

Thank you for taking the time to read this letter and questionnaire.

Any information that you give us will be treated in the strictest confidence and the answers will be stored without your name and address so that you cannot be identified personally.

Please complete the questionnaire using ballpoint pen.

We will send you (and your carer) another shorter questionnaire to complete in three months time.

If you have any questions or problems completing this questionnaire please contact the study researcher, Dr Judi Edmans on [REDACTED] [REDACTED].

Today's date:

Are you completing the questionnaire yourself?

Please tick one box

Yes.....

No, it is being completed for me by:

my husband or wife

another relative (please specify in the box below).....

a friend.....

a paid carer.....

any other (please specify in the box below).....

A. If someone is completing the questionnaire on your behalf, it is important that they tick THE ANSWERS YOU WOULD GIVE if you were able.

1. Are you currently

Please tick one box

- married or have a partner?.....
- divorced or separated?.....
- widowed?.....
- never married?.....

2. Do you currently

Please tick one box

- live alone?.....
- live with a spouse, other relative, friend or companion?.....
- live in a care home (nursing)?.....
- live in a care home (residential)?.....
- live in a care home (mixed nursing and residential)?.....

3. What is the highest level of education you achieved?

Please tick one box

- Primary school education.....

Secondary school education.....

Vocational education.....

University/higher education.....

4. Are you currently in paid employment?

Please tick one box

Yes.....

No.....

B. This set of questions are general questions about HOW YOUR HEALTH is at the moment. Please indicate which statement best describes your own health state TODAY by placing a tick in ONE box for EACH SECTION.

1. Mobility

Please tick one box

I am confined to bed.....

I have some problems in walking about.....

I have no problems walking about.....

2. Self care

Please tick one box

I am unable to wash or dress myself.....

I have some problems in washing or dressing.....

I have no-problems with looking after myself.....

3. Usual activities (e.g. housework, leisure, family)?

Please tick one box

I am unable to perform my usual activities.....

I have some problems performing my usual activities.....

I have no problems performing my usual activities.....

4. Pain / Discomfort

Please tick one box

I have no pain or discomfort.....

I have moderate pain or discomfort.....

I have extreme pain or discomfort.....

5. Anxiety / Depression

Please tick one box

I am not anxious or depressed.....

I am moderately anxious or depressed.....

I am extremely anxious or depressed.....

6. In general, do you have serious problems with your memory?

Please tick one box

Yes.....

No.....

7. Do you feel full of energy?

Please tick one box

Yes.....

No.....

8. In general, do you see well?

Please tick one box

Yes.....

No.....

9. Has your food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

Please tick one box

Severe loss of appetite (eats less than $\frac{1}{4}$ of meal).....

Moderate loss of appetite

(eats less than normal but more than ¼ of meal).....

No loss of appetite.....

10. Have you lost weight unintentionally in the last three months?

Please tick one box

Yes.....

No.....

11. If you have lost weight during the last three months, how much weight have you lost?

Please complete one box

Weight loss

(please state whether this is stones, pounds or kilograms).....

Do not know.....

12. Have you lost more than 5 kgs (11 pounds) weight in the last twelve months?

Please tick one box

Yes.....

No.....

C. We should like to know if you have had any medical complaints and how your health has been in general, OVER THE LAST FEW WEEKS. Please answer ALL the questions by putting a tick in the box which you think most clearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past.

Have you recently.....

1. Been able to concentrate on whatever you're doing?

Please tick one box

Better than usual.....

Same as usual.....

Less than usual.....

Much less than usual.....

2. Lost much sleep over worry?

Please tick one box

Not at all.....

No more than usual.....

Rather more than usual.....

Much more than usual.....

3. Felt that you were playing a useful part in things?

Please tick one box

More so than usual.....

Same as usual.....

Less useful than usual.....

Much less useful.....

4. Felt capable of making decisions about things?

Please tick one box

More so than usual.....

Same as usual.....

Less so than usual.....

Much less than usual.....

Have you recently.....

5. Felt constantly under strain?

Please tick one box

Not at all.....

No more than usual.....

Rather more than usual.....

Much more than usual.....

6. Felt that you couldn't overcome your difficulties?

Please tick one box

Not at all.....

No more than usual.....

Rather more than usual.....

Much more than usual.....

7. Been able to enjoy your normal day-to-day activities?

Please tick one box

More so than usual.....

Same as usual.....

Less so than usual.....

Much less than usual.....

8. Been able to face up to your problems?

Please tick one box

- | | |
|-------------------------|--------------------------|
| More so than usual..... | <input type="checkbox"/> |
| Same as usual..... | <input type="checkbox"/> |
| Less so than usual..... | <input type="checkbox"/> |
| Much less able..... | <input type="checkbox"/> |

Have you recently.....

9. Been feeling unhappy and depressed?

Please tick one box

- | | |
|-----------------------------|--------------------------|
| Not at all..... | <input type="checkbox"/> |
| No more than usual..... | <input type="checkbox"/> |
| Rather more than usual..... | <input type="checkbox"/> |
| Much more than usual..... | <input type="checkbox"/> |

10. Been losing confidence in yourself?

Please tick one box

Not at all.....

No more than usual.....

Rather more than usual.....

Much more than usual.....

11. Been thinking of yourself as a worthless person?

Please tick one box

Not at all.....

No more than usual.....

Rather more than usual.....

Much more than usual.....

12. Been feeling reasonably happy all things considered?

Please tick one box

- More so than usual.....
- About same as usual.....
- Less so than usual.....
- Much less than usual.....

D. This set of questions are more specific questions about looking after yourself. Please give answers based ON WHAT YOU HAVE ACTUALLY DONE IN THE LAST WEEK OR SO. Please tick ONE box for EACH SECTION.

1. Do you wash your face, brush your hair and teeth or shave:

Please tick one box

- without any help?.....
- without any help but supervised?.....
- with a little help?.....
- with a lot of help?.....

with full help?.....

2. In the bath or shower, do you:

Please tick one box

manage on your own?.....

need help?.....

never have a bath or shower?.....

3. Do you use the toilet or commode:

Please tick one box

without any help?.....

without any help but supervised?.....

with a little help (e.g. wiping)?.....

with a lot of help?.....

with full help?.....

4. Are you incontinent of urine (i.e. wet your bed or clothes):

Please tick one box

never?.....

occasional "accident"?.....

more often than occasional "accident"?.....

have a catheter which you manage yourself?.....

have a catheter which is managed by someone else?.....

5. Are you incontinent of your bowels (soil yourself):

Please tick one box

never?.....

occasional "accident"?.....

more often than occasional "accident"?.....

need regular enemas?.....

6. Do you get dressed:

Please tick one box

without any help (including buttons, zips, laces etc)?.....

with help, but you can do at least half on your own?.....

with help for almost everything?.....

7. Do you feed yourself:

Please tick one box

without any help?.....

without any help but supervised?.....

with a little help (e.g. cutting up food)?.....

with a lot of help?.....

with full help?.....

8. Do you move from bed to chair:

Please tick one box

on your own?.....

with a little help from one person?.....

with a lot of help from one or two people?.....

not at all?.....

9. Do you get about indoors:

Please tick one box

walking with no-one helping? (you may use a stick or frame)

walking with supervision of one person?.....

walking with the help of one person?.....

walking with the help of two people?.....

propelling yourself with a wheelchair?.....

not at all?.....

10. Do you go up and down stairs:

Please tick one box

without any help?.....

with help (either supervision or assistance)?.....

not at all?.....

11. Getting out of the house or going outdoors on your own, are you:

Please tick one box

able to go out?.....

able to get out of bed/chair, but do not go out?.....

not able at all? (e.g. bed or chair bound).....

E. We should like to know what help and support you have received, OVER THE LAST FEW WEEKS. Please answer ALL the questions by putting a tick in the box which you think most clearly applies to you. Remember that we want to know about present and recent help and support, not those you had in the past.

1. How financially well off do you feel in general?

Please tick one box

Very well off.....

Well off

Not well off.....

2. Do you receive pension credit?

Please tick one box

Yes.....

No.....

3. Have you been admitted to a nursing/care home in the past three months?

Please tick one box

Yes.....

No.....

4. Have you been hospitalised for one or more nights during the past six months (excluding a stay in the acute medical unit)?

Please tick one box

yes.....

no.....

5. Before the illness or injury that brought you to the Acute Medical Unit, did you need someone to help you on a regular basis?

Please tick one box

Yes.....

No.....

6. Since the illness or injury that brought you to the Acute Medical Unit, have you needed more help than usual to take care of yourself?

Please tick one box

Yes.....

No.....

7. How many different people provide personal or domestic care for you?

8. Do any of the following come in to see you?

Please tick one box

If yes, how many times per week

Community care assistant Yes No

.....

Privately organised carer Yes No

.....

Cleaner

Yes No

.....

Community Matron

Yes No

.....

District Nurse

Yes No

.....

Specialist nurse

Yes No

.....

Other healthcare help (please list)

How often?

.....

.....

.....

.....

.....

.....

.....

9. How often do you talk to neighbours, friends/relatives, at home/elsewhere?

Please tick one box

- Very often.....
- Often.....
- Not very often.....
- Never.....

10. Do you attend:

*Please tick
one box*

*Name of place you
attend*

*If yes, how
many times per
week*

Day centre/hospital Yes No

.....

Other healthcare settings (please
list)

How often?

.....

.....

.....

.....

.....

.....

.....

.....

Thank you for taking the time to complete the questionnaire.

Please return the questionnaire in the pre-paid envelope enclosed.

Please tick this box if you would like us to send you a summary of the findings of this study (this will be in about 18 months time)