Description of the aims of project:

The aim of the survey was to find out the size and characteristics of the disabled adult population of GB. The main topics covered are: prevalence, severity and types of disability; socio-demographic characteristics; economic activity; financial circumstances; use of social and health services; needs for assistance; and social participation.

The research is based on a follow-up survey of disabled respondents in the 1996/97 Family Resources Survey - a continuous survey of household characteristics, incomes and resources. Respondents who match any one of a series of sift criteria based on age, benefit receipt or reported health problems are asked to take part in a further interview. This asks in detail about cause, type and severity of disability, the extra needs and costs which result, and participation in leisure and social activities. Over 7000 people were interviewed.

Description of the dataset:

The dataset follows the format of the questionnaire. The follow-up interview had two parts. Part one was concerned with health complaints and difficulties performing everyday activities. It consisted of all the questions needed to apply the severity scales developed for the 1985 survey, plus a number of additional questions related to disability and incapacity benefit entitlement. Anyone reporting any difficulty with any of the activities went on to the second part of the interview. Of the 7300 interviews, 6200 went the full length. The second part of the interview is primarily concerned with extra needs and costs. Questions cover health, social and other services, specialised aids and adaptations, and general items in household budgets, such as food or transport, whose consumption might be affected by disability.

The follow-up survey data is held in a single dataset at person level. This includes all cases eligible for the follow-up survey whether or not an interview took place. It contains information on age and sex from the FRS, interview outcomes, and the sift criteria satisfied by each respondent. It also contains all the raw data from the interview, including verbatim reports of health complaints, plus a range of derived variables. These include severity scores, age in five year bands, ICD codes for health complaints, earliest age of onset of each health complaint, flags for the presence of a disability in each of the 13 dimensions making up the scales, duration of each reported disability (excluding intellectual functioning and personal care problems), and Incapacity Benefit all-work test physical and mental component scores.

Weights and grossing factors have been calculated for follow-up survey cases, based on the FRS grossing factors, adjusted for the nine month duration of the follow-up survey, and variations in response by age and sex at the follow-up stage.

1996 Disability Survey

Follow-up to the
Family Resources Survey
July, 1996 to March, 1997

Technical report

Prepared for the

Department of Social Security

by

David Devore

Revised
16 February 1998

FRS Disability
Technical Report

1. Introduction

The DSS wished to commission a study of disability similar to the 1985 study[1] conducted by OPCS whose aim had been to establish the prevalence and severity of disability in Great Britain. In 1995, the then OPCS submitted a joint proposal with SCPR to conduct a survey of disability as a follow-up to the Family Resources Survey (FRS). The aims of this study were:

- to update information collected by the OPCS Surveys of Disability in 1985
- to provide data on the severity of disability and entitlement to state benefits

A pilot study was commissioned and carried out in March, 1996 to test the Computer-Assisted Personal Interviewing (CAPI) questionnaire and confirm estimates of likely response rates. Following the pilot, the DSS commissioned OPCS and SCPR (the two organisations jointly conducting the FRS) to carry out the Disability Survey as a follow-up to the FRS. The field period lasted 9 months, from July 1996 to March 1997. Data was to be supplied to the DSS in two tranches: the first comprising data from July 1996 to September 1996; the second comprising all data from July 1996 to March 1997.

The remainder of this technical report describes the sampling method, the content of the survey, response rates, the linkage between FRS interviews and Disability interviews and identifies specific questions which were used in determining whether or not a person was defined as disabled. Differences between the 1985 study and the present one are highlighted, as appropriate.

2. Background

The 1985 study sought to establish the prevalence and severity of disability. Part of that study confined itself to adults living in private households, and that is the group that the present study examined. The 1985 study defined disability as

"a restriction or lack of ability to perform normal activities which has resulted from the impairment of a structure or function of the body or mind"

It looked at thirteen dimensions of disability, based on the thirteen different types distinguished by the International Classification of Impairments, Disabilities and Handicaps. The study recognised that disabilities were part of a continuum of abilities and, therefore, went on to develop both a severity score for each dimension and an overall score, which was based on the three most severe scores. The study also collected information about the nature of respondents' complaints and classified them according to the International Classification of Diseases. The present study is similar, in that it uses the same concepts and dimensions of disability and calculates a severity score using the same elements as those used in the 1985 study.

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[1] Martin, J, Meltzer, H and Elliot, D, *The prevalence of disability among adults*, HMSO (1988)

Both the 1985 and the present study conducted personal interviews with respondents. While the 1985 study used conventional paper-based methods (PAPI), the present study conducted interviews using computer-assisted personal interviewing (CAPI) programmed in BLAISE version 2.5. The content of the two questionnaires, although similar in many respects, is not identical. The construction of the samples was quite different and is discussed in the following section. As a consequence of the differences in sampling, question phrasing and the context of the surveys, the results of the two are not entirely comparable.

3. Sample

3.1 1985 study

The 1985 study sifted a large number of addresses using a self-completion questionnaire to identify people who might have a disability. In the first stage of the sift, 500 Postcode sectors were sampled with probability proportional to size; they were then stratified by region, identified as metropolitan or non-metropolitan and ordered by the proportion of people above retirement age. In the second stage, 200 addresses were selected from each sector, resulting in 100,000 addresses.

In 400 areas (i.e. comprising 80,000 addresses), screening was carried out by postal questionnaire; in the remaining 100 areas[2], questionnaires were personally delivered, left for self-completion, and then collected. A sample of one in ten addresses which had failed to respond to reminder letters were followed up by interviewers. This allowed researchers to estimate the number of addresses which were actually non-residential. About 81% of households identified during this process completed the sift questionnaire.

The completed questionnaires were used to identify people living in private households who had any of 33 different difficulties, health problems or limitations[3]. This group was to be interviewed face-to-face. Only half of those aged 60 or over were sampled, and only one elderly person, at most, was interviewed from each household.

Of the 17,969 people identified by this sifting and sampling process, 14,308 (80%) were successfully interviewed. Of these 14,308 people, 11,035 (77%) were considered to be disabled.

3.2 1996-97 study

In contrast, the FRS Disability survey used the FRS to identify its primary sample. The sample coverage of the FRS is the private household population of Great Britain. Each month, 146 Primary Sampling Units (PSUs or sampling points) are selected across Great Britain to represent the 24 Family Expenditure Survey Regions (themselves subdivisions of the 11 Standard Statistical Regions). Half of these are allocated to ONS and half to

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[2] These areas included inner London, the Clydeside conurbation and other 'inner-city' areas.

[3] Pp 43-45, Martin, J, Meltzer, H and Elliot, D, *The prevalence of disability among adults*, HMSO (1988)

SCPR. Within each PSU, an interviewer is allocated a quota of 24 addresses to contact, producing 3504 addresses in each month's sample. The month to which an address is allocated is referred to as the *quota month*, regardless of the actual month in which the interview takes place. Because the number of PSUs is small for any given month, response rates are usually given by quarter.

The FRS sample of households is increased by multiple households found at a single address and decreased by non-existent households (e.g. commercial premises), refusals and non-contacts. Each household can consist of one or more benefit units, and each benefit unit can consist of one or two persons. The interviewer records the number of households, benefit units and persons at each address. The combination of area, address, household, benefit unit and person goes to make up the serial number of each person in the Disability sample. It is the adults interviewed during the FRS who formed the population from which potential candidates for the Disability Survey were drawn.

The CAPI program checked the answers to certain FRS questions which indicated that the respondent might have a disability. These can be summarised by the following thirteen criteria:

- Aged 75 or over
- Restricted in type or amount of work
- Having a long-standing illness or disability
- In receipt of War Disablement Pension
- In receipt of Disability Working Allowance
- In receipt of Severe Disablement Allowance
- In receipt of Attendance Allowance, Mobility or Care component of Disability Living Allowance (DLA)
- Awaiting a DLA care, mobility or attendance allowance
- In receipt of Incapacity Benefit
- In receipt of Industrial Injury Disablement Benefit
- Awaiting a claim for Incapacity Benefit
- Awaiting a claim for an Industrial Injury Disablement Award
- Receiving a retirement pension, old person's pension, widow's pension or widowed mother's allowance *and*
  consulted order book no. 13 for details of these pensions *and*
  the order book gives an amount for increment G (invalidity addition) or increment H (attendance allowance)

While the 1985 study undersampled those 60 or over and only included one person per household, the present study automatically included people aged 75 or over. In addition, all adults who met any of the above criteria were eligible to be interviewed. They were then asked if they "would...be willing to take part in an interview about [their] health". Depending upon circumstances, some of those who agreed to participate were interviewed straightaway, while others were interviewed at a later date. Three-quarters of interviews were conducted immediately after the FRS interview.

Because of the differences in obtaining the primary sample (postal sift in 1985 vs. FRS Disability interview in 1991), plus other effects of the context of the Disability survey (primarily a survey about health in 1985 vs. a survey about resources followed by one about health in 1991) there may be substantial differences in the results between the two surveys. The results are unweighted, and care should be taken to allow for the selection of only one person per household and undersampling those over 60 in 1985 vs. selecting all

eligible people and including everyone 75 years of age or over in 1991. As a result of these factors, the prevalence rates between the two surveys may not be directly comparable.

4. Fieldwork

Fieldwork took place in quota months July, 1996 through March, 1997, with interviewers for the FRS also conducting the Disability Survey. In all other respects, Disability was treated as a separate survey, with its own purpose leaflet, interviewer instructions, pay claims, and administration. All interviewers received a supplementary FRS instructions about special questions relating to Disability within the FRS itself. In addition, they received standard materials, including a purpose leaflet (to be handed to respondents), a paper copy of the Disability questionnaire, guidance notes about the questionnaire and show-cards.

5. Questionnaire content

5.1 1996-97 study

The questionnaire was divided into seven sections of unequal length. The first three sections were administered to all respondents and were used to determine whether they were disabled or not. The final four sections were only administered to people who were disabled according to the criteria set.

1. Illness or complaint

    All respondents were asked the following question:
        Do you have any long term health problems or complaints which affect your everyday activities?
    Up to four complaints were recorded as free-text, although these were coded later (see Section 9.1).

2. Activity

    All respondents were asked a series of questions covering the following dimensions of health or activity:

    - Locomotion
    - Reaching and Stretching
    - Dexterity
    - Seeing
    - Hearing
    - Continence
    - Consciousness (fits and convulsions)

    - Communication
    - Behaviour and intellectual functioning
    - Pain
    - Digestion
    - Disfigurement (scars, blemishes, deformities)
    - General health

3. Care

All respondents were asked a series of questions covering the following care activities of daily life:-

- Getting in and out of bed
- Washing self
- Dressing
- Getting in and out of chairs
- Feeding self
- Preparing meals
- Washing dishes
- Washing clothes
- Cleaning
- Shopping
- Doing paperwork
- Taking medicines
- Keeping safe
- Going to the toilet/use of continence aids
- Changing sheets
- Turning over in bed
- Replacing bedcovers
- Changing position in bed
- Payment for any help received

At the end of these sections of the questionnaire, the CAPI program determined whether the respondent was disabled or not. If the respondent was not disabled, the interview was then terminated and was called a *short* interview. Otherwise, the interview continued to the following sections and was called a *long* interview. These long interviews were completed by 85% of respondents.

This second part of the interview consisted of the following sections:

4. Use, need, availability and payment for services

Information about the following services, devices or facilities was recorded:

Hospital treatment
Domestic treatment
Other services
Day centres
Respite care
Advice
Mobility aids

Surgical aids
Incontinence aids
Vision aids
Hearing aids
Special furniture
Small aids or gadgets
Adaptations

5. Extra expenditure

Respondents were questioned about extra expenditure incurred because of an illness or disability.

Prescriptions
Medical supplies
Laundry
Clothing or bedding
Food
Transport
Heating

6. Leisure activities

Respondents were asked about a number of activities. For each activity, respondents were asked whether they had taken part within the previous four weeks and whether they would take part more often, if more help or better facilities were available.

The activities were:
- going to the cinema or theatre (including ballet and opera)
- going to a pop, rock or classical concert
- visiting art galleries, museums or other exhibitions
- visiting historic buildings or towns
- going to a restaurant or pub
- going to funfairs, amusement arcades, fêtes or shows
- going to the countryside, seaside, zoo, park or visiting gardens
- going to watch sporting events
- going shopping
- visiting family or friends

7. Education and qualifications

The following information was recorded:

The three highest qualifications that the respondent had.
For people over pensionable age, the age at which they last worked
For people who retired early, whether their retirement was due to a health problem or disability

5.2 1985 study

The 1985 study contained questions which can be categorised under the following thirteen headings.

A Walking
B Steps and stairs
C Bending and straightening
D Falling and balance
E Reaching and stretching
F Holding, gripping and turning
G Seeing (at a distance to read)
H Hearing
J Noises in the head or ears
K Control of bladder and bowels
L Fits and convulsions
M Being understood and understanding others

N Social behaviour and intellectual functioning
P Other problems that limit daily activities:
breathlessness, wheezing and coughs
difficulty with eating, drinking and digestion
severe pain or irritation
disfigurement or deformity
R Difficulties with self-care and household activities

In addition some questions abut dependency on others for help with self-care activities were included, although these were not intended as part of the assessment of disability.

These are close to the areas covered by the present study, although individual questions differed. In addition, the 1985 study asked a number of questions about financial circumstances and extra expenses. These included:-

S Health and social services
T Aids and adaptations
U Extra personal costs
V Mobility and transport
W Education and employment
X Income
Y Household finances
Z Financial situation

Although the present study did ask about most of these topics, questions of income, household finance and financial situation were not included in Disability, as they were dealt with by the FRS.

The 1985 study also recorded and coded complaints into 16 categories, based on the International Classification of Diseases. These are shown in Table 1.

Table 1: ICD Categories (16)

1 Infectious and parasitic	9 Circulatory system
2 Neoplasms	10 Respiratory system
3 Endocrine and metabolic	11 Digestive system
4 Blood and blood forming organs	12 Genito-urinary system
5 Mental	13 Skin diseases or disorders
6 Nervous system	14 Musculo-skeletal system
7 Eye complaints	15 Congenital
8 Ear complaints	16 Other and vague

6. Length of interview

Long interviews, for those who were identified as having some disability, took an average of 40 minutes, while short interviews, for those who had no disability, took an average of 11 minutes. Timings of interviews were absent in 3% of cases. Figure 1 shows the distribution of the length of interviews.

Figure 1: Length of interviews

Length of Interviews
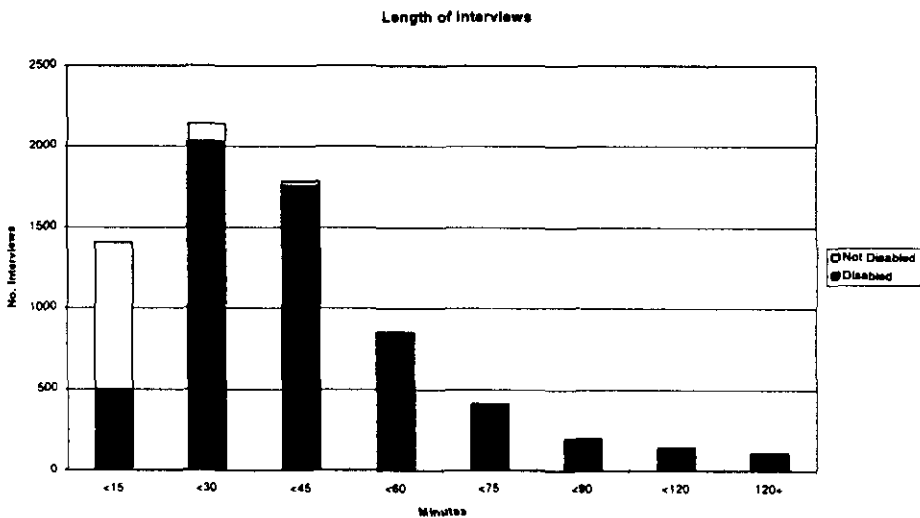
7. Response Rate

7.1 Overall FRS and Disability response rates

The response rate to the Disability Survey is calculated separately from the response rate to the FRS. In calculating weighting factors, non-response to both surveys should be taken into account. Over the period of the Disability study, the FRS response rate was 69%, taken as the proportion of fully co-operating households to eligible households (see Table 2). Over this same period, the response rate for the Disability Survey was 83%, taken as the proportion of full interviews to eligibles (see Table 3)[4].

Table 2: FRS Response rate by quarter

Sample of addresses	10,512	10,507	10,512	31,531
Outcome	July-Sept 96	Oct-Dec 96	Jan-Mar 97	Total
Fully cooperating	6,502	6,300	6,368	19170
Partially cooperating	105	130	108	343
Refusals	2,500	2,625	2,560	7685
Non-Contacts	237	273	258	768
Ineligible	1,285	1,338	1,376	3999
Total	10,629	10,666	10,670	31965
Eligible for FRS	9,344	9,328	9,294	27966
Response Rate	70%	68%	69%	70%

Table 3: Disability response rate by quarter

Outcome	Jul-Sept 96	Oct-Dec 96	Jan-Mar 97	Total
Full Interviews	2,521	2,424	2,318	7,263
Partial Interviews	15	18	16	49
Refusals	418	454	421	1,293
Non-Contacts	32	39	36	107
Ineligibles	33	36	35	104
Total	3,019	2,971	2,826	8,816
Eligibles	2,986	2,935	2,791	8,712
Response Rate	84%	83%	83%	83%

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[4] Ineligibles in Disability were cases created in error because of technical errors or misunderstandings between interviewer and respondent, e.g. where a person said that they were receiving a benefit at the FRS stage and later said that they were not receiving it.

7.2 Analysis of Disability response rates

Analysis of response rates is helpful in detecting bias in response. Likely factors which might influence response rates are sex, age, region of the country and criteria for inclusion in the disability survey. In order to detect bias, these factors were examined.

There were virtually no differences in response rates by sex. Response rates were only slightly lower for people under 60. There were some differences in response rates from region to region, although these were not very large. The differences in response rates by criterion for inclusion in the survey were small, with the exception of criterion 12 (Awaiting an industrial injury award). However, the number of cases reporting criterion 12 was extremely small (22), and 18 of those cases would have been eligible by virtue of criterion 2 (restricted work) or criterion 3 (long-standing illness) anyway (see Table 4 to Table 7).

Table 4: Disability response rate by sex

Outcome	Male	Female	Total
Full Interviews	3,362	3,901	7,263
Partial Interviews	23	26	49
Refusals	596	694	1,290
Non-Contacts	55	47	102
Ineligibles	31	70	101
Total	4,067	4,738	8,805
			-
Eligibles	4,036	4,668	8,704
Response Rate	83%	84%	83%
Note: 11 missing cases where no sex given			

Table 5: Disability response rate by age-band

Outcome	16-59	60-74	75+	Total
Full Interviews	2,884	1,892	2,487	7,263
Partial Interviews	24	10	15	49
Refusals	561	305	424	1,290
Non-Contacts	73	15	14	102
Ineligibles	72	15	14	101
Total	3,614	2,237	2,954	8,805
Eligibles	3,542	2,222	2,940	8,704
Response Rate	81%	85%	85%	83%
Note: 11 missing cases where no age given				

Table 6: Disability response rate by region

	Northern	Yorks & Humb side	North Western	East Midlands	West Midlands	East Anglia	Inner London	SE Outer Met	SE Other	South West	Wales	Scotland	Total
Eligibles	624	761	1010	679	798	349	816	714	824	763	593	781	8712
Response Rate	86%	82%	80%	80%	81%	88%	82%	82%	87%	88%	88%	81%	83%

Table 7: Disability response rates by eligibility criterion

	Aged 75+	Restricted work	L-8 Illness	War Disab Allw	Disab Work Allw	Severe Disab Allw	DLA Care, Mobil, Attnd Allw	Waiting DLA Care, Mobil, Attnd Allw	Incap Benefit	Indust Injury Awd	Waiting Incap Benefit	Waiting Indust Injury Awd	Pension Comp Inv Att Allw
Eligibles	2,938	3,370	6,316	157	27	197	1,236	90	1,324	184	62	22	399
Response Rate	85%	83%	85%	83%	85%	80%	84%	87%	83%	85%	81%	86%	86%

8. Programming

8.1 Linkage between FRS and Disability

As outlined above, questions asked during the FRS interview determined whether the respondent was eligible for the Disability Survey or not. At a fairly late stage in the FRS interview, but prior to completing it, if any of the criteria for eligibility were met, a skeleton Disability questionnaire was created. This skeleton questionnaire contained the following information which had been obtained during the FRS interview:-

- serial number
- serial number components (area, address, household, benefit unit, person)
- name
- sex
- age
- time the disability record was created
- date the disability record was created
- 13 true/false variables, indicating whether a particular criterion for including this person in Disability was met

8.2 Classification as disabled

The intention of the Disability questionnaire was to identify people with even a very low level of disability and then go on to grade that disability by severity, using the schema for severity developed in the 1985 study[5]. Each respondent was scored for each of the thirteen dimensions of disability. Minimum scores for each dimension were 0, indicating that the respondent had no difficulty for that dimension. Table 8 shows the lowest non-zero score and the highest achievable score for each of the thirteen dimensions of disability.

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[5] Ibid.

Table 8: Severity scales for areas of disability

	Dimension	Variable name	Lowest score above 0	Maximum score
1	Locomotion	LOC	0.5	11.5
2	Reaching and stretching	REACH	1.0	9.5
3	Dexterity	DEX	0.5	10.5
4	Personal care	SEE	1.0	11.0
5	Continence	HEAR	1.0	11.5
6	Seeing	CONT	0.5	12.0
7	Hearing	FITS	0.5	11.0
8	Communication	COMM	1.0	12.0
9	Behaviour	BEH	0.5	10.5
10	Intellectual functioning	INT	1.0	13.0
11	Consciousness	DIG	0.5	12.5
12	Eating, drinking and digestion	SCAR	0.5	0.5
13	Disfigurement	IND	0.5	0.5

Whether or not they reported a long-term health problem or complaint, respondents were considered to be disabled only if they achieved a non-zero score in any one of the above dimensions. In terms of the BLAISE program, for a respondent to be considered to be disabled, at least one of a number of conditions had to be met. Table 9 and Table 10 below identify the BLAISE questions by number (referred to in the paper questionnaire supplied to interviewers) and mnemonic (referred to in both the paper questionnaire and the BLAISE program) which set these conditions. The tables also summarise the questions put to respondents and the answers needed for the respondent to be considered disabled. For the sake of convenience, the questions have been divided into two groups: those dealing with activities and those dealing with self-care.

Table 9: Disability on grounds of activity

Question No.	Mnemonic	Description	Condition
5	Walkmile	Do you have difficulty walking for 1/4 mile on the level	Yes
12	Stand	Do you have difficulty standing	Yes
14	Stairs	Do you have difficulty walking up or down steps or stairs	Yes
19	Sitting	Do you have difficulties sitting comfortably in a chair	Yes
21	Falls	Do you suffer from falls or have great difficulty keeping balance	Yes
25	Bending	Do you have difficulty bending down and straightening up, even holding on to something	Yes
34	Stretch	Can you stretch both arms above head at the same time to reach for something above you	No
51	Holding	Do you have great difficulty holding, gripping or turning things	Yes
81	SeeFrnd	Do you have difficulty recognising a friend across the road	Yes
82	Reading	Do you have difficulty reading ordinary newsprint	Yes
95	Sounds	Can you hear sounds at all	No
96	Hearing	Do you have difficulty hearing someone talk in a quiet room	Yes
97	Convers	Do you have great difficulty following a conversation if there is background noise	Yes
107	Device	Do you use any sort of device to manage either your bladder or bowels	Yes

109	Bladder	Do you ever lose control of your bladder	Yes
111	Bowels	Do you ever lose control of your bowels	Yes
117	Fit	Have you had a fit or convulsion in the past 2 years	Yes
126	Understd	Do other people have difficulty understanding you	Yes
129 AND	UsOthers	Do you have difficulty understanding what other people say or what they mean ;	Yes
130	UsOth2	Is this due to a hearing problem	No
137	GettngOn	Do you have difficulty getting on with people so that it affects your family life, work or leisure	Yes
138	Confused	Do you frequently get confused about what day or time it is or where you are or who people are	Yes
139	Handicap	Do you have a mental handicap or other severe learning difficulty	Yes
140	Mentill	Do you have a mental illness, phobias, panics or other nervous disorders which limit your daily activities	Yes
141	Depress	Do you suffer from severe depression or anxiety which affects your daily activities	Yes
143	Psych	Have seen a psychiatrist or other specialist because of a mental, nervous or emotional problem in the last 12 months	Yes
187	Digest	Do you suffer from severe difficulties eating, drinking or digestion which limit your daily activities	Yes
192	Deform	Do you have a scar, blemish or deformity which limits your daily activities	Yes

Table 10: Disability on grounds of self-care

Question No.	Mnemonic	Description	Condition
199	OutBed	Do you have difficulty getting in and out of bed on your own	Yes
204	WashFace	Do you have difficulty washing your hands and face	Yes
209	WashOver	Do you have difficulty washing yourself all over	Yes
214	Dressing	Do you have difficulty dressing and undressing yourself	Yes
219	Chair	Do you have difficulty getting in and out of a chair on your own	Yes
224	Feed	Do you have difficulty feeding yourself, including cutting up food	Yes
229	Meal	Do you have difficulty preparing a hot meal for yourself	Yes
234	Dishes	Do you have difficulty washing up and drying the dishes	Yes
239	Laundry	Do you have difficulty washing clothes or bed linen	Yes
244	Vacuum	Do you have difficulty using a vacuum cleaner to clean the floor	Yes
249	Shopping	Do you have difficulty doing the household shopping on your own	Yes
254	PaperWk	Do you have difficulty dealing with paperwork	Yes
259	MedTreat	Do you have difficulty taking tablets or medicine	Yes
268	KpSaf	Do you need someone to be with you most of the time to avoid dangers	Yes
276	GoOut	Do you need someone to help you when you are outdoors or in places you d not know well	Yes
279	ToilGet	Do you have difficulty getting to the toilet at night	Yes
288	ToilUse	Do you have difficulty using the toilet on your own	Yes
297	CommUse	Do you have difficulty using something like a commode	Yes

306	ContUse	Do you have difficulty using incontinence aids or devices at night	Yes
315	Sheets	Do you have difficulty if you need to change sheets or night-clothes during the night	Yes
320	TurnOver	Do you have difficulty turning over when you are in bed during the night	Yes
325	Covers	Do you have difficulty getting the bedcovers back on the bed if they come off during the night	Yes
330	ChanPos	Do you have difficulty getting into the right position for sleeping	Yes

For any given dimension, respondents were, in general, asked further questions only if they showed some minimum level of difficulty. The severity score derived variables were designed with this principle in mind. That is, the severity of disability depended on answers to these further questions. However, due to an oversight, question 142 (Depres2: I am not anxious or depresses/ I am moderately anxious or depressed) also served as a gateway to further mental health questions. As a result, someone could be considered NOT DISABLED on activity grounds (having said NO to Depress) while scoring DISABLED within the severity score (having said that they were moderately anxious or depressed). To correct this, questions 144 to 181 were examined in a separate SPSS program to determine if any difficulty was present. If so, DISACT (disability on activity grounds) was set to TRUE, and DISABLED was also set to TRUE. The parallel variables in the non-response block (IFDISAB and IFDISACT) were, however, not changed, so that the original cases could be identified. Of course, respondents could have been considered to be disabled on other grounds. As a result, fewer than 50 cases were affected[6].

8.3 Severity Score

The severity score calculation was based on the SPSS program used for the 1985 study. As described above, a score is calculated for each of the thirteen dimensions of disability. The three highest scores are then identified and added together to form an unscaled overall severity score as follows:-

Unscaled severity score = the highest score +
0.4 × the 2nd highest score +
0.3 × the 3rd highest score

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[6] After correction, there were 48 more cases showing a disability on activity grounds and 42 more cases showing any disability.

This score was then rescaled to produce a final severity score on the scale of 0 to 10 as follows:-

Unscaled Score: Variable: SCORE	Scaled Score Variable: SEV
19.00 - 21.40	10
17.00 - 18.99	9
15.00 - 16.99	8
13.00 - 14.99	7
11.00 - 12.99	6
9.00 - 10.99	5
7.00 - 8.99	4
5.00 - 6.99	3
3.00 - 4.99	2
0.50 - 2.99	1
0.00	0

8.4 Additional derived variables

A number of other derived variables (DVs) were specified and produced. These include:

DV name	Description
B_AGE	Age in 5 year bands from 16 years of age to 85 and over
ICD1 to ICD4	ICD codes for up to four complaints, using 42 categories
ICD16_1 to ICD16_4	ICD codes for up to four complaints, using 16 categories
NUMCOMP	Number of complaints reported by the respondent
H_CAT1 to H_CAT16	True/False variables indicating whether the respondent has one of the 16 ICD complaints
E_ONSET	Earliest age of respondent at which any reported illness began

DV name	Description
SUFMONL SUFMONR SUFMONG SUFMONS SUFMONH SUFMONI SUFMONF SUFMONU SUFMONB SUFMONE SUFMOND	For each of 11 disability dimensions, the number of months that the respondent had suffered from this disability. Two dimensions did not record dates of onset and so are not calculated: Intellectual functioning and independence. L Locomotion; R Reach; G Dexterity; S Seeing; H Hearing; I Incontinence; F Consciousness; U Communication; B Behaviour; E Digestion; D Scar
PHYS_SC	Incapacity benefit all-work physical component score
MEN_SC	Incapacity benefit all-work mental component score

Derivations of all these variables are documented within the derived variable programs, themselves.

9. Coding and editing

9.1 Coding of diseases

The initial part of the Disability interview asked respondents whether they had "any long term health problems or complaints which [affected their] everyday activities". Up to four of these complaints were recorded in textual form. For analysis, these textual answers had to be classified.

Serial numbers, age and sex descriptors, and descriptions of complaints were copied from the main data file to a separate system for coding. Descriptions of each complaint were coded into one of 42 categories, using the International Classification of Diseases (ICD) system. The categories used are shown in Table 11.

Table 11: ICD Categories (42)

1 Cancer	16 Heart Attack	30 Kidney Disease
2 Diabetes	17 Blood Pressure	31 Urinary Illness
3 Other Endocrine	18 Other Heart Ailment	32 Other Bladder Complaint
4 Mental	19 Piles	33 Reproductive Illness
5 Other Mental	20 Varicose Veins	34 Arthritis
6 Epilepsy	21 Circulatory disorder	35 Back Problem
7 Migraine	22 Bronchitis	36 Other Bone Problem
8 Other Nervous Disorder	23 Asthma	37 Infectious Disease
9 Cataract	24 Hayfever	38 Blood Problem
10 Other Eye Complaint	25 Other Respiratory	39 Skin Ailment
11 Deafness	Ailment	40 Other
12 Tinnitus	26 Stomach Ulcer	41 Unclassified
13 Meniere's Disease	27 Other Digestive Illness	42 No Longer a Problem
14 Other Ear Complaint	28 Bowel Complaint	
15 Stroke	29 Teeth	

These 42 categories were summarised into the 16 broader categories used in the 1985 study and shown in Table 1. Although the ICD system classifies illnesses and complaints by *cause*, information collected during interviews related to *symptoms*. As a result, it was impossible to classify any illness or complaint as a congenital condition (Category 15 of the 16-way classification), and all complaints were coded to other categories.

Quality control checks on ICD coding were carried out on all of the data. About 10% of the codes for each month were examined and reassessed by a supervisor before coders were allowed to proceed to the next month. Because two organisations were involved in both fieldwork and ICD coding, consistency of coding between organisations was checked.

The July quota was coded, and a sample of 250 cases was selected by ONS and 250 by SCPR. Each organisation's codes were removed, and the sample data files were swapped between organisations. The cases were coded and returned to the originating organisation for comparison. Coding between organisations was found to match in only 75% of cases, which was felt to unacceptably low. Investigation of the mismatches revealed a number of systematic errors alongside a smaller number of cases where classification was open to interpretation.

Coders were provided with further guidelines to address the problems uncovered in this first test, and a second sample of 250 cases from each organisation's August quota was coded, swapped and analysed. This time, 95% of complaints were found to agree, which was considered to be an acceptable level.

9.2 Recoding "Other" categories

The questionnaire contained a number of questions which permitted 'other' as a coded answer. Of these, 41 also recorded as a text field what that 'other' referred to. The frequency of use of 'other' responses to each of these 41 questions was examined, and where respondents frequently resorted to the 'other' code, the detailed responses were reviewed.

Responses were recoded wherever:-
  - the description given could reasonably fit into one of the existing categories;
  - the description was given so often as to warrant creating a new category.

Wherever the text description showed that the category had been chosen in error, the 'other' code was reset to a blank value. Recoding was carried out by each fieldwork organisation, and a small sample examined to ensure consistency.

9.3 Editing

The nature of BLAISE ensures that many consistency checks are handled internally within the questionnaire. However, a few checks were implemented to resolve any problems which might have arisen from inevitable field errors and transmission problems. These are listed below.

- Dates of interview were reconciled insofar as possible with dates of FRS interviews.
- Serial numbers (which are strings) match their constituent numerical components (area, address, household, benefit unit, person)
- Records on the ICD file match the non-response file (which records the outcome of all cases)
- Records on the main data-file match the non-response file
- Records in Disability match area+address+household records in FRS
- The number of complaints, taken from the text descriptions, match the stated number of complaints
- Incorrect dates were corrected (e.g. 1967 instead of 1997)

9.4 Delivery of data

Data was delivered to the DSS in two batches. The first contained data from the first quarter of the survey (July 1996 to September 1996) and covered full interviews only. This data-set consisted of:-

Description	File name
Main data	Q1MAIN.POR
Derived variables from the main data	Q1DV2.POR
Derived variables from ICD data	Q1DVICD.POR

The second and final data-set covered the entire field period (July, 1996 to March, 1997) and included the following data from full interviews only:-

Description	File name
Main data	DSJM_DTB.POR
ICD data	DSJM_ICD.POR
Response information (information covers all cases)	DSJM_OUT.POR
Main derived variables including severity score, physical component score and mental component score	JM_MNDVB.POR
ICD derived variables including 42-way analysis, 16-way analysis	JM_ICDDV.POR

Also included were printed tables as specified by the DSS.

Office for National Statistics
SOCIAL SURVEY DIVISION

Disability Survey (FRS Follow-up)
Documentation

Questionnaire

Part 1

1.   IntComp1

Do you have any long term health problems or complaints which affect
your everyday activities?

Yes 1
No 2

2.   Complnt1   APPLIES IF IntComp1=Yes

What is your health problem or complaint?

ASK OR RECORD
TRY TO OBTAIN A MEDICAL NAME
TYPE IN NAME OF FIRST COMPLAINT/DISEASE/PROBLEM
(Type in only ONE complaint)
(note: text will be coded to ICD at HQ)

3.   ChgFRS1   APPLES IF BFirst.FRS=No

ASK OR RECORD

Has your health problem or complaint got better or worse since your FRS
interview or has it remained the same?

Got better since FRS interview 1
Got worse since FRS interview 2
No changes since FRS interview 3
Began since FRS interview 4

4.   IntComp2

Do you have any other long term health problem or complaints?

ASK OR RECORD AS NECESSARY

Yes 1
No 2

Up to 4 complaints to be coded.

5.   WalkMile

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

CODE YES IF ADVISED NOT TO WALK THIS FAR INCLUDE WALKING WITH STICKS OR
OTHER WALKING AIDS

Yes 1
No 2

6.   WlkAtAll   APPLIES IF WalkMile=1

Can you walk at all?

Yes 1
No 2

7.   Furthest   APPLIES IF WlkAtAll=1

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

PROMPT AND CODE FIRST THAT APPLIES
WALKING WITH A STICK ETC. IF USED.

At least 200 yards 1
Less than 200 yards but at least 50 yards 2
Less than 50 yards but more than a few steps 3
Only a few steps 4

8.   TimeWalk   APPLIES IF WlkAtAll=1

Roughly how many minutes does it take you to walk this far?

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

9.   HelpWalk   APPLIES IF WlkAtAll=1

Do you need someone to help you walk?

Yes 1
No 2

10.   WhyWalk   APPLIES IF WalkMile=1

Why do you have difficulties walking?

ASK OR RECORD
CODE ALL THAT APPLY
(ENTER AT MOST 5 CODES)

severe discomfort/tiredness/breathlessness 1
leg(s) amputated at or above ankle 2
born without legs or feet 3
need someone to lean on 4
other 5

11. DiffWalk   APPLIES IF WalkMile=1

For roughly how many days a week do you have difficulties with walking?

ASK OR RECORD
ENTER NUMBER FROM 0 TO 7

12. Stand

Do you have any difficulties standing?

Yes 1
No 2

13. StanMove   APPLIES IF Stand=1

How long can you remain standing without having to move around?

Less than 10 minutes 1
10 but less than 30 minutes 2
30 minutes or more 3

14. Stairs   APPLIES IF Furthest=1, 2 or 3 or Walkmile=2

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

Yes 1
No 2

15. OneStep   APPLIES IF Stairs=1

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

Yes 1
No 2

16. Stairs12   APPLIES IF OneStep=1

Can you walk up and down a flight of 12 stairs on your own:

CODE FIRST THAT APPLIES

without holding on and without stopping for a rest 1
by holding on but without stopping for a rest 2
by holding on AND stopping for a rest 3
or not at all? 4

17. Normal   APPLIES IF Stairs12=1, 2 or 3

Can I check, do you walk up and down steps 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
Does not manage normally 2

18. HelpStep   APPLIES IF Stairs=1

Do you need someone to help you with steps and stairs?

Yes 1
No 2

19. Sitting

Do you have any difficulties sitting comfortably in a chair?

Yes 1
No 2

20. ComfSit   APPLIES IF Sitting=1

Which of the following statements best describes you:

SHOW CARD 1

I cannot sit comfortably at all 1
I cannot sit comfortably, without having to move from the chair, for
more than 10 minutes 2
I cannot sit comfortably, without having to move from the chair, for
more than 30 minutes 3
I cannot sit comfortably, without having to move from the chair, for
more than 1 hour 4

21. Falls   APPLIES IF OneStep=1 or Walkmile=2
                   OR Stairs=2

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

Yes 1
No 2

22. Balance   APPLIES IF Falls=1

In the past 12 months have you ever lost your balance and fallen?

Yes 1
No 2

23. NumFall   APPLIES IF Balance=1

How many times have you fallen in the past 12 months?

1-2 times 1
3-11 times 2
12 or more times 3

24.   HoldBal   APPLIES IF Balance=2 or NumFall=1 or 2

Do you need to hold on to something to keep your balance:

all the time 1
quite often 2
only occasionally 3
or not at all? 4

25.   Bending   APPLIES IF Falls=2 or HoldBal=2,3 or 4

Do you have difficulty bending down and straightening up even when you
are holding on to something?

Yes 1
No 2

26.   Knees   APPLIES IF Bending=1

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

Yes 1
No 2

27.   Pickup   APPLIES IF Knees=1

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

Yes 1
No 2

28.   SomePick   APPLIES IF PickUp=1

Can you always bend down, pick something up from the floor and
straighten up again (holding on if necessary) or only sometimes?

Always 1
Sometimes 2

29.   Sweep   APPLIES IF PickUp=1

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

Yes 1
No 2

30. WhenDifL   APPLIES IF WalkMile=1 or Stand=1
                           or Stairs=1 or Sitting=1 or Falls=1 or Bending=1

    How old were you when you first had difficulty with
    (walking/standing/steps and stairs/sitting/balance/falls/bending)?

    ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

31. DifLMon   APPLIES IF difficulty began in last year
                           (i.e. age is same as or one year different)

    For how long has the difficulty you have with (walking/ standing/ steps
    and stairs/ sitting/ balance/ falls/ bending) lasted?

    ENTER NUMBER OF MONTHS - 0 .. 24

32. DifLYr   APPLIES IF difficulty began more than 1
                           year ago (i.e. age is more than one year different)

    Is this difficulty with (walking/ standing/ steps and stairs/ sitting/
    balance/ falls/ bending) greater or less than it was a year ago (that is
    since INSERT DATE), or is it about the same?

    Greater than a year ago 1
    Less than a year ago 2
    About the same 3

33. DifLNex6   APPLIES IF WalkMile=1 or Stand=1
                           or Stairs=1 or Sitting=1 or Falls=1 or Bending=1

    Do you think you will have this amount of difficulty with your (walking/
    standing /steps and stairs/ sitting/ balance/ falls/ bending) for at
    least the next 6 months?

    Yes 1
    No 2
    DK 3

34. Stretch

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

    SHOW CARD 2

    Yes 1
    No 2

35. PrAmbRch   APPLIES IF Stretch=2

    I'm going to ask you some questions about reaching and stretching with
    each of your hands

    PRESS <Enter> to continue

36. RShake   APPLIES IF Stretch=2

How difficult is it for you to hold your arm out in front of you to
shake hands with someone...with your right arm?

SHOW CARD 2

Not difficult 1
Difficult 2
Impossible 3

37. LShake   APPLIES IF Stretch=2

...with your left arm?

SHOW CARD 2

Not difficult 1
Difficult 2
Impossible 3

38. RSleeve   APPLIES IF Stretch=2

How difficult is it for you to hold your arm out to the side and put it
into the sleeve of a jacket...with your right arm?

SHOW CARD 2

Not difficult 1
Difficult 2
Impossible 3

39. LSleeve   APPLIES IF Stretch=2

...with your left arm?

SHOW CARD 2

Not difficult 1
Difficult 2
Impossible 3

40. RHaton   APPLIES IF Stretch=2

How difficult is it for you to put your hand up to your head to put a
hat on...with your right arm?

SHOW CARD 2

Not difficult 1
Difficult 2
Impossible 3

41. LHaton   APPLIES IF Stretch=2

   ...with your left arm?

   SHOW CARD 2

   Not difficult 1
   Difficult 2
   Impossible 3

42. RTuckIn   APPLIES IF Stretch=2

   How difficult is it for you to put your hand behind your back to tuck in
   a blouse/shirt...with your right arm?

   SHOW CARD 2

   Not difficult 1
   Difficult 2
   Impossible 3

43. LTuckIn   APPLIES IF Stretch=2

   ...with your left arm?

   SHOW CARD 2

   Not difficult 1
   Difficult 2
   Impossible 3

44. RReach   APPLIES IF Stretch=2

   How difficult is it for you to put your hand above your head to reach
   something above you...with your right arm?

   SHOW CARD 2

   Not difficult 1
   Difficult 2
   Impossible 3

45. LReach   APPLIES IF Stretch=2

   ...with your left arm?

   SHOW CARD 2

   Not difficult 1
   Difficult 2
   Impossible 3

46. WhenDifR   APPLIES IF Stretch=2

How old were you when you first had this difficulty with reaching and
stretching?

ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

47. DifRMon   APPLIES IF difficulty began in last year
                   (i.e. age is same as or one year different)

For how long has the difficulty you have with reaching and stretching
lasted?

ENTER NUMBER OF MONTHS - 0 .. 24

48. DifRYr   APPLIES IF difficulty began more
                   than 1 year ago (i.e. age is more than one year
                   different)

Is this difficulty with reaching and stretching greater or less than it
was a year ago (that is since INSERT DATE), or is it about the same?

Greater than a year ago 1
Less than a year ago 2
About the same 3

49. DifRNex6   APPLIES IF Stretch=2

Do you think you will have this amount of difficulty with your reaching
and stretching for at least the next 6 months?

Yes 1
No 2
DK 3

50. Handed

Are you right-handed, left-handed, or ambidextrous (able to use both
hands equally well)?

Right 1
Left 2
Ambidextrous 3

51. Holding

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

Yes 1
No 2

52.   PrAmbH1   APPLIES IF Holding=1

I am going to ask you some questions about what you can do, first with
your right hand and then with your left hand.

PRESS <Enter> TO CONTINUE

53.   CoffeeR   APPLIES IF Holding=1

Can you pick up and hold a mug of coffee or tea
...with your right hand?

Yes 1
No 2

54.   CoffeeL   APPLIES IF Holding=1

...with your left hand?

Yes 1
No 2

55.   TapR   APPLIES IF CoffeeR=1 OR CoffeeL=1

Can you turn a tap or the control knobs of a cooker
... with your right hand?

Yes 1
No 2

56.   TapL   APPLIES IF CoffeeR=1 OR CoffeeL=1

... with your left hand?

Yes 1
No 2

57.   TurnPgR   APPLIES IF TapR=1 OR TapL=1

Can you turn the pages of a book
... with your right hand?

Yes 1
No 2

58.   TurnPgL   APPLIES IF TapR=1 OR TapL=1

... with your left hand?

Yes 1
No 2

59. MilkR   APPLIES IF TapR=1 OR TapL=1

    Can you pick up and carry a pint of milk
    ...with your right hand?

    Yes 1
    No 2

60. MilkL   APPLIES IF TapR=1 OR TapL=1

    ...with your left hand?

    Yes 1
    No 2

61. PickBkR   APPLIES IF MilkR=1 OR MilkL=1

    Can you pick up a paperback book
    ... with your right hand?

    Yes 1
    No 2

62. PickBkL   APPLIES IF MilkR=1 OR MilkL=1

    ... with your left hand?

    Yes 1
    No 2

63. SqueezR   APPLIES IF TapR=1 OR TapL=1

    Can you squeeze the water from a sponge
    ... with your right hand?

    Yes 1
    No 2

64. SqueezL   APPLIES IF TapR=1 OR TapL=1

    ... with your left hand?

    Yes 1
    No 2

65. SafePinR   APPLIES IF (MilkR=1 OR MilkL=1) AND
                   (SqueezR=1 OR SqueezL=1)

    Can you pick up a small object, like a safety pin
    ... with your right hand?

    Yes 1
    No 2

66.   SafePinL   APPLIES IF (MilkR=1 OR MilkL=1) AND
                         (SqueezR=1 OR SqueezL=1)

... with your left hand?

Yes 1
No 2

67.   BagPotR   APPLIES IF SafePinR=1 OR
                         SafePinL=2

Can you pick up and carry a 5lb bag of potatoes
...with your right hand?

Yes 1
No 2

68.   BagPotL   APPLIES IF SafePinR=1 OR
                         SafePinL=2

...with your left hand?

Yes 1
No 2

69.   PrAmbH2   APPLIES IF (CoffeeR=1 OR CoffeeL=1) AND
                         (TapR=1 OR TapL=1) AND (MilkR=1 OR MilkL=1) AND
                         (SqueezR=1 OR SqueezL=1) AND (SafePinR=1 OR
                         SafePinL=1)

I'm now going to read out some things which involve both hands in
holding, gripping or turning, and I'd like to know whether you have
difficulty with any of them.

PRESS <Enter> TO CONTINUE

70.   Spoon   APPLIES IF (CoffeeR=1 OR
                         CoffeeL=1) AND (TapR=1 OR TapL=1) AND (MilkR=1 OR
                         MilkL=1) AND (SqueezR=1 OR SqueezL=1) AND (SafePinR=1
                         OR SafePinL=1)

Can you serve food from a pan with a spoon or ladle without difficulty?

Yes 1
No 2

71.   Kettle   APPLIES IF (CoffeeR=1 OR
                         CoffeeL=1) AND (TapR=1 OR TapL=1) AND (MilkR=1 OR
                         MilkL=1) AND (SqueezR=1 OR SqueezL=1) AND (SafePinR=1
                         OR SafePinL=1)

Can you pick up and pour from a full kettle without difficulty?

Yes 1
No 2

72. Unscrew   APPLIES IF Spoon=1 AND Kettle=1

    Can you unscrew the lid of a coffee jar without difficulty?

    Yes 1
    No 2

73. UsePen   APPLIES IF Spoon=1 AND Kettle=1

    Can you use a pen or pencil without difficulty?

    Yes 1
    No 2

74. Wring   APPLIES IF Unscrew=1 AND UsePen=1
                    AND (BagPotR=1 OR BagPotL=1)

    Can you wring out light washing without difficulty?

    Yes 1
    No 2

75. Scissor   APPLIES IF Unscrew=1 AND UsePen=1
                    AND (BagPotR=1 OR BagPotL=1)

    Can you use scissors without difficulty?

    Yes 1
    No 2

76. Bow   APPLIES IF Wring=1 AND Scissor=1 AND
                    (CoffeeR=1 OR CoffeeL=1) AND (TapR=1 OR TapL=1) AND
                    (SqueezR=1 OR SqueezL=1) AND (SafePinR=1 OR
                    SafePinL=1)AND (MilkR=1 OR MilkL=1)

    Can you tie a bow in laces or string without difficulty?

    Yes 1
    No 2

77. WhenDifG   APPLIES IF CoffeeR=2 OR CoffeeL=2
                    OR TapR=2 OR TapL=2 OR TurnPgR=2 OR TurnPgL=2 OR
                    MilkR=2 OR MilkL=2 OR PickBkR=2 OR PickBkL=2 OR
                    SqueezR=2 OR SqueezL=2 OR SafePinL=2 OR SafepinR=2 or
                    BagPotR=2 OR BagPotL=2 OR Spoon=2 OR Kettle=2 OR
                    Unscrew=2 OR UsePen=2 OR Wring=2 OR Scissor=2 OR
                    Bow=2

    How old were you when you first had this difficulty with holding,
    gripping and turning?

    ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

78.   DifGMon   APPLIES IF difficulty began in last year
                       (i.e. age is same as or one year different)

For how long has the difficulty you have with holding, gripping and
turning lasted?

ENTER NUMBER OF MONTHS - 0 .. 24

79.   DifGYr   APPLIES IF difficulty began more than 1
                       year ago (i.e. age is more than one year different)

Is this difficulty with holding, gripping and turning greater or less
than it was a year ago (that is since INSERT DATE), or is it about the
same?

Greater than a year ago 1
Less than a year ago 2
About the same 3

80.   DifGNex6   APPLIES IF CoffeeR=2 OR CoffeeL=2 OR
                       TapR=2 OR TapL=2 OR TurnPgR=2 OR TurnPgL=2 OR MilkR=2
                       OR MilkL=2 OR PickBkR=2 OR PickBkL=2 OR SqueezR=2 OR
                       SqueezL=2 OR SafePinL=2 OR SafepinR=2 or BagPotR=2 OR
                       BagPotL=2 OR Spoon=2 OR Kettle=2 OR Unscrew=2 OR
                       UsePen=2 OR Wring=2 OR Scissor=2 OR Bow=2

Do you think you will have this amount of difficulty with your holding,
gripping and turning for at least the next 6 months?

Yes 1
No 2
DK 3

81.   SeeFrnd

(Wearing glasses or lenses...)
Do you have difficulty recognising a friend across the road?

Yes 1
No 2

82.   Reading

(Wearing glasses or lenses...)
Do you have difficulty reading ordinary newspaper print?

Yes 1
No 2

83. Windows   APPLIES IF SeeFrnd=1 or Reading=1

Can I check, (wearing glasses or lenses...) in a room during daytime,
can you tell by the light where the windows are?

Yes 1
No 2

84. Shape   APPLIES IF Windows=1

(Wearing glasses or lenses...)
Can you see the shapes of the furniture in this room?

Yes 1
No 2

85. RecFace   APPLIES IF Shape=1

(Wearing glasses or lenses...)
Can you see well enough to recognise a friend if you get close to his or
her face?

Yes 1
No 2

86. ArmLeng   APPLIES IF RecFace=1

(Wearing glasses or lenses...)
Can you see well enough to recognise a friend who is an arm's length
away?

Yes 1
No 2

87. Headline   APPLIES IF ArmLeng=1

(Wearing glasses or lenses...)
Can you see well enough to read a newspaper headline?

Yes 1
No 2

88. LargePrt   APPLIES IF Headline=1

(Wearing glasses or lenses...)
Can you see well enough to read a large print book?

Yes 1
No 2

89. Room   APPLIES IF LargePrt=1

(Wearing glasses or lenses...)
Can you see well enough to recognise a friend across the room?

Yes 1
No 2

90. WhenDifS   APPLIES IF SeeFrnd=1 or Reading=1

How old were you when you first had this difficulty with seeing?

ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

91. DifSMon   APPLIES IF difficulty began in last year
                      (i.e. age is same as or one year different)

For how long has the difficulty you have with seeing lasted?

ENTER NUMBER OF MONTHS - 0 .. 24

92. DifSYr   APPLIES IF difficulty began more than 1
                      year ago (i.e. age is more than one year different)

Is this difficulty you have with seeing greater or less than it was a
year ago (that is since insert date), or is it about the same?

Greater than a year ago 1
Less than a year ago 2
About the same 3

93. DifSNex6   APPLIES IF SeeFrnd=1 or Reading=1

Do you think you will have this amount of difficulty with your seeing
for at least the next 6 months?

Yes 1
No 2
DK 3

94. HearAid

Do you wear a hearing aid at all?

Yes 1
No 2

95. Sounds

Can I check, (wearing your hearing aid) can you hear sounds at all?

Yes 1
No 2

96. Hearing   APPLIES IF Sounds=1

     (Wearing your hearing aid...)
     Do you have difficulty hearing someone talk in a quiet room?

     Yes 1
     No 2

97. Convers   APPLIES IF Sounds=1

     (Wearing your hearing aid...)
     Do you have great difficulty following a conversation if there is
     background noise - for example a T.V., radio or children playing?

     Yes 1
     No 2

98. VolUp   APPLIES IF Hearing=1 or Convers=1

     (Wearing your hearing aid...)
     Can you follow a TV programme with the volume turned up?

     Yes 1
     No 2

99. LoudVoic   APPLIES IF VolUp=1

     (Wearing your hearing aid...)
     Can you hear someone talking in a loud voice in a quiet room without
     difficulty?

     Yes 1
     No 2

100. Bell   APPLIES IF LoudVoic=1

     (Wearing your hearing aid...)
     Can you hear a doorbell, alarm clock or telephone bell?

     Yes 1
     No 2

101. TPhone   APPLIES IF Bell=1

     (Wearing your hearing aid...)
     Can you use an ordinary telephone?

     Yes 1
     No 2

102. TVProgV   APPLIES IF TPhone=1

    (Wearing your hearing aid...)
    Can you follow a TV programme at a volume others find acceptable?

    Yes 1
    No 2

103. WhenDifH   APPLIES IF Hearing=1 or Convers=1 or
                        Sounds=2

    How old were you when you first had this difficulty with hearing?

    ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

104. DifHMon   APPLIES IF difficulty began in last year
                        (i.e. age is same as or one year different)

    For how long has the difficulty you have with hearing lasted?

    ENTER NUMBER OF MONTHS - 0 .. 24

105. DifHYr   APPLIES IF difficulty began more than 1
                        year ago (i.e. age is more than one year different)

    Is this difficulty you have with your hearing greater or less than it
    was a year ago (that is since INSERT DATE), or is it about the same?

    Greater than a year ago 1
    Less than a year ago 2
    About the same 3

106. DifHNex6   APPLIES IF Hearing=1 or Convers=1 or
                        Sounds=2

    Do you think you will have this amount of difficulty with your hearing
    for at least the next 6 months?

    Yes 1
    No 2
    DK 3

107. Device

    Can I check, do you use any sort of device to manage either your bladder
    or bowels?

    Yes - bladder device only 1
    Yes - bowel device only 2
    Yes - devices for both 3
    Neither 4

108. WhichLoo   APPLIES IF Device= 1, 2 or 4

Can I check, do you use the toilet, or do you use something like a
commode, bedpan or bottle instead of the toilet?

Toilet only 1
Commode, bedpan, bottle only 2
Both toilet and commode etc. 3

109. Bladder   APPLIES IF Device=2 or 4

Do you ever lose control of your bladder?

Yes 1
No 2

110. OftBlad   APPLIES IF Bladder=1

Do you lose control over your bladder:

CODE FIRST THAT APPLIES

at least once every 24 hours 1
less than every 24 hrs 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
or less than once a month? 5
INFORMANT HAS NO VOLUNTARY CONTROL 6

111. Bowels   APPLIES IF Device=1 or 4

Do you ever lose control of your bowels?

Yes 1
No 2

112. OftBow   APPLIES IF Bowels=1

Do you lose control over your bowels:

CODE FIRST THAT APPLIES

at least once every 24 hours 1
less than every 24 hrs 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
or less than once a month? 5
INFORMANT HAS NO VOLUNTARY CONTROL 6

113. WhenDifI   APPLIES IF Bladder=1 or Bowels=1
                       or Device=1, 2 or 3

    How old were you when you first had this difficulty with your
    bladder/bowels?

    ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

114. DifIMon   APPLIES IF difficulty began in last year
                       (i.e. age is same as or one year different)

    For how long has the difficulty you have with your bladder/bowels
    lasted?

    ENTER NUMBER OF MONTHS - 0 .. 24

115. DifIYr   APPLIES IF difficulty began more than 1
                       year ago (i.e. age is more than one year different)

    Is this difficulty you have with your bladder/bowels greater or less
    than it was a year ago (that is since INSERT DATE), or is it about the
    same?

    Greater than a year ago 1
    Less than a year ago 2
    About the same 3

116. DifINex6   APPLIES IF Bladder=1 or Bowels=1
                       or Device=1, 2 or 3

    Do you think you will have this amount of difficulty with your
    bladder/bowels for at least the next 6 months?

    Yes 1
    No 2
    DK 3

117. Fit

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

    Yes 1
    No 2

118. NumFit   APPLIES IF Fit=1

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

    ENTER NUMBER 0 to 99

119. LoseCons   APPLIES IF NumFit >= 1

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

Yes 1
No 2

120. WhatTime   APPLIES IF NumFit >= 1

At what time of day do the fits usually occur?

CODE ALL THAT APPLY

During the night 1
Early in the morning 2
During the day 3
Evenings 4
Anytime 5

121. Warning   APPLIES IF NumFit >= 1

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

Yes 1
No 2

122. WhenDifF   APPLIES IF NumFit >= 1

How old were you when you first had fits or convulsions?

ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

123. DifFMon   APPLIES IF difficulty began in last year
                       (i.e. age is same as or one year different)

For how long have you had the fits or convulsions?

ENTER NUMBER OF MONTHS - 0 .. 24

124. DifFYr   APPLIES IF difficulty began more than 1
                       year ago (i.e. age is more than one year different)

Are these fits or convulsions better or worse than they were a year ago
(that is since INSERT DATE), or are they about the same?

Greater than a year ago 1
Less than a year ago 2
About the same 3

125. DiffNex6   APPLIES IF NumFit >= 1

Do you think you will have this amount of difficulty with fits or
convulsions for at least the next 6 months?

Yes 1
No 2
DK 3

126. Understd

Do other people have any difficulty understanding you?

EXCLUDE LANGUAGE DIFFICULTIES

Yes 1
No 2

127. Knowl   APPLIES IF UnderStd=1

How difficult is it for people who know you well to understand you. Is
it ...
SHOW CARD 3

not difficult at all 1
quite difficult 2
very difficult 3
or impossible? 4

128. Other1   APPLIES IF Knowl= 1 or 2

How difficult is it for strangers to understand you. Is it...

SHOW CARD 3

not difficult at all 1
quite difficult 2
very difficult 3
or impossible? 4

129. UsOthers   APPLIES IF Knowl=1, 2 or 3

Do you have any difficulty understanding what other people say or what
they mean?

EXCLUDE LANGUAGE DIFFICULTIES

Yes 1
No 2

130. UsOth2   APPLIES IF UsOthers=1

Is this due to a hearing problem?

Yes 1
No 2

131. Know2   APPLIES IF UsOthers=1 AND UsOth2=2

How difficult is it for you to understand people you know very well. Is
it ...
SHOW CARD 3

not difficult at all 1
quite difficult 2
very difficult 3
or impossible? 4

132. Other2   APPLIES IF Know2= 1 or 2

How difficult is it for you to understand strangers. Is it...

SHOW CARD 3

not difficult at all 1
quite difficult 2
very difficult 3
or impossible? 4

133. WhenDifU   APPLIES IF UnderStd=1 or
                     (UsOthers=1 AND UsOth2=2)

How old were you when you first had this difficulty with
understanding/being understood?

ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

134. DifUMon   APPLIES IF difficulty began in
                     last year (i.e. age is same as or one year different)

For how long has the difficulty you have with understanding/being
understood lasted?

ENTER NUMBER OF MONTHS - 0 .. 24

135. DifUYr   APPLIES IF difficulty began more
                     than 1 year ago (i.e. age is more than one year
                     different)

     Is this difficulty with understanding/being understood greater or less
     than it was a year ago (that is since INSERT DATE), or is it about the
     same?

     Greater than a year ago 1
     Less than a year ago 2
     About the same 3

136. DifUNex6   APPLIES IF UnderStd=1 or UsOthers=1

     Do you think you will have this amount of difficulty with
     understanding/being understood for at least the next 6 months?

     Yes 1
     No 2
     DK 3

137. GettngOn

     Do you have difficulty getting on with people so that it affects your
     family life, work or leisure?

     Yes 1
     No 2

138. Confused

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

     Yes 1
     No 2

139. Handicap

     Do you have a mental handicap or other severe learning difficulty?

     Yes 1
     No 2

140. MentIll

     Do you have a mental illness, phobias, panics or other nervous disorders
     which limit your daily activities?

     Yes 1
     No 2

141. Depress

Do you suffer from severe depression or anxiety which affects your daily activities?

Yes 1
No 2

142. Depres2   APPLIES IF Depress=2

Please look at this card and tell me which statement best describes your health-state today:

SHOW CARD 4

I am not anxious or depressed 1
I am moderately anxious or depressed 2

143. Psych

In the last 12 months have you seen a psychiatrist or other specialist because of a mental, nervous or emotional problem?

Yes 1
No 2

144. Stir   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

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

Yes 1
No 2

145. Alone   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

Do you prefer to be left alone for 6 hours or more each day?

Yes 1
No 2
DK 3

146. Hostile   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

Do you often feel hostile or aggressive towards other people?

Yes 1
No 2
DK 3

147. Hit   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

     Do you ever get so upset that you hit other people?

     Yes 1
     No 2

148. FamRelat   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

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

     Yes 1
     No 2

149. SitHours   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

     Do you sometimes sit for hours doing nothing?

     Yes 1
     No 2

150. Temper   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

     Do you often have an outburst of temper at other people for very little
     cause?

     Yes 1
     No 2

151. OthRelat   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

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

     Yes 1
     No 2

152. RipUp   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

     Do you ever get so upset that you break or rip up things?

     Yes 1
     No 2

153. Injure   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

Do you ever get so upset that you injure yourself?

Yes 1
No 2

154. Accident   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

In the past 3 months, have you had any accidents or mishaps due to
agitation, confusion or forgetfulness?

Yes 1
No 2

155. NeedWith   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

Do you feel the need to have someone with you all the time?

Yes 1
No 2

156. OutAlone   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

Are you frightened of going out alone?

Yes 1
No 2

157. Forget   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

Do you often forget what you are supposed to be doing in the middle of
something?

Yes 1
No 2

158. LoseTrak   APPLIES Depress=1 or Depres2=2 or
                        GettngOn=1 or Confused=1 or Handicap=1 or MentIll=1
                        or Psych=1

     Do you often lose track of what is being said in the middle of a
     conversation?

     Yes 1
     No 2

159. Changes   APPLIES IF Depress=1 or Depres2=2
                        or GettngOn=1 or Confused=1 or Handicap=1 or
                        MentIll=1 or Psych=1

     Do you have difficulties coping with changes in your daily routine?

     Yes 1
     No 2

160. Stress   APPLIES IF Depress=1 or Depres2=2
                        or GettngOn=1 or Confused=1 or Handicap=1 or
                        MentIll=1 or Psych=1

     Have you ever had to stop work due to mental stress?

     Yes 1
     No 2
     Never had a job 3

161. ThinkCl   APPLIES IF Depress=1 or Depres2=2
                        or GettngOn=1 or Confused=1 or Handicap=1 or
                        MentIll=1 or Psych=1

     Can you think clearly, or do your thoughts tend to be muddled or slow?

     Can think clearly 1
     Thoughts muddled and slow 2

162. TimeDay   APPLIES IF Depress=1 or Depres2=2
                        or GettngOn=1 or Confused=1 or Handicap=1 or
                        MentIll=1 or Psych=1

     Do you often get confused about what time of day it is?

     Yes 1
     No 2

163. TVProg   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

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

Yes 1
No 2

164. TellOth   APPLIES IF TVProg=1

Could you tell someone what the programme was about?

Yes 1
No 2

165. Message   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

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

166. TurnOff   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

Do you often forget to turn things off such as fires, cookers or taps?

Yes 1
No 2

167. Names   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

Do you often forget the names of people in your family or friends whom
you see regularly?

Yes 1
No 2

168. Read   APPLIES IF Depress=1 or Depres2=2
                     or GettngOn=1 or Confused=1 or Handicap=1 or
                     MentIll=1 or Psych=1

Do you have difficulty reading?

Yes 1
No 2

169. NewsArt   APPLIES IF Read=1

Could you read a short newspaper article?

Yes 1
No 2

170. PhoneBk   APPLIES IF Depress=1 or Depres2=2
                      or GettngOn=1 or Confused=1 or Handicap=1 or
                      MentIll=1 or Psych=1

Can you use a telephone book or other directory to find a number?

Yes 1
No 2

171. Write   APPLIES IF Depress=1 or Depres2=2
                      or GettngOn=1 or Confused=1 or Handicap=1 or
                      MentIll=1 or Psych=1

Do you have difficulty writing?

Yes 1
No 2

172. Letter   APPLIES IF Write=1

Could you write a short letter to someone without help?

Yes 1
No 2

173. Sums   APPLIES IF Depress=1 or Depres2=2
                      or GettngOn=1 or Confused=1 or Handicap=1 or
                      MentIll=1 or Psych=1

Do you have difficulty with sums and calculations?

Yes 1
No 2

174. Money   APPLIES IF Sums=1

Could you count well enough to handle money?

Yes 1
No 2

175. Alcohol   APPLIES IF Depress=1 or Depres2=2
                      or GettngOn=1 or Confused=1 or Handicap=1 or
                      MentIll=1 or Psych=1

     Do you need to drink alcohol before midday?

        Yes 1
        No 2

176. MoodCh   APPLIES IF Depress=1 or Depres2=2
                      or GettngOn=1 or Confused=1 or Handicap=1 or
                      MentIll=1 or Psych=1

     Does your mood go up and down, making you upset or distressed?

        Yes 1
        No 2

177. Appear   APPLIES IF Depress=1 or Depres2=2
                      or GettngOn=1 or Confused=1 or Handicap=1 or
                      MentIll=1 or Psych=1

     Do you care about your appearance and living conditions?

        Yes 1
        No 2

178. DiffSlp   APPLIES IF Depress=1 or Depres2=2
                      or GettngOn=1 or Confused=1 or Handicap=1 or
                      MentIll=1 or Psych=1

     Do you have such difficulty sleeping that it interferes with daytime
     activities?

        Yes 1
        No 2

179. AvoiTask   APPLIES IF Depress=1 or Depres2=2
                      or GettngOn=1 or Confused=1 or Handicap=1 or
                      MentIll=1 or Psych=1

     Do you avoid doing everyday tasks because you feel they will be too
     tiring or stressful?

        Yes 1
        No 2

180. WorryWk   APPLIES IF Depress=1 or Depres2=2
                      or GettngOn=1 or Confused=1 or Handicap=1 or
                      MentIll=1 or Psych=1

     Do you worry that work would bring back or worsen an illness?

        Yes 1
        No 2

181. Panic   APPLIES IF Depress=1 or Depres2=2
                    or GettngOn=1 or Confused=1 or Handicap=1 or
                    MentIll=1 or Psych=1

Do you often feel scared or panicky for no reason?

Yes 1
No 2

182. WhenDifB   APPLIES IF Depress=1 or Depres2=2
                    or GettngOn=1 or Confused=1 or Handicap=1 or
                    MentIll=1 or Psych=1

How old were you when you first had this/these difficulties?

(INTERVIEWER: The following should not be read out UNLESS the respondent
doesn't know what difficulties you mean ==>
...Severe Depression
...Getting on with people
...Confusion
...Mental Handicap
...Mental Illness or nervous disorder
...Consulted a psychiatrist

ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

183. DifBMon   APPLIES IF difficulty began in
                    last year (i.e. age is same as or one year different)

For how long have you had these difficulties?

ENTER NUMBER OF MONTHS - 0 .. 24

184. DifBYr   APPLIES IF difficulty began more
                    than 1 year ago (i.e. age is more than one year
                    different)

Are these difficulties greater or less than they were a year ago (that
is since INSERT DATE), or are they about the same?

Greater than a year ago 1
Less than a year ago 2
About the same 3

185. DifBNex6   APPLIES IF Depress=1 or Depres2=2
                    or GettngOn=1 or Confused=1 or Handicap=1 or
                    MentIll=1 or Psych=1

Do you think you will have this amount of difficulty for at least the
next 6 months?

Yes 1
No 2
DK 3

186. Pain

Please look at this card and say which statement best describes your health-state today:

SHOW CARD 5

I have no pain or discomfort 1
I have moderate pain or discomfort 2
I have extreme pain or discomfort 3

187. Digest

Do you suffer from severe difficulties with eating, drinking or digestion which limit your daily activities?

Yes 1
No 2

188. WhenDifE   APPLIES IF Digest=1

How old were you when you first had this difficulty with eating, drinking or digestion?

ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

189. DifEMon   APPLIES IF difficulty began in
                      last year (i.e. age is same as or one year different)

For how long has the difficulty you have with eating, drinking or digestion lasted?

ENTER NUMBER OF MONTHS - 0 .. 24

190. DifEYr   APPLIES IF difficulty began more
                      than 1 year ago (i.e. age is more than one year
                      different)

Is this difficulty with eating, drinking or digestion greater or less than it was a year ago (that is since insert date), or is it about the same?

Greater than a year ago 1
Less than a year ago 2
About the same 3

191. DifENex6   APPLIES IF Digest=1

Do you think you will have this amount of difficulty with your eating, drinking or digestion for at least the next 6 months?

Yes 1
No 2
DK 3

192. Deform

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

Yes 1
No 2

193. WhenDifD   APPLIES IF Deform=1

How old were you when you first had this/these difficulties?
ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

194. DifDMon   APPLIES IF difficulty began in
                     last year (i.e. age is same as or one year different)

For how long have these difficulties lasted?

ENTER NUMBER OF MONTHS - 0 .. 24

195. DifDYr   APPLIES IF difficulty began more
                     than 1 year ago (i.e. age is more than one year
                     different)

Is this difficulty greater or less than it was a year ago (that is since
insert date), or is it about the same?

Greater than a year ago 1
Less than a year ago 2
About the same 3

196. DifDNex6   APPLIES IF Deform=1

Do you think you will have this amount of difficulty for at least the
next 6 months?

Yes 1
No 2
DK 3

197. IntHeal

To help people say how good or bad their health is, we have drawn a
scale (rather like a thermometer)on which the best state of health you
can imagine is marked by 100 and the worst state of health you can
imagine is marked by 0.

SHOW CARD 6
CODE 1 TO CONTINUE

-34-

198. BadHeal

We would like you to indicate on this scale how good or bad your health is today, in your opinion. Please do this by showing me the point on the scale which indicates how good or bad your current health is.

SHOW CARD 6
INTERVIEWER NOTE: RECORD POINT ON SCALE AS 0 TO 100, E.G. IF MIDWAY BETWEEN 50 AND 60 = 55

Note: This is the end of the Disability activity Section

199. OutBed

Do you have difficulty getting in and out of bed on your own?

Yes 1
No 2

200. BedH   APPLIES IF OutBed=1

Do you need help getting in and out of bed?

Yes 1
No 2

201. Bed2   APPLIES IF BedH=1

Thinking about getting in and out of bed, how often do you need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

202. WhoBed   APPLIES IF BedH=1

Who usually helps you?

Hierarchical computer assisted coding:
First, code if in household or not, or if no help given (1,2 or 3
respectively). Then, code who usually helps (codes below) to give a 3
digit code.

For example, code 108 = foster parent living **in** household;
          code 212 = foster brother/sister living **outside** household;
          code 219 = meals on wheels.

In Household 1
Not in Household 2
No help given 3
    Partner/ spouse/ cohabitee 1
    Son/ daughter (natural, or adopted) 2
    Step son/ daughter 3
    Foster child 4
    Son-in-law/daughter-in-law 5
    Parent 6
    Step-parent 7
    Foster parent 8
    Parent-in-law 9
    Brother/sister (incl. adopted) 10
    Step brother/sister 11
    Foster brother/sister 12
    Brother/sister-in-law 13
    Grand-child 14
    Grand-parent 15
    Other relatives by blood, marriage or adoption 16
    Other non-relatives (friends/neighbours, unpaid) 17
    Home help (e.g. Local authority) 18
    Meals on wheels 19
    Private domestic help (incl. private home help) 20
    Nursing auxiliary/bath attendant 21
    Community/District Nurse/ Health visitor 22
    Other nurses (e.g. Macmillan, private) 23
    Residential staff/ wardens of sheltered housing 24
    Other social/ welfare services 25
    Voluntary organisations/ workers 26
    Paid helpers not specified above 27

203. HelpBed   APPLIES IF BedH=1

On the days that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

204. WashFace

Do you have difficulty washing your hands and face?

Yes 1
No 2

205. WashFH   APPLIES IF WashFace=1

Do you need help washing your hands and face?

Yes 1
No 2

206. Face   APPLIES IF WashFH=1

Thinking about washing your hands and face, how often do you need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

207. WhoFace   APPLIES IF WashFH=1

Who usually helps you?

(coding frame as for WhoBed)

208. HelpFace   APPLIES IF WashFH=1

One the days when you need help, how much do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

209. WashOver

Do you have difficulty washing yourself all over?

Yes 1
No 2

210. WashOvH   APPLES IF WashOver=1

Do you need help washing yourself all over?

Yes 1
No 2

211. Wash   APPLIES IF WashOvH=1

Thinking about washing yourself all over, how much help do you need?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

212. Whowash   APPLIES IF WashOvH=1

Who usually helps you?

(coding frame as for WhoBed)

213. HelpWash   APPLIES IF WashOvH=1

One the days when you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

214. Dressing

Do you have difficulty dressing and undressing yourself?

Yes 1
No 2

215. DressH   APPLIES IF Dress=1

Do you need help dressing and undressing yourself?

Yes 1
No 2

216. Dress   APPLIES IF DressH=1

Thinking about dressing and undressing yourself, how often do you need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

217. WhoDress   APPLIES IF DressH=1

Who usually helps you?

(coding frame as for WhoBed)

218. HelpDres   APPLIES IF DressH=1

One the days when you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

219. Chair

Do you have difficulty getting in and out of a chair on your own?

Yes 1
No 2

220. ChairH   APPLIES IF Chair=1

Do you need help getting in and out of a chair?

Yes 1
No 2

221. Chair2   APPLIES IF ChairH=1

Thinking about getting in and out of a chair, how often do you need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

222. WhoChair   APPLIES IF ChairH=1

Who usually helps you?

(coding frame as for WhoBed)

223. HelpChr   APPLIES IF ChairH=1

One the days when you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

224. Feed

Do you have difficulty feeding yourself, including cutting up food?

Yes 1
No 2

225. FeedH   APPLIES IF Feed=1

Do you need help feeding yourself, including cutting up food?

Yes 1
No 2

226. Feed2   APPLIES IF FeedH=1

Thinking about feeding yourself and cutting up food, how often do you
need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

227. WhoFeed   APPLIES IF FeedH=1

Who usually helps you?

(coding frame as for WhoBed)

228. HelpFeed   APPLIES IF FeedH=1

On the days when you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

229. Meal

Do you have difficulty preparing a hot meal for yourself (or would you, if you had to)?

Yes 1
No 2

230. MealH   APPLIES IF Meal=1

Do you need help preparing a hot meal for yourself (or would you, if you had to)?

Yes 1
No 2

231. Meal2   APPLIES IF MealH=1

Thinking about preparing a hot meal for yourself, how often do you (or would you) need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

232. WhoMeal   APPLIES IF MealH=1

Who usually helps you?

(coding frame as for WhoBed)

233. HelpMeal   APPLIES IF MealH=1

On the days when you need help, how much help do you need?

SHOW CARD 9

Up to an hour, in total 1
Up to two hours in total 2
More than two hours in total 3

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234. Dishes

Do you have difficulty washing up and drying the dishes (or would you, if you had to)?

Yes 1
No 2

235. DishH   APPLIES IF Dishes=1

Do you need help washing up and drying the dishes (or would you, if you had to)?

Yes 1
No 2

236. Dish2   APPLIES IF DishH=1

Thinking about washing up and drying the dishes, how often do you (or would you) need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

237. WhoDish   APPLIES IF DishH=1

Who usually helps you?

(coding frame as for WhoBed)

238. HelpDish   APPLIES IF DishH=1

On the days when you need help, how much help do you need?

SHOW CARD 9

Up to an hour, in total 1
Up to two hours in total 2
More than two hours in total 3

239. Laundry

Do you have difficulty washing clothes or bed linen (or would you, if you had to)?

Yes 1
No 2

240. LaundH   APPLIES IF Laundry=1

Do you need help washing clothes or bed linen (or would you, if you had to)?

Yes 1
No 2

241. Laund2   APPLIES IF LaundH=1

Thinking about washing clothes or bed linen, how often do you (or would you) need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

242. WhoLaun   APPLIES IF LaundH=1

Who usually helps you?

(coding frame as for WhoBed)

243. HelpLaun   APPLIES IF LaundH=1

On the days when you need help, how much help do you need?

SHOW CARD 9

Up to an hour, in total 1
Up to two hours in total 2
More than two hours in total 3

244. Vacuum

Do you have difficulty using a vacuum cleaner to clean the floor (or would you, if you had to)?

Yes 1
No 2

245. VacuH   APPLIES IF Vacuum=1

Do you need help using a vacuum cleaner to clean the floor (or would you, if you had to)?

Yes 1
No 2

246. Vacuum2   APPLIES IF VacuH=1

Thinking about using a vacuum cleaner to clean the floor, how often do
you (or would you) need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

247. WhoVac   APPLIES IF VacuH=1

Who usually helps you?

(coding frame as for WhoBed)

248. HelpVac   APPLIES IF VacuH=1

On the days that you need help, how much help do you need?

SHOW CARD 9

Up to an hour, in total 1
Up to two hours in total 2
More than two hours in total 3

249. Shopping

Do you have difficulty doing the household shopping on your own (or
would you, if you had to)?

Yes 1
No 2

250. ShopH   APPLIES IF Shopping=1

Do you need help doing the household shopping (or would you, if you had
to)?

Yes 1
No 2

251. Shop2   APPLIES IF ShopH=1

Thinking about doing the household shopping, how often do you (or would
you) need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

252. WhoShop   APPLIES IF ShopH=1

Who usually helps you?

(coding frame as for WhoBed)

253. HelpShop   APPLIES IF ShopH=1

On the days when you need help, how much help do you need?

SHOW CARD 9

Up to an hour, in total 1
Up to two hours in total 2
More than two hours in total 3

254. PaperWk

Do you have difficulty dealing with paperwork (e.g. paying bills,
writing letters) -- (or would you, if you had to)?

Yes 1
No 2

255. PaperWH   APPLIES IF PaperWk=1

Do you need help dealing with paperwork -- (or would you, if you had
to)?

Yes 1
No 2

256. Paper2   APPLIES IF PaperWH=1

Thinking about dealing with paperwork, how often do you (or would you)
need help?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. more than once a week) 2
I need help every day 3

257. WhoPaper   APPLIES IF PaperWH=1

Who usually helps you?

(coding frame as for WhoBed)

258. HelpPaper   APPLIES IF PaperWH=1

On the days that you need help, how much help do you need?

SHOW CARD 9

Up to an hour, in total 1
Up to two hours in total 2
More than two hours in total 3

259. MedTreat

Do you have difficulty taking tablets or medicines -- or making sure
that you take the right medicine at the right time?

Yes 1
No 2
  -

260. MedTrHN   APPLIES IF MedTreat=1

Do you need help taking tablets or medicines at night?

Yes 1
No 2

261. MedTrN1   APPLIES IF MedTrHN=1

Thinking about taking tablets or medicines, how often do you need help
during the night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

262. WhoTrN   APPLIES IF MedTrHN=1

Who usually helps you at night?

(coding frame as for WhoBed)

263. MedTrN2   APPLIES IF MedTrHN=1

On the nights that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

264. MedTrHD   APPLIES IF MedTreat=1

Do you need help taking tablets or medicines during the day

Yes 1
No 2

265. MedTrD1   APPLIES IF MedTrHD=1

How often do you need help during the day?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least two days a week) 2
I need help every day 3

266. WhoTrD   APPLIES IF MedTrHD=1

Who usually helps you during the day?

(coding frame as for WhoBed)

267. MedTrD2   APPLIES IF MedTrHD=1

On the days that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

268. KpSaf

Do you need someone to be with you most of the time to avoid dangers,
either to you or other people -- for example falling or leaving taps on?

Yes 1
No 2

269. WhenSaf   APPLIES IF KpSaf=1

Do you need someone to be with you ...

RUNNING PROMPT

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

270. KpSafN1   APPLIES IF WhenSaf=2 or 3

How often do you need help keeping safe during the night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

271. WhoKSafN   APPLIES IF WhenSaf=2 or 3

Who is usually with you on the nights that you need this help?

(coding frame as for WhoBed)

272. KpSafN2   APPLIES IF WhenSaf=2 or 3

On the nights that you need this help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

273. KpSafD1   APPLIES IF WhenSaf=1 or 3

How often do you need help keeping safe during the day?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least two days a week) 2
I need help every day 3

274. WhoKSafD   APPLIES IF WhenSaf=1 or 3

Who is usually with you on the days that you need this help?

(coding frame as for WhoBed)

275. KpSafD2   APPLIES IF WhenSaf=1 or 3

On the days that you need this help, how much help do you need?

SHOW CARD 11

I need help once or twice a day for up to an hour in total 1
I need help frequently, but I am all right on my own for an hour or so 2
I need help or attention from someone throughout the day 3

276. GoOut

Do you need someone to help you when you are outdoors or in places you do not know well?

Yes 1
No 2

277. WhyGuide   APPLIES IF GoOut=1

Why do you need someone to go with you outdoors or to strange places?

CODE ALL THAT APPLY

Likely to wander off 1
Likely to forget where I am 2
Likely to get into danger 3
Learning disability 4
Behavioural problems 5
Risk of falling 6
Unable to get to destination without help 7
No road or traffic sense 8
Other 9

278. OftGuide   APPLIES IF GoOut=1

Do you always need someone with you, or just sometimes?

Always need someone with me 1
Sometimes need someone with me 2

279. ToilGet   APPLIES IF WhichLoo=1 or 3

Do you have difficulty getting to the toilet on your own?

Yes 1
No 2

280. ToilGHN   APPLIES IF ToilGet=1

Do you need help getting to the toilet at night?

Yes 1
No 2

281. ToilGN1   APPLIES IF ToilGHN=1

How often do you need help getting to the toilet during the night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

282. WhoToiGN   APPLIES IF ToilGHN=1

Who is usually with you on the nights you need help?

(coding frame as for WhoBed)

283. ToilGN2   APPLIES IF ToilGHN=1

On the nights that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

284. ToilGHD   APPLIES IF ToilGet=1

Do you need help getting to the toilet during the day?

Yes 1
No 2

285. ToilGD1   APPLIES IF ToilGHD=1

How often do you need help getting to the toilet during the day?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least two days a week) 2
I need help every day 3

286. WhoToiGD   APPLIES IF ToilGHD=1

Who is usually with you on the days that you need help?

(coding frame as for WhoBed)

287. ToilGD2   APPLES IF ToilGHD=1

On the days that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

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288. ToilUse

Do you have difficulty using the toilet on your own?

Yes 1
No 2

289. ToilUHN   APPLIES IF ToilUse=1

Do you need help using the toilet during the night?

Yes 1
No 2

290. ToilUN1   APPLIES IF ToilUHN=1

How often do you need help using the toilet during the night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

291. WhoToiUN   APPLIES IF ToilUHN=1

Who is usually with you on the nights that you need help?

(coding frame as for WhoBed)

292. ToilUN2   APPLIES IF ToilUHN=1

On the nights that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

293. ToilUHD   APPLIES IF ToilUse=1

Do you need help using the toilet during the day?

Yes 1
No 2

294. ToilUD1   APPLIES IF ToilUHD=1

How often do you need help using the toilet during the day

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least two days a week) 2
I need help every day 3

295. WhoToiUD   APPLIES IF ToilUHD=1

Who is usually with you on the days that you need help?

(coding frame as for WhoBed)

296. ToilUD2   APPLIES IF ToilUHD=1

On the days that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

297. CommUse   APPLIES IF WhichLoo=2 or 3

Do you have difficulty using something like a commode, bedpan or bottle?

Yes 1
No 2

298. CommUHN   APPLIES IF CommUse=1

Do you need help using something like a commode, bedpan or bottle during
the night?

Yes 1
No 2

299. CommUN1   APPLIES IF CommUHN=1

How often do you need help using a commode, bedpan or bottle during the
night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

300. WhoComUN   APPLIES IF CommUHN=1

Who is usually with you on the nights that you need help?

(coding frame as for WhoBed)

301. CommUN2   APPLIES IF CommUHN=1

On the nights that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

302. CommUHD   APPLIES IF CommUse=1

Do you need help using something like a commode, bedpan or bottle during
the day?

Yes 1
No 2

303. CommUD1   APPLIES IF CommUHD=1

How often do you need help using a commode, bedpan or bottle during the
day?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least two days a week) 2
I need help every day 3

304. WhoComUD   APPLIES IF CommUHD=1

Who is usually with you on the days that you need help?

(coding frame as for WhoBed)

305. CommUD2   APPLIES IF CommUHD=1

On the days that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

306. ContUse   APPLIES IF Device=1, 2 or 3 or Bladder=1 or
                      Bowel=1

Do you have difficulty using incontinence aids or devices?

Yes 1
No 2

307. ContUHN   APPLIES IF ContUse=1

Do you need help using incontinence aids or devices during the night?

Yes 1
No 2

308. ContUN1   APPLIES IF ContUHN=1

How often do you need help using incontinence aids or devices during the
night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

309. WhoConUN   APPLIES IF ContUHN=1

Who is usually with you on the nights that you need help?

(coding frame as for WhoBed)

310. ContUN2   APPLIES IF ContUHN=1

On the nights that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

311. ContUHD   APPLIES IF ContUse=1

Do you need help using incontinence aids or devices during the day?

Yes 1
No 2

312. ContUD1   APPLIES IF ContUHD=1

How often do you need help using incontinence aids or devices during the
day?

SHOW CARD 7

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least two days a week) 2
I need help every day 3

313. WhoConUD   APPLIES IF ContUHD=1

Who is usually with you on the days that you need help?

(coding frame as for WhoBed)

314. ContUD2   APPLIES IF ContUHD=1

On the days that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

315. Sheets

Do you have difficulty if you need to change sheets or night-clothes during the night (for example because of night-sweats or incontinence)?

Yes 1
No 2

316. SheetH   APPLIES IF Sheets=1

Do you need help if you need to change sheets or night-clothes during the night?

Yes 1
No 2

317. Sheet2   APPLIES IF SheetH=1

Thinking about changing sheets or night-clothes, how often do you need help during the night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

318. WhoSheet   APPLIES IF SheetH=1

Who usually helps you?

(coding frame as for WhoBed)

319. HelpSht   APPLIES IF SheetH=1

On the nights that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

320. TurnOver

Do you have difficulty turning over when you are in bed during the night?

Yes 1
No 2

321. TurnOvH   APPLIES IF Turnover=1

Do you need help turning over when you are in bed during the night?

Yes 1
No 2

322. Turn2   APPLIES IF TurnOvH=1

Thinking about turning over in bed, how often do you need help during
the night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

323. WhoTurn   APPLIES IF TurnOvH=1

Who usually helps you?

(coding frame as for WhoBed)

324. HelpTurn   APPLIES IF TurnOvH=1

On the nights that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

325. Covers

Do you have difficulty getting the bedcovers back on the bed if they
come off during the night?

Yes 1
No 2

326. CoverH   APPLIES IF Covers=1

Do you need help getting the bedcovers back on the bed if they come off
during the night?

Yes 1
No 2

327. Cover2   APPLIES IF CoverH=1

Thinking about getting the bedcovers back on the bed if they come off, how often do you need help during the night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

328. WhoCov   APPLIES IF CoverH=1

Who usually helps you?

(coding frame as for WhoBed)

329. HelpCov   APPLIES IF CoverH=1

On the nights that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

330. ChanPos

Do you have difficulty getting into the right position for sleeping, if you need to sleep in a particular position?

Yes 1
No 2
Don't need to sleep in a particular position 3

331. ChanPH   APPLIES IF ChanPos=1

Do you need help getting into the right position for sleeping?

Yes 1
No 2

332. ChPos2   APPLIES IF ChanPH=1

Thinking about getting into the right position for sleeping, how often
do you need help during the night?

SHOW CARD 10

I occasionally need help (i.e. once a week or less) 1
I regularly need help (i.e. at least twice a week) 2
I need help every night 3

333. WhoChPos   APPLIES IF ChanPH=1

Who usually helps you?

(coding frame as for WhoBed)

334. HelpChPs   APPLIES IF ChanPH=1

On the nights that you need help, how much help do you need?

SHOW CARD 8

Once, for up to 20 minutes 1
Once, for up to an hour 2
Once, for over an hour 3
Twice or more, for up to 20 minutes in total 4
Twice or more, for up to an hour in total 5
Twice or more, for over an hour in total 6

335. HelpNigh   APPLIES IF Help needed with self-care:
                     (BedH=1 or WashFH=1 or WashOvH=1 or DressH=1 or
                     ChairH=1 or FeedH=1 or MedTrHN=1 or MedTrHD=1 or
                     ToilGHN=1 or ToilGHD=1 or ToilUHN=1 or ToilUHD=1 or
                     CommUHN=1 or CommUHD=1 or ContUHN=1 or ContUHD=1 or
                     SheetH=1 or TurnOvH=1 or CovH=1 or ChPosH=1)

SHOW CARD 12

You've told me that there are some personal things that you need help
with. Thinking about how much help you need overall during the night,
can you tell me which of these descriptions fits you best...

I need no help at night 1
I need very little help during the night 2
I occasionally need help during the night for more than just a few
minutes 3
I need help most nights at least once for more than just a few minutes 4
I need a lot of help or attention from someone throughout the night .. 5

336. HelpDay   APPLIES IF Help needed with self-care
                      (See above)

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

SHOW CARD 13

I need no help during the day 1
I need very little help during the day 2
I need help from someone once or twice a day, but they don't need to be
there all the time 3
During most of the day, I need help from someone, but I am all right on
my own for an hour or so 4
I need a lot of help or attention from someone throughout the day 5

337. LongHelp   APPLIES IF HelpNigh=3,4 or 5 or
                       HelpDay=3,4 or 5

How old were you when you first needed this amount of help?

ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

338. LongMon   APPLIES IF help first needed in last year
                       (i.e. age is same as or one year different)

For how many months have you needed this amount of help?

ENTER NUMBER OF MONTHS - 0 .. 24

339. HelpSix   APPLIES IF HelpNigh=3,4 or 5 or
                       HelpDay=3,4 or 5

Do you think you will need this amount of help for at least the next 6
months?

Yes 1
No 2
DK 3

340. HelpTime   APPLIES IF no help or very little help
                       needed with self-care

Although you do not 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 taps on?

Yes 1
No 2

341. LongHlp2   APPLIES IF HelpTime=1

How old were you when you first needed someone to be with you most of
the time?

ENTER AGE - IF SINCE BIRTH CODE 00 - 97 OR MORE CODE 97

342. LongMon2   APPLIES IF first needed someone to be with
                       them in last year (i.e. age is same as or one year
                       different)

For how many months have you needed someone to be with you most of the
time?

ENTER NUMBER OF MONTHS - 0 .. 24

343. HelpSix2   APPLIES IF HelpTime=1

Do you think you will need someone with you most of the time for at
least the next 6 months?

Yes 1
No 2
DK 3

344. PayHelp   APPLIES IF need any help at all

Self-Care:
(BedH=1 or WashFH=1 or WashOvH=1 or DressH=1 or ChairH=1 or FeedH=1 or
MedTrHN=1 or MedTrHD=1 or ToilGHN=1 or ToilGHD=1 or ToilUHN=1 or
ToilUHD=1 or CommUHN=1 or CommUHD=1 or ContUHN=1 or SheetH=1 or
TurnOvH2=1 or CoverH=1 or ChanPH=1)

Domestic Care:
(MealH=1 or DishH=1 or LaundH=1 or VacuH=1 or ShopH=1 or PaperWH=1)

Safety:
(KpSaf=1 or GoOut=1)

Do you pay for any of the help you receive?

Yes 1
No 2

345. PayBenef   APPLIES IF PayHelp=1

Do you pay out of Disability Living Allowance or Attendance Allowance
(if you receive it)?

Yes 1
No 2
Don't receive DLA or AA 3

Index of question names

Office for National Statistics
SOCIAL SURVEY DIVISION

★★

Disability Survey (FRS Follow-up)
Documentation

★★

Questionnaire

Part 2

1.   **StarGren**   APPLIES IF Disabled

   RESPONDENT HAS A DIFFICULTY WITH DAILY LIVING
   PRESS 1 TO CONTINUE INTERVIEW

2.   **AttHosp**   APPLIES IF Disabled

   During the past 12 months, have you been to a hospital or clinic for
   treatment or check-ups for your health problem or disability?

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

   Yes 1
   No 2

3.   **FreqHosp**   APPLIES IF AttHosp=1

   How many times have you been in the past year?

   enter number between 1 and 365

4.   **PayHosp**   APPLIES IF AttHosp=1

   Are you charged for any of these visits?

   Yes 1
   No 2

5.   **DomVisit**   APPLIES IF Disabled

   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 6 months?

   SHOW CARD A
   CODE ALL THAT APPLY (None= Code 14)

   District Nurse 1
   Health Visitor 2
   Nursing auxiliary (e.g. bath attendant) 3
   Care assistant / care worker 4
   Private nursing help 5
   Community psychiatric nurse 6
   Community mental handicap nurse 7
   Other community nurse 8
   Physiotherapist 9
   Occupational therapist 10
   Chiropodist 11
   Speech and language therapist 12
   General practitioner (GP)/ family doctor 13
   None of the above 14

6. **FreqDom**   APPLIES IF DomVisit not equal to 14
                                   (none of the above)

    How often does someone (from Card A) come?

    Every day or nearly 1
    2 or 3 times a week 2
    Once a week 3
    Less than once a week 4
    No longer visits 5

7. **PayDom**   APPLIES IF DomVisit=1

    Do you pay anything for these visits?

    Yes 1
    No 2

8. **NeedDom**   APPLIES IF disabled

    Is there any sort of help from the people listed on this card which
    you are not getting at present, but which you think you need?

    SHOW CARD A

    Yes 1
    No 2

9. **AskDom**   APPLIES IF NeedDom=1

    Have you asked for this help?

    Yes 1
    No 2

10. **RefDom**   APPLIES IF disabled

    Have you been offered any help from people on this card which you
    have turned down?

    SHOW CARD A

    Yes 1
    No 2

11. **AvoidDom**   APPLIES IF disabled

    Have you ever gone without the help or service that you needed?

    Yes 1
    No 2

12. **WhyNoDom**   APPLIES IF RefDom=Yes or AvoidDom=Yes

What was the reason you turned down or went without the help?

CODE ALL THAT APPLY

Couldn't afford help 1
Didn't know help was available 2
Didn't know where to ask for help 3
Haven't got round to asking for help 4
Too proud/ashamed 5
Didn't need/didn't think help required 6
Wanted to help self 7
Other (specify at next question) 8

13. **WhyDomO**   APPLIES IF WhyNoDom=Other

What was this other reason?

14. **PerVisit**   APPLIES IF Disabled

Here is a list of services which can help people with health problems
or disabilities and their families. Have you had any of these
services in the past 6 months?

SHOW CARD B
CODE ALL THAT APPLY (None= Code 14)

Local authority home help/home carer 1
Meals on wheels 2
Laundry service 3
Incontinence service 4
Night sitting service 5
Rehabilitation officer (mobility/daily living skills for the blind . 6
Guide/help (for deaf/blind) 7
Social worker 8
Voluntary worker 9
Visiting service 10
Private domestic help 11
Care manager 12
Other help 13
None of the above 14

15. **FreqPer**   APPLIES IF PerVisit not equal to 14
                        (none of the above)

How often does someone (from Card B) come?

Every day or nearly 1
2 or 3 times a week 2
Once a week 3
Less than once a week 4
No longer visits 5

16. **PayPer**   APPLIES IF PerVisit=1

Do you pay anything for these visits?

Yes 1
No 2

17. **NeedPer**   APPLIES IF disabled

Is there any sort of help from the people and services listed on this
card which you are not getting at present, but which you think you
need?

SHOW CARD B

Yes 1
No 2

18. **AskPer**   APPLIES IF NeedPer=1

Have you asked for this help or service?

Yes 1
No 2

19. **RefPer**   APPLIES IF disabled
SHOW CARD B

Have you been offered any help or service from people on this card
which you have turned down?

Yes 1
No 2

20. **AvoidPer**   APPLIES IF disabled

Have you ever gone without help or services that you needed?

Yes 1
No 2

21. **WhyNoPer**   APPLIES IF RefPer=Yes or AvoidPer=Yes

What was the reason you turned down or went without the help or service?

CODE ALL THAT APPLY

Couldn't afford help 1
Didn't know help was available 2
Didn't know where to ask for help 3
Haven't got round to asking for help 4
Too proud/ashamed 5
Didn't need/didn't think help required 6
Wanted to help self 7
Other (specify at next question) 8

22. **WhyPerO**   APPLIES IF WhyNoPer=Other

What was this other reason?

23. **DayCent**   APPLIES IF Disabled

Do you regularly go anywhere for training or social activities, such as to the places listed on this card?

SHOW CARD C
CODE ALL THAT APPLY (None=Code 9)

Day centre 1
Adult training centre 2
Club for the disabled 3
Other social club 4
Adult education centre 5
Alcoholic groups (e.g. Alcoholics Anonymous, Hospital alcohol unit) 6
Employment/vocational training facility 7
Any other centre for training or social activities 8
None of the above 9

24. **FreqCent**   APPLIES IF DayCent not equal to 9
                        (none of the above)

How often do you usually go to these places (from Card C)?

Every day or nearly 1
2 or 3 times a week 2
Once a week 3
Less than once a week 4
No longer visits 5

25. **PayCent**   APPLIES IF DayCent=1

Do you pay anything for these visits?

Yes 1
No 2

26. **NeedCent**   APPLIES IF disabled

Is there any sort of help from the services listed on this card which you are not getting at present, but which you think you need?

SHOW CARD C

Yes 1
No 2

27. **AskCent**   APPLIES IF NeedCent=1

Have you ever asked for this service?

Yes 1
No 2

28. **RefCent**   APPLIES IF disabled

Have you been offered any of the services on this card which you have turned down?

SHOW CARD C

Yes 1
No 2

29. **AvoiCent**   APPLIES IF disabled

Have you ever gone without help or advice that you needed?

Yes 1
No 2

30. **WhyNoCen**   APPLIES IF RefCent=Yes or AvoiCent=Yes

What was the reason you turned down or went without the help or service?

CODE ALL THAT APPLY
(enter at most 7 codes)

Difficulty with transport 1
Couldn't afford service 2
Didn't know service was available 3
Didn't know where to ask for service 4
Haven't got round to asking for service 5
Did not get along with someone 6
Other (specify at next question) 7

31. **WhyCentO**   APPLIES IF WhyNoCen=Other

What was this other reason?

32. **Respite**   APPLIES IF disabled

Sometimes, people being looked after by another person stay in a
nursing home or hospital for a while, so that their carer can have a
break, or because their carer has fallen ill. This is called 'respite
care'. Thinking back over the last 12 months, have you had any
respite care?

Yes 1
No 2

33. **FreqResp**   APPLIES IF Respite=1

In the past year, how many times have you been to stay somewhere for
respite care?

enter number between 1 and 97

34. **PayResp**   APPLIES IF Respite=1

Who paid for your most recent period of respite care?

PROMPT AS NECESSARY
IF MORE THAN ONE SOURCE, CODE WHICHEVER PAID MOST

Social security payments 1
Health Authority and Local Authority contributions 2
Respondent's private contribution 3
Relative's private contribution 4
Voluntary organisation or charitable body contributions 5
Other person or organisation 6
Didn't cost anything 7

35. **NeedResp**   APPLIES IF Respite=2

Is the reason you have not had any respite care because you (or your
carers) did not want any or for some other reason?

Did not want respite care 1
Financial reasons 2
Health/disability reasons 3
Other reasons 4

36. **AskResp**   APPLIES IF Respite=2

Have you (or your carers) ever asked for respite care?

Yes 1
No 2

37. **RefResp**   APPLIES IF Respite=2

Have you (or your carers) been offered any respite care which you
have turned down?

Yes 1
No 2

38. **AvoiResp**   APPLIES IF Respite=2

Have you ever gone without respite care that you needed ?

Yes 1
No 2

39. **WhyNoRes**   APPLIES IF RefResp=Yes or AvoiResp=Yes

What was the reason you turned down or went without the respite care?

CODE ALL THAT APPLY

Couldn't afford respite care 1
Didn't know respite care was available 2
Didn't know where to ask for respite care 3
Haven't got round to asking for respite care 4
Too proud/ashamed 5
Didn't need/didn't think help required 6
Wanted to help self 7
Other (specify at next question) 8

40. **WhyRespO**   APPLIES IF WhyNoRes=Other

What was this other reason?

41. **Advice**   APPLIES IF Disabled

There are a number of organisations which provide advice to people
with health problems or disabilities. Have you gone to anyone for
advice or help with welfare benefits, disabled people's rights, or
anything like that in the past year?

Yes 1
No 2

42. **PayAdv**   APPLIES IF Advice=1

Do you pay anything for this advice or help?

Yes 1
No 2

43. **RefAdv**   APPLIES IF disabled

Have you been offered any advice or help which you have turned down?

Yes 1
No 2

44. **AvoidAdv**   APPLIES IF disabled

Have you ever gone without help or advice that you needed?

Yes 1
No 2

45. **WhyNoAdv**   APPLIES IF RefAdv=Yes or Avoidadv=Yes

What was the reason you turned down, or went without the advice or
help?

CODE ALL THAT APPLY

Couldn't afford advice or help 1
Didn't know advice or help was available 2
Didn't know where to ask for advice or help 3
Haven't got round to asking for advice or help 4
Too proud/ashamed 5
Didn't need/didn't think help required 6
Wanted to help self 7
Other (specify at next question) 8

46. **WhyAdvO**   APPLIES IF WhyNoAdv=Other

What was this other reason?

47. **MobAid**   APPLIES IF problems with locomotion
                         (WalkMile=1 or Stand=1 or Stairs=1 or
                         Falls=1)

Do you regularly use any aids to walking or getting about, such as
those listed on this card?

SHOW CARD D

Yes 1
No 2

```
Card D

Wheelchair
Walking sticks
Crutches
Walking frame/tripod/zimmer
Trolley
Other mobility aid 1
```

48. **PayMAid**   APPLIES IF MobAid=1

Did you pay anything for these mobility aids?

Yes 1
No 2

49. **PayMAid2**   APPLIES IF PayMAid=1

Did you have any help towards the cost of these mobility aids, for
example a grant?

Yes 1
No 2

50. **NeedMAid**   APPLIES IF problems with locomotion

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?

SHOW CARD D

Yes 1
No 2

51. **YNoAid**   APPLIES IF NeedMAid=1

What is the reason(s) you do not have the aid?

CODE ALL THAT APPLY

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

52. **YNoAidO**   APPLIES IF YNoAid=Other

What was this other reason?

53. **YNoAidM**   APPLIES IF more than one reason at YNoAid

And what is the main reason you do not have the aid?

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other 8

54. **ImpMAid**   APPLIES IF MobAid=1

Would you like to replace or improve any of your mobility aids?

Yes 1
No 2

55. **NImpAid**   APPLIES IF ImpMAid=1

What is the reason(s) you have not yet replaced or improved your aid?

CODE ALL THAT APPLY

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

56. **NImpAidO**   APPLIES IF NImpAid=Other

What was this other reason?

57. **NImpAidM**   APPLIES IF more than one reason at NImpAid

And what is the main reason you have not yet replaced or improved
your aid?

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other 8

58. SurgAid   APPLIES IF disabled

Do you regularly use any surgical aids or supports or anything else listed on this card?

SHOW CARD E

Yes 1
No 2

```
                        Card E

Surgical footwear (eg built up shoe)
Callipers                    Splints
Surgical corset              Surgical collar
Other brace or support       Artificial arm
Artificial leg               Artificial joint
Artificial eye               Pacemaker
Pylon leg support
Other surgical aid or support
```

59. PaySurg   APPLIES IF SurgAid=1

Did you pay anything for these surgical aids or supports?

Yes 1
No 2

60. PaySurg2   APPLIES IF PaySurg=1

Did you have any help towards the cost of these surgical aids or supports, for example a grant?

Yes 1
No 2

61. NeedSurg   APPLIES IF disabled

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?

SHOW CARD E

Yes 1
No 2

62. **YNoSurg**   APPLIES IF NeedSurg=1

What is the reason(s) you do not have the aid?

CODE ALL THAT APPLY

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

63. **YNoSurO**   APPLIES IF YNoSurg=Other

What was this other reason?

64. **YNoSurM**   APPLIES IF more than one reason at YNoSurg

And what is the main reason you do not have the aid?

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

65. **ImpSurg**   APPLIES IF SurgAid=1

Would you like to replace or improve any of your surgical aids or
supports?

Yes 1
No 2

66. **NImpSur**   APPLIES IF ImpSurg=1

What is the reason(s) you have not yet replaced or improved your aid?

CODE ALL THAT APPLY

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

-13-

67. **NImpSurO**   APPLIES IF NImpSur=Other

What was this other reason?

68. **NImpSurM**   APPLIES IF more than one reason at NImpSur

And what is the main reason you not yet replaced or improved your aid?

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

69. **ContAid**   APPLIES IF problems with continence
                        (Bladder=1 or Bowels=1 or Device=1,2 or 3)

Do you regularly use any incontinence aids or devices such as those listed on this card?

SHOW CARD F

Yes 1
No 2

```
┌─────────────────────────────────────────────────────────────────┐
│                          Card F                                   │
│                                                                   │
│      Ileal Loop                                                   │
│      Catheter                                                     │
│      Ileostomy/colostomy bag                                      │
│      Bag for urine                                                │
│      Incontinence pants                                           │
│      Incontinence pads                                            │
│      Rubber sheet/mattress cover or other protective bedding      │
│      Other aids like these                                        │
│                                                                   │
└─────────────────────────────────────────────────────────────────┘
```


70. **PayCont**   APPLIES IF ContAid=1

Did you pay anything for these incontinence aids or devices?

Yes 1
No 2

71. **PayCont2**   APPLIES IF PayCont=1

Did you have any help towards the cost of these incontinence aids or devices, for example a grant?

Yes 1
No 2

72. **NeedCont**   APPLIES IF problems with continence

Are there any incontinence 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?

SHOW CARD F

Yes 1
No 2

73. **YNoCont**   APPLIES IF NeedCont=1

What is the reason(s) you do not have the aid?

CODE ALL THAT APPLY

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

74. **YNoConO**   APPLIES IF YNoCont=Other

What was this other reason?

75. **YNoContM**   APPLIES IF more than one reason at YNoCont

And what is the main reason you do not have the aid?

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

76. **ImpCont**   APPLIES IF ContAid=1

Would you like to replace or improve any of your incontinence aids or
devices?

Yes 1
No 2

77. **NImpCon**　　　　APPLIES IF ImpCont=1

What is the reason(s) you have not yet replaced or improved your aid?

CODE ALL THAT APPLY

```
Didn't know aid was available ...................................... 1
Didn't know where to buy/get aid ................................... 2
Haven't got round to buying aid .................................... 3
Can't afford aid ................................................... 4
Waiting for aid .................................................... 5
Ineligible for aid ................................................. 6
Didn't think aid was necessary ..................................... 7
Other (specify at next question) ................................... 8
```

78. **NImpConO**　　　　APPLIES IF NImpCon=Other

What was this other reason?

79. **NImpConM**　　　　APPLIES IF more than one reason at NImpCon

And what is the main reason you not yet replaced or improved your aid?

```
Didn't know aid was available ...................................... 1
Didn't know where to buy/get aid ................................... 2
Haven't got round to buying aid .................................... 3
Can't afford aid ................................................... 4
Waiting for aid .................................................... 5
Ineligible for aid ................................................. 6
Didn't think aid was necessary ..................................... 7
Other .............................................................. 8
```


80. **EyeAid**　　　　　APPLIES IF problems with sight
　　　　　　　　　　　　(SeeFrnd=1 or Reading=1)

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

SHOW CARD G

```
Yes ................................................................ 1
No ................................................................. 2
```

```
┌─────────────────────────────────────────────┐
│                  Card G                       │
│                                               │
│ Guide dog            Sonic aid                │
│ White cane           Ordinary stick           │
│ Magnifying glass     Low vision aid           │
│ Braille equipment                             │
│ Writing frame (eg for cheques)                │
│ Frame for telephone                           │
│ Talking book machine/ cassette recorder       │
│ Audible/tactile measuring device              │
│ Other vision aid                              │
└─────────────────────────────────────────────┘
```

81.   **PayEye**   APPLIES IF EyeAid=1

Did you pay anything for these vision aids?

Yes 1
No 2

82.   **PayEye2**   APPLIES IF PayEye=1

Did you have any help towards the cost of these vision aids, for
example a grant?

Yes 1
No 2

83.   **NeedEye**   APPLIES IF problems with vision

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?

SHOW CARD G

Yes 1
No 2

84.   **YNoEye**   APPLIES IF NeedEye=1

What is the reason(s) you do not have the aid?

CODE ALL THAT APPLY

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

85.   **YNoEyeO**   APPLIES IF YNoEye=Other

What was this other reason?

86. **YNoEyeM**   APPLIES IF more than one reason at YNoEye

And what is the main reason you do not have the aid?

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

87. **ImpEye**   APPLIES IF EyeAid=1

Would you like to replace or improve any of your vision aids?

Yes 1
No 2

88. **NImpEye**   APPLIES IF ImpEye=1

What is the reason(s) you have not yet replaced or improved your aid?

CODE ALL THAT APPLY

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

89. **NImpEyeO**   APPLIES IF NImpEye=Other

What was this other reason?

90. **NImpEyeM**   APPLIES IF more than one reason at NImpEye

And what is the main reason you have not yet replaced or improved
your aid?

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other 8

91.   **CommAid**   APPLIES IF disabled

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

SHOW CARD H
IF RESPONDENT IS SEEN AND CLEARLY HAS NO HEARING OR SPEECH
DIFFICULTIES, CODE NO WITHOUT ASKING

Yes 1
No 2

```
                         Card H

Hearing aid                    Adaptor for telephone
Adaptor for TV                 Adaptor for radio
Flashing light for telephone
Flashing light for door
Flashing alarm clock
Pointer board
Typewriter
Other speech/hearing aids
```

92.   **PayComm**   APPLIES IF CommAid=1

Did you pay anything for these speech or hearing aids?

Yes 1
No 2

93.   **PayComm2**   APPLIES IF PayComm=1

Did you have any help towards the cost of these speech or hearing
aids, for example a grant?

Yes 1
No 2

94.   **NeedComm**   APPLIES IF disabled

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?

SHOW CARD H
IF RESPONDENT IS SEEN AND CLEARLY HAS NO HEARING OR SPEECH
DIFFICULTIES, CODE NO WITHOUT ASKING

Yes 1
No 2

95.   **YNoCom**   APPLIES IF NeedComm=1

What is the reason(s) you do not have the aid?

CODE ALL THAT APPLY

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

96.   **YNoCommO**   APPLIES IF YNoCom=Other

What was this other reason?

97.   **YNoComM**   APPLIES IF more than one reason at YNoCom

And what is the main reason you do not have the aid?

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

98.   **ImpComm**   APPLIES IF CommAid=1

Would you like to replace or improve any of your aids?

Yes 1
No 2

99.   **NImpCom**   APPLIES IF ImpComm=1

What is the reason(s) you have not yet replaced or improved your aid?

CODE ALL THAT APPLY

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

100. **NImpComO**   APPLIES IF NImpCom=Other

What was this other reason?

101. **NImpComM**   APPLIES IF more than one reason at NImpCom

And what is the main reason you not yet replaced or improved your aid?

Didn't know aid was available 1
Didn't know where to buy/get aid 2
Haven't got round to buying aid 3
Can't afford aid 4
Waiting for aid 5
Ineligible for aid 6
Didn't think aid was necessary 7
Other (specify at next question) 8

102. **FurnAid**   APPLIES IF disabled

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

SHOW CARD I

Yes 1
No 2

```
┌─────────────────────────────────────────┐
│                 Card I                    │
│                                           │
│ Bed hoist                                 │
│ Bed poles and ladders                     │
│ Cradle for bedclothes                     │
│ Orthopaedic mattress                      │
│ Ripple mattress                           │
│ Sheepskin mattress                        │
│ Other special bed or bedding              │
│ Commode                                   │
│ Sani-chair                                │
│ Toilet hoist                              │
│ Other aids to toileting                   │
│ Bath seat                                 │
│ Bath hoist                                │
│ Non-slip mat                              │
│ Other aids to bathing                     │
│ Environmental controls (eg Possum)        │
│ Special chair                             │
│ Other special furniture or aids           │
└─────────────────────────────────────────┘
```


103. **PayFurn**   APPLIES IF FurnAid=1

Did you pay anything for these pieces of special furniture or daily living aids?

Yes 1
No 2

104. **PayFurn2**   APPLIES IF PayFurn=1

Did you have any help towards the cost of these pieces of special
furniture or daily living aids, for example a grant?

Yes 1
No 2

105. **NeedFurn**   APPLIES IF disabled

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

SHOW CARD I

Yes 1
No 2

106. **YNoFurn**   APPLIES IF NeedFurn=1

What is the reason(s) you do not have the furniture?

CODE ALL THAT APPLY

Didn't know furniture was available 1
Didn't know where to buy/get furniture 2
Haven't got round to buying furniture 3
Can't afford furniture 4
Waiting for furniture 5
Ineligible for furniture 6
Didn't think furniture was necessary 7
Other (specify at next question) 8

107. **YNoFurnO**   APPLIES IF YNoFurn=Other

What was this other reason?

108. **YNoFurM**   APPLIES IF more than one reason at YNoFurn

And what is the main reason you do not have the furniture?

Didn't know furniture was available 1
Didn't know where to buy/get furniture 2
Haven't got round to buying furniture 3
Can't afford furniture 4
Waiting for furniture 5
Ineligible for furniture 6
Didn't think furniture was necessary 7
Other 8

109. **ImpFurn**   APPLIES IF FurnAid=1

Would you like to replace or improve anv of your pieces of special
furniture or aids for daily living?

Yes 1
No 2

110. **NImpFur**   APPLIES IF ImpFurn=1

What is the reason(s) you have not yet replaced or improved your
furniture?

CODE ALL THAT APPLY

Didn't know furniture was available 1
Didn't know where to buy/get furniture 2
Haven't got round to buying furniture 3
Can't afford furniture 4
Waiting for furniture 5
Ineligible for furniture 6
Didn't think furniture was necessary 7
Other (specify at next question) 8

111. **NImpFurO**   APPLIES IF NImpFur=Other

What was this other reason?

112. **NImpFurM**   APPLIES IF more than one reason at NImpFur

And what is the main reason you not yet replaced or improved your
furniture?

Didn't know furniture was available 1
Didn't know where to buy/get furniture 2
Haven't got round to buying furniture 3
Can't afford furniture 4
Waiting for furniture 5
Ineligible for furniture 6
Didn't think furniture was necessary 7
Other 8

113. **GadgAid**   APPLIES IF disabled

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

SHOW CARD J

Yes 1
No 2

```
┌─────────────────────────────────────────────────────┐
│                      Card J                          │
│                                                       │
│  Special crockery ................. Special cutlery   │
│  Special utensils (eg tin opener, potato peeler)      │
│  Tap turner/special taps .......... Special door handles│
│  Pick up aid (eg 'Helping Hand')                      │
│  Dressing aids .................... Electric toothbrush│
│  Gadget to summon help                                │
│  Other small aids and gadgets                         │
└─────────────────────────────────────────────────────┘
```

114. **PayGadg**   APPLIES IF GadgAid=1

Did you pay anything for these small aids or gadgets?

Yes 1
No 2

115. **PayGadg2**   APPLIES IF PayGadg=1

Did you have any help towards the cost of these small aids or gadgets, for example a grant?

Yes 1
No 2

116. **NeedGadg**   APPLIES IF disabled

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?

SHOW CARD J

Yes 1
No 2

117. **YNoGadg**   APPLIES IF NeedGadg=1

What is the reason(s) you do not have the small aid or gadget?

CODE ALL THAT APPLY

Didn't know aid/gadget was available 1
Didn't know where to buy/get aid/gadget 2
Haven't got round to buying aid/gadget 3
Can't afford aid/gadget 4
Waiting for aid/gadget 5
Ineligible for aid/gadget 6
Didn't think aid/gadget was necessary 7
Other (specify at next question) 8

118. **YNoGadgO**   APPLIES IF YNoGadg=Other

What was this other reason?

119. **YNoGadgM**   APPLIES IF more than one reason at YNoGadg

And what is the main reason you do not have the small aid or gadget?

CODE ALL THAT APPLY

Didn't know aid/gadget was available 1
Didn't know where to buy/get aid/gadget 2
Haven't got round to buying aid/gadget 3
Can't afford aid/gadget 4
Waiting for aid/gadget 5
Ineligible for aid/gadget 6
Didn't think aid/gadget was necessary 7
Other 8

120. **ImpGadg**   APPLIES IF GadgAid=1

Would you like to replace or improve any of your small aids or gadgets?

Yes 1
No 2

121. **NImpGadg**   APPLIES IF ImpGadg=1

What is the reason(s) you have not yet replaced or improved your
aid/gadget?

CODE ALL THAT APPLY

Didn't know aid/gadget was available 1
Didn't know where to buy/get aid/gadget 2
Haven't got round to buying aid/gadget 3
Can't afford aid/gadget 4
Waiting for aid/gadget 5
Ineligible for aid/gadget 6
Didn't think aid/gadget was necessary 7
Other (specify at next question) 8

122. **NImpGadO**   APPLIES IF NImpGadg=Other

What was this other reason?

123. **NImpGadM**   APPLIES IF more than one reason at NImpGadg

And what is the main reason you have not yet replaced or improved
your aid/gadget?

Didn't know aid/gadget was available 1
Didn't know where to buy/get aid/gadget 2
Haven't got round to buying aid/gadget 3
Can't afford aid/gadget 4
Waiting for aid/gadget 5
Ineligible for aid/gadget 6
Didn't think aid/gadget was necessary 7
Other (specify at next question) 8

124. **AdaptAid**   APPLIES IF disabled

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

SHOW CARD K

Yes 1
No 2

```
┌─────────────────────────────────────────────────────────┐
│                        Card K                             │
│                                                           │
│ Ramps outside instead of steps        Hand rails outside  │
│ Ramps inside instead of steps         Hand rails inside   │
│ Doors altered for better access (eg widened)              │
│ Stair lift                                                │
│ Other alterations for better access                       │
│ Fitted furniture altered                                  │
│  (eg shelves, cupboards, cooker)                          │
│ New bathroom or toilet added          Shower installed    │
│ Bath grab-rail installed                                  │
│ Door answering/opening system                             │
│ Other adaptations                                         │
└─────────────────────────────────────────────────────────┘
```

125. **PayAdap**   APPLIES IF AdaptAid=1

Did you pay anything for these adaptations?

Yes 1
No 2

126. **PayAdap2**   APPLIES IF PayAdap=1

Did you have any help towards the cost of adaptations, for example a
grant?

Yes 1
No 2

127. **NeedAdap**   APPLIES IF disabled

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?

SHOW CARD K

Yes 1
No 2

128. **YNoAdap**   APPLIES IF NeedAdap=1

What is the reason(s) you do not have the adaptation?

CODE ALL THAT APPLY

Didn't know adapatation was available 1
Didn't know where to buy/get adaptation 2
Haven't got round to buying adaptation 3
Can't afford adaptation 4
Waiting for adaptation 5
Ineligible for adaptation 6
Didn't think adaptation was necessary 7
Other (specify at next question) 8

129. **YNoAdapO**   APPLIES IF YNoAdap=Other

What was this other reason?

130. **YNoAdapM**   APPLIES IF more than one reason at YNoAdap

And what is the main reason you do not have the adptation?

Didn't know adapatation was available 1
Didn't know where to buy/get adaptation 2
Haven't got round to buying adaptation 3
Can't afford adaptation 4
Waiting for adaptation 5
Ineligible for adaptation 6
Didn't think adaptation was necessary 7
Other (specify at next question) 8

131. **ImpAdap**   APPLIES IF AdaptAid=1

Would you like to replace or improve any of your adaptations?

Yes 1
No 2

132. **NImpAdp**   APPLIES IF ImpAdap=1

What is the reason(s) you have not yet replaced or improved the
adaptation?

CODE ALL THAT APPLY

Didn't know adapatation was available 1
Didn't know where to buy/get adaptation 2
Haven't got round to buying adaptation 3
Can't afford adaptation 4
Waiting for adaptation 5
Ineligible for adaptation 6
Didn't think adaptation was necessary 7
Other (specify at next question) 8

133. **NImpAdpO**   APPLIES IF NImpAdp=Other

What was this other reason?

134. **NImpAdpM**   APPLIES IF more than one reason at NImpAdp

And what is the main reason you have not yet replaced or improved the
adaptation?

Didn't know adapatation was available 1
Didn't know where to buy/get adaptation 2
Haven't got round to buying adaptation 3
Can't afford adaptation 4
Waiting for adaptation 5
Ineligible for adaptation 6
Didn't think adaptation was necessary 7
Other (specify at next question) 8

135. **PresDrug**   APPLIES IF disabled

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
No 2

136. **ExPres**   APPLIES IF PresDrug=1

Are you ...

RUNNING PROMPT

exempt from prescription charges 1
claiming back payments for prescriptions 2
paying for each prescription 3
or paying with a season ticket? 4

137. **MorePres**   APPLIES IF ExPres = 3 or 4

Do you think you spend more, less or about the same on prescription drugs because of your health problem or disability?

More 1
Less 2
About the same 3
Don't know 4

138. **MedSupp**   APPLIES IF disabled

Can you look at this list and tell me whether you regularly buy any of these items?

SHOW CARD L

Yes 1
No 2

```
                        Card L

Tissues/toilet paper/kitchen roll      Cotton wool
Dressings/elastoplast                  Elastic bandages/supports
Talcum powder                  .       Antiseptic or soothing creams
Vitamins
Painkillers and other medicines not on prescription
Disinfectant/bleach
Other medical supplies
```

139. **SpenMedS**   APPLIES IF MedSupp=1

Do you think you spend more, less or about the same on these items because of your health problem or disability?

SHOW CARD L

More 1
Less 2
About the same 3
Don't know 4

140. **HelpMedS**   APPLIES IF SpenMedS=1 or 4

Have you had any help towards extra costs of these items?

Yes 1
No 2

141. **AffMedS**   APPLIES IF MedSupp=1

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

SHOW CARD L

Yes 1
No 2
Don't know 3

142. **SpenLaun**   APPLIES IF disabled

Do you think you spend more, less or about the same on washing clothes or bed linen, dry cleaning and sending things to the laundry because of your health problem or disability?

More 1
Less 2
About the same 3
Don't know 4

143. **HelpLaun**   APPLIES IF SpenLaun=1 or 4

Have you had any help towards extra costs of washing, dry cleaning and laundry?

Yes 1
No 2

144. **ChanLaun**   APPLIES IF disabled

Do you think you do more washing, dry cleaning and sending things to
the laundry because of your health problem or disability, or do you
think do less?

More 1
Less 2
About the same 3
Don't know 4

145. **MoreLaun**   APPLIES IF disabled

Do you think you need to spend more on washing, dry cleaning or
laundry but can't afford to?

Yes 1
No 2
Don't know 3

146. **ClothBed**   APPLIES IF disabled

Do you think you spend more, less or about the same on clothing or
bedding, for example any of the things on this list, because of your
health problem or disability?

SHOW CARD M

More 1
Less 2
About the same 3
Don't know 4

```
+-------------------------------------------------------------------------+
|                               Card M                                    |
|                                                                         |
| Thermal underwear                                                       |
| Other underwear (except incontinence pads)                              |
| Pyjamas/nightdresses                         Trousers/skirts/dresses    |
| Shirt/blouse                                 Socks/tights/stockings     |
| Cardigans/jumpers                            Coats/jackets              |
| Gloves                                       Shoes                       |
| Bedding (not protective coverings)                                      |
| Other clothing or bedding items                                         |
+-------------------------------------------------------------------------+
```

147. **HelpClot**   APPLIES IF ClothBed=1 or 4

Have you had any help towards extra costs of clothing or bedding?

Yes 1
No 2

148. **ChanClot**   APPLIES IF disabled

Do you think you buy more items from this list because of your
disability, or fewer items?

SHOW CARD M

More 1
Less 2
About the same 3
Don't know 4

149. **AffClot**   APPLIES IF disabled

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

SHOW CARD M

Yes 1
No 2
Don't know 3

150. **SpenDiet**   APPLIES IF disabled

Do you think you spend more, less or about the same on food because
of your health problem/ disability?

More 1
Less 2
About the same 3
Don't know 4

151. **HelpDiet**   APPLIES IF SpenDiet=1 or 4

Have you had any help towards extra costs of food?

Yes 1
No 2

152. **ChanDiet**   APPLIES IF disabled

Do you think you buy more or less food because of your health problem
or disability?

More food 1
Less food 2
About the same amount of food 3
Don't know 4

153. **AffDiet**   APPLIES IF disabled

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

Yes 1
No 2
Don't know 3

154. **Transp**   APPLIES IF disabled

In the past 12 months have you used any of the forms of transport on
this card?

SHOW CARD N

Yes 1
No 2

```
                        Card N

Bus, coach, minibus        Train
Car, van or lorry          Taxi/minicab
Dial-a-ride/ Motability    Electric pavement vehicle
Boat/ferry                 Motor cycle/ moped
Bicycle                    Aeroplane
Ambulance
```

155. **IntTran**   APPLIES IF Transp=yes

Some people with health problems/ disabilities spend less on
transport than other people because they can't go out as 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.

PRESS <ENTER> TO CONTINUE

156. **SpenTran**   APPLIES IF disabled

Thinking about how often you go out and how much it costs, do you
think you spend more, less or about the same on transport because of
your health problem/disability?

More 1
Less 2
About the same 3
Don't know 4

157. **HelpTran**   APPLIES IF SpenTran=1 or 4

Have you had any help towards extra transport costs?

Yes 1
No 2

158. **ChanTran**   APPLIES IF disabled

Do you think you use more transport because of your health problem/ disability, or not?

More 1
Less 2
About the same 3
Don't know 4

159. **AffTran**   APPLIES IF disabled

Do you think you would spend more on transport if you could afford to?

Yes 1
No 2
Don't know 3

160. **IntHeat**   APPLIES IF disabled

Some people with health problems/ disabilities spend less on heating 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.

PRESS <ENTER> TO CONTINUE

161. **SpenHeat**   APPLIES IF disabled

Do you think you need to use more, less or about the same amount of gas, electricity and other fuels as you would if you did not have a health problem/ disability?

More 1
Less 2
About the same 3
Don't know 4

162. **HelpHeat**   APPLIES IF SpenHeat=1 or 4

Have you had any help towards extra heating costs?

Yes 1
No 2

163. **AffHeat**   APPLIES IF disabled

Do you think you would spend more on heating if you could afford to?

Yes 1
No 2
Don't know 3

164. **StarLeis**   APPLIES IF disabled

THE QUESTIONS THAT FOLLOW ARE ABOUT LEISURE ACTIVITIES
PRESS 1 TO CONTINUE INTERVIEW

165. **Activ**   APPLIES IF disabled

In the 4 weeks ending last Sunday, did you do any of the following
things?

SHOW CARD O
CODE ALL THAT APPLY (Code 11 = None of these)

go to the cinema or theatre (include ballet and opera) 1
go to pop, rock or classical concerts 2
visit art galleries, museums or other exhibitions 3
visit historic buildings or towns 4
go to a restaurant or pub 5
go to funfairs, amusement arcades, fêtes or shows 6
go to the countryside, seaside, zoo, park or visit gardens 7
go to watch sporting events 8
go shopping 9
visit friends or family 10
none of these 11

166. **NoactivP**   APPLIES IF DISABLED

Would you do any of the following things (at all/ or more often) if
you had help from another person?

SHOW CARD O
CODE ALL THAT APPLY

go to the cinema or theatre (include ballet and opera) 1
go to pop, rock or classical concerts 2
visit art galleries, museums or other exhibitions 3
visit historic buildings or towns 4
go to a restaurant or pub 5
go to funfairs, amusement arcades, fêtes or shows 6
go to the countryside, seaside, zoo, park or visit gardens 7
go to watch sporting events 8
go shopping 9
visit friends or family 10
none of these 11

167. **NoactivF**   APPLIES IF disabled

Would you do any of the following things (at all/ or more often) if
there were better facilities for people with disabilities?

SHOW CARD O
CODE ALL THAT APPLY

go to the cinema or theatre (include ballet and opera) 1
go to pop, rock or classical concerts 2
visit art galleries, museums or other exhibitions 3
visit historic buildings or towns 4
go to a restaurant or pub 5
go to funfairs, amusement arcades, fêtes or shows 6
go to the countryside, seaside, zoo, park or visit gardens 7
go to watch sporting events 8
go shopping 9
visit friends or family 10
none of these 11

168. **OftCin**   APPLIES IF Activ=1 or NoActivF=1 or
                        NoctivP=1

How often (do/would) you go to the cinema or theatre (if you had
help/ there were better facilities)?

Three times a week or more 1
Once or twice a week 2
Once or twice a month 3
Once every couple of months 4
Once or twice a year 5
Less than once a year 6
Never 7

169. **HelpCin**   APPLIES IF Activ=1 or NoActivP=1

Do you need help from someone to be able to go to the cinema or
theatre?

Yes 1
No 2

170. **TypeCin**   APPLIES IF HelpCin=1 or NoActivF=1 or
                          NoactivP=1

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

Help with personal care (excluding help with toilet/continence) 1
Help with toilet/continence 2
Supervision to prevent accidents 3
Help with communicating with others 4
Help with transport 5
Someone to provide physical support 6
Help with carrying/parking/loading/lifting 7
Information in a suitable format 8
Better transport/parking facilities 9
Better physical access 10
Toilets for people with disabilities 11
Better seating arrangements 12
Availability of wheelchairs/aids 13
Other (PLEASE SPECIFY AT NEXT QUESTION) 14

171. **TypeCinO**   APPLIES IF TypeCin=Other

Specify help or facilities required

172. **AmCin**   APPLIES IF TypeCin=1 to 5

How often is (would) this help (be) required?

CODE ALL THAT APPLY

More or less constantly throughout the visit 1
Intermittently during the visit 2
On the journey to and from the place of visit 3
Other (PLEASE SPECIFY AT NEXT QUESTION) 4

173. **AmCinOt**   APPLIES IF AmCin=Other

Specify when help required

174. **OftPop**   APPLIES IF Activ=2 or NoActivF=2 or
                          NoactivP=2

How often (do/would) you) go to pop, rock or classical concerts (if
you had help or there were better facilities)?

Three times a week or more 1
Once or twice a week 2
Once or twice a month 3
Once every couple of months 4
Once or twice a year 5
Less than once a year 6
Never 7

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175. **HelpPop**　　　　　APPLIES IF Activ=2 or NoActivP=2

Do you need help from someone to be able to go to pop, rock or classical concerts?

Yes 1
No 2

176. **TypePop**　　　　　APPLIES IF HelpPop=1 or NoActivF=2 or
　　　　　　　　　　　　　　NoActivP=2

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

Help with personal care (excluding help with toilet/continence) 1
Help with toilet/continence 2
Supervision to prevent accidents 3
Help with communicating with others 4
Help with transport 5
Someone to provide physical support 6
Help with carrying/parking/loading/lifting 7
Information in a suitable format 8
Better transport/parking facilities 9
Better physical access 10
Toilets for people with disabilities 11
Better seating arrangements 12
Availability of wheelchairs/aids 13
Other (PLEASE SPECIFY AT NEXT QUESTION) 14

177. **TypPopO**　　　　　APPLIES IF TypePop=Other

Specify help or facilities required

178. **AmPop**　　　　　APPLIES IF TypePop= 1 to 5

How often is (would) this help (be) required?

CODE ALL THAT APPLY

More or less constantly throughout the visit 1
Intermittently during the visit 2
On the journey to and from the place of visit 3
Other (PLEASE SPECIFY AT NEXT QUESTION) 4

179. **AmPopOt**　　　　　APPLIES IF AmPop=Other

Specify when help required

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180. **OftArt**   APPLIES IF Activ=3 or NoActivF=3 or
                         NoActivP=3

How often do you (or would you) visit an art gallery or museum or
other exhibition (if you had help or there were better facilities)?

Three times a week or more 1
Once or twice a week 2
Once or twice a month 3
Once every couple of months 4
Once or twice a year 5
Less than once a year 6
Never 7

181. **HelpArt**   APPLIES IF Activ=3 or NoActivP=3

Do you need help from someone to be able to visit art galleries,
museums or other exhibitions?

Yes 1
No 2

182. **TypeArt**   APPLIES IF HelpArt=1 or NoActivF=3 or
                         NoActivP=3

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

Help with personal care (excluding help with toilet/continence) 1
Help with toilet/continence 2
Supervision to prevent accidents 3
Help with communicating with others 4
Help with transport 5
Someone to provide physical support 6
Help with carrying/parking/loading/lifting 7
Information in a suitable format 8
Better transport/parking facilities 9
Better physical access 10
Toilets for people with disabilities 11
Better seating arrangements 12
Availability of wheelchairs/aids 13
Other (PLEASE SPECIFY AT NEXT QUESTION) 14

183. **TypArtO**   APPLIES IF TypeArt=Other

Specify help or facilities required

184. **AmArt**   APPLIES IF TypeArt=1 to 5

How often is (would) this help (be) required?

CODE ALL THAT APPLY

More or less constantly throughout the visit 1
Intermittently during the visit 2
On the journey to and from the place of visit 3
Other (PLEASE SPECIFY AT NEXT QUESTION) 4

185. **AmArtOt**   APPLIES IF AmArt=4

Specify when help required

186. **OftHist**   APPLIES IF Activ=4 or NoActivF=4 or
                        NoActivP=4

How often do you (or would you) visit historic buildings or towns (if
you had help or there were better facilities)?

Three times a week or more 1
Once or twice a week 2
Once or twice a month 3
Once every couple of months 4
Once or twice a year 5
Less than once a year 6
Never 7

187. **HelpHist**   APPLIES IF Activ=4 or NoActivP=4

Do you need help from someone to be able to visit historic buildings
or towns?

Yes 1
No 2

188. **TypeHist**   APPLIES IF HelpHist=1 or NoActivF=4
                        NoActivP=4

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

Help with personal care (excluding help with toilet/continence) 1
Help with toilet/continence 2
Supervision to prevent accidents 3
Help with communicating with others 4
Help with transport 5
Someone to provide physical support 6
Help with carrying/parking/loading/lifting 7
Information in a suitable format 8
Better transport/parking facilities 9
Better physical access 10
Toilets for people with disabilities 11
Better seating arrangements 12
Availability of wheelchairs/aids 13
Other (PLEASE SPECIFY AT NEXT QUESTION) 14

189. **TypeHisO**   APPLIES IF TypeHist=Other

Specify help or facilities required

190. **AmHist**   APPLIES IF TypeHist=1 to 5

How often is (would) this help (be) required?

CODE ALL THAT APPLY

More or less constantly throughout the visit 1
Intermittently during the visit 2
On the journey to and from the place of visit 3
Other (PLEASE SPECIFY AT NEXT QUESTION) 4

191. **AmHistOt**   APPLIES IF AmHist=4

Specify when help required

192. **OftPub**   APPLIES IF Activ=5 or NoActivF=5
                       NoACtivP=5

How often do you (or would you) go to a restaurant or pub (if you had
help or there were better facilities)?

Three times a week or more 1
Once or twice a week 2
Once or twice a month 3
Once every couple of months 4
Once or twice a year 5
Less than once a year 6
Never 7

193. **HelpPub**   APPLIES IF Activ=5 or NoActivP=5

Do you need help from someone to be able to go to a restaurant or pub?

Yes 1
No 2

194. **TypePub**   APPLIES IF HelpPub=1 or NoActivF=5 or
                          NoActivP=5

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

Help with personal care (excluding help with toilet/continence) 1
Help with toilet/continence 2
Supervision to prevent accidents 3
Help with communicating with others 4
Help with transport 5
Someone to provide physical support 6
Help with carrying/parking/loading/lifting 7
Information in a suitable format 8
Better transport/parking facilities 9
Better physical access 10
Toilets for people with disabilities 11
Better seating arrangements 12
Availability of wheelchairs/aids 13
Other (PLEASE SPECIFY AT NEXT QUESTION) 14

195. **TypPubO**   APPLIES IF TypePub=Other

Specify help or facilities required

196. **AmPub**   APPLIES IF TypePub=1 to 5

How often is (would) this help (be) required?

CODE ALL THAT APPLY

More or less constantly throughout the visit 1
Intermittently during the visit 2
On the journey to and from the place of visit 3
Other (PLEASE SPECIFY AT NEXT QUESTION) 4

197. **AmPubOt**   APPLIES IF AmPub=4

Specify when help required

-42-

198. **OftFair**   APPLIES IF Activ=6 OR NoActivF=6 or
                          NoActivP=6

How often do you (or would you) go to funfairs, amusement arcades,
fêtes or shows (if you had help or there were better facilities)?

Three times a week or more 1
Once or twice a week 2
Once or twice a month 3
Once every couple of months 4
Once or twice a year 5
Less than once a year 6
Never 7

199. **HelpFair**   APPLIES IF Activ=6 or NoActivP=6

Do you need help from someone to be able to go to funfairs, amusement
arcades, fêtes or shows?

Yes 1
No 2

200. **TypeFair**   APPLIES IF HelpFair=1 or NoActivF=6 or
                          NoActivP=6

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

Help with personal care (excluding help with toilet/continence) 1
Help with toilet/continence 2
Supervision to prevent accidents 3
Help with communicating with others 4
Help with transport 5
Someone to provide physical support 6
Help with carrying/parking/loading/lifting 7
Information in a suitable format 8
Better transport/parking facilities 9
Better physical access 10
Toilets for people with disabilities 11
Better seating arrangements 12
Availability of wheelchairs/aids 13
Other (PLEASE SPECIFY AT NEXT QUESTION) 14

201. **TypFairO**   APPLIES IF TypeFair=Other

Specify help or facilities required

202. **AmFair**   APPLIES IF TypeFair=1 to 5

How often is (would) this help (be) required?

· CODE ALL THAT APPLY

More or less constantly throughout the visit 1
Intermittently during the visit 2
On the journey to and from the place of visit 3
Other (PLEASE SPECIFY AT NEXT QUESTION) 4

203. **AmFairOt**   APPLIES IF AmFair=4

Specify when help required

204. **OftZoo**   APPLIES IF Activ=7 or NoActivF=7 or
                        NoActivP=7

How often do you (or would you) go to the countryside, seaside, zoo,
park or visit gardens (if you had help or there were better
facilities)?

Three times a week or more 1
Once or twice a week 2
Once or twice a month 3
Once every couple of months 4
Once or twice a year 5
Less than once a year 6
Never 7

205. **HelpZoo**   APPLIES IF Activ=7 or or NoActivP=7

Do you need help from someone to be able to go to the countryside,
seaside, zoo, park or visit gardens?

Yes 1
No 2

-44-

206. **TypeZoo**   APPLIES IF HelpZoo=1 or NoActivF=7 or
NoActivP=7

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

```
Help with personal care (excluding help with toilet/continence) .... 1
Help with toilet/continence ........................................ 2
Supervision to prevent accidents ................................... 3
Help with communicating with others ................................ 4
Help with transport ................................................ 5
Someone to provide physical support ................................ 6
Help with carrying/parking/loading/lifting ......................... 7
Information in a suitable format ................................... 8
Better transport/parking facilities ................................ 9
Better physical access ............................................ 10
Toilets for people with disabilities .............................. 11
Better seating arrangements ....................................... 12
Availability of wheelchairs/aids .................................. 13
Other (PLEASE SPECIFY AT NEXT QUESTION) ........................... 14
```

207. **TypeZooO**   APPLIES IF TypeZoo=10

Specify help or facilities required

208. **AmZoo**   APPLIES IF TypeZoo=1 to 5

How often is (would) this help (be) required?

CODE ALL THAT APPLY

```
More or less constantly throughout the visit ...................... 1
Intermittently during the visit .................................. 2
On the journey to and from the place of visit ..................... 3
Other (PLEASE SPECIFY AT NEXT QUESTION) ........................... 4
```

209. **AmZooOt**   APPLIES IF AmZoo=4

Specify when help required

210. **OftSpor**   APPLIES IF Activ=8 or NoActivF=8 or
NoACtivP=8

How often do you (or would you) go to watch sporting events (if you
had help or there were better facilities)?

```
Three times a week or more ........................................ 1
Once or twice a week .............................................. 2
Once or twice a month ............................................. 3
Once every couple of months ....................................... 4
Once or twice a year .............................................. 5
Less than once a year ............................................. 6
Never ............................................................. 7
```

211. **HelpSpor**   APPLIES IF Activ=8 or or NoActivP=8

Do you need help from someone to be able to go to watch sporting
events?

Yes 1
No 2

212. **TypeSpor**   APPLIES IF HelpSpor=1 or NoActivF=8 or
                           NoActivP=8

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

Help with personal care (excluding help with toilet/continence) 1
Help with toilet/continence 2
Supervision to prevent accidents 3
Help with communicating with others 4
Help with transport 5
Someone to provide physical support 6
Help with carrying/parking/loading/lifting 7
Information in a suitable format 8
Better transport/parking facilities 9
Better physical access 10
Toilets for people with disabilities 11
Better seating arrangements 12
Availability of wheelchairs/aids 13
Other (PLEASE SPECIFY AT NEXT QUESTION) 14

213. **TypSporO**   APPLIES IF TypeSpor=Other

Specify help or facilities required

214. **AmSpor**   APPLIES IF TypeSpor=1 to 5

How often is (would) this help (be) required?

CODE ALL THAT APPLY

More or less constantly throughout the visit 1
Intermittently during the visit 2
On the journey to and from the place of visit 3
Other (PLEASE SPECIFY AT NEXT QUESTION) 4

215. **AmSporOt**   APPLIES IF AmSpor=Other

Specify when help required

216. **OftShop**   APPLIES IF Activ=9 or NoActivF=9 or
                          NoActivP=9

How often do you (or would you) go shopping (if you had help or there
werebetter facilities)?

Three times a week or more 1
Once or twice a week 2
Once or twice a month 3
Once every couple of months 4
Once or twice a year 5
Less than once a year 6
Never 7

217. **HelpShop**   APPLIES IF Activ=9 or NoActivP=9

Do you need help from someone to be able to go shopping?

Yes 1
No 2

218. **TypeShop**   APPLIES IF HelpShop=1 or NoActivF=9 or
                          NoActivP=9

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

Help with personal care (excluding help with toilet/continence) 1
Help with toilet/continence 2
Supervision to prevent accidents 3
Help with communicating with others 4
Help with transport 5
Someone to provide physical support 6
Help with carrying/parking/loading/lifting 7
Information in a suitable format 8
Better transport/parking facilities 9
Better physical access 10
Toilets for people with disabilities 11
Better seating arrangements 12
Availability of wheelchairs/aids 13
Other (PLEASE SPECIFY AT NEXT QUESTION) 14

219. **TypShopO**   APPLIES IF TypeShop=Other

Specify help or facilities required

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220. **AmShop**   APPLIES IF TypeShop=1 to 5

How often is (would) this help (be) required?

CODE ALL THAT APPLY

More or less constantly throughout the visit 1
Intermittently during the visit 2
On the journey to and from the place of visit 3
Other (PLEASE SPECIFY AT NEXT QUESTION) 4

221. **AmShopOt**   APPLIES IF AmShop=Other

Specify when help required

222. **OftFam**   APPLIES IF Activ=10 or NoActivF=10 or
                         NoActivP=10

How often do you (or would you) visit friends or family (if you had
help or there were better facilities)?

Three times a week or more 1
Once or twice a week 2
Once or twice a month 3
Once every couple of months 4
Once or twice a year 5
Less than once a year 6
Never 7

223. **HelpFam**   APPLIES IF Activ=10 or NoActivP=10

Do you need help from someone to be able to visit friends or family?

Yes 1
No 2

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224. **TypeFam**   APPLIES IF HelpFam=Yes or NoActivF=10 or NoActivP=10

What kind of help or facilities do (would) you need?

SHOW CARD P
CODE ALL THAT APPLY

Help with personal care (excluding help with toilet/continence) 1
Help with toilet/continence 2
Supervision to prevent accidents 3
Help with communicating with others 4
Help with transport 5
Someone to provide physical support 6
Help with carrying/parking/loading/lifting 7
Information in a suitable format 8
Better transport/parking facilities 9
Better physical access 10
Toilets for people with disabilities 11
Better seating arrangements 12
Availability of wheelchairs/aids 13
Other (PLEASE SPECIFY AT NEXT QUESTION) 14

225. **TypFamO**   APPLIES IF TypeFam=10

Specify help or facilities required

226. **AmFam**   APPLIES IF TypeFam=1 to 5

How often is (would) this help (be) required?

CODE ALL THAT APPLY

More or less constantly throughout the visit 1
Intermittently during the visit 2
On the journey to and from the place of visit 3
Other (PLEASE SPECIFY AT NEXT QUESTION) 4

227. **AmFamOt**   APPLIES IF AmFam=4

Specify when help required

228. **StarEduc**   APPLIES IF disabled

THE QUESTIONS THAT FOLLOW ARE ABOUT (EDUCATION AND QUALIFICATIONS/
RETIREMENT)
PRESS 1 TO CONTINUE INTERVIEW

229. **QualCh**   APPLIES IF Men aged 16-64 or
                         Women aged 16-59

I would now like to ask you about education and work-related
training. Do you have...

CODE FIRST THAT APPLIES

any qualifications from school or college, or connected with work or
a government scheme? 1
No qualifications 2
Don't Know 3

230. **Qual**   APPLIES IF QualCh=1 or 3

Which qualifications do (you think) you have, starting with the
highest qualifications?

CODE UP TO 3 QUALIFICATION LEVELS FROM THE LIST

Higher degree 1
First degree 2
Other degree level qualification such as graduate membership of
professional institute 3
Diplomas in Higher Education 4
HNC/HND, Higher level of BTEC, BEC, SCOTBEC TEC or SCOTTEC/ SCOTVEC 5
Teaching qualification 6
Nursing or other medical qualification not yet mentioned 7
Other Higher Education qualifications below degree level 8
RSA Higher diploma 9
A-Level or equivalent/Advanced GNVQ 10
RSA Advanced diploma/ Advanced Certificate 11
BTEC, BEC, SCOTBEC TEC or SCOTTEC/SCOTVEC National/ONC/OND 12
City and Guilds advanced craft 13
Scottish Certificate of 6th Year Studies (Scottish CSYS) or
equivalent 14
SCE (Higher) or equivalent 15
A/S level/ Certificate of 6th Year Studies (CSYS) or equivalent ... 16
RSA Diploma 17
City and Guilds craft 18
BTEC, BEC, SCOTBEC TEC or SCOTTEC/SCOTVEC First diploma or General
diploma 19
O-Level/ GCSE grades A B C/ SCE Standard grades 1 2 3/ SCE Ordinary
grades A B C/ CSE grade 1 or equivalent/Intermediate GNVQ 20
CSE, GCSE, SCE not yet mentioned 21
BTEC, BEC, SCOTBEC TEC or SCOTTEC/SCOTVEC First certificate or
General certificate 22
YT Certificate 23
SCOTVEC National Certificate modules 24
RSA other qualification (including Stages I, II & III) 25
City and Guilds other qualification 26
Any other professional/vocational/foreign qualification 27
NONE OF THESE/Foundation GNVQ 28
Don't know 29

231. **LastWork**   APPLIES IF Men aged 65+ or Women aged 60+

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

Still working 1
Never worked 2
Under 30 3
30-49 4
50-54 5
55-59 6
60-64 7
65 or over 8

232. **RetEarly**   APPLIES IF LastWork = 3 to 7 and
                          health-problem/disability began before age
                          65 in men and 60 in women

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

CODE FIRST THAT APPLIES

Health problem/disability 1
Other reason 2

Index of question names

Illness Categories

1 Cancer
2 Diabetes
3 Other Endocrine
4 Mental
5 Other Mental
6 Epilepsy
7 Migraine
8 Other Nervous Disorder
9 Cataract
10 Other Eye Complaint
11 Deafness
12 Tinnitus
13 Meniere's Disease
14 Other Ear Complaint
15 Stroke
16 Heart Attack
17 Blood Pressure
18 Other Heart Ailment
19 Piles
20 Varicose Veins
21 Circulatory disorder
22 Bronchitis
23 Asthma
24 Hayfever
25 Other Respiratory Ailment
26 Stomach Ulcer
27 Other Digestive Illness
28 Bowel Complaint
29 Teeth
30 Kidney Disease
31 Urinary Illness
32 Other Bladder Complaint
33 Reproductive Illness
34 Arthritis
35 Back Problem
36 Other Bone Problem
37 Infectious Disease
38 Blood Problem
39 Skin Ailment
40 Other
41 Unclassified
42 No Longer a Problem
{New section added}
43 Double complaint - code later
44 Same as 1st Complaint
45 Same as 2nd Complaint
46 Same as 3rd Complaint

```
***Analysing prevalence of disability by age, sex, type and health condition,
using weights ***;
***created by maintes2.sas ***;

rsubmit asd14;
libname maindata '/data1/frs/hds';
libname library '/data1/frs/hds';
run; endrsubmit;


rsubmit asd14;
proc format;
value ficd 0='no' 1='yes';
value fsevdis 1='OPCS-disabled' 2='Not OPCS-disabled';
value fsev 1='1-2' 2='3-4' 3='5-6' 4='7-8' 5='9-10';
value fcrit 1='yes' 2='no';
value fsex 1='Male' 2='Female';
value fioutd    1='Full interview'
                2='Part interview'
                3='Refused'
                4='Non-contact'
                5='Died since FRS'
                6='Moved since FRS'
                7='Other';
value fb_age    1='16-19'
                2='20-24'
                3='25-29'
                4='30-34'
                5='35-39'
                6='40-44'
                7='45-49'
                8='50-54'
                9='55-59'
                10='60-64'
                11='65-69'
                12='70-74'
                13='75-79'
                14='80-84'
                15='85+';
value fb_3age   1='16-59'
                2='60-74'
                3='75+';
value feconac   1='Working'
                2='Looking/waiting to start'
                3='Intending to look but sick'
                4='Available, but not looking'
                5='Full time education'
                6='Training'
                7='Permanently unable to work'
                8='Retired'
                9='Keeping house'
                10='Other';
value fhprob    1='LLSI' 2='No LLSI';
value fllsisev  1='LLSI/disabled'
                2='disabled only'
                3='LLSI only'
                4='Neither';
value deafblin  0='no hearing/seeing prob'
                1='mild hearing/seeing prob'
                2='mild seeing/severe hearing'
                3='severe seeing/mild hearing prob'
```

```
                 4='sever seeing/hearing prob';
run; endrsubmit;

***Creating SAS datasets for disability survey cases, weights and grossing
factors,
all adults in the FRS***;

rsubmit asd14;
data main;
set maindata.hdsjan98;
where (ioutd=11|ioutd=12);

sev5=0;
if sev=1|sev=2 then sev5=1;
if sev=3|sev=4 then sev5=2;
if sev=5|sev=6 then sev5=3;
if sev=7|sev=8 then sev5=4;
if sev=9|sev=10 then sev5=5;

b_age3=0;
if b_age ge 1 & b_age le 9 then b_age3=1;
if b_age ge 10 & b_age le 12 then b_age3=2;
if b_age ge 13 then b_age3=3;

***dv code for disability types, health complaints and interview outcomes***;

floc=0;
freach=0;
fdex=0;
fhear=0;
fsee=0;
fcont=0;
ffits=0;
fcomm=0;
fbeh=0;
fint=0;
fdig=0;
fscar=0;
find=0;
if loc gt 0 then floc=1;
if reach gt 0 then freach=1;
if dex gt 0 then fdex=1;
if hear gt 0 then fhear=1;
if see gt 0 then fsee=1;
if cont gt 0 then fcont=1;
if fits gt 0 then ffits=1;
if comm gt 0 then fcomm=1;
if beh gt 0 then fbeh=1;
if int gt 0 then fint=1;
if dig gt 0 then fdig=1;
if scar gt 0 then fscar=1;
if ind gt 0 then find=1;


deafblin=0;
if (see ge 0.5 & hear ge 0.5) then deafblin=1;
if (see ge 0.5 & hear ge 6) then deafblin=2;
if (see ge 10 & hear ge 0.5) then deafblin=3;
if (see ge 10 & hear ge 6) then deafblin=4;
```

```
infect=0;
if icd16_1=1|icd16_2=1|icd16_3=1|icd16_4=1 then infect=1;
neoplasm=0;
if icd16_1=2|icd16_2=2|icd16_3=2|icd16_4=2 then neoplasm=1;
endocrin=0;
if icd16_1=3|icd16_2=3|icd16_3=3|icd16_4=3 then endocrin=1;
blood=0;
if icd16_1=4|icd16_2=4|icd16_3=4|icd16_4=4 then blood=1;
mental=0;
if icd16_1=5|icd16_2=5|icd16_3=5|icd16_4=5 then mental=1;
nerves=0;
if icd16_1=6|icd16_2=6|icd16_3=6|icd16_4=6 then nerves=1;
eye=0;
if icd16_1=7|icd16_2=7|icd16_3=7|icd16_4=7 then eye=1;
ear=0;
if icd16_1=8|icd16_2=8|icd16_3=8|icd16_4=8 then ear=1;
circulat=0;
if icd16_1=9|icd16_2=9|icd16_3=9|icd16_4=9 then circulat=1;
respirat=0;
if icd16_1=10|icd16_2=10|icd16_3=10|icd16_4=10 then respirat=1;
digestiv=0;
if icd16_1=11|icd16_2=11|icd16_3=11|icd16_4=11 then digestiv=1;
genurin=0;
if icd16_1=12|icd16_2=12|icd16_3=12|icd16_4=12 then genurin=1;
skin=0;
if icd16_1=13|icd16_2=13|icd16_3=13|icd16_4=13 then skin=1;
muscskel=0;
if icd16_1=14|icd16_2=14|icd16_3=14|icd16_4=14 then muscskel=1;
congenit=0;
if icd16_1=15|icd16_2=15|icd16_3=15|icd16_4=15 then congenit=1;
other=0;
if icd16_1=16|icd16_2=16|icd16_3=16|icd16_4=16 then other=1;


critn=0;
if crit1=1 then critn=1;
if crit2=1 then critn=critn+1;
if crit3=1 then critn=critn+1;
if crit4=1 then critn=critn+1;
if crit5=1 then critn=critn+1;
if crit6=1 then critn=critn+1;
if crit7=1 then critn=critn+1;
if crit8=1 then critn=critn+1;
if crit9=1 then critn=critn+1;
if crit10=1 then critn=critn+1;
if crit11=1 then critn=critn+1;
if crit12=1 then critn=critn+1;
if crit13=1 then critn=critn+1;


ioutd6=0;
if ioutd=11|ioutd=12 then ioutd6=1;
if ioutd=21|ioutd=22 then ioutd6=2;
if ioutd=32|ioutd=33 then ioutd6=3;
if ioutd=41 then ioutd6=4;
if ioutd=61|ioutd=62|ioutd=63 then ioutd6=5;
if ioutd gt 63 then ioutd6=6;



run; endrsubmit;
```

```
rsubmit asd14;
data newgross;
set maindata.newgross;
newgross=newgross/0.75;
run; endrsubmit;


rsubmit asd14;
data househol;
set maindata.househol (keep=sernum tenure);
run; endrsubmit;



rsubmit asd14;
data adult;
set maindata.adult (keep=sernum benunit person age sex health hprob rstrct
                    working jobaway look start wait nolook fted train
                    nolk1 nowant retire);
ageband=0;
if age ge 16 and age le 19 then ageband=1;
if age ge 20 and age le 24 then ageband=2;
if age ge 25 and age le 29 then ageband=3;
if age ge 30 and age le 34 then ageband=4;
if age ge 35 and age le 39 then ageband=5;
if age ge 40 and age le 44 then ageband=6;
if age ge 45 and age le 49 then ageband=7;
if age ge 50 and age le 54 then ageband=8;
if age ge 55 and age le 59 then ageband=9;
if age ge 60 and age le 64 then ageband=10;
if age ge 65 and age le 69 then ageband=11;
if age ge 70 and age le 74 then ageband=12;
if age ge 75 and age le 79 then ageband=13;
if age ge 80 and age le 84 then ageband=14;
if age ge 85 then ageband=15;

if ((sex =1 & age  lt 65)|(sex =2 & age  lt 60)) & (working=1|jobaway =1) then
econac =1;
else if ((sex =1 & age  lt 65)|(sex =2 & age  lt 60))
 & ((look =1 & start=1)|wait =1|jobaway =3) then econac =2;
else if ((sex =1 & age  lt 65)|(sex =2 & age  lt 60))
 & nolook =5 then econac =3;
else if ((sex =1 & age  lt 65)|(sex =2 & age  lt 60))
 & (look =2 & start=1) then econac =4;
else if ((sex =1 & age  lt 65)|(sex =2 & age  lt 60))
 & fted =1 then econac =5;
else if ((sex =1 & age  lt 65)|(sex =2 & age  lt 60))
 & (train  ge 1 & train  le 6) then econac=6;
else if ((sex =1 & age  lt 65)|(sex =2 & age  lt 60))
 & (nolk1 =1|nolook =6|nowant =6) then econac =7;
else if ((sex =1 & age  lt 65)|(sex =2 & age  lt 60))
 & ((nowant =8|retire =1)) then econac =8;
else if ((sex =1 & age  lt 65)|(sex =2 & age  lt 60))
 & (nolook =3|nowant =3) then econac =9;
else if (sex =1 & age  lt 65)|(sex =2 & age  lt 60) then econac =10;

***tweaking HPROB by including people with no LSI among those with no LLSI to
eliminate missings*;

if health=2 then hprob=2;

run; endrsubmit;
```

```
***rsubmit asd14;
***data gross;
***set gross.gross967;
***run; endrsubmit;

***creating merged datasets - first=disability survey cases,
plus weights and grossing factors, second=first plus vars from adult,
third=FRS adult plus grossing factors***;

rsubmit asd14;
proc sort data=work.main; by sernum benunit person; run;
proc sort data=work.newgross; by sernum benunit person; run;
proc sort data=work.adult; by sernum benunit person;
proc sort data=work.househol; by sernum; run; endrsubmit;

***proc sort data=work.gross; *by sernum; *run; *endrsubmit***;




rsubmit asd14;
data first;
merge work.main(in=ina) work.newgross;
by sernum benunit person;
if ina;
run; endrsubmit;

rsubmit asd14;
data second;
merge work.first (in=inb) work.adult;
by sernum benunit person;
if inb;
llsisev=0;
if (hprob=1 & sevdisab=1) then llsisev=1;
if (hprob=2 & sevdisab=1) then llsisev=2;
if (hprob=1 & sevdisab=2) then llsisev=3;
if (hprob=2 & sevdisab=2) then llsisev=4;
rstrctsv=0;
if (rstrct=1|rstrct=2) & sevdisab=1 then rstrctsv=1;
if (rstrct=3) & sevdisab=1 then rstrctsv=2;
if (rstrct=1|rstrct=2) & sevdisab=2 then rstrctsv=3;
run; endrsubmit;

rsubmit asd14;
data deafblin;
merge work.second (in=ina) work.househol;
if ina;
run; endrsubmit;

rsubmit asd14;
data third;
set work.second;
where llsisev in (1,2,3);
run; endrsubmit;

rsubmit asd14;
data fourth;
set work.second;
where rstrctsv in (1,2,3);
run; endrsubmit;
```

```
rsubmit asd14;
proc freq data=fourth;
table rstrctsv;
run; endrsubmit;

rsubmit asd14;
data fifth;
set work.second;
where (sex=1 & age lt 65)|(sex=2 & age le 60);
rstrc2=rstrct;
if rstrct=2 then rstrc2=1;
run; endrsubmit;

rsubmit asd14;
data sixth;
set work.second (keep=sevdisab newgross dweight sex b_age crit1 crit3 crit4
crit5
              crit6 crit7 crit8 crit10 crit12 crit13);
where
crit1=1|crit3=1|crit4=1|crit5=1|crit6=1|crit7=1|crit8=1|crit10=1|crit12=1|crit13
=1;
run; endrsubmit;

***merge work.adult work.gross***;
***by sernum***;


rsubmit asd14;
proc freq data=deafblin;
        table   econac*deafblin
                tenure*deafblin
                b_age3*deafblin
                floc*deafblin
                fcomm*deafblin
                fbeh*deafblin
                fint*deafblin
                fdig*deafblin
                find*deafblin;
        format   econac feconac. b_age3 fb_3age. deafblin deafblin.;
run; endrsubmit;



rsubmit asd14;
proc freq data=sixth;
table b_age*sevdisab;
weight newgross;
format b_age fb_age.;
run; endrsubmit;



rsubmit asd14;
proc freq data=second;
table   infect*sev5  neoplasm*sev5 endocrin*sev5 blood*sev5 mental*sev5
nerves*sev5
        eye*sev5 ear*sev5 circulat*sev5 respirat*sev5 digestiv*sev5 genurin*sev5
        skin*sev5 muscskel*sev5 congenit*sev5 other*sev5;
        format sev5 fsev.;
*        weight dweight;
```

```
run; endrsubmit;

rsubmit asd14;
proc freq data=second;
        table   sex*hprob
                sex*sevdisab
                sex*rstrct;
                        weight dweight;
                        format b_age fb_age.
                                econac feconac.;
run; endrsubmit;

rsubmit asd14;
proc freq data=fifth;
        table   sex*sevdisab
                sex*rstrct;
                        weight dweight;
run; endrsubmit;

rsubmit asd14;
proc freq data=second;
        table  econac*sevdisab;
                        weight dweight;
                        format b_age fb_age.
                                econac feconac.;
run; endrsubmit;

rsubmit asd14;
proc freq data=fifth;
        table   floc*rstrc2
                freach*rstrc2
                fsee*rstrc2
                fdex*rstrc2
                fhear*rstrc2
                find*rstrc2
                fcont*rstrc2
                fcomm*rstrc2
                fbeh*rstrc2
                fint*rstrc2
                ffits*rstrc2
                fdig*rstrc2
                fscar*rstrc2;
                        weight  dweight;
run; endrsubmit;

rsubmit asd14;
proc freq data=fifth;
        table   floc*sevdisab
                freach*sevdisab
                fdex*sevdisab
                fsee*sevdisab
                fhear*sevdisab
                find*sevdisab
                fcont*sevdisab
                fcomm*sevdisab
                fbeh*sevdisab
                fint*sevdisab
                ffits*sevdisab
                fdig*sevdisab
                fscar*sevdisab;
                        weight  dweight;
```

```
run; endrsubmit;

rsubmit asd14;
proc freq data=third;
        table   sev5*llsisev
                b_age3*llsisev
                floc*llsisev
                freach*llsisev
                fsee*llsisev
                fdex*llsisev
                fhear*llsisev
                find*llsisev
                fcont*llsisev
                fcomm*llsisev
                fbeh*llsisev
                fint*llsisev
                ffits*llsisev
                fdig*llsisev
                fscar*llsisev;
                        weight  dweight;
                        format  sev5 fsev.
                                b_age3 fb_3age.
                                llsisev fllsisev.;
run; endrsubmit;


rsubmit asd14;
proc format;
        value rstrctsv  1='disabled/restricted'
                        2='disabled only'
                        3='restricted only';
run; endrsubmit;


rsubmit asd14;
proc freq data=fourth;
        table   sev5*rstrctsv
                b_age3*rstrctsv
                floc*rstrctsv
                freach*rstrctsv
                fsee*rstrctsv
                fdex*rstrctsv
                fhear*rstrctsv
                find*rstrctsv
                fcont*rstrctsv
                fcomm*rstrctsv
                fbeh*rstrctsv
                fint*rstrctsv
                ffits*rstrctsv
                fdig*rstrctsv
                fscar*rstrctsv;
                        weight  dweight;
                        format  sev5 fsev.
                                b_age3 fb_3age.
                                rstrctsv rstrctsv.;
run; endrsubmit;



rsubmit asd14;
proc freq data=second;
```

```
        table    b_age3*floc*hprob
                 b_age3*freach*hprob
                 b_age3*fdex*hprob
                 b_age3*fsee*hprob
                 b_age3*fhear*hprob
                 b_age3*find*hprob
                 b_age3*fcont*hprob
                 b_age3*fcomm*hprob
                 b_age3*fbeh*hprob
                 b_age3*fint*hprob
                 b_age3*ffits*hprob
                 b_age3*fdig*hprob
                 b_age3*fscar*hprob;
                         weight dweight;
                         format b_age3 fb_3age.;
run; endrsubmit;


rsubmit asd14;
proc freq data=second;
        table    floc*hprob
                 freach*hprob
                 fdex*hprob
                 fsee*hprob
                 fhear*hprob
                 find*hprob
                 fcont*hprob
                 fcomm*hprob
                 fbeh*hprob
                 fint*hprob
                 ffits*hprob
                 fdig*hprob
                 fscar*hprob;
                         weight dweight;
                         format hprob hprob.;
run; endrsubmit;



rsubmit asd14;
proc freq data=second;
        table    b_age3*sev5;
                         weight dweight;
                         format  b_age fb_3age.
                                   sev5 fsev.;
run; endrsubmit;



rsubmit asd14;
proc freq data=second;
        table econac*sevdisab;
               format econac feconac;
run; endrsubmit;

rsubmit asd14;
proc freq data=second;
        table    sex*b_age;
                         format  b_age fb_age.;
                         weight newgross;
run; endrsubmit;

rsubmit asd14;
```

```
proc freq data=third;
        table  ageband*sex;
                        weight  gross;
                        format  ageband fb_age.;
run; endrsubmit;


rsubmit asd14;
proc freq data=second;
        table   b_age3*floc*sev5
                b_age3*freach*sev5
                b_age3*fdex*sev5
                b_age3*fsee*sev5
                b_age3*fhear*sev5
                b_age3*find*sev5
                b_age3*fcont*sev5
                b_age3*fcomm*sev5
                b_age3*fbeh*sev5
                b_age3*fint*sev5
                b_age3*ffits*sev5
                b_age3*fdig*sev5
                b_age3*fscar*sev5;
                        weight  dweight;
                        format  sev5 fsev.
                                b_age3 fb_3age.;
run; endrsubmit;


rsubmit asd14;
proc freq data=second;
        table fcomm*sev5;
                weight dweight;
                format sev5 fsev;
run; endrsubmit;


rsubmit asd14;
proc freq data=adult;
        table   sex*ageband
                hprob*ageband;
                        format  ageband fb_age.;
run; endrsubmit;



rsubmit asd14;
proc freq data=second;
        table   sex*sev5*b_age3;
                format  b_age fb_3age. sev5 fsev.;
                weight dweight;
run; endrsubmit;


rsubmit asd14;
proc freq data=second;
table domvis00 domvis01 domvis02 domvis03 domvis04 domvis05 domvis06
pervis00 pervis01 pervis02 pervis03 pervis04 pervis05 pervis06
daycent0 daycent1 daycent2 daycent3 daycent4 respite advice;
run; endrsubmit;


rsubmit asd14;
proc contents data=second;
                run; endrsubmit;
```

```
proc format;
value ficd 0='no' 1='yes';
value fsevdis 1='OPCS-disabled' 2='Not OPCS-disabled';
value fsev 1='1-2' 2='3-4' 3='5-6' 4='7-8' 5='9-10';
value fcrit 1='yes' 2='no';
value fsex 1='Male' 2='Female';
value fioutd   1='Full interview'
               2='Part interview'
               3='Refused'
               4='Non-contact'
               5='Died since FRS'
               6='Moved since FRS'
               7='Other';
value fb_age   1='16-19'
               2='20-24'
               3='25-29'
               4='30-34'
               5='35-39'
               6='40-44'
               7='45-49'
               8='50-54'
               9='55-59'
               10='60-64'
               11='65-69'
               12='70-74'
               13='75-79'
               14='80-84'
               15='85+';
value fb_3age  1='16-59'
               2='60-74'
               3='75+';
value feconac  1='Working'
               2='Looking/waiting to start'
               3='Intending to look but sick'
               4='Available, but not looking'
               5='Full time education'
               6='Training'
               7='Permanently unable to work'
               8='Retired'
               9='Keeping house'
               10='Other';
value fhprob   1='LLSI' 2='No LLSI';
value fllsisev 1='LLSI/disabled'
               2='disabled only'
               3='LLSI only'
               4='Neither';
value deafblin 0='no hearing/seeing prob'
               1='mild hearing/seeing prob'
               2='mild seeing/severe hearing'
               3='severe seeing/mild hearing prob'
               4='sever seeing/hearing prob';
value rstrctsv 1='disabled/restricted'
               2='disabled only'
               3='restricted only';
run;


proc freq data=deafblin;
        table   econac*deafblin
                tenure*deafblin
                b_age3*deafblin
```

```
                    floc*deafblin
                    fcomm*deafblin
                    fbeh*deafblin
                    fint*deafblin
                    fdig*deafblin
                    find*deafblin;
            format  econac feconac.
                    b_age3 fb_3age.
                    deafblin deafblin.;
run;




proc freq data=sixth;
         table b_age*sevdisab;
        weight newgross;
        format b_age fb_age.;
run;

proc freq data=second;
     table   infect*sev5
             neoplasm*sev5
             endocrin*sev5
             blood*sev5
             mental*sev5
             nerves*sev5
             eye*sev5
             ear*sev5
             circulat*sev5
             respirat*sev5
             digestiv*sev5
             genurin*sev5
             skin*sev5
             muscskel*sev5
             congenit*sev5
             other*sev5;
     format sev5 fsev.;
*        weight dweight;
run;

proc freq data=second;
        table   sex*hprob
                sex*sevdisab
                sex*rstrct;
        weight dweight;
        format b_age fb_age.
                econac feconac.;
run;

proc freq data=fifth;
        table   sex*sevdisab
                sex*rstrct;
       weight dweight;
run;


proc freq data=second;
        table  econac*sevdisab;
        weight dweight;
        format b_age fb_age.
```

```
        econac feconac.;
run;


proc freq data=fifth;
        table   floc*rstrc2
                freach*rstrc2
                fsee*rstrc2
                fdex*rstrc2
                fhear*rstrc2
                find*rstrc2
                fcont*rstrc2
                fcomm*rstrc2
                fbeh*rstrc2
                fint*rstrc2
                ffits*rstrc2
                fdig*rstrc2
                fscar*rstrc2;
        weight  dweight;
run;

proc freq data=fifth;
        table   floc*sevdisab
                freach*sevdisab
                fdex*sevdisab
                fsee*sevdisab
                fhear*sevdisab
                find*sevdisab
                fcont*sevdisab
                fcomm*sevdisab
                fbeh*sevdisab
                fint*sevdisab
                ffits*sevdisab
                fdig*sevdisab
                fscar*sevdisab;
          weight  dweight;
run;

proc freq data=third;
        table   sev5*llsisev
                b_age3*llsisev
                floc*llsisev
                freach*llsisev
                fsee*llsisev
                fdex*llsisev
                fhear*llsisev
                find*llsisev
                fcont*llsisev
                fcomm*llsisev
                fbeh*llsisev
                fint*llsisev
                ffits*llsisev
                fdig*llsisev
                fscar*llsisev;
        weight  dweight;
        format  sev5 fsev.
                b_age3 fb_3age.
                llsisev fllsisev.;
run;

proc freq data=fourth;
```

```
            table    sev5*rstrctsv
                     b_age3*rstrctsv
                     floc*rstrctsv
                     freach*rstrctsv
                     fsee*rstrctsv
                     fdex*rstrctsv
                     fhear*rstrctsv
                     find*rstrctsv
                     fcont*rstrctsv
                     fcomm*rstrctsv
                     fbeh*rstrctsv
                     fint*rstrctsv
                     ffits*rstrctsv
                     fdig*rstrctsv
                     fscar*rstrctsv;
            weight   dweight;
            format   sev5 fsev.
            b_age3 fb_3age.
            rstrctsv rstrctsv.;
run;

proc freq data=second;
            table    b_age3*floc*hprob
                     b_age3*freach*hprob
                     b_age3*fdex*hprob
                     b_age3*fsee*hprob
                     b_age3*fhear*hprob
                     b_age3*find*hprob
                     b_age3*fcont*hprob
                     b_age3*fcomm*hprob
                     b_age3*fbeh*hprob
                     b_age3*fint*hprob
                     b_age3*ffits*hprob
                     b_age3*fdig*hprob
                     b_age3*fscar*hprob;
            weight dweight;
            format b_age3 fb_3age.;
run;

proc freq data=second;
            table    floc*hprob
                     freach*hprob
                     fdex*hprob
                     fsee*hprob
                     fhear*hprob
                     find*hprob
                     fcont*hprob
                     fcomm*hprob
                     fbeh*hprob
                     fint*hprob
                     ffits*hprob
                     fdig*hprob
                     fscar*hprob;
            weight dweight;
            format hprob fhprob.;
run;

proc freq data=second;
            table    b_age3*sev5;
            weight dweight;
            format  b_age fb_3age.
```

```
                      sev5 fsev.;
run;


proc freq data=second;
        table econac*sevdisab;
               format econac feconac.;
run;

proc freq data=second;
        table   sex*b_age;
                        format  b_age fb_age.;
                        weight newgross;
run;


proc freq data=third;
        table   ageband*sex;
                        weight  gross;
                        format  ageband fb_age.;
run;

proc freq data=second;
        table   b_age3*floc*sev5
                b_age3*freach*sev5
                b_age3*fdex*sev5
                b_age3*fsee*sev5
                b_age3*fhear*sev5
                b_age3*find*sev5
                b_age3*fcont*sev5
                b_age3*fcomm*sev5
                b_age3*fbeh*sev5
                b_age3*fint*sev5
                b_age3*ffits*sev5
                b_age3*fdig*sev5
                b_age3*fscar*sev5;
                        weight  dweight;
                        format  sev5 fsev.
                                b_age3 fb_3age.;
run;

proc freq data=second;
        table fcomm*sev5;
                weight dweight;
                format sev5 fsev.;
run;

proc freq data=adult_1;
        table   sex*ageband
                hprob*ageband;
                        format  ageband fb_age.;
run;

proc freq data=second;
        table   sex*sev5*b_age3;
                format  b_age fb_3age. sev5 fsev.;
                weight dweight;
run;

proc freq data=second;
     table
```

```
        domvis00 domvis01 domvis02 domvis03 domvis04 domvis05 domvis06
        pervis00 pervis01 pervis02 pervis03 pervis04 pervis05 pervis06
        daycent0 daycent1 daycent2 daycent3 daycent4 respite advice;
run;
```

```
%macro sasxport(formats);
/*----- sas_xport.sas                   -----*/
/*----- Create XPORT transport file     -----*/
/*----- Parameter formats               -----*/
/*-----   0 = Do NOT create formats XPORT -----*/
/*-----   1 = Create formats XPORT       -----*/

%let source=/data2/frsgross/9697;
%let dest=/data1/frs/hds;
%let table=gross967;

libname source "&source";
libname export XPORT "&dest/&table..exp";
proc copy
  in=source
  out=export;
  select &table;
run;
quit;

%if &formats=1 %then %do;
  ***** Create formats XPORT file *****;
  libname format XPORT "&dest/formats.exp";
  proc format library=library
    cntlout=dest.fmts;
  proc copy
    in=source
    out=format;
    select fmts;
  run;
  quit;
%end;

%mend;

%sasxport(0);
```