

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

Wave 5 Questionnaire: Confidential

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IDS-TILDA

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

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1. INTSTATUSW5 = 1 Existing PARTICIPANTS
2. INTSTATUSW5 =2 NEW PARTICIPANTS

ASK ALL PARTICIPANTS.

Demographics			
CS_IWER_5	Interviewer Number	IDS_i for i = 1-3ii	Interviewer number IDS3ii
CS_IWERName_5	Interviewer Name Display FFIWERName and give option to confirm Yes (1) correct No (0) incorrect	Text Box	Interviewer name
CS_IWERName1_5	If no, ask to verify correct interviewer number		
CS_Resp_5	Respondant ID	W3XYZ	
CS_Rname_5	Display feed forward name (from Firstname_FF_5 and Surname_FF_5) and give option to confirm Yes (1) correct No (0) incorrect If no ask to verify respondent ID number is correct		

Ask existing participants only. If INTSTATUSW5 = 1 Ask CS_AddressConf_5. If INTSTATUSW5 = 2 go to CS_ToR_B_5			
CS_AddressConf_5	Feedforward address from wave 4 (from Address_FF_5) and give option to confirm Yes (1) No (0) If no enter in correct Address	In month year of last interview, you lived at this address. Is that correct address for you at wave 4 (at that time)? Yes 1 No (0) if no enter in correct address at time of last interview	
CS_Address_5	If no enter in correct address for participant at wave 4.		
CS_TypeConf_5	Feedforward type of residence from wave 4 and give option to confirm Yes (1) No (0)	In month year of last interview, you lived at this type of residence Yes 1 No (0) if no enter in correct type of residence at time of last interview	
CS_ToR_5	If no enter in correct Type of residence		
CS_GenderConf_5ph_	Display Gender feed forward (from Gender_FF_5) and give option to confirm Yes (1) correct No (0) incorrect		
CS_Gender_5	If no enter in correct gender		
CS_DOBConf_5	Display (DOB) DDMMYYYY feed forward (from DOBDAY_FF_5, DOBMTH_FF_5 and DOBYR_FF_5) and give option to confirm Yes (1) No (0) incorrect		

CS_DOB_5	If no enter in correct (DOB) DDMMYYYY		
CS_LOID_5	If MissingID = 1 then ask What is your level of intellectual disability? Please tick one box only Not verified (1) Mild (2) Moderate (3) Severe (4) Profound (5) Don't know (98)		

CS_Marital Status_5	Are you...? Single (1) Living with a partner as if married (2) With a partner but not living with him/her (3) Married (4) Separated (5) Divorced (6) Widowed (7) Unclear response (97) Don't know (98) Refused to answer (99)		Go to CS_1_5
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If INTSTATUSW5 = 2 ask CS_ToR_1B_5. Others go to CS_1_5

CS_ToR_1B_5

How many years have you lived in your current residence?

CS_ToR_2B_5

Which type of residence do you live in at the current time?

IWER: Select one only

Family/Independent (Drop Down Menu)	
At home with both parents	1
At home with one parent	2
At home with Sibling	3
At home with other relative	4
Foster care and boarding-out arrangements	5
Living independently	6
Living semi-independently	7
Home Sharing / Shared living	22
Community (Drop Down Menu)	
5-day community group home – (Dispersed setting)	8
5-day community group home – (Clustered setting)	20
7-day community group home – (Dispersed setting)	9
7-day community group home – (clustered setting)	10

Residential (Drop Down Menu)	
7-day residential setting	14
5-day residential setting (home at weekends)	12
Nursing home	15
Mental health community residence	16
Psychiatric hospital	17
Intensive placement (challenging behaviour)	18
Intensive placement (profound or multiple disability)	19
Different unit in same residence, e.g. moved residence within the campus setting	21
OTHER (please specify, e.g. hostel) CS_ToR_Oth_5_New <div style="border: 1px solid black; height: 50px; width: 500px; margin-top: 5px;"></div>	95

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

CS_ToR_3B_5

If years < 3 years, ask what type of residence did you live in beforehand?

--

IWER: Select one only

Family/Independent (Drop Down Menu)	
At home with both parents	1
At home with one parent	2
At home with Sibling	3
At home with other relative	4
Foster care and boarding-out arrangements	5
Living independently	6
Living semi-independently	7
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Intensive placement (profound or multiple disability)	19
Different unit in same residence, e.g. moved residence within the campus setting	21

OTHER (please specify, e.g. hostel) CS_ToR_Oth_5_New <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	95
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Unclear response	97
Don't know	98
Refused to answer	99

Section 1: Cover screen & Demographics (CS)

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

IWER: Verbal consent should be negotiated throughout the interview process.

PAT01:

IWER: Designate type of Interview for all participants

1. Self Respondent / Self Respondent with Proxy Support - code 1

2. Proxy only - code 2

Residence and Moves

If INTSTATUSW5 = 1, then use INTRO A, else use INTRO B

INTRO A: Now I would like to ask some questions about where [you/Rname] [live/lives].

We have asked this question from you before, but we are interested in finding out if many people have moved house since the last interview, which was about 3 years ago in [feed forward Yr_Month_PrevInt].

INTRO B: Now I would like to ask some questions about where [you/Rname] [live/lives]. We are interested in finding out if many people have moved house in the last 3 years.

If INTSTATUSW5 = 1, then ask CS_1_5 others go to CS_35_5

CS_1_5: [Are/Is] [you/he/she] living at the same address that [you/he/she] lived at the time of the last interview?

[IWER: State address participant gave at Wave 4 here CS_AddressFF_5 or corrected address if applicable]

1. Yes, **Go to CS_35_5**
5. No record new current address **Go to CS_1b_5**
97. Unclear response **Go to CS_1b_5**
98. Don't know **Go to CS_1b_5**
99. Refused to answer **Go to CS_1b_5**

CS_1b_5: Please enter the current address at which the respondent is now resident

CS_1c_5: Which type of residence is this?

IWER: Select one only

Family/Independent (Drop Down Menu)

1. At home with both parents
2. At home with one parent
3. At home with Sibling
4. At home with other relative
5. Foster care and boarding-out arrangements
6. Living independently
7. Living semi-independently
8. Home Sharing / Shared living

Community (Drop Down Menu)

9. 5-day community group home – (Dispersed setting)
10. 5-day community group home – (Clustered setting)
11. 7-day community group home – (Dispersed setting)
12. 7-day community group home – (clustered setting)

Residential (Drop Down Menu)

13. 7-day residential setting
14. 5-day residential setting (home at weekends)
15. Nursing home
16. Mental health community residence
17. Psychiatric hospital
18. Intensive placement (challenging behaviour)
19. Intensive placement (profound or multiple disability)
20. Different unit in same residence i.e. moved residence within the campus setting (new option wave 3)
95. Other (please specify, e.g. hostel) **Go to CS_1c_oth_5**
96. Unclear response
97. Don't know
98. Refused to answer

(Adapted from NIDD/IDS-TILDA)

CS_1c_oth_5: Text Up to 60 characters.



CS_35_5: To be completed by Interviewer. Probe for all relevant movements that may have occurred in the last three years

- 1. Participant has NOT moved in the last three years **Go to CS_info1_5**
- 2. Participant has moved but has returned to the same address they had three years ago **Go to CS_5_5**
- 3. Participant has moved in the last three years **Go to CS_5_5**

(IDS-TILDA)

CS_5_5: What was the reason for this move?

IWER: Code All That Apply

CS_5_i_5 for i = 1-14, 95, oth, 97, 98, 99

- 1. Physical health changes/change in health status
- 2. Loss of primary carer e.g. death of a parent
- 3. Change in service policy
- 4. Moved to accommodate service
- 5. Not happy where [I/he/she] was living
- 6. Funding shortages/staff shortages
- 7. Supports, services, skill mix not in place to meet [my/his/her] needs
- 8. Lack of accessibility within the home/home not accessible
- 9. For [my/his/her/ changing needs (e.g. no downstairs facilities)
- 10. Lack of nursing support
- 11. Lack of 24hr care
- 12. To be closer to family and friends
- 13. To be closer to the services I use/need
- 14. Personal choice
- 95. Other (Please tell us): _____

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

(IDS-TILDA)

CS_6_5: Now, thinking about the reason(s) you chose, what was the most important reason for this move?

CS_6_i_5 for i = 1-14, 95, oth, 97, 98, 99

IWER: CODE THE ONE THAT APPLIES

1. Physical health changes/change in health status
2. Loss of primary carer e.g. death of a parent
3. Change in service policy
4. Moved to accommodate service
5. Not happy where [I/he/she] was living
6. Funding shortages/staff shortages
7. Supports, services, skill mix not in place to meet [my/his/her] needs
8. Lack of accessibility within the home/home not accessible
9. for [my/his/her] changing needs (e.g. no downstairs facilities)
10. Lack of nursing support
11. Lack of 24hr care
12. To be closer to family and friends
13. To be closer to the services [I/he/she] use[s]/need[s]
14. Personal choice
15. [I/He/She] [don't/doesn't] know the reason for the move
95. Other (as given in CS_5_95_5)

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

(IDS-TILDA)

CS_7_5: Who was involved in choosing [your/Rname's] new home/accommodation?

IWER: CODE ALL THAT APPLY

CS_7_i_5 for i = 1-5, 95, oth, 97, 98, 99

1. [Myself/Himself/Herself]
2. Family
3. Partner
4. Advocate
5. Key worker
6. The staff who work with me
7. The management of the service
95. Other (please tell us): _____

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

(IDS-TILDA)

CS_36_5: Was the move of house talked about or/included in [your/his/her] personal plan

- 1. Yes
- 5. No

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

(IDS-TILDA)

CS_10_5: Did [you/he/she] view any alternative accommodation options? (e.g. bungalow, independent living house or flat, nursing home)

- 1. Yes
- 5. No

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

(IDS-TILDA)

CS_11_5: Did [you/he/she] want to move?

IWER: CODE ONE THAT APPLIES

- 1. Yes
- 5. No

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

(IDS-TILDA)

CS_47_5: Does [your/his/her] home/accommodation meet your needs?

IWER: CODE ONE THAT APPLIES

- 1. Yes
- 5. No

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

(IDS-TILDA)

CS_37_5: How [do/does] [you/he/she] feel now that [you/he/she] [have/has] moved?

IWER: CODE ONE THAT APPLIES

1. Happy with new home
2. Not happy with new home
3. Still getting used/adapting to the change

CS_37oth_5: Other

95. Other (Please specify): _____
97. Unclear response
98. Don't know
99. Refused to answer

(IDS-TILDA)

CS_38_5: How many times [have/has] [you/he/she] moved in the last three years?

INTERVIEWER: Please Note That a Move Includes a Change in Unit on The Same Campus.

IF ONLY ONE MOVE RECORD '1' IN THE BOX BELOW

NUMBER: _____ (Constrain from 1 to 96)

97. Unclear response **Go to CS_info1_5**
98. Don't know **Go to CS_info1_5**
99. Refused to answer **Go to CS_info1_5**

(IDS-TILDA)

CS_info1_5: Any other information (Residence and Moves)

CS_0_5: How will this section be completed?

1. Self-Report Only
2. Self-Report & Proxy
3. Proxy only

If CS_0_5 = 1 or CS_0_5 = 2 ask CS_43_5

IWER: (SELF-REPORT ONLY)

IWER: Now we would like to ask you some questions about the things that give you hope, peace or comfort

CS_43_5: What helps you and brings you hope during difficult times?

IWER: Tick all that apply

CS_43_i_5 for i = 1 to 9, 95, oth, 93, 97, 98, 99, 0.

1. Talking to Friends / family
2. Talking to staff
3. Praying
4. Going to a religious/faith-based service
5. Spending quiet time on my own
6. Listening to music
7. Going for a walk
8. Being in nature
9. Meditating/yoga/other practice
95. Other (Please Specify): _____

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

CS_44_5: Which of these things would you do most often during the difficult times?

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

If CS_0_5 = 1 or CS_0_5 = 2 ask CS_44_5

IWER: Tick one only

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

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

CS_45_5: What helps you to feel peace and at ease in your life?

If CS_0_5 = 1 or CS_0_5 = 2 ask CS_45_5

IWER: (SELF-REPORT ONLY)

IWER prompt: Feel calm and relaxed

IWER: Code all that applies

CS_45_i_5 for i = 1 to 9, 95, oth, 93, 97, 98, 99, 0.

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

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

CS_46_5: Which of these things would you do most often to help you feel peaceful and at ease?

If CS_0_5 = 1 or CS_0_5 = 2 ask CS_46_5

IWER: (SELF-REPORT ONLY)

IWER: Tick one only

1. Talking to friends/ family
2. Talking to staff
3. Praying
4. Going to a religious / faith-based service
5. Spending quiet time on my own
6. Listening to music
7. Going for a walk/
8. Being in nature
9. Meditating/yoga/other practice
95. Other (As given in CS_45_95_5): _____

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

CS_30_5: About how often [do/does] [you/he/she] go to religious services?

IWER: CODE THE ONE THAT APPLIES

1. No religion (**Go to CS_33_5**)
2. Never / almost never (**Go to CS_31_5**)
3. About once or twice a year (**Go to CS_31_5**)
4. Every few months (**Go to CS_31_5**)
5. About once a month (**Go to CS_31_5**)
6. Twice a month (**Go to CS_31_5**)
7. About once a week (**Go to CS_31_5**)
8. More than once a week (**Go to CS_31_5**)

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

(SNI/IDS-TILDA)

CS_31_5: How important would you say religion is in your life?

If CS_0_5 = 1 or CS_0_5 = 2 ask CS_31_5

IWER: (SELF-REPORT ONLY)

IWER: READ OUT AND CODE THE ONE THAT APPLIES

- 1. Very important
- 2. Somewhat important
- 3. Not too important

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

(HRS)

CS_32_5: Do you find that you get comfort and strength from religion or not?

If CS_0_5 = 1 or CS_0_5 = 2 ask CS_32_5

IWER: (SELF-REPORT ONLY)

IWER: READ OUT AND CODE THE ONE THAT APPLIES

- 1. Often/Always
- 2. Sometimes
- 3. Never

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

(HRS)

CS_33_5: Any other information (Spirituality): Text Up to 60 characters.

Section 2: Cognitive Health (CH)

Memory

CH_0_5: TO BE COMPLETED BY THE INTERVIEWER

NOTE: This is a Proxy ONLY SECTION. Only the Proxy can answer the questions in this section. It cannot be answered by an SR.

IWER: Please indicate the status of completion.

IWER: CODE THE ONE THAT APPLIES

1. SR is present
2. SR is present (and supported by a PROXY)
3. SR is not present, and proxy is invited to Complete

CH_53_5: How would you rate [Rname's] day to day memory at the present time?

(PROXY ONLY)

If CH_0_5= 3 then ask CH_53_5, OTHERS GO TO CH_55_5

IWER: Would you say it is

1. Excellent
 2. Very Good
 3. Good
 4. Fair
 5. Poor
-
97. Unclear Response
 98. Don't Know
 99. Refused to answer

(PROXY ONLY)

If INTSTATUSW5 = 1 AND CH_0_5= 3, Ask CH_54_5, OTHERS GO TO CH_55_5

CH_54_5: Compared to the last interview, about 3 years ago, in [feed forward Yr_Month_PrevInt] , would you say [Rname's] memory is

NOTE: You may need to remind the proxy of the date of the last interview.

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

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

CH_55_5: Any other Information (Memory and Cognitive Domains): Text Up to 60 characters.

(PROXY ONLY)

If CH_0_5= 3 then ask CH_55_5 OTHERS GO TO Next section

Section 3: Social Participation (SP)

General Activities

SP_0_5: TO BE COMPLETED BY INTERVIEWER.

IWER: How will this section be completed?

1. Self Report ONLY
2. SR and PROXY
3. PROXY ONLY

SP_1_94_5 SP_1_97_5

SP_1_98_5

SP_1_5:

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

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

IWER: READ OUT AND CODE ALL THAT APPLY

SP_1_i_5 from i = 1 to 5

1. Have voted in any recent election
 2. Have taken a holiday in Ireland in the last 12 months
 3. Have taken a holiday abroad in the last 12 months
 4. Have gone on a daytrip or outing in the last 12 months
94. Not applicable – none of these statements apply to [me/him/her]
97. Unclear response
98. Don't know
99. Refused to answer

(ELSA)

SP_4_5: Any other information (General Activities)

SP_9_5: [Do/Does] [you/he/she] experience any difficulties participating in social activities outside [your/his/her] home?

IWER: Ask All Participants

1. Yes (**Go to SP_10_5**)

5. No (**Go to SP_11_5**)

97. Unclear response (**Go to SP_11_5**)

98. Don't know (**Go to SP_11_5**)

99. Refused to answer (**Go to SP_11_5**)

(IDS-TILDA)

SP_10_5: What makes it difficult for [you/him/her] to participate in social activities outside [your/his/her] home?

IWER: CODE ALL THAT APPLY

1. Health considerations or physically unable
2. Need someone's assistance
3. Need specialized aids or equipment that [you/he/she] [do/does] not have
4. Transport services are inadequate or not accessible
5. Service facilities are not accessible
6. Not able to read signs and timetables
7. Not allowed to go
8. Have no one to go with
9. Lack of local facilities or suitable activities
10. Unfriendly or negative attitudes towards [you/him/her]
11. [You/He/She] [are/is] self-conscious of [your/his/her] intellectual disability
12. Don't have enough money
13. Don't have enough time
14. Don't like social activities
15. Getting too old
16. Family and friends' residence not accessible to [you/him/her]
17. Communication/language problems
18. Mental Health or Challenging Behaviour
95. Other (please specify): _____

97. Unclear response

98. Don't know

99. Refused to answer

(CSO NDS 2006/IDS-TILDA)

SP_11_5: [Do/Does] [you/he/she] experience any difficulty getting around [your/his/her] community (e.g. using zebra crossings, using traffic lights etc.)?

- 1. Yes (**Go to SP_12_5**)
- 5. No (**Go to SP_13_5**)
- 94. Not applicable [don't/doesn't] travel around [my/his/he] community (**Go to SP_13_5**)

- 97. Unclear response (**Go to SP_13_5**)
- 98. Don't know (**Go to SP_13_5**)
- 99. Refused to answer (**Go to SP_13_5**)

(IDS-TILDA)

SP_12_5: What causes [you/him/her] difficulty?

SP_12_i_5 for i = 1 to 5,

IWER: CODE ALL THAT APPLY

- 1. Footpaths design and surfaces
- 2. Lack of street crossings
- 3. Problems with signs (e.g. size and colour)
- 4. Getting access to recreational areas
- 5. Feeling unsafe
- 95. Other (Please specify)

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

(Adapted from NDS)

SP_13_5: Any Other Information (Social Activities):

IWER READ OUT: THINK ABOUT THE DIFFERENT FACILITIES IN AND AROUND YOUR NEIGHBOURHOOD. BY THIS, WE MEAN THE AREA ALL AROUND YOUR HOME THAT YOU COULD WALK TO IN 10-15 MINUTES.

THE NEXT ITEMS ARE STATEMENTS ABOUT YOUR NEIGHBOURHOOD RELATED TO WALKING AND BICYCLING.

SP_14a_5: Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home. Would you say that you...

IWER: READ OUT AND CODE ONE

1. Strongly disagree
 2. Somewhat disagree
 3. Somewhat agree
 4. Strongly agree
-
97. Unclear response
 98. Don't know
 99. Refused to answer

SP_14b_5: It is within a 10-15 minute walk to a transit (such as bus, train, or tram (Luas)) from my home. Would you say that you...

IWER: READ OUT AND CODE ONE

1. Strongly disagree
 2. Somewhat disagree
 3. Somewhat agree
 4. Strongly agree
-
97. Unclear response
 98. Don't know
 99. Refused to answer

SP_14c_5: There are footpaths on most of the streets in my neighbourhood. Would you say that you...

IWER: READ OUT AND CODE ONE

1. Strongly disagree
 2. Somewhat disagree
 3. Somewhat agree
 4. Strongly agree
-
97. Unclear response
 98. Don't know
 99. Refused to answer

SP_14d_5: There are facilities to bicycle in or near my neighbourhood, such as special lanes, separate paths or trails, shared use paths for cyclists and pedestrians. Would you say that you...

IWER: READ OUT AND CODE ONE

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

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

SP_14e_5: My neighbourhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc. Would you say that you...

IWER: READ OUT AND CODE ONE

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

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

SP_14f_5: The crime rate in my neighbourhood makes it unsafe to go on walks at night. Would you say that you...

IWER: READ OUT AND CODE ONE

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

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

(TILDA)

Section 4: Social Connectedness (SC)

SC_0_5:

IWER: How will this section be completed?

1. Self Report ONLY
2. SR and PROXY
3. PROXY ONLY

SC_1_5:

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

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

PLEASE CODE ALL THAT APPLY

SC_1_1_5	Spouse/Partner		1	Go to SC_2_5
SC_1_2_5	Mother		1	Go to SC_2_5
SC_1_3_5	Father		1	Go to SC_2_5
SC_1_4_5	Brother(s)		1	Go to SC_1_4a_5
SC_1_5_5	Sister(s)		1	Go to SC_1_5a_5
SC_1_6_5	Aunt/uncle		1	Go to SC_2_5
SC_1_7_5	Nieces/nephews		1	Go to SC_2_5
SC_1_8_5	Cousin		1	Go to SC_2_5
SC_1_9_5	Child		1	Go to SC_2_5
SC_1_95_5	Other (please specify) SC_1_95oth_5		95	Go to SC_2_5

SC_1_94_5	Not applicable, [I/he/she] [don't/doesn't] have family		94	(Go to SC_28_5)
SC_1_97_5	Unclear response		97	(Go to SC_28_5)
SC_1_98_5	Don't know		98	(Go to SC_28_5)
SC_1_99_5	Refused to answer		99	(Go to SC_28_5)

SC_1_4a_5: If SC_1_4_5 = 1 then ask, “**How many brothers [do/does] [you/he/she] have?**”

(numerical response): _____

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

SC_1_5a_5: SC_1_5a_5: If SC_1_5_5 = 1 then ask, “**How many sisters [do/does] [you/he/she] have?**”

(numerical response): _____

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

SC_2_5: Please tell us where [your/his/her] family member lives in relation to [you/him/her]

If respondent has more than one brother or sister clarify that it is the one, they live closest to

SC_2_i_5 for i = 1 to 9, 95

	Lives with [me/him/her]		Lives in the same building		Lives in the same neighbourhood		Lives in different neighbourhood but same county		Lives in different county		Lives in different country		Unclear response	Don't Know	Refused to answer			
Spouse/partner		1		2		3		4		5		6		97		98		99
Mother		1		2		3		4		5		6		97		98		99
Father		1		2		3		4		5		6		97		98		99
Brother(s)		1		2		3		4		5		6		97		98		99
Sister(s)		1		2		3		4		5		6		97		98		99
Aunt/Uncle		1		2		3		4		5		6		97		98		99
Nieces/Nephews		1		2		3		4		5		6		97		98		99
Cousin		1		2		3		4		5		6		97		98		99
Child		1		2		3		4		5		6		97		98		99
Other (as specified in SC_1_95oth_5)		1		2		3		4		5		6		97		98		99

(Adapted from TILDA)

SC_3_5: Spouse / Partner

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] spouse/partner?

IWER: READ OUT AND CODE ONE BOX ON EACH LIINE

If SC_2_i_5 = 1, 97, 98, 99 then skip SC_3_ia_5 to SC_3_ic_5

SC_3_1a_5: On average, how often [do/does] [you/he/she] **meet up (both arrange and chance meeting)** with [your/his/her] spouse/partner?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_1b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] spouse/partner?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_1c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] spouse/partner?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5: Mother

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] mother?

IWER: READ OUT AND MARK EACH LINE

SC_3_2a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** with [your/his/her] mother?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_2b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] mother?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_2c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] mother?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5: Father

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] father?
IWER: READ OUT AND MARK EACH LINE

SC_3_3a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** with [your/his/her] father?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_3b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] father?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_3c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] father?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5: Brother

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] brother?
IWER: READ OUT AND MARK EACH LINE

IWER: If respondent has more than one brother or sister clarify that it is the one, they have most contact with

SC_3_4a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** with [your/his/her] brother?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_4b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] brother?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_4c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] brother?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5: Sister

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] sister?
IWER: READ OUT AND MARK EACH LINE

IWER: If respondent has more than one brother or sister clarify that it is the one, they have most contact with

SC_3_5a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** with [your/his/her] sister?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] sister?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] sister?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5: Aunt/ Uncle

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] aunt/uncle?
IWER: READ OUT AND MARK EACH LINE

SC_3_6a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** with [your/his/her] aunt/uncle?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_6b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] aunt/uncle?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_6c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] aunt/uncle?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5: Niece / Nephew

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] Niece / Nephew?

IWER: READ OUT AND MARK EACH LINE

SC_3_7a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** with [your/his/her] niece/nephew?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_7b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] niece/nephew?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_7c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] niece/nephew?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5: Cousin

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] cousin?

IWER: READ OUT AND MARK EACH LINE

SC_3_8a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** with [your/his/her] cousin?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_8b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] cousin?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_8c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] cousin?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5: Child

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] child?

IWER: READ OUT AND MARK EACH LINE

SC_3_9a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** with [your/his/her] child?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_9b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] child?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_9c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] child?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_5: Other

IWER: On average, how often [do/does] [you/he/she] do each of the following with [your/his/her] other?

IWER: READ OUT AND MARK EACH LINE

SC_3_95a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** with [your/his/her] [other – as specified in **SC_1_95oth_5**]?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_95b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** with [your/his/her] [other – as specified in **SC_1_95oth_5**]?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_3_95c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] [other – as specified in **SC_1_95oth_5**]?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_28_5:

IWER: Ask all participants

IWER: I am now going to ask you some questions about [your/her/his] friends. Friends can include family or staff as well as other types of friends

If SC_0_5 = 1 or SC_0_5 =2 skip SC_30_5 and SC_31_5

SC_28_1_5: [Do/Does] [you/Rname} have friends?

1. Yes GO TO SC_28_2_5
5. No GO TO SC_6
3. Sometimes GO TO SC_28_2_5

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

SC_28_2_5: [Do/Does] [you/Rname} have a best friend?

Skip if SC_28_1_5 = 5

1. Yes GO TO SC_29_5
5. No GO TO SC_4_5
3. Sometimes GO TO SC_29_5

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

IF SC_28_2_5 = 1 OR SC_28_2_5 = 3, then ask SC_29_5 - Others go to SC_4_5

SC_29_5: Who is [your/Rnames] best friend?

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

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

(National Disability Survey categories – Q8.2)

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

IWER: IF SC_28_2_5 = 1 OR SC_28_2_5 = 3, then ask SC_29A_5

SC_29A_5: Is [your/Rnames] 'best friend' someone who lives with [you/him/her]?

1. Yes
5. No

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

SC_4_5: If SC_28_1_5 = 1 or SC_28_1_5 = 3, then ask SC_4_5 – Others go to SC_6_5

Are [your/his/her] friends...?

IWER: READ OUT AND CODE ALL THAT APPLY

SC_4_i_5 for i = 1,2,3,95,oth, 93, 97, 98, 99

1. Friends within [your/his/her] house **Go to SC_6_5**
2. Friends outside [your/his/her] house **Go to SC_5_5**
3. Key worker/support staff **Go to SC_6_5**
4. Other (Please specify) **Go to SC_6_5**

93. Unable to understand **Go to SC_6_5**
97. Unclear response **Go to SC_6_5**
98. Don't know **Go to SC_6_5**
99. Refused to answer **Go to SC_6_5**

(IDS-TILDA)

SC_5_5: IF SC_4_2_5 = 1 then ask SC_5_5 – Others go to SC_6_5

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

IWER: READ OUT AND CODE ONE

SC_5a_5: On average, how often [do/does] [you/he/she] **Meet up (both arranged and chance meeting)** [your/his/her] friends, not counting any of [your/his/her] family members, staff or anyone who lives with [you/him/her]?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a year
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_5b_5: On average, how often [do/does] [you/he/she] **Speak on the phone (or other technology for speaking with someone – e.g., video calls or voice memos)** [your/his/her] friends, not counting any of [your/his/her] family members, staff or anyone who lives with [you/him/her]?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a month
7. Never

94. Not Applicable
97. Unclear Response
98. Don't Know
99. Refused to answer

(ELSA/IDS-TILDA)

SC_5c_5: On average, how often [do/does] [you/he/she] write to, e.g. letter/card, text, email or by social media, [your/his/her] friends, not counting any of [your/his/her] family members, staff or anyone who lives with [you/him/her]?

1. Three or more times a week
2. Once or twice a week
3. Once or twice a month
4. Every few months
5. Once or twice a year
6. Less than once a month
7. Never

94. Not Applicable

97. Unclear Response

98. Don't Know

99. Refused to answer

(ELSA/IDS-TILDA)

SC_6_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_6_5, OTHER GO TO SC_8A_5

IWER: (SELF-REPORT ONLY)

IWER: READ OUT AND CODE THE ONE THAT APPLIES

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

IWER: Most of the time do you feel...?

1. Happy
2. Not Happy
3. Not Sure

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

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

SC_7_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_7_5

IWER: (SELF-REPORT ONLY)

IWER: What makes you happy?

Record SR response below

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

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

SC_8_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_8_5

IWER: (SELF-REPORT ONLY)

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

IWER: Do you ever feel lonely?

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

1. Yes, **Go to SC_9_5**
5. No, **Go to SC_10_5**

93. Unable to understand **Go to SC_10_5**
97. Unclear response **Go to SC_10_5**
98. Don't know **Go to SC_10_5**
99. Refused to answer **Go to SC_10_5**
0. SR not present – Proxy NOT to complete **Go to SC_10_5**

(IDS-TILDA/UCLA Loneliness Scale)

SC_9_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_9_5. OTHERS GO TO SC_18_5

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

IWER: (SELF-REPORT ONLY)

IWER: READ OUT AND CODE THE ONE THAT APPLIES

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

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

(IDS-TILDA)

SC_10_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_10_5

Do you ever feel left out?

IWER: (SELF-REPORT ONLY)

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

1. Yes, **Go to SC_11_5**
5. No **Go to SC_12_5**

93. Unable to understand **Go to SC_12_5**
97. Unclear response **Go to SC_12_5**
98. Don't know **Go to SC_12_5**
99. Refused to answer **Go to SC_12_5**
0. SR not present - Proxy NOT to complete

(IDS-TILDA/UCLA Loneliness Scale)

SC_11_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_11_5

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

IWER: (SELF-REPORT ONLY)

IWER: READ OUT AND CODE THE ONE THAT APPLIES

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

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

(IDS-TILDA)

SC_12_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_12_5

Do you find it difficult to make friends?

IWER: (SELF-REPORT ONLY)

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

1. Yes, **Go to SC_13_5**
5. No, **Go to SC_14_5**

93. Unable to understand, **Go to SC_14_5**
97. Unclear response, **Go to SC_14_5**
98. Don't know, **Go to SC_14_5**
99. Refused to answer, **Go to SC_14_5**
0. SR not present - Proxy NOT to complete

(IDS-TILDA/UCLA Loneliness Scale)

SC_13_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_13_5

How often do you feel you lack friendship / friends?

IWER: (SELF-REPORT ONLY)

IWER: READ OUT AND CODE THE ONE THAT APPLIES

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

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

(IDS-TILDA)

SC_14a_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_14a_5

Do you ever feel isolated?

IWER: (SELF-REPORT ONLY)

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

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Yes, **Go to SC_14b_5**
5. No **Go to SC_15_5**

93. Unable to understand **Go to SC_15_5**
97. Unclear response **Go to SC_15_5**
98. Don't know **Go to SC_15_5**
99. Refused to answer **Go to SC_15_5**
0. SR not present - Proxy NOT to complete **Go to SC_15_5**

(UCLA/IDS-TILDA)

SC_14b_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_14b_5

How often do you feel isolated?

IWER: (SELF-REPORT ONLY)

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

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

(IDS-TILDA)

SC_15_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_15_5

Do you have someone with whom you can confide? (e.g. someone that you feel at ease with, can talk to about private matters, and can call on for help)

IWER: (SELF-REPORT ONLY)

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

1. Yes, **Go to SC_16_5**
5. No **Go to SC_18_5**

93. Unable to understand **Go to SC_18_5**
94. Not applicable (e.g. completely dependent on others to interpret needs and wants etc.) **Go to SC_18_5**
97. Unclear response **Go to SC_18_5**
98. Don't know **Go to SC_18_5**
99. Refused to answer **Go to SC_18_5**
0. SR not present – Proxy NOT to complete **Go to SC_18_5**

(Adapted from Community Integration Questionnaire)

SC_16_5: If SC_0_5 = 1 or SC_0_5 = 2 then ask SC_16_5

Who do you confide in?

IWER: CODE ALL THAT APPLY

SC_16_i_5 from i = 1 to 10, 95,97,98,99

1. Spouse / Partner / Boyfriend / Girlfriend
2. Parent
3. Sibling
4. Grandparent
5. Aunt / Uncle
6. Cousin
7. Friend
8. Neighbor
9. Key worker / Support worker
10. Advocate
95. Other (Please specify)

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

(IDS-TILDA)

SC_18_5:

IWER: Ask All Participants

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

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

- Household help: help with home repairs, gardening, transportation, shopping or household chores
- Help with paperwork, such as filling out forms, settling money matters

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

1. Yes, **Go to SC_18_oth_5**
5. No **Go to SC_20_5**

97. Unclear response **Go to SC_20_5**
98. Don't know **Go to SC_20_5**
99. Refused to answer **Go to SC_20_5**

SC_18_oth_5:

Please record any narrative information below

(SHARE/12months)

SC_19_5: About how much help did [you/he/she] receive from friends and neighbours over the last two years?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Daily
2. Weekly
3. Monthly
4. Less often

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

(IDS-TILDA)

SC_20_5:

IWER: ASK ALL PARTICIPANTS

INTRO: In the last 2 years, did [you/Rname] give any kind of help to [your/his/her] friends, and neighbours (who did not pay [you/him/her]) such as:

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

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

1. Yes, **Go to SC_20_oth_5**
5. No **Go to SC_22_5**

97. Unclear response **Go to SC_22_5**
98. Don't know **Go to SC_22_5**
99. Refused to answer **Go to SC_22_5**

SC_20_oth_5:

Please record any narrative information below

(SHARE)

SC_21_5: If SC_20_5 =1 then ask SC_21_5. OTHERS GO TO SC_22_5

About how much help did [you/he/she] give friends and neighbours over the last two years?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Daily
2. Weekly
3. Monthly
4. Less often

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

(IDS-TILDA)

SC_22_5:

IWER: Ask All Participants

[Do /Does] [you/he/she] provide support/help to a family member?

1. Yes, **Go to SC_23_5**
5. No **Go to SC_27_Comm_5**
94. N/A - Don't have a family member **Go to SC_27_Comm_5**

97. Unclear response **Go to SC_27_Comm_5**
98. Don't know **Go to SC_27_Comm_5**
99. Refused to answer **Go to SC_27_Comm_5**

(IDS-TILDA)

SC_23_5: Who [do/does] [you/he/she] provide support/help to...?

IWER: TICK ALL THAT APPLY

SC_23_i_5 for i = 1 to 5, 95, oth, 97,98,99

1. Mother
2. Father
3. Sibling
4. Aunt / Uncle
5. Cousin
95. Other: (Please tell us): _____

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

(IDS-TILDA)

SC_24_5: What support [do/does] [you/he/she] provide?

IWER: TICK ALL THAT APPLY

SC_24_i_5 for i = 1 to 7, 95, oth,97,98,99

1. Day to day support e.g., washing, dressing, cooking
2. Help with shopping
3. Help with remembering day to day items and events
4. Support with mobility e.g., going up and down stairs / from room to room
5. Emotional support e.g., companionship
6. Financial support
7. Full support – do everything for them
95. Other

Please tell us

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

(IDS-TILDA)

SC_25_5: How satisfied [are/is] [you/he/she] with providing support/help to a family member?

1. Very satisfied **Go to SC_25_info_5**
2. Satisfied **Go to SC_25_info_5**
3. Not Satisfied **Go to SC_25_info_5**

97. Unclear response **Go to SC_27_5_comm**
98. Don't know **Go to SC_27_5_comm**
99. Refused to answer **Go to SC_27_5_comm**

SC_25_info_5:

Please tell us

(IDS-TILDA)

SC_27_Comm_5: Sense of belonging / Connection with community

IWER: ASK ALL PARTICIPANTS

SC_27_info_5

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

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

SC_27_5: [Do/Does] [you/he/she] feel a part of the community of _ (SC_27_Comm_5)?

- 1. A Little
- 2. A lot
- 3. Not at all

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

(Capriano & Hystad, 2011; Shields, 2008; Romans et al., 2010; Wister & Wanless, 2007; Ross, 2002)

SC_26_5:

Any Other Information (Social Connectedness):

IWER: (SELF-REPORT ONLY)

SC_32a_5: Do you sometimes feel as if you are outside society?

1. Very often
2. Often
3. Sometimes
4. Hardly ever
5. Never

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

IWER: (SELF-REPORT ONLY)

SC_32b_5: In general, (apart from your children), how many (other) relatives do you have that you feel close to? (People you feel at ease with, can talk to about private matters, and can call on for help)?

0... 20

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

IWER: (SELF-REPORT ONLY)

SC_32c_5: In general, how many close friends do you have? (People that you feel at ease with, can talk to about private matters, and can call on for help).

0... 20

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

(SNI)

IWER: (SELF-REPORT ONLY)

SC_33a_5:

Intro: WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THESE FAMILY MEMBERS.

Question variable names: SC_33a_i_5 for i = 1 to 7

IWER: PLEASE READ OUT AND CODE ONE BOX ON EACH LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH QUESTION.

	A lot	Some	A little	Not at all	Unable to understand	Unclear Response	Don't Know	Refused to Answer	Not Applicable
How much do they really understand the way you feel about things?	1	2	3	4	93	97	98	99	94
How much can you rely on them if you have a serious problem?	1	2	3	4	93	97	98	99	94
How much can you open up to them if you need to talk about your worries?	1	2	3	4	93	97	98	99	94
How much do they make too many demands on you?	1	2	3	4	93	97	98	99	94
How much do they criticise you?	1	2	3	4	93	97	98	99	94
How much do they let you down when you are counting on them?	1	2	3	4	93	97	98	99	94
How much do they get on your nerves?	1	2	3	4	93	97	98	99	94

IWER: (SELF-REPORT ONLY)

SC_33b_5

Intro: WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR FRIENDS.

Question variable names: SC_33b_i_5 for i = 1 to 7

IWER: PLEASE READ OUT AND CODE ONE BOX ON EACH LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH QUESTION.

	A lot	Some	A little	Not at all	Unable to Understand	Unclear Response	Don't Know	Refused to Answer	Not Applicable
How much do they really understand the way you feel about things?	1	2	3	4	93	97	98	99	94
How much can you rely on them if you have a serious problem?	1	2	3	4	93	97	98	99	94
How much can you open up to them if you need to talk about your worries?	1	2	3	4	93	97	98	99	94
How much do they make too many demands on you?	1	2	3	4	93	97	98	99	94
How much do they criticise you?	1	2	3	4	93	97	98	99	94
How much do they let you down when you are counting on them?	1	2	3	4	93	97	98	99	94
How much do they get on your nerves?	1	2	3	4	93	97	98	99	94

Section 5: Personal Choices

PC_0_5: TO BE COMPLETED BY THE INTERVIEWER

IWER: Who is completing this section

1. Self-report only
2. SR and Proxy
3. Proxy only

(TILDA)

PC_22_5: [Do/Does] [you/he/she] have a formal written plan (legal decision support arrangement under the Assisted Decision-Making (Capacity) Act) in place that includes the support [you/he/she] may need to make decisions about [your/his/her] life?

IWER: By a decision support arrangement we mean is there a plan in place which highlights the individual need for support in making decisions (such as what clothes [you/he/she] wear, how [you/he/she] [spend/spends] [your/his/her] money, where [you/he/she] [live/lives], who [you/he/she] [live/lives] with), as well as specifying what type of support is needed to make decisions and who should provide this support. This may be co-decision maker agreement, decision making assistance agreement, a decision making representation order, an enduring power of attorney or an advance healthcare directive.

- | | |
|------------------------|-----------------|
| 1. Yes, In progress | [GOTO PC_22b_5] |
| 2. Yes full / complete | [GOTO PC_22b_5] |
| 5. No | [GOTO PC_22a_5] |
| 97.Unclear response | [GOTO PC_22e_5] |
| 98.Don't know | [GOTO PC_22e_5] |
| 99.Refused to answer | [GOTO PC_22e_5] |

PC_22a IWER:

IWER: [You/he/she] may have plans to make a legal decision agreement in the future; [You/he/she] may have an informal support arrangement with family, friends or carer e.g. 'my sister has always supported me to make decisions; [You/he/she] may have an agreement with [your/his/her] service provider, or [You/he/she] may not wish to have any support arrangements. **If [You/he/she] [don't/doesn't] have a decision support plan can you tell us, [do/does] [You/he/she]: Select all that apply**

1. Have plans to make a legal decision support agreement
2. Have an informal support arrangement
3. Have a service organisation protocol in place

4. I/he/she don't need or want a support agreement(IF 4 is selected then user should not be able to choose 1 and 2)

[GOTO PC_22e_5]

97.Unclear response

[GOTO PC_22e_5]

98.Don't know

[GOTO PC_22e_5]

99.Refused to answer

[GOTO PC_22e_5]

PC_22b_5

Is the decision support arrangement a:

IWER:

Decision-making assistance agreement (the person makes their own decision with support from their decision-making assistant. Their decision-making assistant helps them to access and to understand information and to communicate their decision)

Co-decision-making agreement (the person makes specified decisions jointly with a co-decision-maker)

Decision-making representation order (the court appoints a decision-making representative to make certain decisions on the person's behalf).

Enduring power of attorney: A person can appoint one or more attorneys to make decisions on their behalf about their personal welfare, or property or money matters.

Advance Healthcare Directive: A person can record their wishes about healthcare and medical treatment decisions in Advance Healthcare directive. The person may appoint a designated healthcare representative to make sure their advance healthcare directive is complied with.

1. Decision making assistance agreement
2. Co-decision making agreement
3. A decision making representation order
4. Enduring power of attorney
5. Advance healthcare directive with designated healthcare representative
6. Advance healthcare directive without designated healthcare representative

97. Unclear response

98. Don't know

99. Refused to answer

PC_22c_5

Who are [your/his/her] decision supporters? And what type of decisions do they help [you/he/she] with?

Please select all that apply:

	Healthcare	Financial	Services received	Other
Relative				
Friend				
Support staff				
Other (please specify)				

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

PC_22d_5

If PC_22c_5 = 4 then ask

Other Please specify:

PC_22e_5 Have you received any training or information about assisted decision making?

- 1. Yes Go To PC_22f_5
- 5. No Go to PC_1_5

- 97. Unclear response Go to PC_1_5
- 98. Don't know Go to PC_1_5
- 99. Refused to answer Go to PC_1_5

PC_22f_5 What training have you received?

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

PC_1_5:

INTRO: Now I would like to ask you some questions about personal choices.

NOTE: If the SR says it is “**someone else**” then ask, “**who does choose; is it a relative, friend, or support staff?**” Remember that friends may include neighbours, or non-relative residents, and support staff may include a decision making assistant, a co-decision maker, a decision making representative, paraprofessional or professional persons .

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

PC_1_5:

IWER: ASK ALL PARTICIPANTS

IWER: In general, who chooses ...?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

PC_1_i_5 for i = 1 to 1 to 14

		Supported Choice			Someone Else							
	Self	Relative	Friend	Support Staff	Relative	Friend	Support Staff / Services	No choice	Unclear Response	Don't Know	Refused to Answer	Not Applicable
The food [you/he/she] [eat/eats]?	1	2	3	4	5	6	7	8	97	98	99	94
What food is cooked in [your/his/her] home?	1	2	3	4	5	6	7	8	97	98	99	94
The clothes [you/he/she] [wear/wears]?	1	2	3	4	5	6	7	8	97	98	99	94
Who [you/he/she] [spend/spends] [your/his/her] free time with?	1	2	3	4	5	6	7	8	97	98	99	94
Where [you/he/she] [go/goes] in [your/his/her] free time?	1	2	3	4	5	6	7	8	97	98	99	94
How [you/he/she] [spend/spends] [your/his/her] money	1	2	3	4	5	6	7	8	97	98	99	94

What time [you/he/she] [go/goes] to bed	1	2	3	4	5	6	7	8	97	98	99	94
What job [you/he/she] [have/has]	1	2	3	4	5	6	7	8	97	98	99	94
Where [you/he/she] [live/lives]	1	2	3	4	5	6	7	8	97	98	99	94
Who [you/he/she] [live/lives] with	1	2	3	4	5	6	7	8	97	98	99	94
What support [you/he/she] may receive	1	2	3	4	5	6	7	8	97	98	99	94
How [do/does] [you/he/she] decorate [your/his/her] room	1	2	3	4	5	6	7	8	97	98	99	94
Where [you/he/she] [keep/keeps] [your/his/her] money	1	2	3	4	5	6	7	8	97	98	99	94
What training/day activation[you/he/she] [have/has]	1	2	3	4	5	6	7	8	97	98	99	94

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

PC_15_5:

IWER: ASK ALL PARTICIPANTS

IWER: Read the following statement to the participant:

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

IWER: TICK ONE ONLY

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

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

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

PC_16_5:

IWER: Read the following statement to the participant:

**“People today are faced with many decisions about their health care -
for example: whether to start a new medication or change an old medication.
We want to know how [you/he/she] usually [make/makes] these decisions.”**

TICK ONE ONLY

Make decisions on [my/his/her] own without much advice	1
Get advice from family, friend or staff and then make decision myself	2
Make decisions together with family, friend or staff (subsequently referred to as “shared decisions”)	3
Leave decisions up to family, friend or staff	4
Have made an Advance Healthcare Directive	5
Have appointed a designated Healthcare representative	6
Unclear response	97
Don't know	98
Refused to answer	99

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

PC_18_5:

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

- 1. Never / hardly ever
- 2. Sometimes
- 3. Often
- 97. Unclear response
- 98. Don't know
- 99. Refused to answer

PC_19_5: Can you tell me how often are these things difficult for [your/his/her] family or close friends to handle?

- 1. Never / hardly ever
- 2. Sometimes
- 3. Often
- 97. Unclear response
- 98. Don't know
- 99. Refused to answer

PC_20_5: Can you tell me how often do these things that [you/he/she] [do/does] to stay healthy or treat health problems get delayed?

1. Never / hardly ever
 2. Sometimes
 3. Often
97. Unclear response
98. Don't know
99. Refused to answer

PC_21_5:

Now thinking about the things [you/he/she] [was/were] asked to do to stay healthy or treat health problems (for example managing medicines, getting tests and lab work done, watching weight and blood pressure or having yearly health checks).

PC_21a_5: Can you tell me how often [do/does] [you/he/she] feel that doctors or other providers ask [you/him/her] to do too much?

1. Never / hardly ever
 2. Sometimes
 3. Often
97. Unclear response
98. Don't know
99. Refused to answer

PC_21b_5

When others are supporting [you/her/him] to make a decision about [your/her/his] life do they respect [your/her/his] wishes, beliefs and values and help [you/him/her] achieve what [you/he/she] [wish/wishes] to achieve?

1. Never / hardly ever
 2. Sometimes
 3. Often
97. Unclear response
98. Don't know
99. Refused to answer

PC_21c_5

[Are/Is] [you/she/he] supported to make [your/her/ his] own decisions about [your/her/his] life, even when these decisions are considered to be unwise by other people, or against medical advice?

1. Never / hardly ever
2. Sometimes
3. Often
97. Unclear response
98. Don't know
99. Refused to answer

PC_23_5:

IWER: SELF REPORT ONLY

If PC_0_5 = 1 or PC_0_5 = 2, then ask PC_23_5. OTHERS GO TO PC_2_5

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

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

1. Yes, **Go to PC_24_5**
5. No **Go to PC_2_5**

93. Unable to understand **Go to PC_2_5**
97. Unclear response **Go to PC_2_5**
98. Don't know **Go to PC_2_5**
99. Refused to answer **Go to PC_2_5**
0. SR not present Proxy NOT to answer question **Go to PC_2_5**

PC_24_5:

IWER: SELF-REPORT ONLY

If PC_0_5 = 1 or PC_0_5 = 2, then ask PC_24_5

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

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

PC_2_5:

IWER: Ask All Participants

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

IWER: PROBE IF NECESSARY - This is sometimes called a Person Centred Plan or PCP 'WOULD YOU SAY YES OR NO?'

- 1. Yes, **Go to PC_3_5**
- 5. No **Go to PC_5_5**

- 97. Unclear response **Go to PC_5_5**
- 98. Don't know **Go to PC_5_5**
- 99. Refused to answer **Go to PC_5_5**

(IDS-TILDA/National Quality Standards)

PC_3_5:

IWER: ASK ALL PARTICIPANTS

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

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

- 1. Yes
- 5. No

- 97. Unclear response **Go to PC_25_5**
- 98. Don't know **Go to PC_25_5**
- 99. Refused to answer **Go to PC_25_5**

(IDS-TILDA/National Quality Standards)

PC_25_5:

If PC_0_5 = 1 or PC_0_5 = 2, then ask PC_25_5

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

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

- 1. Yes, **Go to PC_26_5**
- 5. No **Go to PC_26_5**

- 93. Unable to understand **Go to PC_26_5**
- 97. Unclear response **Go to PC_26_5**
- 98. Don't know **Go to PC_26_5**
- 99. Refused to answer **Go to PC_26_5**

PC_26_5: (To be completed by interviewer only)

If PC_0_5 = 1 or PC_0_5 = 2, then ask PC_26_5

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

- 1. Yes, **Go to PC_27_5**
- 5. No **Go to PC_27_5**
- 98. Don't Know **Go to PC_27_5**

PC_27_5:

IWER: Ask All Participants

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

1. Yes, all **Go to PC_5_5**
 2. Yes, most **Go to PC_28_5**
 3. Yes, some **Go to PC_28_5**
 4. No none of the goals **Go to PC_28_5**
-
97. Unclear response **Go to PC_5_5**
 98. Don't know **Go to PC_5_5**
 99. Refused to answer **Go to PC_5_5**

PC_28_5:

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

PC_5_5:

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

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

1. Yes, **Go to PC_9_5**
 5. No **Go to PC_9_5**
-
97. Unclear response **Go to PC_9_5**
 98. Don't know **Go to PC_9_5**
 99. Refused to answer **Go to PC_9_5**

(IDS-TILDA/HIQA National Quality Standard)

PC_9_5:

IWER: [Do/Does] [you/he/she] have an independent advocate? An independent advocate is a person who assists and enables more effective communication and who is a person outside the normal services [you/he/she] [receive/receives] and can include family and friends

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

- 1. Yes, **Go to PC_10_5**
- 5. No **Go to PC_10_5**

- 97. Unclear response **Go to PC_10_5**
- 98. Don't know **Go to PC_10_5**
- 99. Refused to answer **Go to PC_10_5**

(IDS-TILDA/HIQA National Quality Standard)

PC_10_5:

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

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

- 1. Yes, **Go to PC_10A_5**
- 5. No **Go to PC_11_5**

- 97. Unclear response **Go to PC_11_5**
- 98. Don't know **Go to PC_11_5**
- 99. Refused to answer **Go to PC_11_5**

(IDS-TILDA/National Quality Standards)

PC_10a_5:

IWER: Is this an internal or external advocate?

1. Internal
2. External

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

(IDS-TILDA)

PC_11_5:

Any Other Information (Personal Choices)

Quality of Life

PC_46_5:

INTRO: Now I would like to ask you about [your/Rname's] quality of life.

Would you say [your/Rname's] quality of life is...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

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

(IDS-TILDA)

PC_29_5:

IWER: SELF-REPORT ONLY

IF PC_0_5 = 1 or if PC_0_5 = 2, then ask PC_29_5

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

IWER: How happy do you feel about your life as a whole?

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

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

Personal wellbeing Index – Intellectual Disability Robert A Cummins

PC_30_5:

IWER: SELF-REPORT ONLY

If PC_0_5 = 1 or if PC_0_5 = 2, then ask **PC_30_5**

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

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

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

Personal wellbeing Index – Intellectual Disability Robert A Cummin

Satisfaction with life scale (SWLS)

PC_SWLS_5:

IWER: SELF-REPORT ONLY

IWER: Below are five statements that you may agree or disagree with.

Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item.

IWER: Please be open and honest in your responding.

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

PC_33_5:

IWER: SELF-REPORT ONLY

In most ways my life is close to my ideal

Strongly agree		7
Agree		5.5
Neither agree nor disagree		4
Disagree		2.5
Strongly disagree		1

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

PC_34_5:

IWER: SELF-REPORT ONLY

The conditions of my life are excellent

Strongly agree		7
Agree		5.5
Neither agree nor disagree		4
Disagree		2.5
Strongly disagree		1

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

PC_36_5:

IWER: SELF-REPORT ONLY

I am satisfied with my life

Strongly agree		7
Agree		5.5
Neither agree nor disagree		4
Disagree		2.5
Strongly disagree		1

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

PC_37_5:

IWER: SELF-REPORT ONLY

So far, I have gotten the important things I want in life

Strongly agree		7
Agree		5.5
Neither agree nor disagree		4
Disagree		2.5
Strongly disagree		1

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

PC_38_5:

IWER: SELF-REPORT ONLY

If I could live my life over, I would change almost nothing.

Strongly agree		7
Agree		5.5
Neither agree nor disagree		4
Disagree		2.5
Strongly disagree		1

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

Section 6: Ageing Perceptions (AP)

If INTSTATUSW5 = 2 (new participants) ask **AP_0_5** To **AP_11_5**: . Others go to **OC_0_5**:

AP_0_5:

IWER: TO BE COMPLETED THE BY INTERVIEWER

IWER: Who is completing this section

1. Self-report only **Go to AP_1_5**
2. SR and Proxy **Go to AP_1_5**
3. Proxy only **Go to next section**

AP_1_5:

IWER: SELF-REPORT ONLY

IWER: TO BE COMPLETED BY THE INTERVIEWER

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

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

NOTE: Use the following questions as your topic guide.

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

IWER: Record the SR's response below.

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

(IDS-TILDA)

AP_2_5:

IWER: SELF-REPORT ONLY

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

IWER: CODE THE ONE THAT APPLIES

- 1. Young adult
- 2. Middle aged
- 3. Old
- 95. Other

Other (please specify)

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

(IDS-TILDA)

AP_3_5:

IWER: SELF-REPORT ONLY

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

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. better
2. worse
3. the same

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

(IDS-TILDA)

AP_4_5:

IWER: SELF-REPORT ONLY

IWER: Are there any good things about getting older?

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

1. Yes, **Go to AP_5_5**
5. No **Go to AP_6_5**

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

(IDS-TILDA)

AP_5_5:

IWER: SELF-REPORT ONLY

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

IWER: Record the SR's response below.

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

(IDS-TILDA)

AP_6_5:

IWER: SELF-REPORT ONLY

IWER: Do you have any concerns or worries about getting older?

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

- 1. Yes, **Go to AP_7_5**
- 5. No **Go to AP_8_5**

- 93. Unable to understand **Go to AP_8_5**
- 97. Unclear response **Go to AP_8_5**
- 98. Don't know **Go to AP_8_5**
- 99. Refused to answer **Go to AP_8_5**
- 0. SR not present - Proxy NOT to answer question **Go to AP_8_5**

(IDS-TILDA)

AP_7_5:

IWER: SELF-REPORT ONLY

IWER: What might these concerns be?

IWER: Record the SR's response below.

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

(IDS-TILDA)

AP_8_5:

IWER: SELF-REPORT ONLY

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

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

- 1. Yes
- 5. No

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

(IDS-TILDA)

AP_9_5:

IWER: SELF-REPORT ONLY

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

IWER: Record the SR's response below.

93. Unable to understand

97. Unclear response

98. Don't know

99. Refused to answer

0. SR not present - Proxy NOT to answer question

(IDS-TILDA)

AP_10_5:

IWER: SELF-REPORT ONLY

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

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

1. Yes

5. No

93. Unable to understand

97. Unclear response

98. Don't know

99. Refused to answer

0. SR not present - Proxy NOT to answer question

(IDS-TILDA)

AP_11_5:

Any Other Information (Ageing Perceptions):

Section 7: Occupation (OC)

OC_0_5:

IWER: TO BE COMPLETED THE BY INTERVIEWER

IWER: How will this section completed?

1. Self- report only
2. SR and Proxy
3. Proxy only

(TILDA)

OC_2A_5:

INTRO: Now I would like to ask you questions about work and retirement.

Which one of these would you say best describes [your/Rname's] current situation?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Paid Employment (in a shop, restaurant etc
2. Unemployed **Go to OC_2B_5**
3. Retired **Go to OC_2B_5**

95. Other (Please specify: _____)
97. Unclear response **Go to OC_2B_5**
98. Don't know **Go to OC_2B_5**
99. Refused to answer **Go to OC_2B_5**

(IDS-TILDA)

OC_4_5:

IWER: How many hours [do/does] [you/Rname] spend in paid work per week?

Hours: _____

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

(IDS-TILDA)

OC_7_5:

IWER: In what kind of business, industry or service [do/does] [you/Rname] work in (that is, what did they make or do at the place where [you/Rname] [work/works])?

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

(IDS-TILDA)

OC_2A3_5:

What is [your/Rnames] typical wage per week?

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

(IDS-TILDA)

OC_2B_5:

IWER: ASK ALL PARTICIPANTS

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

IWER: CODE ALL THAT APPLY

			If yes, for how long per week (in hours)		
				Hours	
OC_2B_1_5	In education or training	1		OC_2B_1hrs_5	
OC_2B_2_5	Attend day service/activation in the community	1		OC_2B_2hrs_5	
OC_2B_3_5	Attend day service / activation in a service provider setting	1		OC_2B_3hrs_5	
OC_2B_4_5	Receive day activation at home	1		OC_2B_4hrs_5	
OC_2B_5_5	Attend active age facility	1		OC_2B_5hrs_5	
OC_2B_6_5	[don't/doesn't] do anything specific during the day	1			
OC_2B_95_5	Other	95		OC_2B_95hrs_5	
OC_2B_oth_5	(Please specify)	oth			

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

OC_63_5:

IWER: ASK ALL PARTICIPANTS

How many days in the last week (including the weekend) did [you/he/she] stay at home all day?

_____ number of days (from 0 to 7)

(If OC_63_5 = 0 Go to OC_65_5, OTHERS GO TO OC_64_5)

97. Unclear response **Go to OC_65_5**

98. Don't know **Go to OC_65_5**

99. Refused to answer **Go to OC_65_5**

OC_64_5:

What were the reasons [you/he/she] did not leave the house?

IWER: Select one only

1. Staff / resource issues
2. Ill Health
3. Bad Weather
4. Challenging behaviour
5. Mood / didn't feel like it
6. Personal choice / didn't want to
95. Other (Please specify): _____

97. Unclear response **Go to next section**

98. Don't know **Go to next section**

99. Refused to answer

OC_65_5:

Any Other Information (Occupation)

Section 8: Learning and Technology (LE)

LE_9_5:

IWER: Ask All Participants

IWER: Now we would like to ask you some questions about [you/his/her] reading, writing and numbers

Do you have any difficulty with reading?

- 1. Yes
- 5. No

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

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

LE_11_5:

IWER: Do you have any difficulty with writing?

- 1. Yes
- 5. No

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

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

LE_13_5:

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

- 1. Yes
- 5. No

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

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

Technology

LE_17_5: [Do/Does] [you/Rname] own a mobile phone?

1. Yes **Go To LE_25_5**
5. No **Go To LE_27_5**

97. Unclear response **Go To LE_27_5**
98. Don't know **Go To LE_27_5**
99. Refused to answer **Go To LE_27_5**

(IDS-TILDA & Wehmeyer et al 2006)

LE_25_5: [Do/Does] [you/he/she] use [your/his/her] mobile phone?

1. Yes
5. No
2. [I/He/She] [do/does] not know how to use a mobile phone

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

(IDS-TILDA)

LE_27_5: [Do/Does] [you/he/she] or anyone in your household have access to the internet at home?

1. Yes **Go To LE_28_5**
5. No **Go To LE_26a_5**

97. Unclear response **Go To LE_26a_5**
98. Don't know **Go To LE_26a_5**
99. Refused to answer **Go To LE_26a_5**

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LE_28_5: [Do/Does] [you/he/she] use the internet at home?

1. Yes
5. No

100. Unclear response
101. Don't know
102. Refused to answer

(TILDA)

LE_26a_5: Do you use any of the following technology or smart devices? If YES – what do you use these devices for?

Technology/Smart Device	Use(s)	Frequency
1. Computer/laptop	Select all that apply: <ul style="list-style-type: none"> • Connect with family • Connect with friends • Social • Leisure, entertainment or gaming • Domestic/household uses • Healthcare • Education • Work or occupation • Personal • Fitness • Information • Other – please specify: 	Tick One Option: <ol style="list-style-type: none"> 1. Every day/almost every day 2. At least once a week 3. At least once a month 4. Less than once a month 5. Rarely/never
2. Tablet		
3. Smartphone		
4. Smart watch		
5. Fitness tracker		
6. Smart assistant (e.g., Alexa, Siri, Cortana and Google Assistant)		
7. Other device – please state: [enter text]		

- 96. None of the Above
- 97. Unclear response
- 98. Don't know
- 99. Refused to answer

LE_26b_5: What helps/enables your use of these technology/smart devices? [feed forward the tech/smart devices named above]

Technology/Smart Device	Enabler(s)
1. Computer/laptop	Tick all that apply: <ul style="list-style-type: none"> • Support – family • Support – friend • Support – staff • Other support [specify] • N/A - No help needed
2. Tablet	
3. Smartphone	
4. Smart watch	
5. Fitness tracker	
6. Smart assistant (e.g., Alexa, Siri, Cortana and Google Assistant)	
7. Other device – please state:[enter text]	

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

LE_26c_5: Is there any technology or smart device (e.g., computer/laptop, tablet, smartphone, smart watch) that you do not currently use that you would like to use [Feed forward the technologies or smart devices not selected in LE_26a_5]

(YES/NO – if yes, outline below)

Technology/Smart Device	Desired Use(s)	Reason(s) do not currently use
Computer/laptop	[free text]	Tick all that apply: <ul style="list-style-type: none"> • No access • Cannot afford/too costly • Lack of participant's skills/knowledge • Lack of carer/support person's skills/knowledge • Lack of support (including lack of carer/support person time to support technology use) • Other reason [specify]
Tablet		
Smartphone		
Smart watch		
Fitness tracker		
Smart assistant (e.g., Alexa, Siri, Cortana and Google Assistant)		
Other device – please state:[enter text]		

96. None of the above

97. Unclear response

98. Don't know

99. Refused to answer

LE_22_5:

Please answer yes or no to the following statements

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

LE_22_i_5 for i = 1 to 6

LE_22_1_5: [I/He/She] can type [my/his/her] name on a keyboard

1. Yes, with assistance
2. Yes, without assistance
5. No

97. Unclear response

98. Don't know

99. Refused to answer

(IDS-TILDA)

LE_22_2_5: [I/He/She] can type a letter (to send to someone)

1. Yes, with assistance
2. Yes, without assistance
5. No

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

(IDS-TILDA)

LE_22_3_5: [I/He/She] can turn on a computer

1. Yes, with assistance
2. Yes, without assistance
5. No

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

(IDS-TILDA)

LE_22_4_5: [I/He/She] can send an email

1. Yes, with assistance
2. Yes, without assistance
5. No

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

(IDS-TILDA)

LE_22_5_5: [I/He/She] can look up topics of interests on internet search engines such as Google, Bing, Yahoo!

1. Yes, with assistance
2. Yes, without assistance
5. No

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

(IDS-TILDA)

LE_22_6_5: [I/He/She] can use social media sites/apps such as Facebook, Twitter, Instagram, TikTok, WhatsApp

1. Yes, with assistance
2. Yes, without assistance
5. No

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

(IDS-TILDA)

LE_22_7_5: [Do/Does] [you/he/she] use [your/his/her] internet banking?

1. Yes, with assistance
2. Yes, without assistance
5. No

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

LE_22_8_5: [Do/Does] [you/he/she] use [your/his/her] internet shopping?

1. Yes, with assistance
2. Yes, without assistance
5. No

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

LE_22_9_5: [Have/Has] [you/he/she] ever participated in an online meeting (for example on Zoom, Skype, Teams)?

1. Yes, with assistance
2. Yes, without assistance
5. No

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

LE_22_10_5: [Have/Has] [you/he/she] participated in an online meeting (for example on Skype, Teams, Zoom) with a health professional for support (during Covid-19)?

1. Yes, with assistance
2. Yes, without assistance
5. No

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

LE_23_5:

Any Other Information (Technology):

Section 9: Physical Health (PH)

Overall Health

PH_0_5:

IWER: Ask All Participants

How will this section be completed?

1. Self-Report Only
2. Self-Report and Proxy
3. Proxy Only

PH_1_5: IF INTSTATUSW5 = 1, use **INTRO A**, ELSE use **INTRO B**

INTRO A: Now I would like to ask you some questions about [your/Rname's] health, and if things have changed since your last interview, which was about 3 years ago, in [feed forward Yr_Month_PrevInt] .

INTRO B: Now I would like to ask you some questions about [your/Rname's] health

Would you say [your/Rname's] health is...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

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

(ELSA/HRS/SHARE)

PH_2_5: Now thinking about [your/his/her] physical health, which includes physical illness and injury, how many days during the past 30 days was [your/Rname's] physical health not good?

_____ Day(s) (Constrain to 30 days: 0.....30)

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

(Health Related Quality of Life)

PH_12_5:

If PH_0_5 = 1 or PH_0_5 = 2 then ask PH_12_5, others go to PH_13_5

IWER: SELF REPORT ONLY

In general, compared to other people your age, would you say your health is...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

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

(VES)(TILDA)

PH_13_5:

Any Other Information (Overall Health and Functional Limitations):

Eyesight

PH_14_5:

Is your eyesight (using glasses or contact lenses if you use them)?

1. Excellent **Go to PH_15_5**
2. Very good **Go to PH_15_5**
3. Good **Go to PH_15_5**
4. Fair **Go to PH_15_5**
5. Poor **Go to PH_15_5**
6. Registered or legally blind **Go to PH_17_5**

97. Unclear Response **Go to PH_15_5**
98. Don't Know **Go to PH_15_5**
99. Refused to Answer **Go to PH_15_5**

(ELSA/HRS/SHARE/TILDA)

PH_15_5:

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

Would you say it is...?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

97. Unclear Response
98. Don't Know
99. Refused to Answer

(ELSA/ HRS/ SHARE)

PH_16_5:

How good is [your/his/her] eyesight for seeing things up close, for example like reading ordinary newspaper print or looking at photographs (using glasses or corrective lens if [you/he/she] [use/uses] them)? Would you say it is...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

97. Unclear Response
98. Don't Know
99. Refused to Answer

(ELSA/ HRS/ SHARE)

PH_17_5:

[Have/Has] [you/he/she] been prescribed glasses or contact lenses?

1. Yes, **Go to PH_18_5**
5. No **Go to PH_20_5**

97. Unclear Response **Go to PH_20_5**
98. Don't Know **Go to PH_20_5**
99. Refused to Answer **Go to PH_20_5**

(Adapted form CHAP)

PH_18_5:

[Do/Does] [you/he/she] usually wear ordinary glasses, bifocals or contact lenses?

IWER: CODE THE ONE THAT APPLIES

1. Ordinary glasses
2. Bifocals
3. Contact Lenses

97. Unclear Response
98. Don't Know
99. Refused to Answer

(TILDA)

PH_20_5:

When was [your/Rname's] last eye exam?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Less than one year **Go to PH_300a_5**
2. One-three years ago **Go to PH_300a_5**
3. More than three years ago **Go to PH_21_5**
4. Never **Go to PH_21_5**

97. Unclear Response **Go to PH_300a_5**
98. Don't Know **Go to PH_300a_5**
99. Refused to Answer **Go to PH_300a_5**

(Adapted from Special Olympics – [H.A.S. Opening Eyes](#) Screening Form)

PH_21_5:

Can you tell me the reasons why [you/he/she] [haven't/hasn't] had an eye exam recently?

IWER: READ OUT AND CODE ALL THAT APPLY

PH_21_i_5 for i = 1 to7, 95, oth, 97, 98,99

1. The environment is not accessible e.g. no wheelchair access
2. No need
3. [I/He/She] [don't/doesn't] get enough time at [my/his/her] appointment
4. [I/He/She] [have/has] to wait too long in the waiting room
5. Fear
6. Transport
7. Cost
95. Other (Please tell us)

Please tell us

97. Unclear Response
98. Don't Know
99. Refused to Answer

(IDS-TILDA)

Eye Disease

The logic for creating the above variable is as follows:

FOR i = 01 TO 04

IF (intstatusW5 = 1 & PH_300_iFF (Fed forward from wave 4) = 1) THEN PH_300_iFF_5 = 1; Otherwise
PH_300_iFF_5 = 0

IF (INTSTATUSW5 = 1 & PH_300_iFF_5_01-03=1), ASK PH_300a_5

ALL OTHERS GO TO PH_300_5

PH_300a_5:

Last time you were interviewed, you told us that you [had] (insert conditions from PH_300FFW4_i). PAUSE

1. Continue GO TO PH_300Y_1_5
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH_300X0_5:

IWER: Which of the conditions is being disputed

1. Cataracts (display if PH_300_01FF_5 = 1)
[PH_300X0_01_5]
2. Glaucoma (display if PH_300_02FF_5 = 1)
[PH_300X0_02_5]
3. Age related macular degeneration (display if
PH_300_03FF_5=1)
[PH_300X0_03_5]
4. Keratoconus (display if PH_300_04FF_5=1)
[PH_300X0_04_5]

IF (PH_300X0_01_5=1) THEN ASK

PH_300X_01_5:

It may be that we have a recording error about you having Cataracts.

IWER: Can you confirm, that... READ OUT.

1. You never had Cataracts (error from previous wave)
2. Cataracts were misdiagnosed

IF (PH_300X0_02_5=1) THEN ASK

PH_300X_02_5:

IWER: It may be that we have a recording error about you having Glaucoma. Can you confirm, that ...READ OUT.

1. You never had Glaucoma (error from previous wave)
2. Glaucoma was misdiagnosed

IF (PH_300X0_3_5=1) THEN ASK

PH_300X_03_5:

IWER: It may be that we have a recording error about you having Age related macular degeneration. Can you confirm, that ...READ OUT.

1. You never had Age related macular degeneration (error from previous wave)
2. Age related macular degeneration was misdiagnosed

IF (PH_300X0_4_5=1) THEN ASK

PH_300X_04_5:

IWER: It may be that we have a recording error about you having Keratoconus. Can you confirm, that ...READ OUT.

1. You never had Keratoconus (error from previous wave)
2. Keratoconus was misdiagnosed

IF (PH_300_01FF_5 = 1 & PH_300a_5 = 1,2 & PH_300X0_01_5≠ 1), ASK PH_300Y_01_5. OTHERS GO TO PH_300Y_02_5

PH_300Y_01_5: Do you still have Cataracts?

1. Yes
5. No

IF (PH_300_02FF_5= 1 & PH_300a_5= 1,2 & PH_300X0_02_5≠ 1), ASK PH_300Y_02_5. OTHERS GO TO PH_300Y_03_5

PH_300Y_02_5: Do you still have Glaucoma?

1. Yes
5. No

IF (PH_300_03FF_5= 1 & PH_300a_5= 1,2 & PH_300X0_03_5≠ 1), ASK PH_300Y_03_5. OTHERS GO TO PH_300Y_04_5

PH_300Y_03_5: Do you still have Age related macular degeneration?

1. Yes
5. No

IF (PH_300_04FF_5= 1 & PH_300a_5= 1,2 & PH_300X0_04_5≠ 1), ASK PH_300Y_04_5. OTHERS GO TO PH_300_5

PH_300Y_04_5: Do you still have Keratoconus?

1. Yes
6. No

IF PH_300_iFF (Fed forward from wave 4) = 0), THEN ASK PH_300_5 for that particular option

For example: If Cataract (PH_300_01FF_5) = 1 and Glaucoma (PH_300_02FF_5) = 1, then ask PH_300_5 for Age related macular degeneration and Keratconus and Other

PH_300_5:

IF (intstatusW5 = 2), USE WORDING 'B', OTHERWISE USE WORDING 'A'

- A. Since [your/his/her/the] last interview has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the following [other] eye diseases?
- B. Has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the following eye diseases?
[DISPLAY ALL CONDITIONS]

IWER: READ OUT. CODE ALL THAT APPLY.

1. Cataracts **PH_300_01_5**
2. Glaucoma **PH_300_02_5**
3. Age related macular degeneration **PH_300_03_5**
4. Keratoconus **PH_300_04_5**
95. Other (please specify) **PH_300_95_5] [PH_300_oth_5]**

96. None **PH_300_96_5**
97. Unclear response **PH_300_97_5**
98. Don't Know **PH_300_98_5**
99. Refused to Answer **PH_300_99_5**

(ELSA)

IF (PH_300_01_5=1), ASK PH_300Yb_01_5. OTHERS GO TO PH_300Yb_02_5

PH_300Yb_01_5: Do you still have Cataracts?

1. Yes
5. No

IF (PH_300_02_5=1), ASK PH_300Yb_02_5. OTHERS GO TO PH_300Yb_03_5

PH_300Yb_02_5: Do you still have Glaucoma?

1. Yes
5. No

IF (PH_300_03_5=1), ASK PH_300Yb_03_5. OTHERS GO TO PH_300Yb_04_5

PH_300Yb_03_5: Do you still have Age related macular degeneration?

1. Yes
5. No

IF (PH_300_04_5=1), ASK PH_300Yb_04_5. OTHERS GO TO PH_301_5

PH_300Yb_04_5: Do you still have keratoconus?

1. Yes
5. No

IF ((PH_300_01_5= 1) OR (PH_300_01FF_5= 1 & PH_300a_5= 1, 2 & PH_300X0_01_5≠ 1)) THEN ASK PH_301_5.

OTHERS GO TO PH_22_5

PH_301_5: [Have/Has] [you/he/she] had cataract surgery?

1. Yes, one eye
2. Yes, both eyes
3. No

97. Unclear Response
98. Don't Know
99. Refused to Answer

(ELSA/ HRS)

PH_22_5:

Any other information (Eyesight):

Hearing

PH_24_5: [Are/Is] [you/he/she] registered deaf?

1. Yes, **Go to PH_28_5**
5. No **Go to PH_24a_5**

97. Unclear Response **Go to PH_24a_5**
98. Don't Know **Go to PH_24a_5**
99. Refused to Answer **Go to PH_24a_5**

PH_24a_5: [Do/Does] [you/he/she] use any of the following aids or appliances to help [you/him/her] with [your/his/her] hearing?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Hearing aid (all the time) **Go to PH_25a_5**
2. Hearing aid (most of the time) **Go to PH_25a_5**
3. Hearing aid (some of the time) **Go to PH_25a_5**
95. Other hearing support (please specify) **Go to PH_25a_5**
[PH_24aOTH_5]

96. None of the above **Go to PH_25a_5**
97. Unclear Response **Go to PH_25a_5**
98. Don't Know **Go to PH_25a_5**
99. Refused to Answer **Go to PH_25a_5**

PH_25a_5: Is [your/his/her] hearing (without a hearing aid) ...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Excellent **Go to PH_25b_5**
2. Very good **Go to PH_25b_5**
3. Good **Go to PH_25b_5**
4. Fair **Go to PH_25b_5**
5. Poor **Go to PH_25b_5**
94. Not applicable – deaf **Go to PH_25b_5**

97. Unclear response **Go to PH_25b_5**
98. Don't know **Go to PH_25b_5**
99. Refused to answer **Go to PH_25b_5**

(ELSA/ HRS/ SHARE/IDS-TILDA)

PH_25b_5:

IF (PH_24a__96_5 = 1 OR IF PH_24a__97_5 = 1 OR IF PH_24a__98_5 = 1 OR IF PH_24a__99_5 = 1)
skip PH_25b_5 and go to PH_26_5

Is [your/his/her] hearing (**with** a hearing aid)...?

1. Excellent **Go to PH_26_5**
2. Very good **Go to PH_26_5**
3. Good **Go to PH_26_5**
4. Fair **Go to PH_26_5**
5. Poor **Go to PH_26_5**
94. Not applicable – deaf **Go to PH_28_5**

97. Unclear response **Go to PH_26_5**
98. Don't know **Go to PH_26_5**
99. Refused to answer **Go to PH_26_5**

(ELSA/ HRS/ SHARE/IDS-TILDA)

PH_26_5: Can [you/he/she] follow a conversation with one person (with or without a hearing aid)?

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

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. No difficulty **Go to PH_27_5**
 2. Some difficulty **Go to PH_27_5**
 3. Much difficulty **Go to PH_27_5**
 4. Cannot do at all **Go to PH_28_5**
97. Unclear response **Go to PH_27_5**
 98. Don't know **Go to PH_27_5**
 99. Refused to answer **Go to PH_27_5**

(TILDA)

PH_27_5: Can [you/he/she] follow a conversation with four people (with or without a hearing aid)?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. No difficulty
 2. Some difficulty
 3. Much difficulty
 4. Cannot do at all
97. Unclear response
 98. Don't know
 99. Refused to answer

(TILDA)

PH_28_5: When was [your/Rname's] last hearing test?

1. Less than one year **Go to PH_140_5**
 2. One-three years ago **Go to PH_140_5**
 3. More than three years ago **Go to PH_29_5**
 4. Never **Go to PH_29_5**
-
97. Unclear response **Go to PH_140_5**
 98. Don't know **Go to PH_140_5**
 99. Refused to answer **Go to PH_140_5**

(IDS-TILDA/Adapted from Special Olympics)

PH_29_5: Can you tell me why [you/he/she] [haven't/hasn't] had [your/his/her] hearing tested recently?

IWER: READ OUT AND CODE ALL THAT APPLY

PH_29_i_5 for i = 1 to 7, 95, oth, 97, 98, 99

1. The environment is not accessible e.g. no wheelchair access
2. No need
3. [I/He/She] [don't/doesn't] get enough time at [my/his/her] appointment
4. [I/He/She] [have/has] to wait too long in the waiting room
5. Fear
6. Transport
7. Cost
95. Other (Please tell us)

Please tell us

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

(IDS-TILDA)

PH_140_5:

If PH_25b_5=94 skip PH_140_5 and go to PH_30_5

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

IWER: READ OUT

1. Yes

5. No

97. Unclear response

98. Don't know

99. Refused to answer

(TILDA)

PH_30_5:

Any Other Information (Hearing)

--

General Communication

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

PH_31_5: [Do/Does] [you/Rname] have any difficulty speaking or making [yourself/himself/herself] understood when speaking?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. No difficulty **Go to PH_32_5**
2. Some difficulty **Go to PH_32_5**
3. Much difficulty **Go to PH_32_5**
4. Cannot do at all **Go to PH_32_5**

94. Not applicable **Go to [PH_31b_5]**

97. Unclear response **Go to [PH_31b_5]**
98. Don't know **Go to [PH_31b_5]**
99. Refused to answer **Go to [PH_31b_5]**

(NDS)

PH_32_5: How well [are/is] [you/he/she] able to make [yourself/himself/herself] understood when speaking with

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

PH_32_i_5 for i = 1 to 4

	Completely		Partially		Not at all		Unclear Response		Don't know		Refused to answer		Not Applicable	
Members of [your/his/her] own family	1		2		3		97		98		99		94	
[Your/His/Her] friends	1		2		3		97		98		99		94	
Professionals and service providers such as doctors and home help workers	1		2		3		97		98		99		94	
Other people	1		2		3		97		98		99		94	

(NDS)

PH_31a_5: If [you/he/she] [do/does] not use speech, what other ways do you communicate? Please tick all that apply:

- 1. Lámh (or other sign language system)
- 2. Gestures
- 3. Pictures
- 4. Facial expressions/eye gaze
- 5. Body movement/posture
- 6. Vocalisations
- 7. Other (please describe):
- 94. Not applicable **Go to PH_31b_5**
- 97. Unclear response **Go to PH_31b_5**
- 98. Don't know **Go to PH_31b_5**
- 99. Refused to answer **Go to PH_31b_5**

PH_32a_5: Using these ways of communicating, how well [are/is] [you/he/she] able to make [yourself/himself/herself] understood when interacting with?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

PH_32_i_5 for i = 1 to 4

	Completely		Partially		Not at all		Unclear Response		Don't know		Refused to answer		Not Applicable	
Members of [your/his/her] own family	1		2		3		97		98		99		94	
[Your/His/Her] friends	1		2		3		97		98		99		94	
Professionals and service providers such as doctors and home help workers	1		2		3		97		98		99		94	
Other people	1		2		3		97		98		99		94	

(NDS)

PH_31b_5: [Do/does] [you/Rname] have any difficulty understanding other people when they speak to [you/Rname]?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

- 1. No difficulty **Go to PH_32b_5**
- 2. Some difficulty **Go to PH_32b_5**
- 3. Much difficulty **Go to PH_32b_5**
- 4. Cannot do at all **Go to PH_32b_5**

- 94. Not applicable **Go to PH_31c_5**
- 97. Unclear response **Go to PH_31c_5**
- 98. Don't know **Go to PH_31c_5**
- 99. Refused to answer **Go to PH_31c_5**

PH_32b_5: [How well [are/is] [you/he/she] able to understand others when speaking with?]

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

[Question number/code] for i = 1 to 4

	Completely		Partially		Not at all		Unclear Response		Don't know		Refused to answer		Not Applicable	
Members of [your/his/her] own family	1		2		3		97		98		99		94	
[Your/His/Her] friends	1		2		3		97		98		99		94	
Professionals and service providers such as doctors and home help workers	1		2		3		97		98		99		94	
Other people	1		2		3		97		98		99		94	

(NDS)

PH_31c_5: If other people do not use speech when communicating with [you/him/her], what other ways do they communicate? Please tick all that apply:

- 1. Lámh (or other sign language system) **Go to PH_32c_5**
- 2. Gestures **Go to PH_32c_5**
- 3. Pictures **Go to PH_32c_5**
- 4. Facial expressions/eye gaze **Go to PH_32c_5**
- 5. Body movement/posture **Go to PH_32c_5**
- 6. Other (please describe): **Go to PH_32c_5**

- 94. Not applicable **Go to PH_33_5**
- 97. Unclear response **Go to PH_33_5**
- 98. Don't know **Go to PH_33_5**
- 99. Refused to answer **Go to PH_33_5**

PH_32c_5: Using these ways of communicating, how well [are/is] [you/he/she] able to understand others when they communicate with [you/him/her].....?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

PH_32_i_5 for i = 1 to 4

	Completely		Partially		Not at all		Unclear Response		Don't know		Refused to answer		Not Applicable	
Members of [your/his/her] own family	1		2		3		97		98		99		94	
[Your/His/Her] friends	1		2		3		97		98		99		94	
Professionals and service providers such as doctors and home help workers	1		2		3		97		98		99		94	
Other people	1		2		3		97		98		99		94	

PH_33_5:

Any other information (General communication):

Oral Health

PH_0B5:

IWER: How will this section be completed?

1. Self-Report Only
2. Self-Report and Proxy
3. Proxy Only

PH_34_5:

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

Which best describes the teeth [you/he/she] [have/has]?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. [I/He/She] [have/has] all [my/his/her] own natural teeth – none missing **Go to PH_124_5**
 2. [I/He/She] [have/has] [my/his/her] own teeth, no dentures / but some missing **Go to PH_124_5**
 3. [I/He/She] [have/has] dentures as well as some of [my/his/her] own teeth **Go to PH_124_5**
 4. [I/He/She] [have/has] full dentures **Go to PH_124_5**
 5. [I/He/She] [have/has] no teeth or dentures **Go to PH_124_5**
-
97. Unclear response **Go to PH_124_5**
 98. Don't know **Go to PH_124_5**
 99. Refused to answer **Go to PH_124_5**

(Adapted from SLAN) (comparable to wave 1)

PH_124_5: Would you say [your/Rname's] dental health (mouth, teeth and or dentures) is

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Excellent **Go to PH_38_5**
 2. Very good **Go to PH_38_5**
 3. Good **Go to PH_38_5**
 4. Fair **Go to PH_38_5**
 5. Poor **Go to PH_38_5**
-
97. Unclear response **Go to PH_38_5**
 98. Don't know **Go to PH_38_5**
 99. Refused to answer **Go to PH_38_5**

(TILDA)

PH_38_5: How often [do/does] [you/he/she] brush [your/his/her] teeth or dentures/have them brushed OR how often [do/does] [you/he/she] clean [your/his/her] mouth/have it cleaned for [you/him/her]?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Once or more a day **Go to PH_118_5**
 2. Two to six times per week **Go to PH_118_5**
 3. Once per week **Go to PH_118_5**
 4. Less than once per week **Go to PH_118_5**
 5. Never **Go to PH_118_5**
-
97. Unclear response **Go to PH_118_5**
 98. Don't know **Go to PH_118_5**
 99. Refused to answer **Go to PH_118_5**

(Adapted from SLAN)

PH_118_5: What best describes the physical help [you/he/she] [get/gets] from someone else to clean [your/his/her] teeth?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. [I/He/She] [clean/cleans] [my/his/her] teeth [myself/himself/herself] without help **Go to PH_117_5**
 2. [I/He/She] [clean/cleans] [my/his/her] teeth with a little help **Go to PH_117_5**
 3. [I/He/She] [clean/cleans] [my/his/her] teeth with a lot of help **Go to PH_117_5**
 4. [I/He/She] [do/does] not clean [my/his/her] teeth **Go to PH_117_5**
 5. [I/He/She] [don't/doesn't] have any teeth to clean **Go to PH_117_5**
-
97. Unclear response **Go to PH_117_5**
 98. Don't know **Go to PH_117_5**
 99. Refused to answer **Go to PH_117_5**

(IDS_TILDA) (reworked)

PH_117_5: Which of these best describes the toothbrush [you/he/she] [use/uses]?

IWER: Read out and code all that apply

PH_117_i_5 for i = 1 to 3, 95, oth, 96

1. [I/He/She] use a standard toothbrush **Go to PH_117A_5**
2. [I/He/She] use a modified toothbrush (like a Superbrush or a brush with a special handle) **Go to PH_117A_5**
3. [I/He/She] use an electric tooth-brush **Go to PH_117A_5**
95. Other (Please specify) **Go to PH_117A_5**
96. [I/He/She] [don't/doesn't] use any **Go to PH_117A_5**
97. Unclear response **Go to PH_117A_5**
98. Don't know **Go to PH_117A_5**
99. Refused to answer **Go to PH_117A_5**

(IDS-TILDA)

PH_117A_5: Do you use floss or interdental cleaners regularly (At least once a week)?

1. Yes
5. No

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

(IDS-TILDA)

PH_117B_5: Do you have a current Oral Healthcare Plan in place?

1. Yes
5. No

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

(IDS-TILDA)

PH_39_5: When was the last time [you/he/she] visited a dentist or dental hygienist?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Less than a year ago **Go to PH_120_5**
2. One to two years ago **Go to PH_120_5**
3. More than two years **Go to PH_120_5**
4. Never **Go to PH_123_5**

97. Unclear response **Go to PH_123_5**
98. Don't know **Go to PH_123_5**
99. Refused to answer **Go to PH_123_5**

(Adapted from SLAN)

PH_120_5: What treatment did [you/he/she] get when you last visited with the dentist or dental hygienist?

IWER: READ OUT AND CODE ALL THAT APPLY

PH_120_i_5 for i = 1 to 6, 94,95, oth, 97,98, 99

1. Check-up **Go to PH_123_5**
2. Gum/tooth cleaning (scale / polish) **Go to PH_123_5**
3. Extraction **Go to PH_123_5**
4. Filling **Go to PH_123_5**
5. Preventive treatment like Fissure sealants or fluoride varnish **Go to PH_123_5**
6. Advice on how to brush your teeth **Go to PH_123_5**
94. None **Go to PH_123_5**
95. Other (Please tell us) **Go to PH_123_5**

97. Unclear response **Go to PH_123_5**
98. Don't know **Go to PH_123_5**
99. Refused to answer **Go to PH_123_5**

(IDS-TILDA)

PH_123_5: If [you/he/she] needed a routine dental visit who would [you/he/she] visit?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. A HSE dentist or hygienist
2. A general dentist or hygienist, on the medical card
8. A general dentist or hygienist, privately
95. Other (Please Specify)

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

(modified from TILDA)

PH_123A_5: If [you/he/she] needed a routine dental visit, where would this visit take place?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

- 1. At the dentists'
- 2. At my home / workplace or day service
- 95. Other (Please Specify)

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

PH_121_5 In the last year, [have/has] [you/he/she] found it hard to access a dentist?

- 1. Yes, **Go to PH_121a_5**
- 5. No **Go to PH_150_5**

- 97. Unclear response **Go to PH_150_5**
- 98. Don't Know **Go to PH_150_5**
- 99. Refused to Answer **Go to PH_150_5**

PH_121a_5 If yes, why?

PH_150_5 [Do/does] [you/he/she] [think/thinks] it is getting easier or harder to access a dentist?

- | | |
|------------------------------|-----------------------|
| 1. Easier | Go to PH_151_5 |
| 2. About the same | Go to PH_151_5 |
| 3. Harder | Go to PH_151_5 |
| 97. Unclear Response | Go to PH_151_5 |
| 98. Don't Know | Go to PH_151_5 |
| 99. Refused to Answer | Go to PH_151_5 |

PH_151_5 How often does [your/ his/her] mouth appear to feel dry?

- | | |
|------------------------------|-----------------------|
| 1. Always | Go to PH_152_5 |
| 2. Often | Go to PH_152_5 |
| 3. Sometimes | Go to PH_152_5 |
| 4. Rarely | Go to PH_152_5 |
| 5. Never | Go to PH_152_5 |
| 97. Unclear Response | Go to PH_152_5 |
| 98. Don't Know | Go to PH_152_5 |
| 99. Refused to Answer | Go to PH_152_5 |

(Based on validated shortened version of Xerostomia Inventory, Thomason et al., 2011)

PH_152_5

Which best describes [your/his/her] drooling?

- | | |
|---|-----------------------|
| 1. Dry: never drools | Go to PH_153_5 |
| 2. Mild: only the lips are wet | Go to PH_153_5 |
| 3. Moderate: wet on the lips and chin | Go to PH_153_5 |
| 4. Severe: drools to the extent that clothing becomes damp | Go to PH_153_5 |
| 5. Profuse: clothing, hands, tray, and objects become wet | Go to PH_153_5 |
| 97. Unclear Response | Go to PH_153_5 |
| 98. Don't Know | Go to PH_153_5 |
| 99. Refused to Answer | Go to PH_153_5 |

Based on simplified version of the modified Teacher's Drooling Scale (mTDS), NICE, 2017)

PH_153_5

IWER: Thinking about the link between your oral health (a healthy mouth) and your general health.

How much do you agree or disagree with the following statements:

PH_153a_5

IWER: A healthy mouth can help prevent:

Heart disease

Prompt: for example heart attack / clogged arteries / angina / atherosclerosis

IWER: READ OUT AND CODE ONE

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

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

PH_153b_5

IWER: A healthy mouth can help prevent:

Lung disease

Prompt: for example chest infection / pneumonia

IWER: READ OUT AND CODE ONE

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

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

PH_153c_5

IWER: A healthy mouth can help prevent:

Diabetes

IWER: READ OUT AND CODE ONE

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

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

PH_153d_5

IWER: A healthy mouth can help prevent:

Dementia

Prompt: for example alzheimers / memory loss

IWER: READ OUT AND CODE ONE

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

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

PH_43_5:

Any Other Information (Oral Health):

Heart Conditions

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

PH_0B2_5: How will this section be completed?

1. Self-Report Only
2. Self-Report and Proxy
3. Proxy Only

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

IF (INTSTATUSW45 = 1 & PH_310_01-12FF_5=1), GO TO PH_310a_5. ALL OTHERS GO TO PH_310_5.

PH_310a_5:

Last time you were interviewed you told us that you had (insert conditions from PH_310_iFF_5).

1. Continue (go to PH_310Y_i_5)
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH_310X0:

IWER: Which of the conditions is being disputed

- | | |
|---|--------------------------------|
| 1. High blood pressure or hypertension | (display if PH_310_01FF_5= 1) |
| 2. Angina | (display if PH_310_02FF_5 = 1) |
| 3. A heart attack (inc. myocardial infarction or coronary thrombosis) | (display if PH_310_03FF_5 = 1) |
| 4. Congestive heart failure | (display if PH_310_04FF_5 = 1) |
| 5. Diabetes or high blood sugar | (display if PH_310_05FF_5 = 1) |
| 6. A stroke (cerebral vascular disease) | (display if PH_310_06FF_5 = 1) |
| 7. Ministroke or TIA | (display if PH_310_07FF_5 = 1) |
| 8. High cholesterol | (display if PH_310_08FF_5 = 1) |
| 9. A heart murmur | (display if PH_310_09FF_5 = 1) |
| 10. Abnormal heart rhythm | (display if PH_310_10FF_5 = 1) |
| 11. Atrial fibrillation | (display if PH_310_11FF_5 = 1) |
| 12. An abnormal heart rhythm (not atrial fibrillation) | (display if PH_310_12FF_5 = 1) |

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

IWER: ASK FOR EACH SELECTION AT PH_310X0

PH_310X_01-PH_310X_12 It may be that we have a recording error about you having [condition selected at PH_310X0]. Can you confirm that ...READ OUT.

- 1. You never had [condition selected at PH_310X0] (error from previous wave)
- 2. [condition selected at PH_310X0] was misdiagnosed

IF (PH_310_01FF_5 = 1 & PH_310a_5= 1,2 & PH_310X0_01 ≠ 1), ASK PH_310Y_01_5. OTHERS GO TO PH_310Y_02_5

PH_310Y_01_5: Do you still have High blood pressure or hypertension?

- 1. Yes
- 5. No

IF (PH_310_02FF_5 = 1 & PH_310a_5= 1,2 & PH_310X0_02 ≠ 1), ASK PH_310Y_02_5. OTHERS GO TO PH_310Y_03_5

PH_310Y_02_5: Do you still have Angina?

- 1. Yes
- 5. No

IF (PH_310_04FF_5 = 1 & PH_310a_5= 1,2 & PH_310X0_04 ≠ 1), ASK PH_310Y_04_5. OTHERS GO TO PH_310Y_/05_5

PH_310Y_04_5: Do you still have Congestive heart failure?

- 1. Yes
- 5. No

IF (PH_310_05FF_5 = 1 & PH_310a_5= 1,2 & PH_310X0_05 ≠ 1), ASK PH_310Y_05_5. OTHERS GO TO PH_310Y_08_5

PH_310Y_05_5: Do you still have Diabetes or high blood sugar?

- 1. Yes
- 5. No

IF (PH_310_08FF_5 = 1 & PH_310a_5= 1,2 & PH_310X0_08 ≠ 1), ASK PH_310Y_08_5. OTHERS GO TO PH_310Y_09_5

PH_310Y_08_5: Do you still have High cholesterol?

- 1. Yes
- 5. No

IF (PH_310_09FF_5 = 1 & PH_310a_5= 1,2 & PH_310X0_09 ≠ 1), ASK PH_310Y_09_5. OTHERS GO TO

PH_310Y_09_5: Do you still have a heart murmur?

1. Yes
5. No

If (PH_310_10FF_5 = 1), ASK PH_311_5. Others go to PH_310Y_11_5

PH_311_5: With regards to your abnormal heart rhythm, can you tell me if that was "Atrial Fibrillation" or not?

IWER: CODE ONE ONLY

1. Atrial Fibrillation
2. An abnormal heart rhythm (not Atrial Fibrillation)

IF (PH_311_5= 1) OR (PH_310_11FF_5 = 1 & PH_310X0_11 ≠ 1) ASK PH_310Y_11_5, OTHERS GO TO PH_310Y_12_5

PH_310Y_11_5: Do you still have atrial fibrillation

1. Yes, **Go To PH_310_5**
5. No **Go To PH_310_5**

IF (PH_311_5= 2) OR (PH_310_12FF_5= 1 & PH_310A_5 = 1,2 & PH_310X0_12 ≠ 1), ASK PH_410Y_12_5, OTHERS GO TO PH_310_5

PH_310Y_12_5: Do you still have an abnormal heart rhythm (not Atrial Fibrillation)?

1. Yes **Go To PH_310_5**
5. No **Go To PH_310_5**

IF PH_310_iFF (Fed forward from wave 4) = 0), THEN ASK PH_310_5 for that particular option

For example: If High blood pressure or hypertension (PH_310_01FF_5) = 1 and Angina (PH_310_02FF_5) = 1, then ask PH_310_5 for all the other options except for High blood pressure and Angina

PH_310_5:

IF (INTSTATUSW4 = 2), USE WORDING 'B'. ALL OTHERS, USE WORDING 'A'.

- A. Since [your/his/her/the] last interview , has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the [other] conditions on this card?
- B. Has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the conditions on this card?

IWER: PROBE - 'WHAT OTHERS?' CODE ALL THAT APPLY.

1. High blood pressure or hypertension [**Go To PH_310Yb_01_5**]

2. Angina [**Go To PH_310Yb_02_5**]
3. A heart attack (including myocardial infarction or coronary thrombosis)
4. Congestive heart failure [**Go To PH_310Yb_04_5**]
5. Diabetes or high blood sugar [**Go To PH_310Yb_05_5**]
6. A stroke (cerebral vascular disease)
7. Ministroke or TIA
8. High cholesterol [**Go To PH_310Yb_08_5**]
9. A heart murmur [Go to PH_310_Yb_09_5]
10. Abnormal Heart Rhythm [**Go To PH_310Yb_10_5**]
11. Atrial Fibrillation [**Go To PH_310Yb_11_5**]
12. An abnormal heart rhythm (not atrial fibrillation) [**Go To PH_310_12_5**]
95. Any other heart trouble (please specify) [**Go To PH_310_95_5**] [**PH_310oth_5**]
96. None of these [**Go To PH_310_96_5**]

97. Unclear response [**Go to PH_310_97_5**]
98. Don't know [**Go to PH_310_98_5**]
99. Refused to answer [**Go to PH_310_99_5**]

(ELSA/ similar questions in HRS/ SHARE)

IF (PH_310_01_5 =1), ASK PH_310Yb_01_5. OTHERS GO TO PH_310Yb_02_5

PH_310Yb_01_5: Do you still have High blood pressure or hypertension?

1. Yes
5. No

IF (PH_310_02_5 =1), ASK PH_310Yb_02_5. OTHERS GO TO PH_310Yb_04_5

PH_310Yb_02_5: Do you still have Angina?

1. Yes
5. No

IF (PH_310_04_5 =1), ASK PH_310Yb_04_5. OTHERS GO TO PH_310Yb_05_5

PH_310Yb_04_5: Do you still have Congestive heart failure?

1. Yes
5. No

IF (PH_310_05_5 =1), ASK PH_310Yb_05_5. OTHERS GO TO PH_310Yb_08_5

PH_310Yb_05_5: Do you still have Diabetes or high blood sugar?

1. Yes
5. No

IF (PH_310_08_5 =1), ASK PH_310Yb_08_5. OTHERS GO TO PH_310Yb_09_5

PH_310Yb_08_5: Do you still have High cholesterol?

1. Yes
5. No

IF (PH_310_09_5=1) ASK PH_310Yb_09_5, OTHERS GO TO PH_310Yb_11_5

PH_310Yb_09_5: Do you still have a heart murmur?

1. Yes
5. No

If (PH_310_10_5 = 1), ASK PH_311Yb_5. Others go to PH_310Yb_11_5

PH_311Yb_5: With regards to your abnormal heart rhythm, can you tell me if that was "Atrial Fibrillation" or not?

IWER: CODE ONE ONLY

1. Atrial Fibrillation
2. An abnormal heart rhythm (not Atrial Fibrillation)

IF (PH_310_11_5=1) ASK PH_310Yb_11_5, OTHERS GO TO PH_310Yb_12_5

PH_310Yb_11_5: Do you still have Atrial Fibrillation?

1. Yes
5. No

IF (PH_310_12_5=1), ASK PH_310Yb_12_5, OTHERS GO TO **PH_310Yb_95_5**

PH_310Yb_12_5: Do you still have an abnormal heart rhythm (not Atrial Fibrillation)?

1. Yes
5. No

IF (PH_310_95_5= 1), ASK PH_310Yb_95_5, OTHERS GO **PH_312_5**

PH_310Yb_95_5: Do you still have [specified other heart problem]?

1. Yes
5. No

IF (PH_310_01_5= 1), ASK PH_312_5

:

PH_312_5: When [were/was] [you/Rname] first told by a doctor that [you/he/she] had high blood pressure?

(MM/YYYY)

____/____

[PH_312m_5][PH_312y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

(ELSA/HRS)

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

IF (PH_310_01_5= 1) OR (PH_310_01FF1_5 = 1 & PH_310a_5= 1,2 & PH_310X0_01 ≠ 1), ASK PH_312a_5.

PH_312a_5: [Is/Are] [you/he/she] currently doing any of the following to manage [your/his/her] blood pressure? (Select all that apply)

- | | |
|--|----------------|
| 1. Taking medications | [PH_312a_01_5] |
| 2. Lifestyle changes (e.g. diet, exercise, etc.) | [PH_312a_02_5] |
| 95. Other | [PH_312a_95_5] |
| 96. None of the above | [PH_312a_96_5] |
| 97. Unclear Response | [PH_312a_97_5] |
| 98. Don't Know | [PH_312a_98_5] |
| 99. Refused to Answer | [PH_312a_99_5] |

IF (PH_310_02_5= 1), ASK PH_313_5.

PH_313_5: When [were/was] [you/he/she] first told by a doctor that [you/he/she] had angina?

(MM/YYYY)

____/____

[PH_313m_5] [PH_313y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

(ELSA/HRS)

IF (PH_310_02_5 = 1 OR PH_310Y_02_5=1), ASK PH_314_5. OTHERS GO TO PH_315_5.

PH_314_5: [Are/Is] [you/he/she] limiting [your/his/her] usual activities because of [your/his/her] angina?

1. Yes

5. No

97. Unclear Response

98. Don't Know

99. Refused to Answer

(HRS)

IF (PH_310_03_5 = 1), GO TO PH_315_5. OTHERS GO TO PH_318_5.

PH_315_5: When [were/was] [you/Rname] first told by a doctor that [you/he/she] had a heart attack (including myocardial infarction or coronary thrombosis)?

(MM/YYYY)

_____/_____

[PH_315m_5] [PH_315y_5]

_____ UR DK RF MONTH

_____ UR DK RF YEAR

97. Unclear response

98. Don't know

99. Refused to answer

IF (PH_310_03_5= 1), GO TO PH_316_5. OTHERS GO TO PH_318_5

PH_316_5: According to the doctor how many heart attacks [have/has] [you/he/she] had?

_____ Number

97. Unclear Response

98. Don't Know

99. Refused to answer

(ELSA)

IF (PH_316_5 > 1) AND **PH_316_5 ≠ 97, 98, 99**, ASK PH_317_5. OTHERS GO TO PH_318_5

PH_317_5: In what year/month was [your/his/her] (most recent) heart attack?

(MM/YYYY)

_____/_____

[PH_317m_5] [PH_317y_5]

_____ UR DK RF MONTH

_____ UR DK RF YEAR

97. Unclear response

- 98. Don't know
- 99. Refused to answer

(HRS)

IF (PH_310_03FF_5 = 1 & PH_310X0_03 ≠1), GO TO PH_318_5. OTHERS GO TO-PH_321_5.

PH_318_5: Since your last interview, have you had another heart attack?

- 1. Yes, **Go To PH_319_5**
- 5. No **Go To PH_321b_5**

- 97. Unclear Response **Go To PH_321b_5**
- 98. Don't Know **Go To PH_321b_5**
- 99. Refused to Answer **Go To PH_321b_5**

PH_319_5:

In what year/month was your] (most recent) heart attack?

(MM/YYYY)

____/____

[PH_319m_5] [PH_319y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

(HRS)

PH_320_5:

According to your doctor, how many heart attacks have you had since your last interview?

____ Number

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

(ELSA)

OTHERWISE ASK

IF PH_310_5 = 2 OR 3, THEN ASK PH_321_5

PH_321_5: [Have/Has] [you/he/she] ever had an angioplasty or Stent?

- 1. Yes, **Go to PH_322_5**
- 5. No **Go to PH_323_5**

- 97. Unclear Response **Go to PH_323_5**
- 98. Don't Know **Go to PH_323_5**
- 99. Refused to Answer **Go to PH_323_5**

PH_322_5:

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

(MM/YYYY)

____/____

[Go To PH_322m_5] [PH_322y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

PH_323_5: [Have/Has] [you/he/she] ever had open heart surgery?

- 1. Yes, **Go To PH_324_5**
- 5. No **Go To PH_325_5**
- 97. Unclear Response **Go To PH_325_5**
- 98. Don't Know **Go To PH_325_5**
- 99. Refused to Answer **Go To PH_325_5**

PH_324_5: In what year/month was [your/his/her] last heart surgery?

(MM/YYYY)

____/____

Go To PH_325_5

[PH_324_5m] [PH_324_5y]

____ UR DK RF MONTH Go To PH_325_5

____ UR DK RF YEAR Go To PH_325_5

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

IF (INTSTATUSW3=1) & ((PH_310_02FF_5 = 1 & PH_310X0_02 ≠ 1) OR (PH_310_03FF_5 = 1 & PH_310X0_03 ≠ 1)), GO TO PH_321b. OTHERS GO TO PH_325_5.

PH_321b_5: Since your last interview, have you had an angioplasty or Stent?

- 1. Yes, **Go to PH_322b_5**
- 5. No **Go to PH_323b_5**

- 97. UR **Go to PH_323b_5**
- 98. DK **Go to PH_323b_5**
- 99. RF **Go to PH_323b_5**

PH_322b_5:

In what year/month was your last angioplasty or Stent?

(MM/YYYY)

[PH_322bm_5] [PH_322by_5]

_____/_____

_____ UR DK RF MONTH

_____ UR DK RF YEAR

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

PH_323b_5: Since your last interview, have you had open heart surgery?

- 1. Yes, **Go To PH_324b_5**
- 5. No **Go To PH_325_5**

- 97. Unclear Response **Go To PH_325_5**
- 98. Don't Know **Go To PH_325_5**
- 99. Refused to Answer **Go To PH_325_5**

PH_324b_5: In what year/month was your last heart surgery?

(MM/YYYY)

____/____

[PH_324bm_5] [PH_324by_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

IF (PH_310_04_5= 1), ASK PH_325_5, OTHERS GO TO PH_326_5 PH_325_5

PH_325_5: When [were/was] [you/he/she] first told by a doctor that [you/he/she] had congestive heart failure?

(MM/YYYY)

____/____

[PH_325m_5] [PH_325y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

IF (PH_310_05_5= 1), ASK PH_326_5. OTHERS GO TO PH_327_5

PH_326_5: When [were/was] [you/he/she] first told by a doctor that [you/he/she] had diabetes or high blood sugar?

(MM/YYYY)

____/____

[PH_326m_5][PH_326y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

(ELSA)

IF PH_310_05_5 = 1, ASK PH_327_5, OTHERS GO TO PH_328_5.

PH_327_5: What type of diabetes [do/does] [you/Rname] have?

- 1. Type I
- 2. Type II
- 95. Other

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

IF (PH_310_05_5= 1 OR PH_310_05FF_5 = 1 & PH_310X0_05 ≠ 1), ASK PH_328_5. OTHERS GO TO PH_329_5.

PH_328_5: [Are/Is] [you/Rname] currently doing any of the following:

IWER: Select all that apply

- 1. Taking medication, other than insulin, for diabetes [PH_328_01_5]
- 2. Taking insulin injections [PH_328_02_5]
- 3. Taking other injections for diabetes [PH_328_03_5]
- 4. Lifestyle changes (e.g. diet, exercise, etc.) to manage diabetes [PH_328_04_5]
- 95. Other [PH_328_95_5]
- 96. None of these [PH_328_96_5]
- 97. Unclear Response [PH_328_97_5]

98. Don't Know [PH_328_98_5]

99. Refused to Answer [PH_328_99_5]

IF (PH_310_05= 1) OR (PH_310_05FF_5 = 1 & PH_310X0_05 ≠ 1), ASK PH_329_5. OTHERS GO TO PH_330_5

PH_329_5: has a doctor ever told [your/him/her] that [you/he/she] have any of the following conditions related to [your/his/her] diabetes:-

1. Leg ulcers [PH_329_01_5]

2. Protein in [your/his/her] urine [PH_329_02_5]

3. Lack of feeling and tingling pain in [your/his/her] legs and feet due to nerve damage (diabetic neuropathy) [PH_329_03_5]

4. Damage to the back of [your/his/her] eye (diabetic retinopathy) [PH_329_04_5]

5. Damage to [your/his/her] kidneys (diabetic nephropathy) [PH_329_05_5]

96. No, none of these [PH_329_96_5]

97. Unclear Response [PH_329_97_5]

98. Don't Know [PH_329_98_5]

99. Refused to Answer [PH_329_99_5]

IF (PH_310_05= 1) OR (PH_310_05FF_5 = 1 & PH_310X0_05 ≠ 1), ASK PH_329a_5. OTHERS GO TO PH_330_5

PH_329a_5: How often do you have your blood glucose levels checked?

1. Before meals

2. Daily

3. Weekly

4. Monthly

5. Never

95. Other (please specify) [PH_329a_95_5][PH_329aoth_5]

97. Unclear Response

98. Don't Know

99. Refused to Answer

PH_329E_5: How do you usually check your blood glucose levels?

1. Independently

2. With some assistance

3. Full assistance

97. Unclear response

98. Don't know

99. Refused to answer

(TILDA)

IF (PH_310_05= 1) OR (PH_310_05FF_5 = 1 & PH_310X0_05 ≠ 1), ASK PH_329b_5. OTHERS GO TO PH_330_5

PH_329b_5: Have you ever had education on how best to take care of/manage your diabetes?

1. Yes

2. No

97. Unclear response

98. Don't know

99. Refused to answer

IF (PH_310_05= 1) OR (PH_310_05FF_5 = 1 & PH_310X0_05 ≠ 1), ASK PH_329C_5. OTHERS GO TO PH_330_5

PH_329C_5: [Have/Has] [you/Rname] been invited for an eye exam by the national retinal screening programme (Diabetic Retina Screen) in the last 24 months?

1. Yes, **Go To PH_329D_5**

5. No **Go To PH_330_5**

97. Unclear response **Go To PH_330_5**

98. Don't know **Go To PH_330_5**

99. Refused to answer **Go To PH_330_5**

PH_329D_5: Did you attend this service?

1. Yes

5. No

97. Unclear response

98. Don't know

99. Refused to answer

IF (PH_310_06_5 = 1) GO TO PH_330_5. OTHERS GO TO PH_333_5.

PH_330_5: When [were/was] [you/he/she] first told by a doctor that [you/he/she] had a stroke?

(MM/YYYY)

____/____

[PH_330m_5][PH_330y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

103. Unclear response

104. Don't know

105. Refused to answer

(ELSA similar question HRS/QVSFS)

IF (PH_310_06_5= 1), ASK PH_331_5. OTHERS GO TO PH_333_5

PH_331_5: How many strokes [have/has] [you/he/she] had?

_____ Number

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

(ELSA)

IF (PH_331_5 > 1), ASK PH_332_5. OTHERS GO TO PH_333_5

PH_332_5: In what year/month was [your/his/her] most recent stroke?

(MM/YYYY)

_____/_____

[PH_332m_5][PH_332y_5]

_____ UR DK RF MONTH

_____ UR DK RF YEAR

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

(HRS)

IF (PH_310_06FF_5 = 1 & PH_310X0_06 ≠ 1), ASK PH_333_5. OTHERS GO TO PH_334_5

PH_333_5: Since your last interview, have you had any further strokes?

- 1. Yes, **Go To PH_334_5**
- 5. No **Go To PH_336_5**

- 97. Unclear response **Go To PH_336_5**
- 98. Don't know **Go To PH_336_5**
- 99. Refused to answer **Go To PH_336_5**

(ELSA)

IF (PH_333_5= 1), GO TO PH_334_5. OTHERS GO TO PH_336_5

PH_334_5: Since your last interview, how many strokes have you had?

_____ Number

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

(ELSA)

PH_335_5: When was your most recent stroke?

(MM/YYYY)

____/____

[PH_335m_5][PH_335y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

(HRS)

IF (PH_310_07_5= 1), ASK PH_336_5. OTHERS GO TO PH_339_5

PH_336_5: When [were/was] [you/Rname] first told by a doctor that [you/he/she] had a TIA, ministroke, or transient ischaemic attack?

(MM/YYYY)

____/____

[PH_336m_5][PH_336y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

(TILDA/QVSFS)

PH_337_5: How many TIA's or ministrokes [have/has] [you/he/she] had?

____ Number

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

(TILDA)

IF (PH_337_5 > 1), GO TO PH_338_5. OTHERWISE GO TO PH_339_5

PH_338_5: In what month/year was [your/his/her] most recent TIA or ministrokes?

(MM/YYYY)

____/____

[PH_338m_5][PH_338y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

(TILDA)

IF (PH_310_07FF_5 = 1 & PH_310X0_07 ≠ 1), ASK PH_339_5. OTHERS GO TO PH_342_5

PH_339_5: Since your last interview, have you had any further TIA's or ministrokes?

- 1. Yes, **Go To PH_340_5**
- 5. No **Go To PH_342_5**

- 97. Unclear response **Go To PH_342_5**
- 98. Don't know **Go To PH_342_5**
- 99. Refused to answer **Go To PH_342_5**

(TILDA)

IF PH_339_5=1, GO TO PH_340_5. OTHERS GO TO PH_342_5

PH_340_5: Since your last interview, how many TIA's or ministrokes have/you had?

____ Number

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

(ELSA)

PH_341_5: When was your most recent TIA or ministroke?

When was your most recent TIA or ministroke?

(MM/YYYY)

____/____

[PH_341m_5][PH_341y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

(TILDA)

IF (PH_310_08_5= 1) OR (PH_310_08FF1_5 = 1 & PH_310X0_08 ≠ 1), ASK PH_342_5. OTHERS GO TO PH_343_5

PH_342_5: [Is/Are] [you/he/she] currently doing any of the following to manage [your/his/her] cholesterol?

IWER: Select all that apply

- | | |
|--|---------------|
| 1. Taking medications | [PH_342_01_5] |
| 2. Lifestyle changes (e.g. diet, exercise, etc.) | [PH_342_02_5] |
| 95. Other | [PH_342_95_5] |
| 96. None of the above | [PH_342_96_5] |
| 97. Unclear Response | |
| [PH_342_97_5] | |
| 98. Don't Know | [PH_342_98_5] |
| 99. Refused to Answer | [PH_342_99_5] |

IF (PH_310_95_5= 1), ASK PH_343_5. OTHERS GO TO PH_344_5

PH_343_5: When [were/was] [you/Rname] first told by a doctor that [you/he/she] had other heart trouble?

(MM/YYYY)

____/____

[PH_343m_5][PH_343y_5]

____ UR DK RF MONTH

_____ UR DK RF YEAR

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

(IDS-TILDA)

IWER: IF (PH_310_10FF_5 = 1 & PH_310X0_10 ≠ 1) OR (PH_310_11_3 = 1 or PH_310_12_3 = 1) then ask PH_344_5, others go to PH_346_5

PH_344_5: [Are/Is] [you/Rname] taking blood thinning medications e.g. warfarin for [your/his/her] irregular heart rhythm?

- 1. Yes, **Go To PH_345_5**
- 5. No **Go To PH_346_5**

- 97. Unclear response **Go To PH_346_5**
- 98. Don't know **Go To PH_346_5**
- 99. Refused to answer **Go To PH_346_5**

PH_345_5: In the last 2 months, has [your/Rname's] warfarin or blood thinning medication dose been changed more than 3 times by [your/his/her] doctor?

- 1. Yes, **Go To PH_346_5**
- 5. No **Go To PH_346_5**

- 97. Unclear response **Go To PH_346_5**
- 98. Don't know **Go To PH_346_5**
- 99. Refused to answer **Go To PH_346_5**

PH_346_5: Have [you/Rname] ever had any of the following?

IWER: TICK ALL THAT APPLY

- | | |
|-----------------------|---------------|
| 1. Blood Clot | [PH_346_01_5] |
| 2. DVT | [PH_346_02_5] |
| 3. Pulmonary embolism | [PH_346_03_5] |
| 96. None of these | [PH_346_96_5] |
| 97. Unclear response | [PH_367_97_5] |
| 98. Don't know | [PH_367_98_5] |
| 99. Refused to answer | [PH_367_99_5] |

IWER: All participants go to GO TO PH_0C_5

Other Health Conditions

PH_0C5: How will this section be completed?

1. Self-Report Only
2. Self-Report and Proxy
3. Proxy Only

This can be updated for subsequent waves. The logic for creating the above variable is as follows:

Other chronic conditions

FOR i = 01 TO 04, 06, 08 TO 21, 24 TO 26... IF (intstatusW5 = 1 & PH_350_iFF (wave 34) = 1), THEN
PH_350_iFF_5 = 1;

IF (INTSTSTUSW5 = 1 & PH_350_1FF_5 - PH_350_26FF_5, GO TO PH_350a_5

ALL OTHERS GO TO PH_350_5.

PH_350a_5: Last time you were interviewed you told us that you had (insert conditions from
PH_350_iFF_5).

1. Continue (go to PH_350Y_i_5)
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH_350X0:

IWER: Which of the conditions is being disputed?

- | | |
|--|---------------------------------|
| 1. Asthma | (display if PH_350_01FF_5 = 1) |
| 2. Stomach ulcers | (display if PH_350_02FF_5 = 1) |
| 3. Varicose ulcers | (display if PH_350_03FF_5 = 1) |
| 4. Cirrhosis, or serious liver damage | (display if PH_350_04FF_5 = 1) |
| 6. Coeliac disease | (display if PH_350_06FF_5 = 1) |
| 7. Phenylketonuria | (display if PH_350_07FF_5 = 1) |
| 8. Thyroid disease | (display if PH_350_08FF_5 = 1) |
| 9. Gastroesophageal reflux disease | (display if PH_350_09FF_5 = 1) |
| 10. Osteoporosis | (display if PH_350_10FF_5 = 1) |
| 11. Multiple sclerosis | (display if PH_350_11FF_5 = 1) |
| 12. Cerebral palsy | (display if PH_350_12FF_5 = 1) |
| 13. Scoliosis | (display if PH_350_13FF_5 = 1) |
| 14. Muscular dystrophy | (display if PH_350_14FF_5 = 1) |
| 15. Spina bifida | (display if PH_350_15FF_5 = 1) |
| 16. Chronic lung disease such as chronic bronchitis or emphysema | (display if PH_350_16FF_5 = 1) |
| 17. Parkinson's | (display if PH_350_17FF_5 = 1) |
| 18. Arthritis | (display if PH_350_18FF_5 = 1) |
| 19. Cancer | (display if PH_350_19FF_5 = 1) |
| 20. Epilepsy | (display if PH_350_20FF_5 = 1) |
| 23. a. Dementia (including Alzheimers Disease) | (display if PH_350_23aFF_5 = 1) |

- | | |
|------------------------------|--------------------------------|
| 24. Chronic Kidney disease | (display if PH_350_24FF_5 = 1) |
| 25. Severe anaemia | (display if PH_350_25FF_5 = 1) |
| 26. Irritable bowel syndrome | (display if PH_350_26FF_5 = 1) |
| 27. Chest Infection | (display if PH_350_27FF_5=1) |

IWER: ASK FOR EACH SELECTION AT PH_350X0

PH_350X_01-27 It may be that we have a recording error about you having [condition selected at PH_350X0].

IWER: Can you confirm, that ...READ OUT.

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

IF (PH_350_01FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_01 ≠ 1) ASK PH_350Y_01_5, OTHERS GO TO PH_350Y_01_5

PH_350Y_01_5: Do you still have asthma?

1. Yes
5. No

IF (PH_350_02FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_02 ≠ 1) ASK PH_350Y_02_5, OTHERS GO TO PH_350Y_03_5

PH_350Y_02_5: Do you still have stomach ulcers?

1. Yes
5. No

IF (PH_350_03FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_03 ≠ 1) ASK PH_350Y_03_5, OTHERS GO TO PH_350Y_04_5

PH_350Y_03_5: Do you still have Varicose ulcers?

1. Yes
5. No

IF (PH_350_04FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_04 ≠ 1) ASK PH_350Y_04_5, OTHERS GO TO PH_350Y_06_5

PH_350Y_04_5: Do you still have Cirrhosis, or serious liver damage?

1. Yes
5. No

IF (PH_350_06FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_06 ≠ 1) ASK PH_350Y_06_5, OTHERS GO TO PH_350Y_08_5

PH_350Y_06_5: Do you still have Coeliac disease?

1. Yes
5. No

IF (PH_350_08FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_08 ≠ 1) ASK PH_350Y_08_5, OTHERS GO TO PH_350Y_09_5

PH_350Y_08_5: Do you still have Thyroid disease?

1. Yes
5. No

If **PH_350Y_08_5 = 1**, then ask **PH_351Y_5**

PH_351Y_5: [Do/Does] [you/Rname] have an overactive (hyperactive) thyroid or an underactive (hypoactive) thyroid?

1. Overactive (Hyperactive) thyroid
2. Underactive (Hypoactive) thyroid

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

IF (PH_350_09FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_09 ≠ 1) ASK PH_350Y_09_5, OTHERS GO TO PH_350Y_10_5

PH_350Y_09_5: Do you still have Gastroesophageal reflux disease?

1. Yes
5. No

IF (PH_350_10FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_10 ≠ 1) ASK PH_350Y_10_5, OTHERS GO TO PH_350Y_16_5

PH_350Y_10_5: Do you still have Osteoporosis?

1. Yes
5. No

IF (PH_350_16FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_16 ≠ 1) ASK PH_350Y_16_5, OTHERS GO TO PH_350Y_19_5

PH_350Y_16_5: Do you still have Chronic lung disease?

1. Yes
5. No

IF (PH_350_19FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_19 ≠ 1) ASK PH_350Y_19_5, OTHERS GO TO PH_350Y_25_5

PH_350Y_19_5: Do you still have Cancer?

1. Yes
5. No

IF (PH_350_25FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_25 ≠ 1) ASK PH_350Y_25_5, OTHERS GO TO PH_350Y_26_5

PH_350Y_25_5:

PH301Y_19: Do you still have severe anaemia?

1. Yes
5. No

IF (PH_350_26FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_26 ≠ 1) ASK PH_350Y_26_5, OTHERS GO TO PH_350Y_27_5

PH_350Y_26_5: Do you still have Irritable Bowel Syndrome?

1. Yes
5. No

IF (PH_350_27FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_27 ≠ 1) ASK PH_350Y_27_5, OTHERS GO TO PH_350_5

PH_350Y_27_5: Do you still have chest infections?

1. Yes
5. No

IF PH_350_iFF (Fed forward from wave 4) = 0), THEN ASK PH_350_5 for that particular option

For example: If Asthma (PH_350_01FF_5) = 1 and Stomach ulcers (PH_350_02FF_5) = 1, then ask PH_350_5 for all the other options except for Asthma and Stomach Ulcers

IF (intstatusW5 = 2), USE WORDING 'B', OTHERWISE USE WORDING 'A'

PH_350_5:

- A. Since your last interview, has a doctor ever told you/ that you have any of the [other] conditions on this card?
- B. Has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the conditions on this card?

IWER: PROBE - 'WHAT OTHERS?' CODE ALL THAT APPLY.

- 1. Asthma [PH_350_01_5]
- 2. Stomach ulcers [PH_350_02_5]
- 3. Varicose ulcers (an ulcer due to varicose veins) [PH_350_03_5]
- 4. Cirrhosis, or serious liver damage [PH_350_04_5]
- 6. Coeliac disease [PH_350_06_5]
- 7. Phenlketonuria [PH_350_07_5]
- 8. Thyroid disease [Go to PH_351_5] [PH_350_08_5]
- 9. Gastroesophageal reflux disease [PH_350_09_5]
- 10. Osteoporosis [PH_350_10_5]
- 11. Multiple sclerosis [PH_350_11_5]
- 12. Cerebral palsy [PH_350_12_5]
- 13. Scoliosis [PH_350_13_5]
- 14. Muscular dystrophy [PH_350_14_5]
- 15. Spina bifida [PH_350_15_5]
- 16. Chronic lung disease [Go to PH_352_5] [PH_350_16_5]
- 17. Parkinsons [Go to PH_354_5] [PH_350_17_5]
- 18. Arthritis [Go to PH_356_5] [PH_350_18_5]
- 19. Cancer or a malignant tumor (including leukaemia or lymphoma) [Go to PH_361_5] [PH_350_19_5]
- 20. Epilepsy [Go to PH_366_5] [PH_350_20_5]
- 23. a. Dementia including Alzheimers Disease [Go to PH_384_5] [PH_350_23a_5]
- 24. Chronic kidney disease [Go to PH_385_5] [PH_350_24_5]
- 25. Severe Anaemia [PH_350_25_5]
- 26. Irritable Bowel Syndrome [PH_350_26_5]
- 27. Chest infection [PH_350_27_5]
- 28. Long COVID/post-COVID syndrome [PH_350_28_5]
- 95. Other (please specify) [PH_350_95_5][PH_350_oth_5]
- 96. None of these [Go to PH_386_5] [PH_350_96_5]
- 97. Unclear Response [Go to PH_386_5] [PH_350_97_5]
- 98. Don't know [Go to PH_386_5] [PH_350_98_5]
- 99. Refused to answer [Go to PH_386_5] [PH_350_99_5]

IF (PH_350_01FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_01 ≠ 1) ASK PH_350Yb_01_5, OTHERS GO TO PH_350Yb_02_5

PH_350Yb_01_5: Do you still have asthma?

1. Yes
5. No

IF (PH_350_02FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_02 ≠ 1) ASK PH_350Yb_02_5, OTHERS GO TO PH_350Yb_03_5

PH_350Yb_02_5: Do you still have stomach ulcers?

1. Yes
5. No

IF (PH_350_03FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_03 ≠ 1) ASK PH_350Yb_03_5, OTHERS GO TO PH_350Yb_04_5

PH_350Yb_03_5: Do you still have Varicose ulcers?

1. Yes
5. No

IF (PH_350_04FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_04 ≠ 1) ASK PH_350Yb_04_5, OTHERS GO TO PH_350Yb_06_5

PH_350Yb_04_5: Do you still have Cirrhosis, or serious liver damage?

1. Yes
5. No

IF (PH_350_06FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_06 ≠ 1) ASK PH_350Yb_06_5, OTHERS GO TO PH_350Yb_08_5

PH_350Yb_06_5: Do you still have Coeliac disease ?

1. Yes
5. No

IF (PH_350_08FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_08 ≠ 1) ASK PH_350Yb_08_5, OTHERS GO TO PH_350Yb_09_5

PH_350Yb_08_5: Do you still have Thyroid disease?

1. Yes
5. No

If **PH_350Yb_08_5 = 1**, then ask **PH_351Yb_5**

PH_351Yb_5: [Do/Does] [you/Rname] have an overactive (hyperactive) thyroid or an underactive (hypoactive) thyroid?

1. Overactive (Hyperactive) thyroid
2. Underactive (Hypoactive) thyroid

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

IF (PH_350_09FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_09 ≠ 1) ASK PH_350Yb_09_5, OTHERS GO TO PH_350Yb_10_5

PH_350Yb_09_5: Do you still have Gastroesophageal reflux disease?

1. Yes
5. No

IF (PH_350_10FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_10 ≠ 1) ASK PH_350Yb_10_5, OTHERS GO TO PH_350Yb_16_5

PH_350Yb_10_5: Do you still have Osteoporosis?

1. Yes
5. No

IF (PH_350_16FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_16 ≠ 1) ASK PH_350Yb_16_5, OTHERS GO TO PH_350Yb_19_5

PH_350Yb_16_5: Do you still have Chronic lung disease?

1. Yes
5. No

IF (PH_350_19FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_19 ≠ 1) ASK PH_350Yb_19_5, OTHERS GO TO PH_350Yb_25_5

PH_350Yb_19_5: Do you still have Cancer?

1. Yes
5. No

IF (PH_350_25FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_25 ≠ 1) ASK PH_350Yb_25_5, OTHERS GO TO PH_350Yb_350_26_5

PH_350Yb_25_5: Do you still have severe anaemia?

1. Yes
5. No

IF (PH_350_26FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_26 ≠ 1) ASK PH_350Yb_26_5, OTHERS GO TO PH_350Yb_27_5

PH_350Yb_26_5: Do you still have Irritable Bowel Syndrome ?

1. Yes
5. No

IF (PH_350_27FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_27 ≠ 1) ASK PH_350Yb_27_5, OTHERS GO TO PH_350Yb_28_5

PH_350Yb_27_5: Do you still have a chest infection?

1. Yes
5. No

IF (PH_350_28FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_28 ≠ 1) ASK PH_350Yb_28_5, OTHERS GO TO PH_351_5

PH_350Yb_28_5: Do you still have Long COVID?

1. Yes
5. No

IF (PH_350_08_5= 1 OR PH_350Y_08_5= 1), ASK PH_351_5. OTHERS GO TO PH_352_5

IF (PH_350_16_5 = 1 OR PH_350Y_16_5=1) ASK PH_352_5. OTHERS GO TO PH_354_5

PH_352_5: [Are/Is] [you/Rname] receiving oxygen for [your/his/her] lung condition?

- 1. Yes
- 5. No

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

PH_353_5: Does [your/his/her] lung condition limit [your/his/her] usual activities, such as household chores or work?

- 1. Yes
- 5. No

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

IF (PH_350_17_5= 1) ASK PH_354_5. OTHERS GO TO PH_355_5

PH_354_5: When [were/was] [you/Rname] first told by a doctor that [you/he/she] had Parkinson's disease?

(MM/YYYY)

____/____

[PH_354m_5][PH_354y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

IF (PH_350_18_5 = 1 OR PH_350_18FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_18 ≠ 1) ASK PH_355_5.
OTHERS GO TO PH_361_5

IWER: CODE ALL THAT APPLY

PH_355_5: Which type or types of arthritis [do/does/did] [you/Rname] have?

IWER: READ OUT

- 1. Osteoarthritis [PH_355_01_5]
- 2. Rheumatoid arthritis [PH_355_02_5]
- 95. Some other kind of arthritis [PH_355_95_5]
- 97. Unclear response [PH_355_97_5]
- 98. Don't know [PH_355_98_5]
- 99. Refused to answer [PH_355_99_5]

IF (PH_355_5=2) ASK PH_355a_5. OTHERS GO TO PH_356_5

PH_355a_5: How was your rheumatoid arthritis diagnosed?

IWER: Tick all that apply

- | | |
|--|-------------------------------|
| 1. Rheumatoid Factor anti-CCP antibodies ESR | [PH_355a_01_5] |
| 2. Scans/Xrays | [PH_355a_02_5] |
| 3. Clinical history | [PH_355a_03_5] |
| 95. Other | [PH_355a_95_5] [PH_355aoth_5] |
| 97. Unclear response | [PH_355a_97_5] |
| 98. Don't know | [PH_355a_98_5] |
| 99. Refused to answer | [PH_355a_99_5] |

(IDS-TILDA)

IF (PH_350_18_5= 1) ASK PH_356_5. IF PH_350_18FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_18 ≠ 1
GO TO PH_357_5

PH_356_5: When [were/was] [you/Rname] first told that [you/he/she] had arthritis?

(MM/YYYY)

____/____

[PH_356m_5][PH_356y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

IF (PH_350_18_5= 1 OR PH_350Y_18_5 = 1) ASK PH_357_5 OTHERS GO TO **PH_361_5**

PH_357_5: Does [your/his/her] arthritis make it difficult for [you/him/her] to do [your/his/her] usual activities such as household chores or work?

- 1. Yes, all the time
- 3. Yes, sometimes
- 5. No

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

PH_358_5: Does the arthritis limit [your/his/her] social and leisure activities?

- 1. Yes, all the time
- 3. Yes, sometimes
- 5. No

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

PH_359_5: Does [your/his/her] arthritis make it difficult for [you/him/her] to sleep at night?

- 1. Yes, all the time
- 3. Yes, sometimes
- 5. No

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

IF (PH_350_19_5= 1) ASK PH_361_5. OTHERS GO TO PH_362a_5

PH_361_5: When [were/was] [you/Rname] first told by a doctor that [you/he/she] had cancer or a malignant tumour?

(MM/YYYY)

_____/_____

[PH_361m_5][PH_361y_5]

_____ UR DK RF MONTH

_____ UR DK RF YEAR

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

This can be updated for subsequent waves. The logic for creating the above variable is as follows:

FOR i = 01 TO 23

IF (intstatusW5 = 1 & PH_362_iFF (Wave 4) = 1) THEN PH_362_iFF_5 = 1; OTHERWISE PH_362_iFF_5 = 0

IF (PH_350_19FF_5 = 1 & PH_350a_5 = 1,2 & PH_350X0_19 ≠ 1) OR (PH_350_19FF_5 = 0 & PH_362_iFF_5 = 1)), ASK PH_362a_5. OTHERS GO TO PH_362_5

PH_362a_5: In your last interview you reported having (type of cancer from PH_362_iFF_5 if cancer not disputed at PH_362X0_19) cancer

1. Continue (go to PH_362Y_01_5)
2. Respondent disputes having this type of cancer

CONDITION DISPUTED

PH_362X0:

IWER: Which type of cancer is being disputed.

- | | | |
|--|----------------|--------------------------------|
| 1. Lung | | (display if PH_362_01FF_5 = 1) |
| 2. Breast | | (display if PH_362_02FF_5 = 1) |
| 3. Colon or rectum | | (display if PH_362_03FF_5 = 1) |
| 4. Stomach | | (display if PH_362_04FF_5 = 1) |
| 5. Oesophagus | | (display if PH_362_05FF_5 = 1) |
| 6. Prostate | [males only] | (display if PH_362_06FF_5 = 1) |
| 7. Bladder | | (display if PH_362_07FF_5 = 1) |
| 8. Liver | | (display if PH_362_08FF_5 = 1) |
| 9. Brain | | (display if PH_362_09FF_5 = 1) |
| 10. Ovary | [females only] | (display if PH_362_10FF_5 = 1) |
| 11. Cervix | [females only] | (display if PH_362_11FF_5 = 1) |
| 12. Endometrium | [females only] | (display if PH_362_12FF_5 = 1) |
| 13. Thyroid | | (display if PH_362_13FF_5 = 1) |
| 14. Kidney | | (display if PH_362_14FF_5 = 1) |
| 15. Testicle | [males only] | (display if PH_362_15FF_5 = 1) |
| 16. Pancreas | | (display if PH_362_16FF_5 = 1) |
| 17. Malignant melanoma (skin) | | (display if PH_362_17FF_5 = 1) |
| 18. Oral cavity | | (display if PH_362_18FF_5 = 1) |
| 19. Larynx | | (display if PH_362_19FF_5 = 1) |
| 20. Other pharynx (including nasopharynx, oropharynx, laryngopharynx or hypopharynx) | | (display if PH_362_20FF_5 = 1) |
| 21. Non-Hodgkin Lymphoma | | (display if PH_362_21FF_5 = 1) |
| 22. Leukaemia | | (display if PH_362_22FF_5 = 1) |
| 95. Other | | (display if PH_362_95FF_5 = 1) |

ASK FOR EACH SELECTION AT PH_362X0

PH_362X0_01-22,95 It may be that we have a recording error about you having [type of cancer listed at PH_362X0]. Can you confirm, that ...READ OUT.

1. You never had [cancer listed in PH_362X0] (error from previous wave)
2. [type of cancer selected at PH_362X0] was misdiagnosed

IF (PH_362_01FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_01 ≠ 1) ASK PH_362Y_01_5. OTHERS GO TO PH_362Y_02_5

PH_362Y_01_5: Do you still have lung cancer?

1. Yes
5. No

IF (PH_362_02 FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_02 ≠ 1) ASK PH_362Y_02_5. OTHERS GO TO PH_362Y_03_5

PH_362Y_02_5: Do you still have breast cancer?

1. Yes
5. No

IF (PH_362_03 FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_03 ≠ 1) ASK PH_362Y_03_5. OTHERS GO TO PH_362Y_04_5

PH_362Y_03_5: Do you still have colon or rectum cancer?

1. Yes
5. No

IF (PH_362_04 FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_04 ≠ 1) ASK PH_362Y_04_5. OTHERS GO TO PH_362Y_05_5

PH_362Y_04_5: Do you still have stomach cancer?

1. Yes
5. No

IF (PH_362_05_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_05 ≠ 1) ASK PH_362Y_05_5. OTHERS GO TO PH_362Y_06_5

PH_362Y_05_5: Do you still have cancer of the oesophagus?

1. Yes
5. No

IF (PH_362_06_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_06 ≠ 1) ASK PH_362Y_06_5. OTHERS GO TO PH_362Y_07_5

PH_362Y_06_5: Do you still have prostate cancer?

1. Yes
5. No

IF (PH_362_07_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_07 ≠ 1) ASK PH_362Y_07_5. OTHERS GO TO PH_362Y_08_5

PH_362Y_07_5: Do you still have cancer of the bladder?

1. Yes
5. No

IF (PH_362_08_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_08 ≠ 1) ASK PH_362Y_08_5. OTHERS GO TO PH_362Y_09_5

PH_362Y_08_5: Do you still have liver cancer?

1. Yes
5. No

IF (PH_362_09_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_09 ≠ 1) ASK PH_362Y_09_5. OTHERS GO TO PH_362Y_10_5

PH_362Y_09_5: Do you still have brain cancer?

1. Yes
5. No

IF (PH_362_10FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _10 ≠ 1) ASK PH_362Y_10_5. OTHERS GO TO PH_362Y_11_5

PH_362Y_10_5: Do you still have cancer of the ovary?

1. Yes
5. No

IF (PH_362_11FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _11 ≠ 1) ASK PH_362Y_11_5. OTHERS GO TO PH_362Y_12_5

PH_362Y_11_5: Do you still have cancer of the cervix?

1. Yes
5. No

IF (PH_362_12FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _12 ≠ 1) ASK PH_362Y_12_5. OTHERS GO TO PH_362Y_13_5

PH_362Y_12_5: Do you still have cancer of the endometrium?

1. Yes
5. No

IF (PH_362_13FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _13 ≠ 1) ASK PH_362Y_13_5. OTHERS GO TO PH_362Y_14_5

PH_362Y_13_5: Do you still have cancer of the thyroid?

1. Yes
5. No

IF (PH_362_14FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _14 ≠ 1) ASK PH_362Y_14_5. OTHERS GO TO PH_362Y_15_5

PH_362Y_14_5: Do you still have cancer of the kidney?

1. Yes
5. No

IF (PH_362_15FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_15 ≠ 1) ASK PH_362Y_15_5. OTHERS GO TO PH_362Y_16_5

PH_362Y_15_5: Do you still have testicular cancer?

1. Yes
5. No

IF (PH_362_16FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_16 ≠ 1) ASK PH_362Y_16_5. OTHERS GO TO PH_362Y_17_5

PH_362Y_16_5: Do you still have cancer of the pancreas?

1. Yes
5. No

IF (PH_362_17FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_17 ≠ 1) ASK PH_362Y_17_5. OTHERS GO TO PH_362Y_18_5

PH_362Y_17_5: Do you still have malignant melanoma (skin)?

1. Yes
5. No

IF (PH_362_18FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_18 ≠ 1) ASK PH_362Y_18_5. OTHERS GO TO PH_362Y_19_5

PH_362Y_18_5: Do you still have cancer of the oral cavity?

1. Yes
5. No

IF (PH_362_19FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_19 ≠ 1) ASK PH_362Y_19_5. OTHERS GO TO PH_362Y_20_5

PH_362Y_19_5: Do you still have cancer of the larynx?

1. Yes
5. No

IF (PH_362_20FF_5= 1 & PH_362a_5 = 1,2 & PH_362X0 _20≠ 1) ASK PH_362Y_20_5. OTHERS GO TO PH_362Y_21_5

PH_362Y_20_5: Do you still have cancer of the other pharynx?

1. Yes
5. No

IF (PH_362_21FF_5= 1 & PH_362a_5 = 1,2 & PH_362X0 _21≠ 1) ASK PH_362Y_21_5. OTHERS GO TO PH_362Y_22_5

PH_362Y_21_5: Do you still have Non-Hodgkin Lymphoma cancer?

1. Yes
5. No

IF (PH_362_22FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _22≠ 1) ASK PH_362Y_22_5. OTHERS GO TO PH_362Y_23_5

PH_362Y_22_5: Do you still have Leukaemia?

1. Yes
5. No

IF (PH_362_95FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _95≠ 1) ASK PH_362Y_95_5. OTHERS GO TO PH_362_5

PH_362Y_95_5: Do you still have another type of cancer?

1. Yes
5. No

If (PH_362_95FF_5 = 1 & & PH_362a_5 = 1,2 & PH_362X0_95≠ 1) then ask PH_36XX_5. OTHERS GO TO PH_362_5

PH_362Y_OTH_5: What type of cancer is it?

[Text response]

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

IF PH_362_iFF (Fed forward from wave 4) = 0), THEN ASK PH_362_5 for that particular option

For example: If Lung (PH_362_01FF_5) = 1 and Breast (PH_362_02FF_5) = 1, then ask PH_362_5 for all the other options except for Lung and Breast

IF (PH_350_19_5= 1), USE WORDING 'B'. OTHERWISE USE WORDING 'A' OTHERS GO TO PH_366_5

PH_362_5:

- A. Since our last interview, has a doctor ever told you that you have any of these [other] types of cancer? IF SO ASK, Which one?
- B. Has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the following?

IWER: CODE ALL THAT APPLY

- | | | |
|--------------------|----------------|---------------|
| 1. Lung | | [PH_362_01_5] |
| 2. Breast | [females only] | [PH_362_02_5] |
| 3. Colon or rectum | | [PH_362_03_5] |
| 4. Stomach | | [PH_362_04_5] |
| 5. Oesophagus | | [PH_362_05_5] |
| 6. Prostate | [males only] | [PH_362_06_5] |
| 7. Bladder | | [PH_362_07_5] |
| 8. Liver | | [PH_362_08_5] |
| 9. Brain | | [PH_362_09_5] |
| 10. Ovary | [females only] | [PH_362_10_5] |
| 11. Cervix | [females only] | [PH_362_11_5] |
| 12. Endometrium | [females only] | [PH_362_12_5] |
| 13. Thyroid | | [PH_362_13_5] |
| 14. Kidney | | [PH_362_14_5] |
| 15. Testicle | [males only] | [PH_362_15_5] |

16. Pancreas	[PH_362_16_5]
17. Malignant melanoma (skin)	[PH_362_17_5]
18. Oral cavity	[PH_362_18_5]
19. Larynx	[PH_362_19_5]
20. Other pharynx (including nasopharynx, oropharynx, laryngopharynx or hypopharynx)	[PH_362_20_5]
21. Non-Hodgkin Lymphoma	[PH_362_21_5]
22. Leukaemia	[PH_362_22_5]
95. Other organ (please specify)	[PH_362_95_5] [PH_362oth_5]
96. None of these	[PH_362_96_5]
97. Unclear Response	[PH_362_97_5]
98. Don't Know	[PH_362_98_5]
99. Refused to Answer	[PH_362_99_5]

(SHARE/ similar question in ELSA)

IF PH_350Yb_19_5 = 5 SKIP PH_362Yb_01_5 TO PH_362Yb_22_5 AND GO TO PH_362_95_5

IE THOSE WHO PREVIOUSLY CONFIRMED THEY DO NOT STILL HAVE CANCER

IF (PH_362_01FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_01 ≠ 1) ASK PH_362Yb_01_5. OTHERS GO TO PH_362Yb_02_5

PH_362Yb_01_5: Do you still have lung cancer?

1. Yes
5. No

IF (PH_362_02 FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_02 ≠ 1) ASK PH_362Yb_02_5. OTHERS GO TO PH_362Yb_03_5

PH_362Yb_02_5: Do you still have breast cancer?

1. Yes
5. No

IF (PH_362_03 FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_03 ≠ 1) ASK PH_362Yb_03_5. OTHERS GO TO PH_362Yb_04_5

PH_362Yb_03_5: Do you still have colon or rectum cancer?

1. Yes
5. No

IF (PH_362_04_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_04 ≠ 1) ASK PH_362Yb_04_5. OTHERS GO TO PH_362Yb_05_5

PH_362Yb_04_5: Do you still have stomach cancer?

1. Yes
5. No

IF (PH_362_05_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_05 ≠ 1) ASK PH_362Yb_05_5. OTHERS GO TO PH_362Yb_06_5

PH_362Yb_05_5: Do you still have cancer of the oesophagus?

1. Yes
5. No

IF (PH_362_06_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_06 ≠ 1) ASK PH_362Yb_06_5. OTHERS GO TO PH_362Yb_07_5

PH_362Yb_06_5: Do you still have prostate cancer?

1. Yes
5. No

IF (PH_362_07_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_07 ≠ 1) ASK PH_362Yb_07_5. OTHERS GO TO PH_362Yb_08_5

PH_362Yb_07_5: Do you still have cancer of the bladder?

1. Yes
5. No

IF (PH_362_08_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_08 ≠ 1) ASK PH_362Yb_08_5. OTHERS GO TO PH_362Yb_09_5

PH_362Yb_08_5: Do you still have liver cancer?

1. Yes
5. No

IF (PH_362_09_FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_09 ≠ 1) ASK PH_362Yb_09_5. OTHERS GO TO PH_362Yb_10_5

PH_362Yb_09_5: Do you still have brain cancer?

1. Yes
5. No

IF (PH_362_10FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _10 ≠ 1) ASK PH_362Yb_10_5. OTHERS GO TO PH_362Yb_11_5

PH_362Yb_10_5: Do you still have cancer of the ovary?

1. Yes
5. No

IF (PH_362_11FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _11 ≠ 1) ASK PH_362Yb_11_5. OTHERS GO TO PH_362Yb_12_5

PH_362Yb_11_5: Do you still have cancer of the cervix?

1. Yes
5. No

IF (PH_362_12FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _12 ≠ 1) ASK PH_362Yb_12_5. OTHERS GO TO PH_362Yb_13_5

PH_362Yb_12_5: Do you still have cancer of the endometrium?

1. Yes
5. No

IF (PH_362_13FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _13 ≠ 1) ASK PH_362Yb_13_5. OTHERS GO TO PH_362Yb_14_5

PH_362Yb_13_5: Do you still have cancer of the thyroid?

1. Yes
5. No

IF (PH_362_14FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _14 ≠ 1) ASK PH_362Yb_14_5. OTHERS GO TO PH_362Yb_15_5

PH_362Yb_14_5: Do you still have cancer of the kidney?

1. Yes

5. No

IF (PH_362_15FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_15 ≠ 1) ASK PH_362Yb_15_5. OTHERS GO TO PH_362Yb_16_5

PH_362Yb_15_5: Do you still have testicular cancer?

- 1. Yes
- 5. No

IF (PH_362_16FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_16 ≠ 1) ASK PH_362Yb_16_5. OTHERS GO TO PH_362Yb_17_5

PH_362Yb_16_5: Do you still have cancer of the pancreas?

- 1. Yes
- 5. No

IF (PH_362_17FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_17 ≠ 1) ASK PH_362Yb_17_5. OTHERS GO TO PH_362Yb_18_5

PH_362Y_17b_5: Do you still have malignant melanoma (skin)?

- 1. Yes
- 5. No

IF (PH_362_18FF_5= 1 & PH_362a_5 = 1,2 & PH_362X0_18 ≠ 1) ASK PH_362Yb_18_5. OTHERS GO TO PH_362Yb_19_5

PH_362Yb_18_5: Do you still have cancer of the oral cavity?

- 1. Yes
- 5. No

IF (PH_362_19FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0_19≠ 1) ASK PH_362Yb_19_5. OTHERS GO TO PH_362Yb_20_5

PH_362Yb_19_5: Do you still have cancer of the larynx?

- 1. Yes
- 5. No

IF (PH_362_20FF_5= 1 & PH_362a_5 = 1,2 & PH_362X0 _20≠ 1) ASK PH_362Yb_20_5. OTHERS GO TO PH_362Yb_21_5

PH_362Yb_20_5: Do you still have cancer of the other pharynx?

1. Yes
5. No

IF (PH_362_21FF_5= 1 & PH_362a_5 = 1,2 & PH_362X0 _21≠ 1) ASK PH_362Yb_21_5. OTHERS GO TO PH_362Yb_22_5

PH_362Yb_21_5: Do you still have Non-Hodgkin Lymphoma cancer?

1. Yes
5. No

IF (PH_362_22FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _22≠ 1) ASK PH_362Yb_22_5. OTHERS GO TO PH_362Yb_23_5

PH_362Yb_22_5: Do you still have Leukaemia?

1. Yes
5. No

IF (PH_362_95FF_5 = 1 & PH_362a_5 = 1,2 & PH_362X0 _95≠ 1) ASK PH_362Yb_95_5. OTHERS GO TO PH_363_5

PH_362Yb_95_5: Do you still have an other type of cancer?

1. Yes
5. No

97. Unclear response
98. Don't know

IF (PH_363_5=5 OR PH_364_5 = 96), Ask PH_365b_5, OTHERS go to PH_363a_5

PH_365b_5: Why have you not received treatment? [text box]

IF (PH_362_01FF_5 – PH_362_22FF_5 =1 & PH_362X0_01-22 1), ASK PH_363a_5 TO PH_365a_5 FOR EACH TYPE OF CANCER (e.g. variables used are PH_363a_01_5, PH_364a_01_x_5, PH_365a_01_5, etc.)

OTHERS GO TO PH_366_5

PH_363a_5: Since our last interview, have you received any treatment for your [cancer type listed at PH_362FF_i_5 and not disputed at PH_362X0_i]? [PH_363a_01_5 to PH_363a_22_5]

- 1. Yes, GO TO PH_364a_5
- 5. No SKIP PH_364a_5 & PH_365a_5

- 97. Unclear Response SKIP PH_364a_5 & PH_365a_5
- 98. Don't Know SKIP PH_364a_5 & PH_365a_5
- 99. Refused to Answer SKIP PH_364a_5 & PH_365a_5

(ELSA/HRS)

PH_364a_5: Since our last interview, what sort of treatments have you received for [cancer type listed at PH_362_iFF_5 and not disputed at PH_362X0_i]? [PH_364a_01_01_5 to PH_364a_22_99_5]

IWER: CODE ALL THAT APPLY

- 1. Chemotherapy [PH_364a_i_01_5]
- 2. Medication [PH_364a_i_02_5]
- 3. Surgery [PH_364a_i_03_5]
- 4. Biopsy [PH_364a_i_04_5]
- 5. Radiation/X-Ray [PH_364a_i_05_5]
- 6. Treatment for symptoms (pain, nausea, rashes) [PH_364a_i_06_5]
- 95. Other (specify) [PH_364a_i_95_5] [PH_364aoth_i]
- 96. None [PH_364a_i_96_5]
- 97. Unclear Response [PH_364a_i_97_5]
- 98. Don't Know [PH_364a_i_98_5]
- 99. Refused to Answer [PH_364a_i_99_5]

(HRS)

PH_365a_5: Since you received treatment, since your last interview, has the [cancer type listed at PH_362_iFF_5 and not disputed at PH_362X0_i] got worse, better or stayed about the same? **[PH_365a_01 to PH_365a_22]**

- 1. Better
- 2. About the same
- 3. Worse

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

(HRS)

IF (PH_363a_5= 5 OR PH_364a_5 = 96), Ask PH_365c_5, OTHERS go to PH_366_5

Ask PH_365c_5: Why have you not received treatment? [text box]

IF (PH_350_20_5= 1) ASK PH_366_5. OTHERS GO TO PH_367_5

PH_366_5: When [were/was] [you/Rname] first told by a doctor that [you/he/she] had epilepsy?

(MM/YYYY)

____/____

[PH_366m_5][PH_366y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

IF (PH_350_20_5= 1 OR PH_350_20FF_5 = 1 & PH_350a_5= 1,2 & PH_350X0_20 ≠ 1), ASK PH_367_5.
OTHERS GO TO PH_377_5

PH_367_5: What type of epilepsy [you/he/she] have?

IWER: TICK ALL THAT APPLY

- | | |
|-----------------------------|------------------------------|
| 1. Tonic-clonic seizures | [PH_367_01_5] |
| 2. Tonic seizures | [PH_367_02_5] |
| 3. Atonic seizures | [PH_367_03_5] |
| 4. Clonic seizures | [PH_367_04_5] |
| 5. Myoclonic seizures | [PH_367_05_5] |
| 6. Absence seizures | [PH_367_06_5] |
| 7. Simple partial seizures | [PH_367_07_5] |
| 8. Complex partial seizures | [PH_367_08_5] |
| 95. Other | [PH_367_95_5] [PH_367_oth_5] |
| 97. Unclear Response | [PH_367_97_5] |
| 98. Don't Know | [PH_367_98_5] |
| 99. Refused to Answer | [PH_367_99_5] |

PH_368_5: [Do/ Did] [you/Rname] attend an Epilepsy clinic or see a specialist?

- 1. Yes
- 5. No

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

PH_369_5: When did [you/his/her] last have your epilepsy reviewed (e.g. medication or seizure activity)?

(MM/YYYY)

____/____

[PH_366m_5][PH_366y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

- 97. Unclear response
- 98. Don't know

99. Refused to answer

PH_370_5: Who reviewed [your/his/her] epilepsy?

IWER: PLEASE TICK ALL THAT APPLY

- | | |
|-------------------------|------------------------------|
| 1. General Practitioner | [PH_198_01_5] |
| 2. Psychiatrist | [PH_198_02_5] |
| 3. Neurologist | [PH_198_03_5] |
| 4. CNS | [PH_198_04_5] |
| 95. Other | [PH_198_95_5] [PH_198_oth_5] |
| 97. Unclear Response | [PH_198_97_5] |
| 98. Don't Know | [PH_198_98_5] |
| 99. Refused to Answer | [PH_198_99_5] |

IF (PH_350_20_5= 1 OR PH_350_20FF_5 = 1 & PH_350a_5= 1,2 & PH_350X0_20 ≠ 1), ASK PH_367_5.

OTHERS GO TO PH_384_5

PH_371_5: Does epilepsy limit [your/Rname] doing the following?

- | | |
|-----------------------|------------------------------|
| 1. Household chores | [PH_371_01_5] |
| 2. Work | [PH_371_02_5] |
| 3. Social activities | [PH_371_03_5] |
| 4. Sports activities | [PH_371_04_5] |
| 5. Driving | [PH_371_05_5] |
| 6. Going out alone | [PH_371_06_5] |
| 7. None of the above | [PH_371_07_5] |
| 95. Other | [PH_371_95_5] [PH_371_oth_5] |
| 97. Unclear Response | [PH_371_97_5] |
| 98. Don't Know | [PH_371_98_5] |
| 99. Refused to Answer | [PH_371_98_5] |

PH_372_5: Are any of the following medications prescribed for [you/he/she] to use in an emergency (rescue medication)?

- | | |
|---------------------------------|------------------------------|
| 1. Epistatus (Buccal Midazolam) | [PH_372_01_5] |
| 2. Frisium (Clobazam) | [PH_372_02_5] |
| 3. Stesolid (Rectal Diazepam) | [PH_372_03_5] |
| 4. Clonazepam (Rivotril) | [PH_372_04_5] |
| 5. Lorazepam (Ativan) | [PH_372_05_5] |
| 6. None of the above | [PH_372_07_5] |
| 95. Other | [PH_372_95_5] [PH_372_oth_5] |
| 97. Unclear Response | [PH_372_97_5] |
| 98. Don't Know | [PH_372_98_5] |
| 99. Refused to Answer | [PH_372_98_5] |

PH_373_5: [Have\Has] [you/Rname} used any of the emergency medications (rescue medication) in the last 12 months, If so please tell us?)

IWER: Tick all that apply

- | | |
|---------------------------------|------------------------------|
| 1. Epistatus (Buccal Midazolam) | [PH_201_01_5] |
| 2. Frisium (Clobazam) | [PH_201_02_5] |
| 3. Stesolid (Rectal Diazepam) | [PH_201_03_5] |
| 4. Clonazepam (Rivotril) | [PH_201_04_5] |
| 5. Lorazepam (Ativan) | [PH_201_05_5] |
| 6. None of the above | [PH_201_07_5] |
| 95. Other | [PH_201_95_5] [PH_201_oth_5] |
| 97. Unclear Response | [PH_201_97_5] |
| 98. Don't Know | [PH_201_98_5] |
| 99. Refused to Answer | [PH_201_98_5] |

PH_374_5: [Do\Does] [you/Rname] or[your/his/her] carer keep a record of [your/his/her] seizures?

- 1. Yes
- 5. No

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

PH_375_5: How often [have\has] [you/he/she] had a seizure in the past two years?

- 1. Have not had a seizure in 2 years
- 2. Daily
- 3. Weekly (but not daily)
- 4. More than once a month (but not weekly)
- 5. Less than once a month

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

PH_376_5: [Have\Has] [you/Rname] ever had education on how best to take care of/manage your epilepsy?

- 1. Yes
- 5. No

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

IF (PH_350_23a_5=1) ASK PH_384a_5. OTHERS GO TO PH_384b_5

PH_384a_5: When [were/was] [you/Rname] first told by a doctor that [you/he/she] had dementia (including Alzheimer's disease)?

(MM/YYYY)

____/____

[PH_384m_5][PH_384y_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

PH_384b_5:

IF (PH_350_23a_5=1 OR PH_350_23aFF_5 = 1 & PH_350a_5= 1,2 & PH_350X0_23a ≠ 1) ask PH_384b_5. OTHERS GO TO PH_385_5

What type of dementia [were/was] [you/he/she] diagnosed with?

- 1. Alzheimer's Dementia
- 2. Lewy Body Dementia
- 3. Frontotemporal
- 4. Vascular Dementia
- 5. Mixed Dementia
- 95. Other (please specify)

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

(IDS-TILDA)

IF (PH_350_24_5= 1 OR PH_350_24FF_5 = 1 & PH_350a_5= 1,2 & PH_350X0_24 ≠ 1), ASK PH_385_5. OTHERS GO TO PH_386_5

PH_385_5: Have you ever had dialysis or a kidney transplant?

- 1. Yes
- 5. No

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

(TILDA)

IWER: ALL RESPONDENTS ARE ASKED PH_386_5

PH_386_5: [Have/Has] [you/Rname] ever had a major bleed which required hospitalisation or a blood transfusion?

- 1. Yes
- 5. No

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

(TILDA)

IF (PH_350_27_5= 1 or (PH_350_27FF_5=1 AND PH_350X0_27≠1)), ASK PH_398f_5. OTHERS GO TO **PH_0C2_5**

PH_398f_5: In the last three years have you had recurrent chest infections (where recurrent is defined as 3 in 6 months or 4 in 12 months)

- 1. Yes
- 5. No

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

PH_398a_5: In the last 3 years, how many times [have/has] [you/Rname] gone to [your/his/her] GP because of a chest infection?

_____Number

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

PH_398b_5: On how many occasions in the last 3 years, [were/was] [you/Rname] prescribed antibiotics for a chest infection?

_____Number

- 97. Unclear Response
- 98. Don't Know

99. Refused to Answer

PH_398c_5: On how many occasions in the last 3 years, [were/was] [you/Rname] hospitalised as a result of a chest infection?

_____Number

97. Unclear Response

98. Don't Know

99. Refused to Answer

PH_399a_5: On any of these occasions did [your/his/her] GP or a doctor in the hospital ever tell [you/him/her] that [you/he/she] had pneumonia?

1. Never

2. Once

3. Twice

4. Three or more times

97. Unclear Response

98. Don't Know

99. Refused to Answer

PH_399x_5: On any of these occasions did [your/his/her] GP or a doctor in the hospital ever tell [you/him/her] that [you/he/she] had Aspiration pneumonia?

1. Never

2. Once

3. Twice

4. Three or more times

97. Unclear Response

98. Don't Know

99. Refused to Answer

IF (PH_399a_5 = 2 | 3 | 4), ASK PH_399b_5. OTHERS GO TO **PH_0C2_5**

PH399b_5: [Were/was] [you/Rname] admitted to hospital due to pneumonia?

1. Never

2. Once

3. Twice

4. Three or more times

97. Unclear Response

98. Don't Know

99. Refused to Answer

IF PH_399b_5 =2 | 3 | 4 ASK PH_399c_5 – PH_399e_5 OTHERS GO TO **PH_0C2_5**

PH_399c_5: [Were/was] [you/Rname] admitted to the intensive care department due to pneumonia?

1. Never
2. Once
3. Twice
4. Three or more times

97. Unclear Response

98. Don't Know

99. Refused to Answer

Eating and Drinking

PH_0C2_5: How will this section be completed?

1. Self-Report Only
2. Self-Report and Proxy
3. Proxy Only

INTRO: Now I would like to ask you about [your/Rname's] nutritional health

PH_125a_5: Tick which applies to [you/him/her]

1. Tube Dependent – **skip to tube dependent subsection PH_125b_5**
2. Total oral intake – **skip to PH_44_5**
3. Both oral intake and tube dependent – **Go to PH_125b_5**

PH_125b_5:

If (PH_125a = 1 OR 3) then ask PH_125b_5 i.e. indicated tube dependency

What type of feeding tube do you have in place?

1. PEG tube (Percutaneous Endoscopic Gastrostomy)
2. PEG-J tube (Percutaneous Endoscopic Gastro-Jejunostomy)
3. RIG (Radiologically Inserted Gastrostomy)
4. NG tube (Nasogastric)
95. Other (Please specify)

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

PH_125_5: Please tick which applies to [you/Rname]

If (PH_125a_5 = 1 OR PH_125a_5 =3) then ask PH_125_5

1. No oral intake
2. Tube dependent with minimal/inconsistent oral intake
3. Tube supplements with consistent oral intake

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

Functional Oral Intake Scale – Crary et al 2005

IF PH_125a = 2 or 3 Then ask PH_44_5 OTHERS GOTO PH_46_5

PH_44_5: In general, how healthy is [your/Rname's] overall diet? would you say...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

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

(NHANES)

If **PH_125a_5** = 2 or 3, ask **PH_44_5a**, others go to **PH_46_5**

PH_44_5a: In general, how enjoyable are [your/his/her] meals?

1. Not at all
2. Slightly enjoyable
3. Somewhat enjoyable
4. Moderately enjoyable
5. Very enjoyable

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

If **PH_125a_5** = 2 or 3, ask **PH_45_5**, others go to **PH_46_5**

PH_45_5: [Do/Does] [you/he/she] add salt to food while at the table?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

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

(Slan 2007)

PH_46_5: In general, would you consider [yourself/him/her] to be ...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Overweight
2. Underweight
3. About the right weight

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

(Adapted from NHANES 2005-2006)

PH_47_5: [Are/Is] [you/he/she] on any special diet?

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

1. Yes, **Go to PH_48_5**
5. No **Go to PH_50_5**

97. Unclear response **Go to PH_50_5**
98. Don't know **Go to PH_50_5**
99. Refused to answer **Go to PH_50_5**

(Adapted from Nutritional Risk Index/IDS-TILDA)

PH_48_5: Who advised [you/him/her] to follow this diet?

IWER: CODE ALL THAT APPLY

PH_48_i_5 for i = 1 to 7,95, 97, 98, 99

1. A dietician
2. A nurse
3. A doctor
4. A family member
5. A key worker/support worker
6. [Yourself/Himself/Herself]
7. Speech and Language Therapist
95. Other (Please specify)

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

(IDS-TILDA)

PH_49_5: What type of diet [are/is] [you/he/she] following?

IWER: CODE ALL THAT APPLY

PH_49_i_5 for i = 1 to 9, 95,oth, 97, 98, 99

1. Low fat / cholesterol
2. Low sodium
3. High calorie
4. Gluten free
5. Weight reducing
6. Diabetic diet
7. PKU
8. Lactose intolerant
9. Low potassium

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

(Adapted from Nutritional Risk Index/IDS-TILDA)

PH_49a_5: Do you use thickeners for your fluids?

IWER: ASK ALL PARTICIPANTS

1. Yes- Slightly thick (i.e. thicker than water, but easily flows through a straw)
2. Yes - Mildly thick (i.e. sippable, pours quickly from a spoon, but slower than water)
3. Yes - Moderately thick (i.e. fruit syrup: can be taken with a spoon, drips slowly through the slot of a fork)
4. Yes - Extremely thick (i.e. cannot be sucked from a straw or drunk from a cup, when the spoon is tilted, falls but holds the shape of the spoon)
5. No, I do not use any thickeners for fluids

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

PH_49b_5: Do you modify the consistency of your food like being liquidised, pureed, minced and moist, etc.?)

IWER: ASK ALL PARTICIPANTS

1. Yes liquidised (i.e. smooth soup consistency: Can be drunk from a cup or be eaten with a spoon. It cannot be eaten with a fork because it drops through)
2. Yes Pureed (e.g. pureed meat, thick cereal)
3. Yes, Minced and Moist (e.g. finely minced and chopped meat/fish/vegetables; mashed fruit)
4. Yes Soft/ Bite-sized (e.g. cooked, tender meat, steamed or boiled vegetables, banana)
5. No, I eat every type of food (e.g. meat consistency)

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

PH_49c_1_5: Do you eat fruit?

1. Yes (**Go to PH_49c_2_5**)

5. No (**PH_49d_1_5**)

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

PH_49c_2_5: How many portions of fruit (of any kind) do you eat on a typical day? If none, please enter "0".

(A portion of fruit is an apple or banana, a small bowl of grapes or three tablespoons of tinned or stewed fruit. If you drink fruit juice, you can count one glass per day, but additional glasses of fruit juice do not count as additional portions.)

0... portions (numerical response)

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

PH_49d_1_5: Do you eat vegetables?

1. Yes (Go to PH_49d_2_5)

5. No (PH_49e_1_5)

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

PH_49d_2_5: How many portions of vegetables, excluding potatoes, do you eat on a typical day? If none, please enter "0".

A serving or portion of vegetables means three heaped tablespoons of green or root vegetables such as carrots, parsnips, spinach, baked beans or sweet corn or a medium bowl of salad (lettuce, tomatoes etc.)

0... (numerical response)

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

PH_49e_1_5: Do you drink water?

1. Yes (Go to PH_49e_2_5)

5. No (PH_49f_1_5)

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

PH_49e_2_5: How many glasses of water do you drink on a typical day? If none, please enter “0”.

0... (numerical response)

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

PH_49f_1_5: Do you drink milk?

1. Yes (**Go to PH_49f_2_5**)

5. No (**PH_50_5**)

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

PH_49f_2_5: How many glasses of milk do you drink on a typical day? If none, please enter “0”.

A glass of milk is a 200mls serving or a typical medium glass – have picture to demonstrate.

0... glasses (numerical response)

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

PH_50_5: Within the last year, [have/has] [you/Rname] lost or gained ten pounds (4.5kg) or more in weight when [you/he/she] [weren't/wasn't] trying to?

[NOTE: By losing or gaining weight when [you/he/she] [weren't/wasn't] trying to, for example, because of illness. Also, if the person answers 'Yes', probe for whether they gained, lost or both gained and lost ten or more pounds]

IWER: READ OUT AND CODE THE ONE THAT APPLIES

- 1. Yes, gained weight
- 2. Yes, lost weight
- 3. Yes, gained and lost weight

5. No, weight has remained the same

97. Unclear response

98. Don't know

99. Refused to answer

(HRS/ELSA/TILDA)

PH_127a_5: Do you have any chewing difficulty?

1. Yes, with any type of food

2. Yes, with some type of food (please specify)

5. No

95. Other (please specify)

97. Unclear response

98. Don't know

99. Refused to answer

PH_127oth_5: If PH_127a_5 = 2 or 95 then please specify here [Text box]

PH_127b_5: [Do/Does] [you/he/she] receive any type of assistance during mealtime? Tick ALL that apply:

PH_127b_01_5: Prompting, pacing and/or encouraging (e.g. Encouraging to slow down/finish one mouthful of food before the next, prompting to open mouth, chew or swallow...)

PH_127b_02_5: Provision of adapted equipment (e.g. special cutlery, modified cups, plastic spoons.)

PH_127b_03_5: Assistance in getting food to the mouth (e.g. hand-over-hand support, fed by the caregiver)

PH_127b_04_5: Modification of mealtime environment or routine (e.g. removing distractions, adjusting mealtime length according to proneness to get tired.)

PH_127b_05_5: No assistance required

PH_127b_06_5: None of the above

97. Unclear response

98. Don't know

99. Refused to answer

PH_127c_5: [Do/Does] [you/he/she] experience any of the following feeding behaviors? Tick all that apply:

PH_127c_01_5: Food refusal

PH_127c_02_5: Rigid food preferences

PH_127c_03_5: Overfilling the mouth

PH_127c_04_5: Fast rate of eating and/or drinking

PH_127c_05_5: Pocketing food in the mouth

PH_127c_06_5: Voluntary spitting up of food after eating (Rumination)

PH_127c_07_5: Ingestion of items with no nutritional value- e.g. hair, butts. (Pica)

PH_127c_08_5: No assistance required

PH_127c_09_5: None of the above

97. Unclear response

98. Don't know

99. Refused to answer

PH_127_5: [Do/Does] [you/he/she] have a history of choking episodes?

1. Yes, **Go to PH_128_5**

5. No **Go to PH_51_5**

97. Unclear response **Go to PH_51_5**

98. Don't know **Go to PH_51_5**

99. Refused to answer **Go to PH_51_5**

PH_128_5: If yes, please indicate the number of choking episodes [you/he/she] [have/has] experienced.

PH_128_1_5: In the last week _____ (insert number here)

PH_128_2_5: In the last month _____ (insert number here)

PH_128_3_5: In the last year _____ (insert number here)

97. Unclear response

98. Don't know

99. Refused to answer

PH_129_5: In the last year did [you/he/she] require an intervention as a result of a choking episode?

IWER: For example, Heimlich, hospitalization, attention of nurse / doctor on call

IWER: Code ONE that applies

1. Yes, for each of the episodes
2. Yes, for some of the episodes
3. No, never

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

PH_130_5: Please indicate the food item or items (food or other) and/or specific behaviours (e.g. eating too quickly) that resulted in the choking episode

Please specify

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

PH_154: How much difficulty do you have swallowing at present?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Not applicable

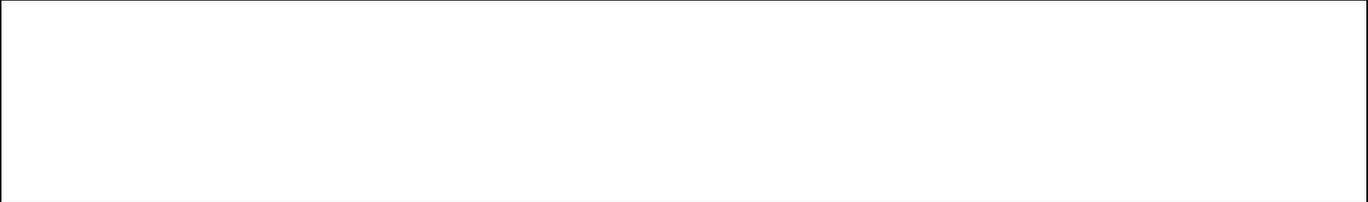
(Wallace et al. 2010)

PH_155: Do you have a diagnosis of dysphagia?

1. Yes,
2. NO

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

PH_51_5: Any other Information (Nutritional Health)

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

Foot Health

PH_0C_5: How will this section be completed?

1. Self-Report Only
2. Self-Report and Proxy
3. Proxy Only

PH_52_5:

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

In general, what condition would you say [your/his/her] feet are in?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
-
97. Unclear response
 98. Don't know
 99. Refused to answer

(Adapted from FHSQ)

PH_53_5: [Do/Does] [you/he/she] have any pain in [your/his/her] feet?

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

1. Yes, **Go to PH_54_5**
 5. No **Go to PH_56_5**
-
97. Unclear response **Go to PH_56_5**
 98. Don't know **Go to PH_56_5**
 99. Refused to answer **Go to PH_56_5**

(Adapted from OK Health Check)

PH_54_5: What is the cause of this pain?

IWER: Record the response below.

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

(IDS-TILDA)

PH_55_5: How much does [your/his/her] foot health limit [you/him/her] walking (e.g. because of foot pain)?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

- 1. Not at all
- 2. Slightly
- 3. Moderately
- 4. Quite a bit
- 5. Extremely

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

(Adapted from FHSQ)

PH_56_5: Any Other Information (Foot Health):

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

Falls

Falls/Fracture section

NOTE: A fall is defined as an unexpected event in which the participant comes to rest on the ground, floor or lower level (Lamb et al 2005).

PH_57_5:

IWER: ASK ALL PARTICIPANTS

NOTE: A fall is defined as an unexpected event in which the participant comes to rest on the ground, floor or lower level (Lamb et al 2005).

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

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

1. Yes, **Go to PH_58_5**
5. No **Go to PH_61_5**

97. Unclear response **Go to PH_61_5**
98. Don't know **Go to PH_61_5**
99. Refused to answer **Go to PH_61_5**

(ELSA/HRS/Lamb et al 2005)

PH_58_5: How often [have/has] [you/he/she] fallen down in the past month?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Insert number here: _____

95. Other (please specify)

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

(ELSA/HRS/IDS-TILDA)

PH_59_5: In general, were most of these falls...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Accidental (e.g. slipping or tripping over something) **Go to PH_61_5**
2. Non-accidental **Go to PH_60_5**

97. Unclear response **Go to PH_61_5**
98. Don't know **Go to PH_61_5**
99. Refused to answer **Go to PH_61_5**

(TILDA/IDS-TILDA)

PH_60_5: Were these non-accidental falls because of...?

IWER: READ OUT AND CODE ONE THAT APPLY

1. No apparent or obvious reason
2. Due to a pre-existing physical or mental health condition (e.g. epilepsy, parkinson's disease, diabetes)
3. As a result of being pushed
95. Other (please specify)

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

(TILDA/IDS-TILDA)

PH_61_5: In the past year [have/has] [you/he/she] had any fall including a slip or trip in which [you/he/she] lost [your/his/her] balance and landed on the floor or ground or lower level?

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

1. Yes, **Go to PH_62_5**
5. No **Go to PH_57a_5**

97. Unclear response **Go to PH_57a_5**
98. Don't know **Go to PH_57a_5**
99. Refused to answer **Go to PH_57a_5**

(ELSA/HRS/Lamb et al 2005)

PH_62_5: How often [have/has] [you/he/she] fallen down in the past year?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Insert number here: _____

95. Other (please specify)

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

(ELSA/HRS/IDS-TILDA)

PH_63_5: In general, were most of these falls...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Accidental (e.g. slipping or tripping over something) **Go to PH_133_5**
2. Non-accidental **Go to PH_64_5**

97. Unclear response **Go to PH_133_5**
98. Don't know **Go to PH_133_5**
99. Refused to answer **Go to PH_133_5**

(TILDA/IDS-TILDA)

PH_64_5: Were these non-accidental falls because of...?

IWER: READ OUT AND CODE ONE THAT APPLY

1. No apparent or obvious reason
2. Due to pre-existing physical or mental health condition (e.g. epilepsy, diabetes, Parkinson's)
3. As a result of being pushed
95. Other (Please specify)

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

(TILDA/IDS-TILDA)

PH_133_5:

IWER: Most of the time in the last year where [were/was] [you/he/she] most likely to fall?

IWER: TICK ONE THAT APPLIES

1. Bathroom
2. Kitchen
3. Living Room
4. Bedroom
5. Outside in garden/driveway
95. Other (Please specify)

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

PH_134_5:

IWER: In the last year what time of the day [were/was] [you/he/she] most likely to fall?

IWER: TICK ONE THAT APPLIES

1. 6am – 10 am (early morning)
2. 10am – 2pm (midday)
3. 2pm – 6pm (afternoon)
4. 6pm – 10pm (early evening)
5. 10pm – 6am (during the night)

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

PH_65_5: Because of a fall, did [you/he/she] ever injure [yourself/himself/herself] seriously enough to need medical treatment? (i.e. at an A&E Department or visit to or by a General Practitioner or Resident Physician)

IWER: IF YES, PROBE: DID YOU GET MEDICAL TREATMENT?

1. Yes and [I/he/she] got treatment **Go to PH_66_5**
2. Yes and [I/he/she] did not get treatment **Go to PH_66_5**
3. No **Go to PH_57a_5**

97. Unclear response **Go to PH_57a_5**
98. Don't know **Go to PH_57a_5**
99. Refused to answer **Go to PH_57a_5**

(ELSA/HRS)

PH_66_5: What type of injury did [you/he/she] sustain/receive?

IWER: READ OUT AND CODE ALL THAT APPLY

PH_66_i_5 for i = 1 to 5, 95, oth, 97, 98, 99

1. Bruise
2. Scratch or small cut
3. Cut that required stitches
4. Fracture / broken bone
5. Head injury
95. Other

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

PH_57a_5:

IF INTSTATUSW5=1 THEN USE WORKING A, ELSE USE WORDING B

A: Have you fallen since your last interview?

B: [Have/has] [you/he/she] ever fallen in the last 3 years?

- | | |
|-----------------------|-----------------------|
| 1. Yes, | Go To PH_57B_5 |
| 5. No | Go To PH_67_5 |
| 97. Unclear Response | Go To PH_67_5 |
| 98. Don't Know | Go To PH_67_5 |
| 99. Refused to Answer | Go To PH_67_5 |

(ELSA/HRS)

PH_57B_5: How many times [have/has] [you/he/she] fallen down in the past year?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Insert number here: _____

95. Other (please specify)

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

(ELSA/HRS)

PH_67_5: IF (intstatusW5 = 2), USE WORDING 'A'. IF (intstatusW5 = 1), USE WORDING 'B'.

- A. [Have/Has] [you/Rname] ever had a blackout or fainted?
- B. Since your/the last interview, have you had a blackout or fainted?

- 1. Yes, IF intstatusW5=1 Go To PH_68a_5; OTHERWISE, Go To PH_68_5
- 5. No GO TO PH_69_5

- 97. Unclear response Go to PH_69_5
- 98. Don't know Go to PH_69_5
- 99. Refused to answer Go to PH_69_5

(TILDA)

PH_68a_5: Approximately, how many times [have/has] [you/he/she] had a blackout or fainted since your last interview?

_____ time(s)

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

(TILDA)

PH_68_5: IF PH_67_5 = 1 then ask PH_68_5. OTHERS GO TO PH_69_5

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

_____ : time(s) in the last year

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

(TILDA)

PH_69_5: IF (intstatusW5 = 2), use wording 'A' If (intstatusW5 = 1), use wording 'B'

A. [Have/Has] [you/Rname] ever attended a falls clinic?

B. Have [you/Rname] attended a falls clinic since your last interview?

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

- 1. Yes
- 5. No
- 2. SR / Proxy not aware of falls clinic

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

(IDS-TILDA)

PH_70_5: Any Other Information (Falls):

Fear of Falling

PH_71_5: [Are/Is] [you/he/she] afraid of falling?

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

1. Yes, **Go to PH_72_5**
5. No Go to PH_74_5

97. Unclear response **Go to PH_72_5**
98. Don't know **Go to PH_72_5**
99. Refused to answer **Go to PH_72_5**

(TILDA)

PH_72_5: [Do/Does] [you/he/she] feel somewhat afraid or very much afraid of falling?

IWER: CODE THE ONE THAT APPLIES

1. Somewhat afraid of falling
2. Very much afraid of falling

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

(TILDA)

PH_73_5: [Do/Does] [you/he/she] ever limit [your/his/her] activities, for example, what [you/he/she] [do/does] or where do [you/he/she] [go/goes], because [you/he/she] [are/is] afraid of falling?

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

1. Yes
5. No

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

(TILDA)**PH_74_5:** Any Other Information (Fear of falling):

Falls Efficacy

PH_82_5:

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

IWER: PLEASE TICK THE BOX WHICH

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

PH_82_i_5 for I = 1 to 7

	Not at all concerned		Somewhat concerned		Fairly concerned		Very concerned	
Getting dressed or undressed		1		2		3		4
Taking a bath or a shower		1		2		3		4
Getting in or out of a chair		1		2		3		4
Going up or down stairs		1		2		3		4
Reaching for something over [your/his/her] head or on the ground		1		2		3		4
Walking up or down a slope		1		2		3		4
Going out to a social event		1		2		3		4

(SHORT FES-1)

PH_82a_5: Any Other Information (Concern of Falling):

Steadiness and Fractures

We are interested in [your/Rname's] steadiness when walking, standing or getting up from a chair. How steady [do/does] [you/he/she] feel...?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

PH_75_i_5 for I = 1 to 3

	Very Steady		Slightly Steady		Slightly unsteady		Very unsteady		Not applicable		Unclear response		Don't know		Refused to answer	
Walking		1		2		3		4		94		97		98		99
Standing		1		2		3		4		94		97		98		99
Getting up from a chair		1		2		3		4		94		97		98		99

(TILDA)

PH_400a_5: Last time you were interviewed, you told us that you had fractured your (insert fracture locations from PH_400_iFF_5).

1. Continue (go to PH_400_05)
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH_400X0_5:

IWER: Which fracture is being disputed

1. Hip (display if (PH_400_01FF_5= 1) **[PH_400X0_01_5]**
2. Wrist (display if (PH_400_02FF_5 = 1) **[PH_400X0_02_5]**
3. Back/spine (vertebral) (display if PH_400_03FF_5 = 1) **[PH_400X0_03_5]**

IF (PH_400X0_01_5 = 1) THEN ASK

PH_400X_01_5: It may be that we have a recording error about you fracturing your hip. Can you confirm, that ...READ OUT.

1. You never fractured your hip (error from previous wave)
2. The hip fracture was misdiagnosed

IF (PH_400X0_02_5 = 1) THEN ASK

PH_400X_02_5: It may be that we have a recording error about you fracturing your wrist. Can you confirm, that ...READ OUT.

1. You never fractured your wrist (error from previous wave)
2. The wrist fracture was misdiagnosed

IF (PH_400X0_03_5 = 1) THEN ASK

PH_400X_03_5: It may be that we have a recording error about you fracturing bones in your back/spine. Can you confirm, that ...READ OUT.

1. You never fractured bones in your back/spine (error from previous wave)
2. The back/spine fracture was misdiagnosed

IF PH_400_iFF (Fed forward from wave 4) = 0), THEN ASK PH_400_5 for that particular option and for the options newly introduced in wave 5 under PH_400_5

For example: If HIP (PH_400_01FF_5) = 1 and Wrist (PH_400_02FF_5) = 1, then ask PH_400_5 for Bones in [your/ his/ her] back/spine (vertebral) and also for the other newly introduced options in PH_400_5

PH_400_5: IF (intstatusW5= 2), USE WORDING 'A'. OTHERS, USE WORDING 'B'

- A. [Have/Has] [you/Rname] ever fractured any of the following?
- B. Since [your/his/her/the] last interview, [have/has] [you/Rname] fractured any of the following?

IWER: CODE ALL THAT APPLY

1. Hip [PH_400_01_5]
2. Wrist [PH_400_02_5]
3. Bones in [your/his/her] back/spine (Vertebral) [PH_400_03_5]
4. Arm [PH_400_04_5]
5. Finger [PH_400_05_5]
6. Foot [PH_400_06_5]
7. Ankle [PH_400_07_5]
8. Toe [PH_400_08_5]
9. Shoulder [PH_400_09_5]
10. Collarbone [PH_400_10_5]
11. Ribs [PH_400_11_5]
12. Skull [PH_400_12_5]
13. Nose [PH_400_13_5]

95. Other (please specify) [PH_400_95_4] [PH_400_oth_5]

96. None of the above [PH_400_96_5]

97. Unclear response [PH_400_97_5]

98. Don't Know [PH_400_98_5]

99. Refused to Answer [PH_400_99_5]

(ELSA/HRS/WHO FRAX)

IF (PH_400_01FF_5= 1 & PH_400x0_01_5≠1) OR (PH_400_01_5=1), GO TO PH_401a_5

IF (PH_400_02FF_5 = 1 & PH_400x0_02_5≠1) OR (PH_400_02_5=1), GO TO PH_401b_5

IF (PH_400_03FF_5 =1 & PH_400x0_03_5≠1) OR (PH_400_02_5=1), GO TO PH_401c_5

If no fractures, go to PH_141_5

If R indicates that they have a history of hip, wrist, vertebral fracture, Arm, Finger, Foot , Ankle, Toe, Shoulder, Collarbone, Ribs, Skull or Nose Repeat the following loop for each fracture (i.e. PH_401a_5 to PH_404a_5 for hip; PH_401b_5 to PH_404b_5 for wrist; PH_401c_5 to PH_404c_5 for vertebral, PH_401d_5 to PH_404d_5 for arm, PH_401e_5 to PH_404e_5 for finger, PH_401f_5 to PH_404f_5 for foot, PH_401g_5 to PH_404g_5 for ankle, PH_401h_5 to PH_404h_5 for toe, PH_401i_5 to PH_404i_5 for shoulder, PH_401j_5 to PH_404j_5 for collarbone, PH_401k_5 to PH_404k_5 for ribs, PH_401l_5 to PH_404l_5 for skull, PH_401m_5 to PH_404m_5 for nose)

PH_401a_5: [Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] hip?

1. Yes, **Go To PH_402a_5**

5. No **Go To PH_401b_5**

97. Unclear response **Go To PH_401b_5**

98. Don't know **Go To PH_401b_5**

99. Refused to answer **Go To PH_401b_5**

PH_402a_5: In what month/year did this fracture occur?

(MM/YYYY)

_____/_____[PH_402am_5][PH_402ay_5]

_____ UR DK RF MONTH

_____ UR DK RF YEAR

97. Unclear response

98. Don't know

99. Refused to answer

PH_403a_5: Was this fracture the result of a fall, a car accident or another event?

1. Fall **Go To PH_404a_5**

2. Car accident **Go To PH_401b_5**

95. Other event **Go To PH_401b_5**

- 97. Unclear Response **Go To PH_401b_5**
- 98. Don't Know **Go To PH_401b_5**
- 99. Refused to Answer **Go To PH_401b_5**

PH_404a_5: Which of the following best describes the circumstances of this fall?

- 1. Fell while sitting, standing still or walking slowly
- 2. Fell while walking quickly, jogging or running
- 3. Fell when turning
- 4. Fell when getting out of bed
- 5. Fell when sitting down, standing up or using the toilet
- 6. Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.
- 95. Other (please specify in text box) **[PH_404aoth_5]**

- 97. Unclear Response
- 98. Don't Know
- 99. Refused to Answer

IF (PH_400_02FF_5 = 1 = 1 & PH_400x0_02_5≠1) OR (PH_400_02_5=1) ASK PH_401b_5, OTHERS GO TO PH_401c_5.

PH_401b_5: [Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] wrist?

- 1. Yes, **Go To PH_402b_5**
- 5. No **Go To PH_401c_5**

- 97. Unclear Response **Go To PH_401c_5**
- 98. Don't Know **Go To PH_401c_5**
- 99. Refused to Answer **Go To PH_401c_5**

PH_402b_5: In what month/year did this fracture occur?

(MM/YYYY)

_____/_____[PH_402bm_5][PH_402by_5]

_____ UR DK RF MONTH

_____ UR DK RF YEAR

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

PH_403b_5: Was this fracture the result of a fall, a car accident or another event?

- 1. Fall **Go To PH_404b_5**
- 2. Car accident **Go To PH_401c_5**
- 95. Other event **Go To PH_401c_5**

- 97. Unclear Response **Go To PH_401c_5**
- 98. Don't Know **Go To PH_401c_5**

99. Refused to Answer **Go To PH_401c_5**

PH_404b_5: Which of the following best describes the circumstances of this fall?

1. Fell while sitting, standing still or walking slowly
2. Fell while walking quickly, jogging or running
3. Fell when turning
4. Fell when getting out of bed
5. Fell when sitting down, standing up or using the toilet
6. Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.
95. Other (please insert in text box) [PH_404both_5]

97. Unclear Response

98. Don't Know

99. Refused to Answer

IF (PH_400_03FF_5 = 1 & PH_400x0_03_5≠1) OR (PH_400_03_5=1) ASK P PH_401c_5, OTHERS GO TO PH_405_5.

PH_401c_5: [Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] back/spine (vertebrae)?

1. Yes, **Go To PH_402c_5**

5. No **Go To PH_401d_5**

97. Unclear Response **Go To PH_401d_5**

98. Don't Know **Go To PH_401d_5**

99. Refused to Answer **Go To PH_401d_5**

PH_402c_5: In what month/year did this fracture occur?

(MM/YYYY)

_____/_____[ph_439cm_5][ph_439cy_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

97. Unclear response

98. Don't know

99. Refused to answer

PH_403c_5: Was this fracture the result of a fall, a car accident or another event?

1. Fall **Go To PH_404c_5**

2. Car accident **Go To PH_401d_5**

95. Other event **Go To PH_401d_5**

97. Unclear Response **Go To PH_401d_5**

98. Don't Know **Go To PH_401d_5**

99. Refused to Answer **Go To PH_401d_5**

PH_404c_5: Which of the following best describes the circumstances of this fall?

1. Fell while sitting, standing still or walking slowly
2. Fell while walking quickly, jogging or running
3. Fell when turning
4. Fell when getting out of bed
5. Fell when sitting down, standing up or using the toilet
6. Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.
95. Other (please insert in text box) [PH_404coth_5]

97. Unclear Response
98. Don't Know
99. Refused to Answer

IF (PH_400_04_5=1) ASK PH_401d_5, OTHERS GO TO PH_405_5.

PH_401d_5: [Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] arm?

1. Yes, **Go To PH_402d_5**
5. No **Go To PH_401e_5**

97. Unclear Response **Go To PH_401e_5**
98. Don't Know **Go To PH_401e_5**
99. Refused to Answer **Go To PH_401e_5**

PH_402d_5: In what month/year did this fracture occur?

(MM/YYYY)

_____/_____[ph_439dm_5][ph_439dy_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

PH_403d_5: Was this fracture the result of a fall, a car accident or another event?

1. Fall **Go To PH_404d_5**
2. Car accident **Go To PH_401e_5**
95. Other event **Go To PH_401e_5**

97. Unclear Response **Go To PH_401e_5**
98. Don't Know **Go To PH_401e_5**
99. Refused to Answer **Go To PH_401e_5**

PH_404d_5: Which of the following best describes the circumstances of this fall?

1. Fell while sitting, standing still or walking slowly
2. Fell while walking quickly, jogging or running
3. Fell when turning
4. Fell when getting out of bed
5. Fell when sitting down, standing up or using the toilet
6. Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.
95. Other (please insert in text box) [PH_404doth_5]

97. Unclear Response
98. Don't Know
99. Refused to Answer

IF (PH_400_05_5=1) ASK PH_401e_5, OTHERS GO TO PH_401f_5.

PH_401e_5: [Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] finger?

1. Yes, **Go To PH_402e_5**
5. No **Go To PH_401f_5**

97. Unclear Response **Go To PH_401f_5**
98. Don't Know **Go To PH_401f_5**
99. Refused to Answer **Go To PH_401f_5**

PH_402e_5: In what month/year did this fracture occur?

(MM/YYYY)

_____/_____[ph_439em_5][ph_439ey_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

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

PH_403e_5: Was this fracture the result of a fall, a car accident or another event?

1. Fall **Go To PH_404e_5**
2. Car accident **Go To PH_401f_5**
95. Other event **Go To PH_401f_5**

97. Unclear Response **Go To PH_401f_5**
98. Don't Know **Go To PH_401f_5**
99. Refused to Answer **Go To PH_401f_5**

PH_404e_5: Which of the following best describes the circumstances of this fall?

1. Fell while sitting, standing still or walking slowly
2. Fell while walking quickly, jogging or running
3. Fell when turning
4. Fell when getting out of bed
5. Fell when sitting down, standing up or using the toilet
6. Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.
95. Other (please insert in text box) [PH_404eoth_5]

97. Unclear Response
98. Don't Know
99. Refused to Answer

IF (PH_400_06_5=1) ASK PH_401f_5, OTHERS GO TO PH_401g_5.

PH_401f_5: [Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] foot?

1. Yes, **Go To PH_402f_5**
5. No **Go To PH_401g_5**

97. Unclear Response **Go To PH_401g_5**
98. Don't Know **Go To PH_401g_5**
99. Refused to Answer **Go To PH_401g_5**

PH_402f_5: In what month/year did this fracture occur?

(MM/YYYY)

_____/_____[ph_439fm_5][ph_439fy_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

100. Unclear response
101. Don't know
102. Refused to answer

PH_403f_5: Was this fracture the result of a fall, a car accident or another event?

1. Fall **Go To PH_404f_5**
2. Car accident **Go To PH_401g_5**
95. Other event **Go To PH_401g_5**

97. Unclear Response **Go To PH_401g_5**
98. Don't Know **Go To PH_401g_5**
99. Refused to Answer **Go To PH_401g_5**

PH_404f_5: Which of the following best describes the circumstances of this fall?

1. Fell while sitting, standing still or walking slowly
2. Fell while walking quickly, jogging or running
3. Fell when turning
4. Fell when getting out of bed
5. Fell when sitting down, standing up or using the toilet
6. Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.
95. Other (please insert in text box) [PH_404foth_5]

97. Unclear Response
98. Don't Know
99. Refused to Answer

IF (PH_400_07_5=1) ASK PH_401g_5, OTHERS GO TO PH_401h_5.

PH_401g_5: [Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] ankle?

1. Yes, **Go To PH_402h_5**
5. No **Go To PH_401h_5**

97. Unclear Response **Go To PH_401h_5**
98. Don't Know **Go To PH_401h_5**
99. Refused to Answer **Go To PH_401h_5**

PH_402g_5: In what month/year did this fracture occur?

(MM/YYYY)

____/____ [ph_439gm_5][ph_439gy_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

103. Unclear response
104. Don't know
105. Refused to answer

PH_403g_5: Was this fracture the result of a fall, a car accident or another event?

1. Fall **Go To PH_404g_5**
2. Car accident **Go To PH_401h_5**
95. Other event **Go To PH_401h_5**

97. Unclear Response **Go To PH_401h_5**

99. Refused to Answer **Go To PH_401i_5**

PH_404h_5: Which of the following best describes the circumstances of this fall?

1. Fell while sitting, standing still or walking slowly
2. Fell while walking quickly, jogging or running
3. Fell when turning
4. Fell when getting out of bed
5. Fell when sitting down, standing up or using the toilet
6. Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.
95. Other (please insert in text box) [PH_404hoth_5]

97. Unclear Response

98. Don't Know

99. Refused to Answer

IF (PH_400_09_5=1) ASK PH_401i_5, OTHERS GO TO PH_401j_5.

PH_401i_5: [Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] shoulder?

1. Yes, **Go To PH_402i_5**
5. No **Go To PH_401j_5**

97. Unclear Response **Go To PH_401j_5**

98. Don't Know **Go To PH_401j_5**

99. Refused to Answer **Go To PH_401j_5**

PH_402i_5: In what month/year did this fracture occur?

(MM/YYYY)

_____/_____[ph_439im_5][ph_439iy_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

109. Unclear response

110. Don't know

111. Refused to answer

PH_403i_5: Was this fracture the result of a fall, a car accident or another event?

1. Fall **Go To PH_404i_5**
2. Car accident **Go To PH_401j_5**
95. Other event **Go To PH_401j_5**

97. Unclear Response **Go To PH_401j_5**

98. Don't Know **Go To PH_401j_5**

99. Refused to Answer **Go To PH_401j_5**

PH_404i_5: Which of the following best describes the circumstances of this fall?

1. Fell while sitting, standing still or walking slowly
2. Fell while walking quickly, jogging or running
3. Fell when turning
4. Fell when getting out of bed
5. Fell when sitting down, standing up or using the toilet
6. Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.
95. Other (please insert in text box) [PH_404ioth_5]

97. Unclear Response

98. Don't Know

99. Refused to Answer

IF (PH_400_10_5=1) ASK PH_401j_5, OTHERS GO TO PH_401k_5.

PH_401j_5: [Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] collarbone?

1. Yes, **Go To PH_402j_5**

5. No **Go To PH_401k_5**

97. Unclear Response **Go To PH_401k_5**

98. Don't Know **Go To PH_401k_5**

99. Refused to Answer **Go To PH_401k_5**

PH_402j_5: In what month/year did this fracture occur?

(MM/YYYY)

____/____ [ph_439jm_5][ph_439jy_5]

____ UR DK RF MONTH

____ UR DK RF YEAR

97. Unclear response

98. Don't know

99. Refused to answer

PH_403j_5: Was this fracture the result of a fall, a car accident or another event?

1. Fall **Go To PH_404j_5**

2. Car accident **Go To PH_401k_5**

95. Other event **Go To PH_401k_5**

95. Other event **Go To PH_405_5**

97. Unclear Response **Go To PH_405_5**

98. Don't Know **Go To PH_405_5**

99. Refused to Answer **Go To PH_405_5**

PH_404m_5: Which of the following best describes the circumstances of this fall?

1. Fell while sitting, standing still or walking slowly
2. Fell while walking quickly, jogging or running
3. Fell when turning
4. Fell when getting out of bed
5. Fell when sitting down, standing up or using the toilet
6. Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.
95. Other (please insert in text box) [PH_404moth_5]

97. Unclear Response

98. Don't Know

99. Refused to Answer

PH_405_5: Did either of [your/his/her] parents ever have a hip or wrist fracture?

1. Yes, **Go to PH_406_5**
5. No **Go to PH_78_5**

97. Unclear Response **Go to PH_78_5**

98. Don't Know **Go to PH_78_5**

99. Refused to Answer **Go to PH_78_5**

PH_406_5: Which of [your/his/her] parents had a previous hip or wrist fracture?

1. Mother
2. Father
3. Both

97. Unclear Response

98. Don't Know

99. Refused to Answer

PH_78_5: [Have/Has] [you/Rname] had any joint replacements?

1. Yes, **Go To PH_79_5**
5. No **Go To PH_81_5**

97. Unclear Response **Go To PH_81_5**

98. Don't Know **Go To PH_81_5**

99. Refused to Answer **Go To PH_81_5**

(ELSA)

PH_79_5: Which joints did [you/he/she] have replaced?

- | | |
|-----------------------|--------------|
| 1. Hip | [PH_79_01_5] |
| 2. Both hips | [PH_79_02_5] |
| 3. Knee | [PH_79_03_5] |
| 4. Both knees | [PH_79_04_5] |
| 95. Other joint | [PH_79_95_5] |
| 97. Unclear Response | [PH_79_97_5] |
| 98. Don't Know | [PH_79_98_5] |
| 99. Refused to Answer | [PH_79_99_5] |

(ELSA/HRS)

PH_80_5: Was the joint replacement(s) because of arthritis, a fracture or for some other reason?

- | |
|----------------------------------|
| 1. Arthritis |
| 2. Fracture |
| 3. Both arthritis and a fracture |
| 95. Other reason |
| 97. Unclear Response |
| 98. Don't Know |
| 99. Refused to Answer |

(ELSA)

PH_81_5:

IWER: ASK ALL PARTICIPANTS

Any Other Information (Steadiness & Fractures):

PH_141_5:

IWER: ASK ALL PARTICIPANTS

Have you been on a sun holiday in the past six months?

- | |
|-------------------------------|
| 1. Yes, Go to PH_142_5 |
| 5. No Go to PH_83_5 |
| 97. Unclear response |

- 98. Don't know
- 99. Refused to answer

(IDS-TILDA)

PH_142_5: Where was this holiday?

(please specify here)

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

(IDS-TILDA)

PH_143_5: Do you enjoy staying in the Sunshine?

- 1. Enjoy
- 2. Sometimes
- 3. Avoid the sunshine

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

(IDS-TILDA)

PH_144_5: Do you use sun protection

- 1. Always
- 2. Usually
- 3. Sometimes
- 4. Rarely
- 5. Never

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

(IDS-TILDA)

Pain

PH_83_5:

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

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

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

1. Yes, **Go to PH_126_5**
5. No **Go to PH_89_5**

97. Unclear response **Go to PH_89_5**
98. Don't know **Go to PH_89_5**
99. Refused to answer **Go to PH_89_5**

(ELSA/HRS)(TILDA)

PH_126_5: Has this pain lasted more than 3 months?

1. Yes
5. No

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

(TILDA)

PH_84_5: How bad is the pain most of the time? Is it...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Mild
2. Moderate
3. Severe

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

(ELSA/HRS)(TILDA)

PH_85_5:

IWER: ASK ALL PARTICIPANTS

IWER: Now thinking about this pain, in which part of [your/his/her] body is the pain most?

IWER: CODE ALL THAT APPLY

PH_85_i_5 for i = 1 to 7, 95, oth, 93,97,98, 99, 0

1. Back
2. Hips
3. Knees
4. Feet
5. Abdomen / Stomach
6. Mouth / Teeth
7. Head
8. Chest
9. All over
95. Other (please specify): _____

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

(TILDA/IDS-TILDA)

PH_86_5: Does the pain make it difficult for [you/him/her] to do [your/his/her] usual activities such as household chores, work, social or leisure activities?

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

1. Yes
5. No

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

(ELSA)(TILDA)

PH_87_5: [Are/Is] [you/he/she] taking any medication to control the pain?

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

1. Yes
5. No

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

(ELSA)(TILDA)

PH_89_5: Any Other Information (Pain):

Constipation

PH_0D_5: How will this section be completed?

1. Self-Report Only
2. Self-Report and Proxy
3. Proxy Only

IF (intstatusW5= 1 & PH_350_05FF_5 = 1), ASK PH_390a_5

ALL OTHERS GO TO PH_350_05_5

PH_390a_5: Last time you were interviewed, you told us that you [had] constipation. (insert conditions from PH_350_05FF_5). PAUSE

1. Continue (go to PH_390Y_05_5)
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH_390X0_5:

IWER: Which of the conditions is being disputed

5. Constipation (display if PH_350_05FF_5 =1) **[PH_390X0_05_5]**

IF (PH_390X0_05_5=1) THEN ASK

PH_390X_05_5: It may be that we have a recording error about you having Constipation. Can you confirm, that ...READ OUT.

1. You never had Constipation (error from previous wave)
2. Constipation was misdiagnosed

IF (PH_350_05FF_5 = 1 & PH_390a_5 = 1,2 & PH_390X0_05 ≠ 1) ASK PH_390Y_05_5, OTHERS GO TO PH_350_05_5

PH_390Y_05_5: Do you still have Constipation?

1. Yes
5. No

IF PH_350_05FF_5 (Fed forward from wave 4) = 0), THEN ASK PH_350_05_5

PH_350_05_5

IF (intstatusW5 = 2), USE WORDING 'B', OTHERWISE USE WORDING 'A'

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

- 1. Yes
- 5. No

- 97. Unclear response
- 98. Don't Know
- 99. Refused to Answer

IF (PH_350_05_5 = 1) ASK PH_390Yb_05_5, OTHERS GO TO PH_391_5

PH_390Yb_05_5: Do you still have Constipation?

- 1. Yes
- 5. No

IF (PH_350_05_5 = 1) OR (PH_350_05FF_5 = 1 & PH_390X0_05 ≠ 1), ASK PH_391_5. OTHERS GO TO PH_392_5

PH_391_5: [Is/Are] [you/he/she] currently doing any of the following to manage [your/his/her] constipation?

IWER: Select all that apply

- | | |
|--|---------------|
| 1. Taking medications | [PH_391_01_5] |
| 2. Lifestyle changes (e.g. diet, exercise, etc.) | [PH_391_02_5] |
| 95. Other | [PH_391_95_5] |
| 96. None of the above | [PH_391_96_5] |
| 97. Unclear Response | [PH_391_97_5] |
| 98. Don't Know | [PH_391_98_5] |
| 99. Refused to Answer | [PH_391_99_5] |

IF (PH_350_05_5 = 1) OR (PH_390Y_05_5=1), ASK PH_392_5. OTHERS GO TO PH_393_5

PH_392_5: Have you ever mentioned this problem to a doctor or nurse?

1. Yes
5. No

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

IF (PH_350_05_5 = 1) OR (PH_390Y_05_5=1), ASK PH_392_5. OTHERS GO TO NEXT SECTION

PH_393_5: Do you ever limit your activities, for example, what you do or where you go because of this problem?

1. Yes
5. No

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

PH_394_5: Over the past 6 months [have/has] [you/he/she] experienced any of the following for at least 25% of defecations and have they been active for 3 months?

IWER: PLEASE TICK ALL THAT APPLY

1. Straining
2. Lumpy or hard stool
3. Sensation of incomplete evacuation
4. Sensation of anorectal obstruction/blockage
5. Manual maneuvers (e.g. digital evacuation, support to the pelvic floor)
6. Fewer than three defecations per week
7. Pain during defecation
95. None of the above

(Rome III Criteria)

PH_395_5: [Do/Does] [you/he/she] ever have normal or loose stool without the use of laxatives?

1. Yes
5. No

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

PH_397_5: [Have/Has] [you/he/she] ever experienced encopresis? By this we mean a small leakage of bowel movements which result in stained underwear?

1. Yes

5. No

97. Unclear response

98. Don't know

99. Refused to answer

Bowel Incontinence

PH_95_5: During the last 12 months, [have/has] [you/Rname] lost any amount of faeces beyond [your/his/her] control?

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

1. Yes **Go to PH_96_5**
5. No **Go to PH_99_5**
3. Not relevant, never continent **Go to PH_99_5**

97. Unclear response **Go to PH_99_5**
98. Don't know **Go to PH_99_5**
99. Refused to answer **Go to PH_99_5**

PH_96_5: Did this happen more than once during a 1-month period?

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

1. Yes
5. No

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

(Adapted from ELSA)

PH_97_5: [Have/Has] [you/he/she] ever mentioned this problem to a doctor, nurse or other health professional?

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

1. Yes
5. No

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

(Adapted from ELSA)

PH_98_5: [Do/Does] [you/he/she] ever limit [your/his/her] activities, for example, what [you/he/she] [do/does] or where [you/he/she] [go/goes] because of this problem?

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

1. Yes
5. No

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

(IDS-TILDA)

PH_99_5: Any Other Information (Bowel Incontinence):

Bladder Incontinence

PH_90_5:

INTRO: We are interested in finding out more about problems that affect people's quality of life. I would therefore like to ask you some questions about going to the toilet/urinary incontinence.

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

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Yes, **Go to PH_91_5**
5. No **Go to PH_94_5**
3. Not relevant, never continent **Go to PH_94_5**

97. Unclear response **Go to PH_94_5**
98. Don't know **Go to PH_94_5**
99. Refused to answer **Go to PH_94_5**

(ELSA/HRS/IDS-TILDA)

PH_91_5:

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

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

1. Yes
5. No

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

(ELSA)(TILDA)

PH_92_5:

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

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

1. Yes
5. No

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

(ELSA)(TILDA)

PH_93_5:

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

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

1. Yes

5. No

97. Unclear response

98. Don't know

99. Refused to answer

(TILDA)

PH_94_5: Any Other Information (Bladder Incontinence):

Medication

PH_104_5:

IWER: ASK ALL PARTICIPANTS

IWER: In the pre-interview questionnaire, we asked you to record all medications that [you/Rname] [take/takes] on a regular basis, like every day or every week. This included prescription and non-prescription medications, over-the-counter medicines, vitamins, and herbal and alternative medicines (see examples on PIQ)

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

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

1. Yes, **Go to PH_104b_5**
5. No **Refer to Operational protocol and Go to PH_104b_5**
3. Not relevant, don't take any medication **Go to PH_115_5**
95. Other (please specify) **Go to PH_104b_5**

97. Unclear response **Go to PH_104b_5**
98. Don't know **Go to PH_104b_5**
99. Refused to answer **Go to PH_104b_5**

PH_104b_5:

IWER: ASK ALL PARTICIPANTS

IWER: Do I have [your/Rname's] correct medical card number **OR** Drugs Payment Scheme (DPS) number **AND/OR** Long-Term illness (LTI) card number (see pre-interview questionnaire)?

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

2. Yes, **Go to PH_105_5**
 6. No **Refer to Operational protocol and Go to PH_105_5**
 4. Not relevant, don't take any medication **Go to PH_115_5**
 95. Other (please specify) **Go to PH_105_5**

 97. Unclear response **Go to PH_105_5**
 98. Don't know **Go to PH_105_5**
 99. Refused to answer **Go to PH_105_5**
- (TILDA/IDS-TILDA)

PH_105_5:

IWER: (SELF-REPORT ONLY)

IF PH_0D_5 = 1 or IF PH_0D_5 =2 ASK PH_105_5. OTHERS GO TO PH_110_5.

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

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

- 1. Yes
- 5. No

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

(IDS-TILDA)

PH_106_5:

IWER: SELF-REPORT ONLY

Do you administer/take your own medication/tablets?

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

- 1. Yes independently
- 2. Yes, with support
- 5. No

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

(IDS-TILDA)

PH_107_5:

IWER: SELF-REPORT ONLY

Have you ever received training/instructions about taking medications?

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

- 1. Yes
- 5. No

- 93. Unable to understand
- 97. Unclear response
- 98. Don't know
- 99. Refused to answer
- 0.SR not present – PROXY NOT to comple

If yes, please tell us (PH_107yes_5)

(IDS-TILDA)

PH_108_5:

IWER: SELF-REPORT ONLY

Do you know what your medications are for?

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

- 1. Yes
- 5. No

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

(IDS-TILDA)

PH_109_5:

IWER: SELF-REPORT ONLY

Do you experience any side effects from taking any of your medications?

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

- 1. Yes
- 5. No

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

PH_109yes_5 If yes, please tell us which tablet and what side effect.

(IDS-TILDA)

PH_145_5:

IWER: SELF-REPORT ONLY

Do you ever miss taking your medications?

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

- 1. Yes
- 5. No

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

If yes, please tell us why you miss taking your medications

(IDS-TILDA)

If PH_0D_5=1 or PH_0D_5 = 2, GO TO FL_61_5

NOTE if proxy present at interview go to PH_110_5 otherwise go to FL_61_5

PH_110_5:

IWER: PROXY ONLY

Do you know what medication [Rname] takes?

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

- 1. Yes
- 5. No

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

(IDS-TILDA)

PH_111_5:

IWER: PROXY ONLY

Do you know how often [Rname] has to take medication?

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

1. Yes
5. No

6. Unclear response
7. Don't know
8. Refused to answer

(IDS-TILDA)

PH_112_5:

IWER: PROXY ONLY

Have you ever received training/instructions about administering medications?

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

1. Yes
5. No

If yes, please tell us

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

(IDS-TILDA)

PH_113_5:

IWER: PROXY ONLY

Do you know what [Rnames] medications are for?

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

1. Yes
5. No

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

PH_114_5:

IWER: PROXY ONLY

Do you understand the side effects of the medications?

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

1. Yes
5. No

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

PH_146_5:

IWER: PROXY ONLY

Does [Rname] ever miss taking his/her medications

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

1. Yes
5. No

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

If yes, please tell us why [Rname] misses taking his/her medications

(IDS-TILDA)

FL_61_5: [Please indicate the level of difficulty, if any,] [you/he/she] [have/has] with taking medication

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. No difficulty **Go to FL_62_5**
2. Some difficulty **Go to FL_62_5**
3. A lot of difficulty **Go to FL_62_5**
4. Cannot do at all **Go to FL_62_5**

5. Not applicable do not take medication **Go to FL_63_5**

97. Unclear response **Go to FL_63_5**

98. Don't know **Go to FL_63_5**

99. Refused to answer **Go to FL_6_5**

(HRS/SHARE/ELSA/NDS)

FL_62_5: Does anyone help [you/Rname] to take [your/his/her] medication(s)?

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

3. Yes, **Go to FL_63_5**

5. No **Go to FL_63_5**

100. Unclear response **Go to FL_63_5**

101. Don't know **Go to FL_63_5**

102. Refused to answer **Go to FL_63_5**

(HRS/SHARE/ELSA)

FL_63_5 Do you take Vitamin D supplementation, calcium supplementation or a combination of both?

1. Vitamin D Supplementation

2. Calcium supplementation

3. A combination of both

4. Neither Vitamin D nor Calcium supplementation

97. Unclear response

98. Don't know

99. Refused to answer

PH_115_5:

Any Other Information (Medication):

[COVID-19](#)

PH_500_5: [Have/has] [you/he/she] tested positive for COVID-19?

IWER: Please code one option only

1. Yes, **Go to PH_500b_5**
5. No **Go to MH_0_5 (next section)**

93. Unable to understand **Go to MH_0_5 (next section)**
97. Unclear response **Go to MH_0_5 (next section)**
98. Don't know **Go to MH_0_5 (next section)**
99. Refused to answer **Go to MH_0_5 (next section)**

(First IDS-TILDA COVID-19 questionnaire)

IF (PH_500_5= 1), ASK PH_500b_5. OTHERS GO TO Next Section **MH_0_5**

PH_500b_5: [Were/was] [you/Rname] admitted to hospital due to COVID-19?

1. Never
2. Once
3. Twice
4. Three or more times

97. Unclear Response
98. Don't Know
99. Refused to Answer

IF PH_500b_5 =2 | 3 | 4 ASK PH_500c_5 OTHERS GO TO Next Section **MH_0_5**

PH_500c_5: [Were/was] [you/Rname] admitted to the intensive care department due to COVID-19?

1. Never
2. Once
3. Twice
4. Three or more times

97. Unclear Response
98. Don't Know
99. Refused to Answer

Section 10: Mental Health (MH)

MH_0_5: Who will be completing this section

0. Self-report only
1. Self-report and proxy
2. Proxy only

PH_3_5:

IWER: Ask ALL Participants

Would you say [your/his/her] emotional or mental health is...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

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

(ELSA/HRS/SHARE/TILDA)

PH_4_5: Now thinking about [your/Rname's] mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was [your/his/her] mental health not good

_____ Day(s) (Constrain to 30 days: 0.....30)

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

(Health Related Quality of Life)

IF (intstatusW5 = 1, & MH_350_21FF_5 = 1), GO TO MH_350a_5.

ALL OTHERS GO TO MH_350_5.

MH_350a_5: Last time you were interviewed, you told us that you had (insert condition MH_350_21FF_5).

1. Continue (go to MH_350Y_21_5)
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

MH_350X_21: It may be that we have a recording error about you having [condition selected at MH_350Xi].

IWER: Can you confirm, that ...READ OUT.

1. You never had [condition selected at MH_350Xi] (error from previous wave)
2. [condition selected at MH_350Xi] was misdiagnosed

IF (MH_350_21FF_5 = 1 & MH_350a_5 = 1,2 & MH_350Xi_21 ≠ 1) ASK MH_350Y_21_5, OTHERS GO TO MH_350_5

MH_350Y_21_5: Do you still have Emotional, nervous or psychiatric problems ?

1. Yes
5. No

IF MH_350_21FF_5 (Fed forward from wave 4) = 0), THEN ASK MH_350_5

IF (intstatusW4 = 2), USE WORDING 'B', OTHERWISE USE WORDING 'A'

MH_350_5:

- A. Since your last interview, has a doctor ever told you/ that you have any of the [other] conditions on this card?
- B. Has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the conditions on this card?

1. Emotional, nervous or psychiatric problems **[Go to MH_350Yb_21_5] [MH_350_21_5]**

IF (MH_350_5 = 1) ASK MH_350Yb_21_5, OTHERS GO TO **MH_Intro_5**

MH_350Yb_21_5: Do you still have Emotional, nervous or psychiatric problems?

1. Yes
5. No

PH_377_5:

IF (MH_350Yb_21_5 = 1) ASK PH_377_5 OTHERS GO TO PH_378_5

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

Month [MM] _____ Year [YYYY] _____ [PH_377m_5] [PH_377y_5]

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

IF MH_350Yb_21_5 = 1 OR MH_350Y_21_5 = 1) ASK PH_378_5. OTHERS GO TO MH_11_5

PH_378_5: What type of emotional, nervous or psychiatric problems [do/does] [you/he/she] have?

IWER: CODE ALL THAT APPLY

- | | |
|-----------------------------------|----------------------------|
| 1. Hallucinations | [PH_378_01_5] |
| 2. Anxiety | [PH_378_02_5] |
| 3. Depression | [PH_378_03_5] |
| 4. Emotional problems | [PH_378_04_5] |
| 5. Schizophrenia | [PH_378_05_5] |
| 6. Psychosis | [PH_378_06_5] |
| 7. Mood swings | [PH_378_07_5] |
| 8. Manic depression | [PH_378_08_5] |
| 9. Post-traumatic stress disorder | [PH_378_09_5] |
| 95. Something else | [PH_378_95_5][PH_378oth_5] |
| 97. Unclear Response | [PH_378_97_5] |
| 98. Don't Know | [PH_378_98_5] |
| 99. Refused to Answer | [PH_378_99_5] |

(ELSA)

IF MH_350Yb_21_5=1) ASK PH_379_5. OTHERS GO TO PH_379a_5

PH_379_5: [Do/Does] [you/he/she] get psychiatric treatment for [your/his/her] problems, such as attending a psychiatrist?

- 1. Yes
- 5. No

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

IF (PH_379_5= 1) ASK PH_380_5. OTHERS GO TO PH_381_5

PH_380_5: Who gives [you/he/she] get psychiatric treatment for [your/his/her]conditions?

IWER: PLEASE TICK ALL THAT APPLY

- | | |
|-------------------------|------------------------------|
| 1. Psychiatrist | [PH_380_01_5] |
| 2. General Practitioner | [PH_380_02_5] |
| 95. Other | [PH_380_95_5] [PH_380_oth_5] |
| 97. Unclear Response | [PH_380_97_5] |
| 98. Don't Know | [PH_380_98_5] |
| 99. Refused to Answer | [PH_380_99_5] |

IF MH_350Yb_21_5=1) ASK PH_381_5. OTHERS GO TO PH_379a_5

PH_381_5: [Do/Does] [you/he/she] get psychological treatment for [your/his/her] problems, such as counselling or behaviour support?

- 1. Yes
- 5. No

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

IF (PH_381_5= 1) ASK PH_382_5. OTHERS GO TO PH_379a_5:

PH_382_5: Who gives [you/he/she] get psychological treatment for [your/his/her]conditions?

IWER: PLEASE TICK ALL THAT APPLY

- | | |
|------------------------------------|------------------------------|
| 1. Psychologist | [PH_382_01_5] |
| 2. Counsellor | [PH_382_02_5] |
| 3. Clinical Nurse Specialist (CNS) | [PH_382_03_5] |
| 4. Psychotherapist | [PH_382_04_5] |
| 95. Other | [PH_382_98_5] [PH_382_oth_5] |
| 97. Unclear Response | [PH_382_97_5] |
| 98. Don't Know | [PH_382_98_5] |
| 99. Refused to Answer | [PH_382_99_5] |

IF (PH_350_21FF_5 = 1 & PH_350X0_21 ≠ 1) ASK PH_379a_5. OTHERS GO TO MH_intro_5

PH_379a_5: Since [your/Rname's] last interview, did [you/he/she] get psychiatric treatment for [your/his/her] problems, such as attending a psychiatrist?

- 1. Yes
- 5. No

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

IF (PH_379a_5= 1) ASK PH_380a_5. OTHERS GO TO PH_381a_5

PH_380a_5: Who gives [you/he/she] get psychiatric treatment for [your/his/her] conditions?

IWER: PLEASE TICK ALL THAT APPLY

- | | |
|-------------------------|--------------------------------|
| 1. Psychiatrist | [PH_380a_01_5] |
| 2. General Practitioner | [PH_380a_02_5] |
| 95. Other | [PH_380a_98_5] [PH_380a_oth_5] |
| 97. Unclear Response | [PH_380a_97_5] |
| 98. Don't Know | [PH_380a_98_5] |
| 99. Refused to Answer | [PH_380a_99_5] |

IF (PH_350_21FF_5 = 1 & PH_350X0_21 ≠ 1) ASK PH_381a_5. OTHERS GO TO MH_intro_5

PH_381a_5: Since [your/his/her] last interview, did [you/he/she] get psychological treatment for [your/his/her] problems, such as counselling?

- 1. Yes
- 5. No

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

IF (PH_381a_5= 1) ASK PH_382a_5. OTHERS GO TO MH_intro_5

PH_382a_5: Who gives [you/he/she] get psychological treatment for [your/his/her]conditions?

IWER: PLEASE TICK ALL THAT APPLY

- | | |
|------------------------------------|--------------------------------|
| 1. Psychologist | [PH_382a_01_5] |
| 2. Counsellor | [PH_382a_02_5] |
| 3. Clinical Nurse Specialist (CNS) | [PH_382a_03_5] |
| 4. Psychotherapist | [PH_382a_04_5] |
| 95. Other | [PH_382a_98_5] [PH_382a_oth_5] |
| 97. Unclear Response | [PH_382a_97_5] |
| 98. Don't Know | [PH_382a_98_5] |
| 99. Refused to Answer | [PH_382a_99_5] |

Glasgow Depression Scale

MH_Intro_5:

INTRO: The next section of the interview is about people's mood, feelings and wellbeing. I am going to read a list of statements that describe some of the ways [you/Rname] may have felt or behaved in the last week. Please tell me how often [you/Rname] have felt this way during the past week.

MH_11_5:

IWER: SELF-REPORT ONLY

If MH_0_5 = 1 or MH_0_5 = 2 then ask MH_11_5

IWER: PLEASE COMPLETE THE GLASGOW ANXIETY AND DEPRESSION SCALE WITH ALL PARTICIPANTS OR THEIR PROXY

Glasgow Depression Scale (score of 13 or over indicates depression) .

MH_11_i_5 for i =1-20

In the last week....		Prompts	No	Sometimes	A Lot	
1.	Have you felt sad? 	Have you felt upset, depressed, miserable, fed up, low?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
2.	Have you been in a bad mood? 	Have you felt bad tempered, wanted to shout at people?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
3.	Have you enjoyed doing things? 	Have you had fun?	2	1	0	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer

In the last week....	Prompts	No	Sometimes	A Lot	A Lot
4. Have you enjoyed talking and being with people? 	Have you liked having people around?	2	1	0	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
5. Have you had a bath/shower and changed your clothes? 	Have you taken care of the way you look / appearance?	2	0	1	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
6. Have you felt tired during the day? 	Have you gone to sleep during the day, found it hard to stay awake?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
7. Have you cried? 	What made you cry?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer

	In the last week....	Prompts	No	A Lot	Some times	A Lot
8.	Have you felt people don't like you? 	Have you felt you are a horrible person?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
9.	Have you been able to concentrate, such as watch TV? 	What is your favourite TV programme? Are you able to watch it all?	2	1	0	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
10.	Have you found it hard to choose things? 	Have you found it hard to decide what to wear, eat or do?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
11.	Have you found it hard to sit still? 	Have you fidgeted moved around a lot more?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer

	In the last week....	Prompts	No	A Lot	Some times	A Lot
12.	<p>Have you been eating too little or too much?</p>  	<p>Have people said you should eat more or less?</p>	0	1	2	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>
13.	<p>Have you found it hard to get a good night's sleep?</p> 	<p>Have you found it hard to fall asleep, woken up a lot</p>	0	1	2	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>
14.	<p>Have you wished you were dead?</p> 	<p>Have you wanted to stop living?</p>	0	1	2	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>

						
15.	 Have you felt everything is your fault?	Have you felt people blame you for things?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
	In the last week....	Prompts	No	A Lot	Some times	A Lot
16.	Have you felt people are looking at you, talking about you? 	Have you worried about what other people think of you?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
17.	Have you been upset if people say you have done something wrong? 	Do you feel sad, or feel like crying if someone tells you off?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
18.	Have you felt worried? 	Have you felt nervous, tense, wound up or on edge	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer

19.	<p>Have you thought that bad things will happen to you?</p> 	<p>Have you felt nothing nice happens to you?</p>	0	1	2	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>
	In the last week....	Prompts	No	A Lot	Some times	A Lot
20.	<p>Have you felt happy when something good happens?</p> 	<p>What makes you feel happy?</p>	2	1	0	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>
		TOTAL SCORE:				

MH_11A_5:

IWER: PROXY ONLY

If MH_0_5 = 3 then ask MH_11A_5

Carer Supplement to the Glasgow Depression Scale for people with a Learning Disability.

MH_11A_i_5 for i =1-12, 12a, 12b, 12c, 13, 14, 15, 16, 16info

	In the last week:	Never / No	Sometimes / a little	Always / A lot
1	Has [Rname] appeared depressed?	0	1	2
2	Has [he/she] been more physically or verbally aggressive than usual?	0	1	2
3	Has [he/she] avoided company or social contact?	0	1	2
4	Has [he/she] looked after [his/her] appearance?	2	1	0
5	Has [he/she] spoken or communicated as much as [he/she] used to?	2	1	0
6	Has [he/she] cried?	0	1	2
7	Has [he/she] complained of headaches or other aches and pains?	0	1	2
8	Has [he/she] still taken part in activities which used to interest [him/her]?	2	1	0
9	Has [he/she] appeared restless or fidgety?	0	1	2
10	Has [he/she] appeared lethargic or sluggish?	0	1	2
11	Has [he/she] eaten too little / too much? If no problem, score 0. (A positive answer to either question means it should be scored.	0	1	2
12	Has [he/she] found it hard to get a good night's sleep?	0	1	2

<p>12a</p>	<p>IWER: Please also tick which one of the following options is relevant if MH_11A_12_5 = 1 or MH_11A_12_5 = 2</p> <p>Code one that applies</p> <p>Has [he/she] had difficulty falling asleep when going to bed at night? [Yes (1)]</p> <p>Has [he/she] been waking in the middle of the night and finding it hard to get back to sleep again? [Yes (2)]</p> <p>Has [he/she] been waking very early in the morning and finding it hard to get back to sleep? [Yes (3)]</p>			
<p>13</p>	<p>Has [he/she] been sleeping during the day?</p>	<p>0</p>	<p>1</p>	<p>2</p>
<p>14</p>	<p>Has [he/she] said that [he/she] does not want to go on living?</p>	<p>0</p>	<p>1</p>	<p>2</p>
<p>15</p>	<p>Has [he/she] asked you for reassurance?</p>	<p>0</p>	<p>1</p>	<p>2</p>
<p>16</p>	<p>Have you noticed any change in [him/her] recently?</p>	<p>0</p>	<p>1</p>	<p>2</p>
<p>16inf o</p>	<p>Please explain what changes you have noticed, in either mood or behaviour</p>			

Glasgow Anxiety Scale

IWER: SELF-REPORT ONLY

MH_12_5: If MH_0_5 = 1 or if MH_0_5 = 2 then ask MH_12_5

Glasgow Anxiety Scale (score of 15 or over indicates depression) .

MH_12_i_5 for i = 1 to 27

		Prompts	No	Sometimes	A Lot	
1.	Do you worry a lot?	Feel wound up, get worked up	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
2.	Do you have lots of thoughts in your head?	Can't stop thinking, can't keep thoughts away	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
3.	Do you worry about your family or friends?	Think something bad will happen?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
4.	Do you worry about the future?	Link prompt to individual	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
5.	Do you worry that something bad will happen?		0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
6.	Do you worry about being ill?	If you feel poorly	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know

						99 Refused to answer
7.	Do you worry about doing something new?	Afraid to try new things	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
8.	Do you worry about what you are doing tomorrow?		0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
		Prompts	No	Sometimes	A Lot	
9.	Can you stop yourself worrying?	Make yourself think about something else	2	1	0	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
10.	Do you worry about dying?		0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
11.	Are you scared of the dark? 	Do you turn the lights off at night?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
12.	Do you feel scared when you are high up?	Do you like multi storey car parks	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer

						
13.	<p>Do you feel scared in lifts?</p> 	Would you get in one?	0	1	2	<p>93 unable to understand</p> <p>97 Unclear Response</p> <p>98 Don't Know</p> <p>99 Refused to answer</p>
14.	<p>Are you scared of dogs?</p> 	Would you stroke one?	0	1	2	<p>93 unable to understand</p> <p>97 Unclear Response</p> <p>98 Don't Know</p> <p>99 Refused to answer</p>

		Prompts	No	Sometimes	A Lot	
15.	<p>Are you scared of spiders?</p> 	Would you touch one?	0	1	2	<p>93 unable to understand</p> <p>97 Unclear Response</p> <p>98 Don't Know</p> <p>99 Refused to answer</p>

<p>16.</p> <p>Are you scared of going to the doctor or dentist?</p> 	<p>Would you go if you needed to ?</p>	<p>0</p>	<p>1</p>	<p>2</p>	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>
<p>17.</p> <p>Are you scared of meeting new people?</p> 	<p>Are you shy?</p>	<p>0</p>	<p>1</p>	<p>2</p>	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>
<p>18.</p> <p>Are you scared in busy places or crowds?</p> 	<p>Such as supermarkets ?</p>	<p>0</p>	<p>1</p>	<p>2</p>	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>

		Prompts	No	Sometimes	A Lot	
19.	<p>Are you scared of open spaces?</p> 	Where there is nothing around you?	0	1	2	<p>93 unable to understand</p> <p>97 Unclear Response</p> <p>98 Don't Know</p> <p>99 Refused to answer</p>
20.	<p>Do you get hot and sweaty?</p> 	All hot and bothered	0	1	2	<p>93 unable to understand</p> <p>97 Unclear Response</p> <p>98 Don't Know</p> <p>99 Refused to answer</p>
21.	 <p>Does your heart beat fast?</p>	Feel your heart is thumping?	0	1	2	<p>93 unable to understand</p> <p>97 Unclear Response</p> <p>98 Don't Know</p> <p>99 Refused to answer</p>
22.	<p>Do your hands and legs shake?</p>  		0	1	2	<p>93 unable to understand</p> <p>97 Unclear Response</p> <p>98 Don't Know</p> <p>99 Refused to answer</p>
23.		Knots in your	0	1	2	<p>93 unable to understand</p> <p>97 Unclear Response</p>

	<p>Do you get butterflies in your stomach?</p> 	<p>stomach, fluttering.</p>				<p>98 Don't Know 99 Refused to answer</p>
--	--	-----------------------------	--	--	--	---

		Prompts	No	Sometimes	A Lot	
24.	<p>Do you find it hard to breath?</p> 	<p>Are you out of breath a lot?</p>	0	1	2	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>
25.	 <p>Do you have to wee more often?</p>		0	1	2	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>
26.	<p>Is it difficult to sit still?</p> 		0	1	2	<p>93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer</p>

27.	Do you panic? 	Get in a panic or a state?	0	1	2	93 unable to understand 97 Unclear Response 98 Don't Know 99 Refused to answer
		TOTAL SCORE:				

Mindham, J., Espie, C.A. (2003) Glasgow Scale for people with an Intellectual Disability

(GAS-ID): development and psychometric properties of a new measure for use with people with mild intellectual disabilities. *Journal of Intellectual Disabilities* 47 (Pt 1):22-30. Adapted by Marsha Kerrigan and Gill Baker DHCFT 2013.

Vitality Scale

MH_3_5:

INTRO: The following questions are about how [you/Rname] [feel/feels] and how things have been with [you/him/her] during the past 4 weeks

How much of the time during the past 4 weeks

Did [you/he/she] feel full of pep? (**pep means being lively, full of spirit or high spirits, doing things with energy**)

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

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

(Vitality Scale: RAND Health Survey Tool CEV4 Slan 2007)

MH_4_5: How much of the time during the past 4 weeks

Did [you/he/she] have a lot of energy?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

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

Vitality Scale: RAND Health Survey Tool CEV4 Slan 2007

MH_5_5: How much of the time during the past 4 weeks

Did [you/he/she] feel worn out?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

97. Unclear response

98. Don't know

99. Refused to answer

Vitality Scale: RAND Health Survey Tool CEV4 Slan 2007

MH_6_5: How much of the time during the past 4 weeks

Did [you/he/she] feel tired?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

97. Unclear response

98. Don't know

99. Refused to answer

Vitality Scale: RAND Health Survey Tool

MH_7_5:

TO BE COMPLETED BY THE INTERVIEWER

IWER: PLEASE INDICATE HOW THE VITALITY QUESTIONS (PREVIOUS FOUR QUESTIONS) WERE COMPLETED

1. Self-Report Only
2. SR & Proxy
3. Proxy only

MH_8_5:

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

IWER: READ OUT AND CODE ALL THAT APPLY

MH_8_i_5 for i = 1 to 18, 94, 95

Level of stress variable names: MH_8A_i_5 for i = 1 to 31

[Have/Has] [you/he/she] experienced in the last 12 months	YES		Level of Stress					
			A lot		A little		None	
Change of staff in [my/his/her] home where [l/he/she] [live/lives] or day service [l/he/she] [attend/attends]		1		1		2		3
Holiday		1		1		2		3
New resident moved into [my/his/her] home		1		1		2		3
Minor illness or injury		1		1		2		3
Change of [my/his/her] key worker		1		1		2		3
Problems with fellow resident		1		1		2		3
Change at or from work or day service		1		1		2		3
Death of a parent (if YES, ask MH_8b_5 below)		1		1		2		3
Death of a sibling (if YES, ask MH_8b_5 below)		1		1		2		3
Death of other relative (if YES, ask MH_8b_5 below)		1		1		2		3
Death of a friend (if YES, ask MH_8b_5 below)		1		1		2		3
Death of a pet (if YES, ask MH_8b_5 below)		1		1		2		3
Decline or loss of mobility		1		1		2		3
Major illness of a relative, caregiver or friend		1		1		2		3

Death of a significant other (other than a relative, or friend) (if YES, ask MH_8b_5 below)		1			1		2		3	
Moving within service organisation		1			1		2		3	
Moving from [my/his/her] family home to a service supported home (community group home/residential setting)		1			1		2		3	
Change in frequency of visits from or to family / friend		1			1		2		3	
Major illness or injury		1			1		2		3	
Loss of leisure-time activities		1			1		2		3	
Rapid loss of vision or hearing		1			1		2		3	
Problems with relative, friend or staff		1			1		2		3	
Menopause (Ask only if gender = female)		1			1		2		3	
Loss of something valuable		1			1		2		3	
Sexual problem		1			1		2		3	
Break up of a steady relationship / Divorce		1			1		2		3	
Alcohol or drug related problems		1			1		2		3	
Experience of crime (mugged or burgled)		1			1		2		3	
Financial problems		1			1		2		3	
Fired from work/unemployment		1			1		2		3	
Problems with justice and or authorities		1			1		2		3	
No significant life event		94								
Any other event or change of routine which may have caused distress, please tell us										
(Adapted from the Life events scale Hermans et al 2012 & IDS-TILDA Study)										

MH_8b_5: This may be a difficult question to answer, but if some one close to [you/ him/ her] passed away, what was the cause of death?

[text box]

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

MH_29_5:

IWER: Ask ALL Participants

How many hours [do/does] [you/he/she] sleep? (Please specify)

Hours: _____

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

(IDS-TILDA)

MH_9_5:

Any other information (Mental Health)

Section 11: Behavioural Health (BH)

Physical Activity

BH_0_5:

IWER: How will this be section completed?

1. Self-Report Only
2. SR and Proxy
3. Proxy only

(TILDA)

BH_Intro_5:

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

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

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

BH_15_5: During the last 7 days on how many days did [you/he/she] do vigorous physical exercise.

IWER: READ OUT

1. Vigorous physical activities: Day/Days (1 – 7) **Go to BH_16_5**
5. No, [I/he/she] [have/has] not done any vigorous physical exercise **Go to BH_17_5**
97. Unclear response **Go to BH_17_5**
98. Don't know **Go to BH_17_5**
99. Refused to answer **Go to BH_17_5**

(ELSA/SHARE/TILDA/IDS-TILDA)

BH_16_5: How much time did [you/he/she] usually spend doing vigorous physical activities on one of those days?

Minutes per day: _____

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

(ELSA/SHARE/TILDA/IDS-TILDA)

BH_17_5:

Moderately energetic physical activities can be considered anything that lasts at least 10 to 20 minutes that causes only light sweating or a moderate increase in breathing or heart rate.

For example: gardening, cleaning the car, dancing, floor or stretching exercises, swimming or cycling. Do NOT include walking.

During the last 7 days on how many days did [you/he/she] do moderate physical exercise.

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

- 1. Moderate physical activities: Day/Days (0 – 7) **Go to BH_18_5**
- 5. No, [I/he/she] [have/has] not done any moderate physical exercise **Go to BH_19_5**

- 97. Unclear response **Go to BH_19_5**
- 98. Don't know **Go to BH_19_5**
- 99. Refused to answer **Go to BH_19_5**

BH_18_5: How much time did [you/he/she] usually spend doing moderate physical activities on one of those days?

Minutes per day: _____

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

(ELSA/SHARE/TILDA/IDS-TILDA)

BH_19_5: Now think about the time [you/he/she] spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that [you/he/she] might do solely for recreation, sport, exercise, or leisure.

IWER: During the last 7 days on how many days did [you/he/she] walk for at least 10 minutes at at time?

IWER: READ OUT AND CODE ONE BOX ON EACH LINE

1. Walking: _____ Day/Days (0 – 7) **Go to BH_20_5**
5. No, [I/he/she] [have/has] not done any walking **Go to BH_21_5**

97. Unclear response **Go to BH_21_5**
98. Don't know **Go to BH_21_5**
99. Refused to answer **Go to BH_21_5**

(ELSA/SHARE/TILDA/IDS-TILDA)

BH_20_5: How much time did [you/he/she] usually spend walking on one of those days?

Minutes per day: _____

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

(ELSA/SHARE/TILDA/IDS-TILDA)

BH_21_5: What type of physical activity [do/does] [you/he/she] regularly take part in?

IWER: READ OUT AND CODE THE ALL THAT APPLIES

BH_21_i_5 for i = 1 to 18,95,oth,94,97,98,99

1. Bowling
2. Swimming
3. Walking
4. Gym/treadmill / cycling bike
5. Cycling
6. Running/jogging
7. Aerobics
8. Golf
9. Basketball
10. Badminton
11. Horse riding
12. Soccer/football
13. Dancing
14. Yoga
15. Bocce
16. Tai Chi
17. Athletics
18. Table tennis
95. Other (please specify)

94. Not applicable – [I/he/she] [don't/doesn't] take part in regular physical activity
97. Unclear response
98. Don't know
99. Refused to answer

(NHANES)

BH_22_5:

What difficulties might stop [you/him/her] doing physical activity?

IWER: CODE ALL THAT APPLY

BH_22_i_5 for i = 1 to 18, 95, oth,94,97,98,99

1. Health considerations or physically unable
2. Wheelchair user
3. Motor impairment
4. Don't have enough money
5. Can't get a lift
6. Transport services are inadequate or not accessible
7. Have no one to go with for company
8. Not allowed to go
9. Need someone's assistance but there is no one to help [you/him/her]
10. Get too tired
11. Don't have enough time
12. There is nothing [you/he/she] can do at the leisure centre
13. Don't like exercise
14. Service facilities are not accessible
15. [You/He/She] [are/is] self-conscious
16. Unfriendly or negative attitudes towards [you/him/her]
17. No available exercise facilities
18. Getting too old
95. Other (please specify)

94. Not applicable – [I/he/she] [don't/doesn't] take part in regular physical activity
97. Unclear response
98. Don't know
99. Refused to answer

(Adapted from POMONA/Special Olympics)

BH_23_5: Would [you/he/she] like to do more (or some, where applicable) physical activities?

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

1. Yes, **Go to BH_24_5**
5. No **Go to BH_25a_5**

97. Unclear response **Go to BH_25a_5**
98. Don't know **Go to BH_25a_5**
99. Refused to answer **Go to BH_25a_5**

(IDS-TILDA)

BH_24_5: Which physical activities would [you/he/she] like to do more of?

IWER: Record the response below.

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

(IDS-TILDA)

BH_25a_5: Over the past 30 days, on average, how many hours per day did [you/he/she] sit and watch TV, or DVD's?

IWER: CODE THE ONE THAT APPLIES

1. ___None/don't watch TV or videos
2. ___Less than 1 hour
3. ___More than 1 hour and up to 3 hours
4. ___More than 3 hours and up to 5 hours
5. ___5 hours or more

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

BH_25b_5: Over the past 30 days, on average, how many hours per day did [you/he/she] sit and use/watch an IPAD (tablet device), or mobile phone?

IWER: CODE THE ONE THAT APPLIES

1. __ None/don't watch IPAD (tab)or mobile phone
 2. __ Less than 1 hour
 3. __ More than 1 hour and up to 3 hours
 4. __ More than 3 hours and up to 5 hours
 5. __ 5 hours or more
-
97. Unclear response
 98. Don't know
 99. Refused to answer

BH_26_5: During the last 7 days, how much time did [you/ he / she] spend sitting on a weekday?

_____ hours per day

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

Perception of Physical Activity and Sport

BH_35_5:

Please answer the following questions in your opinion. Mark one answer.



Yes (1)

No (0)

Does physical activity help you maintain and/or improve your health?

Does physical activity help you lose/control weight?

Does physical activity help you look better?

If you practice physical activity, do you feel stronger and more agile for activities of daily living or work?

Does physical activity or playing sports make you feel happier?

Do you have fun playing sports?

Does physical activity help you be more relaxed?

Overall, do you have time to do any physical activity or playing sports?

Do you practice physical activity because you have decided yourself?

BH_25_5:

Any Other Information (Physical Activity):

Smoking

BH_1_5:

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

IWER: [Have/has] [you/he/she] ever smoked cigarettes, cigars, cigarillos or a pipe daily for a period of at least one year?

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

1. Yes, **Go to BH_2_5**
5. No **Go to BH_5_5**

97. Unclear response **Go to BH_5_5**
98. Don't know **Go to BH_5_5**
99. Refused to answer **Go to BH_5_5**

(SHARE/Similar question ELSA/HRS)

BH_2_5:

IWER: [Do/does] [you/he/she] smoke at the present time?

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

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Yes, **Go to BH_4_5**
5. No **Go to BH_3_5**

97. Unclear response **Go to BH_3_5**
98. Don't know **Go to BH_3_5**
99. Refused to answer **Go to BH_3_5**

(SHARE/ Similar question ELSA/HRS)

BH_3_5:

IWER: How old [were/was] [you/he/she] when you stopped smoking?

_____years old

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

(SHARE/Similar question HRS)

BH_4_5:

IWER: For how many years [have/has] [you/he/she] smoked altogether?

_____years old

97. Unclear response

98. Don't know

99. Refused to answer

(SHARE/Similar question HRS)

BH_5_5:

Any other Information (Smoking):

Alcohol

BH_6_5:

IWER: [Do/does] [you/he/she] drink alcohol?

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

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

1. Yes, **Go to BH _7_5**
5. No **Go to BH _10_5**

97. Unclear response **Go to BH _10_5**
98. Don't know **Go to BH _10_5**
99. Refused to answer **Go to BH _10_5**

BH_7_5:

IWER: During the last 12 months, how often [have/has] [you/he/she] drunk any alcoholic beverages, like beer, cider, wine, spirits or cocktails?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Almost every day
2. Five or six days a week
3. Three or four days a week
4. Once or twice a week
5. Once or twice a month
6. Less than once a month
7. Not at all in the last 12 months

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

(SHARE/Similar question HRS)

BH_8_5:

IWER: During the last 12 months, how often [have/has] [you/she/he] had more than two drinks in a single day?

NOTE: A drink is a half pint of beer or a glass of wine.

IWER: READ OUT AND CODE THE ONE THAT APPLIES

1. Almost every day
 2. Five or six days a week
 3. Three or four days a week
 4. Once or twice a week
 5. Once or twice a month
 6. Less than once a month
 7. Not at all in the last 12 months
-
97. Unclear response
 98. Don't know
 99. Refused to answer

(SHARE)

BH_9_5:

IWER: During the last 12 months, on the days [you/he/she] drank alcohol, about how many drinks did [you/he/she] have?

_____drinks

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

(HRS)

BH_10_5: Any Other Information (Alcohol):

BH_33_5: Any Other Information (Behavioural Health)

Section 12: Evaluation Questions (EQ)

EQ_0_5: TO BE COMPLETED BY THE INTERVIEWER

IWER: HOW WILL THIS SECTION BE COMPLETED?

1. Self-report only
2. SR & Proxy
3. Proxy only

EQ_1_5:

IWER: Self-Report ONLY

IF EQ_0_5 = 1 or EQ_0_5 = 2, then ask EQ_1_5

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

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

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

1. Yes, **Go to EQ_7_5**
5. No **Go to EQ_2_5**

93. Unable to understand **Go to EQ_7_5**
97. Unclear response **Go to EQ_7_5**
98. Don't know **Go to EQ_7_5**
99. Refused to answer **Go to EQ_7_5**
0. SR not present **Go to EQ_7_5**

(IDS-TILDA)

EQ_2_5:

IWER: Self-Report ONLY

IF EQ_0_5 = 1 or EQ_0_5 = 2, then ask EQ_2_5

Which questions did you find most difficult to understand?

IWER: Record the response below

93. Unable to understand

97. Unclear response

98. Don't know

99. Refused to answer

0. SR not present

(IDS-TILDA)

EQ_7_5:

Once we have spoken to everyone taking part in this study and reviewed the findings, we will be writing about parts of it. Are there any particular topics that [you/ you OR Rname] would like to see written about and published?

[Probe: Are there parts you think are important?]

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

1. Yes, **Go to EQ_8_5**

5. No **Go to EQ_9_5**

97. Unclear response **Go to EQ_9_5**

98. Don't know **Go to EQ_9_5**

99. Refused to answer **Go to EQ_9_5**

(IDS-TILDA)

EQ_8_5:

Which topics or areas would [you/you OR Rname] like to know more about or read more about?

IWER: Record the response below.

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

(IDS-TILDA)

EQ_9_5: How would [you/he/she] like us to present the findings from this study? Please tell us [your/his/her] first preference.

IWER: Would you say...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

- 1. Full written report
- 2. Short written report (summary of main findings only)
- 3. Host information evenings
- 4. Audio recording of key findings
- 5. DVD of key findings
- 6. Video of key findings
- 95. Other (please specify): _____

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

(IDS-TILDA)

EQ_12_5: Did [you /he/she] enjoy taking part in the study?

- 1. Yes
- 5. No

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

EQ_10_5: Any other information (Evaluation):

Section 13: Final Checks (FC)

FC_0_5:

IWER: TO BE COMPLETED THE BY INTERVIEWER

IWER: How will this section be completed?

1. Self-report only
2. SR & Proxy
3. Proxy only

(IDS-TILDA)

FC_1_5: We are coming to the end of the interview, before we move to the final questions is there anything else you would like to tell us about [yourself/Rname]? Or the people who support [you/him/her], where applicable?

IWER: Record the response below

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

(IDS-TILDA)

FC_2_5: Would [you/Rname] agree to us contacting [you/him/her] again, if needed, so we can talk about certain areas of your life in more depth, such as where [you/he/she] [live/lives] and what [you/he/she] [like/likes] to do during the day, how [you/he/she] feel about getting older?

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

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

FC_2A_5: And, where applicable talk to ...(name of your informal carer) about their own health?

- 1. Yes
- 5. No
- 94. Not applicable

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

(IDS-TILDA)

FC_3_5: As I explained earlier this is a longitudinal study which means that people who take part will be visited once every three years. [Are/Is] [you/he/she] willing to be re-contacted to participate in a similar interview in the next 3 years? Again [your/his/her] participation will be voluntary.

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

- 1. Yes, **Go to FC_5_5**
- 5. No **Go to FC_4_5**

- 97. Unclear response **Go to FC_4_5**
- 98. Don't know **Go to FC_4_5**
- 99. Refused to answer **Go to FC_4_5**

FC_4_5:

IWER: Interviewers should make every effort to outline to the respondent of the importance of the study and the benefits to people with intellectual disability living in Ireland. Also attempt to understand reasons for not wanting to be re-contacted (where applicable) and address these e.g., give assurances on confidentiality and anonymity.

IWER: Please record response below.

(TILDA)

FC_5_5:

Any other information (Final check)

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

Section 14: Final Status (FS)

FS_0_5:

IWER: TO BE COMPLETED BY THE INTERVIEWER

IWER: Please record any other relevant information below:

FS_info_5	Any other information	
-----------	-----------------------	--

FS_1_5:

IWER: How was this interview carried out (select all that apply)

1. In person
2. By video call for example via Teams / Zoom
3. By telephone call
4. Other (please specify)

FS_3_5:

IWER: TO BE COMPLETED BY THE INTERVIEWER

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

IWER: CODE THE ONE THAT APPLIES

1. Verbal communication **Go to FS_4_5**
2. Non-verbal communication mostly **Go to FS_4_5**
95. Other (Please Specify) **Go to FS_4_5**
94. Not applicable SR not present **Go to FS_4_5**

FS_4_5:

IWER: TO BE COMPLETED BY THE INTERVIEWER

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

IWER: CODE ALL THAT APPLY

Fs_4_i_5 for I = 1-7, 95, oth

1. Words
2. Signs
3. Vocalisations
4. Eye expressions
5. Facial expressions
6. Bodily movements
7. Gestures
95. Other (please Specify): _____

FS_7_5:

IWER: TO BE COMPLETED BY THE INTERVIEWER

How many visits were required to complete the interview?

Number [Insert number from 1 to 10]: _____

FS_7a_5:

Approximately how long was each visit?

FS_7Ai_hours_5:

Hours: _____

FS_7Ai_mins_5

Mins: _____

(Record for each visit given in FS_7_5)

FS_7b_5:

If FS_7_5 is greater than one then ask

What were the reasons for multiple visits.

1. CAPI too long
2. Proxy rearranged interview
3. Challenging behaviour
4. SR not present
5. Collect Piq
95. Other (please specify)

FS_7Both_5:

FS_6_5:

IWER: TO BE COMPLETED BY THE INTERVIEWER

IWER: Please complete the final checklist.

IWER: CODE ONE BOX ON EACH LINE

FS_6_PIQ_5: Pre-Interview Questionnaire collected

1. Yes
5. No

FS_6_CF_5: Consent form

1. Yes

5. No