CONFIDENTIAL
This booklet is the property of
The Cambridge Project for Later Life
(Cambridge City Over 75 Cohort)
Department of Public Health and Primary Care
Institute of Public Health, Robinson Way, Cambridge CB2 2SR

FOR COMPLETION BY INTERVIEWER

Project number

Respondent
Subject .................1
Proxy .................2

Interview type
Face-to-face .............1
Telephone .............2

GP Practice

Subject initials

Date of interview

Date interview completed (if > 1 visit needed)

Accepted falls calendar
No ....................0
Yes ...................1
Not asked ............2

Date falls calendar accepted

Consent for calcaneal quantitative ultrasound scan
No ....................0
Yes ...................1
Not asked ............2

Date ultrasound scan performed

Consent for functional performance measures
No ....................0
Yes ...................1
Not asked ............2

Date measurements taken

Consent for bone density scan and muscle dynamometry
No ....................0
Yes ...................1
Not asked ............2

Date visited Addenbrooke’s
Number of approaches made:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>in total</td>
<td></td>
</tr>
<tr>
<td>before interview</td>
<td></td>
</tr>
<tr>
<td>for interviews and measures</td>
<td></td>
</tr>
</tbody>
</table>

Was interview complete?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td>1</td>
</tr>
<tr>
<td>Incomplete</td>
<td>2</td>
</tr>
</tbody>
</table>

Reason interview incomplete (code 9 for complete)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family refusal</td>
<td>1</td>
</tr>
<tr>
<td>Refusal</td>
<td>2</td>
</tr>
<tr>
<td>Frailty</td>
<td>3</td>
</tr>
<tr>
<td>Abandoned</td>
<td>4</td>
</tr>
<tr>
<td>Ill</td>
<td>5</td>
</tr>
<tr>
<td>Disturbed</td>
<td>6</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>7</td>
</tr>
</tbody>
</table>

If Other, specify

If Proxy interview for non-cognitive section code as follows: (not applicable 9)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Child</td>
<td>2</td>
</tr>
<tr>
<td>Other relative</td>
<td>3</td>
</tr>
<tr>
<td>Friend</td>
<td>4</td>
</tr>
<tr>
<td>Care assistant, warden or Matron</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>
INTRODUCTION AND EXPLANATION OF VISIT

Thank you very much for seeing me.

I would just like to explain what this study is about. I am in the team from the Cambridge Project for Later Life. You may remember seeing an interviewer some time ago who asked about your health and how you were getting along. We would like to ask you some of these questions again to see how things have been since the last time.

The reason for asking these questions is that it will give us a better understanding of the ageing process and it will help in planning better services for the future.
At the end there is a section of questions about memory, concentration and the like. Some people find they do have problems with memory as they get older although this may not apply to you. We ask everyone the same questions and we would be very grateful if you felt able to answer them.

Everything you tell us is confidential, and I would like to stress that this study does not affect your medical care at all.
First of all, I'd like to ask you to remind me of some personal details.

- **1.** What is your full name? (not proxy)
  - Error ....................... 0
  - Right ..................... 1

- **2(a)** Age? (not proxy)
  - Record age given

- **2(b)**
  - Error ....................... 0
  - Right ..................... 1

- **3(a)** Date of Birth? (not proxy)
  - Record date of birth given

- **3(b)**
  - Error ....................... 0
  - Right ..................... 1
4. Marital Status?
   Married .................. 1
   Widowed .................. 2
   Separated/Divorced ...... 3
   Single .................... 4
   Other ..................... 5

IF MARRIED/NEVER MARRIED THEN CODE QUESTION 5 WITH 99

5. How long have you been widowed, separated/divorced? In years

6. Could you tell me how things have been for you in the past year?
   Note any important comments

   ____________________________

   ____________________________

   ____________________________

RESIDENCY

7. Have you moved house in the last 4 years? No ................. 0
   Yes .................... 1

IF "No" MOVE THEN CODE QUESTION 8 (EIGHT) WITH 9s

8. Why did you move to this address?
   Code reason(s)

   To be near relative(s) No ................. 0
   Yes .................... 1

   Bereavement No ................. 0
   Yes .................... 1

   Ill health/disability No ................. 0
   Yes .................... 1

   Smaller/more convenient house No ................. 0
   Yes .................... 1

   Other reason (specify) No ................. 0
   Yes .................... 1

Specify ____________________________

- House/flat/granny flat ............................................ 1
- Warden controlled .................................................. 2
- Council residential home .......................................... 3
- Private residential home ........................................... 4
- Long stay hospital .................................................. 5
- Other (specify) ...................................................... 6

Specify ____________________________

IF LIVING IN RESIDENTIAL HOME OR HOSPITAL THEN CODE QUESTIONS 10, 11, 12, 13, 14 WITH 9's

10. Is this house/flat owned or rented?
- Owned ................................................................. 1
- Council rented ..................................................... 2
- Private rented ...................................................... 3
- Other (specify) ..................................................... 4

Specify ____________________________

11. Who is head of the household?
- Respondent or spouse .............................................. 1
- Sibling ................................................................. 2
- Child ................................................................... 3
- Other (specify) ..................................................... 4

Specify ____________________________

12. Does anyone else live here?
- No ................................................................. 0
- Yes ................................................................. 1

IF "No" THEN CODE REMAINDER OF QUESTION 12 WITH 9's

Ask and record numbers of people in each category.
- Spouse
- Siblings
- Children
- In laws
- Grandchildren
- Others (specify)

Specify ____________________________

IF LIVES ON OWN THEN CODE QUESTIONS 13 AND 14 WITH 9's
13. Is there anyone who lives with you who is frail and unwell and needs your help with day-to-day tasks?

   No .......................... 0  
   Yes ........................ 1

IF “No” THEN CODE QUESTION 14 WITH 9.

14. Establish whether due to

   Physical frailty ........ 1
   Mental frailty .......... 2
   Both .................... 3

15. Do you have any children of your own?

   No .......................... 0
   Yes ........................ 1

IF “No” THEN CODE QUESTION 16 WITH 99

16. How many children?

   Number

17. Do any of your (children or other) relatives live in the area or within easy reach of the area?

   None in area ............. 1
   Yes ........................ 2

(Cambridge City or nearby villages up to 7 miles).

IF “Yes” THEN record number of people in each category living in the area.

   Number of children
   Number of grandchildren
   Number of brothers/ sisters
   Number of parents
   Number of other relatives.

IF RESPONDENT LIVES WITH RELATIVES

THEN CODE QUESTIONS 18 AND 19 WITH 9 AND 99 RESPECTIVELY
18. **How often do you see any of your relatives to speak to?**
   - Never .................0
   - Daily ...................1
   - 2-3 times a week ......2
   - At least weekly ........3
   - At least monthly ......4
   - Less often .............5

IF "Never" THEN CODE QUESTION 19 WITH 99.

19. **Of all your relatives with which one do you have the most contact?**
   - Daughter ...............1
   - Son .....................2
   - Daughter-in-law .....3
   - Son-in-law ............4
   - Parent ..................5
   - Sister/Brother ......6
   - Other female relative 7
   - Other male relative ...8

20. **In the last year, have you been in contact with your relatives as much as usual?**
   - More ....................1
   - Same ...................2
   - Less ....................3

IF "Same" THEN CODE QUESTION 21 WITH 9.

21. **Establish the main reason for change.**
   - Physical illness (subject) .........................1
   - Mood change (subject eg. says depressed) ........2
   - Interpersonal problems .........................3
   - Moving .....................................4
   - Other (specify) ..........................5

   Specify ____________________________

**FRIENDS AND NEIGHBOURS**

22. **Do you have any friends locally?**
   - No .................0
   - Yes ..................1

23. **In the last year, have you been in contact with your friends as much as usual?**
   - More .....................1
   - Same ....................2
   - Less ....................3

IF "Same" THEN CODE QUESTION 24 WITH 9
24. Establish the main reason for change.

   Physical illness (subject) ................. 1
   Mood change (subject e.g. says depressed) ........ 2
   Interpersonal problems ...................... 3
   Moving ........................................ 4
   Other (Specify) ............................... 5

   Specify __________________________________________

25. In general, do you have as much contact with family and friends as you would like to?

   Yes, satisfied .................................... 1
   No, would like more contact .................... 2
   No, would like less contact ..................... 3

26. How often do you see any of your neighbours?

   Daily ........................................... 1
   2-3 times a week .............................. 2
   At least weekly .............................. 3
   At least monthly ............................ 4
   Less often ..................................... 5
   Never/no neighbours ......................... 6

IF LIVES IN INSTITUTION THEN CODE QUESTION 26 WITH 9

27. There are members of my family (friends) who can be relied on no matter what happens.

   No ........................................... 0
   Yes to an extent ......................... 1
   Yes, definitely ......................... 2

28. There are members of my family (friends) who would see that I am taken care of if I needed to be.

   No ........................................... 0
   Yes to an extent ......................... 1
   Yes, definitely ......................... 2

29. Is there someone in whom you can confide about anything that might be worrying you?

   No ........................................... 0
   Yes to an extent ......................... 1
   Yes, definitely ......................... 2
SOCIAL CONTACTS

30. Have you had any contact with any clubs or organisations in the past week?
    Ask each item

    Over 60's Club
    No .................. 0
    Yes .................. 1

    Other social club
    No .................. 0
    Yes .................. 1

    Church
    No .................. 0
    Yes .................. 1

    Church group
    No .................. 0
    Yes .................. 1

    Voluntary work
    No .................. 0
    Yes .................. 1

    Other (specify) 
    No .................. 0
    Yes .................. 1

    Specify _________________________________________

    Record if mentions regular events less than weekly eg. monthly W.I. (specify)
    No .................. 0
    Yes .................. 1

    Specify _________________________________________

IF BEDRIDDEN THEN CODE QUESTION 31 WITH 9

31. In general, do you get out and about as much as you would like to?
    No .................. 0
    Yes .................. 1

(a) When the weather is sunny, in an average week do you spend half an hour or more outdoors?
    No .................. 0
    Yes .................. 1

IF NO, SKIP TO 32

(b) When you go out during sunny weather do you wear a hat?
    No .................. 0
    Yes .................. 1
(c) When you go out during sunny weather are your arms usually covered?  
   No .......................... 0
   Yes .......................... 1

(d) When you go out during sunny weather do you use sunscreen?  
   No .......................... 0
   Yes .......................... 1

32. Do you manage to do any physical activity or exercise?  
   If yes then ask each item (do not ask if inappropriate)

   Keep fit  
   No .......................... 0
   Yes .......................... 1

   Walking  
   No .......................... 0
   Yes .......................... 1

   Gardening  
   No .......................... 0
   Yes .......................... 1

   DIY  
   No .......................... 0
   Yes .......................... 1

   Cycling  
   No .......................... 0
   Yes .......................... 1

   Stair climbing:  
   How many times do you climb up a flight of stairs  
   (approx 10 steps) each day?  
   Code average over the past year

   None .................................................. 0
   1 to 5 times a day .................................. 1
   6 to 10 times a day .................................. 2
   More than 10 times a day ........................... 3

Other (Specify)  
   No .......................... 0
   Yes .......................... 1

Specify ________________________________
33. Have you been involved in any other activities in the last fortnight?

IF HOUSEBOUND THEN CODE (a), (b), (c) and (d) WITH 9's.

(a) Visited places of interest
   No ........................................ 0
   Yes ....................................... 1

(b) Amateur Music, Acting, Singing
   No ........................................ 0
   Yes ....................................... 1

(c) Been to a pub/restaurant
   No ........................................ 0
   Yes ....................................... 1

(d) Class or lecture
   No ........................................ 0
   Yes ....................................... 1

NOW ASK (e) TO (j)

(e) Knitting or sewing
   No ........................................ 0
   Yes ....................................... 1

(f) Hobbies such as painting, crafts or collecting things
   No ........................................ 0
   Yes ....................................... 1

(g) Games such as cards, board games or bingo
   No ........................................ 0
   Yes ....................................... 1

(h) Reading
   Code 1 if reads magazines thoroughly and include talking books
   No ........................................ 0
   Yes ....................................... 1

(i) Other (specify)
   No ........................................ 0
   Yes ....................................... 1

Specify ________________________

(j) How many hours a day do you watch TV or videos?
   Code average over the past year

<table>
<thead>
<tr>
<th>Hours Per Day</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Less than 1 hour a day</td>
<td>1</td>
</tr>
<tr>
<td>1 to 2 hours a day</td>
<td>2</td>
</tr>
<tr>
<td>2 to 3 hours a day</td>
<td>3</td>
</tr>
<tr>
<td>3 to 4 hours a day</td>
<td>4</td>
</tr>
<tr>
<td>More than 4 hours a day</td>
<td>5</td>
</tr>
</tbody>
</table>
34. Have you attended any kind of educational or training course in recent years?  
   No .................................. 0  
   Yes (specify) ...................... 1  

35. Would you say that you enjoy your life?  
   No .................................. 0  
   Some of the time ............... 1  
   Most of the time ............. 2  

36. Do you feel lonely?  
   Very lonely ..................... 1  
   Lonely .......................... 2  
   Slightly lonely ................ 3  
   Not at all lonely ............. 4  

I am going to read some statements about the way some people feel as they get older. Please tell me if they apply to you.

37. As I grow older, things seem better than I thought they would be.  
   No .................................. 0  
   Yes ................................. 1  

38. I am just as happy as when I was younger.  
   No .................................. 0  
   Yes ................................. 1  

39. The things I do are as interesting to me as they ever were.  
   No .................................. 0  
   Yes ................................. 1  

SERVICE CONTACT

40. Did you have any contact with any of these services in the past week?  
   IF MORE THAN FIVE CONTACTS THEN CODE 6  
   (a) Care assistants  
      No. of contacts  
   
   IF RESPONDENT HAS CONTACT WITH CARE ASSISTANT THEN CODE QUESTION (b) WITH 9.
   (b) Home help  
      No. of contacts  
   
   (c) Community nurse  
      No. of contacts  
   
   (d) Private domestic help  
      No. of contacts
IF RESPONDENT DOES NOT LIVE IN WARDEN CONTROLLED HOUSING THEN CODE QUESTION (e) WITH 9.

(e) Warden  
(f) Meals on wheels  
(g) Cook chill delivery  
(h) Chiropodist  
(i) Day centre  
(j) Day hospital  
(k) Voluntary agencies (specify)  
( ) Other (specify)  

Specify ________________________________

Specify ________________________________

IF NO CONTACTS TO EACH PART OF QUESTION 40 THEN CODE QUESTION 41 WITH 9.

41. Do you think you are receiving enough of these services?  
   No (specify) ............ 0  
   Yes .................... 1

Specify ________________________________

42. Are there any services which you are not receiving which would be valuable to you?  
   No .................... 0  
   Yes (specify) ............ 1

Specify ________________________________

______________________________

______________________________

ONLY ASK QUESTION 43 IF RELEVANT - OTHERWISE CODE QUESTION 43 WITH 9.

43. Have you ever received respite care/gone into a home or hospital to have a short break away from the family?  
   No .................... 0  
   Yes .................... 1

If “YES” then ask where? __________________________________________

44. Do you receive any allowances such as invalidity or attendance allowance?  
   No .................... 0  
   Yes (specify) ............ 1
MOOD AND RECENT EVENTS

The next questions are about recent events that may have happened to you and about how you feel.

46. Have you lost anyone close to you in the last year - such as someone close to you dying or moving away, or losing a cherished pet?

| Bereavement | No .................. 0 | Yes .................. 1 |
| Close friend or relative moving away or becoming ill | No .................. 0 | Yes .................. 1 |
| Loss of pet | No .................. 0 | Yes .................. 1 |

47. Have you been very worried about anything in the last year, for example, money worries?

| No .................. 0 | Worried .................. 1 | Very worried .................. 2 |
| Specify ____________________________ | ____________________________ |

48. Do you feel more tense and worry more than usual about little things?

| No .................. 0 | Yes .................. 1 |

49. Have you felt more irritable lately (eg. intolerant of noise)?

| No .................. 0 | Yes .................. 1 |

50. Do you consider yourself a nervous person?

| No .................. 0 | Yes .................. 1 |

51. Do you often feel like crying?

| No .................. 0 | Sometimes .................. 1 | Often .................. 2 |

52. Have you lost or gained a lot of weight in the last six months?

<p>| No .................. 0 | Some loss .................. 1 | Considerable loss .................. 2 |
| Considerable gain .................. 4 |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| 53. Do you find it more difficult to make decisions than you used to?   | No ........................................0  
                              Yes ........................................1 |
| 54. Have you lost pleasure or interest in doing things you usually cared about or enjoyed? | No ........................................0  
                              Sometimes ..................................1  
                              Most of the time  .............................2 |
| 55. Have you preferred to be more on your own recently?                 | No ........................................0  
                              Yes ........................................1 |
| 56. Do you find it more difficult to concentrate than is normal for you?| No ........................................0  
                              Yes ........................................1 |
| 57. Are there times when your thoughts come much more slowly than usual? | No ........................................0  
                              Yes ........................................1 |
| 58. Do you feel sad or depressed or miserable?                          | No ........................................0  
                              Occasionally ................................1  
                              Most of the time  .............................2 |
| 59. How do you feel about the future? How do you think things will work | Neutral/Positive/Optimistic ................................................0  
                              Pessimistic/Negative .......................................1 |
| out for you?                                                            |                                                                                   |
| 60. Do you sometimes feel that life isn’t worth living?                | No ........................................0  
                              Yes ........................................1 |
| 61(a) Have you ever had an emotional or nervous illness requiring treatment? | No ........................................0  
                              Yes ........................................1 |

IF "No" THEN CODE REMAINDER OF QUESTION 61 WITH 9's

61(b) Establish how many episodes requiring treatment by psychiatrist.

Record number of episodes. IF MORE THAN 5 CODE 6

61(c) Establish how many episodes requiring treatment by general practitioner.

Record number of episodes. IF MORE THAN 5 CODE 6
PHYSICAL HEALTH
I would like to move on to some questions about your health now.

62. Would you say you have more or less energy than most people your age?
   More ................................ 1
   Same .................................. 2
   Less ..................................... 3

63. Would you say you have more or less energy at the moment than you did a year ago?
   More .................................. 1
   Same .................................. 2
   Less ..................................... 3

64. Have you had more trouble sleeping recently than is normal for you?
   No ...................................... 0
   Yes ...................................... 1

65. How would you rate your physical health at present compared to others of the same age?
   Very good ................................ 1
   Good ...................................... 2
   Fair ....................................... 3
   Poor ....................................... 4
   Very poor .................................. 5

66. How would you rate your physical health compared to a year ago?
   Better ................................ 1
   Same ..................................... 2
   Worse .................................... 3

I would like to ask you about some special conditions you may have had.

67. Have you ever had or has a doctor ever told you that you have had:
   (a) Angina?
       No ...................................... 0
       Yes ...................................... 1

   (b) Heart attack?
       No ...................................... 0
       Yes ...................................... 1

   (c) Problems with circulation in your legs?
       No ...................................... 0
       Yes ...................................... 1

   (d) High blood pressure?
       No ...................................... 0
       Yes ...................................... 1

   (e) Chronic bronchitis?
       No ...................................... 0
       Yes ...................................... 1
(f) Sugar diabetes?  
No ....................... 0  
Yes ........................ 1

(g) Thyroid problems?  
No ....................... 0  
Yes ........................ 1

(h) Severe headaches or migraine?  
No ....................... 0  
Yes ........................ 1

(i) A stroke?  
No ....................... 0  
Yes ........................ 1

(j) A mini-stroke?  
No ....................... 0  
Yes ........................ 1

(k) A Transient Ischaemic Attack (TIA)?  
No ....................... 0  
Yes ........................ 1

IF “Yes” FOR (k) THEN CODE (l) WITH 9.

(l) Have you ever had sudden weakness, or difficulty with speech, memory or vision which got better after a short time?  
No ....................... 0  
Yes ........................ 1

(m) Anything else?  
No ....................... 0  
Yes (specify) ................ 1

Specify ________________________________________________
68. I’d like to ask you about some specific conditions which may have affected your day-to-day routine in the last month. For each condition reported, establish whether it prevented respondent carrying out day-to-day activities

**DEFINITIONS OF RESPONSE CODES**

NO = Condition not present

YES, DISABLED = Condition present AND interferes with day to day activities

NOT DISABLED = Condition present BUT DOES NOT interferes with day to day activities

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor vision (with spectacles)</td>
<td></td>
<td>No .................................. 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, disabling .................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, not disabling .............. 2</td>
</tr>
<tr>
<td>Poor hearing (with hearing aid)</td>
<td></td>
<td>No .................................. 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, disabling .................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, not disabling .............. 2</td>
</tr>
<tr>
<td>Arthritis or rheumatism</td>
<td></td>
<td>No .................................. 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, disabling .................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, not disabling .............. 2</td>
</tr>
<tr>
<td>Back pain</td>
<td></td>
<td>No .................................. 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, disabling .................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, not disabling .............. 2</td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
<td>No .................................. 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, disabling .................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, not disabling .............. 2</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td>No .................................. 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, disabling .................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, not disabling .............. 2</td>
</tr>
<tr>
<td>Marked weakness in arm or leg</td>
<td></td>
<td>No .................................. 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, disabling .................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, not disabling .............. 2</td>
</tr>
<tr>
<td>Unsteady on feet</td>
<td></td>
<td>No .................................. 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, disabling .................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, not disabling .............. 2</td>
</tr>
<tr>
<td>Tendency to fall</td>
<td></td>
<td>No .................................. 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, disabling .................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, not disabling .............. 2</td>
</tr>
</tbody>
</table>
(j) Trouble with nerves

- No .................0
- Yes, disabling ..........1
- Yes, not disabling ........2

(k) Other not specified above

- No .................................................0
- Yes, disabling (specify) .........................1
- Yes, not disabling (specify) .................2

Specify ____________________________________

Record any important conditions mentioned but which remain uncoded._

________________________________________________________________________

IF NO CONDITIONS CODED IN QUESTION 68 (a) TO (k)
THEN CODE QUESTIONS 69, 70, 71 AND 72 WITH 9s.

69. How much do these problems interfere with your life?

- Not at all ...........0
- Slightly .............1
- Moderately ..........2
- Very much ..........3

IF “Not at all” THEN CODE QUESTION 70 WITH 99

70. Which of the things mentioned is most important?

Use numbers as follows.

1. Vision
2. Hearing
3. Arthritis
4. Back pain
5. Chest pain
6. Shortness of breath
7. Weakness in limbs
8. Unsteady on feet
9. Falls
10. Nerves
11. Other

71. Have you had to go into hospital to stay because of any of these difficulties in the last year?

- No .................0
- Yes ..................1

72. If so, for which ailment(s)?

Use response numbers as in question 70.
73. **How many times have you been in hospital in the last year?**
   - None ..................... 0
   - Once ........................ 1
   - Two or more .............. 2

**IF RESPONDENT HAS BEEN IN HOSPITAL THEN CODE QUESTION 74 WITH 99**

74. **How long is it since you were last admitted to any hospital?**
   (In years)

75. **Have you had a general anaesthetic in the last year?**
   - No .............................. 0
   - Yes ............................... 1

**IF NO THEN CODE QUESTION 76 WITH 99.**

76. **How long ago was that/or the most recent?**
   (i.e. 1-12 months)

77. **How long is it since you last saw a GP?**
   (in months, round up).
ACTIVITIES OF DAILY LIVING

78. Now I'd like to ask you some questions about how you cope with day-to-day tasks.

Note all helpers using list below. If more than one helper given then code highest professional level.

(rr) How confident are you that you can get in and out of a chair without falling?

0. Not confident at all
1. Fairly confident
2. Completely confident

(ss) How confident are you that you can get into and out of bed without falling?

0. Not confident at all
1. Fairly confident
2. Completely confident

(a) How do you manage with using a telephone i.e. looking up numbers, dialing etc?

0. Telephones independently - looks up numbers, dialling etc?
1. Dials a few well-known numbers only
2. Answers telephone but does not dial
3. Cannot use telephone at all
9. No telephone within easy access

(aa) How confident are you that you can answer the door or telephone?

0. Not confident at all
1. Fairly confident
2. Completely

(b) How do you manage with shopping?

0. Takes care of all or nearly all shopping independently
1. Shops independently for small purchases only
2. Needs to be accompanied on any shopping trip
3. Does not shop at all

Who helps? Note helpers using codes below

<table>
<thead>
<tr>
<th>CODE</th>
<th>Helper</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Nobody/none required</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Daughter</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Daughter-in-law</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Son</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Son-in-law</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Other relative</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Volunteer agencies</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Meals on wheels</td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Cook chill delivery</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Chiropodist</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Residential home staff</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

Code main helper __________________________

If Other then Specify __________________________
(bb) How confident are you that you can do simple shopping?

0. Not confident at all
1. Fairly confident
2. Completely

(c) How do you manage with finance/money matters?

0. Manages financial matters independently
1. Manages day to day purchases but needs help with banking
2. Incapable of handling money

Who helps? Note helpers using codes below

If Other then Specify

(d) How do you manage with preparing meals?

0. Prepares all or nearly all meals independently
1. Prepares snacks only or heats up meals prepared by others
2. All meals and snacks must be prepared by others
9. Meals have always been prepared by spouse or others

Who helps? Note helpers using codes below

If Other then Specify

(dd) How confident are you that you can prepare a hot meal (not needing to carry heavy or hot objects)?

0. Not confident at all
1. Fairly confident
2. Completely

<table>
<thead>
<tr>
<th>CODE</th>
<th>Nobody/None required</th>
<th>Spouse</th>
<th>Daughter</th>
<th>Daughter-in-law</th>
<th>Son</th>
<th>Son-in-law</th>
<th>Other relative</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>Friend/Neighbour</td>
<td>Care assistant</td>
<td>Home help</td>
<td>Community nurse</td>
<td>Private domestic help</td>
<td>Warden</td>
<td></td>
</tr>
</tbody>
</table>
(e) How do you manage with housework?

0. Independent apart from occasionally help with heavy work
1. Performs only light daily tasks eg dish washing, dusting. (Cleanliness adequate)
2. Performs light daily tasks but cannot maintain acceptable level cleanliness
3. All housework must be done by others
9. Housework has always been done by spouse or other

Who helps? Note helpers using codes below

Code main helper

If Other then Specify

(cc) How confident are you that you can do light housework?

0. Not confident at all
1. Fairly confident
2. Completely

(f) How do you manage with transport?

0. Travels independently on public transport or drives own car or cycle
1. Arranges own travel via taxi only
2. Travels on public transport with others
3. Travel limited to taxi, or with assistance of others
4. Does not travel at all

(g) How do you manage with laundry?

0. Independent apart from occasional help with heavy work
1. Launderers only small items e.g. stockings, underwear
2. All laundry must be done by others
9. Laundry has always been done by spouse or other

Who helps? Note helpers using codes below

Code main helper

If Other then Specify

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Nobody/none required</td>
<td>00</td>
</tr>
<tr>
<td>01</td>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Daughter</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Daughter-in-law</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Son</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Son-in-law</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Other relative</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Friend/Neighbour</td>
<td>01</td>
</tr>
<tr>
<td>08</td>
<td>Care assistant</td>
<td>02</td>
</tr>
<tr>
<td>09</td>
<td>Home help</td>
<td>03</td>
</tr>
<tr>
<td>10</td>
<td>Community nurse</td>
<td>04</td>
</tr>
<tr>
<td>11</td>
<td>Private domestic help</td>
<td>05</td>
</tr>
<tr>
<td>12</td>
<td>Warden</td>
<td>06</td>
</tr>
<tr>
<td>13</td>
<td>Volunteer agencies</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Meals on wheels</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Cook chill delivery</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Chiropodist</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Residential home staff</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>
(h) How do you manage with walking?

0. Walks around town, suburb or village
1. Walks no further than one block away
2. Walks no further than gate
3. Walks only within house
4. Takes no more than a few steps
5. Bedridden

(hh) How confident are you that you can walk around the house without falling?

0. Not confident at all
1. Fairly confident
2. Completely confident

(i) Do you use a walking stick or other aid?

0. Independent
1. Walking stick
2. Frame/tripod
3. Wheelchair
4. Other person

IF NOT IN A WHEELCHAIR THEN CODE QUESTION (j) WITH 9.

(j) How do you manage with your wheelchair?

1. Gets in and out and can propel self without help
2. Gets in and out without help, can’t propel self
3. Needs help to get in and out, can’t propel

(k) How do you manage with bathing or showering?

0. Independent in bath, shower or strip-wash
1. Needs help getting in or out of bath or shower
2. Can wash face and hands only
3. Needs major assistance

Who helps? Note helpers using codes below ____________________________

Code main helper ____________________________

If Other then Specify ____________________________

(kk) How confident are you that you can take a bath or shower?

0. Not confident at all
1. Fairly confident
2. Completely

<table>
<thead>
<tr>
<th>CODE</th>
<th>Nobody/none required</th>
<th>00</th>
<th>Friend/Neighbour</th>
<th>07</th>
<th>Volunteer agencies</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>01</td>
<td>Care assistant</td>
<td>08</td>
<td>Meals on wheels</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Daughter</td>
<td>02</td>
<td>Home help</td>
<td>09</td>
<td>Cook chill delivery</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>03</td>
<td>Community nurse</td>
<td>10</td>
<td>Chiropodist</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td>04</td>
<td>Private domestic help</td>
<td>11</td>
<td>Residential home staff</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Son-in-law</td>
<td>05</td>
<td>Warden</td>
<td>12</td>
<td>Other (specify)</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Other relative</td>
<td>06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I) How do you manage with reaching up to comb your hair (or shave) or down to cut your toenails?

0. Attends to grooming independently
1. Needs minor assistance e.g. cutting toenails
2. Needs moderate assistance e.g. shaving, brushing hair
3. Needs moderate and regular assistance
4. Needs grooming care but can remain well groomed with help

Who helps? Note helpers using codes below __________________________________________________________________________

Code main helper

If Other then Specify __________________________________________________________________________

II) How confident are you that you can reach into a cupboard without falling?

0. Not confident at all
1. Fairly confident
2. Completely confident

III) How do you manage with dressing or undressing?

0. Dresses and undresses independently
1. Needs minor assistance e.g. tying shoelaces, buttons
2. Needs moderate assistance e.g. shows and socks, arms in sleeves. Selection of clothes
3. Needs major assistance
4. Unable to dress

Who helps? Note helpers using codes below __________________________________________________________________________

Code main helper

If Other then Specify __________________________________________________________________________

IV) How confident are you that you can get dressed or undressed?

0. Not confident at all
1. Fairly confident
2. Completely

V) How do you manage with getting to the toilet on time?

0. Always gets to the toilet on time
1. Rare (weekly at most) accidents
2. Accidents more than once a week
3. No control of bladder or bowels

Who helps? Note helpers using codes below __________________________________________________________________________

Code main helper

If Other then Specify __________________________________________________________________________
(o) How do you manage with eating?

0. Eats without assistance
1. Eats with some assistance at meal times
2. Feeds self with moderate assistance and is untidy
3. Requires extensive assistance for all meals
4. Does not feed self at all

Who helps? Note helpers using codes below

Code main helper

If Other then Specify

(p) How do you manage with taking medicines?

0. Responsible for taking medicines
1. Medication must be put out in advance by others
2. Medication must be administered by others
9. Takes no medication at present

Who helps? Note helpers using codes below

Code main helper

If Other then Specify

IF NO DIFFICULTY ADMITTED IN (a) TO (p)
THEN CODE QUESTION (q) WITH 9

(q) In any of these tasks that you have difficulty with do you think that you need more help than you are getting at the moment?

Specify

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
<th>00</th>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
<th>06</th>
<th>07</th>
<th>08</th>
<th>09</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nobody/none required</td>
<td>00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spouse</td>
<td>01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daughter</td>
<td>02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daughter-in-law</td>
<td>03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Son</td>
<td>04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Son-in-law</td>
<td>05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other relative</td>
<td>06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Volunteer agencies 13
Meals on wheels 14
Cook chill delivery 15
Chiropodist 16
Residential home staff 17
Other (specify) 18
79. Do people ever do things for you that you feel you would prefer and are able to do yourself?
   No ............... 0
   Yes (specify) ........... 1
   Specify

80. Is there anyone whom you help with anything?
   No ............... 0
   Yes ............... 1

IF "No" THEN CODE QUESTION 81 WITH 9's

81. Who, and what kind of help do you give?
Write exactly what respondent says. If respondent gives several types of help to one person, code the one which is more important or most frequent.

CODING
PERSON  TYPE OF HELP
Spouse .......... 1  Personal care .......... 1
Child .......... 2  Chores .......... 2
Sibling .......... 3  Emotional support .......... 3
Other relative .... 4  Financial support .... 4
Friend/neighbor .... 5  Child Minding .... 5
Others .......... 6  Other .......... 6
Person  Type

Person  Type

Person  Type

Person  Type

Person  Type

Person  Type

Person  Type

Person  Type

Person  Type

Person  Type

Person  Type

Person  Type
COGNITIVE EXAMINATION

BEFORE COMMENCING, MAKE SURE YOU HAVE THE FOLLOWING ITEMS

- Booklet
- Pencil and Wristwatch
- Envelope
- Coins - 1p, 10p.

It is important that the interviewer speaks slowly and clearly. If person appears not to have heard or understood, repeat question (unless item specifically prohibits repetition).

DO NOT CORRECT IF WRONG ANSWER GIVEN

Make a note of any unusual responses including extra memory items recalled.

CODING: This section differs from other sections in that respondents who give a silly answer are given a score of 0 (not 8) which is equivalent to giving an incorrect answer. Where a score of 9 or 99 is given indicate why question was not asked.

- Signifies MMSE questions
- Signifies extended MMSE question

Because we are interested in how people manage as they get older, we’d like to know something about your memory and concentration. Many people find they have a little more difficulty with these as they get older and we need to know a little more about them. Some of the questions may seem rather easy, others may be more difficult, but we need to ask everyone the same questions, so please bear with me.
ORIENTATION

Time

- 120. What day of the week is it? Incorrect ................. 0
  Correct ................. 1

- 121. What is the date today? Incorrect ................. 0
  Day
  Correct ................. 1

- 122. Month Incorrect ................. 0
  Correct ................. 1

- 123. Year Incorrect ................. 0
  Correct ................. 1

- 124. What is the season? Incorrect ................. 0
  Allow flexibility when season changes, i.e.
  March=winter/spring
  September=summer/autumn
  Correct ................. 1
  June=spring/summer
  December=autumn/winter

Place

- 125. Can you tell me the name of the county Incorrect ................. 0
  we are in? Correct ................. 1

- 126. What is the name of this city? Incorrect ................. 0
  Correct ................. 1

- 127. What are two main streets nearby? Incorrect ................. 0
  Correct ................. 1

- 128. What floor of the building are we on? Incorrect ................. 0
  Correct ................. 1

- 129. What is the address here? Incorrect ................. 0
  (or What is this place? if person tested in
  Correct ................. 1 hospital.)
LANGUAGE

Comprehension (motor response)

If the respondent does not complete the full sequence then the whole instruction may be repeated, without change in tone or tempo to ensure that it has been heard and understood. Prompting and coaching stage by stage is not allowed.

I am going to ask you to carry out some actions, so please listen carefully.

- 130. Please nod your head. Incorrect .................. 0
          Correct .................. 1

- 131. Touch your right ear with your left hand. Incorrect .................. 0
          Correct .................. 1

- 132. Before you look at the ceiling look at the floor. Incorrect .................. 0
          Correct .................. 1

- 133. Tap each shoulder twice with two fingers keeping your eyes shut. Incorrect .................. 0
          Correct .................. 1

Comprehension (verbal response)

I am going to ask you some questions and would like you to answer yes or no.

- 134. Is this place a hotel? Yes/Incorrect .................. 0
          No/Correct .................. 1

- 135. Are villages larger than towns? Yes/Incorrect .................. 0
          No/Correct .................. 1

- 136. Was there wireless/radio in this country before television was invented? No/Incorrect .................. 0
          Yes/Correct .................. 1
Expression - Naming

In 137-138 we are looking for accurate naming; descriptions of function or approximate answers are not acceptable.

Some items may have more than one correct name, as we have indicated. Errors include description of function (e.g. "used for telling the time" for watch) and approximate answers (e.g. "bag" or "carrier" for suitcase; "light" for lamp). In the case of approximate answers, the examiner should say: Can you think of another word for it?

DEFINITIONS OF RESPONSE CODES
Incorrect...0
Correct...1

- 137(a) SHOW PENCIL
  - What is this called? Pencil

- 137(b) SHOW WRISTWATCH
  - What is this called? Watch

- 138. I am going to show you some objects. Please tell me the name of each one.
  SHOW PICTURES IN BOOKLET
  - (a) Shoe, sandal
  - (b) Typewriter
  - (c) Scales
  - (d) Suitcase, portmanteau
  - (e) Barometer
  - (f) Table lamp, lamp
Could you name as many different animals as you can think of?
You will have one minute to do this.
When ready, say starting now and start timing.
Only if subject asks for clarification, explain that animals include birds, insects, humans, etc. If subject gets stuck, encourage them with Can you think of any more?
LIST ALL ITEMS

RECORD NUMBER CORRECT IN ONE MINUTES.
Repetitions not to be counted. Number correct

Expression - Definitions (Record answer)
140. What do you do with a hammer?

.......................................................... 0
(Any correct use) ...................................... 1

141. Where do people usually go to buy medicine?

..........................................................

Shop (if unable to specify) .......................... 0
Chemist .............................................. 1

Expression - Abstract Definitions (Record answer)
IN QUESTIONS 142 AND 143 a concrete definition scores 1 and an abstract definition scores 2.
Examples are given beside each score.
142. What is a bridge?

Incorrect .............................................. 0
Cross the bridge ..................................... 1
Goes across a river etc ............................ 2

143. What is an opinion?

..........................................................

A good opinion of someone ....................... 1
A person's ideas about something ............... 2
Expression - Repetition

IN QUESTION 144 ONLY ONE PRESENTATION allowed so it is essential that you read the phrase clearly and slowly, enunciating all the “S”s.

I am going to say something and I would like you to repeat it after me.

- **144. No ifs, ands or buts.**
  
  Incorrect ............... 0
  
  Correct ................. 1

- **145.** Question no longer in interview

**MEMORY - (Recall)**

**146.** Can you tell me what were the objects in the coloured pictures I showed you a little while ago?

Indicate booklet

**DEFINITIONS OF RESPONSE CODES**

*Incorrect... 0
Correct... 1

(a) Shoe, sandal..........

(b) Typewriter ...........

(c) Scales .................

(d) Suitcase, portmanteau.....

(e) Barometer.............

(f) Table lamp, lamp........

**Recognition**

**SHOW MULTIPLE CHOICE PICTURES IN BOOKLET**

**147.** Which of these did I show you before?

**DEFINITIONS OF RESPONSE CODES**

*Incorrect... 0
Correct... 1

(a) Shoe, sandal..........

(b) Typewriter ...........
(c) Scales
(d) Suitcase, portmanteau
(e) Barometer
(f) Table lamp, lamp

Retrieval of remote information
Now I am going to ask you some questions about the past.

• 148. Can you tell me when the First World War began? Incorrect 0
Within 1 year 1914

• 149. Can you tell me when the Second World War began? Incorrect 0
Within 1 year 1939

• 150. Who was the leader of the Germans in the Second World War? Incorrect 0
Hitler 1

• 151. Who was the leader of the Russians at that time? Incorrect 0
Stalin 1

• 152. What was Mae West famous for? Incorrect 0
Any appropriate verbal or non-verbal answer which indicates memory Entertainer 1

• 153. Who was the famous flyer whose son was kidnapped? Incorrect 0
Close approximations to the name are acceptable Lindbergh 1

Retrieval of recent information

• 154. What is the name of the present King or Queen? Incorrect 0
Correct 1

• 155. Who will follow her? Incorrect 0
Correct 1
156. What is the name of the Prime Minister? Incorrect ............... 0 Correct ............... 1
   For 1 month after an election, if the name of the former PM is given, say Is he/she still PM?

157. What has been in the news in the past week or two? Incorrect ............... 0 Correct ............... 1
   If a general answer is given eg. “war”, ask for details

Registration

158(a) I am going to name 3 objects. After I have finished saying all three, I would like you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.
   Name three objects taking 1 second to say each.

DEFINITIONS OF RESPONSE CODES
Incorrect...0
Correct...1

   (i) Apple ......................
   (ii) Table ......................
   (iii) Penny ......................

IF EACH PART OF QUESTION 158(a) IS CORRECT ON THE FIRST ATTEMPT
THEN CODE QUESTION 158(b) WITH 0.

158(b) If any errors or omissions are made on the first attempt, repeat all the names until respondent learns all three (maximum of five repeats). Record number of repeats.
   Record 6 if unable to remember after 5 repeats. Number of repeats
ATTENTION/CONCENTRATION

159. Now I would like you to count backwards from 20. Cross out as you go along.

20, 19, 18, 17, 16, 15, 14, 13, 12, 11,
10, 9, 8, 7, 6, 5, 4, 3, 2, 1.

Two or more errors .... 0
One error ............... 1
Correct ................. 2

160. Now I would like you to take 7 away from 100. Now take 7 away from the number you get. Now keep subtracting 7 until I tell you to stop.

Subject’s answer ........
93 .................
86 .................
79 .................
72 .................
65 .................

Record answers. Score 1 point each time the difference is 7 even if a previous answer was incorrect. Maximum score = 5 points.

MEMORY - recall

161. What were the three objects I asked you to repeat a little while ago?

DEFINITIONS OF RESPONSE CODES
Incorrect ... 0
Correct ... 1

(i) Apple ..................
(ii) Table ..................
(iii) Penny ..................

LANGUAGE - Reading comprehension

SHOW COMMANDS IN BOOKLET

Please, read this page and then do what it says.

162. Close your eyes.
Incorrect ............... 0
Correct ................. 1

163. If you are older than 50 put your hands behind your head.
Incorrect ............... 0
Correct ................. 1

It is not necessary for respondent to read aloud. Code 1 only if action is carried out correctly. If respondent reads instruction but fails to carry out action, say Now do what it says.
PRAXIS - Copying and Drawing
Record responses on sheet provided.

- **164.** Copy this design (Pentagon) Incorrect ................. 0
  Correct .................. 1
  Each pentagon should have 5 sides and 5 clear corners and the overlap should form a diamond.

- **165.** Copy this design (Spiral) Incorrect ................. 0
  Correct .................. 1
  Three connected loops are required in the correct orientation.

- **166.** Copy this design (3-D house) Incorrect ................. 0
  Correct .................. 1
  Requires windows, door chimney in correct position and 3-D represented.

- **167.** Draw a large clock and put the numbers in.
  - When respondent has done this say
  - Now set the hands to 10 past 11

DEFINITIONS OF RESPONSE CODES
Incorrect...0
Correct...1

- Circle ......................

- All numbers in correct position ......................

- Correct time ......................

Writing - Spontaneous

- **168.** Write a complete sentence on this sheet of paper. Incorrect ................. 0
  Correct .................. 1

ASK RESPONDENT WHAT HE/SHE HAS WRITTEN AND RECORD HERE

Spelling and grammar are not important. The sentence must have a subject (real or implied) and a verb. “Help!” “Go away” are acceptable.
PRAXIS - Ideational

READ FULL STATEMENT AND THEN HAND OVER THE PAPER. MAKE A POINT OF HANDING TO SUBJECT’S MIDLINE.

• 169. I am going to give you a piece of paper. When I do, take the paper in your right hand. Fold the paper in half with both hands, and put the paper down on your lap.

DO NOT REPEAT INSTRUCTIONS OR COACH

Score a move as correct only if it takes place in the correct sequence. Tick each correct move and enter number correct under Total. Maximum score = 3 points.

DEFINITIONS OF RESPONSE CODES

Incorrect . . . 0
Correct . . . 1

• Right hand .................... +1 69a

• Folds ......................... +1 69b

• On lap ......................... +1 69c

170. Put the paper in the envelope and seal the envelope.

Incorrect ..................... 0
Correct ......................... 1 +1 70

Writing to dictation

• 171. Write this name and address on the envelope Mr John Brown 42 West Street Bedford

Incorrect ..................... 0
Poor but acceptable ....... 1
Correct ......................... 2 +1 71

Spelling and neatness are not important. Criterion is whether letter is likely to reach exact destination, e.g. Jon Brwn is acceptable; 24, and Burford are incorrect.

THEN SAY

Please try to remember this name and address as I shall be asking you about them later on.

IF RESPONDENT IS UNABLE TO WRITE, SAY THE ADDRESS SLOWLY, TWICE AND ASK HER/HIM TO REMEMBER IT.
PRAXIS - Ideomotor

Now I am going to ask you to carry out some simple actions which check co-ordination and ease of movement.

- **172.** Show me how you wave goodbye.  
  Incorrect ................... 0  
  Correct .................... 1

In 173 and 174 we are looking for a correct mime. If the subject uses finger to represent scissors or brush, say, for example, “pretend you are holding a toothbrush” Score 1 if subject makes brushing movement but not as though holding a toothbrush.

- **173.** Show me how you would cut with scissors.  
  Incorrect ................... 0  
  Concrete response ........ 1  
  Correct mime ............. 2

- **174.** Show me how you would brush your teeth with a toothbrush.  
  Incorrect ................... 0  
  Concrete response ........ 1  
  Correct mime ............. 2
PERCEPTION - Tactile

- 175. I am going to place a coin into your hand and I want you to tell me what it is without looking at it.

PLACE COINS (1p, 10p) ONE AT A TIME IN THE SUBJECT'S HAND PALM DOWN.

DEFINITIONS OF RESPONSE CODES
Incorrect...0
Correct...1

1p..........................

10p (or 2 shillings or florin)

CALCULATION

Mental calculation is required. Paper and pencil are not allowed.

LET THE RESPONDENT SEE THE COINS.

176. How much money does that make? Incorrect ................. 0
(11p) ....................... 1

177. If somebody gave you this amount (11p) as change from £1, how much did you spend?
Incorrect ................. 0
(89p) ....................... 1

MEMORY - Recall

- 178. What was the name and address you wrote on the envelope a short time ago?

DEFINITIONS OF RESPONSE CODES
Incorrect...0
Correct...1

John.........................

Brown.....................

42.........................

West Street................

Bedford...................

\[\text{\(7/11/177 = \text{Not asked}\)}\]

\[\text{\(8/88/888 = \text{Don't know/Refusal/Won't answer/No answer}\)}\]

\[\text{\(9/99/999 = \text{Not able due to physical or sensory problems}\)}\]
ABSTRACT THINKING

In this question we are looking for the capacity to think abstractly. Abstract answers score 2, concrete answers score 1. Examples are given beside each score. If subject says "they are not alike", say "Can you think of any way in which they are alike?"

I am going to name two things and I'd like you to tell me in what way they are alike. For example, a dog and a monkey are alike because they are both animals.

- 179. In what way are an apple and a banana alike?
  - round, have calories ......0
  - food, grow, have peel .....1
  - fruit ........................2

RECORD ANSWER...

For this question ONLY if score is less than 2 say, "They are also alike because they are both fruit."

180. In what way are a shirt and a dress alike?
  - have buttons ...............0
  - to wear, made of cloth, keep you warm ......................1
  - clothing, garments ..........2

RECORD ANSWER...

- 181. In what way are a table and chair alike?
  - wooden, have 4 legs ......0
  - household objects used for meals .........................1
  - furniture ......................2

RECORD ANSWER...

182. In what way are a plant and an animal alike?
  - useful to man, carry germs 0
  - grow, need feed, natural .1
  - living things ..............2

RECORD ANSWER...
**VISUAL PERCEPTION - Famous People**

SHOW PICTURES IN BOOKLET
Score as correct if picture is recognised. Correct name is not required, but record any answer which does not correspond exactly to the examples given. 

DEFINITIONS OF RESPONSE CODES
Incorrect…0
Correct…1

- **183(a)** SHOW PICTURE OF QUEEN
  - Who is this? Queen

- **183(b)** SHOW PICTURE OF POPE
  - Who is this? Pope, Archbishop

**Object Constancy**

SHOW PICTURES IN BOOKLET

- **184.** These are pictures of objects taken from unusual angles. Can you tell me what they are?

DEFINITIONS OF RESPONSE CODES
Incorrect…0
Correct…1

(a) Spectacles

(b) Shoe

(c) Purse, Suitcase

(d) Cup and Saucer

(e) Telephone

(f) Pipe

**PASSAGE OF TIME**

- **186.** Without looking at your watch or the clock, could you tell me what the time is now? 
  Incorrect ………0
  Correct ………1

  To the nearest hour
186(a) **FALLING**

The next questions are about whether or not you have had any falls and, if so, what happened? When I say “FALLING” I mean “UNINTENTIONALLY COMING TO THE FLOOR OR GROUND OR SOME LOWER LEVEL, SUCH AS LANDING ON A CHAIR OR STAIR”.

(i) Have you fallen in the last three months?  
   No .......................... 0  
   Yes .......................... 1  

   How many times? When did the fall(s) happen? Can you say roughly which month? NOTE ANY INFORMATION GIVEN THAT CAN CODE TO (iii) Number of falls

(ii) Have you fallen in the last year?  
   No .......................... 0  
   Yes .......................... 1  

   How many times? When did the fall(s) happen? Can you say roughly which month? NOTE ANY INFORMATION GIVEN THAT CAN CODE TO (iii) Number of falls

(iii) **DO NOT ASK AGAIN BUT USE INFORMATION GIVEN ABOVE:**

   Number of falls in the last month .....................

   Number of falls in the last 3 months ...................

   Number of falls in the last 6 months ...................

   Number of falls in the last year .......................  

   IF NO FALLS REPORTED IN THE LAST YEAR, THEN ASK

(iv) If you have ever fallen, how long ago was the last time you fell?  

   IF ANY FALLS REPORTED AT ANY TIME, THEN ASK

(v) How long ago was the last time you fell and hurt yourself in any way?  

   IF LAST INJURIOUS FALL = LAST FALL THEN ONLY ASK THE FOLLOWING SEC-
Thinking back to that time, when you last fell and hurt yourself:

Thinking back to just the last time you fell:

<table>
<thead>
<tr>
<th>(to be coded later)</th>
<th>LAST FALL</th>
<th>LAST INJURIOUS FALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>When was that?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you say roughly which month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What were you doing at the time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you describe how you fell?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you fall from standing?</td>
<td>No 0 Yes 1</td>
<td>No 0 Yes 1</td>
</tr>
<tr>
<td>Did you fall from higher than standing height? (e.g. downstairs)</td>
<td>No 0 Yes 1</td>
<td>No 0 Yes 1</td>
</tr>
<tr>
<td>Where did the fall take place?</td>
<td>Indoors 0 Outdoors 1</td>
<td>Indoors 0 Outdoors 1</td>
</tr>
<tr>
<td>When did the fall take place?</td>
<td>During the day 0 During the night 1</td>
<td>During the day 0 During the night 1</td>
</tr>
<tr>
<td>What was the cause of the fall?</td>
<td>Accident Dizziness Blackout Other (specify)</td>
<td>Accident Dizziness Blackout Other (specify)</td>
</tr>
<tr>
<td>When you fell were you able to get up without help from anyone?</td>
<td>No 0 Yes 1</td>
<td>No 0 Yes 1</td>
</tr>
<tr>
<td>How long do you think you were on the floor after you fell?</td>
<td>&lt; 5 minutes? 0 5 min &lt; 1 hr? 1 1 - 2 hours? 2 &gt; 2 hours? 3</td>
<td>&lt; 5 minutes? 0 5 min &lt; 1 hr? 1 1 - 2 hours? 2 &gt; 2 hours? 3</td>
</tr>
<tr>
<td>Did you tell anyone about that fall?</td>
<td>Accident and Emergency Dept.? Your doctor (GP)? Any other healthcareer? Family, friend, carer or neighbour?</td>
<td>Accident and Emergency Dept.? Your doctor (GP)? Any other healthcareer? Family, friend, carer or neighbour?</td>
</tr>
<tr>
<td>Did you hurt yourself in any way when you fell?</td>
<td>No 0 Yes 1</td>
<td>No 0 Yes 1</td>
</tr>
<tr>
<td>What part of your body did you hurt?</td>
<td>1. Hips, legs or feet 2. Shoulders, arms or hands 3. Trunk/back/neck 4. Head or face 5. Other</td>
<td></td>
</tr>
<tr>
<td>Did you need treatment for any injury from the fall?</td>
<td>No 0 Yes 1</td>
<td></td>
</tr>
<tr>
<td>If so, where were you treated?</td>
<td>1. A &amp; E 2. GP's surgery 3. At home</td>
<td></td>
</tr>
<tr>
<td>Did you need to stay in hospital overnight because of the fall?</td>
<td>No 0 Yes 1</td>
<td></td>
</tr>
<tr>
<td>If so, which hospital was it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you worried about falling again?</td>
<td>0. No 1. Yes</td>
<td></td>
</tr>
</tbody>
</table>
186(b) **FRACTURES**

(i) **Have you ever broken any of your bones?**
   - 0. No
   - 1. Yes

<table>
<thead>
<tr>
<th>Date of fracture (if known)</th>
</tr>
</thead>
</table>

(ii) **If so, which bone(s) have you broken?**
   1. Hip fracture
   2. Other lower limb fracture
   3. Wrist / Colles fracture
   4. Other upper limb fracture
   5. Vertebral fracture
   6. Other

(iii) **Can you say roughly how old you were when this (these) happened?**
   1. Less than 50 years old
   2. 50 years old or more
   **NOTE ACTUAL AGE IF GIVEN**

(iv) **How did the fracture(s) happen?**
   1. Trip or slip
   2. Fall due to dizziness
   3. Fall due to a blackout
   4. Fall from higher than standing
   5. Road traffic accident
   6. Other trauma
   7. Other

(v) **Where did you attend for treatment of this (these) fractures?**
   **NOTE NAME OF HOSPITAL**

(vi) **Did any of your relatives ever break any bones?**
   0. No
   1. Yes
   **(I mean one of your parents, or a brother or sister)**
   **Code as above**

<table>
<thead>
<tr>
<th>If so, which relative(s)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which bone(s) have they broken?</td>
</tr>
<tr>
<td>Can you say roughly how old she / he / they were when this (these) happened?</td>
</tr>
<tr>
<td>How did their fracture(s) happen?</td>
</tr>
</tbody>
</table>

(vii) **(Women only)** *As you may know, your bones are affected by the female hormones, so we are interested to know what age you were when your menopause came (when your periods stopped)?*
   1. Less than 50 years old
   2. 50 years old or more
   **NOTE ACTUAL AGE IF GIVEN**

(viii) **Have you ever taken any of the following medications that can affect your bones?**
   1. Steroids
   2. Calcium supplements
   3. Cod liver oil
   4. Other vitamin D preparations
   5. Hormone Replacement Therapy
   6. Other treatments for osteoporosis (fragile bones)
   0. No
   1. Yes, in the past
   2. Yes, currently taking
186(c) **ALCOHOL INTAKE**

(i) Have you ever had alcoholic drinks?

- No .......................... 0
- Yes .......................... 1

IF “No” THEN CODE REMAINDER OF QUESTION 186(c) WITH 9s.
IF “YES” THEN PLEASE TRY TO ASCERTAIN HOW MANY DRINKS PER WEEK OF EACH KIND NOW.

- Glasses of wine
- Half pints of Beer
- Measures of Spirits
- Small glasses of Fortified Wine

**IF DRANK ALCOHOL IN PAST BUT HAS STOPPED ASK**

(ii) When did you stop drinking alcohol?

Code age at which person stopped

(iii) Why did you stop drinking alcohol?
Rate answer given No=0, Yes=1

- Social ........................
- Health deterioration .......
- Awareness of health effects
- Medical advice ............
- Cost ........................
- Other (specify) ..........
186(d) **SMOKING**

(i) **Have you ever smoked?**

<table>
<thead>
<tr>
<th>No</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

IF "No" THEN CODE REMAINDER OF QUESTION 186(d) WITH 9s AND GOTO QUESTION 186(e) VISION

(ii) **Do you still smoke?**

<table>
<thead>
<tr>
<th>No</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

IF "Yes" THEN CODE QUESTION (iii), (iv), (v) WITH 9 AND ASK (vi)

(iii) **When did you stop smoking?**

Code age when stopped

(iv) **Why did you give up smoking?**

Rate answer given No=0, Yes=1

- Social and/or family pressure
- Health deterioration
- Awareness of health effects
- Medical advice
- Cost
- Other (specify)

(v) **How many cigarettes did you smoke a day?**

FOR CURRENT SMOKERS ONLY ASK:

(vi) **How many cigarettes do you smoke a day?**

Establish if respondent is a pipe smoker.

(vii) **How many ounces do you smoke a day?**
**186(e) VISION (SIGHT TEST)**

Please read the following lines:
Hand card to interviewee and point out N.10. If unable to read this line go on to the next. Only the first few words are necessary (with reading glasses). Code number of line read.

---

**186(f) HEARING (WHISPER TEST)**

I am now going to do some checks on your hearing by whispering some letters and numbers. Please keep looking forward.

Stand behind subject at a distance of 6 inches.

FOR (i) THROUGH (iv) REPEAT THE FOLLOWING SEQUENCE.
STopping WHEN THE RESPONDENT HEARS THE ITEM AND RESPONDS ACCURATELY.

Take a deep breath in, breathe right out and then at the specified volume at one item per second read the bold text.

Ask the subject to repeat this.

Record whether respondent heard you and whether they repeated the item accurately.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>ACCURACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not hear ......... 0</td>
<td>Repeated inaccurately ....... 0</td>
</tr>
<tr>
<td>Heard .............. 1</td>
<td>Repeated accurately ........ 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Whisper 3, A, 2</th>
<th>Level</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(ii) Whisper 1, F, 3</th>
<th>Level</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(iii) Normal voice 3, A, 2</th>
<th>Level</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(iv) Normal voice 1, F, 3</th>
<th>Level</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ONLY SHOUT IF “Whisper” AND “Normal voice” NOT HEARD**

<table>
<thead>
<tr>
<th>(v) Shout 3, A, 2</th>
<th>Level</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(vi) Shout 1, F, 3</th>
<th>Level</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
That's the end of that section. Thank you for bearing with me. Finally, I would like to ask about any medicines you might be taking.

187. **What medicine are you taking now. Approximately how long is it since it was started?**
Include all medicines from doctor and self administered which respondent takes regularly.

**CODE 98 FOR 8 YEARS OR MORE**

<table>
<thead>
<tr>
<th>CURRENT MEDICATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug code</td>
<td>Duration in months</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>v187a</td>
<td></td>
</tr>
<tr>
<td>v187b</td>
<td></td>
</tr>
<tr>
<td>v187c</td>
<td></td>
</tr>
<tr>
<td>v187d</td>
<td></td>
</tr>
<tr>
<td>v187e</td>
<td></td>
</tr>
<tr>
<td>v187f</td>
<td></td>
</tr>
<tr>
<td>v187g</td>
<td></td>
</tr>
<tr>
<td>v187h</td>
<td></td>
</tr>
<tr>
<td>v187i</td>
<td></td>
</tr>
<tr>
<td>v187j</td>
<td></td>
</tr>
</tbody>
</table>
It is very helpful for us to know about how people feel about answering all these questions. How did you feel?

- Very anxious (specify) ...........................................1
- Somewhat concerned .............................................2
- Unconcerned .......................................................3
- Enjoying it .........................................................4
- Other (specify) .....................................................5

Specify _____________________________________________

As a routine part of this interview we ask if we might approach someone who knows you well to ask them a few questions if necessary. Would this be alright? Who would be the best person to ask?

Take a note of the name address, telephone number and relationship and enter it on the front sheet.

We are very grateful for your help. Thank you for giving us so much of your time.

____________________ End of interview ___________________
TO BE COMPLETED BY INTERVIEWER
DID RESPONDENT HAVE ANY OF THESE PROBLEMS?
CODES FOR QUESTIONS (a) TO (k)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>To some extent</td>
</tr>
<tr>
<td>2</td>
<td>To a marked extent</td>
</tr>
</tbody>
</table>

(a) Anxious or worried, more so than other respondents?
(b) Depressed, miserable or tearful?
(c) Distressed during interview by pain, shortness of breath or any physically ill symptom?
(d) Subject appears to be physically ill?
(e) Unclear speech that interfered with responses?
(f) Poor grasp of English that interfered with responses?
(g) Deafness that interfered with questioning?
(h) Poor eyesight that interfered with reading, writing or drawing?
(i) Weakness, tremor etc. of hand that interfered with writing, drawing or folding paper?
(j) Confusion, vagueness or forgetfulness?
(k) Living conditions that concerned you, eg. cold, dirty?
(l) What is your assessment of the respondent’s ability to cope to solve problems and to make appropriate use of assistance?
   - Very poor ............... 1
   - Poor .................... 2
   - Good .................. 3
   - Very good ............ 4

(m) Do you think this person may be illiterate?
   - No ..................... 0
   - Possibly ............ 1
   - Definitely .......... 2

(n) Would you judge the respondent’s situation to be stable or precarious?
   - Precarious ............ 1
   - Coping with hardships ... 2
   - Minor difficulties .... 3
   - Stable ................ 4
(o) In your opinion, does the respondent feel lonely?

   Very lonely .............. 1
   Lonely .................. 2
   Slightly lonely .......... 3
   Not at all lonely ....... 4

(p) If you have spoken to an informant - is there any discrepancy between what is said by the informant and the subject in relation to (Code 9s if not relevant)

   () Other Activity?
   No ...................... 0
   A little ................. 1
   Yes ..................... 2

   (i) Activities of Daily Living?
   No ...................... 0
   A little ................. 1
   Yes ..................... 2

   (ii) Physical Health?
   No ...................... 0
   A little ................. 1
   Yes ..................... 2

   (iii) Falls and Fractures?
   No ...................... 0
   A little ................. 1
   Yes ..................... 2

q) Interviewed with someone else present?
   No ...................... 0
   Yes ..................... 1