

SPIRITT Unique Identification Number:

Assessment time-point 1

ABOUT YOU

In answering the questions below, please place checkmarks/ticks ✓ in the relevant boxes.

- 1) Are you Male? Female?
- 2) When were you born? Day __ Month __ Year 19 __
- 3) What is your height? (please specify centimetres or feet) ___ centimetres (cm) or ___ feet ___ inches
- 4) What is your weight? (please specify kilograms or pounds) ___ kilograms (kg) or ___ stones ___ pounds (lbs) or ___ lbs
- 5) Have you ever smoked? Yes No
- 6) If yes (you have smoked), are you A current smoker? An ex-smoker? Not relevant
- 7) If you are a current or an ex-smoker, how long have (did) you smoke(d) for in years? _____ years Not relevant
- 8) Has the doctor ever told you that you have any of the following conditions: (please tick all that applies)

<input type="checkbox"/> Heart attack?	<input type="checkbox"/> Stroke?	<input type="checkbox"/> Dementia or Alzheimer's?
<input type="checkbox"/> Joint problems (such as arthritis, osteoarthritis, rheumatoid arthritis)?	<input type="checkbox"/> Problems with blood vessels (such as thrombosis, embolism, claudication, aneurysm, blood clots)?	<input type="checkbox"/> Visual problems (such as cataracts, glaucoma, age related macular degeneration)?
<input type="checkbox"/> Heart trouble (such as angina, valve disease, palpitations, chest pains)?	<input type="checkbox"/> High blood pressure or hypertension?	<input type="checkbox"/> Neurological problems (such as multiple sclerosis)?
<input type="checkbox"/> Bone problems (such as osteoporosis)?	<input type="checkbox"/> Emotional or psychiatric problems?	<input type="checkbox"/> Chest problems (such as bronchitis, asthma, wheeze)?
<input type="checkbox"/> Depression?	<input type="checkbox"/> Broken bones or fractures?	<input type="checkbox"/> Hearing problems?
<input type="checkbox"/> Cancer?	<input type="checkbox"/> Diabetes?	<input type="checkbox"/> Other (please specify):

9) Please tell us about your living situation (Tick all that apply)

- I live with my husband/wife/partner I live with other family member e.g. child Other (please specify): _____
- I live with a paid live-in carer I live with a friend I live alone

SPIRiTT Unique Identification Number:

Assessment time-point 1

10) What kind of accommodation do you live in?

- Owner occupied flat or house Rented flat or housing association Other (please specify):

11) Do you live in a warden assisted or sheltered accommodation?

- Yes No

12) Which ethnic group best describes you?

- White Chinese Asian Black Mixed Other (please specify):

13) What is the highest level of education that you have completed?

- Primary level up to age 12 years Vocational/further education
 Secondary level up to age 16 years University
 Secondary level up to age 18 years Other (please specify):

14) What is your employment status?

- In paid full-time employment In paid part-time Employment Not in work due to ill health Other (please specify):

 Home maker Retired Seeking work Volunteer

15) If you are currently in paid employment, what job do you do?

16) If you are in paid employment, how many days of work have you missed in the LAST 3 MONTHS because of your Parkinson's?

_____ days Not relevant

17) If you are not currently employed, what was the last job that you did?

18) What is your household income EACH YEAR before tax?

- Less than £12,000 £12,000 to £20,000 £20,001 to £30,000 £30,001 to £45,000 More than £45,001

19) Do you receive any benefits (not including child benefit or state pension)?

- Yes No

20) If yes (you are receiving benefits), please tick all those relevant to you to below:

- Attendance allowance Carer's allowance Disability living allowance Housing benefit
 Council tax benefit Social fund Other (please specify): Other (please specify):

SPIRITT Unique Identification Number:

Assessment time-point 1

21) In the LAST 3 MONTHS, have you received direct payments or a personal budget? Yes No

22) If yes, which of these following were received?

 Direct payment (means tested cash payment made in place of regular social services provision) Personal budget (funding received is managed by the individual) Other (please specify): _____ Not relevant23) If yes, how much do you receive EVERY WEEK?

£ _____

 Not relevant

24) ABOUT YOUR SOCIAL NETWORK (Lubben)

Considering your family/relatives, the people to whom you are related either by birth or marriage, and your friends, including those who live in your neighbourhood, please answer the following questions by placing a checkmark/tick ✓ in the appropriate box. Please select only one box for each question.

Questions	none	1	2	3 or 4	5 to 8	9 or more
1) How many relatives do you see or hear from at least once a month?						
2) How many relatives do you feel at ease with that you can talk about private matters?						
3) How many relatives do you feel close to such that you could call on them for help?						
4) How many of your friends do you see or hear from at least once a month?						
5) How many friends do you feel at ease with that you can talk about private matters?						
6) How many friends do you feel close to such that you could call on them for help?						