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**The Irish Longitudinal Study on Ageing**

**Wave 6 CAPI Questionnaire**

**Version 6.3.0.2**

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# EXPLANATORY NOTE ON THE USE OF CAPI IN THE TILDA FIELDWORK

The TILDA questionnaire uses CAPI, or Computer Assisted Personal Interviewing. Instead of collecting data using pen and paper questionnaires, interviewers use portable computers to enter data directly via a keyboard. While this paper version, which has been approved by the ethics committee, may appear cumbersome, the conversion of the questions into an electronic format makes the questions much easier and quicker to administer. Advantages of CAPI include:

* Routing problems within the questionnaire are eliminated
* Interviewers cannot miss questions or ask the wrong questions
* Questions are 'customised' correctly
* Mathematical calculations can be carried out within the program
* The computer checks for inadmissible or inconsistent responses
* Errors from separate data entry are eliminated.

CAPI handles routing by taking interviewers automatically to the next appropriate question avoiding the interviewer having to interpret complex routing instructions. In addition, if a set of questions has to be asked a number of times (for example, for every type of heart disease), the computer will automatically repeat the questions (go round the 'loop') the correct number of times and then move on. CAPI's routing capabilities have two main advantages over paper and pencil techniques. First, the possibility of error from interviewers failing to follow routing instructions is eliminated; they cannot follow a wrong route and ask inappropriate questions nor can they inadvertently skip over questions. Secondly, the interview flows much more smoothly since the interviewer does not have to keep referring to earlier answers to establish the correct route through the questions.

Interviewing is also made easier by the 'customising' of questions. The computer program will be able to recall a piece of data from its memory, such as a name or a date and insert it in the appropriate place in a question. For example, questions such as: "How often do/does (you/NAME) give (TYPE OF HELP)?". Using CAPI interviewers would not have to keep a check on which member of the household and which type of help they are asking about. Instead they would be faced with a series of questions like "How often does Mary help with the shopping?". In this way the accuracy of the question and the smoothness of the interview are both improved.

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# ALLOCATION OF MODULES TO RESPONDENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Module**  **Code** | **Module Name** | **All Sample** | **Financial Interview** | **Family Interview** |
| 0. | **Consent** | X |  |  |
| 1. MT | **Abbreviated Mental Test Score** | X |  |  |
| 2. CS | **Coverscreen** | X |  |  |
| 3. SC | **Self-completion questionnaire** | X |  |  |
| 4. DM | **Demographics** | X |  |  |
| 5. TC | **Transfers to Children\*** |  |  | X |
| 6. PH | **Physical health & cognitive function** | X |  |  |
| 7. FL | **I(ADL) & helpers** | X |  |  |
| 8. HU | **Healthcare utilisation** | X |  |  |
| 9. MH | **Mental health (i)** | X |  |  |
| 10. BH | **Behavioural health** | X |  |  |
| 9b. MH | **Mental health (ii)** | X |  |  |
| 11. WE | **Employment situation** | X |  |  |
| 12. GS | **Grip strength** | X |  |  |
| 13. DR | **Driving and travel** | X |  |  |
| 14. TP | **Transfers to parents** | X |  |  |
| 15. CN | **Social Connectedness** | X |  |  |
| 16. SI | **Sources of income** | X |  |  |
| 17. HW | **House ownership\*** |  | X |  |
| 18. EX | **Expectations** | X |  |  |
| 19. MD | **Medications** | X |  |  |
| 20. CT | **Contact Names & Final Questions** | X |  |  |
| 21. HA | **Health Assessment** | X |  |  |
| 22. GP | **GP Linkage** | X |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 23. FN | **Final Check List** | X |  |  |

# SECTION 0: Consent

IWER READ OUT: In the last number of years, new data protection laws have been introduced across Europe. These laws are known as the General Data Protection Regulation or GDPR. Due to GDPR, the consent or permission you give to participate in TILDA is now more detailed. You should have received an information leaflet and consent form in the post. The information leaflet explains how TILDA use the information you provide, for research on ageing. TILDA will continue to abide by the highest data protection standards to protect your information and keep it safe.

**CS062**

IWER: You were asked to read the information leaflet to familiarise yourself with the study. Have you read the Home Interview Information Leaflet for this study?

1. Yes
2. No (IWER: Ask R to read PIL and ICF and rearrange appointment once complete)

**CS063**

IWER: Do you have any questions about the study?

1. Yes (IWER: Record and answer questions in CS064.)

5. No (IWER: Move on)

**IF CS063 = 1, go to CS064; OTHERWISE GO TO CS065**

**CS064**

IWER: Record the questions asked by respondent and the answers you provided. If necessary, refer the respondent to the relevant section in the Information Leaflet. If unable to answer a question, advise the respondent to contact TILDA. If the respondent is happy to continue with the interview, please do so. If not, re-schedule the interview or agree to re-schedule once they have had their questions answered. Inform B&A if the interview is to be/has been re-scheduled.

**IF HH005==1 (SELF INTERVIEW), GO TO SECTION 0.1**

**IF HH005==2,3, 4,5,6 (PROXY INTERVIEW), GO TO SECTION 0.2**

## 0.1. Study consent (interview and SCQ – self respondent)

Now, I will take you through a number of questions asking for your consent to participate in the study and for use of the information that you provide. These questions are also found on the Wave 6 Informed Consent Form.

IWER NOTE: The respondent will sign a hard copy of the Wave 6 Informed Consent Form. They may find it easier to refer to this as you read out each question. Their responses should also be recorded in the CAPI.

**CS065**

IWER NOTE: Wave 6 Informed Consent Form – 1(a)

Do you agree to take part in TILDA, having been fully informed of the risks and benefitsas outlined in the TILDA information leaflet?

1. Yes

5. No (IWER: Risks and benefits are outlined on page 4 of Wave 6 Study Information Leaflet. Remind the respondent that they must answer Yes to this question in order to proceed with the interview. If they answer No, thank them for their time and finish the interview.)

**CS074**

IWER NOTE: Wave 6 Informed Consent Form – 1(b)

Do you confirm that you understand that this study is entirely voluntary, and you can stop taking part at any time without giving a reason?

1. Yes

5. No (IWER: Remind the respondent that they must answer Yes to this question in order to proceed with the interview. If they answer No, thank them for their time and finish the interview.)

**CS066**

IWER NOTE: Wave 6 Informed Consent Form - 2(a)

Do you agree that TILDA can collect, store and use your information as described in the TILDA information leaflet for the purposes of research on ageing by TILDA?

1. Yes

5. No (IWER: Remind the respondent that they must answer Yes to this question in order to proceed with the interview. If they answer No, thank them for their time and finish the interview.)

**CS075**

IWER NOTE: Wave 6 Informed Consent Form – 2(b)

Do you agree that TILDA can ask your GP for information to be shared from your GP records for research on ageing by TILDA?

1. Yes

5. No

**CS079**

IWER NOTE: Wave 6 Informed Consent Form – 2(c)

Do you agree that TILDA can link your medical card number with the information held on the PCRS system?

1. Yes

5. No

**CS076**

IWER NOTE: Wave 6 Informed Consent Form – 2(d)

Do you agree to share your **coded information** with international academic research groups, for future research on ageing, as described in the TILDA Information Leaflet?

[Coded information means that your information is given a unique Study ID rather than your name and address]?

1. Yes

5. No

**NEXT SCREEN**

INSERT TICK BOX HERE: Interviewer to tick box to confirm they are happy that the Respondent understands the study, that any questions have been answered and that the respondent has provided freely given informed consent.

IWER READ OUT: TILDA will post you a 20euro One4All gift card as a token of appreciation for your participation in this study. You can expect this in 2-3 weeks.

**CS080** IWER to record without asking:

1. Respondent understands **GO TO SECTION 1 AMT**

2. Respondent prefers not to receive it **GO TO SECTION 1 AMT**

3. Respondent asks that the voucher be provided to charity **GO TO CS080charity**

**CS080charity**

Please record a charity the respondent wants to provide voucher to if they suggest this.

IWER Note: If respondent does not have a charity in mind, suggest some areas they may like to support (e.g. mental health, homelessness, older adult, children or animal supports) and record the area. If still unsure, record as DK.

**TIME STAMP HERE**

**GO TO SECTION 1 AMT**

## 0.2. Proxy interview consent

**INTRO**

Now, I will take you through a number of questions asking for your consent to participate in the study and for use of the information that you provide. These questions are also found on the Proxy Telephone Interview Informed Consent Form.

IWER NOTE: The respondent was sent a hard copy of the Proxy Telephone Interview Informed Consent Form in the post. They may find it easier to refer to this as you read out each question.

**CS069**

IWER NOTE: Wave 6 Proxy Telephone Interview Informed Consent Form - 1(a)

Do you agree to take part in this research study having been fully informed of the risks and benefitswhich are set out in full in the Wave 6 Proxy Telephone Interview Information Leaflet?

1. Yes

5. No (IWER: Risks and benefits are outlined on page 2 of Wave 6 Proxy Telephone Interview Information Leaflet. Remind the respondent that they must answer Yes to this question in order to proceed with the interview. If they answer No, thank them for their time and finish the interview.)

**CS070**

IWER NOTE: Wave 6 Proxy Telephone Interview Informed Consent Form – 2(a)

Do you agree that TILDA can store information about you (i.e. your name and contact details) to contact you about your participation in the study as a proxy respondent?

1. Yes

5. No

**CS071**

IWER NOTE: Wave 6 Proxy Telephone Interview Informed Consent Form - 2(b)

Do you agree that TILDA can use the information that you provide about your family member or friend as outlined in the Information Leaflet, for the purpose of ageing research?

1. Yes

5. No (IWER: Remind the respondent that they must answer Yes to this question in order to proceed with the interview. If they answer No, thank them for their time and finish the interview.)

**NEXT SCREEN**

IWER READ OUT: In the next questions about consent, I will talk about non-identifiable information. This means information which is given a unique Study ID rather than your family member or friend’s name and address.

These questions also refer to projects that use TILDA information to conduct research on health, economic and social aspects of ageing. Trinity College Dublin provide ethical approval to cover the broad range of research questions on ageing that this could include.

**CS072**

IWER NOTE: Wave 6 Proxy Telephone Interview Informed Consent Form – 2(c)

Do you agree that non-identifiable information that you provide about your family member or friend in this wave, can be shared with academic research institutions and research hospitals ***within the EU*** for research on ageing?

1. Yes

5. No

**CS073**

IWER NOTE: Wave 6 Proxy Telephone Interview Informed Consent Form – 2(d)

Do you agree that non-identifiable information that you provide about your family member or friend in this wave, can be shared with academic research institutions and research hospitals ***outside the EU*** for research on ageing?

1. Yes

5. No

**NEXT SCREEN**

INSERT TICK BOX HERE: Interviewer to tick box to confirm that they are happy that the Respondent understands the study, that any questions have been answered and that the respondent has provided freely given informed consent.

IWER READ OUT: TILDA will post you a 20euro One4All gift card as a token of appreciation for your participation in this study. You can expect this in 2-3 weeks.

CS080 IWER to record without asking:

1. Respondent understands

2. Respondent prefers not to receive it

3. Respondent asks that the voucher be provided to charity

**TIME STAMP HERE**

**GO TO SECTION 2 Cover Screen**

# SECTION 1: THE ABBREVIATED MENTAL TEST SCORE MODULE (AMT)

IWER: This module is only given to the respondent in the event that a household member is concerned that they would not be able to answer the main questionnaire themselves. Its purpose is to re-assure care givers/relations that the respondent is capable of completing the interview.

Note: If permission to administer the AMT is declined, you should stop the interview

IWER: READ OUT

To begin I would like to ask you some short questions to see how good your memory is. Some of them may seem rather easy but others are more difficult so please just do the best you can on all of them

**MT001**

What is your age?

(CAPI needs to feed forward the month and year of respondents’ birth (DN002 and DN003) from Wave 5 (or Wave 4, if respondent did not take part in Wave 5) and use this to calculate current age so that the interviewer can assess their answer. If Wave 5 or Wave 4 feed forward information for month and year of birth is not available for a respondent then MT001 is not applicable for that respondent)

IWER: IF THE AGE GIVEN IS WITHIN 2 YEARS OF RESPONDENT’S REAL AGE THEN CODE THEIR ANSWER AS CORRECT

1 Correct age

5 Incorrect age

98 DK

99 RF

**MT002**

Without looking at your watch, what is the time to the nearest hour?

1 Time given correctly to the nearest hour

5 Time given incorrectly

98 DK

99 RF

IWER: Give the respondent an address, and ask him or her to repeat it at the end of the test. E.g. 42 West Street.

Say to respondent: “I am going to say an address: ‘42 west street’ can you repeat that address for me please?”

IWER: Once respondent has repeated the address back to you say ‘I am going to ask you to repeat it for me in a few minutes’.

**MT003**

What is the year?

1 Year given correctly

5 Year given incorrectly

98 DK

99 RF

**MT004**

What is your home address?

1 Home address given correctly

5 Home address given incorrectly

98 DK

99 RF

Note: Code as correct if home or nursing home or hospital address given correctly. Also code as correct if in nursing home but respondent gives previous home address.

**MT005**

INTRO: SHOW THE RESPONDENT A PENCIL OR PEN AND ASK “WHAT IS THIS?” IWER: THEN REPEAT THE SAME QUESTION WHILE POINTING TO A WATCH.

1 Two objects correctly identified

5 One or no objects correctly identified

98 DK

99 RF

(MMSE)

Note**:** If a pen, pencil and/or watch are not available, other common objects can be substituted (e.g. eyeglasses, chair or keys).

**MT006**

What is your date of birth?

(CAPI needs to feed forward respondent’s month and year of birth (DN002 and DN003) from Wave 5 or Wave 4 so that the interviewer can assess their answer. If Wave 5 or Wave 4 feed forward information for month and year of birth is not available for a respondent then MT006 is not applicable for that respondent).

IWER: MONTH AND YEAR MUST BE GIVEN CORRECTLY

1 Date of birth given correctly

5 Date of birth given incorrectly

98 DK

99 RF

**MT007**

In what year did world war two begin?

1 Answers any year between 1939 and 1945

5 Any other year

98 DK

99 RF

Note:Code as correct for any year from start to finish inclusive (both not necessary)

**MT008**

Can you name the current Taoiseach?

1 Name of current Taoiseach given correctly

5 Name given incorrectly

98 DK

99 RF

**MT009**

Can you count backwards from 20 down to 1?

1 Counted backwards correctly

5 Counted backwards incorrectly

98 DK

99 RF

Note: Code as correct if no mistakes or subject corrects himself or herself spontaneously

**MT010**

Can you please tell me the address I asked you to remember earlier?

1 Address recalled correctly

5 Address recalled incorrectly

98 DK

99 RF

**COMPUTER SHOULD ASSIGN A SCORE OF 1 FOR EACH ANSWER THAT IS CODED ‘1’, AND COMPUTE A TOTAL SCORE OUT OF TEN FOR THE TEN QUESTIONS. DO NOT COUNT ITEMS MT001 AND MT006 IN THE TOTAL SCORE IF THEY ARE NON-APPLICABLE. IF RESPONDENT SCORES LESS THAN SEVEN (AND ALL ITEMS ARE APPLICABLE) RECOMMEND FULL PROXY INTERVIEW.**

**IF RESPONDENT SCORES GREATER THAN OR EQUAL TO 7 (AND ALL ITEMS ARE APPLICABLE) START A NORMAL INTERVIEW WITH THE RESPONDENT.**

**IF ITEMS MT001 and MT006 ARE NOT APPLICABLE AND THE RESPONDENT SCORES LESS THAN 5 RECOMMEND FULL PROXY INTERVIEW OR STOP INTERVIEW FOR REPLENISHMENT SAMPLE. IF ITEMS MT001 and MT006 ARE NOT APPLICABLE AND THE RESPONDENT SCORES GREATER THAN OR EQUAL TO 5 START A NORMAL INTERVIEW WITH THE RESPONDENT.**

**IF ((SCORE IS LESS THAN 7 & ALL ITEMS ARE APPLICABLE) OR (SCORE IS LESS THAN 5 & MT001 AND MT006 ARE NOT APPLICABLE)) ASK AMTfail OTHERS GO TO END OF SCRIPT.**

|  |
| --- |
| AMTfail: INTERVIEWER: THE RESPONDENT HAS FAILED THE AMT TEST. IT IS RECOMMENDED THAT YOU SEEK A PROXY RESPONDENT OR STOP INTERVIEW IF REPLENISHMENT SAMPLE.  This recommendation does not apply to respondents for whom english is not the first language.  1 Continue |

# SECTION 2: COVER SCREEN

**HH007**

IWER: CODE WITHOUT ASKING

Which sample is the respondent a member of?

1. Original sample **GO TO Ffnmask**
2. Replenishment sample **GO TO HH001**

**Ffnmask**

**[CAPI: PRESENT A LIST OF ELIGIBLE RESPONDENTS ‘i’ to person ‘n’]**

IWER: THE FOLLOWING PEOPLE ARE ELIGIBLE TO BE INTERVIEWED.

Respondent

Please code who you are speaking to.

**CAPI: IF INTERVIEWING IN A HOUSEHOLD WITH ONLY ONE ELIGIBLE RESPONDENT THEN PRESENT OPTION 5.**

1 Respondent i1

2 Respondent i2

3 Respondent i3

4 Respondent i4

5Proxy respondent

10None of these [END INTERVIEW]

**CAPI: IF INTERVIEWING IN A HOUSEHOLD WITH 2 ELIGIBLE RESPONDENTS. COVERSCREEN RESPONDENT AT [Ffnmask] ABOVE = PRIMARY RESPONDENT. 2ND ELIGIBLE RESPONDENT IN HOUSEHOLD BECOMES SECONDARY RESPONDENT.**

**HH001**

IWER: Are you interviewing at the same address that the respondent was interviewed at last time?

**OR IF NEW SPOUSE / OTHER ELIGIBLE / REPLENISHMENT SAMPLE:**

Are you interviewing at the same address as per your contact sheet?

1 Yes

2 No

(ELSA)

**HH002**

IWER: Is the respondent living in a private household or in a nursing home?

Note: For a proxy interview, please record where [Rname] is currently living

1 Private household **GO TO HH002Y**

2 Nursing home **GO TO HH002X**

3 Other institution: Specify\_\_\_\_\_\_ **GO TO HH002y**

(ELSA)

Note: a nursing home provides all of the following services for its residents: dispensing of medication, available 24-hour personal assistance and supervision (not necessarily a nurse), and room & meals.

(SHARE)

**HH002X**

Is [Respondent i1] a temporary or permanent resident of the nursing home?

1 Temporary

2 Permanent

**IF HH001 = 2 ASK HH002y; OTHERWISE GO TO CS027**

**HH002Y**

IWER: PLEASE ENTER THE NEW ADDRESS AT WHICH THE RESPONDENT IS NOW RESIDENT.

Text: up to 200 characters

**CS027**

IWER: Is this [dwelling/nursing home/institution] located

Note: For a proxy interview, please record where [Rname] is currently living

1 In Dublin city or county

2 A city or town in the Republic of Ireland other than Dublin

3 In a rural part of the Republic of Ireland

(TILDA)

**CAPI: IF HH HAS ONLY ONE ELIGIBLE R THEN FEED FORWARD ELIGIBLE RESPONDENT NAME FROM <Ffnmask> THEN ASK HH004 THROUGH HH006**

**CAPI: SET HH004 = 3 IF PROXY INTERVIEW  
IWER: IF HH HAS ONLY ONE ELIGIBLE R AND Ffnmask = 5 (I.E. PROXY INTERVIEW) THEN HH004 = 3**

**HH004**

IWER: Do you have reason to think that [r’s first name]would have difficulty completing this interview because of cognitive or physical limitations?

1 No reason to think [r’s first Name] has any cognitive or physical limitations

2 [R’s first name] may have some cognitive or physical limitations but could probably do the interview

3 [R’s first name] has cognitive or physical limitations that prevent him/her from being interviewed

(HRS)

**IWER: IF HH HAS ONLY ONE ELIGIBLE R AND Ffnmask = 5 (I.E. PROXY INTERVIEW) THEN HH005>=2**

**HH005**

IWER: Designate type of interview:

1 Self

2 Proxy, spouse/partner is reporter, and living in same household

3 Proxy, child

4 Proxy, family member other than spouse or child

5 Proxy, spouse/partner is reporter, but does not live in same Household

6 Proxy is non-family member

(HRS)

**capi: if hh004 = 3 AND HH005 = 1 a soft-check askS the interviewer whether they wish to continue with the interview if the respondent has cognitive or physical limitations that would preclude him/her from completing the interview.**

**CAPI: IF PR001FF (most recent wave)=3 & HH005(W6) ≠ 1 - END INTERVIEW (RESPONDENT DID NOT GIVE PERMISSION FOR INTERVIEW TO BE COLLECTED BY PROXY].**

**CAPI: IF HH005≠1 THEN GO TO HH006**

**HH006**

What is the proxy’s full name?

Text: up to 60 characters **GO TO HH006X**

**HH006x**

Was the respondent present during the proxy interview?

1 Yes

2 No

**CAPI: GENERATE A VARIABLE ENTITLED ‘INTSTATUSW6’ WHICH INDICATES THE PROTOCOL FOR NAVIGATING THROUGH THE COVERSCREEN SECTION AND OTHER SECTIONS OF THE QUESTIONNAIRE. THE RULES USED TO GENERATE THE ‘INTSTATUSW6’ VARIABLE ARE DESCRIBED BELOW:**

**Routing:**

**if HH005 (W6) = 1 & HH005 (W5) =1 THEN INTSTATUSW6 = 1;**

**(self-interview W5, self-interview W6)**

**if HH005 (W6) = 1 & HH005 (W5)!=1 & HH005 (W4)!=1 THEN INTSTATUSW6 = 2;**

**((new respondent W6) OR (skipped or proxy W5, skipped or proxy W4, self-interview W6))**

**if HH005 (W6) = 1 & HH005 (W5)!=1 & HH005 (W4)=1 THEN INTSTAUTSW6 = 3;**

**(self-interview W4, skipped or proxy W5, self-interview W6)**

**if HH005 (W6)!=1 & HH005 (W5)!=. THEN INTSTAUTSW6 = 4(self or proxy W5, proxy W6)**

**If HH005 (W6)!=1 & HH005 (W5) =. THEN INTSTAUTSW6 = 5**

**(skipped W5, proxy W6)**

**CS001**

**INTRO**

Thank you for agreeing to participate with TILDA. As you know, this study is interested in learning about important aspects of people's lives such as their health, lifestyle, financial and family situations. To do so, we are interviewing people such as [yourself/Rname]. If we should come to any question you don’t want to answer, just let me know and I will go on to the next question. The answers that you give will be kept confidential and will be used only for research purposes.

1. Continue

(SHARE)

**CS001**

What name would you like to be referred to as during the interview?

Text: up to 60 characters

**CAPI: IF HH002x = 2 skip CS section. GO TO CF002**

**IF INTSTATUSW6 = (2, 4 OR 5), GO TO CSP MEMBER [NEW/PROXY COVERSCREEN]**

**IF INTSTATUSW6 = 1 – POPULATE CS023 WITH INFORMATION COLLECTED AT WAVE 5. HOUSEHOLD INFORMATION COMES FROM:**

**Person ID of HHmember: cs023\_id\_i\_W5 if residentW5\_i = 1**

**Person name of HHmember: cs023\_name\_i\_W5 if residentW5\_i = 1**

**PERSON AGE OF HHMEMBER: CS023\_AGE\_i\_W5 IF RESIDENTW5\_i = 1**

**PERSON SEX OF HHMEMBER: CS023\_SEX\_i\_W5 IF RESIDENTW5\_i = 1**

**CAPI: IF INTSTATUSW6 = 3 – POPULATE CS023 WITH INFORMATION COLLECTED AT WAVE 4 HOUSEHOLD INFORMATION COMES FROM:**

**PERSON ID OF HHMEMBER: CS023\_ID\_i\_W4 IF RESIDENTW4\_i = 1**

**PERSON NAME OF HHMEMBER: CS023\_NAME\_i\_W4 IF RESIDENTW4\_i = 1**

**PERSON AGE OF HHMEMBER: CS023\_AGE\_i\_W4 IF RESIDENTW4\_i = 1**

**PERSON SEX OF HHMEMBER: CS023\_SEX\_i\_W4 IF RESIDENTW4\_i = 1**

**CAPI: (REPEAT FOR PERSON1 THROUGH PERSON19 IF APPLICABLE)**

**CS023**

Before beginning the interview, I just need to check whether there have been changes in who lives in this household. Including [yourself/Rname], our records show that [number of people in HH] people lived in this household. I would like to check if each of them still lives here.

(ELSA)

IWER: READ OUT “We would appreciate if you could tell this person / these people that you have provided THIS INFORMATION TO GIVE US A BETTER UNDERSTANDING OF YOUR CIRCUMSTANCES.”

IWER: IF THE RESPONDENT REPORTS THE HOUSEHOLD MEMBER LIVES HERE, PLEASE TICK THE BOX IN THE LEFT COLUMN

**[CS023\_01 to cs023\_19]**

0 Person not present

1 Person present

-1 Not applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tick a box | ID | Name | Age | Sex |
|  | Person 1 | John | 24 | Male |
|  | Person 2 | Mary | 52 | Female |
|  | Person 3 | John | 58 | Male |

**CAPI: FOR EACH PERSON NOT TICKED GO TO CS036**

**CAPI: HH MEMBER NOT TICKED IN THE LIST: LOOP CS036 THROUGH CS045**

(SHARE/ELSA/HRS)

NOT IN THE HH LIST

**CS036**

May I ask what has happened to [NAME]?

IWER: Age is given in case there is more than one person in the household with the same name. The age may not be exactly correct

CAPI: Allow interviewers to change the name if the spelling is incorrect

1 Deceased **GO TO CS037 through CS041**

2 Living elsewhere - relationship ended

**GO TO NEXT HH NOT ON THE LIST**

3 Living elsewhere - moved into a nursing/residential home/other institution **GO TO CS044 THROUGH CS045**

4 Living elsewhere - other reason e.g. child moved out)

**GO TO NEXT HH NOT ON THE LIST**

5 Preload error (the R does not know this person). Specify \_\_\_\_\_\_\_\_

**GO TO NEXT HH NOT ON THE LIST**

(ELSA)

FOR ELIGIBLE RESPONDENTS ONLY

IWER Note: If someone is expected to return home from hospital or temporary care (less than 6 months) before the end of the fieldwork period, please try to wait until they do so and attempt to conduct an interview with them in person. You may be told that the person would not be able to conduct an interview in person due to physical or cognitive impairment, even when they return from hospital or temporary care. If possible, you should wait until they do return home in order to make this assessment yourself and then, if necessary, conduct a proxy interview because of their impairment. We would notwant you to visit the person in hospital or temporary care in order to try to make this assessment

**CAPI:**

**IF HH MEMBER WAS A PARTICIPANT AT WAVE 1 OR 2 OR 3 OR 4 OR 5 AND CS036=1 THEN APPLY EXIT INTERVIEW IN RESPECT OF THIS DECEASED R AFTER FINISHING THE PRESENT INTERVIEW.**

**IF HH MEMBER WAS A PARTICIPANT AT WAVE 1 OR 2 OR 3 OR 4 OR 5 AND CS036=2 THEN THIS IS A SPLIT HOUSEHOLD. MAKE A PROVISION TO CREATE A NEW HH INCLUDING A NEW TILDA ID NUMBER BASED ON THE ORIGINAL HOUSEHOLD, THEN APPLY SPLIT HOUSEHOLD INTERVIEW AFTER FINISHING THE PRESENT INTERVIEW.**

**CAPI: IF HH MEMBER WAS A PARTICIPANT AT WAVE 1 OR 2 OR 3 OR 4 OR 5 AND CS036=3 THEN APPLY NURSING HOME INTERVIEW IN RESPECT OF THIS R AFTER FINISHING THE PRESENT INTERVIEW.**

**IF CS036 = 1 (DECEASED HH MEMBER) ASK CS037 THROUGH CS041**

**CS037**

I am sorry to hear that [Name] has passed away. I just need to ask a few questions to check that we have the correct information about him/her.

(ELSA)

INTERVIEWER: PRESS 1 AND ENTER TO CONTINUE.

**CS038**

INTERVIEWER: ENTER CORRECT FIRST NAME.

**CS039**

INTERVIEWER: CODE OR ASK IF UNSURE

Can I just check, was [NAME] [sex]?

1 Male

2 Female

(ELSA)

**CS041**

When did [NAME] die? Can you tell me the month and year?

MM/YYYY

(SHARE/ELSA/HRS)

Month \_\_\_\_\_\_\_\_\_\_  **[cs041M]**

-98 DK

-99 RF

Year\_\_\_\_\_\_\_\_\_\_\_\_ **[cs041Y]**

-98 DK

-99 RF

**GO TO NEXT HH NOT ON THE LIST**

**ELSE GO TO CS046**

**IF CS036= 3 (NURSING HOME) ASK CS044 AND CA045**

**CS044**

In what month and year did [you/Rname] move to the (nursing home/health care facility/hospice) where [you/he/she] [are / is] now living?

Month \_\_\_\_\_\_\_\_\_\_  **[cs044M]**

-98 DK

-99 RF

Year \_\_\_\_\_\_\_\_\_\_\_ **[cs044Y]**

-98 DK

-99 RF

**CS045**

In what county is the nursing home where [you/Rname] [are/is] living?

County \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1 Antrim | 13 Kerry | 25 Roscommon |
| 2 Armagh | 14 Kildare | 26 Sligo |
| 3 Carlow | 15 Kilkenny | 27 Tipperary |
| 4 Cavan | 16 Laois | 28 Tyrone |
| 5 Clare | 17 Leitrim | 29 Waterford |
| 6 Cork | 18 Limerick | 30 Westmeath |
| 7 Derry | 19 Longford | 31 Wexford |
| 8 Donegal | 20 Louth | 32 Wicklow |
| 9 Down | 21 Mayo | 33 Not in Ireland |
| 10 Dublin | 22 Meath | 98 DK |
| 11 Fermanagh | 23 Monaghan | 99 RF |
| 12 Galway | 24 Offaly |  |

**GO TO NEXT HH NOT ON THE LIST**

**ELSE GO TO CS046**

**CAPI: ASK QUESTION CS046X IF INTSTATUSW6==1 AND CS017(W5)= 2 OR 3**

**OR INTSTATUSW6=3 AND CS017(W4)= 2 OR 3**

**CS046x**

According to our records, in <month and year of last interview> there were some children who were not living in this household. Are any of them living here now?

IWER: READ OUT AND CODE ALL THAT ARE LIVING HERE NOW

CODE NULL FOR “NONE OF THESE”

**CAPI: THIS LIST WILL DISPLAY: NON-RESIDENT CHILDREN IF INTSTATUSW6==1 AND CS017(W5) = 2 |3**

**OR NON-RESIDENT CHILDREN FROM W4 IF INTSTATUSW6=3 AND CS017(W4)=2 |3.**

**PERSON NUMBER/NAME/AGE/SEX FOR NON-RESIDENT CHILDREN COME FROM:**

**FOR RESPONDENTS WHO INTSTATUSW6 == 1**

Person ID: cs023\_id\_i\_W5 if residentW5\_i = 0

Person name: cs023\_name\_i\_W5 if residentW5\_i = 0

Person age: cs023\_age\_i\_W5 if residentW5\_i = 0

Person sex: cs023\_sex\_i\_W5 if residentW5\_i = 0

**FOR INTSTATUSW6=3:**

Person ID: cs023\_id\_i\_W4 if residentW4\_i = 0

Person name: cs023\_name\_i\_W4 if residentW4\_i = 0

Person age: cs023\_age\_i\_W4 if residentW4\_i = 0

Person sex: cs023\_sex\_i\_W4 if residentW4\_i = 0

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | ID | Name | Age | Sex |
| 1 | Non-resident child 1 |  |  |  |  |
| 2 | Non-resident child 2 |  |  |  |  |
| 3 | Non-resident child 3 |  |  |  |  |
| … | …None of these |  |  |  |  |

**IF RESPONDENT WAS NOT ROUTED TO CS046X USE WORDING A FOR CS046**

**IF RESPONDENT WAS ROUTED TO CS046X USE WORDING B FOR CS046**

**CS046**

Wording A: Of the people living in this household today, has anyone else joined this household since [{month and year of previous interview}] (that is since we last interviewed a current household member)?

Wording B: Apart from the children we just talked about, has anyone else joined this household since [{month and year of previous interview}] (that is since we last interviewed a current household member)?

1 Yes

5 No **GO TO CS055**

(SHARE/ELSA)

**CAPI: IF CS046 = 1 LOOP CS047 THROUGH CS054 FOR EACH NEW HOUSEHOLD MEMBER AND HIS/HER SPOUSE/PARTNER [IF APPLICABLE].**

**CS047A**

Who has joined this household?

|  |  |  |  |
| --- | --- | --- | --- |
| ID | Name | Age | Sex |
| 1ST NEW ENTRANT |  |  |  |
| NEW ENTRANTS SPOUSE/PARTNER [IF APPLICABLE] |  |  |  |
| 3RD NEW ENTRANT |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CS047**

What is his or her first name?

**CS048**

What is the sex of [NEW HOUSEHOLD MEMBER]?

IWER: Code or ask if unsure

1 Male

2 Female

**CS050**

How old is [NEW HOUSEHOLD MEMBER]?

IWER NOTE: For young children round age to the nearest whole year

0… 120

-98 DK

-99 RF

**CAPI: IF CS050 = -98 or -99 GO TO CS051**

**ELSE GO TO CS052**

**CS051**

Is [{NEW household member}] aged…?

IWER READ OUT:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | **Under 16** |  | 8 | **65 to 69** |
| 2 | **16 to 24** |  | 9 | **70 to 74** |
| 3 | **25 to 49** |  | 10 | **75 to 79** |
| 4 | **50 to 54** |  | 11 | **80 to 84** |
| 5 | **55 to 59** |  | 12 | **85 to 89** |
| 6 | **60 to 61** |  | 13 | **90 or over** |
| 7 | **62 to 64** |  |  |  |

**CS052**

When did [NEW HOUSEHOLD MEMBER] move into this household?)

INTERVIEWER: Enter the month and year at this question.

**CS052M**

In which month did [NEW HOUSEHOLD MEMBER] move into this household?

|  |  |
| --- | --- |
| 1. January | 8. August |
| 2. February | 9. September |
| 3. March | 10. October |
| 4. April | 11. November |
| 5. May | 12. December |
| 6. June | 98. DK |
| 7. July | 99. RF |

**CS052Y**

In which year did [NEW HOUSEHOLD MEMBER] move into this household?

1900… [current year]

-98 DK

-99 RF

**IF AGE <16 (CS050 <16 OR CS051=1) THEN CAPI SHOULD CODE CS053 = 3**

**CS053**

Is [NEW HOUSEHOLD MEMBER] living with a spouse, with a partner, or as a single?

1 Living with a spouse **GO TO CS047B**

2 Living with a partner **GO TO CS047B**

3 Living as a single person (including widows, separated etc.)

**GO TO CS054**

**CS047B**

Is [{NEW household member}]’s spouse/partner a previously mentioned member of the household?

Display HH members

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | ID | Name | Age | Sex |
| 1 | HH resident 1 |  |  |  |  |
| 2 | HH resident 1 |  |  |  |  |
| 3 | HH resident 1 |  |  |  |  |
| … | Not on the list (Record first name) **GO TO CS047BA** |  |  |  |  |

**IF SPOUSE/PARTNER IS A NEW HOUSEHOLD MEMEBR ASK CS047BA; OTHERWISE GO TO CS048B**

**CS047BA**

What is [NEW HOUSEHOLD MEMBER]’s spouse/partner name?

**CS048B**

What is the sex of [NEW HOUSEHOLD MEMBER’S SPOUSE/PARTNER]?

IWER: Code or ask if unsure

1 Male

2 Female

**CS050b**

How old is [NEW HOUSEHOLD MEMBER’S SPOUSE/PARTNER]?

12… 120

-98 DK

-99 RF

**CAPI: IF CS050b = -98 or -99 GO TO CS051B**

**CS051B**

Is [{new household member’s spouse}] aged…?

IWER READ OUT:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | **Under 16** |  | 8 | **65 to 69** |
| 2 | **16 to 24** |  | 9 | **70 to 74** |
| 3 | **25 to 49** |  | 10 | **75 to 79** |
| 4 | **50 to 54** |  | 11 | **80 to 84** |
| 5 | **55 to 59** |  | 12 | **85 to 89** |
| 6 | **60 to 61** |  | 13 | **90 or over** |
| 7 | **62 to 64** |  |  |  |

**CS052B**

When did [{NEW household member’s spouse}] move into this household?)

INTERVIEWER: Enter the month and year at this question.

**CS052BM**

In which month did [NEW HOUSEHOLD MEMBER’S SPOUSE/PARTNER]? move into this household?

|  |  |
| --- | --- |
| 1. January | 8. August |
| 2. February | 9. September |
| 3. March | 10. October |
| 4. April | 11. November |
| 5. May | 12. December |
| 6. June | 98. DK |
| 7. July | 99. RF |

**CS052BY**

In which year did [NEW HOUSEHOLD MEMBER’S SPOUSE/PARTNER] move into this household?

1914…[current year]

-98 DK

-99 RF

**CS054**

Has anyone else joined this household since [last interview date]?

1 Yes **LOOP CS046**

2 No **END OF THE LOOP - GO TO CS055**

**FINAL HH MEMBER CHECK**

**CS055**

IWER READ OUT: So, all current members of the household are:

|  |  |  |  |
| --- | --- | --- | --- |
| Tick a box | ID | Name | Age |
|  |  | John | 24 |
|  |  | Mary | 52 |
|  |  | John | 58 |

Have we left anyone out?

1 Yes **CHECK: PLEASE GO BACK TO CS046 AND ADD THIS PERSON.**

5 No **GO TO CS056**

**CS056**

Let me just check. That makes [number of people in HH] people living in this household altogether? Is that correct?

1 Yes

2 No **GO TO CS046**

**CS058A**

CAPI: CONFIRM THE NAME(S) OF THE ELIGIBLE RESPONDENT(S) FROM THE LIST OF HH MEMBERS, INCLUDING ANY NEW ELIGIBLE MEMBER (S) (E.G. NEW SPOUSE / OTHER ELIGIBLE)

IWER: This household has \_\_\_\_\_\_eligible respondents.

READ OUT LOUD ALL NAMES OF ELIGIBLE RESPONDENTS

CAPI: ASK THE RELATIONSHIP OF EACH ELIGIBLE RESPONDENT TO EACH NEW HOUSEHOLD MEMBER.

(ELSA)

**CS057\_N**

What is your relationship to [NEW HOUSEHOLD MEMBER]? You are [NEW HOUSEHOLD MEMBER]’s ....?

|  |  |
| --- | --- |
| MALES | FEMALES |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |
| 25 Other non-relative | 25 Other non-relative |

**CAPI: IF RELATIONSHIP OF [RESPONDENT i1] TO [NEW HOUSEHOLD MEMBER] = 4 | 5 | 6 | 7 THEN SET A FLAG TO INCLUDE THEM IN THE TC SECTION AS A CHILD OF A RESPONDENT FOR EACH RESPONDENT TO WHOM THIS RELATIONSHIP PERTAINS.**

**CAPI: ASK IF MORE THAN ONE ELIGIBLE RESPONDENT IN HOUSEHOLD AT WAVE 5 AND [Respondent i2] IS STILL LIVING IN THE HOUSEHOLD.**

**CS057\_3**

What is [RESPONDENT i2]’s relationship to [NEW HOUSEHOLD MEMBER]. [RESPONDENT i2] is [NEW HOUSEHOLD MEMBER’s]....?

|  |  |
| --- | --- |
| MALES | FEMALES |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |
| 25 Other non-relative | 25 Other non-relative |

**CAPI: IF RELATIONSHIP OF [RESPONDENT i2] TO [NEW HOUSEHOLD MEMBER] = 4 | 5 | 6 | 7 THEN SET A FLAG TO MARK INCLUDE THEM IN THE TC SECTION AS A CHILD OF A RESPONDENT FOR EACH RESPONDENT TO WHOM THIS RELATIONSHIP PERTAINS.**

## 2.1 New/Proxy coverscreen

**IF INTSTATUSW6 = 2 USE WORDING A**

**IF INTSTATUSW6 = 4|5 USE WORDING B**

WORDING A: We would like to begin by asking you about who lives here as part of the household.

WORDING B: Because you are completing the interview on behalf of <Respondent i1> we would like to begin by asking who lives here as part of the household.

IWER Note: A household consists of all persons – who live in the same dwelling (using the same entrance door) and who have a common housekeeping budget or usually have their meals together. Exceptions: lodgers (persons who sublet) are not considered members of the household, even though they may occasionally have dinner with the host. Children living together with their parents at the parent’s address, or parents living together with their children at the children’s address will be considered members of the household whether or not they have a common housekeeping budget for meals.

**IF INTSTATUSW6 = 2 GO TO CSP03\_01 THROUGH CSP06\_01**

**IF INTSTATUSW6 = 4|5 GO TO CSP\_MEMBER THROUGH CSP06\_02**

**CSP03\_01**

How old are you?

0… 120

-98 DK

-99 RF

**CAPI: ASK CSP04\_01 IF CSP03\_01 = -98 or -99**

**CSP04\_01**

Are you aged…? [READ OUT]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | **Under 16** |  | 8 | **65 to 69** |
| 2 | **16 to 24** |  | 9 | **70 to 74** |
| 3 | **25 to 49** |  | 10 | **75 to 79** |
| 4 | **50 to 54** |  | 11 | **80 to 84** |
| 5 | **55 to 59** |  | 12 | **85 to 89** |
| 6 | **60 to 61** |  | 13 | **90 or over** |
| 7 | **62 to 64** |  |  |  |

**CSP05\_01**

Since when have you been living here in this household?

1900…[Current year]

-98 DK

-99 RF

**CAPI: ASK CSP06\_01 IF CSP05\_01 ≥ 2011**

**CSP06\_01**

In which month did you move into this household?

|  |  |
| --- | --- |
| 1. January | 8. August |
| 2. February | 9. September |
| 3. March | 10. October |
| 4. April | 11. November |
| 5. May | 12. December |
| 6. June | 98. DK |
| 7. July | 99. RF |

**GO TO CSP\_ELSE**

**CSP\_MEMBER**

Do you live here as a member of the household?

**CAPI: IF INTSTATUSW6 = 4|5 AUTOMATICALLY LIST TILDA RESPONDENT ON LINE 1 OF HOUSEHOLD ROSTER. LIST PROXY RESPONDENT ON LINE 2 OF THE HOUSEHOLD ROSTER IF THEY ARE A MEMBER OF THE HOUSEHOLD.**

1 Yes

2 No **GO TO CF002**

**CSP03\_02**

How old are you?

0… 120

-98 DK

-99 RF

**CAPI: ASK CSP04\_02 IF CSP03\_02 = -98 or -99**

**CSP04\_02**

Are you aged…? [READ OUT]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | **Under 16** |  | 8 | **65 to 69** |
| 2 | **16 to 24** |  | 9 | **70 to 74** |
| 3 | **25 to 49** |  | 10 | **75 to 79** |
| 4 | **50 to 54** |  | 11 | **80 to 84** |
| 5 | **55 to 59** |  | 12 | **85 to 89** |
| 6 | **60 to 61** |  | 13 | **90 or over** |
| 7 | **62 to 64** |  |  |  |

**CAPI: ASK CSP05\_02 IF CSP\_MEMBER = YES**

**CSP05\_02**

Since when have you been living here in this household?

1900…[current year]

-98 DK

-99 RF

**CAPI: ASK CSP06\_02 IF CSP05\_02>=2011**

**CSP06\_02**

In which month did you move into this household?

|  |  |
| --- | --- |
| 1. January | 8. August |
| 2. February | 9. September |
| 3. March | 10. October |
| 4. April | 11. November |
| 5. May | 12. December |
| 6. June | 98. DK |
| 7. July | 99. RF |

**CSP\_ELSE**

Does anyone else live here as part of this household?

1 Yes

2 No

**CSP01\_03**

What is his/her first name?

**CSP02\_03**

What is the sex of [CSP01\_03]?

IWER: Code or ask if unsure

1 Male

2 Female

**CSP03\_03**

How old is [CSP01\_03]?

IWER NOTE: For young children round age to the nearest whole year

0… 120

-98 DK

-99 RF

**CAPI: ASK CSP04\_03 IF CSP03\_03 = -98 or -99**

**CSP04\_03**

Is [CSP01\_03] aged…? [READ OUT]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | **Under 16** |  | 8 | **65 to 69** |
| 2 | **16 to 24** |  | 9 | **70 to 74** |
| 3 | **25 to 49** |  | 10 | **75 to 79** |
| 4 | **50 to 54** |  | 11 | **80 to 84** |
| 5 | **55 to 59** |  | 12 | **85 to 89** |
| 6 | **60 to 61** |  | 13 | **90 or over** |
| 7 | **62 to 64** |  |  |  |

**CSP05\_03**

Since when has [CSP01\_03] been living here in this household?

1900…[current year]

-98 DK

-99 RF

**CAPI: ASK CSP06\_03 IF CSP05\_03>=2011**

**CSP06\_03**

In which month did [CSP01\_03] move into this household?

|  |  |
| --- | --- |
| 1. January | 8. August |
| 2. February | 9. September |
| 3. March | 10. October |
| 4. April | 11. November |
| 5. May | 12. December |
| 6. June | 98. DK |
| 7. July | 99. RF |

**IF INTSTATUSW6 = 2 USE WORDING A**

**IF INTSTATUSW6 = 4|5 USE WORDING B**

**CSP07\_03**

WORDING A: What is your relationship to [CSP01\_03’s]? You are [CSP01\_03’s]’s ....?

WORDING B: What is <Respondent i1’s> relationship to [CSP01\_03]? <Respondent i1> is [CSP01\_03’s]....?

|  |  |
| --- | --- |
| MALES | FEMALES |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |
| 25 Other non-relative | 25 Other non-relative |

**IF INTSTATUSW6 = 4|5 ASK CSP8\_03**

**CSP08\_03**

What is your relationship to [CSP01\_03]? You are [CSP01\_03]’s….?

|  |  |
| --- | --- |
| MALES | FEMALES |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |
| 25 Other non-relative | 25 Other non-relative |

**CAPI: REPEAT CSP\_ELSE THROUGH CSP8\_03 FOR EACH ADDITIONAL HOUSEHOLD MEMBER. ADD A SUFFIX \_04, \_05, TO DENOTE THE PERSON NUMBER THAT CORRESPONDS TO EACH PERSON’S POSITION ON THE ROSTER AS SHOWN BELOW.**

FINAL HH MEMBER CHECK

**CSP\_TOTAL**

IWER READ OUT: So, all current members of the household are:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CSP\_CHECK**

Have we left anyone out?

1 Yes **CHECK: Please go back to CSP\_ELSE and add this person.**

5 No  **GO TO CF002**

**CSP\_FINAL**

Let me just check. That makes [CSP\_total] people living in this household altogether? Is that correct?

1 Yes **GO TO CF002**

2 No  **GO TO CSP\_ELSE**

## 2.2. Cover screen-r (individual interview)

**CF002**

IWER: Does the respondent have a spouse/partner living with him/her?   
(Fed forward from coverscreen)

1 Yes **GO TO CF003**

5 No **GO TO CS017 AND CODE AS 3**

**CF003**

IWER: Are both willing to participate in the survey?

1 Yes

5 No **CAPI: TREAT AS A SINGLE PERSON; GO TO CS017 AND CODE AS 3**

**CAPI: ASK CS015 AND CS016 ONLY TO FIRST MEMBER OF COUPLE**

**CS015**

Later in this interview, I will be asking questions about your family finances and retirement planning. Which of you is the most knowledgeable about this, you or your (husband/ wife/ partner)?

INTERVIEWER: In the last interview Rname was [the Family/the Financial/the Family and Financial/ neither the Family nor Financial] respondent

1 Respondent

2 Spouse/partner

(HRS/SHARE)

**CS016**

Which of you is the most knowledgeable about family matters, you or your (husband/wife/partner)?

INTERVIEWER: In the last interview Rname was [the Family/the Financial/the Family and Financial/ neither the Family nor Financial] respondent

1 Respondent

2 Spouse/partner

(HRS/SHARE)

**IF CS015 = 1 AND CS016 = 2 SET CS017 = 1**

**IF CS015 = 2 AND CS016 = 1 SET CS017 = 2**

**IF CS015 = 1 AND CS016 = 1 SET CS017 = 3**

**IF CS015 = 2 AND CS016 = 2 SET CS017 = 4**

**IF ANY OTHER COMBINATION SET CS017 = 3**

**CS017**

Please classify this respondent as one of the following:

1 Financial R

2 Family R

3 Financial and Family R

4 Neither

Note: Financial R: The financial R answers questions on housing, income, and assets.

Family R: The family R answers questions on children and grandchildren

**CAPI (SOFT CHECK): IF TWO RESPONDENTS ARE MARRIED/COHABITING IN THE HOUSEHOLD AND THE COVER SCREEN RESPONDENT IS ACTING AS A PROXY FOR THE SECONDARY RESPONDENT, THEN SET CS017==3 (i.e. BOTH FINANCIAL AND FAMILY) FOR THE COVERSCREEN RESPONDENT.**

**IF ONLY ONE RESPONDENT IN THE HOUSEHOLD AND HH005 = 3 | 4 | 5 THEN SET CS017 ==3 (i.e. BOTH FINANCIAL AND FAMILY).**

**CAPI: IF HH005 = 2 | 3 | 4 | 5 | 6 - GO TO DM001 (SELF COMPLETION QUESTIONNAIRE NOT GIVEN TO PROXY RESPONDENT)**

# SECTION 3: SELF-COMPLETION QUESTIONNAIRE (SC)

**SC001**

IWER read out: I would like to give you this paper questionnaire to fill in, in your own time. We greatly value your response to this questionnaire and we hope that you will find it interesting to complete. Please post it back in this prepaid envelope.

IWER:

1) PLEASE ENTER THE 4 DIGIT CODE INTO THE COMPUTER SCREEN

(Code can be found on the top left on the front cover of the self-completion questionnaire booklet)

|  |  |
| --- | --- |
| \_\_ / \_\_ / \_\_ / \_\_ | IF INVALID NUMBER – DISPLAY  “INVALID NUMBER – PLEASE CHECK AND TYPE AGAIN” |

2) WRITE THE RESPONDENT’S TILDA NUMBER ON THE FRONT COVER OF THE SELF-COMPLETION BOOKLET

3) WRITE IN THE RESPONDENT’S INITIALS, THEIR GENDER, TODAY’S DATE <TODAY’S DATE> AND YOUR INTERVIEWER NUMBER <NUMBER> ON THE FRONT COVER OF THE QUESTIONNAIRE.

4) GIVE THE SELF-COMPLETION QUESTIONNAIRE TO [RNAME]

**GO TO NEXT SECTION**

# SECTION 4. DEMOGRAPHICS (DM)

**CAPI: IF HH HAS MORE THAN ONE ELIGIBLE R THEN ASK HH004 THROUGH HH006**

**ELSE GO TO GD003**

**HH004**

IWER: Do you have reason to think that [Rname] would have difficulty completing this interview because of cognitive or physical limitations?

1 No reason to think [Rname] has any cognitive or physical limitations

2 [Rname] may have some cognitive or physical limitations but could probably do the interview

3 [Rname] has cognitive or physical limitations that prevent him/her from being interviewed

(HRS)

**HH005**

IWER: DESIGNATE TYPE OF INTERVIEW:

1 Self

2 Proxy, spouse/partner is reporter, and living in same household

3 Proxy, child

4 Proxy, family member other than spouse or child

5 Proxy, spouse/partner is reporter, but does not live in same Household

6 Proxy is non-family member

(HRS)

**CAPI: IF INTSTATUSW6 = 4 OR 5THEN GO TO HH006**

**HH006**

What is the proxy’s full name?

Text: up to 60 characters

**EVERYONE TO BE ASKED GD001, GD002, DM090, DN002, DN003**

**GD003**

I would like to begin by asking some questions about [your/Rname’s] background.

**GD001**

IWER: Respondent’s NAME

**GD002**

IWER: Code without asking

1 Male

2 Female

IWER: PLEASE SHOW CARD DM8 [page 12] Instruct participant to choose ONE section from A to D, then select the appropriate answer option

**DM090**

Please look at this card (DM8) [page 12]. What is [your/Rname’s] ethnic or cultural background?

A White

1 Irish

2 Irish traveller

` 3 Any other White background

B Black or Black Irish

4 African

5 Any other Black background

C Asian or Asian Irish

6 Chinese

7 Any other Asian background

D Other, including mixed background

8 Other

98 Don’t know

99 Refused

**DN002**

In which month [were/was] [you/Rname] born?

|  |  |
| --- | --- |
| 1 January | 8 August |
| 2 February | 9 September |
| 3 March | 10 October |
| 4 April | 11 November |
| 5 May | 12 December |
| 6 June | 98 DK |
| 7 July | 99 RF |

**DN003**

In which year [were/was] [you/Rname] born?

1900…2013

-98 DK

-99 RF

IWER CHECK: Year of birth should not differ from wave 3 or wave 4 year of birth

**FOR EXISTING RESPONDENTS (INTSTATUSW6=1 OR 3) WHO HAVE DN003FFW5>0 | DN003FFW4>0, DN003 SHOULD BE THE SAME AS DN003FF. IF DN003≠DN003FF, ASK RESPONDENT TO CONFIRM THEIR YEAR OF BIRTH**

**IF DK OR RF TO DN003 ASK DN003B**

**DN003B**

For the purposes of this research can you tell me if [you/Rname] [are/is] aged...

READ OUT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | 16 to 24 |  | 8 | 65 to 69 |
| 3 | 25 to 49 |  | 9 | 70 to 74 |
| 4 | 50 to 54 |  | 10 | 75 to 79 |
| 5 | 55 to 59 |  | 11 | 80 to 84 |
| 6 | 60 to 61 |  | 12 | 85 to 89 |
| 7 | 62 to 64 |  | 13 | 90 or over |

**ASK DM084 ONLY IF HH005=1 (NOT TO PROXIES)**

**DM084**

Some people feel a different age on the inside than the one on their birth certificate. What age do you feel you are on the inside?

\_\_\_\_\_\_

-98 DK

-99 RF

## 4.1 Schooling

**IF INTSTATUSW6==2, ASK DM001 ELSE ASK DM001A**

IWER: PLEASE SHOW CARD DM1 [page 5]

**DM001**

Please look at this card (DM1) [page 5]. What is the highest level of education that [you/ Rname] completed?

1 Some primary (not complete)

2 Primary or equivalent

3 Intermediate/junior/group certificate or equivalent

4 Leaving certificate or equivalent

5 Diploma/certificate

6 Primary degree

7 Postgraduate/higher degree

96 None

98 Don’t know

99 RF

**IF DM001==3. GO TO DM081 THEN TO DM048**

**ELSE GO TO DM048**

**DM081**

Just to clarify, did [you/RName] complete an intermediate certificate, group certificate or junior certificate or equivalent?

1 Intermediate Certificate **GO TO DM048**

2 Group Certificate **GO TO** **DM048**

3 Junior Certificate **GO TO** **DM048**

4 Other Equivalent Qualification **GO TO** **DM048**

5 Combination of above **GO TO DM048**

98 DK **GO TO DM048**

99 RF **GO TO DM048**

**DM001A**

Since the last time that we interviewed [you/Rname] [have/has] [you/he/she] obtained any further qualifications?

NOTE: Please include only formal education obtained through an accredited source such as secondary school or university/college

1 Yes **GO TO DM025**

5 No **GO TO CS006**

98 DK

99 RF

IWER: SHOW CARD DM1 [page 5]

**DM025**

Please look at this card (DM1 [page 5]). What is the highest qualification that [you/Rname] obtained?

1 Some primary (not complete)

2 Primary or equivalent

3 Intermediate/junior/group certificate or equivalent

4 Leaving certificate or equivalent

5 Diploma/certificate

6 Primary degree

7 Postgraduate/higher degree

96 None

98 DK

99 RF

**IF INTSTATUSW6==2 ASK DM048**

**ELSE GO TO CS006**

**DM048**

At what age did [you/he/she] leave full-time education? [as in the age [you/he/she] first left continuous education, excluding any periods spent as a mature student]

5... 30

-96 Never attended full-time education

-98 DK

-99 RF

**MARITAL STATUS**

**NB: DO NOT FEED FORWARD MARITAL STATUS INFORMATION IF INTSTATUSW6==4 OR INTSTATUSW6==5**

IWER: PLEASE SHOW CARD DM2 [page 6]

**CAPI:**

**IF INTSTATUSW6=2, USE WORDING ‘A’**

**IF INTSTATUSW6=4, USE WORDING ‘B’**

**IF INTSTATUSW6=5, USE WORDING ‘B’**

**IF INTSTATUSW6=1 OR 3 AND CS006FFW5(W4)=DK/RF, USE WORDING ‘A’**

**IF INTSTATUSW6=1 AND CS006FFW5=1,2,3,4,5 OR 6, USE WORDING ‘C’**

**IF INTSTATUSW6=3 AND CS006FFW4=1,2,3,4,5 OR 6, USE WORDING ‘C’**

**CS006**

Please look at this card (DM2 [page 6]). (A) Are you… (B) Is Rname… (C) Are you still [feed forward from CS006FFW5(W4)):

1 Married

2 Living with a partner as if married

3 Single (never married)

4 Separated

5 Divorced

6 Widowed

(HRS)

Note: Married includes Civil Partnerships and those living temporarily apart due to illness, work, etc.

Living with a partner is a situation where there is no formal marriage but R is living in a marriage-like relationship.

Separated is a situation where R is not living with partner and there is no marriage-like relationship anymore.

**CAPI: IF CHANGE IN MARITAL STATUS (CS006)**

**IF INTSTATUSW6=1 AND CS006FFW5≠1 OR 2 AND CS006=1 OR 2, ASK CS011Y**

**IF INTSTATUSW6=2 OR 4 OR 5 AND CS006=1 OR 2, ASK CS011Y**

**IF INTSTATUSW6=3 AND CS006FFW4≠1 OR 2 AND CS006=1 OR 2, ASK CS011Y**

**IF INTSTATUSW6=1 AND CS006FFW5≠6 AND CS006=6, ASK CS012**

**IF INTSTATUSW6=2 OR 4 OR 5 AND CS006=6, ASK CS012**

**IF INTSTATUSW6=3 AND CS006FFW4≠6 AND CS006=6, ASK CS012**

**IF INTSTATUSW6=1 AND CS006FFW5≠4 OR 5 AND CS006=4 OR 5, ASK CS013Y**

**IF INTSTATUSW6=2 OR 4 OR 5 AND CS006=4 OR 5, ASK CS013Y**

**IF INTSTATUSW6=3 AND CS006FFW4≠4 OR 5 AND CS006=4 OR 5, ASK CS013Y**

**IF INTSTATUSW6=1 AND CS006FFW5=1 AND CS006=2, ASK CS011Y**

**IF INTSTATUSW6=1 AND CS006FFW4=1 AND CS006=2, ASK CS011Y**

**ELSE - (I.E. MARITAL STATUS DID NOT CHANGE SINCE MOST PREVIOUS INTERVIEW (W5 OR W4))**

**IF CS006==3 (I.E. SINGLE NEVER MARRIED) AND (CS006FFW5=3 | CS006FFW4=3) (STATUS DID NOT CHANGE SINCE W5 OR W4) GO TO NEXT SECTION**

**IF CS006==2 AND (CS006FFW5=2 | CS006FFW4=2) (STATUS DID NOT CHANGE SINCE W5 OR W4) GO TO**  **GO TO SCREENING SECTION ON NON-PARTICIPATING PARTNERS**

**IF CS006==1, 4, 5, 6 AND STATUS DID NOT CHANGE SINCE W5 OR W4, GO TO CS061**

**CS011Y**

In which year did [you/Rname] get married or start living together?

IWER: If they lived together before getting married then record the year they started living together

1900…[current year]

-98 DK

-99 RF

(HRS/MHAS/SHARE/ELSA)

IWER CHECK: Year marriage should be at least 12 years after year of birth of respondent!

IWER :“Year should be at least 12 years after year of birth. Please redo”

**CS012**

In which year did [you/Rname] become a widow/widower?

(YYYY)

\_\_\_\_\_ YEAR

-98 DK

-99 RF

(HRS/MHAS/SHARE/ELSA)

**CS013y**

In which year did [you/they] stop living together/get divorced?

(YYYY)

\_\_\_\_ YEAR

-98 DK

-99 RF

(HRS/MHAS/SHARE/ELSA)

**IF INTSTATUSW6=1 & CS006=2 AND CS006FFW2=2, OR IF INTSTATUSW6=3 & CS006=2 AND CS006FFW4=2 GO TO SCREENING SECTION ON NON-PARTICIPATING PARTNERS**

**IF INTSTATUSW6≠1,3 & CS006==2 [IF CURRENTLY COHABITING] ASK CS060**

**IF INTSTATUSW6≠1,3 & CS006==1, 4, 5, 6 SKIP TO CS061**

**CS060**

[Have you]/[Has R’name] ever been married?

1 Yes **GO TO CS061**

5 No **GO TO SCREENING FOR INFORMATION GATHERING ON NON-PARTICIPATING PARTNERS**

**SKIP CS061 IF (CS006 ≠ 1, 4, 5 OR 6) OR (CS060 ≠1)**

**OR (CS006==1 & CS006FFW5==1 & INTSTATUSW6==1)**

**OR (CS006==1 & CS006FFW4==1 & INTSTATUSW6==3)**

**OR (CS006==2 & CS006FFW5==2 & INTSTATUSW6==1)**

**OR (CS006==2 & CS006FFW4==2 & INTSTATUSW6==3)**

**CS061**

Including any previous marriages, in what year did [you/Rname] first get married?

(YYYY)

\_\_\_\_ YEAR

-98 DK

-99 RF

**IF HH007 = 2 & CS006 = 3,4,5 or 6 GO TO CS058; OTHERWISE GO TO NEXT SECTION**

**CS058**

[Do/Does] [you/he/she] currently have a romantic, intimate, or sexual partner?

1. Yes

5 No

98 Don’t know

99 Refused

**CAPI: SCREENING FOR INFORMATION GATHERING ON NON-PARTICIPATING PARTNER**

**If CF002==1 & CF003==5 (R living with spouse/partner, but not willing to participate) & CS006FF≠ 1|2 (i.e. R was not living with spouse or partner at last wave), go to DM059.**

**If CF002==1 & CF003==5 (R living with spouse/partner, but not willing to participate) & CS006FF= 1 (i.e. R marital status has not changed since last wave), go to DM062.**

**If CF002==1 & CF003==5 (R living with spouse/partner, but not willing to participate) & CS006FF= 1 & CS006 =2 (i.e. R marital status changed from married to living with a partner since last wave), go to DM059.**

**IF (CS006=1 OR CS006=2 AND CF003 = 1 (PARTNER IS PARTICIPATING)) OR (CS006=3,4,5,6 (I.E. RESPONDENT IS NOT MARRIED)) THEN GO TO NEXT SECTION**

**IF HH005 == 2 OR 5 THEN PROXY IS SPOUSE/PARTNER. IF THIS SPOUSE/PARTNER IS NOT PARTICIPATING IN THE STUDY REPHRASE THESE QUESTIONS TO BE “YOU”.**

Intro: I now have some questions about [your/Rname’s] [husband/wife/partner].

**DM059**

In which month was [your/Rname’s] [husband/wife/partner] born? [if proxy is non-participating partner – in which month were you born?]

|  |  |
| --- | --- |
| 1 January | 8 August |
| 2 February | 9 September |
| 3 March | 10 October |
| 4 April | 11 November |
| 5 May | 12 December |
| 6 June | 98 DK |
| 7 July | 99 RF |

**DM060**

In which year was [he/she] born? YEAR:(ex:1955)

[if proxy is non-participating partner – in which year were you born?]

1900…2013

-98 DK

-99 RF

**DM061**

Please look at this card (DM1 [page 5]). What is the highest level of education that [he/she] completed? [if proxy is non-participating partner – What is the highest level of education that you completed?]

1 Some primary (not complete)

2 Primary or equivalent

3 Intermediate/junior/group certificate or equivalent

4 Leaving certificate or equivalent

5 Diploma/certificate

6 Primary degree

7 Postgraduate/higher degree

96 None

98 DK

99 RF

**If DM061==3**

**DM083**

Just to clarify, did [you/RName] complete an intermediate certificate, group certificate or junior certificate or equivalent?

1 Intermediate Certificate

2 Group Certificate

3 Junior Certificate

4 Other Equivalent Qualification

5 Combination of above

98 DK

99 RF

**DM080**

At what age did [he/she] leave full-time education? [as in the age [he/she] first left continuous education, excluding any periods spent as a mature student]

[if proxy is non-participating partner – At what age did you leave full-time education?]

5... 30

-96 Never attended full-time education

-98 DK

-99 RF

**IF CS006=1 OR 2 AND CF003 = 5 (PARTNER IS NOT PARTICIPATING), ASK DM062 THROUGH DM063C**

IWER: SHOW CARD DM3 [page 7]

**DM062**

Please look at card DM3 [page 7]. What is your [husband/wife/partners] employment status?

[if proxy is non-participating partner – What is your [husband/wife/partners] employment status?]

IWER: CODE THE ONE THAT APPLIES

1 Retired

2 Employed (including unpaid work in family business, temporarily away from work, or participating in apprenticeship or employment programme - such as Community Employment)

3 Self-employed (including farming)

4 Unemployed

5 Permanently sick or disabled

6 Looking after home or family

7 In education or training

95 Other (specify) **GO TO DM062OTH**

98 DK

99 RF

(ELSA)

**DM062oth**

Text: Up to 60 characters.

**DM063A**

I would like to ask about [Spouse’s/Partner’s name] job. Could you tell me the name or title of this job?

NOTE: If not at work now, ask about highest paid job ever held

**[if proxy is non-participating partner – “I would like to ask about your job. Could you tell me the name or title of this job?”]**

**[If DM062≠2 or 3 – “When [spouse’s/partner’s name] was working, what was the name or title of this job?”]**

**[If proxy is non-participating partner – “When you were working, what was the name or title of this job?”]]**

Text: Up to 100 characters

98 DK

99 RF

**DM063X**

IWER: CODE WITHOUT ASKING:

Is the SPOUSE’S/PARTNER’S occupation a farm owner or manager

1 Yes **GO TO DM063B**

5 No **GO TO NEXT SECTION**

**Dm063B**

What is the acreage of the farm?   
NOTE: If the respondent is unsure ask them to round to the nearest 10 acres

1 0-29 acres

2 30-49 acres

3 50-99 acres

4 100-199 acres

5 200 or more acres

-98 DK

-99 RF

(TILDA and CSO)

**IF (HH005 = 1) ASK DM024 OTHERS GO TO NEXT SECTION**

**DM024**

IWER (CODE WITHOUT ASKING):

HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION DM?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL TIMES

# SECTION 5. TRANSFERS TO CHILDREN (TC)

IWER: CHECK IF RESPONDENT IS FAMILY RESPONDENT (CSO17=2 or 3).

## 5.0 Children’s circumstances

**Looping & routing instructions for INTSTATUSW6= 1 OR 3 – preserve child ID where possible**

If child is co-resident at present: copy information on TC101, TC123, TC102, TC103 and TC104 from the coverscreen (so do not ask these questions to the respondent but populate the variables). Then say “Beginning [continuing] with *CHILDn's FIRST NAME*” and go to TC105.

If child was co-resident at wave 5 for INTSTATUSW6=1 (at wave 4 for INTSTATUSW6=3) but is non-resident at present, copy information on TC101 from the coverscreen (so do not ask this question to the respondent but populate the variable). Then say “Beginning [continuing] with *CHILDn's FIRST NAME*” and ask TC123.

If child is non-resident at present and was also non-resident at wave 5 for INTSTATUSW6=1 (at wave 4 for INTSTATUSW6=3) and family respondent was also family respondent at wave 5 for INTSTATUSW6=1 (wave 4 for INTSTATUSW6=3), say “Beginning [continuing] with *CHILDn's FIRST NAME*” and go to TC101.

If child is non-resident at present and was also non-resident at wave 5 for INTSTATUSW6=1 (at wave 4 for INTSTATUSW6=3) and family respondent was NOT family respondent at wave 5 for INTSTATUSW6=1 (wave 4 for INTSTATUSW6=3), go to TC118.

If respondent has no co-resident children at present and did not have any non-resident child at wave 5 for INTSTATUSW6=1 (at wave 4 for INTSTATUSW6=3), go to TC118.

**Looping & routing instructions for INTSTATUSW6=2, 4 or 5**

Add an underscore for each child after all variables. For co-resident children, this is the underscore of their person number coming from the coverscreen (03, 05 etc.). For non-resident children, follow the typical notation of 35 for first non-resident child, 36 for second non-resident child etc.

First ask questions about co-resident children. Copy information on TC101, TC123, TC102, TC103 and TC104 from the coverscreen (so do not ask these questions to the respondent but populate the variables). Then say “Next are some questions about [your/Rname’s] living children. Beginning with child..” (continuing with child..)

After asking about co-resident children, go to TC118. If there are no co-resident children, go directly to TC118.

**TC\_INTRO**

Family and friends often help one another in different ways. Part of our research involves finding out how they do that. The next questions are about [your/Rname’s] family and friends, beginning with [your/his/her] children (and those of your/his/her (late) [husband/wife/partner]). The answers that you give will be kept confidential and will only be used for research purposes.

Note: By ‘children’ we mean biological, step- and adopted children.

|  |
| --- |
| NOTE: ‘late’ to appear if cs006 = 6 |

**CAPI instruction: If child is co-resident at present, pre-select options in TC101, TC123, TC102, TC103, TC104 (information comes from Coverscreen)**

**If child was co-resident at last wave but is not-resident at present, pre-select options in TC101 (information comes from Coverscreen)**

**TC101**

Our records show that when we last interviewed [you/Rname], [you/he/she] had a child called [Name]. Is this correct?

**[TC101\_01 TO TC101\_20 AND TC101OTH\_01 TO TC101OTH\_20]**

Beginning with CHILDn's FIRST NAME.

SUBSEQUENT LOOP ITERATIONS READ

Now think about CHILDn’s FIRST NAME.

1 Yes, collected information is correct

**GO TO TC123 THROUGH TC115, THEN GO TO THE NEXT CHILD**

2 No, child does not belong in the list anymore. E.g. Child of partner from whom R separated **GO TO THE NEXT CHILD**

3 Child has since died **GO TO TC116, THEN GO TO NEXT CHILD**

5 No, Respondent never had this child (Recording Error)

**GO TO THE NEXT CHILD**

95 Other. SPECIFY:

**GO TO THE NEXT CHILD [TC101OTH\_01 TO TC101OTH\_20]**

(ELSA)

IWER: READ OUT “WE WOULD APPRECIATE IF YOU COULD TELL THIS PERSON / THESE PEOPLE THAT YOU HAVE PROVIDED THIS INFORMATION TO GIVE US A BETTER UNDERSTANDING OF YOUR CIRCUMSTANCES.”

**TC123**

IWER TO CODE: Is [{Child’s name}] male or female?  **[TC123\_01 TO TC123\_20]**

1 Male

2 Female

98 DK

99 RF

**TC102**

How old is [{Child’s name}]? **[TC102\_01 To TC102\_20]**

0… 120

-98 DK

-99 RF

**IF (TC102= -98 OR -99) ASK TC103. OTHERS GO TO TC104**

**TC103**

Which of these age groups applies to [{Child’s name}]?

**[TC103\_01 TO TC103\_20]**

1 Under 16

2 16 - 24

3 25-49

4 50-59

5 60-64

6 65 or over

98 DK

99 RF

**TC104**

Where does [CHILD’S NAME] live at present?

**[TC104\_01 TO TC104\_20]**

1 Same building as Respondent (but not the same dwelling)

2 Same neighbourhood as Respondent

3 Different neighbourhood but same county

4 Another county

5 Another country

6 Living in the same dwelling as the Respondent

98 DK

99 RF

(MHAS)

**ASK TC105 ONLY IF (INTSTATUSW6=1 AND CS017FF(W5)=2,3) OR IF (INTSTATUSW6=3 AND CS017FF(W4)=2,3)**

**TC105**

Is [CHILD’S NAME]’s highest level of education still (feed-forward from previous wave)…. **[TC105\_01 TO TC105\_20]**

1 Yes

5 No

98 DK

99 RF

**CAPI: IF CHILD IS LESS THAN 16 YEARS-OLD (TC102<16 OR TC103=1) SKIP TC107, TC108, TC109 AND TC110**

**ASK TC107 ONLY IF (INTSTATUSW6=1 AND CS017FF(W5)=2,3) OR IF (INTSTATUSW6=3 AND CS017FF(W4)=2,3)**

**OTHERWISE GO TO TC108**

**TC107**

Is [CHILD’S NAME]’s marital status still…. (feedforward from previous wave) **[TC107\_01 TO TC107\_20]**

1 Yes **GO TO TC108**

5 No **GO TO TC108**

98 DK **GO TO TC108**

99 RF **GO TO TC108**

**CAPI INSTRUCTION: IF TC107=1, PRE-SELECT OPTION IN TC108**

**TC108**

What is [CHILD’S NAME]’s present marital status?

**[TC108\_01 TO TC108\_20]**

1 Married

2 Living with a partner as if married

3 Single (never married)

4 Separated

5 Divorced

6 Widowed

98 DK

99 RF

(HRS/MHAS)

**ASK TC109 ONLY IF (INTSTATUSW6=1 AND CS017FF(W5)=2,3) OR IF (INTSTATUSW6=3 AND CS017FF(W4)=2,3)**

**OTHERWISE GO TO TC110**

**TC109**

Is [CHILD’S NAME] employment status still (feed-forward from previous wave)… **[TC109\_01 TO TC109\_20]**

1 Yes **GO TO TC110**

5 No **GO TO TC110**

98 DK **GO TO TC110**

99 RF **GO TO TC110**

**CAPI INSTRUCTION: IF TC109=1, PRE-SELECT CORRECT OPTION IN TC110**

IWER: SHOW CARD TC2 [page 14]

**TC110**

Please look at card TC2 [page 14]. What is [CHILD’S NAME]’s present employment status? **[TC110\_01 TO TC110\_20]**

IWER: CODE THE ONE THAT APPLIES

1 Full-time employed

2 Part-time employed

3 Self-employed or working for family business

4 Unemployed

5 In education including vocational training or retraining

6 On maternity or paternity leave

7 Retired

8 Permanent sick or disabled

9 Looking after home or family

95 Other

98 DK

99 RF

(HRS)

**CAPI: IF CHILD IS LESS THAN 16 YEARS-OLD (TC102<16 OR TC103=1) DO NOT ASK TC114 AND TC115**

**TC114:**

How many children does [CHILD’S NAME] have, if any?

**[TC114\_01 TO TC114\_20]**

0… 20

-98 DK

-99 RF

(HRS)

**CAPI: IF TC114=0 (IF NO CHILDREN) LOOP TO NEXT CHILD**

**OTHERWISE ASK TC115 AND THEN LOOP TO THE NEXT CHILD.**

**TC115**

Are any of [his/her] children under age 18?

**[TC115\_01 TO TC115\_20]**

1 Yes

5 No

98 DK

99 RF

(HRS)

**TC118**

[Apart from the children we have already talked about] [Do/Does] [you/Rname] or ([your/his/her] [husband/wife/partner]) have any [other] children or step-children who do not live in this household?

1 Yes **GO TO TC119**

5 No **GO TO TC122**

98 DK **GO TO TC122**

99 RF **GO TO TC122**

**TC119**

Please tell me the name of [the oldest/next oldest] child

IWER Note: This will go through children one at a time.

Text: up to 60 characters

98 DK

99 RF

(HRS/MHAS)

**TC120**

Is [name of child] male or female?

1 Male

2 Female

98 DK

99 RF

(HRS/MHAS)

**THEN LOOP TC102 TO TC115**

**DECEASED CHILD**

**CAPI: IF (TC101 = 3) ASK TC116**

**OTHERWISE GO TO NEXT CHILD**

**TC116**

I’m very sorry to hear that, let me offer my sincere condolences. Can you tell me what month and year did CHILDn's NAME die?

\_\_\_\_\_\_ MONTH

-98 DK

-99 RF **[TC116M\_N]**

\_\_\_\_\_\_YEAR

-98 DK

-99 RF **[TC116Y\_N]**

**TC122 NEEDS TO BE ASKED TO ALL RESPONDENTS OF THE TC SECTION.**

**CAPI: IF CHILD HAS DIED (TC101=2), THEN THIS CHILD SHOULD NOT BE INCLUDED IN THE COUNT OF LIVING CHILDREN AT TC122**

**ONCE YOU HAVE LOOPED THROUGH ALL THE CHILDREN ASK TC122**

**TC122**

Let me just check. So in total you have [Respondent name has] [number of living children] children. Is this correct?

0 Yes, respondent has no living children **GO TO TC023**

1 Yes, respondent has 1 living child **GO TO TC008**

2 Yes, respondent has 2 living children **GO TO TC008**

3 Yes, respondent has 3 living children **GO TO TC008**

4 Yes, respondent has 4 living children **GO TO TC008**

20 Yes, respondent has 20 living children **GO TO TC008**

-98 DK **GO TO TC008**

-99 REF **GO TO TC008**

-97 Respondent disagrees and says he has one or more children. Collect information on this child ( these children) starting from TC119 and follow the routing from there. If that’s the case, give a person number to this child/these children.

IWER: Families and friends often help one another in different ways. Part of our research involves finding out how they do that.

## 5.1 Financial assistance given to children

**CAPI: DO NOT ASK QUESTIONS IN SECTIONS 5.1 TO 5.4 (SO QUESTIONS TC008 TO TC022) IF RESPONDENT HAS NO LIVING CHILDREN (TC122=0). IF RESPONDENT HAS NO LIVING CHILDREN, GO TO TC023**

**INTRO**

The next questions ask about financial help received and/or given to family members. This information is important to understand how family members help each other, especially against unforeseen events such as illness or loss of one’s job. The answers that you give will be kept confidential and will be used only for research purposes.

**TC008**

Not counting any shared housing or shared food, in the last two years [have/has] [you/Rname] (or [your/his/her] (late) [husband/wife/partner]) given financial help or gifts, including help with education, of €5,000 or more to any child (or grandchild)?

Definition: by financial help we mean giving money, helping pay bills, or covering specific types of costs such as those for medical care or insurance, schooling, down payment for a home, rent, etc. The financial help can be considered support, a gift or a loan.

1 Yes

5 No **GO TO TC011**

98 DK **GO TO TC011**

99 RF **GO TO TC011**

(HRS/MHAS/SHARE)

**TC008A**

Which child was that?

IWER: CHOOSE ALL THAT APPLY

|  |  |
| --- | --- |
|  | All resident children/step children + Spouse/partners |
|  | All non-resident children/step children + Spouse/partners |
|  | Children/step children who have died + Spouse/partners (if date of interview <= date of child death [TC116] + 2 years) |
|  | New non-resident children/step children + Spouse/partners |
|  | All children |
|  | Grandchildren |
| 95 | OTHER . SPECIFY **[tc008aoth\_n]** |
| 98 | DK |
| 99 | RF |

NOTE: NAMES OF ALL LIVING AND DEAD (IF CHILD DIED WITHIN PAST TWO YEARS) CHILDREN/STEPCHILDREN AND THEIR SPOUSES/PARTNERS, IF ANY, ARE DISPLAYED.

**TC009**

About how much was this support in total?

€5,000 … €9,999,999 **GO TO TC011**

-98 DK **GO TO TC010**

-99 RF **GO TO TC010**

(HRS/MHAS/SHARE)

**TC010**

Would you say in total it was less than \_\_\_\_\_\_\_\_ , more than \_\_\_\_\_\_\_ or what?

BREAKPOINTS: € 7,500, €20,000, €50,000, €100,000, more than €100,000.

(Unfolding sequence)

-98 DK

-99 RF

(HRS/MHAS/SHARE)

**TC011**

I would now like to ask about financial assistance to [your/Rname’s] children apart from any large lump sums that you mentioned in the previous question. During the last 2 years, did [you/he/she] (or [your/his/her] spouse/partner) give financial or in-kind support totalling €250 or more to any of [your/his/her] children and/or grandchildren (or their spouse/partner)?

1 Yes

5 No **GO TO TC014**

98 DK **GO TO TC014**

99 RF **GO TO TC014**

IF ASKED, READ OUT: Assistance may include student fees and accommodation. By in-kind support we mean goods or equipment (such as washing machine, computer, food, etc.)

(HRS/MHAS/SHARE)

**TC011A**

Who was this support given to?

IWER: CHOOSE ALL THAT APPLY

|  |  |
| --- | --- |
|  | All resident children/step children + Spouse/partners |
|  | All non-resident children/step children + Spouse/partners |
|  | Children/step children who have died + Spouse/partners (if date of interview <= date of child death [TC116] + 2 years) |
|  | New non-resident children/step children + Spouse/partners |
|  | All children |
|  | Grandchildren |
| 95 | Other. Specify **[TC011AOTH\_N]** |
| 98 | DK |
| 99 | RF |

NOTE: NAMES OF ALL LIVING AND DEAD (IF CHILD DIED WITHIN PAST TWO YEARS) CHILDREN/STEPCHILDREN AND THEIR SPOUSES/PARTNERS, IF ANY, ARE DISPLAYED.

**TC012**

About how much was this support in total?

IWER: GOODS ARE TO BE VALUED AT THE MARKET VALUE.

€250… €10,000,000 **GO TO TC043**

-98 DK **GO TO TC013**

-99 RF **GO TO TC013**

(HRS/MHAS/SHARE)

**TC013**

Would you say in total it was less than \_\_\_\_\_\_\_\_ , more than \_\_\_\_\_\_\_ or what?

BREAKPOINTS: € 500, €1,000, €2,000, €5,000, more than €5,000.

(unfolding sequence)

-98 DK

-99 RF

IWER: SHOW CARD TC3 [page 15]

**TC043**

Please look at card TC3 [page 15]. What was the main reason for this assistance or gift?

IWER: CODE THE ONE THAT APPLIES

1 To meet basic needs

2 To buy or furnish a house or apartment

3 To help with a large item of expenditure (other than buying a house)

4 For a major family event (birth, marriage, other celebration)

5 To help with a divorce

6 To help following a bereavement or illness

7 To help with unemployment

8 For further education

9 To meet a legal obligation (e.g. alimony or compulsory payments for parents' care)

96 No specific reason

95 Other reason

(SHARE)

## 5.2 Non-financial assistance given to children

**CAPI INSTRUCTION: AS QUESTIONS IN SECTION 5.2 ARE ABOUT NON-FINANCIAL ASSISTANCE GIVEN TO NON-RESIDENT CHILDREN, ONLY NON-RESIDENT CHILDREN SHOULD APPEAR IN THE LIST IN QUESTIONS TC014A AND TC016A.**

IWER READ OUT:Now I would like to ask about different kinds of help that [you/Rname] provided regularly to [your/his/her] children over the past two years. This refers only to help [you/he/she] provided to children outside the household i.e. help provided to co-resident children is to be excluded.

**TC014**

In the last 2 years, excluding childcare, [have/has] [you/he/she] (and/or [your/his/her] spouse/partner) spent at least 1 hour a week helping [your/his/her] adult children and/or grandchildren with things like household chores - such as gardening, transportation and shopping - or with paperwork, such as filling out forms?

1 Yes

5 No **GO TO TC016**

98 DK **GO TO TC016**

99 RF **GO TO TC016**

(TILDA)

**tc014a**

Who was this support given to?

IWER: CHOOSE ALL THAT APPLY

|  |  |
| --- | --- |
|  |  |
|  | All non-resident children/step children + Spouse/partners |
|  | Non-resident Children/step children who have died + Spouse/partners |
|  | Children/step children who have died + Spouse/partners (if date of interview <= date of child death [TC116] + 2 years) |
|  | New non-resident children/step children + Spouse/partners |
|  | Grandchildren |
| 95 | OTHER . SPECIFY **[TC014AOTH\_N]** |
| 98 | DK |
| 99 | RF |

NOTE: NAMES OF ALL LIVING AND DEAD (IF CHILD DIED WITHIN PAST TWO YEARS) NON-RESIDENT CHILDREN/STEPCHILDREN AND THEIR SPOUSES/PARTNERS, IF ANY, ARE DISPLAYED.

**TC015**

About how many hours per month on average did [you/he/she] (and/or [your/his/her] spouse/partner) provide such help to [your/his/her] children?

1 … 750

-98 DK

-99 RF

(TILDA)

**TC016**

In the last two years, [have/has] [you/Rname] (or [your/his/her] spouse/partner) spent at least 1 hour a week taking care of grandchildren or great-grandchildren (who live outside [your/his/her] own household)?

1 Yes

5 No **GO TO TC018**

97 Not applicable/does not have any grandchildren **GO TO TC018**

98 DK **GO TO TC018**

99 RF **GO TO TC018**

(HRS/SHARE)

**TC016A**

Which of [your/his/her] children are/is the parent(s) of these grandchildren?

IWER: CHOOSE ALL THAT APPLY

|  |  |
| --- | --- |
|  |  |
|  | All non-resident children/step children + Spouse/partners |
|  | Non-resident Children/step children who have died + Spouse/partners |
|  | Children/step children who have died + Spouse/partners (if date of interview <= date of child death [TC116] + 2 years) |
|  | New non-resident children/step children + Spouse/partners |
| 95 | OTHER . SPECIFY **[TC016AOTH\_N]** |
| 98 | DK |
| 99 | RF |

NOTE: NAMES OF ALL LIVING AND DEAD (IF CHILD DIED WITHIN PAST TWO YEARS) NON-RESIDENT CHILDREN/STEPCHILDREN AND THEIR SPOUSES/PARTNERS, IF ANY, ARE DISPLAYED.

**TC017**

About how many hours on average per month did [you/he/she] (and/or [your/his/her] spouse/partner) spend taking care of [your/his/her] grandchildren or great-grandchildren (who live outside [your/his/her] own household)?

1 … 750

-98 DK

-99 RF

(HRS/SHARE)

## 5.3 Financial assistance received

INTROREAD OUT:I would like to ask about financial help that [you/Rname] received from [your/his/her] children in the past two years.

**TC018**

In the last two years,[have/has] [you/he/she] (or [your/his/her] spouse/partner) received financial or in-kind support from any of [your/his/her] children or grandchildren?

(Disregard small gifts with a total value of less than €250 over the two years)

By in-kind support we mean goods or equipment (such as washing machine, computer, food, etc.)

1 Yes

5 No **GO TO TC021**

98 DK **GO TO TC021**

99 RF **GO TO TC021**

(HRS)

**TC019**

Over the last 2 years, about how much was the total value of this support from [your/his/her] children?

IWER Note: Goods are to be valued at the market value.

€250…€10,000,000 **GO TO TC019A**

-98 DK **GO TO TC020**

-99 RF **GO TO TC020**

(HRS)

**TC020**

Did it amount to a total of less than €\_\_\_\_\_, more than €\_\_\_\_\_, or what?

BREAKPOINTS: € 500, €1,000, €5,000, €10,000 (unfolding sequences)

-98 DK

-99 RF

(HRS)

**TC019A**

Who gave this support?

IWER: CHOOSE ALL THAT APPLY

|  |  |
| --- | --- |
|  | All resident children/step children + Spouse/partners |
|  | All non-resident children/step children + Spouse/partners |
|  | Children/step children who have died + Spouse/partners (if date of interview <= date of child death [TC116] + 2 years) |
|  | New non-resident children/step children + Spouse/partners |
|  | All children |
|  | Grandchildren |
| 95 | OTHER . SPECIFY **[TC019AOTH\_N]** |
| 98 | DK |
| 99 | RF |

NOTE: NAMES OF ALL LIVING AND DEAD (IF CHILD DIED WITHIN PAST TWO YEARS) CHILDREN/STEPCHILDREN AND THEIR SPOUSES/PARTNERS, IF ANY, ARE DISPLAYED

IWER: SHOW CARD TC3 [page 15]

**TC044**

Please look at card TC3 [page 15]. What was the main reason for this assistance or gift?

[IWER: CODE THE ONE THAT APPLIES]

1 To meet basic needs

2 To buy or furnish a house or apartment

3 To help with a large item of expenditure (other than buying a house)

4 For a major family event (birth, marriage, other celebration)

5 To help with a divorce

6 To help following a bereavement or illness

7 To help with unemployment

8 For further education

9 To meet a legal obligation (e.g. alimony or compulsory payments for parents' care)

96 No specific reason

95 Other reason

(SHARE)

## 5.4 Non-financial assistance received

**CAPI instruction: as questions in section 5.4 are about non-financial assistance received from non-resident children, only non-resident children should appear in the list in questions TC021A.**

**INTRO**

READ OUT: The next section will ask about regular non-financial assistance that [you/Rname] received from [your/his/her] children. As before, this refers only to help received from children outside the household i.e. help received from co-resident children is to be excluded.

**TC021**

In the last 2 years, [have/has] [your/Rname] (and/or [your/his/her] spouse’s/partner’s) children or grandchildren spent at least 1 hour a week, helping [you/him/her] and/or [your/his/her] spouse/partner with things like household chores - such as gardening, transportation and shopping - or with paperwork, such as filling out forms?

1 Yes

5 No **GO TO TC023**

98 DK  **GO TO TC023**

99 RF  **GO TO TC023**

(TILDA)

**TC021A**

Who gave this help?

IWER: CHOOSE ALL THAT APPLY

|  |  |
| --- | --- |
|  |  |
|  | All non-resident children/step children + Spouse/partners |
|  | Non-resident Children/step children who have died + Spouse/partners |
|  | Children/step children who have died + Spouse/partners (if date of interview <= date of child death [TC116] + 2 years) |
|  | New non-resident children/step children + Spouse/partners |
|  | Grandchildren |
| 95 | OTHER . SPECIFY **[TC021AOTHER\_N]** |
| 98 | DK |
| 99 | RF |

NOTE: NAMES OF ALL LIVING AND DEAD (IF CHILD DIED WITHIN PAST TWO YEARS) NON-RESIDENT CHILDREN/STEPCHILDREN AND THEIR SPOUSES/PARTNERS, IF ANY, ARE DISPLAYED

**TC022**

About how many hours per month on average did [you/Rname] (or [your/his/her] spouse/partner) receive such help from [your/his/her] children (or grandchildren)?

1 … 750

-98 DK

-99 RF

(TILDA)

## 5.5 Other relatives

**CAPI: SECTIONS 5.5 AND 5.6 (TC023 TO TC031) NEED TO BE ASKED TO ALL FAMILY RESPONDENTS**

**INTRO**

READ OUT: Relatives can have important effects on [your/his/her] life, especially if someone in [your/his/her] family needs help. For this reason I'd like to ask some questions about [your/his/her] relatives. By this I mean family members other than the ones we have already discussed.

**TC023**

In the last 2 years, did [your/his/her] relatives give [you/him/her] (and [your/his/her] spouse/partner) any help with things like household chores - such as gardening, transportation and shopping - or with paperwork, such as filling out forms?

1 Yes

5 No **GO TO TC025**

98 DK **GO TO TC025**

99 RF **GO TO TC025**

(SHARE)

**TC024**

About how many hours per month of such help did [you/he/she] receive from other relatives over the last two years?

0 … 750

-98 DK

-99 RF

(SHARE)

**TC025**

In the last 2 years, did [you/he/she] (or [your/his/her] spouse/partner) give any kind of help to [your/his/her] relatives with things like personal care, household chores - such as gardening, transportation and shopping - or with paperwork, such as filling out forms?

1 Yes

5 No **GO TO TC027**

98 DK **GO TO TC027**

99 RF **GO TO TC027**

(SHARE)

**TC026**

About how many hours per month on average did [you/he/she] give such help in the last two years?

0 … 750

-98 DK

-99 RF

(SHARE)

## 5.6 Friends and neighbours

**INTRO**

READ OUT: The next questions are about help [you/he/she] (or [your/his/her] [husband/wife/partner]) gave or received regularly in the last two years from friends and neighbours.

**TC027**

In the last 2 years, did [your/his/her] neighbours or friends regularly give [you/him/her] (or [your/his/her] spouse/partner) any kind of help with things like household chores - gardening, transportation and shopping - or with paperwork, such as filling out forms?

IWER: CODE THE ONE THAT APPLIES

1 Yes

5 No **GO TO TC029**

98 DK **GO TO TC029**

99 RF **GO TO TC029**

(SHARE /12 months)

**TC028**

About how many hours per month of such help did [you/he/she] receive from friends and neighbours over the last two years?

0 … 750

-98 DK

-99 RF

(SHARE)

**TC029**

In the last 2 years, did [you/he/she] (or [your/his/her] spouse/partner) regularly give any kind of help to [your/his/her] friends, and neighbours (who did not pay [you/him/her]) with things like personal care, household chores - such as gardening, transportation and shopping - or with paperwork, such as filling out forms?

1 Yes

5 No **GO TO TC031**

98 DK **GO TO TC031**

99 RF **GO TO TC031**

(SHARE)

**TC030**

About how many hours per month on average did [you/he/she] give such help in the last two years?

0 … 750

-98 DK

-99 RF

(SHARE)

**IF (HH005 = 1) ASK TC031, OTHERS GO TO NEXT SECTION**

**TC031**

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION TC?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL TIMES

# SECTION 6. PHYSICAL & COGNITIVE HEALTH (PH)

**[For self interviews, information from the last self interview is fed forward if it was at wave 4 or 5; information provided by proxy is not fed forward]**

**[No information from wave 1 or wave 2 is ever fed forward]**

**[For proxy interviews, no information is ever fed forward]**

IWER TO READ OUT AT START OF PH SECTION:

**IF INTSTATUSW6 = 1, 3;**

In this section, we will be asking you questions about your health and how it has changed since your last interview on ... **(provide date of last interview)**

**IF INTSTATUSW6 =2;**

In this section we will be asking questions about your health

**IF INTSTATUSW6 = 4, 5;**

In this section, we will be asking you questions about Rname’s health and how it has changed since the last interview on ... **(provide date of the last interview)**

IWER: MAKE A NOTE OF THE DATE OF LAST INTERVIEW IN CASE RESPONDENT NEEDS A REMINDER OF THIS AT A LATER STAGE DURING THE INTERVIEW

## 6.1 Overall health and functional limitations

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO PH003**

IWER: SHOW CARD PH1 [PAGE 16]

**PH001**

Now I would like to ask you some questions about your health.

Would you say your health is..

IWER: CODE THE ONE THAT APPLIES

1 Excellent,

2 Very good,

3 Good,

4 Fair

5 or, poor?

98 DK

99 RF

(ELSA/ HRS/ SHARE)

IWER: SHOW CARD PH1 [PAGE 16]

**PH002**

What about your emotional or mental health? Is it …

IWER: CODE THE ONE THAT APPLIES

1 Excellent,

2 Very good,

3 Good,

4 Fair

5 or, poor?

98 DK

99 RF

(NSHAP)

IWER: READ OUT

**PH003**

Some people suffer from chronic or long-term health problems. By long-term we mean it has troubled [you/Rname] over a period of time or is likely to affect [you/him/her] over a period of time. [Do/does] [you/he/she] have any long-term health problems, illness, disability or infirmity?

NOTE: INCLUDING MENTAL HEALTH PROBLEMS

IWER: CODE THE ONE THAT APPLIES

1 Yes **GO TO PH004**

5 No **GO TO PH006**

98 DK **GO TO PH006**

99 RF **GO TO PH006**

(ELSA/ HRS/ SHARE)

IWER: READ OUT

**PH004**

Does this illness or disability limit [your/his/her] activities in any way?

IWER: CODE THE ONE THAT APPLIES

1 Yes **GO TO PH005**

5 No **GO TO PH006**

98 DK **GO TO PH006**

99 RF **GO TO PH006**

(ELSA/ HRS)

IWER: READ OUT

**PH005**

For the past six months or more to what extent [have/has] [you/he/she] been limited because of a health problem in activities people usually do?

IWER: CODE THE ONE THAT APPLIES

1 Severely limited

2 Limited, but not severely

3 Not limited

98 DK

99 RF

(SHARE)

**IF (HH002 = 2 - RESPONDENT IS IN A NURSING/RESIDENTIAL HOME) GO TO PH008**

**PH006**

[Do/Does] [you/Rname] have any health problem or disability that limits the kind or amount of paid work [you/he/she] could do, should [you/he/she] want to?

IWER: CODE THE ONE THAT APPLIES

1 Yes **GO TO PH007**

5 No **GO TO PH008**

98 DK **GO TO PH008**

99 RF **GO TO PH008**

(ELSA/ HRS)

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO PH008**

IWER: READ OUT

**PH007**

Is this a health problem or disability that you expect to last less than three months?

IWER: CODE THE ONE THAT APPLIES

1 Yes

5 No

98 DK

99 RF

(ELSA/ HRS)

IWER: READ OUT

**PH008**

In the past year [have/has] [you/Rname] lost 10 pounds (4.5 kg) or more in weight when [you/he/she] [weren't/wasn’t] trying to, for example, because of illness?

IWER: CODE THE ONE THAT APPLIES

1 Yes

5 No

98 DK

99 RF

(ELSA/ HRS)

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO PH101**

IWER: SHOW CARD PH1 [PAGE 16]

**PH009**

In general, compared to other people your age, would you say your health is.....

IWER: CODE THE ONE THAT APPLIES

1 Excellent

2 Very good

3 Good

4 Fair

5 or poor?

98 DK

99 RF

(VES)

**Eyesight**

**INTRO**

READ OUT**:** I would now like to ask you some questions about [your/Rname’s] eyesight and hearing.

**PH101**

[Do/Does] [you/he/she] usually wear glasses or contact lenses?

1 Yes

5 No

98 DK

99 RF

Note: By usually we mean most of the time

(SHARE)

**ASK IF PH101 = 1 OTHERWISE GO TO PH102**

**PH101a**

[Do/Does] [you/he/she] usually wear ordinary glasses, bifocals, varifocals or contact lenses?

IWER: CODE THE ITEM WORN MOST OFTEN

1. Glasses
2. Bifocals
3. Contact lenses
4. Varifocals
5. DK
6. RF

**ASK IF PH101a = 2 OTHERWISE GO TO PH102**

**PH101b**

How long [have/has] [you/he/she] had bifocals?

1. Less than 1 year
2. More than 1 year

98. DK

99. RF

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO PH105**

IWER: CODE THE ONE THAT APPLIES

IWER: SHOW CARD PH1a [PAGE 17]

**PH102**

Is your eyesight (using glasses or contact lenses if you use them)...

1 Excellent,

2 Very good,

3 Good,

4 Fair

5 Poor

6 Registered or legally blind

98 DK

99 RF

(ELSA/ HRS/ SHARE)

NOTE TO PROGRAMMER: Create new set of variables PH105FFW5\_i that contain a list of

* all conditions fed forward from Wave 4 or Wave 5 depending on which is relevant as per logic below

The logic for creating the above variable is as follows:

FOR i = 01 TO 03

IF (INTSTATUSW6 = 1 & PH105FF\_i (Wave 5) = 1) OR (INTSTATUSW6 =3 & PH105FF\_i (Wave 4) = 1), THEN PH105FFW5\_i = 1; Otherwise PH105FFW5\_i=0

**IF (INTSTATUSW6 = 1, 3 & PH105FFW5\_01-03=1), ASK PH105a**

**ALL OTHERS GO TO PH105**

**PH105a**

Last time you were interviewed, you told us that you [had] (insert conditions from PH105FFW5\_i). PAUSE

1 Continue **GO TO PH105Y\_i**

2 Respondent disputes having one/all of these conditions

**CONDITION DISPUTED**

|  |
| --- |
| **PH105X0** INTERVIEWER Which of the conditions is being disputed  1. Cataracts **(DISPLAY IF PH105FFW5\_01=1) [PH105X0\_01]**  2 Glaucoma **(DISPLAY IF PH105FFW5\_02=1) [PH105X0\_02]**  3 Age related macular degeneration **(DISPLAY IF PH105FFW5\_03=1) [PH105X0\_03]**  **IF (PH105X0 \_01=1) THEN ASK**  **PH105X**\_**01**  It may be that we have a recording error about you having Cataracts. Can you confirm, that …READ OUT.  1 You never had Cataracts (error from previous wave)  2 Cataracts were misdiagnosed  **IF (PH105X0 \_02=1) THEN ASK**  **PH105X\_02**  It may be that we have a recording error about you having Glaucoma. Can you confirm, that ...READ OUT.  1 You never had Glaucoma (error from previous wave)  2 Glaucoma was misdiagnosed  **IF (PH105X0 \_03=1) THEN ASK**  **PH105X\_03**  It may be that we have a recording error about you having Age related macular degeneration. Can you confirm, that ...READ OUT.  1 You never had Age related macular degeneration (error from previous wave)  2 Age related macular degeneration was misdiagnosed |

**IF (PH105FFW5\_01 = 1 & PH105A = 1,2 & PH105X0\_01 ≠ 1), ASK PH105Y\_01. OTHERS GO TO PH105Y\_02**

**PH105y\_01**

Do you still have Cataracts?

1 Yes

5 No

**IF (PH105FFW5\_02 = 1 & PH105a = 1,2 & PH105X0\_02 ≠ 1), ASK PH105Y\_02. OTHERS GO TO PH105Y\_03**

**PH105Y\_02**

Do you still have Glaucoma?

1 Yes

5 No

**IF (PH105FFW5\_03 = 1 & PH105a = 1,2 & PH105X0\_03 ≠ 1), ASK PH105Y\_03. OTHERS GO TO PH105**

**PH105Y\_03**

Do you still have Age related macular degeneration?

1 Yes

5 No

**PH105**

**IF (INTSTATUSW6 = 2, 4, 5), USE WORDING ‘B’, OTHERWISE USE WORDING ‘A’**

(A) Since [your] last interview, has a doctor ever told you that you have any of the following [other] eye diseases?

(B) Has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the following eye diseases? [DISPLAY ALL CONDITIONS]

IWER: READ OUT AND CODE ALL THAT APPLY.

1 Cataracts **[PH105\_01]**

2 Glaucoma **[PH105\_02]**

3 Age related macular degeneration **[PH105\_03]**

95 Other (please specify) **[PH105\_95] [PH105OTH]**

96 None **[PH105\_96]**

98 DK **[PH105\_98]**

99 RF **[PH105\_99]**

(ELSA)

**IF ((PH105\_01 = 1) OR (PH105FFW5\_01 = 1 & PH105a = 1, 2 & PH105X0\_01 ≠ 1)) THEN ASK PH106.**

**OTHERS GO TO PH145**

**PH106**

[Have/Has] [you/he/she] had cataract surgery?

1 Yes one eye

2 Yes both eyes

5 No

98 DK

99 RF

(ELSA/ HRS)

**Hearing**

**PH145**

Do you feel [you/he/she] [have/has] a hearing loss?

IWER: READ OUT

1 Yes **GO TO PH164**

5 No **GO TO PH107**

98 DK **GO TO PH107**

99 RF **GO TO PH107**

**IF (HH005=2,3,4,5 or 6 - PROXY INTERVIEW) GO TO PH107**

**PH164**

Approximately at what age did you first notice a hearing loss?

1… 105

-98 DK

-99 RF

IWER: CODE ALL THAT APPLY

**PH107**

[Do/Does] [you/he/she] use any of the following aids or appliances to help [you/him/her] with [your/his/her] hearing?

IWER: READ OUT

1 Hearing aid (all the time) **[PH107\_01]**

4 Hearing aid (most of the time) **[PH107\_04]**

2 Hearing aid (some of the time) **[PH107\_02]**

95 Other hearing support (please specify) **[PH107\_95] [PH107OTH]**

96 None of the above **[PH107\_96]**

98 DK **[PH107\_98]**

99 RF **[PH107\_99]**

**IF (HH005=2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO PH143**

IWER: CODE THE ONE THAT APPLIES

IWER: SHOW CARD PH1 [PAGE 16]

**PH108a**

Is your hearing (without a hearing aid)

1 Excellent,

2 Very good,

3 Good,

4 Fair

5 or, poor?

98 DK

99 RF

(ELSA/ HRS/ SHARE)

IWER: CODE THE ONE THAT APPLIES

IWER: SHOW CARD PH1 [PAGE 16]

**IF (PH107\_96 = 1 OR PH107\_98 = 1 OR PH107\_99 = 1) SKIP TO PH110.**

**OTHERS GO TO PH108b**

**PH108B**

Is your hearing (with a hearing aid)

1 Excellent,

2 Very good,

3 Good,

4 Fair

5 or, poor?

98 DK

99 RF

(ELSA/ HRS/ SHARE)

IWER: CODE THE ONE THAT APPLIES

**PH110**

Can you follow a conversation with four people (with or without a hearing aid)?

IWER: READ OUT

IWER: IF RESPONDENT ASKS, CLARIFY THAT THE ENVIRONMENT TO THINK OF SHOULD BE NON-NOISY, I.E. THEIR HOME

1 With no difficulty

2 With some difficulty

3 With much difficulty

4 No, I cannot

98 DK

99 RF

(LASA – Similar worded question in ELSA/ SHARE)

IWER: SHOW CARD PH1b [PAGE 18]

IWER: CODE THE ONE THAT APPLIES

**PH166**

Do you experience noises in your ears (tinnitus)?

1 None

2 Slight - Only heard in quiet environment, very easily masked. No interference with sleep or daily activities.

3 Mild - Easily masked by environmental sounds and easily forgotten with activities; may occasionally interfere with sleep but not daily activities

4 Moderate - May be noticed, even in the presence of background or environmental noise, although daily activities may still be performed

5 Severe - Almost always heard, and rarely, if ever, masked. Leads to disturbed sleep pattern and can interfere with ability to carry out normal daily activities. Quiet activities are adversely affected.

98 DK

99 RF

**Smell**

**INTRO**

I would now like to ask you some questions about your sense of taste and smell.

IWER: CODE THE ONE THAT APPLIES

IWER: SHOW CARD PH1E [PAGE 19]

**PH112**

Is your sense of smell……..

1 Excellent,

2 Very good,

3 Good,

4 Fair

5 or, poor?

98 DK

99 RF

(TILDA)

**Taste**

IWER: CODE THE ONE THAT APPLIES

IWER: SHOW CARD PH1E [PAGE 19]

**PH113**

Is your sense of taste…

1 Excellent,

2 Very good,

3 Good,

4 Fair

5 or, poor?

98 DK

99 RF

(TILDA)

## 6.2 Memory

**INTRO**

READ OUT: Part of this study is concerned with people's day-to-day memory and their ability to remember events that happened recently – for instance something that happened yesterday or this morning - rather than long ago.

IWER: SHOW CARD PH1E [PAGE 19]

**PH114**

How would you rate your day-to-day memory at the present time? Would you say it is?

IWER: CODE THE ONE THAT APPLIES

1 Excellent,

2 Very good,

3 Good,

4 Fair

5 or, poor?

98 DK

99 RF

(TILDA)

**PH115**

How often would you find that you are absent minded, for example forgetting where you put your glasses / keys or finding yourself in a room having forgotten why you came in there? Would you say that you are absent minded in this sort of way?

IWER: READ OUT

1 All of the time

2 Most of the time

3 Some of the time

4 None of the time

98 DK

99 RF

**PH142**

**IF (INTSTATUSW6 = 1), USE WORDING A**

**IF (INTSTATUSW6 = 2,3), USE WORDING B**

IWER: SHOW CARD PH1c [PAGE 20]

(A) Compared to the last time we interviewed you, would you say your memory is much better now, a bit better now, about the same, a bit worse now, or much worse now than it was then?

(B) Compared to 2 years ago, would you say your memory is much better now, a bit better now, about the same, a bit worse now, or much worse now than it was then?

IWER: CODE THE ONE THAT APPLIES

1 Much better **GO TO PH121**

2 A bit better **GO TO PH121**

3 Same **GO TO PH121**

4 A bit worse **GO** **TO PH121**

5 Much worse **GO TO PH121**

98 DK **GO TO PH121**

99 RF  **GO TO PH121**

(HRS/TILDA)

**IF (HH005 = 2,3,4,5 or 6 - PROXY INTERVIEW) ASK PH143, OTHERS GO TO PH121**

IWER: SHOW CARD PH1 [PAGE 16]

**PH143**

How would you rate [Rname’s] day-to-day memory at the present time? Would you say it is?

IWER: CODE THE ONE THAT APPLIES

1 Excellent,

2 Very good,

3 Good,

4 Fair

5 or, poor?

98 DK

99 RF

(HRS/TILDA)

**PH144**

**IF (INTSTATUSW6 = 4), USE WORDING A**

**IF (INTSTATUSW6 = 5), USE WORDING B**

IWER: SHOW CARD PH1c [PAGE 20]

(A) Compared to [his/her/the] last interview would you say [Rname’s] memory is much better now, a bit better now, about the same, a bit worse now, or much worse now than it was then?

IWER NOTE: You may need to remind the proxy of the date of the last interview with the R if it was a self interview.

(B) Compared to 2 years ago, would you say [Rname’s] memory is much better now, a bit better now, about the same, a bit worse now, or much worse now than it was then?

IWER: CODE THE ONE THAT APPLIES

1 Much better

2 A bit better

3 Same

4 A bit worse

5 Much worse

98 DK

99 RF

**PH147**

How long have you known (Rname)?

IWER: CODE THE ONE THAT APPLIES

1 Less than 2 years

2 Between 2 and 5 years

3 Between 5 and 10 years

4 10 years or greater

98 DK

99 RF

**IF PH147==1 USE WORDING ‘B’, ALL OTHERS, USE WORDING ‘A’**

**IQCODE**

IWER READ OUT:

1. “Now we want you to remember what [RName] was like two years ago and to compare it with what [he/she] is like now. I will read out situations where [Rname] has had to use his/her memory or intelligence and we want you to indicate whether this has improved, stayed the same or got worse in that situation over the past two years. Note the importance of comparing his/her present performance with two years ago. So if at that time [Rname] always forgot where [he/she] had left things, and [he/she] still does, then this would be considered "Not much changed".
2. “Now we want you to remember what [RName] was like when you first got to know him/her and to compare it with what [he/she] is like now. I will read out situations where [Rname] has had to use their memory or intelligence and we want you to indicate whether this has *improved, stayed the same or gotten worse* in that situation over that time. Note the importance of comparing his/her present performance with when you first knew him/her, so if at that time [Rname] always forgot where he had left things, and [he/she] still does, then this would be considered "Not much changed".

IWER: SHOW CARD PH1d [PAGE 21]

**PH148**

Compared with two years ago, how is [he/she] at: Remembering things about family and friends, such as occupations, birthdays, and addresses.

Is this much improved, a bit improved, not much changed, a bit worse or much worse?

IWER: CODE THE ONE THAT APPLIES

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH149**

Compared with two years ago, how is [he/she] at: Remembering things that have happened recently?

Is this much improved, a bit improved, not much changed, a bit worse or much worse?

IWER: CODE THE ONE THAT APPLIES

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE /HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH150**

(Compared with two years ago, how is [he/she] at): Recalling conversations a few days later? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH151**

(Compared with two years ago, how is [he/she] at:) Remembering [his/her] address and telephone number?

(Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH152**

(Compared with two years ago, how is [he/she] at:) Remembering what day and month it is? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH153**

(Compared with two years ago, how is [he/she] at:)

Remembering where things are usually kept? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH154**

(Compared two years ago,, how is [he/she] at:) Remembering where to find things which have been put in a different place than usual? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH155**

(Compared with two years ago, how is [he/she] at:) Knowing how to work familiar machines around the house? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH156**

(Compared with two years ago, how is [he/she] at:) Learning to use a new gadget or machine around the house? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH157**

(Compared with two years ago, how is [he/she] at :) Learning new things in general? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH158**

(Compared with two years ago, how is [he/she] at :) Following a story in a book or on TV? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH159**

(Compared with two years ago, how is [he/she] at :) Making decisions on everyday matters? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH160**

(Compared with two years ago, how is [he/she] at:) Handling money for shopping? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH161**

(Compared two years ago, how is [Rname] at:)Handling financial matters, that is, [his/her] pension or dealing with the bank? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1d [PAGE 21]

**PH162**

(Compared with two years ago, how is [he/she] at: )Handling other everyday arithmetic problems, such as, knowing how much food to buy, knowing how long between visits from family or friends? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH1D [PAGE 21]

**PH163**

(Compared with two years ago, how is [he/she] at:) Using [his/her] intelligence to understand what's going on and to reason things through? (Is this much improved, a bit improved, not much changed, a bit worse or much worse?)

1 Much Improved

2 A bit Improved

3 Not much changed

4 A bit worse

5 Much worse

6 Does not apply

98 DK

99 RF

(IQCODE/HRS in modified form)

**IF HH005=2,3,4,5 OR 6 (PROXY INTERVIEW), GO TO PH201**

## 6.3 MMSE

FOR ALL COGNITIVE QUESTIONS IN THE INTERVIEW, THE OPTION ‘UNABLE TO CARRY OUT TASK’ SHOULD ONLY BE USED IF

1) THE RESPONDENT HAS A PHYSICAL LIMITATION (SEVERE VISUAL IMPAIRMENT, HEARING IMPAIRMENT OR OTHER PHYSICAL DISABILITY) WHICH WOULD PREVENT THEM FROM ATTEMPTING THE QUESTION/TASK

2) THE RESPONDENT CANNOT ATTEMPT THE QUESTION/TASK BECAUSE THEY ARE ILLITERATE OR NOT FLUENT IN ENGLISH

IF THE RESPONDENT SAYS THAT THEY CAN’T/WON’T/ DON’T WANT TO ANSWER A PARTICULAR QUESTION BUT IT WOULD BE POSSIBLE FOR THEM TO ATTEMPT IT, THEN THE ‘REFUSED’ OPTION SHOULD BE USED.

IF THE RESPONDENT ATTEMPTS A QUESTION/TASK AND GETS IT WRONG OR FAILS TO COMPLETE IT, THEN THEIR ANSWER IS INCORRECT, AND THE CORRESPONDING OPTION FOR THAT PARTICULAR QUESTION SHOULD BE CHOSEN (E.G. NONE CORRECT, NO WORDS RECALLED, NO INSTRUCTIONS COMPLETED CORRECTLY, NO OBJECTS IDENTIFIED ...ETC).

IF YOU DO NOT UNDERSTAND THESE INSTRUCTIONS YOU NEED TO CONTACT YOUR SUPERVISOR AND SEEK CLARIFICATION

IWER: READ OUT

**INTRO**

In the next section of the interview, we will do some memory and concentration tasks. Some of them may seem rather easy but others are more difficult so please listen carefully. Please just do the best you can on all of them.

IWER: ASK DIRECTLY TO RESPONDENT

**PH121**

Please tell me what year is it.

1 Year given correctly

0 Year given incorrectly

99 RF

(MMSE)

**PH126**

What season is it?

1 Season given correctly

0 Season given incorrectly

99 RF

(MMSE)

NOTE: Scoring the season can be difficult as it can be somewhat arbitrary. In order to score this question correctly, we will accept either season if the season is within one month of changing. If the month is August, we will accept either summer or autumn; if the month is November we will accept autumn or winter, if the month is February we will accept winter or spring; if the month is May we will accept spring or summer.

**PH122**

What month is it?

1 Month given correctly

0 Month given incorrectly

99 RF

(MMSE)

**PH123**

Can you tell me what day of the week it is?

1 Day of week given correctly

0 Day of week given incorrectly

99 RF

(MMSE)

**PH124**

Can you tell me what today’s date is?

1 Date given correctly

0 Date given incorrectly

99 RF

(MMSE)

**PH127**

What is the name of this country?

1 Name of country given correctly

0 Name of country given incorrectly

99 RF

(MMSE)

**PH128**

What is the name of this county?

1 Name of county given correctly

0 Name of county given incorrectly

99 RF

(MMSE)

**PH129**

What is the name of this city/town?

1 Name of city/town given correctly

0 Name of city/town given incorrectly

99 RF

(MMSE)

**PH130**

What is this building?

1 Name of building given correctly

0 Name of building given incorrectly

99 RF

(MMSE)

NOTE: Accept either type or name of building (e.g. bungalow/address/house/home)

**PH131**

What floor are we on?

1 Floor number given correctly

0 Floor number given incorrectly

99 RF

(MMSE)

NOTE:The acceptable answer depends on where the assessment is being carried out. If a respondent lives in a bungalow or two storey house, we will accept either ground or first floor. If they live in an apartment complex, we will accept the answer if it is within 1 floor of being right i.e. if the respondent lives on the 3rd floor, we will accept 2nd, 3rd or 4th floor.

**PH132**

**INTRO**

Please listen carefully. I am going to say three words. You say them back after I stop. Ready?

Iwer: Pause for 1 second after each of the three words.

Here they are… APPLE, PENNY, TABLE. Now repeat those words back to me.

NOTE: If the individual does not successfully repeat all three words on the first trial, repeat them again until he/she is able to say all three words back to you (in any order). This is important as the person needs to “make” the memory if they are to “retrieve” it later. Allow the respondent a maximum of five trials to repeat all three words. They should be scored on the first trial only.

Iwer: After the respondent has repeated the words back to you, say:

“Now keep those words in mind. I am going to ask you to say them again in a few minutes.”

0 No words recalled

1 One word given correctly

2 Two words given correctly

3 Three words given correctly

99 RF

(MMSE)

Note: If the individual does not successfully repeat all three words on the first trial, repeat them again until he/she is able to say all three words back to you (in any order). This is important as the person needs to “make” the memory if they are to “retrieve” it later. Allow the respondent a maximum of five trials to repeat all three words. They should be scored on the first trial only.

**The next two questions should be completed by all respondents however the computer should only use the best score between the two when calculating the total MMSE score.**

IWER: FOR THE NEXT ITEMS you will BE Using the cognitive booklet

**PH133**

**INTRO**

Now I’d like you to subtract 7 from 100. Then keep subtracting 7 from each answer until I tell you to stop. Is that ok? What is 100 minus 7?”

iwer: after the respondent gives you an answer, say “Keep going” (as needed) until he/she has given you a total of five answers. Ensure you write down the answers given by the respondent in the serial 7 section of the cognitive booklet.

0 None correct

1 One number given correctly

2 Two numbers given correctly

3 Three numbers given correctly

4 Four numbers given correctly

5 Five numbers given correctly

99 RF

(MMSE)

NOTE: Give one point for each correct answer, with a maximum of 5 points for this section. An answer is considered correct if it is exactly 7 less than the previous answer, regardless of whether that previous answer was correct. e.g. correct order 93 – 86 – 79 – 72 – 65.

ALSO NOTE: 93 – 88 – 81 – 74 – 67 has 4 correct answers. Even though 88 is incorrect, the next 3 answers are exactly 7 less than the previous answer.

**PH134**

**INTRO**

Now can you please spell WORLD for me.

NOTE: If the respondent is unable to spell WORLD forward, don’t ask them to spell it backward (can use “unable to carry out task” option to code this).

Now can you spell WORLD backwards?

IWER: ENSURE YOU WRITE DOWN ALL THE LETTERS GIVEN BY THE RESPONDENT IN THE ‘WORLD’ SECTION OF THE COGNITIVE BOOKLET

0 None correct

1 One letter given correctly

2 Two letters given correctly

3 Three letters given correctly

4 Four letters given correctly

5 Five letters given correctly

97 Unable to carry out the task

99 RF

(MMSE)

SCORING:

(1) Only the backward spelling is scored, giving one point for each letter that appears in the correct order (e.g. DLROW = 5, DLORW = 3)

(2) Respondents will often self-correct themselves during this test. If the respondent says more than 5 letters please record all the letters that he/she says in the cognitive booklet and take the 5 letters that give the best score and enter them into the boxes provided.

(3) You should take the first response the respondent gives as your answer. You can allow the respondent up to one self-correction but it is essential you do not prompt them after that.

**PH135**

IWER: Please ask the respondent “What were those three words I asked you to remember?”

IWER reminder: The three words are apple, penny, table

IWER: Do not prompt the respondent or provide any clues or hints. wORDS CAN BE GIVEN IN ANY ORDER. IF the individual has difficulty recalling the three words, be encouraging but do not give hints to the correct answer.

0 No words recalled

1 One word recalled

2 Two words recalled

3 Three words recalled

99 RF

(MMSE)

**PH136**

IWER:SHOW THE RESPONDENT A PENCIL OR PEN AND ASK “What is this?” NOW POINT TO A WATCH AND ASK “What is this?”

NOTE: If a pen, pencil and/or watch are not available, other common objects can be substituted (e.g. eyeglasses, chair or keys).

0 No objects identified

1 One object correctly identified

2 Two objects correctly identified

97 Unable to carry out the task

99 RF

(MMSE)

**PH137**

**INTRO**

“Now I am going to ask you to repeat what I say. Ready?” (PAUSE…..) IWER: READ OUT SLOWLY “NO IFS, ANDS OR BUTS. Now you say that.”

IWER: Be sure to speak slowly and articulate clearly so that all the “s” endings are audible.

If the respondent did not hear you the first time, you may repeat the sentence a second time. If the sentence needs to be repeated a third time, score ‘Phrase repeated incorrectly/phrase not repeated’.

1 Entire phrase repeated correctly

0 Phrase repeated incorrectly/phrase not repeated

97 Unable to carry out the task

99 RF

(MMSE)

NOTE:If the respondent repeats the entire phrase correctly, then score one point for this section. If the individual does not repeat the phrase exactly, then the item should be scored as zero***.***

**PH138**

**INTRO**

“Please listen carefully because I am going to ask you to do something. Take this paper in your right hand, fold it in half and put it on the floor”.

NOTE: It is essential that you do not hand the paper to the respondent until you have given the entire 3 stage command. It is also important to hand the paper to the space in between their hands and not preferentially towards their right or left hand. If the individual is disabled or physically positioned in such a way that he/she cannot place the paper on the floor, instruct him/her to place the paper on a table.

0 No instructions correctly completed

1 One instruction correctly completed

2 Two instructions correctly completed

3 Three instructions correctly completed

97 Unable to carry out the task

99 RF

(MMSE)

SCORING:

Score one point if the individual takes the paper in his/her right hand (score zero if they use their left hand). Score one point if he/she folds the paper in half (the fold does not need to be perfect). Score one point if he/she puts the paper on floor (or table, if appropriate). The maximum score for this section is 3. Score zero if the individual does not take the paper at all.

**PH139**

**INTRO**

Show the respondent the words ‘CLOSE YOUR EYES’ that appear on page 3 of the cognitive booklet. IWER: READ OUT “Please read this and do what it says”.

IWER: It is important that you only give the instruction once. NOTE: It is acceptable if the individual reads the command out loud but only give credit if he/she closes his/her eyes (without prompting)

1 Individual closes his/her eyes without prompting

0 Individual does something else

97 Unable to carry out the task

99 RF

(MMSE)

**PH140**

**INTRO**

OPEN PAGE 4 OF THE COGNITIVE BOOKLET AND PLACE IT IN FRONT OF THE RESPONDENT ALONG WITH A PEN OR A PENCIL   
  
READ OUT: “Please write a sentence”.   
If he/she does not respond, say “Write about the weather”.

IWER: If THE SENTENCE IS NOT COMPLETE OR DOES NOT CONTAIN A SUBJECT AND A VERB, ASK THEM TO WRITE YOU A LONGER SENTENCE.

IGNORE MINOR GRAMMAR OR SPELLING ERRORS.

1 Individual writes a comprehensible sentence that contains a subject and a verb

0 Sentence is incorrect

97 Unable to carry out the task

99 RF

(MMSE)

**PH141**

IWER: OPEN PAGE 5 OF THE COGNITIVE BOOKLET AND PLACE IT IN FRONT OF THE RESPONDENT, ALONG WITH A PEN OR PENCIL.

Show them the design on the page and say. “Please copy this design”.

NOTE: If a person requests a second attempt, it is reasonable to allow this. Any more than 2 attempts and the respondent should score 0 on this part of the test.

1 Individual draws two 5-sided figures that intersect to form a 4-sided figure

0 Figure not copied correctly

97 Unable to carry out the task

99 RF

(MMSE)

NOTE: The two figures do not have to be perfect pentagons but they should be 5-sided. Furthermore, the lines do not need to be perfectly straight. The figure formed by the intersection of the two pentagons should have four sides, like a diamond. A drawing should be scored as a zero if the figure formed by the intersection has three or five sides, or if the two figures do not intersect at all.

**IF R ANSWERED 97 TO ANY OF QUESTIONS, PH134, PH136, PH137, PH138, PH139, PH140, OR PH141, GO TO PH146, OTHERWISE SKIP.**

**PH146**

IWER: Please specify the reason (s) why the respondent was unable to attempt any of the above questions/tasks. Was it because of:

1 Visual impairment

2 Hearing impairment

3 Other physical disability

4 Illiteracy

5 Non-fluent English speaker

6 Couldn’t spell WORLD forward

NOTE: Response options can be multicode

The computer should now calculate a total MMSE score (out of 30) based on the last 20 questions (taking ONLY the best score from PH133 and PH134)

If a respondent scores 14 or less on the MMSE the computer should present a text box recommending that the interviewer SHOULD stop the interview. This recommendation does not apply to respondents for whom english is not the first language.

The options to move forward from this text box are as follows:

1. score 14 or less but Interviewer feels the respondent is ok to continue INTERVIEW
2. SCORE 14 OR LESS AND INTERVIEWER AGREES THAT IT IS BEST TO stop interview

**IF (SCORE IS 14 OR LESS) ASK MMSEfail, OTHERS GO TO PH116**

|  |
| --- |
| **MMSEfail**  INTERVIEWER: THE RESPONDENT HAS SCORED LESS THAN 15 FROM THE MMSE TEST. IT IS RECOMMENDED THAT YOU stop the interview (This recommendation does not apply to respondents for whom english is not the first language.)  IN THE Unlikely event that There is a legitimate reason to continue with the INTERVIEW SELECT ‘1’  OTHERWISE YOU WILL NEED TO TERMINATE THIS INTERVIEW  1 Continue (record reasons on the next screen) |

|  |
| --- |
| **MMSEcomm**  INTERVIEWER: PLEASE RECORD DETAILS BELOW OF WHY YOU HAVE CHOSEN TO CONTINUE WITH THIS INTERVIEW DESPITE THE RESPONDENT NOT GETTING 15 OR OVER IN THE MMSE TEST |

**INTRO**

READ OUT: Now I would like you to remember two things in order to assess everyday memory. At some point during the interview I will hand you a piece of paper and a pen.

IWER: SHOW THE PAGE WITH THE 5-SIDED FIGURE (PAGE 5) IN THE COGNITIVE MODULE BOOKLET

When I do I would like you to write your initials on the top left hand corner of the piece of paper. Is that clear?

IWER: IF RESPONDENT IS NOT CLEAR REPEAT INSTRUCTIONS.

INTRO: READ OUT The second task is for you to remind me to do something. When we finish the memory and concentration tasks I will say “that is the end of the memory and concentration tasks”. When I do I would like you to remind me to record what time we finish the tasks. Is that clear?

(ELSA)

IWER: IF RESPONDENT IS NOT CLEAR REPEAT INSTRUCTIONS.

INTRO: For the next task the computer will 'read' a list of words which I will ask you to recall. First I'd like to check that you will be able to hear the computer voice - please listen to this short message.

IWER: Press to activate the test message.

IWER: If the respondent cannot hear properly, adjust the volume on the laptop, and play the test message again.

**PH116**

If the respondent still cannot hear properly, code that you will read out the list yourself.

1 List read out by computer

2 List read out by interviewer

**GENERATE BACKGROUND VARIABLE PH165 RECORDING THE WORD LIST USED (A, B, C, D)**

**IF PH116=1 - GO TO PH117**

**IF PH116=2 - GO TO PH119**

**TIMESTAMP HERE**

**PH117**

**INTRO**

IWER READ OUT: The computer will now read a set of 10 words. We have purposely made the list long so it will be difficult for anyone to recall all the words. Most people recall just a few. Please listen carefully to the set of words, as they cannot be repeated. When it has finished, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear?

IWER:IF NO, EXPLAIN FURTHER. IF YES BEGIN TEST AND HAVE BOOKLET READY (PAGE 6)

**ONE RANDOMLY SELECTED LIST GIVEN TO EACH RESPONDENT. 1 word every 2 seconds.**

**hOWEVER, If another respondent in the same household has already been interviewed AT this wave, CAPI SHOULd present a different worD list to the current respondent.**

|  |  |  |  |
| --- | --- | --- | --- |
| Word List A | Word List B | Word List C | Word List D |
| Hotel  River  Tree  Skin  Gold  Market  Paper  Child  King  Book | Sky  Ocean  Flag  Dollar  Wife  Machine  Home  Earth  College  Butter | Women  Rock  Blood  Corner  Shoes  Letter  Girl  House  Valley  Engine | Water  Church  Doctor  Palace  Fire  Garden  Sea  Village  Baby  Table |

IWER: PLAY WORD LIST

IWER: After the word list has been played

READ OUT: Now please tell me all the words you can recall.

IWER: ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS. TICK THE WORDS IN THE BOOKLET PROVIDED. ALLOW AS MUCH TIME AS THE RESPONDENT WISHES, UP TO 2 MINUTES. ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS.

0… 10

-99 RF

(SHARE/ELSA/HRS)

**PH118**

**INTRO**

IWER READ OUT: The computer will now read the same set of 10 words out again. When it has finished, I will ask you to recall aloud as many of the words as you can, in any order, including the words you recalled earlier. Is this clear?

IWER: After the word list has been played

READ OUT:Now please tell me all the words you can recall.

IWER: ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS. TICK THE WORDS IN THE BOOKLET PROVIDED. ALLOW AS MUCH TIME AS THE RESPONDENT WISHES, UP TO 2 MINUTES. ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS.

0… 10 **Go to PH125**

-99 RF

(SHARE/ELSA/HRS)

**TIMESTAMP HERE**

**PH119**

**INTRO**

Now, I am going to read a list of 10 words from my computer screen. We have purposely made the list long so it will be difficult for anyone to recall all the words. Most people recall just a few. Please listen carefully to the set of words, as they cannot be repeated. When I have finished, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear?

IWER: IF RESPONDENT IS NOT CLEAR REPEAT INSTRUCTIONS.

IWER: WAIT UNTIL WORDS APPEAR ON THE SCREEN.

**ONE RANDOMLY SELECTED LIST GIVEN TO EACH RESPONDENT. HOWEVER, If another respondent in the same household has already been interviewed AT this wave, CAPI SHOULd present a different worD list to the current respondent.**

|  |  |  |  |
| --- | --- | --- | --- |
| Word List A | Word List B | Word List C | Word List D |
| Hotel  River  Tree  Skin  Gold  Market  Paper  Child  King  Book | Sky  Ocean  Flag  Dollar  Wife  Machine  Home  Earth  College  Butter | Women  Rock  Blood  Corner  Shoes  Letter  Girl  House  Valley  Engine | Water  Church  Doctor  Palace  Fire  Garden  Sea  Village  Baby  Table |

IWER: PAUSE FOR 3 SECONDS AFTER EACH WORD

IWER: TICK WORDS ON SHEET PROVIDED (PAGE 6 OF THE COGNITIVE BOOKLET).

IWER: ALLOW UP TO ONE MINUTE FOR RECALL.

Now please tell me all the words you can recall.

IWER: ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS.

IWER: TICK THE WORDS IN THE BOOKLET PROVIDED. ALLOW AS MUCH TIME AS THE RESPONDENT WISHES, UP TO 2 MINUTES. ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS.

0… 10

-99 RF

(SHARE/ELSA/HRS)

**PH120**

**INTRO**

Now I am going to read the same words out again. When I have finished, I will ask you to recall aloud as many of the words as you can, in any order, including the words you recalled earlier. Is this clear?

IWER: IF RESPONDENT IS NOT CLEAR REPEAT INSTRUCTIONS.

IWER: READ OUT THE LIST GENERATED FOR PH119

|  |  |  |  |
| --- | --- | --- | --- |
| Word List A | Word List B | Word List C | Word List D |
| Hotel  River  Tree  Skin  Gold  Market  Paper  Child  King  Book | Sky  Ocean  Flag  Dollar  Wife  Machine  Home  Earth  College  Butter | Women  Rock  Blood  Corner  Shoes  Letter  Girl  House  Valley  Engine | Water  Church  Doctor  Palace  Fire  Garden  Sea  Village  Baby  Table |

Now please tell me all the words you can recall?

IWER: ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS.

IWER: TICK THE WORDS IN THE BOOKLET. ALLOW AS MUCH TIME AS THE RESPONDENT WISHES, UP TO 2 MINUTES. ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS.

0… 10 **Go to PH125**

-99 RF

(TILDA)

IWER: NEXT YOU WILL BE PROMPTED TO ASK [RNAME] TO NAME AS MANY DIFFERENT ANIMALS AS [HE/SHE] CAN IN ONE MINUTE. YOU SHOULD ALLOW ONE MINUTE PRECISELY. IF THE SUBJECT STOPS BEFORE THE END OF THE TIME, ENCOURAGE THEM TO TRY TO FIND MORE WORDS. IF RESPONDENT IS SILENT FOR 15 SECONDS REPEAT THE BASIC INSTRUCTION (''I WANT YOU TO TELL ME ALL THE ANIMALS YOU CAN THINK OF''). NO EXTENSION ON THE TIME LIMIT IS MADE IN THE EVENT THAT THE INSTRUCTION HAS TO BE REPEATED.

IWER: WRITE THE WORDS ON PAGE 8 OF THE COGNITIVE BOOKLET PROVIDED

**PH125**

Now I would like you to name as many different animals as you can think of. You have one minute to do this. Ready? Go.

IWER: CODE NUMBER OF ANIMALS

0… 99

-99 RF

(SHARE/ELSA)

NOTE: The score is the sum of acceptable animals, any member of the animal kingdom, real or mythical is scored correct, except repetitions and proper nouns. Refer to page 8 for further guidance on scoring.

## 6.4 Heart disease section

**INTRO**

IWERREAD OUT: We are interested in finding out more information about heart problems people may suffer from.

NOTE TO PROGRAMMER: Create new set of variables PH201FFW5\_i that contain a list of all conditions fed forward from Wave 4 or Wave 5 depending on which is relevant as per INTSTATUSW6 variable and logic below:

*This can be updated for subsequent waves. The logic for creating the above variable is as follows:*

FOR i = 01 to 09

IF [(INTSTATUSW6 = 1 & PH201FF\_i (wave5) = 1) OR (INTSTATUSW6 = 3 & PH201FF\_i (wave 4) = 1)], THEN PH201FFW5\_i = 1, OTHERWISE PH201FFW5\_i = 0

FOR i = 10 (abnormal heart rhythm)... IF (INTSTATUSW6=3 &PH226FF (wave 4) = 98, 99) OR (INTSTATUSW6 = 1 & PH226FF (wave 5) = 98,99), THENPH201FFW5\_10 = 1

FOR i = 11 (atrial fibrillation)... IF [(INTSTATUSW6=1 & (PH226FF (wave 5) = 1 OR PH201FF\_11(wave 5) = 1)], OR IF[INTSTATUSW6=3 & (PH226FF (wave 4) = 1 OR PH201FF\_11(wave4)=1)], THEN PH201FFW5\_11 = 1

FOR i = 12 (abnormal heart rhythm (not atrial fibrillation))... IF [(INTSTATUSW6=1 & (PH226FF(wave 5) = 2 OR PH201FF\_12 (wave5)=1)] OR IF[ (INTSTATUSW6=3 & (PH226FF(wave4) = 2 OR PH201FF\_12(wave4) =1)], THEN PH201FFW5\_12=1;

OTHERWISE PH201FFW5\_i = 0

NOTE: EITHER PH201FFW5\_10 OR PH201FFW5\_11/12 SHOULD BE FED FORWARD TO PH201a AS APPLICABLE

NOTE TO PROGRAMMER: FOR i = 01, 05, 08, 11, 12, generate an additional set of variables named PH201FF1W5\_i which indicate if a R reported the condition at wave 4 or wave 5 even if they no longer have the condition. These variables are used in the routing for some of the questions in this section.

IF (INTSTATUSW6=1, 3 & PH201FF1\_i=1 & ph201x0\_i !=1)THEN PH201FF1W5\_i=1, OTHERWISE PH201FF1W5\_i=0

**IF (INTSTATUSW6 = 1, 3 & PH201FFW5\_01-12=1), GO TO PH201a.**

**ALL OTHERS GO TO PH201.**

**PH201a**

Last time you were interviewed, you told us that you had (insert conditions from PH201FFW5\_i).

1 Continue **GO TO PH201Y\_i**

2 Respondent disputes having one/all of these conditions

CONDITION DISPUTED

|  |
| --- |
| **PH201X0**  IWER: Which of the conditions is being disputed  1 High blood pressure or hypertension  **(display if PH201FFW5\_01 = 1)**  2 Angina **(display if PH201FFW5\_02 = 1)**  3 A heart attack (inc. myocardial infarction or coronary thrombosis) **(display if PH201FFW5\_03 = 1)**  4 Congestive heart failure **(display if PH201FFW5\_04 = 1)**  5 Diabetes or high blood sugar **(display if PH201FFW5\_05 = 1)**  6 A stroke (cerebral vascular disease)  **(display if PH201FFW5\_06 = 1)**  7 Ministroke or TIA **(display if PH201FFW5\_07 = 1)**  8 High cholesterol  **(display if PH201FFW5\_08 = 1)**  9 A heart murmur **(display if PH201FFW5\_09 = 1)**  10 Abnormal heart rhythm **(display if PH201FFW5\_10 = 1)**  11 Atrial fibrillation  **(display if PH201FFW5\_11 = 1)**  12 An abnormal heart rhythm (not atrial fibrillation)  **(display if PH201FFW5\_12 = 1)**  **ASK FOR EACH SELECTION AT PH201X0**  **PH201X\_01-PH201X\_12**  It may be that we have a recording error about you having [condition selected at PH201X0]. Can you confirm that …READ OUT.  1 You never had [condition selected at PH201X0] (error from previous wave)  2 [condition selected at PH201X0] was misdiagnosed |

**IF (PH201FFW5\_01 = 1 & PH201a = 1,2 & PH201X0\_01 ≠ 1), ASK PH201Y\_01. OTHERS GO TO PH201Y\_02**

**PH201Y\_01**

Do you still have High blood pressure or hypertension?

1 Yes

5 No

**IF (PH201FFW5\_02 = 1 & PH201a = 1,2 & PH201X0\_02 ≠ 1), ASK PH201Y\_02. OTHERS GO TO PH201Y\_04**

**PH201Y\_02**

Do you still have Angina?

1 Yes

5 No

**IF (PH201FFW5\_04 = 1 & PH201a = 1,2 & PH201X0\_04 ≠ 1), ASK PH201Y\_04. OTHERS GO TO PH201Y\_05**

**PH201Y\_04**

Do you still have Congestive heart failure?

1 Yes

5 No

**IF (PH201FFW5\_05 = 1 & PH201a = 1,2 & PH201X0\_05 ≠ 1), ASK PH201Y\_05. OTHERS GO TO PH201Y\_08**

**PH201Y\_05**

Do you still have Diabetes or high blood sugar?

1 Yes

5 No

**IF (PH201FFW5\_08 = 1 & PH201a = 1,2 & PH201X0\_08 ≠ 1), ASK PH201Y\_08. OTHERS GO TO PH201Y\_09**

**PH201Y\_08**

Do you still have High cholesterol?

1 Yes

5 No

**IF (PH201FFW5\_09 = 1 & PH201a = 1,2 & PH201X0\_09 ≠ 1), ASK PH201Y\_09. OTHERS GO TO PH226**

**PH201Y\_09**

Do you still have a heart murmur?

1 Yes

5 No

**IF (PH201FFW5\_10 = 1), ASK PH226. OTHERS GO TO PH201Y\_11.**

**PH226**

With regards to your abnormal heart rhythm, can you tell me if that was "Atrial Fibrillation" or not? (CODE ONE ONLY)

1 Atrial Fibrillation  
2 An abnormal heart rhythm (not Atrial Fibrillation)  
98 DK  
99 RF

**IF (PH226 = 1) OR (PH201FFW5\_11 = 1 & PH201X0\_11 ≠ 1), ASK PH201Y\_11, OTHERS GO TO PH201Y\_12**

**PH201Y\_11**

Do you still have Atrial Fibrillation?

1 Yes **GO TO PH201**

5 No **GO TO PH201**

**IF (PH226 = 2) OR (PH201FFW5\_12 = 1 & PH201a = 1,2 & PH201X0\_12 ≠ 1), ASK PH201Y\_12, OTHERS GO TO PH201**

**PH201Y\_12**

Do you still have an abnormal heart rhythm (not Atrial Fibrillation)?

1 Yes **GO TO PH201**

5 No  **GO TO PH201**

IWER: SHOW CARD PH2 [PAGE 22]

**IF (INTSTATUSW6 = 2, 4, 5), USE WORDING ‘B’. ALL OTHERS, USE WORDING ‘A’.**

**PH201**

Please look at card PH2 [PAGE 22].

(A) Since your last interview, has a doctor ever told you that you have any of the [other] conditions on this card?

(B) Has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the conditions on this card?

INTERVIEWER: PROBE - 'WHAT OTHERS?' CODE ALL THAT APPLY.

1 High blood pressure or hypertension  **[PH201\_01]**

2 Angina  **[PH201\_02]**

3 A heart attack

(including myocardial infarction or coronary thrombosis) **[PH201\_03]**

4 Congestive heart failure  **[PH201\_04]**

5 Diabetes or high blood sugar  **[PH201\_05]**

6 A stroke (cerebral vascular disease)  **[PH201\_06]**

7 Ministroke or TIA  **[PH201\_07]**

8 High cholesterol  **[PH201\_08]**

9 A heart murmur  **[PH201\_09]**

11 Atrial Fibrillation  **[PH201\_11]**

12 An abnormal heart rhythm (not atrial fibrillation) **[PH201\_12]**

95 Any other heart trouble (please specify) **[PH201\_95] [PH201OTH]**

96 None of these  **[PH201\_96]**

98 DK  **[PH201\_98]**

99 RF  **[PH201\_99]**

(ELSA/ similar questions in HRS/ SHARE)

**IF (PH201\_01 = 1), ASK PH202**

**PH202**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had high blood pressure?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH202M][PH202Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(ELSA/ HRS)

**IF (PH201\_01 = 1) OR (PH201FF1W5\_01=1), ASK PH202b.**

**PH202b**

[Is/Are] [you/he/she] currently doing any of the following to manage [your/his/her] blood pressure? (Select all that apply)

1 Taking medications **[PH202B\_01]**

2 Lifestyle changes (e.g. diet, exercise, etc.) **[PH202B\_02]**

95 Other **[PH202B\_95]**

96 None of the above **[PH202B\_96]**

98 DK **[PH202B\_98]**

99 RF **[PH202B\_99]**

**IF (PH201\_02 = 1), ASK PH203**

**PH203**

When [were/was] [you/he/she] first told by a doctor that [you/he/she] had angina?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH203M][PH203Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(ELSA/ HRS)

**IF (PH201\_02 = 1 OR PH201Y\_02 = 1), ASK PH204. OTHERS GO TO PH205**

**PH204**

[Are/Is] [you/he/she] limiting [your/his/her] usual activities because of [your/his/her] angina?

1 Yes

5 No

98 DK

99 RF

(HRS)

**IF (PH201\_03 = 1 OR IF (INTSTATUSW6=3 & PH201FFW5\_03 = 1& PH201XO\_03 ≠ 1), GO TO PH205. OTHERS GO TO PH206b**

**PH205**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had a heart attack (including myocardial infarction or coronary thrombosis)?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH205M][PH205Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH201\_03 = 1), GO TO PH207. OTHERS GO TO PH206b**

**PH207**

According to the doctor how many heart attacks [have/has] [you/he/she] had?

1… 97

-98 DK

-99 RF

(ELSA)

**IF (PH207 > 1), ASK PH206. OTHERS GO TO PH206b**

**PH206**

In what year/month was [your/his/her] (most recent) heart attack?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH206M][PH206Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(HRS)

**IF (PH201FFW5\_03 = 1 & PH201XO\_03 ≠ 1), GO TO PH206b. OTHERS GO TO PH208**

**PH206b**

Since your last interview have you had another heart attack?

1 Yes **GO TO PH206C**

5 No **GO TO PH208B**

98 DK **GO TO PH208B**

99 RF **GO TO PH208B**

**PH206c**

In what year/month was your (most recent) heart attack?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH206CM][PH206CY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(HRS)

**PH207b**

According to your doctor, how many heart attacks have] you had since your] last interview?

1… 97

-98 DK

-99 RF

(ELSA)

**IF (INTSTATUSW6=,1, 3) & ((PH201FFW5\_02 = 1 & PH201XO\_02 ≠ 1) OR (PH201FFW5\_03 = 1 & PH201XO\_03 ≠ 1)), GO TO PH208B. OTHERS GO TO PH208**

**PH208**

[Have/Has] [you/he/she] ever had an angioplasty or Stent?

1 Yes  **GO TO PH209**

5 No **GO TO PH210**

98 DK **GO TO PH210**

99 RF **GO TO PH210**

**PH209**

In what year/month was [your/his/her] last angioplasty or Stent?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH209M][PH209Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH210**

[Have/Has] [you/he/she] ever had open heart surgery?

1 Yes **GO TO PH211**

5 No **GO TO PH212**

98 DK **GO TO PH212**

99 RF **GO TO PH212**

**PH211**

In what year/month was [your/his/her] last heart surgery?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_ **GO TO PH212 [PH211M][PH211Y]**

\_\_\_\_\_\_ DK RF MONTH **GO TO PH212**

\_\_\_\_\_\_ DK RF YEAR **GO TO PH212**

**IF (INTSTATUSW6=,1,3) & ((PH201FFW5\_02 = 1 & PH201XO\_02 ≠ 1) OR (PH201FFW5\_03 = 1 & PH201XO\_03 ≠ 1)), GO TO PH208B. OTHERS GO TO PH212.**

**PH208B**

Since your last interview, have you had an angioplasty or Stent?

1 Yes **GO TO PH209B**

5 No **GO TO PH210B**

98 DK **GO TO PH210B**

99 RF **GO TO PH210B**

**PH209B**

In what year/month was your last angioplasty or Stent?

(MM/YYYY) **[PH209BM][PH209BY]**

\_\_\_\_\_/\_\_\_\_\_\_

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH210b**

Since your last interview, have you had open heart surgery?

1 Yes **GO TO PH211B**

5 No  **GO TO PH212**

98 DK **GO TO PH212**

99 RF **GO TO PH212**

**PH211b**

In what year/month was your last heart surgery?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH211BM][PH211BY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH201\_04 = 1), ASK PH212, OTHERS GO TO PH213**

**PH212**

When [were/was] [you/he/she] first told by a doctor that [you/he/she] had congestive heart failure?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_  **[PH212M][PH212Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH201\_05 = 1), ASK PH213. OTHERS GO TO PH213b**

**PH213**

When [were/was] [you/he/she] first told by a doctor that [you/he/she] had diabetes or high blood sugar?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH213M][PH213Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(ELSA)

**IF (INTSTATUSW6 = 3 & PH201FF1W5\_05 = 1) OR PH201\_05 = 1, ASK PH213b. OTHERS GO TO PH229**

**PH213b**

[You previously told us that you had diabetes,] What type of diabetes [do/does/did] [you/Rname] have?

1 Type I

2 Type II

95 Other

98 DK

99 RF

**IF (PH201\_05 = 1 OR PH201FF1W5\_05=1), ASK PH229. OTHERS GO TO PH216.**

**PH229**

[Are/Is] [you/Rname] currently doing any of the following for [your/his/her] diabetes: (Select all that apply)

1 Taking medication, other than insulin, for diabetes **[PH229\_01]**

2 Taking insulin injections **[PH229\_02]**

3 Taking other injections for diabetes **[PH229\_03]**

4 Lifestyle changes (e.g. diet, exercise, etc.) to manage diabetes **[PH229\_04]**

95 Other **[PH229\_95]**

96 None of these **[PH229\_96]**

98 DK **[PH229\_98]**

99 RF **[PH229\_99]**

**IF (PH201\_05 = 1) OR (PH201FFW5\_05 = 1 & PH201X0\_05 ≠ 1), ASK PH216. OTHERS GO TO PH218**

IWER: SHOW CARD PH3 [PAGE 23]

**PH216**

Has a doctor ever told [you/him/her] that [you/he/she] [have/has] any of the following conditions related to [your/his/her] diabetes?

1 Leg ulcers **[PH216\_01]**

2 Protein in [your/his/her] urine **[PH216\_02]**

3 Lack of feeling and tingling pain in [your/his/her] legs and feet due to nerve damage (diabetic neuropathy) **[PH216\_03]**

4 Damage to the back of [your/his/her] eye (diabetic retinopathy) **[PH216\_04]**

5 Damage to [your/his/her] kidneys (diabetic nephropathy) **[PH216\_05]**

96 No, none of these **[PH216\_96]**

98 DK **[PH216\_98]**

99 RF **[PH216\_99]**

**PH230**

[Have/Has] [you/Rname] been invited for an eye exam by the national retinal screening programme (Diabetic RetinaScreen) in the last 24 months?

1 Yes **GO TO PH231**

5 No **GO TO PH218**

98 DK **GO TO PH218**

99 RF **GO TO PH218**

**PH231**

Did [you/she/her] attend this service?

1 Yes

5 No

98 DK

99 RF

**IF (PH201\_06 = 1) OR (INTSTATUSW6 = 3 &PH201FFW5\_06 = 1 & PH201XO\_06 ≠ 1), GO TO PH218. OTHERS GO TO PH219b**

**PH218**

When [were/was] [you/he/she] first told by a doctor that [you/he/she] had a stroke?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH218M][PH218Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(ELSA similar question HRS/QVSFS)

**IF (PH201\_06 = 1), ASK PH219. OTHERS GO TO PH219b**

**PH219**

How many strokes [have/has] [you/he/she] had?

1… 97

-98 DK

-99 RF

(ELSA)

**IF (PH219 > 1), ASK PH220. OTHERS GO TO PH219b**

**PH220**

In what year/month was [your/his/her] most recent stroke?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH220M][PH220Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(HRS)

**IF (PH201FFW5\_06 = 1 & PH201XO\_06 ≠ 1), ASK PH219b. OTHERS GO TO PH219c**

**PH219b**

Since your last interview, have you had any further strokes?

1 Yes **GO TO PH219c**

5 No **GO TO PH221**

98 DK  **GO TO PH221**

99 RF **GO TO PH221**

(ELSA)

**IF (ph219b = 1), GO TO PH219c. OTHERS GO TO PH221**

**PH219c**

Since your last interview, how many strokes have you had?

1… 97

-98 DK

-99 RF

(ELSA)

**PH219d**

When was your most recent stroke?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH219DM][PH219DY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(HRS)

**IF (PH201\_07 = 1) OR (INTSTATUSW6 = 3 & PH201FFW5\_07 = 1 & PH201XO\_07 ≠ 1), ASK PH221. OTHERS GO TO PH222b**

**PH221**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had a TIA, ministroke, or transient ischaemic attack?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH221M][PH221Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(TILDA/QVSFS)

**PH222**

How many TIA’s or ministrokes [have/has] [you/he/she] had?

1… 97

-98 DK

-99 RF

(TILDA)

**IF (PH222 > 1), GO TO PH223. OTHERWISE GO TO PH222b**

**PH223**

In what month/year was [your/his/her] most recent TIA or ministrokes?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH223M][PH223Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(TILDA)

**IF (PH201FFW5\_07 = 1 & PH201XO\_07 ≠ 1), ASK PH222b. OTHERS GO TO PH225b**

**PH222b**

Since your last interview, have you had any further TIA’s or ministrokes?

1 Yes **GO TO PH222C**

5 No **GO TO PH225B**

98 DK **GO TO PH225B**

99 RF **GO TO PH225B**

(TILDA)

**IF PH222b=1, GO TO PH222c. OTHERS GO TO PH225b**

**PH222c**

Since your last interview, how many TIA’s or ministrokes have/you had?

1… 97

-98 DK

-99 RF

(ELSA)

**PH222d**

When was your most recent TIA or ministroke?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH222DM][PH222DY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

(TILDA)

**IF (PH201\_08 = 1) OR (PH201FF1W5\_08=1), ASK PH225b. OTHERS GO TO PH227**

**PH225B**

[Is/Are] [you/he/she] currently doing any of the following to manage [your/his/her] cholesterol? (Select all that apply)

1 Taking medications **[PH225B\_01]**

2 Lifestyle changes (e.g. diet, exercise, etc.) **[PH225B\_02]**

95 Other **[PH225B\_95]**

96 None of the above **[PH225B\_96]**

98 DK **[PH225B\_98]**

99 RF **[PH225B\_99]**

**IF (PH201\_11=1 OR PH201FF1W5\_11=1 OR PH201\_12=1 OR PH201FF1W5\_12=1 OR PH226=1,2,98,99), ASK PH227, OTHERS GO TO PH301a**

**PH227**

[Are/Is] [you/Rname] taking blood thinning medications e.g. warfarin for [your/his/her] irregular heart rhythm?

1 Yes **GO TO PH228**

5 No **GO TO PH301A**

98 DK **GO TO PH301A**

99 RF **GO TO PH301A**

**PH228**

In the last 2 months, has [your/Rname's] warfarin or blood thinning medication dose been changed more than 3 times by [your/his/her] doctor?

1 Yes **GO TO PH301A**

5 No **GO TO PH301A**

98 RF **GO TO PH301A**

99 DK **GO TO PH301A**

## 6.5 Other chronic conditions

NOTE TO PROGRAMMER: Create new set of variables PH301FFW5\_i that contain a list of all conditions fed forward from Wave 4 or Wave 5 depending on which is relevant as per INTSTATUSW6 variable and logic below

This can be updated for subsequent waves. The logic for creating the above variable is as follows:

FOR i = 01 TO 07, 09 TO 19... IF (INTSTATUSW6 = 1 & PH301FF\_i (wave 5) = 1) OR (INTSTATUSW6 = 3 & PH301FF\_i (wave 4) = 1), THEN PH301FFW5\_i = 1

**IF (INTSTATUSW6 = 1, 3 & PH301FFW5\_01 – PH301FFW5\_19 = 1), GO TO PH301a.**

**ALL OTHERS GO TO PH301.**

**PH301a**

Last time you were interviewed, you told us that you had (insert conditions from PH301FFW5\_i).

1 Continue **GO TO PH301Y\_i**

2 Respondent disputes having one/all of these conditions

**CONDITION DISPUTED**

|  |
| --- |
| **PH301X0**  IWER: Which of the conditions is being disputed?  1 Chronic lung disease such as chronic bronchitis or emphysema  **(DISPLAY IF PH301FFW5\_01 = 1)**  2 Asthma  **(DISPLAY IF PH301FFW5\_02 = 1)**  3 Arthritis (including osteoarthritis, or rheumatism)  **(DISPLAY IF PH301FFW5\_03 = 1)**  4 Osteoporosis, sometimes called thin or brittle bones  **(DISPLAY IF PH301FFW5\_04 = 1)**  5 Cancer or a malignant tumour **(DISPLAY IF PH301FFW5\_05 = 1)**  6 Parkinson's disease  **(DISPLAY IF PH301FFW5\_06 = 1)**  7 Any emotional, nervous or psychiatric problems **(DISPLAY IF PH301FFW5\_07 = 1)**  16 Alcohol abuse **(DISPLAY IF PH301FFW5\_16 = 1)**  17 Substance abuse **(DISPLAY IF PH301FFW5\_17 = 1)**  9 Alzheimer's disease **(DISPLAY IF PH301FFW5\_09 = 1)**  10 Dementia, organic brain syndrome, senility  **(DISPLAY IF PH301FFW5\_10 = 1)**  11 Serious memory impairment **(DISPLAY IF PH301FFW5\_11 = 1)**  12 Stomach ulcers **(DISPLAY IF PH301FFW5\_12 = 1)**  13 Varicose Ulcers (an ulcer due to varicose veins) **(DISPLAY IF PH301FFW5\_13 = 1)**  14 Cirrhosis, or serious liver damage  **(DISPLAY IF PH301FFW5\_14 = 1)**  15 Thyroid Problems  **(DISPLAY IF PH301FFW5\_15 = 1)**  18 Chronic kidney disease **(DISPLAY IF PH301FFW5\_18 =1)**  19 Severe anaemia  **(DISPLAY IF PH301FFW5\_19 = 1)**  **ASK FOR EACH SELECTION AT PH301X0**  **PH301X\_01-19**  It may be that we have a recording error about you having [condition selected at PH301X0]. Can you confirm, that …READ OUT.  1 You never had [condition selected at PH301X0] (error from previous wave)  2 [condition selected at PH301X0] was misdiagnosed |

**IF (PH301FFW5\_01 = 1 & PH301a = 1,2 & PH301X0\_01 ≠ 1) ASK PH301Y\_01, OTHERS GO TO PH301Y\_02**

**PH301Y\_01**

Do you still have chronic lung disease?

1 Yes

5 No

**IF (PH301FFW5\_02 = 1 & PH301a = 1,2 & PH301X0\_02 ≠ 1) ASK PH301Y\_02, OTHERS GO TO PH301Y\_03**

**PH301Y\_02**

Do you still have Asthma?

1 Yes

5 No

**IF (PH301FFW5\_03 = 1 & PH301a = 1,2 & PH301X0\_03 ≠ 1) ASK PH301Y\_03, OTHERS GO TO PH301Y\_04**

**PH301Y\_03**

Do you still have Arthritis?

1 Yes

5 No

**IF (PH301FFW5\_04 = 1 & PH301a = 1,2 & PH301X0\_04 ≠ 1) ASK PH301Y\_04, OTHERS GO TO PH301Y\_05**

**PH301Y\_04**

Do you still have Osteoporosis?

1 Yes

5 No

**IF (PH301FFW5\_05 = 1 & PH301a = 1,2 & PH301X0\_05 ≠ 1) ASK PH301Y\_05, OTHERS GO TO PH301Y\_07**

**PH301Y\_05**

Do you still have Cancer or a malignant tumour?

1 Yes

5 No

**IF (PH301FFW5\_07 = 1 & PH301a = 1,2 & PH301X0\_07 ≠ 1) ASK PH301Y\_07, OTHERS GO TO PH301\_12**

**PH301Y\_07**

Do you still have emotional, nervous or psychiatric problems?

1 Yes

5 No

**IF (PH301FFW5\_12 = 1 & PH301a = 1,2 & PH301X0\_12 ≠ 1) ASK PH301Y\_12, OTHERS GO TO PH301Y\_13**

**PH301Y\_12**

Do you still have Stomach ulcers?

1 Yes

5 No

**IF (PH301FFW5\_13 = 1 & PH301a = 1,2 & PH301X0\_13 ≠ 1) ASK PH301Y\_13, OTHERS GO TO PH301Y\_14**

**PH301Y\_13**

Do you still have Varicose Ulcers/veins?

1 Yes

5 No

**IF (PH301FFW5\_14 = 1 & PH301a = 1,2 & PH301X0\_14 ≠ 1) ASK PH301Y\_14, OTHERS GO TO PH301Y\_15**

**PH301Y\_14**

Do you still have Cirrhosis, or serious liver damage?

1 Yes

5 No

**IF (PH301FFW5\_15 = 1 & PH301a = 1,2 & PH301X0\_15 ≠ 1) ASK PH301Y\_15, OTHERS GO TO PH301\_19**

**PH301Y\_15**

Do you still have thyroid problems?

1 Yes

5 No

**IF (PH301FFW5\_19 = 1 & PH301a = 1,2 & PH301X0\_19 ≠ 1) ASK PH301Y\_19, OTHERS GO TO PH301**

**PH301Y\_19**

Do you still have severe anaemia?

1 Yes

5 No

IWER: SHOW CARD PH4 [PAGE 24]

**IF (INTSTATUSW6 = 2, 4, 5), USE WORDING ‘B’, OTHERWISE USE WORDING ‘A’**

**PH301**

Please look at card PH4 [page 24].

(A) Since your last interview, has a doctor ever told you/ that you have any of the [other] conditions on this card?

(B) Has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the conditions on this card?

IWER: PROBE - 'WHAT OTHERS?' CODE ALL THAT APPLY.

1 Chronic lung disease such as chronic bronchitis or emphysema **GO TO PH302 [PH301\_01]**

2 Asthma **[PH301\_02]**

3 Arthritis (including osteoarthritis, or rheumatism)

**GO TO PH304 [PH301\_03]**

4 Osteoporosis, sometimes called thin or brittle bones

**[PH301\_04]**

5 Cancer or a malignant tumour (including leukaemia or lymphoma but excluding minor skin cancers)

**GO TO PH309 [PH301\_05]**

6 Parkinson's disease **GO TO PH314 [PH301\_06]**

7 Any emotional, nervous or psychiatric problems, such as depression or anxiety **GO TO PH315 [PH301\_07]**

16 Alcohol abuse  **GO TO PH320A [PH301\_16]**

17 Substance abuse **GO TO PH320b [PH301\_17]**

9 Alzheimer's disease **GO TO PH318 [PH301\_09]**

10 Dementia, organic brain syndrome, senility

**GO** **TO PH319** **[PH301\_10]**

11 Serious memory impairment

**GO TO PH319A [PH301\_11]**

12 Stomach ulcers  **[PH301\_12]**

13 Varicose Ulcers (an ulcer due to varicose veins)**[PH301\_13]**

14 Cirrhosis, or serious liver damage  **[PH301\_14]**

15 Thyroid Problems **GO TO PH325 [PH301\_15]**

18 Chronic kidney disease **GO TO PH327 [PH301\_18]**

19 Severe Anaemia  **[PH301\_19]**

20 Epilepsy **GO TO PH329 [ph301\_20]**

21 Chest infection **GO TO PH330 [PH301\_21]**

95 Other (please specify) **[PH301\_95] [PH301OTH]**

96 None of these **GO TO PH328 [PH301\_96]**

98 DK **GO TO PH328 [PH301\_98]**

99 RF **GO TO PH328 [PH301\_99]**

(ELSA/ similar question HRS/NSHAP)

IWER: SHOW CARD PH4A [page 25]

**PH301B**

Please look at card PH4A [page 25]. Has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the conditions on this card that could affect [your/his/her] immune system?

1 Yes

5 No

98 DK

99 RF

**IF PH301\_02, \_04, \_12, \_13, \_14, \_19, \_95 (AFTER INSERTING CONDITION IN TEXTBOX), \_96, \_98, \_99 = 1, GO TO PH328**

**IF (PH301\_01 = 1 OR PH301Y\_01 =1) ASK PH302. OTHERS GO TO PH304**

**PH302**

[Are/Is] [you/Rname] receiving oxygen for [your/his/her] lung condition?

1 Yes

5 No

98 DK

99 RF

(HRS)

**PH302a**

Is this lung condition COPD (chronic obstructive pulmonary disease)?

1 Yes

5 No

98 DK

99 RF

**PH303**

Does [your/his/her] lung condition limit [your/his/her] usual activities, such as household chores or work?

1 Yes

5 No

98 DK

99 RF

(HRS)

**IF (PH301\_03 = 1 OR PH301Y\_03 = 1) ASK PH304. OTHERS GO TO PH309**

IWER: CODE ALL THAT APPLY

**PH304**

Which type or types of arthritis [do/does] [you/Rname] have?

IWER: READ OUT

1 Osteoarthritis **[PH304\_01]**

2 Rheumatoid arthritis **[PH304\_02]**

95 Some other kind of arthritis  **[PH304\_95]**

98 DK **[PH304\_98]**

99 RF **[PH304\_99]**

(ELSA/HRS)

**IF (PH301\_03 = 1) OR (INTSTATUSW6 = 3 & PH301FFW5\_03 = 1 & PH301XO\_03 ≠ 1), ASK PH305. IF PH301Y\_03 = 1, GO TO PH306**

**PH305**

When [were/was] [you/Rname] first told that [you/he/she] had arthritis?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH305M][PH305Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH301\_03 = 1) OR PH301Y\_03 = 1, ASK PH306**

**PH306**

Does [your/his/her] arthritis make it difficult for [you/him/her] to do [your/his/her] usual activities such as household chores or work?

1 Yes, all the time

3 Yes, sometimes

5 No

98 DK

99 RF

(TILDA)

**PH307**

Does the arthritis limit [your/his/her] social and leisure activities?

1 Yes, all the time

3 Yes, sometimes

5 No

98 DK

99 RF

(TILDA)

**PH308**

Does [your/his/her] arthritis make it difficult for [you/him/her] to sleep at night?

1 Yes, all the time

3 Yes, sometimes

5 No

98 DK

99 RF

(TILDA)

**IF (PH301\_05 = 1) OR (INTSTATUSW6 = 3 &PH301FFW5\_05 = 1 & PH301XO\_05 ≠ 1), ASK PH309. OTHERS GO TO PH310A**

**PH309**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had cancer or a malignant tumour?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH309M][PH309Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

NOTE TO PROGRAMMER: Create new set of variables PH310FFW5\_i that contain a list of all types of cancer fed forward from Wave 4 or Wave 5 (i.e. PH310Y\_01-PH310Y\_22) depending on which is relevant as per INTSTATUSW6 variable and logic below

Create a new set of variables PH310FFW5\_i that contain a list of all types of cancer

* Fed forward from Wave 4 if INTSTATUSW6 = 3
* Fed forward from Wave 5 if INTSTATUSW6 = 1

This can be updated for subsequent waves. The logic for creating the above variable is as follows:

FOR i = 01 TO 22

IF (INTSTATUSW6 = 1 & PH310FF\_i (wave 5) = 1) OR (INTSTATUSW6 = 3 & PH310FF\_i (wave 4) = 1), THEN PH310FFW5\_i = 1; OTHERWISE PH310FFW5\_i = 0

**IF (PH301FFW5\_05 = 1 & PH301a = 1,2 & PH301X0\_05 ≠ 1) OR (PH301FFW5\_05 = 0 & PH310FFW5\_i = 1)), ASK PH310a. OTHERS GO TO PH310**

**PH310a**

In your last interview, you reported having (type of cancer from PH310FFW5\_i if cancer not disputed at PH301X0\_05) cancer

1 Continue **GO TO PH310Y\_01**

2 Respondent disputes having this type of cancer

**CONDITION DISPUTED**

|  |
| --- |
| **PH310X0**  IWER: Which type of cancer is being disputed.  1 Lung **(DISPLAY IF PH310FFW5\_01 = 1)**  2 Breast **(DISPLAY IF PH310FFW5\_02 = 1)**  3 Colon or rectum **(DISPLAY IF PH310FFW5\_03 = 1)**  4 Stomach **(DISPLAY IF PH310FFW5\_04 = 1)**  5 Oesophagus **(DISPLAY IF PH310FFW5\_05 = 1)**  6 Prostate [males only] **(DISPLAY IF PH310FFW5\_06 = 1)**  7 Bladder **(DISPLAY IF PH310FFW5\_07 = 1)**  8 Liver **(DISPLAY IF PH310FFW5\_08 = 1)**  9 Brain **(DISPLAY IF PH310FFW5\_09 = 1)**  10 Ovary [females only] **(DISPLAY IF PH310FFW5\_10 = 1)**  11 Cervix [females only] **(DISPLAY IF PH310FFW5\_11 = 1)**  12 Endometrium [females only]  **(DISPLAY IF PH310FFW5\_12 = 1)**  13 Thyroid **(DISPLAY IF PH310FFW5\_13 = 1)**  14 Kidney **(DISPLAY IF PH310FFW5\_14 = 1)**  15 Testicle [males only] **(DISPLAY IF PH310FFW5\_15 = 1)**  16 Pancreas **(DISPLAY IF PH310FFW5\_16 = 1)**  17 Malignant melanoma (skin) **(DISPLAY IF PH310FFW5\_17 = 1)**  18 Oral cavity **(DISPLAY IF PH310FFW5\_18 = 1)**  19 Larynx **(DISPLAY IF PH310FFW5\_19 = 1)**  20 Other pharynx (including nasopharynx, oropharynx, laryngopharynx or hypopharynx) **(DISPLAY IF PH310FFW5\_20 = 1)**  21 Non-Hodgkin Lymphoma **(DISPLAY IF PH310FFW5\_21 = 1)**  22 Leukaemia  **(DISPLAY IF PH310FFW5\_22 = 1)**  **ASK FOR EACH SELECTION AT PH310X0**  **PH310X\_01-22**  It may be that we have a recording error about you having [type of cancer listed at PH301X0]. Can you confirm, that …READ OUT.  1 You never had [cancer listed in PH310X0] (error from previous wave)  2 [type of cancer selected at PH310X0] was misdiagnosed |

**IF (PH310FFW5\_01 = 1 & PH310a = 1,2 & PH310X0\_01 ≠ 1) ASK PH310Y\_01. OTHERS GO TO PH310Y\_02**

**PH310Y\_01**

Do you still have lung cancer?

1 Yes

5 No

**IF (PH310FFW5\_02 = 1 & PH310a = 1,2 & PH310X0\_02 ≠ 1) ASK PH310Y\_02. OTHERS GO TO PH310Y\_03**

**PH310Y\_02**

Do you still have breast cancer?

1 Yes

5 No

**IF (PH310FFW5\_03 = 1 & PH310a = 1,2 & PH310X0\_03 ≠ 1) ASK PH310Y\_03. OTHERS GO TO PH310Y\_04**

**PH310Y\_03**

Do you still have colon or rectum cancer?

1 Yes

5 No

**IF (PH310FFW5\_04 = 1 & PH310a = 1,2 & PH310X0\_04 ≠ 1) ASK PH310Y\_04. OTHERS GO TO PH310Y\_05**

**PH310Y\_04**

Do you still have stomach cancer?

1 Yes

5 No

**IF (PH310FFW5\_05 = 1 & PH310a = 1,2 & PH310X0\_05 ≠ 1) ASK PH310Y\_05. OTHERS GO TO PH310Y\_06**

**PH310Y\_05**

Do you still have cancer of the oesophagus?

1 Yes

5 No

**IF (PH310FFW5\_06 = 1 & PH310a = 1,2 & PH310X0\_06 ≠ 1) ASK PH310Y\_06. OTHERS GO TO PH310Y\_07**

**PH310Y\_06**

Do you still have prostate cancer?

1 Yes

5 No

**IF (PH310FFW5\_07 = 1 & PH310a = 1,2 & PH310X0\_07 ≠ 1) ASK PH310Y\_07. OTHERS GO TO PH310Y\_08**

**PH310Y\_07**

Do you still have cancer of the bladder?

1 Yes

5 No

**IF (PH310FFW5\_08 = 1 & PH310a = 1,2 & PH310X0\_08 ≠ 1) ASK PH310Y\_08. OTHERS GO TO PH310Y\_09**

**PH310Y\_08**

Do you still have liver cancer?

1 Yes

5 No

**IF (PH310FFW5\_09 = 1 & PH310a = 1,2 & PH310X0\_09 ≠ 1) ASK PH310Y\_09. OTHERS GO TO PH310Y\_10**

**PH310Y\_09**

Do you still have brain cancer?

1 Yes

5 No

**IF (PH310FFW5\_10 = 1 & PH310a = 1,2 & PH310X0\_10 ≠ 1) ASK PH310Y\_10. OTHERS GO TO PH310Y\_11**

**PH310Y\_10**

Do you still have cancer of the ovary?

1 Yes

5 No

**IF (PH310FFW5\_11 = 1 & PH310a = 1,2 & PH310X0\_11 ≠ 1) ASK PH310Y\_11. OTHERS GO TO PH310Y\_12**

**PH310Y\_11**

Do you still have cancer of the cervix?

1 Yes

5 No

**IF (PH310FFW5\_12 = 1 & PH310a = 1,2 & PH310X0\_12 ≠ 1) ASK PH310Y\_12. OTHERS GO TO PH310Y\_13**

**PH310Y\_12**

Do you still have cancer of the endometrium?

1 Yes

5 No

**IF (PH310FFW5\_13 = 1 & PH310a = 1,2 & PH310X0\_13 ≠ 1) ASK PH310Y\_13. OTHERS GO TO PH310Y\_14**

**PH310Y\_13**

Do you still have cancer of the thyroid?

1 Yes

5 No

**IF (PH310FFW5\_14 = 1 & PH310a = 1,2 & PH310X0\_14 ≠ 1) ASK PH310Y\_14. OTHERS GO TO PH310Y\_15**

**PH310Y\_14**

Do you still have cancer of the kidney?

1 Yes

5 No

**IF (PH310FFW5\_15 = 1 & PH310a = 1,2 & PH310X0\_15 ≠ 1) ASK PH310Y\_15. OTHERS GO TO PH310Y\_16**

**PH310Y\_15**

Do you still have testicular cancer?

1 Yes

5 No

**IF (PH310FFW5\_16 = 1 & PH310a = 1,2 & PH310X0\_16 ≠ 1) ASK PH310Y\_16. OTHERS GO TO PH310Y\_17**

**PH310Y\_16**

Do you still have cancer of the pancreas?

1 Yes

5 No

**IF (PH310FFW5\_17 = 1 & PH310a = 1,2 & PH310X0\_17 ≠ 1) ASK PH310Y\_17. OTHERS GO TO PH310Y\_18**

**PH310Y\_17**

Do you still have malignant melanoma (skin)?

1 Yes

5 No

**IF (PH310FFW5\_18 = 1 & PH310a = 1,2 & PH310X0\_18 ≠ 1) ASK PH310Y\_18. OTHERS GO TO PH310Y\_19**

**PH310Y\_18**

Do you still have cancer of the oral cavity?

1 Yes

5 No

**IF (PH310FFW5\_19 = 1 & PH310a = 1,2 & PH310X0\_19 ≠ 1) ASK PH310Y\_19. OTHERS GO TO PH310Y\_20**

**PH310Y\_19**

Do you still have cancer of the larynx?

1 Yes

5 No

**IF (PH310FFW5\_20 = 1 & PH310a = 1,2 & PH310X0\_20 ≠ 1) ASK PH310Y\_20. OTHERS GO TO PH310Y\_21**

**PH310Y\_20**

Do you still have cancer of the other pharynx?

1 Yes

5 No

**IF (PH310FFW5\_21 = 1 & PH310a = 1,2 & PH310X0\_21 ≠ 1) ASK PH310Y\_21. OTHERS GO TO PH310Y\_22**

**PH310Y\_21**

Do you still have Non-Hodgkin Lymphoma cancer?

1 Yes

5 No

**IF (PH310FFW5\_22 = 1 & PH310a = 1,2 & PH310X0\_22 ≠ 1) ASK PH310Y\_22. OTHERS GO TO PH310**

**PH310Y\_22**

Do you still have Leukaemia?

1 Yes

5 No

**IF (PH301\_05 = 1), USE WORDING ‘B’. OTHERWISE USE WORDING ‘A’**

**OTHERS GO TO PH314**

IWER: SHOW CARD PH5 [PAGE 26]

**PH310**

Please look at card PH5 [page 26].

(A) Since our last interview, has a doctor ever told you that you have any of these [other] types of cancer? IF SO ASK, Which one?

(B) What type of cancer [have/has] [you/he/she] had?

IWER: CODE ALL THAT APPLY

1 Lung **[PH310\_01]**

2 Breast **[PH310\_02]**

3 Colon or rectum **[PH310\_03]**

4 Stomach **[PH310\_04]**

5 Oesophagus **[PH310\_05]**

6 Prostate [males only] **[PH310\_06]**

7 Bladder **[PH310\_07]**

8 Liver **[PH310\_08]**

9 Brain **[PH310\_09]**

10 Ovary [females only] **[PH310\_10]**

11 Cervix [females only] **[PH310\_11]**

12 Endometrium [females only] **[PH310\_12]**

13 Thyroid **[PH310\_13]**

14 Kidney **[PH310\_14]**

15 Testicle [males only] **[PH310\_15]**

16 Pancreas **[PH310\_16]**

17 Malignant melanoma (skin) **[PH310\_17]**

18 Oral cavity **[PH310\_18]**

19 Larynx **[PH310\_19]**

20 Other pharynx (including nasopharynx, oropharynx, laryngopharynx or hypopharynx) **[PH310\_20]**

21 Non-Hodgkin Lymphoma **[PH310\_21]**

22 Leukaemia **[PH310\_22]**

95 Other organ (please specify) **[PH310TH] [PH310\_95]**96 None of these **[PH310\_96]**

98 DK **[PH310\_98]**

99 RF **[PH310\_99]**

(SHARE/ similar question in ELSA)

**IF (PH310\_01-95=1), ASK PH311 TO PH313 FOR EACH TYPE OF CANCER (E.G. IF PH310\_01 = 1, VARIABLES USED ARE PH311\_01, PH312\_01\_X, PH313\_01, ETC). IF PH301\_95=1, ASK PH311 TO PH313 FOR CANCER LISTED IN PH310OTH TEXTBOX**

**IF (PH310FFW5\_01-22=1 & PH310X0\_01-22 ≠ 1), ASK PH311A TO PH313A FOR EACH TYPE OF CANCER (E.G. VARIABLES USED ARE PH311A\_01, PH312A\_01\_X, PH313A\_01, ETC.)**

**PH311**

[Have/Has] [you/he/she] received any treatment for [your/his/her] [cancer type listed at PH310\_i]? **[PH311\_01 TO PH311\_95]**

1 Yes **GO TO PH312**

5 No **SKIP PH312 & PH313**

98 DK **SKIP PH312 & PH313**

99 RF **SKIP PH312 & PH313**

(ELSA/HRS)

IWER: SHOW CARD PH6 [PAGE 27]

**PH312**

Please look at card PH6 [page 27]. What sort of treatments [have/has] [you/he/she] received for [cancer type listed at PH310\_i]?

**[PH312\_01\_01 TO PH312\_95\_99]**

IWER: CODE ALL THAT APPLY

1 Chemotherapy **[PH312\_i \_01]**

2 Medication **[PH312\_i \_02]**

3 Surgery **[PH312\_i \_03]**

4 Biopsy **[PH312\_i \_04]**

5 Radiation/X-Ray **[PH312\_i \_05]**

6 Treatment for symptoms (pain, nausea, rashes)**[PH312\_i \_06]**

95 Other (specify) **[PH312\_i \_95] [PH312oth\_i]**

98 DK **[PH312\_i \_98]**

99 RF **[PH312\_i \_99]**

(HRS)

**PH313**

Since [you/he/she] received this treatment has the [cancer type listed at PH310\_i] got worse, better or stayed about the same? **[PH313\_01 TO PH313\_95]**

1 Better

2 About the same

3 Worse

98 DK

99 RF

(HRS)

**IF (PH310FFW5\_01-22=1 & PH310X0\_01-22 ≠ 1), ASK PH311A TO PH313A FOR EACH TYPE OF CANCER (E.G. VARIABLES USED ARE PH311A\_01, PH312A\_01\_X, PH313A\_01, ETC)**

**OTHERS GO TO PH314**

**PH311A**

Since our last interview, have you received any treatment for your [cancer type listed at PH310FFW5\_i and not disputed at PH310X0\_i]? **[PH311A\_01 TO PH311A\_22]**

1 Yes **GO TO PH312A**

5 No **SKIP PH312A & PH313A**

98 DK **SKIP PH312A & PH313A**

99 RF **SKIP PH312A & PH313A**

(ELSA/HRS)

IWER: SHOW CARD PH6 [PAGE 27]

**PH312A**

Please look at card PH6 [page 27]. Since our last interview, what sort of treatments have you received for [cancer type listed at PH310FFW5\_i and not disputed at PH310X0\_i]? **[PH312A\_01\_01 TO PH312A\_22\_99]**

IWER: CODE ALL THAT APPLY

1 Chemotherapy **[PH312A\_i\_01]**

2 Medication **[PH312A\_i\_02]**

3 Surgery **[PH312A\_i\_03]**

4 Biopsy **[PH312A\_i\_04]**

5 Radiation/X-Ray **[PH312A\_i\_05]**

6 Treatment for symptoms (pain, nausea, rashes) **[PH312A\_i\_06]**

95 Other (specify) **[PH312A\_i\_95] [PH312AOTH\_i]**

98 DK **[PH312A\_i\_98]**

99 RF **[PH312A\_i\_99]**

(HRS)

**PH313a**

Since you received treatment in the past two years has the [cancer type listed at PH310FFW5\_i and not disputed at PH310X0\_i] got worse, better or stayed about the same?

**[ph313a\_01 to ph313a\_22, ph313a\_95]**

1 Better

2 About the same

3 Worse

98 DK

99 RF

(HRS)

**IF (PH301\_06 = 1) OR (INTSTATUSW6 = 3 & PH301FFW5\_06 = 1 & PH301XO\_06 ≠ 1), ASK PH314. OTHERS GO TO PH315**

**PH314**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had Parkinson’s disease?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH314M][PH314Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH301\_07 = 1) OR (INTSTATUSW6 = 3 & PH301FFW5\_07 = 1 & PH301XO\_07 ≠ 1), ASK PH315. OTHERS GO TO PH316**

**PH315**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had emotional, nervous or psychiatric problems?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH315M][PH315Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH301\_07 = 1 OR PH301Y\_07 = 1) ASK PH316. OTHERS GO TO PH320a**

IWER: SHOW CARD PH7 [PAGE 28]

**PH316**

Please look at card PH7 [page 28]. What type of emotional, nervous or psychiatric problems [do/does] [you/he/she] have?

IWER: CODE ALL THAT APPLY

1 Hallucinations **[Ph316\_01]**

2 Anxiety **[Ph316\_02]**

3 Depression **[Ph316\_03]**

4 Emotional problems **[Ph316\_04]**

5 Schizophrenia **[Ph316\_05]**

6 Psychosis **[Ph316\_06]**

7 Mood swings **[Ph316\_07]**

8 Manic depression **[Ph316\_08]**

9 Post-traumatic stress disorder **[Ph316\_09]**

95 Something else **[Ph316\_95]**

98 DK **[Ph316\_98]**

99 RF **[Ph316\_99]**

(ELSA)

**IF (PH301\_07 = 1) ASK PH317. OTHERS GO TO PH330**

**PH317**

[Do/Does] [you/he/she] get psychiatric treatment for [your/his/her] problems, such as attending a psychiatrist?

1 Yes

5 No

98 DK

99 RF

**PH317a**

[Do/Does] [you/he/she] get psychological treatment for [your/his/her] problems, such as counselling and/or cognitive behavioural therapy?

1 Yes

5 No

98 DK

99 RF

**IF (PH301FFW5\_07 = 1 & PH301X0\_07 ≠ 1) ASK PH317b. OTHERS GO TO PH320**

**PH317b**

Since [your/Rname’s] last interview, did [you/he/she] get psychiatric treatment for [your/his/her] problems, such as attending a psychiatrist?

1 Yes

5 No

98 DK

99 RF

**PH317c**

Since [your/his/her] last interview, did [you/he/she] get psychological treatment for [your/his/her] problems, such as counselling?

1 Yes

5 No

98 DK

99 RF

**IF (PH301\_16 = 1) OR (INTSTATUSW6 = 3 & PH301FFW5\_16 = 1 & PH301XO\_16 ≠ 1) ASK PH320A. OTHERS GO TO PH321A**

**PH320A**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] suffered from alcohol abuse?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH320AM][PH320AY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH301\_16 = 1 OR (PH301FFW5\_16 = 1 & PH301X0\_16 ≠ 1) ASK PH321A. OTHERS GO TO PH320B**

**ph321a**

[Do/Does] [you/he/she] currently suffer from alcohol abuse?

1 Yes **GO TO PH322A**

5 No **GO TO PH323A**

98 DK **GO TO PH323A**

99 RF **GO TO PH323A**

**IF (PH321A = 1) ASK PH322A. OTHERS GO TO PH323A**

**PH322A**

[Are/Is] [you/he/she] receiving any treatment for [your/his/her] alcohol abuse?

1 Yes **SKIP PH323A AND PH324A**

5 No **GO TO PH324A**

98 DK **SKIP PH323A AND PH324A**

99 RF **SKIP PH323A AND PH324A**

**IF (PH321A = 5,98,99) ASK PH323A. OTHERS GO TO PH324A**

**PH323A**

How long did [you/Rname] suffer fromalcohol abuse?

1… 97 yrs

-98 DK

-99 RF

IWER Note: Code any duration up to a year as “1”

**IF (PH321A = 5,98,99 OR PH322A = 5) ASK PH324A. OTHERS GO TO PH320B**

**PH324A**

Did [you/he/she] ever receive any treatment for [your/his/her] alcohol abuse?

1 Yes

5 No

98 DK

99 RF

**IF (PH301\_17 = 1) OR (INTSTATUSW6 = 3 & PH301FFW5\_17 = 1 & PH301XO\_17 ≠ 1) ASK PH320B. OTHERS GO TO PH321B**

**PH320B**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] suffered from substance abuse?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH320BM][PH320BY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH301\_17 = 1) OR (PH301FFW5\_17 = 1 & PH301X0\_17 ≠ 1) ASK PH321B. OTHERS GO TO PH318**

**PH321B**

[Do/Does] [you/he/she] currently suffer from substance abuse?

1 Yes **GO TO PH322B**

5 No **GO TO PH323B**

98 DK **GO TO PH323B**

99 RF **GO TO PH323B**

**IF (PH321b = 1) ASK PH322b. OTHERS GO TO PH318**

**PH322b**

[Are/Is] [you/he/she] receiving any treatment for [your/his/her] substance abuse?

1 Yes **SKIP PH323B AND PH324B**

5 No **GO TO PH324B**

98 DK **SKIP PH323B AND PH324B**

99 RF **SKIP PH323B AND PH324B**

**IF (PH321b = 5,98,99) ASK PH323b. OTHERS GO TO PH324b**

**PH323b**

How long did [you/he/she] suffer from substance abuse?

1… 97 yrs

-98 DK

-99 RF

IWER Note: Code any duration up to a year as “1”

**IF (PH321b = 5,98,99 OR IF PH322b = 5) ASK PH324b. OTHERS GO TO PH318**

**PH324b**

Did [you/he/she] ever receive any treatment for [your/his/her] substance abuse?

1 Yes

5 No

98 DK

99 RF

**IF (PH301\_09 = 1) OR (INTSTATUSW6 = 3 & PH301FFW5\_09 = 1 & PH301XO\_09 ≠ 1), ASK PH318. OTHERS GO TO PH319**

**PH318**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had Alzheimer’s Disease?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH318M][PH318Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH301\_10 = 1) OR (INTSTATUSW6 = 3 & PH301FFW5\_10 = 1 & PH301XO\_10 ≠ 1) ASK PH319. OTHERS GO TO PH319a**

**PH319**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had dementia, senility?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH319M][PH319Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH301\_11 = 1) OR (INTSTATUSW6 = 3 & PH301FFW5\_11 = 1 & PH301XO\_11 ≠ 1) ASK PH319a. OTHERS GO TO PH325**

**PH319a**

When [were/was] [you/Rname] first told by a doctor that [you/he/she] had serious memory impairment?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH319AM][PH319AY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (PH301\_15 = 1) ASK PH325. OTHERS GO TO PH327**

**PH325**

[Do/Does] [you/Rname] have an overactive (hyperactive) thyroid or an underactive (hypoactive) thyroid?

1 Overactive (Hyperactive) thyroid

2 Underactive (Hypoactive) thyroid

96 None of these

98 DK

99 RF

**IF (PH301\_18 = 1) OR (PH301FFW5\_18 = 1 &** **PH310X0\_18 ≠ 1), ASK PH327. OTHERS GO TO PH328**

**PH327**

[Have/Has] [you/Rname] ever had dialysis or a kidney transplant?

1 Yes

5 No

98 DK

99 RF

(TILDA)

**ALL RESPONDENTS ARE ASKED PH328**

**PH328**

[Have/Has] [you/Rname] ever had a major bleed which required hospitalisation or a blood transfusion?

1 Yes

5 No

98 DK

99 RF

(TILDA)

**IF (PH301\_20 = 1), ASK PH329. OTHERS GO TO PH330**

**PH329**

At what age, did [you/Rname] have [your/his/her] first epileptic fit or seizure?

1.. 105

-98 DK

-99 RF

**IF (PH301\_21 = 1), ASK PH330. OTHERS GO TO PH401**

**PH330**

In the last 2 years, how many times [have/has] [you/Rname] gone to [your/his/her] GP because of a chest infection?

0.. 50

-98 DK

-99 RF

**PH331**

On how many occasions in the last 2 years, [were/was] [you/Rname] prescribed antibiotics for a chest infection?

0.. 50

-98 DK

-99 RF

**PH332**

On how many occasions in the last 2 years, [were/was] [you/Rname] hospitalised as a result of a chest infection?

0.. 50

-98 DK

-99 RF

**PH333**

On any of these occasions did [your/his/her] GP or a doctor in the hospital ever tell [you/him/her] that [you/he/she] had pneumonia?

1 Never

2 Once

3 Twice

4 Three or more times

98 DK

99 RF

**IF (PH333 = 2 | 3 | 4), ASK PH334. OTHERS GO TO PH401**

**PH334**

[Were/was] [you/Rname] admitted to hospital due to pneumonia?

1 Never

2 Once

3 Twice

4 Three or more times

98 DK

99 RF

**IF PH334 =2 | 3 | 4 ASK PH335 –PH337 OTHERS GO TO PH401**

**PH335**

[Were/was] [you/Rname] admitted to the intensive care department due to pneumonia?

1 Never

2 Once

3 Twice

4 Three or more times

98 DK

99 RF

**PH336**

Approximately how long was [your/his/her] hospital stays in total from all admissions (add up total number of days)?

1 <5 days

2 5-10 days

3 10-20 days

4 >20 days

**PH337**

On release from the hospital, did [you/Rname] need care

1 In a nursing home? **[PH337\_01]**

2 By a family member in your own home? **[PH337\_02]**

3 By the HSE or private nurse in your own home? **[PH337\_03]**

96 None of these **[PH337\_96]**

98 DK **[PH337\_98]**

99 RF **[PH337\_99]**

## 6.6 Falls/Fracture section

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW), GO TO PH414**

NOTE TO PROGRAMMER:

Create new set of variables PH414FFW5\_i that contain a list of

* all fractures fed forward from Wave 4 or Wave 5 depending on which is relevant as per INTSTATUSW6 variable and logic below

This can be updated for subsequent waves. The logic for creating the above variable is as follows:

FOR i = 01 TO 03

IF (INTSTATUSW6 = 1 & PH414FF\_i (wave 5) = 1) OR (INTSTATUSW6 = 3 & PH414FF\_i (wave 4) = 1),

THEN PH414FFW5\_i = 1; OTHERWISE PH414FFW5\_i = 0

**PH414a**

Last time you were interviewed, you told us that you had fractured your (insert fracture locations from PH414FFW5\_i).

1 Continue **GO TO PH414**

2 Respondent disputes having one/all of these conditions

**CONDITION DISPUTED**

|  |
| --- |
| **PH414X0**  IWER: Which fracture is being disputed  1 Hip (display if (PH414W5FF\_01= 1) **[PH414X0\_01]**  2 Wrist (display if (PH414W5FF\_02 = 1) **[PH414X0\_02]**  3 Back/spine (vertebral) (display if PH414W5FF\_03 = 1) **[PH414X0\_03]**  **IF (PH414X0\_01 = 1) THEN ASK**  **PH414X\_01**  It may be that we have a recording error about you fracturing your hip. Can you confirm, that ...READ OUT.  1 You never fractured your hip (error from previous wave)  2 The hip fracture was misdiagnosed  **IF (PH414X0\_02 = 1) THEN ASK**  **PH414X\_02**  It may be that we have a recording error about you fracturing your wrist. Can you confirm, that ...READ OUT.  1 You never fractured your wrist (error from previous wave)  2 The wrist fracture was misdiagnosed  **IF (PH414X0\_03 = 1) THEN ASK**  **PH414X\_03**  It may be that we have a recording error about you fracturing bones in your back/spine. Can you confirm, that ...READ OUT.  1 You never fractured bones in your back/spine (error from previous wave)  2 The back/spine fracture was misdiagnosed |

**PH414**

**IF (INTSTATUSW6= 2, 4, 5), USE WORDING ‘A’. OTHERS, USE WORDING ‘B’**

(A) [Have/Has] [you/Rname] ever fractured any of the following?

(B) Since your last interview, have you fractured any of the following?

IWER: CODE ALL THAT APPLY

1 Hip       **[ph414\_01]**

2 Wrist    **[ph414\_02]**

3 Bones in [your/his/her] back/spine (Vertebral)                 **[ph414\_03]**

95 Other (please specify) **[ph414\_95] [ph414oth]**

96 None of the above  **[ph414\_96]**

98 DK                        **[ph414\_98]**

99 RF                                       **[ph414\_99]**

(ELSA/HRS/WHO FRAX)

**IF (INTSTATUSW6 = 3 & PH414FFW5\_01=1 & PH414x0\_01≠1) OR (PH414\_01=1), GO TO PH438a**

**IF (INTSTATUSW6 = 3 & PH414FFW5\_02=1 & PH414x0\_02≠1) OR (PH414\_02=1), GO TO PH438b**

**IF (INTSTATUSW6 = 3 & PH414FFW5\_03=1 & PH414x0\_03≠1) OR (PH414\_03=1), GO TO PH438c**

**IF R INDICATES THAT THEY HAVE A HISTORY OF HIP, WRIST OR VERTEBRAL FRACTURE.... REPEAT THE FOLLOWING LOOP FOR EACH FRACTURE (I.E. PH438A TO PH441A FOR HIP; PH438B TO PH441B FOR WRIST; PH438C TO PH441C FOR VERTEBRAL)**

**PH438a**

[Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] hip?

1 Yes

5 No GO TO PH438b

98 DK GO TO PH438b

99 RF GO TO PH438b

**PH439A**

In what month/year did this fracture occur?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH439AM][PH439AY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH440A**

Was this fracture the result of a fall, a car accident or another event?

1 Fall

2 Car accident **GO TO PH438B**

95 Other event **GO TO PH438B**

98 DK **GO TO PH438B**

99 RF **GO TO PH438B**

IWER: SHOW CARD PH8 [page 30]

**PH441A**

Please look at card PH8 [page 30]. Which of the following best describes the circumstances of this fall?

1 Fell while sitting, standing still or walking slowly

2 Fell while walking quickly, jogging or running

3 Fell when turning

4 Fell when getting out of bed

5 Fell when sitting down, standing up or using the toilet

6 Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc.

95 Other (please specify in text box) **[PH441AOTH]**

98 DK

99 RF

**IF (INTSTATUSW6 = 3 & PH414FFW5\_02 = 1 & PH414X0\_02≠1) OR (PH414\_02=1) ASK PH438B, OTHERS GO TO PH438C.**

**PH438b**

[Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] wrist?

1 Yes

5 No **GO TO PH438C**

98 DK **GO TO PH438C**

99 RF **GO TO PH438C**

**PH439b**

In what month/year did this fracture occur?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH439BM][PH439BY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH440b**

Was this fracture the result of a fall, a car accident or another event?

1 Fall

2 Car accident **GO TO PH438C**

95 Other event **GO TO PH438C**

98 DK **GO TO PH438C**

99 RF **GO TO PH438C**

IWER: SHOW CARD PH8 [PAGE 30]

**PH441b**

Please look at card PH8 [page 30]. Which of the following best describes the circumstances of this fall?

1 Fell while sitting, standing still or walking slowly

2 Fell while walking quickly, jogging or running

3 Fell when turning

4 Fell when getting out of bed

5 Fell when sitting down, standing up or using the toilet

6 Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc

95 Other (please insert in text box) **[PH441BOTH]**

98 DK

99 RF

**IF (INTSTATUSW6 = 3 & PH414FFW5\_03 = 1 & PH414X0\_03≠1) OR (PH414\_03=1) ASK PH438C, OTHERS GO TO PH418.**

**PH438C**

[Were/Was] [you/Rname] aged 40 or over when [you/he/she] fractured [your/his/her] back/spine (vertebrae)?

1 Yes

5 No **GO TO PH418**

98 DK **GO TO PH418**

99 RF **GO TO PH418**

**PH439C**

In what month/year did this fracture occur?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH439CM][PH439CY]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH440c**

Was this fracture the result of a fall, a car accident or another event?

1 Fall

2 Car accident **GO TO PH418**

95 Other event **GO TO PH418**

98 DK **GO TO PH418**

99 RF **GO TO PH418**

IWER: SHOW CARD PH8 [PAGE 30]

**PH441C**

Please look at card PH8 [page 30]. Which of the following best describes the circumstances of this fall?

1 Fell while sitting, standing still or walking slowly

2 Fell while walking quickly, jogging or running

3 Fell when turning

4 Fell when getting out of bed

5 Fell when sitting down, standing up or using the toilet

6 Fell from a height e.g. off a chair, when using stairs, steps, ladders, etc

95 Other (please insert in text box) **[PH441COTH]**

98 DK

99 RF

**IF HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW, GO TO PH501**

IWER: HAND THE COGNITIVE MODULE BOOKLET TO THE RESPONDENT WITH THE 5-SIDED FIGURE (PAGE 5) SHOWING AND ALSO HAND [HIM/HER] A PEN THEN SAY “These are for you”.

**IWER: PAUSE FOR EXACTLY 5 SECONDS.**

ONLY IF NO RESPONSE, PROMPT:

'You were going to do something when I gave you the paper and pen. Can you remember what it was?'

IF RESPONDENT SAYS 'AM I SUPPOSED TO....?' THEN SAY:

'Do whatever you think you are supposed to do'

**PH418**

IWER: CODE WHETHER OR NOT YOU PROMPTED RESPONDENT.

1 No prompt given

2 Prompt given

**PH419**

Now take back the booklet and pen and code what respondent did when you handed them the booklet and pen.

1 Wrote their initials in top left hand corner

2 Wrote their initials somewhere else

3 Wrote something else in top left hand corner

95 Did something else

96 Did nothing/did not remember what to do

97 Unable to carry out the task

99 RF

## 6.7 Pain Section

**PH501**

[Are/Is] [you/Rname] often troubled with pain?

1 Yes **GO TO PH501A**

5 No **GO TO PH507**

98 DK **GO TO PH507**

99 RF **GO TO PH507**

(ELSA/HRS)

**PH501A**

Has this pain lasted more than 3 months?

1 Yes

5 No

98 DK

99 RF

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW), GO TO PH507**

IWER: CODE THE ONE THAT APPLIES

**PH502**

How bad is the pain most of the time? Is it...

IWER: READ OUT

1 Mild

2 Moderate

3 Severe

98 DK

99 RF

(ELSA/HRS)

**PH503**

Now thinking about this pain, in which part of your body is it most severe?

IWER CODE ALL THAT APPLY

1 Back **[PH503\_01]**

2 Hips **[PH503\_02]**

3 Knees **[PH503\_03]**

4 Feet **[PH503\_04]**

5 Mouth/teeth **[PH503\_05]**

7 Chest **[PH503\_07]**

8 Head **[PH503\_08]**

6 All over **[PH503\_06]**

95 Other (please specify) **[PH503\_95] [PH503OTH]**

98 DK **[PH503\_98]**

99 RF **[PH503\_99]**

**PH504**

Does the pain make it difficult for you to do your usual activities such as household chores or work?

1 Yes

5 No

98 DK

99 RF

(HRS)

**PH505**

Are you taking any medication to control the pain?

1 Yes

5 No

98 DK

99 RF

(ELSA)

IWER: SHOW CARD PH9 [PAGE 31]

**PH507**

Please look at card PH9 [PAGE 31]. Which best describes the teeth [you/Rname] [have/has]?

1. [I/He/She] [have/has] all [my/his/her] own natural teeth – none missing

2. [I/He/She] [have/has] [my/his/her] own teeth, no dentures – but some missing

3. [I/He/She] [have/has] dentures as well as some of [my/his/her] own teeth

4. [I/He/She] [have/has] full dentures

5. [I/He/She] [have/has] no teeth or dentures

98. DK

99. RF

(SLAN)

IWER: SHOW CARD PH1 [PAGE 16]

**PH508**

Would you say [your/Rname’s] dental health (mouth, teeth and/or dentures) is

IWER: CODE THE ONE THAT APPLIES

1. Excellent  
2. Very good

3. Good  
4. Fair

5. Poor

98. DK

99. RF

[ELSA wave 3]

IWER: SHOW CARD PH10 [PAGE 32]

**PH509**

In the past 6 months, have any problems with mouth, teeth or dentures caused [you/Rname] to have any of the following?

IWER: CODE ALL THAT APPLY (OUT OF THE FIRST 5 OPTIONS)

1. Difficulty eating food **[ph509\_01]**

2. Difficulty speaking clearly **[ph509\_02]**

3. Problems with smiling, laughing and showing teeth without embarrassment **[ph509\_03]**  
4. Problems with emotional stability, for example, becoming more easily upset than usual **[ph509\_04]**  
5. Problems enjoying the company of other people such as family, friends, or   
neighbours **[ph509\_05]**

96. None of these **[ph509\_96]**

98. DK **[ph509\_98]**

99. RF **[ph509\_99]**

[ELSA wave 3]

**PH510**

Over the last few years, how often [have/has] [you/he/she] visited the dentist?

1. More frequently than every 2 years

2. Less frequently than every 2 years

3. Never

98. DK

99. RF

IWER: SHOW CARD PH11 [PAGE 33]

**PH511**

If [you/he/she] needed a routine visit for dental care, which one of the following would [you/Rname] attend?

1. A general dental practice as a private patient [with or without PRSI reimbursement]

2. A general dental practice through the Medical Card Scheme

3. A HSE dentist at the local clinic

4. A Dental Hospital (either UCC or Trinity College Dublin)

5. A dental technician

98. DK

99. RF

**IF HH007 = 1 GO TO PH512; OTHERWISE GO TO NEXT SECTION**

**PH512**

And which of these was the main reason for your/his/her most recent visit to the dentist?

1. For a check-up, including routine scaling/cleaning
2. Because of pain
3. Where treatment was needed, but no pain
4. Other (specify: \_\_\_\_\_ ) **[PH512OTH]**
5. Don’t Know
6. Refused

## 6.8 Incontinence section

**IF HH007 = 2 GO TO PH601; OTHERWISE GO TO NEXT SECTION**

**INTRO:** READ OUT We are interested in finding out more about problems that affect people’s quality of life.

**PH601**

During the last 12 months, [have/has][you/Rname] lost any amount of urine beyond [your/his/her] control?

1. Yes

5. No **GO TO PH701**

98. DK **GO TO PH701**

99. RF **GO TO PH701**

(ELSA/HRS)

**PH602**

Did this happen more than once during a 1 month period?

1. Yes

5. No

98. DK

99. RF

(ELSA)

**PH603**

[Have/Has] [you/he/she] ever mentioned this problem to a doctor, nurse or other health professional?

1. Yes

5. No

98. DK

99. RF

(ELSA)

**PH604**

[Do/Does] [you/he/she] ever limit [your/his/her] activities, for example, what [you/he/she] [do/does] or where [you/he/she] [go/goes], because of urinary incontinence?

1. Yes

5. No

98. DK

99. RF

(TILDA)

## 6.9 Medical tests

**IF (INTSTATUSW6 = 2, 4, 5), GO TO PH701, OTHERS GO TO PH701a**

**INTRO**

[Have/Has] [you/Rname] ever had any of the following medical tests or procedures?

**PH701**

A flu vaccination?

1 Yes **GO TO PH731**

5 No **GO TO PH739**

98 DK **GO TO PH739**

99 RF **GO TO PH739**

(HRS)

**PH701a**

Since your last interview, have you had a flu vaccination?

1 Yes **GO TO PH731**

5 No **GO TO PH739**

98 DK **GO TO PH739**

99 RF **GO TO PH739**

(HRS)

**PH731**

Did [you/he/she] get a flu vaccination for

1 The 2020/2021 winter

2 The 2021/2022 winter \*

3 Both the 2020/2021 and 2021/2022 winters \*

5 No

98 DK

99 RF

Note: \*OPTIONS 2 and 3 should appear IF (Date of interview is after 30th September 2021)

**PH732**

Did [you/he/she] get a flu vaccination from:

1 A GP

2 A nurse in a GP surgery

3 A pharmacist

4 Occupational health (i.e., at work)

95 Other, please specify **[ph732oth]**  
98 DK

99 RF

**PH739**

[Have/Has] [you/Rname] ever had a pneumococcal vaccination (pneumonia vaccine)?

1 Yes **GO TO PH740**

5 No **GO TO PH742**

98 DK **GO TO PH742**

99 RF **GO TO PH742**

**PH740**

Did [you/he/she] get the vaccination from:

1 A GP

2 A nurse in a GP surgery

3 A pharmacist

4 Occupational health (i.e., at work)

95 Other, please specify **[ph740oth]**

98 DK

99 RF

**PH741**

[Do/Does] [you/he/she] regularly get the pneumococcal vaccination, for example approximately every five years?

1 Yes

5 No

98 DK

99 RF

**IF PH739 = 5, 98, 99 ASK PH742; OTHERWISE GO TO PH755**

**PH742**

Did any of the following ever speak to [you/him/her] about the pneumococcal vaccination?

IWER: Code all that apply.

1 A GP

2 A nurse in a GP surgery

3 A pharmacist

4 Occupational health (i.e., at work)

95 Other, please specify **[ph742oth]**

96 None of the above

98 DK

99 RF

**PH755**

[Have/Has] [you/Rname] ever had a COVID-19 vaccination?

1 Yes **GO TO PH756**

5 No **GO TO PH744**

98 DK

99 RF

**PH744**

Which of the following, if any, are reasons that [you/he/she] [are/is] [the answer of PH755]

1. I am concerned about the side effects and safety

2. I am concerned that the covid-19 vaccine is being developed too fast

3. I think the covid-19 vaccine will not work

4. I already had COVID-19 so I think should be immune

5. I am worried the vaccine could give me COVID-19

6. I think COVID-19 is not a serious illness

8. I don’t like vaccines

9. I don’t like needles

95. Other, please specify **[PH744OTH]**

98. DK

99. RF

**IF PH755 = 5, 98, 99 GO TO PH764**

**PH756**

Which type of vaccine did [you/he/she] receive for your first dose?

1. Pfizer/ Comirnaty

2. Astrazeneca/ Vaxzevria

3. Moderna/ Spikevax

4. Johnson & Johnson/ Janssen

95. Other, please specify **[PH756OTH]**

98. DK

99. RF

**PH748\_01**

What dates did [you/he/she] receive your first vaccine?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH748\_01M][PH748\_01Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH757**

Which type of vaccine did [you/he/she] receive for your second dose?

1. Pfizer/ Comirnaty

2. Astrazeneca/ Vaxzevria

3. Moderna/ Spikevax

4. Johnson & Johnson/ Janssen

5. I didn’t get the second dose

95. Other, please specify **[PH757OTH]**

98. DK

99. RF

**IF PH757 = 5 GO TO PH764**

**PH748\_02**

What dates did [you/he/she] receive your second vaccine?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH748\_02M][PH748\_02Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH758**

Which type of vaccine did [you/he/she] receive for your first booster?

1. Pfizer/ Comirnaty

2. Astrazeneca/ Vaxzevria

3. Moderna/ Spikevax

4. Johnson & Johnson/ Janssen

5. I didn’t get the booster

95. Other, please specify **[PH758OTH]**

98. DK

99. RF

**IF PH758 = 5 GO TO PH764**

**PH759\_01**

What dates did [you/he/she] receive your first booster?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH759\_01M][PH759\_01Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH760**

Which type of vaccine did [you/he/she] receive for your second booster?

1. Pfizer/ Comirnaty

2. Astrazeneca/ Vaxzevria

3. Moderna/ Spikevax

4. Johnson & Johnson/ Janssen

5. I didn’t get the second booster

95. Other, please specify **[PH759OTH]**

98. DK

99. RF

**PH759\_02**

What dates did [you/he/she] receive your second booster?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH759\_02M][PH759\_02Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH761**

Would [you/Rname] continue to receive COVID-19 booster vaccines as recommended by public health officials?

1 Yes

5 No

98 DK

99 RF

**PH764**

Do you think that you had COVID more than three times?

1 Yes

5 No

98 DK

99 RF

**PH765**

Do you think that you experienced any symptoms associated with Long COVID?

1 Yes

5 No

98 DK

99 RF

**IF (INTSTATUSW6 = 2, 4, 5), GO TO PH702, OTHERS GO TO PH702a**

**PH702**

[Have/Has] [you/he/she] had a blood test for cholesterol?

1 Yes

5 No

98 DK

99 RF

(HRS)

**GO TO PH734**

**PH702a**

Since your last interview, have you had a blood test for cholesterol?

1 Yes

5 No

98 DK

99 RF

(HRS)

**IF HH007 = 1 GO TO PH734**

**IF HH007 = 2 & (GD002 = 2 (FEMALE)) GO TO PH703. IF HH007 = 2 & (GD002 = 1 (MALE)) GO TO PH734.**

**PH703**

Have you gone through or are you currently going through the menopause?

1. Yes – gone through the menopause already

2. Yes – currently going through the menopause

5. No **GO TO PH734**

98. DK **GO TO PH734**

99. RF **GO TO PH734**

(HRS/TILDA)

**PH704**

Can you remember approximately what age you were when it started?

13….97

-98. DK

-99. RF

(TILDA)

IWER: SHOW CARD PH12 [PAGE 34]

**PH705**

Since menopause, have you used prescription hormones (examples given on card)

1. Yes, currently taking hormones **GO TO PH706**

2. Yes, but no longer taking hormones **GO TO PH707**

5. No **GO TO PH734**

98. DK **GO TO PH734**

99. RF **GO TO PH734**

(NSHAP)

**PH706**

For how many years have you been taking prescription hormones?

1 … 100

-98. DK

-99. RF

(TILDA)

IF PH705 = 2 ASK PH707 OTHERS GO TO PH734

**PH707**

For how many years did you take prescription hormones?

1….100

-98. DK

-99. RF

**PH734**

[Have/Has] [you/Rname] had [your/his/her] blood pressure measured in the last twelve months?

1 Yes

2 No

98 DK

99 RF

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW), GO TO PH712**

**PH728**

Have you had a stool test, or Colonoscopy to screen for cancer?

Note - If R requires further clarification, IWER to read out:

The stool test detects small amounts of blood in your faeces which you would not normally see or be aware of. Faeces are sometimes called stools or motions. A colonoscopy is a test that allows your doctor to look at the inner lining of your large intestine (rectum and colon). He or she uses a thin, flexible tube called a colonoscope to look at the colon. A colonoscopy helps find ulcers, colon polyps, tumors, and areas of inflammation or bleeding. Colonoscopy can also be used as a screening test to check for cancer or precancerous growths in the colon or rectum.

1 Yes, a stool Test **GO TO PH729**

2 Yes, a Colonoscopy **GO TO PH730**

3 Yes, both **GO TO PH729**

5 No **GO TO PH708**

98 DK **GO TO PH708**

99 RF **GO TO PH708**

**PH729**

When was your most recent stool test?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH729M] [PH729Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF PH728 = 3 GO TO PH730. OTHERS GO TO PH708**

**PH730**

When was your most recent Colonoscopy?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH730M] [PH730Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (GD002 = 2 (FEMALE)) GO TO PH708. IF (GD002 = 1 (MALE)) GO TO PH710.**

**PH708**

Do you check your breasts for lumps regularly?

1 Yes

5 No

98 DK

99 RF

(HRS)

**IF (INTSTATUSW6=2), GO TO PH709, OTHERS GO TO PH709a**

**PH709**

Have you had a mammogram or x-ray of the breast, to search for cancer

1 Yes **GO TO PH733**

5 No **GO TO PH725**

98 DK **GO TO PH725**

99 RF **GO TO PH725**

(HRS)

**PH709a**

Since your last interview, have you had a mammogram or x-ray of the breast, to search for cancer?

1 Yes **GO TO PH733**

5 No **GO TO PH725**

98 DK **GO TO PH725**

99 RF **GO TO PH725**

(HRS)

**PH733**

When was your most recent mammogram?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH733M] [PH733Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**IF (INTSTATUSW6=2), ASK PH725, OTHERS GO TO PH719**

**PH725**

Approximately how old were you when you began your menstrual cycle?

1… 20

-98 DK

-99 RF

**GO TO PH719**

**IF (GD002 = 1 ‘MALE’) ASK PH710, OTHERS GO TO PH719**

**IF (INTSTATUSW6 = 2), GO TO PH710, OTHERS GO TO PH710a**

**PH710**

Have you had an examination of your prostate to screen for cancer?

1 Yes

5 No

98 DK

99 RF

(HRS)

**GO TO PH711**

**PH710a**

Since your last interview, have you had an examination of your prostate to screen for cancer?

1 Yes

5 No

98 DK

99 RF

(HRS)

**IF INTSTATUSW6=2, GO TO PH711, OTHERS GO TO PH711a**

**PH711**

A PSA blood test to screen for cancer?

NOTE: PSA blood test is a test to screen for prostate cancer

1 Yes **GO TO PH727**

5 No **GO TO PH719**

98 DK **GO TO PH719**

99 RF **GO TO PH719**

(HRS)

**PH711a**

Since your last interview, have you had a PSA blood test to screen for cancer?

NOTE: PSA blood test is a test to screen for prostate cancer

1 Yes **GO TO PH727**

5 No **GO TO PH719**

98 DK **GO TO PH719**

99 RF **GO TO PH719**

(HRS)

**PH727**

When was your most recent PSA blood test?

(MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_\_ **[PH727M] [PH727Y]**

\_\_\_\_\_\_ DK RF MONTH

\_\_\_\_\_\_ DK RF YEAR

**PH719**

Approximately how much do you weigh?

IWER: CODE HOW ANSWER IS GIVEN

1 KILOGRAMS **GO TO PH720**

2 STONES AND POUNDS **GO TO PH721**

98 DK **GO TO PH722**

99 RF **GO TO PH722**

**PH721**

\_\_\_\_ STONES **[PH721S]**

\_\_\_\_ POUNDS **[PH721P]**

**GO TO PH722**

**PH720**

\_\_\_\_ KG

**PH722**

How tall are you?

IWER: CODE HOW ANSWER IS GIVEN

1 CENTIMETRES **GO TO PH723**

2 FEET AND INCHES **GO TO PH724**

98 DK

99 RF

**IF (PH722\_98 =1 OR PH722\_99 =1) AND (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO FL001**

**IF (PH722\_98 =1 OR PH722\_99 =1) AND PH116 = 1 GO TO PH712 (LIST READ OUT BY COMPUTER)**

**IF (PH722\_98 =1 OR PH722\_99 =1) AND PH116 = 2 GO TO PH713 (LIST READ OUT BY INTERVIEWER)**

**PH723**

IWER: ENTER HEIGHT IN CENTIMETRES

\_\_\_\_ CM

**PH724**

IWER: ENTER HEIGHT IN FEET AND INCHES

\_\_\_\_ FEET **[PH724F]**

\_\_\_\_ INCHES **[PH724I]**

**NOTE: CAPI SCRIPT TO CALCULATE BMI AND CHECK IT IS WITHIN A VALID RANGE.**

**IF HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO FL001**

**IF PH116 = 1 GO TO PH712 (List read out by computer)**

**IF PH116 = 2 GO TO PH713 (List read out by interviewer)**

**TIMESTAMP HERE**

**PH712**

A little while ago, the computer read you a list of words twice, and you repeated the ones you could remember. Please tell me any of the words that you can remember now?

IWER: WRITE THE WORDS IN PAGE 9 OF THE BOOKLET PROVIDED. ALLOW AS MUCH TIME AS THE RESPONDENT WISHES, UP TO 2 MINUTES. ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS.

0… 10

-99 RF

(SHARE/ELSA/HRS)

**GO TO PH714**

**TIMESTAMP HERE**

**PH713**

A little while ago, I read you a list of words twice, and you repeated the ones you could remember. Please tell me any of the words that you can remember now?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

IWER: WRITE THE WORDS IN PAGE 9 OF THE BOOKLET PROVIDED. ALLOW AS MUCH TIME AS THE RESPONDENT WISHES, UP TO 2 MINUTES. ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS.

0… 10

-99 RF

(SHARE/ELSA/HRS)

**PH714**

IWER READ OUT: That is the end of the memory and concentration tasks.

**IWER: PAUSE FOR EXACTLY FIVE SECONDS**

IWER: ONLY IF NO RESPONSE, PROMPT: **“**You were going to do something when I said that. Can you remember what it was?**”**

IF RESPONDENT SAYS **'**Am I supposed to .....?' THEN SAY: 'Do whatever you think you are supposed to do**.'**

IWER: CODE WHETHER OR NOT YOU PROMPTED RESPONDENT.

1 Prompt not given

2 Prompt given

**PH715**

IWER: CODE WHAT RESPONDENT DID

1 Reminded you to record the time

2 Did something else

3 Did nothing/did not remember what to do

99 RF

**PH716**

IWER: DURING THE COGNITIVE FUNCTION TEST WERE THERE ANY FACTORS THAT MAY HAVE IMPAIRED THE RESPONDENT'S PERFORMANCE ON THE TESTS?

1 YES **GO TO PH717**

5 NO **GO TO MH023**

**PH717**

IWER: WHAT WERE THESE FACTORS?

IWER: CODE ALL THAT APPLY

01 Blind or poor eyesight **[PH717\_01]**

02 Deaf or hard of hearing **[PH717\_02]**

03 Hand tremors affecting writing ability **[PH717\_03]**

04 In pain **[PH717\_04]**

05 Has an illness or physical impairment that affects ability to

perform the test **[PH717\_05]**

06 Too tired **[PH717\_06]**

07 Other physical impairment **[PH717\_07]**

08 Impaired concentration/memory (e.g. because taking medication) **[PH717\_08]**

09 Has dementia **[PH717\_09]**

10 Nervous or anxious **[PH717\_10]**

11 General memory problems **[PH717\_11]**

12 Other mental impairment **[PH717\_12]**

13 Interrupted by phone call or visitor **[PH717\_13]**

14 Noisy environment **[PH717\_14]**

15 Someone else in the room **[PH717\_15]**

16 Problems with the laptop **[PH717\_16]**

17 Other distraction **[PH717\_17]**

18 Had difficulty understanding English **[PH717\_18]**

19 Literacy problems **[PH717\_19]**

95 Other **[PH717\_95]**

## 6.10 Satisfaction

**IF HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO FL001**

IWER: SHOW CARD PH14 [PAGE 35]

IWER: READ OUT:

The following questions are about life satisfaction. I am going to read a list of statements. Please look at card PH14 [page 35]. In a scale from 1 to 7, where ‘1’ means strongly disagree and ‘7’ means strongly agree, please say how much you agree or disagree with the following statement: 1 … 7

**MH023**

I am satisfied with my life

1… 7

98 DK

99 RF

IWER: SHOW CARD PH14 [PAGE 35]

**PH735**

In most ways my life is close to ideal

1 Strongly disagree  
2 Disagree

3 Slightly disagree  
4 Neither disagree nor agree

5 Slightly agree  
6 Agree  
7 Strongly agree

98 DK

99 RF

IWER: SHOW CARD PH14 [PAGE 35]

**PH736**

The conditions of my life are excellent

1 Strongly disagree  
2 Disagree

3 Slightly disagree  
4 Neither disagree nor agree

5 Slightly agree  
6 Agree  
7 Strongly agree

98 DK

99 RF

IWER: SHOW CARD PH14 [PAGE 35]

**PH737**

I have gotten the important things I want from life

1 Strongly disagree  
2 Disagree

3 Slightly disagree  
4 Neither disagree nor agree

5 Slightly agree  
6 Agree  
7 Strongly agree

98 DK

99 RF

IWER: SHOW CARD PH14 [PAGE 35]

**PH738**

If I could live my life again, I would change almost nothing

1 Strongly disagree  
2 Disagree

3 Slightly disagree  
4 Neither disagree nor agree

5 Slightly agree  
6 Agree  
7 Strongly agree

98 DK

99 RF

IWER: NOW STOP USING SHOWCARD PH14

**IF (HH005 = 1) ASK PH718, OTHERS GO TO NEXT SECTION**

**PH718**

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN

SECTION PH?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL TIMES

# SECTION 7. I(ADL) & HELPERS (FL)

## 7.1 Difficulties with activities of daily life

**INTRO**

IWER read out: We need to understand the difficulties people may have with various activities

IWER: IF R IS CONFINED TO BED OR A WHEELCHAIR, READ THE FOLLOWING STATEMENT: ‘I am required to ask about all of these activities. I realise that [you/rname] may not be able to do some of them, but I would appreciate it if you would just confirm that with me as we go through the list.’

IWER: SHOW CARD FL1 [PAGE 36]

**FL001**

Please look at card FL1 [page 36]. Because of a physical or mental health problem, [do/does] [you/Rname] have difficulty doing any of the activities on this card? Exclude any difficulties that you expect to last less than three months.

IWER: READ EACH ONE OF THE DIFFICULTIES

IWER: PROBE: ANY OTHERS? CODE ALL THAT APPLY

1 Walking 100 meters (100 yards) **[FL001\_01]**

2 Running or jogging about 1. 5 kilometres (1 mile) **[FL001\_02]**

3 Sitting for about two hours **[FL001\_03]**

4 Getting up from a chair after sitting for long periods **[FL001\_04]**

5 Climbing several flights of stairs without resting **[FL001\_05]**

6 Climbing one flight of stairs without resting  **[FL001\_06]**

7 Stooping, kneeling, or crouching **[FL001\_07]**

8 Reaching or extending [your/his/her] arms above shoulder level **[FL001\_08]**

9 Pulling or pushing large objects like a living room chair **[FL001\_09]**

10 Lifting or carrying weights over 10 pounds/5 kilos, like a

heavy bag of groceries **[FL001\_10]**

11 Picking up a small coin from a table **[FL001\_11]**

96 None of these **GO TO FL025 [FL001\_96]**

98 DK **GO TO FL025 [FL001\_98]**

99 RF **GO TO FL025 [FL001\_99]**

(SHARE)

IWER: SHOW CARD FL2 [PAGE 37].

**FL002**

Please look at card FL2 [page 37]. Because of a health or memory problem, [do/does] [you/Rname] have difficulty doing any of the activities on this card? Again exclude any difficulties you expect to last less than three months.

IWER: READ EACH ONE OF THE DIFFICULTIES

IWER: CODE ALL THAT APPLY

1 Dressing, including putting on shoes and socks

**GO TO FL057 [fl002\_01]**

2 Walking across a room **GO TO FL006 [fl002\_02]**

3 Bathing or showering **GO TO FL009 [fl002\_03]**

4 Eating, such as cutting up [your/his/her] food

**GO TO FL012 [fl002\_04]**

5 Getting in or out of bed **GO TO FL014 [fl002\_05]**

6 Using the toilet, including getting up or down

**GO TO FL017 [fl002\_06]**

96 None of these **GO TO FL025 [fl002\_96]**

98 DK **GO TO FL025 [fl002\_98]**

99 RF **GO TO FL025 [fl002\_99]**

(SHARE)

IWER: SHOW CARD FL3 [PAGE 38]

**FL057**

Please look at card FL3 [page 38]. When dressing, [Do/Does] [you/he/she] have difficulty with any of the activities on this card?

IWER: CODE ALL THAT APPLY

1 Putting on top/shirt **[FL057\_01]**

2 Taking off top/shirt **[FL057\_02]**

3 Putting on pants/trousers **[FL057\_03]**

4 Taking off pants/trousers **[FL057\_04]**

5 Putting on socks **[FL057\_05]**

6 Taking off socks **[FL057\_06]**

7 Putting on shoes **[FL057\_07]**

8 Taking off shoes **[FL057\_08]**

9 Manipulating fastenings **[FL057\_09]**

95 Other (Please specify) **[FL057\_95] [FL057oth]**

96 None of these **[FL057\_96]**

98 DK **[FL057\_98]**

99 RF **[FL057\_99]**

**FL003**

[Do/Does] [you/he/she] ever use equipment or devices to help [you/him/her] get dressed?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL005**

Does anyone ever help [you/him/her] with dressing including putting on shoes and socks?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**CAPI:**

**IF FL002\_02=1 – GO TO FL006**

**IF FL002\_03=1 – GO TO FL009**

**IF FL002\_04=1 – GO TO FL012**

**IF FL002\_05=1 – GO TO FL014**

**IF FL002\_06=1 – GO TO FL017**

**OTHERWISE GO TO FL020**

**FL006**

[Do/Does] [you/he/she] ever use equipment or devices such as a walking stick or frame when crossing a room?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL008**

Does anyone ever help [you/him/her] with walking across a room?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL009**

[Do/Does] [you/he/she] ever use equipment or devices such as a shower seat, grab rails, hand-held shower when bathing or showering?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL011**

Does anyone ever help [you/him/her] with bathing or showering?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL012**

[Do/Does] [you/he/she] ever use special utensils or special dishes when [you/he/she] [eat/eats]?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL013**

Does anyone ever help [you/him/her] with eating?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL014**

[Do/Does] [you/he/she] ever use equipment or devices such as a stick, frame or wheelchair when getting in or out of bed?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL016**

Does anyone ever help [you/him/her] with getting into or out of bed?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL017**

[Do/Does] [you/he/she] ever use equipment or devices such as a raised toilet seat or portable toilet, when using the toilet?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL019**

Does anyone ever help [you/him/her] with using the toilet, including getting on and off the toilet?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**IF FL005=1 OR FL008=1 OR FL011=1 OR FL013=1 OR FL016=1 OR FL019=1, (i.e. IF RECEIVES HELP WITH ANY OF THE ACTIVITIES) DO NOT ASK FL059**

**FL059**

Thinking about all of these activities, would you say that [you/he/she] need[s] help?

1  All of the time

2  Most of the time

3  Some of the time

4  None of the time

98 DK

99 RF

**IF FL005=1 OR/AND FL008=1 OR/AND FL011=1 OR/AND FL013=1 OR/AND FL016=1 OR/AND FL019=1 - GO TO FL020**

**OTHERWISE GO TO FL025**

**FL020**

Who most often helps [you/him/her] with (getting across a room / dressing / bathing / eating / getting in / out of bed / using the toilet)?

IWER: CODE THE ONE THAT APPLIES

**CAPI: GENERATE A LIST OF POTENTIAL HELPERS USING DYNAMIC ROUTING. THE SPOUSE/PARTNER OF THE RESPONDENT AND CURRENT HOUSEHOLD MEMBERS CAN BE FED FORWARD FROM COVER SCREEN. IF THE FAMILY RESPONDENT HAS COMPLETED THE TC SECTION THEN A LIST OF NON-RESIDENT CHILDREN CAN BE DISPLAYED. IF THE FAMILY RESPONDENT HAS NOT COMPLETED THE TC SECTION THEN DO NOT DISPLAY NON-RESIDENT CHILDREN. INSTEAD MAKE CODE 92 AVAILABLE.**

**[DISPLAY BY CAPI]**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Relationship** |
| 1. |  | Spouse/partner name |
| 2-19 | Through N\_HH member’s name | Householders |
| 20-49 | Through N\_children’s name | Non-resident children |
|  | [ROW PROVIDED BY CAPI AS NECESSARY] |  |
| 92 | Non-resident child |  |
| 93 | OTHER NOT IN THE LIST\_SPECIFY: | Non-coresident relative. Specify : |
| 94 | OTHER NOT IN THE LIST\_SPECIFY : | Non-relative. Specify: |
| 95 | OTHER NOT IN THE LIST\_SPECIFY | Paid by R or by other sources |
| 96 | EMPLOYEE(S) OF NURSING HOME |  |
| 97 |  | SPECIFY: |
| 98 | DK |  |
| 99 | RF |  |

NOTE: "EMPLOYEE(S) OF NURSING HOME" APPEARS ON LIST ONLY FOR AN R CURRENTLY LIVING IN A NURSING HOME (HH002 == 2)

**CAPI: IF THE IWER MARKS CODE 92 THEN ASK FL020O1, FL020A, FL020B AND USE THE LOOK-UP FILE TO IDENTIFY THIS NON-RESIDENT CHILD.**

**IF FL020=94 OR 95 THEN ASK FL020O2**

**IF FL020=93 THEN ASK FL020O1, FL020A, FL020B FL020G, FL020C, FL020E**

**OTHERWISE GO TO FL022**

**FL020o2**

Please specify name of <FL020>

Text up to 60 characters

**GO TO FL022**

**FL020o1**

Please specify name of <FL020>

Text up to 60 characters

**FL020a**

Is <FL020> male or female?

1 Male

2 Female

**FL020b**

How old is <FL020>?

Range 4-97

-98 DK

-99 RF

**IF (FL020b = -98, -99) ASK FL020b1.**

**Populate answer from FL020b otherwise**

**FL020b1**

Please estimate this person’s age

1 Under 16

2 16 - 24

3 25-49

4 50-59

5 60-64

6 65 or over

**FL020g**

What is that person's relationship to you?

|  |  |
| --- | --- |
| **MALES** | **FEMALES** |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |

**CAPI: IF (FL020B1 = 1 (UNDER 16)) SET FL020E = 3 (SINGLE)**

**FL020e**

What is <FL020>’s present marital status?

1 Married

2 Living with a partner as if married

3 Single (never married)

4 Separated

5 Divorced

6 Widowed

98 DK

99 RF

(HRS/MHAS)

**FL022**

Does anyone else help [you/him/her] with this activity/these activities?

**CAPI: REPEAT FL022 TO FL023 FOR UP TO 3 NAMES**

1 Yes

5 No

98 DK

99 RF

(HRS)

**CAPI: GENERATE A LIST OF POTENTIAL HELPERS USING DYNAMIC ROUTING. THE SPOUSE/PARTNER OF THE RESPONDENT AND CURRENT HOUSEHOLD MEMBERS CAN BE FED FORWARD FROM COVER SCREEN. IF THE FAMILY RESPONDENT HAS COMPLETED THE TC SECTION THEN A LIST OF NON-RESIDENT CHILDREN CAN BE DISPLAYED. IF THE FAMILY RESPONDENT HAS NOT COMPLETED THE TC SECTION THEN DO NOT DISPLAY NON-RESIDENT CHILDREN. INSTEAD MAKE CODE 92 AVAILABLE.**

**FL023**

Who is that?  **[FL023\_01 TO FL023\_03]**

IWER: CODE THE ONE THAT APPLIES

|  |  |  |
| --- | --- | --- |
| 1 |  | Spouse/partner name |
| 2-19 | Through N\_HH member’s name | Householders |
| 20-49 | Through N\_children’s name | Non-resident children |
|  | [ROW PROVIDED BY CAPI AS NECESSARY] |  |
| 92 | Non-resident child |  |
| 93 | OTHER NOT IN THE LIST\_SPECIFY: | Non-coresident relative. Specify: |
| 94 | OTHER NOT IN THE LIST\_SPECIFY: | Non-relative. Specify: |
| 95 | OTHER NOT IN THE LIST\_SPECIFY | Paid by R or by other sources |
| 96 | EMPLOYEE(S) OF NURSING HOME |  |
| 97 |  | SPECIFY: |
| 98 | DK |  |
| 99 | RF |  |

NOTE: "EMPLOYEE(S) OF NURSING HOME" APPEARS ON LIST ONLY FOR AN R CURRENTLY LIVING IN A NURSING HOME (HH002 == 2)

**CAPI: IF THE RESPONDENT MARKS CODE 92 THEN ASK FL023O1, FL023A, FL023B AND USE THE LOOK-UP FILE TO IDENTIFY THIS NON-RESIDENT CHILD.**

**IF FL023=94 OR 95 THEN ASK FL023O2**

**IF FL020=93 THEN ASK FL023O1, FL023A, FL023B FL023G, FL023C, FL023E**

**OTHERWISE GO TO FL025**

**FL023o2**

Please specify name of <FL023>

Text up to 60 characters

**GO TO FL025**

**FL023o1**

Please specify name of <FL023>

Text up to 60 characters

**FL023a**

Is <FL023> male or female?

(CODE OR ASK IF UNSURE)

1 Male

2 Female

**FL023b**

How old is <FL023>?

Range 4-97

-98 DK

-99 RF

**CAPI: IF (FL023B = -98, -99) ASK FL023B1. POPULATE ANSWER FROM FL023B OTHERWISE**

**FL023b1**

Please estimate this person’s age

1 Under 16

2 16 - 24

3 25-49

4 50-59

5 60-64

6 65 or over

**FL023g**

What is that person's relationship to [you/him/her]?

|  |  |
| --- | --- |
| **MALES** | **FEMALES** |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |

**CAPI: IF (FL023b1 = 1 (Under 16)) set FL023e = 3 (Single)**

**FL023e**

What is <FL023>’s present marital status?

1 Married

2 Living with a partner as if married

3 Single (never married)

4 Separated

5 Divorced

6 Widowed

98 DK

99 RF

(HRS/MHAS)

AFTER COLLECTING INFORMATION ABOUT HELPERS, IWER: READ OUT “We would appreciate if you could tell this person / these people that you have provided THIS INFORMATION TO GIVE US A BETTER UNDERSTANDING OF YOUR CIRCUMSTANCES.”

## 7.2 Difficulties with instrumental activities of daily life

IWER: IF RESPONDENT SELECTS MORE THAN ONE DIFFICULTY ENTER THE CODE FOR THAT CONDITION AND GO TO THE ROUTED QUESTIONS. ONCE COMPLETE, ENTER THE CODE FOR THE NEXT CONDITION AND GO TO THE ROUTED QUESTIONS UNTIL ALL DIFFICULTIES ARE ENTERED. WHEN ALL CONDITIONS ARE ENTERED GO TO FL031

IWER: SHOW CARD FL5 [PAGE 40]

**FL025**

Please look at card FL5 [page 40]. Because of a health or memory problem, [do/does] [you/Rname] have difficulty doing any of the activities on this card? Again exclude any difficulties you expect to last less than three months.

IWER: READ EACH ONE OF THE DIFFICULTIES

IWER: CODE ALL THAT APPLY

1 Preparing a hot meal **GO TO FL026 [fl025\_01]**

2 Doing household chores (laundry, cleaning)

**GO TO FL026 [fl025\_02]**

3 Shopping for groceries **GO TO FL026 [fl025\_03]**

4 Making telephone calls **GO TO FL029 [fl025\_04]**

5 Taking medications **GO TO FL030 [fl025\_05]**

6 Managing money, such as paying bills and keeping track of expenses **GO TO FL031 [fl025\_06]**

7 Going outside the home alone to shop or to visit a doctor’s surgery **GO TO FL058 [fl025\_07]**

96 None of these **GO TO FL042 [fl025\_96]**

98 DK **GO TO FL042 [fl025\_98]**

99 RF **GO TO FL042 [fl025\_99]**

IWER: PROBE: ANY OTHERS?

**CAPI:**

**IF FL025\_01=1 – GO TO FL026**

**IF FL025\_02=1 – GO TO FL026**

**IF FL025\_03=1 – GO TO FL026**

**IF FL025\_04=1 – GO TO FL029**

**IF FL025\_05=1 – GO TO FL030**

**IF FL025\_06=1 – GO TO FL031**

**IF FL025\_07=1 – GO TO FL058**

**FL026**

Does anyone help [you/him/her] with [preparing a hot meal,/ doing household chores,/ shopping for groceries?]

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL029**

Does anyone help [you/him/her] make phone calls?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL030**

Does anyone help [you/him/her] take [your/his/her] medications?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL031**

Does anyone help [you/him/her] with managing [your/his/her] own money?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA)

**FL058**

Does anyone help [you/him/her] to go outside the home alone or to visit a doctor’s surgery?

1 Yes

5 No

98 DK

99 RF

**IF FL026=1 OR FL029=1 OR FL030=1 OR FL031=1 OR FL058=1**

**(I.E. IF RECEIVES HELP WITH ANY OF THE ACTIVITIES), DO NOT ASK FL060**

**FL060**

Thinking about all of these activities, would you say that [you/he/she] need[s] help?

1  All of the time

2  Most of the time

3  Some of the time

4  None of the time

98 DK

99 RF

**IF FL026=1 AND/OR FL029=1 AND/OR FL030=1 GO TO FL032**

**IF FL031=1 GO TO FL037**

**CAPI: GENERATE A LIST OF POTENTIAL HELPERS USING DYNAMIC ROUTING. THE SPOUSE/PARTNER OF THE RESPONDENT AND CURRENT HOUSEHOLD MEMBERS CAN BE FED FORWARD FROM COVER SCREEN. IF THE FAMILY RESPONDENT HAS COMPLETED THE TC SECTION THEN A LIST OF NON-RESIDENT CHILDREN CAN BE DISPLAYED. IF THE FAMILY RESPONDENT HAS NOT COMPLETED THE TC SECTION THEN DO NOT DISPLAY NON-RESIDENT CHILDREN. INSTEAD MAKE CODE 92 AVAILABLE.**

**[fl032] – select person from the household list**

**FL032**

Who most often helps [you/him/her] with (preparing meals/doing household chores/shopping for groceries/making telephone calls/[your/his/her] medications)?

IWER: CODE THE ONE THAT APPLIES

|  |  |  |
| --- | --- | --- |
| 1 |  | Spouse/partner name |
| 2-19 | Through N\_HH member’s name | householders |
| 20-49 | Through N\_children’s name | non-resident Children |
|  | [ROW PROVIDED BY CAPI AS NECESSARY] |  |
| 92 | Non-resident child |  |
| 93 | OTHER NOT IN THE LIST\_SPECIFY: | Non-coresident relative. Specify: |
| 94 | OTHER NOT IN THE LIST\_SPECIFY: | Non-relative. Specify: |
| 95 | OTHER NOT IN THE LIST\_SPECIFY | Paid by R or by other sources |
| 96 | EMPLOYEE(S) OF NURSING HOME |  |
| 97 |  | SPECIFY: |
| 98 | DK |  |
| 99 | RF |  |

NOTE: "EMPLOYEE(S) OF NURSING HOME" APPEARS ON LIST ONLY FOR AN R CURRENTLY LIVING IN A NURSING HOME (HH002 == 2)

**NOT ASKED HERE - data lifted from earlier sections for helper who is an HH member or children**

**CAPI: IF THE IWER MARKS CODE 92 THEN ASK FL032o1, FL032a, FL032b AND USE THE LOOK-UP FILE TO IDENTIFY THIS NON-RESIDENT CHILD.**

**IF FL032=94 OR 95 THEN ASK FL032o2**

**IF FL032=93 THEN ASK FL032o1, FL032a, FL032b FL032g, FL032c, FL032e. However, if this helper was already mentioned in FL020 or FL023, don’t ask FL032a through FL032g. Otherwise go to FL034**

**FL032o2**

Please specify name of <FL032>

Text up to 60 characters

**GO TO FL034**

**FL032o1**

Please specify name of <FL032>

Text up to 60 characters

**FL032a**

Is <FL032> male or female?

(CODE OR ASK IF UNSURE)

1 Male

2 Female

**FL032b**

How old is <FL032>?

Range 4-97

-98 DK

-99 RF

**IF (FL032b = -98, -99) ASK FL032b1. Populate answer from FL032b otherwise**

**FL032b1**

Please estimate this person’s age

1 Under 16

2 16 - 24

3 25-49

4 50-59

5 60-64

6 65 or over

**FL032g**

What is that person's relationship to [you/him/her]?

|  |  |
| --- | --- |
| **MALES** | **FEMALES** |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |

**CAPI: IF (FL032b1 = 1 (Under 16)) set FL032e = 3 (Single)**

**FL032e**

What is <FL032>’s present marital status?

1 Married

2 Living with a partner as if married

3 Single (never married)

4 Separated

5 Divorced

6 Widowed

98 DK

99 RF

(HRS/MHAS)

**FL034**

Does anyone else help [you/him/her] with this activity/these activities?

**CAPI: REPEAT FL034 TO FL035 FOR UP TO 3 NAMES**

1 Yes

5 No GO TO FL037

98 DK

99 RF

(HRS)

**CAPI: GENERATE A LIST OF POTENTIAL HELPERS USING DYNAMIC ROUTING. THE SPOUSE/PARTNER OF THE RESPONDENT AND CURRENT HOUSEHOLD MEMBERS CAN BE FED FORWARD FROM COVER SCREEN. IF THE FAMILY RESPONDENT HAS COMPLETED THE TC SECTION THEN A LIST OF NON-RESIDENT CHILDREN CAN BE DISPLAYED. IF THE FAMILY RESPONDENT HAS NOT COMPLETED THE TC SECTION THEN DO NOT DISPLAY NON-RESIDENT CHILDREN. INSTEAD MAKE CODE 92 AVAILABLE.**

**FL035**

Who is that?  **[fl035\_01 to fl035\_03]**

IWER: CODE THE ONE THAT APPLIES

|  |  |  |
| --- | --- | --- |
| 1 |  | Spouse/partner name |
| 2-19 | Through N\_HH member’s name | Householders |
| 20-49 | Through N\_children’s name | Non-resident Children |
|  | [ROW PROVIDED BY CAPI AS NECESSARY] |  |
| 92 | Non-resident child |  |
| 93 | OTHER NOT IN THE LIST\_SPECIFY: | Non-coresident relative. Specify: |
| 94 | OTHER NOT IN THE LIST\_SPECIFY: | Non-relative. Specify: |
| 95 | OTHER NOT IN THE LIST\_SPECIFY | Paid by R or by other souces |
| 96 | EMPLOYEE(S) OF NURSING HOME |  |
| 97 |  | SPECIFY: |
| 98 | DK |  |
| 99 | RF |  |

NOTE: "EMPLOYEE(S) OF NURSING HOME" APPEARS ON LIST ONLY FOR AN R CURRENTLY LIVING IN A NURSING HOME (HH002 == 2)

**CAPI: IF THE IWER MARKS CODE 92 THEN ASK FL035o1, FL035a, FL035b AND USE THE LOOK-UP FILE TO IDENTIFY THIS NON-RESIDENT CHILD.**

**IF FL035=94 OR 95 THEN ASK FL035o2.**

**IF FL035=93 THEN ASK FL035o1, FL035a, FL035b FL035g, FL035c, FL035e. However, if this helper was already mentioned in FL020 or FL023, then don’t ask FL035a through FL035g. Otherwise go to FL037**

**FL035o2**

Please specify name of <FL035>

Text up to 60 characters

**GO TO FL037**

**FL035o1**

Please specify name of <FL035>

Text up to 60 characters

**FL035a**

Is <FL035> male or female?

(CODE OR ASK IF UNSURE)

1 Male

2 Female

**FL035b**

How old is <FL035>?

Range 4-97

-98 DK

-99 RF

**IF (FL035b = -98, -99) ASK FL035b1 . Populate answer from FL035b otherwise**

**FL035b1**

Please estimate this person’s age

1 Under 16

2 16 - 24

3 25-49

4 50-59

5 60-64

6 65 or over

**FL035g**

What is that person's relationship to [you/him/her]?

|  |  |
| --- | --- |
| **MALES** | **FEMALES** |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |

**CAPI: IF (FL035b1 = 1 (Under 16)) set FL035e = 3 (Single)**

**FL035e**

What is <FL035>’s present marital status?

1 Married

2 Living with a partner as if married

3 Single (never married)

4 Separated

5 Divorced

6 Widowed

98 DK

99 RF

(HRS/MHAS)

**CAPI:**

**IF FL031=1 GO TO FL037**

**IF FL031≠1 GO TO FL042**

**CAPI: GENERATE A LIST OF POTENTIAL HELPERS USING DYNAMIC ROUTING. THE SPOUSE/PARTNER OF THE RESPONDENT AND CURRENT HOUSEHOLD MEMBERS CAN BE FED FORWARD FROM COVER SCREEN. IF THE FAMILY RESPONDENT HAS COMPLETED THE TC SECTION THEN A LIST OF NON-RESIDENT CHILDREN CAN BE DISPLAYED. IF THE FAMILY RESPONDENT HAS NOT COMPLETED THE TC SECTION THEN DO NOT DISPLAY NON-RESIDENT CHILDREN. INSTEAD MAKE CODE 92 AVAILABLE.**

**FL037**

Who most often helps [you/him/her] to manage your money?

IWER: CODE THE ONE THAT APPLIES

|  |  |  |
| --- | --- | --- |
| 1. |  | Spouse/partner name |
| 2-19 | Through N\_HH member’s name | Householders |
| 20-49 | Through N\_children’s name | Non-resident Children |
| 92 | Non-resident child |  |
|  | [ROW PROVIDED BY CAPI AS NECESSARY] |  |
| 93 | OTHER NOT IN THE LIST\_SPECIFY: | Non-coresident relative. Specify: |
| 94 | OTHER NOT IN THE LIST\_SPECIFY: | Non-relative. Specify: |
| 95 | OTHER NOT IN THE LIST\_SPECIFY | Paid by R or by other sources |
| 96 | EMPLOYEE(S) OF NURSING HOME |  |
| 97 |  | SPECIFY: |
| 98 | DK |  |
| 99 | RF |  |

NOTE: "EMPLOYEE(S) OF NURSING HOME" APPEARS ON LIST ONLY FOR AN R CURRENTLY LIVING IN A NURSING HOME (HH002 == 2)

**CAPI: IF THE IWER MARKS CODE 92 THEN ASK FL037o1, FL037a, FL037b AND USE THE LOOK-UP FILE TO IDENTIFY THIS NON-RESIDENT CHILD.**

**IF FL037=94 OR 95 THEN ASK FL037o2**

**IF FL037=93 THEN ASK FL037o1, FL037a, FL037b FL037g, FL037c, FL037e**

**However, if this helper was already mentioned in FL020 or FL023 or Fl032 or FL035, then don’t ask FL037a through FL037g. Otherwise go to FL039**

**FL037o2**

Please specify name of <FL037>

Text up to 60 characters

**GO TO FL039**

**FL037o1**

Please specify name of <FL037>

Text up to 60 characters

**FL037a**

Is <FL037> male or female?

(CODE OR ASK IF UNSURE)

1 Male

2 Female

**FL037b**

How old is <FL037>?

Range 4-97

-98 DK

-99 RF

**CAPI: IF (FL037b = -98, -99) ASK FL037b1. Populate answer from FL037b otherwise**

**FL037b1**

Please estimate this person’s age

1 Under 16

2 16 - 24

3 25-49

4 50-59

5 60-64

6 65 or over

**FL037g**

What is that person's relationship to [you/him/her]?

|  |  |
| --- | --- |
| **MALES** | **FEMALES** |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |

**CAPI: IF (FL037b1 = 1 (Under 16)) set FL037e = 3 (Single)**

**FL037e**

What is <FL037>’s present marital status?

1 Married

2 Living with a partner as if married

3 Single (never married)

4 Separated

5 Divorced

6 Widowed

98 DK

99 RF

(HRS/MHAS)

**FL039**

Does anyone else help [you/him/her] with this activity/these activities?

**CAPI: REPEAT FL039 TO FL040 FOR UP TO 3 NAMES**

1 Yes GO TO FL040

5 No GO TO FL042

98 DK

99 RF

(HRS)

**CAPI: GENERATE A LIST OF POTENTIAL HELPERS USING DYNAMIC ROUTING. THE SPOUSE/PARTNER OF THE RESPONDENT AND CURRENT HOUSEHOLD MEMBERS CAN BE FED FORWARD FROM COVER SCREEN. IF THE FAMILY RESPONDENT HAS COMPLETED THE TC SECTION THEN A LIST OF NON-RESIDENT CHILDREN CAN BE DISPLAYED. IF THE FAMILY RESPONDENT HAS NOT COMPLETED THE TC SECTION THEN DO NOT DISPLAY NON-RESIDENT CHILDREN. INSTEAD MAKE CODE 92 AVAILABLE.**

**FL040**

Who is that?  **[fl040\_01 to fl040\_03]**

IWER: CODE THE ONE THAT APPLIES

|  |  |  |
| --- | --- | --- |
| 1. |  | Spouse/partner name |
| 2-19 | Through N\_HH member’s name | Householders |
| 20-49 | Through N\_children’s name | non-resident Children |
|  | [ROW PROVIDED BY CAPI AS NECESSARY] |  |
| 92 | Non-resident child |  |
| 93 | OTHER NOT IN THE LIST\_SPECIFY: | Non-coresident relative. Specify: |
| 94 | OTHER NOT IN THE LIST\_SPECIFY: | Non-relative. Specify: |
| 95 | OTHER NOT IN THE LIST\_SPECIFY | Paid by R or by other sources |
| 96 | EMPLOYEE(S) OF NURSING HOME |  |
| 97 |  | SPECIFY: |
| 98 | DK |  |
| 99 | RF |  |

NOTE: "EMPLOYEE(S) OF NURSING HOME" APPEARS ON LIST ONLY FOR AN R CURRENTLY LIVING IN A NURSING HOME (HH002 == 2)

**CAPI: IF THE IWER MARKS CODE 92 THEN ASK FL040o1, FL040a, FL040b AND USE THE LOOK-UP FILE TO IDENTIFY THIS NON-RESIDENT CHILD.**

**IF FL040=94 OR 95 THEN ASK FL040o2**

**IF FL040=93 THEN ASK FL040o1, FL040a, FL040b FL040g, FL040c, FL040e**

**However, if this helper was already mentioned in FL020 or FL023 or Fl032 or FL035 or FL037, then don’t ask FL040a through FL040g. Otherwise go to FL042.**

**FL040o2**

Please specify name of <FL040>

Text up to 60 characters

**GO TO FL042**

**FL040o1**

Please specify name of <FL040>

Text up to 60 characters

**FL040a**

Is <FL040> male or female?

(CODE OR ASK IF UNSURE)

1 Male

2 Female

**FL040b**

**How old is <FL040>?**

Range 4-97

-98 DK

-99 RF

**CAPI: IF (FL040b = -98, -99) ASK FL040b1. Populate answer from FL040b otherwise**

**FL040b1**

Please estimate this person’s age

1 Under 16

2 16 - 24

3 25-49

4 50-59

5 60-64

6 65 or over

**FL040g**

What is that person's relationship to [you/him/her]?

|  |  |
| --- | --- |
| **MALES** | **FEMALES** |
| 1 Husband | 2 Wife |
| 3 Partner/cohabitee | 3 Partner/cohabitee |
| 5 Father | 4 Mother |
| 7 Father-in-law | 6 Mother-in-law |
| 8 Son (Including adopted and foster) | 9 Daughter (Including adopted and foster) |
| 10 Step son | 11 Step daughter |
| 12 Son-in-law | 13 Daughter-in-law |
| 14 Brother | 15 Sister |
| 16 Brother-in-law | 17 Sister-in-law |
| 19 Grand-son | 18 Grand-daughter |
| 20 Grandfather | 21 Grandmother |
| 23 Uncle | 22 Aunt |
| 24 Other relative | 24 Other relative |

**CAPI: IF (FL040b1 = 1 (Under 16)) set FL040e = 3 (Single)**

**FL040e**

What is <FL040>’s present marital status?

1 Married

2 Living with a partner as if married

3 Single (never married)

4 Separated

5 Divorced

6 Widowed

98 DK

99 RF

(HRS/MHAS)

## 7.3 Helpers

**CAPI:**

**IF FL005 OR FL008 OR FL011 OR FL013 OR FL016 OR FL019 OR FL026 OR FL029 OR FL030 OR FL031 = 1 (YES)**

**AND (FL020 OR FL023(01 to 03) OR FL032 OR FL035(01 to 03) OR FL037 OR FL040(01 to 03) IS NOT EQUAL TO 96) (employee of nursing home)**

**LOOP THROUGH FL042 FOR EACH HELPER NOT EQUAL TO 96**

**CAPI: REPEAT FL042 THROUGH FL051 FOR THE HELPERS ON THE LIST.**

**Helpers**

**CAPI: HELPER LIST:**

**NOTE: AT THIS POINT A LIST IS COMPILED BY CAPI OF ALL HELPERS MENTIONED IN THIS SECTION. THE LIST WILL COMPILE THE HELPER’S NAME, EXCLUDING EMPLOYEES OF FACILITIES. THIS LIST IS NOT VISIBLE TO THE IWER.**

**PERSON ID**

**NAME**

**RELATIONSHIP TO RESPONDENT**

**CAPI: IF R HAS MORE THAN ONE PAID HELPER (95) THEN HELPER’S NAME SHOULD BE LISTED AS FIRST PAID HELPER, SECOND PAID HELPER, THIRD PAID HELPER, ETC.**

**IF R HAS ONLY A HELPER(s) WHO IS/ARE EMPLOYEE OF NURSING HOME GO TO FL061**

**NOT ASKED HERE - data lifted from earlier sections for each**

**[fl042id\_i\_name] – name of helper**

**[fl042id\_i] – relationship of helper**

**i= 01 – 12**

**FL042**

FIRST ITERATION ONLY READ:  
“Let's think for a moment about the help [you/he/she] [receive/receives] with the difficulties that we just talked about”.   
  
During the last month, on about how many days did HELPER’s NAME help [you/Rname]? **[fl042\_01 to fl042\_12]**

1… 31

-98 RF

-99 DK

(HRS)

**FL043**

On the days when HELPER’s NAME helps [you/Rname], about how many hours per day does [he/she] spend helping [you/him/her]?

**[fl043\_01 to fl043\_12]**

IWER: IF HELPER PROVIDES LESS THAN AN HOUR PER DAY CODE 1 . IF HELPER IS FULL-TIME CARER CODE 24.

[Allow Interviewer to enter 0.5 hours]

0… 24.0

-98 DK

-99 RF

(HRS)

**CAPI : ASK FL045 AND FL045b FOR EACH HELPER**

**FL045**

Does HELPER’s NAME receive the State Carer’s Allowance or Carer’s Benefit?

**[fl045\_01 to fl045\_12]**

1 Yes

5 No

98 DK

99 RF

**CAPI: IF HELPER IS A SPOUSE SKIP FL045b-FL051 AND CONTINUE TO NEXT HELPER ON THE LIST**

**FL045b**

Does HELPER’s NAME receive regular payment from [you/Rname], [your/his/her] family or from an agency or organisation to help care for [you/him/her]?  **[fl045b\_01 to fl045b\_12]**

1 Yes **GO TO FL046**

5 No **GO TO FL042 (next helper)**

**FL046**

Is this person [helper’s name]:

**[fl046\_01 to fl046\_12]**

1 From a private agency

2 From a non-profit organization (such as the Irish Wheelchair Association, the Alzheimer’s Society of Ireland, etc )

3 From the HSE

4 Family or Friend who is paid to help

95 Other

(SHARE)

**FL047**

Thinking now about the cost of this paid help in the past month, about what percentage of this cost does the HSE cover?

**[fl047\_01 to fl047\_12]**

0… 100

-98 DK

-99 RF

**FL048**

Not counting costs paid by the HSE, about how much did [you/he/she] (and [your/his/her [spouse/partner]) pay HELPER’s NAME in the last month?

**[fl048\_01 to fl048\_12]**

€0 … €10,000

-98 DK

-99 RF

(TILDA)

**FL049**

Does any other person help [you/him/her] (and [your/his/her] [husband/wife/partner]) pay for this cost?

**[fl049\_01 to fl049\_12]**

1 Yes

5 No **GO TO FL042**

98 DK

99 RF

(TILDA)

**FL050**

Is that a (child or other) relative of [yours/his/hers] (and your/his/hers [husband/wife/partner]), or is that someone else?

**[fl050\_01 to fl050\_12]**

1 Child/child in-law/grandchild **GO TO FL051**

2 Other relative **LOOP FL042**

3 Someone else **LOOP FL042**

98 DK

99 RF

(TILDA)

**FL051**

Which [child/ren] [is/are] [that/they]?

IWER: CHOOSE ALL THAT APPLY

|  |  |
| --- | --- |
|  | Through N\_ coresident children’s name |
|  | Through N\_ non-coresident children’s name [ROW PROVIDED BY CAPI AS NECESSARY] |
| 95 | All children |
| 96 | OTHER. SPECIFY |
| 98 | DK |
| 99 | RF |

**[FL051\_01\_01-FL051\_01\_49 TO FL051\_12\_49]**

**[FL051\_01oth TO FL051\_12oth]**

**CAPI: END OF LOOP QUESTION**

**IF (FL001 = None of these, DK or REF OR FL002 = None of these, DK or REF) AND (FL025 = None of these, DK or REF) then skip over FL054, FL061 and go to FL056**

**FL054**

How many different paid helpers – in total - have been involved in taking care of [you/him/her] in the last two years?

(If all helpers are unpaid relatives or friends code 0)

0… 50

-98 DK

-99 RF

**IF FL005 = 1 OR FL008 = 1 OR FL011 = 1 OR FL013 = 1 OR FL016 = 1 OR FL019 = 1 OR FL026 = 1 OR FL029 = 1 OR FL030 = 1 OR FL031 = 1 OR FL058 = 1 (receives Help for adl or iadl) ASK FL061.**

**Otherwise go to FL056**

**FL061**

Thinking about all the help [you/he/she] receive(s), would you say that the help [you/he/she] │receive(s)...

1 Meets [your/his/her] needs all the time,

2 Usually meets [your/his/her] needs,

3 Sometimes meets [your/his/her] needs

4 Hardly ever meets [your/his/her] needs?

98 DK

99 RF

[ELSA]

**CAPI: IF HH005 IS NOT EQUAL 1 (PROXY) THEN GO TO THE NEXT SECTION**

**FL056**

IWER (CODE WITHOUT ASKING): HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION FL

1 NEVER

2 A FEW TIMES

3 MOST OR ALL OF THE TIME

**CAPI: GO TO HU001**

# SECTION 8. HEALTHCARE UTILISATION (HU)

INTRO: Now we have some questions about healthcare and how [you/Rname] [pay/pays] for it.

**HU001**

[Is/Are] [you/he/she] covered by:

IWER: CODE THE ONE THAT APPLIES

1 Full Medical Card or equivalent

2 GP Visit Card

96 Neither of these

98 DK

99 RF

Note: This question is asked even of those covered by private medical insurance. Most over 70s are entitled to medical cards.

(EU-SILC)

**HU070**

[Is/Are] [you/he/she] covered by:

1 The long term illness scheme

2 A Health Act Amendment Card

96 Neither of these

98 DK

99 RF

**HU002**

[Do/Does] [you/he/she] have private medical insurance cover (VHI etc.) in [your/his/her] own name or through another family member?

1 Yes, in own name **GO TO HU003**

2 Yes, as the spouse of a subscriber **GO TO HU003**

3 Yes, as the relative of a subscriber **GO TO HU003**

5 No **GO TO HU049**

98 DK **GO TO HU049**

99 RF **GO TO HU049**

(HEALTH INSURANCE AUTHORITY 2005 SURVEY)

**HU003**

Which company [are/is] [you/he/she] insured with?

IWER: IF RESPONDENT IS NOT CERTAIN, ASK IF HE/SHE COULD CHECK HIS/HER MEDICAL INSURANCE CARD OR LATEST MEDICAL INSURANCE BILL.

IWER: CODE THE ONE THAT APPLIES

1 LAYA Healthcare / BUPA / QUINN Healthcare **GO TO HU044**

2 VHI Healthcare **GO TO HU044**

3 AVIVA / Hibernian Healthcare / VIVAS Health **GO TO HU044**

4 Irish Life / GLO Health **GO TO HU044**

95 Other **GO TO HU004**

98 DK

99 RF

(HEALTH INSURANCE AUTHORITY 2005 SURVEY)

**IF HU003 = 95 GO TO HU004**

**HU004**

Which other medical insurance scheme/plan/company [are/is] [you/he/she] insured with?

IWER: IF RESPONDENT IS NOT CERTAIN, ASK IF HE/SHE COULD CHECK HIS/HER MEDICAL INSURANCE CARD OR LATEST MEDICAL INSURANCE BILL.

Text: Up to 60 Characters

98 DK

99 RF

(HEALTH INSURANCE AUTHORITY 2005 SURVEY)

**IF HU002 =1,2,3 GO TO HU044**

**HU044**

Approximately how much was [your/Rname’s] latest annual health insurance premium?

IWER: IF NOT PAID ANNUALLY HELP RESPONDENT WORK OUT ANNUAL PAYMENT ON A CALCULATOR

€0 … €500,000 **GO TO HU046**

-98 DK **GO TO HU045**

-99 RF **GO TO HU045**

IWER SHOW CARD HU1 [PAGE 41]

**HU045**

Please look at card HU1 [page 41]. Please select which annual health insurance premium category is most appropriate.

IWER: CODE THE ONE THAT APPLIES

0 €0 - €400

1 €401 - €800

2 €801 - €1200

3 €1201 - €1600

4 €1601 - €2000

5 €2001 - €2400

6 €2401 - €2800

7 More than €2800

-98 DK

-99 RF

**IF HU002 =1,2,3**

**HU046**

Including [yourself/Rname] how many people does this current policy cover?

1.. 20

-98 DK

-99 RF

**IF HU002=1,2,3**

**HU071**

Does [your/Rname] health insurance include the cost of GP visits?

1 Yes, in full

2 Yes, partially

3 No

98 DK

99 RF

(Growing up in Ireland)

**IF HU002 =1,2,3**

**HU072**

Some people review their health insurance policy when their premium is due. [Have/Has] [you/he/she] changed the level of cover on your policy since last year?

1 Yes, [I/Rname] [have/has] increased the cover on [my/his/her] policy

2 Yes, [I/Rname] [have/has] decreased the cover on [my/his/her] policy

3 No, [my/his/her] policy cover is the same as last year

98 DK

99 RF

**IF HU002 =1,2,3**

**HU048**

Including [yourself/Rname] how many people were covered by the policy last year?

1... 20 **GO TO HU005**

-98 DK **GO TO HU005**

-99 RF **GO TO HU005**

**IF HU002 =5,98,99**

**HU049**

In the last 5 years did [you/he/she] ever have health insurance?

1 Yes **GO TO HU050**

5 No **GO TO HU005**

98 DK **GO TO HU005**

99 RF **GO TO HU005**

**If HU049=1**

**HU050**

In what year did [you/he/she] last have health insurance?

IWER: CODE THE ONE THAT APPLIES

1. 2011
2. 2012
3. 2013
4. 2014
5. 2015
6. 2016
7. 2017
8. 2018

98 DK **GO TO HU005**

99 RF **GO TO HU005**

**If HU049=1**

**HU073**

Why did [you/he/she] discontinue [your/his/her] health insurance policy?

1 Too expensive

2 Never made a claim on it

3 Changed employer

4 I became eligible for a medical card

95 Other

98 DK

99 RF

**IF HU073=95**

**HU073oth**

Please specify

[Text]

98 DK

99 RF

**HU005**

In the last 12 months, about how often did [you/he/she] visit [your/his/her] GP?

IWER: IF RESPONDENT HAS NOT VISITED GP IN THE LAST 12 MONTHS CODE0

0… 200

-98 DK

-99 RF

**HU051**

In last 12 months, how often did [you/he/she] have a telephone or computer consultation with [your/his/her] GP?

IWER: IF RESPONDENT HAS NOT HAD A TELEPHONE OR COMPUTER CONSULTATION WITH GP IN THE LAST 12 MONTHS CODE 0

0… 200

-98 DK

-99 RF

**IF (HU005=0, -98,-99 & HU051=0, -98, -99) GO TO HU007**

**IF (HU005+HU051>0 AND HU001=1, 2) GO TO HU007**

**IF (HU005+HU051>0 AND HU070= 2) GO TO HU007**

**IF (HU005+HU051>0 AND HU001≠1, 2) GO TO HU006**

**IF (HU005+HU051>0 AND HU070 ≠ 2) GO TO HU006**

**IF ( (HU005>0 OR HU051>0) AND HU001≠1, 2 AND HU070 ≠ 2) ASK HU006**

**(SHARE)**

**HU006**

How much did [you/he/she] pay for [your/his/her] last visit to the GP, after any health insurance reimbursement?’

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

€0… €10,000

-98 DK

-99 RF

**HU007**

In the last 12 months, how many times did [you/he/she] visit a hospital Emergency Department (sometimes called A&E or Accident and Emergency) as a patient?

IWER: IF RESPONDENT HAS NOT VISITED AN A&E DEPARTMENT IN THE LAST 12 MONTHS CODE 0

0… 200

-98 DK

-99 RF

(HARP)

**If HU007>0 GO TO HU057**

**IF (HU007 = 0,-98,-99) GO TO HU008**

**HU057**

Was [your/his/her] most recent emergency department visit the result of:

1 A fall, faint, collapse or blackout

2 A crime related event e.g being assaulted, robbed or attacked

5 Other (No need to specify)

98 DK

99 RF

**HU058**

Following this visit to the emergency department were [you/he/she]:

IWER: CODE ALL THAT APPLY

1 Admitted to hospital? **[hu058\_01]**

2 Referred to a consultant **[hu058\_02]**

3 Referred to an outpatient department? **[hu058\_03]**

4 Asked to follow up with your GP? **[hu058\_04]**

5 No follow-up **[hu058\_05]**

95 Other please specify **[hu058\_95]**

98 DK **[hu058\_98]**

99 RF **[hu058\_99]**

**If HU058\_95=1**

**HU058oth**

Please specify **[hu058oth]**

[Text]

98 DK

99 RF

**IF (HU001 ≠ 1 and HU070 ≠ 2 AND HU007 > 0) ASK HU038**

**HU038**

**HU038**

In total, how much did [you/he/she] pay for all of [your/his/her] A&E visit(s) in the last 12 months, after any health insurance reimbursement?’

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

€0 … €10,000

-98 DK

-99 RF

**HU008**

In the last 12 months, about how many visits did [you/he/she] make to a hospital as an out-patient/day patient? (Include all types of consultations, tests, operations, procedures or treatments)

IWER: IF RESPONDENT HAS NOT MADE ANY OUT-PATIENT/DAY PATIENT VISITS, CODE 0

0… 200

-98 DK

-99 RF

**IF HU008=0, -98,-99 GO TO HU062**

**IF HU008>0 GO TO HU075**

**HU075**

In total, how much did [you/he/she] pay for [your/his/her] outpatient/day patient visits in the last 12 months, after any health insurance reimbursement? (May be zero)

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

€0 … €50,000

-98 DK

-99RF

**HU062**

Have [you/he/she] seen a consultant in the last 12 months?

IWER: CODE THE ONE THAT APPLIES

1 Yes **GO TO HU039**

5 No **GO TO HU010**

98 DK **GO TO HU010**

99 RF **GO TO HU010**

**If HU062=1**

**HU039**

In total, how much did [you/he/she] pay for [your/his/her] visit(s) to consultant(s) in the last 12 months, after any health insurance reimbursement? (May be zero)

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

€0 … €20,000

-98 DK

-99 RF

**HU010**

In the last 12 months, on how many occasions [were/was] [you/he/she] admitted to hospital overnight?

Note: These are sometimes called in-patient admissions.

IWER: IF RESPONDENT HAS NOT ADMITTED TO HOSPITAL OVERNIGHT IN THE LAST 12 MONTHSCODE 0

0… 50

-98 DK

-99 RF

**IF HU010=0, -98, -99 GO TO HU081**

**IF HU010>0 GO TO HU011**

**HU011**

During these hospital stays in the last 12 months, about how many operations (procedures) involving a full anaesthetic did [you/he/she] have?

IWER: IF RESPONDENT HAS NOT HAD ANY OPERATIONS (PROCEDURES) INVOLVING A FULL ANAESTHETIC IN THE LAST 12 MONTHS CODE 0

0… 50

-98 DK

-99 RF

**HU012**

In total, about how many nights did [you/he/she] spend in hospital in the last 12 months?

1… 364

-98 DK

-99 RF

**HU013**

When [you/he/she] stayed overnight in hospital, was this

IWER: IF THE RESPONDENT HAS HAD INPATIENT ADMISSIONS AS BOTH A PUBLIC AND A PRIVATE PATIENT PLEASE CODE THE MOST USUAL

1 As a public patient

2 As a private patient

98 DK

99 RF

**HU014**

When [you/he/she] stayed overnight in hospital, was this in a…

IWER: IF THE RESPONDENT HAS HAD INPATIENT ADMISSIONS AS BOTH A PUBLIC AND A PRIVATE HOSPITAL PLEASE CODE THE MOST USUAL

1 Public Hospital

2 Private Hospital

98 DK

99 RF

**HU040**

In total, how much did [you/he/she] pay for [your/his/her] overnight hospital stays(s) in the last 12 months, after any health insurance reimbursement?

(May be zero)

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

€0 … €50,000

-98 DK

-99RF

IWER: SHOW CARD HU081 [PAGE 42]

**HU081**

Please look at card HU081 [page 42]. In the last 12 months when [you/Rname] visited the pharmacy did [you/he/she] avail of any of the following services?

IWER: CODE ALL THAT APPLY

1 Request advice about medications **[HU081\_01]**

2 Blood pressure monitoring **[HU081\_02]**

3 Smoking cessation advice **[HU081\_03]**

4 Weight management advice **[HU081\_04]**

5 Diabetes risk assessment **[HU081\_05]**

6 Asthma control testing **[HU081\_06]**

7 Allergy testing **[HU081\_07]**

8 Cholesterol checks **[HU081\_08]**

9 Vaccination **[HU081\_09]**

10 Did not visit pharmacy in the last 12 months **[HU081\_10]**

95 Other (please specify) **[Go to HU081oth] [HU081\_95]**

96 None of these services **[HU081\_96]**

98 DK **[HU081\_98]**

99 RF **[HU081\_99]**

**If HU081=95**

**HU081oth**

Please specify

[Text]

98 DK

99 RF

**HOME CARE**

**IF HH002=1 GO TO HU076**

**IF HH002=2, 3 GO TO HU083**

**HU083**

IWER Code: Has the respondent been living in a nursing home or other institution for

1 Less than 12 months **GO TO HU076**

2 More than 12 months **GO TO HU043**

**NOTE FOR IWER: For all respondents resident in a nursing home/other institution for less than 12 months, ask the respondent to remember the home and community services they accessed in the month prior to their admission to the nursing home/other institution.**

**HU076**

In the last 12 months, did [you/Rname] pay any individual or private company to provide home help or personal care?

1 Yes **GO TO HU084**

5 No **GO TO HU015A**

98 DK **GO TO HU015A**

99 RF **GO TO HU015A**

**HU084**

About how much did [you/Rname] (and [your/his/her] [husband/wife/partner]) pay this individual or private company to provide home help or personal care in the last month?

€0 … €10,000

-98 DK

-99 RF

**HU015\_A**

In the last 12 months, did [you/Rname] receive any of the following State services?

NB: Some people hire home help or personal care privately, this private help SHOULD NOT be included in this question.

IWER: CODE ALL THAT APPLY

CODE ALL THAT APPLY

1 Home help (a person employed by State to help [you/Rname] with household chores such as cleaning and cooking) **Go to HU015\_a1 through HU015\_a2 [hu015a\_01]**

2 Personal care attendant (a person employed by the State to assist [you/him/her] with bathing, showering, bodily care etc.)

**Go to HU015\_b1 through HU015\_b2 [hu015a\_02]**

1. Meals-on-Wheels

**Go to HU015\_c1 [hu015a\_03]**

4 Five or more hours of help per week with household chores or personal care from a Home Help or Personal Care Attendant (Previously known as a Home Care Package)

**GO TO** **HU015\_d1 through HU015\_d2 [hu015a\_04]**

96 None of these **GO TO HU015 [hu015a\_96]**

98 DK **GO TO HU015 [hu015a\_98]**

99 RF **GO TO HU015** **[hu015a\_99]**

**HU015\_a1**

Let's think for a moment about the home help [you/Rname] received. During the last month, on about how many days did [you/he/she] receive home help?

0… 31

-98 RF

-99 DK

**HU015\_a2**

On the days when [you/Rname] received home help, for about how many hours per day did [you/he/she] receive help?

[Allow IWERs to enter 0.5 hours]

0… 24.0

-98 DK

-99 RF

**GO TO HU015**

**HU015\_b1**

Let's think for a moment about the help [you/Rname] received from a personal care attendant. During the last month, on about how many days did [you/he/she] receive this service?

0… 31

-98 RF

-99 DK

**HU015\_b2**

On the days when [you/he/she] received help from a personal care attendant, for about how many hours per day did [you/he/she] receive help?

[Allow IWERs to enter 0.5 hours]

0… 24.0

-98 DK

-99 RF

**GO TO HU015**

**HU015\_c1**

Let's think for a moment about Meals-on-Wheels [you/Rname] received. During the last month, on about how many days did [you/he/she] receive Meals-on-Wheels?

0… 31

-98 RF

-99 DK

**GO TO HU015**

**HU015\_d1**

Let's think for a moment about the five or more hours of care you received from a home help or personal carer per week. During the last month, on about how many days did [you/he/she] receive this service?

0… 31

-98 RF

-99 DK

**HU015\_d2**

On the days when [you/he/she] received this help, for about how many hours per day did [you/he/she] receive help?

[Allow IWERs to enter 0.5 hours]

0… 24.0

-98 DK

-99 RF

**GO TO HU015**

IWER: SHOW CARD HU2 [PAGE 43]

**HU015**

Please look at card HU2 [page 43]. In the last 12 months, did [you/Rname] receive any of these other State services?

IWER: Exclude any services for which respondent pays anything other than a token or nominal amount.

IWER: Category 1 includes Public Health Nurses, Community RGNs, Community Mental Health Nurses, Clinical Nurse Specialists and Advanced Nurse Practitioners

IWER: READ OUT AND CODE ALL THAT APPLY

1 Public Health or Community Nurse

**GO TO HU016a\_01 [hu015\_01]**

2 Occupational therapy **GO TO HU016a\_02 [hu015\_02]**

3 Chiropody services **GO TO HU016a\_03 [hu015\_03]**

4 Physiotherapy services **GO TO HU016a\_04 [hu015\_04]**

5 Speech & Language Therapist **GO TO HU016a\_05 [hu015\_05]**

6 Social work services **GO TO HU016a\_06 [hu015\_06]**

7 Psychological/counselling services

**GO TO HU016a\_07 [hu015\_07]**

11 Day centre services **GO TO HU016a\_11 [hu015\_11]**

12 Optician service **GO TO HU016a\_12 [hu015\_12]**

13 Dental services **GO TO HU016a\_13 [hu015\_13]**

14 Hearing services **GO TO HU016a\_14 [hu015\_14]**

15 Dietician services **GO TO HU016a\_15 [hu015\_15]**

16 Respite services **GO TO HU016a\_16 [hu015\_16]**

96 None of these **GO TO HU031b [hu015\_96]**

98 DK **GO TO HU031b [hu015\_98]**

99 RF **GO TO HU031b [hu015\_99]**

**CAPI: FOR EACH SERVICE RECEIVED IN HU015\_01- HU015\_16 ASK HU016a\_(i) (i = 01 to 16)**

**HU016a\_(i)**

NUMBER OF TIMES RECEIVED STATE SERVICE

In the last 12 months, how many times did [you/he/she] use the <state service from HU015>

1... 365

-98 DK

-99 RF

**IF HU083 = 1 GO TO HU032**

IWER: SHOW CARD HU2 [PAGE 43]

**HU031b**

Thinking of all these services, are there any that [you/Rname] [do/does] not now receive which [you/he/she] [feel/feels] [you/he/she] [have/has] a need for?

IWER: CODE ALL THAT APPLY

1 Public health or Community Nurse  **[hu031b\_01]**

2 Occupational therapy  **[hu031b\_02]**

3 Chiropody services  **[hu031b\_03]**

4 Physiotherapy services  **[hu031b\_04]**

5 Speech and Language Therapy  **[hu031b\_05]**

6 Social work services  **[hu031b\_06]**

7 Psychological/counselling services  **[hu031b\_07]**

11 Day centre services  **[hu031b\_11]**

12 Optician service **[hu031b\_12]**

13 Dental services  **[hu031b\_13]**

14 Hearing services  **[hu031b\_14]**

15 Dietician services **[hu031b\_15]**

16 Respite services **[hu031b\_16]**

96 None of these  **[hu031b\_96]**

98 DK  **[hu031B\_98]**

99 RF  **[hu031B\_99]**

**HU032**

In the last 12 months, how many weeks [have/has/did] [you/he/she] [spent/spend] as a resident in a nursing home or convalescent home?

IWER note: Zero means did not spend any nights in a nursing/convalescent home

\_\_\_\_\_\_\_ Weeks

0… 52

-98 DK **GO TO HU035**

-99 RF **GO TO HU035**

(SHARE)

**IF HU032 = 0, -98, -99 GO TO HU035**

**IF HU032 > 0 GO TO HU043**

**HU043**

How [was/is] [your/his/her] nursing/convalescent home care paid for?   
(Tick all boxes that apply)

1 Out of [my/his/her] own resources **[hu043\_01]**

2 By Health Insurance **[hu043\_02]**

3 By the government (e.g. Fair Deal) **[hu043\_03]**

4 By Children or Relatives **[hu043\_04]**

95 Paid for in another way **GO TO HU043oth [hu043\_95]**

98 DK **[hu043\_98]**

99 RF **[hu043\_99]**

**IF HU043=95**

**HU043oth**

Please specify

[Text]

98 DK

99 RF

**HU033**

Not counting health insurance refunds, how much was paid by [you/Rname] and [your/his/her] relatives for the time [you/he/she] spent in a nursing home in the last 12 months?

IWER: IF RESPONDENT CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

€0… €50,000

-98 DK

-99 RF

(SHARE)

**If HU083=2 GO TO MH006**

**HU035**

Not counting health insurance refunds, on average about how much [do/does] [you/he/she] pay out-of-pocket for [your/his/her] prescribed drugs per month?

IWER: IF RESPONDENT DOES NOT PURCHASE PRESCRIBED DRUGS REGULARLY, ASK FOR TOTAL SPENT IN THE LAST 12 MONTHS IN PRESCRIBED DRUGS AND DIVIDE BY 12.

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE [Allow Responses up to 2 decimal places]

€0.00 … €5,000.00

-98 DK

-99 RF

NOTE: Include the charge per prescribed item for medical card holders (€2.00 for each item dispensed (max €20 per month per person or family) for a person less than 70 years old. €1.50 for each item dispenses (max €15 per month per person or family) for a person aged 70 years or more).

NOTE: Do not consider expenses for self-medication or drugs not prescribed

NOTE: By ‘out of pocket’ expenses we mean everything that is not paid by the insurance company. If [you/he/she] first [pay/pays] but later get it refunded, this is not out of pocket expenses.

(SHARE)

IWER: SHOW CARD HU082 [PAGE 44]

**HU082**

APART FROM THE STATE PROVIDED SERVICES MENTIONED EARLIER,

In the last 12 months, did [you/Rname] pay any individual or private company to provide one of these services:

2 Occupational therapy **GO TO HU082a\_02 [hu082\_02]**

3 Chiropody services **GO TO HU082a\_03 [hu082\_03]**

4 Physiotherapy services **GO TO HU082a\_04 [hu082\_04]**

5 Speech and Language Therapy **GO TO HU082a\_05 [hu082\_05]**

7 Psychological/counselling services **GO TO HU082a\_07 [hu082\_07]**

11 Day centre services **GO TO HU082a\_11 [hu082\_11]**

12 Optician service **GO TO HU082a\_12 [hu082\_12]**

13 Dental services **GO TO HU082a\_13 [hu082\_13]**

14 Hearing services **GO TO HU082a\_14 [hu082\_14]**

15 Dietician services **GO TO HU082a\_15 [hu082\_15]**

16 Respite services **GO TO HU082a\_16 [hu082\_16]**

98 DK **[HU082\_98]**

99 REF **[HU082\_99]**

**CAPI: FOR EACH SERVICE RECEIVED IN HU082 ASK HU082a\_(i) (i = 02 to 16)**

**HU082a\_(i)**

NUMBER OF TIMES ACCESSED THIS PRIVATE SERVICE

In the last 12 months, how many times did [you/he/she] use the <PRIVATE SERVICE from HU082>

1... 365

-98 DK

-99 RF

**HU036**

Not counting any refunds from [your/his/her] health insurance, about how much did [you /he/she] pay (out-of-pocket) for any other health expenses [you/he/she] had in the last 12 months?

€0… €20,000

-98 DK

-99 RF

Note: By other health expenses we mean non-prescription drugs, private physiotherapy, preventive rehabilitative services such as occupational therapy etc.

By ‘out of pocket’ expenses we mean everything that is not paid by the insurance company. If [you/he/she] first pay/pays] but later [get/gets] it refunded, this is not out of pocket expenses. Prescription drugs should be included in HU035 and not here.

(SHARE)

**IF (HH005 = 1) GO TO HU037, OTHERS GO TO NEXT SECTION**

**HU037**

IWER (CODE WITHOUT ASKING): HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION HU

1 NEVER

2 A FEW TIMES

3 MOST OR ALL OF THE TIME

**GO TO MH006**

# SECTION 9 (I). MENTAL HEALTH (MH)

## 9.1 Depression

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO BH001**

INTRO: The next section of the interview is about people’s mood, feelings and well-being. I am going to read a list of statements that describe some of the ways you may have felt or behaved in the last week. We will be using the card on [page 45]. Please look at this card and indicate how often you have felt this way during the past week.

IWER: SHOW CARD MH1 [PAGE 45]

**MH006**

I felt depressed.

IWER: PROMPT IF NECESSARY - 'WOULD YOU SAY THIS STATEMENT DESCRIBES THE WAY YOU FELT DURING THE PAST WEEK RARELY…….. SOME OF THE TIME…..?'

1 Rarely or none of the time (less than 1 day)

2 Some or a little of the time (1-2 days)

3 Occasionally or a moderate amount of time (3-4 days)

4 All of the time (5-7 days)

98 DK

99 RF

IWER: SHOW CARD MH1 [PAGE 45]

**MH007**

I felt that everything I did was an effort.

IWER: PROMPT IF NECESSARY - 'WOULD YOU SAY THIS STATEMENT DESCRIBES THE WAY YOU FELT DURING THE PAST WEEK RARELY…….. SOME OF THE TIME…..?'

1 Rarely or none of the time (less than 1 day)

2 Some or a little of the time (1-2 days)

3 Occasionally or a moderate amount of time (3-4 days)

4 All of the time (5-7 days)

98 DK

99 RF

IWER: SHOW CARD MH1 [PAGE 45]

**MH011**

My sleep was restless.

IWER: PROMPT IF NECESSARY - 'WOULD YOU SAY THIS STATEMENT DESCRIBES THE WAY YOU FELT DURING THE PAST WEEK RARELY…….. SOME OF THE TIME…..?'

1 Rarely or none of the time (less than 1 day)

2 Some or a little of the time (1-2 days)

3 Occasionally or a moderate amount of time (3-4 days)

4 All of the time (5-7 days)

98 DK

99 RF

IWER: SHOW CARD MH1 [PAGE 45]

**MH012**

I was happy.

IWER: PROMPT IF NECESSARY - 'WOULD YOU SAY THIS STATEMENT DESCRIBES THE WAY YOU FELT DURING THE PAST WEEK RARELY…….. SOME OF THE TIME…..?'

1 Rarely or none of the time (less than 1 day)

2 Some or a little of the time (1-2 days)

3 Occasionally or a moderate amount of time (3-4 days)

4 All of the time (5-7 days)

98 DK

99 RF

IWER: SHOW CARD MH1 [PAGE 45]

**MH014**

I felt lonely.

IWER: PROMPT IF NECESSARY - 'WOULD YOU SAY THIS STATEMENT DESCRIBES THE WAY YOU FELT DURING THE PAST WEEK RARELY…….. SOME OF THE TIME…..?'

1 Rarely or none of the time (less than 1 day)

2 Some or a little of the time (1-2 days)

3 Occasionally or a moderate amount of time (3-4 days)

4 All of the time (5-7 days)

98 DK

99 RF

IWER: SHOW CARD MH1 [PAGE 45]

**MH016**

I enjoyed life.

IWER: PROMPT IF NECESSARY - 'WOULD YOU SAY THIS STATEMENT DESCRIBES THE WAY YOU FELT DURING THE PAST WEEK RARELY…….. SOME OF THE TIME…?'

1 Rarely or none of the time (less than 1 day)

2 Some or a little of the time (1-2 days)

3 Occasionally or a moderate amount of time (3-4 days)

4 All of the time (5-7 days)

98 DK

99 RF

IWER: SHOW CARD MH1 [PAGE 45]

**MH018**

I felt sad.

IWER: PROMPT IF NECESSARY - 'WOULD YOU SAY THIS STATEMENT DESCRIBES THE WAY YOU FELT DURING THE PAST WEEK RARELY…….. SOME OF THE TIME…..?'

1 Rarely or none of the time (less than 1 day)

2 Some or a little of the time (1-2 days)

3 Occasionally or a moderate amount of time (3-4 days)

4 All of the time (5-7 days)

98 DK

99 RF

IWER: SHOW CARD MH1 [PAGE 45]

**MH020**

I could not get "going."

IWER: PROMPT IF NECESSARY - 'WOULD YOU SAY THIS STATEMENT DESCRIBES THE WAY YOU FELT DURING THE PAST WEEK RARELY…….. SOME OF THE TIME…..?'

1 Rarely or none of the time (less than 1 day)

2 Some or a little of the time (1-2 days)

3 Occasionally or a moderate amount of time (3-4 days)

4 All of the time (5-7 days)

98 DK

99 RF

IWER: READ OUT Thank you for answering these questions. We understand that it is difficult and that people experience difficult events in different ways. The information you have provided will help us to understand how people cope with difficult events and how we may help others in future.

Now we are going to move on to a different section that will ask questions about health and lifestyle behaviours.

# SECTION 10. BEHAVIOURAL HEALTH (BH)

INTRO: Now I would like to ask some questions about [your/Rname’s] lifestyle.

## 10.1 Smoking

**IF (INTSTATUSW6=1 & BH002FF (wave 5)=.) OR (INTSTATUSW6=3 & BH002FF (wave 4)=.), GO TO BH001**

**IF (INTSTATUSW6=1 & BH002FF (wave 5)=1) OR (INTSTATUSW6=3 & BH002FF (wave 4)=1), GO TO BH002b**

**IF (INTSTATUSW6=1 & BH002FF (wave 5) =5) OR (INTSTATUSW6=3 & BH002FF (wave 4)=5), GO TO BH002a  
IF (INTSTATUSW6=2,4,5), GO TO BH001**

**BH001**

[Have/Has] [you/Rname] ever smoked cigarettes, cigars, cigarillos or a pipe daily for a period of at least one year?

1 Yes **GO TO BH002**

5 No **GO TO BH101**

98 DK **GO TO BH101**

99 RF **GO TO BH101**

(SHARE/ Similar question ELSA/HRS)

**BH002**

[Do/Does][you/he/she] smoke at the present time?

IWER: IF RESPONDENT SMOKED IN THE PAST 3 MONTHS CODE 1

1 Yes **GO TO BH004**

5 No, [I/he/she] [have/has] stopped **GO TO BH003**

98 DK **GO TO BH101**

99 RF **GO TO BH101**

(SHARE/ Similar question ELSA/HRS)

**BH002a**

Our records show that at the time of the last interview [you/Rname] did not smoke. [Do/Does][you/he/she] smoke at the present time?

IWER: IF RESPONDENT SMOKED IN THE PAST 3 MONTHS CODE 1

1 Yes **GO TO BH004**

5 No **GO TO BH101**

98 DK **GO TO BH101**

99 RF **GO TO BH101**

(SHARE/ Similar question ELSA/HRS)

**BH002b**

Our records show that at the time of the last interview [you/Rname] smoked. [Do/Does][you/he/she] smoke at the present time?

IWER: IF RESPONDENT SMOKED IN THE PAST 3 MONTHS CODE 1

1 Yes **GO TO BH004**

5 No, [I/he/she] [have/has] stopped **GO TO BH003**

98 DK **GO TO BH101**

99 RF **GO TO BH101**

(SHARE/ Similar question ELSA/HRS)

**BH003**

How old [were/was] [you/he/she] when [you/he/she] stopped smoking?

1 … 100

-98 DK **GO TO BH101**

-99 RF **GO TO BH101**

(SHARE/ Similar question HRS)

**BH009**

Why did [you/he/she] stop smoking?

1. Personal choice **[BH009\_01]**
2. Doctor's advice **[BH009\_02]**
3. Financial reasons **[BH009\_03]**
4. Illness or ill health **[BH009\_04]**

95 Other reasons (please specify) **[BH009\_95] [BH009oth]**

98 DK **[BH009\_98]**

99 RF **[BH009\_99]**

**BH010**

In the past year, which of these aids or supports did you use to help you give up smoking (tick all that apply)

IWER: CODE ALL THAT APPLY

1. Nicotine patches, gum, lozenges, spray **[BH010\_01]**
2. Varenicline/Champix or Buproprion/Zyban

(prescribed medication) **[BH010\_02]**

1. Acupuncture **[BH010\_03]**
2. Smokers telephone Quitline/Helpline **[BH010\_04]**
3. [www.quit.ie](http://www.quit.ie) **[BH010\_05]**
4. [www.facebook.com/HSEquit](http://www.facebook.com/HSEquit) **[BH010\_06]**
5. E-Cigarettes **[BH010\_07]**
6. Other aid, help, support (please specify) **[BH010\_95] [BH010oth]**
7. No help used **[BH010\_96]**

98 Don’t know **[BH010\_98]**

99 Refused **[BH010\_99]**

**BH004**

For how many years [did/have/has] [you/R name] [smoke/smoked] altogether?

1 … 100

-98 DK

-99 RF

(SHARE/ Similar question HRS)

**BH005**

What [do/does/did][you/he/she] smoke (before you stopped)?

IWER: CODE ALL THAT APPLY

1 Cigarettes **GO TO BH006** **[BH005\_01]**

2 Pipe **GO TO BH007** **[BH005\_02]**

3 Cigars or cigarillos **GO TO BH008** **[BH005\_03]**

4 E-cigarettes or tank\ clearomizers **GO TO BH101 [BH005\_04]**

98 DK **GO TO BH101** **[BH005\_98]**

99 RF **GO TO BH101** **[BH005\_99]**

(SHARE/ Similar question ELSA)

**BH006**

How many cigarettes [do/does/did] [you/he/she] smoke on average per day?

1 … 100

-98 DK

-99 RF

(SHARE/ Similar question ELSA)

**GO TO BH101**

**BH007**

How many pipes [do/ does/did][you/he/she] smoke on average per day?

1 … 100

-98 DK

-99 RF

(SHARE/ Similar question ELSA)

**GO TO BH101**

**BH008**

How many cigars or cigarillos [do/ does/did][you/he/she] smoke on average per day?

1 … 100

-98 DK

-99 RF

(SHARE/ Similar question ELSA)

**GO TO BH101**

## 10.2 Exercise section

INTRO: The next set of questions will ask you about the time [you/Rname] spent being physically active in the last 7 days.

Vigorousphysical activities refer to activities that take hard physical effort and make [you/him/her] breathe much harder than normal. Think *only* about those physical activities that [you/he/she] did for at least 10 minutes at a time.

**BH101**

During the last 7 days, on how many days did [you/he/she] do vigorous physical

activities like heavy lifting, digging, aerobics, or fast bicycling?

\_\_\_\_\_Number of days per week

0 No [I/he/she] [have/has] not done any vigorous physical activities **GO TO BH103**

-98 DK/ not sure **GO TO BH103**

-99 RF **GO TO BH103**

**BH102**

How much time did [you/he/she] usually spend doing vigorous physical activities on one of those days?

\_\_\_\_\_ hours per day (0 …10)  **[BH102H]**

\_\_\_\_\_ minutes per day (0…59) **[BH102M]**

-98 DK/ not sure

-99 RF

**BH103**

Moderate activities refer to activities that take moderate physical effort and make [you/him/her] breathe somewhat harder than normal. Think only about those physical activities that [you/he/she] did for at least 10 minutes at a time. During the last 7 days, on how many days did [you/he/she] do moderatephysical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

\_\_\_\_\_ days per week

0 No [I/he/she] [have/has] not done any moderate physical activities **GO TO BH105**

-98 DK **GO TO BH105**

-99 RF **GO TO BH105**

**BH104**

How much time did [you/he/she] usually spend doing **moderate** physical activities on one of those days?

\_\_\_\_\_ hours per day (0 …10) **[BH104H]**

\_\_\_\_\_ minutes per day (0…59) **[BH104M]**

-98 DK/not sure

-99 RF

**BH105**

Now think about the time [you/he/she] spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that [you/he/she] might do solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did [you/he/she] walk for at least 10 minutes at a time?

\_\_\_\_\_ days per week

0 No [I/he/she] [have/has] not done any walking **GO TO BH107**

-98 DK **GO TO BH107**

-99 RF **GO TO BH107**

**BH106**

How much time did [you/he/she] usually spend walking on one of those days?

\_\_\_\_\_ hours per day (0 …15) **[BH106H]**

\_\_\_\_\_ minutes per day (0…59) **[BH106M]**

-98 DK/not sure

-99 RF

**BH107**

On a typical weekday, how many hours would [you/he/she] spend watching TV?

IWER: ASK RESPONDENT TO ESTIMATE TO NEAREST HOUR

\_\_\_\_\_ hours per day (0 … 24)

-98 DK/not sure

-99 RF

**BH109**

During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, Pilates, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

IWER: CODE HOW ANSWER IS GIVEN

1. WEEKS **GO TO BH110**
2. MONTHS  **GO TO BH111**

96 Never **GO TO NEXT SECTION**

1. Don’t know **GO TO NEXT SECTION**
2. Refused **GO TO NEXT SECTION**

**BH110**

IWER: ENTER NUMBER OF TIMES PER WEEK

\_\_ Times per week

**BH111**

IWER: ENTER NUMBER OF TIMES PER MONTH

\_\_ Times per month

**GO TO NEXT SECTION**

## 10.3 Sleep section

INTRO: We are interested in how well [you/Rname] [manage/manages] to sleep at night and if [you/he/she] [have/has] any trouble sleeping.

**BH200**

Approximately how many hours [do/does] [you/he/she] sleep on a weeknight?

IWER: ASK RESPONDENT TO ESTIMATE TO NEAREST HOUR

2... 24

-98 DK

-99 RF

(ELSA)

**BH201**

How likely [are/is] [you/he/she] to doze off or fall asleep during the day?

IWER: READ OUT

1 Would never doze

2 Slight chance of dozing

3 Moderate chance of dozing

4 High chance of dozing

98 DK

99 RF

(TILDA)

**IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW) GO TO BH301**

**BH202**

How often do you have trouble falling asleep?

IWER: READ OUT

1 Most of the time

2 Sometimes

3 Rarely or never

98 DK

99 RF

(HRS)

**BH203**

How often do you have trouble with waking up too early and not being able to fall asleep again?

IWER: READ OUT

1 Most of the time

2 Sometimes

3 Rarely or never

98 DK

99 RF

(HRS)

**IF (HH005 = 1) ASK BH204 OTHERS GO TO NEXT SECTION**

**BH204**

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION BH?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL TIMES

**GO TO NEXT SECTION**

## 10.4 Alcohol questions

**IF (HH005 = 1 - SELF INTERVIEW) GO TO NEXT SECTION**

**INTRO**

IWER read out: We are interested in knowing more about people’s drinking patterns.

**BH301**

Has [Rname] ever had an alcoholic drink e.g. glass of wine, glass of beer etc?

1 Yes **GO TO BH302**

5 No **GO TO NEXT SECTION**

98 DK **GO TO NEXT SECTION**

99 RF **GO TO NEXT SECTION**

**BH302**

Has [he/she] had an alcoholic drink of any kind in the last 6 months?

1 Yes **GO TO BH303**

5 No **GO TO** **NEXT SECTION**

98 DK **GO TO** **NEXT SECTION**

99 RF **GO TO** **NEXT SECTION**

**BH303**

During the last 6 months, how often has [he/she] drunk any alcoholic beverages, like beer, cider, wine, spirits or cocktails*?*

IWER: CODE ONLY ONE ANSWER

1 Daily

2 4-6 days a week

3 2-3 days a week

4 Once a week

5 2-3 days a month

6 Once a month

7 One or a couple of days per year

98 DK

99 RF

**BH304**

More recently (i.e. in the last month), would you describe [his/her] current alcohol intake as:

IWER: CODE ONLY ONE ANSWER

1 Daily

2 4-6 days a week

3 2-3 days a week

4 Once a week

5 2-3 days a month

6 Once a month

7 Less than once a month

98 DK

99 RF

IWER: SHOW CARD BH1. [Page 46]

**BH305**

Please look at card BH1 [page 46]. On the days that [Rname] drinks, what type of drink does [he/she] have?Please indicate the drink that [he/she] would be most likely to drink.

IWER: READ OUT OPTIONS AND INDICATE THEM ON THE CARD.CHOOSE ONLY ONE.

1. Full pint of beer/cider/lager
2. Full pint of stout
3. Half pint or glass of beer/cider/lager
4. Large glass of wine (250mls)
5. Measure of spirit
6. Premixed spirit drink (e.g. Smirnoff Ice)

98 DK **GO TO BH306**

99 RF **GO TO BH306**

**BH307**

Thinking about [his/her] drink of choice, on average, in the last 6 months on the days that [he/she] drank, about how many did [he/she] have?

IWER CODE NUMBER OF DRINKS

1 1

2 2

3 3

4 4

5 5

6 6

7 7

8 8

9 9

10 10

11 11 or more

98 DK

99 RF

**BH306**

Has [he/she] reduced [his/her] alcohol intake since the last interview?

1 Yes **GO TO BH306b**

5 No **GO TO** **NEXT SECTION**

98 DK **GO TO NEXT SECTION**

99 RF **GO TO** **NEXT SECTION**

**BH306b**

Why did [he/she] reduce [his/her] alcohol intake?

CODE ALL THAT APPLY

1 Personal choice **[BH306B\_01]**

2 Doctor's advice **[BH306B\_02]**

3 Medication **[BH306B\_03]**

4 Illness or ill health **[BH306B\_04]**

95 Other reasons (please specify). **[BH306B\_95], [BH306BOTH]**

98 DK **[BH306B\_98]**

99 RF **[BH306B\_99]**

**GO TO NEXT SECTION**

# SECTION 9 (II). MENTAL HEALTH (MH)

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO NEXT SECTION**

## 9.2 Composite International Diagnostic Interview – Generalized Anxiety Disorder

IWER: READ OUT: In this next section, we are interested in any feelings of worry/anxiety that you may have experienced over the last year

**MH301**

During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

1 Yes **GO TO MH303**

5 No

98 DK

99 RF

**MH302**

People differ a lot in how they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

1 Yes

5 No **GO TO WE001**

98 DK **GO TO WE001**

99 RF **GO TO WE001**

**MH303**

Has that period ended or is it still going on?

1 Ended **GO TO MH304**

2 Still going on **GO TO MH305**

98 DK **GO TO MH305**

99 RF **GO TO WE001**

**MH304**

How many months or years did it go on before it ended?

1 \_\_\_\_\_\_\_Months **[MH304M]**

2 \_\_\_\_\_\_\_ Years **[MH304Y]**

3 (IF VOLUNTEERED )"All my life" or "As long as I can remember"

98 DK

99 RF

**IF (MH303 = 2) ASK MH305 OTHERS GO TO MH306**

**MH305**

How many months or years has it been going on?

1 \_\_\_\_\_\_\_Months **[MH305M]**

2 \_\_\_\_\_\_\_ Years **[MH305Y]**

3 "All my life" or "As long as I can remember"

98 DK

99 RF

**MH306**

During that period, [was your/is your] worry stronger than in other people?

1 Yes

5 No

98 DK

99 RF

**MH307**

[Did/Do] you worry most days?

1 Yes

5 No

98 DK

99 RF

**MH308**

[Did/Do] you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

1 One thing

2 More than one thing

98 DK

99 RF

**MH309**

[Did/Do] you find it difficult to stop worrying?

1 Yes

5 No

98 DK

99 RF

**MH310**

[Did/Do] you ever have different worries on your mind at the same time?

1 Yes

5 No

98 DK

99 RF

**MH311**

How often [was/is] your worry so strong that you [couldn’t/can’t] put it out of your mind no matter how hard you [tried/try] – often, sometimes, rarely or never?

1 Often

2 Sometimes

3 Rarely

4 Never

98 DK

99 RF

**MH312**

How often [did/do] you find it difficult to control your worry – often, sometimes, rarely, or never?

1 Often

2 Sometimes

3 Rarely

4 Never

98 DK

99 RF

**MH314**

When you [were/are] worried or anxious, [were/are] you also restless?

1 Yes

5 No

98 DK

99 RF

**MH315**

When you [were/are] worried or anxious, [were/are] you also keyed up or on edge?

1 Yes

5 No

98 DK

99 RF

**MH316**

When you [were/are] worried or anxious, [were/are] you also easily tired?

1 Yes

5 No

98 DK

99 RF

**MH317**

When you [were/are] worried or anxious, [did/do] you have difficulty keeping your mind on what you [were/are] doing?

1 Yes

5 No

98 DK

99 RF

**MH318**

When you [were/are] worried or anxious, [were/are] you also more irritable than usual?

1 Yes

5 No

98 DK

99 RF

**MH319**

When you [were/are] worried or anxious, [did/do] you have tense, sore or aching muscles?

1 Yes

5 No

98 DK

99 RF

**MH320**

When you [were/are] worried or anxious, [did/do] you have trouble falling asleep or staying asleep

1 Yes

5 No

98 DK

99 RF

**IF RESPONDENT HAS ZERO OR ONE “YES” RESPONSES TO QUESTIONS MH314-MH320 GO TO WE001**

**IF RESPONDENT HAS MORE THAN ONE “YES” RESPONSE TO MH314-MH320 PROCEED TO MH321**

**MH321**

Did you tell a doctor about your worry or about the problems it was causing?

1 Yes

5 No

98 DK

99 RF

**MH322**

Did you tell any other professional (such as psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

1 Yes

5 No

98 DK

99 RF

**MH323**

Did you take medication or use drugs or alcohol more than once for the worry or the problems it was causing?

1 Yes

5 No

98 DK

99 RF

**MH324**

How much did/does the worry or anxiety interfere with your life or activities?

1 A lot

2 Some

3 A little

4 Not at all

98 DK

99 RF

**GO TO WE001**

# SECTION 11. EMPLOYMENT SITUATION (WE)

## 11.1 Current activity status

IWER: SHOW CARD WE1 [page 47]

**WE001**

Now I'm going to ask you some questions about work, retirement and pensions.

Please look at card WE1 [page 47]. Which one of these would you say best describes [your/Rname’s] current situation?

IWER: CODE THE ONE THAT APPLIES

1 Retired **GO TO WE003**

2 Employed **GO TO WE101**

(including unpaid work in family business, temporarily away from work, or participating in apprenticeship or employment programme - such as Community Employment)

3 Self-employed (including farming)**GO TO WE201**

4 Unemployed **GO TO WE003**

5 Permanently sick or disabled **GO TO WE003**

6 Looking after home or family **GO TO WE003**

7 In education or training **GO TO WE003**

95 Other (specify) **GO TO WE002**

98 DK **GO TO WE003**

99 RF **GO TO WE003**

(ELSA)

**IF (WE001 = 95) ASK WE002, OTHERS GO TO WE003**

**WE002**

Other (specify)  **[WE001OTH]**

Text: up to 60 characters

98 DK

99 RF

(ELSA)

**IF (WE001 = 1, 4, 5, 6, 7, 95, 98, 99) ASK WE003. OTHERS GO TO WE004**

**WE003**

Did [you/he/she], nevertheless, do any paid work during the last week, either as an employee or self-employed, for at the least one hour?

1 Yes **GO TO WE103**

5 No

98 DK

99 RF

(SHARE/EU-SILC/TILDA)

**IF (WE001=1, 4, 5, 6, 7, 95, 98, 99 AND WE003=5, 98, 99) ASK WE004. OTHERS GO TO WE101**

**WE004**

[Have/Has] [you/he/she] [ever] done any paid work?

1 Yes **GO TO WE007 (UNLESS WE001==1, IN WHICH CASE GO TO WE601)**

5 No

98 DK

99 RF

(SHARE)

**if we001=1 & we004==5 go to we623 /\*says they are retired but has never worked\*/**

**if we001=5 & we004==5 go to we501 /\*says they are sick/disabled & never worked\*/**

**if we001=4 & we004==5 go to we404 /\*says they are unemployed & Never WORKED\*/**

**if we001=6 AND wE004=5 go to we623 /\*says they are looking after family & have never worked\*/**

**if we001=7 AND WE004=5 go to we623 /\*says they are in education & have never worked\*/**

**IF WE001 = 95 AND WE004=5 go to we623 /\*says in other employment status & have never worked\*/**

**IF WE001=98, 99 AND WE004=5 go to we623 /\*DK/RF & have never worked\*/**

**IF (WE004 = 1 AND WE001 ≠ 1) & (INTSTATUSW6=1) & (WE007FFW5≠-1) GO TO WE005**

**IF (WE004 = 1 AND WE001 ≠ 1) & (INTSTATUSW6=3) & (WE007FFW4≠-1) GO TO WE005**

**IF (WE004 = 1 AND WE001 ≠ 1) & ((INTSTATUSW6=1 & WE007FFW5=-1) OR**

**(INTSTATUSW6=3 & WE007FFW4=-1) OR (INTSTATUSW6=2) OR (INTSTATUSW6=4) OR (INTSTATUSW4=5)) GO TO WE007**

**OTHERS GO TO WE005**

**WE007**

When [you/he/she] [were/was] working what was the title or name of [your/his/her] job?

IWER: IF HE/SHE HAD MORE THAN ONE JOB, THINK OF THE HIGHEST PAID JOB EVER HELD.  
VERIFY THE SPELLING OF THE JOB TITLE & ASK FOR OCCUPATIONS RATHER THAN JUST COMPANY NAMES

Text: up to 100 characters

98 DK **GO TO WE008**

99 RF **GO TO WE008**

(TILDA)

**WE007x**

IWER: CODE WITHOUT ASKING:

Was the respondent a farm owner or manager?

1 Yes **GO TO WE007b**

5 No **GO TO** **WE008**

**IF (WE007a = 1 (FARM OWNER / MANAGER)) ASK WE007b OTHERS GO TO WE008**

**We007b**

What was the acreage of the farm?   
NOTE: If the respondent is unsure ask them to round to the nearest 10 acres

1... 1000

-98 DK

-99 RF

IWER: SHOW CARD WE2 [page 48]

**WE008**

Please look at card WE2 [page 48]. When [you/he/she] [were/was] working in this job, [were/was] [you/he/she] working in…

1. The public sector
2. A semi-state company
3. The Private sector as an employee
4. The Private sector as a self-employed person (e.g. as a partner in a practice or business, sole trader, director-major shareholder)

95 Other

98 DK

99 RF

NOTE: Public sector includes: teaching in Dept. of Education supported schools, civil service, local authorities, health boards or HSE, emergency services, prison service or defence forces and non-commercial state bodies. Semi-state companies are commercial bodies like CIE, Bord na Mona, ESB etc.

(i.e. Homemakers or in education who once worked)

**IF (we001 = 6, 7 & we004 = 1) ASK WE009. OTHERS GO TO WE010 because question is repeated in the unemployment section and disability section**

**WE009**

In what year did [you/he/she] cease working?

[Year of birth+10]...[current year]

-98 DK

-99 RF

IWER: SHOW CARD WE2a [page 49]

**WE010**

Please look at card WE2A [page 49]. Which of these best describes the work that [you/Rname] did in [your/Rname’s] that job?

1 Sedentary occupation: You spent most of your time sitting (such as in an office)

2 Standing occupation: You spent most of your time standing or walking. However the way you spent your time did not require intense physical effort (e.g. shop assistant, hairdresser, security guard etc.)

3 Physical work: Involved some physical effort including handling of heavy objects and use of tools (e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter etc.)

4 Heavy manual work: Involved very vigorous physical activity including handling of very heavy objects (e.g. docker, miner, bricklayer, construction worker etc.)

98 DK

99 RF

(ELSA)

**IF (WE001 = 6, 7 AND WE004 = 1 in education or looking after family) & (INTSTATUSW6=1 & we005ffw5==-1) ASK WE005**

**IF (WE001 = 6, 7 AND WE004 = 1 in education or looking after family) & (INTSTATUSW6=3 & (we005ffw4==-1) ASK WE005**

**IF (WE001 = 6, 7 AND WE004 = 1 in education or looking after family) & (INTSTATUSW6=2 REPLENISHMENT SAMPLE) ASK WE005**

**IF (WE001 = 4, AND WE004 = 1 unemployed but once worked) ASK WE401**

**IF (WE001 = 5, AND WE004 = 1 disabled but once worked ASK WE501**

**OTHERS GO TO WE201**

**WE005**

Why [are/is] [you/he/she] not currently working?

1 [Because] of health problems

2 Work was too demanding

3 It was too expensive to hire someone to look after home or family

4 Because [you/he/she] wanted to take care of children or grandchildren

5 Lost job due to COVID19 (permanently or temporarily)

6 The risk of contracting COVID19 in workplace

7 The risk of contracting COVID19 on public transport

95 Other **GO TO WE006**

98 DK

99 RF

(SHARE/TILDA)

**if (we005 = 95) ASK WE006. OTHERS go to WE623**

**WE006**

Other (specify) **[we005oth]**

Text: up to 60 characters

98 DK

99 RF

(SHARE)

**GO TO WE623**

## 11.2 Job description

**IF (WE001 = 2) ASK WE101. OTHERS GO TO WE103**

**WE101**

[In the last two years] Apart from [your/his/her] main job, [do/does] [you/he/she] have, [have/has] [you/he/she] had any other jobs, including subsidiary work in self-employment or farming?

1 Yes **GO TO WE102**

5 No **GO TO WE103**

98 DK **GO TO WE103**

99 RF **GO TO WE103**

(SHARE)

**IF (WE101 = 1) ASK WE102. OTHERS GO TO WE103**

**WE102**

How many other jobs [do/does] [you/he/she] currently have?

1 … 4

-98 DK

-99 RF

(SHARE)

**WE103**

What is the name or title of [your/his/her] main job?

IWER: IF PERSON HAS MORE THAN ONE JOB, CHOOSE THE ONE WHICH IS HIGHEST PAID. VERIFY THE SPELLING OF THE JOB TITLE & ASK FOR OCCUPATION RATHER THAN JUST COMPANY NAMES.

**IF WE003=1 DISPLAY: PLEASE REFER TO HIGHEST PAID JOB RESPONDENT DID DURING LAST WEEK**

Text: up to 100 characters

98 DK **GO TO WE149**

99 RF **GO TO WE149**

(ELSA)

**WE103x**

IWER: CODE WITHOUT ASKING:

Is the respondent a farm owner or manager?

1 Yes **GO TO WE103b**

5 No **GO TO** **WE149**

**IF (WE103x = 1 (FARM OWNER / MANAGER)) ASK WE103b. OTHERS GO TO WE149**

**We103b**

What was the acreage of the farm?

NOTE: If the respondent is unsure ask them to round to the nearest 10 acres

1... 1000

-98 DK

-99 RF

SHOW CARD WE2B [page 50]

**WE149**

Please look at card WE2B [page 50]. Is this job in….

1. The public sector
2. A semi-state company
3. The Private sector as an employee
4. The Private sector as a self-employed person (e.g. as a partner in a practice or business, sole trader, director-major shareholder)

98 DK

99 RF

(SHARE)

NOTE: Public sector includes: teaching in Dept. of Education supported schools, civil service, local authorities, health boards or HSE, emergency services, prison service or defence forces and non-commercial state bodies. Semi-state companies are commercial bodies like CIE, Bord na Mona, ESB etc.

IWER: SHOW CARD WE3 [page 51]

**WE152**

Please look at card WE3 [page 51]. Which of these best describes the work that [you/Rname] [do/does] in [your/Rname’s] main job?

1 Sedentary occupation: You spend most of your time sitting (such as in an office)

2 Standing occupation: You spend most of your time standing or walking However the way you spend your time does not require intense physical effort (e.g shop assistant, hairdresser, security guard etc.)

3 Physical work: This involves some physical effort including handling of heavy objects and use of tools (e.g plumber, cleaner, nurse, sports instructor, electrician, carpenter etc.)

4 Heavy manual work: This involves very vigorous physical activity including handling of very heavy objects (e.g docker, miner, bricklayer, construction worker etc.)

98 DK

99 RF

(ELSA)

**WE105**

In which year did [you/he/she] start this job?

Birth Year..[current year]

-98 DK

-99 RF

(SHARE)

Note: By this we mean when did [you/he/she] start working with this employer.

**WE106**

[Could you please tell me], is this?

1 A permanent job

2 A temporary job

3 Occasional work without a contract

95 Other working arrangement

98 DK

99 RF

(EU-SILC)

Note: By temporary job we mean working under a fixed term job contract. By occasional work without contract we mean working some hours of work per week without a contract.

**WE107**

How many hours a week [do/does] [you/he/she] usually work in this job, excluding meal breaks (but including any paid or unpaid overtime)?

0.. 168

-98 DK **GO TO WE109**

-99 RF **GO TO WE109**

(ELSA)

**IF (WE107 < 30) ASK WE108. OTHERS GO TO WE109**

IWER: SHOW CARD WE4 [page 52]

**WE108**

Please look at card WE4 [page 52]. What is [your/his/her] main reason for working less than 30 hours per week?

IWER: CODE THE ONE THAT APPLIES

1 Undergoing education or training

2 Personal illness or disability

3 Want to work more hours, but cannot find a full-time job or work more hours in this job

4 Do not want to work more hours

5 Housework

6 Looking after children or other persons

95 Other reasons

98 DK

99 RF

(SHARE)

**WE109**

Excluding paid vacation or paid leave, for how many weeks did [you/he/she] work in the last 12 months in this job?

IWER: EXAMPLE: IF A PERSON SPENT 4 WEEKS ON HOLIDAY, THEN SUBTRACT THOSE 4 WEEKS FROM THE TOTAL OF 52 WEEKS IN THE YEAR’

1… 52

-98 DK

-99 RF

(ELSA)

IWER: SHOW CARD WE5 [page 53]

**WE111**

Please look at card WE5 [page 53]. About how many people (including [yourself/Rname]) are employed at the place where [you/he/she] usually [work/works]?

IWER: CODE THE ONE THAT APPLIES

1 1 to 5

2 6 to 15

3 16 to 24

4 25 to 199

5 200 to 499

6 500 or more

98 DK

99 RF

(SHARE)

Note: By this we mean the whole organisation, not the branch, plant or service in which [you/he/she] [work/works/works]].

## 11.3 Wages

**WE112**

Thinking about [your/his/her] typical wage/salary payment, what time period does this cover?

1 One week

2 Two weeks

3 A month (4 weeks)

4 Three months (13 weeks)

5 Six months (26 weeks)

6 One year (12 months/52 weeks)

7 Don’t receive monetary payment **GO TO WE134**

95 Other (specify) **GO TO WE112oth**

98 DK **GO TO WE130**

99 RF **GO TO WE130**

(EU-SILC)

**WE112=1, 2, 3, 4, 5,6 GO TO WE114**

**IF (WE112 = 95) ASK WE112OTH OTHERS GO TO WE114**

**WE112oth**

Other (specify) **GO TO WE114** **[we112oth]**

98 DK **GO TO WE130**

99 RF **GO TO WE130**

(EU-SILC)

**IF (WE112=1, 2, 3, 4, 5, 6, 95) ASK WE114. OTHERS GO TO WE130**

**WE114**

Before any deductions, about how much is [your/his/her] typical wage/salary payment? Include regular overtime, commission, tips etc.

INSERT REMINDER OF PAY PERIOD

€0 … €500,000

-98 DK

-99 RF

(EU-SILC)

NOTE: If RESP asks what “deductions” mean then prompt: tax, Universal Social Charge, social insurance (PRSI) or pension and health contributions, union dues and so on.

[Upper limits : we112 (1) = 10,000, we112(2) = 20,000, we112(3) = 40,000, we112(4) = 120,000, we112(5) = 250,000, we112(95) = 250,000]

**IF (WE112=1 AND WE114=-98, -99) ASK WE115. OTHERS GO TO WE116**

**WE115**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €300, €450, €600, €1,150.

-98 DK

-99 RF

**IF (WE112=2 AND WE114=-98, -99) ASK WE116. OTHERS GO TO WE117**

**WE116**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €600, €900, €1,250, €2,500.

-98 DK

-99 RF

**IF (WE112=3 AND WE114=-98, -99) ASK WE117. OTHERS GO TO WE118**

**WE117**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €1,250, €1,900, €2,500, €5,000.

-98 DK

-99 RF

**IF (WE112=4 AND WE114=-98, -99) ASK WE118. OTHERS GO TO WE119**

**WE118**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €3,750, €5,600, €7,500, €15,000.

-98 DK

-99 RF

**IF (WE112=5 AND WE114=-98, -99) ASK WE119. OTHERS GO TO WE120**

**WE119**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €7,500, €11,250, €15,000, €30,000.

-98 DK

-99 RF

**IF (WE112=6 AND WE114=-98, -99) ASK WE120. OTHERS GO TO WE121**

**WE120**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €15,000, €22,500, €30,000, €60,000.

-98 DK

-99 RF

**IF (WE112=95 AND WE114=-98, -99) ASK WE121 OTHERS GO TO WE122**

**WE121**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €15,000, €22,500, €30,000, €60,000.

-98 DK

-99 RF

**WE122**

What is the total net amount, i.e. after deductions at source and excluding expense refunds, [you/he/she] [receive/receives] in [your/his/her] typical wage/salary payment? (Include regular overtime, commission, tips etc.)

IWER: Please ensure that resp uses the same pay period as in the previous question

Just to clarify, could you give your answer in terms of the [weekly/fortnightly/monthly/semi annually/annually/other] pay period that you were referring to in the previous question.

0… €500,000

-98 DK

-99 RF

(EU-SILC)

NOTE: If RESP asks what is meant by “deduction” then prompt: Usually people have some deductions made at source such as Income tax, Universal Social Charge, PRSI contribution (incl. health levies), pension or superannuation contribution, trade union dues or subscriptions, life assurance premiums, private health insurance (VHI/BUPA/QUINN HEALTH INSURANCE/VIVAS/HIBERNIAN HEALTH /AVIVA HEALTH) or other.

[Upper limits : we112 (1) = 10,000, we112(2) = 20,000, we112(3) = 40,000, we112(4) = 120,000, we112(5) = 250,000, we112(95) = 250,000]

**IF (WE122 >= €0 & WE122 <= €500,000 & (we114≠-98 & we114≠-99) & (we122-we114)>=0) GO TO WE150**

**IF (WE122 >= €0 & WE122 <= €500,000 & (we114≠-98 & we114≠-99) & ((we114-we122)/we114 >=0.60)) GO TO WE150**

**IF WE122 is “don’t know/refuse” and/or if we114 and following bracket is “don’t know or refuse then” don’t go to we150IF (WE122 >= €0 & WE122 <= €500,000 & (we114≠-98 & we114≠-99) & ((we114-we122)/we114 <0.60)) GO TO WE134**

**IF WE112=1 AND WE122=-98, -99 GO TO WE123**

**IF WE112=2 AND WE122=-98, -99 GO TO WE124**

**IF WE112=3 AND WE122=-98, -99 GO TO WE125**

**IF WE112=4 AND WE122=-98, -99 GO TO WE126**

**IF WE112=5 AND WE122=-98, -99 GO TO WE127**

**IF WE112=6 AND WE122=-98, -99 GO TO WE128**

**IF WE112=95 AND WE122=-98, -99 GO TO WE129**

**WE150**

The gross figure [i.e. before tax and other deductions] you have given [we114] is smaller/the same/much bigger when compared to the net figure [we122] [i.e. after tax and other deductions] you have given. Could you please confirm this is the case? If you are satisfied that these are correct then we can proceed to the next question

**IF NOT SATISFIED GO BACK TO WE112**

**If the gross figure is the same as the net figure, create a variable “we150\_01”, which equals to 1 if correct, 2 if incorrect.**

**If the gross figure is much larger than the net figure, create a variable “we150\_02”, which equals to 1 if correct, 2 if incorrect.**

**If the gross figure is smaller than the net figure, create a variable “we150\_03”, which equals to 1 if correct, 2 if incorrect.**

**IF (WE112=1 AND WE122=-98, -99) ASK WE123. OTHERS GO TO WE124**

**WE123**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €250, €350, €500, €1,000.

-98 DK

-99 RF

**IF (WE112=2 AND WE122=-98, -99) ASK WE124. OTHERS GO TO WE125**

**WE124**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €550, €800, €1,100, €2,150.

-98 DK

-99 RF

**IF (WE112=3 AND WE122=-98, -99) ASK WE125. OTHERS GO TO WE126**

**WE125**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €1100, €1,600, €2,150, €4,300.

-98 DK

-99 RF

**IF (WE112=4 AND WE122=-98, -99) ASK WE126. OTHERS GO TO WE127**

**WE126**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €3,250, €4,900, €6,500, €13,000.

-98 DK

-99 RF

**IF (WE112=5 AND WE122=-98, -99) ASK WE127. OTHERS GO TO WE128**

**WE127**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: € 6,500, €9,750, €13,000, €26,000.

-98 DK

-99 RF

**IF (WE112=6 AND WE122=-98, -99) ASK WE128. OTHERS GO TO WE129**

**WE128**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €13,000, €19,500, €26,000, €52,000.

-98 DK

-99 RF

**IF (WE112=95 AND WE122=-98, -99) ASK WE129. OTHERS GO TO WE130**

**WE129**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €13,000, €19,500, €26,000, €52,000.

-98 DK

-99 RF

**IF (WE112 = 98, 99 OR IF WE112OTH = -98, -99) ASK WE130. OTHERS GO TO WE134**

**WE130**

What was the total gross amount [you/he/she] earned in the last 12 months in this job? (Include all types of overtime, commission, bonuses, share options etc.)

€0 … €1,000,000 **GO TO WE134**

-98 DK **GO TO WE131**

-99 RF **GO TO WE131**

(EU-SILC)

**IF (WE130 = -98, -99) ASK WE131. OTHERS GO TO WE134**

**WE131**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €15,000, €22,500, €30,000, €60,000.

-98. DK

-99. RF

**WE134**

[Are/Is] [you/he/she] supplied with a company car which is available for private use?

1 Yes **GO TO WE135**

5 No **GO TO WE151**

98 DK **GO TO WE151**

99 RF **GO TO WE151**

(EU-SILC)

**IF (WE134 = 1) ASK WE135. OTHERS GO TO WE151**

**WE135**

Please state make, model and year of the car?

Enter a text of at most 40 characters

98 DK

99 RF

Note: A description like ‘Ford Mondeo 1.8 2002’ will suffice

(EU-SILC)

**GO TO WE151**

## 11.4 Working conditions

**IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW) GO TO WE136**

**WE151**

I am now going to read a statement people might use to describe their work. We would like to know if you feel like this about your (main) job.

IWER SHOW CARD WE6 [page 54]

**WE151**

Please look at card WE6 [page 54]. All things considered I am satisfied with this job. Would you say you strongly agree, agree, disagree or strongly disagree?

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

98 DK

99 RF

[SHARE]

**WE136**

In [your/his/her] job, [do/does] [you/he/she] have any responsibility for supervising the work of other employees?

1 Yes

5 No

98 DK

99 RF

(SHARE)

**IF (WE136 = 1) ASK WE137**

**If we136≠1 and we001=1, go to we601**

**If we136≠1 and we001=5, go to we501**

**If we136≠1 and we001=4, go to we401**

**OTHERS GO TO WE623**

IWER: SHOW CARD WE5 [page 53]

**WE137**

Please look at card WE5 [page 53]. About how many people [are/is] [you/he/she] responsible for in this job?

IWER: CODE THE ONE THAT APPLIES

1 1 to 5

2 6 to 15

3 16 to 24

4 25 to 199

5 200 to 499

6 500 or more

98 DK

99 RF

(SHARE)

**If we001=1, go to we601**

**If we001=5, go to we501**

**If we001=4, go to we401**

**Others GO TO WE623**

**IF (WE001 = 3) ASK WE201. OTHERS GO TO WE301**

## 11.5 Self-employed

**WE201**

IWER: PLEASE VERIFY THE SPELLING IF OTHER – NON FARMING

What is the nature of [your/his/her] business or occupation?

1 Farming **GO TO WE301**

2 Other – Non farming **GO TO WE201a**

98 DK **GO TO WE203**

99 RF **GO TO WE203**

(TILDA)

**IF (WE201 = 2) ASK WE201A. OTHERS GO TO WE203**

**WE201A**

Would [you/he/she] describe[yourself/himself/herself] as..

1. Sole trader
2. In partnership
3. Limited company

98 DK

99 RF

**We218**

What is the title or name of [your/his/her] job?

IWER: IF PERSON HAS MORE THAN ONE JOB, CHOOSE THE ONE WHICH IS HIGHEST PAID. VERIFY THE SPELLING OF THE JOB TITLE & ASK FOR OCCUPATION RATHER THAN JUST COMPANY NAMES.

IWER: ASK FOR OCCUPATIONS RATHER THAN JUST THE PHRASE “SELF-EMPLOYED”. WE WANT “SELF-EMPLOYED SOLICITOR”, “SELF-EMPLOYED WINDOW CLEANER”, ETC.;

Text: up to 100 characters

98 DK **GO TO WE203**

99 RF **GO TO WE203**

(TILDA)

**WE218x**

IWER: CODE WITHOUT ASKING:

Is the respondent a farm owner or manager?

1 Yes **GO TO WE301**

5 No

IWER: SHOW CARD WE7 [page 55]

**WE219**

Please look at card WE7 [page 55]. Which of these best describes the work that [you/Rname] do[es] in [your/Rname’s] main job?

1 Sedentary occupation: You spend most of your time sitting (such as in an office)

2 Standing occupation: You spend most of your time standing or walking However the way you spend your time does not require intense physical effort (e.g. shop assistant, hairdresser, security guard etc.)

3 Physical work: This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter etc.)

4 Heavy manual work: This involves very vigorous physical activity including handling of very heavy objects (e.g. docker, miner, bricklayer, construction worker etc.)

98 DK

99 RF

(ELSA)

**WE203**

In which year did [you/he/she] start this business?

1900…[current year]

-98 DK

-99 RF

(TILDA)

IWER SHOW CARD WE8 [page 56]

**WE204**

Please look at card WE8 [page 56]. How many employees, if any, [do/does/does] [you/he/she] have in this business?

IWER: CODE THE ONE THAT APPLIES

0 None

1 1 to 5

2 6 to 15

3 16 to 24

4 25 to 199

5 200 to 499

6 500 or more

98 DK

99 RF

(EU-SILC)

**WE205**

What is the most recent year for which accounts have been prepared for the Revenue?

IWER: IF THE RESPONDENT HAS DIFFICULTY IN RESPONDING TO THIS QUESTION PLEASE ASK HIM/HER TO CONSULT HIS/HER LATEST TAX ASSESSMENT NOTICE, ANNUAL ACCOUNTS DOCUMENT, OR TAX RETURN.

1950.. [current year]

-98 DK

-99 RF

(SHARE)

**WE206**

In relation to this business, did [you/Rname] make a profit or loss in the most recent 12 months?

IWER: IF THE RESPONDENT HAS DIFFICULTY IN RESPONDING TO THIS QUESTION PLEASE ASK HIM/HER TO CONSULT HIS/HER LATEST TAX ASSESSMENT NOTICE, ANNUAL ACCOUNTS DOCUMENT, OR TAX RETURN. IF THE RESPONDENT ASNWERS ‘BREAK EVEN’ OR ‘0’, ENTER ‘LOSS’ IN WE206, THEN GO TO WE207 AND ENTER €0

1 Profit **GO TO WE208**

2 Loss **GO TO WE207**

98 DK **GO TO WE220**

99 RF **GO TO WE220**

(ELSA)

**IF (WE206 = 2) ASK WE207. OTHERS GO TO WE208**

**WE207**

How much was this loss?

IWER: IF THE RESPONDENT HAS DIFFICULTY IN RESPONDING TO THIS QUESTION PLEASE ASK HIM/HER TO CONSULT HIS/HER LATEST TAX ASSESSMENT NOTICE, ANNUAL ACCOUNTS DOCUMENT, OR TAX RETURN.

€0 … €500,000

-98 DK

-99 RF

(EU-SILC)

**GO TO WE220**

**IF (WE206 = 1) ASK WE208, OTHERS GO TO WE217**

**WE208**

Excluding the share of any partner [you/he/she] might have, before tax and social insurance contributions, what was the total income or profit [you/he/she] made?

IWER: IF THE RESPONDENT HAS DIFFICULTY IN RESPONDING TO THIS QUESTION PLEASE ASK HIM/HER TO CONSULT HIS/HER LATEST TAX ASSESSMENT NOTICE, ANNUAL ACCOUNTS DOCUMENT, OR TAX RETURN.

€0 … €500,000 **GO TO WE210**

-98 DK **GO TO WE209**

-99 RF **GO TO WE209**

Note: The total income or profit includes any director’s fees [you/he/she] might receive from this business or any money [you/he/she] [draw/draws] for personal day-to-day living expenses (as distinct from business expenses).

(EU-SILC)

**IF (WE208 = -98, -99) ASK WE209, OTHERS GO TO WE210**

**WE209**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €15,000, €22,500, €30,000, €60,000.

-98 DK

-99 RF

**WE210**

Did [you/he/she] make any PRSI payments on this income?

1 Yes **GO TO WE211**

5 No **GO TO WE212**

98 DK **GO TO WE212**

99 RF **GO TO WE212**

(EU-SILC)

**IF (WE210 = 1) ASK WE211. OTHERS GO TO WE212**

**WE211**

How much did [you/he/she] pay in PRSI?

€0 … €50,000

-98 DK

-99 RF

(EU-SILC)

**WE212**

[Have/Has/Has] [you/he/she] paid any income tax in relation to the self-employment figure you have given?

1 Yes **GO TO WE213**

5 No **GO TO WE214**

98 DK **GO TO WE214**

99 RF **GO TO WE214**

(EU-SILC)

**IF (WE212 = 1) ASK WE213. OTHERS GO TO WE214**

**WE213**

What was the amount paid?

€0 … €100,000

-98 DK

-99 RF

(EU-SILC)

**WE214**

Did [you/he/she] receive any other income over that period?

1 Yes **GO TO WE215**

5 No **GO TO WE220**

98 DK **GO TO WE220**

99 RF **GO TO WE220**

Note: By other income we mean Director’s fees from other business, grinds, occasional work, royalties, rental income from business properties or equipment, which were not included in the amounts already stated.

(EU-SILC)

**IF (WE214 = 1) ASK WE215, OTHERS GO TO WE220**

**WE215**

What was the value of this other income (before tax and social insurance payments)?

€0 … €500,000

-98 DK

-99 RF

(EU-SILC)

**WE216**

How much tax and social insurance did [you/he/she] pay on this other income?

€0 … €100,000

-98 DK

-99 RF

(EU-SILC)

**WE220**

[Do/does] [you/he/she] use a company owned car which is available for private use?

1 Yes **GO TO WE221**5 No **GO TO WE217**  
98 DK **GO TO WE217**  
99 RF **GO TO WE217**

**IF (WE220 = 1) ASK WE221, OTHERS GO TO WE217**

**WE221**

Please state make, model and year of the car?

[Text : up to 40 characters]   
98 DK  
99 RF   
Note: A description like ‘Ford Mondeo 1.8 2002’ will suffice

**IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW) GO TO WE623**

IWER READ OUT: I am now going to read a statement people might use to describe their work. We would like to know if you feel like this about your (main) job.

IWER: SHOW CARD WE9 [page 57]

**WE217**

Please look at card WE9 [page 57]. All things considered I am satisfied with thisjob. Would you say you strongly agree, agree, disagree or strongly disagree?

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

98 DK

99 RF

[SHARE]

**END OF SECTION - GO TO WE623**

**IF WE201 = 1 OR WE218x = 1 ASK WE301 OTHERS GO TO WE317**

**THIS SECTION ASKED REGARDLESS OF CS017 STATUS**

## 11.6 Farming

**WE301**

[Do/Does/Does] [you/Rname] own or [have/has/has] [you/he/she] owned a farm at any time during the last 2 years?

1 Yes **GO TO WE302**

5 No **GO TO WE306**

98 DK **GO TO WE306**

99 RF **GO TO WE306**

Note: If the farm owner has let out ALL [his/her] land during the last 12 months, please code as 1.

(EU-SILC)

**IF (WE301 = 1) ASK WE302. OTHERS GO TO WE306**

**WE302**

How many acres of land did [you/he/she] own in the previous year?

0 … 9999

-98 DK

-99 RF

(EU-SILC)

**WE303**

Did [you/he/she] let any of this land to anyone else in the previous 2 years?

1 Yes, all **GO TO WE305**

2 Yes, part of it **GO TO WE304**

5 No **GO TO WE306**

98 DK **GO TO WE306**

99 RF **GO TO WE306**

(EU-SILC)

**IF (WE303 = 2) ASK WE304, OTHERS GO TO WE305**

**WE304**

[In the last two years] How many acres did [you/he/she] let?

0 … 500

-98 DK

-99 RF

(EU-SILC)

**IF (WE303 = 1, 2) ASK WE305, OTHERS GO TO WE306**

**WE305**

How much annual rent did [you/he/she] receive for this land?

€0 … €50,000 **GO TO WE306**

-98 DK **GO TO WE305U1**

-99 RF **GO TO WE305U1**

(EU-SILC)

**IF (WE305 = -98, -99) ASK WE305U1, OTHERS GO TO WE306**

**WE305U1**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €250; €2,500; €5,000; €12,500.

-98 DK

-99 RF

(EU-SILC)

**WE306**

Did [you/he/she] take (rent) or farm any other land (excluding commonage) on conacre or otherwise, in the previous year?

1 Yes **GO TO WE307**

5 No **GO TO WE309**

98 DK **GO TO WE309**

99 RF **GO TO WE309**

Note: Conacre is a short-term lease of land that usually coincides with a growing season, e.g. a farmer may take land from February to September to plant wheat.

(EU-SILC)

**IF (WE306 = 1) ASK WE307 OTHERS GO TO WE309**

**WE307**

How many acres did rent?

1 … 9999

-98 DK

-99 RF

(EU-SILC)

**WE308**

How much annual rent did [you/he/she] pay for this land?

€0 … €50,000

-98 DK

-99 RF

(EU-SILC)

IWER: SHOW CARD WE10 [page 58]

**WE309**

Please look at card WE10 [page 58]. Please indicate what is the main enterprise or activity on [your/his/her] farm?

Note: If respondent has more than one enterprise/activity please code the one that contributes the largest share of all farming income.

IWER: CODE THE ONE THAT APPLIES

1 Cereal/potatoes/root crops

2 Fresh fruit or vegetables (excluding mushrooms)

3 Mushrooms

4 Other crops

5 Dry stock (cattle)

6 Dairy Cattle

7 Sheep

8 Poultry

9 Pigs

10 Horses, mules, jennets, asses

11 Goats or deer

12 Forestry

95 Other

98 DK

99 RF

(EU-SILC)

IWER: SHOW CARD WE10 [page 58]

**WE310**

Please look at card WE10 [page 58]. Please indicate which other enterprises [you/he/she] [are/is] engaged in on [your/his/her] farm?

IWER: CODE ALL THAT APPLY

1 Cereal/potatoes/root crops **[WE310\_01]**

2 Fresh fruit or vegetables (excluding mushrooms) **[WE310\_02]**

3 Mushrooms **[WE310\_03]**

4 Other crops **[WE310\_04]**

5 Dry stock (cattle) **[WE310\_05]**

6 Dairy Cattle **[WE310\_06]**

7 Sheep **[WE310\_07]**

8 Poultry **[WE310\_08]**

9 Pigs **[WE310\_09]**

10 Horses, mules, jennets, asses **[WE310\_10]**

11 Goats or deer **[WE310\_11]**

12 Forestry **[WE310\_12]**

95 Other **[WE310\_95]**

96 No other enterprise **[WE310\_96]**

98 DK **[WE310\_98]**

99 RF **[WE310\_99]**

(EU-SILC)

**WE311**

[In the last two years] [Have/Has] [you/he/she] received any of these payments?

IWER: CODE ALL THAT APPLY

1 Basic Payment Scheme (BPS) **GO TO WE312 [we311\_01]**

2 Agricultural Environmental Options (AEOS) Scheme / Green, Low-Carbon, Agri-Environment (GLAS)' scheme **GO TO WE313 [we311\_02]**

3 Area of natural Constraint (ANC) scheme

**GO TO WE314 [we311\_03]**

4 Forestry Premia Scheme **GO TO WE323 [WE311\_04]**

96 None of these **GO TO WE315** **[we311\_96]**

98 DK **GO TO WE315 [we311\_98]**

99 RF **GO TO WE315 [we311\_99]**

(EU-SILC)

**IF (WE311\_01=1) ASK WE312, OTHERS GO TO WE313**

**WE312**

How much is [your/his/her] Basic Payment Scheme (BPS) payment, i.e. after National Reserve and Linear reduction?

€0 … €100,000

-98 DK

-99 RF

(EU-SILC)

**IF (WE311\_02=1) ASK WE313, OTHERS GO TO WE314**

**WE313**

IWER NOTE: GLAS stands for Green Low-Carbon Agri-Environment Scheme AND HAS REPLACED THE REPS SCHEME

How much did [you/he/she] receive in GLAS/AEOS payments in the last year?

€0 … €500,000

-98 DK

-99 RF

(EU-SILC)

**IF (WE311 \_03=1) ASK WE314, OTHERS GO TO WE315**

**WE314**

IWER NOTE: ANC HAS REPLACED SAC AND IS SOMETIMES REFERRED TO AS DISADVANTAGED AREA PAYMENTS

How much did [you/he/she] receive in Area of Natural Constraint (ANC) scheme payments in the last year?

€0 … €500,000

-98 DK

-99 RF

(EU-SILC)

**WE323**

How much did [you/he/she] receive in forestry premia payments in last year?

€0 … €500,000

-98 DK

-99 RF

**GO TO WE315**

**WE315**

Before any tax and contributions, but after paying for any materials, equipment or goods that [you/he/she] [use/uses] in [your/his/her] work, what was the approximate income from [your/his/her] farming activities in the last 12 months?

Note: please exclude any rent or any payments from the Department of Agriculture, such as Basic Payment Scheme (BPS), Agricultural Environmental Options (AEOS) Scheme, Green Low-Carbon Agri-Environment Scheme (GLAS), Area of Natural Constraint (ANC) scheme or forestry premia.

€0 … €500,000 **GO TO WE317**

-98 DK **GO TO WE316**

-99 RF **GO TO WE316**

(EU-SILC)

**IF (WE315 = -98, -99) ASK WE316, OTHERS GO TO WE317**

**WE316**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €9,500, €14,250, €19,000, €38,000.

-98 DK

-99 RF

(EU-SILC)

**IF (WE201 = 1) ASK WE317, OTHERS GO TO WE401**

**WE317**

[Do/Does] [you/he/she] have an off-farm job?

1 Yes

5 No

98 DK

99 RF

(EU-SILC)

**WE318**

How many weeks of full-time farm work (5 or more days of 8 or more hours) did [you/he/she] do in the previous year?

IWER: The number of ‘full-time farm work weeks’ excludes holiday weeks (i.e. if the farmer is a full time farmer and takes 4 weeks holidays per year the number of weeks of full time farm work =48)

0 … 52

-98 DK **GO TO WE321**

-99 RF **GO TO WE321**

(EU-SILC)

**IF (WE318 ≠ -98, -99) ASK WE319, OTHERS GO TO WE321**

**WE319**

For how many weeks did [you/he/she] do part-time farm work during the last 12 months?

0 … 52

-98 DK

-99 RF

(EU-SILC)

**WE320**

How many hours per week did [you/he/she] usually work?

0 … 100

-98 DK

-99 RF

(EU-SILC)

**END OF MODULE - GO TO WE321**

**IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO WE623**

IWER: SHOW CARD WE11 [page 59]

IWER READ OUT: I am now going to read a statement people might use to describe their work. We would like to know if you feel like this about your farming job.

**WE321**

Please look at card WE11 [page 59]. All things considered I am satisfied with this job. Would you say you strongly agree, agree, disagree or strongly disagree?

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

98 DK

99 RF

[SHARE]

IWER SHOW CARD WE12 [Page 60]

IWER: Farm work can vary in the intensity of physical effort according to the type of farming that you are engaged in.

**END OF SECTION - GO TO WE623**

**IF (WE001 = 4) ASK WE401, OTHERS GO TO WE501**

## 11.7 Unemployed

**WE401**

In what year did [you/he/she] become unemployed?

YEAR (1900.. [current year])

-98 DK **GO TO WE403**

-99 RF **GO TO WE403**

(HRS)

**IF (WE401 ≠ -98, -99) ASK WE402, OTHERS GO TO WE403**

**WE402**

In what month did [you/he/she] become unemployed?

MONTH

|  |  |
| --- | --- |
| 1 January | 8 August |
| 2 February | 9 September |
| 3 March | 10 October |
| 4 April | 11 November |
| 5 May | 12 December |
| 6 June | 98 DK |
| 7 July | 99 RF |

(HRS)

IWER: SHOW CARD WE13 [PAGE 61]

**WE403**

Please look at card WE13 [page 61].

Would you tell us how [you/he/she] became unemployed? Was it

IWER: CODE THE ONE THAT APPLIES

1 Because [your/his/her] place of work or office closed

2 Because [you/he/she] resigned

3 Because [you/he/she] were laid off

4 By mutual agreement between [you/Rname] and [your/his/her] employer

5 Because a temporary job had been completed

6 Lost job due to COVID19 (permanently or temporarily)

7 The risk of contracting COVID19 in workplace

8 The risk of contracting COVID19 on public transport

95 Other reason

98 DK

99 RF

(SHARE)

**WE404**

[Have/Has] [you/he/she] been doing anything to find work during the last four weeks?

1 Yes **GO TO WE407**

5 No **GO TO WE405**

98 DK  **GO TO WE623**

99 RF **GO TO WE623**

(HRS)

**IF (WE404 = 5) ASK WE405, OTHERS GO TO WE407**

IWER: SHOW CARD WE14 [PAGE 62]

**WE405**

Please look at card WE14 [page 62]. What is the main reason [you/he/she] [were/was] not looking for work during the last four weeks?

IWER: CODE THE ONE THAT APPLIES

1 Believes nothing available in line of work is available

2 Doesn’t believe can find work

3 Doesn’t have needed skills /experience

4 Believes employers think he/she too old

5 Believes employers won’t hire older women or minorities

6 Poor health, disability

7 Family responsibilities/child responsibilities

8 Transportation problems

9 No particular reason

10 Due to COVID19

95 Other (specify) **GO TO WE406**

98 DK

99 RF

(HRS)

**IF WE405≠95 – GO TO WE623**

**IF (WE405 = 95) ASK WE406, OTHERS GO TO WE407**

**WE406**

Other (specify) **[we405oth]**

[Text]

98 DK

99 RF

(HRS)

**GO TO WE623**

IF (WE404 = 1) ASK WE407 OTHERS GO TO WE623

IWER; SHOW CARD WE15 [PAGE 63]

**WE407**

Please look at card WE15 [page 63]. What are all of the things [you/he/she] [have/has] done to find work during the last four weeks?

IWER: CODE ALL THAT APPLY

1 Read ads **GO TO WE410 [we407\_01]**

2 Attend school or received other training

**GO TO WE410 [we407\_02]**

3 Checked with public employment agency

**GO TO WE410 [we407\_03]**

4 Checked with private employment agency

**GO TO WE410 [we407\_04]**

5 Visited employers directly **GO TO WE409 [we407\_05]**

6 Telephoned or wrote to employers directly

**GO TO WE409**  **[we407\_06]**

7 Asked friends or relatives **GO TO WE410 [we407\_07]**

8 Placed or answered ads **GO TO WE410 [we407\_08]**

9 Searched internet **GO TO WE410 [we407\_09]**

10 Didn’t do anything specific **GO TO WE410 [we407\_10]**

95 Other (specify) **GO TO WE408 [we407\_95]**

98 DK **GO TO WE410 [we407\_98]**

99 RF **GO TO WE410** **[we407\_99]**

(HRS)

**IF (WE407\_95 = 1) ASK WE408, OTHERS GO TO WE409**

**WE408**

Other (specify) **[we407oth]**

[Text]

98 DK

99 RF

(HRS)

**IF (WE407\_05,06 = 1) ASK WE409, OTHERS GO TO WE410**

**WE409**

How many employers did [you/he/she] call, write to or visit in the last four weeks?

1… 50

-98 DK

-99 RF

(HRS)

**WE410**

[Are/Is] [you/he/she] looking for part-time or full-time work?

1 Part-time

2 Full-time

3 Either kind

98 DK

99 RF

(HRS)

**WE411**

What is the lowest monthly wage [you/he/she] would accept if a job was offered to [you/him/her]?

AMOUNT

€0… €10,000

-98 DK

-99 RF

(HRS)

**WE412**

[Are/Is] [you/he/she] available for work immediately (i.e. within two weeks)?

1 Yes

5 No

98 DK

99 RF

(HRS)

**GO TO WE623**

**IF (WE001 =5) go to section 11.8, others go to section 11.9**

## 11.8 Permanently sick or disabled

**If INTSTATUSW6=1 & we001ffw5=5 & we001=5, go to we623**

**If INTSTATUSW6=3 & we001ffw4=5 & we001=5, go to we623**

**Otherwise: go to we501 if we001=5, or to we623 if we001≠5**

**WE501**

In what year did [you/he/she] become sick/disabled?

1900.. [current year]

-98 DK **GO TO WE503**

-99 RF **GO TO WE503**

(HRS)

**IF (WE501 ≠ -98, -99) ASK WE502, OTHERS GO TO WE503**

**WE502**

In what month did [you/he/she] become sick/disabled?

MONTH

|  |  |
| --- | --- |
| 1 January | 8 August |
| 2 February | 9 September |
| 3 March | 10 October |
| 4 April | 11 November |
| 5 May | 12 December |
| 6 June | 98 DK |
| 7 July | 99 RF |

(HRS)

**IF WE004=1 ASK WE503. IF WE004= 5, 98, 99 GO TO WE623**

**WE503**

Was this illness caused by the working activities in [your/his/her] last job?

1 Yes

5 No

98 DK

99 RF

(SHARE)

**GO TO WE623**

**IF (WE001 =1) or INTSTATUSW6=1 & we001≠1 & we001ffw5=1 & we003ffw5=1, go to section 11.9, others go to WE623**

## 11.9 Retired

**If intstatusw6=1 & we001ffw5=1 & we001=1 & we601ffw5=-1 ask we601**

**If intstatusw6=1 & we001ffw5=1 & we001=1 & we601ffw5≠-1 go to we623**

**If intstatusw6=1 & we001ffw5≠1 & we001=1 ask we601**

**If intstatusw6=3 & we001ffw4=1 & we001=1 & we601ffw4=-1 ask we601**

**If intstatusw6=3 & we001ffw4=1 & we001=1 & we601ffw4≠-1 go to we623**

**If intstatusw6=3 & we001ffw4≠1 & we001=1 ask we601**

**If intstatusw6=2,4,5 & we001=1 ask we601**

**WE601**

In what year did [you/he/she] retire?

1950…[current year]

-98 DK **GO TO WE603**

-99 RF **GO TO WE603**

-100 Respondent disputes he/she was retired last time he/she was interviewed **GO TO WE623**

(HRS)

**IF (WE601 ≠ -98, -99) ASK WE602, OTHERS GO TO WE603**

**WE602**

In what month did [you/he/she] retire?

1 January

2 February

3 March

4 April

5 May

6 June

7 July

8 August

9 September

10 October

11 November

12 December

98 DK

99 RF

(HRS)

**WE603**

Did [you/he/she] take early retirement, that is did [you/he/she] retire before the normal retirement age?

1 Yes **GO TO WE605**

5 No **GO TO WE604**

98 DK **GO TO WE609**

99 RF **GO TO WE609**

(ELSA)

**IF (WE603 = 5) ASK WE604, OTHERS GO TO WE605**

IWER: SHOW CARD WE16 [PAGE 64]

**WE604**

Please look at card WE16 [page 64].

What would [you/he/she] say was the main reason why [you/he/she] retired?

IWER: CODE THE ONE THAT APPLY

1 Became eligible for a state pension

2 Became eligible for an occupational pension

3 Became eligible for a private pension or annuity

4 Made redundant

5 Own ill health

6 Ill health of relative or friend

7 To retire at same time as spouse or partner

8 To spend more time with family

9 To enjoy life

10 Reached contractual retirement age

95 Other reason (please specify) **[we604oth]**

98 DK

99 RF

(SHARE)

**IF (WE603 = 1) ASK WE605, OTHERS GO TO WE609**

IWER: SHOW CARD WE17 [PAGE 65]

**WE605**

Please look at card WE17 [page 65]. What [were/was] [your/his/her] reasons for taking early retirement?

IWER: CODE ALL THAT APPLY

1 Own ill health **GO TO WE609 [we605\_01]**

2 Ill health of a relative/friend **GO TO WE609 [we605\_02]**

3 Made redundant/dismissed/had no choice

**GO TO WE609 [we605\_03]**

4 Offered early retirement incentive by employer

**GO TO WE607 [we605\_04]**

5 Could not find another job **GO TO WE609 [we605\_05]**

6 To spend more time with partner/ family

**GO TO WE609 [we605\_06]**

7 To enjoy life while still young and fit enough

**GO TO WE609 [we605\_07]**

8 Fed up with job and wanted a change

**GO TO WE609 [we605\_08]**

9 To retire at the same time as husband/wife/partner

**GO TO WE609 [we605\_09]**

10 To give the young generation a chance

**GO TO WE609 [we605\_10]**

11 Retired due to COVID19

**GO TO WE609 [we605\_11]**

12 The risk of contracting COVID19 in workplace

**GO TO WE609 [we605\_12]**

13 The risk of contracting COVID19 on public transport **GO TO WE609 [we605\_13]**

95 Other (specify) **GO TO WE606 [we605\_95]**

98 DK **GO TO WE609 [we605\_98]**

99 RF **GO TO WE609** **[we605\_99]**

(ELSA)

**IF (WE605\_95 = 1) ASK WE606, OTHERS GO TO WE607**

**WE606**

Other (specify) **[we605oth]**

Text: up to 60 characters

98 DK

99 RF

(ELSA)

**IF (WE605\_04 = 1) ASK WE607. OTHERS GO TO WE609**

**WE607**

How old [were/was] [you/he/she] when [you/he/she] received this incentive?

50… 80

-98. DK

-99. RF

(ELSA)

**WE608**

What kind of incentive was this? SINGLE CODE

1 Cash bonus

2 Additional years of service credited

3 Other pension benefits (specify) **[we608oth1]**

95 Other (specify) **[we608oth2]**

98 DK

99 RF

(HRS/TILDA)

**WE609**

When [you/he/she] first retired, did [you/he/she] retire on a...

1 a full pension

2 a reduced pension

3 no pension?

98 DK

99 RF

(ELSA)

**WE610**

I'd like to ask some details about [your/Rname’s] last job. In what year did [you/he/she] stop working at this job?

YEAR

1950... [current year]

-98 DK **GO TO WE612**

-99 RF **GO TO WE612**

(ELSA)

**IF (WE610 ≠ -98, -99) ASK WE611, OTHERS GO TO WE612**

**WE611**

In what month did [you/he/she] stop working at this job?

MONTH

1 January

2 February

3 March

4 April

5 May

6 June

7 July

8 August

9 September

10 October

11 November

12 December

98 DK

99 RF

(ELSA)

**WE612**

For how many years had [you/he/she] been working in [your/his/her] last job before [you/he/she] left?

0… 50

-98 DK

-99 RF

(SHARE)

**WE613**

What was the title or name of [your/his/her] job?

IWER: IF PERSON HAS MORE THAN ONE JOB, CHOOSE THE ONE WHICH IS HIGHEST PAID. VERIFY THE SPELLING OF THE JOB TITLE & ASK FOR OCCUPATION RATHER THAN JUST COMPANY NAMES.

IWER: ASK FOR OCCUPATIONS RATHER THAN JUST THE PHRASE “SELF-EMPLOYED”. WE WANT “SELF-EMPLOYED SOLICITOR”, “SELF-EMPLOYED WINDOW CLEANER”, ETC.;

Text: up to 100 characters

98 DK **GO TO WE624**

99 RF **GO TO WE624**

(TILDA)

**WE613x**

IWER: CODE WITHOUT ASKING:

Was the respondent a farm owner or manager?

1 Yes **GO TO WE613b**

5 No **GO TO** **WE624**

**IF (WE613x = 1 (FARM OWNER / MANAGER)) ASK WE613b, OTHERS GO TO WE624**

**We613b**

What was the acreage of the farm?

NOTE: If the respondent is unsure ask them to round to the nearest 10 acres

1... 1000

-98 DK

-99 RF

IWER: SHOW CARD WE18 [PAGE 66]

**WE624**

Thinking of the last job [you/he/she] held before retiring [were/was] [you/he/she] working in ..

1. The public sector
2. A semi-state company
3. The Private sector as an employee
4. The Private sector as a self-employed person (e.g. as a partner in a practice or business, sole trader, director- shareholder)

95 Other

98 DK

99 RF

NOTE: Public sector includes: teaching in Dept. of Education supported schools, civil service, local authorities, health boards or HSE, emergency services, prison service or defence forces and non-commercial state bodies. Semi-state companies are commercial bodies like CIE, Bord na Mona, ESB etc.

IWER: SHOW CARD WE19 [PAGE 67]

**WE625**

Please look at card WE19 [page 67]. Which of these best describes the work that [you/Rname] did in [your/Rname’s] job before retiring?

1 Sedentary occupation: You spent most of your time sitting (such as in an office)

2 Standing occupation: You spent most of your time standing or walking. However the way you spent your time does not require intense physical effort (e.g. shop assistant, hairdresser, security guard etc.)

3 Physical work: This involved some physical effort including handling of heavy objects and use of tools (e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter etc.)

4 Heavy manual work: This involved very vigorous physical activity including handling of very heavy objects (e.g. docker, miner, bricklayer, construction worker etc.)

98 DK

99 RF

(ELSA)

**WE615**

Could you please tell me, was this

1 A permanent job

2 A temporary job

3 An occasional work without a contract

4 Another working arrangement

98 DK

99 RF

(TILDA)

**WE616**

How many hours a week did [you/he/she] usually work in this job, excluding meal breaks or any paid or unpaid overtime?

0.0.. 168.0

-98 DK

-99 RF

(TILDA)

IWER: SHOW CARD WE20 [PAGE 68]

**WE618**

Please look at card WE20 [page 68]. About how many people (including [yourself/Rname) were employed at the place where [you/he/she] worked?

IWER: CODE THE ONE THAT APPLIES

1 1 to 5

2 6 to 15

3 16 to 24

4 25 to 199

5 200 to 499

6 500 or more

98 DK

99 RF

(TILDA)

**WE619**

In this job, did [you/he/she] have any responsibility for supervising the work of other employees?

1 Yes **GO TO WE620**

5 No **GO TO WE621**

98 DK **GO TO WE621**

99 RF **GO TO WE621**

(TILDA)

**IF (WE619 = 1) ASK WE620 OTHERS GO TO WE621**

IWER: SHOW CARD WE20 [PAGE 68]

**WE620**

About how many people [were/was] [you/he/she] responsible for in this job?

IWER: CODE THE ONE THAT APPLIES

1 1 to 5

2 6 to 15

3 16 to 24

4 25 to 199

5 200 to 499

6 500 or more

98 DK

99 RF

(TILDA)

**WE621**

IWER READ OUT: What was the total net salary/wage (i.e. after deductions at source and excluding expense refunds) [you/he/she] received in the last year [you/he/she] worked in this job?

1000 … 1,000,000 **GO TO WE622x**

-98 DK **GO TO WE622**

-99 RF **GO TO WE622**

(TILDA)

**IF (WE621 = -98, -99) ASK WE622, OTHERS GO TO WE622x**

**WE622**

Did it amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: 13,000, 19,500, 26,000, 52,000.

-98 DK

-99 RF

IWER: CODE OR ASK IF UNSURE

**WE622x**

Was this amount in...

1 Euros?

2 Punts?

98 DK

99 RF

**IF (HH005 = 1) ASK WE623, OTHERS GO TO NEXT SECTION**

**WE623**

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION WE?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL OF THE TIME

# SECTION 12. GRIP STRENGTH (GS)

THIS NEXT SECTION SHOULD BE ADDRESSED DIRECTLY TO THE RESPONDENT, EVEN IF HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW.

NOTE: THIS SECTION SHOULD ONLY BE ASKED TO A PROXY WHERE CF001b = 1 (I.E. IF HH005 >=2 & CF001B==5 GO TO NEXT SECTION)

IWER: GO TO YOUR LAMINATED PROTOCOL SHEET AND FOLLOW THE PROCEDURES AS OUTLINED

**GS001**

IWER: Was the participant willing to have [his/her] grip strength measured?

1 Yes  **GO TO GS003**

5 No  **GO TO GS002**

97 Unable to take measurement **GO TO GS002**

**GS002**

IWER: Give details why grip strength test not attempted.

[Free text] **GO TO TUG001**

**GS003**

IWER: Which is the dominant hand?

1 Right hand

2 Left hand

3 Neither / Either

98 Don’t know

99 Refused

**GS004**

IWER: Which hand was used in the test?

1 Dominant hand used in test **GO TO GS005**

2 Non-dominant hand used in test **GO TO GS006**

97 Respondent is unable to use either hand **GO TO TUG001**

IWER NOTE: If respondent indicated neither/either as dominant hand in previous question select ‘dominant hand used in test’ for this question

**CAPTURE DATA AT EITHER GS005 & GS005a OR GS006 & GS006a**

**GS005**

IWER: DOMINANT HAND MEASUREMENT 1.

Enter the result to the nearest whole value (Kilogram).

0.. 90

-98 Equipment fault / problem

**GS005a**

IWER: DOMINANT HAND MEASUREMENT 2.

Enter the result to the nearest whole value (Kilogram).

0.. 90

-98 Equipment fault / problem

**GS006**

IWER: NON-DOMINANT HAND MEASUREMENT 1.

Enter the result to the nearest whole value (Kilogram).

0.. 100

-98 Equipment fault / problem

**GS006a**

IWER: NON-DOMINANT HAND MEASUREMENT 2

Enter the result to the nearest whole value (Kilogram).

0.. 100

-98 Equipment fault / problem

**GS007**

IWER: Record respondent's position.

1 Standing without arm support

2 Sitting without arm support

3 Standing with arm support

4 Sitting with arm support

# SECTION 13. DRIVING &TRAVEL (DR):

SHOW CARD DR 2 [PAGE 81]

**DR018**

How often [do/does] [you/Rname] drive?

1 Every day or nearly every day

2 Two or three times a week

3 Once a week

4 Two or three times a month

5 Once a month or less

6 Never

98 Don’t know

99 Refused

SHOW CARD DR 2 [PAGE 81]

**DR019**

How often [do/does] [you/Rname] travel in a car as a passenger?

1 Every day or nearly every day

2 Two or three times a week

3 Once a week

4 Two or three times a month

5 Once a month or less

6 Never

98 Don’t know

99 Refused

[ELSA]

SHOW CARD DR 2 [PAGE 81]

**DR020**

How often [do/does] [you/Rname] use public transport?

1 Every day or nearly every day **GO TO DR017**

2 Two or three times a week

3 Once a week

4 Two or three times a month

5 Once a month or less

6 Never

98 Don’t know

99 Refused

[ELSA]

SHOW CARD DR 1 [PAGE 80]

**DR021**

Why [don't/doesn’t] [you/he/she] use public transport more often?

PROBE: What else?

CODE ALL THAT APPLY.

1 No public transport available **[DR021\_01]**

2 Public transport available does not take me where I want to go **[DR021\_02]**

3 Too expensive **[DR021\_03]**

4 Unreliable **[DR021\_04]**

5 Infrequent **[DR021\_05]**

6 My health prevents me **[DR021\_06]**

7 Do not need to **[DR021\_07]**

8 Fear of crime [**DR021\_08]**

9 Too dirty **[DR021\_09]**

10 Not convenient  **[DR021\_10]**

11 Prefer to walk **[DR021\_11]**

12 Difficulties with mobility **[DR021\_12]**

13 Resident in nursing home **[DR021\_13]**

95 Other (specify) **GO TO DR021OTH** **[DR021\_95]**

98 Don’t know **[DR021\_98]**

99 Refused **[DR021\_99]**

[ELSA]

**DR021OTH**

Please specify

[Text]

98 DK

99 RF

**IF (HH005 = 1) ASK DR017, OTHERS GO TO NEXT SECTION**

**DR017**

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION DR?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL TIMES

**GO TO NEXT SECTION**

# SECTION 14 TRANSFERS TO PARENTS (TP)

**IF (TP001FF(W5) = 1 & TP007FF(W5) =1) GO TO TP001 (BOTH PARENTS ALIVE AT WAVE5) / OR IF RESPONDENT SKIPPED WAVE5 IF (TP001FF(W4) = 1 & TP007FF(W4) =1) GO TO TP001 (BOTH PARENTS ALIVE AT WAVE 4)**

**IF (TP001FF(W5) >= 5 & TP007FF(W5) >= 5) GO TO NEXT SECTION (MOTHER &FATHER DECEASED WAVE 5) / OR IF RESPONDENT SKIPPED WAVE 5 IF (TP001FF(W4) >= 5 & TP007FF(W4) >= 5) GO TO NEXT SECTION (MOTHER &FATHER DECEASED WAVE 4)**

**IF (TP001FF(W5) >= 5 & TP007FF(W5) = 1) GO TO TP007 (ONLY MOTHER DECEASED AT WAVE 5) / OR IF RESPONDENT SKIPPED WAVE5 IF (TP001FF(W4) >= 5 & TP007FF(W4) = 1) GO TO TP007 (ONLY MOTHER DECEASED AT WAVE 4)**

**IF (HH005 = 2,3,4,5,6 - PROXY INTERVIEW) GO TO NEXT SECTION**

**IF (INTSTATUSW6=2) GO TO TP001**

**INTRO**

Families and friends often help one another in different ways. Part of this study involves understanding how people do that. First of all, I’d like to ask about your mother.

## 14.1 Mother alive

**IF (Mother lives with R) GO TO TP003**

**TP001**

Is your mother alive?

1 Yes

5 No **GO TO TP006**

98 DK **GO TO TP007**

99 RF **GO TO TP007**

(HRS/SHARE/ELSA/MHAS)

**IF NEW SPOUSE / OTHER ELIGIBLE GO TO TP002. ELSE GO TO TP003**

**TP002**

How old is your mother?

32 … 120

-98 DK

-99 RF

(HRS/SHARE/ELSA/MHAS)

**TP003**

Can your mother be left alone for an hour or more?

1 Yes

5 No

98 DK

99 RF

(HRS/SHARE/ELSA/MHAS)

**TP004**

Would you say that your mother’s health is…

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

98 DK

99 RF

(HRS/SHARE/ELSA/MHAS)

IWER SHOW CARD TP1 [PAGE 82]

**TP004a**

Please look at card TP1 [page 82]. Has a doctor ever told your mother that she has any of the following?

IWER NOTE: (Medical doctors include specialists such as Neurologists, Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians’ assistants. Also include diagnoses made by Nurses and Nurse Practitioners.)

IWER: CODE THE ONE THAT APPLIES

1 Alzheimer’s disease

2 Another form of Dementia

3 Any other serious memory impairment

96 None of the above

98 DK

99 RF

(modified HRS)

**GO TO TP007**

## 14.2 Mother deceased

**TP006**

In what month and year did she die?

MM/YYYY

\_\_\_\_\_\_\_ DK RF MONTH **[tp006m]**

\_\_\_\_\_\_\_ DK RF YEAR **[tp006y]**

(HRS)

## 14.3 Father alive

**IF (TP001FF(W5) = 1 & TP007FF(W5) >=5) GO TO TP013 (ONLY FATHER DECEASED AT WAVE 5) OR IF R SKIPPED WAVE 5 IF (TP001FF(W4) = 1 & TP007FF(W4) >=5) GO TO TP013 (ONLY FATHER DECEASED AT WAVE 4)**

**IF (INTSTATUSW6=2 ) GO TO TP007**

**IF (Father lives with R) GO TO TP009**

**TP007**

Is your father alive?

1 Yes

5 No **GO TO TP012**

98 DK **GO TO TP013**

99 RF **GO TO TP013**

(HRS/ELSA/SHARE/MHAS)

**IF NEW SPOUSE / OTHER ELIGIBLE GO TO TP008. ELSE GO TO TP009**

**TP008**

How old is your father?

32 … 120

-98 DK

-99 RF

(HRS/ELSA/SHARE/MHAS)

**TP009**

Can your father be left alone for an hour or more?

1 Yes

5 No

98 DK

99 RF

(HRS/ELSA/SHARE/MHAS)

**TP010**

Would you say that your father’s health is

1 Excellent

2 Very good,

3 Good,

4 Fair,

5 Poor

98 DK

99 RF

(HRS/ELSA/SHARE/MHAS)

IWER SHOW CARD TP1 [PAGE 82]

**TP010a**

Please look at card TP1 [page 82]. Has a doctor ever told your father that he has any of the following?

IWER NOTE: (Medical doctors include specialists such as Neurologists, Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians’ assistants. Also include diagnoses made by Nurses and Nurse Practitioners.)

IWER: CODE THE ONE THAT APPLIES

1 Alzheimer’s disease

2 Another form of Dementia

3 Any other serious memory impairment

96 None of the above

98 DK

99 RF

(modified HRS)

**IF TP001=1 AND TP007=1 - GO TO TP023 (Mother and father still alive)**

**IF TP001>=5 AND TP007=1 - GO TO TP018 (Father alive, mother not alive)**

## 14.4 Father deceased

**TP012**

In what month and year did he die?

(MM/YYYY)

\_\_\_\_\_\_\_ DK RF MONTH **[tp012m]**

\_\_\_\_\_\_\_ DK RF YEAR **[tp012y]**

(HRS)

**IF TP001=1 AND TP007>=5 - GO TO TP013 (Mother alive, father not alive)**

**IF TP001 >=5 AND TP006y<2019 (MOTHER DIED MORE THAN TWO YEARS AGO) AND TP007=5 AND TP012Y<2019 (FATHER DIED MORE THAN TWO YEARS AGO) - GO TO TP058**

**IF TP001=5 AND TP006Y>=2019 (MOTHER DIED LESS THAN TWO YEARS AGO) AND TP007=5 AND TP012Y >=2019 (FATHER DIED LESS THAN TWO YEARS AGO) - GO TO TP038**

**IF TP001>=5 AND TP007 = 1 GO TO TP018**

## 14.5 Only mother living

**TP013**

Is your mother currently married or in a relationship?

1 Yes

5 No

98 DK

99 RF

(HRS)

**If (mother lives with R) GO to TP038**

IWER: SHOW CARD TP2 [PAGE 83]

**TP014**

Please look at card TP2 [page 83]. With whom does your mother live?

IWER: CODE THE ONE THAT APPLIES

1 By herself

2 With spouse

3 With another child

4 With other relatives

5 In nursing home/care facility/other institution

6 Part of year with respondent, part of the year with other siblings

95 Other

98 DK

99 RF

(HRS)

**TP015**

Where does your mother live?

IWER: CODE THE ONE THAT APPLIES

1 Same house or building as respondent

2 Same neighbourhood as respondent

3 Different neighbourhood but same county

4 Another county

5 Another country

98 DK

99 RF

(HRS)

**TP016**

How often do you see your mother in person?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(HRS)

**TP017**

How often do you have contact with your mother by telephone, email or post?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(TILDA)

**IF TP001=1 AND TP007>=5 - GO TO TP038**

**IF TP001>=5 AND TP007 = 1 GO TO TP018**

## 14.6 Only father living

**TP018**

Is your father currently married or in a relationship?

1 Yes

5 No

98 DK

99 RF

(HRS)

**If (father lives with R) GO TO TP038**

IWER: SHOW CARD TP2 [PAGE 83]

**TP019**

Please look at card TP2 [page 83]. With whom does your father live?

IWER: CODE THE ONE THAT APPLIES

1 By himself

2 With spouse

3 With another child

4 With other relatives

5 In nursing home/care facility/ other institution

6 Part of year with respondent, part of the year with other siblings

95 Other

98 DK

99 RF

(HRS)

**TP020**

Where does your father live?

IWER: CODE THE ONE THAT APPLIES

1 Same house or building as respondent

2 Same neighbourhood as respondent

3 Different neighbourhood but same county

4 Another county

5 Another country

98 DK

99 RF

(HRS)

**TP021**

How often do you see your father in person?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(MHAS)

**TP022**

How often do you have contact with your father by telephone, email or post?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(TILDA)

**GO TO TP038**

## 14.7 Both Parents Living

**TP023**

Do your parents live together?

1 Yes **GO TO TP026**

5 No

98 DK

99 RF

(HRS/MHAS)

**If (father lives with R) skip TP024 and Go TO TP025**

IWER: SHOW CARD TP2 [PAGE 83]

**TP024**

Please look at card TP2 [page 83]. With whom does your father live?

IWER: CODE THE ONE THAT APPLIES

1 By himself

2 With spouse (not with Respondent’s biological mother)

3 With another child

4 With other relatives

5 In nursing home/care facility/other institution

6 Part of year with respondent, part of the year with other siblings

95 Other

98 DK

99 RF

(HRS/MHAS)

**If (mother lives with R) skip TP025 and GO TO TP033**

IWER: SHOW CARD TP2 [PAGE 83]

**TP025**

Please look at card TP2 [page 83]. With whom does your mother live?

IWER: CODE THE ONE THAT APPLIES

1 By herself **GO TO TP030**

2 With spouse (not with Respondent’s biological father) **GO TO TP030**

3 With another child **GO TO TP030**

4 With other relatives **GO TO TP030**

5 In nursing home/care facility/ other institution **GO TO TP030**

6 Part of year with respondent, part of the year with other siblings

**GO TO TP030**

95 Other **GO TO TP030**

98 DK **GO TO TP030**

99 RF **GO TO TP030**

(HRS/MHAS)

**Mother does not live with R: GO TO TP030 THROUGH TP032**

**Father does not live with R: GO TO TP033 THROUGH TP035**

IWER: SHOW CARD TP3 [PAGE 84]

**If (parents live with R) GO TO TP038**

**TP026**

Please look at card TP3 [page 84]. With whom do your parents live?

IWER: CODE THE ONE THAT APPLIES

1 By themselves

2 With another child

3 With other relatives

4 In nursing home/ care facility/ other institution

5 Part of year with respondent, part of the year with other siblings

95 Other

98 DK

99 RF

(HRS/MHAS)

**IF TP026=5 - GO TO TP038**

**TP027**

Where do your parents live?

IWER: CODE THE ONE THAT APPLIES

1 Same house or building as Respondent

2 Same neighbourhood as Respondent

3 Different neighbourhood but same county

4 Another county

5 Another country

98 DK

99 RF

(HRS/MHAS)

**TP028**

How often do you see your parents in person?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(HRS/MHAS)

**TP029**

How often do you have contact with your parents by telephone, email, or post?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(HRS/MHAS)

**GO TO TP038**

## 14.8 Parents do not live together

**IF (Mother lives with R) GO TO TP033**

**TP030**

Where does your mother live?

IWER: CODE THE ONE THAT APPLIES

1 Same house or building as Respondent

2 Same neighbourhood as Respondent

3 Different neighbourhood but same county

4 Another county

5 Another country

98 DK

99 RF

(HRS/MHAS)

**TP031**

How often do you see your mother in person?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(HRS/MHAS)

**TP032**

How often do you have contact with your mother by telephone, email, or post?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(HRS/MHAS)

**IF (Father lives with R) GO TO TP038**

**TP033**

Where does your father live?

IWER: CODE THE ONE THAT APPLIES

1 Same house or building as Respondent

2 Same neighbourhood as Respondent

3 Different neighbourhood but same county

4 Another county

5 Another country

98 DK

99 RF

(HRS/MHAS)

**TP034**

How often do you see your father in person?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(HRS/MHAS)

**TP035**

How often do you have contact with your father by telephone, email, or post?

1 Every day

2 Several times per week

3 Several times per month

4 Several times per year

5 Once or twice per year

6 Almost never

98 DK

99 RF

(HRS/MHAS)

**IF (DM037FF(W5)==1 OR DM049FF(W5) > 0 (HAD SIBLINGS)) / OR IF RESPONDENT SKIPPED WAVE 5 IF (DM037FF(W4)==1 OR DM049FF(W4) > 0 ) / OR IF (INTSTATUSW6=2 AND DM037=1 OR DM049>0) GO TO TP038.**

**OTHERS GO TO TP040**

## 14.9 Siblings

**TP038**

Excluding shared housing and food, did any of your siblings (or their spouse/partner) give any type of financial assistance to your parents/ father/ mother (deceased parents/ father/ mother) in the last two years?

1 Yes

5 No

97 N/A – no living siblings **GO TO TP040**

98 DK

99 RF

(MHAS)

**TP039**

In the last two years, because of health problems, did any of your siblings (or their spouse/partner) help your parents/father/mother (deceased/ father/ mother) with basic personal activities such as dressing, eating and bathing?

1 Yes

5 No

98 DK

99 RF

(MHAS)

## 14.10 Financial help to parents

**INTRO**

Families sometimes help one another in a variety of ways, and each type of help can be important. The next questions are about help given or received by your parents.

**TP040**

Not counting any shared housing or shared food, in the last two years, have you (and your spouse/partner) given financial help to your parents/father/mother (deceased parents/father/mother)? Include help to pay costs such as rent, but exclude shared housing or food.

1 Yes

5 No **GO TO TP044**

98 DK **GO TO TP044**

99 RF **GO TO TP044**

(HRS/SHARE)

Note: By financial help we mean help to pay bills in general (medical, utility bills, etc.), or covering specific types of costs such as health insurance, schooling, rent, down payment for a home, etc.

**TP041**

In total over these two years, did this assistance amount to €250 or more?

1 Yes **GO TO TP042**

5 No  **GO TO TP044**

98 DK  **GO TO TP044**

99 RF  **GO TO TP044**

(HRS/SHARE)

**TP042**

In total, in the last two years, about how much was this support?

€250 … €100,000,000 **GO TO TP044**

-98 DK **GO TO TP043**

-99 RF **GO TO TP043**

(HRS/SHARE)

**TP043**

Did it amount to less than €\_\_\_\_\_ , more than €\_\_\_\_\_\_\_\_, or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: € 500, €1,000, €2,000, €5,000.

(unfolding sequence)

-98 DK

-99 RF

(HRS/SHARE)

## 14.11 Non-financial help to parents

**TP044**

In the last two years, because of health problems, did you and/or your spouse/partner (late spouse/partner) help your parents/father/mother (deceased parents/father/mother) REGULARLY with basic personal activities such as dressing, eating and bathing?

1 Yes

5 No **GO TO TP049**

98 DK **GO TO TP049**

99 RF **GO TO TP049**

(MHAS)

**TP045**

Did this help take at least 1 hour a week?

1 Yes

5 No

98 DK

99 RF

(MHAS/HRS)

**TP046**

Who received this help?

1 Mother

2 Father

3 Both

98 DK

98 RF

(MHAS/HRS)

**TP047**

Roughly how many hours did you and/or your spouse/partner spend helping them/him/her in an average week?

IWER: IF RESPONDENT SPENDS LESS THAN ONE HOUR PER WEEK CODE 1

1 … 168

-98 DK

-99 RF

(MHAS/HRS)

**FOR THOSE ANSWERED DK OR RF GO TO TP048, OTHERWISE GO TO TP049**

**TP048**

Did it amount to less than\_\_\_\_ hours, more than \_\_\_\_\_hours, or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: 10 hrs, 20 hrs, 40 hrs, 50 hrs.

(unfolding sequence)

-98 DK

-99 RF

(MHAS/HRS)

**TP049**

In the last two years, did you (or your (late) spouse/partner) help your parents/father/mother (deceased parents/mother/father) regularly with other things such as household chores, errands, shopping, transportation etc.?

1 Yes

5 No **GO TO TP054**

98 DK **GO TO TP054**

99 RF **GO TO TP054**

(MHAS)

**TP050**

Did this help take at least 1 hour a week?

1 Yes

5 No **GO TO TP054**

98 DK **GO TO TP054**

99 RF **GO TO TP054**

(MHAS/HRS)

**TP051**

Who received this help?

1 Mother

2 Father

3 Both

98 DK

99 RF

(MHAS/HRS)

**TP052**

Roughly how many hours did you and/or your spouse/partner spend helping them/him/her in an average week?

IWER: IF RESPONDENT SPENDS LESS THAN ONE HOUR PER WEEK CODE 1

1 … 168 **GO TO TP054**

-98 DK **GO TO TP053**

-99 RF **GO TO TP053**

(MHAS/HRS)

**TP053**

Did it amount to less than\_\_\_\_ hours, more than \_\_\_\_\_hours, or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: 10 hrs, 20 hrs, 40 hrs, 50 hrs.

(unfolding sequence)

-98 DK

-99 RF

(MHAS/HRS)

## 14.12 Financial assistance received from parents

**TP054**

Not counting any shared food or housing, have you (and your spouse/partner) received financial help from your parents/father/mother (deceased parents/father/mother), in the last two years? (Do not include inheritances)

1 Yes

5 No **GO TO TP058**

98 DK **GO TO TP058**

99 RF **GO TO TP058**

(MHAS)

**TP055**

In total over these two years, did this assistance amount to €250 or more?

1 Yes **GO TO TP056**

5 No **GO TO TP058**

98 DK **GO TO TP058**

99 RF **GO TO TP058**

(MHAS/HRS/SHARE)

**TP056**

In total, in the last two years, about how much was this support?

€250 … €100,000,000 **GO TO TP058**

-98 DK **GO TO TP057**

-99 RF **GO TO TP057**

(HRS/SHARE)

**TP057**

Did it amount to less than €\_\_\_\_\_ , more than €\_\_\_\_\_\_\_\_, or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: € 500, €1,000, €2,000, €5,000.

(unfolding sequence)

-98 DK

-99 RF

(MHAS/HRS/SHARE)

**TP058**

IWER (CODE WITHOUT ASKING): HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION TP?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL OF THE TIME

# SECTION 15. SOCIAL CONNECTEDNESS AND CARING (CN)

**IF (HH005 = 2,3,4,5,6 - PROXY INTERVIEW) GO TO NEXT SECTION**

**CN INTRO**

Now, I would like to ask some questions about, your relationship with family and friends.

**CN002a**

In total, then, how many living children do you have? (including step, foster and adoptive children)

0 … 20

-98 DK

-99 RF

(HRS/ELSA/SHARE)

**IF RESPONDENT HAS NO CHILDREN (CN002A = 0) GO TO CN003**

**CN002**

How many of your children do you feel very close to?

0 … 20

-98 DK

-99 RF

(SNI)

**CN003**

In general, (apart from your children), how many (other) relatives do you have that you feel close to? (People you feel at ease with, can talk to about private matters, and can call on for help)?

0… 20

-98 DK

-99 RF

(SNI)

**CN004**

In general, how many close friends do you have? (People that you feel at ease with, can talk to about private matters, and can call on for help).

0 … 20

-98 DK

-99 RF

(SNI)

**CN001**

Do you participate in any groups such as a sports or social group or club, a church connected group, a self-help or charitable body or other community group or a day care centre?

1 Yes

5 No

98 DK

99 RF

(SNI)

IWER: IF RESPONDENT HAS DIFFICULTY, MENTION THE FOLLOWING EXAMPLES: GAA OR OTHER SPORTS CLUB, ST. VINCENT DE PAUL SOCIETY, RESIDENTS’ ASSOCIATION, BOOK CLUB ETC.

## 15.1 Volunteering and Caring

IWER SHOW CARD CN1 [PAGE 85]

**CN006**

Please look at card CN1 [PAGE 85]. Did you do any of these activities during the last month, that is since <date>?

IWER NOTE IF YES, PROBE: Which ones?

IWER: CODE ALL THAT APPLY.

1 Voluntary work  **[cn006\_01]**

2 Cared for someone **[cn006\_02]**

96 None of these **GO TO DM020** **[cn006\_96]**

(ELSA)

**IF CN006\_01=1 GO TO CN007**

**IF CN006\_02=1 GO TO CN008 ELSE GO TO DM020**

IWER SHOW CARD CN2 [PAGE 86]

**CN007**

Please look at card CN2 [PAGE 86]. For which of the reasons given on this card, if any, do you do voluntary work or give unpaid help?

IWER: CODE ALL THAT APPLY.

1 To meet other people **[cn007\_01]**

2 To contribute something useful **[cn007\_02]**

3 For personal achievement **[cn007\_03]**

4 Because I am needed **[cn007\_04]**

5 Because I enjoy it **[cn007\_05]**

6 To use my skills **[cn007\_06]**

7 To keep fit **[cn007\_07]**

8 Because I feel obliged to do it [**cn007\_08]**

96 None of these **[cn007\_96]**

IWER: CODE MAXIMUM 8 OUT OF 9 POSSIBLE RESPONSES

(ELSA)

**CN014**

Considering all the efforts that I have put into voluntary work, I have always felt appreciated by others. (Would you strongly agree, agree, disagree, or strongly disagree?)

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

5. Does not apply

**IF CN006\_02=1 GO TO CN008 ELSE GO TO DM020**

**CN008**

Did you look after anyone in the past week (including your partner, any grandchildren or other people in your household)?

IWER: By 'look after' we mean the active provision of care.

1 Yes **GO TO CN009**

2 No **GO TO CN011**

(ELSA)

**CN009**

What relation is this person or people to you?

IWER: CODE ALL THAT APPLY.

1 Spouse or partner **[cn009\_01]**

2 Child **[cn009\_02]**

3 Grandchild **[cn009\_03]**

4 Other relative **[cn009\_04]**

5 Friend or neighbour **[cn009\_05]**

95 Other **[cn009\_95]**

IWER: CODE MAXIMUM 6 OUT OF 6 POSSIBLE RESPONSES

(ELSA)

**CN010**

How many hours in the past week did you do this?

IWER: IF 'ALL THE TIME', ENTER 168.

1..168

-98 DK

-99 RF

**CN011**

May I check, is there anyone (living with /not living with) who is sick, disabled or frail whom you look after or give special help to, other than in a professional capacity (for example, a sick or disabled (or elderly) relative/husband/wife/child/friend/parent, etc.)?

IWER: CODE NO IF GIVES FINANCIAL HELP ONLY.

1 Yes – Nursing care **GO TO CN018**

2 Yes – Domestic care **GO TO CN018**

3 Yes – Both Nursing and Domestic care **GO TO CN018**

4 No **GO TO DM020**

**CN018**

What relation is this person or people to you?

IWER: CODE ALL THAT APPLY.

1 Spouse or partner **[cn009\_01]**

2 Child **[cn009\_02]**

3 Grandchild **[cn009\_03]**

4 Other relative **[cn009\_04]**

5 Friend or neighbour **[cn009\_05]**

95 Other **[cn009\_95]**

IWER: CODE MAXIMUM 6 OUT OF 6 POSSIBLE RESPONSES

(ELSA)

**CN015**

How many hours in the past week did you do this?

IWER: IF 'ALL THE TIME', ENTER 168.

1..168

-98 DK

-99 RF

**CN011A**

[Has that person/Have any of these people] whom you look after or give special help to, been diagnosed with Alzheimer's or another form of dementia

IWER: CODE NO IF GIVES FINANCIAL HELP ONLY.

1 Yes

2 No

98 Don’t know

99 Refused

**CN013**

How long have you been a carer?

IWER: CODE HOW ANSWER IS GIVEN.

1 Months  **Go TO cn013M**

2 Years **Go to cn013y**

-98 DK

-99 RF

**CN013M**

IWER: ENTER TIME IN MONTHS

\_\_ Months

**CN013Y**

IWER: ENTER TIME IN YEARS

\_\_ Years

**CN017**

Considering all the efforts that I have put into caring, I have always felt appreciated by others. (Would you strongly agree, agree, disagree, or strongly disagree?)

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

5. Does not apply

## 15.2 Carer Strain Index

IWER: I am going to read a list of things that other people have found to be difficult. Would you tell me whether any of these apply to you?

IWER: SHOW CARD CN3 [PAGE 87]

**CN101**

My sleep is disturbed

(For example: the person I care for is in and out of bed or wanders around at night)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN102**

Caregiving is inconvenient

(For example: helping takes so much time or it’s a long drive over to help)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN103**

Caregiving is a physical strain

(For example: lifting in or out of a chair; effort or concentration is required)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN104**

Caregiving is confining

(For example: helping restricts free time or I cannot go visiting)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN105**

There have been family adjustments

(For example: helping has disrupted my routine; there is no privacy)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN106**

There have been changes in personal plans

(For example: I had to turn down a job; I could not go on vacation)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN107**

There have been other demands on my time

(For example: other family members need me)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN108**

There have been emotional adjustments

(For example: severe arguments about caregiving

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN109**

Some behaviour is upsetting

(For example: incontinence; the person cared for has trouble remembering things; or the person I care for accuses people of taking things)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN110**

It is upsetting to find the person I care for has changed so much from his/her former self

(For example: he/she is a different person than he/she used to be)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN111**

There have been work adjustments

(For example: I have to take time off for caregiving duties)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN112**

Caregiving is a financial strain

1 Yes, on a regular basis

2 Yes, sometimes

5 No

IWER: SHOW CARD CN3 [PAGE 87]

**CN113**

I feel completely overwhelmed

(For example: I worry about the person I care for; I have concerns about how I will manage)

1 Yes, on a regular basis

2 Yes, sometimes

5 No

**GO TO NEXT SECTION**

## 15.3 Religion

**INTRO**

Now I would like to ask some questions about religion

**DM020**

What is your religion?

IWER: CODE THE ONE THAT APPLIES

1 Roman Catholic

2 Anglican/ Church of Ireland/Episcopalian

3 Methodist

4 Presbyterian

5 Other Christian

95 Other religion. Specify: \_\_\_\_\_ **[dm020oth]**

96 No religion **GO TO DM021**

98 DK

99 RF

(HRS)

IF DM020 = 96, INTERVIEWER EXPLAINS “Even though you indicated that you are not a member of any religion, we would like to ask you a few additional questions about religion.”

**DM021**

About how often do you go to religious services?

IWER: CODE THE ONE THAT APPLIES

1 Never/almost never

2 Once or twice a year

3 Every few months

4 Once or twice a month

5 Once a week

6 More than once a week

98 DK

99 RF

(SNI)

**DM026**

How often do you watch or listen to religious services on the radio, television or internet? (Any religious services inside/without leaving home)

IWER: CODE THE ONE THAT APPLIES

1 Never/almost never

2 Once or twice a year

3 Every few months

4 Once or twice a month

5 Once a week

6 More than once a week

98 DK

99 RF

(SNI)

**IF HH007 = 2 GO TO DM022; OTHERWISE GO TO CN005**

**DM022**

How important would you say religion is in your life; is it very important, somewhat important, or not too important?

1. Very important
2. Somewhat important
3. Not too important
4. Not at all important (DO NOT READ OUT)

98 DK

99 RF

(HRS)

IWER: The next question asks you to think back about twenty years to when you were about <respondent’s age minus 20> in <year – 20>

**DM068**

What was your religion back then?

IWER: CODE THE ONE THAT APPLIES

1. Roman Catholic
2. Anglican/Church of Ireland/Episcopalian
3. Methodist
4. Presbyterian
5. Other Christian

95 Other religion. Specify:\_\_\_ **[dm068oth]**

96 No religion

98 DK

99 RF

(HRS)

**CN005**

IWER (CODE WITHOUT ASKING); HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION CN?

1. NEVER
2. A FEW TIMES
3. MOST OR ALL TIMES

**GO TO NEXT SECTION**

# SECTION 16. SOURCES OF INCOME (SI)

**INTRO**

You will understand that it’s very important for our study to assess people’s standard of living and what they can afford as they grow older. I would, therefore, now like to ask you some questions about [your/Rname’s] pensions and state benefits. We fully realise that people can be sensitive about these issues. However, it is really important for our study to get good information about financial matters. Of course, your answers to these questions will, like all the information you give, be kept strictly confidential and will only be used for research purposes. They will not be passed on in an identifiable way to any other organisation or any individual.

## 16.1 Income from individual state benefits

IWER: SHOW CARD SI3 [PAGE 91]

**SI301**

Please look at card SI3 [page 91].

Did [you/he/she] receive any of these payments in the last 12 months?

IWER: CODE ALL THAT APPLY

1 Contributory State Pension (previously known as Contributory Old Age Pension) **GO TO SI302 [si301\_01]**

2 Non-Contributory State Pension

(previously known as Non-Contributory Old Age Pension)

**GO TO SI304 [si301\_02]**

4 Widow’s, Widower’s or Surviving Civil Partner’s Contributory Pension **GO TO SI308 [si301\_04]**

5 Disability Allowance **GO TO SI310 [si301\_05]**

6 Jobseeker’s Allowance (previously known as Unemployment Assistance) **GO TO SI312 [si301\_06]**

7 Disability Benefit or Illness Benefit

**GO TO SI314 [si301\_07]**

8 Invalidity Pension **GO TO SI316 [si301\_08]**

9 Jobseeker’s Benefit (previously known asUnemployment Benefit) **GO TO SI318 [si301\_09]**

10 Carer’s Allowance **GO TO SI320 [si301\_10]**

11 Supplementary Welfare Allowance (SWA)

**GO TO SI322 [si301\_11]**

95 Other (specify) **GO TO SI324 [si301oth] [si301\_95]**

96 None of these **GO TO SI325A [si301\_96]**

98 DK **GO TO SI325A [si301\_98]**

99 RF **GO TO SI325A [si301\_99]**

(TILDA)

**SI302**

For how many weeks during the last 12 months did [you/he/she] receive the (Contributory) State Pension (previously Contributory Old Age Pension)?

0 … 52 weeks

-98 DK

-99 RF

(EU-SILC)

**SI303**

What was the weekly amount of the (Contributory) State Pension (previously Contributory Old Age Pension) [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_02=1 GO TO SI304**

**IF SI301\_04=1 GO TO SI308**

**IF SI301\_05=1 GO TO SI310**

**IF SI301\_06=1 GO TO SI312**

**IF SI301\_07 =1 GO TO SI314**

**IF SI301\_08 =1 GO TO SI316**

**IF SI301\_09=1 GO TO SI318**

**IF SI301\_10 =1 GO TO SI320**

**IF SI301\_11=1 GO TO SI322**

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325A**

**SI304**

For how many weeks during the last 12 months did [you/he/she] receive the (Non-Contributory) State Pension (previously Non-Contributory Old Age Pension)?

0 … 52 weeks

-98 DK

-99 RF

(EU-SILC)

**SI305**

What was the weekly amount of the (Non-Contributory) State Pension (previously Non-Contributory Old Age Pension) [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_04=1 GO TO SI308**

**IF SI301\_05=1 GO TO SI310**

**IF SI301\_06=1 GO TO SI312**

**IF SI301\_07=1 GO TO SI314**

**IF SI301\_08=1 GO TO SI316**

**IF SI301\_09=1 GO TO SI318**

**IF SI301\_10=1 GO TO SI320**

**IF SI301\_11=1 GO TO SI322**

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325A**

**SI308**

For how many weeks during the last 12 months did [you/he/she] receive the Widow’s, Widower’s or Surviving Civil Partner’s Contributory Pension?

0 … 52 weeks

-98 DK

-99 RF

(EU-SILC)

**SI309**

What was the weekly amount of the Widow’s, Widower’s or Surviving Civil Partner’s Contributory Pension [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_05=1 GO TO SI310**

**IF SI301\_06=1 GO TO SI312**

**IF SI301\_07=1 GO TO SI314**

**IF SI301\_08=1 GO TO SI316**

**IF SI301\_09=1 GO TO SI318**

**IF SI301\_10=1 GO TO SI320**

**IF SI301\_11=1 GO TO SI322**

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325A**

**SI310**

For how many weeks during the last 12 months did [you/he/she] receive the Disability Allowance?

0 … 52 weeks

-98 DK

-99 RF

(EU-SILC)

**SI311**

What was the weekly amount of the Disability Allowance [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_06=1 GO TO SI312**

**IF SI301\_07=1 GO TO SI314**

**IF SI301\_08=1 GO TO SI316**

**IF SI301\_09=1 GO TO SI318**

**IF SI301\_10 =1 GO TO SI320**

**IF SI301\_11=1 GO TO SI322**

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325A**

**SI312**

For how many weeks during the last 12 months did [you/he/she] receive the Jobseeker’s Allowance?

0 … 52 weeks

-98 DK

-99 RF

(EU-SILC)

**SI313**

What was the weekly amount of the Jobseeker’s Allowance [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_07=1 GO TO SI314**

**IF SI301\_08=1 GO TO SI316**

**IF SI301\_09=1 GO TO SI318**

**IF SI301\_10=1 GO TO SI320**

**IF SI301\_11=1 GO TO SI322**

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325A**

**SI314**

For how many weeks during the last 12 months did [you/he/she] receive Disability Benefit or Illness Benefit?

0 … 52 weeks

-98 DK

-99 RF

(EU-SILC)

**SI315**

What was the weekly amount of Disability Benefit or Illness Benefit [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_08=1 GO TO SI316**

**IF SI301\_09=1 GO TO SI318**

**IF SI301\_10=1 GO TO SI320**

**IF SI301\_11=1 GO TO SI322**

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325A**

**SI316**

For how many weeks during the last 12 months did [you/he/she] receive the Invalidity Pension?

0 … 52 weeks

-98 DK

-99 RF

(EU-SILC)

**SI317**

What was the weekly amount of the Invalidity Pension [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_09=1 GO TO SI318**

**IF SI301\_10=1 GO TO SI320**

**IF SI301\_11=1 GO TO SI322**

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325A**

**SI318**

For how many weeks during the last 12 months did [you/he/she] receive the Jobseeker’s Benefit?

0 … 52 weeks

-98 DK

-99 RF

(EU-SILC)

**SI319**

What was the weekly amount of the Jobseeker’s Benefit [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_10= 1 GO TO SI320**

**IF SI301\_11=1 GO TO SI322**

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325A**

**SI320**

For how many weeks during the last 12 months did [you/he/she] receive the Carer’s Allowance?

0 … 52 weeks

-98 DK

-99 RF

(EU-SILC)

**SI321**

What was the weekly amount of the Carer’s Allowance [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_11=1 GO TO SI322**

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325**

**SI322**

For how many weeks during the last 12 months did [you/he/she] receive the Supplementary Welfare Allowance?

0 … 52

-98 DK

-99 RF

(EU-SILC)

**SI323**

What was the weekly amount of the Supplementary Welfare Allowance [you/he/she] received during the last 12 months?

€0.00 … €800

-98 DK

-99 RF

(EU-SILC)

**IF SI301\_95=1 GO TO SI324**

**OTHERWISE GO TO SI325A**

IWER: SHOW CARD SI4 [PAGE 92]

**SI324**

Please look at card SI4 [page 92]. Did [you/he/she] receive any of these payments in the last 12 months?

IWER: CODE ALL THAT APPLY

1 Pre-retirement Allowance **[si324\_01]**

2 Back To Work Allowance **[si324\_02]**

3 Back To Work Enterprise Allowance **[si324\_03]**

4 Back To Education Allowance **[si324\_04]**

5 Part-time Job Incentive Scheme **[si324\_05]**

6 Farm Assist Scheme **[si324\_06]**

7 Widow's, Widower's or Surviving Civil Partner’s Non-Contributory Pension **[si324\_07]**

8 Widowed or Surviving Civil Partner Grant**[si324\_08]**

9 Deserted Wife's Benefit **[si324\_09]**

10 Bereavement Grant **[si324\_10]**

11 Injury Benefit **[si324\_11]**

12 Disablement Benefit **[si324\_12]**

13 Blind Pension **[si324\_13]**

14 Constant Attendance Allowance **[si324\_14]**

15 Infectious Diseases Maintenance Allowance **[si324\_15]**

16 Medical Care Scheme **[si324\_16]**

17. Pandemic Unemployment Payment (PUP) **[si324\_17]**

18. Temporary COVID-19 Wage Subsidy Scheme (TWSS) / Employment Wage Subsidy Scheme (EWSS) **[si324\_18]**

96 None of these **[si324\_96]**

98 DK **[si324\_98]**

99 RF **[si324\_99]**

(TILDA)

**SI325**

Thinking of the last 12 months, in total, how much did [you/he/she] receive from this benefit/these benefits?

€0 … €20,000

-98 DK

-99 RF

(EU-SILC)

**SI325A**

[Are/Is] [you/he/she] in receipt of any of the following Social Welfare payments:

IWER: CODE ALL THAT APPLY

1 Child Benefit  (Children’s Allowance)? **[si325a\_01]**

2 One/Single Parent Family Allowance? **[si325a\_02]**

3 Family Income Supplement? **[si325a\_03]**

4 (If female) Deserted Wife’s Allowance? **[si325a\_04]**

96 None of these **GO TO SI326 [si325a\_96]**

98 Don’t know **GO TO SI326 [si325a\_98]**

99 Refused **GO TO SI326 [si325a\_99]**

**IF SI325A\_01 = 1 (Child Benefit (Children’s Allowance))**

**SI325B**

In respect of how many children [do/does] [you/he/she] [currently] receive Child Benefit (Children’s Allowance)?

0…. 20

-98 DK

-99 RF

**IF SI325\_02 = 1 (One/Single Parent Family Allowance)**

**SI325C**

How much did [you/he/she] receive last week from the One/Single Parent Family Allowance scheme?

€0…. €300

-98 DK

-99 RF

**IF SI325A\_03 = 1 (Family Income Supplement)**

**SI325D**

How much did [you/he/she] receive last week from the Family Income Supplement scheme?

€0…. €300

-98 DK

-99 RF

**IF SI325A\_04 = 1 (Deserted Wife’s Allowance)**

**SI325E**

How much did [you/she] receive last week from the Deserted Wife’s Allowance scheme?

€0…. €300

-98 DK

-99 RF

IWER: SHOW CARD SI5 [PAGE 93]

**SI326**

Please look at card SI5 [page 93]. Did [you/he/she] or [your/his/her] spouse/partner receive any of these types of benefits in the last 12 months?

IWER: CODE ALL THAT APPLY

1 Free travel **GO TO SI327 [si326\_01]**

2 Free Television Licence **GO TO SI328** **[si326\_02]**

4 Free Electricity Allowance **GO TO SI328 [si326\_04]**

5 Free Natural Gas **GO TO SI328 [si326\_05]**

6 Free Bottled Gas Refill Vouchers **GO TO SI328** **[si326\_06]**

96 None of these **GO TO SI328 [si326\_96]**

98 DK **GO TO SI328 [si326\_98]**

99 RF **GO TO SI328 [si326\_99]**

(TILDA)

**SI327**

Approximately how much [have/has] [you/he/she] or [your/his/her] spouse/partner saved over the last 4 weeks by using [your/his/her] free travel pass?

€0.00… €500

-98 DK

-99 RF

(EU-SILC)

**SI328**

[Have/Has] [you/he/she] received a social welfare payment from another country in the last 12 months?

1 Yes **GO TO SI329**

5 No **GO TO SI407**

98 DK **GO TO SI407**

99 RF **GO TO SI407**

(EU-SILC)

**SI329**

What was the total foreign social welfare payment [you/he/she] received during the last 12 months (in Euros)?

€0… €20,000

-98 DK

-99 RF

(EU-SILC)

## 16.2 Other sources of income

**SI407**

Finally, we would like to get an indication of the overall economic situation of [your/Rname’s] household. Could I ask you to think about all the adults (16 years or over) in the household including [yourself/Rname] and [your/his/her] spouse? Which of these people were in receipt of income of any kind during the past twelve months?

|  |
| --- |
| Adults (over 16 listed from the coverscreen) |
| 1 NAME 1 **(SI407\_01) (SI407\_namep1, SI407\_agep1, SI407\_agep1)** |
| 2 NAME 2 **(SI407\_02)** |
| 3 NAME 3 ETC **(SI407\_03)** |
| ... |
| Refused **(SI407\_99)** |
| Don’t know **(SI407\_98)** |
| None of these **(SI407\_96)** |

**FOR EACH PERSON SELECTED ABOVE ASK**

**Si412\_i**

Could you estimate [NAME\_i’s] net annual income (after tax & deductions)?

1. Yes **GO TO SI409**

5 No **GO TO SI411\_i**

98 DK **GO TO SI411\_i**

99 RF **GO TO SI411\_i**

**Loop over each person in the household**

**Si409\_i**

Approximately, what is [Name\_i’s] net annual income (after tax & deductions)?

€1.... €500,000

-98 DK

-99 RF

**IF (si409\_i is answered) GO TO NEXT PERSON ON THE LIST**

**SI411\_i**

Did the net income of [NAME i] amount to a figure of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: € 10,000, €20,000, €40,000, €70,000.

RANDOM ENTRY POINTS: €20,000, €40,000.

-98 DK

-99 RF

**Loop over each person in the household**

## 16.3 Household Consumption

**IF HH005 ≠ 1 (Proxy Interview) GO TO Next Section**

**IF HH005==1 & HH002 == 2|3 (self–interview in a nursing home) GO TO SI410**

**ELSE GO TO SI501**

IWER READ OUT: Now I would like to ask you some questions about your expenditure. We know that it is hard to remember exactly how much you spend on different items per month but please answer as best you can. We are going to ask you about your outgoings in the previous month. If you usually think about spending on a weekly basis we can convert the amounts to a monthly amount.

IWER: Questions si501 to si505 refer to the past month, even though in that month the respondent may have spent more (or less) than he/she normally spends

**SI501**

About how much did you and your household spend on food that you use at home in the PAST MONTH? [IW: Prompt if you prefer to think in terms of weekly (bi-weekly) expenditure, we can multiply this by four (two)]]

IWER: if respondent is unsure, clarify that he/she should include all food, bread, milk, soft drinks, etc. and meals on wheels; exclude items like pet food, alcohol, cigarettes, takeaways, meals out, cleaning products and hair care products.

\_\_\_\_\_\_\_\_\_\_\_ Amount

-98 DK

-99 RF

**SI502**

**[(if we001==2 | we001==3]) THEN SAY:**

Excluding any meals at work], about how much did you and your household spend eating out in the PAST MONTH?

\_\_\_\_\_\_\_\_\_\_\_\_Amount

-99 RF

-98 DK

**SI503**

About how much did you and your household spend on the following consumer durables: cars, televisions, furniture, household products, clothes and small appliances in the PAST MONTH?

IWER: if respondent is unsure, clarify he/she should include items such as refrigerators, washing machines, kettles, microwaves, radios, phones. We are referring to the expense incurred to buy the good, not to maintain it. So for cars, exclude petrol expenses, tax and insurance.

\_\_\_\_\_\_\_\_\_\_\_\_Amount [SET MAX TO 50,000]

-98 DK

-99 RF

**SI504**

About how much did you and your household spend on the following household utilities: gas, electricity, phone bills (including mobile phone credit), internet and water supply in the PAST MONTH?

\_\_\_\_\_\_\_\_\_\_\_Amount

-98 DK

-99 RF

**IF SI501=-98, -99 OR SI502=-98, -99 OR SI503=-98,-99 OR SI504=-98,-99 GO TO SI410**

**ELSE GO TO SI505**

**SI505**

So in total you and your household spent about [si501+si502+si503+si504] on household utilities, consumer durables and food in the past month. Does that sound correct?

1 Yes

5 No

98 DK

99 RF

IWER Note: if not true allow answers to si501 to si504 to be adjusted but only re-check once

[IW to help RESP with converting weekly or other amounts to monthly)

(Source Browning et al Economic Journal 2003)

**IF (HH005 = 1) ASK SI410. OTHERS GO TO NEXT SECTION**

**SI410**

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION SI?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL OF THE TIME

**GO TO NEXT SECTION**

# SECTION 17. HOUSE OWNERSHIP (HW)

IWER: CHECK IF RESPONDENT IS FINANCIAL RESPONDENT (CSO17=1 OR 3)

**IF HH002 = 2 (NURSING HOME) GO TO HW100**

**ELSE GO TO “DETAILS OF PRIVATE RESIDENCE” preamble before HW101**

**HW100**

Now I have a question about [your/Rname’s] residence outside the nursing home. [Do/Does] [you/he/she] still own or rent a residence outside the nursing home?

1. Yes dwelling that [I/Rname] [own/owns]

**GO TO HW100a**

1. Yes dwelling that [I/Rname] [rent/rents] privately

**GO TO HW100a**

3 Yes dwelling that [I/Rname] [rent/rents] from local authority

**GO TO HW100a**

5 No **GO TO GO TO NEXT SECTION**

98 DK **GO TO GO TO NEXT SECTION**

99 RF **GO TO GO TO NEXT SECTION**

**IF HW100=1 | HW100=2 | HW100=3**

**HW100a**

Is this the residence in which [you/he/she] [were/was] living at the time of the last interview?

1 Yes **GO TO HW105**

5 No **GO TO HW100b**

98 DK **GO TO NEXT SECTION**

99 RF **GO TO NEXT SECTION**

**HW100b**

Could I ask you for the address of this other residence?

**PA002**

IWER: write the details of address

ADDRESS - Text: Up to 100 characters

DETAILS OF PRIVATE RESIDENCE:

Then interviewer should say: “Now I would like to ask some questions about [your/her/his] place of residence [outside of nursing home]”

**IF interviewer is visiting exact same address as in last wave interviewed i.e. if hh001=1, then skip HW101,hw101oth, hw103, hw104, and proceed to hw105.**

**Otherwise proceed with HW101**

IWER: SHOW CARD HW1 [PAGE 95]

**HW101**

Please look at card HW1 [page 95]. Now I have a few questions about [your/Rname’s] main place of residence [by main place of residence I mean the place [you/he/she] [reside/resides] in most of the time]. Is this

IWER:CHOOSE THE ONE THAT APPLIES

1 A detached house? **GO TO HW103**

2 A semi-detached house? **GO TO HW103**

3 A terraced house? **GO TO HW103**

4 An apartment/flat/bedsitter? **GO TO HW103**

95 Other (specify) **GO TO HW101oth**

(EU-SILC)

**HW101oth**

Other (specify)

Text: up to 60 characters

(EU-SILC)

**HW103**

How many rooms does [your/his/her] property have?

1 … 20

-98 DK

-99 RF

(EU-SILC)

Note: The following should not be counted as rooms: kitchenette, scullery, bathroom, toilet, garage, consulting rooms, office, shop.

**HW104**

In what year was the property constructed?

IWER: Date of first construction if dwelling was modified at a later date.

1 Before 1919

2 1919-1940

3 1941-1960

4 1961-1970

5 1971-1980

6 1981-1990

7 1991-2000

8 2001 or later

98 DK

99 RF

(EU-SILC)

**HW105**

With regard to the main residence [outside of nursing home] Is the dwelling…

IWER: IF OWNED THROUGH A HOUSING COOPERATIVE SELECT CODE 1 BELOW

1 Owned by [you/the respondent] or [your/his/her] spouse/partner

**GO TO HW106**

2 Owned by another household member (not [you/the respondent/the

respondent’s spouse/partner]) **GO TO HW108**

3 Rented **GO TO HW114**

4 Occupied rent free (but not owned by a household member)

5 Owned by a family member outside of the household (such as a son or daughter) **GO TO HW108**

**GO TO HW118**

98 DK **GO TO HW117**

99 RF **GO TO HW117**

(SHARE)

**HW106**

Did [you/Rname] or [your/his/her] spouse/partner receive any rent from this property in the last year?

1 Yes **GO TO HW107**

5 No **GO TO HW108**

98 DK **GO TO HW108**

99 RF **GO TO HW108**

(SHARE)

**HW107**

How much income or rent did [you/Rname] or [your/his/her] spouse/partner receive from that property in the last year, after any expenses and taxes?

€1… €100,000

-98 DK

-99 RF

(SHARE)

**HW108**

In your opinion, about how much would this property fetch if it were to be sold today?

(IWER: Record the amount in actual euro i.e. if the value is four hundred thousand euro enter 400000, not 400)

€9,999.......€10,000,000  
-98 DK

-99 RF

(SHARE)

**IF HW108 = -98, -99**

**HW108A**

Would this amount to a total of less than \_\_\_\_ , more than \_\_\_\_ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €100,000, €200,000, €400,000, €700,000.

RANDOM ENTRY POINTS: €200,000, €400,000.

-98 DK

-99 RF

**IF HW105 = 1, 2 go to HW108B**

**IF HW105 =3, 4 go to HW114**

**HW108B**

How did you/your household acquire the (part of) the residence you own/your household owns: did you purchase it, did you construct it yourself, did you inherit it or did you receive it as a gift?

1 – Purchased

2 – Own construction

3 – Inherited

4 – Gift

-98. DK

-99. RF

(HFCS)

**HW109**

Is [your/his/her] property

1 Owned outright (no mortgage outstanding) **GO TO HW118**

2 Owned with a mortgage (including joint owner rental with the local authority) **GO TO HW110**

3 Owned under the tenant purchase scheme **GO TO HW112**

98 DK **GO TO HW117**

99 RF **GO TO HW117**

(EU-SILC)

**HW110**

How much is [your/his/her] present monthly mortgage repayment?

IWER: ASK RESPONDENT TO CHECK THIS ON A BANK STATEMENT IF POSSIBLE.

€1… €50,000

-98 DK

-99 RF

(EU-SILC)

**HW111**

In what year was [your/his/her] mortgage taken out? If more than one mortgage taken out, please give year of most recent mortgage.

1960 … [current year]

-98 DK

-99 RF

(EU-SILC)

**HW112**

What is the term of [your/his/her] mortgage (in years)?

IWER: PLEASE ASK FOR THE FULL TERM OF THE MORTGAGE, NOT THE OUTSTANDING YEARS

1 … 50

-98 DK

-99 RF

(EU-SILC)

**HW113**

Excluding interest, how much of the principal amount remains outstanding?

IWER: IF RE-MORTGAGED, THEN THIS QUESTION ASKS THE AMOUNT OF THE ORIGINAL MORTGAGE THAT IS OUTSTANDING.

€999…€5,000,000

-98 DK

-99 RF

(EU-SILC)

**GO TO HW118**

**HW114**

[Do/Does] [you/he/she] rent this property from [your/his/her] Local Authority?

1 Yes **GO TO HW115**

5 No **GO TO HW116**

98 DK **GO TO HW118**

99 RF **GO TO HW118**

(EU-SILC)

**HW115**

How much rent [do/does] [you/he/she] pay weekly to the local authority?

€0.00 … €500

-98 DK

-99 RF

(EU-SILC)

**GO TO HW118**

**HW116**

How much rent did [you/he/she] pay (before rent allowances, if applicable) in the last month?

€0 … €10,000

-98 DK

-99 RF

(EU-SILC)

**GO TO HW118**

**HW118**

For how many years [have you lived /did you live/has Rname lived/ did Rname live] at [this/that] address?

Years 0….age of respondent

-98 DK

-99 RF

(TILDA)

**IF (HH005 = 1) ASK HW117**

**OTHERS GO TO NEXT SECTION**

**HW117**

IWER(CODE WITHOUT ASKING): HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION HW?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL OF THE TIME

# SECTION 18. EXPECTATIONS

**IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW) GO TO NEXT SECTION.**

**ADVANCE CARE PLANNING**

INTRO: Now, I have some question about [your/his/her] planning for the future.

**EX120**

[Have/Has] [you/he/she] made [your/his/her] wishes/preferences known about the kind of care that [you/he/she] would like to receive in the event of serious illness?

IWER NOTE: A Living Will, Advance Care/Healthcare Directive and Think Ahead documents are written documents in which a person specifies what actions should be taken for their health or in the event of their death if they are no longer able to make decisions for themselves because of illness or incapacity.

IWER: CODE ALL THAT APPLY

1. Informally by conversations with relatives/ significant others      **[EX120\_01]**

2. Informally by conversations with medical professionals          **[EX120\_02]**

3. Formally by documenting in writing [your/his/her] wishes for example completing a “Living Will”,  “Advance Care/Healthcare Directive” or “Think Ahead” document?

**[EX120\_03]**

4. None of these **[EX120\_04]**

98. DK       **[EX120\_98]**

99. RF        **[EX120\_99]**

**IF EX120\_03 = 1 GO TO EX125, OTHERWISE GO TO EX107**

**EX125**

When did [you/he/she] first make this formal documentation?

1. In the last three months

2. More than three months, but less than a year

3. More than a year, but less than two years

4. More than two years, but less than five years

5. More than five years

96. None of these

98. DK

99. RF

**EX126**

Was COVID -19 the main reason for [you/him/her] to begin making these plans?

1. Yes

5. No

98. DK

99. RF

**EX107**

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION EX?

1 NEVER

2 A FEW TIMES

3 MOST OR ALL TIMES

**GO TO NEXT SECTION**

# SECTION 19. MEDICATIONS (MD)

**MD001a**

Now I would like to record all medications that [you/Rname] [take/takes] on a regular basis, like every day or every week. This will include prescription and non-prescription medications, over-the-counter medicines, vitamins, and herbal and alternative medicines.

Do/Does [you/Rname] take any medication on a regular basis?

1 Yes **GO TO MD001**

5 No

98 DK

99 RF

**IF INTSTATUSW6=1,2 OR 3 & MD001A = 5 GO TO MD008**

**IF INTSTATUSW6= 4 OR 5 & MD001A = 5 GO TO NEXT SECTION**

IWER: ASK RESPONDENT IF YOU COULD SEE THE MEDICATIONS HE/SHE TAKES SO YOU CAN COPY DOWN THE CORRECT SPELLING OF EACH TABLET.

IWER: PROMPT: DO I HAVE ALL OF [YOUR/RName’s] MEDICATIONS HERE?

TICK THE BOX NEXT TO ANY MEDICATIONS THE RESPONDENT IS STILL USING. DO NOT READ OUT THE LIST TO RESPONDENTS.

**<IF MD001FF==1 INSERT FEEDFORWARD MEDICATIONS LIST ELSE CONTINUE WITH MEDICATIONS INPUT SCREEN>**

**DISPLAY NOTE: Input the brand name when available, rather than the generic name for any medications**

**MD001**

TYPE THE FIRST FOUR LETTERS OF THE MEDICATION. YOU WILL BE GIVEN A LIST OF POSSIBILITIES CHOOSE ONE. Each medication is recorded in a separate variable

**(MD001\_01 – MD001\_25; MD001\_ATC\_01 - MD001\_ATC\_25; MD001\_NONPROP\_01 - MD001\_NONPROP\_25)**

95 Other (specify) **GO TO MD001oth**

98 DK

99 RF

**MD001oth**

Other (specify)

IF THE MEDICATION DOES NOT APPEAR ON THE LIST CAREFULLY TYPE THE FULL MEDICATION NAME. MAKE SURE YOU TYPE THE NAME OF THE BRAND USED AND NOT THE CHEMICAL NAME.

**(MD001OTH\_01-MD001OTH\_20)**

Text: up to 60 characters

**GO TO MD005**

**IF MD001 = 99 DO NOT ASK MD005**

**MD005**

Was this medication prescribed by a doctor or did you get it over the counter? **(MD005\_01-MD005\_20)**

1 Prescribed by a doctor

2 Over the counter

98 DK

99 RF

(Note to Scripters - For medications that are available over the counter as well as on prescription, we are interested in how the respondent got them.)

**RETURN AND REPEAT MD001 FOR UP TO 20 MEDICATIONS PER PERSON**

**IF inTstatusW6= 4 OR 5 GO TO NEXT SECTION**

**MD006**

In the last 12 months have you ever forgotten to take any of the medicines you are supposed to regularly take?

1 Yes **GO TO MD007**

5 No **GO TO MD008**

98 DK **GO TO MD008**

99 RF **GO TO MD008**

**MD007**

How often have you forgotten to take your medication in the last 12 months?

1 Rarely

2 Sometimes

3 Often

98 DK

99 RF

**MD008**

In the last 12 months, have you ever received a prescription from your GP that you didn’t fill with the pharmacy because you thought that the medication was too expensive?

1 Yes

5 No

98 DK

99 RF

**MD009**

[Have/Has] [you/he/she] ever been treated with antidepressant medication for depression?

1. Yes

5 No

98 DK

99 RF

**MEDICAL CARD PREAMBLE**

**IF (HU001 = 2, 96,98,99 OR CS079 = 5 (Did not consent to PCRS linkage) GO TO NEXT SECTION**

**for medical card holders: If received a valid medical card number at WAVE 5 go to next section, if previously received an invalid number ask md002a, if new medical card OR REPLENISHMENT SAMPLE at WAVE 6 ask MD003 as per following routing**

**IF (INTSTATUSW6=2 AND HU001=1 AND CS079 = 1) GO TO MD003**

**IF (INTSTATUSW6=1 AND HU001=1 AND HU001FFW5==96, 98, 99 AND CS079 = 1) GO TO MD003**

**IF (INTSTATUSW6=1 AND HU001=1 AND HU001FFW5=1, 2 AND MDffW5 =1 AND CS079 = 1) GO TO MD002a**

**IF (INTSTATUSW6=1 AND HU001=1 AND HU001FFW5=1, 2 AND MDFFW5≠1 AND CS079 = 1) GO TO MD003**

**IF (INTSTATUSW6=3 AND HU001=1 AND HU001FFW4==96, 98, 99 AND CS079 = 1) GO TO MD003**

**IF (INTSTATUSW6=3 AND HU001=1 AND HU001FFW4=1, 2 AND MDFFW4==1 AND CS079 = 1) GO TO MD002a**

**IF (INTSTATUSW6=3 AND HU001=1 AND HU001FFW4=1, 2 AND MDFFW4≠1 AND CS079 = 1) GO TO MD003**

**MD002a**

IWER: At the last interview [you] agreed to provide us with [your] medical card number to give us a complete picture about [your] health and treatment history. I would just like to check that we have recorded the correct number. Can you please tell me [your] medical card number?

IWER Note: Ask the respondent to show you their medical card so that the correct number can be recorded by you. Each medical card number is composed of 8 characters and ends in the letter A, B or C. If the letter on the medical card number given to you ends in D or higher, please confirm (if possible by seeing the card) that the number they have given you is indeed their medical card number.

1 Yes **Go to MD003**

5 No **GO TO NEXT SECTION**

98 DK **GO TO** **NEXT SECTION**

99 RF **GO TO NEXT SECTION**

(Note to Scripters - This has to be 8 characters and that it must end in a letter. Also if the last letter is D or higher, the interviewer could get a warning to re-check that it is indeed the medical card number they have given.)

IWER READ OUT: Earlier you agreed that TILDA can ask for your medical card number to link with the PCRS database for research on medication use. We would now like to ask you for your medical card number.

**MD003**

Please can you tell me [your] medical card number?

IWER: ASK THE RESPONDENT TO SHOW YOU THEIR MEDICAL CARD SO THAT THE CORRECT NUMBER CAN BE RECORDED BY YOU. EACH MEDICAL CARD NUMBER IS COMPOSED OF 8 CHARACTERS AND ENDS IN THE LETTER A, B OR C. IF THE LETTER ON THE MEDICAL CARD NUMBER GIVEN TO YOU ENDS IN D OR HIGHER, PLEASE CONFIRM (IF POSSIBLE BY SEEING THE CARD) THAT THE NUMBER THEY HAVE GIVEN YOU IS INDEED THEIR MEDICAL CARD NUMBER.

1…… 8 Characters **GO TO MD004**

98 DK  **GO TO NEXT SECTION**

99 RF  **GO TO NEXT SECTION**

(Note to Scripters - This has to be 8 characters and that it must end in a letter. Also if the last letter is D or higher, the interviewer could get a warning to re-check that it is indeed the medical card number they have given.)

**MD004**

IWER code how you recorded the medical number

1. Respondent showed interviewer medical card
2. Respondent provided number but did not show medical card

**GO TO NEXT SECTION**

# SECTION 20. CONTACT AND ADDRESS

## 20.1 Nominated Other Contacts

**If INTSTATUSW6==1, 2 OR 3 GO TO CT001**

**If INTSTATUSW6== 4 OR 5 GO TO NEXT SECTION 25.2**

**CT001**

In case you move from this address, could you give me the name, address, telephone number and relationship of two people who do not live with you and who would know where you are, in case we need to contact you in the future?

IWER Note: If the respondent is unwilling to give address as they are not planning to move, add: 'As people who aren't planning to move sometimes do move because their circumstances change, we would be very grateful if you could give us the name and address of a contact person just in case you do move unexpectedly.'

IWER: If given, write the details

1 Willing to give one contact address **GO TO CT001\_01**

2 Willing to give two contact addresses **GO TO CT001\_01**

3 Unwilling to give any contact address (SEE NOTE)

**GO TO END OF SECTION 25.2**

4 Does not wish to be re-contacted **GO TO END OF SECTION 25.2**

**CT001\_01**

IWER: write the details of address and telephone.

NAME - Text: Up to 60 characters

ADDRESS - Text: Up to 100 characters

TELEPHONE NUMBER - : Up to 20 numbers

**CT001\_02**

IWER: write the details of address and telephone

NAME - Text: Up to 60 characters

ADDRESS - Text: Up to 100 characters

TELEPHONE NUMBER - : Up to 20 numbers

IWER: READ OUT “WE WOULD APPRECIATE IF YOU COULD TELL THIS PERSON / THESE PEOPLE THAT YOU HAVE PROVIDED US WITH THEIR CONTACT DETAILS FOR THIS PURPOSE.”

## 20.2 Proxy Interview Consent

**If (INTSTATUSW6 = 1, 2 OR 3 - Self interview) GO TO PR001x**

**IF (INTSTATUSW6 = 4 OR 5 - Proxy interview) GO TO PC001**

**PR001x**

Sometime in the next two years, we will wish to contact you again. In the event that we are still unable to contact you personally for example if you are ill at the time, would you be prepared for us to collect information about your circumstances from [spouse/partner], a relative or a close friend?

IWER Note: If asked please clarify further: 'For example, we would not intentionally approach someone if you were away on holiday or temporarily ill.

We would only approach the person if you were too ill. We would not give the person details of what you have said in previous interviews.'

1 Willing to be interviewed by proxy in the future if needed

**GO PR001a**

2 Does not wish to be interviewed by proxy

**GO TO END OF SECTION 25.2**

**PR001a**

Who would be the best person for us to approach?

RECORD NAME OF PROXY NOMINATION

|  |  |
| --- | --- |
|  | **Name** |
| 1. | Spouse/partner name |
| 2 | Through N\_HH member’s name (**GO TO PR002na**) |
| 3 | Through N\_non-resident children’s name **(GO TO PR002na**) |
|  | [ROW PROVIDED BY CAPI AS NECESSARY] |
| 95 | OTHER NOT IN THE LIST\_SPECIFY: (**GO TO PR002na**) |
| 98 | Don’t know |
| 99 | Refused |

IWER: write the details of address and telephone

**PR002na**

FULL NAME - Text: Up to 60 characters

**(If PR001a is a HH member GO TO PR002te – do not ask for address)**

**PR002ad**

ADDRESS - Text: Up to 100 characters

**PR002te**

TELEPHONE NUMBER - : Up to 20 numbers

IWER: READ OUT “We would appreciate if you could tell this person / these people that you have provided us with their contact details for this purpose.”

**GO TO END OF SECTION**

**PC001**

TILDA is a longitudinal study. This means we try to keep in contact with our respondents every two years. As you are answering on behalf of [Rname], we may wish to contact you again within the next two years. Could you give me your name, address and telephone number so that we can contact you in the future?

1 Willing to give contact address **GO TO PC002**

2 Unwilling to give any contact address **GO TO END OF SECTION 25.2**

3 Does not wish to be re-contacted **GO TO END OF SECTION 25.2**

**PC002**

IWER: write the details of address and telephone

NAME - Text: Up to 60 characters

ADDRESS - Text: Up to 100 characters

TELEPHONE NUMBER - : Up to 20 numbers

## 20.3 Exit interview

**FOR EACH PREVIOUS RESPONDENT IN THE HOUSEHOLD GRID**

**IF CS036\_01- CS036\_19 = 1 (DECEASED) GO TO PA001**

**IF CS036\_01- CS036\_19 = 2 OR 4 (MOVED) GO TO MV001**

**IF CS036\_01- CS036\_19 = 3 (INSTITUTION) GO TO NH001**

**ELSE GO TO END OF SECTION**

**PA001**

THROUGH PA005 ONLY APPLY FOR ELIGIBLE HH MEMBER WHO HAS DIED AND HAD PARTICIPATED IN WAVE 1 AND/OR WAVE 2 AND/OR WAVE 3

**PA001**

I was told earlier that [HH member name CS023\_p1\_Name to CS023\_p19\_Name] has passed away. In order to ensure that we understand the end of [his/her] life, we have some questions we would like to ask about [him/her]. Would you be willing to answer these questions at a future date?

IWER: Give details of content of end of life interview.

It will cover the deceased respondent's activities in their last year of life, [his/her] health and some summary financial information.

1 Willing to answer exit interview face-to-face **GO TO PA005**

2 Unwilling to answer exit interview themselves but would nominate another **TRY TO PERSUADE**

3 SPONTANEOUS ONLY: Unwilling for anyone to answer the exit interview **TRY TO PERSUADE**

(ELSA)

**IF ((PA001 = 2 OR 3) & DATE OF DEATH LESS THAN 6 MONTHS AGO –CS041\_01-CS041\_19 ) GO TO PA002**

**IF ((PA001 = 2 OR 3) & DATE OF DEATH MORE THAN 6 MONTHS AGO – CS041\_01-CS041\_19) GO TO PA003**

**PA002**

I understand that [HH members name]'s death occurred very recently. If at some time in the future we'd like to talk to you about [him/her], may we contact you to see if you would be willing to help us?

1 Willing to be approached **GO TO END OF SECTION**

2 Unwilling to be approached **GO TO PA003**

(ELSA)

**PA003**

Could you nominate someone else who could answer the questions? (If appropriate, refer to stable address contact).

1 Willing to give details of exit interview informant

**GO TO PA004**

2 Unwilling to give details of exit interview informant

**TRY TO PERSUADE**

NOTE:

If respondent says unwilling, you should make every effort to persuade the respondent of the importance of the study and the benefits to people living in Ireland. Emphasise that [Name of deceased] wanted to be re-contacted by the study and that [his/her] contribution to the study was very generous and has been very valuable.

Also attempt to understand reasons for not wanting to be interviewed and address these i.e. give assurances on confidentiality and anonymity.

If respondent still says that they do not wish to be re-contacted code 'Unwilling'

**PA004**

Interviewer: write the details of address and telephone

NAME - Text: Up to 60 characters

ADDRESS - Text: Up to 100 characters

TELEPHONE NUMBER - : Up to 20 numbers

**PA005**

How is the potential exit interview respondent related to [HH members name]

13 Spouse/partner

1 Child/ adopted child

2 Step child

3 Child-in-law (daughter-in-law, son-in-law)

4 Parent

5 Parent-in-law

6 Brother or sister

7 Brother-in-law/Sister-in-law

8 Grandparent

9 Grandparent-in-law

10 Grandchild

11 Other relative (specify)

12 Non-relative (specify)

[Don't know and Refusal are not allowed]

**GO TO END OF SECTION**

## 20.4 Split Household or Participants Moved House

**MV001 THROUGH MV002 ONLY APPLY FOR HH MEMBER WHO MOVED OUT AND HAD PARTICIPATED IN WAVE 1 AND/OR WAVE 2 AND/OR WAVE 3 AND/OR WAVE 4**

**MV001\_X**

You told me that [HH member name CS023\_p1\_Name to CS023\_p19\_Name] has moved out. We are interested in understanding the changes that happen in people's lives, so we'd like to invite [HH member name] to continue to participate in this survey.

Could you please give me [HH member name]’s full name, address & telephone number?

NOTE: If respondent says no, you should make every effort to persuade the respondent of the importance of the study and the benefits to people living in Ireland. Emphasise that [HH member name] wanted to be re-contacted by the study and that [his/her] contribution to the study has been very valuable.

Also attempt to understand reasons for not wanting to be re-contacted and address these i.e. give assurances on confidentiality and anonymity.

If respondent still says that they do not wish [HH member name] to be re-contacted code 'NO'

1 Yes – Record name, address and telephone number

5 No **GO TO END OF SECTION**

**MV002na**

Record [HH member name]’s name in full –

Text: Up to 60 characters

**MV002co**

What county does [HH member name] live in?

|  |  |  |
| --- | --- | --- |
| 1 Antrim | 13 Kerry | 25 Roscommon |
| 2 Armagh | 14 Kildare | 26 Sligo |
| 3 Carlow | 15 Kilkenny | 27 Tipperary |
| 4 Cavan | 16 Laois | 28 Tyrone |
| 5 Clare | 17 Leitrim | 29 Waterford |
| 6 Cork | 18 Limerick | 30 Westmeath |
| 7 Derry | 19 Longford | 31 Wexford |
| 8 Donegal | 20 Louth | 32 Wicklow |
| 9 Down | 21 Mayo | 33 Not in Ireland |
| 10 Dublin | 22 Meath | 98 DK |
| 11 Fermanagh | 23 Monaghan | 99 RF |
| 12 Galway | 24 Offaly |  |

**IF (MV002co ≠ 33) ASK MV002ad. OTHERS GO TO NEXT SECTION**

**MV002ad**

RECORD ADDRESS FOR [HH member name]-

Text: Up to 100 characters

**MV002te**

RECORD [HH member name]’s TELEPHONE NUMBER –

Up to 20 numbers

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-98 DK

-99 RF

-96 Has no phone

(Hrs)

**GO TO END OF SECTION**

## 20.5 Nursing Home Contacts

**NH001 THROUGH NH005 ONLY APPLY FOR HH MEMBER WHO MOVED TO NURSING HOME AND HAD PARTICIPATED IN WAVE 1 AND/OR WAVE 2 AND/OR WAVE 3 AND/OR WAVE 4 AND/OR WAVE 5**

**Repeat for each relevant respondent so variable names use xxxxx\_01, xxxxx\_02, xxxxx\_03, xxxxx\_04 format**

**NH001**

You told me that [HH member name:CS023\_p1\_Name to CS023\_p19\_Name] has moved into a (nursing home/residential home/other institution). We are interested in understanding the changes that happen in people's lives, so we'd like to invite [HH member name] to continue to participate in this survey. Do you think that [he/she] will be able to answer the questions on [his/her] own behalf if we were to approach [him/her] in the future? [NH001\_01 to NH001\_04], [NHNUM\_01 to NHNUM\_04 are feedforward variables for HH members]

1 Yes **GO TO NH004**

5 No **GO TO NH002**

98 Don't know **GO TO NH002**

(Elsa)

**NH002**

Is there someone who could accompany me to the nursing home to assist [HH member name] with the interview or to answer the questions on [his/her] behalf? [NH002\_01 to NH002\_04]

1 Willing to give institution proxy informant details **GO TO NH003**

99 Unwilling to give institution proxy informant details **(IWER: SEE NOTE)**

**GO TO NEXT SECTION**

NOTE:

If respondent says no, you should make every effort to persuade the respondent of the importance of the study and the benefits to people living in Ireland. Emphasise that [HH member name] wanted to be re-contacted by the study and that [his/her] contribution to the study has been very valuable.

Also attempt to understand reasons for not wanting to be re-contacted and address these i.e. give assurances on confidentiality and anonymity.

If respondent still says that they do not wish [HH member name] to be re-contacted code 'NO'

**NH003**

Interviewer: write the details of address and telephone

NAME - Text: Up to 60 characters **[NH003NA\_01 to NH003NA\_04]**

ADDRESS - Text: Up to 100 characters **[NH003AD\_01 to NA003AD\_04]**

TELEPHONE NUMBER - : Up to 20 numbers **[NH003TE\_01 to NH003TE\_04)**

**NH004**

Would you be prepared to give me the contact details of [HH member name]'s residential/nursing home? [NH004\_01 to NH004\_04]

1 Willing to give institution details **GO TO NH005**

99 Unwilling to give institution details **(SEE NOTE) GO TO NEXT SECTION**

NOTE:

If respondent says no, you should make every effort to persuade the respondent of the importance of the study and the benefits to people living in Ireland. Emphasise that [HH member name] wanted to be re-contacted by the study and that [his/her] contribution to the study has been very valuable.

Also attempt to understand reasons for not wanting to be re-contacted and address these i.e. give assurances on confidentiality and anonymity.

If respondent still says that they do not wish [HH member name] to be re-contacted code 'NO'

**NH005**

Interviewer: write the details of address and telephone

INSTITUTION NAME - Text: Up to 60 characters **[NH005NA\_01 to NH005NA\_04]**

ADDRESS - Text: Up to 100 characters **[NH005AD\_01 to NH005AD\_04]**

TELEPHONE NUMBER - : Up to 20 numbers **NH005TE\_01 to NH005TE\_04]**

**GO TO END OF SECTION**

# SECTION 21. HEALTH ASSESSMENT (HA)

**If intstatusW6mmse==1, 2, 3 (self interview), GO TO HA001**

**If intstatusW6mmse==4, 5 (proxy interview), GO TO NEXT SECTION (FN001)**

**HA001**

READ OUT There are two parts to this survey. You have already helped us with part one. We hope you will also help us with the second part, which is a visit to a health centre to carry out some physical measurements.

INTERVIEWER: INFORM THE RESPONDENT THAT THE OPTIONAL HEALTH ASSESMENT WILL TAKE PLACEIN FUTURE WAVES. EXPLAIN THAT THE HEALTH CENTRE IS LOCATED IN DUBLIN AND THAT TILDA WILL RE-IMBURSE TRANSPORT COSTS TO AND FROM THE CENTRE, AND WILL PROVIDE ACCOMODATION IN A NEARBY HOTEL IF NEEDED. ASSESSMENTS CAN ALSO BE DONE IN PARTICIPANTS’ HOMES IF DESIRED.

IF ASKED FOR DETAILS, SAY THAT - 'THE NURSE WILL TAKE SOME MEASUREMENTS INCLUDING YOUR HEIGHT, WEIGHT AND BLOOD PRESSURE ETC. YOU WILL NOT HAVE ANY MEASUREMENTS TAKEN IF YOU DO NOT WISH TO’.

1 Yes to visit to health assessment centre

2 No to visit to health assessment centre

3 Undecided, nurse to phone to discuss health assessment in more detail

**GO TO NEXT SECTION**

# SECTION 22: GP LINKAGE

**IF CS075 = 1, ask CS090 & CS091; OTHERWISE GO TO NEXT SECTION**

**INTRO**

IWER READ OUT: Earlier you agreed that TILDA can ask your GP for information to be shared from your GP records for research on ageing. We would now like to ask you for the name and address of your GP

**CS090**

Name of GP

Text: up to 60 characters

**CS091**

Address of GP

Text: Up to 100 characters

# SECTION 23: FINAL CHECK (FN)

**FN001**

Check respondent’s first name and surname

**FN002**

Check address as written is correct. If not correct, then write changes on Address label

**FN003**

Check phone number provided on contact sheet is correct

**If (HH005 = 1 –Self interview) GO TO emal1**

**emal1**

Can you please tell me your email address?

NOTE: If asked why we want an email address, please explain:

* TILDA will add your email to a TILDA respondent mailing list.
* TILDA produces an electronic newsletter keeping respondents updated on news and events relevant to the study.
* TILDA will email respondents this newsletter twice annually
* You can take your email address off this list any time you like by contacting TILDA or by using the link provided in each email sent to you.

IWER READ OUT “Please tell me the first part of the address before the @ sign”

(text up to 50 characters)

95 Does not have an email address **GO TO SCQ REMINDER**

98 DK **GO TO SCQ REMINDER**

99 RF **GO TO SCQ REMINDER**

**Emal2**

IWER READ OUT “Thank you. Please now tell me the second part of the address after the @ sign.”

Interviewer note: Please code the following or other specify if not listed

* + - 1. AOL.com
      2. Blueyonder.co.uk
      3. Btinternet.com
      4. Btopenworld.com
      5. Fsmail.net
      6. Gmail.com
      7. Googlemail.com
      8. Hotmail.com
      9. Hotmail.co.uk
      10. Eircom.net
      11. Live.co.uk
      12. Live.com
      13. Live.ie
      14. msn.com
      15. ntworld.com
      16. O2.co.uk
      17. Sky.com
      18. Talk21.com
      19. Talktalk.net
      20. Tesco.net
      21. Tiscali.co.uk
      22. Virgin.net
      23. Yahoo.co.uk
      24. Yahoo.com
      25. Yahoo.ie

95 Other (please specify) **[Emal2oth]**

**Emal3:**

READ OUT

May I just check, your email address is “<emal1> @ <emal2>”

INTERVIEWER PLEASE PROCEED TO THE NEXT SCREEN TO CONFIRM

1. Yes, correct **GO TO SCQ REMINDER**

5 No, incorrect **PLEASE REDO EMAIL ADDRESS**

**SCQREMINDER**

NOTE: Please remind respondent that you have given [him/her] a questionnaire to complete in [his/her] own time. We greatly value [his/her] answers to these questions.