Putting Life In Years (PLINY): Telephone friendship groups research study

PHR 09/3004/01

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R / Randomisation number Interviewer ID

PLINY
Questionnaire booklet

08.10.2012; Version 1.3

Socio-demographics

Date of completion ☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y)

Basic information

Sex ☐ Male ☐ Female

Date of birth ☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y)

Live with others ☐ Yes ☐ No

Live with… *tick all that apply* ☐ Spouse/partner ☐ Child/children ☐ Parent(s) ☐ Other _____ *specify*

Tenure ☐ Owned outright ☐ Mortgage/loan ☐ Shared ownership part rented / part mortgage ☐ Rented ☐ Live rent-free friend / relative's property ☐ Other _____ *specify*

Ethnic group

White

☐ English / Welsh / Scottish / Northern Irish / British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Any other White background

specify _____

Mixed / multiple ethnic groups

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed / multiple ethnic background

specify _____

Asian / Asian British

☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Any other Asian background

specify _____

Black / African / Caribbean / Black British

☐ African
☐ Caribbean
☐ Any other Black / African / Caribbean background

specify _____

Other ethnic group

☐ Arab
☐ Any other ethnic group

specify _____

☐ **Prefer not to say**

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Socio-demographics

Education

- ☐ 1 - 4 O levels/CSEs/GCSEs any grades
- ☐ 5+ O levels (passes) / CSEs (grade 1) / GCSEs (grades A*- C) School Certificate,
- ☐ 1 A level / 2 - 3 AS levels
- ☐ 2+ A levels / VCEs, 4+ AS levels, Higher School Certificate
- ☐ Degree (e.g. BA, BSc)
- ☐ Higher degree (e.g. MA, PhD, PGCE)
- ☐ Professional qualifications (e.g. teaching, nursing, accountancy)
- ☐ NVQ Level 1 Foundation GNVQ
- ☐ NVQ Level 2, Intermediate GNVQ
- ☐ NVQ Level 3, Advanced GNVQ, ONC, OND
- ☐ NVQ Level 4 - 5, HNC, HND
- ☐ Apprenticeship
- ☐ Other qualifications (e.g. City & Guilds, RSA/OCR. BTEC)

Age on leaving full time education ☐☐

Main activity/Occupation

- ☐ Employed or self employed → ☐ Professional
- ☐ Retired → ☐ Managerial/Technical
- ☐ Seeking work → ☐ Skilled (non-manual)
- ☐ Looking after home/family → ☐ Skilled (manual)
- ☐ Long-term sick or disabled → ☐ Partly skilled
- ☐ Student (Full time) → ☐ Unskilled
- ☐ Other _____ *specify*

What is (was) your specific job/title?

_____

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ONS Subjective Wellbeing

Date of completion | | | | | | | | |
d d m m y y y y

Subjective wellbeing

Overall, how satisfied are you with your life nowadays?

Interviewer instruction: give scale of 0 to 10, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10

not at all satisfied — completely satisfied

Your Health and Well-Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.
Thank you for completing this survey!

For each of the following questions, please tick the one box that best describes your answer.

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. <u>Compared to one year ago</u>, how would you rate your health in general <u>now</u>?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

3. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a <u>Vigorous activities</u>, such as running, lifting heavy objects, participating in strenuous sports	☐ 1	☐ 2	☐ 3
b <u>Moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐ 1	☐ 2	☐ 3
c Lifting or carrying groceries	☐ 1	☐ 2	☐ 3
d Climbing <u>several</u> flights of stairs	☐ 1	☐ 2	☐ 3
e Climbing <u>one</u> flight of stairs	☐ 1	☐ 2	☐ 3
f Bending, kneeling, or stooping	☐ 1	☐ 2	☐ 3
g Walking <u>more than a mile</u>	☐ 1	☐ 2	☐ 3
h Walking <u>several hundred yards</u>	☐ 1	☐ 2	☐ 3
i Walking <u>one hundred yards</u>	☐ 1	☐ 2	☐ 3
j Bathing or dressing yourself	☐ 1	☐ 2	☐ 3

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Cut down on the amount of time you spent on work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Accomplished less than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Were limited in the kind of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d Had difficulty performing the work or other activities (for example, it took extra effort)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Cut down on the amount of time you spent on work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Accomplished less than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Did work or other activities less carefully than usual	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

6. During the <u>past 4 weeks</u>, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

Not at all	Slightly	Moderately	Quite a bit	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7. How much <u>bodily</u> pain have you had during the <u>past 4 weeks</u>?

None	Very mild	Mild	Moderate	Severe	Very severe
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

8. During the <u>past 4 weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Ex tremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Did you feel full of life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Have you been very nervous?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Have you felt so down in the dumps that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f Have you felt downhearted and low?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g Did you feel worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h Have you been happy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
i Did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

11. How TRUE or FALSE is <u>each</u> of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a I seem to get ill more easily than other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b I am as healthy as anybody I know	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c I expect my health to get worse	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d My health is excellent	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Thank you for completing these questions!

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Telephone friendship service costs

Telephone friendship groups happen once a week and last approximately one hour. How much would you be willing to pay each week, to participate in a telephone friendship group (including the cost of calls)? **Tick one box only**

- ☐ Less than £3
- ☐ £3 - £4.99
- ☐ £5 - £9.99
- ☐ £10 – £14.99
- ☐ £15 - £19.99
- ☐ £20 - £24.99
- ☐ I cann ot afford to pay
- ☐ I would not be willing to pay
- ☐ Prefer not to say

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Health and Social Care Resource Use Questionnaire

Hospital service use

Attended hospital in last 3 months? ☐ Yes ☐ No

Outpatient appointments ☐ Yes ☐ No → *Check A&E attendances*

	Speciality (e.g. orthopaedics, urology)	Reason for appointment	Number of appointments
1			
2			
3			

A&E attendances ☐ Yes ☐ No → *Check hospital admissions*

	Reason for attendance
1	
2	
3	

Hospital admissions (overnight stays) ☐ Yes ☐ No → *Check other hospital services*

	Reason for admission	Number of nights in…				
		Continuing care / respite ward	Medical ward	Assessment / rehab	ICU	Other
1						
2						
3						

Other hospital services ☐ Yes ☐ No

	Service used (e.g. day hospital, care home admission)	Reason for using service	Number of appointments or days
1			
2			
3			

Use of hospital-provided transport *(for any hospital attendances indicated above)* ☐ Yes ☐ No

How many journeys… by emergency ambulance? ☐ non-emergency hospital transport? ☐

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Health and Social Care Resource Use Questionnaire

Community-based service use

Community services used in the last 3 months? ☐ Yes ☐ No

☐ GP	☐ Community psychiatrist	☐ Social worker
☐ Practice nurse	☐ Physiotherapist	☐ Home/care assistant
☐ District nurse	☐ Chiropodist	☐ Home/care attendant
☐ Health visitor	☐ Dietician	☐ Family support worker
☐ Community psychiatric / mental health nurse	☐ Occupational therapist	☐ Sitting service
☐ Psychologist	☐ Home care worker	☐ Meals on wheels
☐ Counsellor	☐ Care manager	☐ Other *specify in table below*

Complete the table for each of the services ticked above
(use one row for each combination of service, location and provider)

	Service (as above)	**Type of contact** home / clinic or surgery / telephone	**Provider** NHS / LA / Voluntary / Private	**Frequency** (number of visits in last 3 months)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

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Health and Social Care Resource Use Questionnaire

Day service use

Day services used in the last 3 months? ☐ Yes ☐ No

☐ Day care

☐ Lunch club

☐ Social club

☐ Other service or activity (e.g. exercise class / green gym)
specify in table below

Complete the table for each of the services ticked above
(use one row for each combination of service, location and provider)

	Service Day care / Lunch club / Social club / Other (specify)	**Name/location of service**	**Provider** NHS / LA / Voluntary / Private	**Frequency** (number of visits in last 3 months)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

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Health and Social Care Resource Use Questionnaire

Medication

Medication taken in the last 3 months? ☐ Yes ☐ No

☐ Sleeping medication

☐ Medication for depression / anxiety / mood

Complete the table for each of the medications ticked above

	Medication (drug name)	**Reason** Sleeping / Depression	**Period taken** Started >3 months ago	**or** Start date	Stop date **or**	Ongoing	**Method** e.g. tablet or injection	**Strength** e.g. 10 mg or 25 mg	**Daily dose** (Number of times the medicine is taken per day)
1			☐			☐			
2			☐			☐			
3			☐			☐			
4			☐			☐			
5			☐			☐			
6			☐			☐			
7			☐			☐			
8			☐			☐			
9			☐			☐			
10			☐			☐			
11			☐			☐			
12			☐			☐			

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EQ-5D

Your own health today

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today

Mobility	
- I have no problems in walking about	☐
- I have some problems in walking about	☐
- I am confined to bed	☐
Self-care	
-I have no problems with self-care	☐
-I have some problems washing or dressing myself	☐
-I am unable to wash or dress myself	☐
Usual activities (e.g. work, study, housework, family or leisure activities)	
-I have no problems with performing my usual activities	☐
-I have some problems with performing my usual activities	☐
-I am unable to perform my usual activities	☐
Pain/discomfort	
-I have no pain or discomfort	☐
-I have moderate pain or discomfort	☐
-I have extreme pain or discomfort	☐
Anxiety/Depression	
-I am not anxious or depressed	☐
-I am moderately anxious or depressed	☐
-I am extremely anxious or depressed	☐

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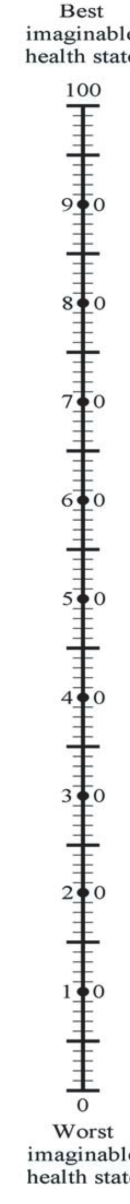
EQ-5D

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today



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de Jong Gierveld Loneliness scale

Please indicate for each of the 11 statements, the extent to which they apply to your situation, the way you feel now. Please, circle the appropriate answer.

The following statement is an example:

"There is actually no one with whom I would want to share my joy or sorrow"

If you experience these feelings in exactly the same way, please circle the answer Yes as shown below:

There is actually no one with whom I would want to share my joy or sorrow	Yes	More or Less	No

1	There is always someone I can talk to about my day-to-day problems	Yes	More or Less	No
2	I miss having a really close friend	Yes	More or Less	No
3	I experience a general sense of emptiness	Yes	More or Less	No
4	There are plenty of people I can lean on when I have problems	Yes	More or Less	No
5	I miss the pleasure of the company of others	Yes	More or Less	No
6	I find my circle of friends and acquaintances too limited	Yes	More or Less	No
7	There are many people I can trust completely	Yes	More or Less	No
8	There are enough people I feel close to	Yes	More or Less	No
9	I miss having people around me	Yes	More or Less	No
10	I often feel rejected	Yes	More or Less	No
11	I can call on my friends whenever I need them	Yes	More or Less	No

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Patient Health Questionnaire - 9 (PHQ - 9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use " " to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE USE ONLY 0 + ____ + ____ + ____

= Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

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General Self-efficacy Scale (GSE)

		Not at all true	Hardly true	Moderately true	Exactly true
1	I can always manage to solve difficult problems if I try hard enough.				
2	If someone opposes me, I can find the means and ways to get what I want.				
3	It is easy for me to stick to my aims and accomplish my goals.				
4	I am confident that I could deal efficiently with unexpected events.				
5	Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6	I can solve most problems if I invest the necessary effort.				
7	I can remain calm when facing difficulties because I can rely on my coping abilities.				
8	When I am confronted with a problem, I can usually find several solutions.				
9	If I am in trouble, I can usually think of a solution.				
10	I can usually handle whatever comes my way.				