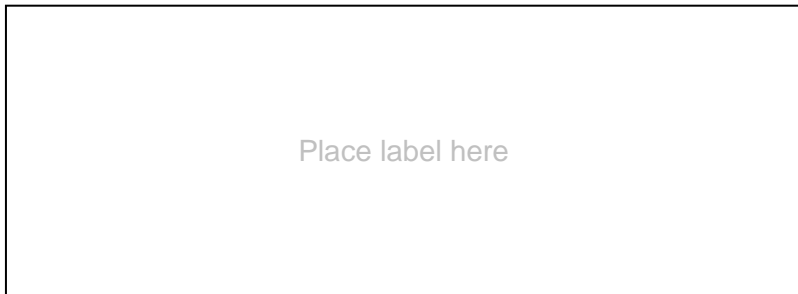


**STRICTLY  
CONFIDENTIAL**



MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT  
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**2015 Nurse Home Schedule**

Version: 28/07/15

*When completing this schedule please use a pen to circle the appropriate response(s) to each question and provide further details when requested either in the boxes or space provided.*

**EXAMPLE:** *How is your health in general?*  
*(Circle one number)*

- Excellent* 1
- Very good* ②
- Good* 3
- Fair* 4
- Poor* 5

① → go to Q5

*Some questions do not apply to everybody. Where you should skip the questions that do not apply to you, it tells you which question to go to next at the side of the answer you have circled, an arrow with "go to Q". If there is no arrow, please continue through each question in turn.*

*If month or year is unknown, enter "0", eg 00/2006*

<b>Date of birth</b>	day <input type="text"/> <input type="text"/>	month <input type="text"/> 0 <input type="text"/> 3	year <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> 4 <input type="text"/> 6
<b>Nurses No.</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Interview date</b>	day <input type="text"/> <input type="text"/>	month <input type="text"/> <input type="text"/>	year <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 5
<b>Interview time</b>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		

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## **NURSE INTERVIEW: Consents**

1. Explain purpose of visit
2. Ask if participant has read the information pamphlet
3. Ask if they have any questions about the study

**We need to obtain your consent to be interviewed and measured today and to use information collected today and at previous times for research.**

**Even having given consent you can still decline to do any part of the interview or examination.**

**The results of some tests (blood pressure, lung function, anthropometry and bloods) will be sent within 8 weeks.**

**We will be asking you to consent to send results to your GP which may be useful for your health care and this will be explained at the relevant parts of the examination.**

*Participant should now read and sign the general consent form. Delete any sections that the participant does not consent to (e.g. results to GP or use of blood sample for genetic aspects of health).*

**1a.** *Are any sections of the general consent form crossed out?*

<b>CONFCT15</b>	Yes	1
	No	0 → go to Q3

**b.** *What sections have been crossed out?  
(Circle all that apply)*

<b>CONFCTR15_1</b>	Read PIS	1 → go to Q3
<b>CONFCTR15_2</b>	Access to notes	2 → go to Q3
<b>CONFCTR15_3</b>	HSCIC	3 → go to Q3
<b>CONFCTR15_4</b>	DNA	4 → go to Q3
<b>CONFCTR15_5</b>	Data sharing	5 → go to Q3
<b>CONFCTR15_6</b>	Data controller	6 → go to Q3
<b>CONFCTR15_7</b>	GP results	7 → go to Q2
<b>CONFCTR15_8</b>	Take part in study	8 → Future Consent → End of interview

*If the participant does not want results sent to GP, ask them to sign the clinical advisor consent form.*

*Explain that if this consent is not given, a blood sample cannot be drawn.*

**2.** *Has the clinical advisor consent form been signed?*

<b>ACONFS15</b>	Yes	1
	No	0 → Bloods cannot be taken

**3. We may need to obtain additional details about your health from your hospital and GP records.**

*Participant should now read and sign the hospital and GP consent form*

<b>CONHGP</b>	Hospital and GP consent signed	1
	Hospital and GP consent NOT signed	0







Paper  
version only  
- from PQ

feet  
nerves  
kidneys  
eyes

1  
2  
3  
4

6e. When were you told that you had diabetes?

DDIABM15

Month

Year

DDIABY15

If you cannot remember the month and year, please give your age

DDIABA15

Age

**Alternative questions asked if answered positively to having heart attack or stroke at the PQ14:**

3a. **You said on your postal questionnaire that you had had a heart attack. Have you had any more of these events since you filled in the questionnaire?**

DHARA31

Yes

1

5

No

0

3b. **What was the date of the next heart attack? Enter month and year.**

DHARAM31

Month

Year

DHARAY315

If you cannot remember the month and year, what was your age when you had the next heart attack?

DHARAA315

Age

5a. **You said on your postal questionnaire that you had had a stroke. Have you had any more of these events since you filled in the questionnaire?**

DSTR315

Yes

1

No

0

5c. **What was the date of the next stroke? Enter month and year.**

DSTRM315

Month

Year

DSTRY315

If you cannot remember the month and year, what was your age when you had the next stroke?

DSTRA315

Age

**Since 2006 have you had any of the following medical conditions or events?**

Please can you only include conditions diagnosed by a doctor.

READ OUT...

7a. **Transient ischaemic attack (TIA/mini stroke)**

DTIA15

Yes

1

No

0 → go to Q8a

**7b.** How many attacks have you had?

DTIAN15

Number of attacks

--	--

**7c.** What age were you when you had your TIA/mini stroke(s)?

01\_DTIAA115

First attack

Age

--	--

02\_DTIAA115

Second attack

Age

--	--

03\_DTIAA115

Third attack

Age

--	--

**8a. Other conditions affecting the heart or circulation (SHOWCARD A)**

HRTRB15

Yes

1

No

0 → go to Q9a

**8b.** Please code type of heart/circulatory condition reported (SHOW CARD A):  
(circle all that apply)

HRTRBT15\_01

Aortic aneurysm

1 → go to Q8d

HRTRBT15\_02

Atrial fibrillation

2 → go to Q8e

HRTRBT15\_03

Deep vein thrombosis

3 → go to Q8f

HRTRBT15\_04

High blood cholesterol

4 → go to Q8g

HRTRBT15\_05

Narrowing of the leg arteries (including claudication)

5 → go to Q8h

HRTRBT15\_06

Pulmonary embolism (clot on the lung)

6 → go to Q8i

HRTRBT15\_07

Other

7 → go to Q8c

**8c.** Please specify "Other" → go to 8j

HRTRBTO15

**8d.** What was your age when you were diagnosed with an aortic aneurysm?

HRTRBAA15

Age

--	--

**8e.** What was your age when you were diagnosed with atrial fibrillation?

HRTRBFA15

Age

--	--

**8f.** What was your age when you were diagnosed with deep vein thrombosis?

HRTRBDA15

Age

--	--

**8g.** What was your age when you were diagnosed with high blood cholesterol?

HRTRBCA15

Age

--	--

**8h.** What was your age when you were diagnosed with narrowing of the leg arteries?

HRTRBNA15

Age

--	--

**8i.** What was your age when you were diagnosed with a pulmonary embolism?

HRTRBPA15

Age

--	--



8j. What was your age when you were diagnosed with this "other" condition?

HRTRBOA15

Age

--	--

9a. **Cancer**

DCANE15

Yes

1

No

0 → go to Q10a

9b. Where is the cancer site?

01\_DCANE115

---

9c. What was your age when it was diagnosed?

01\_DCANE115

Age

--	--

**If there is more than 1 site, continue**

9b2. Where is the cancer site 2? 02\_DCANE115

---

9c2. What was your age when it was diagnosed?

02\_DCANE115

Age

--	--

9b3. Where is the cancer site 3? 03\_DCANE115

---

9c3. What was your age when it was diagnosed?

03\_DCANE115

Age

--	--

9b4. Where is the cancer site 4? 04\_DCANE115

---

9c4. What was your age when it was diagnosed?

04\_DCANE115

Age

--	--

9b5. Where is the cancer site 5? 05\_DCANE115

---

9c5. What was your age when it was diagnosed?

05\_DCANE115

Age

--	--

9d. Have you had cancer in the last 12 months?

DCAN12M

Yes

1

No

0

10a. **Chronic lung disease such as emphysema, bronchitis, COPD**

DLUNG15

Yes

1

No

0 → go to Q11a

10b. What is the type of chronic lung disease?

01\_DLUNG115

10c. What was your age when it was diagnosed?

01\_DLUNGA115

Age

--	--

**If there is more than 1 type, continue**

10b2. What is the type of chronic lung disease? 2

02\_DLUNGA115

10c2. What was your age when it was diagnosed?

02\_DLUNGA115

Age

--	--

10b3. What is the type of chronic lung disease? 3

03\_DLUNGA115

10c3. What was your age when it was diagnosed?

03\_DLUNGA115

Age

--	--

10b4. What is the type of chronic lung disease? 4

04\_DLUNGA115

10c4. What was your age when it was diagnosed?

04\_DLUNGA115

Age

--	--

10b5. What is the type of chronic lung disease? 5

05\_DLUNGA115

10c5. What was your age when it was diagnosed?

05\_DLUNGA115

Age

--	--

10d. Have you had bronchitis in the last 12 months?

DLUNG12M

Yes

1

No

0

11a. **Asthma**

ASTH15

Yes

1

No

0 → go to Q12a

11b. What was your age when it was diagnosed?

ASTHA15

Age

--	--

11c. Have you had an asthma attack in the last 12 months?

ASTHLYR15

Yes

1

No

0

12a. **Osteoarthritis**

OSTEOYN15	Yes	1
	No	0 → go to Q13a

**12b.** Where is the osteoarthritis site?  
*This is the generic location (eg. hands, hip, spine). No need to specify left/right*  
 OSTEOL12

---

<b>12c.</b>	Have you had this in the last 12 months?		
OSTEOL12	Yes	1	
	No	0	

**If there is more than 1 site, continue**

**12b2.** Where is the osteoarthritis site? 2  
 02\_OSTEO115

---

<b>12c2.</b>	Have you had this in the last 12 months?		
02_OSTEOA115	Yes	1	
	No	0	

**12b3.** Where is the osteoarthritis site? 3  
 03\_OSTEO115

---

<b>12c3.</b>	Have you had this in the last 12 months?		
03_OSTEOA115	Yes	1	
	No	0	

**12b4.** Where is the osteoarthritis site? 4  
 04\_OSTEO115

---

<b>12c4.</b>	Have you had this in the last 12 months?		
04_OSTEOA115	Yes	1	
	No	0	

**12b5.** Where is the osteoarthritis site? 5  
 05\_OSTEO115

---

<b>12c5.</b>	Have you had this in the last 12 months?		
05_OSTEOA115	Yes	1	
	No	0	

<b>13a.</b>	<b>Rheumatoid arthritis</b>		
RHEUMYN15	Yes	1	
	No	0 → go to Q14a	

**13b.** Where is the rheumatoid arthritis site?  
*This is the generic location (eg. hands, hip, spine). No need to specify left/right*  
 01\_RHEUM115

---

<b>13c.</b>	Have you had this in the last 12 months?		
01_RHEUMA115	Yes	1	
	No	0	

**If there is more than 1 site, continue**

**13b2.** Where is the rheumatoid arthritis site?2  
 02\_RHEUM115

**13c2.** Have you had this in the last 12 months?  
 02\_RHEUMA115 Yes 1  
 No 0

**13b3.** Where is the rheumatoid arthritis site?3  
 03\_RHEUM115

---

**13c3.** Have you had this in the last 12 months?  
 03\_RHEUMA115 Yes 1  
 No 0

**13b4.** Where is the rheumatoid arthritis site?4  
 04\_RHEUM115

---

**13c4.** Have you had this in the last 12 months?  
 04\_RHEUMA115 Yes 1  
 No 0

**13b5.** Where is the rheumatoid arthritis site?5  
 05\_RHEUM115

---

**13c5.** Have you had this in the last 12 months?  
 05\_RHEUMA115 Yes 1  
 No 0

**14a. Osteoporosis**  
 OSTPOR15 Yes 1  
 No 0 → go to Q15a

**14b.** What was your age when it was diagnosed?  
 OSTPORA15 Age

**15a. Serious eye trouble such as cataracts, glaucoma or macular degeneration**  
 EYEYN15 Yes 1  
 No 0 → go to Q16a

**15b.** What is the eye condition?  
 01\_EYE115

---

**15c.** What was your age when it was diagnosed?  
 01\_EYEA115 Age

**If there is more than 1 type, continue**

**15b2.** What is the eye condition?2  
 02\_EYE115

---

**15c2.** What was your age when it was diagnosed?  
 02\_EYEA115 Age

**15b3.** What is the eye condition?3

03\_EYE115

---

**15c3.** What was your age when it was diagnosed?

03\_EYEA115

Age

--	--

**15b4.** What is the eye condition?4

04\_EYE115

---

**15c4.** What was your age when it was diagnosed?

04\_EYEA115

Age

--	--

**15b5.** What is the eye condition?5

05\_EYE115

---

**15c5.** What was your age when it was diagnosed?

05\_EYEA115

Age

--	--

**16a. Depression**

DEPRES15

Yes

1

No

0 → go to Q17a

**16b.** Have you had any episodes of depression in the last 12 months?

Yes

1

No

0

**17a. Epilepsy**

DEP15

Yes

1

No

0 → go to Q18a

**17b.** What was your age when you were diagnosed with epilepsy?

DEPA15

Age

--	--

**17c.** Have you had any seizures in the last 12 months?

DEPLYR15

Yes

1

No

0

**18a. Parkinson's Disease**

PARKIN15

Yes

1

No

0 → go to Q19a

**18b.** What was your age when you were diagnosed with Parkinson's Disease?

PARKINA15

Age

--	--

**19a. Memory Problems**

MEMORYYN15

Yes  
No

1  
0 → go to Q20a

**19b.** Did the doctor give you a specific name for your memory problems?  
MEMORY15

---

**19c.** What was your age when you were diagnosed with memory problems?

MEMORYA15

Age

--	--

**20a. Kidney disease**

KIDNEY15

Yes  
No

1  
0 → go to Q21a

**20b.** What was your age when you were diagnosed with kidney disease?

KIDNEYA15

Age

--	--

**21a. Other diagnosed medical condition not already mentioned**

OTHHP15

Yes  
No

1  
0 → go to Q22a

**21b.** What is the other medical condition?

01\_OTHHP15

---

**21c.** What was your age when it was diagnosed?

01\_OTHHP15

Age

--	--

**21b2.** What is the other medical condition?

02\_OTHHP15

---

**21c2.** What was your age when it was diagnosed?

02\_OTHHP15

Age

--	--

**21b3.** What is the other medical condition?

03\_OTHHP15

---

**21c3.** What was your age when it was diagnosed?

03\_OTHHP15

Age

--	--

**21b4.** What is the other medical condition?

04\_OTHHP15

---

**21c4.** What was your age when it was diagnosed?

04\_OTHHP15

Age

--	--

**21b5.** What is the other medical condition?

05\_OTHHP15

**21c5.** What was your age when it was diagnosed?

05\_OTHHP115

Age

--	--

**In the last 12 months have you suffered from any of the following health conditions?**

READ OUT...

<b>22.</b> Persistent skin trouble (e.g. eczema) SKIN15	Yes	1
	No	0
<b>23.</b> Persistent trouble with your gums or mouth GUMS15	Yes	1
	No	0
<b>24.</b> Recurring stomach trouble/indigestion TUM15	Yes	1
	No	0
<b>25.</b> Being constipated all or most of the time CONS15	Yes	1
	No	0
<b>26.</b> Any other persistent problem with your bowels PILE15	Yes	1
	No	0

**Please think to a time when you have been unwell, for example, perhaps while in hospital. Sometimes a person's memory, thinking and concentration can get worse over hours and days due to an illness, e.g. infection, operation or due to medications. This is called delirium.**

**27a** Since 2006, have you experienced delirium symptoms?

DELIR15	Yes	1
	No	0 → go to Q28
	Don't know	999

**b** What caused this delirium?  
(circle all that apply)

DELIRC15_01	Infection	1
DELIRC15_02	Operation	2
DELIRC15_03	Medications	3
DELIRC15_04	Other	4

**c** Please specify "Other"  
DELIRC115

**d** What was the approximate duration of the delirium?  
NURSE CODE WHETHER ANSWER PROVIDED IN DAYS OR WEEKS.

DELIRD15 How many days? 

--	--

DELIRW15 How many weeks? 

--	--

**28.** How often do you have problems with dizziness when you are walking on a level surface?

*READ OUT...*

- |               |                         |   |
|---------------|-------------------------|---|
| <b>DIZZ15</b> | Always                  | 1 |
|               | Very often              | 2 |
|               | Often                   | 3 |
|               | Sometimes               | 4 |
|               | Never                   | 5 |
|               | SPONTANEOUS Never walks | 6 |
|               | SPONTANEOUS Can't walk  | 7 |



## Everyday tasks

I now have a few more questions about everyday tasks

How often in the last week did the following apply?

1. "I felt that everything I did was an effort" or "I could not get going"  
*READ OUT...*

EFF15	Rarely or none of the time (<1 day)	0
	Some or a little of the time (1-2 days)	1
	A moderate amount of time (3-4 days)	2
	Most of the time (>4 days)	3

These questions are about your vision and hearing

Have you had difficulty with the following in the last 12 months?

*READ OUT....*

	No difficulty	A little difficulty	Some difficulty	A great deal of difficulty
2. Reading a newspaper? RNEW15	1	2	3	4
3. Recognizing a friend across the street? RECF15	1	2	3	4
4. Reading signs at night? RSNT15	1	2	3	4
5. Hearing over the phone? HTEL15	1	2	3	4
6. Hearing a normal conversation? HCONV15	1	2	3	4
7. Hearing conversation in a noisy room? HNOIS15	1	2	3	4

8. Do you wear a hearing aid at all?

*READ OUT... AIDH15*

No	0
Yes, for left ear	1
Yes, for right ear	2
Yes, for both ears	3

### Knee Questions

9. In the last 12 months, have you had pain or stiffness in your **left** knee on most days for at least a month? (*circle all that apply*)

KNPL115,	Pain	1 → go to Q11
KNPL215	Stiffness	2 → go to Q10
	Neither	3 → go to Q11

10. If there is stiffness, does this last longer than 30min?

KNSTLL15	Yes	1
	No	0

11. In the last 12 months, have you had pain or stiffness in your **right** knee on most days for at least a month? (*circle all that apply*)

KNPR115,	Pain	1 → go to Q13
KNPR215	Stiffness	2 → go to Q12
	Neither	3 → go to Q13

- 12.** If there is stiffness, does this last longer than 30min?  
 KNSTRL15 Yes 1  
 No 0
- 13.** Have you **ever** injured your knees badly enough to see a doctor about it?  
*(circle all that apply)*  
 KNEE115, Right knee 1  
 KNEE215 Left knee 2  
 Never had a knee injury 3

**Hand Questions**

- 14.** In the last 12 months, have you had pain or stiffness in your **left** hand or fingers on most days for at least a month? *(circle all that apply)*  
 HNPL115, Pain 1  
 HNPL215 Stiffness 2  
 Neither 3
- 15.** In the last 12 months, have you had pain or stiffness in your **right** hand or fingers on most days for at least a month? *(circle all that apply)*  
 HNPR115, Pain 1  
 HNPR215 Stiffness 2  
 Neither 3

**MEDICATION**

- 16.** Are you regularly taking any medicines or tablets prescribed by a doctor?  
 Yes 1 MEDN15  
 No 0

*If 'Yes', please give details in the table below.  
 Use one row for each prescribed medication.*

	<b>Name of prescribed medication</b>
1	01_MEDN115
2	02_MEDN115
3	03_MEDN115
4	04_MEDN115
5	05_MEDN115
6	06_MEDN115
7	07_MEDN115
8	08_MEDN115
9	09_MEDN115
10	10_MEDN115
11	11_MEDN115
12	12_MEDN115
13	13_MEDN115

14	14_MEDN115
15	15_MEDN115

**17.** Do you regularly take junior aspirin / low dosage aspirin that is NOT prescribed?

<b>MEDNAS15</b>	No	0
	Yes	1

**18.** Do you regularly take any non-prescribed/over the counter medication or supplements?

<b>MEDNP15</b>	No	0
	Yes	1

## Blood Pressure

**I would now like to take your blood pressure. I am going to leave you to sit for a few minutes. During that time you must not read or do anything and your legs are to remain uncrossed. When the time is up I will carry out three recordings with a minute in between them. During this time I will not speak to you and you must not speak to me. Once I have completed the 3 recordings I will tell you what they are.**

1. Would you be willing to have your blood pressure taken?  
BPCNST15 Yes 1 → go to Q3  
 No 2 → go to Q2  
 Unable for health reasons 3 → go to Q2  
 Unable, other (eg equipment not available) 4 → go to Q2
2. Please record the reason why participant is unable/unwilling: → go to next module BPCNSTR15

3. Enter ambient temperature in Celsius to the nearest degree.    
RTEMP15

4. Blood pressure reading

a. *First reading:*  
*(right arm)*

<span style="color: red;">SBP115</span>	SYSTOLIC	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<span style="color: red;">DBP115</span>	DIASTOLIC	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<span style="color: red;">PULSE115</span>	PULSE	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<i>Tick box if reading not taken</i>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>

b. *Second reading:*  
*(right arm)*

<span style="color: red;">SBP215</span>	SYSTOLIC	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<span style="color: red;">DBP215</span>	DIASTOLIC	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<span style="color: red;">PULSE215</span>	PULSE	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<i>Tick box if reading not taken</i>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>

c. *Third reading:*  
*(right arm)*

<span style="color: red;">SBP315</span>	SYSTOLIC	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<span style="color: red;">DBP315</span>	DIASTOLIC	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<span style="color: red;">PULSE315</span>	PULSE	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<i>Tick box if reading not taken</i>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>

- d. How was blood pressure measured?  
(circle all that apply)
- |           |   |   |
|-----------|---|---|
| BPAU15_01 | Automated                               | 1 |
| BPAU15_02 | Manual (heart rate not regular)         | 2 |
| BPAU15_03 | Manual (error on automated measurement) | 3 |
- e. If you could not take all the readings, why was this?
- |        |                                      |   |
|--------|--------------------------------------|---|
| BPDISC | Participant did not want to continue | 1 |
|        | Other reason                         | 2 |
- f. What was the 'other' reason?
- BPDISCO
- 

**NURSE PLEASE PASS ON THE FOLLOWING ADVICE AS APPROPRIATE:**

**1. Tell the participant if the blood pressure is normal.**

**2. If the blood pressure is mildly raised (systolic 140-159 or diastolic 85-99 mmHg) please say:**

'Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 3 months to have a further blood pressure reading to see if this is a once-off finding or not.'

**3. If the blood pressure is moderately raised (systolic 160-179 or diastolic 100-114mmHg) please say:**

'Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see if this is a once-off finding or not.'

**4. If the blood pressure is severely raised (systolic  $\geq 180$  or diastolic  $\geq 115$  mmHg) please say:**

'Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 5 days to have a further blood pressure reading to see if this is a once-off finding or not.'

## Blood Sample

If participant has not consented for GP to be sent the results nor for the clinical advisor to contact them → No blood sample to be taken → go to next module

- 1.** Have you given a blood sample before?  
**BSBEF15** Yes 1 → go to Q2a  
No 0 → go to Q3
- 2a.** Were there any problems (e.g. fainting)?  
**BSPROB15** Yes 1 → go to Q2b  
No 0 → go to Q3
- 2b.** Please specify:  
**BSPROBR15**
- 

### I would like to take some blood samples from you

Explain the purpose and procedure for taking blood.

- 3.** Would you be willing to have a blood sample taken? **BSWILL15**  
Yes 1 → go to Q5  
No 2 → go to Q4  
Unable for health reasons 3 → go to Q4  
Unable, other (e.g. equipment not available) 4 → go to Q4
- 4.** Please record the reason why participant is unable/unwilling → go to next module
- a.** Reason 1  
**BSWILLR15**
- 
- b.** Reason 2  
**BSWILLR215**
- 

### DO NOT ASK

- 5.** Was the whole blood sample obtained?  
Total of 6 tubes  
**SPTAK15** Yes 1 → go to Q7a  
Only part 2 → go to Q6a → go to Q7a  
None 3 → go to Q6a → go to Q8
- 6a.** If incomplete or absent sample, please give reason.  
(Circle all that apply)
- |                     |                                |                                |
|---------------------|--------------------------------|--------------------------------|
| <b>SAMDIF115_01</b> | Collapsing/poor veins          | 1 → go to Q7a (part) Q8 (none) |
| <b>SAMDIF115_02</b> | Second attempt necessary       | 2 → go to Q7a (part) Q8 (none) |
| <b>SAMDIF115_03</b> | Participant felt faint/fainted | 3 → go to Q7a (part) Q8 (none) |
| <b>SAMDIF115_04</b> | Unable to use tourniquet       | 4 → go to Q7a (part) Q8 (none) |
| <b>SAMDIF115_05</b> | Other                          | 5 → go to Q6b                  |
- 6b.** Please specify other reason  
**SAMDIF215**
-

- 7.** *Were the blood tubes filled?*
- |          |  |            |   |
|----------|--|------------|---|
| <b>a</b> | 1 x 2.7ml citrate (blue)<br><b>CIT</b>       | Fully      | 1 |
|          |  | Partially  | 2 |
|          |  | Not at all | 3 |
| <b>b</b> | 1 x 5ml SST (gold)<br><b>SST51</b>           | Fully      | 1 |
|          |  | Partially  | 2 |
|          |  | Not at all | 3 |
| <b>c</b> | 1 x 5ml SST (gold)<br><b>SST52</b>           | Fully      | 1 |
|          |  | Partially  | 2 |
|          |  | Not at all | 3 |
| <b>d</b> | 1 x 5ml SST (gold)<br><b>SST53</b>           | Fully      | 1 |
|          |  | Partially  | 2 |
|          |  | Not at all | 3 |
| <b>e</b> | 1 x 4 ml EDTA (dark purple)<br><b>EDTA11</b> | Fully      | 1 |
|          |  | Partially  | 2 |
|          |  | Not at all | 3 |
| <b>f</b> | 1 x 4 ml EDTA (dark purple)<br><b>EDTA22</b> | Fully      | 1 |
|          |  | Partially  | 2 |
|          |  | Not at all | 3 |
- 8.** *Was a butterfly used instead of a fixed needle?*  
**BFLY15**
- |     |               |
|-----|---------------|
| Yes | 1 → go to Q9  |
| No  | 0 → go to Q10 |
- 9.** Please give reason for using butterfly:  
**BFLYR15**
- 
- 10.** *Record where blood taken from. If from more than one place record on blood tracking form:*  
**JAPARM15**
- |                   |    |
|-------------------|----|
| Right arm         | 1  |
| Left arm          | 2  |
| Right hand        | 3  |
| Left hand         | 4  |
| More than 1 place | 5  |
| Not obtained      | -8 |
- 11.** *Was participant sitting in a chair or laying down when the blood was taken?*  
**BSPD15**
- |                  |   |
|------------------|---|
| Sitting in chair | 1 |
| Laying down      | 2 |

**The research team will write to you to tell you when the results of the blood tests have been sent to your GP/clinical advisor [unless consent not given]**

- 12a.** Do you want to receive a copy of the blood results?  
**BSR15**
- |     |                |
|-----|----------------|
| Yes | 1 → go to Q12b |
| No  | 0 → go to Q13  |

**12b.** Nurse: Please confirm that appropriate box on GP consent form has been ticked.

BSRGP15

**Have you had any of these bloods tests...**

- 13.** HbA1C – a test for diabetes? No 0  
BSHBA1C15 Yes, in the past 3 months 1  
Yes, in the past 1 year 2  
Yes, in the last 1-3 years 3
- 14.** Test for high cholesterol? No 0  
BSCHOL15 Yes, in the past 3 months 1  
Yes, in the past 1 year 2  
Yes, in the last 1-3 years 3

*Set alarm to centrifuge blood in 30 minutes from now*

Time:  :

- 15.** Was the blood centrifuged? Yes 1  
No 0



## Self-Completion

Ask the participant to complete the self-completion questionnaire while you prepare the bloods for centrifuging

**I would like to give you this questionnaire to fill in by yourself. The questions are about how you have been feeling recently. Please check with me if any of the questions are unclear.**

1. Would you be willing to complete this questionnaire?  
SCY15 Yes 1→ go to Q3  
No 2→ go to Q2  
Unable for health reasons 3→ go to Q2  
Unable, other (e.g. equipment not available) 4→ go to Q2
  2. Please record the reason why participant is unable/unwilling: →go to next module  
SCYR15
- 

### DO NOT ASK

3. Have you checked the self-completion responses are complete and are not ambiguous (only one answer is circled).  
SCYC15 Yes 1  
No 0
4. Was the booklet completed:  
SCEND15 Booklet completed independently 1  
Booklet completed with assistance from interviewer 2  
Booklet completed with assistance from someone else 3  
Booklet not completed 4
5. (If appropriate) was an advice leaflet left with the participant?  
SCADV15 Yes 1  
No 0



## Activity Questions

**These next questions are about difficulties you may have carrying out different daily activities, because of long term health problems.**

**1.** Do you have any long-term illness, health problem or disability that limits the activities or the work you can do?

No	0	<b>DISA15</b>
Yes	1	

### **2. Gripping**

Do you have difficulty holding, gripping or turning things?

*READ OUT...* **GRIP15**

No difficulty	0	→ go to Q6
Yes, Some difficulty	1	→ go to Q3
Yes, A lot of difficulty	2	→ go to Q3

Can you.....

**3.** .... hold something heavy like a full kettle?

Yes	1	<b>GRIPH15</b>
No	0	

**4.** (Can you) remove a stiff lid from a jar?

*READ OUT...*

All/most of the time	1	<b>GRIPS15</b>
Sometimes	2	
Never	3	

**5.** (Can you) pick up small objects, such as a safety pin?

Yes	1	<b>GRIPF15</b>
No	0	

### **Reaching**

**6.** Do you have difficulty using your arms to reach or stretch for things? **REACH15**

No difficulty	0	→ go to Q11
Yes, Some difficulty	1	→ go to Q7
Yes, A lot of difficulty	2	→ go to Q7

How difficult is it for you to....

**7.** ....Put either of your arms above your head to reach for something above you?

*READ OUT...* **REACHA15**

Not difficult	1	
Difficult	2	
Impossible	3	

**8.** (How difficult is it for you to) put either hand behind your back to tuck in a blouse/shirt? **REACHB15**

*READ OUT...*

Not difficult	1	
Difficult	2	
Impossible	3	

9. (How difficult is it for you to) put either hand up to your head to put a hat on?

READ OUT... REACHH15

Not difficult	1
Difficult	2
Impossible	3

10. . ... (How difficult is it for you to) hold either arm out in front of you to shake hands with someone? REACHF15

READ OUT...

Not difficult	1
Difficult	2
Impossible	3

### Bending

11. Do you have difficulty bending down and straightening up even when holding onto something? BEND15

No	0 → go to Q15
Yes	1 → go to Q12

12. Can you bend down to sweep up something from the floor and straighten up? BENDS15

Yes	1 → go to Q15
No	0 → go to Q13

13. Can you bend down to pick something from the floor and straighten up? BENDP15

Yes	1 → go to Q15
No	0 → go to Q14

14. Can you bend down far enough to touch your knees and straighten up? BENDK15

Yes	1
No	0

### Balancing

15. Do you have difficulty keeping your balance? BALD15

No	0
Yes	1

16. Do you need to hold onto something to keep your balance? BALL15

No	0
Yes, Occasionally	1
Yes, Often	2
Yes, Always	3

### Walking

17. Do you have difficulty walking for a quarter of a mile on the level? WALK15

No	0 → go to Q19
Yes	1 → go to Q18
Not applicable, unable to walk	-8 → go to Q19

**18.** How far can you walk outside without stopping or severe discomfort?

READ OUT WALKL15

- More than 400 yards 1
- 200 to 400 yards 2
- 50 to 200 yards 3
- Less than 50 yards 4
- Cannot walk outside 5

**Stair-climbing**

**19.** Do you have difficulty walking up and down stairs? STEP15

- No 0 → go to Q20
- Yes 1 → go to Q20
- Not applicable, cannot walk up and down stairs -8 → go to Q21

**20.** When walking up and down a flight of 12 stairs do you need to...

a. hold on? STEPH15

- No 0
- Some of the time 1
- Most/all of the time 2

b. stop for a rest? STEPR15

- No 0
- Some of the time 1
- Most/all of the time 2

c. go sideways or one step at a time? STEPS15

- No 0
- Some of the time 1
- Most/all of the time 2

**Do you have difficulty with any of the following activities....:**

**21. ....Cutting your toe nails? CUTTOE15**

- No 0 → go to Q23
- Yes, some difficulty 1 → go to Q22
- Yes, a lot of difficulty 2 → go to Q22

**22.** Can you cut your toenails without personal help? CUTTOEC15

- Yes 1
- No 0

**23. . .... Bathing and/or showering (including getting into and out of the bath or shower)? BATH15**

- No 0 → go to Q25
- Yes, difficult to bath but not shower 1 → go to Q24
- Yes, difficult to bath and shower 2 → go to Q24

**24.** Can you bath or shower without aids or personal help? BATHC15

- Yes 1
- No, uses aids only 2
- No, uses personal help only 3
- No, needs aids and personal help 4

CAPI – the next 8 activities were asked in a grid. Each activity was yes / no. If answered yes, then there was follow up questions asking if there was some difficulty or a lot of difficulty. This worked well on screen, but was more complicated on paper.

- 25. .... Washing your hands and face? FACE15**  
 No 0 → go to Q27  
 Yes 1 → go to Q26
- 26. Can you wash your hands and face without aids or personal help? FACEC15**  
 Yes 1  
 No, uses aids only 2  
 No, uses personal help only 3  
 No, needs aids and personal help 4
- 27. ....Dressing and undressing yourself? FRESS15**  
 No 0 → go to Q29  
 Yes 1 → go to Q28
- 28. Can you dress and undress yourself, including putting on your shoes and socks, without aids/special items or personal help? DRESSC15**  
 Yes 1  
 No, uses aids/special items only 2  
 No, uses personal help only 3  
 No, needs aids and personal help 4
- 29. ....Getting in or out of a chair? CHAR15**  
 No 0 → go to Q31  
 Yes 1 → go to Q30
- 30. Can you get in and out of a chair without aids or personal help? CHARC15**  
 Yes 1  
 No, uses aids only 2  
 No, uses personal help only 3  
 No, needs aids and personal help 4
- 31. ....Getting in or out of bed? BED15**  
 No 0 → go to Q33  
 Yes 1 → go to Q32
- 32. Can you get in and out of bed without aids or personal help? BEDC15**  
 Yes 1  
 No, uses aids only 2  
 No, uses personal help only 3  
 No, needs aids and personal help 4
- 33. ....Getting around indoors? INDOOR15**  
 No 0 → go to Q35  
 Yes 1 → go to Q34
- 34. Can you get around indoors without aids or personal help? INDOORC15**  
 Yes 1  
 No, uses aids only 2  
 No, uses personal help only 3  
 No, needs aids and personal help 4

**35. .... Using the toilet? WCUSE15**

- |                |                 |
|----------------|-----------------|
| No             | 0 → go to Q37   |
| Yes            | 1 → go to Q36   |
| Not applicable | -8 → go to Q35b |

35b. Please specify the reason why using the toilet is not applicable → go to Q37  
WCUSER15

---

**36. Can you use the toilet without aids or personal help? WCUSEC15**

- |                                  |   |
|----------------------------------|---|
| Yes                              | 1 |
| No, uses aids only               | 2 |
| No, uses personal help only      | 3 |
| No, needs aids and personal help | 4 |

**37. .... Feeding yourself, including cutting up food? FEED15**

- |     |               |
|-----|---------------|
| No  | 0 → go to Q39 |
| Yes | 1 → go to Q38 |

**38. Can you feed yourself, including cutting up food, without aids or personal help?  
FEEDC15**

- |                                  |   |
|----------------------------------|---|
| Yes                              | 1 |
| No, uses aids only               | 2 |
| No, uses personal help only      | 3 |
| No, needs aids and personal help | 4 |

**PERSONAL HELP NOW AND IN THE FUTURE (ADLS)**

For participant who require "**personal help**" or "**aids and personal help**" for any of the above activities

**SHOW CARD B**

**39. Please tell me about all the people on this list who have helped you with these tasks in the last month.**

*(Circle all that apply)*

- |  |            |    |
|--|------------|----|
| No help received in past month                                       | ADLH115_00 | 0  |
| Husband/wife/partner   | ADLH115_01 | 1  |
| Son (including stepson, adopted son or son in law)                   | ADLH115_02 | 2  |
| Daughter (including stepdaughter, adopted daughter, daughter in law) | ADLH115_03 | 3  |
| Other family member  | ADLH115_04 | 4  |
| Friend or neighbour  | ADLH115_05 | 5  |
| Voluntary helper   | ADLH115_06 | 6  |
| Paid/professional help   | ADLH115_07 | 7  |
| Home care worker/home help/personal assistant                        | ADLH115_08 | 8  |
| Member of the reablement/intermediate care staff team                | ADLH115_09 | 9  |
| Occupational therapist/physiotherapist                               | ADLH115_10 | 10 |
| Warden/sheltered housing manager                                     | ADLH115_11 | 11 |
| Cleaner  | ADLH115_12 | 12 |
| Other  | ADLH115_13 | 13 |

**39b. If other, please specify**

ADLHO115

---

### SHOW CARD C

40. Altogether, how many hours help have you received with these tasks in the last week? **ADLHT115**

No help in past week	0
Less than one hour	1
1-4 hours	2
5-9 hours	3
10-19 hours	4
20-34 hours	5
35-49 hours	6
50-99 hours	7
100 hours or more	8

ASK **ALL PARTICIPANTS**

**Do you have difficulty with any of the following activities.....:**

*Do not include help that has always been received because of the way household responsibilities are divided*

*If participant does not normally undertake activity, would they have difficulty if they tried to?*

**41. ....taking the right amount of medicines at the right times? **MEDDIF15****

No	0 → go to Q42
Yes	1 → go to Q42
Not applicable (don't take any medications)	-8 → go to Q41b

**41b.** Please specify the reason why it's not applicable  
**MEDDIFR15**

---

**42. ....doing routine housework or laundry? **HHWK15****

No	0 → go to Q43
Yes	1 → go to Q43
Not applicable	-8 → go to Q42b

**42b.** Please specify the reason why it's not applicable  
**HHWKR15**

---

**43. ....preparing a hot meal? **HCK15****

No	0 → go to Q44
Yes	1 → go to Q44
Not applicable	-8 → go to Q43b

**43b.** Please specify the reason why it's not applicable  
**HCKR15**

---

**44. ....doing paperwork and paying household bills? **PAPDIF15****

No	0 → go to Q45
Yes	1 → go to Q45
Not applicable	-8 → go to Q44b



44b. Please specify the reason why it's not applicable

PAPDIFR15

---

**45. ....shopping for food, including getting to the shops, choosing the items, carrying the items home, and then unpacking and putting the items away?**

HSHD15

No	0 → go to Q46
Yes	1 → go to Q46
Not applicable	-8 → go to Q45b

45b. Please specify the reason why it's not applicable

HSHDR15

---

**46. ....getting out of the house, for example to go to the doctor's or to visit a friend?** OUTDIF15

No	0 → go to Q47
Yes	1 → go to Q47
Not applicable	-8 → go to Q46b

46b. Please specify the reason why it's not applicable

OUTDIFR15

---

## PERSONAL HELP NOW AND IN THE FUTURE (IADLS)

For participant who have **difficulties** with any of the above activities

### SHOW CARD D

**47.** Please tell me about all the people on this list who have helped you with these tasks in the last month.

*(Circle all that apply)*

No help received in past month	IADLH115_00	0
Husband/wife/partner	IADLH115_01	1
Son (including stepson, adopted son or son in law)	IADLH115_02	2
Daughter (including stepdaughter, adopted daughter, daughter in law)	IADLH115_03	3
Other family member	IADLH115_04	4
Friend or neighbour	IADLH115_05	5
Voluntary helper	IADLH115_06	6
Paid/professional help	IADLH115_07	7
Home care worker/home help/personal assistant	IADLH115_08	8
Member of the reablement/intermediate care staff team	IADLH115_09	9
Occupational therapist/physiotherapist	IADLH115_10	10
Warden/sheltered housing manager	IADLH115_11	11
Cleaner	IADLH115_12	12
Other	IADLH115_13	13

**47b.** If other, please specify

IADLHO115

---

**SHOW CARD E**

**48.** Altogether, how many hours help have you received with these tasks in the last week? **IADLT15**

No help in past week	0
Less than one hour	1
1-4 hours	2
5-9 hours	3
10-19 hours	4
20-34 hours	5
35-49 hours	6
50-99 hours	7
100 hours or more	8

**ASK ALL PARTICIPANTS**

**49.** Is there anyone **LIVING WITH YOU** who is sick, frail, or has a disability whom you look after or give special help to (for example, a sick, disabled, or older relative/husband/wife/ friend, etc.)? **AFT15**

- No 0 → go to Q54
- Yes 1 → go to Q50

**50.** Who do you look after or help that lives with you?

*(Circle all that apply)*

Wife/Husband/Partner	1 <b>AFT115_01</b>
Mother/mother-in-law	2 <b>AFT115_02</b>
Father/father-in-law	3 <b>AFT115_03</b>
Son/daughter (incl. stepchildren)	4 <b>AFT115_04</b>
Grandchild/ren	5 <b>AFT115_05</b>
Friend	6 <b>AFT115_06</b>
Other	7 <b>AFT115_07</b>

**51.** If other, please specify

**AFTOTH15**

---

**SHOW CARD F**

**52.** In total, how many hours do you spend each week looking after or helping these people? **AFTH15**

0-4 hours per week	1
5-9 hours per week	2
10-19 hours per week	3
20-34 hours per week	4
35-49 hours per week	5
50-99 hours per week	6
100 or more hours per week/continuous care	7
Varies under 20 hours	8
Varies 20 hours or more	9
Other	10

**53.** If other, please specify

**AFTHOTH15**

---

**54.** Do you provide some regular service or help for any sick, disabled or older person **NOT LIVING WITH YOU**? **PROV15**

- No 0 → go to Q59
- Yes 1 → go to Q55

**55.** Who do you help that does not live with you?

*(Circle all that apply)*

- |                                     |    |            |
|-------------------------------------|----|------------|
| Volunteer (e.g. hospice/Samaritans) | 1  | PROV115_01 |
| Mother/mother-in-law/stepmother     | 2  | PROV115_02 |
| Father/father-in-law/stepfather     | 3  | PROV115_03 |
| Son/daughter/stepson/stepdaughter   | 4  | PROV115_04 |
| Aunt/uncle                          | 5  | PROV115_05 |
| Sister/brother                      | 6  | PROV115_06 |
| Neighbour/s                         | 7  | PROV115_07 |
| Friend/s                            | 8  | PROV115_08 |
| Ex-Wife/Ex-Husband/Ex-Partner       | 9  | PROV115_09 |
| Other                               | 10 | PROV115_10 |

**56.** If other, please specify

PROVOTH15

---

### SHOW CARD F

**57.** In total, how many hours do you spend each week looking after or helping these people? PROVHO15

- |  |    |
|--|----|
| 0-4 hours per week                         | 1  |
| 5-9 hours per week                         | 2  |
| 10-19 hours per week                       | 3  |
| 20-34 hours per week                       | 4  |
| 35-49 hours per week                       | 5  |
| 50-99 hours per week                       | 6  |
| 100 or more hours per week/continuous care | 7  |
| Varies under 20 hours                      | 8  |
| Varies 20 hours or more                    | 9  |
| Other                                      | 10 |

**58.** If other, please specify

PROVHOTH15

---

### SHOW CARD G

**59.** If you (and your spouse) needed help with daily activities because of sickness, frailty or disability, who would be most likely to provide help?

- |  |   |              |
|--|---|--------------|
| Son (including stepson, adopted son or son in law)                   | 1 | SOCCARE15_01 |
| Daughter (including stepdaughter, adopted daughter, daughter in law) | 2 | SOCCARE15_02 |
| Other family member  | 3 | SOCCARE15_03 |
| Friend or neighbour (including voluntary helper)                     | 4 | SOCCARE15_04 |
| Paid/professional help   | 5 | SOCCARE15_05 |
| Other, please specify  | 6 | SOCCARE15_06 |

**60.** If other, please specify

SOCCAREO15

---

## Anthropometry

1. Has your weight increased, decreased or not changed in the last year?
 

Increased	1→ go to Q2	WTCH15
Decreased	2→ go to Q3	
Not changed	3→ go to Q8	
  
2. By how much has your weight increased? WTCHUP15

Increased by <5lbs	1→ go to Q4
Increased by 5-10lbs	2→ go to Q4
Increased by >10lbs	3→ go to Q4
  
3. By how much has your weight decreased? WTCHDWN15

Decreased by <5lbs	1
Decreased by 5-10lbs	2
Decreased by >10lbs	3
  
4. Was your change in weight intentional or unintentional? WTCHINT15

Intentional	1→ go to Q5
Unintentional	0→ go to Q7
  
5. Was your change in weight due to personal choice, medical advice or some other reason? WTCHRES15

Personal choice	1→ go to Q8
Medical advice	2→ go to Q8
Other reason	3→ go to Q6
  
6. *If other, please specify reason*→ go to Q8  
WTCHRES115
  


---

7. Was your change in weight the result of illness or ill health? WTCHILL15

Yes	1
No	2

### I would now like to take different types of measurements.

These cover height, weight, and waist and hip measurements.

8. Would you be willing to be measured and weighed? MESOK15

Yes	1→ go to Q10
No	2→ go to Q9
Unable, other (e.g. equipment not available)	3→ go to Q9
  
9. *Please give reason:* → go to next module  
MESOKR15

10. *Measure standing height (round up to the higher mm).  
Enter height in centimetres (e.g 140.3cm)*  
HTN15

Height

			•	
--	--	--	---	--

11. *Measure weight  
Enter weight in kg (read of from scales)*  
WTN15

Weight

			•	
--	--	--	---	--



## Chair Rises

I would now like you to do 10 chair rises.

First I will ask you to fold your arms and, after I say, 'And Go', stand up from your chair and sit down again 10 times like this, as quickly as possible (NURSE: DEMONSTRATE).

1. Are you willing to do this test?

- |                 |  |              |
|-----------------|--|--------------|
| <b>CHARST15</b> | Yes  | 1            |
|                 | No   | 2 → go to Q2 |
|                 | Unable for health reasons                    | 3 → go to Q2 |
|                 | Unable, other (e.g. equipment not available) | 4 → go to Q2 |

2. Please record the reason why unable/unwilling → go to Q5

**CHARSTR15**

---

3. Let the participant practice one or two rise. Then record time for chair rise test. Enter time EXACTLY as on the stopwatch (eg. 0:32:28)

**CHRST15**

<i>min</i>	•	<i>sec</i>	•	<i>msec</i>
<input style="width: 30px; height: 20px;" type="text"/>	•	<input style="width: 30px; height: 20px;" type="text"/>	•	<input style="width: 30px; height: 20px;" type="text"/>

If participant attempts 10 rises but does not complete the full test please record a time and the number of rises completed

4. Were 10 rises completed?

Yes            1 → go to next module

No             0 **CHARSTOK15**

If No, how many rises were completed:  → go to next module

**CHARSTN15**

### FOR THOSE THAT ARE UNABLE OR UNWILLING TO DO TEN RISES:

5. Although you are unable to do 10 chair rises, would you be willing to do a test of 5 rises instead?

- |                  |  |              |
|------------------|--|--------------|
| <b>CHARST515</b> | Yes  | 1            |
|                  | No   | 2 → go to Q6 |
|                  | Unable for health reasons                    | 3 → go to Q6 |
|                  | Unable, other (e.g. equipment not available) | 4 → go to Q6 |

6. Please record the reason why unable/unwilling → go to next module

**CHARSTR515**

---

First I will ask you to fold your arms and, after I say, 'And Go', stand up from your chair and sit down again 5 times like this, as quickly as possible (demonstrate).

7. Let the participant practice then record time for chair rise test. Enter time EXACTLY as on the stopwatch (eg. 0:32:28)

**CHRST515**

<i>min</i>	•	<i>sec</i>	•	<i>msec</i>
<input style="width: 30px; height: 20px;" type="text"/>	•	<input style="width: 30px; height: 20px;" type="text"/>	•	<input style="width: 30px; height: 20px;" type="text"/>

*If participant attempts 5 rises but does not complete the full test please record a time and the number of rises completed*

**8. Were 5 rises completed?** CHARSTOK515

Yes	1
No	0

If No, how many rises were completed:

CHARSTN515





## Walking Speed

**I would now like to time you while you walk a short distance at your usual walking pace, just as if you were walking down the street to go to the shops. Walking aids are permitted but help from another person is not. (NURSE: DEMONSTRATE)**

*Walking course is 2.44m (8ft)*

1. Are you willing to do this test?

TGUG15

Yes

1 → go to Q3

No

2 → go to Q2

Unable for health reasons

3 → go to Q2

Unable, other (e.g. equipment not available)

4 → go to Q2

2. Please record the reason why unable/unwilling → go to next module

TGUGR115

3. Are you able to walk without another person's help?

Yes

1 → go to Q4

No

0 → go to next module

WNHLP15

4. Do you use walking aid?

Yes

1 → go to Q5a

No

0 → go to Q6

WAID15

5a. Please specify type of walking aid

Walking stick

1 → go to Q6

Walking frame

2 → go to Q6

Leg brace

3 → go to Q6

Crutch/crutches

4 → go to Q6

Other

5 → go to Q5b

WATYP15

5b. Please specify "Other"

WATYPO15

*Walking speed to be measured over a clearly marked 8ft (2.44m) walking course. Walking aids are permitted but help from another person is not.*

6. Record time taken to complete walk 1. Enter time EXACTLY as on the stopwatch (eg. 0:02:28)

WNAT115

min      sec      msec  
 •  •

Walk not completed  → go to Q8

7. Record time taken to complete walk 2. Enter time EXACTLY as on the stopwatch (eg. 0:02:28)

WNAT215

min      sec      msec  
 •  •

→ go to next module

Walk not completed  → go to Q8

8. Why was the timed walk not completed?

WNONE15

## Hand Grip

Now I would like to assess the strength of your hand in a gripping action. After I say 'And Go' I want you to squeeze this handle as hard as you can, just for a couple of seconds and then let go (NURSE: DEMONSTRATE).

1. Are you willing to do this test?

- |          |  |              |
|----------|--|--------------|
| GRPINT15 | Yes  | 1 → go to Q3 |
|          | No   | 2 → go to Q2 |
|          | Unable for health reasons                    | 3 → go to Q2 |
|          | Unable, other (e.g. equipment not available) | 4 → go to Q2 |

2. Please record the reason why unable/unwilling → go to next module

GRPINTR15

3. If possible I would like to take 2 measurements from each hand. Do you have use of both hands?

- |           |  |                       |
|-----------|--|-----------------------|
| Record    | Participant has the use of both hands          | 1                     |
| one only. | Participant is unable to use <b>right</b> hand | 2                     |
| WOTATT15  | Participant is unable to use <b>left</b> hand  | 3                     |
|           | Participant is unable to use either hand       | 4 → go to next module |

4. Which is your dominant hand?

*This is the dominant hand they were born with even if they can no longer use that hand.*

- |        |            |   |
|--------|------------|---|
| HNLR15 | Right hand | 1 |
|        | Left hand  | 2 |

*Instruction: Position the participant correctly and select the correct hand grip distance. Explain the procedure once again.*

5. LEFT hand - first measurement  
Enter the results to one decimal place.

GRPL115

			•	
--	--	--	---	--

6. RIGHT hand - first measurement  
Enter the results to one decimal place.

GRPR115

			•	
--	--	--	---	--

7. LEFT hand - second measurement  
Enter the results to one decimal place.

GRPL215

			•	
--	--	--	---	--

8. RIGHT hand - second measurement  
Enter the results to one decimal place.

GRPR215

			•	
--	--	--	---	--

## Lung Function

The ndd Easy on-PC software can be used even if the CAPI is not working.

**Now I would like to measure your lung function. You will need to stand up for this test. First you will need to take as full and as deep a breath as you can so as to fill your lungs to capacity. Then make a tight seal, with your lips around the tube, place your tongue under the mouthpiece, and blow out as hard, as fast and as long as you can, until no more air can come out and you are instructed to stop. You will be doing this at least 3 times in order to make sure that we obtain similar results. You may feel slightly lightheaded whilst doing this. You need to blow as hard as you can, as fast as you can and for as long as you can. I will also be encouraging you to blow for as long as possible.**

1. Can I check, have you had abdominal or chest surgery in the past three weeks?

HASURG15      Yes            1 → go to next module  
                      No                0

2. Have you been admitted to hospital for a heart complaint or stroke in the past six weeks?

HASTR15        Yes            1 → go to next module  
                      No                0

3. Have you had or experienced any of the following...

*READ OUT...*

Recently coughing up blood of unknown origin HAEXC15\_01

Ever been diagnosed with aneurysm in chest, brain or stomach

HAEXC15\_02

A collapsed or punctured lung in the past 12 months HAEXC15\_03

A blood clot in the lung in the past 3 months HAEXC15\_04

A heart attack/MI or heart complaint in the past month HAEXC15\_05

Stomach or chest surgery in the past 3 months HAEXC15\_06

A detached retina in the past 3 months HAEXC15\_07

Ear or eye surgery in the past 3 months HAEXC15\_08

Medication for TB HAEXC15\_09

None of these HAEXC15\_10

1	} → go to next module
2	
3	
4	
5	
6	
7	
8	
9	
10 → go to Q4	

4. Are you willing to do this test?

LFWILL15	Yes	1 → go to Q6
	No	2 → go to Q5
	Unable for health reasons	3 → go to Q5
	Unable, other (e.g. equipment not available)	4 → go to Q5

5. Please record the reason why unable/unwilling → go to next module

LFWILLR15

6. In the past three weeks, have you had any respiratory infections such as influenza, pneumonia, bronchitis or a severe cold?

CHSTNF15	Yes	1
	No	0

7. Do you suffer from asthma or hayfever?

ASTHYF15

Yes 1  
No 0

**To do the test you will need to blow out into a tube as hard and as fast as you can for as long as you can (NURSE DEMONSTRATE). To get an accurate test you will need to blow at least 3 times and a maximum of 5 times.**

*NURSE: ASK PARTICIPANT TO PRACTICE PRIOR TO LAUNCHING SOFTWARE.*

**DO NOT ASK**

- 8.** *Were you able to take any readings?*  
LNGDONE15 Yes 1 → go to Q10  
No 0 → go to Q9
- 9.** *Please record the reason why you were unable to take any readings → go to next module*  
LNGDONR15
- 
- 10.** *What was the session quality as per the lung function software?*  
TENQU15
- 11.** *Number of blows attempted and saved:  
Include all blows except practice one, even if technically not acceptable*  
LNGN15
- 12.** *Was the session stopped prior to seeing the 'Session Complete!' message?*  
LFINCOM15 Yes 1 → go to Q13  
No 0 → go to Q14
- 13.** *Please comment on this participant's lung function test:*  
LFINCOMR15
- 
- 14.** *Did participant:*  
LNGFPOS15 Stand for all blows 1  
Sit for all blows 2  
Start standing, then sit for later blows 3
- 15.** *Did the study member use their inhaler (bronchodilator) during the visit?*  
LFINHAL15 Yes 1  
No 0

## Cognitive

**“Now I’m going to give you some mental tasks. They are designed so that no-one gets the maximum score on all of them. So please just do the best that you can; as long as you do your best that is what we want you to do”.**

**First, I want to see how well you remember a list of fifteen words. I will show you one word at a time and when I reach the end of the list you have ONE MINUTE to write down as many words as you can. Please write the words in any order you like. It is best not to talk to anyone while you are doing this.**

1. Are you willing to do this test?

WLREF15	Yes	1 → go to Q3
	No	2 → go to Q2
	Unable for health reasons	3 → go to Q2
	Unable, other (e.g. equipment not available)	4 → go to Q2

2. Please record the reason why unable/unwilling → go to Q5

WLREFR15 /WLREFR215

---

3. FOR EACH TRIAL: Tell participant to start. Start the stopwatch and time for ONE MINUTE then tell the participant to finish.

Conduct **first** word list trial

To determine which word list to use, please flip a coin. **Head** = Word List **A** and **Tails** = Word List **B**.

Turn paper test booklet to word list 1, handover to participant and make sure the participant has a pencil. Show the words at two second intervals using the Word List. Make sure the last word is shown for two seconds.

Conduct **second** word list trial

Turn booklet to word list 2. Show the words again.

Conduct **third** word list trial

Turn booklet to word list 3. Show the words again.

4. Please record whether the word list trials were completed. Code one only.

WLDONE15	All 3 trials were attempted	1
	2 out of the 3 trials were attempted	2
	Only one trial was attempted	3
	None of the trials were attempted	4

## VISUAL SEARCH TASK

I would now like to see how quickly you can work through this list, crossing out the P's and W's.

5. Are you willing to do this test?
- |          |  |              |
|----------|--|--------------|
| VSDONE15 | Yes  | 1 → go to Q7 |
|          | No   | 2 → go to Q6 |
|          | Unable for health reasons                    | 3 → go to Q6 |
|          | Unable, other (e.g. equipment not available) | 4 → go to Q6 |
6. Please record the reason why unable/unwilling → go to Q8
- |           |             |  |
|-----------|-------------|--|
| VSDONER15 | VSDONER215. |  |
|-----------|-------------|--|

---

Start at the top left and work along the row from left to right, then go to the beginning of the next row and work from left to right again, like reading a page. Carry on this way crossing out any P's and W's with one mark of the pencil like this. (*Demonstrate*). Carry on until I tell you to stop. Work as quickly and as accurately as you can.

*Nurse: Tell participant to start. Start the stopwatch and time for ONE MINUTE then tell the participant to finish. Tell participant to underline the letter on which they finish.*

7. Please record whether the letter search was attempted. Code one only.
- |        |                             |   |
|--------|-----------------------------|---|
| RVSA15 | Letter search attempted     | 1 |
|        | Letter search not attempted | 2 |

### DO NOT ASK

8. Nurse: Did the survey member have **visual** difficulty during testing?
- |        |                   |   |
|--------|-------------------|---|
| SEET15 | No difficulty     | 1 |
|        | Mild difficulty   | 2 |
|        | Severe difficulty | 3 |
|        | No tests done     | 4 |
9. Nurse: Did the survey member have **hearing** difficulty during testing?
- |       |                   |   |
|-------|-------------------|---|
| HET15 | No difficulty     | 1 |
|       | Mild difficulty   | 2 |
|       | Severe difficulty | 3 |
|       | No tests done     | 4 |

**FINGER TAPPING TEST**

**Now I am going to ask you to tap your finger as fast as you can for 10 seconds.**

**Use firstly your RIGHT hand with palm down and fingers extended. Please keep your hand and arm stationary and tap the lever with your index finger (NURSE: DEMONSTRATE). You will then do this with your LEFT hand.**

**10.** Are you willing to do this test?

- TAP15 Yes 1→ go to Q12
- No 2→ go to Q11
- Unable for health reasons 3→ go to Q11
- Unable, other (e.g. equipment not available) 4→ go to Q11

**11.** Please record the reason why unable/unwilling →go to next module

TAPR15 / TAPR215

---

**12.** Carry out test for RIGHT hand

Number of taps

**RIGHT** hand

TAPRF15

Unable to take right hand measure

**13.** Carry out test for LEFT hand

Number of taps

**LEFT** hand

TAPLF15

Unable to take right hand measure

## ***Future Consent Form***

**In the future when we wish to contact you again, if we found that we were unable to contact you personally, for example if you had a long-term illness or were unable to speak to us, would you be prepared for us to collect information about your circumstances from your husband/wife/partner or from a close friend? If you were, we would not intentionally approach someone if you were on holiday or temporarily ill. We would only approach them if you were too sick, either physically or mentally, to make a decision for yourself.**

**1.**     *Has the consent form been signed?*

Yes	1
No	0

CFSIGNED15



## Socioeconomic Circumstances

The next few questions are about your economic circumstances as this study and others show that things like income and your level of financial security can affect health in a number of ways.

### SHOW CARD H

1. Which of the letters on the **SHOWCARD H** represents your total net household income? Please include your own and your partner's earned income (after deduction for income tax and national insurance), any state benefits and any other sources of income such as pension, interest and rental income. Please also include contributions from other members of your household (such as children). Please choose the period (annual, monthly or weekly) that is most convenient for you to use. Then, find the amount in pounds which represents your net household income and state the corresponding letter.

Letter

INCHN15

Refused to answer

2. On your present household income do you find  
*READ OUT...*  
INCMN15
- |  |   |
|--|---|
| That it's really quite hard to manage? | 1 |
| That you manage fairly well?           | 2 |
| That you manage comfortably?           | 3 |
3. Have you or your family had to go without things you really needed in the last year because you were short of money?  
*READ OUT...*  
INCGWN15
- |                |   |
|----------------|---|
| Yes, often     | 1 |
| Yes, sometimes | 2 |
| No             | 3 |
4. Have you found you have been unable to pay the bills in the last year because you were short of money?  
*READ OUT...*  
INCUBN15
- |                |   |
|----------------|---|
| Yes, often     | 1 |
| Yes, sometimes | 2 |
| No             | 3 |
5. Thinking of the next ten years, how financially secure do you feel?  
*READ OUT...*  
INCSEC15
- |                             |   |
|-----------------------------|---|
| Secure                      | 1 |
| Fairly secure               | 2 |
| Neither secure nor insecure | 3 |
| Fairly insecure             | 4 |
| Insecure                    | 5 |

## SHOW CARD I

6. If you sold all the assets you own in your household, for example, your house, car, caravan, boat, and jewellery, cashed in your savings and investments, and paid off any debts you have (including your mortgage), how much money do you think you would have? Please find the amount in pounds which represents the total amount and state the corresponding letter.

Letter

Refused to answer

INCASS15

## LIFE EVENTS

TELL PARTICIPANT

### We would like to update our information about your parents.....

7. Since 2006 has your biological mother died?

No 0 → go to Q11

Yes 1 → go to Q8

MLIV15 (CAPI Question – “Is your biological mother alive?”

used feedforward information so question was only asked of the study members who had not previously told us their parents had died.)

8. How old was your mother when she died?

MDA15

Years old

9. What was the date of her death?

Year

Month

Day

Details unknown

MDD15/MDM15/MDY15

10. What was the cause of her death?

PROBE: If you are not sure, do you know what was on the death certificate?

Please specify cause:

MDC15

11. Since 2006 has your biological father died?

No 0 → go to next module

Yes 1 → go to Q12 FLIV15 (CAPI Question – “Is your biological father alive?”)

12. How old was your father when he died?

FDA15

50

Years old

**13.** What was the date of his death?

Year

Month

Details unknown

FDD15/FDM15/FDY15

Day

**14.** What was the cause of his death?

*PROBE: If you are not sure, do you know what was on the death certificate?*

*Please specify cause:*

FDC15

---

## Health Behaviour

I am going to ask you some questions about your use of alcoholic drinks during the past year.

1. How often do you have a drink containing alcohol?

DRAM15	Never, ever	-8 → go to Q11
	Never, but have drunk alcohol in the past	0 → go to Q11
	Monthly or less	1
	2 – 4 times per month	2
	2 – 3 times per week	3
	4 or more times a week	4

2. How many drinks containing alcohol do you drink on a typical day when you are drinking?

One drink is equivalent to ½ a pint of beer, 1 shot/measure of a spirit or 1 small glass of wine.

READ OUT...

DRANO15	1 or 2	0
	3 or 4	1
	5 or 6	2
	7, 8 or 9	3
	10 or more	4

3. How often do you have six or more drinks on one occasion?

DRABIN15	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4

If participant answers '1 or 2' to question 2 and 'Never' to question 3, go to question 11

4. How often during the last year have you found that you were not able to stop drinking once you had started?

DRGOGO15	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4

5. How often during the last year have you failed to do what was expected from you because of drinking?

DRFAIL15	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?  
**DRADAM15**
- |                       |   |
|-----------------------|---|
| Never                 | 0 |
| Less than monthly     | 1 |
| Monthly               | 2 |
| Weekly                | 3 |
| Daily or almost daily | 4 |
7. How often during the last year have you had a feeling of guilt or remorse after drinking?  
**DRGUILT15**
- |                       |   |
|-----------------------|---|
| Never                 | 0 |
| Less than monthly     | 1 |
| Monthly               | 2 |
| Weekly                | 3 |
| Daily or almost daily | 4 |
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?  
**DRNOMEM15**
- |                       |   |
|-----------------------|---|
| Never                 | 0 |
| Less than monthly     | 1 |
| Monthly               | 2 |
| Weekly                | 3 |
| Daily or almost daily | 4 |
9. Have you or someone else ever been injured as a result of your drinking? *IF YES: Was this in the last year?*  
**DRINJ15**
- |                               |   |
|-------------------------------|---|
| No                            | 0 |
| Yes, but not in the last year | 2 |
| Yes, during the last year     | 4 |
10. Has a relative, friend, doctor or another health worker ever been concerned about your drinking or suggested you cut down?  
**DRCONC15**
- |                               |   |
|-------------------------------|---|
| No                            | 0 |
| Yes, but not in the last year | 2 |
| Yes, during the last year     | 4 |

**I would now like to ask you about other types of health behaviour**

11. Do you smoke **cigarettes** at all nowadays?  
**SMO15**
- |     |   |
|-----|---|
| Yes | 1 |
| No  | 0 |
12. In the *last 4 weeks*, in your spare time, have you taken part in any sports or vigorous leisure activities or done any exercises, things like badminton, swimming, yoga, conditioning exercises, floor-based exercises, dancing, hillwalking or jogging?  
**WEXER15**
- |     |               |
|-----|---------------|
| Yes | 1 → go to Q13 |
| No  | 0 → go to Q14 |
13. On how many occasions in the last month did you do these activities?  
**WEXEN15**
- |                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

**The following questions are about the time you spend sitting down. Please could you say how much time you spent on average during the last year.**

*READ OUT...*

**14.** Watching TV

**NVID15**

None	0
Less than 1 hour a day	1
1 to 2 hours a day	2
2 to 3 hours a day	3
3 or 4 hours a day	4
More than 4 hours a day	5

**15.** Using a computer

**NCPU15**

None	0
Less than 1 hour a day	1
1 to 2 hours a day	2
2 to 3 hours a day	3
3 or 4 hours a day	4
More than 4 hours a day	5

**16.** Reading

**NREAD15**

None	0
Less than 1 hour a day	1
1 to 2 hours a day	2
2 to 3 hours a day	3
3 or 4 hours a day	4
More than 4 hours a day	5

**17.** In the last month, how often did you leave your home to go outside? Would you say...

*READ OUT...*

**GOOUT15**

Every day (7 days a week)	1
Most days (5-6 days a week)	2
Some days (2-4 days a week)	3
Rarely (once a week or less)	4
Never	5

## Habitual Physical Activity

We would like you to wear a small activity monitor, worn on a belt on the hip, for the next 7 days while you carry out your normal activities.

The monitor will record how often movements are made and how forceful your movements are. The monitor should be taken off when you wash and go to sleep. You will be given instructions, a short questionnaire, a jiffy bag and pre-paid envelope for posting it back to us. If you want, we can send you information about your results.

1. Would you be willing to wear the activity monitor for 7 days?      Yes      1  
 ACTIMON15      No      0

2. Please record the reason why unable/unwilling →go to end  
 ACTIMON115/ACTIMON215

3. *NURSE: Please note activity monitor number*           
 ACTIMONN15

b. Would you like us to send you information about your results      Yes      1  
 ACTIMONR15      No      0

*Please set up the monitor if participant has agreed to this and give participants full instructions as in nurse manual.*

**Thank the participant for giving up their time**

Finish Time:   :