

Three months ago whilst on the acute medical unit at Queens Medical Centre, you answered some questions for us as part of a research study called the “AMIGOS Study”. If you were unable to make the decision about whether to participate or not at that time, your relative (or the person who cares for you if you are not related) or the senior doctor in the acute medical unit agreed for you to take part. We have enclosed a copy of the study information sheet to explain or remind you about the study.

Please could you complete this final questionnaire and return it to us in the enclosed pre-paid envelope.

Please complete the questionnaire using ballpoint pen.

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.

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

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

a friend.....

a paid carer.....

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

**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. 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. 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)?.....

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

*Please tick one box*

Very often.....

Often.....

Not very often.....

Never.....

**A. 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.....

**B. 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.....



Have you recently.....

**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.....

**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.....
- Same as usual.....
- Less so than usual.....
- Much less able.....

**Have you recently.....**

**9. Been feeling unhappy and depressed?**

*Please tick one box*

- Not at all.....
- No more than usual.....
- Rather more than usual.....
- Much more than usual.....

**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.....

**C. This set of questions includes 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?.....

with 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?.....
- with a little help (e.g. wiping)?.....
- with a lot of 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?.....

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

with a lot of 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 the help or supervision of one person.....

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?.....

**D. This set of questions are about your QUALITY OF LIFE at the moment.**

**Please indicate which statement best describes your quality of life at the moment by placing a tick in ONE box for EACH SECTION.**

### **1. Love and Friendship**

*Please tick one box*

- I can have all of the love and friendship that I want.....
- I can have a lot of the love and friendship that I want.....
- I can have a little of the love and friendship that I want.....
- I cannot have any of the love and friendship that I want.....

## 2. Thinking about the future

*Please tick one box*

I can think about the future without any concern.....

I can think about the future with only a little concern.....

I can only think about the future with some concern.....

I can only think about the future with a lot of concern.....

## 3. Doing things that make you feel valued

*Please tick one box*

I am able to do all of the things that make me feel valued.....

I am able to do many of the things that make me feel valued..

I am able to do a few of the things that make me feel valued..

I am unable to do any of the things that make me feel valued.

#### 4. Enjoyment and pleasure

*Please tick one box*

I can have all of the enjoyment and pleasure that I want.....

I can have a lot of the enjoyment and pleasure that I want.....

I can have a little of the enjoyment and pleasure that I want...

I cannot have any of the enjoyment and pleasure that I want..

#### 5. Independence

*Please tick one box*

I am able to be completely independent.....

I am able to be independent in many things.....

I am able to be independent in a few things.....

I am unable to be at all independent.....

**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. 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

.....

Palliative care nurse (MacMillan  
nurse or equivalent)

Yes  No

.....

Specialist nurse

Yes  No

.....

Other healthcare help (please list)

*How often?*

.....

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

**3. Do you attend:**

*Please tick  
one box*

*Name of place you  
attend*

*If yes, how  
many times per  
week*

Day centre                      Yes  No

.....

Day hospital                      Yes  No

.....

A palliative care                      Yes  No   
unit (hospice)

.....

Other healthcare settings (please  
list)

*How often?*

.....

.....

**F. We would like to know about any FALLS you have that caused you to land on the ground or a bed or chair, whether you pass out or not. A stumble or 'near miss' does not count.**

**1. Have you had a fall over the last **three months**?**

*Please tick one box*

Yes.....

No.....

**2. If you have had a fall over the last three months, how many falls you have had?**

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 2 years time)