

ARCHIVE NOTES (SN 2943)

The intention of this follow up survey was to provide more detailed information about *the effects that different types of disability have on the financial circumstances of households in which disabled people live*

The time period covered was from July 1986 to July 1987 which equate to two main Family Expenditure Surveys for 1986 and 1987 (DATA ARCHIVE STUDY NUMBERS SN 2556 and SN 2647)

*Given the original intentions of this survey we would strongly recommend that both of the above main FES studies (derived databases) are also obtained**

This survey is also strongly related to the "OPCS" survey of Disabled Adults in Private Households 1985 This survey, which is held by the Archive under number SN 2577, is mentioned in the following text

PC
28/2/94

*Annotated questionnaires and coding notes are included from the main FES Studies

NOTE

COMMUNICATION FROM THE DEPARTMENT OF EMPLOYMENT MAY 2, 1986

"Diary Codes

Expenditure shown in diary records covers cash and cheque payments only. Each diary code may occur for any spender in the household. The code may also occur in both weeks of record keeping and more than once within one person's weekly diary record.

Diary expenditure is aggregated into a personal product code which in turn becomes part of the household product code eg the value of code 122P for each spender forms part of code 373P

When we take on budgets onto the computer the procedure adopted to work out the weekly figure is as follows:-

- (a) All diary record books are punched separately for each week.
- (b) The computer divides the value of each item for each week by two and then sums the total for each individual item thus reducing all values to weekly equivalents.

I can also confirm that this is the standard procedure and that the data for all previous years including the year 1977 was recorded on the same basis."

SI251. FES FOLLOW UP SURVEY OF DISABLED ADULTS CODING REPORT

Where possible it was intended that the FES Follow Up survey should be identical to the Survey of Disabled Adults (SI192). The schedule design was virtually the same. Notable differences were the exclusion of whole sections or questions where the information was collected on the main FES schedule. As the main FES and Follow Up schedules were to be linked there was no point in collecting the same information twice. However, there were one or two differences in design brought about by the need for comparability with the FES data collection, mainly the household box and the subjects' working status. As coding proceeded it became apparent that there were differences in definitions between the main FES and Adults surveys. The notes which follow highlight these differences indicating where the FES Follow Up differs from the Adults and main FES surveys. This has implications when making comparisons between all three surveys involved.

1. Type of Interview Only full interviews were processed on the Follow Up. Short interviews ie. those where the subject had no complaint which affected daily activities or normal life were excluded. On Adults both types were processed.

Partials On the Follow Up interviews were excluded if the Finance Section (Y) of the questionnaire was incomplete. On the Adults interviews were accepted as 'full' and included if sections S-V were complete and No Answers (NAs) accepted at W-Z.

Pink Questionnaire

1. Household box This was designed and information collected as for the main FES.

a. Composition - On main FES students who are present during the accounting period are included as members of the household. On the Follow Up and Adults the standard SSD definition was applied and they were excluded.

b. Relationship to HOH - This was collected in order to be consistent with main FES. On Adults relationship to subject was collected. This resulted in quite a few errors and omissions because some interviewers filled in the box with relationship to subject or did not complete it at all. This caused some confusion when trying to determine the person number of the subject and in some cases trying to establish who in fact was the subject. Sometimes this confusion was not revealed until later questions eg. Y4, which indicated that the wrong HOH had been entered in the household box. Amendments were necessary.

c. Marital Status - On the Follow Up only 3 groups were identified - married - both in household, married - one in household and the rest ie. widowed, divorced, separated and single. On adults distinction was made between married, single, widowed, divorced or separated and cohabiting. Those considered to be cohabiting were coded as 'spouse' in relationship to subject along with those coded man or wife. Furthermore, on Adults an edit check was introduced to ensure that those coded cohabiting had been treated as 'married' throughout the schedule in terms of collecting 'spouse' information. If they had not, and in some cases it was clear that the financial arrangements between the couple were quite separate, they were recoded from 'cohabiting' and the relationship coded as 'non-relative'. A clerical check was carried out in a similar way for those described as 'girlfriend or boyfriend' and reading to cohabiting and spouse took place if their finances were collected and managed together ie. the interviewer had treated them as a married couple. However, on main FES it is possible to have a relationship 'spouse' but not be coded as married. On rare occasions the relationship and marital status on the Follow Up were changed in order to make sense of the information collected in the Green questionnaire, especially as

there was no way of knowing how they had been treated when the main FES was coded. The rules are sufficiently loose on the main FES to be uncertain of exactly how they would have been treated.

d. Benefit Unit - Working status was collected on Adults for all members of the household and this was used to derive and check Benefit Unit. On the Follow Up it was collected for the subject only. Therefore Benefit Unit was considered as correct for all 16-18 year olds where it would normally depend on work status.

e. Employment status - This was taken from a question on the FES questionnaire. It included as 'working' any work such as weekend jobs and vacation jobs for those in full time education. This is unlike Adults which followed standard procedure of counting those in full-time education as not working. However on the main FES and the Follow Up those in full time education would still be included in the same Benefit Unit as their parents, if aged less than 18. No consistency check was deemed appropriate between Employment Status and Benefit Unit. We accepted whatever was coded. Employment status was collected as at the time of the FES interview. On Adults the question asks about last week. This was only of significance if the subjects' status had changed since last week, or since the FES interview. In the latter case the situation at the time of the FES interview was taken. The definitions of working, intending to work and not working differ between the surveys. On the Follow Up, the information was taken from a question on the main FES which asks 'Are you doing any kind of paid work at present?' Several categories are distinguished which are combined into the 3 groups as follows:-

'Working' - employed and self employed (codes 1 and 2 on main FES)

'Intending to work' - intending to work if out of work up to 5 years, including those on TOPS, YTS, GTC, skill centres (code 3 on main FES)

- intending but unable due to sick, or injury (up to 5 years) (code 4 on main FES).

'Not working' - sick or injured but not intending to look for work (code 5) retired (code 6) None of these - including those intending to work but out of work for over 5 years (code 7).

On Adults, working status was collected in the household box for all members of the household except the subject. Interviewers would use standard questions and probes to deal with queries when collecting the information in the household box eg. those temporarily away from work would be counted as working, those in full time education with part-time or vacation jobs would not be counted as working. For the subject, Q3 of section W determined their employment status. The main difference in classification would be the instigation of the 5 year rule on main FES and Follow Up. On Adults, the informants' opinion would be accepted in the household box and for the subject the only distinction made between those sick or injured is those intending to look for work but prevented by temporary sickness and those permanently unable to work. No definition of temporary or permanent is given, but it is likely that the 28 day GHS rule has been applied as the categories are very similar.

The rest of the Pink questionnaire was treated in exactly the same way as the Adults.

NB. NAs were allowed in the household box, unlike Adults. Therefore it was not possible to do such rigorous checks. (See paper attached.)

The reason for this was that information collected on the main FES schedule would be used instead.

Green Questionnaire

- Front Page The information gathered at (a) - (c) was vital in checking the household box and sometimes the only indication that the subject had been entered incorretly.
- Section W The continuity was difficult to sort out if the age was not given in the household box and there was conflicting information within this section.
- W 10 . The classification of occupation and industry as used on Main FES was to be used on the Follow Up. However, between the 3rd and 4th quarters of FES 1986 and 1st and 2nd quarters of FES 1987 there was a change in the classification of occupation used on main FES and industry was not coded in 1987. Therefore a compromise was reached whereby indusry was not coded at all on the Follow Up, and the occupation was coded as for main FES 1986. The sort of classificaton used for 1986 could be derived from that used in 1987 but not vice versa. The occupation classification used on Adults can also be reclassified to this grouping.
- On Adults, those subjects off sick and not getting salaries were excluded from the 'working' category in order not to inflate their income by collecting both sick pay and earnings. This was not applied to the Follow Up.
- X2 We were unable to check the correctness of this question because benefits were not collected on the Follow Up. A common error was to code X3 and leave X2 blank. In such cases X3 was deleted and left as NA (the original code was usually 'No'). To a less extent, subjects without spouses were incorrectly coded 1 at X2. An edit check was introduced to identify these and then auto-corrected.
- Section Y As income and expenditure details were not collected it was impossible to make reasonable calculations when bills were shared. We were able to do so on Adults, hence NAs on the Follow Up.

06 08 87

S1251

FES FOLLOW-UP
SURVEY OF DISABLED ADULTSInterviewer's Instructions

	<u>Page</u>
<u>Contents</u>	
Background and purpose	2
General procedure	3
The sift	3
Eligibility for interview	4
Why to interview	5
Structure of the interview	5
Introducing the survey	6
Pink schedule	7
Green schedule	15
Field documents	19
Administration	19
Claims	19
Queries	19

BACKGROUND AND PURPOSE

You will be aware that SSD is currently undertaking a programme of surveys for the Department of Health and Social Security into the needs of disabled people. The first of these was of course the Survey of Disabled Adults, but in addition, surveys of disabled children and of the disabled living in institutional addresses are currently at different stages of progress.

This FES follow-up survey is also being undertaken at the request of DHSS, and its main aim is to provide more extensive information about the financial circumstances of the disabled than could be collected on the main survey of disabled adults.

It is therefore planned to carry out a disability interview with all adults identified by a sift as disabled in cooperating FES households. In this way, information obtained about the person's disability and general circumstances can be matched up later with the FES data for that household to give a detailed picture of the effect that different types of disability have on the financial circumstances of the households in which disabled people live.

The follow-up survey will be carried out for a period of one year starting from July 1986, and over that time we expect to interview 1500-2000 disabled adults (an average of two or three per FES quota). We are not including children, because we would pick up too few to analyse.

GENERAL PROCEDURE

1. You will ask the questions on Sift Form A at the final FES call at which you collect the record books. (The sift will only be asked of fully co-operating households).
2. If an adult aged 16 or over is identified by the sift as being eligible for a disability interview, try to interview them straight away. If this is not convenient, make an appointment to interview them as soon as possible. Fit these interviews in as and when you can do them, giving priority to FES appointments. If you are at the end of your FES quota and leaving the area, so that you cannot carry out the disability interview, please notify your regional office immediately.
3. Since it is essential that the FES timetable is not disturbed by this follow-up survey, you should send your FES documents back to the office at the end of the week in the normal way. We are also asking you to return the completed sift form with the FES documents for that household, so that we can use it for booking in the disability interviews.
4. You will see in later instructions that you need to transfer some information from the sift form and the FES schedules to the pink disability schedule B. You must make the transfers of information immediately after you have carried out the sift - ie DON'T wait until you start doing the disability interview, because you may very well have sent the FES schedules and the sift form back to the office by then.

THE SIFT

The sift should be administered at the final collecting call.

You should ask the questions yourself, rather than give the form to an informant to complete.

The questions should be asked of the HOH or another responsible adult in the household.

It is essential that you use the same household serial numbers and person numbers on the follow up survey documents as on the FES, because they will be matched up later.

Enter the Ref. No. from the FES A schedule in the AREA, SER and HLD boxes at the top of the sift form.

If the answer to a question is 'yes' for someone in the household, check their person number on the household box on the FES A schedule, and enter this in the space provided.

Treat all questions as opinion questions.

ELIGIBILITY FOR INTERVIEW

Any adult aged 16 and over who answers 'yes' to any question is eligible for a follow-up disability interview. Write in the FES person number of each eligible adult in the box at the bottom of the second page of the form.

A disabled adult selected for interview is referred to throughout the schedules and these instructions as the SUBJECT.

If there is someone eligible for the disability follow-up, transfer the following information from the sift form to the pink disability schedule. Do this IMMEDIATELY after you have completed the sift

1. Copy the Reference Number for the household from the FES 'A' schedule to a pink disability schedule, and add the person number of the subject. Please check this very carefully to make sure it is correct - if it isn't we shall be in great trouble when we try to link up the data from the two surveys.
2. Complete the household box on page 2 of the pink schedule
 - a. copy information from the box on the FES 'A' schedule for person number, relationship to HOH, sex, age and marital status,
 - b. complete the 'benefit unit' column. A benefit unit consists of
 - a married couple on their own
 - a married couple or lone parent with their dependent children (ie children aged under 16 or 16-18 and in full time education)
 - one non-married adult (19 or over, or 16-18 and not in full time education)

Starting with the HOHs benefit unit, give all the people in the same benefit unit the same number.

Note that a benefit unit is not the same as an income unit on the FES.

3. Code the employment status of the subject from page 1 of the FES 'B' schedule - making sure that you take it from the correct column.
4. Complete the tick boxes at the start of each section of the pink schedule. The inside of the front flap shows you where to enter each item of information

WHO TO INTERVIEW

You should interview the subject in person if he or she is able to be interviewed. If the subject is temporarily away or has a disability which makes interviewing difficult or impossible, you should interview an appropriate proxy.

A proxy interview is probably preferable if the subject has a mental disability and may be necessary for people with speech or hearing problems. You may interview the subject with someone else present to help, or a proxy with the subject present.

STRUCTURE OF THE INTERVIEW

There are two interview schedules. The pink schedule covers the subject's disability and the green schedule covers other topics, such as use of services and aids and how people feel they manage financially.

Overall, the same information is required on this survey as on the main survey of disabled adults. However, it is obviously unnecessary and undesirable to duplicate information already obtained in the FES interview, so these schedules are reduced versions of those used on the main disability survey, and omit the financial data and some detailed information which the DHSS does not require this time.

This has been done by blanking out the parts of the original questionnaires which are not required and amending the signposting as necessary. There are therefore a number of blank spaces, blank pages and omitted pages.

This method was not adopted out of laziness on our part, but so that we can use the coding and editing procedures developed for the original survey, which depend very much on the layout of the questions. We also thought it might be less confusing for those of you who worked on the original survey.

The pink schedule is virtually the same as on the original survey, and consists of questions which check the information on the sift form and determine whether the subject has a disability which is sufficiently severe for a full interview to be carried out. People whose disabilities are only slight end their interview at this point and do not go on to the more detailed questions on the pink schedule nor to the green schedule.

This means it is difficult to tell people how long their interview will last unless it is obvious that they are quite severely disabled. A short interview which is terminated after the preliminary questions on the pink schedule will probably take no more than half an hour. For someone with a lot of different and quite severe disabilities the pink schedule may take an hour. The green schedule should take about 15 minutes.

However, all these times depend on how easily people answer questions. You will obviously be interviewing more people who are slow and who wander off the point than on an ordinary survey and so the length of interview will vary accordingly.

INTRODUCING THE SURVEY

The sift form will not be introduced until the final FES collecting call is complete, by which time you will have built up a good relationship with household members. We are asking you not to administer the sift earlier than this because we do not want to run any risk of precipitating refusal to the FES.

Use the information from the BACKGROUND AND PURPOSE section of these instructions as a basis for your introductions. Reassure the informant that, as with the information already given on the FES, this continues to be in the strictest confidence and no information that would identify them will be passed on to the DHSS or to any other department.

You may be asked questions about services or benefits for disabled people. Most services are provided by Local Authority Social Services departments, so people should be advised to contact them first. Benefits are the responsibility of the DHSS and so people should be advised to contact their local DHSS office. If these cannot help, suggest the Citizen's Advice Bureau, who may be able to advise them who to contact. It is unlikely that you will get many queries of this kind, as informants will already be aware of your role from the FES interview, and will realise that you are not connected with other departments.

PINK SCHEDULE

Purpose of the pink schedule

- a. to check the information on the sift form (the questions on the sift may have been answered by someone else in the household);
- b. to determine whether the subject is sufficiently severely disabled to be eligible for a full interview;
- c. if so, to collect details of each type of disability so that the severity of disability can be assessed.

The questions

You will already have copied the Reference Number from the FES schedule, filled in the household box, sorted out the benefit units, and coded the subject's employment status.

Q5 The aim of this question is to identify the medical complaints causing the disabilities that you will be asking about in the remainder of the interview. On pages 8-10 is a list of complaints which are most likely to cause disabilities. If the complaint mentioned is on the list you can just write the name of the complaint as given on the list. Note that some vague complaints such as 'heart trouble', 'bad back' and 'nerves' are also on the list. For anything not on the list describe the main symptoms so that it can be coded in the office. We are not interested in all the subject's complaints, only those that are causing disabilities. However, if this is not clear at the beginning of the interview include any doubtful complaints and delete any that are not related to the subject's disabilities at the end of the pink schedule.

Q5(e) We are mainly concerned with distinguishing codes 1-3 from everything else.

General instructions for lettered sections A-F

Before the interview you will already have transferred ticks from the sift form to the boxes at the beginning of each section. The sections then have the same general form. The first question(s) generally repeats a question from the sift form. You then check agreement between the answer given in the interview with the answer recorded on the sift form. If they do not agree probe to establish whether in fact the subject has a difficulty/problem and code accordingly. The answer given in the interview determines the continuity for the rest of the section.

In some sections the answers recorded at the check determine whether a letter is to be ringed on the check flap on the back page. In other sections further questions determine this. The aim is to identify whether the subject has a particular disability which is severe enough for us to ask for further details and also to go on to the green schedule. Once a letter code has been ringed for a particular section, the remaining questions determine the severity of the disability covered by that section.

Codes for complaints causing disability

A Complaints of bones, joints and muscles

1. Rheumatoid arthritis
2. Osteo-arthritis
3. Arthritis - other or unspecified
4. Rheumatism
5. Osteoporosis
6. Ankylosing spondylitis
7. Cervical spondylitis
8. Muscular dystrophy and other muscle disorders
9. Slipped disc
10. Other bad back/back injury/lumbago
11. Other complaint of bones or joints (SPECIFY)

B Complaints of brain and nerves (not mental illness)

1. Stroke/hemiplegia
2. Parkinson's (paralysis agitans)
3. Multiple sclerosis (MS) (disseminated sclerosis)
4. Cerebral palsy (spastic)
5. Paraplegia/quadruplegia/spinal injury)
6. Poliomyelitis (Polio)
7. Epilepsy (grand mal, petit mal)
8. Migraine
9. Dizziness/vertigo
10. Spina bifida
11. Sciatic/neuritis
12. Head injury
13. Other complaint of brain or nervous system (SPECIFY)
(NB NOT 'nervous illness')

C Complaints of heart, blood vessels and circulation

1. Heart attack/coronary thrombosis
2. Angina
3. Valve disease
4. 'Heart trouble' unspecified/pains in chest
5. High blood pressure/hypertension
6. Disease of circulation/arteriosclerosis
7. Varicose veins
8. Other complaints of heart, blood vessels or circulation (SPECIFY)

D Complaints of lungs and breathing

1. Chronic bronchitis
2. Emphysema
3. Asthma
4. Pneumoconiosis, byssinosis, asbestosis and other industrial respiratory diseases
5. Lung cancer
6. Pulmonary tuberculosis (TB)
7. Breathing problems/bad chest - unspecified
8. Other respiratory complaints (SPECIFY)

E Blood disorders

1. Anaemia
2. Leukaemia
3. Haemophilia
4. Hodgkin's disease
5. Other blood disorders (SPECIFY)

F Eye complaints

1. Cataract
2. Glaucoma
3. Macular degeneration
4. Detached/scarred retina
5. Congenital blindness
6. Caused by diabetes
7. Iritis
8. Retinitis pigmentosa
9. Blindness/poor eyesight DK cause
10. Other eye complaints (SPECIFY)

g Ear complaints

1. Meniere's disease
2. Otosclerosis
3. Conductive deafness
4. Nerve deafness
5. Noise induced deafness
6. Deafness of old age
7. Tinnitus/noises in the ear
8. Other ear complaints (SPECIFY)

H Skin complaints

1. Eczema
2. Psoriasis
3. Dermatitis
4. Other skin complaints (SPECIFY)

I Digestive and excretory system complaints

1. Ileostomy
2. Colostomy
3. Hiatus hernia
4. Ulcer
5. Gall bladder problems
6. Kidney disease
7. Diabetes
8. Coeliac disease
9. Colitis
10. Diverticular disease
11. Cancer of the bladder/stomach/bowel
12. Other digestive or excretory complaint (SPECIFY)

J Mental and psychological complaints

1. Depression
2. Anxiety
3. Phobias
4. Schizophrenia
5. Other mental illness or unspecified (incl 'nerves')
6. Mental handicap/subnormality
7. Senility/senile dementia
8. Other mental or psychological complaint (SPECIFY)

K Other complaints

1. Absence or loss of a limb
2. Deformity of a limb
3. Fracture of a limb
4. Delayed healing
5. Cancers/growths not already specified (incl cancer of glands)
(SPECIFY WHERE IT IS)
6. Other complaints (SPECIFY)

Degree of disability

In general we want to know what people can and cannot do given the aids or appliances that they normally use. This means that someone with a complaint or health problem may, as a result of taking medicine or using aids, have no resulting disability. Thus some people who describe themselves as disabled may not be counted as disabled according to the criteria being used for this survey.

Variations in disability

Many subjects will say that their difficulties vary either from day to day or over longer periods of time. As far as possible you should ask them to think about a typical day. If the difficulties are sometimes completely absent, ask them to think about a typical day when they are having difficulties. If in doubt record what they can do when the problems are worse rather than better.

Complaint causing difficulty

At the end of each section is a question asking which complaint(s) causes the disability covered by the section. If only one complaint was recorded at Q5 you can code this without asking. You may also do this in sections such as sight and hearing if it is obvious which complaint causes the problem. Otherwise you should check before coding and then ring the code number corresponding to the number at the top of the relevant column at Q5 (p4-5).

A Walking

If the subject can walk a certain distance but is advised not to, code the maximum he/she is advised to walk.

- A2 Stress 'on your own', but count people who need aids such as a stick to manage this distance as code 1.

B Steps and stairs

If answers vary according to whether the subject is indoors or outdoors ask about stairs indoors.

- B3(a) 'Normally' means facing forwards and using alternate feet on alternate stairs. 'One step at a time' means having feet on one step before moving to the next step. Mime or demonstrate if necessary.

C Bending and straightening

- C1 Code 'yes' if either bending or straightening causes difficulty.

E Reaching and stretching

Note that this section is about using arms. If the subject has problems standing or keeping balance ask about when he/she is sitting.

- E4 If the subject has lost the use of a hand ask whether he/she was right or left handed before this happened.

F Holding, gripping and turning

- F3 A pint of milk in a bottle not a carton.

G Seeing

If the subject wears glasses ask the questions about circumstances when the subject normally wears them. If the subject has both reading and distance glasses ask about when he/she is wearing the appropriate ones

G3 People who describe themselves as blind may have a limited degree of sight, so it is important to ask this check question.

G16-17 Sight tests

When carrying out the sight tests it is important that as far as possible all subjects are tested under similar conditions

The following general rules apply

- i. The letter chart should be held at eye-level
- ii. The letter chart should be held in such a position that it gets the maximum amount of illumination
- iii. The subject should be asked to read out the letters on the chart
- iv. When the subject is given the typeface card, again make sure the subject is sitting in such a position that the maximum amount of illumination falls on the card
- v. Use the piece of tape provided to measure 10 feet. The tape has a coloured mark on it to indicate 8 1/2 feet.

H Hearing

If the subject has a hearing aid the questions should be asked about circumstances when the hearing aid is normally worn

K Control of bowels and bladder

Note that people with bags, catheters etc. may not have ticked the sift question as they don't actually lose control. Do not include as 'loses control' people who have to go to the toilet frequently but don't in fact have accidents.

L Fits and convulsions

L4 People may have fits where they don't lose consciousness but are unaware afterwards of what was happening during the fit. Thus they may wander off and not know where they are when they recover.

L7 Some people are able to tell when they are about to have a fit and are thus able to take precautions against hurting themselves

L8 'Status epilepticus' is a medical emergency requiring immediate hospital admission. Anyone suffering from this is bound to know, so if they are not sure code 'no'

M Communication

- M1 The question covers both problems due to speech being difficult to understand and where the content of the speech makes it difficult to understand what the subject means.
- M6 This covers difficulties in understanding due both to hearing problems and for reasons such as poor concentration, low intelligence or other mental problems.

N Social and mental behaviour

In this section all six relevant sift questions are checked first and if any indicate difficulties or problems the whole of the rest of the section applies. Note that if none are positive the self completion at N30 still applies. The section is intended to cover three main sorts of problems arising from mental illness, mental handicap and senility. However, there is a lot of overlap in the problems people experience and so all the questions are asked of everyone.

- 11-16 This group of questions covers mainly social behaviour.
- 17-29 This group of questions covers memory, confusion, concentration and problems with reading, writing and calculating.

N30 Self-completion

This applies to all except proxy interviews. If the subject cannot read the questions read them out to him/her. If the subject cannot understand the questions or cannot complete them for any other reasons please make a note of the circumstances. Make sure that subjects know what to do and check that they are completing the questions correctly.

P Other health problems

Section P covers all other questions on the sift form that have not yet been dealt with. The test for whether the subject goes on to a full interview (if this has not already been determined by earlier questions) is whether the problems severely affect the subject's ability to lead a normal life. Note that answers to P22 do not determine whether a full interview applies.

R Independence in daily activities

- R1 Ask the main question first for each activity, then go back and ask (a) and (b) where they apply. At (b) the person number is the number for the person at the household box. It is possible for more than one person to help with some activities.
- R2 Make sure you code this check correctly as it determines the continuity of later questions.
- R3 If the subject does not normally carry out a particular activity ask whether he/she could if he/she had to.
- R6 If the subject is not sure whether a particular category applies, read out the next category. If in doubt code the first category that applies.

R14 Make sure that any codes on the check flap that should have been ringed have in fact been so. If none are ringed close the interview. If you are interviewing a proxy because the subject has died or gone permanently into an institution the interview also ends here. In all other cases the green schedule applies.

GREEN SCHEDULE

The schedule covers the consequences of health problems and disabilities for various aspects of the subject's life.

Throughout this schedule where the words 'health problem/disability' occur you may use whatever term is acceptable to the subject to describe it - for example the name of a specific complaint or a general term like 'your disability'. However, if the subject has several different disabilities make sure you are referring to them all.

Front page

The green and pink schedules will be punched separately, so make sure you complete all the details required.

S Health and Social Services

- S1 & 2 Exclude visits/stays which have no connection with the health problem/disability.
- S3 This covers all visits for treatment, tests, checkups as an outpatient or day patient.
- S6 This is intended to cover the costs of private treatment.
- S8 There are a lot of questions in a similar form to this. For each person who applies, ring the number at the top of the column. Enter the person's card number from the card at (a) and write the person's name (from the card) at (b) or describe what the person does. It is possible to have two different people with the same code on the card. Note also at filter questions that continuity directions are given if subsidiary questions apply; otherwise go on to the next column. (Eg if code 2 applies at S8(d) go either to the next column if applicable or to S9).
- Note that there is no other answer code at this question. Ask S9 first and then specify at S9 any other person or service from either question.
- S16(b) The codes are intended to distinguish ordinary holidays from various forms of respite care where a disabled person goes to give his or her family a break.

T Aids and adaptations

- T(d) DHSS runs a wheelchair service and provides the majority of wheelchairs. Hospitals and social services departments sometimes provide them, usually on loan on a temporary basis.
- T7-19) This group of questions have the same format, each set covering a different group of aids, appliances or adaptations. Make sure you know what is covered at each question so you don't include things at an earlier question which are covered later. Note that you may enter the same code for something that the subject has and something which he/she thinks they would like if, for example, a new one or a different kind is required
- T26-28)
- T9 'Pylon leg support' (code 12) = a peg leg
- Note that elastic bandages and supports are covered at U5.
- T11 This question applies to both those who are incontinent and those whose continence is managed by the use of bags etc.
- T13-15 Include things used by the non-disabled which are required specifically as an aid for the disabled, eg a typewriter for someone with speech/hearing problems
- T17 Do not include adaptations to the house which are covered at T26
- T22 Sheltered accommodation will consist of groups of flats or houses for elderly or disabled people with a warden. Do not count arrangements where the subject stays in his/her own home but can ring a warden or other help if required.

U Extra Personal costs

- U1 Dressings and bandages can be obtained on prescription, as well as medicines.
- U6 This is the first of several questions which asks about extra costs. Try to get the informant to estimate the extra cost arising because of the health problem/disability, which would not have been incurred otherwise. Accept estimates here and at similar questions, since we know informants will find this difficult
- U10 A special diet means having to eat or avoid eating particular foods, or have to restrict calorie intake
- (b) Some people may get a special diet allowance with their Supplementary Benefit.
- U12 This can include having to spend more because subject can only get to more expensive shops as well as the cost of special foods.

V Mobility and transport

- V1 By this stage in the interview it will generally be obvious which mobility category is most likely to apply. Ask whatever questions are necessary to check subject's degree of mobility on his/her own.
- V2 Use appropriate questions to determine subject's degree of mobility with assistance if someone is normally available to help. Note that at both these questions people in wheelchairs can be coded 5 if they usually go out in their wheelchair, whereas someone with agoraphobia might be coded 4.
- V6 "Dial-a-ride" schemes are run in some areas specifically for disabled people who ring a central point and arrange for transport for specific journeys - like a shared taxi. Voluntary organisations sometimes provide transport to take people to specific places or events, usually that they organise.
- There are a number of different electric pavement vehicles. 'Batricar' is a common make.
- V13 The car does not have to be owned by the household member.
- V15 An invalid car is one that is specially designed for disabled people, eg the blue 3-wheelers which are being phased out.
- If a car has any adaptations at all to cope with disability code 4 applies.
- (b) Include only the extra cost of having an adapted car, not the full cost of the car.
- V19 Make sure the informant understands the range of factors mentioned in the preamble that may affect transport costs before asking the specific question.

W Education and Employment

- W1 (a) Local authorities and Voluntary Organisations run special schools for children with a variety of problems, physical, mental and behavioural. Include attendance at schools for the maladjusted and educationally subnormal as well as those for the physically disabled. Some ordinary schools have special classes or units for disabled children.
- W2 Code only the highest qualification obtained. Most informants will know which this is, but if in doubt code more than one.
- W19 This question is about informants' work at present.

X Income

- X2-3 Invalid Care Allowance is paid to the person who is caring for someone in receipt of Attendance Allowance, but it is not paid to married women. Recipients of ICA do not have to live in the same household as the person they care for.

Y Household Finances

- Y1 Make sure that you have coded the front page of the schedule and this check correctly as the three groups identified get different questions in this section. The subject is a HOUSEHOLDER if either subject or spouse is HOH. Householders are divided according to whether there is one or more than one benefit unit in the household
- Y2-3 We need to know in total how much the non-householder pays to the HOH, what this covers, and what is provided without payment
- Y4-5 Covers the reverse situation: what the non-householder(s) pay to the HOH, what this covers and what is received without payment.
- Y25 Make sure informant has understood the preamble before asking the question
- Y27 Be careful not to include anything that has been mentioned earlier in the interview.

Z Financial situation

- Z3 Only include payments that are overdue.
- Z7 If items are owned jointly code 'has' if subject has use of item. If an item is not working code 'has'.

FIELD DOCUMENTS

The calls and outcome sheets and despatch notes are being issued in pads of 20 which will be enough for several quotas: they will not be sent out each month with other materials for this survey, and should be re-ordered as required. These documents should only be used for eligible disabled adults: for households where no-one is eligible we only require the sift form and this MUST be sent in with the FES documents for the households.

ADMINISTRATION

Field dates: From the middle of each month when the first FES households have completed records, to the end of the following month if necessary. Eg for July FES the first final collecting calls will be on 15 July and the last final collecting calls on 14 August. The last date for doing disability interviews arising from the July quota will be 29 August.

Reallocation: In some cases you will not be able to complete all your disability interviews because you are leaving the area at the end of the FES quota. Return these immediately to your regional office for reallocation.

Study time: 3.5 hours

Postal briefing: 1 hour additional to study time for those interviewers who worked on the original survey of disabled adults.

Checking time: 20 minutes per completed interview

5 minutes for copying details from the sift and the FES schedules to the pink disability schedule.

CLAIMS

Survey number: 1251

Stage number: 99

Study time: put this on the briefing claim

Checking time: claim weekly for copying details from the sift form and the FES schedules;

claim checking time for completed interviews each week as they are despatched.

QUERIES

Field: ext 2306 June Langham
2432 Sally Nicol

Research: ext 2304 Eileen Goddard

COMPLETE AT FINAL FES COLLECTING CALL AND RETURN WITH FES DOCUMENTS FOR THIS HOUSEHOLD

Date of sift

--	--	--

Ref No
(from FES
'A' schedule)

AREA	SER	HLD

Interviewer's name _____

Auth No _____

1 Does anyone aged 16 and over have the following difficulties due to long term health problems or disabilities, either physical or mental?

No	Yes - write in FES person numbers		

(a) Difficulty walking for a quarter of a mile on the level

X			
---	--	--	--

(b) Great difficulty walking up or down steps or stairs

X			
---	--	--	--

(c) Difficulty bending down and straightening up, even when holding on to something

X			
---	--	--	--

(d) Falling or having great difficulty keeping balance

X			
---	--	--	--

(e) Difficulty using arms to reach and stretch for things

X			
---	--	--	--

(f) Great difficulty holding, gripping or turning things

X			
---	--	--	--

(g) Difficulty recognising a friend across the road, even if glasses or contact lenses are worn

X			
---	--	--	--

(h) Difficulty reading ordinary newspaper print, even if glasses or contact lenses are worn

X			
---	--	--	--

(i) Difficulty hearing someone talk in a quiet room

X			
---	--	--	--

(j) Severe suffering from noises in the head or ears

X			
---	--	--	--

(k) Difficulty going outside the house or garden without help

X			
---	--	--	--

(l) Great difficulty following a conversation if there is background noise - for example a TV, radio or children playing

X			
---	--	--	--

2. Is anyone aged 16 and over affected by the following health problems or disabilities?

X			
---	--	--	--

(a) Severe and frequent bouts of breathlessness, wheezing or coughing which limit daily activities

X			
---	--	--	--

(b) Severe difficulties with eating, drinking or digestion which limit daily activities

X			
---	--	--	--

(c) Severe pain or irritation which limits daily activities

X			
---	--	--	--

(d) A scar, blemish or deformity which limits daily activities

X			
---	--	--	--

(e) Lack of control of bladder at least once a day or night

X			
---	--	--	--

(f) Lack of control of bowels at least once a month

X			
---	--	--	--

(PINK SCHEDULE)

	AREA	SER	HLD	PER
Ref. No (from FES)				

INTERVIEWER'S NAME _____

AUTH. NO.

--	--	--	--

DATE OF INTERVIEW

--	--	--	--

COMPLETE AT END OF INTERVIEW:

(i) TYPE OF INTERVIEW:

- Full interview..... 1
- Short interview, not eligible for full. 2
- Eligible for full, but incomplete. 3
- Abbreviated because in institution. 4
- Abbreviated - deceased..... 5

(ii) WHO WAS INTERVIEWED?

- Subject.. 1 - Q1
- Proxy.... 2
- Both..... 3 - (111)-(v)

(iii) WAS SUBJECT PRESENT DURING THE INTERVIEW?

- Yes - all the time..... 1
- Yes - part of the time. 2
- No..... 3

(iv) REASON FOR PROXY.

- Subject absent/deceased..... 1
- Subject confused/mentally incapable..... 2
- Subject too ill..... 3
- Subject has speech/hearing problem..... 4
- Subject cannot speak English..... 5
- Other (SPECIFY)..... 6

(v) PERSON NO. OF PROXY:

(FROM HOUSEHOLD BOX OVERLEAF)

PERSON NO

IF PROXY IS NOT IN HOUSEHOLD
SPECIFY RELATIONSHIP TO SUBJECT.....

1. HOUSEHOLD BOX (Remember to code Benefit unit)

RING PERSON CODE	RELATIONSHIP TO HOH	OFF USE	SEX		AGE NOW	MARITAL STATUS			BENE -FIT UNIT
			M	F		MARRIED		S,W, D,Sep	
						BOTH IN HH	OTHER		
01		01	1	2		1	2	3	1
02			1	2		1	2	3	
03			1	2		1	2	3	
04			1	2		1	2	3	
05			1	2		1	2	3	
06			1	2		1	2	3	
07			1	2		1	2	3	
08			1	2		1	2	3	
09			1	2		1	2	3	
10			1	2		1	2	3	

SUBJECT'S EMPLOYMENT STATUS
(from Q1 on FES 'B' schedule)

Working (codes 1 or 2)
 Intending to work (codes 3 or 4)
 Not working (codes 5, 6 or 7).....

1
2
3

TRANSFER ANSWERS TO THE
SIFT TO THE FOLLOWING PAGES

Page	Sift question number
6	1(a)
8	1(b)
10	1(c)
11	1(d)
12	1(e)
14	1(f)
16	1(g), 1(h)
21	1(i), 1(l)
23	1(j)
	2(e), 2(f)
26	3(a)
28	3(b)
30	3(c)
32	4, 3(d), 3(e), 3(f) 3(g), 3(h)
40	2(a)
41	2(b)
42	2(c)
44	2(d)
	5, 6, 7(a), 7(b), 7(c)

NB - answers at 1(k) on the
sift are not transferred
to the schedule

5. FIND OUT ABOUT COMPLAINTS CAUSING DIFFICULTIES AS FOLLOWS:

(According to the form that was filled in about your household, you have some difficulties with everyday activities, or suffer from a long term health problem.)

Can you tell me what is wrong with you? Do you have any other long term complaint which affects your daily activities?

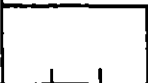
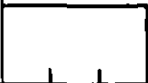

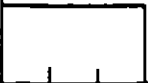







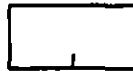
ENTER ONE COMPLAINT PER COLUMN ON THE NEXT PAGE AND ASK (a)-(d) FOR EACH.

TRY TO OBTAIN A MEDICAL NAME FOR EACH COMPLAINT. IF THIS NAME IS ON THE LIST IN YOUR INSTRUCTIONS THIS IS SUFFICIENT. IF IT IS NOT ON THE LIST OR YOU CAN'T OBTAIN A MEDICAL NAME, DESCRIBE THE MAIN SYMPTOMS SO IT CAN BE CODED IN THE OFFICE.

EXCLUDE COMPLAINTS WHICH DO NOT AFFECT DAILY ACTIVITIES.

5. FOR EACH COMPLAINT WHICH SUBJECT STILL HAS RING NUMBER AT TOP OF COLUMN AND COMPLETE (a)-(d) FOR EACH

	1	2	3
(a) RING COMPLAINT NO.			
(b) NAME OF COMPLAINT IF ON CODE LIST <u>OR</u> DESCRIBE MAIN SYMPTOMS			
OFF. USE			
(c) How old were you when your (COMPLAINT) first started? IF HAD IT FROM BIRTH CODE 00	AGE <input type="text"/>	AGE <input type="text"/>	AGE <input type="text"/>
(d) For how many years has it been as bad as it is at present? LESS THAN 1 YEAR = 00	YEARS <input type="text"/>	YEARS <input type="text"/>	YEARS <input type="text"/>
(e) What caused your (COMPLAINT)? CODE WITHOUT ASKING IF OBVIOUS PROMPT AS NECESSARY			
Born with it/birth injury.....	1	1	1
Accident.....	2	2	2
Industrial disease.....	3	3	3
Illness (not 1 or 3)....	4	4	4
Old age.....	5	5	5
Other (SPECIFY).....	6	6	6

	4	5	6	7
				
	AGE 	AGE 	AGE 	AGE 
	YEARS 	YEARS 	YEARS 	YEARS 
	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

First of all I'd like to go over the questions that were on the form and check I've got the right answers for you. Then I'd like to ask a bit more about any difficulties you have.

A. WALKING

Yes No

TRANSFER ANSWER FROM SIFT FORM 1(a) 1 2

A1. Do you have difficulty walking for a quarter of a mile on the level?

Yes 1
No 2
Can't walk at all 3

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF A1 AND SIFT FORM 4(a) AGREE CODE:

SUBJECT HAS DIFFICULTY 1 SEE A2
SUBJECT DOES NOT HAVE DIFFICULTY 2 SECTION B

IF A1 AND SIFT FORM 4(a) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY..... 3 SEE A2
SUBJECT DOES NOT HAVE DIFFICULTY 4 SECTION B

A2. IF CAN WALK AT ALL

DNA Can't walk (code 3 at A1)....

3 RING A → A6

Can you walk for a quarter of a mile on your own without stopping and without severe discomfort?

Yes 1 SECTION B
No 2 RING A → A3

WITH AIDS IF USED

A3. What is the furthest you can walk on your own without stopping and without severe discomfort?

Only a few steps 1 A4
More than a few steps, less than 50 yds.... 2
50 yds, less than 200 yds 3 (a)
200 yds, less than 1/4 mile 4
1/4 mile or more 5

(a) For how long can you walk on your own without stopping and without severe discomfort?

Less than 5 minutes 1
5, but less than 10 minutes 2
10, but less than 15 minutes 3
15, but less than 30 minutes 4
30 minutes or more 5

A4. Do you walk more slowly or at the same pace as somebody else of your age who is in good health?		
More slowly	1	
Same pace	2	
A5. How long can you remain standing without severe discomfort?		
Less than 1 minute	1	A7
1, but less than 5 minutes	2	
5, but less than 10 minutes	3	
10, but less than 15 minutes	4	
15, but less than 30 minutes	5	
30 minutes or more	6	
A6. IF CAN'T WALK AT ALL (Code 3 at A2) CODE WITHOUT ASKING IF KNOWN May I just check, can you stand at all?		
Yes	1	
No	2	
A7. What complaint(s) causes your difficulty in walking/makes it impossible for you to walk?		
	1	
	2	
	3	
RING COMPLAINT NOS. FROM Q5	4	
	5	
	6	
	7	
DK	9	

B. STEPS AND STAIRS

TRANSFER ANSWER FROM SIFT FORM 1(b)

Yes	No
1	2

DNA: Can't walk (Code 3 at A2) 3 — Code (a)

B1. Do you have great difficulty walking up or down steps or stairs?

Yes 1
No 2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT TICK ON SIFT FORM REFERS TO SUBJECT

IF B1 AND SIFT FORM 4(b) AGREE CODE:

SUBJECT HAS DIFFICULTY 1 — SEE B2

SUBJECT DOES NOT HAVE DIFFICULTY 2 — SECTION C

IF B1 AND SIFT FORM 4(b) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY 3 — SEE B2

SUBJECT DOES NOT HAVE DIFFICULTY 4 — SECTION C

B2. IF CAN WALK AT ALL DNA: Can't walk (Code 3 at A2) 3 — RING B → B7

Can you walk up and down one step on your own?

Yes 1 — B3
No 2 — RING B → B7

B3. Can you walk up and down a flight of 12 stairs on your own without stopping for a rest and without holding on?

Yes 1 — (a)
No 2 — RING B → B4

(a) Can I just check, do you walk up and down steps or stairs in a normal manner, or do you have to take one step at a time or go sideways or anything like that?

Manages steps normally 1 — SECTION C

Does not manage normally 2 — RING B → B7

B4. If you hold on, can you walk up and down a flight of 12 stairs on your own without stopping for a rest?

Yes 1 — B6
No 2 — B5

B5. If you stop for a rest can you walk up and down a flight of 12 stairs on your own?

Yes

1

No

2

(a) - (b)

(a) How many stairs can you walk up on your own (before you need a rest)?

STAIRS UP

(b) How many stairs can you walk down on your own (before you need a rest)?

STAIRS DOWN

B6. When you walk up and down stairs do you walk normally or do you have to take one step at a time, go sideways or anything like that?

Walks up and down normally... 1

Does not walk normally..... 2

B7. What complaint(s) causes your difficulty in walking up and down steps or stairs?

IF CAN'T WALK ENTER
NUMBERS FROM A7
WITHOUT ASKING

RING COMPLAINT NOS.
FROM Q5

1

2

3

4

5

6

7

DK

9

C. BENDING AND STRAIGHTENING

Yes No

TRANSFER ANSWER FROM SIFT FORM 1(c)

1	2
---	---

DNA: Can't stand (Code 2 at A6)

3 CODE (a)

C1. Do you have difficulty bending down and straightening up again, even if you hold on to something?

Yes 1
No 2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT.

IF C1 AND SIFT FORM 4(c) AGREE CODE:

SUBJECT HAS DIFFICULTY..... 1 -C2

SUBJECT DOES NOT HAVE DIFFICULTY. 2 -SECTION D

IF C1 AND SIFT FORM 4(c) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY..... 3 -C2

SUBJECT DOES NOT HAVE DIFFICULTY. 4 -SECTION D

DNA: Can't stand (Code 2 at A6) 3 -RING C→C6

C2. IF CAN STAND

Can you bend down and sweep something up with a dust pan and brush and straighten up again, holding on if necessary?

Yes 1 -SECTION D
No 2 -RING C→C3

C3. Can you bend down far enough to touch your knees and straighten up again, holding on if necessary?

Yes 1 -C4
No 2 -C5

C4. Can you bend down and pick something up from the floor and straighten up again, holding on if necessary?

Yes 1
No 2

C5. Can you kneel down and get back up again, holding on if necessary?

Yes 1
No 2

C6. What complaint(s) causes your difficulty in bending and straightening?

1
2
3
4
5
6
7

RING COMPLAINT NOS FROM Q5

DK 9

D. FALLING AND BALANCE

Yes No

TRANSFER ANSWER FROM SIFT FORM 1(d)

1	2
---	---

D1. Do you suffer from falls or have great difficulty in keeping your balance?

Yes
No

1
2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF D1 AND SIFT FORM 4(d) AGREE CODE:

SUBJECT HAS DIFFICULTY

1

—SEE D2

SUBJECT DOES NOT HAVE DIFFICULTY

2

—SECTION E

IF D1 AND SIFT FORM 4(d) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY

3

—SEE D2

SUBJECT DOES NOT HAVE DIFFICULTY

4

—SECTION E

D2. In the past twelve months, have you ever lost your balance and fallen?

Yes
No

1
2

—RING D → (a)

—D3

(a) How many times have you fallen in the past twelve months?

NO. OF FALLS

D3. Do you need to hold on to something to help you keep your balance

all the time

1

quite often

2

only occasionally

3

or not at all?.....

4

—RING D → D4

—D4

D4. INTERVIEWER CHECK:

SUBJECT HAS HAD NO FALLS (Code 2 at D2) AND DOES NOT NEED TO HOLD ON (Code 4 at D3)

1

—SECTION E

SUBJECT HAS HAD FALLS, CAN'T STAND OR NEEDS TO HOLD ON

2

—D5

D5. What complaint(s) causes your difficulty in keeping your balance or having falls?

RING COMPLAINT NOS. FROM Q5

1
2
3
4
5
6
7

DK

9

E. REACHING AND STRETCHING

TRANSFER ANSWER FROM SIFT FORM 1(e)

Yes	No
1	2

E1. Do you have difficulty using your arms to reach and stretch for things?

Yes	1
No	2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF E1 AND SIFT FORM 4(e) AGREE CODE:

SUBJECT HAS DIFFICULTY 1 —E2
 SUBJECT DOES NOT HAVE DIFFICULTY 2 —SECTION F

IF E1 AND SIFT FORM 4(e) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY 3 —E2
 SUBJECT DOES NOT HAVE DIFFICULTY 4 —SECTION F

E2. Can you stretch both arms above your head at the same time to reach for something above you?

DEMONSTRATE IF NECESSARY

Yes	1	—SECTION F
No	2	—RING E-E3

DO NOT COUNT DIFFICULTIES IN BALANCING

E3. SHOW CARD 2

Using your RIGHT/LEFT arm, how difficult is it for you to

Please choose your answer from this card.

	Right				Left			
	Not difficult at all	Quite difficult	Very difficult	Impossible	Not difficult at all	Quite difficult	Very difficult	Impossible
(i) Hold your arm out in front of you to shake hands with someone?	1	2	3	4	1	2	3	4
(ii) Hold your arm out to the side and put it into the sleeve of a jacket?	1	2	3	4	1	2	3	4
(iii) Put your hand up to your head to put a hat on?	1	2	3	4	1	2	3	4
(iv) Put your hand behind your back to tuck in a blouse/shirt?	1	2	3	4	1	2	3	4
(v) Put your arm above your head to reach for something above you?	1	2	3	4	1	2	3	4

E4. Are you right-handed or left-handed?

Right-handed	1
Left-handed	2

E5. What complaint(s) causes your difficulty
in reaching and stretching for things?

RING COMPLAINT NOS.
FROM Q5

1
2
3
4
5
6
7
9

DK

F. HOLDING, GRIPPING AND TURNING

Yes No

TRANSFER ANSWER FROM SIFT FORM 1(f)

1	2
---	---

F1. Do you have great difficulty holding, gripping or turning things?

Yes	1
No	2

(a) CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF F1 AND SIFT FORM 4(f) AGREE CODE:

SUBJECT HAS DIFFICULTY 1 — F2

SUBJECT DOES NOT HAVE DIFFICULTY 2 — SECTION G

IF F1 AND SIFT FORM 4(f) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY 3 — F2

SUBJECT DOES NOT HAVE DIFFICULTY 4 — SECTION G

F2. Using your RIGHT/LEFT hand only, can you

Right		Left	
Yes	No	Yes	No
1	2	1	2
1	2	1	2
1	2	1	2

- (i) Pick up and carry a 5 lb bag of potatoes?
- (ii) Turn a tap on and off?
- (iii) Pick up a small object, such as a safety pin?

(IV) INTERVIEWER CHECK:

YES TO <u>ALL</u> SIX	1	— SECTION G
NO TO <u>ANY</u>	2	— RING F-F3

F3. Using your RIGHT/LEFT hand only, can you

Right		Left	
Yes	No	Yes	No
1	2	1	2
1	2	1	2
1	2	1	2
1	2	1	2

- (i) Pick up and carry a pint of milk? ...
- (ii) Pick up and hold a mug of tea or coffee?
- (iii) Turn the control knobs on a cooker? .
- (iv) Squeeze out the water from a sponge?

F4. CODE FROM E4 IF ALREADY ASKED

Are you right-handed?

Right-handed	1
Left-handed	2

F5. I'm going to read out some things which involve holding, gripping or turning and I'd like you to tell me how difficult it is for you to do them (without using special gadgets)

SHOW CARD 2

Please can you choose an answer from this card.

How difficult is it for you (or would it be for you) to

	Not difficult at all	Quite difficult	Very difficult	Impossible
1) Wring out light washing? (eg a tea towel)	1	2	3	4
ii) Unscrew the lid of a coffee jar?	1	2	3	4
(iii) Pick up and pour from a full kettle?	1	2	3	4
(iv) Serve food from a pan using a spoon or ladle?	1	2	3	4
(v) Use a pen or pencil?	1	2	3	4
(vi) Use a pair of scissors?	1	2	3	4
(vii) Tie a bow in laces or string?	1	2	3	4

F6. What complaint(s) causes your difficulty in holding, gripping or turning things?

RING COMPLAINT NOS.
FROM Q5

1
2
3
4
5
6
7
DK
9

		Yes	No	
G.	<u>SEEING</u>			
	TRANSFER ANSWERS FROM SIFT FORM 1(g)	<input type="checkbox"/>	<input type="checkbox"/>	
		1	2	
		<input type="checkbox"/>	<input type="checkbox"/>	
		1	2	
G1.	Do you wear glasses or contact lenses?			
	Yes - all the time		1	
	Yes - sometimes		2	
	No		3	
G2.	Do you have difficulty recognising a friend across the road (wearing your glasses/lenses)?			
	Yes		1	
	No		2	
	Subject is blind		3	
(a)	<u>INTERVIEWER CHECK</u>			
	CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT			
	IF G2 AND SIFT FORM 4(g) AGREE CODE:			
	SUBJECT HAS DIFFICULTY		1	-RING G → SEE G3
	SUBJECT DOES NOT HAVE DIFFICULTY		2	-G11
	IF G2 AND SIFT FORM 4(g) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:			
	SUBJECT HAS DIFFICULTY		3	-RING G → SEE G3
	SUBJECT DOES NOT HAVE DIFFICULTY		4	-G11
G3.	IF SUBJECT IS BLIND			
	DNA: Subject is not blind		3	-G4
	Can I just check, in a room during daytime, can you tell by the light where the windows are?			
	Yes		1	-G4
	No		2	-G15
G4.	Can you see the shapes of the furniture in this room?			
	Yes		1	
	No		2	
G5.	Can you see well enough to recognise a friend if you get close to his face?			
	Yes		1	-G6
	No		2	-G9
G6.	Can you see well enough to recognise a friend who is an arm's length away?			
	Yes		1	-G7
	No		2	-G9
G7.	Can you see well enough to recognise a friend across a room?			
	Yes		1	-G8
	No		2	-G9

G8. (May I just check) can you see well enough to recognise a friend across the road, if you were on the pavement?	Yes	1	G11
	No	2	G9
G9. Even though you couldn't recognise the person, could you see a person standing on the other side of the road (if you were on the pavement)?	Yes	1	G11
	No	2	G10
G10. If you were standing on the pavement, could you see a car go by on the other side of the road?	Yes	1	
	No	2	
G11. Do you have difficulty seeing to read ordinary newspaper print (wearing glasses/lenses)?	Yes	1	
	No	2	
(a) <u>INTERVIEWER CHECK</u>			
CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT			
IF G11 AND SIFT FORM 4(h) AGREE CODE:			
		SUBJECT HAS DIFFICULTY	1 RING G → G13
		SUBJECT DOES NOT HAVE DIFFICULTY	2 G12
IF G11 AND SIFT FORM 4(h) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:			
		SUBJECT HAS DIFFICULTY	3 RING G → G13
		SUBJECT DOES NOT HAVE DIFFICULTY	4 G12
G12. INTERVIEWER CHECK			
		SUBJECT HAS NO SEEING DIFFICULTY (Code 2 or 4 at G2(a) and G11(a))	1 SECTION H
		SUBJECT HAS DIFFICULTY SEEING AT A DISTANCE ONLY	2 G15
G13. Can you see well enough to read a large print book?	Yes	1	G15
	No	2	G14
G14. Can you see well enough to read newspaper headlines?	Yes	1	
	No	2	
G15. May I just check, are you registered as			
		blind	1
RUNNING		partially sighted	2
PROMPT		or are you not registered as either?	3

SIGHT TESTS

G16. DISTANCE VISION

DNA: Proxy interview

Cannot tell by the light where the windows are (Code 2 at G3).

Subject's (distance) glasses not available

1
2 -G18
3 G17

INSTRUCTIONS TO INTERVIEWER:

If subject normally wears glasses or contact lenses they must be worn for the test. If subject has separate reading and distance glasses, distance glasses must be worn. Check that the glasses are clean.

Hold the chart 10 feet from the subject's eyes. Make sure the chart is well illuminated. Try to arrange for light to fall on the chart. Measure 10 feet using the tape provided.

(a) Can you see this chart?

Yes 1 - (b)
No 2 -G17

(b) How far down can you read this chart?

Subject illiterate 01 -G18

Cannot read largest letter .. 02 -G17

Subject can read all letters correctly down to line:
60
36 -G17
24

RING APPROPRIATE NUMBER 18 - (c)
12

09
06 -G17
05
04
03

(Read whole chart correctly)

(c) IF LOWEST LINE READ CORRECTLY IS 18 BRING CHART FORWARD 1½ FEET TO 8½ FEET FROM SUBJECT'S EYES AND ASK:

Now can you read the next line down?

Next line read 1

Next line not read 2

DNA. Subject's (reading) glasses not available

1

G19

INSTRUCTIONS TO INTERVIEWER
 If Subject normally wears glasses or contact lenses for reading, or uses a magnifier or low vision aid, they should be used for this test. Check that the glasses are clean.
 Make sure the test card is well illuminated. Try to arrange for light to fall on the card from over the subject's shoulder.

(a) HAND CARD OF TYPEFACE TO SUBJECT

Can you read any of the words on this card?

Yes
No.

1
2

(b)
G18

(b) Which is the smallest print that you can read?

RING APPROPRIATE
NUMBER

48
36
24
18
14
12
10
08
06
05

G18 When did you last have your sight tested?

Within the past year..... 1
 1 yr ago, but less than 2 yrs. 2
 2 yrs ago, but less than 5 yrs 3
 5 yrs ago, but less than 10 yrs 4
 10 yrs ago or more..... 5
 Never had sight test..... 6

G19 Because of your sight do you normally use any aids to help you get about?

Yes
No

1
2

(a)
G20

(a) What aids do you normally use?

PROMPT AS NECESSARY

CODE ALL
THAT APPLY

Guide dog 1
 Sonic aid..... 2
 White cane 3
 Ordinary stick 4
 Another person to guide you. 5
 Other (SPECIFY) 6

G20 What complaint(s) causes your difficulty in seeing?

CODE WITHOUT ASKING
IF OBVIOUS

RING COMPLAINT NOS.
FROM Q5

1
2
3
4
5
6
7

HB. HEARING

TRANSFER ANSWERS FROM SIFT FORM 1(i)

Yes No

1	2
---	---

1(1)

1	2
---	---

HB1. Do you wear a hearing aid at all?

Yes

1

No

2

HB2. Do you have difficulty hearing someone talking to you in a quiet room (with your hearing aid)?

Yes

1

No

2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF HB2 AND SIFT FORM 4(i) AGREE CODE:

SUBJECT HAS DIFFICULTY

1

RING → H4

SUBJECT DOES NOT HAVE DIFFICULTY

2

HB3

IF HB2 AND SIFT FORM 4(1) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY

3

RING → H4

SUBJECT DOES NOT HAVE DIFFICULTY

4

HB3

HB3. Do you have great difficulty following a conversation if there is background noise, for example, a TV, radio or children playing (wearing your hearing aid)?

Yes

1

No

2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF HB3 AND SIFT FORM 4(1) AGREE CODE:

SUBJECT HAS DIFFICULTY

1

RING → H5

SUBJECT DOES NOT HAVE DIFFICULTY

2

SECTION J

IF HB3 AND SIFT FORM 4(1) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY.....

3

RING → H5

SUBJECT DOES NOT HAVE DIFFICULTY

4

SECTION J

H4. Do you have difficulty hearing what a person says to you in a quiet room if he speaks loudly to you?

Yes	1
No	2

H5. Are you totally deaf in your right ear?

Yes	1
No	2

H6. Are you totally deaf in your left ear?

Yes	1
No	2

DNA: Totally deaf in both ears
(Code 1 at H5 and H6) ...

1	H8
---	----

H7. IF NOT TOTALLY DEAF IN BOTH EARS

How much difficulty do you have
USING HEARING AID IF WORN

SHOW CARD 3

	Little or no difficulty	Moderate difficulty	Great difficulty	Impossible
(i) Hearing a doorbell, alarm clock or telephone bell? ...	1	2	3	4
(ii) Using the telephone?	1	2	3	4
(iii) Following TV programmes at a volume others find acceptable?	1	2	3	4
(iv) Following TV programmes with the volume turn up? ..	1	2	3	4

H8. What complaint(s) causes your difficulty in hearing?

CODE WITHOUT ASKING
IF OBVIOUS

RING COMPLAINT NOS
FROM Q5

1
2
3
4
5
6
7
DK
9

J. NOISES IN THE HEAD OR EARS

TRANSFER ANSWER FROM SIFT FORM 1(j)

1	2
---	---

J1. Do you suffer severely from noises in the head or ears (such as ringing or buzzing)?

Yes 1
 No 2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF J1 AND SIFT FORM 4(j) AGREE CODE:

SUBJECT HAS DIFFICULTY 1 —J2

SUBJECT DOES NOT HAVE DIFFICULTY 2 —SECTION K

IF J1 AND SIFT FORM 4(j) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY 3 —J2

SUBJECT DOES NOT HAVE DIFFICULTY 4 —SECTION K

J2. Do these noises cause you severe distress all the time?

Yes 1
 No 2

J3 What complaint(s) causes the noises in your head or ears?

RING COMPLAINT NOS FROM Q5

1
 2
 3
 4
 5
 6
 7
 DK 9

NB THERE IS NO CODE TO RING ON THE CHECK FLAP ON THIS SECTION

K CONTROL OF BLADDER AND BOWELS

TRANSFER ANSWERS FROM SIFT FORM 2(e)

	YES	NO
2(e)	1	2
2(f)	1	2

I'd like to ask next about any problems you may have with your bladder or bowels since these sorts of problems are very common, even if they don't apply to you.

K1 But first may I check, do you use any sort of device to manage either your bladder or your bowels?

- Yes - bladder device only 1
- Yes - bowels device only. 2 (a)
- Yes - devices for both .. 3
- Neither..... 4 K2

(a) What sort of device do you use to manage your bladder/bowels?

- Catheter + bag. 1
- Ileal loop..... 2
- Ileostomy + bag 3 K3
- Colostomy + bag 4
- Other (SPECIFY) 5

K2 Do you ever lose control of your bladder?

- Yes 1 (a)
- No. 2
- Has no voluntary control 3 K3

(a) Do you lose control of your bladder....

- | | | |
|--------------|---|---|
| CODE FIRST | at least once every 24 hours... | 1 |
| THAT APPLIES | less than every 24 hours, but at least once a week..... | 2 |
| | less than once a week, but at least twice a month..... | 3 |
| | less than twice a month, but at least once a month..... | 4 |
| | less than once a month..... | 5 |

K3 INTERVIEWER CHECK

SUBJECT HAS PROBLEM IF:

- Bladder managed by device (Code 1 or 2 at K1)..... 1
- No voluntary control (Code 3 at K2)..... 2
- Or loses control at least once in 24 hrs (Code 1 At K2(a)).. 3
- No problem..... 4

(a) CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF K3 AND SIFT FORM 5(e) AGREE CODE:

- SUBJECT HAS PROBLEM..... 1 -RING K → K4
- SUBJECT DOES NOT HAVE PROBLEM 2 -K4

IF K3 AND SIFT FORM 5(e) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

- SUBJECT HAS PROBLEM..... 3 -RING K → K4
- SUBJECT DOES NOT HAVE PROBLEM 4 -K4

DNA: Wears device to manage bowels
(Code 2-3 at K1)

1 — K5

K4. Do you ever lose control of your bowels?

Yes 1 — (a)

No 2 — K5

Has no voluntary control 3 — K5

(a) Do you lose control of your bowels

CODE FIRST at least once every 24 hours 1
THAT APPLIES less than every 24 hours, but 2

more than once a week 3

less than once a week, but at least twice a month 4

less than twice a month, but at least once a month 5

less than once a month 6

K5. INTERVIEWER CHECK
SUBJECT HAS PROBLEM IF .

BOWELS MANAGED BY DEVICE (Codes 2-3 at K1) 1

NO VOLUNTARY CONTROL (Code 3 at K4) 2

OR LOSES CONTROL AT LEAST ONCE A MONTH
(Codes 1-5 at K4(a)) 3

NO PROBLEM 4

(a) CHECK IF NECESSARY THAT ANSWER ON SIFT FORM
REFERS TO SUBJECT

IF K5 AND SIFT FORM 5(f) AGREE CODE:

SUBJECT HAS PROBLEM 1 — RING K → K6

SUBJECT DOES NOT HAVE PROBLEM 2 — SEE K6

IF K5 AND SIFT FORM 5(f) DISAGREE PROBE TO
RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS PROBLEM 3 — RING K → K6

SUBJECT DOES NOT HAVE PROBLEM 4 — SEE K6

K6. IF SUBJECT HAS PROBLEM WITH BLADDER OR BOWELS

DNA: No problem with bladder or bowels 1 — SECTION L

What complaint(s) causes your problem
with your bladder/bowels?

1

2

3

RING COMPLAINT NOS
FROM Q5 4

5

6

7

9

L. FITS AND CONVULSIONS

TRANSFER ANSWER FROM SIFT FORM 3(a)

Yes	No
1	2

L1. Have you had a fit or convulsion in the past two years?

Yes	1
No	2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF L1 AND SIFT FORM 6(a) AGREE CODE:

SUBJECT HAS PROBLEM

1 — RING → L2

SUBJECT DOES NOT HAVE PROBLEM ..

2 — SECTION M

IF L1 AND SIFT FORM 6(a) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS PROBLEM

3 — RING → L2

SUBJECT DOES NOT HAVE PROBLEM ..

4 — SECTION M

L2. About how many fits or convulsions have you had in the last 12 months?

ENTER NUMBER OF FITS

NONE = 000

L3. When you have a fit or convulsion do you usually lose consciousness completely?

Yes	1	L5
No	2	L4

L4. When you have a fit or convulsion do you

Y	N
---	---

Have illusions, dreams or hallucinations? 1 2

INDIVIDUAL PROMPT

Fiddle with objects or do particular movements?

1 2

Stare into space?

1 2

Or does anything else happen (SPECIFY) ..

1 2

L5. How long does a fit or convulsion usually last?

	Less than 5 minutes	1
	5 mins, but less than ¼ hour ..	2
PROMPT AS NECESSARY	¼ hour, less than 1 hour	3
	1 hour, but less than 3 hours	4
	3 hours or more	5

L6. At what time of day do the fits or convulsions usually occur?

	During the night	1
CODE ALL THAT APPLY	Early morning/on awakening	2
	During the day	3
	Evenings	4

L7. Do you usually get a 'warning' before a fit or convulsion?

Yes	1
No	2
Sometimes	3

L8. Do you ever suffer from 'status epilepticus'?

Yes	1
No	2

L9. What complaint(s) causes your fits or convulsions?

CODE WITHOUT ASKING IF OBVIOUSLY EPILEPSY	RING COMPLAINT NOS FROM Q5	1
		2
		3
		4
		5
		6
		7
	DK	9

M COMMUNICATION

BEING UNDERSTOOD

TRANSFER ANSWER FROM SIFT FORM 3(b)

Yes	No
1	2

M1. Do other people have any difficulty understanding you?

EXCLUDE DIFFICULTIES DUE TO POOR ENGLISH

Yes	1
No	2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT.

IF M1 AND SIFT FORM 6(b) AGREE CODE:

SUBJECT HAS DIFFICULTY

1

—RING M → M2

SUBJECT DOES NOT HAVE DIFFICULTY

2

—M6

IF M1 AND SIFT FORM 6(b) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY

3

—RING M → M2

SUBJECT DOES NOT HAVE DIFFICULTY

4

—M6

CODE FROM OBSERVATION OR ASK IF NECESSARY

M2. Do other people have difficulty understanding your speech or understanding what you mean?

Speech

1

Meaning

2

Both

3

Subject cannot speak

4

M3. How difficult is it for people who know you well to understand you. Is it:

SHOW CARD 2 not difficult at all

1

RUNNING quite difficult

2

—(a)

PROMPT very difficult

3

or impossible?

4

—M4

(a) How difficult is it for strangers to understand you. Is it:

SHOW CARD 2 not difficult at all

1

RUNNING quite difficult

2

PROMPT very difficult

3

or impossible?

4

M4. (Apart from speaking) do you use any other means of making yourself understood?

Yes 1

—(a)

No. 2

(b) What means do you use?

Signing

1

Finger spelling

2

CODE ALL

Other gestures

3

THAT APPLY

Writing

4

Noises

5

Other aids (SPECIFY)

6

M5. What complaint(s) makes it difficult for other people to understand you?

RING COMPLAINT NOS
FROM Q5

	1
	2
	3
	4
	5
	6
	7
DK	9

UNDERSTANDING OTHERS

TRANSFER ANSWER FROM SIFT FORM 3(c)

Yes	No
1	2

M6.	Do you have any difficulty understanding what other people say or what they mean?	Yes	1	
	EXCLUDE DIFFICULTIES DUE TO POOR ENGLISH	No	2	
(a)	<u>INTERVIEWER CHECK</u> CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT. IF M6 AND SIFT FORM 6(c) AGREE CODE: SUBJECT HAS DIFFICULTY 1 RING M → M7 SUBJECT DOES NOT HAVE DIFFICULTY 2 SECTION N IF M6 AND SIFT FORM 6(c) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE: SUBJECT HAS DIFFICULTY 3 RING M → M7 SUBJECT DOES NOT HAVE DIFFICULTY 4 SECTION N			
M7.	Are your difficulties in understanding people mainly due to a hearing problem?	Yes	1	(a)
		No	2	M8
(a)	Can you lip read other people?			
	Yes - most people 1			
	Only some people 2			
	No 3			
M8.	How difficult is it for you to understand people you know well. Is it:			
	SHOW CARD 2 not difficult at all 1			(a)
	RUNNING quite difficult 2			
	PROMPT very difficult 3			
	or impossible? 4			
(a)	How difficult is it for you to understand strangers. Is it:			
	SHOW CARD 2 not difficult at all 1			
	RUNNING quite difficult 2			
	PROMPT very difficult 3			
	or impossible? 4			
M9.	Do other people use other means of helping you understand them, (apart from speaking)?	Yes	1	(a)
		No.	2	M10
(a)	What means do they use?			
	Mouthing speech 1			
	Signing 2			
	CODE ALL Finger spelling 3			
	THAT APPLY Other gestures 4			
	Writing 5			
	Other (SPECIFY) 6			

M10. What complaint(s) makes it difficult for you to understand other people?

RING COMPLAINT NOS
FROM Q5

	1
	2
	3
	4
	5
	6
	7
DK	9

N. SOCIAL AND MENTAL BEHAVIOUR

TRANSFER ANSWERS FROM SIFT FORM
NB. NOTE ORDER

	Yes	No
4	1	2
3(d)	1	2
3(e)	1	2
3(f)	1	2
3(g)	1	2
3(h)	1	2

N1. In the last twelve months have you seen a psychiatrist or other specialist because of a mental, nervous or emotional problem?

Yes	1
No	2

(a) INTERVIEWER CHECK
CHECK IF NECESSARY THAT ANSWER ON SIFT FORM
REFERS TO SUBJECT

IF N1 AND SIFT FORM 7 AGREE CODE:

SUBJECT HAS PROBLEM 1 -RING N → N2
SUBJECT DOES NOT HAVE PROBLEM 2 -N2

IF N1 AND SIFT FORM 7 DISAGREE PROBE TO RECONCILE
DIFFERENCE AND CODE:

SUBJECT HAS PROBLEM 3 -RING N → N2
SUBJECT DOES NOT HAVE PROBLEM 4 -N2

N2. Do you frequently get confused about what day or time it is, or where you are or who people are?

Yes	1
No	2

(a) INTERVIEWER CHECK
CHECK IF NECESSARY THAT ANSWER ON SIFT FORM
REFERS TO SUBJECT

IF N2 AND SIFT FORM 6(d) AGREE CODE:

SUBJECT HAS PROBLEM 1 -RING N → N3
SUBJECT DOES NOT HAVE PROBLEM 2 -N3

IF N2 AND SIFT FORM 6(b) DISAGREE PROBE TO RECONCILE
DIFFERENCE AND CODE:

SUBJECT HAS PROBLEM 3 -RING N → N3
SUBJECT DOES NOT HAVE PROBLEM 4 -N3

N3. Do you suffer from severe depression or anxiety?

Yes	1
No	2

(a) INTERVIEWER CHECK
CHECK IF NECESSARY THAT ANSWER ON SIFT FORM
REFERS TO SUBJECT

IF N3 AND SIFT FORM 6(e) AGREE CODE:

SUBJECT HAS PROBLEM	1	-N4
SUBJECT DOES NOT HAVE PROBLEM	2	-N5

IF N3 AND SIFT FORM 6(e) DISAGREE PROBE TO RECONCILE
DIFFERENCE AND CODE:

SUBJECT HAS PROBLEM	3	-N4
SUBJECT DOES NOT HAVE PROBLEM	4	-N5

N4. Does your depression or anxiety affect
your daily activities?

Yes	1	-RING N → N5
No	2	-N5

N5. Do you have difficulty getting on with people?

Yes	1	-(a)
No	2	-N6

(a) Does this difficulty severely affect your
family life, work or leisure?

Yes	1
No	2

N6. INTERVIEWER CHECK
CHECK IF NECESSARY THAT ANSWER ON SIFT FORM
REFERS TO SUBJECT

IF N5/N5(a) AND SIFT FORM 6(f) AGREED CODE:

SUBJECT HAS DIFFICULTY	1	-RING N → N7
SUBJECT DOES NOT HAVE DIFFICULTY	2	-N7

IF N5/N5(a) AND SIFT FORM 6(f) DISAGREE PROBE TO
RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY	3	-RING N → N7
SUBJECT DOES NOT HAVE DIFFICULTY	4	-N7

N7. Do you have a mental handicap or other severe learning difficulties?

Yes 1
No 2

(a) INTERVIEWER CHECK
CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF N7 AND SIFT FORM 6(g) AGREE CODE:

SUBJECT HAS DIFFICULTY 1 -RING N → N8
SUBJECT DOES NOT HAVE DIFFICULTY 2 -N8

IF N7 AND SIFT FORM 6(g) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS DIFFICULTY 3 -RING N → N8
SUBJECT DOES NOT HAVE DIFFICULTY 4 -N8

N8. Do you have a mental illness or suffer from phobias, panics or other nervous disorders?

Yes 1 - (a)
No 2 -N9

(a) Do these problems affect your daily activities?

Yes 1
No 2

N9. INTERVIEWER CHECK
CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF N8/N8(a) AND SIFT FORM 6(h) AGREE CODE:

SUBJECT HAS PROBLEM 1 -RING N → N10
SUBJECT DOES NOT HAVE PROBLEM 2 -N10

IF N8/N8(a) AND SIFT FORM 6(h) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS PROBLEM 3 -RING N → N10
SUBJECT DOES NOT HAVE PROBLEM 4 -N10

N10. INTERVIEWER CHECK

CODE N HAS BEEN RINGED FOR AT LEAST ONE PROBLEM/DIFFICULTY 1 -N11

CODE N HAS NOT BEEN RINGED 2 -N30

N11. Do you find relationships with members of your family very difficult?

Yes	1
No	2

N12. Do you find relationships with people outside your family very difficult?

Yes	1
No	2

N13. Do you often feel aggressive or hostile towards other people?

Yes	1	(a)
No	2	N14

(a) Do you often have outbursts of temper at other people, with little cause?

Yes	1
No	2

N14. Do you ever get so upset that you ...

INDIVIDUAL
PROMPT

Break or rip up things?
Injure yourself?
Hit other people?

Yes	No
1	2
1	2
1	2

N15. Do you feel that you need someone with you all the time?

Yes	1
No	2

N16. Do you find it difficult to stir yourself to do things?

Yes	1	(a)
No	2	N17

(a) Do you sometimes sit for hours doing nothing?

Yes	1
No	2

N17. Do you often forget what you are supposed to be doing when you are in the middle of something?	Yes	1	
	No	2	
N18. Do you often lose track of what's being said in the middle of a conversation?	Yes	1	
	No	2	
N19. Do you often forget the names of people in your family or friends that you see regularly?	Yes	1	
	No	2	
N20. Do you often get confused about what time of day it is?	Yes	1	
	No	2	
N21. Do you ever wander off without realising?	Yes	1	
	No	2	
N22. Do you ever forget to turn things off such as fires, cookers or taps?	Yes	1	(a)
	No	2	N23
(a) Do you forget to turn things off ...			
		often	1
		or only occasionally?	2
N23. Can you think clearly, or do your thoughts tend to be muddled or slow?			
		Thinks clearly	1
		Muddled or slow	2

N24. Can you watch a TV programme lasting about half an hour all the way through?

Yes	1	(a)
No	2	N25

(a) Could you tell someone else what the programme was about?

Yes	1
No	2

N25. If a neighbour came to the door with a message for someone else could you remember the message and pass it on correctly?

Yes	1
No	2

N26. Do you have any difficulty reading?

Can't read at all...	1	N27
Yes - has difficulty	2	(a)
No difficulty	3	N27

(a) Could you read a short article in a newspaper?

Yes	1
No	2

N27. Do you have difficulty writing?

Can't write at all..	1	N28
Yes - has difficulty	2	(a)
No difficulty	3	N28

(a) Could you write a short letter to someone without help?

Yes	1
No	2

N28. Do you have difficulty with sums and calculations?

Yes	1	(a)
No	2	N29

(a) Can you count well enough to handle money?

Yes	1
No	2

N29. What complaint(s) causes your difficulties with [REFER TO PROBLEMS MENTIONED IN SECTION N]

RING COMPLAINT NOS
FROM Q5

1	
2	
3	
4	
5	
6	
7	
DK	9

INTRODUCE

Having health problems or being disabled sometimes gets people down. I would like you to complete a short questionnaire about how you are feeling now or in the last few days.

I'd like you to read each sentence and decide which of the headings applies to you and then ring the number underneath. For example, if the sentence definitely applies to you ring number 1. If it only sometimes applies to you ring number 2 and so on.

Please try and answer all the questions. Let me know if you have any difficulty.

FOLD SCHEDULE WITH NEXT PAGE UPPERMOST AND HAND TO INFORMANT.
CHECK DISCREETLY THAT IT IS BEING FILLED IN CORRECTLY.

WHEN INFORMANT HAS FINISHED CHECK THAT ALL ITEMS HAVE BEEN ANSWERED.

WHEN THE SELF-COMPLETION IS COMPLETE GO TO SECTION P.

SELF-COMPLETION QUESTIONNAIRE

N30.

		<u>YES,</u> <u>DEFINITELY</u>	<u>YES,</u> <u>SOMETIMES</u>	<u>NO,</u> <u>NOT MUCH</u>	<u>NO,</u> <u>NOT AT ALL</u>
1	I wake early then sleep badly for the rest of the night	1	2	3	4
2.	I get very frightened or panic feelings for no reason at all	1	2	3	4
3.	I feel miserable and sad	1	2	3	4
4.	I have lost interest in things	1	2	3	4
5	I get palpitations or a sensation of butterflies in my stomach or chest	1	2	3	4
6.	I avoid other people these days	1	2	3	4
7	I still enjoy the things I used to	1	2	3	4
8.	I feel scared or frightened	1	2	3	4
9.	I feel life is not worth living	1	2	3	4
10.	I feel odd and different from other people	1	2	3	4
11.	I am restless and can't keep still	1	2	3	4
12.	I am more irritable than usual	1	2	3	4
13.	I feel self-conscious and embarrassed	1	2	3	4
14	I feel less attractive than I used to	1	2	3	4
15.	I feel that people are avoiding me these days	1	2	3	4

P. OTHER HEALTH PROBLEMS LIMITING DAILY ACTIVITIES

BREATHLESSNESS, WHEEZING AND COUGHING

Yes No

TRANSFER ANSWER FROM SIFT FORM 2(a)

1	2
---	---

P1. Do you suffer from severe bouts of breathlessness, wheezing or coughing?

Yes	1	(a)
No	2	P2

(a) Does this limit your daily activities?

Yes	1
No	2

P2. INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF P1/P1(a) AND SIFT FORM 5(a) AGREE CODE:

SUBJECT HAS PROBLEM	1	P3
SUBJECT DOES NOT HAVE PROBLEM	2	P5

IF P1/P1(a) AND SIFT FORM 5(a) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS PROBLEM	3	P3
SUBJECT DOES NOT HAVE PROBLEM	4	P5

P3. Does breathlessness, wheezing or coughing severely, affect your ability to lead a normal life?

Yes	1	RING P → P4
No	2	P5

P4. What complaint(s) causes your breathlessness, wheezing or coughing?

RING COMPLAINT NOS.
FROM Q5

1
2
3
4
5
6
7
DK
9

EATING, DRINKING AND DIGESTION

TRANSFER ANSWER FROM SIFT FORM 2(b)

Yes	No
1	2

P5. Do you suffer from severe difficulties with eating, drinking or digestion?

Yes	1	(a)
No	2	P6

(a) Do these difficulties limit your daily activities?

Yes	1
No	2

P6. INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF P5/P5(a) AND SIFT FORM 5(b) AGREE CODE:

SUBJECT HAS PROBLEM 1 -P7

SUBJECT DOES NOT HAVE PROBLEM 2 -P11

IF P5/P5(a) AND SIFT FORM 5(b) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS PROBLEM 3 -P7

SUBJECT DOES NOT HAVE PROBLEM 4 -P11

P7. Can you eat normal food or does your food have to be minced or liquidized?

Normal food 1

Minced/liquidized 2

P8. Do you suffer severely from diarrhoea or extreme urgency so that it is difficult for you to go out?

Yes	1
No	2

P9. Do your difficulties with eating, drinking or digestion severely affect your ability to lead a normal life?

Yes	1	RING P → P10
No	2	P11

P10. What complaint(s) causes your difficulties with eating, drinking or digestion?

RING COMPLAINT NOS.
FROM Q5

1
2
3
4
5
6
7
DK
9

PAIN AND IRRITATION

TRANSFER ANSWER FROM SIFT FORM 2(c)

1	2
---	---

P11. Do you suffer from severe pain or irritation?

- | | | |
|------------------|---|-----|
| Pain | 1 | (a) |
| Irritation | 2 | |
| Neither | 3 | |

(a) Does the pain/irritation limit your daily activities?

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

P12. INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF P11/P11(a) AND SIFT FORM 5(c) AGREE CODE:

- | | | |
|-------------------------------|---|-----|
| SUBJECT HAS PROBLEM | 1 | P13 |
| SUBJECT DOES NOT HAVE PROBLEM | 2 | P19 |

IF P11/P11(a) AND SIFT FORM 5(c) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

- | | | |
|-------------------------------|---|-----|
| SUBJECT HAS PROBLEM | 3 | P13 |
| SUBJECT DOES NOT HAVE PROBLEM | 4 | P19 |

P13. Do you ever take painkillers/medicines for the pain/irritation?

- | | | |
|-----|---|-----|
| Yes | 1 | (a) |
| No | 2 | P14 |

(a) Do you take them

- | | | |
|-------------------|--------------------------|---|
| RUNNING
PROMPT | every day | 1 |
| | several times a week ... | 2 |
| | or less often than that | 3 |

P14. Do you suffer from pain/irritation all the time or are there times when you are free of it?

- | | | |
|----------------------|---|-----|
| All the time | 1 | P15 |
| Sometimes free of it | 2 | (a) |

(a) How long does a bad bout of pain/irritation last?

- | | |
|-----------------|---|
| Several hours . | 1 |
| Several days .. | 2 |
| Several weeks . | 3 |
| Other (SPECIFY) | 4 |

P15. When the pain/irritation is at its worst,
would you describe it as

	mild	1
RUNNING	discomforting	2
PROMPT	distressing	3
	terrible	4
	or excruciating?	5

P16. How often is it as bad as that?

	All the time	1
CODE FIRST	'At least once a day	2
THAT APPLIES	At least once a week	3
	At least once a month	4
	Less often than once a month	5

P17. Does pain/irritation severely affect your ability
to lead a normal life?

Yes	1	RING P → P18
No	2	P19

P18. What complaint(s) causes your pain/irritation?

RING COMPLAINT NOS.
FROM Q5

1
2
3
4
5
6
7
DK 9

SCAR, BLEMISH AND DEFORMITY

Yes No

TRANSFER ANSWER FROM SIFT FORM 2(d)

1	2
---	---

P19. Do you have a scar, blemish or deformity which limits your daily activities?

Yes 1
No 2

(a) INTERVIEWER CHECK

CHECK IF NECESSARY THAT ANSWER ON SIFT FORM REFERS TO SUBJECT

IF P19 AND SIFT FORM 5(d) AGREE CODE:

SUBJECT HAS PROBLEM 1 -P20

SUBJECT DOES NOT HAVE PROBLEM 2 -P22

IF P19 AND SIFT FORM 5(d) DISAGREE PROBE TO RECONCILE DIFFERENCE AND CODE:

SUBJECT HAS PROBLEM 3 -P20

SUBJECT DOES NOT HAVE PROBLEM 4 -P22

P20. Does the scar/blemish/deformity severely affect your ability to lead a normal life?

Yes 1 -RING P → P21
No 2 -P22

P21. What (complaint) caused your scar/blemish/deformity?

RING COMPLAINT NOS.
FROM Q5

1
2
3
4
5
6
7
DK 9

P22. OTHER QUESTIONS ON SIFT FORM

TRANSFER TICKS FROM REMAINING QUESTIONS ON SIFT FORM. CHECK EACH ANSWER AND CODE WHETHER OR NOT THE SUBJECT HAS EACH PROBLEM, AFTER RESOLVING ANY DISAGREEMENT

ANSWER ON
SIFT FORM:

ANSWER IN
INTERVIEW:

- | Yes | | No | | | Yes | | No | |
|-------|--------------------------|--------------------------|--------------------------|-----|---|---|----|---|
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (a) | In the last twelve months have you attended a day centre, taken sheltered work or lived in sheltered housing because of a health problem or disability? | | | |
| | 1 | | 2 | | | 1 | | 2 |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (b) | Have you attended a special school because of a long term health problem or disability? | | | |
| | 1 | | 2 | | | 1 | | 2 |
| 7(a). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (c) | Would you find it difficult to live alone without help because of a health problem or disability? | | | |
| | 1 | | 2 | | | 1 | | 2 |
| 7(b). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (d) | Are you dependent on life saving equipment (eg kidney dialysis machine)?
IF YES SPECIFY: | | | |
| | 1 | | 2 | | | 1 | | 2 |

retired

- | | | | | | | | | |
|-------|--------------------------|--------------------------|--------------------------|-----|--|---|--|---|
| 7(c). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (e) | Are you limited in the type or amount of paid work you can do because of a health problem or disability? | | | |
| | 1 | | 2 | | | 1 | | 2 |

NB NOT ON SIFT (f) Do you have any other difficulties with daily activities because of a disability or long term health problem that you haven't mentioned yet?

1
↓
P23

2

SECTION R

P23. IF YES AT (f)

What is the disability/health problem?

R. INDEPENDENCE IN DAILY ACTIVITIES

SELF-CARE ACTIVITIES

R1. How difficult is it for you to:	SHOW CARD 2				IF DIFFICULT OR IMPOSSIBLE (Codes 2-4)	IF YES (Code 1)		IF NO-ONE ENTER 00 IN BOX	IF NOT IN H'HOLD GIVE REL'NSHIP	IF IN H'HLD TO SUBJECT ENTER PERSON NO. OF SERVICE OR NAME
	Not difficult at all	Quite difficult	Very difficult	Impossible		Yes	No			
1. Get in and out of bed on your own?	1	2 3 4			getting in and out of bed?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	
2. Get in and out of a chair on your own?	1	2 3 4			getting in and out of a chair?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	
3. Wash your hands and face?	1	2 3 4			washing your hands and face?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wash yourself all over?	1	2 3 4			washing yourself all over?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	
5. Dress and undress yourself?	1	2 3 4			dressing or undressing?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	
6. Feed yourself, including cutting up food?	1	2 3 4			feeding yourself including cutting up food?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	
7. Get to the toilet on your own?	1	2 3 4			getting to the toilet?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	
8. Use the toilet on your own?	1	2 3 4			using the toilet?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	

R2. CHECK ANSWERS AT R1 AND R1(a) CODE SUMMARY:

- SUBJECT HAS NO DIFFICULTY WITH ANY ACTIVITY (All items coded 1 at R1)
 - SUBJECT HAS SOME DIFFICULTY, BUT NEEDS NO HELP (At least one item coded 2-4 at R1, but no code 1 at R1(a))
 - SUBJECT NEEDS HELP WITH AT LEAST ONE ACTIVITY (At least one item coded 1 at R1(a)
- (a) CHECK ANSWERS AT R1(b) AND CODE:
- SOME HELP PROVIDED BY AN INFORMAL HELPER (A relative, friend or neighbour)
 - ALL HELP PROVIDED BY VOLUNTARY OR FORMAL SERVICES
 - NO HELP PROVIDED

1	R3
2	RING R → R3
3	RING R → (a)
1	
2	
3	

HOUSEHOLD ACTIVITIES

R3. How difficult is it for you to. IF SUBJECT DOESN'T NORMALLY DO ACTIVITY ASK HOW DIFFICULT IT WOULD BE IF HE/SHE HAD TO	SHOW CARD 2				(a) Do you need anyone to help you.	IF YES (Code 1)		(b) Who helps you? IF NO-ONE ENTER 00 IN BOX IF NOT IN H'HOLD GIVE REL'NSHIP TO SUBJECT OR NAME OF SERVICE
	Not difficult at all	Quite difficult	Very difficult	Impossible		Yes	No	
9. Make yourself a cup of tea?	1	2 3 4			make a cup of tea?	1	2	<input type="text"/> <input type="text"/>
10. Prepare a snack for yourself?	1	2 3 4			prepare a snack?	1	2	<input type="text"/> <input type="text"/>
11. Prepare a hot meal for yourself?	1	2 3 4			prepare a hot meal?	1	2	<input type="text"/> <input type="text"/>
12. Wash up and dry dishes?	1	2 3 4			wash up and dry dishes?	1	2	<input type="text"/> <input type="text"/>
13. Use a vacuum cleaner to clean the floor?	1	2 3 4			use a vacuum cleaner to clean the floor?	1	2	<input type="text"/> <input type="text"/>
14. Do the household shopping on your own?	1	2 3 4			do the household shopping?	1	2	<input type="text"/> <input type="text"/>
15. Deal with paperwork (eg paying bills, writing letters)?	1	2 3 4			deal with paperwork?	1	2	<input type="text"/> <input type="text"/>

R4 CHECK ANSWERS AT R3(a) AND (b)

CODE SUMMARY:

NO HELP NEEDED (No code 1 at R3(a))	1
SOME HELP PROVIDED BY AN INFORMAL HELPER (A relative, friend or neighbour)	2
ALL HELP PROVIDED BY VOLUNTARY OR FORMAL SERVICES	3
NO HELP PROVIDED	4

R5. IF HELP NEEDED WITH SELF-CARE (Code 3 at R2)

DNA: No help needed (Code 1-2 at R2) 1 -R8

You've told me that there are some personal things that you need help with. I'd like to ask you first how much help you need during the night. Can you tell me which of these descriptions fits you best?

- | | | |
|---------|--|---|
| | I need no help at night, or very little help | 1 |
| CODE | I occasionally need help during the night for more than just a few minutes | 2 |
| FIRST | I need help most nights at least once for more than just a few minutes | 3 |
| THAT | I need a lot of help or attention from someone else throughout the night | 4 |
| APPLIES | | |

R6. Now thinking about how much help you need during the day, can you tell me which of these descriptions fits you best?

- | | | |
|---------|---|---|
| | I need no help during the day, or very little help | 1 |
| CODE | I need help from someone else once or twice a day, but they don't need to be there all the time | 2 |
| FIRST | During most of the day I need help with things like getting to the toilet, getting in and out of bed, but I'm alright on my own for an hour or so | 3 |
| THAT | I need a lot of help or attention from someone else throughout the day | 4 |
| APPLIES | | |

R7. IF CODED 2-4 AT R5 OR R6

DNA: Code 1 at both R5 and R6 3 -R8

Have you needed this amount of help for the whole of the past six months?

- | | | |
|-----|---|-----|
| Yes | 1 | -R9 |
| No | 2 | |

R8. Although you don't need (much) help with personal things like washing, dressing or going to the toilet, do you need someone to be with you most of the time to avoid dangers either to you or to other people - for example falling or leaving gas taps on?

Yes	1	(a) - (b)
No	2	R9

(a) Do you need someone to be with you

	just during the day	1
RUNNING	just during the night	2
PROMPT	or during both the day and night?	3

(b) Have you needed someone to be with you most of the time for the whole of the past six months?

Yes	1
No	2

BLANK PAGE

R14. INTERVIEWER CHECK

LOOK AT CODES ON CHECK FLAP AND CODE .

<u>ANY</u> OF CODES A-R RINGED, BUT SUBJECT DEAD/IN INSTITUTION ABBREVIATED INTERVIEW	1	CLOSE INTERVIEW
<u>ANY</u> OF CODES A-R RINGED, SUBJECT LIVES AT ADDRESS ELIGIBLE FOR FULL INTERVIEW	2	GO TO GREEN SCHEDULE
<u>NONE</u> OF CODES A-R RINGED - SHORT INTERVIEW ONLY	3	ASK RECALL SHEET THEN CLOSE INTERVIEW

CHECK FLAP

	RING LETTER	PUNCH NUMBER
Walking	A	01
Steps and stairs	B	02
Bending and straightening	C	03
Falling and balance	D	04
Reaching and stretching	E	05
Holding, gripping and turning	F	06
Seeing	G	07
Hearing	H	08
Control of bladder and bowels	K	09
Fits and convulsions	L	10
Communication	M	11
Social behaviour	N	12
Other problems	P	13
Daily activities	R	14

FES FOLLOW-UP
 SURVEY OF DISABLED ADULTS
 (GREEN SCHEDULE)

6N:2943

C

	AREA			SER			HLD		PER	
Ref. No (from FES)										

INTERVIEWER'S
 NAME _____

AUTH. NO.

--	--	--	--

CHECK PAGE 2 OF PINK SCHEDULE

(a) DOES SUBJECT HAVE A SPOUSE IN THE HOUSEHOLD?

Yes . . .	1
No	2

(b) IS THERE ANYONE ELSE IN A DIFFERENT BENEFIT UNIT FROM SUBJECT (AND SPOUSE) LIVING IN THE H'HOLD?

Yes . . . X	----- (1)
No	1

(1) IS SUBJECT OR SPOUSE HOH?

Yes . . .	2
No	3

(c) IS SUBJECT

Working	1
Intending to work	2
Not working	3

BLANK PAGE

S HEALTH AND SOCIAL SERVICES

S1 How often have you seen your family doctor or GP in the past year in connection with your health problem/disability?

INCLUDE SEEING A PARTNER OR LOCUM

NUMBER OF TIMES

EXCLUDE VISITS WHEN DOCTOR NOT SEEN

Never

00

EG JUST TO COLLECT PRESCRIPTION

S2 During the past twelve months, have you been in hospital as an in-patient for treatment or tests in connection with your health problem/disability?

Yes . . .

1

(a)

No

2

S3

(a) How many separate stays have you had in hospital in the past twelve months?

NUMBER OF STAYS

S3. (Apart from seeing your own doctor/when you stayed in hospital) have you been to a hospital or clinic or anywhere else in the past year for treatment or checkups for your health problem/disability?

Yes.....	1	S5
No.....	2	S8

INCLUDE VISITS TO HOSPITALS, DAY HOSPITALS,
CLINICS, PRIVATE CONSULTING ROOMS.

EXCLUDE ATTENDANCE AT DAYCENTRE OR SHELTERED WORKSHOP.

S5. Do your visits to the (HOSPITAL/CLINIC) normally cost you anything in travelling expenses?

Yes 1 (a)
 No 2 S6

(a) How much have these journeys cost you in the last year?

INCLUDE COSTS OF HELPER IF HAS TO BE ACCOMPANIED

	£	p
ENTER AMOUNT		
DK	9	

S6. Do you have to pay anything towards the cost of your treatment apart from any charges for prescriptions?

Yes 1 (a)
 No 2 S7

(a) How much have you paid towards the cost of your treatment in the last year?

	£	p
ENTER AMOUNT		
DK	9	

S7. Do you have any other expenses such as paying for food and drinks when you go to the (HOSPITAL/CLINIC)?

Yes..... 1 (a) & (b)
 No 2 S8

(a) How much has it cost you in the last year?

	£	p
ENTER AMOUNT		
DK	9	

(b) What does this amount cover.....

Food and drink 1
 Other (SPECIFY)..... 2

S8 Here is a list of some of the people who come to the home to treat people with health problems or disabilities. Have any of these people visited you in the past year?

SHOW CARD S8

Yes 1 (a)-(d)
No 2 S9

CARD S8	
District nurse	01
Nursing auxilliary (eg bath attendant)	02
Community psychiatric nurse	03
Community mental handicap nurse	05
Health visitor	06
Other community nurse (what does she do?)	04
Physiotherapist	07
Occupational therapist	08
Chiropodist	09

IF YES TO ANY RING NUMBER AT TOP OF COLUMN AND COMPLETE (a)-(d) FOR EACH PERSON WHO COMES

		1	2	3	4	5
(a) CODE NO. OF PERSON (FROM CARD)						
(b) NAME OF PERSON IF CODE 06 DESCRIBE WHAT THE NURSE DOES						
IF CODED 07-09 AT (a)						
(d) Do you pay anything for the.....?						
Yes		1-(i)	1-(i)	1-(i)	1-(i)	1-(i)
No		2	2	2	2	2
IF YES						
(i) How much do you pay per week?						
		£	£	£	£	£
		p	p	p	p	p
AMOUNT						
DK		9	9	9	9	9

S9. Here is a list of services which can help people with health problems and disabilities and their families. Have you had any of these services in the past year?

SHOW CARD S9

CARD S9	
Local authority home help	10
Meals on wheels	11
Laundry service	12
Incontinence service	13
Night sitting service	14
Mobility/technical officer for the blind	15
Social worker	16
Voluntary worker	17
Visiting service	18
Private domestic help	19
Private nursing help	20
Other (PLEASE DESCRIBE)	21

Yes 1 (a) - (d)
No 2 S16

IF YES TO ANY RING NUMBER AT TOP OF COLUMN AND COMPLETE (a) - (d) FOR EACH SERVICE

	1	2	3	4	5
(a) CODE NO. OF SERVICE (FROM CARD)					
(b) NAME/DESCRIPTION OF SERVICE					
(d) Do you pay anything for the . . . ?					
Yes	1-(i)	1 (i)	1-(i)	1-(i)	1-(i)
No	2	2	2	2	2
IF YES					
(i) How much do you pay per week?					
	£ p	£ p	£ p	£ p	£ p
AMOUNT					
DK	9	9	9	9	9

Pages 8 - 9 omitted

S16. During the past year have you been away on holiday?

Yes 1
No 2 (a)

(a) Apart from holidays, in the past year have you been to stay somewhere else for a break or convalescence (or to give the person looking after you a break)?

Yes 1 (b)
No 2 see (b)

EXCLUDE TREATMENT IN HOSPITAL COVERED AT S2

(b) IF YES TO EITHER S16 OR S16(a)

DNA: NO TO BOTH----X

S18

What sort of place(s) did you stay at?

CODE ALL
THAT APPLY

- Ordinary holiday accommodation (hotel, villa, caravan, B&B) 01
- With family or friends 02
- Hospital 03
- Nursing home 04
- Convalescent home..... 05
- Hostel for disabled 06
- Local Authority home 07
- Home run by disabled organisation. 08
- Private family 09
- Other (SPECIFY) 10

S17. In the past year, how many times have you been to stay somewhere else for four nights or longer?

NUMBER OF TIMES

(a)-(c)

FOR EACH STAY OF 4+ NIGHTS RING NUMBER AT TOP OF COLUMN AND COMPLETE (a) - (c)

None

0 0 T1

(a) ENTER CODE NO. FROM LIST ABOVE

(b) Who paid for this holiday/ break?

CODE ALL THAT APPLY

- Self/spouse 1
- Friends/relatives 2
- Social Services 3
- Voluntary Organisation 4
- Other (SPECIFY)..... 5

Didn't cost anything

(c) How long did you stay there?

NO. OF DAYS

	1	2	3	4	5	6
(a) ENTER CODE NO. FROM LIST ABOVE						
(b) Who paid for this holiday/ break?						
Self/spouse 1	1	1	1	1	1	1
Friends/relatives 2	2	2	2	2	2	2
Social Services 3	3	3	3	3	3	3
Voluntary Organisation 4	4	4	4	4	4	4
Other (SPECIFY)..... 5	5	5	5	5	5	5
Didn't cost anything 6	6	6	6	6	6	6
(c) How long did you stay there?						
NO. OF DAYS						

S18. Is the reason you have not had a holiday because you did not want one or for some other reason? (SPECIFY)

CODE ALL

THAT APPLY

Did not want to go	1
Financial reasons	2
Health/disability	3
Other (SPECIFY)	4

T AIDS AND ADAPTATIONS

T1 INTERVIEWER CHECK - ASK IF NECESSARY AND CODE

(CODE 1 IF HAS ONE WHICH IS NOT USED)

Subject has a wheelchair

Subject does not have a wheelchair.

1	T2
2	SEE T7

T2 I'd like to ask you a bit about wheelchairs
How many wheelchairs do you have, including any you don't use at present?

NUMBER OF WHEELCHAIRS

FOR EACH WHEELCHAIR RING NUMBER AND ASK (d)

	1	2	3	4
(d) Who provided this wheelchair?				
Self/spouse	1	1	1	1
Friend/relative..	2]-(e)	2]-(e)	2]-(e)	2]-(e)
DHSS	3	3	3	3
Health/social services	4	4	4	4
Voluntary organisation	5	5	5	5
Other (SPECIFY)	6	6	6	6
(e) How much did this wheelchair cost?	£	£	£	£
AMOUNT				
DK	9	9	9	9
(1) How many years ago was it bought?				
YEARS				

BLANK PAGE

DNA Subject has no walking difficulty (code 2 or 4 at A1(a)) (PINK SCHEDULE PAGE 6)

3	T9
1	(a)
2	T8

T7 Do you use any aids to walking or getting about (apart from wheelchairs) such as those listed on this card?

Yes 1 (a)
No 2 T8

SHOW CARD T7

IF YES RING NUMBER AT TOP OF COLUMN AND COMPLETE (a) - (e)

	1	2	3	4	5	6	7
(a) AID NO (CODE FROM CARD)							
(b) Description							
(c) Who provided the . . . ?							
Self/partner.. . . .	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)
Friend/relative. . . .	2	2	2	2	2	2	2
Health/social services	3	3	3	3	3	3	3
Voluntary org	4	4	4	4	4	4	4
Other (SPECIFY)	5	5	5	5	5	5	5
IF CODED 1 OR 2 AT(c)							
(d) Did you buy it in the last year?							
Yes	1-(e)	1-(e)	1-(e)	1-(e)	1-(e)	1-(e)	1-(e)
No	2	2	2	2	2	2	2
IF YES							
(e) How much did it cost?	£ p	£ p	£ p	£ p	£ p	£ p	£ p
DK.	9	9	9	9	9	9	9

T8. Are there any aids such as those listed on this card which you think would help you get about but that you don't have at the moment?

Yes	1	(a)
No	2	T9

(a) IF YES ENTER AID NO. FROM CARD AND DESCRIBE AID

CARD T7	
Walking sticks	01
Crutches	02
Walking frame/tripod/zimmer	03
Trolley	04
Other (PLEASE DESCRIBE)	05

Description	AID NO.

T9. Do you have any surgical aids or supports or anything else listed on this card?

SHOW CARD T9

IF YES RING NUMBER AT TOP OF COLUMN AND COMPLETE (a)-(e)

Yes 1 (a)
No 2 T10

	1	2	3	4	5	6	7
(a) AID NO. (CODE FROM CARD)							
(b) Description							
(c) Who provided the....?							
Self/partner.....	1]-(d)	1]-(d)	1]-(d)	1]-(d)	1]-(d)	1]-(d)	1]-(d)
Friend/relative.....	2]	2]	2]	2]	2]	2]	2]
Health/social services	3	3	3	3	3	3	3
Voluntary org.....	4	4	4	4	4	4	4
DHSS.....	5	5	5	5	5	5	5
Other (SPECIFY).....	6	6	6	6	6	6	6
IF CODED 1 OR 2 AT (c)							
(d) Did you buy it in the last year?							
Yes	1 -(e)	1 -(e)	1 -(e)	1 -(e)	1 -(e)	1 -(e)	1 -(e)
No	2	2	2	2	2	2	2
IF YES							
(e) How much did it cost?	£ p	£ p	£ p	£ p	£ p	£ p	£ p
DK.	9	9	9	9	9	9	9

T10. Are there any surgical aids or supports such as those listed on this card which you think would help you but that you don't have at the moment?

(a) IF YES ENTER AID NO. FROM CARD AND DESCRIBE AID

Yes 1 (a)
No 2 T11

- ARD T9
- Surgical Footwear (eg built-up shoe) 01
 - Calipers 02
 - Splints 03
 - Surgical corset 04
 - Surgical collar 05
 - Other brace or support 06
 - Artificial leg 07
 - Artificial arm 08
 - Artificial joint 09
 - Artificial eye 10
 - Pacemaker 11
 - Pylon leg support 12
 - Other surgical aid or support (PLEASE DESCRIBE) 13

Description: _____

AID NO. → _____

DNA Subject has no continence problems (code 2 at U2 and U4)
(PINK SCHEDULE PAGES 24-25)

3	T13
1	(a)
2	T12

T11. Do you use any incontinence aids or any of the devices such as those listed on this card?

Yes 1 (a)
No 2 T12

SHOW CARD T11

IF YES RING NUMBER AT TOP OF COLUMN AND COMPLETE (a)-(e)

	1	2	3	4	5	6	7
(a) AID NO (CODE FROM CARD)							
(b) Description							
(c) Who provided the... ?							
Self/partner... ..	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)
Friend/relative.	2	2	2	2	2	2	2
Health/social services	3	3	3	3	3	3	3
Voluntary org.. ...	4	4	4	4	4	4	4
Other (SPECIFY) ...	5	5	5	5	5	5	5
(d) Did you buy it in the last year?							
Yes	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)
No	2	2	2	2	2	2	2
(e) How much did it cost?							
	£ p	£ p	£ p	£ p	£ p	£ p	£ p
DK.	9	9	9	9	9	9	9

T12. Are there any aids or devices such as those listed on this card which you think would help you but that you don't have at the moment?

Yes 1 (a)
No 2 T13

(a) IF YES ENTER AID NO. FROM CARD AND DESCRIBE AID

CARD T11	
Ileal loop	01
Catheter	02
Ileostomy/colostomy bag	03
Bag for urine	04
Incontinence pants	05
Incontinence pads	06
Rubber sheet/mattress cover or other protective bedding	07
Other aids like these	08
(PLEASE DESCRIBE)	

Description:	AID NO.

DNA: Subject has no sight difficulty (Code 1 at G12)
(PINK SCHEDULE PAGE 17)...

3	T15
1	(a)
2	T14

T13. Do you use any vision aids such as those listed on this card?

Yes

No

SHOW CARD T13

IF YES RING NUMBER AT TOP OF COLUMN AND COMPLETE (a)-(e)

	1	2	3	4	5	6	7
(a) AID NO. (CODE FROM CARD)							
(b) Description							
(c) Who provided the....?							
Self/partner	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)
Friend/relative	2	2	2	2	2	2	2
Health/Social Services	3	3	3	3	3	3	3
Voluntary org	4	4	4	4	4	4	4
Other (SPECIFY)	5	5	5	5	5	5	5
IF CODED 1 OR 2 AT (c)							
(d) Did you buy it in the last year?							
Yes	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)
No	2	2	2	2	2	2	2
IF YES							
(e) How much did it cost?	£ p	£ p	£ p	£ p	£ p	£ p	£ p
DK.	9	9	9	9	9	9	9

T14. Are there any vision aids such as those listed on this card which you think would help you but that you don't have at the moment?

Yes

No

1 (a)

2 T15

(a) IF YES ENTER AID NO. FROM CARD AND DESCRIBE AID.

CARD T13	Description:
01	Guide dog
02	Sonic aid
03	White cane
04	Ordinary stick
05	Magnifying glass
06	Low vision aid
07	Braille equipment
08	Writing frame (eg for cheques)
09	Frame for telephone
10	Talking book machine/cassette recorder
11	Audible/tactile measuring device
12	Other vision aid (PLEASE DESCRIBE)

AID NO. →

IF SUBJECT IS SEEN AND CLEARLY HAS NO HEARING
OR SPEECH DIFFICULTIES CODE 2 AT T15 AND T16 WITHOUT ASKING

T15 Do you use any aids for hearing or speech difficulties
such as those listed on this card?

SHOW CARD T15

Yes	1	(a)
No	2	T16

IF YES RING NUMBER AT TOP OF COLUMN AND
COMPLETE (a) - (e)

	1	2	3	4	5	6	7
(a) AID NO (CODE FROM CARD)							
(b) Description							
(c) Who provided the . . ?							
Self/partner	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)
Friend/relative	2	2	2	2	2	2	2
Health/Social Services	3	3	3	3	3	3	3
Voluntary org	4	4	4	4	4	4	4
Other (SPECIFY)	5	5	5	5	5	5	5
IF CODED 1 OR 2 AT (c)							
(d) Did you buy it in the last year?							
Yes	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)
No	2	2	2	2	2	2	2
IF YES							
(e) How much did it cost?	£ p	£ p	£ p	£ p	£ p	£ p	£ p
DK.	9	9	9	9	9	9	9

T16 Are there any aids for hearing or speech difficulties
such as those listed on this card which you think
would help you but that you don't have at the moment?

Yes	1	(a)
No	2	T17

(a) IF YES ENTER AID NO FROM CARD
AND DESCRIBE AID

AID NO →

Description

CARD T15	
Hearing aid	01
Adaptor for telephone	02
Adaptor for tv	03
Adaptor for radio	04
Flashing light for telephone	05
Flashing light for door	06
Flashing alarm clock	07
Pointer board	08
Typewriter	09
Other speech/hearing aids (PLEASE DESCRIBE)	10

T17. Do you use any pieces of special furniture or daily living aids such as those listed on this card?

SHOW CARD T17

Yes 1 (a)
No 2 T18

IF YES RING NUMBER AT TOP OF COLUMN AND COMPLETE (a) - (e)

	1	2	3	4	5	6	7
(a) AID NO. (CODE FROM CARD)							
(b) Description							
(c) Who provided the.....?							
Self/partner	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)	1 (d)
Friend/relative	2	2	2	2	2	2	2
Health/Social Services	3	3	3	3	3	3	3
Voluntary org	4	4	4	4	4	4	4
Other (SPECIFY)	5	5	5	5	5	5	5
IF CODED 1 OR 2 AT (c)							
(d) Did you buy it in the last year?							
Yes	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)	1 (e)
No	2	2	2	2	2	2	2
IF YES							
(e) How much did it cost?	£ p	£ p	£ p	£ p	£ p	£ p	£ p
DK	9	9	9	9	9	9	9

T18. Are there any pieces of special furniture or daily living aids such as those on this card which you think would help you but that you don't have at the moment?

Yes 1 (a)
No 2 T19

(a) IF YES ENTER AID NO. FROM CARD AND DESCRIBE AID

Description:

AID NO. →

CARD T17	CARD T17	
Bed hoist	01 Bath seat	12
Bed poles and ladders	02 Bath hoist	13
Cradle for bedclothes	03 Non-slip mat	14
Orthopaedic mattress	04 Other aids to bathing	
Ripple mattress	05 (PLEASE DESCRIBE)	15
Sheepskin mattress	06 Environmental controls	
Other special bed or bedding (PLEASE DESCRIBE)	(eg Possum)	16
Commode	07 Special chair	17
San-chair	08 Other special furniture or aids (PLEASE DESCRIBE)	18
Toilet hoist	09	
Other aids to toileting (PLEASE DESCRIBE)	10	
	11	

Description:	AID NO. →

T19. Do you use any small aids or gadgets such as those listed on this card?

SHOW CARD T19

Yes	1	(a)
No	2	T20

IF YES RING NUMBER AT TOP OF COLUMN AND COMPLETE (a) - (e)

	1	2	3	4	5	6	7
(a) AID NO (CODE FROM CARD)							
(b) Description							
(c) Who provided the							
Self/partner.. . . .	1 } (d)	1 } (d)	1 } (d)	1 } (d)	1 } (d)	1 } (d)	1 } (d)
Friend/relative.	2 }	2 }	2 }	2 }	2 }	2 }	2 }
Health/Social Services	3	3	3	3	3	3	3
Voluntary Org	4	4	4	4	4	4	4
Other (SPECIFY) ...	5	5	5	5	5	5	5
IF CODED 1 OR 2 AT (c)							
(d) Did you buy it in the last year?							
Yes	1 - (e)	1 - (e)	1 - (e)	1 - (e)	1 - (e)	1 - (e)	1 - (e)
No	2	2	2	2	2	2	2
IF YES							
(e) How much did it cost?							
	£ p	£ p	£ p	£ p	£ p	£ p	£ p
DK.	9	9	9	9	9	9	9

T20 Are there any small aids or gadgets such as those listed on this card which you think would help you but that you don't have at the moment?

(a) IF YES ENTER AID NO FROM CARD AND DESCRIBE AID

Yes	1	(a)
No	2	T21
AID NO. →		

CARD T19	
Special crockery	01
Special cutlery	02
Special utensils (eg tin opener, potato peeler)	03
Tap turner/special taps	04
Special door handles	05
Pick up aid (eg 'Helping Hand')	06
Dressing aids	07
Electric toothbrush	08
Gadget to summon help	09
Other small aids and gadgets (PLEASE DESCRIBE)	10

Description

T21. How many years have you lived at this address?

YEARS

T22. (May I just check) are you living in sheltered accommodation?
(WARDEN ON PREMISES OR ON CALL)

Yes 1
No 2

T23. IF SUBJECT LIVES WITH ADULTS OTHER THAN SPOUSE

DNA: No one in h'hold is 16 or over
apart from subject and spouse

3 -T26

Does your health problem/disability mean that
you need to live with relatives or someone
else who can help or look after you?

Yes 1
No 2

T26. Does your present accommodation have any adaptations because of your health problem/disability such as those listed on this card?

SHOW CARD T26

IF YES RING NUMBER AT TOP OF COLUMN AND COMPLETE (a)-(c)

1	(a)
2	T28

	1	2	3	4	5	6	7
(a) Adaptation No. (CODE FROM CARD)							
(b) Description							
(c) Who provided the . . . ?							
Self/partner	1 T27	1 T27	1 T27	1 T27	1 T27	1 T27	1 T27
Friend/relative . . .	2 T27	2 T27	2 T27	2 T27	2 T27	2 T27	2 T27
Health service	3	3	3	3	3	3	3
Social services . . .	4	4	4	4	4	4	4
Voluntary org	5	5	5	5	5	5	5
Housing dept	6	6	6	6	6	6	6
Adaptations already there	7	7	7	7	7	7	7
Other (SPECIFY)	8	8	8	8	8	8	8

T27. IF ANY ADAPTATIONS PAID FOR PRIVATELY (Code 1 or 2 in any column)

How much have you/has . . . spent altogether on adaptations to your accommodation?

	£
DK.	9
Yes	1
No	2

T28. Are there any adaptations such as those listed on this card which you think would help you but that you don't have at the moment?

(a) IF YES ENTER ADAPTATION NO. FROM CARD AND DESCRIBE ADAPTATION

Description	ADAPTATION NO.

CARD T26	
Ramps outside instead of steps	01
Hand rails outside	02
Ramps inside instead of steps	03
Hand rails inside	04
Doors altered for better access (eg doors widened)	05
Stair lift	06
Other alterations for better access	07
Fitted furniture altered (eg shelves, cupboards, cooker)	08
New bathroom or toilet added	09
Shower installed	10
Door answering/opening system	11
Any other adaptations (PLEASE DESCRIBE)	12

(a) SECTION U

U. EXTRA PERSONAL COSTS

U1. Because of your health problem/disability do you regularly take or use any medicines, drugs, tablets or anything else which you obtain on a doctor's prescription?

Yes 1 - U2
No 2 - U4

U2. Are you

exempt from prescription charges
claiming back payments for prescriptions
paying for each prescription
or paying with a season ticket?.....

1 - U4
2 - U4
3 - U3
4 - (a)

(a) How many months does your season ticket cover?

4 months 1 - U4
12 months 2 - U4

U3. How much have you spent on prescriptions in the past six months because of your health problem/disability?

£ p

DK. 9

U4. Can you look at this list and tell me whether you regularly spend extra on any of these items because of your health problem/disability?

SHOW CARD U4

Yes 1 - (a)
No 2 - U5

IF YES RING NUMBER AT TOP OF COLUMN AND COMPLETE (a)-(c)

	1	2	3	4	5	6	7
(a) ITEM NO.							
b) Description							
(c) Do you (or your spouse) pay for this yourself?							
Yes	1-(i)	1-(i)	1-(i)	1-(i)	1-(i)	1-(i)	1-(i)
No	2	2	2	2	2	2	2
(i) About how much extra did you spend in the last 4 weeks on?	£ p	£ p	£ p	£ p	£ p	£ p	£ p
NIL =	0 0 0						
DK	9	9	9	9	9	9	9

U5 Are there any items on this list which you need to spend more on but can't afford to?

Yes 1 (a)
No 2 U6

(a) IF YES ENTER ITEM NUMBER FROM CARD AND DESCRIBE ITEM

CARD U4	
Tissues/toilet paper/kitchen roll	01
Cotton wool	02
Dressings/elastoplast	03
Elastic bandages/supports	04
Talcum powder	05
Antiseptic or soothing creams	06
Vitamins	07
Painkillers and other medicines not on prescription	08
Disinfectant/bleach	09
Other medical supplies (PLEASE DESCRIBE)	10

Description	ITEM NO. →

U6 Does your health problem/disability mean that you spend extra on . .

INDIVIDUAL PROMPT

washing clothes or bed linen?
dry cleaning?
sending things to the laundry? . . .

Yes	No
1	2
1	2
1	2

IF YES TO ANY

DNA No to all .. X

U7

(a) How much extra have you spent in the past 4 weeks on washing/dry cleaning/laundry, because of your health problem/disability?

NIL = 0 0 0

£	p

DK. 9

U7 Do you think that you need to spend more on washing, dry cleaning or laundry because of your health problem/disability, but can't afford to?

Yes 1
No 2

U8. Does your health problem/disability mean that you spend extra on clothing or bedding, for example any of the things on this list?

SHOW CARD U8

Yes 1 (a)
No 2 U9

(a) Do you (or your partner) pay for the extra cost of clothing/bedding yourself?

Yes 1 (i)
No 2 U9

(i) During the past year, about how much extra have you spent on clothing/bedding because of your health problem/disability?

£

DK 9

U9. Are there any items on the list which you need because of your health problem/disability but can't afford?

Yes 1 (a)
No 2 U10

(a) IF YES ENTER ITEM NUMBER FROM CARD AND DESCRIBE ITEM

Description: ITEM NO. →

CARD U8	
Thermal underwear	01
Other underwear (except incontinence pants)	02
Pyjamas/nightdresses	03
Trousers/skirts/dresses	04
Shirt/blouse	05
Socks/tights/stockings	06
Cardigans/jumpers	07
Coats/jackets	08
Gloves	09
Shoes	10
Bedding (not protective coverings)	11
Other (PLEASE DESCRIBE)	12

U10. Does your health problem/disability mean that you have to have a special diet?

Yes	1	(a) & (b)
No	2	U11

(a) Has this diet been recommended by a doctor or dietician?

Yes	1
No	2

(b) Do you get any food on prescription or any allowance from the DHSS for your diet?

Yes	1
No	2

U12. Does your health problem/disability mean that you spend more on food than you would if you had no health problem/disability?

Yes	1	(a)
No	2	U14

(a) Why do you need to spend more on food?

Require special diet	1
Other (SPECIFY)	2

U13 Of the money spent on your food each week, how much is extra because of your health problem/disability?

	E	P

DK 9

U14. Do you think you should be spending extra on food because of your health problem/disability but can't afford to?

Yes	1
No	2

V. MOBILITY AND TRANSPORT

V1. ESTABLISH SUBJECT'S DEGREE OF MOBILITY ON HIS/HER OWN
(IGNORE TEMPORARY SITUATIONS)

	BEDFAST (Permanently confined to bed unless helped to get up).....	1	V2
CODE FIRST THAT APPLIES	CHAIRFAST (Stays in a chair all day. If in a wheelchair, cannot propel it alone).....	2	
	RESTRICTED WITHIN DWELLING (Cannot get around whole house/flat including garden).....	3	
	RESTRICTED TO DWELLING (Confined to house/flat and garden).....	4	
	USUALLY GOES OUT (Usually goes beyond house/flat and garden).....	5	
(a)	How difficult is it to get about your immediate neighbourhood on your own, is it.....		
	not difficult at all.....	1	V4
RUNNING PROMPT	quite difficult.....	2	
	or very difficult?.....	3	

V2. ESTABLISH SUBJECT'S DEGREE OF MOBILITY WITH ASSISTANCE

	Assistance not normally available.....	6	SECTION W
	BEDFAST (Permanently confined to bed).....	1	
	CHAIRFAST (Stays in a chair all day, excluding wheelchairs).....	2	
CODE FIRST THAT APPLIES	RESTRICTED WITHIN DWELLINGS (Cannot get around whole house/flat and garden, even with help).....	3	
	RESTRICTED TO DWELLING (Confined to house/flat and garden. Include here if can only go out in ambulance).....	4	
	USUALLY GOES OUT (Goes beyond house/flat and garden with assistance).....	5	

V3. How difficult is it for you to get about your immediate neighbourhood if someone is with you, is it.....

	not difficult at all.....	1
RUNNING PROMPT	quite difficult.....	2
	or very difficult?.....	3
	No assistance available.....	4

V4. How often do you usually go out, either on your own or with someone?

- Every day..... 1
- Several times a week..... 2
- About once a week..... 3
- Less often..... 4

V5 Does your health problem/disability prevent you from going out as often or as far as you would like?

- Yes 1 —(a)
- No 2 —V6

(a) What prevents you from going out more often/further?

CODE ALL THAT APPLY

- Transport problems..... 01
- Access problems. 02
- No one to go with/no one to take me..... 03
- Too much effort or pain.. 04
- No confidence/fear/embarrassment..... 05
- Can't afford it..... 06
- Other (SPECIFY)..... 07

V6. In the past twelve months have you used any of the forms of transport listed on this card?

- Yes 1 —(a)
- No 2 —V10

SHOW CARD V6

IF YES RING NUMBER AT TOP OF COLUMN AND COMPLETE (a)-(c)

	1	2	3	4	5
(a) TRANSPORT TYPE NO.					
(b) DESCRIPTION					
(c) How often do you travel by					
More than once a week...	1	1	1	1	1
About once a week... ..	2	2	2	2	2
2-3 times a month.....	3	3	3	3	3
About once a month.....	4	4	4	4	4
A few times a year.....	5	5	5	5	5
Less often.....	6	6	6	6	6

V7. IF USED ELECTRIC PAVEMENT VEHICLE (eg Batricar)

DNA: No batricar etc.....

1

SEE V13

Who provided your electric pavement vehicle
(Batricar)?

Self/spouse.....

1

V8

Friend/relative.....

2

Voluntary organisation...

3

SEE V13

Other (SPECIFY).....

4

V8. How much did it cost?

£

AMOUNT

DK

9

(a) How many years ago did you buy it?

YEARS

V13.	IF USED CAR/VAN	DNA	NOT USED CAR/VAN	1	V18
	Do you (or does anyone in your household) have a car or van?	Yes		1	(a)
		No		2	V14
	a) Do you yourself drive the car/van?	Yes		1	V15
		No		2	(1)
	1) Do you go out in the car/van?	Yes		1	V15
		No		2	V14
V14.	Whose car/van do you travel in?				
		Friend / relative outside h'hold		1	
		Other (SPECIFY)		2	

V15. Do you travel in an ordinary car or one which is specially adapted in some way?

Ordinary car.....	1	} V18
Ordinary car, but must be automatic..	2	
Invalid car.....	3	
Adapted car.....	4	-(a)-(c)

a) In what way is the car adapted?

To cope with leg/foot disability.....	1
To cope with arm/hand disability.....	2
Other (SPECIFY).....	3

b) How much extra did it cost to have an adapted car rather than an ordinary car?

£

DK

9

c) How many years ago did you pay for the adaptations?

YEARS

1

V18. IF ANY TRANSPORT USED

DNA. No transport or car used
(Code 2 at V6).....

1 SECTION W

Thinking about all the kinds of transport you use, how much do you usually spend on travel each month?

INCLUDE COST OF RUNNING CAR
- TAX INSURANCE, PETROL ETC

AMOUNT

E

DK

9

V19. Some people with health problems/disabilities spend less on transport than other people because they can't go out so much or because they can get special cheap fares. Others spend more because they have to use more expensive forms of transport or need transport for short journeys.

Thinking about how often you go out and how much it costs, do you think your health problem/disability means you spend more, less or about the same on transport as you would if you did not have a problem/disability?

More.....

1

(a)

Less.....

2

SECTION W

About the same

3

(a) About how much extra do you spend per month on transport?

AMOUNT

E

DK

9

W EDUCATION AND EMPLOYMENT

DNA: Men 65+, women 60+

1

W7

IF UNDER RETIREMENT AGE

W1. How old were you when you finished your continuous full time education?

- Not yet finished..... 1
- 14 or under..... 2
- 15..... 3
- 16..... 4
- 17..... 5
- 18..... 6
- 19 or over..... 7
- No formal education..... 8

(a)

W2

(a) Are you attending/did you attend..

- RUNNING An ordinary school..... 1
- PROMPT a special school..... 2
- or have special education in an ordinary school?..... 3

W2. Do you have any of the qualifications or have you passed any of the examinations listed on this card?

- SHOW CARD W2 Yes..... 1
- No qualifications.. 2

(a)

SEE W10

(a) Which is the highest qualification you have obtained?

IF IN DOUBT CODE MORE THAN ONE

- Degree (or degree level qualification)..... 01
- Teaching qualification..... 02
- HNC/HND, BEC/TEC Higher..... 03
- City and Guilds Full Technological Certificate..... 04
- Nursing qualifications (SRN, SCM, Midwife)..... 05
- Other qualifications above 'A' level..... 06
- 'A' levels/SCE Higher..... 07
- ONC/OND/BEC/TEC not higher..... 08
- 'O' level passes (Grade A-C if after 1975) or CSE Grade 1 or SCE Ordinary/School Certificate..... 09
- Clerical or commercial qualification..... 10
- Other City and Guilds not full technological..... 11
- CSE grades 2-5, 'O' levels (Grade D-E if after 1975)..... 12
- Apprenticeship..... 13
- CSE ungraded..... 14
- Other qualifications (SPECIFY)..... 15

SEE W10

BLANK PAGE

W7. IF OVER RETIREMENT AGE

How old were you when you last worked
in a paid job?

Still working.....	1	— W19
Never worked.....	2	— SECTION X
Under 30.....	3] — W8
30-49.....	4	
50-54.....	5] — W8
55-59.....	6	
60-64.....	7	— SEE W8
65 or over.....	8	— W10

W8. IF STOPPED WORK BEFORE STATUTORY RETIREMENT AGE

(BEFORE 65 - MEN OR 60 - WOMEN)

DNA: Worked beyond age:

CODE WITHOUT ASKING IF KNOWN

65 - men]

60 - women]

3 — W10

Did your health problem/disability
start before you were (65-MEN, 60-WOMEN)?

Yes

1 — W9

No

2 — W10

W9 Did you retire early because of your health
problem/disability or for some other reason?

GIVE PRIORITY TO

Health problem/disability ...

1

HEALTH REASONS

Other reason.....

2

] — W10

TO THOSE WHO ARE NEITHER WORKING NOR INTENDING TO WORK
(CODE 3 AT (c) ON PAGE 1)

DNA Working 1 -W19
Intending to work.. 2 -W27

W10 DETAILS OF MOST RECENT JOB IF UNDER RETIREMENT
AGE, MAIN JOB IN WORKING LIFE IF OVER
RETIREMENT AGE

DNA Never worked 3 -W29

OCCUPATION

Job title.

Description.

Industry:

1 1 OCC
1 SIC

INFORMANT'S DEFINITION

Full-time... .. 1
Part-time..... 2
Employee..... 1 -W11
Self-employed.. 2 -W12

W11. (a) IF EMPLOYEE
ASK OR RECORD

manager..... 1
foreman/supervisor. 2
other employee. 3

(b) How many employees work(ed)
in the establishment?

1-24..... 1
25 or more... .. 2 -W27

W12 IF SELF-EMPLOYED

Do/did you employ other people?

Yes, PROBE: 1-24..... 1
25 or more... 2 -W27
No employees..... 3

BLANK PAGE

W19 Does your health problem/disability affect your work in any way at present, for instance does it affect:		Yes	No	
	The type of work you can do?.....	1	2	
	The amount of work you can do?.....	1	2	
	The hours you can work?.....	1	2	
INDIVIDUAL	The sort of conditions you can work in?.....	1	2	
PROMPT	Your journey to work?... ..	1	2	
	Your attendance at work?	1	2	
	Anything else? (SPECIFY)	1	2	SECTION X

BLANK PAGE

W27. IF NOT WORKING BUT HAS WORKED AND UNDER
RETIREMENT AGE

DNA, over retirement age

1

-Section X

How old were you when you left your
last job?

YEARS

1

SECTION X

IF NOT WORKING BUT NOT RETIRED

W29. Is the reason that you are not working at present because....

- CODE FIRST THAT APPLIES your health problem/disability makes it impossible for you to do any kind of paid work..... 1
- you have not found a suitable paid job..... 2
- or because you do not want or need a paid job?..... 3
- Other (SPECIFY)..... 4

(a)

SECTION X

(a) May I just check, would you be able to do some kind of sheltered or part-time work if it were available, or is this impossible?

- Could do sheltered work..... 1
- Could do part-time work..... 2
- Impossible to work..... 3

SECTION X

Page 43 blank
pages 44 - 47 omitted

X2. INTERVIEWER CHECK

Subject receives Attendance Allowance, spouse receives Invalid Care Allowance	1	X12
Subject receives Attendance Allowance, spouse does not receive ICA	2	X3
Subject does not receive Attendance Allowance	3	X12

X3. Does anyone receive Invalid Care Allowance for looking after you?

Yes	1	(a)
No	2	X12
DK.	3	

(a) Who receives the Invalid Care Allowance?

IF IN H'HOLD GIVE PERSON NO. FROM H'HOLD BOX → X12
 IF NOT IN HOUSEHOLD SPECIFY RELATIONSHIP TO SUBJECT

SEE X12

Page 49 blank
pages 50 - 51 omitted

X12. Do you (and your SPOUSE) manage to save money at the moment?

Yes	1
No	2

X14. This time last year did you have any money put by in savings?

Yes	1	X15
No	2	SECTION Y

X15. Compared with this time last year, have you got:

more	1	SECTION Y
less	2	
or about the same amount of money in savings? ...	3	

Y. HOUSEHOLD FINANCES

Y1. INTERVIEWER CHECK FRONT PAGE OF GREEN SCHEDULE AND CODE:

SUBJECT IS A HOUSEHOLDER IN A SINGLE BENEFIT UNIT (Coded 1 at (b) on front page)	1	Y6
SUBJECT IS A HOUSEHOLDER IN A MULTI-UNIT (Coded 2 at (b)(1) on front page)	2	Y4
SUBJECT IS A NON-HOUSEHOLDER (Coded 3 at (b)(1) on front page)	3	(a)
(a) HOH IS SUBJECT'S.		
parent (-in-law)	1	Y2
son/daughter (-in-law)	2	
other relative	3	
non-relative	4	

Y2. IF SUBJECT IS A NON-HOUSEHOLDER

Do you [SUBJECT AND SPOUSE] make a regular contribution to [HOH] towards, rent, housekeeping or your share of any other bills?	Yes	1	(a)-(c)
	No	2	Y3

(a) How much do you pay [HOH] altogether?	£	p	(b)

(b) How long a period does that cover?	
Week	1
Cal month	5
Other (SPECIFY)	3

(c) What does this payment cover?	
Rent/mortgage	1
CODE ALL THAT APPLY	
Food	2
Fuel bills	3
Other (SPECIFY)	4

Y3. Does (HOH) provide anything for you that you don't pay for or only pay for in part?	Yes	1	(a)
	No	2	Y25

(a) What does (HOH) provide?		
Everything	1	Y25
CODE ALL THAT APPLY		
Housing	2	
Food	3	
Fuel	4	
Other (SPECIFY)	5	

IF SUBJECT IS A HOUSEHOLDER IN A MULTI-UNIT (Code 2 at Y1)

CHECK HOUSEHOLD BOX FOR DETAILS OF OTHER ADULTS (AGE 16+) IN HOUSEHOLD

Y4. FOR EACH PERSON AGED 16+ APART FROM SUBJECT AND SPOUSE RING NUMBER AT TOP OF COLUMN AND ENTER PERSON NUMBER FROM H'HOLD BOX

ASK ABOUT EACH ADULT IN TURN:

(a) Does (ADULT) make a regular contribution to you (and your partner) towards rent, housekeeping or any other bills?

Yes	1 -(b)	1 -(b)	1 -(b)	1 -(b)
No	2 -Y5	2 -Y5	2 -Y5	2 -Y5

(b) How much does (ADULT) pay you altogether?

ENTER AMOUNT

£		p		£		p		£		p	

(c) How long a period does that cover?

Week
Cal month
Other (SPECIFY) .

1	1	1	1
5	5	5	5
3	3	3	3

(d) What does this payment cover?

Rent/mortgage ..
Food
Fuel
Other (SPECIFY) .

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4

Y5. DO YOU (SUBJECT/SPOUSE) PROVIDE ANYTHING FOR (ADULT) THAT HE/SHE DOESNT PAY FOR OR ONLY PAYS FOR IN PART?

Yes	1	1	1	1
No	2	2	2	2

(a) What do you provide?

Everything
Housing
Food
Fuel
Other (SPECIFY) .

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5

Page 55 blank

pages 56 - 59 omitted

ASK ALL

Y25. Some people with a health problem or disability spend less on fuel than other people because they are confined to one room and only have to heat that one; others spend more because they are indoors more or need to keep warmer or need to use more hot water.

Does your health problem/disability mean that you need to use more, less or about the same amount of gas, electricity and other fuels as you would if you didn't have a problem/disability?

- More 1 (a)
- Less 2
- About the same 3 Y26

(a) About how much extra do you think you have spent in the past year on fuel because of your health problem/disability?

AMOUNT

DK 9

Y26. Thinking back to last winter, did you ever have to go cold because you couldn't afford fuel for heating?

- Yes 1
- No 2

Qualified answer (SPECIFY) 3

Y27 I've already asked you about some of the extra expenses you may have because of your health problem/disability. Does your health problem/disability mean that you spend extra on anything else such as the things on this card or anything else you haven't yet mentioned?

SHOW CARD Y27

IF YES RING LINE NUMBER FOR EACH ITEM, LIST AND ASK DETAILS OF EXTRA COSTS

Yes	1	(a)
No	2	Y28

	Item No.	Description	Extra Cost		Period			
			£	p	/wk	Cal	Mth	Yr
1					1	5	8	3
2					1	5	8	3
3					1	5	8	3
4					1	5	8	3
5					1	5	8	3
6					1	5	8	3
7					1	5	8	3

Y28. Are there any of the things on the list or anything else that you haven't yet mentioned that you need to spend extra on because of your health problem/disability but can't afford to?

Yes	1	(a)
No	2	Y29

(a) IF YES ENTER ITEM NO FROM CARD AND DESCRIBE

CARD Y27	
Phone calls	01
Paying for childcare	02
Paying for decorating, repairs, gardening, etc	03
Repairing/replacing furniture or furnishings	04
Paying or buying presents for people who sit with you or take you out	05
Anything else (PLEASE DESCRIBE)	06

Description	Item No

Y29. I've been asking you a lot about any extra costs you have, but people with health problems/disabilities sometimes spend less than other people on some things. For example, some people spend less on going out.

Are there any things you spend less on because of your health problem/disability?

(a) IF YES DESCRIBE BELOW:

Yes	1	(a)
No	2	Section 2

OFF USE

FINANCIAL SITUATION

Z1. Thinking about how you are managing on your money at the moment, would you say you are:

RUNNING
PROMPT

- managing quite well
- just getting by
- or getting into difficulties?
- Other (SPECIFY)

NOW	(a) LAST YEAR
1	1
2	2
3	3
4	4

(a) And thinking about this time last year, how were you managing on your money then, were you

REPEAT PROMPTS AND CODE AT (a)

Z2. During the past 12 months have you ever:

- i) Had to use any money that you had in savings?
- ii) Had to borrow money from anyone to pay for some big expenses?
- iii) Had to borrow money from anyone when you were short, just to make ends meet?
- iv) Fallen behind with your rent, mortgage or any other regular payments?
- v) Had a big bill that you couldn't pay on time?.....

YES	NO
1	2
1	2
1	2
1	2
1	2

Z3. Are you behind with any payments at present?

Yes
No

1
2

(a)
Z4

(a) About how much are you behind with at present?

- Under £50
- £50, but under £200
- £200, but under £1,000
- £1,000 or more

1
2
3
4

Z4 Thinking about this time last year, were you behind with any payments then?

Yes
No

1
2

See Z5
Z6

Z5 IF YES (Code 1) AT Z3 and Z4

DNA. NO (Code 2) at Z3 ..X

Z6

Was the amount you were behind with this time last year

RUNNING
PROMPT

- more
- less
- or about the same as at present?

1
2
3

128

26. The things people can buy and do - their housing furniture, food, leisure activities, etc - make up their standard of living. How satisfied do you feel with your standard of living at present?

Can you choose an answer from this card.

SHOW CARD Z6	Very satisfied	1
	Fairly satisfied	2
	Neither satisfied nor dissatisfied	3
	Fairly dissatisfied	4
	Very dissatisfied	5
	DK/no opinion	6

27. We may have already mentioned some of the things listed on this card, but can you just tell me which you have and which you do not have in your household?

SHOW CARD Z7 CODE IN FIRST COLUMN

FOR ANY ITEM CODED 2 (Does not have) ASK:

(a) Do you not have (ITEM) because you do not want or need one, or because you can't afford it?

CODE IN SECOND COLUMN. GIVE PRIORITY TO CODE 1 (Does not want).

	(a)				
	Has	Does not have	Does not want	Can't afford	DK/DNA
1. A colour television	1	2	1	2	3
2. A refrigerator (INCL FRIDGE/FREEZER)	1	2	1	2	3
3. A deep freeze or fridge freezer	1	2	1	2	3
4. A washing machine	1	2	1	2	3
5. A tumble dryer	1	2	1	2	3
6. A telephone	1	2	1	2	3
7. A dishwasher	1	2	1	2	3
8. A video recorder	1	2	1	2	3
9. Central heating (INCL STORAGE HEATERS)	1	2	1	2	3

IF HAS A FRIDGE/FREEZER CODE 1 AT 2 AND 3
 IF HAS A TUMBLE DRIER INCLUDED IN WASHING MACHINE
 CODE 1 AT 4 AND 5.

28. Can you look at the things on this list and tell me which you have and which you do not have?

SHOW CARD Z8 CODE IN FIRST COLUMN

FOR ANY ITEM CODED 2 (Does not have) ASK:

(a) Do you not have (ITEM) because you do not want it/them or because you can't afford it?

CODE IN SECOND COLUMN. GIVE PRIORITY TO CODE (Does not want)

(a)

	Does Has	not have	Does not want	Can't afford	DK/ DNA
1. A cooked meal every day	1	2	1	2	3
2. Meat or fish every other day	1	2	1	2	3
3. A roast meat joint (or its equivalent) once a week	1	2	1	2	3
4. A warm winter coat	1	2	1	2	3
5. Two pairs of all weather shoes	1	2	1	2	3
6. New, not second hand clothes when you need them	1	2	1	2	3
7. Presents for friends or family once a year	1	2	1	2	3
8. Celebrations on special occasions such as Christmas	1	2	1	2	3
IF SUBJECT HAS CHILDREN UNDER 16:					
DNA: No children under 16		3			
9 Toys and leisure equipment for children	1	2	1	2	3
10. Money for school trips and outings	1	2	1	2	3

29. If you received an unexpected windfall, say of £200, would you be most likely to spend it or save it?		
	Spend it	1
	Save it	2
	Spend some, save some ...	3
Z10. What would you be most likely to spend it on/save it towards?		
IF MENTIONS	Paying bills/debts (eg fuel, rates, phone)	01
ALTERNATIVES ASK		
WHICH IS MOST LIKELY	Holidays	02
ONLY MULTI-CODE IF	Things for the house/home improvements (eg furniture, furnishings, decorating)	03
WOULD SPEND IT ON		
MORE THAN ONE	Entertainments/going out	04
CATEGORY	Clothes	05
	Food	06
	Presents	07
	Would just save it	08
	Other (SPECIFY)	09
Z11. Is there anything else you would like to say about your health problem/disability and how you are managing?		
	YES - GIVE DETAILS	1
	No	2

S 1251

CARD 2

Not difficult at all

Quite difficult

Very difficult

Impossible

S 1251

CARD 3

Little or no difficulty

Moderate difficulty

Great difficulty

Impossible

CARD S8

District nurse	01
Nursing auxilliary (eg bath attendant)	02
Community psychiatric nurse	03
Other community nurse (what does she do?)	04
Community mental handicap nurse	05
Health visitor	06
Physiotherapist	07
Occupational therapist	08
Chiropodist	09

S 1251

CARD S9

Local authority home help	10
Meals on wheels	11
Laundry service	12
Incontinence service	13
Night sitting service	14
Mobility/technical officer for the blind	15
Social worker	16
Voluntary worker	17
Visiting service	18
Private domestic help	19
Private nursing help	20
Other (PLEASE DESCRIBE)	21

S1251

CARD T7

Walking stick (s)	01
Crutches	02
Walking frame/tripod/zimmer	03
Trolley	04
Other (PLEASE DESCRIBE)	05

S 1251

CARD T9

Surgical footwear (eg built-up shoe)	01
Calipers	02
Splints	03
Surgical corset	04
Surgical collar	05
Other brace or support	06
Artificial leg	07
Artificial arm	08
Artificial joint	09
Artificial eye	10
Pacemaker	11
Pylon leg support	12
Other surgical aid or support (PLEASE DESCRIBE)	13

S 1251

CARD T11

Ileal loop	01
Catheter	02
Ileostomy/colostomy bag	03
Bag for urine	04
Incontinence pants	05
Incontinence pads	06
Rubber sheet/mattress cover or other protective bedding	07
Other aids like these (PLEASE DESCRIBE)	08

S 1251

CARD T13

Guide dog	01
Sonic aid	02
White cane	03
Ordinary stick	04
Magnifying glass	05
Low vision aid	06
Braille equipment	07
Writing frame (eg for cheques)	08
Frame for telephone	09
Talking-book machine/cassette recorder	10
Audible/tactile measuring device	11
Other vision aid (PLEASE DESCRIBE)	12

S1251

CARD T15

Hearing aid	01
Adaptor for telephone	02
Adaptor for T V	03
Adaptor for radio	04
Flashing light for telephone	05
Flashing light for door	06
Flashing alarm clock	07
Pointer board	08
Typewriter	09
Other speech/hearing aids (PLEASE DESCRIBE)	10

CARD T17

Bed hoist	01
Bed poles and ladders	02
Cradle for bedclothes	03
Orthopoedic mattress	04
Ripple mattress	05
Sheepskin mattress	06
Other special bed or bedding (PLEASE DESCRIBE)	07
Commode	08
Sani-chair	09
Toilet hoist	10
Other aids to toileting (PLEASE DESCRIBE)	11
Bath seat	12
Bath hoist	13
Non-slip mat	14
Other aids to bathing (PLEASE DESCRIBE)	15
Enviromental controls (eg possum)	16
Special chair	17
Other special furniture or aids (PLEASE DESCRIBE)	18

S1251

CARD T19

Special crockery	01
Special cutlery	02
Special utensils (eg tin opener, potato peeler)	03
Tap turner/special taps	04
Special door handles	05
Pick-up aid (eg "Helping Hand")	06
Dressing aids	07
Electric toothbrush	08
Gadget to summon help	09
Other small aids and gadgets (PLEASE DESCRIBE)	10

CARD T26

Ramps outside instead of steps	01
Hand rails outside	02
Ramps inside instead of steps	03
Hand rails inside	04
Doors altered for better access (eg doors widened)	05
Stair lift	06
Other alterations for better access	07
Fitted furniture altered (eg shelves, cupboards, cooker)	08
New bathroom or toilet added	09
Shower installed	10
Door answering/opening system	11
Any other adaptations (PLEASE DESCRIBE)	12

CARD U4

Tissues/toilet paper/kitchen roll	01
Cotton wool	02
Dressings/elastoplast	03
Elastic bandages/supports	04
Talcum powder	05
Antiseptic or soothing creams	06
Vitamins	07
Painkillers or other medicines not on prescription	08
Disinfectant/bleach	09
Other medical supplies (PLEASE DESCRIBE)	10

CARD U8

Thermal underwear	01
Other underwear (except incontinence pants)	02
Pyjamas/nightdresses/dressing gowns	03
Trousers/Skirts/dresses	04
Shirts/blouses	05
Socks/tights/stockings	06
Cardigans/jumpers	07
Coats/jackets	08
Gloves	09
Shoes	10
Bedding (not protective coverings)	11
Other (PLEASE DESCRIBE)	12

S 1251

CARD V6

Bus	01
Train	02
Car or van	03
Taxi/mini cab	04
“Dial-a-ride” or similar scheme	05
Transport provided by a voluntary organisation	06
Electric pavement vehicle (eg Batricar)	07
Other transport (PLEASE DESCRIBE)	08

CARD W2

Degree (or degree level qualification)	01
Teaching qualification (not degree)	02
HNC/HND, BEC/TEC Higher	03
City and Guilds Full Technological Certificate	04
Nursing qualifications (SRN, SCM, SEN, Midwife)	05
Other qualifications above 'A' level	06
'A' level /SCE Higher	07
ONC/OND/BEC/TEC <u>not</u> higher	08
'O' level passes (Grade A-C if after 1975) or CSE Grade 1 or SCE Ordinary/School certificate	09
Clerical or commercial qualifications	10
Other City and Guilds <u>not</u> full technological	11
CSE grades 2-5 'O' levels (Grade D-E if after 1975)	12
Apprenticeship	13
CSE ungraded	14
Other qualifications (PLEASE DESCRIBE)	15

S 1251

CARD Y27

Phone calls	01
Paying for child care	02
Paying for decorating, repairs, gardenig etc.	03
Repairing / replacing furniture or furnishings	04
Paying or buying presents for people who sit with you or take you about	05
Anything else (PLEASE DESCRIBE)	06

S 1251

CARD Z6

Very satisfied

Fairly satisfied

Neither satisfied nor dissatisfied

Fairly dissatisfied

Very dissatisfied

S 1251

CARD Z7

A colour television

A refrigerator

A deep freeze or fridge freezer

A washing machine

A tumble dryer

A telephone

A dishwasher

A video recorder

Central heating or storage heaters

S 1251

CARD Z8

A cooked meal every day

Meat or fish every other day

A roast meat joint (or its equivalent)
once a week

A warm winter coat

Two pairs of all-weather shoes

New, not second hand clothes
when you need them

Presents for friends or family once a year

Celebrations on special occasions
such as Christmas

IF YOU HAVE CHILDREN UNDER 16

Toys and leisure equipment for children

Money for school trips and outings