Go TO PH_346_3
No	<input type="checkbox"/>	5	GO TO PH_346_3
Unclear response	<input type="checkbox"/>	97	GO TO PH_346_3
Don't know	<input type="checkbox"/>	98	GO TO PH_346_3
Refused to answer	<input type="checkbox"/>	99	GO TO PH_346_3

PH_346_3

[Have/Has] [you/Rname] ever had any of the following?

TICK ALL THAT APPLY

PH_346_i_3 for i = 1 to 3,96, 97, 98, 99	Blood clot	<input type="checkbox"/>	1	PH_346_01_3
	Deep vein thrombosis (DVT)	<input type="checkbox"/>	2	PH_346_02_3
	Pulmonary embolism	<input type="checkbox"/>	3	PH_346_03_3
	None of the above	<input type="checkbox"/>		PH_346_96_3
	Unclear response	<input type="checkbox"/>	97	PH_346_97_3
	Don't know	<input type="checkbox"/>	98	PH_346_98_3
	Refused to answer	<input type="checkbox"/>	99	PH_346_99_3

Other Health Conditions

PH_350a_3	<p>IF (PH_350_01FF_3 – PH_350_23FF_3 = 1), GO TO PH_350a_3 ALL Others Go To PH_350_3</p> <p>Last time [you/Rname] [were/was] interviewed, [you/he/she] told us that [you/he/she] h (insert conditions from PH_350_iFF_3)</p> <ol style="list-style-type: none"> 1. Continue (go to PH_350Y_1_3) 2. Respondent disputes having one/all of these conditions
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PH_350XO	<p>CONDITION DISPUTED Interviewer: Which of the conditions is being disputed?</p> <table border="1"> <tr><td>1</td><td>Asthma</td><td>(DISPLAY IF PH_350_01FF_3=1)</td></tr> <tr><td>2</td><td>Stomach ulcers</td><td>(DISPLAY IF PH_350_02FF_3=1)</td></tr> <tr><td>3</td><td>Varicose ulcers</td><td>(DISPLAY IF PH_350_03FF_3=1)</td></tr> <tr><td>4</td><td>Cirrhosis, or serious liver damage</td><td>(DISPLAY IF PH_350_04FF_3=1)</td></tr> <tr><td>6</td><td>Coeliac disease</td><td>(DISPLAY IF PH_350_06FF_3=1)</td></tr> <tr><td>7</td><td>Phenylketonuria</td><td>(DISPLAY IF PH_350_07FF_3=1)</td></tr> <tr><td>8</td><td>Thyroid disease</td><td>(DISPLAY IF PH_350_08FF_3=1)</td></tr> <tr><td>9</td><td>Gastroesophageal reflux disease (like heartburn)</td><td>(DISPLAY IF PH_350_09FF_3=1)</td></tr> <tr><td>10</td><td>Osteoporosis, sometimes called thin or brittle bones</td><td>(DISPLAY IF PH_350_10FF_3=1)</td></tr> <tr><td>11</td><td>Multiple Sclerosis</td><td>(DISPLAY IF PH_350_11FF_3=1)</td></tr> <tr><td>12</td><td>Cerebral palsy</td><td>(DISPLAY IF PH_350_12FF_3=1)</td></tr> <tr><td>13</td><td>Scoliosis</td><td>(DISPLAY IF PH_350_13FF_3=1)</td></tr> <tr><td>14</td><td>Muscular dystrophy</td><td>(DISPLAY IF PH_350_14FF_3=1)</td></tr> <tr><td>15</td><td>Spina bifida</td><td>(DISPLAY IF PH_350_15FF_3=1)</td></tr> <tr><td>16</td><td>Cronic lung disease such as chronic bronchitis or emphysema</td><td>(DISPLAY IF PH_350_16FF_3=1)</td></tr> <tr><td>17</td><td>Parkinsons</td><td>(DISPLAY IF PH_350_17FF_3=1)</td></tr> <tr><td>18</td><td>Arthritis</td><td>(DISPLAY IF PH_350_18FF_3=1)</td></tr> <tr><td>19</td><td>Cancer</td><td>(DISPLAY IF PH_350_19FF_3=1)</td></tr> <tr><td>20</td><td>Epilepsy</td><td>(DISPLAY IF PH_350_20FF_3=1)</td></tr> </table>	1	Asthma	(DISPLAY IF PH_350_01FF_3=1)	2	Stomach ulcers	(DISPLAY IF PH_350_02FF_3=1)	3	Varicose ulcers	(DISPLAY IF PH_350_03FF_3=1)	4	Cirrhosis, or serious liver damage	(DISPLAY IF PH_350_04FF_3=1)	6	Coeliac disease	(DISPLAY IF PH_350_06FF_3=1)	7	Phenylketonuria	(DISPLAY IF PH_350_07FF_3=1)	8	Thyroid disease	(DISPLAY IF PH_350_08FF_3=1)	9	Gastroesophageal reflux disease (like heartburn)	(DISPLAY IF PH_350_09FF_3=1)	10	Osteoporosis, sometimes called thin or brittle bones	(DISPLAY IF PH_350_10FF_3=1)	11	Multiple Sclerosis	(DISPLAY IF PH_350_11FF_3=1)	12	Cerebral palsy	(DISPLAY IF PH_350_12FF_3=1)	13	Scoliosis	(DISPLAY IF PH_350_13FF_3=1)	14	Muscular dystrophy	(DISPLAY IF PH_350_14FF_3=1)	15	Spina bifida	(DISPLAY IF PH_350_15FF_3=1)	16	Cronic lung disease such as chronic bronchitis or emphysema	(DISPLAY IF PH_350_16FF_3=1)	17	Parkinsons	(DISPLAY IF PH_350_17FF_3=1)	18	Arthritis	(DISPLAY IF PH_350_18FF_3=1)	19	Cancer	(DISPLAY IF PH_350_19FF_3=1)	20	Epilepsy	(DISPLAY IF PH_350_20FF_3=1)
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21	Emotional, nervous or psychiatric problems	(DISPLAY IF PH_350_21FF_3=1)
22	Alzheimer's disease	(DISPLAY IF PH_350_22FF_3=1)
23	Dementia	(DISPLAY IF PH_350_23FF_3=1)
26	Irritable Bowel Syndrome	(DISPLAY IF PH_350_26FF_3=1)

ASK FOR EACH SELECTION AT PH_350X0

PH_350X_01-23 it may be that we have a recording error about you having [condition selected at PH_350X0].

Can you confirm, that.... READ OUT

1. [You/He/She] never had [condition selected at PH_350X0] (error from previous wave)
2. Condition selected at PH_350X0 was misdiagnosed.

PH_350Y_01_3

If (PH350_01FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_01≠) ASK PH_350Y_01_3
Others go to PH_350Y_02_3

[Do/Does] [you/he/she] still have asthma?

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

PH_350Y_02_3

IF (PH_350_02FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_02 ≠ 1)
ASK PH_350Y_02_3
Others go to PH_350Y_02_3

[Do/Does] [you/he/she] still have stomach ulcers?

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

PH_350Y_03_3

IF (PH_350_03FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_03 ≠ 1)
ASK PH_350Y_03_3
Others go to PH_350Y_04_3

[Do/Does] [you/he/she] still have varicose ulcers (an ulcer due to varicose veins)

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

<p>PH_350Y_04_3</p>	<p>IF (PH_350_04FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_04 ≠ 1) ASK PH_350Y_04_3 Others go to PH_350Y_06_3</p> <p>[Do/Does] [you/he/she] still have cirrhosis, or serious liver damage?</p> <table border="1" data-bbox="341 450 936 533"> <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					
<p>PH_350Y_06_3</p>	<p>IF (PH_350_06FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_06 ≠ 1) ASK PH_350Y_06_3 Others go to PH_350Y_08_3</p> <p>[Do/Does] [you/he/she] still have coeliac disease?</p> <table border="1" data-bbox="341 824 936 907"> <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					
<p>PH_350Y_08_3</p>	<p>IF (PH_350_08FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_08 ≠ 1) ASK PH_350Y_08_3 Others go to PH_350Y_09_3</p> <p>[Do/Does] [you/he/she] still have thyroid disease?</p> <table border="1" data-bbox="341 1211 936 1294"> <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					
<p>PH_350Y_09_3</p>	<p>IF (PH_350_09FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_09 ≠ 1) ASK PH_350Y_09_3 Others go to PH_350Y_10_3</p> <p>[Do/Does] [you/he/she] still have gastroesophageal reflux disease?</p> <table border="1" data-bbox="341 1532 936 1615"> <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					
<p>PH_350Y_10_3</p>	<p>IF (PH_350_10FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_10 ≠ 1) ASK PH_350Y_10_3 Others go to PH_350Y_16_3</p> <p>[Do/Does] [you/he/she] still have osteoporosis?</p> <table border="1" data-bbox="341 1904 936 1986"> <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					

<p>PH_350Y_16_3</p>	<p>IF (PH_350_16FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_16 ≠ 1) ASK PH_350Y_16_3 Others go to PH_350Y_19_3</p> <p>[Do/Does] [you/he/she] still have chronic lung disease?</p> <table border="1" data-bbox="343 427 935 510"> <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					
<p>PH_350Y_19_3</p>	<p>IF (PH_350_19FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_19 ≠ 1) ASK PH_350Y_19_3 Others go to PH_350Y_21_3</p> <p>[Do/Does] [you/he/she] still have cancer?</p> <table border="1" data-bbox="343 815 935 898"> <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					
<p>PH_350Y_21_3</p>	<p>IF (PH_350_21FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_21 ≠ 1) ASK PH_350Y_21_3 Others go to PH_350Y_26_3</p> <p>[Do/Does] [you/he/she] still have emotional, nervous or psychiatric problems?</p> <table border="1" data-bbox="343 1187 935 1270"> <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					
<p>PH_350Y_26_3</p>	<p>IF (PH_350_26FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_26 ≠ 1) ASK PH_350Y_26_3 Others go to PH_350_3</p> <p>[Do/Does] [you/he/she] still have irritable bowel syndrome?</p> <table border="1" data-bbox="343 1608 935 1691"> <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					
<p>PH_350_3</p>	<p>(A) Since [your/his/her/the] last interview, has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the [other] following conditions?</p> <p>IWER: PROBE 'WHAT OTHERS' CODE ALL THAT APPLY</p>						

1	Asthma	PH_350_01_3
2	Stomach ulcers	PH_350_02_3
3	Varicose ulcers (an ulcer due to varicose veins)	PH_350_03_3
4	Cirrhosis, or serious liver damage	PH_350_04_3
6	Coeliac disease	PH_350_06_3
7	Phenlketonuria	PH_350_07_3
8	Thyroid disease	[Go to PH_351_3] [PH_350_08_3
9	Gastroesophageal reflux disease (like heartburn)	PH_350_09_3
10	Osteoporosis, sometimes called thin or brittle bones	PH_350_10_3
11	Multiple Sclerosis	PH_350_11_3
12	Cerebral palsy	PH_350_12_3
13	Scoliosis	PH_350_13_3
14	Muscular dystrophy	PH_350_14_3
15	Spina bifida	PH_350_15_3
16	Cronic lung disease such as chronic bronchitis or emphysema	[Go to PH_352_3][PH_350_16_3]
17	Parkinsons	[Go to PH_354_3] [PH_350_17_3]
18	Arthritis	[Go to PH_356_3] [PH_350_18_3]
19	Cancer	[Go to PH_361_3] [PH_350_19_3]
20	Epilepsy	[Go to PH_366_3] [PH_350_20_3]
21	Emotional, nervous or psychiatric problems	[Go to PH_377_3] [PH_350_21_3]
22	Alzheimer’s disease	[Go to PH_383_3] [PH_350_22_3]
23	Dementia	[Go to PH_384_3] [PH_350_23_3]
24	Chronic kidney disease	[Go to PH_385_3] [PH_350_24_3]
25	Severe anaemia	[PH_350_25_3]
26	Irritable bowel syndrome	[PH_350_26_3]
95	Other (Please specify)	[PH_350_95_3] [PH_350_oth_3]
96	None of these	[Go to PH_386_3] [PH_350_96_3]
97	Unclear response	[Go to PH_386_3] [PH_350_97_3]
98	Don’t know	[Go to PH_386_3] [PH_350_98_3]
99	Refused to answer	[Go to PH_386_3] [PH_350_99_3]

PH_351_3	<p>IF (PH_350_08_3 = 1 OR PH_350Y_08_3 = 1), ASK PH_351_3. OTHERS GO TO PH_352_3</p> <p>[Do/Does] [you/Rname] have an overactive (hyperactive) thyroid or an underactive (hypoactive) thyroid?</p>
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	Hyperthyroidism (Overactive thyroid)	<input type="checkbox"/>	1
	Hypothyroidism (Underactive thyroid)	<input type="checkbox"/>	2
	Unclear response	<input type="checkbox"/>	97
	Don't know	<input type="checkbox"/>	98
	Refused to answer	<input type="checkbox"/>	99

PH_352_3

IF (PH_350_16_3 = 1 OR PH_350y_16_3=1) ASK PH_352_3
OTHERS GO TO PH_354_3

[Are/Is] [you/Rname] receiving oxygen for [your/his/her] lung condition?

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

PH_353_3

Does [your/his/her] lung condition limit [your/his/her] usual activities, such as household chores or work?

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

PH_354_3

IF (PH_350_17_3=1) ASK PH_350_3 OTHERS TO GO PH_355_3

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had Parkinson's disease?

Month [MM] _____ Year [YYYY] _____ [PH_354m_3] [PH_354y_3]

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

Refused to answer		99
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PH_355_3

IF (PH_350_18_3 = 1 OR PH_350_18FF_3 = 1 & PH_350a_3 = 1,2 & PH_350XO_18 ≠1) ASK PH_355_3 OTHERS GO TO PH_361_3

IWER: CODE ALL THAT APPLY

Which type or types of arthritis [do/does] [you/Rname] have?

Osteoarthritis	<input type="checkbox"/>	1	[PH_355_01_3]
Rheumatoid arthritis	<input type="checkbox"/>	2	(PH_355_02_3)
Some other kind of arthritis	<input type="checkbox"/>	95	[PH_355_95_3]

Unclear response		97	[PH_355_97_3]
Don't know		98	[PH_355_98_3]
Refused to answer		99	[PH_355_99_3]

PH_355a_3

IF (PH_355_3=2) ASK PH_355a_3 OTHERS GO TO PH_356_3

How was [your/his/her] rheumatoid arthritis diagnosed?

Rheumatoid Factor anti-CCP antibodies ESR	<input type="checkbox"/>	1	[PH_355a_01_3]
Scans / Xrays	<input type="checkbox"/>	2	[PH_355a_02_3]
Clinical History	<input type="checkbox"/>	3	[PH_355a_02_3]
Other	<input type="checkbox"/>	95	[PH_355a_95_3] [PH_355a0th_3]
Unclear response	<input type="checkbox"/>	97	[ph_355a_97_3]
Don't know	<input type="checkbox"/>	98	[PH_355a_98_3]
Refused to answer	<input type="checkbox"/>	99	[PH_355a_99_3]

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PH_356_3	<p>IF (PH_350_18_3=1) ASK PH_356_3 IF PH_350_18FF_3 = 1 & PH_350A_3 = 1,2 & PH_350XO_18 ≠ 1, GO TO PH_357_3</p> <p>When [were/was] [you/Rname] first told that [you/he/she] had arthritis?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_356m_3] [PH_356y_3]</p> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table>	Unclear response		97	Don't know		98	Refused to answer		99
Unclear response		97								
Don't know		98								
Refused to answer		99								

PH_357_3	<p>IF (PH_350_18_3 = 1 OR PH_350_18FF_3 = 1 & PH_350a_3 = 1,2 & PH_350XO_18 ≠ 1) ASK PH_357_3</p> <p>Does [your/his/her] arthritis make it difficult for [you/him/her] to do [your/his/her] usual activities such as household chores or work?</p> <table border="1"> <tr> <td>Yes, all the time</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Yes, sometimes</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</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)</p>	Yes, all the time	<input type="checkbox"/>	1	Yes, sometimes	<input type="checkbox"/>	3	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, all the time	<input type="checkbox"/>	1																	
Yes, sometimes	<input type="checkbox"/>	3																	
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																	

PH_358_3	<p>Does the arthritis limit [your/his/her] social and leisure activities?</p> <table border="1"> <tr> <td>Yes, all the time</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Yes, sometimes</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</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> </table>	Yes, all the time	<input type="checkbox"/>	1	Yes, sometimes	<input type="checkbox"/>	3	No	<input type="checkbox"/>	5	Unclear Response	<input type="checkbox"/>	97	Don't Know	<input type="checkbox"/>	98
Yes, all the time	<input type="checkbox"/>	1														
Yes, sometimes	<input type="checkbox"/>	3														
No	<input type="checkbox"/>	5														
Unclear Response	<input type="checkbox"/>	97														
Don't Know	<input type="checkbox"/>	98														

Refused to answer 99

(TILDA)

PH_359_3

Does [your/his/her] arthritis make it difficult for [you/him/her] to sleep at night?

Yes, all the time	<input type="checkbox"/>	1
Yes, sometimes	<input type="checkbox"/>	3
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

PH_361_3

IF (PH_350_19_3 = 1) ASK PH_361_3 OTHERS GO TO PH_362A_3

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had cancer or malignant tumour?

Month [MM] _____ Year [YYYY] _____ [PH_361m_3] [PH_356y_3]

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

Cancer

PH_362a_3

IF (PH_350_19FF_3 = 1 & PH_350a_3 = 1,2 & PH_350XO_19 ≠ 1)
OR PH_350_19FF_3 = 0 & PH_362FF_i_3 = 1)), ASK PH_362a_3 O
OTHERS GO TO PH_362_3

In [your/his/her] last interview, [you/he/she] reported having (type of cancer from PH_362FF_i_3 if cancer not disputed at PH_362XO_19) cancer

1. Continue (go to PH_362Y_01_3)
2. Respondent disputes having this type of cancer

CONDITION DISPUTED

PH_362XO INTERVIEWER Which type of cancer is being disputed.

IWER: If no option is selected below please verify which cancer was previously diagnosed

1	Lung cancer	(display if PH_362_01FF_3 = 1)
2	Breast cancer	(display if PH_362_02FF_3 = 1)
3	Colon or rectum cancer	(display if PH_362_03FF_3 = 1)
4	Stomach cancer	(display if PH_362_04FF_3 = 1)
5	Oesophagus cancer	(display if PH_362_05FF_3 = 1)
6	Prostate cancer [males only]	(display if PH_362_06FF_3 = 1 AND Gender = male)
7	Bladder cancer	(display if PH_362_07FF_3 = 1)
8	Liver cancer	(display if PH_362_08FF_3 = 1)
9	Brain cancer	(display if PH_362_09FF_3 = 1)
10	Ovary cancer [females only]	(display if PH_362_10FF_3 = 1 AND Gender = female)
11	Cervix cancer [females only]	(display if PH_362_11FF_3 = 1 AND Gender = female)
12	Endometrium cancer [females only]	(display if PH_362_12FF_3 = 1 AND Gender = female)
13	Thyroid cancer	(display if PH_362_13FF_3 = 1)
14	Kidney cancer	(display if PH_362_14FF_3 = 1)
15	Testicle cancer [males only]	(display if PH_362_15FF_3 = 1 AND Gender = male)
16	Pancreas cancer	(display if PH_362_16FF_3 = 1)
17	Malignant melanoma (skin) cancer	(display if PH_362_17FF_3 = 1)
18	Oral Cavity cancer	(display if PH_362_18FF_3 = 1)

19	Larynx cancer	(display if PH_362_19FF_3 = 1)
20	Other pharynx (including nasopharynx, oropharynx, laryngopharynx or hypopharynx) cancer	(display if PH_362_20FF_3 = 1)
21	Non-Hodgkin lymphoma cancer	(display if PH_362_21FF_3 = 1)
22	Leukaemia	(display if PH_362_22FF_3 = 1)

ASK FOR EACH SELECTION AT PH_362XO

PH_362XO_01-22 It may be that we have a recording error about you having [type of cancer listed at PH_362XO]. Can you confirm, that...READ OUT

1. [You/He/She] never had [cancer listed in PH_362XO] (error from previous wave)
2. [type of cancer selected at ph_362XO] was misdiagnosed

PH_362Y_01_3	IF (PH_362_01FF_3 = 1 & PH_362a_3 = 1,2 & ph_362xo_01 ≠ 1) ASK PH_362y_01_3 OTHERS GO TO PH_362Y_02_3	
	[Do/Does] [you/he/she] still have lung cancer?	
	Yes	<input type="checkbox"/> 1
	No	<input type="checkbox"/> 5

PH_362Y_02_3	IF (PH_362_02FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_02 ≠ 1) ASK PH_362Y_03_3 OTHERS GO TO PH_362Y_03_3	
	[Do/Does] [you/he/she] still have breast cancer?	
	Yes	<input type="checkbox"/> 1
	No	<input type="checkbox"/> 5

PH_362Y_03_3	IF (PH_362_03FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_03 ≠ 1) ASK PH_362Y_03_3 OTHERS GO TO PH_362Y_04_3	
	[Do/Does] [you/he/she] still have colon or rectum cancer?	
	Yes	<input type="checkbox"/> 1
	No	<input type="checkbox"/> 5

PH_362Y_04_3	IF (PH_362_04FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_04 ≠ 1) ASK PH_362Y_04_3 OTHERS GO TO PH_362Y_05_3 [Do/Does] [you/he/she] still have stomach cancer?	
	Yes	<input type="checkbox"/> 1
	No	<input type="checkbox"/> 5

	IF (PH_362_05FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_05 ≠ 1)	
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<p>PH_362Y_05_3</p>	<p>ASK PH_362Y_05_3 OTHERS GO TO PH_362Y_06_3</p> <p>[Do/Does] [you/he/she] still have cancer of the oesophagus?</p> <table border="1" data-bbox="341 360 911 454"> <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					
<p>PH_362Y_06_3</p>	<p>IF (PH_362_06FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_06 ≠ 1) ASK PH_362Y_06_3 OTHERS GO TO PH_362Y_07_3</p> <p>[Do/Does] [you/he/she] still have prostate cancer?</p> <table border="1" data-bbox="341 896 911 990"> <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					
<p>PH_362Y_07_3</p>	<p>IF (PH_362_07FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_07 ≠ 1) ASK PH_362Y_07_3 OTHERS GO TO PH_362Y_08_3</p> <p>[Do/Does] [you/he/she] still have cancer of the bladder?</p> <table border="1" data-bbox="341 1294 911 1388"> <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					
<p>PH_362Y_08_3</p>	<p>IF (PH_362_08FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_08 ≠ 1) ASK PH_362Y_08_3 OTHERS GO TO PH_362Y_09_3</p> <p>[Do/Does] [you/he/she] still have liver cancer?</p> <table border="1" data-bbox="341 1693 911 1787"> <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					
<p>PH_362Y_09_3</p>	<p>IF (PH_362_09FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_09 ≠ 1) ASK PH_362Y_09_3 OTHERS GO TO PH_362Y_10_3</p> <p>[Do/Does] [you/he/she] still have brain cancer?</p>						

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

PH_362Y_10_3

IF (PH_362_10FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_10 ≠ 1)
ASK PH_362Y_10_3 OTHERS GO TO PH_362Y_11_3

[Do/Does] [you/he/she] still have cancer of the ovary?

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

PH_362Y_11_3

IF (PH_362_11FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_11 ≠ 1)
ASK PH_362Y_11_3 OTHERS GO TO PH_362Y_12_3

[Do/Does] [you/he/she] still have cancer of the cervix?

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

PH_362Y_12_3

IF (PH_362_12FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_12 ≠ 1)
ASK PH_362Y_12_3 OTHERS GO TO PH_362Y_13_3

[Do/Does] [you/he/she] still have cancer of the endometrium?

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

PH_362Y_13_3

IF (PH_362_13FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_13 ≠ 1)
ASK PH_362Y_13_3 OTHERS GO TO PH_362Y_14_3

[Do/Does] [you/he/she] still have cancer of the thyroid?

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

PH_362Y_14_3

IF (PH_362_14FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_14 ≠ 1)
ASK PH_362Y_14_3 OTHERS GO TO PH_362Y_15_3

[Do/Does] [you/he/she] still have cancer of the kidney?

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

PH_362Y_15_3

IF (PH_362_15FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_15 ≠ 1)
ASK PH_362Y_15_3 OTHERS GO TO PH_362Y_16_3

[Do/Does] [you/he/she] still have testicular cancer?

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

PH_362Y_16_3

IF (PH_362_16FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_16 ≠ 1)
ASK PH_362Y_16_3 OTHERS GO TO PH_362Y_17_3

[Do/Does] [you/he/she] still have cancer of the pancreas?

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

PH_362Y_17_3

IF (PH_362_17FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_17 ≠ 1)
ASK PH_362Y_17_3 OTHERS GO TO PH_362Y_18_3

[Do/Does] [you/he/she] still have malignant melanoma (skin)?

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

PH_362Y_18_3

IF (PH_362_18FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_18 ≠ 1)
ASK PH_362Y_18_3 OTHERS GO TO PH_362Y_19_3

[Do/Does] [you/he/she] still have cancer of the oral cavity?

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

PH_362Y_19_3

IF (PH_362_19FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_19 ≠ 1)
ASK PH_362Y_19_3 OTHERS GO TO PH_362Y_20_3

[Do/Does] [you/he/she] still have cancer of the larynx?

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

PH_362Y_20_3

IF (PH_362_20FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_20 ≠ 1)
ASK PH_362Y_20_3 OTHERS GO TO PH_362Y_21_3

[Do/Does] [you/he/she] still have cancer of the pharynx?

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

PH_362Y_21_3

IF (PH_362_21FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_21 ≠ 1)
ASK PH_362Y_21_3 OTHERS GO TO PH_362Y_22_3

[Do/Does] [you/he/she] still have non-hodgkin lymphoma cancer?

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

PH_362Y_22_3	<p>IF (PH_362_22FF_3 = 1 & PH_362a_3 = 1,2 & PH_362XO_22 ≠ 1) ASK PH_362Y_22_3 OTHERS GO TO PH_362Y_23_3</p> <p>[Do/Does] [you/he/she] still have leukaemia?</p> <table border="1" data-bbox="343 459 909 548"> <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					

PH_362_3	<p>IF (PH_350_19_3 = 1) USE WORDING 'B' OTHERWISE USE WORDING 'A' OTHERS GO TO PH_366_3</p> <p>IWER: (A) Since our last interview, has a doctor ever told [you/him/her] that [you/he/s] [have/has] any of there [other] types of cancer? IF SO ASK, Which one? (B) What type of cancer [have/has] [you/he/she] had?</p> <p>IWER: CODE ALL THAT APPLY</p> <table border="1" data-bbox="343 929 1572 2004"> <tr><td>1</td><td>Lung cancer</td><td>[PH_362_01_3]</td></tr> <tr><td>2</td><td>Breast cancer [females only]</td><td>[PH_362_02_3] Display if gender = female</td></tr> <tr><td>3</td><td>Colon or rectum cancer</td><td>[PH_362_03_3]</td></tr> <tr><td>4</td><td>Stomach cancer</td><td>[PH_362_04_3]</td></tr> <tr><td>5</td><td>Oesophagus cancer</td><td>[PH_362_05_3]</td></tr> <tr><td>6</td><td>Prostate cancer [males only]</td><td>[PH_362_06_3] Display if gender = male</td></tr> <tr><td>7</td><td>Bladder cancer</td><td>[PH_362_07_3]</td></tr> <tr><td>8</td><td>Liver cancer</td><td>[PH_362_08_3]</td></tr> <tr><td>9</td><td>Brain cancer</td><td>[PH_362_09_3]</td></tr> <tr><td>10</td><td>Ovary cancer [females only]</td><td>[PH_362_10_3] Display if gender = female</td></tr> <tr><td>11</td><td>Cervix cancer [females only]</td><td>[PH_362_11_3] Display if gender = female</td></tr> <tr><td>12</td><td>Endometrium cancer [females only]</td><td>[PH_362_12_3] Display if gender = female</td></tr> <tr><td>13</td><td>Thyroid cancer</td><td>[PH_362_13_3]</td></tr> <tr><td>14</td><td>Kidney cancer</td><td>[PH_362_14_3]</td></tr> <tr><td>15</td><td>Testicle cancer [males only]</td><td>[PH_362_15_3] Display if gender = male</td></tr> <tr><td>16</td><td>Pancreas cancer</td><td>[PH_362_16_3]</td></tr> <tr><td>17</td><td>Malignant melanoma (skin) cancer</td><td>[PH_362_17_3]</td></tr> <tr><td>18</td><td>Oral cavity cancer</td><td>[PH_362_18_3]</td></tr> <tr><td>19</td><td>Larynx cancer</td><td>[PH_362_19_3]</td></tr> <tr><td>20</td><td>Other pharynx cancer (including nasopharynx, oropharynx, laryngopharynx or hypopharynx)</td><td>[PH_362_20_3]</td></tr> <tr><td>21</td><td>Non-Hodgkin Lymphoma</td><td>[PH_362_21_3]</td></tr> </table>	1	Lung cancer	[PH_362_01_3]	2	Breast cancer [females only]	[PH_362_02_3] Display if gender = female	3	Colon or rectum cancer	[PH_362_03_3]	4	Stomach cancer	[PH_362_04_3]	5	Oesophagus cancer	[PH_362_05_3]	6	Prostate cancer [males only]	[PH_362_06_3] Display if gender = male	7	Bladder cancer	[PH_362_07_3]	8	Liver cancer	[PH_362_08_3]	9	Brain cancer	[PH_362_09_3]	10	Ovary cancer [females only]	[PH_362_10_3] Display if gender = female	11	Cervix cancer [females only]	[PH_362_11_3] Display if gender = female	12	Endometrium cancer [females only]	[PH_362_12_3] Display if gender = female	13	Thyroid cancer	[PH_362_13_3]	14	Kidney cancer	[PH_362_14_3]	15	Testicle cancer [males only]	[PH_362_15_3] Display if gender = male	16	Pancreas cancer	[PH_362_16_3]	17	Malignant melanoma (skin) cancer	[PH_362_17_3]	18	Oral cavity cancer	[PH_362_18_3]	19	Larynx cancer	[PH_362_19_3]	20	Other pharynx cancer (including nasopharynx, oropharynx, laryngopharynx or hypopharynx)	[PH_362_20_3]	21	Non-Hodgkin Lymphoma	[PH_362_21_3]
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12	Endometrium cancer [females only]	[PH_362_12_3] Display if gender = female																																																														
13	Thyroid cancer	[PH_362_13_3]																																																														
14	Kidney cancer	[PH_362_14_3]																																																														
15	Testicle cancer [males only]	[PH_362_15_3] Display if gender = male																																																														
16	Pancreas cancer	[PH_362_16_3]																																																														
17	Malignant melanoma (skin) cancer	[PH_362_17_3]																																																														
18	Oral cavity cancer	[PH_362_18_3]																																																														
19	Larynx cancer	[PH_362_19_3]																																																														
20	Other pharynx cancer (including nasopharynx, oropharynx, laryngopharynx or hypopharynx)	[PH_362_20_3]																																																														
21	Non-Hodgkin Lymphoma	[PH_362_21_3]																																																														

22	Leukaemia	[PH_362_22_3]
95	Other organ cancer (please specify)	[PH_362_95_3] [PH_362oth_3]
96	None of these	[PH_362_96_3]
97	Unclear Response	[PH_362_97_3]
98	Don't Know	[PH_362_98_3]
99	Refused to Answer	[PH_362_99_3]

IF (PH_362_01_3- PH_362_95_3=1), ASK PH_363_3 to PH_365_3 FOR EACH TYPE OF CANCER (e.g. if PH_362_01_3 = 1, variables used are PH_363_01_3, PH_364_01_x_3, PH_365_01_3 etc). IF PH_362_95_3, ASK PH_363_3 TO PH_365_3 FOR CANCER LISTED IN PH_362oth_3 textbox

IF (PH_362_01ff_3 – PH_362_22FF_3 =1 & PH_362XO_01-22#1), ASK PH_363A_3 TO PH_365a_3 FOR EACH TYPE OF CANCER (e.g. variables used Are PH_363a_01_3, ph_364a_01_x_3, ph_365a_01_3,

PH_363_3

[Have/Has] [you/he/she] received any treatment for [your/his/her] [cancer type listed at PH_362_i_3]? [PH_363_01_3 to PH_363_95_3]

Yes	<input type="checkbox"/>	1	Go to PH_364_3
No	<input type="checkbox"/>	5	Skip PH_364_3 & PH_365_3
Unclear response	<input type="checkbox"/>	97	Skip PH_364_3 & PH_365_3 & PH_365b_3
Don't know	<input type="checkbox"/>	98	Skip PH_364_3 & PH_365_3 & PH_365b_3
Refused to answer	<input type="checkbox"/>	99	Skip PH_364_3 & PH_365_3 & PH_365b_3

PH_364_3

PH_364_i_3 for i = 1 to 6, 95, oth, 96, 97, 98, 99

[PH_364_01_3 to PH_364_95_99_3]

IWER:

CODE ALL THAT APPLY

What sort of treatments [have/has] [you/he/she] received for [cancer type listed at PH_362_i_3]? [PH_364_01_3 to PH_364_95_99_3]

1	Chemotherapy	[PH_364_i_01_3]
2	Medication	[PH_364_i_02_3]
3	Surgery	[PH_364_i_03_3]
4	Biopsy	[PH_364_i_04_3]
5	Radiation/X-Ray	[PH_364_i_05_3]
6	Treatment for symptoms (pain, nausea,	[PH_364_i_06_3]

	rashes)	
95	Other (specify)	[PH_364_i_95_3] [PH_364_i_oth_3]
96	None	[PH_364_i_96_3]
97	Unclear response	[PH_364_i_97_3]
98	Don't know	[PH_364_i_98_3]
99	Refused to answer	[Ph_364_i_99_3]

PH_365_3	<p>Since [you/he/she] received this treatment has the [cancer type listed at PH_362_i_3] got worse, better or stayed about the same? [PH_365_01_3 to PH_365_95_3]</p> <table border="1"> <tr> <td>Better</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>About the same</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Worse</td> <td><input type="checkbox"/></td> <td>3</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>	Better	<input type="checkbox"/>	1	About the same	<input type="checkbox"/>	2	Worse	<input type="checkbox"/>	3	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
Better	<input type="checkbox"/>	1																	
About the same	<input type="checkbox"/>	2																	
Worse	<input type="checkbox"/>	3																	
Unclear response	<input type="checkbox"/>	97																	
Don't know	<input type="checkbox"/>	98																	
Refused to answer	<input type="checkbox"/>	99																	

PH_365b_3	<p>IF PH_364_3 = 96, Ask PH_365b_3, OTHERS go to PH_363a_3 ask PH_365b_3</p> <p>Why [have/has] [you/he/she] not received treatment? Please specify</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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	<p>IF (PH_362_01FF_3 – PH_362_22FF_3=1 & PH_362XO_01-22 ≠ 1), ASK PH_363a_3 TO PH_365a_3 FOR EACH TYPE OF CANCER (E.G. VARIABLES USED ARE PH_363A_01_3, PH_364A_01_X_3, etc)</p> <p>OTHERS GO TO PH_366_3</p>
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PH_363a_3	<p>Since our last interview, [have/has] [you/he/she] received any treatment for [your/his/her] [cancer type listed at PH_362FF_i_3 and not disputed at PH_362XO_i]?</p>
-----------	---

<p>[PH_363a_01_3 to PH_363a_22_3]</p>	[PH_363a_01_3 to PH_363a_22_3]			
	Yes	<input type="checkbox"/>	1	Go to PH_364a_3
	No	<input type="checkbox"/>	5	SKIP PH_364a_3 & PH_365a_3
	Unclear Response	<input type="checkbox"/>	97	SKIP PH_364a_3 & PH_365a_3 & PH_365c_3
	Don't Know	<input type="checkbox"/>	98	SKIP PH_364a_3 & PH_365a_3 & PH_365c_3
Refused to answer	<input type="checkbox"/>	99	SKIP PH_364a_3 & PH_365a_3 & PH_365c_3	

<p>PH_364a_3</p> <p>[PH_364a_01_3 to PH_364a_22_99_3]</p>	<p>IWER:</p> <p>Since our last interview, what sort of treatments [have/has] [you/he/she] received for [cancer type listed at PH_362_iFF_3 and not disputed at PH_362XO_i]?</p> <p style="text-align: right;">[PH_364a_01_3 to PH_364a_22_99_3]</p>		
	1	Chemotherapy	[PH_364a_i_01_3]
	2	Medication	[PH_364a_i_02_3]
	3	Surgery	[PH_364a_i_03_3]
	4	Biopsy	[PH_364a_i_04_3]
	5	Radiation/X-Ray	[PH_364a_i_05_3]
	6	Treatment for symptoms (pain, nausea, rashes)	[PH_364a_i_06_3]
	95	Other (specify)	[PH_364a_i_95_3] [PH_364oth_i]
	96	None	[PH_364a_i_96_3]
	97	Unclear Response	[PH_364a_i_97_3]
	98	Don't know	[PH_364a_i_98_3]
	99	Refused to answer	[Ph_364a_i_99_3]

<p>PH_365a_3</p> <p>[PH_365a_01_3 to PH_365a_22_3]</p>	<p>Since [you/he/she] received treatment since the last interview has the [cancer type listed at PH_362_iFF_3 and not disputed at PH_362XO_i] got worse, better or stayed about the same?</p> <p style="text-align: right;">[PH_365a_01_3 to PH_365a_22_3]</p>		
	Better	<input type="checkbox"/>	1
	About the same	<input type="checkbox"/>	2
	Worse	<input type="checkbox"/>	3
	Unclear response	<input type="checkbox"/>	97

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

PH_365c_3

IF PH_364a_3 = 96, Ask PH_365c_3, OTHERS go to PH_366_3
Ask PH_365c_3

Why [have/has] [you/he/she] not received treatment?

Please specify

PH_366_3

IF (PH_350_20_3=1) ASK PH_366_3 OTHERS GO TO PH_367_3

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had epilepsy?

Month [MM] _____ Year [YYYY] _____ [PH_366m_3] [PH_366y_3]

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

activity?

Month [MM] _____ Year [YYYY] _____ [PH_369m_3] [PH_369y_3]

Unclear response		97
Don't know		98
Refused to answer		99
Never		96

PH_370_3

PH_370_i_3 for i= 1 to 4, 95, oth, 97, 98,99

IF PH_369_3 ≠ Never, OTHERS go to PH_371_3

Who reviewed [your/his/her] epilepsy?

PLEASE TICK ALL THAT APPLY

1	General Practitioner	[PH_370_01_3]
2	Psychiatrist	[PH_370_02_3]
3	Neurologist	[PH_370_03_3]
4	CNS	[PH_370_04_3]
95	Other (Please specify)	[PH_370_95_3] [PH_370_oth_3]

98	Don't know	[PH_370_98_3]
97	Unclear response	[PH_370_97_3]
99	Refused to answer	[PH_370_99_3]

PH_371_3

PH_371_i_3 for i = 1 to 7, 95, oth, 97,98,99

IF[PH_350_20_3 = 1 OR PH_350_20FF_3 = 1 & PH_350a_3 = 1,2 & PH_350XO_20 ≠ 1)
ASK PH_367_3

CODE ALL THAT APPLY

OTHERS GO TO PH_377_3

Does epilepsy limit [your/Rname] doing the following?

1	Household chores	[PH_371_01_3]
2	Work	[PH_37102_3]
3	Social activities	[PH_371_03_3]
4	Sports activities	[PH_371_04_3]
5	Driving	[PH_371_05_3]
6	Going out alone	[PH_371_06_3]
95	Other (please specify)	[PH_371_95_3]

		[PH_371_oth_3]	
	96	None of the above	[PH_371_97_3]
	97	Unclear response	[PH_371_97_3]
	98	Don't know	[PH_371_98_3]
	99	Refused to answer	[PH_371_99_3]
PH_372_3	<p>Are any of the following medications prescribed for [you/him/her] to use in an emergency (rescue medication)</p> <p>Code ALL that apply</p>		
PH_372_i_3 for i = 1 to 5, 95, oth, 96, 97, 98, 99	1	Epistatus (Buccal Midazolam)	[PH_372_01_3]
	2	Frisium (Clobazam)	[PH_372_02_3]
	3	Stesolid (Rectal Diazepam)	[PH_372_03_3]
	4	Clonazepam (Rivotril)	[PH_372_04_3]
	5	Lorazepam (Ativan)	[PH_372_05_3]
	95	Other (Please specify)	[PH_372_95_3] [PH_372_oth_3]
			None of the above
		Unclear response	[PH_372_97_3]
		Don't know	[PH_372_98_3]
		Refused to answer	[PH_372_99_3]
PH_373_3	<p>[Have/Has] [you/Rname) used any of the emergency medications (rescue medication) in the last 12 months, if so please tell us?</p> <p>Tick all that apply</p>		
PH_373_i_3 for i = 1 to 5, 95, oth, 96, 97, 98, 99	1	Epistatus (Buccal Midazolam)	[PH_373_01_3]
	2	Frisium (Clobazam)	[PH_373_02_3]

3	Stesolid (Rectal Diazepam)	[PH_373_03_3]
4	Clonazepam (Rivotril)	[PH_373_04_3]
5	Lorazepam (Ativan)	[PH_373_05_3]
95	Other (Please specify)	[PH_373_95_3] [PH_373_oth_3]
96	None of the above	[PH_373_96_3]
97	Unclear response	[PH_373_97_3]
98	Don't know	[PH_373_98_3]
99	Refused to answer	[PH_373_99_3]

PH_374_3

[Do/Does] [you/Rname] or [your/his/her] carer keep a record of [your/his/her] seizures?

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

PH_375_3

How often [have/has] [you/he/she] had a seizure in the past year?

Have not had a seizure in the past year	<input type="checkbox"/>	1
Daily	<input type="checkbox"/>	2
Weekly (but not daily)	<input type="checkbox"/>	3
More than once a month (but not weekly)	<input type="checkbox"/>	4
Less than once a month	<input type="checkbox"/>	5
Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

PH_376_3

[Have/Has] [you/Rname] ever had education on how best to take care of/manage [your/his/her] epilepsy?

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

IF (PH_350_21_3=1) ASK PH_377_3 OTHERS GO TO PH_378_3

PH_377_3

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had emotional, nervous or psychiatric problems?

Month [MM] _____ Year [YYYY] _____ [PH_377m_3] [PH_377y_3]

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

PH_378_3

PH_378_i_3 for i = 1 to 9, 95, oth, 97, 98, 99

IF(PH_350Y_21_3=1 OR PH_350_21_3=1) ASK PH_378_3 OTHERS GO TO PH_383_3

What type of emotional, nervous or psychiatric problems [do/does] [you/he/she] have?

IWER: CODE ALL THAT APPLY

Hallucinations	<input type="checkbox"/>	[PH_378_01_3]
Anxiety	<input type="checkbox"/>	[PH_378_02_3]
Depression	<input type="checkbox"/>	[PH_378_03_3]
Emotional problems	<input type="checkbox"/>	[PH_378_04_3]
Schizophrenia	<input type="checkbox"/>	[PH_378_05_3]
Psychosis	<input type="checkbox"/>	[PH_378_06_3]
Mood swings	<input type="checkbox"/>	[PH_378_07_3]
Manic depression	<input type="checkbox"/>	[PH_378_08_3]
Post-traumatic stress disorder	<input type="checkbox"/>	[PH_378_09_3]
Something else (Please specify)	<input type="checkbox"/>	[PH_378_95_3][PH_378oth_3]

Unclear response	<input type="checkbox"/>	[PH_378_97_3]
Don't know	<input type="checkbox"/>	[PH_378_98_3]
Refused to answer	<input type="checkbox"/>	[PH_378_99_3]

(ELSA)

PH_379_3

IF (PH_350_21_3 =1) ASK PH_379_3 OTHERS GO TO PH_381_3

[Do/Does] [you/he/she] get psychiatric treatment for your/his/her] problems, such as attending a psychiatrist?

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

PH_380_3	IF (PH_379_3 = 1) ASK PH_380_3 OTHERS GO TO PH_381_3		
	Who gives [you/him/her] psychiatric treatment for [your/his/her] conditions?		
PH_380_i_3 for i = 1,2, 95, oth, 97, 98, 99	TICK ALL THAT APPLY		
	Psychiatrist	<input type="checkbox"/>	[PH_380_01_3]
	General Practitioner	<input type="checkbox"/>	[PH_380_02_3]
	Other (Please specify)	<input type="checkbox"/>	[PH_380_95_3] [PH_380_oth_3]
	Unclear response	<input type="checkbox"/>	[PH_380_97_3]
	Don't know	<input type="checkbox"/>	[PH_380_98_3]
	Refused to answer	<input type="checkbox"/>	[PH_380_99_3]

PH_381_3	IF (PH_350_21_3=1) ASK PH_381_3 OTHERS GO TO PH_379a_3		
	[Do/Does] [you/he/she] get psychological treatment for [your/his/her] problems, such as counselling or behaviour support?		
	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

PH_382_3	IF (PH_381_3 = 1) ASK PH_382_3 OTHERS GO TO PH_379a_3		
	Who gives [you/him/her] psychological treatment for [your/his/her] conditions?		
PH_382_i_3 for i = 1,2,3, 95, oth, 97, 98, 99	Who gives [you/him/her] psychological treatment for [your/his/her] conditions?		
	PLEASE TICK ALL THAT APPLY		

Psychologist	<input type="checkbox"/>	[PH_382_01_3]
Counsellor	<input type="checkbox"/>	[PH_382_02_3]
Clinical Nurse Specialist (CNS)	<input type="checkbox"/>	[PH_382_03_3]
Other (Please Specify)	<input type="checkbox"/>	[PH_382_95_3] [PH_382_oth_3]
Unclear response	<input type="checkbox"/>	[PH_382_97_3]
Don't know	<input type="checkbox"/>	[PH_382_98_3]
Refused to answer	<input type="checkbox"/>	[PH_382_99_3]

PH_379a_3	<p>IF (PH_350_21FF_3 = 1 & PH_350XO_21 ≠ 1) ASK PH_379a_3 OTHERS GO TO PH_383_3</p> <p>Since [your/Rname's] last interview, did [you/he/she] get psychiatric treatment for [your/his/her] problems, such as attending a psychiatrist?</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>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"/>
Yes	<input type="checkbox"/>	1													
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PH_380a_3	<p>IF (PH_379a_3 = 1) ASK PH_380a_3 OTHERS GO TO PH_381a_3</p> <p>Who gives [you/him/her] get psychiatric treatment for [your/his/her] conditions?</p> <p>PLEASE TICK ALL THAT APPLY</p>																				
	<table border="1"> <tr> <td>Psychiatrist</td> <td><input type="checkbox"/></td> <td>[PH_380a_01_3]</td> </tr> <tr> <td>General Practitioner</td> <td><input type="checkbox"/></td> <td>[PH_380a_02_3]</td> </tr> <tr> <td>Other (Please specify)</td> <td><input type="checkbox"/></td> <td>[PH_380a_95_3] [PH_380a_oth_3]</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>[PH_380a_97_3]</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>[PH_380a_98_3]</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>[PH_380a_99_3]</td> </tr> </table>	Psychiatrist	<input type="checkbox"/>	[PH_380a_01_3]	General Practitioner	<input type="checkbox"/>	[PH_380a_02_3]	Other (Please specify)	<input type="checkbox"/>	[PH_380a_95_3] [PH_380a_oth_3]				Unclear response	<input type="checkbox"/>	[PH_380a_97_3]	Don't know	<input type="checkbox"/>	[PH_380a_98_3]	Refused to answer	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	[PH_380a_01_3]																			
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<p>IF (PH_350_21FF_3 = 1 & PH_350XO_21 ≠ 1) ASK PH_381a_3 OTHERS GO TO PH_383_3</p>

PH_381a_3	<p>Since [your/his/her] last interview, did [you/he/she] get psychological treatment for [your/his/her] problems, such as counselling?</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>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														

PH_382a_3	<p>IF (PH_381a_3=1) ASK PH_382a_3 OTHERS GO TO PH_383_3</p> <p>Who gives [you/him/her] psychological treatment for [your/his/her] conditions?</p> <p>PLEASE TICK ALL THAT APPLY</p> <table border="1"> <tr> <td>Psychologist</td> <td><input type="checkbox"/></td> <td>[PH_382a_01_3]</td> </tr> <tr> <td>Counsellor</td> <td><input type="checkbox"/></td> <td>[PH_382a_02_3]</td> </tr> <tr> <td>Clinical Nurse Specialist (CNS)</td> <td><input type="checkbox"/></td> <td>[PH_382a_03_3]</td> </tr> <tr> <td>Other (Please specify)</td> <td><input type="checkbox"/></td> <td>[PH_382a_95_3] [PH_382a_oth_3]</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>[PH_382a_97_3]</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>[PH_382a_98_3]</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>[PH_382a_99_3]</td> </tr> </table>	Psychologist	<input type="checkbox"/>	[PH_382a_01_3]	Counsellor	<input type="checkbox"/>	[PH_382a_02_3]	Clinical Nurse Specialist (CNS)	<input type="checkbox"/>	[PH_382a_03_3]	Other (Please specify)	<input type="checkbox"/>	[PH_382a_95_3] [PH_382a_oth_3]	Unclear response	<input type="checkbox"/>	[PH_382a_97_3]	Don't know	<input type="checkbox"/>	[PH_382a_98_3]	Refused to answer	<input type="checkbox"/>	[PH_382a_99_3]
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Counsellor	<input type="checkbox"/>	[PH_382a_02_3]																				
Clinical Nurse Specialist (CNS)	<input type="checkbox"/>	[PH_382a_03_3]																				
Other (Please specify)	<input type="checkbox"/>	[PH_382a_95_3] [PH_382a_oth_3]																				
Unclear response	<input type="checkbox"/>	[PH_382a_97_3]																				
Don't know	<input type="checkbox"/>	[PH_382a_98_3]																				
Refused to answer	<input type="checkbox"/>	[PH_382a_99_3]																				

PH_383_3	<p>IF (PH_350_22_3=1) ASK PH_383_3 OTHERS GO TO PH_384_3</p> <p>When [were/was] [you/Rname] first told by a doctor that [you/he/she] had Alzheimer's Disease?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_383m_3] [PH_383y_3]</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>	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								

PH_384_3	<p>IF (PH_350_23_3=1) ASK PH_384_3 OTHERS GO TO PH_385_3</p> <p>When [were/was] [you/Rname] first told by a doctor that [you/he/she]</p>
----------	--

had dementia?

Month [MM] _____ Year [YYYY] _____ [PH_384m_3] [PH_384y_3]

Unclear Response		97
Don't Know		98
Refused to answer		99

PH_385_3

IF(PH_350_24_3=1) ASK PH_385_3 OTHERS GO TO PH_386_3

[Have/Has] [you/he/she] ever had dialysis or a kidney transplant?

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

PH_386_3

ALL RESPONDENTS ARE ASKED PH_386_3

[Have/Has] [you/Rname] ever had a major bleed which required hospitalisation or a blood transfusion?

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

Eating and Drinking

PH_125a_3

INTRO:

Now I would like to ask you about [your/Rname's] nutritional health
Tick which applies to [you/him/her]

1. Tube Dependent – skip to tube dependent subsection PH_125_3
2. Total oral intake – skip to PH_44_3
3. 3. Both oral intake and tube dependent – Go to PH_125_3

PH_125_3

If PH_125a_3 = 1 then ask PH_125_3

Please tick which applies to [you/Rname]

No oral intake	<input type="checkbox"/>	1
Tube dependent with minimal/inconsistent oral intake	<input type="checkbox"/>	2
Tube supplements with consistent oral intake	<input type="checkbox"/>	3

Functional Oral Intake Scale – Cray et al 2005

PH_44_3

In general, how healthy is [your/Rname's] overall diet? Would you say...?

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

(NHANES)

PH_45_3

[Do/Does] [you/he/she] add salt to food while at the table?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

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

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

(Slan 2007)

PH_46_3

In general, would you consider [yourself/him/her to be ...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Overweight	<input type="checkbox"/>	1
Underweight	<input type="checkbox"/>	2
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

(Adapted from NHANES 2005-2006)

PH_47_3

[Are/Is] [you/he/she] on any special diet?

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

Yes	<input type="checkbox"/>	1	(Go to PH_48_3)
No	<input type="checkbox"/>	5	(Go to PH_50_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_50_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_50_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_50_3)

(Adapted from Nutritional Risk Index/IDS-TILDA)

PH_48_3

Who advised [you/him/her] to follow this diet?

IWER: CODE ALL THAT APPLY

PH_48_i_3 for
i = 1 to 6,95,
97, 98, 99

A dietician	<input type="checkbox"/>	1
A nurse	<input type="checkbox"/>	2
A doctor	<input type="checkbox"/>	3
A family member	<input type="checkbox"/>	4
A key worker/support worker	<input type="checkbox"/>	5
[Yourself/Himeself/Herself]	<input type="checkbox"/>	6
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

(IDS_TILDA)

PH_49_3

What type of diet [are/is] [you/he/she] following?

PH_49_i_3 for
i = 1 to 11,
95,oth, 97, 98,
99

IWER: CODE ALL THAT APPLY

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 / liquidized foods	<input type="checkbox"/>	1
Thickened fluids	<input type="checkbox"/>	1
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

(Adapted from Nutritional Risk Index/IDS-TILDA)

PH_50_3

Within the last year, [have/has] [you/Rname] lost or gained ten pounds (4.5kg) or more in weight when [you/he/she] [weren't/wasn't] trying to?

[NOTE: By losing or gaining weight when [you/he/she] [weren't/wasn'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]

IWER: READ OUT AND CODE THE ONE THAT APPLIES

	<table border="1"> <tr> <td>Yes, gained weight</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Yes, lost weight</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Yes, gained and lost weight</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>No, weight has remained the same</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>(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																				
PH_127_3 New q Wave 3	<p>[Do/Does] [you/he/she] have a history of choking episodes?</p> <table border="1"> <tr> <td>Yes</td> <td>1</td> <td></td> <td>Go to PH_128_3</td> </tr> <tr> <td>No</td> <td>5</td> <td></td> <td>Go to PH_51_3</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>Go to PH_51_3</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>Go to PH_51_3</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>Go to PH_51_3</td> </tr> </table>	Yes	1		Go to PH_128_3	No	5		Go to PH_51_3	Unclear response	<input type="checkbox"/>	97	Go to PH_51_3	Don't know	<input type="checkbox"/>	98	Go to PH_51_3	Refused to answer	<input type="checkbox"/>	99	Go to PH_51_3	
Yes	1		Go to PH_128_3																			
No	5		Go to PH_51_3																			
Unclear response	<input type="checkbox"/>	97	Go to PH_51_3																			
Don't know	<input type="checkbox"/>	98	Go to PH_51_3																			
Refused to answer	<input type="checkbox"/>	99	Go to PH_51_3																			
PH_128_3 New q Wave 3 PH_128_1_3 PH_128_2_3 PH_128_3_3	<p>If yes, please indicate the number of choking episodes [you/he/she] [have/has] experienced.</p> <p>In the last week _____ (insert number here) In the last month _____ (insert number here) In the last year _____ (insert number here)</p>																					
PH_129_3 New Q Wave 3	<p>In the last year did [you/he/she] require an intervention as a result of a choking episode?</p> <p>For example, Heimlich, hospitalization, attention of nurse / doctor on call</p> <p>Code ONE that applies</p> <table border="1"> <tr> <td>Yes, for each of the episodes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Yes, for some of the episodes</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>No, never</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table>	Yes, for each of the episodes	<input type="checkbox"/>	1	Yes, for some of the episodes	<input type="checkbox"/>	2	No, never	<input type="checkbox"/>	3												
Yes, for each of the episodes	<input type="checkbox"/>	1																				
Yes, for some of the episodes	<input type="checkbox"/>	2																				
No, never	<input type="checkbox"/>	3																				
PH_130_3	Please indicate the item or items (food or other) that resulted in a choking episode																					

<p>New Q</p> <p>Wave 3</p>	<p>(Please specify)</p>
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<p>PH_51_3</p>	<p>Any Other Information (Nutritional Health):</p>
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**Section 7C: Fall, Fractures and Pain
Foot Health**

<p>PH_0C_3</p>	<p>How will this section be completed?</p> <table border="1" data-bbox="290 853 850 976"> <tr> <td>Self Report Only</td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; text-align: center;">1</td> </tr> <tr> <td>Self Report 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>	Self Report Only	<input type="checkbox"/>	1	Self Report and Proxy	<input type="checkbox"/>	2	Proxy Only	<input type="checkbox"/>	3
Self Report Only	<input type="checkbox"/>	1								
Self Report and Proxy	<input type="checkbox"/>	2								
Proxy Only	<input type="checkbox"/>	3								

<p>PH_52_32</p>	<p>INTRO: I would now like to ask you some questions about [you/Rname's] foot health.</p> <p>In general, what condition would you say [your/his/her] feet are in?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="290 1317 895 1518"> <tr> <td>Excellent</td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; text-align: center;">1</td> </tr> <tr> <td>Very good</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Good</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">3</td> </tr> <tr> <td>Fair</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">4</td> </tr> <tr> <td>Poor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">5</td> </tr> </table> <table border="1" data-bbox="290 1554 850 1677"> <tr> <td>Unclear response</td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; 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>	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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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																							

<p>PH_53_3</p>	<p>[Do/Does] [you/he/she] have any pain in [your/his/her] feet?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="290 1951 1158 2033"> <tr> <td>Yes</td> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; text-align: center;">1</td> <td>(Go to PH_54_3)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">5</td> <td>(Go to PH_56_3)</td> </tr> </table>	Yes	<input type="checkbox"/>	1	(Go to PH_54_3)	No	<input type="checkbox"/>	5	(Go to PH_56_3)
Yes	<input type="checkbox"/>	1	(Go to PH_54_3)						
No	<input type="checkbox"/>	5	(Go to PH_56_3)						

Unclear response	<input type="checkbox"/>	97	(Go to PH_56_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_56_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_56_3)

(Adapted from OK Health Check)

PH_54_3

What is the cause of this pain?

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)

PH_55_3

How much does [your/his/her] foot health limit [you/him/her] walking (e.g. because of foot pain)?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

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

(Adapted from FHSQ)

PH_56_3

Any Other Information (Foot Health):

Falls

PH_57_3

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).

In **the past month** [have/has] [you/he/she] had any fall including a slip or trip in which [you/he/she] lost [your/his/her] balance and landed on the floor or ground or lower level?

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

Yes	<input type="checkbox"/>	1	(Go to PH_58_3)
No	<input type="checkbox"/>	5	(Go to PH_61_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_61_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_61_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_61_3)

(ELSA/HRS/Lamb et al 2005)

PH_58_3

How often [have/has] [you/he/she] fallen down in the past month?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Once	<input type="checkbox"/>	1
Twice	<input type="checkbox"/>	2
Once a week	<input type="checkbox"/>	3

Other (please specify)	<input type="text"/>	95
------------------------	----------------------	----

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

(ELSA/HRS/IDS-TILDA)

PH_59_3

In general, were most of these falls...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Accidental (e.g. slipping or tripping over something)	<input type="text"/>	1	(Go to PH_61_3)
Non-accidental	<input type="text"/>	2	(Go to PH_60_3)

Unclear response	<input type="text"/>	97	(Go to PH_61_3)
Don't know	<input type="text"/>	98	(Go to PH_61_3)
Refused to answer	<input type="text"/>	99	(Go to PH_61_3)

(TILDA/IDS-TILDA)

PH_60_3

Were these non-accidental falls because of...?

IWER: READ OUT AND CODE ONE THAT APPLY

No apparent or obvious reason	<input type="text"/>	1
Due to a pre-existing physical or mental health condition (e.g. epilepsy, parkinson's disease, diabetes)	<input type="text"/>	2
As a result of being pushed	<input type="text"/>	3
Other (Please specify)	<input type="text"/>	95

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

	(TILDA/IDS-TILDA)																								
PH_61_3	<p>In the past year [have/has] [you/he/she] had any fall including a slip or trip in which [you/he/she] lost [your/his/her] 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_3)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH_67_3)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH_67_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH_67_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH_67_3)</td> </tr> </table> <p>(ELSA/HRS/Lamb et al 2005)</p>	Yes	<input type="checkbox"/>	1	(Go to PH_62_3)	No	<input type="checkbox"/>	5	(Go to PH_67_3)	Unclear response	<input type="checkbox"/>	97	(Go to PH_67_3)	Don't know	<input type="checkbox"/>	98	(Go to PH_67_3)	Refused to answer	<input type="checkbox"/>	99	(Go to PH_67_3)				
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Don't know	<input type="checkbox"/>	98	(Go to PH_67_3)																						
Refused to answer	<input type="checkbox"/>	99	(Go to PH_67_3)																						
PH_62_3	<p>How often [have/has] [you/he/she] 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> </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/IDS-TILDA)</p>	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	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																							
PH_63_3	<p>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"/></td> <td>1</td> <td>(Go to PH_133_3)</td> </tr> <tr> <td>Non-accidental</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to PH_64_3)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH_133_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH_133_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH_133_3)</td> </tr> </table>	Accidental (e.g. slipping or tripping over something)	<input type="checkbox"/>	1	(Go to PH_133_3)	Non-accidental	<input type="checkbox"/>	2	(Go to PH_64_3)	Unclear response	<input type="checkbox"/>	97	(Go to PH_133_3)	Don't know	<input type="checkbox"/>	98	(Go to PH_133_3)	Refused to answer	<input type="checkbox"/>	99	(Go to PH_133_3)				
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Don't know	<input type="checkbox"/>	98	(Go to PH_133_3)																						
Refused to answer	<input type="checkbox"/>	99	(Go to PH_133_3)																						

	(TILDA/IDS-TILDA)																					
PH_64_3	<p>Were these non-accidental falls because of...?</p> <p>IWER: READ OUT AND CODE ONE 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 pre-existing physical or mental health condition (e.g. epilepsy, diabetes, Parkinson's)</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>As a result of being pushed</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>Other (Please specify)</td> <td><input type="checkbox"/></td> <td>9 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>(TILDA/IDS-TILDA)</p>	No apparent or obvious reason	<input type="checkbox"/>	1	Due to pre-existing physical or mental health condition (e.g. epilepsy, diabetes, Parkinson's)	<input type="checkbox"/>	2	As a result of being pushed	<input type="checkbox"/>	3	Other (Please specify)	<input type="checkbox"/>	9 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																				
PH_133_3 New Q Wave 3	<p>IWER: Most of the time in the last year where [were/was] [you/he/she] most likely to fall?</p> <p>TICK ONE THAT APPLIES</p> <table border="1"> <tr> <td>Bathroom</td> <td>1</td> </tr> <tr> <td>Kitchen</td> <td>2</td> </tr> <tr> <td>Living Room</td> <td>3</td> </tr> <tr> <td>Bedroom</td> <td>4</td> </tr> <tr> <td>Outside in garden/driveway</td> <td>5</td> </tr> <tr> <td>Other (Please specify)</td> <td>95</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>	Bathroom	1	Kitchen	2	Living Room	3	Bedroom	4	Outside in garden/driveway	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
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Refused to answer	<input type="checkbox"/>	99																				
PH_134_3 New Q Wave 3	<p>IWER: In the last year what time of the day [were/was] [you/he/she] most likely to fall?</p> <p>TICK ONE THAT APPLIES</p> <table border="1"> <tr> <td>6am – 10 am (early morning)</td> <td>1</td> </tr> <tr> <td>10am – 2pm (midday)</td> <td>2</td> </tr> <tr> <td>2pm – 6pm (afternoon)</td> <td>3</td> </tr> </table>	6am – 10 am (early morning)	1	10am – 2pm (midday)	2	2pm – 6pm (afternoon)	3															
6am – 10 am (early morning)	1																					
10am – 2pm (midday)	2																					
2pm – 6pm (afternoon)	3																					

	6pm – 10pm (early evening)	4
	10pm – 6am (during the night)	5
	Unclear response	<input type="checkbox"/> 97
	Don't know	<input type="checkbox"/> 98
	Refused to answer	<input type="checkbox"/> 99

PH_65_3	<p>Because of a fall, did [you/he/she] ever injure [yourself/himself/herself] 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 [l/he/she] got treatment</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH_66_3)</td> </tr> <tr> <td>Yes and [l/he/she] did not get treatment</td> <td><input type="checkbox"/></td> <td>2</td> <td>(Go to PH_66_3)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH_67_3)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH_67_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH_67_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH_67_3)</td> </tr> </table> <p>(ELSA/HRS)</p>	Yes and [l/he/she] got treatment	<input type="checkbox"/>	1	(Go to PH_66_3)	Yes and [l/he/she] did not get treatment	<input type="checkbox"/>	2	(Go to PH_66_3)	No	<input type="checkbox"/>	5	(Go to PH_67_3)	Unclear response	<input type="checkbox"/>	97	(Go to PH_67_3)	Don't know	<input type="checkbox"/>	98	(Go to PH_67_3)	Refused to answer	<input type="checkbox"/>	99	(Go to PH_67_3)
Yes and [l/he/she] got treatment	<input type="checkbox"/>	1	(Go to PH_66_3)																						
Yes and [l/he/she] did not get treatment	<input type="checkbox"/>	2	(Go to PH_66_3)																						
No	<input type="checkbox"/>	5	(Go to PH_67_3)																						
Unclear response	<input type="checkbox"/>	97	(Go to PH_67_3)																						
Don't know	<input type="checkbox"/>	98	(Go to PH_67_3)																						
Refused to answer	<input type="checkbox"/>	99	(Go to PH_67_3)																						

PH_66_3	<p>What type of injury did [you/he/she] sustain/receive?</p> <p>IWER: READ OUT AND CODE ALL THAT APPLY</p> <table border="1"> <tr> <td>Bruise</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Scratch or small cut</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Cut that required stitches</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Fracture / broken bone</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Head injury</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Other Please specify</td> <td><input type="checkbox"/></td> <td>95</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"/>	95
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"/>	95																	

PH_66_i_3
for i = 1 to 5,
95, oth, 97,
98, 99

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

PH_67_3 [Have/Has] [you/he/she] ever had a blackout or fainted? (i.e. Not related to seizure type activity)

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

Yes	<input type="checkbox"/>	1	(Go to PH_68_3)
No	<input type="checkbox"/>	5	(Go to PH_69_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_69_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_69_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_69_3)

(TILDA)

PH_68_3 Approximately, how many times [have/has] [you/he/she] had a blackout or fainted in the last year?

_____ 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)

PH_69_3 **Since [your/his/her] last interview [have/has] [you/he/she] attended a falls clinic?**

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

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

(IDS-TILDA)

PH_70_3 **Any Other Information (Falls):**

Fear of Falling

PH_71_3

[Are/Is] [you/he/she] afraid of falling?

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

Yes	<input type="checkbox"/>	1	(Go to PH_72_3)
No	<input type="checkbox"/>	5	(Go to PH_74_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_72_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_72_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_72_3)

(TILDA)

PH_72_3

[Do/Does] [you/he/she] feel somewhat afraid or very much afraid of falling?

IWER: CODE THE ONE THAT APPLIES

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

(TILDA)

PH_73_3

[Do/Does] [you/he/she] ever limit [your/his/her] activities, for example, what [you/he/she] [do/does] or where do [you/he/she] [go/goes], because [you/he/she] [are/is] afraid of falling?

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

(TILDA)

PH_82_3

Falls Efficacy

PH_82_i_3 for
l = 1 to 7

IWER: Now we would like to ask some questions about how concerned [you/Rname] [are/is] about the **possibility of falling**. Please reply thinking about how [you/he/she] usually [do/does] the activity. If [you/he/she] currently [don't/doesn't] do the activity, please answer to show whether you think [you/he/she] would be concerned about falling **IF** [you/he/she] did the activity.

PLEASE TICK THE BOX WHICH IS CLOSEST TO YOUR OWN OPINION TO SHOW HOW CONCERNED [YOU/Rname] [ARE/IS] THAT [YOU/HE/SHE] MIGHT FALL IF [YOU/HE/SHE] DID THIS ACTIVITY

	Not at all concerned	Some what 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/his/her] 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)

PH_400a_3

Last time [you/Rname] [were/was] interviewed, [you/he/she] told us that [you/he/she] had fractured [your/his/her] (insert fracture locations from PH_400_iFF_3).

1. Continue (go to PH_400_03)
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH_400XO_3

Which fracture is being disputed

1	Hip	Display if (PH_400_01FF_3=1)	[PH_400XO_01_03]
2	Wrist	Display if (PH_400_02FF_3=1)	[PH_400XO_02_03]
3	Back / Spine (Vertebral)	Display if (PH_400_03FF_3=1)	[PH_400XO_03_03]

IF (PH_400XO_01_3 = 1) THEN ASK

PH_400X_01_3

It may be that we have a recording error about [you/him/her] fracturing [your/his/her] hip.

Can you confirm that.....READ OUT

1. [You/He/She] never fractured [your/his/her] hip (error from previous wave)
2. The hip fracture was misdiagnosed

IF (PH_400XO_02_3 = 1) THEN ASK

PH_400X_02_3

It may be that we have a recording error about [you/him/her] fracturing [your/his/her] wrist.

Can you confirm that.....READ OUT

3. [You/He/She] never fractured [your/his/her] wrist (error from previous wave)
4. The wrist fracture was misdiagnosed

IF (PH_400XO_03_3 = 1) THEN ASK

PH_400X_03_3

It may be that we have a recording error about [you/him/her] fracturing bones in [your/his/her] back/spine.

Can you confirm that.....READ OUT

5. [You/He/She] never fractured bones in [your/his/her] back/spine (error from previous wave)
 6. The back/spine fracture was misdiagnosed

PH_400_3

[Have/Has] [you/Rname] ever fractured any of the following?
 IWER: CODE ALL THAT APPLY

Hip	<input type="checkbox"/>	1	[PH_400_01_03]
Wrist	<input type="checkbox"/>	2	[PH_400_02_03]
Bones in [your/his/her] back/spine (Vertebral)	<input type="checkbox"/>	3	[PH_400_03_03]
Other (please specify)	<input type="checkbox"/>	95	[PH_400_95_03]

None of the above	<input type="checkbox"/>	96	[PH_400_96_03]
Unclear response	<input type="checkbox"/>	97	[PH_400_97_03]
Don't know	<input type="checkbox"/>	98	[PH_400_98_03]
Refused to answer	<input type="checkbox"/>	99	[PH_400_99_03]

IF (PH_400_01FF_3=1 & PH_400xO_01_3≠1) OR (PH_400_01_3=1)
 GO TO PH_401a_3

IF (PH_400_02FF_3=1 & PH_400xO_02_3≠1) OR (PH_400_02_3=1)
 GO TO PH_401b_3

IF (PH_400_03FF_3=1 & PH_400xO_03_3≠1) OR (PH_400_03_3=1)
 GO TO PH_401c_3

If Respondent indicates that they have a history of hip, wrist or vertebral fracture.....
 Repeat the following loop for each fracture
 (i.e. PH_401a_3 to PH_404a_3 For hip;
 PH_401b_3 to PH_404b_3 For wrist;
 PH_401c_3 to PH_404c_3 for vertebral

PH_401a_3

[Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] hip?

Yes	<input type="checkbox"/>	1	(Go to PH_402a_3)
No	<input type="checkbox"/>	5	(Go to PH_401b_3)

	<input type="checkbox"/>		
Unclear response	<input type="checkbox"/>	97	(Go to PH_401b_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_401b_3)

	Refused to answer	<input type="checkbox"/>	99	(Go to PH_401b_3)
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PH_402a_3

In what month/year did this fracture occur?

Month [MM] _____ Year [YYYY] _____ [PH_402am_3] [PH_402ay_3]

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

PH_403a_3

Was this fracture the result of a fall, a car accident or another event?

Fall	<input type="checkbox"/>	1	GO TO PH_404a_3
Car accident / Trauma e.g. (Hit by moving vehicle /Skiing accident)	<input type="checkbox"/>	2	GO TO PH_401b_3
Other event	<input type="checkbox"/>	95	GO TO PH_401b_3
Unclear response	<input type="checkbox"/>	97	GO TO PH_401b_3
Don't know	<input type="checkbox"/>	98	GO TO PH_401b_3
Refused to answer	<input type="checkbox"/>	99	GO TO PH_401b_3

PH_404a_3

**Which of the following best describes the circumstances of this fall?
Code ONE that applies**

Fell while sitting, standing still or walking slowly	<input type="checkbox"/>	1	
Fell while walking quickly, jogging or running	<input type="checkbox"/>	2	
Fell while turning	<input type="checkbox"/>	3	
Fell when getting out of bed	<input type="checkbox"/>	4	
Fell when sitting down, standing up or using the toilet	<input type="checkbox"/>	5	
Fell from a height e.g. off a chair, when using stairs, steps, ladders etc.	<input type="checkbox"/>	6	
Other (Please specify)	<input type="checkbox"/>	95	[PH_404aoth_3]
Unclear response	<input type="checkbox"/>	97	
Don't know	<input type="checkbox"/>	98	
Refused to answer	<input type="checkbox"/>	99	

PH_401b_3	<p>IF (PH_400_02FF_3 = 1 & PH_400xO_02_3≠1) OR (PH_400_02_3=1) ASK PH_401b_3, OTHERS GO TO PH_401c_3</p> <p>[Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] wrist?</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>Go to PH_402b_3</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>GO TO PH_401c_3</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>GO TO PH_401c_3</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>GO TO PH_401c_3</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>GO TO PH_401c_3</td> </tr> </table>	Yes	<input type="checkbox"/>	1	Go to PH_402b_3	No	<input type="checkbox"/>	5	GO TO PH_401c_3	Unclear response	<input type="checkbox"/>	97	GO TO PH_401c_3	Don't know	<input type="checkbox"/>	98	GO TO PH_401c_3	Refused to answer	<input type="checkbox"/>	99	GO TO PH_401c_3				
Yes	<input type="checkbox"/>	1	Go to PH_402b_3																						
No	<input type="checkbox"/>	5	GO TO PH_401c_3																						
Unclear response	<input type="checkbox"/>	97	GO TO PH_401c_3																						
Don't know	<input type="checkbox"/>	98	GO TO PH_401c_3																						
Refused to answer	<input type="checkbox"/>	99	GO TO PH_401c_3																						
PH_402b_3	<p>In what month/year did this fracture occur?</p> <p>Month [MM] _____ Year [YYYY] _____ [PH_402bm_3] [PH_402by_3]</p> <table border="1"> <tr> <td>Unclear Rresponse</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>	Unclear Rresponse	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99															
Unclear Rresponse	<input type="checkbox"/>	97																							
Don't know	<input type="checkbox"/>	98																							
Refused to answer	<input type="checkbox"/>	99																							
PH_403b_3	<p>Was this fracture the result of a fall, a car accident or another event?</p> <p>IWER: Code ONE that applies</p> <table border="1"> <tr> <td>Fall</td> <td><input type="checkbox"/></td> <td>1</td> <td>Go to PH_404b_3</td> </tr> <tr> <td>Car accident/ Trauma e.g. (Hit by moving vehicle /Skiing accident)</td> <td><input type="checkbox"/></td> <td>2</td> <td>GO TO PH_401c_3</td> </tr> <tr> <td>Other event</td> <td><input type="checkbox"/></td> <td>95</td> <td>GO TO PH_401c_3</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>GO TO PH_401c_3</td> </tr> <tr> <td>Don't Know</td> <td><input type="checkbox"/></td> <td>98</td> <td>GO TO PH_401c_3</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>GO TO PH_401c_3</td> </tr> </table>	Fall	<input type="checkbox"/>	1	Go to PH_404b_3	Car accident/ Trauma e.g. (Hit by moving vehicle /Skiing accident)	<input type="checkbox"/>	2	GO TO PH_401c_3	Other event	<input type="checkbox"/>	95	GO TO PH_401c_3	Unclear response	<input type="checkbox"/>	97	GO TO PH_401c_3	Don't Know	<input type="checkbox"/>	98	GO TO PH_401c_3	Refused to answer	<input type="checkbox"/>	99	GO TO PH_401c_3
Fall	<input type="checkbox"/>	1	Go to PH_404b_3																						
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Don't Know	<input type="checkbox"/>	98	GO TO PH_401c_3																						
Refused to answer	<input type="checkbox"/>	99	GO TO PH_401c_3																						
PH_404b_3	<p>Which of the following best describes the circumstances of this fall?</p> <p>IWER: Code ONE that applies</p>																								

Fell while sitting, standing still or walking slowly	<input type="checkbox"/>	1	
Fell while walking quickly, jogging or running	<input type="checkbox"/>	2	
Fell while turning	<input type="checkbox"/>	3	
Fell when getting out of bed	<input type="checkbox"/>	4	
Fell when sitting down, standing up or using the toilet	<input type="checkbox"/>	5	
Fell from a height e.g. off a chair, when using stairs, Steps, ladders etc.	<input type="checkbox"/>	6	
Other (Please specify in text box)	<input type="checkbox"/>	95	[PH_404both_3]
Unclear response	<input type="checkbox"/>	97	
Don't know	<input type="checkbox"/>	98	
Refused to answer	<input type="checkbox"/>	99	

PH_401c_3

IF(PH_400_03FF_3 = 1 & PH_400xO_03_3≠1 or PH_400_03_3 =1) ASK PH_401c_3
OTHERS GO TO PH_405_3

[Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured
[your/his/her] back/spine (vertebrae)?

Yes	<input type="checkbox"/>	1	Go to PH_402c_3
No	<input type="checkbox"/>	5	GO TO PH_405_3
Unclear response	<input type="checkbox"/>	97	GO TO PH_405_3
Don't know	<input type="checkbox"/>	98	GO TO PH_405_3
Refused to answer	<input type="checkbox"/>	99	GO TO PH_405_3

PH_402c_3

In what month/year did this fracture occur?

Month [MM] _____ Year [YYYY] _____ [PH_402cm_3] [PH_402cy_3]

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

PH_403c_3

Was this fracture the result of a fall, a car accident or another event?

IWER:Code ONE that applies

Fall	<input type="checkbox"/>	1	Go to PH_404c_3
------	--------------------------	---	-----------------

Car accident/ Trauma e.g. (Hit by moving vehicle /Skiing accident)	<input type="checkbox"/>	2	GO TO PH_405_3
Other event	<input type="checkbox"/>	95	GO TO PH_405_3
Unclear response	<input type="checkbox"/>	97	GO TO PH_405_3
Don't know	<input type="checkbox"/>	98	GO TO PH_405_3
Refused to answer	<input type="checkbox"/>	99	GO TO PH_405_3

PH_404c_3

Which of the following best describes the circumstances of this fall?

IWER: Code ONE that applies

Fell while sitting, standing still or walking slowly	<input type="checkbox"/>	1	
Fell while walking quickly, jogging or running	<input type="checkbox"/>	2	
Fell while turning	<input type="checkbox"/>	3	
Fell when getting out of bed	<input type="checkbox"/>	4	
Fell when sitting down, standing up or using the toilet	<input type="checkbox"/>	5	
Fell from a height e.g. off a chair, when using stairs, Steps, ladders etc.	<input type="checkbox"/>	6	
Other (Please specify in text box)	<input type="checkbox"/>	95	[PH_404coth_3]
Unclear response	<input type="checkbox"/>	97	
Don't know	<input type="checkbox"/>	98	
Refused to answer	<input type="checkbox"/>	99	

PH_405_3

Did either of [your/his/her] parents ever have a hip or wrist fracture?

Yes	<input type="checkbox"/>	1	Go to PH_406_3
No	<input type="checkbox"/>	5	GO TO PH_78_3
Unclear response	<input type="checkbox"/>	97	GO TO PH_78_3
Don't know	<input type="checkbox"/>	98	GO TO PH_78_3
Refused to answer	<input type="checkbox"/>	99	GO TO PH_78_3

<p>PH_406_3</p>	<p>Which of [your/his/her] parents had a previous hip or wrist fracture?</p> <p>IWER: Code ONE that applies</p> <table border="1" data-bbox="288 456 850 712"> <tr> <td>Mother</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Father</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> <td>3</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>	Mother	<input type="checkbox"/>	1	Father	<input type="checkbox"/>	2	Both	<input type="checkbox"/>	3	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"/>	2																										
Both	<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>PH_78_3</p>	<p>[Have/Has] [you/Rname] had any joint replacements?</p> <table border="1" data-bbox="288 893 914 976"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH_79_3)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH_81_3)</td> </tr> </table> <table border="1" data-bbox="288 1052 1177 1173"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to PH_81_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to PH_81_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to PH_81_3)</td> </tr> </table>	Yes	<input type="checkbox"/>	1	(Go to PH_79_3)	No	<input type="checkbox"/>	5	(Go to PH_81_3)	Unclear response	<input type="checkbox"/>	97	(Go to PH_81_3)	Don't know	<input type="checkbox"/>	98	(Go to PH_81_3)	Refused to answer	<input type="checkbox"/>	99	(Go to PH_81_3)							
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<p>PH_79_3</p> <p>PH_79_i_3 for i = 1 to 4, 95, oth, 97, 98, 99</p>	<p>Which joints did [you/he/she] have replaced?</p> <p>IWER: READ OUT AND CODE WHERE APPLICABLE</p> <table border="1" data-bbox="288 1361 1347 1682"> <tr> <td>Hip</td> <td><input type="checkbox"/></td> <td>1</td> <td rowspan="2">Only allow Hip to be selected or both hips to be selected not hip and both hips</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> <td rowspan="2">Only allow knee to be selected or both knees to be selected not knee and both knees</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>95</td> <td></td> </tr> </table> <table border="1" data-bbox="288 1753 850 1874"> <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)</p>	Hip	<input type="checkbox"/>	1	Only allow Hip to be selected or both hips to be selected not hip and both hips	Both hips	<input type="checkbox"/>	1	Knee	<input type="checkbox"/>	1	Only allow knee to be selected or both knees to be selected not knee and both knees	Both knees	<input type="checkbox"/>	1	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
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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>PH_80_3</p>	<p>[Was/Were] the joint replacement(s) because of ...?</p>																											

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Arthritis	<input type="checkbox"/>	1
A fracture	<input type="checkbox"/>	2
Both arthritis and a fracture	<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

(ELSA)

PH_81_3

Any Other Information (Steadiness & Fractures):

Pain

PH_83_3

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

[Are/Is] [you/Rname] often troubled with pain?

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

Yes	<input type="checkbox"/>	1	(Go to PH_126_3)
No	<input type="checkbox"/>	5	(Go to PH_89_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_89_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_89_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_89_3)

(ELSA/HRS)

PH_126_3

Has this pain lasted more than 3 months

Wave 3 new question

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

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

PH_84_3	How bad is the pain most of the time? Is it...?									
	IWER: READ OUT AND CODE THE ONE THAT APPLIES									
	<table border="1"> <tr> <td>Mild</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Moderate</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Severe</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table>	Mild	<input type="checkbox"/>	1	Moderate	<input type="checkbox"/>	2	Severe	<input type="checkbox"/>	3
Mild	<input type="checkbox"/>	1								
Moderate	<input type="checkbox"/>	2								
Severe	<input type="checkbox"/>	3								
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Unclear response	<input type="checkbox"/>	97								
Don't know	<input type="checkbox"/>	98								
Refused to answer	<input type="checkbox"/>	99								
	(ELSA/HRS)									

PH_85_3	If PH_0C_3=1 or PH_0C_3 = 2 then ask PH_85_3																								
	(SELF-REPORT ONLY)																								
	IWER: Now thinking about this pain, in which part of your body is the pain most?																								
PH_85_i_3 for i = 1 to 7, 95, oth, 93,97,98, 99, 0	IWER: CODE ALL THAT APPLY																								
	<table border="1"> <tr> <td>Back</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Hips</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Knees</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Feet</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Abdomen / Stomach</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Mouth / Teeth</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>All over</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/></td> <td>95</td> </tr> </table>	Back	<input type="checkbox"/>	1	Hips	<input type="checkbox"/>	1	Knees	<input type="checkbox"/>	1	Feet	<input type="checkbox"/>	1	Abdomen / Stomach	<input type="checkbox"/>	1	Mouth / Teeth	<input type="checkbox"/>	1	All over	<input type="checkbox"/>	1	Other (please specify)	<input type="checkbox"/>	95
Back	<input type="checkbox"/>	1																							
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Refused to answer	<input type="checkbox"/>	99																							
SR not present – PROXY NOT to complete	<input type="checkbox"/>	0																							
	(TILDA/IDS-TILDA)																								

PH_86_3	Does the pain make it difficult for [you/him/her] to do [your/his/her] usual activities such as
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household chores, work, social or leisure activities?

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

(ELSA)

PH_87_3

[Are/Is] [you/he/she] taking any medication to control the pain?

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

Yes	<input type="checkbox"/>	1	(Go to PH_89_3)
No	<input type="checkbox"/>	5	(Go to PH_89_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_89_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_89_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_89_3)

(ELSA)

PH_89_3

Any Other Information (Pain):

Section 7D: Constipation

PH_0D_3

How will this section be completed?

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

PH_390a_3

PH_390Y_05_3

Toileting

IWER: I'm now going to ask you some private questions about going to the toilet

NOTE TO PROGRAMMER: all conditions fed forward from previous waves i.e. those reported in Wave 1 and /or Wave 2

**IF PH_350_05FF_3 = 1, ASK PH_390a_3
ALL OTHERS GO TO PH_350_05_3**

Last time [you/he/she] [were/was] interviewed, [you/he/she] told us that [you/he/she] had constipation. (insert conditions from PH_350_5FF_3). PAUSE

- 1. Continue (go to PH_390Y_5_3)**
- 2. Respondent disputes having one/all of these conditions**

CONDITION DISPUTED

PH_390X0_3 INTERVIEWER Which of the conditions is being disputed

5. Constipation (display if PH_350_05FF_3 =1) [PH_390X0_05_3]

**IF (PH_390X0_05_3=1) THEN ASK
PH_390X_05_3 It may be that we have a recording error about [you/Rname] having Constipation. Can you confirm, that ...READ OUT.**

- 1. [You/He/She] never had Constipation (error from previous wave)**
- 2. Constipation was misdiagnosed**

IF (PH_350_05FF_3 = 1 & PH_350a_3 = 1,2 & PH_350X0_05 ≠ 1) ASK PH_390Y_05_3, OTHERS GO TO PH_350_05_3

[Do/Does] [you/he/she] still have constipation?

Yes		1
No		5

PH_350_05_3

Since [your/his/her/the] last interview, has a doctor ever told [you/Rname] that [you/he/she] [have/has] constipation?

Yes		1
No		5
Unclear response		97
Don't know		98
Refused to answer		99

<p>PH_391_3</p> <p>PH_391_i_3 for i = 1,2,95, oth, 96, 97, 98, 99</p>	<p>IF (PH_350_05_3 = 1) OR (PH_350_05FF_3 = 1 & PH_350X0_05 ≠ 1), ASK PH_391_3. OTHERS GO TO PH_392_3</p> <p>[Is/Are] [you/he/she] currently doing any of the following to manage [your/his/her] constipation?</p> <p>Select all that apply</p> <table border="1"> <tr> <td>Taking medications</td> <td><input type="checkbox"/></td> <td>[PH_391_01_3]</td> </tr> <tr> <td>Lifestyle changes (e.g. diet, exercise, etc.)</td> <td><input type="checkbox"/></td> <td>[PH_391_02_3]</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/></td> <td>[PH_391_95_3]</td> </tr> <tr> <td>None of the above</td> <td><input type="checkbox"/></td> <td>[PH_391_96_3]</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>[PH_391_97_3]</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>[PH_391_98_3]</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>[PH_391_99_3]</td> </tr> </table>	Taking medications	<input type="checkbox"/>	[PH_391_01_3]	Lifestyle changes (e.g. diet, exercise, etc.)	<input type="checkbox"/>	[PH_391_02_3]	Other (please specify)	<input type="checkbox"/>	[PH_391_95_3]	None of the above	<input type="checkbox"/>	[PH_391_96_3]	Unclear response	<input type="checkbox"/>	[PH_391_97_3]	Don't know	<input type="checkbox"/>	[PH_391_98_3]	Refused to answer	<input type="checkbox"/>	[PH_391_99_3]
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<p>PH_392_3</p>	<p>IF (PH_350_05_3 = 1) OR (PH_390Y_05_3), ASK PH_392_3. OTHERS GO TO PH_393_3</p> <p>[Have/Has] [you/he/she] ever mentioned this problem to a doctor or nurse?</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>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						
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<p>PH_393_3</p>	<p>IF (PH_350_05_3 = 1) OR (PH_390Y_05_3), ASK PH_392_3. OTHERS GO TO PH_394_3</p> <p>[Do/Does] [you/he/she] ever limit [your/his/her] activities, for example, what [you/he/she] [do/does] or where [you/he/she] [go/goes] because of this problem?</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															
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Refused to answer	<input type="checkbox"/>	99																							
<p>PH_394_3 From PIQ</p>	<p>Over the past 6 months [have/has] [you/he/she] experienced any of the following for at least 25% of defecations and have they been active for 3 months?</p> <p>PLEASE TICK ALL THAT APPLY</p> <table border="1"> <tr> <td>Straining</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Lumpy or hard stool</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Sensation of incomplete evacuation</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Sensation of anorectal obstruction/blockage</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Manual maneuvers (e.g. digital evacuation, support to the pelvic floor)</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Fewer than three defecations per week</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Pain during defecation</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>None of the above</td> <td><input type="checkbox"/></td> <td>96</td> </tr> </table> <p>(Rome III Criteria)</p>	Straining	<input type="checkbox"/>	1	Lumpy or hard stool	<input type="checkbox"/>	1	Sensation of incomplete evacuation	<input type="checkbox"/>	1	Sensation of anorectal obstruction/blockage	<input type="checkbox"/>	1	Manual maneuvers (e.g. digital evacuation, support to the pelvic floor)	<input type="checkbox"/>	1	Fewer than three defecations per week	<input type="checkbox"/>	1	Pain during defecation	<input type="checkbox"/>	1	None of the above	<input type="checkbox"/>	96
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<p>PH_395_3 From PIQ</p>	<p>[Do/Does] [you/he/she] ever have normal or loose stool without the use of laxatives?</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></td> <td><input type="checkbox"/></td> <td></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		<input type="checkbox"/>		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>PH_397_3 From PIQ</p>	<p>[Have/Has] [you/he/she] ever experienced encopresis? By this we mean a small leakage of bowel movements which result in stained under wear?</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></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5		<input type="checkbox"/>																
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	<input type="checkbox"/>																								

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

Bowel Incontinence

PH_95_3

During the last 12 months, [have/has] [you/Rname] lost any amount of faeces beyond [your/his/her] control?

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

Yes	<input type="checkbox"/>	1	Go to PH_96_3
No	<input type="checkbox"/>	5	Go to PH_99_3
Not relevant, never continent	<input type="checkbox"/>	3	Go to PH_99_3

Unclear response	<input type="checkbox"/>	97	(Go to PH_99_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_99_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_99_3)

(Adapted from OK Health Check)

PH_96_3

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

(Adapted from ELSA)

PH_97_3

[Have/Has] [you/he/she] ever mentioned this problem to a doctor, nurse or other health professional?

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 ELSA)		

PH_98_3	<p>[Do/Does] [you/he/she] ever limit [your/his/her] activities, for example, what [you/he/she] [do/does] or where [you/he/she] [go/goes] 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																
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																

PH_99_3	Any Other Information (Bowel Incontinence):		
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Bladder Incontinence

PH_90_3	<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/Rname] lost any amount of urine beyond [your/his/her] control?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to PH_91_3)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to PH_94_3)</td> </tr> </table>			Yes	<input type="checkbox"/>	1	(Go to PH_91_3)	No	<input type="checkbox"/>	5	(Go to PH_94_3)
Yes	<input type="checkbox"/>	1	(Go to PH_91_3)								
No	<input type="checkbox"/>	5	(Go to PH_94_3)								

Not relevant, never continent	<input type="checkbox"/>	3	(Go to PH_94_3)
Unclear response	<input type="checkbox"/>	97	(Go to PH_94_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_94_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_94_3)

(ELSA/HRS/IDS-TILDA)

PH_91_3

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

(ELSA)

PH_92_3

IWER: [Have/Has] [you/he/she] ever mentioned this problem to a doctor, nurse or other health professional?

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

(ELSA)

PH_93_3

IWER: [Do/Does] [you/he/she] ever limit [your/his/her] activities, for example, what [you/he/she] [do/does] or where [you/he/she] [go/goes] because of this problem?

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

(TILDA)

PH_94_3

Any Other Information (Bladder Incontinence):

Medication

PH_104_3

If PH_0D_3=3 then skip to PH_110_3

IWER: In the pre-interview questionnaire, we asked you to record all medications that [you/Rname] [take/takes] 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)

Do I have all of [your/Rname's] medications here (see pre-interview questionnaire)?

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

Yes	<input type="checkbox"/>	1	(Go to PH_105_3)
No	<input type="checkbox"/>	5	Refer to Operational protocol and Go to PH_105_3
Not relevant, don't take any medication	<input type="checkbox"/>	3	(Go to PH_115_3)

Unclear response	<input type="checkbox"/>	97	(Go to PH_105_3)
Don't know	<input type="checkbox"/>	98	(Go to PH_105_3)
Refused to answer	<input type="checkbox"/>	99	(Go to PH_105_3)

(TILDA/IDS-TILDA)

PH_105_3

(SELF-REPORT ONLY)

Do you know what medication you take and how often you take them?

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
SR not present – PROXY NOT to complete	<input type="checkbox"/>	0

(IDS-TILDA)

PH_106_3

(SELF-REPORT ONLY)

Do you administer/take your own medication/tablets?

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

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
SR not present – PROXY NOT to complete	<input type="checkbox"/>	0

(IDS-TILDA)

PH_107_3

(SELF-REPORT ONLY)

Have you ever received training/instructions about taking medications?

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

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5
If yes please tell us (PH_107yes_3)		
	<input type="checkbox"/>	

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 to complete	<input type="checkbox"/>	0

(IDS-TILDA)

PH_108_3

(SELF-REPORT ONLY)

Do you know what your medications are for?

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
SR not present – PROXY NOT to complete	<input type="checkbox"/>	0

(IDS-TILDA)

PH_109_3

(SELF-REPORT ONLY)

Do you experience any side effects from taking any of your medications?

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

SR not present – PROXY 0
NOT to complete

If yes, please tell us which tablet and what side effect.

(IDS-TILDA)

If PH_0D_3=1 or PH_0D_3 = 2, GO TO PH_115_3

NOTE if proxy present at interview go to PH_110_3 otherwise go to PH_115_3

PH_110_3

(PROXY ONLY)

Do you know what medication [Rname] takes?

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

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

(IDS-TILDA)

PH_111_3

(PROXY ONLY)

Do you know how often [Rname] has to take medication?

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

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

(IDS-TILDA)

PH_112_3

(PROXY ONLY)

Have you ever received training/instructions about administering medications?

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

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

If yes, please tell us

--	--

Unclear response		97
Don't know		98
Refused to answer		99

(IDS-TILDA)

PH_113_3

PROXY ONLY

Do you know what [Rnames] medications are for?

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

Yes		1
No		5

PH_114_3

(PROXY ONLY)

Do you understand the side effects of the medications? IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'

Yes		1
No		5

PH_115_3

Any Other Information (Medication):

Section 8: Objective Measures (OM)

OM_44_W_KGS_3

Please record participants weight here.

Weight _____ KGS

Unable to measure – please record why

Immobile / wheelchair		-1
Refused (Please specify why)		-99
Challenging behavior		-2
SR not present		-0
Other (Please Specify)		-95

OM_8_RESULTS
_Waist_3

Please record participants waist circumference here.

Waist circumference _____ CMS

Unable to measure – please record why

Immobile / wheelchair		-1
Refused (Please specify why)		-99
Challenging behavior		-2
SR not present		-0
Other (Please Specify)		-95

OM_45_MUAC_3

Please record participants Mid Upper Arm Circumference here

MUAC _____ cms

Refused (Please specify why)		-99
Challenging behavior		-2
SR not present		-0
Other (Please Specify)		-95

Section 9: Mental Health

MH_0_3

Who will be completing this section

1. Self report only
2. Self report and proxy
3. Proxy only

MH_Intro_3

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/Rname] may have felt or behaved in the last week. Please tell me how often [you/Rname] have felt this way during the past week.

Glasgow Depression Scale

MH_11_3

New scale wave 3

Please label questions

MH_11_i_3 for i=1-20

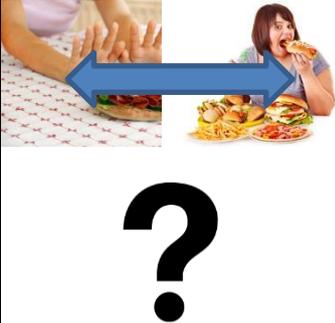
If MH_0_3 = 1 or MH_0_3 = 2 then ask MH_11_3

IWER: PLEASE COMPLETE THE GLASGOW ANXIETY AND DEPRESSION SCALE WITH ALL PARTICIPANTS OR THEIR PROXY

Glasgow Depression Scale
(score of 13 or over indicates depression).

In the last week....		Prompts	No	Sometimes	A Lot
1.	<p>Have you felt sad?</p> 	Have you felt upset, depressed, miserable, fed up, low?	0	1	2
2.	<p>Have you been in a bad mood?</p> 	Have you felt bad tempered, wanted to shout at people?	0	1	2
3.	<p>Have you enjoyed doing things?</p> 	Have you had fun?	2	1	0
4.	<p>Have you enjoyed talking and being with people?</p> 	Have you liked having people around?	2	1	0
5.	<p>Have you had a</p>	Have you taken care of	2	1	0

	<p>bath/shower and changed your clothes?</p> 	<p>the way you look / appearance?</p>			
6.	<p>Have you felt tired during the day?</p> 	<p>Have you gone to sleep during the day, found it hard to stay awake?</p>	0	1	2
7.	<p>Have you cried?</p> 	<p>What made you cry?</p>	0	1	2
8.	<p>Have you felt people don't like you?</p> 	<p>Have you felt you are a horrible person?</p>	0	1	2
9.	<p>Have you been able to concentrate, such as watch TV?</p> 	<p>What is your favourite TV programme? Are you able to watch it all?</p>	2	1	0
10.	<p>Have you found it hard to choose things?</p> 	<p>Have you found it hard to decide what to wear, eat or do?</p>	0	1	2
<p>In the Last Week....</p>		<p>Prompts</p>	<p>No</p>	<p>Sometimes</p>	<p>A</p>

					Lot
11.	<p>Have you found it hard to sit still?</p> 	<p>Have you fidgeted moved around a lot more?</p>	0	1	2
12.	<p>Have you eaten less? Have you eaten more?</p> 	<p>Have people said you should eat more or less?</p>	0	1	2
13.	<p>Have you found it hard to get a good night's sleep?</p> 	<p>Have you found it hard to fall asleep, woken up a lot</p>	0	1	2
14.	<p>Have you wished you were dead?</p> 	<p>Have you wanted to stop living?</p>	0	1	2
15.	<p>Have you felt everything is your fault?</p> 	<p>Have you felt people blame you for things?</p>	0	1	2
16.	<p>Have you felt people are</p>	<p>Have you worried about</p>	0	1	2

	<p>looking at you, talking about you?</p> 	<p>what other people think of you?</p>			
17.	<p>Have you been upset if people say you have done something wrong?</p> 	<p>Do you feel sad, or feel like crying if someone tells you off?</p>	0	1	2
18.	<p>Have you felt worried?</p> 	<p>Have you felt nervous, tense, wound up or on edge</p>	0	1	2
19.	<p>Have you thought that bad things will happen to you?</p> 	<p>Have you felt nothing nice happens to you?</p>	0	1	2
20.	<p>Have you felt happy when something good happens?</p> 	<p>What makes you feel happy?</p>	2	1	0
		TOTAL SCORE:			

(PROXY ONLY)

MH_11A_3

If MH_0_3 = 3 then ask MH_11A_3

Carer Supplement to the Glasgow Depression Scale for people with a Learning Disability

In the last week.....

MH_11A_i
_3 for i =1-
12, 12a,
12b, 12c,
13, 14, 15,
16, 16info

		Never / No	Sometimes / a little	Always / A lot
1	Has [Rname] appeared depressed?	0	1	2
2	Has [he/she] been more physically or verbally aggressive than usual?	0	1	2
3	Has [he/she] avoided company or social contact?	0	1	2
4	Has [he/she] looked after [his/her] appearance?	2	1	0
5	Has [he/she] spoken or communicated as much as [he/she] used to?	2	1	0
6	Has [he/she] cried?	0	1	2
7	Has [he/she] complained of headaches or other aches and pains?	0	1	2
8	Has [he/she] still taken part in activities which used to interest [him/her]?	2	1	0
9	Has [he/she] appeared restless or fidgety?	0	1	2
10	Has [he/she] appeared lethargic or sluggish?	0	1	2
11	Has [he/she] eaten too little / too much?	0	1	2
12	<p>If no problem, score 0. (A positive answer to either question means it should be scored.</p> <p>Has [he/she] found it hard to get a good night's sleep?</p>	0	1	2
12a	<p>IWER: Please also tick which one of the following options is relevant if MH_11A_12_3 = 1 or MH_11A_12_3 = 2</p> <p>Code one that applies</p> <p>Has [he/she] had difficulty falling asleep when going to bed at night? [Yes (1)]</p>			

	<p>Has [he/she] been waking in the middle of the night and finding it hard to get back to sleep again? [Yes (2)]</p> <p>Has [he/she] been waking very early in the morning and finding it hard to get back to sleep? [Yes (3)]</p>			
13	Has [he/she] been sleeping during the day?	0	1	2
14	Has [he/she] said that [he/she] does not want to go on living?	0	1	2
15	Has [he/she] asked you for reassurance?	0	1	2
16	Have you noticed any change in [he/she] recently?	0	1	2
16info	Please explain what changes you have noticed, in either mood or behavior			

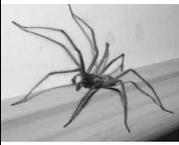
New Q MH_12_3	<p>(SELF-REPORT ONLY)</p> <p>If MH_0_3 = 1 or if MH_0_3 = 2 then ask MH_12_3</p>
--------------------------------	---

Glasgow Anxiety Scale

(score of 15 or over indicates depression).

MH_12_i_3
for i =1-27

		Prompts	No	Sometimes	A Lot
1.	Do you worry a lot?	Feel wound up, get worked up	0	1	2
2.	Do you have lots of thoughts in your head?	Can't stop thinking, can't keep thoughts away	0	1	2
3.	Do you worry about your family or friends?	Think something bad will happen?	0	1	2
4.	Do you worry about the future?	Link prompt to individual	0	1	2
5.	Do you worry that something bad will happen?		0	1	2
6.	Do you worry about being ill?	If you feel poorly	0	1	2
7.	Do you worry about doing something new?	Afraid to try new things	0	1	2
8.	Do you worry about what you are doing tomorrow?		0	1	2
9.	Can you stop yourself worrying?	Make yourself think about something else	2	1	0
10.	Do you worry about dying?		0	1	2
		Prompts	No	Sometimes	A Lot

11.	<p>Are you scared of the dark?</p> 	<p>Do you turn the lights off at night?</p>	0	1	2
12.	<p>Do you feel scared when you are high up?</p> 	<p>Do you like multi storey car parks</p>	0	1	2
13.	<p>Do you feel scared in lifts?</p> 	<p>Would you get in one?</p>	0	1	2
14.	<p>Are you scared of dogs?</p> 	<p>Would you stroke one?</p>	0	1	2
15.	<p>Are you scared of spiders?</p> 	<p>Would you touch one?</p>	0	1	2
16.	<p>Are you scared of going to the doctor or dentist?</p>	<p>Would you go if you needed to ?</p>	0	1	2



17.

Are you scared of meeting new people?



Are you shy?

0

1

2

18.

Are you scared in busy places or



crowds?

Such as supermarkets?

0

1

2

19.

Are you scared of open spaces?



Where there is nothing around you?

0

1

2

20.

Do you get hot and sweaty?



All hot and bothered

0

1

2

		Prompts	No	Sometimes	A Lot
21.	 <p>Does your heart beat fast?</p>	Feel your heart is thumping?	0	1	2
22.	<p>Do your hands and legs shake?</p> 		0	1	2
23.	<p>Do you get butterflies in your stomach?</p> 	Knots in your stomach, fluttering.	0	1	2
24.	<p>Do you find it hard to breathe?</p> 	Are you out of breath a lot?	0	1	2
25.	<p>Do you have to wee more often?</p> 		0	1	2
26.	<p>Is it difficult to sit still?</p> 		0	1	2

27.	Do you panic? 	Get in a panic or a state?	0	1	2
			TOTAL SCORE:		

Mindham, J., Espie, C.A (2003) Glasgow Scale for people with an Intellectual Disability (GAS-ID): development and psychometric properties of a new measure for use with people with mild intellectual disabilities. Journal of Intellectual Disabilities 47 (Pt 1):22-30. Adapted by Marsha Kerrigan and Gill Baker DHCFT 2013.

Vitality Scale

MH_3_3

INTRO: The following questions are about how [you/Rname] [feel/feels] and how things have been with [you/him/her] during the past 4 weeks

How much of the time during the past 4 weeks

Did [you/he/she] feel full of pep? (By pep I mean lively, full of spirit or vigour)

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)

MH_4_3

How much of the time during the past 4 weeks IWER:

Did [you/he/she] have a lot of energy?

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

MH_5_3

How much of the time during the past 4 weeks Did

[you/he/she] 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

MH_6_3

How much of the time during the past 4 weeks IWER:

Did [you/he/she] feel tired?

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

MH_7_3

TO BE COMPLETED BY THE INTERVIEWER

IWER: PLEASE INDICATE HOW THE VITALITY QUESTIONS (PREVIOUS FOUR QUESTIONS) WERE COMPLETED

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

MH_8_3

Wave 2
colour code

Please
label
questions

MH_8_i_3
for i = 1 to
18, 94, 95

Level of
stress
variable
names:
MH_8A_i_3
for i = 1 to 18

If MH_8A_i_3
for i = 1 to 18
≠ 1 then ask
MH_8A_94_3

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

IWER: READ OUT AND CODE ALL THAT APPLY

[Have/Has] [you/he/she] experienced in the last 12 months	YES		Level of Stress		
			A lot	A little	None
Change of staff in [my/his/her] home where [I/he/she] [live/lives] or day service [I/he/she] [attend/attends]		1			
New resident moved into [my/his/her] home		1			
Change of [my/his/her] key worker		1			
Change at or from work or day service		1			
Death of a parent		1			
Death of a sibling		1			
Death of other relative		1			
Death of a friend		1			
Death of a pet		1			
Major illness of a relative, caregiver or friend		1			
Death of a significant other (other than a relative, caregiver or friend)		1			
Moving within service organisation		1			
Moving from [my/his/her] family home to a service supported home (community group home/residential setting)		1			
Change in frequency of visits from or to family / friend		1			
Major illness or injury		1			
Break up of a steady relationship / Divorce		1			
Experience of crime (mugged or burgled)		1			
Problems with justice and or authorities		1			
No significant life event		94			
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)

The Pittsburgh Sleep Quality Index (PSQI)

Instructions: The following questions relate to [your / Rname's] usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

- Component 1: #9 Score C1_____
- Component 2: #2 Score (<15min=0; 16-30 min =2, >60 min = 3) + #5a Score C2_____
(if sum is equal 0=0; 1-2=1; 3-4=2; 5-6=3)
- Component 3: #4 Score (>7=0; 6-7=1; 5-6=2; <5=3) C3_____
- Component 4: (total # of hours asleep)/(total #of hours in bed) X 100 C4_____
- Component 5: Sum of Scores #5b to #5j (0=0; 1-9=1; 10-18=2; 19-27=3) C5_____
- Component 6: #6 Score C6_____
- Component 7: #7 Score + #8 Score (0=0; 1-2=1; 3-4=2; 5-6=3) C7_____

Add the seven component scores together _____ Global PSQI Score_____

Please answer all questions.

During the past month,

When have [you/Rname] usually gone to bed? _____(record time on 24hr clock)

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

MH_13_3

MH_14_3

How long (in minutes) has it taken [you/him/her] to fall asleep each night?

MH 14Mins 3

0 – 15 mins	<input type="checkbox"/>	0
16 – 30 mins	<input type="checkbox"/>	1
31 – 60 mins	<input type="checkbox"/>	2
> 60 mins	<input type="checkbox"/>	3

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

The Pittsburgh Sleep Quality Index (PSQI)

<p>MH_15_3</p>	<p>When [have/has] [you/he/she] usually gotten up in the morning? <u>Record on 24 hr clock</u> _____</p> <p><u>MH 15H 3</u> _____ <u>MH 15M 3</u> _____</p> <table border="1"> <tr> <td>After 7am</td> <td></td> <td>0</td> </tr> <tr> <td>6–7 am</td> <td></td> <td>1</td> </tr> <tr> <td>5–6 am</td> <td></td> <td>2</td> </tr> <tr> <td>Before 5 am</td> <td></td> <td>3</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table> <p>The Pittsburgh Sleep Quality Index (PSQI)</p>	After 7am		0	6–7 am		1	5–6 am		2	Before 5 am		3	Unclear response		97	Don't know		98	Refused to answer		99																																																											
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Don't know		98																																																																															
Refused to answer		99																																																																															
<p>MH_16_3</p>	<p>How many hours of actual sleep [do/does] [you/he/she] get at night? (This may be different than the number of hours you spend in bed) _____</p> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table> <p>The Pittsburgh Sleep Quality Index (PSQI)</p>	Unclear response		97	Don't know		98	Refused to answer		99																																																																							
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Refused to answer		99																																																																															
<p>MH_17_3</p> <p>Code MH_17_i_3 for i = 1-9 and other as MH_17_95_3 and MH_17_oth_3</p>	<p>During the past month, how often [have/has] [you/he/she] had trouble sleeping because you.....</p> <table border="1"> <thead> <tr> <th></th> <th>Not during the past month (0)</th> <th>Less than once a week (1)</th> <th>Once or twice a week (2)</th> <th>Three or more times week (3)</th> <th>Unclear response (97)</th> <th>Don't know (98)</th> <th>Refused to answer (99)</th> </tr> </thead> <tbody> <tr> <td>Cannot get to sleep within 30 minutes</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Wake/Wakes] up in the middle of the night or early morning</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Have/Has] to get up to use the bathroom</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cannot breathe comfortably</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Cough/Coughs] or snore loudly</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Feel/Feels] too cold</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Feel/Feels] too hot</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Have/Has] bad dreams</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>[Have/Has] pain</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times week (3)	Unclear response (97)	Don't know (98)	Refused to answer (99)	Cannot get to sleep within 30 minutes								[Wake/Wakes] up in the middle of the night or early morning								[Have/Has] to get up to use the bathroom								Cannot breathe comfortably								[Cough/Coughs] or snore loudly								[Feel/Feels] too cold								[Feel/Feels] too hot								[Have/Has] bad dreams								[Have/Has] pain							
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	Other Reasons (please describe, including how often [you/he/she] [have/has] had trouble sleeping because of this reason(s))							
--	---	--	--	--	--	--	--	--

The Pittsburgh Sleep Quality Index (PSQI)

MH_18_3	During the past month, how often [have/has] [you/he/she] taken medicine (prescribed or 'over the counter') to help [you/him/her] sleep?							
Not during the past month							0	
Less than once a week							1	
Once or twice a week							2	
Three or more time week							3	
Unclear response							97	
Don't know							98	
Refused to answer							99	
The Pittsburgh Sleep Quality Index (PSQI)								

MH_19_3	During the past month, how often [have/has] [you/fdhe/she] had trouble staying awake while driving, eating meals, or engaging in social activity?							
Not during the past month							0	
Less than once a week							1	
Once or twice a week							2	
Three or more time week							3	
Unclear response							97	
Don't know							98	
Refused to answer							99	
The Pittsburgh Sleep Quality Index (PSQI)								

MH_20_3	During the past month, how much of a problem has it been for [you/him/her] to keep up enthusiasm to get things done?							
Not during the past month / <u>No problem at all</u>							0	
Less than once a week / <u>Only a very slight problem</u>							1	
Once or twice a week / <u>Somewhat of a problem</u>							2	
Three or more time week / <u>A very big problem</u>							3	
Unclear response							97	
Don't know							98	

Refused to answer		99
-------------------	--	----

The Pittsburgh Sleep Quality Index (PSQI)

MH_21_3

During the past month, how would [you/he/she] rate [your/his/her] sleep quality overall?

Very good		0
Fairly good		1
Fairly bad		2
Very bad		3

Unclear response		97
Don't know		98
Refused to answer		99

The Pittsburgh Sleep Quality Index (PSQI)

MH_9_3

Any other information (Mental Health)

Section 11: Physical Activity

BH_0_3

TO BE COMPLETED THE BY INTERVIEWER

IWER: How will this section completed

Self-Report Only		1
SR and Proxy		2
Proxy only		3

(TILDA)

BH_Intro_3

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/Rname] spent being physically active in the last 7 days.** Please answer each question even if you do not consider [yourself/him/her] to be an active person. Please think about the activities [you/he/she] [do/does] at work, as part of [your/his/her] house and garden work, to get from place to place and in [your/his/her] 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/him/her] 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.

During the last 7 days on how many days did [you/he/she] do vigorous physical exercise.

BH_15_3

IWER: READ OUT

Vigorous physical activities: Day/Days (1 – 7)	<input type="text"/>	1	Go to BH_16_3
No, [l/he/she] [have/has] not done any vigorous physical exercise	<input type="text"/>	5	Go to BH_17_3

Unclear response	<input type="text"/>	97	Go to BH_17_3
Don't know	<input type="text"/>	98	Go to BH_17_3
Refused to answer	<input type="text"/>	99	Go to BH_17_3

(ELSA/SHARE/TILDA/IDS-TILDA)

BH_16_3

How much time did [you/he/she] usually spend doing vigorous physical activities on one of those days?

Minutes per day	
-----------------	--

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)

BH_17_3

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.

For example: gardening, cleaning the car, walking at a moderate pace, dancing, floor or stretching exercises, swimming or cycling.

During the last 7 days on how many days did [you/he/she] do moderate physical exercise.

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

Moderate physical activities: Day/Days (0 – 7)	<input type="checkbox"/>	1	Go to BH_18_3
No, [I/he/she] [have/has] not done any moderate physical exercise	<input type="checkbox"/>	5	Go to BH_19_3

Unclear response	<input type="checkbox"/>	97	Go to BH_19_3
Don't know	<input type="checkbox"/>	98	Go to BH_19_3
Refused to answer	<input type="checkbox"/>	99	Go to BH_19_3

(ELSA/SHARE/TILDA/IDS-TILDA)

BH_18_3

How much time did [you/he/she] usually spend doing moderate physical activities on one of those days?

Minutes per day	
-----------------	--

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)

BH_19_3

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.

For example: bowls, walking, golf, light exercises, vacuuming, laundry or home repairs

IWER: During the last 7 days on how many days did [you/he/she] do mild physical exercise.

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

Mild physical activities: Day/Days (0 – 7)	<input type="text"/>	1	Go to BH_20_3
No, [l/he/she] [have/has] not done any mild physical exercise	<input type="text"/>	5	Go to BH_21_3

Unclear response	<input type="text"/>	97	Go to BH_21_3
Don't know	<input type="text"/>	98	Go to BH_21_3
Refused to answer	<input type="text"/>	99	Go to BH_21_3

(ELSA/SHARE/TILDA/IDS-TILDA)

BH_20_3

How much time did [you/he/she] usually spend doing mild physical activities on one of those days?

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

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)

BH_21_3

What type of physical activity [do/does] [you/he/she] regularly take part in?

IWER: READ OUT AND CODE THE ALL THAT APPLIES

BH_21_i_3
for i = 1 to
13,95,oth,9
4,97,98,99

Bowling		1
Swimming		1
Walking		1
Gym/treadmill / cycling bike		1
Cycling		1
Running/jogging		1
Aerobics		1
Golf		1
Basketball		1
Badminton		1
Horseback riding		1
Soccer/football		1
Dancing		1
Other (please specify)		95

Not applicable – [I/he/she] [don't/doesn't] take part in regular physical activity		94
Unclear response		97
Don't know		98
Refused to answer		99

(NHANES)

BH_22_3

What difficulties might stop [you/him/her] doing physical activity?

IWER: CODE ALL THAT APPLY

BH_22_i_3
for i = 1 to
18,
95,oth,94,9
7,98,99

		1
Health considerations or physically unable		1
Wheelchair user		1
Motor impairment		1
Don't have enough money		1
Can't get a lift		1
Transport services are inadequate or not accessible		1
Have no one to go with for company		1
Not allowed to go		1
Need someone's assistance but there is no one to help [you/him/her]		1
Get too tired		1
Don't have enough time		1
There is nothing you can do at the leisure centre		1
Don't like exercise		1
Service facilities are not accessible		1
[You/He/She] [are/is] self-conscious		1
Unfriendly or negative attitudes towards [you/him/her]		1
No available exercise facilities		1
Getting too old		1
Other reason (please specify)		95

Not applicable – (don't experience any difficulties)		94
Unclear response		97
Don't know		98
Refused to answer		99

(Adapted from POMONA/Special Olympics)

BH_23_3	<p>Would [you/he/she] like to do more (or some, where applicable) physical activities?</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="252 394 995 479"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to BH_24_3)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to BH_25_3)</td> </tr> </table> <table border="1" data-bbox="252 517 1190 636"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to BH_25_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to BH_25_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to BH_25_3)</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/>	1	(Go to BH_24_3)	No	<input type="checkbox"/>	5	(Go to BH_25_3)	Unclear response	<input type="checkbox"/>	97	(Go to BH_25_3)	Don't know	<input type="checkbox"/>	98	(Go to BH_25_3)	Refused to answer	<input type="checkbox"/>	99	(Go to BH_25_3)
Yes	<input type="checkbox"/>	1	(Go to BH_24_3)																		
No	<input type="checkbox"/>	5	(Go to BH_25_3)																		
Unclear response	<input type="checkbox"/>	97	(Go to BH_25_3)																		
Don't know	<input type="checkbox"/>	98	(Go to BH_25_3)																		
Refused to answer	<input type="checkbox"/>	99	(Go to BH_25_3)																		
BH_24_3	<p>Which physical activities would [you/he/she] like to do more of?</p> <p>IWER: Record the response below.</p> <div data-bbox="252 898 1334 1039" style="border: 1px solid black; height: 60px; margin: 10px 0;"></div> <table border="1" data-bbox="252 1106 815 1225"> <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																			
BH_25_3	<p>Any Other Information (Physical Activity):</p>																				

Section 12: I (ADL) & Helpers (FL)

Functional Limitations

FL_0_3

TO BE COMPLETED THE BY INTERVIEWER

IWER: How will this section completed?

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

(TILDA)

FL_Intro_3

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/he/she] 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 indicate the level of difficulty, if any, [you/he/she] [have/has] **with walking 100 yards**.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

FL_1_3

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(SHARE/NDS)

FL_3_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with running or jogging about 1.5 kilometres (1 mile).**

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(SHARE/NDS)

FL_5_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with sitting for about two hours.**

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(SHARE/NDS)

FL_7_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with getting up from a chair after sitting for long periods.**

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(SHARE/NDS)

FL_9_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with climbing several flights of stairs without resting.**

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(SHARE/NDS)

FL_11_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with climbing one flight of stairs without resting.**

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(SHARE/NDS)

FL_13_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with stooping, kneeling, or crouching.**

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

FL_15_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with reaching or extending your arms above shoulder level.**

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(SHARE/NDS)

FL_17_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with pulling or pushing large objects like a living room chair.**

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(SHARE/NDS)

FL_19_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with lifting or carrying weights over 10 pounds/5 kilos, like a heavy bag of groceries.**

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(SHARE/NDS)

FL_21_3 [Please indicate the level of difficulty, if any,] [you/he/she] [have/has] **with picking up a small coin from a table.**

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	
Some difficulty	<input type="checkbox"/>	2	
A lot of 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	

(SHARE/NDS)

FL_23_3 Any other information (Functional Limitations)

Activities of Daily Living

Dressing

FL_24_3 **INTRO:** I'm going to ask you some questions about everyday activities. I realise that [you/Rname] 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.

Please indicate the level of difficulty, if any, [you/he/she] [have/has] with dressing, including putting on shoes and socks?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	
Some difficulty	<input type="checkbox"/>	2	
A lot of 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	

(SHARE/NDS)

FL_26_3 [Do/Does] [you/he/she] ever use equipment or devices to help [you/him/her] get dressed?

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

Yes	<input type="checkbox"/>	1	(Go to BH_27_3)
No	<input type="checkbox"/>	5	(Go to BH_28_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_28_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_28_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_28_3)

(HRS/SHARE/ELSA)

FL_27_3 Which equipment is that?

FL_27_i_3 for i = 1 to 4, 95,oth,97,98,99

IWER: CODE ALL THAT APPLY

Velcro fastenings on clothes	<input type="checkbox"/>	1
Shoe horn	<input type="checkbox"/>	1
Pick-up stick	<input type="checkbox"/>	1
Device for putting on socks	<input type="checkbox"/>	1
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

(HRS/SHARE/ELSA)

FL_28_3 Does anyone ever help [you/him/her] with dressing including putting on shoes and socks?

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)

Walking

FL_29_3 [Please indicate the level of difficulty], if any, [you/he/she] [have/has] with walking across a room.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1
Some difficulty	<input type="checkbox"/>	2
A lot of 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

(HRS/SHARE/ELSA/NDS)

FL_31_3 [Do/Does] [you/he/she] ever use equipment or devices such as a walking stick or frame when crossing a room?

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

Yes	<input type="checkbox"/>	1	(Go to FL_32_3)
No	<input type="checkbox"/>	5	(Go to FL_33_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_33_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_33_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_33_3)

(HRS/SHARE/ELSA)

FL_32_3

Which equipment is that?

FL_32_i_3
for i = 1 to
10,
95,oth,97,9
8,99

IWER: CODE ALL THAT APPLY

Walking stick	<input type="checkbox"/>	1
Walking frame	<input type="checkbox"/>	1
Crutches	<input type="checkbox"/>	1
Railing	<input type="checkbox"/>	1
Orthopedic shoes	<input type="checkbox"/>	1
Brace (leg or neck)	<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"/>	9 5

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

(HRS/SHARE/ELSA)

FL_33_3

Does anyone ever help [you/him/her] with walking/getting across a room?

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"/>	9 4

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

FL_34_3

[Do/Does] [you/he/she] have any difficulty getting around inside [your/his/her] 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 FL_38_3)
Some difficulty	<input type="checkbox"/>	2	(Go to FL_36_3)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL_36_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL_36_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_38_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_38_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_38_3)

(Adapted from NDS)

FL_36_3

Have any modifications been made to [your/his/her] home to **help [you/him/her]** get around?

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

Yes	<input type="checkbox"/>	1	(Go to FL_37_3)
No – but modifications are needed	<input type="checkbox"/>	2	(Go to FL_37_3)
No – and modifications are not needed	<input type="checkbox"/>	5	(Go to FL_38_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_38_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_38_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_38_3)

(IDS-TILDA)

FL_37_3

What modifications have been (need to be) made?

IWER: CODE ALL THAT APPLY

FL_37_i_3
for i = 1 to
7,
95,oth,97,9
8,99

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"/>	95

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

(NDS Adapted by IDS-TILDA)

Bathing and Showering

FL_38_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] with bathing or showering.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL_46_3)
Some difficulty	<input type="checkbox"/>	2	(Go to FL_40_3)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL_40_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL_40_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_40_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_40_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_40_3)

(HRS/SHARE/ELSA/NDS)

FL_40_3

[Do/Does] [you/he/she] ever use equipment or devices such as a shower seat, grab rails, hand-held shower when bathing or showering?

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

Yes	<input type="checkbox"/>	1	(Go to FL_41_3)
No	<input type="checkbox"/>	5	(Go to FL_42_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_42_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_42_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_42_3)

(HRS/SHARE/ELSA)

FL_41_3

Which equipment is that?

IWER: CODE ALL THAT APPLY

FL_41_i_3
for i = 1 to
6,
95,oth,97,9
8,99

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"/>	9

			5
Unclear response			97
Don't know			98
Refused to answer			99
(HRS/SHARE/ELSA)			

FL_42_3	Does anyone ever help [you/him/her] with bathing or showering? IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'																		
	<table border="1"> <tr> <td>Yes</td> <td></td> <td>1</td> </tr> <tr> <td>No</td> <td></td> <td>5</td> </tr> <tr> <td>Not applicable – SR completely dependently on support</td> <td></td> <td>9 4</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> </tr> </table> (HRS/SHARE/ELSA)	Yes		1	No		5	Not applicable – SR completely dependently on support		9 4	Unclear response		97	Don't know		98	Refused to answer		99
Yes		1																	
No		5																	
Not applicable – SR completely dependently on support		9 4																	
Unclear response		97																	
Don't know		98																	
Refused to answer		99																	

Eating

FL_46_3	[Please indicate the level of difficulty, if any,] you [you/Rname] [have/has] 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																												
	<table border="1"> <tr> <td>No difficulty</td> <td></td> <td>1</td> <td>(Go to FL_51_3)</td> </tr> <tr> <td>Some difficulty</td> <td></td> <td>2</td> <td>(Go to FL_48_3)</td> </tr> <tr> <td>A lot of difficulty</td> <td></td> <td>3</td> <td>(Go to FL_48_3)</td> </tr> <tr> <td>Cannot do at all</td> <td></td> <td>4</td> <td>(Go to FL_48_3)</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td></td> <td>97</td> <td>(Go to FL_48_3)</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> <td>(Go to FL_48_3)</td> </tr> <tr> <td>Refused to answer</td> <td></td> <td>99</td> <td>(Go to FL_48_3)</td> </tr> </table> (HRS/SHARE/ELSA/NDS)	No difficulty		1	(Go to FL_51_3)	Some difficulty		2	(Go to FL_48_3)	A lot of difficulty		3	(Go to FL_48_3)	Cannot do at all		4	(Go to FL_48_3)	Unclear response		97	(Go to FL_48_3)	Don't know		98	(Go to FL_48_3)	Refused to answer		99	(Go to FL_48_3)
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Refused to answer		99	(Go to FL_48_3)																										

FL_48_3

[Do/Does] [you/he/she] ever use special utensils when you eat?

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

Yes	<input type="checkbox"/>	1	(Go to FL_49_3)
No	<input type="checkbox"/>	5	(Go to FL_50_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_50_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_50_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_50_3)

(IDS-TILDA)

FL_49_3

Which special utensils is that?

IWER: CODE ALL THAT APPLY

FL_49_i_3
for i = 1 to
4,
95,oth,97,9
8,99

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"/>	9 5

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

(IDS-TILDA)

FL_50_3 Does anyone ever help [you/him/her] with eating?

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"/>	9 4

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

Getting in and out of bed

FL_51_3 [Please indicate the level of difficulty, if any,] [you/Rname] [have/has] with getting in or out of bed.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL_56_3)
Some difficulty	<input type="checkbox"/>	2	(Go to FL_53_3)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL_53_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL_53_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_53_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_53_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_53_3)

(HRS/SHARE/ELSA/NDS)

FL_53_3 [Do/Does] [you/he/she] ever use equipment or devices such as a stick, frame or wheelchair when getting in or out of bed?

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

Yes	<input type="checkbox"/>	1	(Go to FL_54_3)
No	<input type="checkbox"/>	5	(Go to FL_55_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_55_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_55_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_55_3)

(HRS/SHARE/ELSA)

FL_54_3

Which equipment is that?

IWER: CODE ALL THAT APPLY

FL_54_i_3
for i = 1 to
12,
95,oth,97,9
8,99

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 level	<input type="checkbox"/>	1
Hoist	<input type="checkbox"/>	1
Other (please specify)	<input type="checkbox"/>	9 5

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

(HRS/SHARE/ELSA)

FL_55_3

Does anyone ever help [you/him/her] 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"/>	9 4

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

FL_56_3

[Please indicate the level of difficulty, if any,] [you/Rname] [have/has] 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_3)
Some difficulty	<input type="checkbox"/>	2	(Go to FL_58_3)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL_58_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL_58_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_58_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_58_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_58_3)

(HRS/SHARE/ELSA/NDS)

FL_58_3

[Do/Does] [you/he/she] 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_3)
No	<input type="checkbox"/>	5	(Go to FL_60_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_60_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_60_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_60_3)

(HRS/SHARE/ELSA)

FL_59_3

Which equipment is that?

IWER: CODE ALL THAT APPLY

FL_59_i_3
for i = 1 to
3,
95,oth,97,9
8,99

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"/>	9 5

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

(HRS/SHARE/ELSA)

FL_60_3

Does anyone ever help [you/him/her] with using the toilet, including getting on and off the toilet?

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"/>	9 4

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

(HRS/SHARE/ELSA)

Taking Medication

FL_61_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] with taking medication

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL_64_3)
Some difficulty	<input type="checkbox"/>	2	(Go to FL_62_3)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL_62_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL_62_3)
Not applicable do not take medication	<input type="checkbox"/>	5	(Go to FL_64_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_64_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_64_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_64_3)

(HRS/SHARE/ELSA/NDS)

FL_62_3

Does anyone help [you/Rname] to take [your/his/her] medication(s)?

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

Yes	<input type="checkbox"/>	1	(Go to FL_64_3)
No	<input type="checkbox"/>	5	(Go to FL_64_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_64_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_64_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_64_3)

(HRS/SHARE/ELSA)

Support with Activities of Daily Living

FL_64a_3

If [you/Rname] [receive/receives] help with any of the activities we have just discussed (e.g. getting across a room; dressing; bathing; eating; cleaning [yourhis/her] teeth/taking care of [your/his/her] dentures; getting in/out of bed; and with using the toilet), **who supports** [you/him/her] with this activity/these activities?

FL_64a_94_3	Not applicable – No help needed	<input type="checkbox"/>	94	(Go to FL_67_3)
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IWER: CODE THE ALL THAT APPLIES

FL_64a_1_3	Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_2_3	Parent ner	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_3_3	Sibling	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_4_3	Grandparent	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_5_3	Aunt / Uncle	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_6_3	Cousin	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_7_3	Key worker / Support worker	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_8_3	Friend	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_9_3	Neighbour	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_10_3	Home help	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_11_3	Public health nurse	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_12_3	Nurse	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_13_3	Health care worker	<input type="checkbox"/>	1	(Go to FL_64_3)
FL_64a_95_3	Other (Please specify)	<input type="checkbox"/>	1	(Go to FL_64_3)

FL_64a_96_3	No help received but help needed	<input type="checkbox"/>	96	(Go to FL_67_3)
FL_64a_97_3	Unclear response	<input type="checkbox"/>	97	(Go to FL_67_3)
FL_64a_98_3	Don't know	<input type="checkbox"/>	98	(Go to FL_67_3)
FL_64a_99_3	Refused to answer	<input type="checkbox"/>	99	(Go to FL_67_3)

(HRS/NDS/IDS-TILDA)

FL_65_3

If FL_64a_i_3 = 1 (for i = 1 to 13, 95) Ask FL_65_ihrs_3 AND FL_65_imins_3, Others go to FL_67_3.

Let's think for a moment about the help [you/he/she] [receive/receives] with the activities that we just talked about. Thinking of a typical week) on average, how much help did [you/he/she] receive from this person (in hours and minutes per week)?

IWER: Record to the nearest 15 minute interval

FL_65_ihrs_3 for i = 1-13, 95

FL_65_imins_3 for i = 1-13, 95

		Hrs	Mins
Spouse/Partner/Boyfriend/Girlfriend	If FL_64a_1_3 = 1	FL_65_1hrs_3	FL_65_1mins_3
Parent	If FL_64a_2_3 = 1	FL_65_2hrs_3	FL_65_2mins_3
Sibling	If FL_64a_3_3 = 1	FL_65_3hrs_3	FL_65_3mins_3
Grandparent	If FL_64a_4_3 = 1	FL_65_4hrs_3	FL_65_4mins_3
Aunt / Uncle	If FL_64a_5_3 = 1	FL_65_5hrs_3	FL_65_5mins_3
Cousin	If FL_64a_6_3 = 1	FL_65_6hrs_3	FL_65_6mins_3
Key worker / Support worker	If FL_64a_7_3 = 1	FL_65_7hrs_3	FL_65_7mins_3
Friend	If FL_64a_8_3 = 1	FL_65_8hrs_3	FL_65_8mins_3
Neighbour	If FL_64a_9_3 = 1	FL_65_9hrs_3	FL_65_9mins_3
Home help	If FL_64a_10_3 = 1	FL_65_10hrs_3	FL_65_10mins_3
Public health nurse	If FL_64a_11_3 = 1	FL_65_11hrs_3	FL_65_11mins_3
Nurse	If FL_64a_12_3 = 1	FL_65_12hrs_3	FL_65_12mins_3
Nurse	If FL_64a_12_3 = 1	FL_65_12hrs_3	FL_65_12mins_3
Health care worker	If FL_64a_13_3 = 1	FL_65_13hrs_3	FL_65_13mins_3
Other (Please specify)	If FL_64a_95_3 = 1	FL_65_95hrs_3	FL_65_95mins_3

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

(TILDA/SIS/NDS)

FL_67_3

Any Other Information (Activities of Daily Living):

Instrumental Activities of Daily Living

Preparing a hot meal

FL_68_3

INTRO: I would now like to ask you some questions about common activities [you/Rname] [do/does] day-to-day. I realise that [you/he/she] 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.

Please indicate the level of difficulty, if any, [you/Rname] [have/has] with preparing a hot meal.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL_71_3)
Some difficulty	<input type="checkbox"/>	2	(Go to FL_70_3)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL_70_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL_70_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_70_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_70_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_70_3)

(HRS/SHARE/ELSA/NDS)

FL_70_3

Does anyone help [you/him/her] with preparing a hot meal?

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"/>	9 4

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

(HRS/SHARE/ELSA)

Shopping for groceries

FL_71_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has]with shopping for groceries.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No difficulty	<input type="checkbox"/>	1	(Go to FL_74_3)
Some difficulty	<input type="checkbox"/>	2	(Go to FL_73_3)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL_73_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL_73_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_73_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_73_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_73_3)

(HRS/SHARE/ELSA/NDS)

FL_73

Does anyone help [you/him/her] with shopping for groceries?

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"/>	9 4

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

(HRS/SHARE/ELSA)

Making Telephone Calls

FL_74_3

Please indicate the level of difficulty. If any [you/Rname] [have/has] with making telephone calls(including hearing)

IWER: READ OUT AND CODE THE ONE THAT APPLIES

No Difficulty		1	(Go to FL_77_3)
Some Difficulty		2	(Go to FL_76_3)
A lot of Difficulty		3	(Go to FL_76_3)
Cannot do at all		4	(Go to FL_76_3)

Unclear Response		97	(Go to FL_77_3)
Don't Know		98	(Go to FL_77_3)
Refused to answer		99	(Go to FL_77_3)

(HRS/SHARE/ELSA/NDS)

FL_76_3

Does anyone help [you/him/her] make phone calls?

IWER: PROBE IF NECESSARY – “WOULD YOU SAY YES OR NO”?

Yes		1
No		5
Not applicable – SR completely dependently on support		94

Unclear Response		97
Don't Know		98
Refused to answer		99

(HRS/SHARE/ELSA)

Managing Money
Such as paying bills and keeping track of expenses

FL_77_3

[Please indicate the level of difficulty, if any,] [you/he/she] [have/has] 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_3)
Some difficulty	<input type="checkbox"/>	2	(Go to FL_79_3)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL_79_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL_79_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_79_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_79_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_79_3)

(HRS/SHARE/ELSA/NDS)

FL_79_3

Does anyone help [you/him/her] with managing [your/his/her] 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"/>	9 4

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

FL_80_3

[Please indicate the level of difficulty, if any,] [you/Rname] [have/has] 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_3)
Some difficulty	<input type="checkbox"/>	2	(Go to FL_81_3) (Go to FL_82_3)
A lot of difficulty	<input type="checkbox"/>	3	(Go to FL_81_3) (Go to FL_82_3)
Cannot do at all	<input type="checkbox"/>	4	(Go to FL_81_3) (Go to FL_82_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_82_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_82_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_82_3)

(HRS/SHARE/ELSA/NDS)

FL_82_3

Does anyone help [you/him/her] 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

FL_83a_3

IWER: If [you/Rname] [receive/receives] 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 **helps** [you/him/her] with this activity/these activities?

FL_83a_94_3	Not applicable – No help needed	<input type="checkbox"/>	94	(Go to FL_88_3)
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Not applicable – No help needed	<input type="checkbox"/>	94	
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IWER: CODE THE ONE THAT APPLIES

FL_83a_1_3	Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_2_3	Parent ner	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_3_3	Sibling	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_4_3	Grandparent	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_5_3	Aunt / Uncle	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_6_3	Cousin	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_7_3	Key worker / Support worker	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_8_3	Friend	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_9_3	Neighbour	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_10_3	Home help	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_11_3	Public health nurse	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_12_3	Nurse	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_13_3	Health care worker	<input type="checkbox"/>	1	(Go to FL_83_3)
FL_83a_95_3	Other (please specify)	<input type="checkbox"/>	1	(Go to FL_83_3)

FL_83a_96_3	No help received but help needed	<input type="checkbox"/>	96	(Go to FL_87_3)
FL_83a_97_3	Unclear response	<input type="checkbox"/>	97	(Go to FL_86_3)
FL_83a_98_3	Don't know	<input type="checkbox"/>	98	(Go to FL_86_3)
FL_83a_99_3	Refused to answer	<input type="checkbox"/>	99	(Go to FL_86_3)

(HRS/NDS/IDS-TILDA)

FL_84_3

If FL_83a_i_3 = 1 (for i = 1 to 13 95) Ask FL_84_ihrs_3 AND FL_84_imins_3, Others go to FL_88_3.

Let's think for a moment about the help [you/he/she] [receive/receives] with the activities that we just talked about. Thinking of a typical week, on average, how much help did [you/he/she] receive from this person (in hours and minutes per week)?

IWER: Record to the nearest 15 minute interval

FL_84_ihrs_3 for i = - 13, 95

FL_84_imins_3 for i = 1 - 13, 95

		Hrs	Mins
Spouse/Partner/Boyfriend/Girlfriend	If FL_83a_1_3 = 1	FL_84_1hrs_3	FL_83_1mins_3
Parent	If FL_83a_2_3 = 1	FL_84_2hrs_3	FL_83_2mins_3
Sibling	If FL_83a_3_3 = 1	FL_84_3hrs_3	FL_83_3mins_3
Grandparent	If FL_83a_4_3 = 1	FL_84_4hrs_3	FL_83_4mins_3
Aunt / Uncle	If FL_83a_5_3 = 1	FL_84_5hrs_3	FL_83_5mins_3
Cousin	If FL_83a_6_3 = 1	FL_84_6hrs_3	FL_84_6mins_3
Key worker / Support worker	If FL_83a_7_3 = 1	FL_84_7hrs_3	FL_84_7mins_3
Friend	If FL_83a_8_3 = 1	FL_84_8hrs_3	FL_84_8mins_3
Neighbour	If FL_83a_9_3 = 1	FL_84_9hrs_3	FL_84_9mins_3
Home help	If FL_83a_10_3 = 1	FL_84_10hrs_3	FL_84_10mins_3
Public health nurse	If FL_83a_11_3 = 1	FL_84_11hrs_3	FL_84_11mins_3
Nurse	If FL_83a_12_3 = 1	FL_84_12hrs_3	FL_84_12mins_3
Health care worker	If FL_83a_13_3 = 1	FL_84_13hrs_3	FL_84_13mins_3
Other (Please specify)	If FL_83a_95_3 = 1	FL_84_95hrs_3	FL_84_95mins_3

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

(TILDA/SIS/NDS)

FL_86_3

Are there any of these activities [you/he/she] [feel/feels] [you/he/she] need more help with, e.g. preparing a hot meal; shopping for groceries; making a telephone call; managing money and paying bills?

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

Yes	<input type="checkbox"/>	1	(Go to FL_87_3)
No	<input type="checkbox"/>	5	(Go to FL_88_3)

Unclear response	<input type="checkbox"/>	97	(Go to FL_88_3)
Don't know	<input type="checkbox"/>	98	(Go to FL_88_3)
Refused to answer	<input type="checkbox"/>	99	(Go to FL_88_3)

(IDS-TILDA)

FL_87_3	<p>What help [do/does] [you/he/she] feel [you/he/she] [need/needs]?</p> <p>IWER: Record the response below.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <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>(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								

FL_88_3	<p>Any Other Information (Instrumental Activities of Daily Living):</p>
---------	--

Section 13: Evaluation Questions (EQ)

EQ_0_3	<p>TO BE COMPLETED BY THE INTERVIEWER</p> <p>IWER: HOW WILL THIS SECTION BE COMPLETED?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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 & 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>	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								

EQ_1_3

(Self-Report ONLY)

IF EQ_0_3 = 1 or EQ_0_3 = 2, then ask EQ_1_3

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

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_7_3)
No	<input type="checkbox"/>	5	(Go to EQ_2_3)

Unable to understand	<input type="checkbox"/>	93	(Go to EQ_7_3)
Unclear response	<input type="checkbox"/>	97	(Go to EQ_7_3)
Don't know	<input type="checkbox"/>	98	(Go to EQ_7_3)
Refused to answer	<input type="checkbox"/>	99	(Go to EQ_7_3)
SR not present	<input type="checkbox"/>	0	(Go to EQ_7_3)

(IDS-TILDA)

EQ_2_3

(Self-Report ONLY)

IF EQ_0_3 = 1 or EQ_0_3 = 2, then ask EQ_2_3

Which questions did you find most difficult to understand?

IWER: Record the 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	<input type="checkbox"/>	0

(IDS-TILDA)

EQ_7_3

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/ you OR Rname] 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_3)
Don't know	<input type="checkbox"/>	98	(Go to EQ_9_3)
Refused to answer	<input type="checkbox"/>	99	(Go to EQ_9_3)

(IDS-TILDA)

EQ_8_3

Which topics or areas would [you/you OR Rname] 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_3	<p>How would [you/he/she] like us to present the findings from this study? Please tell us [your/his/her] first preference.</p> <p>Would you say....?</p> <p>IWER: READ OUT AND CODE THE ONE THAT APPLIES</p> <table border="1" data-bbox="252 568 1187 1055"> <tr> <td>Full written report</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Short written report (summary of main findings only)</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>Host information evenings</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>Audio recording of key findings</td> <td><input type="checkbox"/></td> <td>4</td> </tr> <tr> <td>DVD of key findings</td> <td><input type="checkbox"/></td> <td>5</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/></td> <td>9 5</td> </tr> </table> <table border="1" data-bbox="252 1115 826 1245"> <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>	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"/>	9 5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99
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"/>	9 5																										
Unclear response	<input type="checkbox"/>	97																										
Don't know	<input type="checkbox"/>	98																										
Refused to answer	<input type="checkbox"/>	99																										
EQ_12_3 Wave 3 new question	<p>Did [you /he/she] enjoy taking part in the study?</p> <table border="1" data-bbox="252 1496 826 1585"> <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" data-bbox="252 1630 826 1760"> <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																										
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																										
EQ_10_3	Any other information (Evaluation):																											

Section 14: Final Checks (FC)

FC_0_3

TO BE COMPLETED THE BY INTERVIEWER

IWER: How will this section be completed?

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

(IDS-TILDA)

FC_1_3

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/Rname]? Or the people who support [you/him/her], where applicable?

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)

FC_2_3

Would [you/Rname] agree to us contacting [you/him/her] again, if needed, so we can talk about certain areas of your life in more depth, such as **where [you/he/she] [live/lives] and what [you/he/she] [like/likes] to do during the day, how [you/he/she] feel** 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

FC_2A_3	<p>And, where applicable talk to ...(name of your informal carer) about their own health?</p> <table border="1" data-bbox="252 257 826 392"> <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</td> <td><input type="checkbox"/></td> <td>94</td> </tr> </table> <table border="1" data-bbox="252 436 826 571"> <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	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		
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																			
FC_3_3	<p>As I explained earlier this is a longitudinal study which means that people who take part will be visited once every three years. [Are/Is] [you/he/she] willing to be re-contacted to participate in a similar interview in the next 3 years? Again [your/his/her] participation will be voluntary.</p> <p>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</p> <table border="1" data-bbox="252 891 1129 981"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>(Go to FC_5_3)</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td>(Go to FC_4_3)</td> </tr> </table> <table border="1" data-bbox="252 1025 1085 1160"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td>(Go to FC_4_3)</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td>(Go to FC_4_3)</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td>(Go to FC_4_3)</td> </tr> </table> <p>(TILDA)</p>	Yes	<input type="checkbox"/>	1	(Go to FC_5_3)	No	<input type="checkbox"/>	5	(Go to FC_4_3)	Unclear response	<input type="checkbox"/>	97	(Go to FC_4_3)	Don't know	<input type="checkbox"/>	98	(Go to FC_4_3)	Refused to answer	<input type="checkbox"/>	99	(Go to FC_4_3)
Yes	<input type="checkbox"/>	1	(Go to FC_5_3)																		
No	<input type="checkbox"/>	5	(Go to FC_4_3)																		
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Don't know	<input type="checkbox"/>	98	(Go to FC_4_3)																		
Refused to answer	<input type="checkbox"/>	99	(Go to FC_4_3)																		
FC_4_3	<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 data-bbox="252 1556 1503 1691" style="border: 1px solid black; height: 60px; margin-top: 10px;"></div> <p>(TILDA)</p>																				
FC_5_3	<p>Any Other Information (Final Checks):</p>																				

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

Section 15: Final Status (FS)

FS_0_3	TO BE COMPLETED BY THE INTERVIEWER	
	IWER: Please record any other relevant information below:	
	FS_info_3	Any other information

FS_3_3	TO BE COMPLETED BY THE INTERVIEWER	
	IWER: What was the SR's general communication style?	
	IWER: CODE THE ONE THAT APPLIES	
	Verbal communication	1 (Go to FS_4_3)
	Non-verbal communication mostly	2 (Go to FS_4_3)
	Other (Please specify)	9 (Go to FS_4_3)
		5
	Not applicable SR not present	9 (Go to FS_5_3)
		4

FS_4_3	TO BE COMPLETED BY THE INTERVIEWER	
	IWER: What methods did the SR use to communicate during the interview?	
	IWER: CODE ALL THAT APPLY	
Fs_4_i_3 for I = 1-7, 95,oth	Words	1
	Signs	1
	Vocalisations	1
	Eye expressions	1
	Facial expressions	1
	Bodily movements	1
	Gestures	1
	Other (Please specify)	95

<p>Fs_5_3</p> <p>Fs_5_V1_3 Fs_5_V2_3 Fs_5_V3_3</p>	<p>TO BE COMPLETED BY THE INTERVIEWER</p> <p>IWER: If the SR was not present for any of the visits, please indicate why.</p> <table border="1" data-bbox="375 369 1173 526"> <tr> <td></td> <td></td> <td>Not applicable</td> </tr> <tr> <td>Visit 1</td> <td>(Please specify)</td> <td>94</td> </tr> <tr> <td>Visit 2</td> <td>(Please specify)</td> <td>94</td> </tr> <tr> <td>Visit_3</td> <td>(Please specify)</td> <td>94</td> </tr> </table>			Not applicable	Visit 1	(Please specify)	94	Visit 2	(Please specify)	94	Visit_3	(Please specify)	94													
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Visit 2	(Please specify)	94																								
Visit_3	(Please specify)	94																								
<p>Fs_6_3</p>	<p>TO BE COMPLETED BY THE INTERVIEWER</p> <p>IWER: Please complete the final checklist.</p> <p>IWER: CODE ONE BOX ON EACH LINE</p> <table border="1" data-bbox="375 1198 1524 1422"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>FS_6_PIQ_3</td> <td>Pre-Interview Questionnaire collected</td> <td>1</td> <td>5</td> <td></td> </tr> <tr> <td>FS_6_CB_3</td> <td>Challenging Behaviour</td> <td>1</td> <td>5</td> <td></td> </tr> <tr> <td>FS_6_PI_3</td> <td>Participant information sheet updated</td> <td>1</td> <td>5</td> <td></td> </tr> <tr> <td>FS_6_CF_3</td> <td>Consent form</td> <td>1</td> <td>5</td> <td></td> </tr> </tbody> </table>			Yes	No		FS_6_PIQ_3	Pre-Interview Questionnaire collected	1	5		FS_6_CB_3	Challenging Behaviour	1	5		FS_6_PI_3	Participant information sheet updated	1	5		FS_6_CF_3	Consent form	1	5	
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FS_6_CF_3	Consent form	1	5																							