

ASurvey Respondent ID Number				
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I	D	S		



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

## **Main Interview Questionnaire**

### **Wave One**

**Intellectual Disability Supplement to TILDA,  
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## Section 1: Coverscreen & Demographics (CS)

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

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

### MIGRATION HISTORY

**CS 1**

**IWER:** [SHOW CARD YN1]\* .

**IWER:** Were you born in the Republic of Ireland?

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

Yes	<input type="checkbox"/> 1	(Go to CS 2)
No	<input type="checkbox"/> 5	(Go to CS 3)

Unclear response	<input type="checkbox"/> 97	(Go to CS 6)
Don't know	<input type="checkbox"/> 98	(Go to CS 6)
Refused to answer	<input type="checkbox"/> 99	(Go to CS 6)

(Adapted from HRS)

**CS 2**

**IWER:** In which county were you born?

	(Go to CS 6)
--	--------------

Unclear response	<input type="checkbox"/> 97	(Go to CS 6)
Don't know	<input type="checkbox"/> 98	(Go to CS 6)
Refused to answer	<input type="checkbox"/> 99	(Go to CS 6)

(HRS)

**CS 3**

**IWER:** In which country were you born?

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

(HRS)

<b>CS 4</b>	<b>IWER:</b> What age did you first move to Republic of Ireland?  <table border="1" data-bbox="219 210 630 436"> <tr> <td>_____ years old</td> <td></td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> (HRS)	_____ years old		Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
_____ years old									
Unclear response	<input type="checkbox"/> 97								
Don't know	<input type="checkbox"/> 98								
Refused to answer	<input type="checkbox"/> 99								
<b>CS 5</b>	<b>IWER:</b> What is your nationality?  <table border="1" data-bbox="219 562 841 634"> <tr> <td> </td> </tr> </table> <table border="1" data-bbox="219 697 630 861"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> (HRS)		Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	
Unclear response	<input type="checkbox"/> 97								
Don't know	<input type="checkbox"/> 98								
Refused to answer	<input type="checkbox"/> 99								
<b>CS 6</b>	<b>Any Other Information (Migration History):</b>								

## Household Residence

**CS 7**

**IWER: SHOW CARD CS1\*.**

**INTRO:** Now I would like to ask some questions about where you live.

**IWER:** Where do you live most of the time?

**IWER: CODE THE ONE THAT APPLIES**

At home with both parents	<input type="checkbox"/> 1
At home with one parent	<input type="checkbox"/> 2
At home with sibling	<input type="checkbox"/> 3
At home with other relative	<input type="checkbox"/> 4
Foster care and boarding-out arrangements	<input type="checkbox"/> 5
Living independently	<input type="checkbox"/> 6
Living semi-independently	<input type="checkbox"/> 7
5-day community group home	<input type="checkbox"/> 8
7-day (48-week) community group home (goes home for holidays)	<input type="checkbox"/> 9
7-day (52-week) community group home	<input type="checkbox"/> 10
5-day residential centre	<input type="checkbox"/> 11
7-day (48-week) residential centre (goes home for holidays)	<input type="checkbox"/> 12
7-day (52-week) residential centre	<input type="checkbox"/> 13
Nursing home	<input type="checkbox"/> 14
Mental health community residence	<input type="checkbox"/> 15
Psychiatric hospital	<input type="checkbox"/> 16
Intensive placement (challenging behaviour)	<input type="checkbox"/> 17
Intensive placement (profound or multiple disability)	<input type="checkbox"/> 18

Other (please specify)

	95
--	----

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

(Adapted from NIDD/IDS-TILDA)

CS 8

IWER: [SHOW CARD CS1].

IWER: If you have lived here less than one year, what type of residence did you live in beforehand?

IWER: CODE THE ONE THAT APPLIES

Not applicable	<input type="checkbox"/> 94
At home with both parents	<input type="checkbox"/> 1
At home with one parent	<input type="checkbox"/> 2
At home with sibling	<input type="checkbox"/> 3
At home with other relative	<input type="checkbox"/> 4
Foster care and boarding-out arrangements	<input type="checkbox"/> 5
Living independently	<input type="checkbox"/> 6
Living semi-independently	<input type="checkbox"/> 7
5-day community group home	<input type="checkbox"/> 8
7-day (48-week) community group home (goes home for holidays)	<input type="checkbox"/> 9
7-day (52-week) community group home	<input type="checkbox"/> 10
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Nursing home	<input type="checkbox"/> 14
Mental health community residence	<input type="checkbox"/> 15
Psychiatric hospital	<input type="checkbox"/> 16
Intensive placement (challenging behaviour)	<input type="checkbox"/> 17
Intensive placement (profound or multiple disability)	<input type="checkbox"/> 18

Other (please specify)

<input type="text"/>	95
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Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(NIDD/IDS-TILDA)

<b>CS 9</b>	<p><b>IWER:</b> How many people live where you live (who live under the same roof as you)?</p> <p><b>NOTE:</b> By live we mean people who are NOT paid staff and who reside at this residence for the majority of the week (e.g. family members, other people with ID). Please include the SR in this figure.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 70%;">Number of people</td> <td style="width: 30%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 30%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 97</td> </tr> <tr> <td style="width: 70%;">Don't know</td> <td style="width: 30%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 98</td> </tr> <tr> <td style="width: 70%;">Refused to answer</td> <td style="width: 30%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 99</td> </tr> </table> <p>(Adapted POMONA)</p>	Number of people	<input style="width: 20px; height: 20px;" type="text"/>	Unclear response	<input style="width: 20px; height: 20px;" type="text"/> 97	Don't know	<input style="width: 20px; height: 20px;" type="text"/> 98	Refused to answer	<input style="width: 20px; height: 20px;" type="text"/> 99							
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Don't know	<input style="width: 20px; height: 20px;" type="text"/> 98															
Refused to answer	<input style="width: 20px; height: 20px;" type="text"/> 99															
<b>CS 10</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Do you have your own bedroom for yourself?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 1</td> <td style="width: 60%;"><b>(Go to CS 13)</b></td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 5</td> <td><b>(Go to CS 11)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 97</td> <td style="width: 60%;"><b>(Go to CS 11)</b></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 98</td> <td><b>(Go to CS 11)</b></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 99</td> <td><b>(Go to CS 11)</b></td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input style="width: 20px; height: 20px;" type="text"/> 1	<b>(Go to CS 13)</b>	No	<input style="width: 20px; height: 20px;" type="text"/> 5	<b>(Go to CS 11)</b>	Unclear response	<input style="width: 20px; height: 20px;" type="text"/> 97	<b>(Go to CS 11)</b>	Don't know	<input style="width: 20px; height: 20px;" type="text"/> 98	<b>(Go to CS 11)</b>	Refused to answer	<input style="width: 20px; height: 20px;" type="text"/> 99	<b>(Go to CS 11)</b>
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Refused to answer	<input style="width: 20px; height: 20px;" type="text"/> 99	<b>(Go to CS 11)</b>														
<b>CS 11</b>	<p><b>IWER:</b> How many people do you share a bedroom with? (other than with a partner)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 70%;">Number of people</td> <td style="width: 30%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 30%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 97</td> </tr> <tr> <td style="width: 70%;">Don't know</td> <td style="width: 30%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 98</td> </tr> <tr> <td style="width: 70%;">Refused to answer</td> <td style="width: 30%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> 99</td> </tr> </table> <p>(National Quality Standards HIQA/IDS-TILDA)</p>	Number of people	<input style="width: 20px; height: 20px;" type="text"/>	Unclear response	<input style="width: 20px; height: 20px;" type="text"/> 97	Don't know	<input style="width: 20px; height: 20px;" type="text"/> 98	Refused to answer	<input style="width: 20px; height: 20px;" type="text"/> 99							
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Unclear response	<input style="width: 20px; height: 20px;" type="text"/> 97															
Don't know	<input style="width: 20px; height: 20px;" type="text"/> 98															
Refused to answer	<input style="width: 20px; height: 20px;" type="text"/> 99															



<p><b>CS 12</b></p>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Would you prefer to have your own bedroom?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Not applicable</td> <td><input type="checkbox"/> 94</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(National Quality Standards HIQA/IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Not applicable	<input type="checkbox"/> 94	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99						
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Unclear response	<input type="checkbox"/> 97																		
Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
<p><b>CS 13</b></p>	<p><b>IWER: SHOW CARD CS2.</b></p> <p><b>IWER:</b> Do you receive support from <b>nursing staff</b> in your residence...?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1"> <tr> <td>24 hours a day</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>only at night</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>only during the day</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>part time both at day and night</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Not applicable (no paid nursing staff in your house day or night)</td> <td><input type="checkbox"/> 94</td> </tr> </table> <p>Other (please specify)</p> <table border="1"> <tr> <td></td> <td>95</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	24 hours a day	<input type="checkbox"/> 1	only at night	<input type="checkbox"/> 2	only during the day	<input type="checkbox"/> 3	part time both at day and night	<input type="checkbox"/> 4	Not applicable (no paid nursing staff in your house day or night)	<input type="checkbox"/> 94		95	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
24 hours a day	<input type="checkbox"/> 1																		
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Unclear response	<input type="checkbox"/> 97																		
Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		
<p><b>CS 14</b></p>	<p><b>IWER: [SHOW CARD CS2].</b></p> <p><b>IWER:</b> Do you receive support from <b>other staff (e.g. key worker, support worker)</b> in your residence (excluding nursing staff)...?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1"> <tr> <td>24 hours a day</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>only at night</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>only during the day</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>part time both at day and night</td> <td><input type="checkbox"/> 4</td> </tr> </table>	24 hours a day	<input type="checkbox"/> 1	only at night	<input type="checkbox"/> 2	only during the day	<input type="checkbox"/> 3	part time both at day and night	<input type="checkbox"/> 4										
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only at night	<input type="checkbox"/> 2																		
only during the day	<input type="checkbox"/> 3																		
part time both at day and night	<input type="checkbox"/> 4																		

Not applicable (no paid support staff in your house day or night)

94

Other (please specify)

	95
--	----

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

(Adapted from POMONA)

**CS 15**

**IWER: SHOW CARD CS3.**

**NOTE:** If the interview is conducted in the SR's home, the interviewer should complete the following question. If not, read out the following to the SR and code the one that applies.

**IWER:** Is your residence...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a bungalow or 1 storey house	<input type="checkbox"/> 1
a house with 2 or more storeys	<input type="checkbox"/> 2
a ground floor flat	<input type="checkbox"/> 3
a flat/apartment/maisonette on upper story, with lift	<input type="checkbox"/> 4
a flat/apartment/maisonette on upper storey, with no lift	<input type="checkbox"/> 5

Other (please specify)

	95
--	----

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

(NDS/IDS to TILDA)

**CS 16**

**IWER: [SHOW CARD YN1].**

**IWER:** Does your residence have a bathroom, bedroom and kitchen all on the same floor or level?

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

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

(Adapted from Disability Followback Survey)

**CS 17**

**IWER: SHOW CARD CS4.**

**IWER:** Do you have any difficulty getting around inside your home for example, getting to and from the toilet, going from room to room, such as your bedroom to the living room?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/>	1	<b>(Go to CS 19)</b>
Some difficulty	<input type="checkbox"/>	2	<b>(Go to CS 18)</b>
A lot of difficulty	<input type="checkbox"/>	3	<b>(Go to CS 18)</b>
Cannot do at all	<input type="checkbox"/>	4	<b>(Go to CS 18)</b>
Unclear response	<input type="checkbox"/>	97	<b>(Go to CS 19)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to CS 19)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to CS 19)</b>

(Adapted from NDS)

**CS 18**

**IWER:** What do you have difficulty with (e.g. getting upstairs, no stair lift, no hoist and doorways not wide enough)?

**IWER:** Record the response below.

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

(IDS-TILDA)

<b>CS 19</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Have any modifications been made to your home to <b>help you</b> get around?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 50%;"><b>(Go to CS 20)</b></td> </tr> <tr> <td>No but modifications are needed</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td><b>(Go to CS 20)</b></td> </tr> <tr> <td>No and modifications are not needed</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td><b>(Go to CS 21)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 50%;"><b>(Go to CS 21)</b></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td><b>(Go to CS 21)</b></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td><b>(Go to CS 21)</b></td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to CS 20)</b>	No but modifications are needed	<input type="checkbox"/> 2	<b>(Go to CS 20)</b>	No and modifications are not needed	<input type="checkbox"/> 5	<b>(Go to CS 21)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to CS 21)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to CS 21)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to CS 21)</b>				
Yes	<input type="checkbox"/> 1	<b>(Go to CS 20)</b>																					
No but modifications are needed	<input type="checkbox"/> 2	<b>(Go to CS 20)</b>																					
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Don't know	<input type="checkbox"/> 98	<b>(Go to CS 21)</b>																					
Refused to answer	<input type="checkbox"/> 99	<b>(Go to CS 21)</b>																					
<b>CS 20</b>	<p><b>IWER: SHOW CARD CS5.</b></p> <p><b>IWER:</b> What modifications have been (need to be) made?</p> <p><b>IWER: CODE ALL THAT APPLY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Ramps on street level entrances</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Automatic or easy to open doors (includes lever handles)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Widened doorways or hallways</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Lift device</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Visual alarms or audio warning devices</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Grab bars or a bath lift (in the bathroom)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Lowered counters in the kitchen</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Other (please specify)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Unclear Response</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Don't Know</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> </table> <p>(NDS Adapted by IDS-TILDA)</p>	Ramps on street level entrances	<input type="checkbox"/> 1	Automatic or easy to open doors (includes lever handles)	<input type="checkbox"/> 1	Widened doorways or hallways	<input type="checkbox"/> 1	Lift device	<input type="checkbox"/> 1	Visual alarms or audio warning devices	<input type="checkbox"/> 1	Grab bars or a bath lift (in the bathroom)	<input type="checkbox"/> 1	Lowered counters in the kitchen	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1	Unclear Response	<input type="checkbox"/> 1	Don't Know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
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Unclear Response	<input type="checkbox"/> 1																						
Don't Know	<input type="checkbox"/> 1																						
Refused to answer	<input type="checkbox"/> 1																						
<b>CS 21</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>INTRO:</b> The next questions are about help you gave or received regularly in the last two years from friends and neighbours.</p> <p><b>IWER:</b> In the last 2 years, did your neighbours or friends give you any kind of help, such as:</p> <ul style="list-style-type: none"> <li>• Household help: help with home repairs, gardening, transportation, shopping or household chores</li> <li>• Help with paperwork, such as filling out forms, settling money matters</li> </ul> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p>																						

Yes	<input type="checkbox"/> 1	<b>(Go to CS 22)</b>
No	<input type="checkbox"/> 5	<b>(Go to CS 23)</b>
Unclear response	<input type="checkbox"/> 97	<b>(Go to CS 23)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to CS 23)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to CS 23)</b>

Please record any narrative information below.

(SHARE/12months)

**CS22 IWER: SHOW CARD CS6.**

**IWER:** About how much help did you receive from friends and neighbours over the last two years?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Daily	<input type="checkbox"/> 1
Weekly	<input type="checkbox"/> 2
Monthly	<input type="checkbox"/> 3
Less often	<input type="checkbox"/> 4

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

(IDS-TILDA)

**CS 23 IWER: [SHOW CARD YN1].**

**IWER:** In the last 2 years, did you give any kind of help to your friends, and neighbours (who did not pay you) such as:

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

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

Yes	<input type="checkbox"/> 1	<b>(Go to CS 24)</b>
No	<input type="checkbox"/> 5	<b>(Go to CS 25)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to CS 25)</b>
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Don't know	<input type="checkbox"/> 98	<b>(Go to CS 25)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to CS 25)</b>

Please record any narrative information below.

(SHARE)

**CS 24 IWER: [SHOW CARD CS6].**

**IWER:** About how much help did you give friends and neighbours over the last two years?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Daily	<input type="checkbox"/> 1
Weekly	<input type="checkbox"/> 2
Monthly	<input type="checkbox"/> 3
Less often	<input type="checkbox"/> 4

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

(IDS-TILDA)

**CS 25 Any Other Information (Household Residence):**

## Religion

**CS 26 IWER: SHOW CARD CS7\*.**

**NOTE:** I would now like to ask you some questions about your religion.

**IWER:** What is your religion?

**IWER: CODE THE ONE THAT APPLIES**

No religion	<input type="checkbox"/> 1	<b>(Go to CS 30)</b>
Roman Catholic	<input type="checkbox"/> 2	<b>(Go to CS 27)</b>
Anglican/Church of Ireland/Episcopalian	<input type="checkbox"/> 3	<b>(Go to CS 27)</b>
Methodist	<input type="checkbox"/> 4	<b>(Go to CS 27)</b>

Presbyterian	<input type="checkbox"/> 5	<b>(Go to CS 27)</b>
Other (please specify)	<input type="checkbox"/> 95	<b>(Go to CS 27)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to CS 30)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to CS 30)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to CS 30)</b>

(HRS)

**CS 27**

**IWER: SHOW CARD CS8.**

**IWER:** About how often do you go to religious services?

**IWER: CODE THE ONE THAT APPLIES**

Never/almost never	<input type="checkbox"/> 1
About once or twice a year	<input type="checkbox"/> 2
Every few months	<input type="checkbox"/> 3
About once a month	<input type="checkbox"/> 4
Twice a month	<input type="checkbox"/> 5
About once a week	<input type="checkbox"/> 6
More than once a week	<input type="checkbox"/> 7

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

(SNI/IDS-TILDA)

**CS 28**

**(SELF-REPORT ONLY)**

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

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Very important	<input type="checkbox"/> 1
Somewhat important	<input type="checkbox"/> 2
Not too important	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99
SR not present – unable to complete	<input type="checkbox"/> 0

(HRS)

<p><b>CS 29</b></p>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> Do you find that you get comfort and strength from religion or not?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" data-bbox="219 310 630 478"> <tr> <td>Often/always</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Sometimes</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Never</td> <td><input type="checkbox"/> 3</td> </tr> </table> <table border="1" data-bbox="219 510 647 779"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't Know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> <tr> <td>SR not present – unable to complete</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(HRS)</p>	Often/always	<input type="checkbox"/> 1	Sometimes	<input type="checkbox"/> 2	Never	<input type="checkbox"/> 3	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't Know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	SR not present – unable to complete	<input type="checkbox"/> 0
Often/always	<input type="checkbox"/> 1																
Sometimes	<input type="checkbox"/> 2																
Never	<input type="checkbox"/> 3																
Unable to understand	<input type="checkbox"/> 93																
Unclear response	<input type="checkbox"/> 97																
Don't Know	<input type="checkbox"/> 98																
Refused to answer	<input type="checkbox"/> 99																
SR not present – unable to complete	<input type="checkbox"/> 0																
<p><b>CS 30</b></p>	<p><b>Any Other Information (Religion):</b></p>																
<p><b>CS 31</b></p>	<p><b>TO BE COMPLETED THE BY INTERVIEWER</b></p> <p><b>IWER:</b> How often did R receive assistance with answers in Section 1 – Coverscreen &amp; Demographics?</p> <table border="1" data-bbox="219 1224 691 1386"> <tr> <td>Never</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>A few times</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Most or all of the time</td> <td><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3										
Never	<input type="checkbox"/> 1																
A few times	<input type="checkbox"/> 2																
Most or all of the time	<input type="checkbox"/> 3																



## Section 2: Cognitive Health (CH)

### Memory

#### TO BE COMPLETED BY THE INTERVIEWER

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

**IWER:** Please indicate the status of completion.

#### IWER: CODE THE ONE THAT APPLIES

SR is present and will be invited to complete (Coded 1)

SR is present but proxy has answered all the questions for SR (link to cautionary note) (Coded 0)

SR is not present – unable to complete (Coded 0)

**NOTE:** Select this option with caution. Although the proxy has answered all the questions for SR, the SR may be able to complete some of the tasks in this section.

#### (SELF-REPORT ONLY)

**CH 1** **INTRO:** Part of this study is concerned with people's day-to-day memory. In this section, we will do some memory and concentration tasks. Some of them may seem rather easy and others may be more difficult, please just do the best you can on all of them.

**IWER:** How would you rate your day-to-day memory at the present time? Would you say it is...

#### IWER: READ OUT AND CODE THE ONE THAT APPLIES

excellent	<input type="checkbox"/> 1
very good	<input type="checkbox"/> 2
good	<input type="checkbox"/> 3
fair	<input type="checkbox"/> 4
poor	<input type="checkbox"/> 5

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/ELSA/HRS/ MMSE)

**CH 2** (SELF-REPORT ONLY)

**IWER:** Can you tell me what year it is?

**TO BE COMPLETED BY THE INTERVIEWER.**

Year given correctly	<input type="checkbox"/> 1
Year given incorrectly	<input type="checkbox"/> 2

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/ELSA/HRS/ MMSE)

**CH 3 (SELF-REPORT ONLY)**

**IWER:** Can you tell me what month it is?

**TO BE COMPLETED BY THE INTERVIEWER.**

Month given correctly	<input type="checkbox"/> 1
Month given incorrectly	<input type="checkbox"/> 2

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/ELSA/HRS/ MMSE)

**CH 4 (SELF-REPORT ONLY)**

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

**TO BE COMPLETED BY THE INTERVIEWER.**

Day of week given correctly	<input type="checkbox"/> 1
Day of week given incorrectly	<input type="checkbox"/> 2

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/ELSA/HRS/ MMSE)

**CH 5 (SELF-REPORT ONLY)**

**IWER:** Can you tell me what today's date is?

**TO BE COMPLETED BY THE INTERVIEWER.**

Date given correctly	<input type="checkbox"/> 1
Date given incorrectly	<input type="checkbox"/> 2

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/ELSA/HRS/ MMSE)

<b>CH 6</b>	<b>Any Other Information (Memory):</b>
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**Cognitive Domains**

<b>CH 7</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>NOTE: Before starting the tasks,</b> make sure the SR has his/her glasses etc if needed.</p> <p><b>NOTE:</b> You may repeat a question 3 times to gain the SR's attention.</p> <p><b>MOTOR PERFORMANCE</b></p> <p><b>NOTE: Comb</b></p> <p><b>IWER:</b> Show me how you would use this comb.</p> <p><b>IWER:</b> Hand the respondent the comb.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Correctly demonstrates combing</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td style="text-align: center;"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly demonstrates combing	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly demonstrates combing	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				

<b>CH 8</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>NOTE: Pen and Top</b></p> <p><b>IWER:</b> Can you put the top on the pen?</p> <p><b>IWER:</b> Remove the top from the pen in full view of SR. Hand the pen and top to SR.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Correctly puts top on pen [not on bottom of pen]</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td style="text-align: center;"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly puts top on pen [not on bottom of pen]	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly puts top on pen [not on bottom of pen]	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				

<b>CH 9</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>NOTE: Pen and Paper</b></p> <p><b>IWER:</b> Write your name.</p> <p><b>IWER:</b> Hand the SR pen without top and place paper on the desk in front of the SR.</p>
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	<p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 210 1039 325"> <tr> <td data-bbox="219 210 941 262">Correctly writes name (first or last name legible)</td> <td data-bbox="941 210 1039 262"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="219 262 941 325">Responds incorrectly</td> <td data-bbox="941 262 1039 325"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly writes name (first or last name legible)	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly writes name (first or last name legible)	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<b>CH 10</b>	<b>TOTAL MOTOR PERFORMANCE (Max = 3)</b>	<b>Score:</b>				
<b>CH 11</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>LANGUAGE-COMPREHENSION</b></p> <p><b>IWER:</b> Point to your ear.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 724 690 840"> <tr> <td data-bbox="219 724 568 777">Correctly points to ear</td> <td data-bbox="568 724 690 777"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="219 777 568 840">Responds incorrectly</td> <td data-bbox="568 777 690 840"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly points to ear	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to ear	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<b>CH 12</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> Close your eyes.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 1039 690 1155"> <tr> <td data-bbox="219 1039 568 1092">Correctly closes eyes</td> <td data-bbox="568 1039 690 1092"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="219 1092 568 1155">Responds incorrectly</td> <td data-bbox="568 1092 690 1155"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly closes eyes	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly closes eyes	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<b>CH 13</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>NOTE: Pens – Red, Blue and Green</b></p> <p><b>IWER:</b> Show me the red pen.</p> <p><b>IWER:</b> Place the 3 pens on the table spread so that they have some space between them.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 1480 730 1596"> <tr> <td data-bbox="219 1480 633 1533">Correctly points to red pen</td> <td data-bbox="633 1480 730 1533"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="219 1533 633 1596">Responds incorrectly</td> <td data-bbox="633 1533 730 1596"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly points to red pen	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to red pen	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<b>CH 14</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> Show me the green pen.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 1795 771 1911"> <tr> <td data-bbox="219 1795 657 1848">Correctly points to green pen</td> <td data-bbox="657 1795 771 1848"><input type="checkbox"/> 1</td> </tr> <tr> <td data-bbox="219 1848 657 1911">Responds incorrectly</td> <td data-bbox="657 1848 771 1911"><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly points to green pen	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to green pen	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					

CH 15	TOTAL LANGUAGE-COMPREHENSION (Max = 4)	Score:				
CH 16	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>LANGUAGE PRODUCTION</b></p> <p><b>IWER:</b> What is this called?</p> <p><b>IWER:</b> Point to your nose.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 525 690 640"> <tr> <td>Correctly names nose</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly names nose	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly names nose	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
CH 17	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>NOTE: Pens – Red and Green</b></p> <p><b>IWER:</b> Place the 2 pens on the table spread so that they have some space between them.</p> <p><b>IWER:</b> What colour is this pen?</p> <p><b>IWER:</b> Hold up red pen in front of the SR.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 1029 722 1144"> <tr> <td>Correctly names red pen</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly names red pen	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly names red pen	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
CH 18	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> What colour is this pen?</p> <p><b>IWER:</b> Hold up green pen in front of the SR.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 1396 722 1512"> <tr> <td>Correctly names green pen</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly names green pen	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly names green pen	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
CH 19	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>NOTE: Key</b></p> <p><b>IWER:</b> What is this called?</p> <p><b>IWER:</b> Show the SR the key.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 1827 747 1942"> <tr> <td>Correctly names key</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly names key	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly names key	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					

CH 20	TOTAL LANGUAGE PRODUCTION (MAX = 4)	Score:				
CH 21	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>MEMORY IMMEDIATE</b></p> <p><b>NOTE: One large paperclip</b></p> <p><b>IWER:</b> Watch carefully.</p> <p><b>IWER:</b> Place clip in your hand so SR can see. Hold hands out to SR. With hands open.</p> <p><b>IWER:</b> Which hand is the clip in?</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="220 688 672 800"> <tr> <td>Correctly points to clip</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly points to clip	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to clip	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
CH 22	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> With hands closed</p> <p><b>IWER:</b> Which hand is the clip in?</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="220 1125 846 1236"> <tr> <td>Correctly points to hand with clip</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly points to hand with clip	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to hand with clip	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
CH 23	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> Move hands behind back.</p> <p><b>IWER:</b> Which hand/side is the clip in/on?</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="220 1507 846 1619"> <tr> <td>Correctly points to hand with clip</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly points to hand with clip	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to hand with clip	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
CH 24	TOTAL MEMORY IMMEDIATE (MAX = 3)	Score:				

<p><b>CH 25</b></p>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>GENERAL KNOWLEDGE</b></p> <p><b>IWER:</b> How many ears do I have?</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 388 755 493"> <tr> <td>Correctly states 2</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly states 2	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly states 2	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p><b>CH 26</b></p>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> Count my fingers and thumbs.</p> <p><b>IWER:</b> Place hands in front of the SR. Credit given even if no one-to-one correspondence between fingers and numbers.</p> <p><b>NOTE:</b> If SR only gives final answer ask:</p> <p><b>IWER:</b> Can you count to 10 starting at 1?</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 934 755 1039"> <tr> <td>Correctly counts to 10</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly counts to 10	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly counts to 10	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p><b>CH 27</b></p>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> How many weeks are in a year?</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 1249 755 1354"> <tr> <td>Correctly states 52</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly states 52	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly states 52	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p><b>CH 28</b></p>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> I am going to sing a song. If you know the words I want you to sing along with me.</p> <p><b>IWER:</b> Softly sing 'Happy Birthday'</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 1659 852 1764"> <tr> <td>Correctly sings most the words</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly sings most the words	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly sings most the words	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p><b>CH 29</b></p>	<p><b>TOTAL GENERAL KNOWLEDGE (MAX = 4)</b></p> <p><b>Score:</b></p>				



<p><b>CH 30</b></p>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>CONCEPTUALISATION</b></p> <p><b>NOTE: Two large Paperclips and One Pen</b></p> <p><b>IWER:</b> Which of these is different?</p> <p><b>IWER:</b> Spread objects out on table.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 514 844 619"> <tr> <td>Correctly points to or states pen</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly points to or states pen	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to or states pen	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p><b>CH 31</b></p>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>NOTE: Pens – 2 Red and 1 Green</b></p> <p><b>IWER:</b> Put this next to the pen that is the same colour.</p> <p><b>IWER:</b> Place one red and one green pen down and hand SR the other red pen.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 997 844 1102"> <tr> <td>Correctly places the red pen</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly places the red pen	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly places the red pen	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p><b>CH 32</b></p>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>NOTE: One large paperclip</b></p> <p><b>IWER:</b> Place hands out in front of the SR. Alternate the clip between your hands 4 times.</p> <p><b>IWER:</b> Watch me move the paperclip, which hand will I move it to next?</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1" data-bbox="219 1480 844 1585"> <tr> <td>Correctly points to the correct hand</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>	Correctly points to the correct hand	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to the correct hand	<input type="checkbox"/> 1				
Responds incorrectly	<input type="checkbox"/> 0				
<p><b>CH 33</b></p>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>NOTE:</b> If the SR responded correctly to the last task (large paperclip), say:</p> <p><b>IWER:</b> Now which hand will I put it in next?</p> <p><b>NOTE:</b> If the SR responded incorrectly to the last task (large paperclip), say:</p> <p><b>IWER:</b> I would put it in this hand. Now which hand will I put it in next?</p>				

	<p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1"> <tr> <td>Correctly points to the correct hand</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly points to the correct hand	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to the correct hand	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<b>CH 34</b>	<b>TOTAL CONCEPTUALISATION (MAX = 4)</b>	<b>Score:</b>				
<b>CH 35</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>MEMORY DELAYED</b></p> <p><b>NOTE: Thread, Key and Paperclip</b></p> <p><b>IWER:</b> Which of these have we not worked with already?</p> <p><b>IWER:</b> Place objects on table.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1"> <tr> <td>Correctly points to the thread</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly points to the thread	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly points to the thread	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<b>CH 36</b>	<b>TOTAL MEMORY DELAYED (Max = 1)</b>	<b>Score:</b>				
<b>CH 37</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>MOTOR PERFORMANCE</b></p> <p><b>IWER:</b> Thank you for spending time with me on these tasks.</p> <p><b>IWER:</b> Extend hand to shake hands.</p> <p><b>TO BE COMPLETED BY THE INTERVIEWER.</b></p> <table border="1"> <tr> <td>Correctly shakes hands</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Responds incorrectly</td> <td><input type="checkbox"/> 0</td> </tr> </table> <p>(Test for Severe Impairment)</p>		Correctly shakes hands	<input type="checkbox"/> 1	Responds incorrectly	<input type="checkbox"/> 0
Correctly shakes hands	<input type="checkbox"/> 1					
Responds incorrectly	<input type="checkbox"/> 0					
<b>CH 38</b>	<b>TOTAL MOTOR PERFORMANCE (Max = 1)</b>	<b>Score:</b>				
<b>CH 39</b>	<b>TOTAL TSI Score (MAX = 24)</b>	<b>Total Score:</b>				
<b>CH 40</b>	<b>Any Other Information (Cognitive Domains):</b>					

## Section 3: Social Participation (SP)

### General Activities

**SP 1** **INTRO:** Now I would like to ask you some general questions about your life.

**IWER: SHOW CARD SP1\*.**

**IWER:** Which of these statements apply to you?

**IWER: READ OUT AND CODE ALL THAT APPLY**

Voted in the last General Election	<input type="checkbox"/> 1
Have a hobby or pastime	<input type="checkbox"/> 1
Have taken a holiday in Ireland in the last 12 months	<input type="checkbox"/> 1
Have taken a holiday abroad in the last 12 months	<input type="checkbox"/> 1
Have gone on a daytrip or outing in the last 12 months	<input type="checkbox"/> 1
Use the internet and/or email	<input type="checkbox"/> 1
Own a mobile phone	<input type="checkbox"/> 1
Not applicable – none of these statements apply to me	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(ELSA)

**SP 2** **IWER: SHOW CARD SP2.**

**IWER:** Over the past 30 days, on average, how many hours per day did you sit and watch TV or videos? Would you say...?

**IWER: CODE THE ONE THAT APPLIES**

None/don't watch TV or videos	<input type="checkbox"/> 1
Less than 1 hour	<input type="checkbox"/> 2
More than 1 hour and up to 3 hours	<input type="checkbox"/> 3
More than 3 hours and up to 5 hours	<input type="checkbox"/> 4
5 hours or more	<input type="checkbox"/> 5

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

(NHANES)

**SP 3 IWER: SHOW CARD SP3.**

**IWER:** Are you a member of any of these organisations, clubs or societies? [Note whether these activities happen within community setting, within an ID service setting or both in SP 3A]. Please ensure that all Responses relate to when the SR is in attendance of these groups and not just a member by default e.g. in receipt of residential services from a charity organisation.

**IWER: READ OUT AND CODE ALL THAT APPLY (SP 3 & SP 3A)**

Question SP 3			Question SP 3A					
			Within community setting	Within ID service	Both within community and ID service	Unclear response	Don't know	Refused to answer
Political party, trade union or environmental groups	<input type="checkbox"/> 1	<b>If yes, go to 3A</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Tenants groups, resident groups, Neighbourhood Watch	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Church or religious groups	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Charitable associations (e.g. St Vincent De Paul's)	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Education, arts or music groups or evening classes	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Retirement clubs	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Special Olympics Network	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Arch Club	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Advocacy Group	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Other (please specify)	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Not applicable – You are not a member of any organisation, club or society	<input type="checkbox"/> 1	<b>(Go to SP 4)</b>						

	<table border="1"> <tr> <td data-bbox="233 272 520 326">Unclear response</td> <td data-bbox="520 272 642 326"><input type="checkbox"/> 1</td> <td data-bbox="642 272 886 326"><b>(Go to SP 4)</b></td> </tr> <tr> <td data-bbox="233 326 520 380">Don't know</td> <td data-bbox="520 326 642 380"><input type="checkbox"/> 1</td> <td data-bbox="642 326 886 380"><b>(Go to SP 4)</b></td> </tr> <tr> <td data-bbox="233 380 520 433">Refused to answer</td> <td data-bbox="520 380 642 433"><input type="checkbox"/> 1</td> <td data-bbox="642 380 886 433"><b>(Go to SP 4)</b></td> </tr> </table>	Unclear response	<input type="checkbox"/> 1	<b>(Go to SP 4)</b>	Don't know	<input type="checkbox"/> 1	<b>(Go to SP 4)</b>	Refused to answer	<input type="checkbox"/> 1	<b>(Go to SP 4)</b>
Unclear response	<input type="checkbox"/> 1	<b>(Go to SP 4)</b>								
Don't know	<input type="checkbox"/> 1	<b>(Go to SP 4)</b>								
Refused to answer	<input type="checkbox"/> 1	<b>(Go to SP 4)</b>								
<b>SP 4</b>	<p><b>Any Other Information (General Activities):</b></p>									

## Social Activities

**IWER: SHOW CARD SP4.**

**IWER:** Now we would like to ask you some questions about your social activities. Do you do any of the following?

<b>SP 5</b>	Go to the cinema	<input type="checkbox"/> 1	<b>If yes, Go to SP5A &amp; SP5B</b>	
	Eat out	<input type="checkbox"/> 1		
	Go to an art gallery or museum	<input type="checkbox"/> 1		
	Go to the theatre, a concert or the opera	<input type="checkbox"/> 1		
	Go to the pub for a drink	<input type="checkbox"/> 1		
	Go to a coffee shop for light refreshments	<input type="checkbox"/> 1		
	Go shopping	<input type="checkbox"/> 1		
	Go to church or other place of worship	<input type="checkbox"/> 1		
	Go to sports events	<input type="checkbox"/> 1		
	Go to library	<input type="checkbox"/> 1		
	Go to social clubs (e.g. bingo, play cards)	<input type="checkbox"/> 1		
	Go to the hairdressers	<input type="checkbox"/> 1		
	Perform in local arts groups and choirs	<input type="checkbox"/> 1		
	Spend time on hobbies or creative activities	<input type="checkbox"/> 1		
	Visit family and friends in their home	<input type="checkbox"/> 1		
	Other activities outside of your home (please specify)	<input type="checkbox"/> 1		
Unclear response	<input type="checkbox"/> 1	<b>Go to SP6</b>		
Don't Know	<input type="checkbox"/> 1	<b>Go to SP6</b>		
Refused to answer	<input type="checkbox"/> 1	<b>Go to SP6</b>		
Non applicable – don't engage in any social activities	<input type="checkbox"/> 1	<b>Go to SP7</b>		

**SP 5A**

How often, if at all, do you do any of the following activities [note whether these activities happen within community setting, within an ID service setting or both settings in SP 5A].

**IWER: READ OUT AND CODE TWO BOXES ON EACH LINE (SP 5A& SP 5B)**

SP 5A										SP 5B					
	Daily/ Almost Daily	Once a week	Twice a month or more	About once a month	Every few months	Every few months	Unclear response	Don't know	Refused to answer	Within community setting	Within ID service setting	Both within community setting and ID setting	Unclear response	Don't know	Refused to answer
Go to the cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Eat out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to an art gallery or museum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to the theatre, a concert or the opera	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to the pub for a drink	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to a coffee shop for light refreshments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to church or other place of worship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to sports events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to social clubs (e.g. bingo, play cards)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Go to the hairdressers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Perform in local arts groups and choirs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Spend time on hobbies or creative activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Visit family and friends in their home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Other activities outside of your home (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Non applicable – don't engage in any social activities	<input type="checkbox"/> 94		<b>(Go to SP 7)</b>												

	Unclear response	<input type="checkbox"/> <sub>1</sub>	<b>(Go to SP 6)</b>		
	Don't know	<input type="checkbox"/> <sub>1</sub>	<b>(Go to SP 6)</b>		
	Refused to answer	<input type="checkbox"/> <sub>1</sub>	<b>(Go to SP 6)</b>		
(Adapted from ELSA/Index of Community Involvement/IDS-TILDA)					



**SP 6** **IWER:** Are your main social activities with ...?

**IWER: READ OUT AND CODE ALL THAT APPLY**

Family	<input type="checkbox"/> 1
Friends within your house	<input type="checkbox"/> 1
Friends outside the house	<input type="checkbox"/> 1
Key worker/support staff	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1
Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(IDS-TILDA)

**SP 7** **(SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**

**IWER:** Are there particular activities you would like to do more?

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99
SR not present – unable to complete	<input type="checkbox"/> 0

(IDS-TILDA)

**SP 8** **IWER:** What activities would you like to do?

**IWER:** Record the SR's response below.

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

(IDS-TILDA)

**SP 9** **IWER: [SHOW CARD YN1].**  
**IWER:** Do you experience any difficulties participating in social activities outside your home?  
**IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'**

Yes	<input type="checkbox"/> 1	(Go to SP 10)
No	<input type="checkbox"/> 5	(Go to SP 11)
Unclear response	<input type="checkbox"/> 97	(Go to SP 11)
Don't know	<input type="checkbox"/> 98	(Go to SP 11)
Refused to answer	<input type="checkbox"/> 99	(Go to SP 11)

(IDS-TILDA)

**SP 10** **IWER: SHOW CARD SP5.**  
**IWER:** What makes it difficult for you to participate in social activities outside your home?  
**IWER: CODE ALL THAT APPLY**

Health considerations or physically unable	<input type="checkbox"/> 1
Need someone's assistance	<input type="checkbox"/> 1
Need specialised aids or equipment that you do not have	<input type="checkbox"/> 1
Transport services are inadequate or not accessible	<input type="checkbox"/> 1
Service facilities are not accessible	<input type="checkbox"/> 1
Not allowed to go	<input type="checkbox"/> 1
Have no one to go with	<input type="checkbox"/> 1
Lack of local facilities or suitable activities	<input type="checkbox"/> 1
Unfriendly or negative attitudes towards you	<input type="checkbox"/> 1
You are self-conscious of your intellectual disability	<input type="checkbox"/> 1
Don't have enough money	<input type="checkbox"/> 1
Don't have enough time	<input type="checkbox"/> 1
Don't like social activities	<input type="checkbox"/> 1
Getting too old	<input type="checkbox"/> 1
Family and friends' residence not accessible to you	<input type="checkbox"/> 1
Communication/language problems	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1
Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(CSO NDS 2006/IDS-TILDA)

**SP 11 IWER: [SHOW CARD YN1].**

**IWER:** Do you experience any difficulty getting around your community (e.g. using zebra crossings, using traffic lights etc)?

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

Yes	<input type="checkbox"/> 1	<b>(Go to SP 12)</b>
No	<input type="checkbox"/> 5	<b>(Go to SP 13)</b>
Not applicable – don't travel around my community	<input type="checkbox"/> 94	<b>(Go to SP 13)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to SP 13)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to SP 13)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to SP 13)</b>

(IDS-TILDA)

**SP 12 IWER: SHOW CARD SP6.**

**IWER:** What causes you difficulty?

**IWER: CODE ALL THAT APPLY**

Footpaths design and surfaces	<input type="checkbox"/> 1
Lack of street crossings	<input type="checkbox"/> 1
Problems with signs (e.g. size and colour)	<input type="checkbox"/> 1
Getting access to recreational areas	<input type="checkbox"/> 1
Feeling unsafe	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(Adapted from NDS)

**SP 13 Any Other Information (Social Activities):**

## Transport

**DR 1** **INTRO:** I'd now like to ask you some questions about how you get around.

**IWER: SHOW CARD DR1\*.**

**IWER:** Within the last year, have you used any of the following means of transport?

**IWER: READ OUT AND CODE ALL THAT APPLY**

Bicycle/motorbike	<input type="checkbox"/> 1	<b>(Go to DR 2)</b>
Drive myself	<input type="checkbox"/> 1	
Driven as a passenger by family	<input type="checkbox"/> 1	
Driven as a passenger by friends	<input type="checkbox"/> 1	
Driven as a passenger by service staff	<input type="checkbox"/> 1	
Public bus (city or urban)	<input type="checkbox"/> 1	
Public bus (intercity)	<input type="checkbox"/> 1	
Public buses (rural)	<input type="checkbox"/> 1	
Taxi/hackney	<input type="checkbox"/> 1	
DART/Luas	<input type="checkbox"/> 1	
Train (commuter)	<input type="checkbox"/> 1	
Train (intercity)	<input type="checkbox"/> 1	
Bus operating as part of the rural transport scheme	<input type="checkbox"/> 1	
Other (please specify)	<input type="checkbox"/> 1	
Not applicable – haven't used any forms of transport in the last year	<input type="checkbox"/> 1	<b>(Go to DR 3)</b>
Unclear response	<input type="checkbox"/> 1	<b>(Go to DR 3)</b>
Don't know	<input type="checkbox"/> 1	<b>(Go to DR 3)</b>
Refused to answer	<input type="checkbox"/> 1	<b>(Go to DR 3)</b>

(Adapted from ELSA/TILDA)

**DR 2** **IWER:** Which of these methods of transport do you use most often?

**IWER: CODE THE ONE THAT APPLIES**

Bicycle/motorbike	<input type="checkbox"/> 1
Drive myself	<input type="checkbox"/> 2
Driven as a passenger by family	<input type="checkbox"/> 3
Driven as a passenger by friends	<input type="checkbox"/> 4
Driven as a passenger by service staff	<input type="checkbox"/> 5
Public bus (city or urban)	<input type="checkbox"/> 6
Public bus (intercity)	<input type="checkbox"/> 7
Public buses (rural)	<input type="checkbox"/> 8
Taxi/hackney	<input type="checkbox"/> 9
DART/Luas	<input type="checkbox"/> 10
Train (commuter)	<input type="checkbox"/> 11
Train (intercity)	<input type="checkbox"/> 12
Bus operating as part of the rural transport scheme	<input type="checkbox"/> 13
Other (please specify)	<input type="checkbox"/> 95

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

(TILDA)

**DR 3** **IWER: SHOW CARD DR2.**

**IWER:** How would rate overall private transport options in your neighbourhood such as taxis and hackneys?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

excellent	<input type="checkbox"/> 1
good	<input type="checkbox"/> 2
fair	<input type="checkbox"/> 3
poor	<input type="checkbox"/> 4
very poor	<input type="checkbox"/> 5

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

(TILDA)

**DR 4 IWER: [SHOW CARD DR2].**

**IWER:** How would you rate overall public transport options in your neighbourhood such as trains, public buses and community buses?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

excellent	<input type="checkbox"/> 1
good	<input type="checkbox"/> 2
fair	<input type="checkbox"/> 3
poor	<input type="checkbox"/> 4
very poor	<input type="checkbox"/> 5

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

(TILDA)

**DR 5 IWER: SHOW CARD DR3.**

**IWER:** How often do you use public transport? (e.g. the bus or train)

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Every day or nearly every day	<input type="checkbox"/> 1	<b>(Go to DR 8)</b>
Two or three times a week	<input type="checkbox"/> 2	<b>(Go to DR 8)</b>
Once a week	<input type="checkbox"/> 3	<b>(Go to DR 6)</b>
Two or three times a month	<input type="checkbox"/> 4	<b>(Go to DR 6)</b>
Once a month or less	<input type="checkbox"/> 5	<b>(Go to DR 6)</b>
Never	<input type="checkbox"/> 6	<b>(Go to DR 6)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to DR 8)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to DR 8)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to DR 8)</b>

(ELSA)

**DR 6**

**IWER: [SHOW CARD YN1].**

**IWER:** Would you like to use more public transport?

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

Yes	<input type="checkbox"/> 1	<b>(Go to DR 7)</b>
No	<input type="checkbox"/> 5	<b>(Go to DR 7)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to DR 8)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to DR 8)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to DR 8)</b>

(IDS-TILDA)

**DR 7**

**IWER: SHOW CARD DR4.**

**IWER:** Why don't you use public transport more often?

**IWER: CODE ALL THAT APPLY**

Private transport provided by intellectual disability service provider	<input type="checkbox"/> 1
Private transport provided by family	<input type="checkbox"/> 1
Private transport provided by friends	<input type="checkbox"/> 1
Use your own car	<input type="checkbox"/> 1
No public transport available	<input type="checkbox"/> 1
Public transport available does not take you where you want to go	<input type="checkbox"/> 1
Transport facilities are not accessible	<input type="checkbox"/> 1
Need someone's assistance	<input type="checkbox"/> 1
Your health prevents you	<input type="checkbox"/> 1
Fear of crime	<input type="checkbox"/> 1
Too dirty	<input type="checkbox"/> 1
Not convenient	<input type="checkbox"/> 1
Prefer to walk	<input type="checkbox"/> 1
Too expensive	<input type="checkbox"/> 1
Infrequent	<input type="checkbox"/> 1
You are self-conscious of your intellectual disability	<input type="checkbox"/> 1
Unfriendly or negative attitudes towards you	<input type="checkbox"/> 1
Communication/Language problems	<input type="checkbox"/> 1
All amenities are local, so don't need any transport	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(Adapted from ELSA/IDS-TILDA)

**DR 8** **IWER: [SHOW CARD YN1].**

**IWER:** Do you feel there is a lack of transport facilities in your area?

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

Yes	<input type="checkbox"/> 1	<b>(Go to DR 9)</b>
No	<input type="checkbox"/> 5	<b>(Go to DR 11)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to DR 11)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to DR 11)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to DR 11)</b>

(IDS-TILDA)

**DR 9** **IWER:** Does the lack of transport facilities in your area affect your lifestyle?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

A great deal	<input type="checkbox"/> 1
To some extent	<input type="checkbox"/> 2
Not at all	<input type="checkbox"/> 3

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

(TILDA)

**DR 10** **IWER:** What would you consider are the **most important improvements** that could be made to the transport options available to you?

**IWER:** Record the response below.

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

(IDS-TILDA)



**DR 11** Any Other Information (Transport):

**DR 12** TO BE COMPLETED THE BY INTERVIEWER

**IWER:** How often did R receive assistance with answers in Section 3 – Social Participation?

Never	<input type="checkbox"/> 1
A few times	<input type="checkbox"/> 2
Most or all of the time	<input type="checkbox"/> 3

(TILDA)

**Section 4: Social Connectedness (SC)**

**SC 1** **INTRO:** Now I would like to ask you some questions about your family and social networks.

**IWER: SHOW CARD SC1\*.**

**IWER:** On average, how often do you do each of the following with any of your family members, not counting any who live with you?

**IWER: READ OUT AND CODE ONE BOX ON EACH LINE**

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(ELSA/IDS-TILDA)

**SC 2** **IWER: [SHOW CARD SC1].**

**IWER:** On average, how often do you do each of the following with any of your friends, not counting any of your family members or anyone who live with you?

**IWER: READ OUT AND CODE ONE BOX ON EACH LINE**

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year	Never	Not applicable	Unclear response	Don't know	Refused to answer
a) Meet up (both arranged and chance meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b) Speak on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c) Write, text, email or facebook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(ELSA/IDS-TILDA)

**SC 3 (SELF-REPORT ONLY)**

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

**IWER:** [SHOW CARD YN1].

**IWER:** Do you ever feel lonely?

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

Yes	<input type="checkbox"/> 1	<b>(Go to SC 4)</b>
No	<input type="checkbox"/> 5	<b>(Go to SC 5)</b>

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA/UCLA Loneliness Scale)

**SC 4 (SELF-REPORT ONLY)**

**IWER:** How often do you feel lonely? Would you say...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

most of the time	<input type="checkbox"/> 1
sometimes	<input type="checkbox"/> 2
rarely	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

**SC 5 (SELF-REPORT ONLY)**

**IWER:** [SHOW CARD YN1].

**IWER:** Do you ever feel left out?

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

Yes	<input type="checkbox"/> 1	<b>(Go to SC 6)</b>
No	<input type="checkbox"/> 5	<b>(Go to SC 7)</b>

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA/UCLA Loneliness Scale)

**CONFIDENTIAL**

**SC 6 (SELF-REPORT ONLY)**

**IWER:** How often do you feel left out? Would you say...?  
**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

most of the time	<input type="checkbox"/> 1
sometimes	<input type="checkbox"/> 2
rarely	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

**SC 7 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**

**IWER:** Do you find it difficult to make friends?

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't Know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA/UCLA Loneliness Scale)

**CONFIDENTIAL**

**SC 8 IWER: [SHOW CARD YN1].**

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

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

Yes	<input type="checkbox"/> 1	<b>(Go to SC 9)</b>
No	<input type="checkbox"/> 5	<b>(Go to SC 10)</b>
Not applicable (e.g. completely dependent on others to interpret needs and wants etc)	<input type="checkbox"/> 94	<b>(Go to SC 10)</b>
Unclear response	<input type="checkbox"/> 97	<b>(Go to SC 10)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to SC 10)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to SC 10)</b>

(Adapted from Community Integration Questionnaire)

**SC 9 IWER: SHOW CARD SC2.**

**IWER:** Who do you confide in?

**IWER: CODE ALL THAT APPLY**

Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/> 1
Parent	<input type="checkbox"/> 1
Sibling	<input type="checkbox"/> 1
Grandparent	<input type="checkbox"/> 1
Aunt/Uncle	<input type="checkbox"/> 1
Cousin	<input type="checkbox"/> 1
Friend	<input type="checkbox"/> 1
Neighbour	<input type="checkbox"/> 1
Key worker/Support worker	<input type="checkbox"/> 1
Advocate	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(IDS-TILDA)

**SC 10** Any Other Information (Social Connectedness):

**SC 11** **TO BE COMPLETED THE BY INTERVIEWER**

**IWER:** How often did R receive assistance with answers in Section 4 – Social Connectedness?

Never	<input type="checkbox"/> 1
A few times	<input type="checkbox"/> 2
Most or all of the time	<input type="checkbox"/> 3

(TILDA)

## Section 5: Personal Choices (PC)

**PC 1** **INTRO:** Now I would like to ask you some questions about personal choices.

**IWER: SHOW CARD PC1\*.**

**NOTE:** If the SR says it is “someone else” then ask “who does choose; is it a relative, friend, or support staff?”

Remember that friends may include neighbours, or non-relative residents, and support staff may include any paraprofessional or professional persons.

**IWER:** In general, who chooses ...?

**IWER: READ OUT AND CODE ONE BOX ON EACH LINE**

	The person		Someone else			Unclear response	Don't know	Refused to answer	Not applicable
	Self	Supported Choice	Relative	Friend	Support staff				
the food you eat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what food is cooked in your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
the clothes you wear?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
who you spend your free time with?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
where you go in your free time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
how you spend your money?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what time you go to bed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what job you have?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
where you live?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
who you live with?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what support you may receive?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
what TV shows you watch?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
how you decorate your room?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
where you keep your money?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94

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



**PC 2** **INTRO:** Now I would like to ask you some questions about any personal plan you may have.

**IWER:** [SHOW CARD YN1]\*.

**IWER:** Do you have a personal plan?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PC 3)</b>
No	<input type="checkbox"/> 5	<b>(Go to PC 5)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PC 5)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PC 5)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PC 5)</b>

(IDS-TILDA/National Quality Standards)

**PC 3** **IWER:** [SHOW CARD YN1].

**IWER:** Does your plan include what you want to do and the support you will need to do it?

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

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

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

(IDS-TILDA/National Quality Standards)

**PC 4** **IWER:** [SHOW CARD YN1].

**IWER:** Does your plan take account of your abilities and your skills?

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

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

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

(IDS-TILDA/HIQA National Quality Standards)

**PC 5 IWER: [SHOW CARD YN1].**

**IWER:** Do you have a key worker?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PC 6)</b>
No	<input type="checkbox"/> 5	<b>(Go to PC 7)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PC 7)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PC 7)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PC 7)</b>

**IMPORTANT FILTER NOTES**

- If PC 2 = No and combined with any of the response options in PC 5, Go to PC 9.
- If PC 2 = Unclear response/Don't know/Refused to answer and PC5 = Yes, Go to PC9.
- If PC 2 & PC 5 = Unclear response/Don't know/Refused to answer, Go to PC 9.
- For all other responses in PC 2, follow the directions on the questionnaire.

(IDSTILDA/HIQA National Quality Standards)

**PC 6 IWER: [SHOW CARD YN1].**

**IWER:** Does your key worker talk to you about your plan and how it is going to be achieved?

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

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

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

(IDS-TILDA/National Quality Standards)

**PC 7 IWER: [SHOW CARD YN1].**

**IWER:** Are you involved in your plan as much as you would like to be?

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

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

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

(IDS-TILDA/National Quality Standards)

**PC 8 IWER: [SHOW CARD YN1].**

**IWER:** Do you talk about your plan at least every six months?

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

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

  

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

(IDS-TILDA/National Quality Standards)

**PC 9 IWER: [SHOW CARD YN1].**

**IWER:** Do you have an independent advocate?

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

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

  

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

(IDS-TILDA/National Quality Standards)

**PC 10 IWER: [SHOW CARD YN1].**

**IWER:** Do you have access to an advocacy service, if you so wished?

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

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

  

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

(IDS-TILDA/National Quality Standards)

<b>PC 11</b>	<b>Any Other Information (Personal Choices)</b>
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<b>PC 12</b>	<p><b>TO BE COMPLETED THE BY INTERVIEWER</b></p> <p><b>IWER:</b> How often did R receive assistance with answers in Section 5 – Personal Choices?</p> <table border="1" data-bbox="203 646 678 814"><tr><td data-bbox="203 646 558 703">Never</td><td data-bbox="558 646 678 703"><input type="checkbox"/> 1</td></tr><tr><td data-bbox="203 703 558 760">A few times</td><td data-bbox="558 703 678 760"><input type="checkbox"/> 2</td></tr><tr><td data-bbox="203 760 558 814">Most or all of the time</td><td data-bbox="558 760 678 814"><input type="checkbox"/> 3</td></tr></table> <p>(TILDA)</p>	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 1						
A few times	<input type="checkbox"/> 2						
Most or all of the time	<input type="checkbox"/> 3						

## Section 6: Happiness (HQ)

### TO BE COMPLETED BY THE INTERVIEWER

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

**IWER:** Please indicate the status of completion.

#### **IWER: CODE THE ONE THAT APPLIES**

SR is present and will be invited to complete (Coded 1)

SR is present but proxy has answered all the questions for SR (link to cautionary note) (Coded 0)

SR is not present - unable to complete (Coded 0)

**NOTE:** Select this option with caution. Although the proxy has answered all the questions for SR, the SR may be able to complete some of the tasks in this section.

#### **(SELF-REPORT ONLY)**

HQ 1

**INTRO:** Now I would like to ask you some questions about happiness.

**IWER:** What makes you happy?

**IWER:** Record the SR's response below.

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

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

HQ 2

#### **(SELF-REPORT ONLY)**

**IWER: SHOW CARD HQ1\*.**

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

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

**HQ 2A** (Please record any narrative information here)

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

(Adapted from the Oxford Happiness Questionnaire; Oxford Happiness Inventory; and also from GDS Scale Brink TL, Yesavage JA, Lum O, Heersema P, Adey MB, Rose TL)

**HQ 3**

**(SELF-REPORT ONLY)**  
**IWER: [SHOW CARD YN1].**

**IWER:** Do you go to work, day service or workshop?

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 3A** (Please record any narrative information here)

(Adapted from an idea in *Happiness – Unlocking the Mysteries of Psychological Wealth*; by Ed Diener & Robert Biswas Diener; and also Pat Love Happiness Scale)

**HQ 4**

**(SELF-REPORT ONLY)**  
**IWER: [SHOW CARD HQ1].**

**IWER:** How does that make you feel? Does it make you feel .....

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 4A** (Please record any narrative information here)

(Adapted from an idea in *Happiness – Unlocking the Mysteries of Psychological Wealth*; by Ed Diener & Robert Biswas Diener; and also Pat Love Happiness Scale)

<b>HQ 5</b>	<p><b>(SELF-REPORT ONLY)</b>  <b>IWER: [SHOW CARD YN1].</b>  <b>IWER:</b> Do you get money or wages? [ Probe: for example for going to work, day services or workshop]</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="width: 50px; text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unable to understand</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 93</td> </tr> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't Know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't Know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1												
No	<input type="checkbox"/> 5												
Unable to understand	<input type="checkbox"/> 93												
Unclear response	<input type="checkbox"/> 97												
Don't Know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin-left: auto;"> <p><b>HQ 5A</b> (Please record any narrative information here)</p> </div>													
<p>(Adapted from ideas by Sonja Lyubomirsky – <i>The How Of Happiness</i> and Happiness; and also ideas from the work of Ed Diener &amp; Robert Biswas Diener in <i>Happiness Unlocking the mysteries of Psychological Wealth</i>)</p>													
<b>HQ 6</b>	<p><b>(SELF-REPORT ONLY)</b>  <b>IWER: [SHOW CARD HQ1].</b>  <b>IWER:</b> How does that make you feel? Does it make you feel .....</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Happy</td> <td style="width: 50px; text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">Not happy</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="padding: 2px;">Not sure</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 3</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unable to understand</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 93</td> </tr> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> </tr> </table>	Happy	<input type="checkbox"/> 1	Not happy	<input type="checkbox"/> 2	Not sure	<input type="checkbox"/> 3	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Refused to answer	<input type="checkbox"/> 99
Happy	<input type="checkbox"/> 1												
Not happy	<input type="checkbox"/> 2												
Not sure	<input type="checkbox"/> 3												
Unable to understand	<input type="checkbox"/> 93												
Unclear response	<input type="checkbox"/> 97												
Refused to answer	<input type="checkbox"/> 99												
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin-left: auto;"> <p><b>HQ 6A</b> (Please record any narrative information here)</p> </div>													
<p>(Adapted from ideas by Sonja Lyubomirsky – <i>The How Of Happiness</i> and Happiness; and also ideas from the work of Ed Diener &amp; Robert Biswas Diener in <i>Happiness Unlocking the mysteries of Psychological Wealth</i>)</p>													
<b>HQ 7</b>	<p><b>(SELF-REPORT ONLY)</b>  <b>IWER: [SHOW CARD HQ1].</b>  <b>IWER:</b> How do you feel about the house you live in? Do you feel.....</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Happy</td> <td style="width: 50px; text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">Not happy</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="padding: 2px;">Not sure</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 3</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unable to understand</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 93</td> </tr> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> </tr> </table>	Happy	<input type="checkbox"/> 1	Not happy	<input type="checkbox"/> 2	Not sure	<input type="checkbox"/> 3	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Refused to answer	<input type="checkbox"/> 99
Happy	<input type="checkbox"/> 1												
Not happy	<input type="checkbox"/> 2												
Not sure	<input type="checkbox"/> 3												
Unable to understand	<input type="checkbox"/> 93												
Unclear response	<input type="checkbox"/> 97												
Refused to answer	<input type="checkbox"/> 99												
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin-left: auto;"> <p><b>HQ 7A</b> (Please record any narrative information here)</p> </div>													



(Adapted from ideas by Sonja Lyubomirsky – *The How Of Happiness* and Happiness; and also ideas from the work of Ed Diener & Robert Biswas Diener in *Happiness Unlocking the mysteries of Psychological Wealth*)

**HQ 8**

**(SELF-REPORT ONLY)**

**IWER:** Do you take part in religious services? [Probe: for example mass, church, communion, praying by yourself or listening to mass on TV or on the radio]

**IWER:** [SHOW CARD YN1].

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

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

**HQ 8A** (Please record any narrative information here)

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(Adapted from Spiritual Well-Being Domain Kane et al, 2003;; Psychological Flourishing Scale; Sonja Lyubomirsky *The How of Happiness*; and Ed Diener & Robert Biswas Diener *Happiness Unlocking the Mysteries of Psychological Wealth*)

**HQ 9**

**(SELF-REPORT ONLY)**

**IWER:** [SHOW CARD HQ1].

**IWER:** How does that make you feel? Does it make you feel.....

**IWER:** READ OUT AND CODE THE ONE THAT APPLIES

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

**HQ 9A** (Please record any narrative information here)

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

(Adapted from Spiritual Well-Being Domain Kane et al, 2003;; Psychological Flourishing Scale; Sonja Lyubomirsky *The How of Happiness*; and Ed Diener & Robert Biswas Diener *Happiness Unlocking the Mysteries of Psychological Wealth*)

**HQ 10 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**

**IWER:** Do you meet your family sometimes or talk to them on the phone?

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 10A** (Please record any narrative information here)

(Adapted from the Pat Love Happiness Scale; Rebecca Logsdon Quality of Life AD Scale; and also ideas adapted from the works of Sonja Lyubomirsky and Ed Diener and Robert Biswas Diener)

**HQ 11 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD HQ1].**

**IWER:** How does that make you feel? Does it make you feel.....

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 11A** (Please record any narrative information here)

(Adapted from the Pat Love Happiness Scale; Rebecca Logsdon Quality of Life AD Scale; and also ideas adapted from the works of Sonja Lyubomirsky and Ed Diener and Robert Biswas Diener)

**HQ 12 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**

**IWER:** Do you meet your friends or talk to them on the phone?

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 12A** (Please record any narrative information here)

(Adapted from the Pat Love Happiness Scale; Rebecca Logsdon Quality of Life AD Scale; and also ideas adapted from the works of Sonja Lyubomirsky and Ed Diener and Robert Biswas Diener)

**HQ 13 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD HQ1].**

**IWER:** How does that make you feel? Does it make you feel ...

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 13A** (Please record any narrative information here)

(Adapted from the Pat Love Happiness Scale; Rebecca Logsdon Quality of Life AD Scale; and also ideas adapted from the works of Sonja Lyubomirsky and Ed Diener and Robert Biswas Diener)

**HQ 14 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**

**IWER:** Do you have a boyfriend/girlfriend/partner/best friend?

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 14A** (Please record any narrative information here)

(Adapted from ideas from the works of Sonja Lyubomirsky and Ed Diener and Robert Biswas Diener)

**HQ 15 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD HQ1].**

**IWER:** How does that make you feel? Does it make you feel ...

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 15A** (Please record any narrative information here)

(Adapted from ideas from the works of Sonja Lyubomirsky and Ed Diener and Robert Biswas Diener)

**HQ 16 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**

**IWER:** Do you have a hobby, pastime, skill or talent?  
[For example singing or playing a musical instrument, sports, jigsaws, making things]

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 16A** (Please record any narrative information here)

(Adapted from Logsdon Quality of life AD Scale; Coons, Mace & Weaverdyck, Mihalyi Csikszentmihalyi and ideas adapted from the work of Sonja Lyubomirsky/IDS-TILDA)

**HQ 17 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD HQ1].**

**IWER:** How does that make you feel? Does it make you feel.....

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 17A** (Please record any narrative information here)

(Adapted from Logsdon Quality of life AD Scale; Coons, Mace & Weaverdyck, Mihalyi Czikszenmihalyi and ideas adapted from the work of Sonja Lyubomirsky/IDS-TILDA)

<b>HQ 18</b>	<p><b>(SELF-REPORT ONLY)</b>  <b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Do you exercise?          [Probe: For example walking, swimming, badminton]</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="width: 50px; text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unable to understand</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 93</td> </tr> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>HQ 18A</b> (Please record any narrative information here)</p> </div> <p>(IDS-TILDA, and ideas by Sonja Lyubomirsky)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1												
No	<input type="checkbox"/> 5												
Unable to understand	<input type="checkbox"/> 93												
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
<b>HQ 19</b>	<p><b>(SELF-REPORT ONLY)</b>  <b>IWER: [SHOW CARD HQ1].</b></p> <p><b>IWER:</b> How does that make you feel? Does it make you feel ...</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Happy</td> <td style="width: 50px; text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">Not happy</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="padding: 2px;">Not sure</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 3</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unable to understand</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 93</td> </tr> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>HQ 19A</b> (Please record any narrative information here)</p> </div> <p>( Adapted from an idea by Sonja Lyubomirsky and also IDS-TILDA)</p>	Happy	<input type="checkbox"/> 1	Not happy	<input type="checkbox"/> 2	Not sure	<input type="checkbox"/> 3	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Refused to answer	<input type="checkbox"/> 99
Happy	<input type="checkbox"/> 1												
Not happy	<input type="checkbox"/> 2												
Not sure	<input type="checkbox"/> 3												
Unable to understand	<input type="checkbox"/> 93												
Unclear response	<input type="checkbox"/> 97												
Refused to answer	<input type="checkbox"/> 99												

**HQ 20 (SELF-REPORT ONLY)**  
**IWER: [SHOW CARD YN1].**

**IWER:** Do you help other people? [Probe: For example visiting somebody, helping somebody in the kitchen, helping to feed or dress somebody]

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 20A** (Please record any narrative information here)

(IDS-TILDA, AND IDEAS BY Sonja Lyubomirsky & Ed Diener)

**HQ 21 (SELF-REPORT ONLY)**  
**IWER: [SHOW CARD HQ1].**

**IWER:** How does that make you feel? Does it make you feel ...

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 21A** (Please record any narrative information here)

(IDS-TILDA)



**HQ 22 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**  
**IWER:** Do you have a pet?  
**IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'**

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

**HQ 22A** (Please record any narrative information here)

**HQ 23 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD HQ1].**  
**IWER:** How does that make you feel? Does it make you feel ...  
**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

**HQ 23A** (Please record any narrative information here)

**HQ 24 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**

**IWER:** Do you feel that people listen to you most of the time?

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 24A** (Please record any narrative information here)

(IDS-TILDA)

**HQ 25 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD HQ1].**

**IWER:** How does that make you feel? Does it make you feel ...

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 25A** (Please record any narrative information here)

(IDS-TILDA)

**HQ 26 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**

**IWER:** Most of the time do you feel that you are healthy?

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

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

**HQ 26A** (Please record any narrative information here)

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA, and ideas from Sonja Lyubomirsky and Ed Diener)

**HQ 27 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD HQ1].**

**IWER:** How does that make you feel? Does it make you feel ...

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

**HQ 27A** (Please record any narrative information here)

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

HQ 28

**(SELF-REPORT ONLY)**

**IWER: [SHOW CARD YN1].**

**IWER:** What would you like to do in the future? [Probe: For example something you would like to do next year or the year after?]

**IWER:** Record the SR's response below.

--

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

HQ28A

**TO BE COMPLETED BY THE INTERVIEWER.**

**IWER:** Did the SR have any difficulty understanding the word/concept "future"?

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

(Adapted from ideas in *The How of Happiness* by Sonja Lyubomirsky; & *Happiness Unlocking the Mysteries of Psychological Wealth*, Ed Diener & Robert Biswas Diener)

**HQ 29 (SELF-REPORT ONLY)****IWER: [SHOW CARD HQ1].****IWER:** How does that make you feel? Does it make you feel...(When you think about what you would like to do in the future (or what you would like to do next year) do you feel...?**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 29A** (Please record any narrative information here)

(Adapted from ideas in *The How of Happiness* by Sonja Lyubomirsky; & *Happiness Unlocking the Mysteries of Psychological Wealth*, Ed Diener & Robert Biswas Diener)

HQ 30

**(SELF-REPORT ONLY)**  
**IWER: [SHOW CARD HQ1].**

**IWER:** Most of the time do you feel happy about the way you look?

**NOTE: Most of the time do you feel happy, or not happy about the way you look?**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 30A** (Please record any narrative information here)

(Adapted from the Oxford Happiness Inventory; Oxford Happiness Questionnaire)

HQ 31

**(SELF-REPORT ONLY)**  
**IWER: [SHOW CARD YN1].**

**IWER:** Do you think your friends are happy?

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 31A** (Please record any narrative information here)

(Adapted from Subjective Happiness Scale by Sonja Lyubomirsky)

**HQ 32 (SELF-REPORT ONLY)**  
**IWER: [SHOW CARD HQ1].**

**IWER:** Are you as happy as your friends?  
**NOTE:** Are you as happy or not as happy as your friends?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

As happy	<input type="checkbox"/> 1
Not as happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3
Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 32A** (Please record any narrative information here)

(Adapted from Subjective Happiness Scale by Sonja Lyubomirsky)

**HQ 33 (SELF-REPORT ONLY)**  
**IWER: [SHOW CARD YN1].**

**IWER:** Most of the time do you decide what you do every day?  
**NOTE:** Most of the time do you make choices about what you do every day? (Do you decide (make choices) about things going on in your life?) [Probe: For example what you like to wear, or where you'd like to go on holidays, whether you'd like to take a day off?]

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 33A** (Please record any narrative information here)

**HQ 33B TO BE COMPLETED BY THE INTERVIEWER.**

**IWER:** Did the SR have any difficulty understanding the word "decide/choice"?

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

(Adapted from an idea in *The How of Happiness* by Sonja Lyubomirsky)

HQ 34

(SELF-REPORT ONLY)

IWER: [SHOW CARD HQ1].

IWER: How does that make you feel? Does it make you feel ....

NOTE: When you decide (make these choices) about things going on in your life, do you feel...?

IWER: READ OUT AND CODE THE ONE THAT APPLIES

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 34A** (Please record any narrative information here)

(Adapted from an idea in *The How of Happiness* by Sonja Lyubomirsky)

HQ 35

(SELF-REPORT ONLY)

IWER: [SHOW CARD YN1].

IWER: Do other people decide what you do every day?

NOTE: Do other people make choices about things you do every day? [ Probe: For example like buying your clothes for you, or telling you what to eat]

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

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

**HQ 35A** (Please record any narrative information here)

(Adapted from *The How of Happiness* by Sonja Lyubomirsky; and also adapted from The Oxford Happiness Questionnaire and The Oxford Happiness Inventory)



**HQ 36 (SELF-REPORT ONLY)**

**IWER: [SHOW CARD HQ1].**

**IWER:** How does that make you feel? Does it make you feel...

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Happy	<input type="checkbox"/> 1
Not happy	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Refused to answer	<input type="checkbox"/> 99

**HQ 36A** (Please record any narrative information here)

(Adapted from *The How of Happiness* by Sonja Lyubomirsky; and also adapted from The Oxford Happiness Questionnaire and The Oxford Happiness Inventory)

**HQ 37**

**(SELF-REPORT ONLY)**

**IWER:** Most days what do you do during the day?

**NOTE:** What do you do every day? (How do you spend most of your time during the day?)

**IWER:** Record the SR's response below.

--

Unable to understand	<input type="checkbox"/>	93
Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(Adapted from Kane et al Meaningful Activity Domain, Logsdon Quality of Life AD Scale; Psychological Flourishing Scale Mihalyi Czikszentmihalyi and ideas in *The How Of Happiness* by Sonja Lyubomirsky)

**HQ 38**

**(SELF-REPORT ONLY)**

**IWER:** [SHOW CARD HQ1].

**IWER:** How does that make you feel? Does it make you feel ....

**IWER:** READ OUT AND CODE THE ONE THAT APPLIES

Happy	<input type="checkbox"/>	1
Not happy	<input type="checkbox"/>	2
Not sure	<input type="checkbox"/>	3

**HQ 38A** (Please record any narrative information here)

--

Unable to understand	<input type="checkbox"/>	93
Unclear response	<input type="checkbox"/>	97
Refused to answer	<input type="checkbox"/>	99

(Adapted from Kane et al Meaningful Activity Domain, Logsdon Quality of Life AD Scale; Psychological Flourishing Scale Mihalyi Czikszentmihalyi and ideas in *The How Of Happiness* by Sonja Lyubomirsky)

**HQ 39**

**(SELF-REPORT ONLY)**

**IWER:** What would make you feel really, really (very, very ) happy in the future?

**NOTE:** What would make you feel very happy in the future? [Probe: For example next year or the year after]

**IWER:** Record the SR's response below.

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(Adapted from Pat Love Happiness Scale; and also from Psychological Flourishing Scale)

**HQ 40**

**TO BE COMPLETED BY THE INTERVIEWER.**

**IWER:** Did you use the 'yes/no' show card and/or the facial iconic show card to support the SR in answering the HQ questions?

	Frequently	Sometimes	Occasionally	Never
Yes/No show card	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Facial iconics show card	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

(IDS-TILDA)

**HQ 41**

**Any Other Information (Happiness):**

**HQ 42**

**TO BE COMPLETED THE BY INTERVIEWER**

**IWER:** How often did R receive assistance with answers in Section 5 – Personal Choices?

Never	<input type="checkbox"/> 1
A few times	<input type="checkbox"/> 2
Most or all of the time	<input type="checkbox"/> 3

(TILDA)

## Section 7: Ageing Perceptions (AP)

### TO BE COMPLETED BY THE INTERVIEWER

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

**IWER:** Please indicate the status of completion.

### IWER: CODE THE ONE THAT APPLIES

SR is present and will be invited to complete (Coded 1)

SR is present but proxy has answered all the questions for SR (link to cautionary note) (Coded 0)

SR is not present - unable to complete (Coded O)

**NOTE:** Select this option with caution. Although the proxy has answered all the questions for SR, the SR may be able to complete some of the tasks in this section.

### (SELF-REPORT ONLY)

**IWER:** [SHOW CARD AP1\*]

AP 1

**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.

Unable to understand	<input type="checkbox"/>	93
Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(IDS-TILDA)

AP 2

### (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

Young adult	<input type="checkbox"/>	1
Middle aged	<input type="checkbox"/>	2

	<table border="1"> <tr> <td>Old</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td colspan="2">Other (please specify)</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>	Old	<input type="checkbox"/> 3	Other (please specify)				Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99	95
Old	<input type="checkbox"/> 3															
Other (please specify)																
Unable to understand	<input type="checkbox"/> 93															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
(IDS-TILDA)																
<b>AP 3</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> Would you say as you get older, things are...</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1"> <tr> <td>better</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>worse</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>the same</td> <td><input type="checkbox"/> 3</td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>		better	<input type="checkbox"/> 1	worse	<input type="checkbox"/> 2	the same	<input type="checkbox"/> 3	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
better	<input type="checkbox"/> 1															
worse	<input type="checkbox"/> 2															
the same	<input type="checkbox"/> 3															
Unable to understand	<input type="checkbox"/> 93															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
(IDS-TILDA)																
<b>AP 4</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Are there any good things about getting older?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td><b>(Go to AP 5)</b></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td><b>(Go to AP 6)</b></td> </tr> </table> <table border="1"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> <td><b>(Go to AP 6)</b></td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td><b>(Go to AP 6)</b></td> </tr> </table>		Yes	<input type="checkbox"/> 1	<b>(Go to AP 5)</b>	No	<input type="checkbox"/> 5	<b>(Go to AP 6)</b>	Unable to understand	<input type="checkbox"/> 93	<b>(Go to AP 6)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to AP 6)</b>		
Yes	<input type="checkbox"/> 1	<b>(Go to AP 5)</b>														
No	<input type="checkbox"/> 5	<b>(Go to AP 6)</b>														
Unable to understand	<input type="checkbox"/> 93	<b>(Go to AP 6)</b>														
Unclear response	<input type="checkbox"/> 97	<b>(Go to AP 6)</b>														

Don't know	<input type="checkbox"/> 98	<b>(Go to AP 6)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to AP 6)</b>

(IDS-TILDA)

**AP 5 (SELF-REPORT ONLY)**

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

**IWER:** Record the SR's response below.

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

**AP 6 (SELF-REPORT ONLY)**

**IWER:** [SHOW CARD YN1].

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

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

Yes	<input type="checkbox"/> 1	<b>(Go to AP 7)</b>
No	<input type="checkbox"/> 5	<b>(Go to AP 8)</b>

Unable to understand	<input type="checkbox"/> 93	<b>(Go to AP 8)</b>
Unclear response	<input type="checkbox"/> 97	<b>(Go to AP 8)</b>

Don't know	<input type="checkbox"/> 98	<b>(Go to AP 8)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to AP 8)</b>

(IDS-TILDA)

**AP 7 (SELF-REPORT ONLY)**

**IWER:** What might these concerns be?

**IWER:** Record the SR's response below.

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(IDS-TILDA)

**AP 8 (SELF-REPORT ONLY)**

**IWER:** [SHOW CARD YN1].

**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?'**

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

Unable to understand	<input type="checkbox"/> 93
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

	(IDS-TILDA)												
<b>AP 9</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> What activities do you think older people like to do?  <b>IWER:</b> Record the SR's response below.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <table border="1" style="width: 100%;"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99				
Unable to understand	<input type="checkbox"/> 93												
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
	(IDS-TILDA)												
<b>AP 10</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER:</b> [SHOW CARD YN1].</p> <p><b>IWER:</b> Do you think that people who are older can support you?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%;"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td>Unable to understand</td> <td><input type="checkbox"/> 93</td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unable to understand	<input type="checkbox"/> 93	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1												
No	<input type="checkbox"/> 5												
Unable to understand	<input type="checkbox"/> 93												
Unclear response	<input type="checkbox"/> 97												
Don't know	<input type="checkbox"/> 98												
Refused to answer	<input type="checkbox"/> 99												
	(IDS-TILDA)												
<b>AP 11</b>	<b>Any Other Information (Ageing Perceptions):</b>												
<b>AP 12</b>	<p><b>TO BE COMPLETED THE BY INTERVIEWER</b></p> <p><b>IWER:</b> How often did R receive assistance with answers in Section 7 – Ageing Perceptions?</p> <table border="1" style="width: 100%;"> <tr> <td>Never</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>A few times</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Most or all of the time</td> <td><input type="checkbox"/> 3</td> </tr> </table>	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3						
Never	<input type="checkbox"/> 1												
A few times	<input type="checkbox"/> 2												
Most or all of the time	<input type="checkbox"/> 3												
	(TILDA)												



## Section 8: Employment Situation (WE)

### Current Activity Status

**WE 1**

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

**IWER: SHOW CARD WE1\*.**

**IWER:** Which one of these would you say best describes your current situation?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Retired	<input type="checkbox"/> 1	<b>(Go to WE 2)</b>
Employed, which includes: <ul style="list-style-type: none"> <li>• Supported Employment Scheme</li> <li>• Sheltered Work (training centre)/ Workshop</li> <li>• Participating in apprenticeship or employment programme - such as Community Employment</li> <li>• Temporarily away from work</li> </ul>	<input type="checkbox"/> 2	<b>(Go to WE 10)</b>
Self-Employed (including farming)	<input type="checkbox"/> 3	<b>(Go to WE 10)</b>
Unemployed or Looking for work	<input type="checkbox"/> 4	<b>(Go to WE 2)</b>
Unable to work due to being permanently sick or disabled	<input type="checkbox"/> 5	<b>(Go to WE 2)</b>
Looking after home or family	<input type="checkbox"/> 6	<b>(Go to WE 2)</b>
In education or training	<input type="checkbox"/> 7	<b>(Go to WE 2)</b>
Other (please specify)	<input type="checkbox"/> 95	<b>(Go to WE 2)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to WE 2)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to WE 2)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to WE 2)</b>

(Adapted from ELSA)

**WE 2**

**IWER: [SHOW CARD YN1].**

**IWER:** Have you ever done paid work?

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

Yes	<input type="checkbox"/> 1	<p><b>IMPORTANT FILTER NOTES</b></p> <p>Regardless of the response option coded in WE 2, filtering is guided by the response option selected in WE 1.</p> <p>If WE1 = Retired, Go to WE 3.</p> <p>If WE1 = Unemployed or Looking for work, Go to WE 19.</p> <p>If WE1 = Unable to work, Looking after home, In education or training, Other, Unclear response, Don't know or Refused to answer, Go to WE 26.</p>
No	<input type="checkbox"/> 5	
Unclear response	<input type="checkbox"/> 97	
Don't know	<input type="checkbox"/> 98	
Refused to answer	<input type="checkbox"/> 99	

(TILDA)

## Retired

**WE 3** **IWER:** In what month and year did you retire?

(MM/YYYY)   /

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

(HRS)

**WE 4** **IWER:** What would you say was the main reason why you retired?

**IWER: SHOW CARD WE2.**

**IWER: CODE THE ONE THAT APPLIES**

Became eligible for a state pension	<input type="text"/> 1
Became eligible for an occupational pension	<input type="text"/> 2
Became eligible for a private pension or annuity	<input type="text"/> 3
Made redundant	<input type="text"/> 4
Own ill health	<input type="text"/> 5
Ill health of a relative or friend	<input type="text"/> 6
To retire at same time as spouse or partner	<input type="text"/> 7
To spend more time with family	<input type="text"/> 8
To enjoy life	<input type="text"/> 9

Other (please specify)

	95
--	----

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

(SHARE)

<b>WE 5</b>	<p><b>IWER: [SHOW CARD YN1].</b>  <b>IWER:</b> Did you take early retirement, that is did you retire before the normal retirement age?  <b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td> <td style="padding: 2px;"><b>(Go to WE 6)</b></td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 5</td> <td style="padding: 2px;"><b>(Go to WE 7)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 97</td> <td style="padding: 2px;"><b>(Go to WE 7)</b></td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 98</td> <td style="padding: 2px;"><b>(Go to WE 7)</b></td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 99</td> <td style="padding: 2px;"><b>(Go to WE 7)</b></td> </tr> </table> <p>(ELSA)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to WE 6)</b>	No	<input type="checkbox"/> 5	<b>(Go to WE 7)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to WE 7)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to WE 7)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to WE 7)</b>															
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<b>WE 6</b>	<p><b>IWER: SHOW CARD WE3.</b></p> <p><b>IWER:</b> What were your reasons for taking early retirement?</p> <p><b>IWER: CODE ALL THAT APPLY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Own ill health</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Ill health of a relative or friend</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Made redundant/dismissed/had no choice</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Offered early retirement incentive by employer</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Could not find another job</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">To spend more time with partner/family</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">To enjoy life while still young and fit enough</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Fed up with job and wanted a change</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">To retire at the same time as husband/wife/partner</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">To give the young generation a chance</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Other (please specify)</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px; text-align: center;"> </td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td> </tr> </table> <p>(ELSA)</p>	Own ill health	<input type="checkbox"/> 1	Ill health of a relative or friend	<input type="checkbox"/> 1	Made redundant/dismissed/had no choice	<input type="checkbox"/> 1	Offered early retirement incentive by employer	<input type="checkbox"/> 1	Could not find another job	<input type="checkbox"/> 1	To spend more time with partner/family	<input type="checkbox"/> 1	To enjoy life while still young and fit enough	<input type="checkbox"/> 1	Fed up with job and wanted a change	<input type="checkbox"/> 1	To retire at the same time as husband/wife/partner	<input type="checkbox"/> 1	To give the young generation a chance	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1			Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
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Refused to answer	<input type="checkbox"/> 1																														
<b>WE 7</b>	<p><b>IWER:</b> In what kind of business, industry or service did you work in (that is, what did they do or make at the place where you worked)?</p> <p><b>IWER:</b> Record the response below.</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>																														

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

(TILDA)

**WE 8**

**IWER:** On average, how many days per week did you spend at work?

\_\_\_\_\_ day(s) per week

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

(Adapted from POMONA)

**WE 9**

**IWER:** On average, how many hours per week did you spend at work?

\_\_\_\_\_ hour(s) per week

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

**IWER: Go to WE26**

(Adapted from POMONA)

### Employed / Self-Employed

**WE 10**

**IWER:** On average, how many days per week do you spend at work?

\_\_\_\_\_ day(s) per week

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

(Adapted from POMONA)

**WE 11** **IWER:** On average, how many hours per week do you spend at work?

\_\_\_\_\_hour(s) per week

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

(Adapted from POMONA)

**WE 12** **IWER:** How much is your typical weekly wage?

€\_\_\_\_\_per week

Don't receive any wage  1

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

(Adapted from EU-SILC/IDS-TILDA)

**WE 13** **IWER:** In what kind of business, industry or service do you work in (that is, what did they make or do at the place where you work)?

**IWER:** Record the response below.

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

(SHARE)

**WE 14**

**IWER: SHOW CARD WE4.**

**IWER:** When you travel to work, is this mainly by:

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Car	<input type="checkbox"/> 1	<b>(Go to WE 15)</b>
Taxi	<input type="checkbox"/> 2	<b>(Go to WE 15)</b>
Bus	<input type="checkbox"/> 3	<b>(Go to WE 15)</b>
Bike	<input type="checkbox"/> 4	<b>(Go to WE 15)</b>
Walking	<input type="checkbox"/> 5	<b>(Go to WE 15)</b>
Train	<input type="checkbox"/> 6	<b>(Go to WE 15)</b>

Other (please specify)

	95	<b>(Go to WE 15)</b>
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Unclear response	<input type="checkbox"/> 97	<b>(Go to WE 16)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to WE 16)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to WE 16)</b>

(IDS-TILDA)

**WE 15**

**IWER:** On average, how long does it take you to travel to your work on any one day?

hour(s)     mins

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

(IDS-TILDA)

**WE 16**

**IWER: [SHOW CARD YN1].**

**IWER:** Does anyone support you **going to and from** work?

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

Yes	<input type="checkbox"/> 1	<b>(Go to WE 17)</b>
No	<input type="checkbox"/> 5	<b>(Go to WE 18)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to WE 18)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to WE 18)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to WE 18)</b>

(IDS-TILDA)

**WE 17** **IWER:** What support do they give you?

**IWER:** Record the response below.

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

(IDS-TILDA)

**WE 18** **(SELF-REPORT)**

**IWER:** At what age do you plan to stop working?

\_\_\_\_\_ years old

Do not plan to stop working  1

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

**IWER: (Go to WE26)**

(HRS)

**Unemployed or Looking for work**

**WE 19** **IWER:** In what month and year did you become unemployed?

(MM/YYYY)   /

Not applicable, never employed	<input type="checkbox"/> 94	<b>(Go to WE 21)</b>
Unclear response	<input type="checkbox"/> 97	<b>(Go to WE 20)</b>
Don't know	<input type="checkbox"/> 98	
Refused to answer	<input type="checkbox"/> 99	

(HRS/IDS-TILDA)

**WE 20 IWER: SHOW CARD WE5.**

**IWER:** Would you tell us how you became unemployed?

**IWER: CODE THE ONE THAT APPLIES**

because your place of work or office closed	<input type="checkbox"/> 1
because you resigned	<input type="checkbox"/> 2
because you were laid off	<input type="checkbox"/> 3
by mutual agreement between you and your employer	<input type="checkbox"/> 4
because a temporary job had been completed	<input type="checkbox"/> 5
Other (please specify)	<input type="checkbox"/> 6

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

(SHARE/TILDA)

**WE 21 IWER: Are you looking for part-time or full-time work?**

**IWER: CODE THE ONE THAT APPLIES**

Yes, part-time	<input type="checkbox"/> 1	<b>(Go to WE 22)</b>
Yes, full-time	<input type="checkbox"/> 2	
Yes, either full-time or part-time	<input type="checkbox"/> 3	
No	<input type="checkbox"/> 5	<b>(Go to WE 23)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to WE 22)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to WE 22)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to WE 22)</b>

(HRS)

**WE 22 IWER: What type of work are you looking for?**

**IWER: Record the response below.**

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

(IDS-TILDA)



**WE 23 IWER: SHOW CARD WE6.**

**IWER:** What are all the things you have done to find work?

**IWER: READ OUT AND CODE ALL THAT APPLY**

Read advertisements	<input type="checkbox"/> 1	<b>(Go to WE 24)</b>
Attended school or received training	<input type="checkbox"/> 1	
Checked with employment agency	<input type="checkbox"/> 1	
Checked with private employment agency	<input type="checkbox"/> 1	
Visited or wrote to employers directly	<input type="checkbox"/> 1	
Asked friends or relatives	<input type="checkbox"/> 1	
Placed or answered advertisements	<input type="checkbox"/> 1	
Searched the internet	<input type="checkbox"/> 1	
Didn't do anything specific	<input type="checkbox"/> 1	
Other (please specify)	<input type="checkbox"/> 1	
Not applicable - I'm not looking for work	<input type="checkbox"/> 1	<b>(Go to WE 26)</b>

Unclear response	<input type="checkbox"/> 1	<b>(Go to WE 24)</b>
Don't know	<input type="checkbox"/> 1	<b>(Go to WE 24)</b>
Refused to answer	<input type="checkbox"/> 1	<b>(Go to WE 24)</b>

(HRS)

**WE 24 IWER: SHOW CARD WE7.**

**IWER:** How long have you been looking for work?

**IWER: CODE THE ONE THAT APPLIES**

6 months or less	<input type="checkbox"/> 1
6 months to one year	<input type="checkbox"/> 2
One to two years	<input type="checkbox"/> 3
Longer than 2 years	<input type="checkbox"/> 4

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

(IDS-TILDA)

**WE 25** IWER: [SHOW CARD YN1].

**IWER:** Is someone supporting you to look for work?

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

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5
N/A don't need support	<input type="checkbox"/>	94

  

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

(IDS-TILDA)

**WE 26** Any Other Information (Employment Situation):

**WE 27** TO BE COMPLETED THE BY INTERVIEWER

**IWER:** How often did R receive assistance with answers in Section 8 – Employment Situation?

Never	<input type="checkbox"/>	1
A few times	<input type="checkbox"/>	2
Most or all of the time	<input type="checkbox"/>	3

(TILDA)

**Section 9: Voluntary Work (VW)**

**VW 1** **NOTE:** By voluntary work, we mean any kind of unpaid work, whether formal or informal

**IWER:** [SHOW CARD YN1].

**IWER:** Do you do any voluntary work?

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

Yes	<input type="checkbox"/>	1	<b>(Go to VW 2)</b>
No	<input type="checkbox"/>	5	<b>(Go to VW 4)</b>

  

Unclear response	<input type="checkbox"/>	97	<b>(Go to VW 4)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to VW 4)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to VW 4)</b>

(IDS-TILDA)

**VW 2**

**IWER: SHOW CARD LE1.**

**IWER:** How often do you do voluntary work? Is it ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

twice a month or more	<input type="checkbox"/> 1
about once a month	<input type="checkbox"/> 2
every few months	<input type="checkbox"/> 3
about once a year	<input type="checkbox"/> 4
less than once a year	<input type="checkbox"/> 5

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

(ELSA)

**VW 3**

**IWER: SHOW CARD LE2.**

**IWER:** Why do you do voluntary work?

**IWER: CODE ALL THAT APPLY**

To meet other people	<input type="checkbox"/> 1
To contribute something useful	<input type="checkbox"/> 1
For personal achievement	<input type="checkbox"/> 1
Because I am needed	<input type="checkbox"/> 1
Because I enjoy it	<input type="checkbox"/> 1
To use my skills	<input type="checkbox"/> 1
To keep fit	<input type="checkbox"/> 1
Because I feel obliged to do it	<input type="checkbox"/> 1
For work experience	<input type="checkbox"/> 1
To learn particular skills	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(ELSA)

<b>VW 4</b>	<b>Any Other Information (Voluntary Work):</b>
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<b>VW 5</b>	<b>TO BE COMPLETED THE BY INTERVIEWER</b>  <b>IWER:</b> How often did R receive assistance with answers in Section 9 – Voluntary Work?  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Never</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="text-align: center;">A few times</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">Most or all of the time</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table>	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 1						
A few times	<input type="checkbox"/> 2						
Most or all of the time	<input type="checkbox"/> 3						

(TILDA)

### Section 10: Lifelong Learning (LE)

<b>LE 1</b>	<b>IWER: [SHOW CARD YN1].</b>  <b>IWER:</b> Are you currently attending or did you participate in any courses or any other education and training in the last year? (Include any training courses you are currently attending)  <b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b>  <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;">(Go to LE 2)</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td>(Go to LE 7)</td> </tr> </table>  <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;">(Go to LE 7)</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>(Go to LE 7)</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>(Go to LE 7)</td> </tr> </table>	Yes	<input type="checkbox"/> 1	(Go to LE 2)	No	<input type="checkbox"/> 5	(Go to LE 7)	Unclear response	<input type="checkbox"/> 97	(Go to LE 7)	Don't know	<input type="checkbox"/> 98	(Go to LE 7)	Refused to answer	<input type="checkbox"/> 99	(Go to LE 7)
Yes	<input type="checkbox"/> 1	(Go to LE 2)														
No	<input type="checkbox"/> 5	(Go to LE 7)														
Unclear response	<input type="checkbox"/> 97	(Go to LE 7)														
Don't know	<input type="checkbox"/> 98	(Go to LE 7)														
Refused to answer	<input type="checkbox"/> 99	(Go to LE 7)														

(QNHS)

<b>LE 2</b>	<b>IWER: SHOW CARD LE1*.</b>  <b>NOTE:</b> If the SR has attended more than one course, enquire about the activity that has led to a formal qualification or has lasted for the longer period.  <b>IWER:</b> Was/Is this course or activity run or organised by...?  <b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b>  <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">FAS</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>a 2<sup>nd</sup> level school</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td>an Institute of Technology</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>VEC</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> </tr> <tr> <td>a university</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> </tr> <tr> <td>a training centre</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> <tr> <td>a local community programme</td> <td style="text-align: center;"><input type="checkbox"/> 7</td> </tr> </table>	FAS	<input type="checkbox"/> 1	a 2 <sup>nd</sup> level school	<input type="checkbox"/> 2	an Institute of Technology	<input type="checkbox"/> 3	VEC	<input type="checkbox"/> 4	a university	<input type="checkbox"/> 5	a training centre	<input type="checkbox"/> 6	a local community programme	<input type="checkbox"/> 7
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a training centre	<input type="checkbox"/> 6														
a local community programme	<input type="checkbox"/> 7														

Other (please specify)

	95
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Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(Adapted from IDS-TILDA/IDS)

**LE 3 IWER: SHOW CARD LE2.**

**IWER:** What type of course was this?

**IWER: CODE THE ONE THAT APPLIES**

Literacy classes/basic education (To help SR overcome reading/writing difficulties)	<input type="checkbox"/> 1
Computer classes	<input type="checkbox"/> 2
Personal development/Recreational/Hobby	<input type="checkbox"/> 3
Technical or vocational course, not leading to a formal qualification	<input type="checkbox"/> 4
Technical or vocational course, leading to a formal qualification	<input type="checkbox"/> 5
Junior or leaving cert	<input type="checkbox"/> 6
Third level diploma or degree	<input type="checkbox"/> 7
Postgraduate diploma or degree	<input type="checkbox"/> 8
FETAC award	<input type="checkbox"/> 9

Other (please specify)

	95
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Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(Adapted from TILDA)

**LE 4 IWER:** On average, how many hours per week did (does) this course involve?

_____ hour(s) per week
------------------------

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

(EU-SILC)

<b>LE 5</b>	<p><b>IWER:</b> For how many weeks did/will this course last?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">_____ week(s)</td> <td style="width: 20%;"></td> </tr> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(EU-SILC)</p>	_____ week(s)		Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99							
_____ week(s)																
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Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
<b>LE 6</b>	<p><b>IWER:</b> What was the main reason for participating in this course or activity?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Mainly job related reasons (professional)</td> <td style="width: 20%;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Mainly non-job related reasons (personal/social)</td> <td><input type="checkbox"/> 2</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p><b>NOTE: Job-related (professional):</b> the SR takes part in this activity in order to obtain knowledge and/or learn new skills for a current or a future job, increase earnings, improve job- and/or career opportunities in a current or another field and generally improve his/her opportunities for advancement and promotion.</p> <p><b>NOTE: Non-job Related (personal/social):</b> the SR takes part in this activity in order to develop competencies required for personal, community, domestic, social or recreational purposes.</p> <p>(TILDA)</p>	Mainly job related reasons (professional)	<input type="checkbox"/> 1	Mainly non-job related reasons (personal/social)	<input type="checkbox"/> 2	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99					
Mainly job related reasons (professional)	<input type="checkbox"/> 1															
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Refused to answer	<input type="checkbox"/> 99															
<b>LE 7</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Would you like to participate in a course or other education and training scheme?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/> 1</td> <td style="width: 60%;"><b>(Go to LE 8)</b></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td><b>(Go to LE 9)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%;"><input type="checkbox"/> 97</td> <td style="width: 60%;"><b>(Go to LE 9)</b></td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td><b>(Go to LE 9)</b></td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td><b>(Go to LE 9)</b></td> </tr> </table>	Yes	<input type="checkbox"/> 1	<b>(Go to LE 8)</b>	No	<input type="checkbox"/> 5	<b>(Go to LE 9)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to LE 9)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to LE 9)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to LE 9)</b>
Yes	<input type="checkbox"/> 1	<b>(Go to LE 8)</b>														
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<b>LE 8</b>	<p><b>IWER:</b> What course or other education and training scheme would you like to do?</p> <table border="1" style="width: 100%; border-collapse: collapse; height: 80px;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center; vertical-align: middle;">95</td> </tr> </table> <p>(IDS-TILDA)</p>		95													
	95															

<b>LE 9</b>	<b>Any Other Information (Lifelong Learning):</b>
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<b>LE 10</b>	<p><b>TO BE COMPLETED THE BY INTERVIEWER</b></p> <p><b>IWER:</b> How often did R receive assistance with answers in Section 10 – Life Long Learning?</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Never</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="text-align: center;">A few times</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">Most or all of the time</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 1						
A few times	<input type="checkbox"/> 2						
Most or all of the time	<input type="checkbox"/> 3						

**Section 11: Day Services (DS)**

<b>DS 1</b>	<p><b>INTRO:</b> Now I would like to ask you some questions about day services.</p> <p><b>IWER:</b> [SHOW CARD YN1].</p> <p><b>IWER:</b> Do you attend a day service?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><b>(Go to DS 2)</b></td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td style="text-align: center;"><b>(Go to DS 10)</b></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Unclear response</td> <td style="text-align: center;"><input type="checkbox"/> 97</td> <td style="text-align: center;"><b>(Go to DS 11)</b></td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td style="text-align: center;"><b>(Go to DS 11)</b></td> </tr> <tr> <td style="text-align: center;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td style="text-align: center;"><b>(Go to DS 11)</b></td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to DS 2)</b>	No	<input type="checkbox"/> 5	<b>(Go to DS 10)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to DS 11)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to DS 11)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to DS 11)</b>
Yes	<input type="checkbox"/> 1	<b>(Go to DS 2)</b>														
No	<input type="checkbox"/> 5	<b>(Go to DS 10)</b>														
Unclear response	<input type="checkbox"/> 97	<b>(Go to DS 11)</b>														
Don't know	<input type="checkbox"/> 98	<b>(Go to DS 11)</b>														
Refused to answer	<input type="checkbox"/> 99	<b>(Go to DS 11)</b>														

**DS 2 IWER: SHOW CARD DS1\*.**

**IWER:** What type of activities do you undertake at the day service?

**IWER: CODE ALL THAT APPLY**

Music	<input type="checkbox"/> 1
Arts & Crafts	<input type="checkbox"/> 1
Cooking/Baking	<input type="checkbox"/> 1
Multisensory and other health therapies (e.g. Massage, physiotherapy, occupational therapy etc.)	<input type="checkbox"/> 1
Skills Development (e.g. Daily living, social skills etc)	<input type="checkbox"/> 1
Swimming	<input type="checkbox"/> 1
Horticulture	<input type="checkbox"/> 1
Woodwork	<input type="checkbox"/> 1
Information Technology	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(IDS-TILDA)

**DS 3 IWER: SHOW CARD DS2.**

**IWER:** How often do you choose the activities you do in the day service? Would you say...?

**IWER: CODE THE ONE THAT APPLIES**

Most of the time	<input type="checkbox"/> 1
Sometimes	<input type="checkbox"/> 2
Rarely	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 4

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

(IDS-TILDA)



**DS 4** **IWER:** On average, how many days per week do you attend?

\_\_\_\_\_ day(s) per week

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

(IDS-TILDA)

**DS 5** **IWER:** On average, how many hours per week do you spend at the day service?

\_\_\_\_\_ hour(s) per week

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

(Adapted from POMONA)

**DS 6** **IWER: SHOW CARD DS3.**

**IWER:** When you travel to the day service, is this mainly by:

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Car	<input type="checkbox"/>	1	<b>(Go to DS 7)</b>
Taxi	<input type="checkbox"/>	2	<b>(Go to DS 7)</b>
Bus	<input type="checkbox"/>	3	<b>(Go to DS 7)</b>
Bike	<input type="checkbox"/>	4	<b>(Go to DS 7)</b>
Walking	<input type="checkbox"/>	5	<b>(Go to DS 7)</b>
Train	<input type="checkbox"/>	6	<b>(Go to DS 7)</b>
Not applicable - Day service is in the same place I live	<input type="checkbox"/>	94	<b>(Go to DS 10)</b>

Other (please specify)

	<input type="checkbox"/>	95	<b>(Go to DS 7)</b>
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Unclear response	<input type="checkbox"/>	97	<b>(Go to DS 8)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to DS 8)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to DS 8)</b>

(IDS-TILDA)

**DS 7** **IWER:** On average, how long does it take you to travel to your day service on any one day?

hour(s)      mins

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

(IDS-TILDA)

**DS 8** **IWER:** [SHOW CARD YN1].

**IWER:** Does anyone support you **going to and from** the day service?

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

Yes	<input type="text"/>	1	<b>(Go to DS 9)</b>
No	<input type="text"/>	5	<b>(Go to DS 11)</b>

  

Unclear response	<input type="text"/>	97	<b>(Go to DS 11)</b>
Don't know	<input type="text"/>	98	<b>(Go to DS 11)</b>
Refused to answer	<input type="text"/>	99	<b>(Go to DS 11)</b>

(IDS-TILDA)

**DS 9** **IWER:** What support do they give you?

**IWER:** Record the response below.

	<b>(Go to DS 11)</b>
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Unclear response	<input type="text"/>	97	<b>(Go to DS 11)</b>
Don't know	<input type="text"/>	98	<b>(Go to DS 11)</b>
Refused to answer	<input type="text"/>	99	<b>(Go to DS 11)</b>

(IDS-TILDA)

**DS 10** **IWER:** Would you like to attend a day service outside your home?

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

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

**DS 11** **Any Other Information (Day Services):**

**DS 12** **TO BE COMPLETED THE BY INTERVIEWER**

**IWER:** How often did R receive assistance with answers in Section 11 – Day Services?

Never	<input type="checkbox"/> 1
A few times	<input type="checkbox"/> 2
Most or all of the time	<input type="checkbox"/> 3

(TILDA)

**Section 12: Planning for Retirement (PR)**

**PR 1** **INTRO:** I would like to ask you a question about planning to retire from work or day service (whichever applies).

**IWER:** At what age do you plan to retire (from work or day service)?

Age in years	<input type="text"/>
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I do not plan to retire	<input type="checkbox"/> 1
Not applicable - I have already retired	<input type="checkbox"/> 94

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

(HRS)

<b>PR 2</b>	<b>Any Other Information (Retirement):</b>
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<b>PR 3</b>	<b>TO BE COMPLETED THE BY INTERVIEWER</b> <b>IWER:</b> How often did R receive assistance with answers in Section 12 – Planning for Retirement? <table border="1" data-bbox="180 625 654 787"><tr><td data-bbox="180 625 537 680">Never</td><td data-bbox="537 625 654 680"><input type="checkbox"/> 1</td></tr><tr><td data-bbox="180 680 537 732">A few times</td><td data-bbox="537 680 654 732"><input type="checkbox"/> 2</td></tr><tr><td data-bbox="180 732 537 787">Most or all of the time</td><td data-bbox="537 732 654 787"><input type="checkbox"/> 3</td></tr></table> <p>(TILDA)</p>	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 1						
A few times	<input type="checkbox"/> 2						
Most or all of the time	<input type="checkbox"/> 3						

## Section 13: Sources of Income (SI)

**SI 1** **INTRO:** Now I would like to ask you some questions about your income. I would like to remind you that all the information you give is confidential and will be used only for research purposes.

**IWER: SHOW CARD SI1\*.**

**IWER:** Did you receive any of these payments in the last year?

**IWER: READ OUT AND CODE ALL THAT APPLY**

Disability Allowance	<input type="checkbox"/> 1
Mobility Allowance	<input type="checkbox"/> 1
Disability Benefit (Previously known as Illness Benefit)	<input type="checkbox"/> 1
Retirement Pension from Former Employment	<input type="checkbox"/> 1
Contributory State Pension (previously known as Contributory Old Age Pension)	<input type="checkbox"/> 1
Non-Contributory State Pension (previously known as Non-Contributory Old Age Pension)	<input type="checkbox"/> 1
Transition State Pension (previously known as Retirement Pension)	<input type="checkbox"/> 1
Invalidity Pension	<input type="checkbox"/> 1
Widow's or Widower's Contributory Pension	<input type="checkbox"/> 1
Private Pension	<input type="checkbox"/> 1
Jobseeker's Allowance (previously known as Unemployment Assistance)	<input type="checkbox"/> 1
Jobseeker's Benefit (previously known as Unemployment Benefit)	<input type="checkbox"/> 1
Supplementary Welfare Allowance	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1
Not applicable - did not receive any of these payments	<input type="checkbox"/> 94

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(Adapted from TILDA)

SI 2

**IWER: [SHOW CARD YN1].**

**IWER:** Do you control your own money?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Yes	<input type="checkbox"/> 1	<b>(Go to SI 3)</b>
No	<input type="checkbox"/> 5	<b>(Go to SI 3)</b>
SR not considered to have the capacity	<input type="checkbox"/> 94	<b>(Go to SI 4)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to SI 4)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to SI 4)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to SI 4)</b>

(IDS-TILDA/National Quality Standards)

SI 3

**IWER: [SHOW CARD YN1].**

**IWER:** Have you received information and support to manage your money?

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

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

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

(IDS-TILDA/National Quality Standards)

SI 4

**IWER: [SHOW CARD YN1].**

**IWER:** Do you know how much money you receive?

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

Yes	<input type="checkbox"/> 1	<b>(Go to SI 7)</b>
No	<input type="checkbox"/> 5	<b>(Go to SI 5)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to SI 5)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to SI 5)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to SI 5)</b>

**IMPORTANT FILTER NOTES**

SI 1 = Refused to answer or Not applicable and SI4 = Yes, Go to SI 8  
SI 1 = Unclear response and Don't know and SI 4 = Yes, review in terms of SI 1 response.  
For all other responses in SI 1, follow the directions on the questionnaire.

(IDS-TILDA Pilot Study)

**SI 5 IWER: [SHOW CARD YN1].**

**NOTE:** If SR or proxy **does not know their income and expenditure** [or unclear response and refused to answer occurred in the previous question] interviewer to ask permission to gain this information from another source.

**IWER:** Is it okay if we find out your income and expenditure from someone else?

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

Yes	<input type="checkbox"/> _1	<b>(Go to SI 6)</b>
No	<input type="checkbox"/> _5	<b>(Go to SI 10)</b>

Unclear response	<input type="checkbox"/> _97	<b>(Go to SI 10)</b>
Don't know	<input type="checkbox"/> _98	<b>(Go to SI 10)</b>
Refused to answer	<input type="checkbox"/> _99	<b>(Go to SI 10)</b>

(IDS-TILDA PILOT)

**SI 6 IWER:** And what is the name of the person we may ask?

    	<b>(Go to SI 10)</b>
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Unclear response	<input type="checkbox"/> _97	<b>(Go to SI 10)</b>
Don't know	<input type="checkbox"/> _98	<b>(Go to SI 10)</b>
Refused to answer	<input type="checkbox"/> _99	<b>(Go to SI 10)</b>

(IDS-TILDA)

**SI 6A TO BE COMPLETED BY THE INTERVIEWER**

**IWER:** Is this person available now?

Yes	<input type="checkbox"/> _1	<b>(Go to SI 7)</b>
No	<input type="checkbox"/> _5	<b>(Go to SI 10)</b>

**IWER:** Record any other related information below.

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(IDS-TILDA)

**SI 7 IWER: SHOW CARD SI1.**

**NOTE:** Payment or payments received in the last year.

**IWER:** Thinking about the payment or payments you have received, how much money did you receive in total?

€ .
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**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Per week	<input type="checkbox"/>
Per month	<input type="checkbox"/>

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

**IWER:** If the amount is from different sources, record the amount from each source below.

--

(Adapted from EU-SILC)

**SI 8 IWER: [SHOW CARD YN1].**

**IWER:** Do you receive money from any other sources (not previously mentioned)?

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

Yes	<input type="checkbox"/>	1	<b>(Go to SI 9)</b>
No	<input type="checkbox"/>	5	<b>(Go to SI 10)</b>

Unclear response	<input type="checkbox"/>	97	<b>(Go to SI 10)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to SI 10)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to SI 10)</b>

(IDS-TILDA)



**SI 9** **IWER:** How much money do you receive?

€	.
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**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Per week	<input type="checkbox"/>
Per month	<input type="checkbox"/>

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

**IWER:** If the amount is from different sources, record the amount from each source below.

--

(Adapted from EU-SILC)

**SI 10** **IWER: [SHOW CARD YN1].**

**IWER:** Do you know when you receive your money/allowances?

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

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

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

(IDS-TILDA/National Quality Standards)

**SI 11** **IWER: [SHOW CARD YN1].**

**IWER:** Do you collect your money/allowances yourself from the post office or bank?

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

Yes	<input type="checkbox"/>	1	<b>(Go to SI 13)</b>
No	<input type="checkbox"/>	5	<b>(Go to SI 12)</b>

Unclear response	<input type="checkbox"/>	97	<b>(Go to SI 12)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to SI 12)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to SI 12)</b>

(IDS-TILDA/National Quality Standards)

<p><b>SI 12</b></p>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Do you know who does collect it?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" data-bbox="180 310 589 422"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table> <table border="1" data-bbox="180 457 589 617"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(IDS-TILDA/National Quality Standards)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99					
Yes	<input type="checkbox"/>	1																			
No	<input type="checkbox"/>	5																			
Unclear response	<input type="checkbox"/>	97																			
Don't know	<input type="checkbox"/>	98																			
Refused to answer	<input type="checkbox"/>	99																			
<p><b>SI 13</b></p>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Does some of your money go into a central fund (i.e. for mobility allowance)?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" data-bbox="180 852 857 963"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td><b>(Go to SI 14)</b></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td><b>(Go to SI 15)</b></td> </tr> </table> <table border="1" data-bbox="180 999 857 1159"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td><b>(Go to SI 15)</b></td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td><b>(Go to SI 15)</b></td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td><b>(Go to SI 15)</b></td> </tr> </table> <p>(IDS-TILDA Pilot Study)</p>	Yes	<input type="checkbox"/>	1	<b>(Go to SI 14)</b>	No	<input type="checkbox"/>	5	<b>(Go to SI 15)</b>	Unclear response	<input type="checkbox"/>	97	<b>(Go to SI 15)</b>	Don't know	<input type="checkbox"/>	98	<b>(Go to SI 15)</b>	Refused to answer	<input type="checkbox"/>	99	<b>(Go to SI 15)</b>
Yes	<input type="checkbox"/>	1	<b>(Go to SI 14)</b>																		
No	<input type="checkbox"/>	5	<b>(Go to SI 15)</b>																		
Unclear response	<input type="checkbox"/>	97	<b>(Go to SI 15)</b>																		
Don't know	<input type="checkbox"/>	98	<b>(Go to SI 15)</b>																		
Refused to answer	<input type="checkbox"/>	99	<b>(Go to SI 15)</b>																		
<p><b>SI 14</b></p>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> If yes, do you agree with this?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" data-bbox="180 1396 589 1507"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table> <table border="1" data-bbox="180 1543 589 1703"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(IDS-TILDA Pilot Study/National Quality Standards)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99					
Yes	<input type="checkbox"/>	1																			
No	<input type="checkbox"/>	5																			
Unclear response	<input type="checkbox"/>	97																			
Don't know	<input type="checkbox"/>	98																			
Refused to answer	<input type="checkbox"/>	99																			

**SI 15** IWER: [SHOW CARD YN1].

**IWER:** Have you somewhere safe to keep your money?

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

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5
Not applicable – someone else takes care of my money	<input type="checkbox"/>	94

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

(IDS-TILDA/National Quality Standards)

**SI 16** **INTRO:** Now there are a few questions about the money you pay to live in your residence.

**IWER: SHOW CARD SI2.**

**IWER:** Do you...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

own your own house	<input type="checkbox"/>	1	<b>(Go to SI 20)</b>
pay rent	<input type="checkbox"/>	2	<b>(Go to SI 17)</b>
live rent free	<input type="checkbox"/>	3	<b>(Go to SI 20)</b>

Unclear response	<input type="checkbox"/>	97	<b>(Go to SI 20)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to SI 20)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to SI 20)</b>

(SHARE/IDS-TILDA)

**SI 17** **IWER:** How much rent do you pay?

€ .

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Per week	<input type="checkbox"/>	1	<b>(Go to SI 18)</b>
Per month	<input type="checkbox"/>	2	

Unclear response	<input type="checkbox"/>	97	<b>(Go to SI 20)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to SI 20)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to SI 20)</b>

(Adapted from EU-SILC)

<b>SI 18</b>	<p><b>IWER: SHOW CARD YN1.</b></p> <p><b>IWER:</b> Does your rent include all charges and services, such as electricity, gas or heating?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 20%;"><b>(Go to SI 20)</b></td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td><b>(Go to SI 19)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 20%;"><b>(Go to SI 20)</b></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td><b>(Go to SI 20)</b></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td><b>(Go to SI 20)</b></td> </tr> </table> <p>(Adapted from HRS)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to SI 20)</b>	No	<input type="checkbox"/> 5	<b>(Go to SI 19)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to SI 20)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to SI 20)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to SI 20)</b>
Yes	<input type="checkbox"/> 1	<b>(Go to SI 20)</b>														
No	<input type="checkbox"/> 5	<b>(Go to SI 19)</b>														
Unclear response	<input type="checkbox"/> 97	<b>(Go to SI 20)</b>														
Don't know	<input type="checkbox"/> 98	<b>(Go to SI 20)</b>														
Refused to answer	<input type="checkbox"/> 99	<b>(Go to SI 20)</b>														
<b>SI 19</b>	<p><b>IWER:</b> On average, how much do you pay for charges and services that are not included in your rent?</p> <p>€ <input style="width: 100px;" type="text"/></p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Per week</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>Per month</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(Adapted from SHARE)</p>	Per week	<input type="checkbox"/> 1	Per month	<input type="checkbox"/> 2	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99					
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Refused to answer	<input type="checkbox"/> 99															
<b>SI 20</b>	<p><b>Any Other Information (Sources of Income):</b></p>															
<b>SI 21</b>	<p><b>TO BE COMPLETED THE BY INTERVIEWER</b></p> <p><b>IWER:</b> How often did R receive assistance with answers in Section 13 – Sources of Income?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Never</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>A few times</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td>Most or all of the time</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3									
Never	<input type="checkbox"/> 1															
A few times	<input type="checkbox"/> 2															
Most or all of the time	<input type="checkbox"/> 3															

## Section 14: Physical Health (PH)

### Overall Health and Functional Limitations

**PH 1** **INTRO:** Now I would like to ask you some questions about your health.

**IWER: SHOW CARD PH1\*.**

**IWER:** Would you say your health is...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

excellent	<input type="checkbox"/> 1
very good	<input type="checkbox"/> 2
good	<input type="checkbox"/> 3
fair	<input type="checkbox"/> 4
poor	<input type="checkbox"/> 5

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

(ELSA/HRS/SHARE)

**PH 2** **IWER:** Would you say your emotional or mental health is...?

**IWER: [SHOW CARD PH1].**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

excellent	<input type="checkbox"/> 1
very good	<input type="checkbox"/> 2
good	<input type="checkbox"/> 3
fair	<input type="checkbox"/> 4
poor	<input type="checkbox"/> 5

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

(ELSA/HRS/SHARE/TILDA)

**PH 3** **IWER: [SHOW CARD YN1].**

**IWER:** Some people have long-term health conditions. By long-term, I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time (e.g. epilepsy, arthritis, a mental health problem).

**IWER:** Do you have any long-term health conditions?

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

Yes	<input type="checkbox"/> _1	<b>(Go to PH 4)</b>
No	<input type="checkbox"/> _5	<b>(Go to PH 9)</b>

Unclear response	<input type="checkbox"/> _97	<b>(Go to PH 9)</b>
Don't know	<input type="checkbox"/> _98	<b>(Go to PH 9)</b>
Refused to answer	<input type="checkbox"/> _99	<b>(Go to PH 9)</b>

(ELSA/HRS/SHARE)

**PH 4** **IWER:** What long-term health conditions are they?

**IWER:** Record the response below.

--

Unclear response	<input type="checkbox"/> _97
Don't know	<input type="checkbox"/> _98
Refused to answer	<input type="checkbox"/> _99

(IDS-TILDA)

**PH 5** **IWER:** [SHOW CARD YN1].

**IWER:** Do(es) these/this condition(s) limit your activities in any way?

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

Yes	<input type="checkbox"/> _1	<b>(Go to PH 6)</b>
No	<input type="checkbox"/> _5	<b>(Go to PH 7)</b>

Unclear response	<input type="checkbox"/> _97	<b>(Go to PH 7)</b>
Don't know	<input type="checkbox"/> _98	<b>(Go to PH 7)</b>
Refused to answer	<input type="checkbox"/> _99	<b>(Go to PH 7)</b>

(ELSA/HRS)

**PH 6** **IWER:** For the past six months or more, to what extent have you been limited because of a health condition in activities people usually do?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Severely limited	<input type="checkbox"/> _1
Limited, but not severely	<input type="checkbox"/> _2
Not limited	<input type="checkbox"/> _3

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

(SHARE)

**PH 7 IWER: [SHOW CARD YN1].**

**IWER:** Do you have any health conditions that limit the kind or amount of paid work you could do, should you want to?

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

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

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 9)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 9)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 9)</b>

(ELSA/ HRS)

**PH 8 IWER: [SHOW CARD YN1].**

**IWER:** Is this a health condition that you expect to last less than three months?

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

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

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

(ELSA/ HRS)

**PH 9 (SELF-REPORT ONLY)  
IWER: [SHOW CARD PH1].**

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

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

excellent	<input type="checkbox"/> 1
very good	<input type="checkbox"/> 2
good	<input type="checkbox"/> 3
fair	<input type="checkbox"/> 4
poor	<input type="checkbox"/> 5

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

(VES)

**PH 10 Any Other Information (Overall Health and Functional Limitations):**

## Eyesight

**PH 11** **INTRO:** I would now like to ask you some questions about your eyesight.

**IWER: SHOW CARD PH2\*.**

**IWER:** Is your eyesight (using glasses or contact lenses if you use them)...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Excellent	<input type="checkbox"/> 1	<b>(Go to PH 12)</b>
very good	<input type="checkbox"/> 2	<b>(Go to PH 12)</b>
Good	<input type="checkbox"/> 3	<b>(Go to PH 12)</b>
Fair	<input type="checkbox"/> 4	<b>(Go to PH 12)</b>
Poor	<input type="checkbox"/> 5	<b>(Go to PH 12)</b>
Not applicable - registered or legally blind	<input type="checkbox"/> 94	<b>(Go to PH 14)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 12)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 12)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 12)</b>

(ELSA/ HRS/SHARE)

**PH 12** **IWER: [SHOW CARD PH1].**

**IWER:** How good is your eyesight for seeing things at a distance, like recognising a friend across the street (using glasses or corrective lens if you use them)? Would you say it is...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**



excellent	<input type="checkbox"/> 1
very good	<input type="checkbox"/> 2
good	<input type="checkbox"/> 3
fair	<input type="checkbox"/> 4
poor	<input type="checkbox"/> 5

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

(ELSA/ HRS/ SHARE)

**PH 13 IWER: [SHOW CARD PH1].**

**IWER:** How good is your eyesight for seeing things up close, for example like reading ordinary newspaper print or looking at photographs (using glasses or corrective lens if you use them)? Would you say it is...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

excellent	<input type="checkbox"/> 1
very good	<input type="checkbox"/> 2
good	<input type="checkbox"/> 3
fair	<input type="checkbox"/> 4
poor	<input type="checkbox"/> 5

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

(ELSA/ HRS/SHARE)

**PH 14 IWER: [SHOW CARD YN1].**

**IWER:** Have you been prescribed glasses or contact lenses?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PH 15)</b>
No	<input type="checkbox"/> 5	<b>(Go to PH 17)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 17)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 17)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 17)</b>

(Adapted from CHAP)

**PH15 IWER: SHOW CARD PH3.**

**IWER:** Do you usually wear ordinary glasses, bifocals or contact lenses?

**IWER: CODE THE ONE THAT APPLIES**

Ordinary glasses	<input type="checkbox"/>	1
Bifocals	<input type="checkbox"/>	2
Contact lenses	<input type="checkbox"/>	3

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

(TILDA)

**PH 16 IWER: [SHOW CARD YN1].**

**IWER:** Do you usually wear your glasses or contact lenses?

**NOTE:** By usually I mean most of the time for what they have been prescribed for i.e. reading.

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

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

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

(SHARE)

**PH 17 IWER: SHOW CARD PH4.**

**IWER:** When was your last eye exam?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Less than one year	<input type="checkbox"/>	1	<b>(Go to PH 19)</b>
One-three years ago	<input type="checkbox"/>	2	<b>(Go to PH 19)</b>
More than three years ago	<input type="checkbox"/>	3	<b>(Go to PH 18)</b>
Never	<input type="checkbox"/>	4	<b>(Go to PH 18)</b>

Unclear response	<input type="checkbox"/>	97	<b>(Go to PH 18)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to PH 18)</b>

Refused to answer

 99

**(Go to PH 18)**

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

**PH 18** **IWER:** Can you tell me the reasons why you haven't had an eye exam recently?

**IWER:** Record the response below.

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

(IDS-TILDA)

**PH 19** **Any Other Information (Eyesight):**

### Hearing

**PH 20** **INTRO:** I would now like to ask you some questions about your hearing.

**IWER: SHOW CARD PH5\*.**

**IWER:** Do you use any of the following aids or appliances to help you with your hearing?

**IWER: READ OUT AND CODE ALL THAT APPLY**

Hearing aid (all the time)	<input type="checkbox"/> 1
Hearing aid (some of the time)	<input type="checkbox"/> 1
Phone messaging service	<input type="checkbox"/> 1
Amplifier	<input type="checkbox"/> 1
None of the above	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(TILDA)

<p><b>PH 21</b></p>	<p><b>IWER: SHOW CARD PH6.</b></p> <p><b>IWER:</b> Is your hearing (with or without a hearing aid)...?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1"> <tr> <td>excellent</td> <td><input type="checkbox"/> 1</td> <td><b>(Go to PH 22)</b></td> </tr> <tr> <td>very good</td> <td><input type="checkbox"/> 2</td> <td><b>(Go to PH 22)</b></td> </tr> <tr> <td>Good</td> <td><input type="checkbox"/> 3</td> <td><b>(Go to PH 22)</b></td> </tr> <tr> <td>Fair</td> <td><input type="checkbox"/> 4</td> <td><b>(Go to PH 22)</b></td> </tr> <tr> <td>Poor</td> <td><input type="checkbox"/> 5</td> <td><b>(Go to PH 22)</b></td> </tr> <tr> <td>Not applicable - deaf</td> <td><input type="checkbox"/> 94</td> <td><b>(Go to PH 26)</b></td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td><b>(Go to PH 22)</b></td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td><b>(Go to PH 22)</b></td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td><b>(Go to PH 22)</b></td> </tr> </table> <p>(ELSA/ HRS/ SHARE/IDS-TILDA)</p>	excellent	<input type="checkbox"/> 1	<b>(Go to PH 22)</b>	very good	<input type="checkbox"/> 2	<b>(Go to PH 22)</b>	Good	<input type="checkbox"/> 3	<b>(Go to PH 22)</b>	Fair	<input type="checkbox"/> 4	<b>(Go to PH 22)</b>	Poor	<input type="checkbox"/> 5	<b>(Go to PH 22)</b>	Not applicable - deaf	<input type="checkbox"/> 94	<b>(Go to PH 26)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 22)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to PH 22)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 22)</b>
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<p><b>PH 22</b></p>	<p><b>IWER: SHOW CARD PH7.</b></p> <p><b>IWER:</b> Can you follow a conversation with one person (with or without a hearing aid)?</p> <p><b>NOTE:</b> If SR asks, the environment to think of should be non-noisy, i.e. their home.</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/> 1</td> <td><b>(Go to PH 23)</b></td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/> 2</td> <td><b>(Go to PH 23)</b></td> </tr> <tr> <td>Much difficulty</td> <td><input type="checkbox"/> 3</td> <td><b>(Go to PH 23)</b></td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/> 4</td> <td><b>(Go to PH 24)</b></td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td><b>(Go to PH 23)</b></td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td><b>(Go to PH 23)</b></td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td><b>(Go to PH 23)</b></td> </tr> </table> <p>(TILDA)</p>	No difficulty	<input type="checkbox"/> 1	<b>(Go to PH 23)</b>	Some difficulty	<input type="checkbox"/> 2	<b>(Go to PH 23)</b>	Much difficulty	<input type="checkbox"/> 3	<b>(Go to PH 23)</b>	Cannot do at all	<input type="checkbox"/> 4	<b>(Go to PH 24)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 23)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to PH 23)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 23)</b>						
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Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 23)</b>																										
<p><b>PH 23</b></p>	<p><b>IWER: [SHOW CARD PH7].</b></p> <p><b>IWER:</b> Can you follow a conversation with four people (with or without a hearing aid)?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1"> <tr> <td>No difficulty</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Some difficulty</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Much difficulty</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>Cannot do at all</td> <td><input type="checkbox"/> 4</td> </tr> </table>	No difficulty	<input type="checkbox"/> 1	Some difficulty	<input type="checkbox"/> 2	Much difficulty	<input type="checkbox"/> 3	Cannot do at all	<input type="checkbox"/> 4																			
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Cannot do at all	<input type="checkbox"/> 4																											

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

(TILDA)

**PH 24 IWER: SHOW CARD PH8.**

**IWER:** When was your last hearing test?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Less than one year	<input type="checkbox"/> 1	<b>(Go to PH 26)</b>
One-three years ago	<input type="checkbox"/> 2	<b>(Go to PH 26)</b>
More than three years ago	<input type="checkbox"/> 3	<b>(Go to PH 25)</b>
Never	<input type="checkbox"/> 4	<b>(Go to PH 25)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 25)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 25)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 25)</b>

(IDS-TILDA/Adapted from Special Olympics)

**PH 25 IWER:** Can you tell me why you haven't had your hearing tested recently?

**IWER:** Record the response below.

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

(IDSTILDA)

**PH 26 Any Other Information (Hearing):**

## General Communication

**PH 27** **INTRO:** Now I would like to ask you a couple of questions about the day-to-day communication you use.

**IWER: SHOW CARD PH9\*.**

**IWER:** Do you have any difficulty speaking or making yourself understood when speaking?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to PH 28A)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to PH 28)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to PH 28)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to PH 28A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 28)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 28)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 28)</b>

(NDS)

**PH 28** **IWER: SHOW CARD PH10.**

**IWER:** How well are you able to make yourself understood when speaking with ...?

**IWER: READ OUT AND CODE ONE BOX ON EACH LINE**

	Completely	Partially	Not at all	Unclear response	Don't know	Refused to answer	Not applicable
Members of your own family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
Your friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
Professionals and service providers such as doctors and home help workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94
Other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99	<input type="checkbox"/> 94

(NDS)

**PH 28A** **Any Other Information (General Communication):**

## Oral Health

**PH 29** **INTRO:** I would now like to ask you some questions about your oral health.

**IWER: SHOW CARD PH11\*.**

**IWER:** Which best describes the teeth you have?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

I have all my own natural teeth – none missing	<input type="checkbox"/> 1	<b>(Go to PH 30)</b>
I have my own teeth, no dentures – but some missing	<input type="checkbox"/> 2	<b>(Go to PH 30)</b>
I have dentures as well as some of my own teeth	<input type="checkbox"/> 3	<b>(Go to PH 30)</b>
I have full dentures	<input type="checkbox"/> 4	<b>(Go to PH 30)</b>
I have no teeth or dentures	<input type="checkbox"/> 5	<b>(Go to PH 31)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 30)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 30)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 30)</b>

(Adapted from SLAN)

**PH 30** **IWER: SHOW CARD PH12.**

**IWER:** How often do you brush your teeth/have them brushed?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Once or more a day	<input type="checkbox"/> 1	<b>(Go to PH 32)</b>
2 to 6 times per week	<input type="checkbox"/> 2	<b>(Go to PH 32)</b>
Once per week	<input type="checkbox"/> 3	<b>(Go to PH 32)</b>
Less than once per week	<input type="checkbox"/> 4	<b>(Go to PH 32)</b>
Never	<input type="checkbox"/> 5	<b>(Go to PH 32)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 32)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 32)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 32)</b>

(Adapted from SLAN)

**PH 31** **IWER: SHOW CARD PH12.**

**IWER:** How often do you clean your mouth/or have it cleaned for you?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Once or more a day	<input type="checkbox"/> 1
2 to 6 times per week	<input type="checkbox"/> 2

Once per week	<input type="checkbox"/> 3
Less than once per week	<input type="checkbox"/> 4
Never	<input type="checkbox"/> 5

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

(Special Olympics response options)

**PH 32 IWER: SHOW CARD PH13.**

**IWER:** When was the last time you visited a dentist or dental hygienist?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Less than a year ago	<input type="checkbox"/> 1	<b>(Go to PH 34)</b>
1-2 years ago	<input type="checkbox"/> 2	<b>(Go to PH 34)</b>
More than two years	<input type="checkbox"/> 3	<b>(Go to PH 33)</b>
Never	<input type="checkbox"/> 4	<b>(Go to PH 33)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 33)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 33)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 33)</b>

(Adapted from SLAN)

**PH 33 IWER: Can you tell me the reasons why you haven't seen a dentist or dental hygienist recently?**

**IWER:** Please record response below.

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

(IDS-TILDA)



**PH 34 IWER: [SHOW CARD YN1].**

**IWER:** Do you have any obvious problem with teeth or gums? (e.g. painful or sensitive teeth, bleeding gums when you brush your teeth)

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

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

(Adapted from OK Health Check)

**PH 35 Any Other Information (Oral Health):**

**Nutritional Health**

**PH 36 INTRO:** I would now like to ask you some questions about your nutritional health.

**IWER: SHOW CARD PH14\*.**

**IWER:** In general, how healthy is your overall diet? Would you say...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

excellent	<input type="checkbox"/> 1
very good	<input type="checkbox"/> 2
good	<input type="checkbox"/> 3
fair	<input type="checkbox"/> 4
poor	<input type="checkbox"/> 5
Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(NHANES)

PH 37	<b>IWER:</b> In general, would you consider yourself to be ...?						
	<b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b>						
	Overweight	<input type="checkbox"/> 1					
	Underweight	<input type="checkbox"/> 2					
	or about the right weight	<input type="checkbox"/> 3					
	Unclear response	<input type="checkbox"/> 97					
	Don't know	<input type="checkbox"/> 98					
	Refused to answer	<input type="checkbox"/> 99					
	(Adapted from NHANES 2005-2006)						
	PH 38	<b>IWER: [SHOW CARD YN1].</b>					
<b>IWER:</b> Are you on any special diet?							
<b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b>							
Yes		<input type="checkbox"/> 1 (Go to PH 39)					
No		<input type="checkbox"/> 5 (Go to PH 41)					
Unclear response		<input type="checkbox"/> 97 (Go to PH 41)					
Don't know		<input type="checkbox"/> 98 (Go to PH 41)					
Refused to answer		<input type="checkbox"/> 99 (Go to PH 41)					
(Adapted from Nutritional Risk Index/IDS-TILDA)							
PH 39		<b>IWER: SHOW CARD PH15.</b>					
	<b>IWER:</b> Who advised you to follow this diet?						
	<b>IWER: CODE ALL THAT APPLY</b>						
	A dietician	<input type="checkbox"/> 1					
	A nurse	<input type="checkbox"/> 1					
	A doctor	<input type="checkbox"/> 1					
	A family member	<input type="checkbox"/> 1					
	A key worker/support worker	<input type="checkbox"/> 1					
	Yourself	<input type="checkbox"/> 1					
	Other (please specify)	<input type="checkbox"/> 1					
<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 1</td> </tr> </table>		Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
Unclear response	<input type="checkbox"/> 1						
Don't know	<input type="checkbox"/> 1						
Refused to answer	<input type="checkbox"/> 1						
(IDS-TILDA)							

PH 40

**IWER: SHOW CARD PH16.**

**IWER:** What type of diet are you following?

**IWER: CODE ALL THAT APPLY**

Low fat/cholesterol	<input type="checkbox"/> 1
Low sodium	<input type="checkbox"/> 1
High calorie	<input type="checkbox"/> 1
Gluten free	<input type="checkbox"/> 1
Weight reducing	<input type="checkbox"/> 1
Diabetic diet	<input type="checkbox"/> 1
PKU	<input type="checkbox"/> 1
Lactose intolerant	<input type="checkbox"/> 1
Low potassium	<input type="checkbox"/> 1
Soft/liquidised foods	<input type="checkbox"/> 1
Thickened fluids	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(Adapted from Nutritional Risk Index/IDS-TILDA)

PH 41

**IWER:** Within the last three months, have you lost or gained ten pounds (4.5kg) or more in weight when you weren't trying to?

[NOTE: By losing or gaining weight when you weren'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**

Yes, gained weight	<input type="checkbox"/> 1
Yes, lost weight	<input type="checkbox"/> 2
Yes, gained and lost weight	<input type="checkbox"/> 3
No, weight has remained the same	<input type="checkbox"/> 5

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

(HRS/ELSA/TILDA)

**PH 42** Any Other Information (Nutritional Health):

**Foot Health**

**PH 43** **INTRO:** I would now like to ask you some questions about your foot health.

**IWER: SHOW CARD PH17\*.**

**IWER:** In general, what condition would you say your feet are in?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Excellent	<input type="checkbox"/>	1
Very good	<input type="checkbox"/>	2
Good	<input type="checkbox"/>	3
Fair	<input type="checkbox"/>	4
Poor	<input type="checkbox"/>	5

  

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

(Adapted from FHSQ)

**PH 44** **IWER: [SHOW CARD YN1].**

**IWER:** Do you have any pain in your feet?

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

Yes	<input type="checkbox"/>	1	<b>(Go to PH 45)</b>
No	<input type="checkbox"/>	5	<b>(Go to PH 47)</b>

  

Unclear response	<input type="checkbox"/>	97	<b>(Go to PH 47)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to PH 47)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to PH 47)</b>

(Adapted from OK Health Check)

**PH 45** **IWER:** What is the cause of this pain?

**IWER:** Record the response below.

--

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

(IDS-TILDA)

**PH 46** **IWER: SHOW CARD PH18.**

**IWER:** How much does your foot health limit you walking (e.g. because of foot pain)?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Not at all	<input type="checkbox"/> 1
Slightly	<input type="checkbox"/> 2
Moderately	<input type="checkbox"/> 3
Quite a bit	<input type="checkbox"/> 4
Extremely	<input type="checkbox"/> 5

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

(Adapted from FHSQ)

**PH 47** **Any Other Information (Foot Health):**

## Falls

**PH 48** **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).

**IWER:** [SHOW CARD YN1]\*.

**IWER:** In the past month have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PH 49)</b>
No	<input type="checkbox"/> 5	<b>(Go to PH 52)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 52)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 52)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 52)</b>

(ELSA/HRS/Lamb et al 2005)

**PH 49** **IWER: SHOW CARD PH19.**

**IWER:** How often have you fallen down in the past month?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Once	<input type="checkbox"/> 1
Twice	<input type="checkbox"/> 2
Once a week	<input type="checkbox"/> 3
Other (please specify)	<input type="checkbox"/> 95

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

(ELSA/HRS/IDS-TILDA)

**PH 50** **IWER:** In general, were most of these falls...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Accidental (e.g. slipping or tripping over something)	<input type="checkbox"/> 1	<b>(Go to PH 52)</b>
Non-accidental	<input type="checkbox"/> 2	<b>(Go to PH 51)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 52)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 52)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 52)</b>

(TILDA/IDS-TILDA)

**PH 51** **IWER:** Were these non-accidental falls because of...?

**IWER: READ OUT AND CODE ALL THAT APPLY**

No apparent or obvious reason	<input type="checkbox"/> 1
Due to a pre-existing physical or mental health condition (e.g. epilepsy)	<input type="checkbox"/> 1
As a result of being pushed	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(TILDA/IDS-TILDA)

**PH 52** **IWER: [SHOW CARD YN1].**

**IWER:** In the past year have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PH 53)</b>
No	<input type="checkbox"/> 5	<b>(Go to PH 57)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 57)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 57)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 57)</b>

(ELSA/HRS/Lamb et al 2005)

**PH 53** **IWER: [SHOW CARD PH19].**

**IWER:** How often have you fallen down in the past year?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Once	<input type="checkbox"/> 1
Twice	<input type="checkbox"/> 2
Once a week	<input type="checkbox"/> 3
Once a month	<input type="checkbox"/> 4

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

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

(ELSA/HRS/IDS-TILDA)

**PH 54** **IWER:** In general, were most of these falls...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Accidental (e.g. slipping or tripping over something)	<input type="checkbox"/> 1	<b>(Go to PH 56)</b>
Non-accidental	<input type="checkbox"/> 2	<b>(Go to PH 55)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 56)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 56)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 56)</b>

(TILDA/IDS-TILDA)

**PH 55** **IWER:** Were these non-accidental falls because of...?

**IWER: READ OUT AND CODE ALL THAT APPLY**

No apparent or obvious reason	<input type="checkbox"/> 1
Due to a pre-existing physical or mental health condition (e.g. epilepsy)	<input type="checkbox"/> 1
As a result of being pushed	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(TILDA/IDS-TILDA)

**PH 56** **IWER: [SHOW CARD YN1].**

**IWER:** Because of a fall, did you ever injure yourself 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?**

Yes and I got treatment	<input type="checkbox"/> 1
Yes and I did not get treatment	<input type="checkbox"/> 2
No	<input type="checkbox"/> 5



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

(ELSA/HRS)

**PH 57 IWER: [SHOW CARD YN1].**

**IWER:** Have you ever had a blackout or fainted? (i.e. Not related to seizure type activity)

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

Yes	<input type="checkbox"/> 1	<b>(Go to PH 58)</b>
No	<input type="checkbox"/> 5	<b>(Go to PH 59)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 59)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 59)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 59)</b>

(TILDA)

**PH 58 IWER:** Approximately, how many times have you had a blackout or fainted in the last year?

\_\_\_\_\_ time(s) in the last year

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

(TILDA)

**PH 59 IWER: [SHOW CARD YN1].**

**IWER:** Were you a frequent fainter when you were younger?

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

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

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

(TILDA)

**PH 60 IWER: [SHOW CARD YN1].**

**IWER:** Have you ever attended a falls clinic?

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

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5
SR/Proxy not aware of falls clinic	<input type="checkbox"/>	2

  

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

(IDS-TILDA)

**PH 61 Any Other Information (Falls):**

**Fear of Falling**

**PH 62 IWER: [SHOW CARD YN1].**

**IWER:** Are you afraid of falling?

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

Yes	<input type="checkbox"/>	1	<b>(Go to PH 63)</b>
No	<input type="checkbox"/>	5	<b>(Go to PH 65)</b>

  

Unclear response	<input type="checkbox"/>	97	<b>(Go to PH 65)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to PH 65)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to PH 65)</b>

(TILDA)

**PH 63** **IWER:** Do you feel somewhat afraid or very much afraid of falling?

**IWER: CODE THE ONE THAT APPLIES**

Somewhat afraid of falling	<input type="checkbox"/> 1
Very much afraid of falling	<input type="checkbox"/> 2

  

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

(TILDA)

**PH 64** **IWER: [SHOW CARD YN1].**

**IWER:** Do you ever limit your activities, for example, what you do or where do you go, because you are afraid of falling?

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

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

  

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

(TILDA)

**PH 65** **Any Other Information (Fear of Falling):**

**Steadiness & Fractures**

**PH 66** **IWER: SHOW CARD PH20\*.**

**IWER:** We are interested in your steadiness when walking, standing or getting up from a chair. How steady do you feel...?

**IWER: READ OUT AND CODE ONE BOX ON EACH LINE**

	Very steady	Slightly steady	Slightly unsteady	Very unsteady	Not Applicable	Unclear response	Don't know	Refused to answer
Walking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Standing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Getting up from a chair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 94	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(TILDA)

**PH 67**

**IWER: [SHOW CARD YN1].**

**IWER:** Have you ever fractured a bone like your arm or your leg?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PH 68)</b>
No	<input type="checkbox"/> 5	<b>(Go to PH 69)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 69)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 69)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 69)</b>

(Adapted from ELSA/HRS)

**PH 68**

**IWER: SHOW CARD PH21\*.**

**IWER:** Which bone(s) have you fractured?

**IWER: READ OUT AND CODE ALL THAT APPLY**

Hip	<input type="checkbox"/> 1
Wrist	<input type="checkbox"/> 1
Ankle	<input type="checkbox"/> 1
Shoulder	<input type="checkbox"/> 1
Knee	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(Adapted from ELSA/HRS)

**PH68**

**A**

**IWER:** [Was/Were any of] the fracture(s) due to a fall?

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

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

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

**IWER:** Please record the details of the fracture(s) below.

(IDS-TILDA)

**PH 69**

**IWER:** [SHOW CARD YN1].

**IWER:** Have you had any joint replacements?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PH 70)</b>
No	<input type="checkbox"/> 5	<b>(Go to PH 72)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 72)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 72)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 72)</b>

(ELSA)

**PH 70 IWER: SHOW CARD PH22.**

**IWER:** Which joints did you have replaced?

**IWER: READ OUT AND CODE ALL THAT APPLY**

Hip	<input type="checkbox"/> 1
Both hips	<input type="checkbox"/> 1
Knee	<input type="checkbox"/> 1
Both knees	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(ELSA/HRS)

**PH 71 IWER: Was/were the joint replacement(s) because of ...?**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Arthritis	<input type="checkbox"/> 1
A fracture	<input type="checkbox"/> 2
Both arthritis and a fracture	<input type="checkbox"/> 3

Other (please specify)

	95
--	----

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

(ELSA)

**PH 72 Any Other Information (Steadiness & Fractures):**

## Pain

**PH 73**

**IWER:** [SHOW CARD YN1]\*.

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

**IWER:** Are you often troubled with pain?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PH 74)</b>
No	<input type="checkbox"/> 5	<b>(Go to PH 79)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 79)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 79)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 79)</b>

(ELSA/HRS)

**PH 74**

**IWER:** How bad is the pain most of the time? Is it...?

**IWER:** READ OUT AND CODE THE ONE THAT APPLIES

Mild	<input type="checkbox"/> 1
Moderate	<input type="checkbox"/> 2
Severe	<input type="checkbox"/> 3

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

(ELSA/HRS)

<b>PH 75</b>	<p><b>(SELF-REPORT ONLY)</b></p> <p><b>IWER: SHOW CARD PH23*.</b></p> <p><b>IWER:</b> Now thinking about this pain, in which part of your body is the pain most?</p> <p><b>IWER: CODE ALL THAT APPLY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Back</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Hips</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Knees</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Feet</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Mouth/teeth</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">All over</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Other (please specify)</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Unable to understand</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Unclear response</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Don't know</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">Refused to answer</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">SR not present – unable to complete</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 0</td></tr> </table> <p>(TILDA/IDS-TILDA)</p>	Back	<input type="checkbox"/> 1	Hips	<input type="checkbox"/> 1	Knees	<input type="checkbox"/> 1	Feet	<input type="checkbox"/> 1	Mouth/teeth	<input type="checkbox"/> 1	All over	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1	Unable to understand	<input type="checkbox"/> 1	Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1	SR not present – unable to complete	<input type="checkbox"/> 0
Back	<input type="checkbox"/> 1																								
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All over	<input type="checkbox"/> 1																								
Other (please specify)	<input type="checkbox"/> 1																								
Unable to understand	<input type="checkbox"/> 1																								
Unclear response	<input type="checkbox"/> 1																								
Don't know	<input type="checkbox"/> 1																								
Refused to answer	<input type="checkbox"/> 1																								
SR not present – unable to complete	<input type="checkbox"/> 0																								
<b>PH 76</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Does the pain make it difficult for you to do your usual activities such as household chores, work, social or leisure activities?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td></tr> <tr><td style="padding: 2px;">No</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 5</td></tr> <tr><td style="padding: 2px;">Unclear response</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 97</td></tr> <tr><td style="padding: 2px;">Don't know</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 98</td></tr> <tr><td style="padding: 2px;">Refused to answer</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> 99</td></tr> </table> <p>(HRS/IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99														
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Don't know	<input type="checkbox"/> 98																								
Refused to answer	<input type="checkbox"/> 99																								
<b>PH 77</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Are you taking any medication to control the pain?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1</td> <td style="padding: 2px;"><b>(Go to PH 78)</b></td> </tr> </table>	Yes	<input type="checkbox"/> 1	<b>(Go to PH 78)</b>																					
Yes	<input type="checkbox"/> 1	<b>(Go to PH 78)</b>																							



No	<input type="checkbox"/> 5	(Go to PH 79)
Unclear response	<input type="checkbox"/> 97	(Go to PH 79)
Don't know	<input type="checkbox"/> 98	(Go to PH 79)
Refused to answer	<input type="checkbox"/> 99	(Go to PH 79)

(ELSA)

**PH 78** **IWER: [SHOW CARD YN1].**

**IWER:** Does this medication control your pain?

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

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

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

(ELSA)

**PH 79** **Any Other Information (Pain):**

**Bladder Incontinence**

**PH 80** **IWER: [SHOW CARD YN1]\*.**

**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.

**IWER:** During the last 12 months, have you lost any amount of urine beyond your control?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Yes	<input type="checkbox"/> 1	(Go to PH 81)
No	<input type="checkbox"/> 5	(Go to PH 84)
No longer continent but used to be	<input type="checkbox"/> 2	(Go to PH 84)
Not relevant, never continent	<input type="checkbox"/> 3	(Go to PH 84)
Not relevant, only continent with assistance from family member/support staff/other	<input type="checkbox"/> 4	(Go to PH 84)

Unclear response	<input type="checkbox"/> 97	(Go to PH 84)
Don't know	<input type="checkbox"/> 98	(Go to PH 84)

Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 84)</b>
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(ELSA/HRS/IDS-TILDA)

**PH 81 IWER: [SHOW CARD YN1].**

**IWER:** Did this happen more than once during a 1 month period?

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

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

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

(ELSA)

**PH 82 IWER: [SHOW CARD YN1].**

**IWER:** Have you ever mentioned this problem to a doctor, nurse or other health professional?

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

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

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

(ELSA)

**PH 83 IWER: [SHOW CARD YN1].**

**IWER:** Do you ever limit your activities, for example, what you do or where you go because of this problem?

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

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

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

(TILDA)

**PH 84** Any Other Information (Bladder Incontinence):

### Bowel Incontinence/Continnence

**PH 85** IWER: [SHOW CARD YN1]\*.

**IWER:** During the last 12 months, have you lost any amount of faeces beyond your control?

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

Yes	<input type="checkbox"/> _1	<b>(Go to PH 86)</b>
No	<input type="checkbox"/> _5	<b>(Go to PH 89)</b>
No longer continent but used to be	<input type="checkbox"/> _2	<b>(Go to PH 89)</b>
Not relevant, never continent	<input type="checkbox"/> _3	<b>(Go to PH 89)</b>
Not relevant, only continent with assistance from family member/support staff/other	<input type="checkbox"/> _4	<b>(Go to PH 89)</b>

Unclear response	<input type="checkbox"/> _97	<b>(Go to PH 89)</b>
Don't know	<input type="checkbox"/> _98	<b>(Go to PH 89)</b>
Refused to answer	<input type="checkbox"/> _99	<b>(Go to PH 89)</b>

(Adapted from OK Health Check)

**PH 86** IWER: [SHOW CARD YN1].

**IWER:** Did this happen more than once during a 1 month period?

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

Yes	<input type="checkbox"/> _1
No	<input type="checkbox"/> _5

Unclear response	<input type="checkbox"/> _97
Don't know	<input type="checkbox"/> _98
Refused to answer	<input type="checkbox"/> _99

(Adapted from ELSA)

<b>PH 87</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Have you ever mentioned this problem to a doctor, nurse or other health professional?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">1</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </table> <p>(Adapted from ELSA)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99					
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Don't know	<input type="checkbox"/>	98																			
Refused to answer	<input type="checkbox"/>	99																			
<b>PH 88</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Do you ever limit your activities, for example, what you do or where you go because of this problem?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">1</td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">5</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99					
Yes	<input type="checkbox"/>	1																			
No	<input type="checkbox"/>	5																			
Unclear response	<input type="checkbox"/>	97																			
Don't know	<input type="checkbox"/>	98																			
Refused to answer	<input type="checkbox"/>	99																			
<b>PH 89</b>	<p><b>Any Other Information (Bowel Incontinence):</b></p>																				
<b>PH 90</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Is constipation a problem for you?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"><b>(Go to PH 91)</b></td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">5</td> <td><b>(Go to PH 93)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">97</td> <td style="width: 10%;"><b>(Go to PH 93)</b></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> <td><b>(Go to PH 93)</b></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> <td><b>(Go to PH 93)</b></td> </tr> </table> <p>(Adapted from OK Health Check)</p>	Yes	<input type="checkbox"/>	1	<b>(Go to PH 91)</b>	No	<input type="checkbox"/>	5	<b>(Go to PH 93)</b>	Unclear response	<input type="checkbox"/>	97	<b>(Go to PH 93)</b>	Don't know	<input type="checkbox"/>	98	<b>(Go to PH 93)</b>	Refused to answer	<input type="checkbox"/>	99	<b>(Go to PH 93)</b>
Yes	<input type="checkbox"/>	1	<b>(Go to PH 91)</b>																		
No	<input type="checkbox"/>	5	<b>(Go to PH 93)</b>																		
Unclear response	<input type="checkbox"/>	97	<b>(Go to PH 93)</b>																		
Don't know	<input type="checkbox"/>	98	<b>(Go to PH 93)</b>																		
Refused to answer	<input type="checkbox"/>	99	<b>(Go to PH 93)</b>																		

<p><b>PH 91</b></p>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Have you ever mentioned this problem to a doctor or nurse?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" data-bbox="219 310 630 420"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1" data-bbox="219 457 630 619"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(Adapted from ELSA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1										
No	<input type="checkbox"/> 5										
Unclear response	<input type="checkbox"/> 97										
Don't know	<input type="checkbox"/> 98										
Refused to answer	<input type="checkbox"/> 99										
<p><b>PH 92</b></p>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Do you ever limit your activities, for example, what you do or where you go because of this problem?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" data-bbox="219 856 630 966"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> </table> <table border="1" data-bbox="219 1003 630 1165"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Yes	<input type="checkbox"/> 1										
No	<input type="checkbox"/> 5										
Unclear response	<input type="checkbox"/> 97										
Don't know	<input type="checkbox"/> 98										
Refused to answer	<input type="checkbox"/> 99										
<p><b>PH 93</b></p>	<p><b>Any Other Information (Bowel Continence):</b></p>										

## Medication

**PH 94**

**IWER: [SHOW CARD YN1]\*.**

**IWER:** In the pre-interview questionnaire, we asked you to record all medications that you take on a regular basis, like everyday or every week. This included prescription and non-prescription medications, over-the-counter medicines, vitamins, and herbal and alternative medicines

**IWER:** Do I have all of your medications here (see pre-interview questionnaire)?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PH 95)</b>
No	<input type="checkbox"/> 5	<b>(Refer to the operational protocol &amp; Go to PH 95)</b>
Not relevant, don't take any medication	<input type="checkbox"/> 94	<b>(Go to PH 101)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 95)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 95)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 95)</b>

(TILDA/IDS-TILDA)

**PH 95**

**IWER: [SHOW CARD YN1].**

**IWER:** Do you administer/take your own medication/tablets?

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

Yes independently	<input type="checkbox"/> 1
Yes with support	<input type="checkbox"/> 2
No	<input type="checkbox"/> 5

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

(IDS-TILDA)

**PH 96**

**IWER: [SHOW CARD YN1].**

**IWER:** Do you have difficulty with taking medication(s)?

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

Yes	<input type="checkbox"/> 1	<b>(Go to PH 97)</b>
No	<input type="checkbox"/> 5	<b>(Go to PH 99)</b>

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

(IDS-TILDA)

<b>PH 97</b>	<p><b>IWER:</b> Please indicate the level of difficulty, you have with taking medication(s).</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Some difficulty</td> <td style="text-align: center; width: 40px;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="padding: 2px;">A lot of difficulty</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="padding: 2px;">Cannot do at all</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; width: 40px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(NDS/HRS/SHARE/ELSA)</p>	Some difficulty	<input type="checkbox"/> 1	A lot of difficulty	<input type="checkbox"/> 2	Cannot do at all	<input type="checkbox"/> 3	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99			
Some difficulty	<input type="checkbox"/> 1															
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Cannot do at all	<input type="checkbox"/> 3															
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
<b>PH 98</b>	<p><b>IWER:</b> Do you have difficulty with this because of ...?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">a health or memory problem lasting more than 3 months</td> <td style="text-align: center; width: 40px;"><input type="checkbox"/> 1</td> </tr> </table> <p>Other (please specify)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; width: 80%;"></td> <td style="text-align: center; vertical-align: middle;">95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; width: 40px;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1		95	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99					
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Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
<b>PH 99</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Does anyone help you to take your medication(s)?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Yes</td> <td style="text-align: center; width: 40px;"><input type="checkbox"/> 1</td> <td style="padding: 2px;"><b>(Go to PH 100)</b></td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td style="padding: 2px;"><b>(Go to PH 101)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="text-align: center; width: 40px;"><input type="checkbox"/> 97</td> <td style="padding: 2px;"><b>(Go to PH 101)</b></td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td style="padding: 2px;"><b>(Go to PH 101)</b></td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td style="padding: 2px;"><b>(Go to PH 101)</b></td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to PH 100)</b>	No	<input type="checkbox"/> 5	<b>(Go to PH 101)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 101)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to PH 101)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 101)</b>
Yes	<input type="checkbox"/> 1	<b>(Go to PH 100)</b>														
No	<input type="checkbox"/> 5	<b>(Go to PH 101)</b>														
Unclear response	<input type="checkbox"/> 97	<b>(Go to PH 101)</b>														
Don't know	<input type="checkbox"/> 98	<b>(Go to PH 101)</b>														
Refused to answer	<input type="checkbox"/> 99	<b>(Go to PH 101)</b>														

<p><b>PH 100</b></p>	<p><b>IWER:</b> What support do they give you?</p> <p><b>IWER:</b> Record the response below.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Unclear response	<input type="checkbox"/> 97						
Don't know	<input type="checkbox"/> 98						
Refused to answer	<input type="checkbox"/> 99						
<p><b>PH 101</b></p>	<p><b>Any Other Information (Medication):</b></p>						
<p><b>PH 102</b></p>	<p><b>TO BE COMPLETED THE BY INTERVIEWER</b></p> <p><b>IWER:</b> How often did R receive assistance with answers in Section 14 – Physical Health?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">Never</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="text-align: center;">A few times</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">Most or all of the time</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 1						
A few times	<input type="checkbox"/> 2						
Most or all of the time	<input type="checkbox"/> 3						



## Section 15: Mental Health (MH)

**MH 1** **INTRO:** The next section of the interview is about people's mood, feelings and wellbeing.

**NOTE:** If the SR answered most of the questions in Section 1-14, administer the MHD1 (Depression Scale – attached separately). If the proxy answered most of the questions in Section 1-14, administer the PAS-ADD Checklist (attached separately).

**TO BE COMPLETED BY THE INTERVIEWER**

**IWER:** Indicate which scale will be administered:

Depression Scale	<input type="checkbox"/> <sub>1</sub>	<b>(Go to MH 5)</b>
PAS-ADD checklist	<input type="checkbox"/> <sub>2</sub>	<b>(Go to MH 2)</b>

(IDS-TILDA)

**MH 2** **TO BE COMPLETED BY THE INTERVIEWER**

From the PAS-ADD Checklist, add the total scores for each of the following.

<b>Total score 1</b> (Add scores of A+B) Maximum Possible Score = 8 Threshold = 5	
<b>Total score 2</b> (Add scores B+C+D) Maximum Possible Score = 25 Threshold = 6	
<b>Total score 3</b> (Score E) Maximum Possible Score = 4 Threshold = 2	

**NOTE:** If no threshold is reached then no further assessment is needed. If a threshold score is achieved in Total Score 2 or 3 then a further assessment is needed. If the only threshold reached is Total Score 1 then no further assessment is needed.

**Is a further psychiatric assessment necessary?**

Yes	<input type="checkbox"/> <sub>1</sub>	<b>(Go to MH 3)</b>
No	<input type="checkbox"/> <sub>5</sub>	<b>(Go to MH 5)</b>

(PAS-ADD Checklist)

**MH 3** **TO BE COMPLETED BY THE INTERVIEWER**

**NOTE:** For trained interviewers, administer the PAS-ADD Zero (attached separately).

**NOTE:** For untrained interviewers, inform the SR/Proxy that a further assessment is required and another time will be arranged for a different interviewer to come and visit them.

**Indicate the actions taken.**

PAS-ADD Zero Administered	<input type="checkbox"/> 1	<b>(Go to MH 5)</b>
PAS-ADD Lite - Further assessment required by a different interviewer	<input type="checkbox"/> 2	<b>(Go to MH 4)</b>

(Adapted from Mini PAS-ADD)

**MH 4**

**IWER: SHOW CARD YN1.**

**IWER:** Based on the results from this checklist we would like to carry out a further assessment with you. Would it be okay for a different interviewer to contact you and discuss another visit?

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

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

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

(IDS-TILDA)

**MH 5**

**Any Other Information (Mental Health):**

**MH 6**

**TO BE COMPLETED THE BY INTERVIEWER**

**IWER:** How often did R receive assistance with answers in Section 15 – Mental Health?

Never	<input type="checkbox"/> 1
A few times	<input type="checkbox"/> 2
Most or all of the time	<input type="checkbox"/> 3

(TILDA)

## Section 16: Behavioural Health (BH)

### Smoking

**BH 1** **INTRO:** Now I would like to ask you some questions about your lifestyle.

**IWER:** [SHOW CARD YN1]\*.

**IWER:** Have you 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?'**

Yes	<input type="checkbox"/> 1	<b>(Go to BH 2)</b>
No	<input type="checkbox"/> 5	<b>(Go to BH 9)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to BH 9)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to BH 9)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to BH 9)</b>

(SHARE/Similar question ELSA/HRS)

**BH 2** **IWER:** [SHOW CARD YN1].

**IWER:** Do you 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**

Yes	<input type="checkbox"/> 1	<b>(Go to BH 4)</b>
No, I have stopped	<input type="checkbox"/> 5	<b>(Go to BH 3)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to BH 3)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to BH 3)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to BH 3)</b>

(SHARE/ Similar question ELSA/HRS)

<b>BH 3</b>	<p><b>IWER:</b> How old were you when you stopped smoking?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-bottom: 10px;">         _____ years old       </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </table> <p>(SHARE/Similar question HRS)</p>	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99															
Unclear response	<input type="checkbox"/>	97																							
Don't know	<input type="checkbox"/>	98																							
Refused to answer	<input type="checkbox"/>	99																							
<b>BH 4</b>	<p><b>IWER:</b> For how many years have you smoked altogether?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-bottom: 10px;">         _____ year(s)       </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </table> <p>(SHARE/Similar question HRS)</p>	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99															
Unclear response	<input type="checkbox"/>	97																							
Don't know	<input type="checkbox"/>	98																							
Refused to answer	<input type="checkbox"/>	99																							
<b>BH 5</b>	<p><b>IWER:</b> [SHOW CARD YN1].</p> <p><b>IWER:</b> What do [you/did you] smoke (before you stopped)?</p> <p><b>IWER: CODE ALL THAT APPLY</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 60%;">Cigarettes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 20%;"><b>(Go to BH 6)</b></td> </tr> <tr> <td>Pipe</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td><b>(Go to BH 7)</b></td> </tr> <tr> <td>Cigars or cigarillos</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td><b>(Go to BH 8)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">97</td> <td style="width: 10%;"><b>(Go to BH 9)</b></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> <td><b>(Go to BH 9)</b></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> <td><b>(Go to BH 9)</b></td> </tr> </table> <p>(SHARE/Similar question ELSA)</p>	Cigarettes	<input type="checkbox"/>	1	<b>(Go to BH 6)</b>	Pipe	<input type="checkbox"/>	1	<b>(Go to BH 7)</b>	Cigars or cigarillos	<input type="checkbox"/>	1	<b>(Go to BH 8)</b>	Unclear response	<input type="checkbox"/>	97	<b>(Go to BH 9)</b>	Don't know	<input type="checkbox"/>	98	<b>(Go to BH 9)</b>	Refused to answer	<input type="checkbox"/>	99	<b>(Go to BH 9)</b>
Cigarettes	<input type="checkbox"/>	1	<b>(Go to BH 6)</b>																						
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Cigars or cigarillos	<input type="checkbox"/>	1	<b>(Go to BH 8)</b>																						
Unclear response	<input type="checkbox"/>	97	<b>(Go to BH 9)</b>																						
Don't know	<input type="checkbox"/>	98	<b>(Go to BH 9)</b>																						
Refused to answer	<input type="checkbox"/>	99	<b>(Go to BH 9)</b>																						

<b>BH 6</b>	<p><b>IWER:</b> How many cigarettes [do you/did you] smoke on average per day?</p> <p><input type="text"/> per day</p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(SHARE/Similar question ELSA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Unclear response	<input type="checkbox"/> 97						
Don't know	<input type="checkbox"/> 98						
Refused to answer	<input type="checkbox"/> 99						

<b>BH 7</b>	<p><b>IWER:</b> How many pipes [do you/did you] smoke on average per day?</p> <p><input type="text"/> per day</p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(SHARE/Similar question ELSA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Unclear response	<input type="checkbox"/> 97						
Don't know	<input type="checkbox"/> 98						
Refused to answer	<input type="checkbox"/> 99						

<b>BH 8</b>	<p><b>IWER:</b> How many cigars or cigarillos [do/did] you [smoke] on average per day?</p> <p><input type="text"/> per day</p> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(SHARE/Similar question ELSA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Unclear response	<input type="checkbox"/> 97						
Don't know	<input type="checkbox"/> 98						
Refused to answer	<input type="checkbox"/> 99						

<b>BH 9</b>	<p><b>Any Other Information (Smoking):</b></p>
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<b>Alcohol</b>
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<b>BH 10</b>	<p><b>IWER:</b> [SHOW CARD YN1]*.</p> <p><b>IWER:</b> Do you drink alcohol?</p> <p><b>NOTE:</b> Respond 'yes' if the SR has drunk alcohol anytime in the last 6 months.</p>
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**IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'**

Yes	<input type="checkbox"/> 1	<b>(Go to BH 11 )</b>
No	<input type="checkbox"/> 5	<b>(Go to BH 14)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to BH 14)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to BH 14)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to BH 14)</b>

(TILDA)

**BH 11**

**IWER: SHOW CARD BH1.**

**IWER:** During the last six months, how often have you drunk any alcoholic beverages, like beer, cider, wine, spirits or cocktails?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

Almost every day	<input type="checkbox"/> 1
Five or six days a week	<input type="checkbox"/> 2
Three or four days a week	<input type="checkbox"/> 3
Once or twice a week	<input type="checkbox"/> 4
Once or twice a month	<input type="checkbox"/> 5
Less than once a month	<input type="checkbox"/> 6
Not at all in the last 6 months	<input type="checkbox"/> 7

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

(SHARE/Similar question in ELSA)

**BH 12**

**IWER: [SHOW CARD BH1].**

**IWER:** During the last six months, how often have you 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**

Almost every day	<input type="checkbox"/> 1
Five or six days a week	<input type="checkbox"/> 2
Three or four days a week	<input type="checkbox"/> 3
Once or twice a week	<input type="checkbox"/> 4
Once or twice a month	<input type="checkbox"/> 5
Less than once a month	<input type="checkbox"/> 6
Not at all in the last 6 months	<input type="checkbox"/> 7

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

(SHARE)

**BH 13**

**IWER:** During the last six months, on the days you drank alcohol, about how many drinks did you have?

\_\_\_\_\_ drinks

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

(HRS)

**BH 14**

**Any Other Information (Alcohol):**

### Diet

**BH 15**

**INTRO:** I am now going to ask you a few questions about your diet and about what you eat and drink.

**IWER:** How often do you eat the following?

**IWER: READ OUT AND CODE ONE BOX ON EACH LINE**

	Daily	Most of the time	Some of the time	Never	Unclear response	Don't know	Refused to answer
Breakfast	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Lunch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Dinner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
Snacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(Senior Nutrition Questionnaire)

BH 16

**IWER: SHOW CARD BH2\*.**

**IWER:** On average, in the last year, how often did you eat the following...?

**NOTE:** Medium servings

**IWER: READ OUT AND CODE ONE BOX ON EACH LINE**

	More than 4 times per day	2-3 times a day	Once a day	5-6 times per week	2-4 times per week	Once a week	1-3 times per month	Never or less than once a month	Unclear response	Don't know	Refused to answer
meat, fish and poultry e.g. beef, pork, lamb, chicken (Serving: size of deck of cards)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
bread and savoury biscuits e.g. cream crackers, Ryvita (Serving: 1 slice or biscuit)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
cereals e.g. porridge, cornflakes, muesli (Serving: 1 med sized bowl)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
potatoes, rice and pasta (Serving: about a cupful)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
dairy products e.g. milk, cream, cheese, butter, margarine (Serving: medium)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
fruit e.g. apples, pears, oranges, bananas, tinned fruit (Serving: 1 piece of fruit)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
vegetables e.g. carrots, broccoli, cauliflower, baked beans (Serving: 2 tablespoons)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
sweet and savoury snacks e.g. chocolates, crisps (Serving: medium)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(SLAN)



**BH 17 IWER: [SHOW CARD BH2].**

**IWER:** On average, in the last year, how often did you drink the following...?

**IWER: READ OUT AND CODE ONE BOX ON EACH LINE**

	More than 4 times per day	2-3 times a day	Once a day	5-6 times per week	2-4 times per week	Once a week	1-3 times per month	Never or less than once a month	Unclear response	Don't know	Refused to answer
tea (Serving: one cup)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
coffee (Serving: one cup)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
water (Serving: one cup)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
milk (Serving: one cup)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
low calorie or diet soft fizzy (Serving: one glass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
fizzy soft drinks e.g. Cocoa Cola (Serving: one glass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
pure fruit drinks e.g. orange juice (Serving: 1 small glass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
fruit squash (Serving: one small glass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(SLAN)

<b>BH 18</b>	<b>Any Other Information (Diet):</b>
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**Physical Activity**

<b>BH 19</b>	<p><b>INTRO:</b> 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 amount and type of physical activity you do. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and garden work, to get from place to place and in your spare time for recreation, exercise or sport.</p> <p><b>IWER: SHOW CARD BH3.</b></p> <p><b>IWER:</b> On average, how often do you take part in vigorous physical activities? <b>Vigorous</b> physical activities can be considered anything that lasts at least 10 to 20 minutes, which causes heavy sweating or a large increase in breathing or heart rate.</p> <p><b>For example:</b> running or jogging, exercise bike, vigorous swimming, cycling, aerobics or gym workout, tennis, heavy housework or gardening like digging with a spade or shovel.</p> <p><b>IWER: READ OUT AND CODE ONE BOX ON EACH LINE</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">More than once a week</th> <th style="width: 10%;">Once a week</th> <th style="width: 10%;">One to three times a month</th> <th style="width: 10%;">Hardly ever or never</th> <th style="width: 10%;">Unclear response</th> <th style="width: 10%;">Don't know</th> <th style="width: 10%;">Refused to answer</th> </tr> </thead> <tbody> <tr> <td>Vigorous physical activities</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 97</td> <td><input type="checkbox"/> 98</td> <td><input type="checkbox"/> 99</td> </tr> </tbody> </table> <p><b>IWER:</b> On average, how often do you take part in moderately energetic physical activities? <b>Moderately energetic physical activities</b> 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.</p> <p><b>For example:</b> gardening, cleaning the car, walking at a moderate pace, dancing, floor or stretching exercises, swimming or cycling.</p> <p><b>IWER: READ OUT AND CODE ONE BOX ON EACH LINE</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">More than once a week</th> <th style="width: 10%;">Once a week</th> <th style="width: 10%;">One to three times a month</th> <th style="width: 10%;">Hardly ever or never</th> <th style="width: 10%;">Unclear response</th> <th style="width: 10%;">Don't know</th> <th style="width: 10%;">Refused to answer</th> </tr> </thead> <tbody> <tr> <td>Moderate physical activities</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 97</td> <td><input type="checkbox"/> 98</td> <td><input type="checkbox"/> 99</td> </tr> </tbody> </table> <p><b>IWER:</b> On average, how often do you take part in mildly energetic physical activities? <b>Mildly energetic</b> physical activities can be considered anything that lasts at least 10 to 20 minutes that cause minimal or no sweating, or mild increase in breathing or heart rate.</p> <p><b>For example:</b> bowls, walking, golf, light exercises, vacuuming, laundry or home repairs</p>		More than once a week	Once a week	One to three times a month	Hardly ever or never	Unclear response	Don't know	Refused to answer	Vigorous physical activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99		More than once a week	Once a week	One to three times a month	Hardly ever or never	Unclear response	Don't know	Refused to answer	Moderate physical activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99
	More than once a week	Once a week	One to three times a month	Hardly ever or never	Unclear response	Don't know	Refused to answer																										
Vigorous physical activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99																										
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**IWER: READ OUT AND CODE ONE BOX ON EACH LINE**

	More than once a week	Once a week	One to three times a month	Hardly ever or never	Unclear response	Don't know	Refused to answer
Mild physical activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 97	<input type="checkbox"/> 98	<input type="checkbox"/> 99

(ELSA/SHARE/IDS-TILDA)

**BH 20**

**IWER: SHOW CARD BH4.**

**IWER:** What type of physical activity do you regularly take part in?

**IWER: CODE ONE BOX ON EACH LINE**

Not applicable - I don't take part in regular physical activity	<input type="checkbox"/> 1
Bowling	<input type="checkbox"/> 1
Swimming	<input type="checkbox"/> 1
Walking	<input type="checkbox"/> 1
Gym/treadmill/cycling bike	<input type="checkbox"/> 1
Cycling	<input type="checkbox"/> 1
Running/jogging	<input type="checkbox"/> 1
Aerobics	<input type="checkbox"/> 1
Golf	<input type="checkbox"/> 1
Basketball	<input type="checkbox"/> 1
Badminton	<input type="checkbox"/> 1
Horseback riding	<input type="checkbox"/> 1
Soccer/football	<input type="checkbox"/> 1
Dancing	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(NHANES)

**BH 21**

**IWER: SHOW CARD BH5.**

**IWER:** What difficulties might stop you doing physical activity?

**IWER: CODE ALL THAT APPLY**

Non-applicable (don't experience any difficulties)	<input type="checkbox"/> 1
Health considerations or physically unable	<input type="checkbox"/> 1
Wheelchair user	<input type="checkbox"/> 1
Motor impairment	<input type="checkbox"/> 1
Don't have enough money	<input type="checkbox"/> 1
Can't get a lift	<input type="checkbox"/> 1
Transport services are inadequate or not accessible	<input type="checkbox"/> 1
Have no one to go with for company	<input type="checkbox"/> 1
Not allowed to go	<input type="checkbox"/> 1
Need someone's assistance but there is no one to help you	<input type="checkbox"/> 1
Get too tired	<input type="checkbox"/> 1
Don't have enough time	<input type="checkbox"/> 1
There is nothing you can do at the leisure centre	<input type="checkbox"/> 1
Don't like exercise	<input type="checkbox"/> 1
Service facilities are not accessible	<input type="checkbox"/> 1
You are self-conscious	<input type="checkbox"/> 1
Unfriendly or negative attitudes towards you	<input type="checkbox"/> 1
No available exercise facilities	<input type="checkbox"/> 1
Getting too old	<input type="checkbox"/> 1
Other reason (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(Adapted from POMONA/Special Olympics)

<b>BH 22</b>	<b>IWER: [SHOW CARD YN1].</b>	
	<b>IWER:</b> Would you like to do more (or some, where applicable) physical activities?	
	<b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b>	
	Yes	<input type="checkbox"/> 1 <b>(Go to BH 23)</b>
	No	<input type="checkbox"/> 5 <b>(Go to BH 24)</b>
	Unclear response	<input type="checkbox"/> 97 <b>(Go to BH 24)</b>
	Don't know	<input type="checkbox"/> 98 <b>(Go to BH 24)</b>
Refused to answer	<input type="checkbox"/> 99 <b>(Go to BH 24)</b>	
(IDS-TILDA)		

<b>BH 23</b>	<b>IWER:</b> Which physical activities would you like to do more of?	
	<b>IWER:</b> Record the response below.	
	Unclear response	<input type="checkbox"/> 97
	Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99	
(IDS-TILDA)		

<b>BH 24</b>	<b>Any Other Information (Physical Activity):</b>
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**Sleep**

<b>BH 25</b>	<b>IWER: SHOW CARD BH6*.</b>	
	<b>INTRO:</b> We are interested in how well people manage to sleep at night and if they have any trouble sleeping.	
	<b>IWER:</b> How often do you have trouble falling asleep at night?	
	<b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b>	
	Most of the times	<input type="checkbox"/> 1 <b>(Go to BH 25A)</b>
Sometimes	<input type="checkbox"/> 2 <b>(Go to BH 25A)</b>	
Rarely	<input type="checkbox"/> 3 <b>(Go to BH 26)</b>	

	Never	<input type="checkbox"/> 4	<b>(Go to BH 26)</b>																					
	Unclear response	<input type="checkbox"/> 97	<b>(Go to BH 26)</b>																					
	Don't know	<input type="checkbox"/> 98	<b>(Go to BH 26)</b>																					
	Refused to answer	<input type="checkbox"/> 99	<b>(Go to BH 26)</b>																					
	(HRS/IDS-TILDA – 'at night')																							
<b>BH 25A</b>	<p><b>IWER:</b> For what reasons do you have trouble falling asleep at night? (e.g. sharing a room etc)</p> <p><b>IWER:</b> Record the response below.</p> <div style="border: 1px solid black; height: 60px; margin: 10px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 5px;">Unclear response</td> <td style="text-align: center;"><input type="checkbox"/>97</td> </tr> <tr> <td style="padding: 5px;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/>98</td> </tr> <tr> <td style="padding: 5px;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/>99</td> </tr> </table> <p>(HRS)</p>			Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99															
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Don't know	<input type="checkbox"/> 98																							
Refused to answer	<input type="checkbox"/> 99																							
<b>BH 26</b>	<p><b>IWER:</b> Is your sleep interrupted during the night by episodes of wakefulness?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="padding: 5px;">Most of the times</td> <td style="text-align: center;"><input type="checkbox"/>1</td> <td style="padding: 5px;"><b>(Go to BH 26A)</b></td> </tr> <tr> <td style="padding: 5px;">Sometimes</td> <td style="text-align: center;"><input type="checkbox"/>2</td> <td style="padding: 5px;"><b>(Go to BH 26A)</b></td> </tr> <tr> <td style="padding: 5px;">Rarely</td> <td style="text-align: center;"><input type="checkbox"/>3</td> <td style="padding: 5px;"><b>(Go to BH 27)</b></td> </tr> <tr> <td style="padding: 5px;">Never</td> <td style="text-align: center;"><input type="checkbox"/>4</td> <td style="padding: 5px;"><b>(Go to BH27)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Unclear response</td> <td style="text-align: center;"><input type="checkbox"/>97</td> <td style="padding: 5px;"><b>(Go to BH 27)</b></td> </tr> <tr> <td style="padding: 5px;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/>98</td> <td style="padding: 5px;"><b>(Go to BH 27)</b></td> </tr> <tr> <td style="padding: 5px;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/>99</td> <td style="padding: 5px;"><b>(Go to BH 27)</b></td> </tr> </table> <p>(HRS)</p>			Most of the times	<input type="checkbox"/> 1	<b>(Go to BH 26A)</b>	Sometimes	<input type="checkbox"/> 2	<b>(Go to BH 26A)</b>	Rarely	<input type="checkbox"/> 3	<b>(Go to BH 27)</b>	Never	<input type="checkbox"/> 4	<b>(Go to BH27)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to BH 27)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to BH 27)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to BH 27)</b>
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Refused to answer	<input type="checkbox"/> 99																							

	(HRS)																					
<b>BH 27</b>	<p><b>IWER:</b> How often do you have trouble with waking up too early and not being able to fall asleep again?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1"> <tr> <td>Most of the times</td> <td><input type="checkbox"/> 1</td> <td><b>(Go to BH 27A)</b></td> </tr> <tr> <td>Sometimes</td> <td><input type="checkbox"/> 2</td> <td><b>(Go to BH 27A)</b></td> </tr> <tr> <td>Rarely</td> <td><input type="checkbox"/> 3</td> <td><b>(Go to BH 28)</b></td> </tr> <tr> <td>Never</td> <td><input type="checkbox"/> 4</td> <td><b>(Go to BH28)</b></td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td><b>(Go to BH 28)</b></td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td><b>(Go to BH 28)</b></td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td><b>(Go to BH 28)</b></td> </tr> </table>	Most of the times	<input type="checkbox"/> 1	<b>(Go to BH 27A)</b>	Sometimes	<input type="checkbox"/> 2	<b>(Go to BH 27A)</b>	Rarely	<input type="checkbox"/> 3	<b>(Go to BH 28)</b>	Never	<input type="checkbox"/> 4	<b>(Go to BH28)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to BH 28)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to BH 28)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to BH 28)</b>
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<b>BH 28</b>	<p>(HRS)</p> <p><b>IWER: SHOW CARD BH7.</b></p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1"> <tr> <td>Would never dose</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Slight chance of dozing</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>Moderate chance of dozing</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>High chance of dozing</td> <td><input type="checkbox"/> 4</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table>	Would never dose	<input type="checkbox"/> 1	Slight chance of dozing	<input type="checkbox"/> 2	Moderate chance of dozing	<input type="checkbox"/> 3	High chance of dozing	<input type="checkbox"/> 4	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99							
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<b>BH 29</b>	<p>(TILDA)</p> <p><b>Any Other Information (Behavioural Health):</b></p>																					

<b>BH 30</b>	<b>TO BE COMPLETED THE BY INTERVIEWER</b> <b>IWER:</b> How often did R receive assistance with answers in Section 16 – Behavioural Health? <table border="1"><tr><td>Never</td><td><input type="checkbox"/> 1</td></tr><tr><td>A few times</td><td><input type="checkbox"/> 2</td></tr><tr><td>Most or all of the time</td><td><input type="checkbox"/> 3</td></tr></table> (TILDA)	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 1						
A few times	<input type="checkbox"/> 2						
Most or all of the time	<input type="checkbox"/> 3						



## Section 17: I(ADL) & Helpers (FL)

### Functional Limitations

**FL 1**

**INTRO:** We need to understand the difficulties people may have with various activities.

**NOTE:** If the SR is confined to bed or a wheelchair, read the following statement: *“I am required to ask about all of these activities. I realise that you may not be able to do some of them, but I would appreciate it if you could try to answer each question as best you can”*. Exclude any difficulties that you expect to last less than three months.

**NOTE:** Please refer to protocol definitions throughout this section. Please record any information pertaining to the SR’s/ proxy’s definition of level of difficulty in the textboxes provided throughout the section.

**IWER: SHOW CARD FL1\*.**

**IWER:** Please indicate the level of difficulty, if any, you have **with walking 100 yards**.

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 3)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 1A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 1A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 1A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 3)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 3)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 3)</b>

**FL 1A**  
[Please record description of the difficulty here]

(SHARE/NDS)

**FL 2**

**IWER:** Do you have difficulty with this activity because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a physical or mental health problem lasting more than 3 months	<input type="checkbox"/> 1
--	----------------------------

Other (please specify)

	95
--	----

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

(SHARE/TILDA)

**FL 3**

**IWER: [SHOW CARD FL1].**

**IWER:** [Please indicate the level of difficulty, if any,] you have **with running or jogging about 1.5 kilometres (1 mile).**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 5)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 3A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 3A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 3A)</b>

**FL 3A**

[Please record description of the difficulty here]

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 5)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 5)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 5)</b>

(SHARE/NDS)

**FL 4**

**IWER:** Do you have difficulty with this activity because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a physical or mental health problem lasting more than 3 months	<input type="checkbox"/> 1
--	----------------------------

Other (please specify)

	95
--	----

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

(SHARE/TILDA)

**FL 5**

**IWER: [SHOW CARD FL1].**

**IWER:** [Please indicate the level of difficulty, if any,] you have **with sitting for about two hours.**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 7)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 5A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 5A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 5A)</b>

**FL 5A**

[Please record description of the difficulty here]

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 7)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 7)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 7)</b>

(SHARE/NDS)

<b>FL 6</b>	<p><b>IWER:</b> Do you have difficulty with this activity because of ...?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a physical or mental health problem lasting more than 3 months</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> </table> <p>Other (please specify)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 40px;"></td> <td style="width: 20%; text-align: center; vertical-align: middle;">95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(SHARE/TILDA)</p>		a physical or mental health problem lasting more than 3 months	<input type="checkbox"/> 1		95	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99														
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	95																									
Unclear response	<input type="checkbox"/> 97																									
Don't know	<input type="checkbox"/> 98																									
Refused to answer	<input type="checkbox"/> 99																									
<b>FL 7</b>	<p><b>IWER: [SHOW CARD FL1].</b></p> <p><b>IWER:</b> [Please indicate the level of difficulty, if any,] you have <b>with getting up from a chair after sitting for long periods.</b></p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">No difficulty</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;"><b>(Go to FL 9)</b></td> </tr> <tr> <td>Some difficulty</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td><b>(Go to FL 7A)</b></td> </tr> <tr> <td>A lot of difficulty</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td><b>(Go to FL 7A)</b></td> </tr> <tr> <td>Cannot do at all</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td><b>(Go to FL 7A)</b></td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Unclear response</td> <td style="text-align: center;"><input type="checkbox"/> 97</td> <td><b>(Go to FL 9)</b></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td><b>(Go to FL 9)</b></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td><b>(Go to FL 9)</b></td> </tr> </table> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p><b>FL 7A</b> [Please record description of the difficulty here]</p> </div> <p>(SHARE/NDS)</p>		No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 9)</b>	Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 7A)</b>	A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 7A)</b>	Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 7A)</b>				Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 9)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to FL 9)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 9)</b>
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<b>FL 8</b>	<p><b>IWER:</b> Do you have difficulty with this activity because of ...?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a physical or mental health problem lasting more than 3 months</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> </table> <p>Other (please specify)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 40px;"></td> <td style="width: 20%; text-align: center; vertical-align: middle;">95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Unclear response</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(SHARE/TILDA)</p>		a physical or mental health problem lasting more than 3 months	<input type="checkbox"/> 1		95	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99														
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	95																									
Unclear response	<input type="checkbox"/> 97																									
Don't know	<input type="checkbox"/> 98																									
Refused to answer	<input type="checkbox"/> 99																									

**FL 9**

**IWER: [SHOW CARD FL1].**

**IWER:** [Please indicate the level of difficulty, if any,] you have **with climbing several flights of stairs without resting.**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 11)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 9A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 9A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 9A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 11)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 11)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 11)</b>

<p><b>FL 9A</b> [Please record description of the difficulty here]</p>
--

(SHARE/NDS)

**FL 10**

**IWER:** Do you have difficulty with this activity because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a physical or mental health problem lasting more than 3 months	<input type="checkbox"/> 1
--	----------------------------

Other (please specify)

	95
--	----

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

(SHARE/TILDA)

**FL 11** **IWER: [SHOW CARD FL1].**  
**IWER:** [Please indicate the level of difficulty, if any,] you have **with climbing one flight of stairs without resting.**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 13)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 11A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 11A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 11A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 13)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 13)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 13)</b>

**FL 11A**  
 [Please record description of the difficulty here]

(SHARE/NDS)

**FL 12** **IWER:** Do you have difficulty with this activity because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a physical or mental health problem lasting more than 3 months	<input type="checkbox"/> 1
--	----------------------------

Other (please specify)

	95
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Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/TILDA)

**FL 13** **IWER: [SHOW CARD FL1].**  
**IWER:** [Please indicate the level of difficulty, if any,] you have **with stooping, kneeling, or crouching.**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 15)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 13A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 13A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 13A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 15)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 15)</b>

**FL 13A**  
 [Please record description of the difficulty here]

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Refused to answer</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%; text-align: center;">99</td> <td style="width: 10%; text-align: center;"><b>(Go to FL 15)</b></td> </tr> </table>	Refused to answer	<input type="checkbox"/>	99	<b>(Go to FL 15)</b>																										
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<b>FL 14</b>	<p><b>IWER:</b> Do you have difficulty with this activity because of ...?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a physical or mental health problem lasting more than 3 months</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">1</td> </tr> </table> <p>Other (please specify)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 40px;"></td> <td style="width: 20%; text-align: center; vertical-align: middle;">95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%; text-align: center;">97</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </table>			a physical or mental health problem lasting more than 3 months	<input type="checkbox"/>	1		95	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99														
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Don't know	<input type="checkbox"/>	98																													
Refused to answer	<input type="checkbox"/>	99																													
(SHARE/TILDA)																															
<b>FL 15</b>	<p><b>IWER: [SHOW CARD FL1].</b></p> <p><b>IWER:</b> [Please indicate the level of difficulty, if any,] you have <b>with reaching or extending your arms above shoulder level.</b></p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">No difficulty</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;"><b>(Go to FL 17)</b></td> </tr> <tr> <td>Some difficulty</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td style="text-align: center;"><b>(Go to FL 15A)</b></td> </tr> <tr> <td>A lot of difficulty</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">3</td> <td style="text-align: center;"><b>(Go to FL 15A)</b></td> </tr> <tr> <td>Cannot do at all</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">4</td> <td style="text-align: center;"><b>(Go to FL 15A)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%; text-align: center;">97</td> <td style="width: 10%; text-align: center;"><b>(Go to FL 17)</b></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> <td style="text-align: center;"><b>(Go to FL 17)</b></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> <td style="text-align: center;"><b>(Go to FL 17)</b></td> </tr> </table> <div style="border: 1px solid black; padding: 10px; margin-top: 10px; width: 60%;"> <p><b>FL 15A</b> [Please record description of the difficulty here]</p> </div>			No difficulty	<input type="checkbox"/>	1	<b>(Go to FL 17)</b>	Some difficulty	<input type="checkbox"/>	2	<b>(Go to FL 15A)</b>	A lot of difficulty	<input type="checkbox"/>	3	<b>(Go to FL 15A)</b>	Cannot do at all	<input type="checkbox"/>	4	<b>(Go to FL 15A)</b>	Unclear response	<input type="checkbox"/>	97	<b>(Go to FL 17)</b>	Don't know	<input type="checkbox"/>	98	<b>(Go to FL 17)</b>	Refused to answer	<input type="checkbox"/>	99	<b>(Go to FL 17)</b>
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(SHARE/NDS)																															
<b>FL 16</b>	<p><b>IWER:</b> Do you have difficulty with this activity because of ...?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a physical or mental health problem lasting more than 3 months</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;">1</td> </tr> </table> <p>Other (please specify)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 40px;"></td> <td style="width: 20%; text-align: center; vertical-align: middle;">95</td> </tr> </table>			a physical or mental health problem lasting more than 3 months	<input type="checkbox"/>	1		95																							
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Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(SHARE/TILDA)

**FL 17 IWER: [SHOW CARD FL1].**  
**IWER:** [Please indicate the level of difficulty, if any,] you have **with pulling or pushing large objects like a living room chair.**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/>	1	<b>(Go to FL 19)</b>
Some difficulty	<input type="checkbox"/>	2	<b>(Go to FL 17A)</b>
A lot of difficulty	<input type="checkbox"/>	3	<b>(Go to FL 17A)</b>
Cannot do at all	<input type="checkbox"/>	4	<b>(Go to FL 17A)</b>

Unclear response	<input type="checkbox"/>	97	<b>(Go to FL 19)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to FL 19)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to FL 19)</b>

**FL 17A**  
 [Please record description of the difficulty here]

(SHARE/NDS)

**FL 18 IWER:** Do you have difficulty with this activity because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a physical or mental health problem lasting more than 3 months	<input type="checkbox"/>	1
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Other (please specify)

	95
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Unclear response	<input type="checkbox"/>	97
Don't know	<input type="checkbox"/>	98
Refused to answer	<input type="checkbox"/>	99

(SHARE/TILDA)

**FL 19 IWER: [SHOW CARD FL1].**  
**IWER:** [Please indicate the level of difficulty, if any,] you have **with lifting or carrying weights over 10 pounds/5 kilos, like a heavy bag of groceries.**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/>	1	<b>(Go to FL 21)</b>
Some difficulty	<input type="checkbox"/>	2	<b>(Go to FL 19A)</b>
A lot of difficulty	<input type="checkbox"/>	3	<b>(Go to FL 19A)</b>
Cannot do at all	<input type="checkbox"/>	4	<b>(Go to FL 19A)</b>

**FL 19A**  
 [Please record description of the difficulty here]

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 21)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 21)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 21)</b>

(SHARE/NDS)

**FL 20** **IWER:** Do you have difficulty with this activity because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a physical or mental health problem lasting more than 3 months	<input type="checkbox"/> 1
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Other (please specify)

	95
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Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(SHARE/TILDA)

**FL 21** **IWER: [SHOW CARD FL1].**

**IWER:** [Please indicate the level of difficulty, if any,] you have **with picking up a small coin from a table.**

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 23)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 21A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 21A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 21A)</b>

**FL 21A**

[Please record description of the difficulty here]

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 23)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 23)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 23)</b>

(SHARE/NDS)

**FL 22** **IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a physical or mental health problem lasting more than 3 months	<input type="checkbox"/> 1
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	<p>Other (please specify)</p> <table border="1" data-bbox="240 212 1305 312"> <tr> <td data-bbox="240 212 1203 312"></td> <td data-bbox="1203 212 1305 312">95</td> </tr> </table> <table border="1" data-bbox="240 348 651 510"> <tr> <td data-bbox="240 348 532 401">Unclear response</td> <td data-bbox="532 348 651 401"><input type="checkbox"/> 97</td> </tr> <tr> <td data-bbox="240 401 532 453">Don't know</td> <td data-bbox="532 401 651 453"><input type="checkbox"/> 98</td> </tr> <tr> <td data-bbox="240 453 532 510">Refused to answer</td> <td data-bbox="532 453 651 510"><input type="checkbox"/> 99</td> </tr> </table> <p>(SHARE/TILDA)</p>		95	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
	95								
Unclear response	<input type="checkbox"/> 97								
Don't know	<input type="checkbox"/> 98								
Refused to answer	<input type="checkbox"/> 99								
<b>FL 23</b>	<b>Any Other Information (Functional Limitations):</b>								

## Activities of Daily Living

### Dressing

**FL 24** **INTRO:** I'm going to ask you some questions about everyday activities. I realise that you may not have any difficulty with the following activities, but I'd appreciate it if you could still answer each question as best you can.

**IWER: [SHOW CARD FL1]\*.**

**IWER:** Please indicate the level of difficulty, if any, you have with dressing, including putting on shoes and socks?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 29)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 24A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 24A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 24A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 26)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 26)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 26)</b>

**FL 24A**

[Please record description of the difficulty here]

(SHARE/NDS)

**FL 25** **IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

**FL 26** **IWER: [SHOW CARD YN1].**

**IWER:** Do you ever use equipment or devices to help you get dressed?

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

Yes	<input type="checkbox"/> 1	<b>(Go to FL 27)</b>
No	<input type="checkbox"/> 5	<b>(Go to FL 28)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 28)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 28)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 28)</b>

(HRS/SHARE/ELSA)

**FL 27 IWER: SHOW CARD FL2.**

**IWER:** Which equipment is that?

**IWER: CODE ALL THAT APPLY**

Velcro fastenings on clothes	<input type="checkbox"/> 1
Shoe horn	<input type="checkbox"/> 1
Pick-up stick	<input type="checkbox"/> 1
Device for putting on socks	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(HRS/SHARE/ELSA)

**FL 28 IWER: [SHOW CARD YN1].**

**IWER:** Does anyone ever help you with dressing including putting on shoes and socks?

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

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94

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

(HRS/SHARE/ELSA)

## Walking

**FL 29 IWER: SHOW CARD FL3.**

**IWER:** [Please indicate the level of difficulty], if any, you have with walking across a room.

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 34)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 29A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 29A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 29A)</b>

**FL 29A**

[Please record description of the difficulty here]

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 31)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 31)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 31)</b>

(HRS/SHARE/ELSA/NDS)

**FL 30 IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

**FL 31 IWER: [SHOW CARD YN1].**

**IWER:** Do you ever use equipment or devices such as a walking stick or frame when crossing a room?

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

Yes	<input type="checkbox"/> 1	<b>(Go to FL 32)</b>
No	<input type="checkbox"/> 5	<b>(Go to FL 33)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 33)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 33)</b>

Refused to answer	<input type="checkbox"/> <sub>99</sub>	<b>(Go to FL 33)</b>
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(HRS/SHARE/ELSA)

**FL 32 IWER: SHOW CARD FL4.**

**IWER:** Which equipment is that?

**IWER: CODE ALL THAT APPLY**

Walking stick	<input type="checkbox"/> <sub>1</sub>
Walking frame	<input type="checkbox"/> <sub>1</sub>
Crutches	<input type="checkbox"/> <sub>1</sub>
Railing	<input type="checkbox"/> <sub>1</sub>
Orthopaedic shoes	<input type="checkbox"/> <sub>1</sub>
Brace (leg or back)	<input type="checkbox"/> <sub>1</sub>
Limb prosthesis	<input type="checkbox"/> <sub>1</sub>
Oxygen/Respirator	<input type="checkbox"/> <sub>1</sub>
Furniture or walls	<input type="checkbox"/> <sub>1</sub>
Wheelchair	<input type="checkbox"/> <sub>1</sub>
Other (please specify)	<input type="checkbox"/> <sub>1</sub>

Unclear response	<input type="checkbox"/> <sub>1</sub>
Don't know	<input type="checkbox"/> <sub>1</sub>
Refused to answer	<input type="checkbox"/> <sub>1</sub>

(HRS/SHARE/ELSA)

**FL 33 IWER: [SHOW CARD YN1].**

**IWER:** Does anyone ever help you with walking/getting across a room?

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

Yes	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>5</sub>
Not applicable – SR completely dependently on support	<input type="checkbox"/> <sub>94</sub>

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

(HRS/SHARE/ELSA/IDS-TILDA)

## Bathing or Showering

**FL 34** IWER: SHOW CARD FL5.

**IWER:** [Please indicate the level of difficulty, if any,] you have with bathing or showering.

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	(Go to FL 39)
Some difficulty	<input type="checkbox"/> 2	(Go to FL 34A)
A lot of difficulty	<input type="checkbox"/> 3	(Go to FL 34A)
Cannot do at all	<input type="checkbox"/> 4	(Go to FL 34A)

Unclear response	<input type="checkbox"/> 97	(Go to FL 36)
Don't know	<input type="checkbox"/> 98	(Go to FL 36)
Refused to answer	<input type="checkbox"/> 99	(Go to FL 36)

**FL 34A**

[Please record description of the difficulty here]

(HRS/SHARE/ELSA/NDS)

**FL 35** IWER: Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

**FL 36** IWER: [SHOW CARD YN1].

**IWER:** Do you ever use equipment or devices such as a shower seat, grab rails, hand-held shower when bathing or showering?

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

Yes	<input type="checkbox"/> 1	(Go to FL 37)
No	<input type="checkbox"/> 5	(Go to FL 38)

Unclear response	<input type="checkbox"/> 97	(Go to FL 38)
Don't know	<input type="checkbox"/> 98	(Go to FL 38)

Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 38)</b>
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(HRS/SHARE/ELSA)

**FL 37 IWER: SHOW CARD FL6.**

**IWER:** Which equipment is that?

**IWER: CODE ALL THAT APPLY**

Shower seat	<input type="checkbox"/> 1
Grab rails	<input type="checkbox"/> 1
Hand-held shower	<input type="checkbox"/> 1
Walking frame or stick	<input type="checkbox"/> 1
Rubber mat	<input type="checkbox"/> 1
Hoist	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(HRS/SHARE/ELSA)

**FL 38 IWER: [SHOW CARD YN1].**

**IWER:** Does anyone ever help you with bathing or showering?

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

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94

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

(HRS/SHARE/ELSA)

## Cleaning your teeth/Taking care of your dentures

**FL 39 IWER: SHOW CARD FL7.**

**IWER:** [Please indicate the level of difficulty, if any,] you have with cleaning your teeth/taking care of your dentures?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 42)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 39A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 39A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 39A)</b>

**FL 39A**

[Please record description of the difficulty here]

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 41)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 41)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 41)</b>

(HRS/SHARE/ELSA/NDS)

**FL 40 IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

**FL 41 IWER: [SHOW CARD YN1].**

**IWER:** Does anyone ever help you to clean your teeth/take care of your dentures?

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

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94

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

(HRS/SHARE/ELSA)



## Eating

**FL 42** **IWER: SHOW CARD FL7.**

**IWER:** [Please indicate the level of difficulty, if any,] you have with have with eating such as cutting up food, use of utensils, drinking from a cup/glass etc?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 47)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 42A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 42A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 42A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 44)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 44)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 44)</b>

**FL 42A**

[Please record description of the difficulty here]

(HRS/SHARE/ELSA/NDS)

**FL 43** **IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

<p><b>FL 44</b></p>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Do you ever use special utensils when you eat?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> <td><b>(Go to FL 45)</b></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> <td><b>(Go to FL 46)</b></td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> <td><b>(Go to FL 46)</b></td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> <td><b>(Go to FL 46)</b></td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> <td><b>(Go to FL 46)</b></td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to FL 45)</b>	No	<input type="checkbox"/> 5	<b>(Go to FL 46)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 46)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to FL 46)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 46)</b>			
Yes	<input type="checkbox"/> 1	<b>(Go to FL 45)</b>																	
No	<input type="checkbox"/> 5	<b>(Go to FL 46)</b>																	
Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 46)</b>																	
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 46)</b>																	
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 46)</b>																	
<p><b>FL 45</b></p>	<p><b>IWER: SHOW CARD FL8.</b></p> <p><b>IWER:</b> Which special utensils is that?</p> <p><b>IWER: CODE ALL THAT APPLY</b></p> <table border="1"> <tr> <td>Beakers</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Grip mats</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Modified utensils e.g. spoons, forks</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Plate guards</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td></td> <td></td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 1</td> </tr> </table> <p>(IDS-TILDA)</p>	Beakers	<input type="checkbox"/> 1	Grip mats	<input type="checkbox"/> 1	Modified utensils e.g. spoons, forks	<input type="checkbox"/> 1	Plate guards	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1			Unclear response	<input type="checkbox"/> 1	Don't know	<input type="checkbox"/> 1	Refused to answer	<input type="checkbox"/> 1
Beakers	<input type="checkbox"/> 1																		
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Don't know	<input type="checkbox"/> 1																		
Refused to answer	<input type="checkbox"/> 1																		
<p><b>FL 46</b></p>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Does anyone ever help you with eating?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Not applicable – SR completely dependently on support</td> <td><input type="checkbox"/> 94</td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/> 99</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 5	Not applicable – SR completely dependently on support	<input type="checkbox"/> 94	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99						
Yes	<input type="checkbox"/> 1																		
No	<input type="checkbox"/> 5																		
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94																		
Unclear response	<input type="checkbox"/> 97																		
Don't know	<input type="checkbox"/> 98																		
Refused to answer	<input type="checkbox"/> 99																		

## Getting In or Out of Bed

**FL 47**

**IWER: SHOW CARD FL9.**

**IWER:** [Please indicate the level of difficulty, if any,] you have with getting in or out of bed.

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 52)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 47A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 47A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 47A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 49)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 49)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 49)</b>

**FL 47A**

[Please record description of the difficulty here]

(HRS/SHARE/ELSA/NDS)

**FL 48**

**IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
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Other (please specify)

	95
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Unclear response	<input type="checkbox"/> 97
Don't know	<input type="checkbox"/> 98
Refused to answer	<input type="checkbox"/> 99

(HRS/SHARE/ELSA)

**FL 49****IWER: [SHOW CARD YN1].****IWER:** Do you ever use equipment or devices such as a stick, frame or wheelchair when getting in or out of bed?**IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'**

Yes	<input type="checkbox"/> 1	<b>(Go to FL 50)</b>
No	<input type="checkbox"/> 5	<b>(Go to FL 51)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 51)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 51)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 51)</b>

(HRS/SHARE/ELSA)

**FL 50****IWER: SHOW CARD FL10.****IWER:** Which equipment is that?**IWER: CODE ALL THAT APPLY**

Walking stick	<input type="checkbox"/> 1
Walking frame	<input type="checkbox"/> 1
Bed rail	<input type="checkbox"/> 1
Crutches	<input type="checkbox"/> 1
Orthopaedic Shoes	<input type="checkbox"/> 1
Brace (leg or back)	<input type="checkbox"/> 1
Prosthesis	<input type="checkbox"/> 1
Oxygen/Respirator	<input type="checkbox"/> 1
Furniture/walls	<input type="checkbox"/> 1
Wheelchair	<input type="checkbox"/> 1
Bed lever	<input type="checkbox"/> 1
Hoist	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(HRS/SHARE/ELSA)

**FL 51**

**IWER: [SHOW CARD YN1].**

**IWER:** Does anyone ever help you with getting into or out of bed?

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

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	5
Not applicable – SR completely dependently on support	<input type="checkbox"/>	94

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

(HRS/SHARE/ELSA)

**Using the Toilet**

**FL 52**

**IWER: SHOW CARD FL11.**

**IWER:** [Please indicate the level of difficulty, if any,] you have with using the toilet, including getting up or down.

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/>	1	<b>(Go to FL 57)</b>
Some difficulty	<input type="checkbox"/>	2	<b>(Go to FL 52A)</b>
A lot of difficulty	<input type="checkbox"/>	3	<b>(Go to FL 52A)</b>
Cannot do at all	<input type="checkbox"/>	4	<b>(Go to FL 52A)</b>

Unclear response	<input type="checkbox"/>	97	<b>(Go to FL 54)</b>
Don't know	<input type="checkbox"/>	98	<b>(Go to FL 54)</b>
Refused to answer	<input type="checkbox"/>	99	<b>(Go to FL 54)</b>

**FL 52A**

[Please record description of the difficulty here]

(HRS/SHARE/ELSA/NDS)

**FL 53**

**IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/>	1
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Other (please specify)

	95
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	<table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Unclear response	<input type="checkbox"/>	97	Don't know	<input type="checkbox"/>	98	Refused to answer	<input type="checkbox"/>	99															
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Don't know	<input type="checkbox"/>	98																							
Refused to answer	<input type="checkbox"/>	99																							
<b>FL 54</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Do you ever use equipment or devices such as a raised toilet seat or portable toilet, when using the toilet?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td><b>(Go to FL 55)</b></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> <td><b>(Go to FL 56)</b></td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>97</td> <td><b>(Go to FL 56)</b></td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>98</td> <td><b>(Go to FL 56)</b></td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>99</td> <td><b>(Go to FL 56)</b></td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Yes	<input type="checkbox"/>	1	<b>(Go to FL 55)</b>	No	<input type="checkbox"/>	5	<b>(Go to FL 56)</b>	Unclear response	<input type="checkbox"/>	97	<b>(Go to FL 56)</b>	Don't know	<input type="checkbox"/>	98	<b>(Go to FL 56)</b>	Refused to answer	<input type="checkbox"/>	99	<b>(Go to FL 56)</b>				
Yes	<input type="checkbox"/>	1	<b>(Go to FL 55)</b>																						
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Unclear response	<input type="checkbox"/>	97	<b>(Go to FL 56)</b>																						
Don't know	<input type="checkbox"/>	98	<b>(Go to FL 56)</b>																						
Refused to answer	<input type="checkbox"/>	99	<b>(Go to FL 56)</b>																						
<b>FL 55</b>	<p><b>IWER: SHOW CARD FL12.</b></p> <p><b>IWER:</b> Which equipment is that?</p> <p><b>IWER: CODE ALL THAT APPLY</b></p> <table border="1"> <tr> <td>Raised toilet seat</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Portable toilet / commode</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Grab rails</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td colspan="3"> </td> </tr> </table> <table border="1"> <tr> <td>Unclear response</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Don't know</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Refused to answer</td> <td><input type="checkbox"/></td> <td>1</td> </tr> </table> <p>(HRS/SHARE/ELSA)</p>	Raised toilet seat	<input type="checkbox"/>	1	Portable toilet / commode	<input type="checkbox"/>	1	Grab rails	<input type="checkbox"/>	1	Other (please specify)	<input type="checkbox"/>	1				Unclear response	<input type="checkbox"/>	1	Don't know	<input type="checkbox"/>	1	Refused to answer	<input type="checkbox"/>	1
Raised toilet seat	<input type="checkbox"/>	1																							
Portable toilet / commode	<input type="checkbox"/>	1																							
Grab rails	<input type="checkbox"/>	1																							
Other (please specify)	<input type="checkbox"/>	1																							
Unclear response	<input type="checkbox"/>	1																							
Don't know	<input type="checkbox"/>	1																							
Refused to answer	<input type="checkbox"/>	1																							
<b>FL 56</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Does anyone ever help you with using the toilet, including getting on and off the toilet?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table>	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	5																		
Yes	<input type="checkbox"/>	1																							
No	<input type="checkbox"/>	5																							

Not applicable – SR completely dependently on support  94

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

(HRS/SHARE/ELSA)

**Support with Activities of Daily Living**

**FL 57**

**IWER: SHOW CARD FL13.**

**IWER:** If you receive help with any of the activities we have just discussed (e.g. getting across a room; dressing; bathing; eating; cleaning your teeth/taking care of your dentures; getting in/out of bed; and with using the toilet), **who most often supports** you with this activity/these activities?

Not applicable - No help needed  94 **(Go to FL 63)**

**IWER: CODE THE ONE THAT APPLIES**

Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/> 1	<b>(Go to FL 58)</b>
Parent	<input type="checkbox"/> 2	<b>(Go to FL 58)</b>
Sibling	<input type="checkbox"/> 3	<b>(Go to FL 58)</b>
Grandparent	<input type="checkbox"/> 4	<b>(Go to FL 58)</b>
Aunt/Uncle	<input type="checkbox"/> 5	<b>(Go to FL 58)</b>
Cousin	<input type="checkbox"/> 6	<b>(Go to FL 58)</b>
Key worker/Support worker	<input type="checkbox"/> 7	<b>(Go to FL 58)</b>
Friend	<input type="checkbox"/> 8	<b>(Go to FL 58)</b>
Neighbour	<input type="checkbox"/> 9	<b>(Go to FL 58)</b>
Home help	<input type="checkbox"/> 10	<b>(Go to FL 58)</b>
Public health nurse	<input type="checkbox"/> 11	<b>(Go to FL 58)</b>

Other (please specify)

95 **(Go to FL 58)**

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 63)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 63)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 63)</b>

(HRS/NDS/IDS-TILDA)

**FL 58**

**IWER:** Is.... (the person who most often helps you)....male or female?

**IWER: CODE THE ONE THAT APPLIES**

Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2

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

(TILDA)

**FL 59**

**IWER: SHOW CARD FL14.**

**IWER:** Let's think for a moment about the help you receive with the activities that we just talked about. During the last month, how often did you receive help from this person?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

More than once a day	<input type="checkbox"/> 1
Once a day	<input type="checkbox"/> 2
More than once a week	<input type="checkbox"/> 3
Once a week	<input type="checkbox"/> 4
Less often	<input type="checkbox"/> 5

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

(TILDA/SIS/NDS)

**FL 60**

**IWER: SHOW CARD FL15.**

**IWER:** On the days when you receive this help, about how many hours per day do they spend helping you?

**NOTE:** If more than one of activity, try to get total time of support by key worker etc.

**IWER: CODE THE ONE THAT APPLIES**

Less than 30 minutes	<input type="checkbox"/> 1
30 minutes to less than 2 hours	<input type="checkbox"/> 2
2 hours to less than 4 hours	<input type="checkbox"/> 3
4 hours or more	<input type="checkbox"/> 4



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

(TILDA/SIS)

**FL 61**

**IWER: [SHOW CARD YN1].**

**IWER:** Does anyone else help you with this activity/these activities?

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

Yes	<input type="checkbox"/> 1	<b>(Go to FL 62)</b>
No	<input type="checkbox"/> 5	<b>(Go to FL 63)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 63)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 63)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 63)</b>

(HRS)

**FL 62**

**IWER: SHOW CARD FL16.**

**IWER:** Who helps you with this activity/these activities?

**IWER: CODE ALL THAT APPLY**

Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/> 1
Parent	<input type="checkbox"/> 1
Sibling	<input type="checkbox"/> 1
Grandparent	<input type="checkbox"/> 1
Aunt/Uncle	<input type="checkbox"/> 1
Cousin	<input type="checkbox"/> 1
Key worker/Support worker	<input type="checkbox"/> 1
Friend	<input type="checkbox"/> 1
Neighbour	<input type="checkbox"/> 1
Home help	<input type="checkbox"/> 1
Public health nurse	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(TILDA/IDS - TILDA)

<b>FL 63</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Are there any of these activities you feel you need more help with e.g. getting across a room; dressing; bathing; eating; cleaning your teeth/taking care of your dentures; getting in/out of bed; and with using the toilet?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 1</td> <td style="padding: 2px;"><b>(Go to FL 64)</b></td> </tr> <tr> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 5</td> <td style="padding: 2px;"><b>(Go to FL 65)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 97</td> <td style="padding: 2px;"><b>(Go to FL 65)</b></td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 98</td> <td style="padding: 2px;"><b>(Go to FL 65)</b></td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 99</td> <td style="padding: 2px;"><b>(Go to FL 65)</b></td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to FL 64)</b>	No	<input type="checkbox"/> 5	<b>(Go to FL 65)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 65)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to FL 65)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 65)</b>
Yes	<input type="checkbox"/> 1	<b>(Go to FL 64)</b>														
No	<input type="checkbox"/> 5	<b>(Go to FL 65)</b>														
Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 65)</b>														
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 65)</b>														
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 65)</b>														
<b>FL 64</b>	<p><b>IWER:</b> What help do you feel you need?</p> <p><b>IWER:</b> Record the response below.</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="padding: 2px;">Unclear response</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="padding: 2px;">Don't know</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="padding: 2px;">Refused to answer</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99									
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
<b>FL 65</b>	<p><b>Any Other Information (Activities of Daily Living):</b></p>															

## Instrumental Activities of Daily Living

### Preparing a hot meal

**FL 66**

**INTRO:** I would now like to ask you some questions about common activities you do day-to-day. I realise that you may not have any difficulty with the following activities, but I'd appreciate it if you could still try to answer each question as best you can. Exclude any difficulties that you expect to last less than three months.

**IWER: SHOW CARD FL17\*.**

**IWER:** Please indicate the level of difficulty, if any, you have with preparing a hot meal.

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 69)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 66A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 66A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 66A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 68)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 68)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 68)</b>

**FL 66A**

[Please record description of the difficulty here]

(HRS/SHARE/ELSA/INDS)

**FL 67**

**IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

**FL 68**

**IWER: [SHOW CARD YN1].**

**IWER:** Does anyone help you with preparing a hot meal?

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

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94

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

(HRS/SHARE/ELSA)

### Shopping for groceries

**FL 69**

**IWER: SHOW CARD FL17.**

**IWER:** [Please indicate the level of difficulty, if any,] you have with shopping for groceries.

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 72)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 69A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 69A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 69A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 71)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 71)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 71)</b>

**FL 69A**

[Please record description of the difficulty here]

(HRS/SHARE/ELSA/NDS)

**FL 70**

**IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

A health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

**FL 71**

**IWER: [SHOW CARD YN1].**

**IWER:** Does anyone help you with shopping for groceries?

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

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94

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

(HRS/SHARE/ELSA)

**Making telephone calls**

**FL 72**

**IWER: SHOW CARD FL17.**

**IWER:** [Please indicate the level of difficulty, if any,] you have with making telephone calls (including hearing).

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 75)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 72A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 72A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 72A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 74)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 74)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 74)</b>

(HRS/SHARE/ELSA/NDS)

**FL 72A**

[Please record description of the difficulty here]

**FL 73** **IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

A health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

**FL 74** **IWER: [SHOW CARD YN1].**

**IWER:** Does anyone help you make phone calls?

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

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94

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

(HRS/SHARE/ELSA)

**Managing money, such as paying bills and keeping track of expenses**

**FL 75**

**IWER: SHOW CARD FL17.**

**IWER:** [Please indicate the level of difficulty, if any,] you have with managing money, such as paying bills and keeping track of expenses.

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 78)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 75A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 75A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 75A)</b>

**FL 75A**

[Please record description of the difficulty here]

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 77)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 77)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 77)</b>

(HRS/SHARE/ELSA/NDS)

**FL 76**

**IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

**FL 77**

**IWER: [SHOW CARD YN1].**

**IWER:** Does anyone help you with managing your own money?

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

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94

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

(HRS/SHARE/ELSA)

## Doing Household chores, such as laundry and cleaning

**FL78**

**IWER: SHOW CARD FL17.**

**IWER:** [Please indicate the level of difficulty, if any,] you have with doing household chores, such as laundry and cleaning.

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

No difficulty	<input type="checkbox"/> 1	<b>(Go to FL 78)</b>
Some difficulty	<input type="checkbox"/> 2	<b>(Go to FL 78A)</b>
A lot of difficulty	<input type="checkbox"/> 3	<b>(Go to FL 78A)</b>
Cannot do at all	<input type="checkbox"/> 4	<b>(Go to FL 78A)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 80)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 80)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 80)</b>

**FL 78A**

[Please record description of the difficulty here]

(HRS/SHARE/ELSA/NDS)

**FL79**

**IWER:** Do you have difficulty with this because of ...?

**IWER: READ OUT AND CODE THE ONE THAT APPLIES**

a health or memory problem lasting more than 3 months	<input type="checkbox"/> 1
---	----------------------------

Other (please specify)

	95
--	----

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

(HRS/SHARE/ELSA)

**FL80**

**IWER: [SHOW CARD YN1].**

**IWER:** Does anyone help you with doing household chores?

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

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable – SR completely dependently on support	<input type="checkbox"/> 94

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



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

(HRS/SHARE/ELSA)

### Support with Instrumental Activities of Daily Living

**FL 81**

**IWER: SHOW CARD FL18.**

**IWER:** If you receive help with any of the everyday activities we have just discussed (e.g. preparing a hot meal; shopping for groceries; making a telephone call; managing money and paying bills), who **most often helps** you with this activity/these activities?

Not applicable - No help needed	<input type="checkbox"/> 94	<b>(Go to FL 87)</b>
---------------------------------	-----------------------------	----------------------

**IWER: CODE THE ONE THAT APPLIES**

Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/> 1	<b>(Go to FL 82)</b>
Parent	<input type="checkbox"/> 2	<b>(Go to FL 82)</b>
Sibling	<input type="checkbox"/> 3	<b>(Go to FL 82)</b>
Grandparent	<input type="checkbox"/> 4	<b>(Go to FL 82)</b>
Aunt/Uncle	<input type="checkbox"/> 5	<b>(Go to FL 82)</b>
Cousin	<input type="checkbox"/> 6	<b>(Go to FL 82)</b>
Key worker/Support worker	<input type="checkbox"/> 7	<b>(Go to FL 82)</b>
Friend	<input type="checkbox"/> 8	<b>(Go to FL 82)</b>
Neighbour	<input type="checkbox"/> 9	<b>(Go to FL 82)</b>
Home help	<input type="checkbox"/> 10	<b>(Go to FL 82)</b>
Public health nurse	<input type="checkbox"/> 11	<b>(Go to FL 82)</b>

Other (please specify)

	95	<b>(Go to FL 82)</b>
--	----	----------------------

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 87)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 87)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 87)</b>

(HRS/NDS/IDS-TILDA)

**CONFIDENTIAL**

<b>FL 82</b>	<p><b>IWER:</b> Is...(the person who most often supports)....male or female?</p> <p><b>IWER: CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Male</td> <td align="right"><input type="checkbox"/> 1</td> </tr> <tr> <td>Female</td> <td align="right"><input type="checkbox"/> 2</td> </tr> <tr> <td>Unclear response</td> <td align="right"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td align="right"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td align="right"><input type="checkbox"/> 99</td> </tr> </table> <p>(TILDA)</p>	Male	<input type="checkbox"/> 1	Female	<input type="checkbox"/> 2	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99						
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Female	<input type="checkbox"/> 2																
Unclear response	<input type="checkbox"/> 97																
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Refused to answer	<input type="checkbox"/> 99																
<b>FL 83</b>	<p><b>IWER: SHOW CARD FL19.</b></p> <p><b>IWER:</b> Let's think for a moment about the help you receive with the activities that we just talked about. During the last month, on about how many days did you receive help from this person?</p> <p><b>IWER: CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">More than once a day</td> <td align="right"><input type="checkbox"/> 1</td> </tr> <tr> <td>Once a day</td> <td align="right"><input type="checkbox"/> 2</td> </tr> <tr> <td>More than once a week</td> <td align="right"><input type="checkbox"/> 3</td> </tr> <tr> <td>Once a week</td> <td align="right"><input type="checkbox"/> 4</td> </tr> <tr> <td>Less often</td> <td align="right"><input type="checkbox"/> 5</td> </tr> <tr> <td>Unclear response</td> <td align="right"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td align="right"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td align="right"><input type="checkbox"/> 99</td> </tr> </table> <p>(TILDA/SIS/NDS)</p>	More than once a day	<input type="checkbox"/> 1	Once a day	<input type="checkbox"/> 2	More than once a week	<input type="checkbox"/> 3	Once a week	<input type="checkbox"/> 4	Less often	<input type="checkbox"/> 5	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
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Refused to answer	<input type="checkbox"/> 99																
<b>FL 84</b>	<p><b>IWER: SHOW CARD FL20.</b></p> <p><b>IWER:</b> On the days when you receive this help, about how many hours per day do they spend helping you?</p> <p><b>IWER: CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Less than 30 minutes</td> <td align="right"><input type="checkbox"/> 1</td> </tr> <tr> <td>30 minutes to less than 2 hours</td> <td align="right"><input type="checkbox"/> 2</td> </tr> <tr> <td>2 hours to less than 4 hours</td> <td align="right"><input type="checkbox"/> 3</td> </tr> <tr> <td>4 hours or more</td> <td align="right"><input type="checkbox"/> 4</td> </tr> <tr> <td>Unclear response</td> <td align="right"><input type="checkbox"/> 97</td> </tr> <tr> <td>Don't know</td> <td align="right"><input type="checkbox"/> 98</td> </tr> <tr> <td>Refused to answer</td> <td align="right"><input type="checkbox"/> 99</td> </tr> </table> <p>(TILDA/SIS)</p>	Less than 30 minutes	<input type="checkbox"/> 1	30 minutes to less than 2 hours	<input type="checkbox"/> 2	2 hours to less than 4 hours	<input type="checkbox"/> 3	4 hours or more	<input type="checkbox"/> 4	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99		
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Unclear response	<input type="checkbox"/> 97																
Don't know	<input type="checkbox"/> 98																
Refused to answer	<input type="checkbox"/> 99																

**FL 85 IWER: [SHOW CARD YN1].****IWER:** Does anyone else help you with this activity/these activities?**IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'**

Yes	<input type="checkbox"/> 1	<b>(Go to FL 86)</b>
No	<input type="checkbox"/> 5	<b>(Go to FL 87)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 87)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 87)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 87)</b>

(HRS)

**FL 86 IWER: SHOW CARD FL21.****IWER:** Who helps you with this activity/these activities?**IWER: CODE ALL THAT APPLY**

Spouse/Partner/Boyfriend/Girlfriend	<input type="checkbox"/> 1
Parent	<input type="checkbox"/> 1
Sibling	<input type="checkbox"/> 1
Grandparent	<input type="checkbox"/> 1
Aunt/Uncle	<input type="checkbox"/> 1
Cousin	<input type="checkbox"/> 1
Key worker/Support worker	<input type="checkbox"/> 1
Friend	<input type="checkbox"/> 1
Neighbour	<input type="checkbox"/> 1
Home help	<input type="checkbox"/> 1
Public health nurse	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

Unclear response	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 1
Refused to answer	<input type="checkbox"/> 1

(TILDA/IDS to TILDA)

<b>FL 87</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> Are there any of these activities you feel you need more help with, e.g. preparing a hot meal; shopping for groceries; making a telephone call; managing money and paying bills?</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;"><b>(Go to FL 88)</b></td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td><b>(Go to FL 89)</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;"><b>(Go to FL 89)</b></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td><b>(Go to FL 89)</b></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td><b>(Go to FL 89)</b></td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to FL 88)</b>	No	<input type="checkbox"/> 5	<b>(Go to FL 89)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 89)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to FL 89)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 89)</b>
Yes	<input type="checkbox"/> 1	<b>(Go to FL 88)</b>														
No	<input type="checkbox"/> 5	<b>(Go to FL 89)</b>														
Unclear response	<input type="checkbox"/> 97	<b>(Go to FL 89)</b>														
Don't know	<input type="checkbox"/> 98	<b>(Go to FL 89)</b>														
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FL 89)</b>														
<b>FL 88</b>	<p><b>IWER:</b> What help do you feel you need?</p> <p><b>IWER:</b> Record the response below.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unclear response</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width: 60%;"></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99							
Unclear response	<input type="checkbox"/> 97															
Don't know	<input type="checkbox"/> 98															
Refused to answer	<input type="checkbox"/> 99															
<b>FL 89</b>	<p><b>Any Other Information (Instrumental Activities of Daily Living):</b></p>															
<b>FL 90</b>	<p><b>TO BE COMPLETED THE BY INTERVIEWER</b></p> <p><b>IWER:</b> How often did R receive assistance with answers in Section 17 – I(ADL) &amp; Helpers (FL)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Never</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;"></td> </tr> <tr> <td>A few times</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td>Most or all of the time</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td></td> </tr> </table> <p>(TILDA)</p>	Never	<input type="checkbox"/> 1		A few times	<input type="checkbox"/> 2		Most or all of the time	<input type="checkbox"/> 3							
Never	<input type="checkbox"/> 1															
A few times	<input type="checkbox"/> 2															
Most or all of the time	<input type="checkbox"/> 3															

## Section 18: Evaluation Questions (EQ)

**EQ 1** IWER: [SHOW CARD YN1].

**INTRO:** Now I just have a few final questions before we reach the end of my visit.

**IWER:** In general, did you find the questions in the interview easy to understand?

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

Yes	<input type="checkbox"/> 1	(Go to EQ 3)
No	<input type="checkbox"/> 5	(Go to EQ 2)

Unclear response	<input type="checkbox"/> 97	(Go to EQ 3)
Don't know	<input type="checkbox"/> 98	(Go to EQ 3)
Refused to answer	<input type="checkbox"/> 99	(Go to EQ 3)

(IDS-TILDA)

**EQ 2** IWER: Which questions did you find most difficult to understand?

**IWER:** Record the response below.

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

(IDS-TILDA)

**EQ 3** IWER: [SHOW CARD YN1].

**IWER:** Did you find the information booklet (sent before the interview) easy to understand?

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

Yes	<input type="checkbox"/> 1	(Go to EQ 5)
No	<input type="checkbox"/> 5	(Go to EQ 4)
Not applicable - I did not see the information booklet	<input type="checkbox"/> 94	(Go to EQ 5)

Unclear response	<input type="checkbox"/> 97	(Go to EQ 5)
Don't know	<input type="checkbox"/> 98	(Go to EQ 5)
Refused to answer	<input type="checkbox"/> 99	(Go to EQ 5)

(IDS-TILDA)

**EQ 4** **IWER:** Which part(s) did you not find easy to understand?

**IWER:** Record the response below.

--

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

(IDS-TILDA)

**EQ 5** **IWER:** [SHOW CARD YN1].

**IWER:** Did you find the showcards useful?

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

Yes	<input type="checkbox"/> 1	<b>(Go to EQ 7)</b>
No	<input type="checkbox"/> 5	<b>(Go to EQ 6)</b>
Not applicable - we did not use the showcards	<input type="checkbox"/> 94	<b>(Go to EQ 7)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to EQ 7)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to EQ 7)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to EQ 7)</b>

(IDS-TILDA)

**EQ 6** **IWER:** Which part(s) did you not find useful?

**IWER:** Record the response below.

--

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

(IDS-TILDA)

**CONFIDENTIAL**

<b>EQ 7</b>	<p><b>IWER: [SHOW CARD YN1].</b></p> <p><b>IWER:</b> 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 would like to see written about and published? [Probe: Are there parts you think are important?]</p> <p><b>IWER: PROBE IF NECESSARY - 'WOULD YOU SAY YES OR NO?'</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Yes</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width:60%;"><b>(Go to EQ 8)</b></td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td><b>(Go to EQ 9)</b></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Unclear response</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width:60%;"><b>(Go to EQ 9)</b></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td><b>(Go to EQ 9)</b></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td><b>(Go to EQ 9)</b></td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to EQ 8)</b>	No	<input type="checkbox"/> 5	<b>(Go to EQ 9)</b>	Unclear response	<input type="checkbox"/> 97	<b>(Go to EQ 9)</b>	Don't know	<input type="checkbox"/> 98	<b>(Go to EQ 9)</b>	Refused to answer	<input type="checkbox"/> 99	<b>(Go to EQ 9)</b>												
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Refused to answer	<input type="checkbox"/> 99	<b>(Go to EQ 9)</b>																										
<b>EQ 8</b>	<p><b>IWER:</b> Which topics or areas would you like to know more about or read more about?</p> <p><b>IWER:</b> Record the response below.</p> <div style="border: 1px solid black; height: 60px; margin: 10px 0;"></div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Unclear response</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width:60%;"></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99																			
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Refused to answer	<input type="checkbox"/> 99																											
<b>EQ 9</b>	<p><b>IWER: SHOW CARD EQ1*.</b></p> <p><b>IWER:</b> How would you like us to present the findings from this study? Please tell us your first preference. Would you say....?</p> <p><b>IWER: READ OUT AND CODE THE ONE THAT APPLIES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Full written report</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width:50%;"></td> </tr> <tr> <td>Short written report (summary of main findings only)</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td>Host information evenings</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td></td> </tr> <tr> <td>Audio recording of key findings</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td></td> </tr> <tr> <td>DVD of key findings</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td></td> </tr> <tr> <td>Other (please specify)</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Unclear response</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> 97</td> <td style="width:60%;"></td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td></td> </tr> <tr> <td>Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td></td> </tr> </table> <p>(IDS-TILDA)</p>	Full written report	<input type="checkbox"/> 1		Short written report (summary of main findings only)	<input type="checkbox"/> 2		Host information evenings	<input type="checkbox"/> 3		Audio recording of key findings	<input type="checkbox"/> 4		DVD of key findings	<input type="checkbox"/> 5		Other (please specify)	<input type="checkbox"/> 6		Unclear response	<input type="checkbox"/> 97		Don't know	<input type="checkbox"/> 98		Refused to answer	<input type="checkbox"/> 99	
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Refused to answer	<input type="checkbox"/> 99																											

<b>EQ 10</b>	<b>Any Other Information (Evaluation):</b>
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<b>EQ 11</b>	<p><b>TO BE COMPLETED THE BY INTERVIEWER</b></p> <p><b>IWER:</b> How often did R receive assistance with answers in Section 18 – Evaluation?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; text-align: center;">Never</td> <td style="width:30%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td style="text-align: center;">A few times</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">Most or all of the time</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <p>(TILDA)</p>	Never	<input type="checkbox"/> 1	A few times	<input type="checkbox"/> 2	Most or all of the time	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 1						
A few times	<input type="checkbox"/> 2						
Most or all of the time	<input type="checkbox"/> 3						

**Section 19: Final Checks (FC)**

<b>FC 1</b>	<p><b>IWER:</b> 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? Or the people who support you, where applicable?</p> <p><b>IWER:</b> Record the response below.</p> <div style="border: 1px solid black; height: 150px; margin: 10px 0;"></div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; text-align: center;">Unclear response</td> <td style="width:30%; text-align: center;"><input type="checkbox"/> 97</td> </tr> <tr> <td style="text-align: center;">Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> </tr> <tr> <td style="text-align: center;">Refused to answer</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> </tr> </table> <p>(IDS-TILDA)</p>	Unclear response	<input type="checkbox"/> 97	Don't know	<input type="checkbox"/> 98	Refused to answer	<input type="checkbox"/> 99
Unclear response	<input type="checkbox"/> 97						
Don't know	<input type="checkbox"/> 98						
Refused to answer	<input type="checkbox"/> 99						



**FC 2**

**IWER: [SHOW CARD YN1].**

**IWER:** Would you agree to us contacting you again, if needed, so we can talk about certain areas of your life in more depth, such as talking more about getting older?

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

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

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

**FC 2A**

**IWER: And, where applicable** talk to ...(name of SR's informal carer) about their own health?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 5
Not applicable	<input type="checkbox"/> 94

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

(IDS-TILDA)

**FC 3**

**IWER: [SHOW CARD YN1].**

**IWER:** As I explained earlier this is a longitudinal study which means that people who take part will be visited once every two years. Are you willing to be re-contacted to participate in a similar interview in the next 2 years? Again your participation will be voluntary.

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

Yes	<input type="checkbox"/> 1	<b>(Go to FC 5)</b>
No	<input type="checkbox"/> 5	<b>(Go to FC 4)</b>

Unclear response	<input type="checkbox"/> 97	<b>(Go to FC 4)</b>
Don't know	<input type="checkbox"/> 98	<b>(Go to FC 4)</b>
Refused to answer	<input type="checkbox"/> 99	<b>(Go to FC 4)</b>

(TILDA)

**FC 4** **IWER:** Interviewers should make every effort to outline to the respondent of the importance of the study and the benefits to people with intellectual disability living in Ireland. Also attempt to understand reasons for not wanting to be re-contacted (where applicable) and address these i.e. give assurances on confidentiality and anonymity.

**IWER:** Please record response below.

(TILDA)

**FC 5** **Any Other Information (Final Checks):**

**FC 6** **TO BE COMPLETED THE BY INTERVIEWER**

**IWER:** How often did R receive assistance with answers in Section 19 – Final Checks?

Never	<input type="checkbox"/> 1
A few times	<input type="checkbox"/> 2
Most or all of the time	<input type="checkbox"/> 3

(TILDA)

**That is the end of the interview. Thank you very much for taking part.**

## Section 20: Final Status (FS)

**FS 0**

### **TO BE COMPLETED BY THE INTERVIEWER**

**IWER:** Please record any other relevant information below:

<b>Section 1 – Coverscreen &amp; Demographic</b>	
<b>Section 2 - Cognitive Health</b>	
<b>Section 3 - Social Participation</b>	
<b>Section 4 - Social Connectedness</b>	
<b>Section 5 - Personal Choices</b>	
<b>Section 6 - Happiness</b>	
<b>Section 7 - Ageing Perceptions</b>	
<b>Section 8 - Employment Situation</b>	
<b>Section 9 - Voluntary Work</b>	
<b>Section 10 - Lifelong Learning</b>	
<b>Section 11 - Day Services</b>	
<b>Section 12 - Planning for Retirement</b>	

Section 13 - Sources of Income	
Section 14 - Physical Health	
Section 15 - Mental Health	
Section 16 - Behavioural Health	
Section 17 - I (ADL) & Helpers	
Section 18 - Evaluation Questions	
Section 19 - Final Checks	
Section 20 - Final Status	

(IDS-TILDA)

**FS 1 TO BE COMPLETED BY THE INTERVIEWER**

**IWER:** Result of Interview

All sections completed	<input type="checkbox"/> 1
Partially completed	<input type="checkbox"/> 2

(IDS-TILDA)

**FS 1A TO BE COMPLETED BY THE INTERVIEWER**

**IWER:** Do you wish to record the Source of Income details now?

Yes	<input type="checkbox"/> 1	<b>(Go to SI 7 – SI 9)</b>
No, will return later	<input type="checkbox"/> 5	<b>(On return, Go to SI 7 – SI 9)</b>
Not applicable	<input type="checkbox"/> 94	<b>(Go to FS 2)</b>

(IDS-TILDA)

**FS 2 TO BE COMPLETED BY THE INTERVIEWER**

**IWER:** How was the interview conducted?

**IWER: CODE THE ONE THAT APPLIES**

	Visit 1	Visit 2	Visit 3
Direct interview with the SR	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Assisted interview – a proxy assisted the SR occasionally	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Assisted interview – a proxy assisted the SR frequently	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
A proxy answered all questions for the SR who was present	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Interpreted interview (answers given to proxy by the SR)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
A proxy answered all questions for SR who was not present	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

Other (Please specify)		
Visit 1		95
Visit 2		95
Visit 3		95

(NDS)

**FS 3 TO BE COMPLETED BY THE INTERVIEWER**

**IWER:** What was the SR's general communication style?

**IWER: CODE THE ONE THAT APPLIES**

Verbal communication	<input type="checkbox"/> 1	<b>(Go to FS 4)</b>
Non-verbal communication mostly	<input type="checkbox"/> 2	<b>(Go to FS 4)</b>
Other (please specify)	<input type="checkbox"/> 95	<b>(Go to FS 4)</b>
Not applicable SR not present	<input type="checkbox"/> 94	<b>(Go to FS 5)</b>

(IDS-TILDA)

**FS 4 TO BE COMPLETED BY THE INTERVIEWER****IWER:** What methods did the SR use to communicate during the interview?**IWER: CODE ALL THAT APPLY**

Words	<input type="checkbox"/> 1
Signs	<input type="checkbox"/> 1
Vocalisations	<input type="checkbox"/> 1
Eye expressions	<input type="checkbox"/> 1
Facial expressions	<input type="checkbox"/> 1
Bodily movements	<input type="checkbox"/> 1
Gestures	<input type="checkbox"/> 1
Other (please specify)	<input type="checkbox"/> 1

(Wilder 2005 Adapted IDS-TILDA)

**FS 5 TO BE COMPLETED BY THE INTERVIEWER****IWER:** If the SR was not present for any of the visits, please indicate why.

		Not applicable
<b>Visit 1</b>		<input type="checkbox"/> 94
<b>Visit 2</b>		<input type="checkbox"/> 94
<b>Visit 3</b>		<input type="checkbox"/> 94

(IDS-TILDA)

<b>FS 5A</b>	<p><b>TO BE COMPLETED BY THE INTERVIEWER</b></p> <p><b>IWER:</b> Did you take any breaks during the interview?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 60%;"><b>(Go to FS 5B)</b></td> </tr> <tr> <td>No</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td><b>(Go to FS 6)</b></td> </tr> </table> <p>(IDS-TILDA)</p>	Yes	<input type="checkbox"/> 1	<b>(Go to FS 5B)</b>	No	<input type="checkbox"/> 5	<b>(Go to FS 6)</b>														
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No	<input type="checkbox"/> 5	<b>(Go to FS 6)</b>																			
<b>FS 5B</b>	<p><b>TO BE COMPLETED BY THE INTERVIEWER</b></p> <p><b>IWER:</b> How many did you take?</p> <div style="border: 1px solid black; height: 20px; width: 200px; margin: 5px 0;"></div> <p>(IDS-TILDA)</p>																				
<b>FS 6</b>	<p><b>TO BE COMPLETED BY THE INTERVIEWER</b></p> <p><b>IWER:</b> Please complete the final checklist.</p> <p><b>IWER: CODE ONE BOX ON EACH LINE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 15%; text-align: center;">Not applicable</th> <th style="width: 15%; text-align: center;">Date of Contact dd.mm.yy</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Preload completed</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td style="text-align: right;">Pre-Interview Questionnaire collected</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td style="text-align: right;">Contact made with designated interviewer regarding further mental health assessment</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td style="text-align: center;"><input type="checkbox"/> 94</td> <td></td> </tr> </tbody> </table> <p>(IDS-TILDA)</p>		Yes	No	Not applicable	Date of Contact dd.mm.yy	Preload completed	<input type="checkbox"/> 1	<input type="checkbox"/> 5			Pre-Interview Questionnaire collected	<input type="checkbox"/> 1	<input type="checkbox"/> 5			Contact made with designated interviewer regarding further mental health assessment	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 94	
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<b>FS 7</b>	<p><b>TO BE COMPLETED BY THE INTERVIEWER</b></p> <p><b>IWER:</b> Please identify if this location is in...?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Dublin city or county</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 1</td> </tr> <tr> <td>A city or town in the Republic of Ireland other than Dublin</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td>A rural part of the Republic of Ireland</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Don't know</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> 98</td> </tr> </table> <p>(TILDA)</p>	Dublin city or county	<input type="checkbox"/> 1	A city or town in the Republic of Ireland other than Dublin	<input type="checkbox"/> 2	A rural part of the Republic of Ireland	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 98												
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Don't know	<input type="checkbox"/> 98																				

HQ 18  
 A (Please record any Qualitative information)

**TO BE COMPLETED BY THE INTERVIEWER**

**IWER:** Please identify the Health Service Executive area of residence.

**NOTE:** HSE area in which the individual lives most of the time.

Midland	<input type="checkbox"/> 1	Southern	<input type="checkbox"/> 6
Mid-Western	<input type="checkbox"/> 2	Western	<input type="checkbox"/> 7
North-Eastern	<input type="checkbox"/> 3	Northern	<input type="checkbox"/> 8
North-Western	<input type="checkbox"/> 4	South-Western	<input type="checkbox"/> 9
South-Eastern	<input type="checkbox"/> 5	East Coast	<input type="checkbox"/> 10

Don't know  98

(NIDD 2008)

**FS 9 Any Other Information (Final Status):**