

The Do-Well Study

Strictly Confidential

Interviewer (initials):

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Today's date:

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Participant id:

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1. Introduction and preamble

- Introduce yourself
- Check identity of participant
- Discuss presence of carer or others (conduct interview alone if feasible)
- Introduction to research – research questions, procedures, timescales *etc.*
- Explanation of intervention and control conditions
- Explanation of randomisation
- Notification of data to be collected (questionnaires, benefit assessments)
- Informed consent
- Complete contact sheet
- Explanation of present interview and timescale
- Mention sensitive and personal nature of some of the question
- Explain confidentiality
- Explain anonymity
- Check participant comfortable before commencing

Personal details:

Title:	Mr	Mrs	Ms	Miss
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First Name:

Last Name:

Address:

Post code

Home Telephone

Work Telephone

Mobile Telephone

Continued overleaf...

Details of others in household (allow up to 6 people)

**Relationship to participant
(e.g. partner):**

Title	Mr	Mrs	Ms	Miss
First Name				
Last Name				
Age				
Sex				

Relationship to participant:

Spouse/partner	1
Child	2
Grandchild	3
Brother/sister	4
Uncle/aunt	5
Son-in-law/daughter-in-law	6
Other related (specify)	7
Other non-related (specify)	8

Social and demographic information

I'd like to start by asking you some questions about yourself, and your home life.

1. Record sex:

Male **1**

Female **2**

2. Can you please tell me your date of birth (dd/mm/yy)?

Date of Birth:

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3. I'd like to know a little about your education - at what age did you leave full time education?

Age in years:

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4. Now, thinking just of your full-time education, what type of school or college did you last attend full-time? (If you are still in full-time education, please say which category currently applies to you.)

Primary or middle school **1**

Elementary or secondary school **2**

College of Arts and Technology **3**

College of Further Education **4**

Polytechnic **5**

University **6**

Some other type of College **7**

(please specify)

.....

5. On this card is a list of ethnic backgrounds (**Show Card A**). Can you please select the ethnic group that you feel best describes your cultural background?

White

British 01

Irish 02

Any other white background 03

Mixed

White and Black Caribbean 04

White and Black African 05

White and Asian 06

Any other Mixed background 07

Asian or Asian British

Indian 08

Pakistani 09

Bangladeshi 10

Any other Asian background 11

Black or Black British

Caribbean 12

African 13

Any other Black background 14

Chinese or other ethnic group

Chinese 15

Any other ethnic background 16

Employment

6. Are you currently doing any paid work of any sort?

Yes 1
No 2

If YES, are you:

In full time employment, *i.e.* > 30 hrs/week 1
In part time employment, *i.e.* < 30 hrs/week 2

If NO, are you:

Retired because of your age 3
Retired because of long term illness/ disability 4
Not in paid work because of home/ family commitments 5
Unemployed 6
Other (please specify) 7

7. If retired, at what age did you cease paid work?

Retirement age:

8. Do you look after, or give any help or support to family members (or friends, neighbours or others) because of their long term physical or mental ill health or disability, or because of problems related to old age (this does not include anything you do as part of your paid employment)

No 1
Yes 2

9. If yes, how many hours per week do you provide help or support?

Hours per week

10. Do you need someone to care for you at home some or all of the time?

Yes **1**

No **2**

11. If yes do you have someone that cares for you at home some of all of the time?

Yes **1**

No **2**

12. From whom do you receive care or help?

Yes No

Care from family or friends who
live elsewhere **1** **2**

Live in carer (paid or family) **1** **2**

Home help **1** **2**

Meals at home **1** **2**

13. How many carers are there who help you on a daily basis?

Number of carers

14. How many hours per week do you receive care or help in total?

Hours per week

15. Can I ask you to tell me who is/are your main carer(s)?

Details of main carer(s) (if appropriate)

	Carer 1				Carer 2			
Title	Mr	Mrs	Ms	Miss	Mr	Mrs	Ms	Miss
First Name								
Last Name								
Relationship to participant:								
Address:								
Post code								
Home Telephone								
Work Telephone								
Mobile Telephone								

16. Do you receive/have/use any of the following support services?

	No	Yes	Hours/week
Home Care/ Home Support	1	2	
Private Home Help	1	2	
Attend a Day Centre (including lunch clubs)	1	2	
Meals at Home Service	1	2	

Home and Family

17. What is your current marital status?

Single (never married) 1

Married 2

Living with a partner as a couple 3

Divorced or separated 4

Widowed 5

18. How many adults (people aged 16 and over) are there in your household, including yourself?

Number of adults

--	--

19. How many children (people under the age of 16) are there in your household?

Number of children

--	--

20. How many adult children (aged over 16 years) do you have who live elsewhere?

Number of adult children

--	--

21. Is the accommodation in which you live:

Owned outright by you or your partner 1

Being paid for by a mortgage or loan by you or your partner 2

Rented from a private landlord 3

Rented from the Council 4

Rented from a housing association or charitable trust 5

Rented or rent free with a job or business 6

Living rent free with a relative 7

Living with a relative and paying for board 8

Other 9

22. Do you live here independently or is this purpose built sheltered accommodation?

Independent or with partner or family 1

23. Is your household's accommodation self-contained? This means that all your rooms, including kitchen, bathroom and toilet are behind a door that only your household can use.

- Yes 1
- No 2

24. How many rooms does your household have for its own use? (include the kitchen (if you can sit down to eat in it), living rooms, bedrooms, dining rooms *etc.* Do not include small kitchens, bathrooms, toilets, landings, hallways)

Number of rooms

--	--

25. Do you have a bath or shower AND toilet for use only by your household?

- Yes 1
- No 2

26. At home, do you usually have to walk up and down stairs at least once per day?

- Yes 1
- No 2
- Not applicable (lift or no stairs) 8

27. Does your accommodation have central heating? (this includes central heating radiators, storage heaters, warm air or under floor heaters) Answer YES, even if the central heating is not used. Answer YES if it is centrally provided in sheltered accommodation *etc.*

- Yes, in all bedrooms and living rooms 1
- In some, but not all bedrooms and living rooms 2
- No, not in any bedrooms or living rooms 3

28. Is damp or condensation a serious problem in your home? (do not include just condensation on windows when it is cold)

- No problem 1
- More of a nuisance than a problem 2
- A serious problem 3

29. Is your home comfortably warm, even in winter?

Yes 1

No 2

30. If NO, is it because:

you do not have central heating or the system is inadequate 1

your house is draughty/inadequately insulated 2

you cannot afford the fuel bills 3

31. Can you tell us approximately what your fuel bills are per week, month or year?

Gas	Electricity	Oil
Week <input type="text"/>	Week <input type="text"/>	Week <input type="text"/>
Month <input type="text"/>	Month <input type="text"/>	Month <input type="text"/>
year <input type="text"/>	year <input type="text"/>	year <input type="text"/>

32. Have you had any help with insulation costs, e.g. new central heating boiler, loft insulation, cavity wall insulation?

Yes 1

No 2

33. Have you ever received a grant from the Heating Energy Efficiency Scheme (HEES)?

Yes 1

No 2

If YES, how much did you receive?

£ <input type="text"/>
<input type="text"/>

What was this for?

34. Do you have loft insulation in your house/flat (at least 6 inches/15 cm of fibre insulation)?

Yes 1

No 2

Not sure 3

Not applicable 8

Yes 1

35. Do you have cavity wall insulation in your home?	No	2
	Not sure	3
	Not applicable	8
36. Do you have a key meter?	Yes	1
	No	2
37. Are you on a social tariff for you electricity cost?	Yes	1
	No	2
38. Have you asked your energy supplier for the lowest tariff?	Yes	1
	No	2
39. How many cars or vans are owned, or available for use, by one or more members of your household (count any vehicles that are driven by members of this household)?	None	1
	One	2
	Two	3
	Three	4
	Four or more	5
40. Do you or your partner or a relative who drives for you have a Disabled Persons Parking Badge (Blue Badge) (formerly Orange Badge)?	Yes	1
	No	2
41. Do you or your partner have a car from the Motability Scheme?	Yes	1
	No	2

Household Items

I'd now like to ask you some more questions about your home circumstances.

42. Do you have any of the following items in your household? **(Read out each item)**

	Yes	No
a) Colour Television	1	2
b) Black and White Television	1	2
c) Satellite, Cable or Digital TV receiver	1	2
d) Video Recorder	1	2
e) DVD player	1	2
f) Radio	1	2
g) Compact Disc (CD) Player	1	2
h) Home computer	1	2
i) Refrigerator	1	2
j) Deep Freezer or Fridge/Freezer	1	2
k) Dishwasher	1	2
l) Microwave oven	1	2
m) Gas or electric oven	1	2
n) Gas or electric hob/cooking rings	1	2
o) Toaster	1	2
p) Automatic Washing Machine	1	2
q) Tumble Drier (or washer/dryer)	1	2
r) Vacuum Cleaner	1	2
s) Telephone (land line)	1	2
t) Mobile (cellular) telephone	1	2
u) Double glazing	1	2
v) Smoke alarm	1	2
w) Burglar alarm	1	2
x) MP3 player	1	2

The next few questions ask about your home and any aids and adaptations you may have.

- 43.** Do you have any aids, or have any alterations been made in the bathroom that you usually use that make things easier? (For example, rails or a bath board?) **(answer even if in sheltered accommodation)**

Yes, or awaiting	1
No	2

- 44. If Yes,** did you have the aid or adaptation more than six months ago, within the last six months, or are you waiting for the item?

Alteration/aid	Provided > 6 months ago	Provided within last 6 months	Waiting for
Bath or Grab rails	1	2	3
Walk-in Shower	1	2	3
Bath Hoist	1	2	3
Bath seat/board	1	2	3

- 45.** Do you have any aids to help with toileting? (For example, a commode, a raised toilet seat or incontinence aids?) **(answer even if in sheltered accommodation)**

Yes, or awaiting	1
No	2

- 46. If Yes,** did you have the aid or adaptation more than six months ago, within the last six months, or are you waiting for the item?

Alteration/aid	Provided > 6 months ago	Provided within last 6 months	Waiting for
Grab rails in toilet or bathroom	1	2	3
Commode for day or night use	1	2	3
Bedpan/urinal/bottle	1	2	3
Raised toilet seat	1	2	3
Incontinence pads	1	2	3

47. Do you have any aids in the bedroom to make things easier for you to get in and out of bed? (For example, a bed hoist, a bed raise or a special bed?) **(answer even if in sheltered accommodation)**

Yes, or awaiting 1
No 2

48. If Yes, did you have the aid or adaptation more than six months ago, within the last six months, or are you waiting for the item?

Alteration/aid	Provided > 6 months ago	Provided within last 6 months	Waiting for
Bed hoist	1	2	3
Bed raise or Bed block	1	2	3
Special bed or mattress	1	2	3

49. Do you have any of the following aids for your chair or your bed? (For example, special cushions to prevent pressure sores?) **(answer even if in sheltered accommodation)**

Yes, or awaiting 1
No 2

50. If Yes, did you have the aid or adaptation more than six months ago, within the last six months, or are you waiting for the item?

Alteration/aid	Provided > 6 months ago	Provided within last 6 months	Waiting for
Sheepskin	1	2	3
Special Cushions	1	2	3
Special chair or Chair raise	1	2	3

51. Have any alterations been made to your home to make things easier for you to get around? **(answer even if in sheltered accommodation)**

Yes, or awaiting 1
No 2

52. If Yes, did you have the aid or adaptation more than six months ago, within the last six months, or are you waiting for the item?

Alteration/aid	Provided > 6 months ago	Provided within last 6 months	Waiting for
Widened doorways	1	2	3
Additional stair rails	1	2	3
Stair lift or Vertical lift	1	2	3
Ramp at front or rear entrances	1	2	3
Additional grab rails at front or rear entrances	1	2	3

53. Do you use any aids for getting about? (For example, a wheelchair or sticks?)

Yes, or awaiting 1

No 2

54. If Yes, did you have the aid or adaptation more than six months ago, within the last six months, or are you waiting for the item?

Alteration/aid	Provided > 6 months ago	Provided within last 6 months	Waiting for
Manual wheelchair	1	2	3
Electric wheelchair	1	2	3
Walking frame (Zimmer)	1	2	3
Walking stick(s)	1	2	3
Walking trolley	1	2	3
Crutches	1	2	3

55. Do you have any aids for helping you with meals? (For example, kitchen gadgets or special cutlery?) (answer even if in sheltered accommodation)

Yes, or awaiting 1

No 2

56. If Yes, did you have the aid more than six months ago, within the last six months, or are you waiting for the item?

Alteration/aid	Provided	Provided within	Waiting for
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	> 6 months ago	last 6 months	
Kitchen gadgets	1	2	3
Special cutlery/crockery	1	2	3
Meal trolley	1	2	3

57. Do you have any services/aids to help you to communicate with people outside your home?
(For example, Care Call, special telephone) **(answer even if in sheltered accommodation)**

Yes, or awaiting 1
No 2

58. If Yes, did you have the aid more than six months ago, within the last six months, or are you waiting for the item?

Alteration/aid	Provided > 6 months ago	Provided within last 6 months	Waiting for
Community care Alarm Scheme	1	2	3
Special telephone	1	2	3
Entrance telecom	1	2	3

59. Do you have any aids to help you reach or manipulate objects or parts of your body with your hands (e.g. helping hand)?

Yes, or awaiting 1
No 2

60. If Yes, did you have the aid more than six months ago, within the last six months, or are you waiting for the item?

Alteration/aid	Provided > 6 months ago	Provided within last 6 months	Waiting for
Helping hand - for picking up objects while standing	1	2	3
Helping hand – for pulling on socks or stockings	1	2	3
Special implements with long handles (e.g. hair brush)	1	2	3

61. What are your current living arrangements?

Living independently in your own home	1
Living in your own home with support from a partner or carer	2
Not living in your own home but with support from relatives/friends/carers (including supported accommodation)	3
Living in a care home	4
In hospital	5

Affordability

62. How often does it happen that you do have enough money to afford the kinds of **food** that you or your family should have? Is it...

Always	1
Often	2
Sometimes	3
Seldom	4
Never	5
Not applicable	8

63. How often does it happen that you do have enough money to afford the kinds of **clothing** that you or your family should have? Is it...

Always	1
Often	2
Sometimes	3
Seldom	4
Never	5
Not applicable	8

64. How often does it happen that you find it difficult to meet the cost of your bills for **gas and/or electricity**? Is it...

Always	1
Often	2
Sometimes	3
Seldom	4
Never	5
Not applicable	8

65. How often does it happen that you find it difficult to pay bills for the **telephone**? Is it...

Always	1
Often	2
Sometimes	3
Seldom	4
Never	5
Not applicable	8

66. How often does it happen that you find it difficult to pay your **rent or mortgage**? Is it...

Always	1
Often	2
Sometimes	3
Seldom	4
Never	5
Not applicable	8

67. How satisfied are you with your **standard of living**? Is it...

Very dissatisfied	1
A little dissatisfied	2
No feelings either way	3
A little satisfied	4
Very satisfied	5

68. How satisfied are you with your **present accommodation**?

Very dissatisfied	1
A little dissatisfied	2
No feelings either way	3
A little satisfied	4
Very satisfied	5

69. Suppose you needed a lump sum of money, for example suppose a cooker or washing machine broke down and you need £250 for a new one straight away, would it be...

Impossible	1
Difficult	2
Inconvenient, but not impossible	3
No problem	4
Don't know	5
Question refused	6

70. Suppose you needed to find a smaller sum of money, for example suppose you needed £50. How difficult would it be to find that? Would it be...

Impossible	1
Difficult	2
Inconvenient, but not impossible	3
No problem	4
Don't know	5
Question refused	6

71. Are there important ways in which you feel your life has changed for the better over the last six months?

Yes **1**

No **2**

If Yes: In what ways has your life changed for the better?

1.

2.

3.

4.

72. Are there important ways in which you feel your life has changed for the worse over the last six months?

Yes **1**

No **2**

If Yes: In what ways has your life changed for the worse?

1.

2.

3.

4.

EQ-5D

Think about your own health state today. Please can you tell me which statement best describes your health today.

73. Mobility

I have no problems in walking about

1

I have some problems in walking about

2

I am confined to bed

3

74. Self-Care

I have no problems with self-care

1

I have some problems washing or dressing myself

2

I am unable to wash or dress myself

3

75. Usual Activities (*e.g. work, study, housework, family or leisure activities*)

I have no problems with performing my usual activities

1

I have some problems with performing my usual activities

2

I am unable to perform my usual activities

3

76. Pain/Discomfort

I have no pain or discomfort

1

I have moderate pain or discomfort

2

I have extreme pain or discomfort

3

77. Anxiety/Depression

I am not anxious or depressed

1

I am moderately anxious or depressed

2

I am extremely anxious or depressed

3

78. Do you have any long-term illness, health problem or disability?

Yes 1

No 2

IF YES -(a) What is this problem:

.....
.....

(b) Does this long-term illness, health problem, or disability limit your daily activities in any way?

Yes 1

No 2

79. Over the last six months, would you say your health has been:

Very Good 1

Good 2

Neither good nor poor 3

Poor 4

Very poor 5

80. What is your current height (without shoes)? (round up halves)

Feet inches

OR

cm

81. What is your current weight (in light clothing)? (round up halves)

stones pounds

OR

kg

Modified Townsend Activities of Daily Living

The following questions (**Q48-Q74**) take the same form and these notes should be applied consistently throughout. It will be necessary to probe in order to confirm the use of aids in carrying out activities of daily living.

Using scissors as an aid to cut toenails does not count, as we would all normally use these. However, specially adapted furniture or the use of adapted cooking utensils would count as special aids.

Probing will also be necessary to establish whether the subject would be able to undertake the activity in the absence of another person. This particularly applies to men when asking about household activities as they may never undertake such activities but it could equally apply to women where someone else is available.

People with mental frailties who cannot undertake activities because of their mental frailty should be coded as needing help.

Rate 0 - Needs help if the subject requires assistance from another person to undertake the activity. Do not use this code if they **could** undertake the activity for themselves but someone usually does it for them.

Rate 1 - Some difficulty if the subject reports difficulty undertaking activity or if they report no difficulty but use an aid.

Rate 2 - No difficulty if the subject is able to undertake this activity by themselves without difficulty and without the use of aids or help from others.

I would now like to ask you some questions about day to day activities, which some people find difficult.

I would like to know if you are able, or if you have any difficulty with the following activities.

82. Are you able to cut your own toenails? (IF YES: Do you have difficulty cutting your own toenails?)

- 0** (No), needs help
- 1** (Yes), some difficulty
- 2** (Yes), no difficulty
- 7** Don't know
- 8** No answer
- 9** Not asked

83. Are you able to wash all over or bathe? (IF YES: Do you have difficulty washing all over or bathing?)

- 0** (No), needs help

- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

84. Are you able to get on a bus? (IF YES: Do you have difficulty?)

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

85. Are you able to go up **and** down stairs? (IF YES: Do you have difficulty?)

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

86. Are you able to do light housework? (IF YES: Do you have difficulty?)

Light housework – (e.g. vacuuming, mopping floors, ironing, making beds.

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer

9 Not asked

87. Are you able to do heavy housework? (IF YES: Do you have difficulty?)
Heavy housework – (e.g. cleaning windows, scrubbing floors).

0 (No), needs help
1 (Yes), some difficulty
2 (Yes), no difficulty
7 Don't know
8 No answer
9 Not asked

88. Are you able to shop and carry heavy bags? (IF YES: Do you have difficulty?)

0 (No), needs help
1 (Yes), some difficulty
2 (Yes), no difficulty
7 Don't know
8 No answer
9 Not asked

89. Are you able to prepare and cook a hot meal? (IF YES: Do you have difficulty?)
If the subject claims they never have to cook a hot meal because this is always done for them, ask them to make the judgement as to whether they could if they had to.

0 (No), needs help
1 (Yes), some difficulty
2 (Yes), no difficulty
7 Don't know
8 No answer
9 Not asked

90. Are you able to reach an overhead shelf? (IF YES: Do you have difficulty?)

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

91. Are you able to tie a good knot in a piece of string? (IF YES: Do you have difficulty?)

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

92. Are you able to put on your shoes and socks or stockings? (IF YES: Do you have difficulty?)

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

93. Do you have any difficulty using a telephone *i.e.* looking up numbers, dialling *etc*?

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer

9 Not asked

94. Do you have any difficulty taking medicine (preparing and taking correct dose)?

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

95. Do you have any difficulty managing money (paying bills/writing cheques or using a cashpoint machine to remove or deposit money)?

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

96. Do you have any difficulty following TV programmes or movies and remembering details of the stories?

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

97. Do you have difficulty with household tasks such as making yourself a cup of tea?

- 0 (No), needs help

- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

98. Have you needed any help recently to check your change after spending small amounts of money?

- 0 No
- 1 Yes
- 8 No answer
- 9 Not asked

IF EITHER Q63 OR Q64 RATED 1 RATE Q65, OTHERWISE SKIP TO Q66.

99. OBSERVATION FAILURE IN Q63 & Q64 IS DUE TO PHYSICAL IMPEDIMENT (E.G. STROKE, SEVERE RHEUMATOID ARTHRITIS) AS DISTINCT FROM COGNITIVE IMPAIRMENT.

- 0 Not physical
- 1 Partly physical
- 2 Entirely physical
- 8 No answer
- 9 Not asked

100. Are you able to get to and use the toilet? (IF YES: Do you have difficulty?)

- 0 (No), needs help
- 1 (Yes), some difficulty
- 2 (Yes), no difficulty
- 7 Don't know
- 8 No answer
- 9 Not asked

101. Do you have difficulty controlling your bladder?

- 0 No
- 1 Occasionally wets
- 2 Frequently wets
- 8 No answer
- 9 Not asked

102. Would you say there has been any change in your ability to do practical things in the past two years?

- 0 No change
- 1 Better
- 2 Worse
- 3 Much worse
- 8 No answer
- 9 Not asked

103. Does anyone help you with any of the day-to-day tasks I've just asked about?

- 0 No
- 1 Yes
- 8 No answer
- 9 Not asked

IF RATED NO SKIP TO Q75 (next section)

104. Who usually helps? *CODE MAIN HELPER*

- 01 No-one
- 02 Spouse/partner
- 03 Daughter
- 04 Daughter-in-law
- 05 Son
- 06 Son-in-law

- 07 Brother
- 08 Sister
- 09 Other relative
- 10 Friend or neighbour
- 11 Home help
- 12 Care worker
- 13 Meals on wheels
- 14 Community worker
- 15 Community nurse
- 16 Warden
- 17 Paid help
- 18 Other
- 88 Not applicable

IF 01 OR 88 SKIP TO Q75 (next section)

105. Do they help every day, most days or less often?

- 0 Every day
- 1 Most days
- 2 Less often
- 8 No answer
- 9 Not asked

106. Does anyone else help? *CODE UP TO 3 OTHER HELPERS.*
1st Helper

- 01 No-one
- 02 Spouse/partner
- 03 Daughter
- 04 Daughter-in-law
- 05 Son

- 06 Son-in-law
- 07 Brother
- 08 Sister
- 09 Other relative
- 10 Friend or neighbour
- 11 Home help
- 12 Care worker
- 13 Meals on wheels
- 14 Community worker
- 15 Community nurse
- 16 Warden
- 17 Paid help
- 18 Other
- 88 Not applicable

107. Does anyone else help?
2ND Helper.

- 01 No-one
- 02 Spouse/partner
- 03 Daughter
- 04 Daughter-in-law
- 05 Son
- 06 Son-in-law
- 07 Brother
- 08 Sister
- 09 Other relative
- 10 Friend or neighbour
- 11 Home help

- 12 Care worker
- 13 Meals on wheels
- 14 Community worker
- 15 Community nurse
- 16 Warden
- 17 Paid help
- 18 Other
- 88 Not applicable

108. Does anyone else help?
3rd Helper

- 01 No-one
- 02 Spouse/partner
- 03 Daughter
- 04 Daughter-in-law
- 05 Son
- 06 Son-in-law
- 07 Brother
- 08 Sister
- 09 Other relative
- 10 Friend or neighbour
- 11 Home help
- 12 Care worker
- 13 Meals on wheels
- 14 Community worker
- 15 Community nurse
- 16 Warden
- 17 Paid help
- 18 Other
- 88 Not applicable

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

	Not at all	Several days	More than half the days	Nearly every day
Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems?				
109. Little interest or pleasure in doing things	0	1	2	3
110. Feeling down, depressed, or hopeless	0	1	2	3
111. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
112. Feeling tired or having little energy	0	1	2	3
113. Poor appetite or overeating	0	1	2	3
114. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
115. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
116. 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
117. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:			+	+
TOTAL:				

<p>118. 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?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
---	--

CASP-19 Questionnaire (Self Completion)

Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think they apply to you.

		Tick <u>one</u> box on each line			
		Often	Some- times	Not often	never
119.	My age prevents me from doing the things I would like to	1	2	3	4
120.	I feel that what happens to me is out of my control	1	2	3	4
121.	I feel free to plan for the future	1	2	3	4
122.	I feel left out of things	1	2	3	4
123.	I can do the things I want to	1	2	3	4
124.	Family responsibilities prevent me from doing what I want to	1	2	3	4
125.	I feel that I can please myself what I want to do	1	2	3	4
126.	My health stops me from doing the things I want to do	1	2	3	4
127.	Shortage of money stops me from doing the things I want to do	1	2	3	4
128.	I look forward to each day	1	2	3	4
129.	I feel that my life has meaning	1	2	3	4
130.	I enjoy the things that I do	1	2	3	4
131.	I enjoy being in the company of others	1	2	3	4
132.	On, balance, I look back on my life with a sense of happiness	1	2	3	4
133.	I feel full of energy these days	1	2	3	4
134.	I choose to do the things that I have never done before	1	2	3	4
135.	I feel satisfied with the way my life has turned out	1	2	3	4
136.	I feel that life is full of opportunities	1	2	3	4
137.	I feel that the future looks good for me	1	2	3	4

To be handed to interviewee to complete

Social Life

I'd now like to ask you some questions about your social life.

138. In the last 3 months, how often have you done any of the following things:
(Show Card B)

	Not at all	1 or 2 times	At least once a month	At least once a week
a) Gone to visit family or friends	0	1	2	3
b) Gone to a church or other place of worship	0	1	2	3
c) Attended a social club	0	1	2	3
d) Gone to a pub, bar or café	0	1	2	3
e) Eaten out at a restaurant	0	1	2	3
f) Gone on a day trip or outing	0	1	2	3
g) Gone to a sports event	0	1	2	3
h) Gone to the theatre, cinema or an exhibition	0	1	2	3
i) Had family or friends to visit you at home	0	1	2	3
j) Done any voluntary work (<i>e.g.</i> visiting sick, disabled or elderly <i>etc.</i>)	0	1	2	3

139. Overall, are you happy with your social life, or would you prefer to go out more often than you do?

- | | |
|---------------------------------------|----------|
| Happy with my social life as it is | 1 |
| Would prefer to go out more than I do | 2 |

140. How many friends or relatives do you have who you see socially on a regular basis?

- | | |
|------------|----------|
| None | 1 |
| 1-2 | 2 |
| 3-5 | 3 |
| 6-10 | 4 |
| 11 or more | 5 |

- 141.** Do you see your friends or relatives as often as you would like?
- | | |
|-----|----------|
| Yes | 1 |
| No | 2 |
- 142.** How many friends or relatives do you have who you think would help you out, if a problem or crisis came up?
- | | |
|------------|----------|
| None | 1 |
| 1-2 | 2 |
| 3-5 | 3 |
| 6-10 | 4 |
| 11 or more | 5 |
- 143.** How important do you think it is to have close friends and relatives you can confide in?
- | | |
|----------------------|----------|
| Very important | 1 |
| Fairly important | 2 |
| Not very important | 3 |
| Not at all important | 4 |
- 144.** Is there anyone in particular who would listen to you and give you emotional support, if you needed it?
- | | |
|-----|----------|
| Yes | 1 |
| No | 2 |
- 145.** Who is it who would listen and give you support?
- | | |
|-----------------------|----------|
| Your spouse/partner | 1 |
| Your mother or father | 2 |
| One of your children | 3 |
| Another relative | 4 |
| Some other person | 5 |

146. How often do you see him/her?

- | | |
|------------------------------|---|
| Daily | 1 |
| 2-3 times a week | 2 |
| At least once a week | 3 |
| At least once a month | 4 |
| Less often than once a month | 5 |

147. Thinking about your relationship with that person, would you say that you can talk frankly and share your feelings with him/her?

- | | |
|-----------------------|---|
| Yes, over anything | 1 |
| Yes, over most things | 2 |
| Yes, over some things | 3 |
| No, not really | 4 |

Life Events

148. I'm now going to read out a list of things that can happen to people. Try to think back over the past 6 months and remember if any of these things happened to you and, if so, how much you were upset or disturbed by it? (**Show Card C**)

Prompts:

The first one is...

Did this happen to you over the last 6 months? [If yes]

how much did it upset you?

The next one is...

			Very much	Moder- ately	Not too much	Not at all
<hr/>						
a)	Serious personal illness, injury or operation					
	Yes	1		No	2	
	If yes, how much did it upset you?		1	2	3	4
<hr/>						
b)	Death of a close relative or friend					
	Yes	1		No	2	
	If yes, how much did it upset you?		1	2	3	4
<hr/>						
c)	Serious illness, injury or operation of a close relative or friend					
	Yes	1		No	2	
	If yes, how much did it upset you?		1	2	3	4
<hr/>						
d)	Major financial difficulty					
	Yes	1		No	2	
	If yes, how much did it upset you?		1	2	3	4
<hr/>						
e)	Divorce, separation or break up of personal intimate relationship					
	Yes	1		No	2	
	If yes, how much did it upset you?		1	2	3	4
<hr/>						
f)	Other marital or family problem					
	Yes	1		No	2	
	If yes, how much did it upset you?		1	2	3	4
<hr/>						
g)	Any mugging, robbery, accident or similar event					
	Yes	1		No	2	
	If yes, how much did it upset you?		1	2	3	4
<hr/>						
h)	Change of job or residence					
	Yes	1		No	2	
	If yes, how much did it upset you?		1	2	3	4
<hr/>						

Physical Activity

I'm now going to ask you some questions about activities you may have participated in recently.

149. Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV, sewing or knitting or other handicrafts?

- | | |
|----------------------|---|
| Never (go to q.128) | 0 |
| Seldom (1-2 days) | 1 |
| Sometimes (3-4 days) | 2 |
| Often (5-7 days) | 3 |

What were these activities?

On average, how many hours per day did you engage in these sitting activities?

- | | |
|-------------------------|---|
| Less than 1 hour | 1 |
| 1 but less than 2 hours | 2 |
| 2-4 hours | 3 |
| More than 4 hours | 4 |

150. Over the past 7 days, how often did you take a walk outside your home or garden for any reason? For example, for fun or exercise, walking to work or to the shops, walking the dog, *etc.*?

- | | |
|----------------------|---|
| Never (go to q.129) | 0 |
| Seldom (1-2 days) | 1 |
| Sometimes (3-4 days) | 2 |
| Often (5-7 days) | 3 |

On average, how many hours per day did you spend walking?

Less than 1 hour	1
1 but less than 2 hours	2
2-4 hours	3
More than 4 hours	4

151. Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, darts, fishing from a boat or pier or other similar activities?

Never (go to q130)	0
Seldom (1-2 days)	1
Sometimes (3-4 days)	2
Often (5-7 days)	3

What were these activities?

On average, how many hours per day did you engage in these light sport or recreational activities?

Less than 1 hour	1
1 but less than 2 hours	2
2-4 hours	3
More than 4 hours	4

152. Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, ice skating, golf, cricket, or other similar activities?

Seldom (1-2 days)	1
Sometimes (3-4 days)	2
Often (5- 7 days)	3
Never (go to q131)	0

What were these activities?

On average, how many hours per day did you engage in these moderate sport and recreational activities?

- | | |
|-------------------------|---|
| Less than 1 hour | 1 |
| 1 but less than 2 hours | 2 |
| 2-4 hours | 3 |
| More than 4 hours | 4 |

153. Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as football, jogging, swimming, cycling, singles tennis, aerobics or other similar activities?

- | | |
|----------------------|---|
| Seldom (1-2 days) | 1 |
| Sometimes (3-4 days) | 2 |
| Often (5- 7 days) | 3 |
| Never (go to q132) | 0 |

What were these activities?

On average, how many hours per day did you engage in these strenuous sport and recreational activities?

- | | |
|-------------------------|---|
| Less than 1 hour | 1 |
| 1 but less than 2 hours | 2 |
| 2-4 hours | 3 |
| More than 4 hours | 4 |

154. Over the past 7 days, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or press-ups, *etc*?

- | | |
|----------------------|---|
| Seldom (1-2 days) | 1 |
| Sometimes (3-4 days) | 2 |
| Often (5- 7 days) | 3 |
| Never (go to q133) | 0 |

What were these activities?

On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?

- | | |
|-------------------------|---|
| Less than 1 hour | 1 |
| 1 but less than 2 hours | 2 |
| 2-4 hours | 3 |
| More than 4 hours | 4 |

155. During the past 7 days, have you done any light housework, such as dusting or washing dishes?

- | | |
|-----|---|
| No | 1 |
| Yes | 2 |

156. During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood or coal?

- | | |
|-----|---|
| No | 1 |
| Yes | 2 |

157. During the past 7 days, did you engage in any of the following activities?

	NO	YES
a) Home repairs like painting, wallpapering, electrical work, <i>etc.</i>	1	2
b) Outdoor work, such as mowing the lawn, clearing leaves, chopping wood, <i>etc.</i>	1	2
c) Any other gardening work, such as planting, potting, <i>etc.</i>	1	2
d) Caring for another person, such as children, dependent spouse, or another adult	1	2

158. During the past 7 days, did you work for pay or as a volunteer?

No	1
Yes	2

If YES, How many hours per week did you work for pay and/or as a volunteer?

HOURS

--	--

159. Which of the following categories best describes the amount of physical activity required in your usual daily activities?

- | | |
|---|---|
| a) Mainly sitting with slight arm movements. [examples: office worker, watchmaker, seated assembly line worker, bus driver, <i>etc.</i>] | 1 |
| b) Sitting or standing with some walking. [examples: cashier, shop assistant, general office worker, light tool and machinery worker.] | 2 |
| c) Walking, with some handling of materials generally weighing less than 50 pounds.[examples: postal or other delivery worker, waiter/waitress, care worker, construction worker, heavy tool and machinery worker.] | 3 |
| d) Walking and heavy manual work often requiring handling of materials weighing over 50 pounds. [examples: bricklayer, stone mason, farm or general labourer.] | 4 |

Diet

160. I now want to ask you some questions about the food you eat. I'm going to read out a list of foods and I want you to tell me how often you eat each food. On average, how often do you eat the following foods? (**Show Card D**)

	6 or more times a week	3-5 times a week	1-2 times a week	Less than once a week	Rarely or never
a. A serving (a bowl) of any kind of breakfast cereal	1	2	3	4	5
b. A serving of pasta, rice or potatoes (mashed, boiled or baked/jacket)	1	2	3	4	5
c. A serving of bread (<i>e.g.</i> a piece of bread or a roll) of any kind	1	2	3	4	5
d. A serving of pulses (<i>e.g.</i> peas, lentils beans, chick peas - including baked beans, dhal <i>etc</i>)	1	2	3	4	5
e. A serving of root vegetables (<i>e.g.</i> carrots, parsnips, turnips, sweet potatoes, swedes, beetroot <i>etc</i>)	1	2	3	4	5
f. A serving of green vegetables and salad (<i>e.g.</i> lettuce, cabbage, broccoli, sprouts <i>etc</i>)	1	2	3	4	5
g. A piece of non-citrus fruit (<i>e.g.</i> a banana, apple, plum, pear <i>etc</i>)	1	2	3	4	5
h. A piece of citrus fruit (<i>e.g.</i> an orange, grapefruit, satsuma, <i>etc</i>)	1	2	3	4	5
i. A serving of tinned, dried or stewed fruit of any sort (<i>e.g.</i> prunes, figs, dates, apricots <i>etc.</i>)	1	2	3	4	5
j. A serving of white meat (<i>e.g.</i> chicken, turkey, duck, goose <i>etc.</i>)	1	2	3	4	5
k. A serving of red meat (<i>e.g.</i> beef, pork, ham, lamb, venison <i>etc.</i>)	1	2	3	4	5
l. A serving of processed meat or pies (burgers, sausages, tinned meat, pasties <i>etc</i>)	1	2	3	4	5
m. A serving of white fish – not including fried (<i>e.g.</i> cod, haddock)	1	2	3	4	5
n. A serving of oily fish (<i>e.g.</i> tuna, kippers, mackerel, herrings, sardines, salmon <i>etc</i>)	1	2	3	4	5
o. A serving of cakes, puddings or pastries	1	2	3	4	5

	(including ice cream)					
p.	A serving of chocolate, crisps or biscuits (sweet or savoury)	1	2	3	4	5
q.	A serving of cheese (any type except low fat, soft cheeses)	1	2	3	4	5
r.	A serving of eggs (as a meal or part of a meal, cooked by any method)	1	2	3	4	5
s.	Fried food (fried breakfast, fried chips, fried fish, pakora, fritters <i>etc</i>)	1	2	3	4	5
t.	A serving of pure fruit juice (not squash or Sunny Delight)	1	2	3	4	5
u.	A serving of carbonated or other flavoured drink (NOT low calorie or 'Diet') (<i>e.g.</i> Coke, Pepsi, Lemonade, <i>etc.</i>)	1	2	3	4	5

161. What type of milk do you usually use for drinking, in tea or coffee, or on cereals?

Whole milk

1

Semi-skimmed (*including dried semi-skimmed*)

2

Skimmed (*including dried skimmed*)

3

Soya

4

Some other kind

5

I do not have a usual kind

6

I do not drink milk

7

162. What type of butter, margarine or other spread do you usually use, for example on bread, sandwiches, toast, potatoes or vegetables?

Butter/Ghee	01
Butter substitute (<i>e.g. I Can't Believe it's not Butter</i>)	02
Hard margarine (<i>e.g. Krona, Echo</i>)	03
Polyunsaturated vegetable margarine (<i>e.g. Flora, sunflower, soya</i>)	04
Other soft margarine (<i>e.g. Stork, Blueband</i>)	05
Reduced fat spread or low fat spread (<i>e.g. Flora Light, Gold, Outline</i>)	06
Olive oil based spreads (<i>e.g. Olivio</i>)	07
Cholesterol lowering spread (<i>e.g. Benecol, Flora-ctive</i>)	08
Some other kind	09
I do not have a usual kind	10
I do not eat butter, margarine or other spread	11

163. Have you changed what you eat over the last six months?

Yes **1**
No **2**

If Yes, why have you changed what you eat? [Prompt with reasons below: (Is it...?)]

	Yes	No
Mainly for appearance (<i>e.g. for a better body</i>)	1	2
Mainly for medical reasons (<i>e.g. on doctor's advice</i>)	1	2
Mainly for health reasons (<i>e.g. to feel better or eat healthy foods</i>)	1	2
Because of concern about food safety issues	1	2
Because I/we can now afford to eat more or different kinds of food	1	2
Mainly to save money	1	2
Other reasons	1	2

If, Yes: What changes have you made?

Record changes below. Indicate *increase* or *decrease* of intake and specify foods or food groups involved (e.g. red meat)

Food type/group	Code	Increase	Decrease
1.		1	2
2.		1	2
3.		1	2
4.		1	2
5.		1	2

Alcohol

I'm now going to ask you some questions about drinking alcohol

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

- | | | |
|--------------------------------|---|--|
| Never | 1 | → Go straight to Tobacco section |
| Occasionally (monthly or less) | 2 | } → Carry on to the next question (85) |
| 2 to 4 times a month | 3 | |
| 2 to 3 times a week | 4 | |
| 4 or more times a week | 5 | |

165. Over the last six months, has your pattern of drinking changed? Do you:

- | | |
|-----------------------------|---|
| Drink more alcohol now | 1 |
| Drink about the same amount | 2 |
| Drink less alcohol now | 3 |

Go to drinks diary on next page

I'd now like to learn what you had to drink last week. Let's start with yesterday and work backwards. Yesterday was (name day of week and code below)

Monday 1 Tuesday 2 Wednesday 3 Thursday 4 Friday 5 Saturday 6 Sunday 7

Complete the drink diary on the next page with **UNITS consumed**. Start with relevant day of week (yesterday) and work backwards. First ask about drink consumed in the daytime, and then the evening. Probe: "anything else?"

For each type of drink consumed, record amount drunk in **STANDARD UNITS** (using the table below to convert). Alternatively, calculate as follows: multiply the amount consumed in millilitres (ml) by the ABV and divided by 1000 to give number of units. (e.g. 500 ml of 3.5% beer is 1.75 units). Please sum the units for each category at the foot of each column.

(% ABV, alcohol by volume, shown on labels as 'alcohol % vol' or '% vol')	
Beer	<ul style="list-style-type: none"> • ½ pint (285ml) ordinary strength beer, lager or cider (3.5% ABV) is 1 unit • ½ pint of stronger beer, lager or cider (5.5% ABV) is 1.5 units • One 330ml bottle of ordinary strength beer, lager or cider (3.5% ABV) is about 1 unit and the same sized bottle of stronger beer, lager or cider (5.5% ABV) counts as 2 units
Wine	<ul style="list-style-type: none"> • 1 small glass (125ml) of table wine (8% ABV) is 1 unit • 1 small glass (125ml) of medium strength wine (11% ABV) is 1.5 units • 1 small glass (125ml) of a stronger wine (14% ABV) is 2 units • 1 small glass (50ml) of sherry, martini or other fortified wine (20% ABV) is 1 unit
Spirits	<ul style="list-style-type: none"> • 1 single measure (25ml) of spirits or liqueur (40% ABV) is 1 unit • 1 larger measure (35ml) is about 1.5 units
Alcopops	<ul style="list-style-type: none"> • 1 bottle (275 ml) of Alcoholic soft drinks, e.g. Hooch , Two Dogs, Bacardi Breezer, or Smirnoff Ice (5.4% ABV) is 1.5 units

Tobacco and Smoking

I'm now going to ask you some questions about smoking tobacco.

166. Which of the following best describes you?

- I have never smoked **(Go to Q152)** **1**
- I used to smoke occasionally but do not smoke at all now **(Go to Q151)** **2**
- I used to smoke daily but do not smoke at all now **(Go to Q151)** **3**
- I smoke occasionally, but not every day **(Go to Q146)** **4**
- I smoke daily **(Go to Q146)** **5**

FOR CURRENT SMOKERS ONLY – For EX-SMOKERS, go to Q93 on next page.
For NON SMOKERS, go to end of questionnaire.

167. Which of the following tobacco products do you currently use?

- Cigarettes or roll ups **1**
- Cigars **2**
- A pipe **3**
- Other tobacco products **4**

168. How many cigarettes and/or how much loose tobacco do you smoke each day?

Number of cigarettes smoked each day =			
Number of ounces of tobacco smoked each day =			
Number of grams of tobacco smoked each day =			

169. Have you ever been advised by a doctor, nurse or other health professional to stop smoking altogether because of your health?

- Yes **1**
- No **2**
- Not sure **3**

170. Which of the following best describes you at the present time?

- | | |
|---|---|
| I have no desire to give up smoking at the present time | 1 |
| I have thought about giving up smoking but am not ready yet | 2 |
| I am thinking about giving up smoking now | 3 |
| I am trying to give up smoking now | 4 |

171. Has the amount you smoke changed over the last six months?

- | | |
|------------------------|---|
| I smoke more | 1 |
| I smoke about the same | 2 |
| I smoke less | 3 |

FOR EX-SMOKERS ONLY

172. How long ago did you give up smoking?

- | | |
|---|---|
| In the past 4 weeks | 1 |
| At least 4 weeks, but less than 6 months ago | 2 |
| At least six months, but less than one year ago | 3 |
| At least one year, but less than ten years ago | 4 |
| Ten years ago or more | 5 |

Income, Pensions, Benefits and Allowances

I'd like to ask you a few questions about your household finances. By this I mean the money that you and your partner/husband/wife have available to you from all different sources. I also need to ask you about some of your outgoings – the essential things you spend your money on.

Please complete tables on the following pages.

Ask: Do you or your partner receive... any state benefits or allowances / Pensions / Income from employment *etc...*? [**Prompt:** do you receive.....?]. If awaiting decision, please write "**Pending**"

Benefits and Allowances

Amount (£/week)

		You	Your Partner
Attendance allowance	Lower rate		
	Higher rate		
Disability Living Allowance <i>(Care Component)</i>	Lower rate		
	Middle rate		
	Higher rate		
Disability Living Allowance <i>(Mobility Component)</i>	Lower rate		
	Higher rate		
Employment Support Allowance (ESA)	Contribution based		
	Means tested		
Independent Living Fund			
Industrial Injuries Disablement Benefit			
Carers Allowance			
Severe Disablement Allowance			
Income Support			
Council tax benefit			
Housing Benefit			
Pension Credit	Savings		
	Guarantee		
Working Tax Credit			
Income based Job Seeker's Allowance			
Contribution based Job Seeker's Allowance			
Statutory sick pay			
Child Benefit			
Child Tax Credit			
Bereavement Allowance			
Industrial Injuries Benefit			
Industrial Death Benefit			
Others (please specify):			
TOTAL Benefits & Allowances			

Pensions

	Amount (£/week)	
	You	Your Partner
State Retirement Pension		
Pension(s) from past employers (list employers)		
1.		
2.		
3.		
4.		
Private pension(s)		
Widow's pension		
War Widow's Pension		
War Disablement Pension		
Widowed Mother's allowance		
Any other pension(s)		
TOTAL Pensions		

Other benefits

173. Do you receive financial help with:

	Yes	No
Optical prescription charges	1	2
Dental treatment charges	1	2

174. Have you received *one-off* payments for any of the following?

	Yes	No	Amount (£)	Date (mm/yy)
Community Care Grant(s)	1	2		
Funeral Expenses	1	2		
Budgeting loan(s)	1	2		
Crisis loan(s)	1	2		

175. Are you receiving payment from Adult Services?

	Yes	No	Amount (£)	Date (mm/yy)
Direct payment	1	2		
Personal Budgets	1	2		
Independent Living Fund	1	2		

176. Are you registered blind?

Yes 1

No 2

Income from Employment

177. Can you tell me how much income you earn as a household from **employment** per week, month or year?

Earnings per week	£
Earnings per month	£
Earnings per year	£

178. Can I just check – is this figure before or after deduction of income tax and allowances?

The figure above is **before tax** 1

The figure above is **after tax** 2

Outgoings – Major Regular Payments

For those who pay rent for their home:

179. Can I ask you, how much is your weekly **rent** for this house/flat?

(Please calculate if necessary from weekly payments – write N/A if not applicable
- Fill in the amount of rent *before* any deductions or allowances)

Rent payment

£

per week

Charges towards care (average weekly cost)

Day Centre charges

£

per week

Care at home charges

£

per week

Respite charges

£

per week

Charges included in rent

180. Can you please tell me what is included, if anything, in your weekly rent payments?

	Yes	No	Amount per week (£)
Water Rates	1	2	
Council Tax	1	2	
Heating and hot water	1	2	
Lighting	1	2	
Fuel for cooking	1	2	
Any meals	1	2	
Television	1	2	
Any cleaning inside home	1	2	
Any laundry	1	2	
Accommodation service charges (<i>e.g.</i> heating, lighting, cleaning for shared areas, lift maintenance, gardening, window cleaning <i>etc.</i>)	1	2	

For those who pay a mortgage on their home:

181. Can I ask you, how much is your monthly repayment on your **mortgage**?

Mortgage payment

£

per Month

182. If you have an **endowment mortgage**, how much are the endowment (life assurance) payments? (**please ensure that the mortgage payments box above is also completed**)

Endowment payment

£

per Month

For ALL:

183. What is the present Council Tax Band of your home?

A	1	F	6
B	2	G	7
C	3	H	8
D	4	Don't know	9
E	5		

184. If you do not know this, can you please tell me how much you pay per year or in each instalment? **Please record how much they pay, after allowances**

Yearly bill

£

or

Monthly instalment

£

185. Do you have any household Contents insurance?

Yes 1

No 2

Debts

186. Can you tell me if you currently owe any money (apart from your mortgage, if applicable), for example to banks, credit card companies, credit unions or money lenders? If so, can you please tell me how much you currently owe, the amount of your monthly payment(s)? **Please write in the type of debt for each one (e.g. credit card, bank overdraft, money lender etc.) and the total owed and monthly payments.**

Lender	Total amount	Monthly Payment
Debt 1:	£	£
Debt 2:	£	£
Debt 3:	£	£
Debt 4:	£	£
Total amount of debts	£	
Total monthly payment		£

Your Savings

187. Can you please tell me how much money you or your partner has in savings or investments and how it is saved?

Please record the name of the Bank or Building society *etc.* and the amount saved below. Include ISAs under Bank or Building Society accounts

	You	Your partner
Current Accounts		
Bank or Building Society:	£	£
Bank or Building Society:	£	£
Savings Accounts		
Bank or Building Society:	£	£
Bank or Building Society:	£	£
Post office Savings Account:	£	£
Girobank Account:	£	£
Premium Bonds	£	£
National Savings Certificates	£	£
Stocks, Shares, Bonds or Unit Trusts:	£	£
Stocks, Shares, Bonds or Unit Trusts:	£	£
Cash saved at home	£	£
Other (please specify)	£	£
Total Savings		

END OF INTERVIEW

That is the end of the interview. Do you have any questions or issues that you would like to raise with me? Can I now just check I have all your contact details correctly, so we can contact you again in the future? (Go to Contact Sheet)

As a part of this study one of our research team would like to talk to some people who we have interviewed about their views of this research. Would you be willing to talk to them for about 1 hour if they contacted you to make arrangements?

Yes 1

No 2

How long did the interview take? (from time of entering home to completing schedule)

Hours		Minutes		
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