

ICPSR 37105

The Irish Longitudinal Study on Ageing (TILDA), 2012-2013

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Data Collection Instrument

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The Irish Longitudinal Study on Ageing



Wave 2

Wave 2 CAPI Questionnaire

30-10-2013



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EXPLANATORY NOTE ON THE USE OF CAPI IN THE TILDA PILOT

The TILDA field questionnaire will use CAPI, or Computer Assisted Personal Interviewing. Instead of collecting data using pen and paper questionnaires, interviewers will use portable computers to enter data directly via a keyboard. While the paper version that has been submitted to the ethics committee may appear cumbersome, the conversion of the questions into an electronic format will make 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
1. MT	Abbreviated Mental Test Score			
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	Physical Measures	X		
13. TUG	Timed Up and Go	X		
14. JH	Job history	X		
15. WR	Planning for retirement	X		
16. TP	Transfers to parents	X		
17. CN	Social Connectedness	X		
18. SI	Sources of income	X		
19. HO	House ownership*		X	
20. AS	Other Assets*		X	
21. EX	Expectations	X		
22. MD	Medications	X		
23. CT	Contact Names & Final Questions	X		
24. FN	Final Check List	X		

Colour Coding

In order that changes made to the questionnaire are easily visible the following colour code applies:

1. TEXT HIGHLIGHTED IN YELLOW IS A NEW QUESTION
2. TEXT HIGHLIGHTED IN GREY IS AN ADAPTED/MODIFIED QUESTION
3. ALL OTHER BLACK TEXT MEANS THERE IS NO CHANGE TO THE QUESTION FROM WAVE 1

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 seek consent to undertake a proxy 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 RESPONDENTS AGE FROM DM001 WAVE 1 SO THAT THE INTERVIEWER CAN ASSESS THEIR ANSWER.

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: INTRO 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 patient:

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: Score if home or nursing home or hospital address given correctly. Also score 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 RESPONDENTS MONTH AND YEAR OF BIRTH FROM DM001 WAVE 1 SO THAT THE INTERVIEWER CAN ASSESS THEIR ANSWER.

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: Score for year of start or finish (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: Score 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

**BL: COMPUTER SHOULD NOW COMPUTE SCORE OUT OF TEN FOR THE PREVIOUS TEN QUESTIONS.
IF RESPONDENT SCORES LESS THAN SEVEN RECOMMEND FULL PROXY INTERVIEW.
IF RESPONDENT SCORES GREATER THAN OR EQUAL TO 7 START A NORMAL INTERVIEW WITH THE
RESPONDENT.**

IF (SCORE IS LESS THAN 7) ASK AMTfail OTHERS GO TO END OF SCRIPT

AMTfail: INTERVIEWER: THE RESPONDENT HAS SCORED LESS THAN 7 FROM THE AMT TEST. IT IS
RECOMMENDED THAT YOU SEEK A PROXY RESPONDENT.

**THIS RECOMMENDATION DOES NOT APPLY TO RESPONDENTS FOR WHOM ENGLISH IS NOT THE
FIRST LANGUAGE.**

1. Continue

SECTION 2: COVER SCREEN

Cover Screen-H (Only asked once per household and it MUST be answered by one of the eligible participants at wave 1)

IF HH has no eligible R because she/he died then go to the exit interview

HH001. INTERVIEWER: Are you interviewing at the same address that the respondent was interviewed at last time?

OR IF NEW SPOUSE / OTHER ELIGIBLE: Are you interviewing at the same address as per your contact sheet?

1 Yes Go to HH004

2 No Go to HH002

(ELSA)

HH002. INTERVIEWER: Is this interview held in a private household or in a nursing home?

1. Private household

2. Nursing home

3. Other institution: Specify_____

(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)

CS027. INTERVIEWER: Is this [dwelling/nursing home/institution] located

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 (FEED FORWARD FROM WAVE 1) THEN ASK HH004

THROUGH HH006

ELSE GO TO CS001_INTRO

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)

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 HH005≠1 then GO TO HH006

HH006. What is the proxy's full name?

Text: up to 60 characters

CS001 INTRO INTERVIEWER: In [{month and year previous interview}], your/this household has participated in a study called TILDA. As you know, this study is interested in learning about important aspects of people's lives such as their health, life style, financial and family situations. To do so, we are interviewing people such as [yourself/Rname] who participated in the study last time. 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 during the interview?

Text: up to 60 characters

CS004: IWER: (Code without asking.) Is [respondent/proxy name from HH006] male or female?

1. MALE
 2. FEMALE
- (HRS/ELSA/Sshare)

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: 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

CAPI: Uploaded from wave 1

The household grid list needs to come from two sources. HH eligible members TILDA_serial (eligible Respondents) and from cm008_1ff to cm008_10ff

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

Household information fed forward from Wave 1 data:

Person ID from Tilda_Address Serial and PERSONNUM

Name of HHmember = CM008FF/CM014FF

Name of the R = GD001

Age of HHmember = (CM011FF+ (interview date-wave1 interview date)

Age of the R= (DN002 and DN003 +interview date)

Sex of HHmember = CM009FF/CM015FF

Sex of R = GD002FF

[cs023_pi_id_ff] – id of person (person_num)

[cs023_pi_name_ff] – name of person

[cs023_pi_age_ff] – age of person

[cs023_pi_sex_ff] – sex of person

[cs023_pi_rel_ff] – relationship of person to person 1 (p2-p29)

i = 1 to 19 note: no p10, p12, p14, p16, p18

[cs023_p1_monthofbirth_ff] – month of birth of main respondent person 1

[cs023_p1_yearofbirth_ff] – year of birth of main respondent person 1

FOR EACH PERSON NOT TICKED GO TO CS036

CAPI: HH member not ticked in the list: LOOP CS036 THROUGH CS043

(SHARE/ELSA/HRS)

NOT IN THE HH LIST

CS036 May I ask what has happened to [name] (AGED <CM011FF/DN002/3>)?

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

CAPI: If HH member was a participant in the wave 1 and CS036=1 then apply exit interview in respect of this deceased R after finishing the present interview

If HH member was a participant in the wave 1 and CS036=2 or 4 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.

FOR ELIGIBLE RESPONDENTS ONLY

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 not** want you to visit the person in hospital or temporary care in order to try to make this assessment

DECEASED HH MEMBER

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)

 YEAR -98. DK -99.RF (cs041y)
 MONTH -98. DK -99.RF (cs041m)

GO TO NEXT HH NOT ON THE LIST

ELSE GO TO CS046

IF CS036= 3 (NURSING HOME)

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?

Year (cs044y)
Month (cs044m)

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

NEW HH MEMBER

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"

[CS046x_01 to cs046x_20, CS046_95]

- 0. Person not present
- 1. Person present
- 1. Not applicable

(DISPLAY NON-RESIDENT CHILDREN FROM WAVE 1)

		ID	Name	Age	Sex
1	Non-resident child 1				
2	Non-resident child 2				
3	Non-resident child 3				
...	...				

NRC ID: from PERSONNUM

NRC Name from CS029FF

NRC Age from CS031FF

NRC Sex from CS030FF

[cs029_nrc1_id_ff to cs029_nrc20_id_ff] – id of non resident child

[cs029_nrc1_name_ff to cs029_nrc20_name_ff] – name of non resident child

[cs029_nrc1_age_ff to cs029_nrc20_age_ff] – age of non resident child

[cs029_nrc1_sex_ff to cs029_nrc20_sex_ff] – sex of non resident child

[cs029_nrc1_marital_ff to cs029_nrc20_marital_ff] – marital status of non resident child

CS046 Of the people living in this household today, has anyone 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

CS047a: Who has joined this household? (DISPLAY NON-RESIDENT CHILDREN FROM WAVE 1)

		ID	Name	Age	Sex
1	Non-resident child 1				
2	Non-resident child 2				
3	Non-resident child 3				
...	...				
11	Other person				

IF (CS047a = 11) ASK CS047 OTHERS GO TO CS048

CS047: What is his or her first name?

IF (CS047a = 11) ASK CS048 OTHERS GO TO CS048

CS048: What is the sex of [{NEW name household member}]

IWER: Code or ask if unsure

1. Male

2. Female

CS050 How old is [{NEW household member}]?

0...120

-98. DK

-99. RF

IF CS050 = 98 or 99 GO TO CS051

ELSE GO TO CS052

CS051: Is [{NEW household member}] 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		

CS052 When did [NEW HOUSEHOLD MEMBER] move into this household?)

INTERVIEWER: Enter the month and year at this question.

CS052y. In which year did [NEW HOUSEHOLD MEMBER] move into this household?

1900...2013

-98. DK

-99. RF

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

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

1. ... GO TO CS054
- 2.... GO TO CS054
97. Not on the list (Record first name) GO TO CS048B

CS048B: What is the sex of [{NEW name household member Spouse}]

IWER: Code or ask if unsure

1. Male
2. Female

CS050b How old is [{NEW household member's spouse}]?

12...120

-98. DK

-99. RF

IF CS050b = 98 or 99 GO TO CS051B

CS051B: Is [{NEW household member's spouse}] 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		

CS052B When did [{NEW household member's spouse}] move into this household?)

INTERVIEWER: Enter the month and year at this question.

CS052By. In which year did [{NEW household member's spouse}] move into this household?

1900...2013

-98. DK

-99. RF

CS052Bm: In which month did [{NEW household member's spouse}] 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

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

CS058. 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 ALL THE POSSIBLE RELATIONSHIPS BETWEEN ELIGIBLE RESPONDENTS AND HH MEMBERS, AND AMONG ELIGIBLE RESPONDENTS

ASK CS056_1 through CS056_n :

ELSA

CS057_n: What is your relationship to [person n +1] (feed forward [person n]'s age)? I.E. You are [person n]'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

THIS IS ONLY AN EXAMPLE: HH with 3 people (2 RESPONDENTS AND 1 NON-R)

CS057_1: What is [your] relationship to [nonR1]?

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

CS057_2: What is [your /R1] relationship to [R2]?

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

CS057_3: What is [R2] relationship to [nonR1]?

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

2.1. COVER SCREEN-R (INDIVIDUAL INTERVIEW)

CF001: IWER: Has the Rname [proxyname] signed the consent form?

1. Yes
5. No (IWER: ASK THEM TO SIGN CONSENT FORM. REPEAT QUESTION)

***IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO CF001a**

CF001a: IWER: Has the proxy given consent to?

CODE ALL THAT APPLY

1. Physical Measures
2. Original respondent answering some questions
3. Neither of the above (SINGLE CODE)

IF (CF001a = 1) ASK Section 11 & 12	
IF (CF001a = 2) ASK The MMSE (PH121 To PH141) Rest of the Cognitive PH116 to PH125 PH418, PH419 PH712, PH713, PH715	IF (CF001a = 3) skip: section 11 & 12 & The MMSE (PH121 To PH141) Rest of the Cognitive PH116 to PH125 PH418, PH419 PH712, PH713, PH715

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 wave 1 Rname was [the Family/the Financial/the Family and Financial/ neither the Family nor Financial] respondent

1. Respondent
2. Spouse/partner
(HRS/Sshare)

CS016: Which of you is the most knowledgeable about family matters, you or your (husband/wife/partner)?

INTERVIEWER: In wave 1 Rname was [the Family/the Financial/the Family and Financial/ neither the Family nor Financial] respondent

1. Respondent
2. Spouse/partner
(HRS/Sshare)

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

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

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

IF HH005 = 2,3,4,5 OR 6 GO TO PC001 (SELF COMPLETION QUESTIONNAIRE NOT GIVEN TO PROXY RESPONDENT)

SECTION 3: SELF-COMPLETION QUESTIONNAIRE (SC)

CAPI:

SC001

I would like to give you this paper questionnaire to fill 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:

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)

ALL QUESTION TEXT IN BLUE IS FOR THE NEW SPOUSE / OTHER ELIGIBLE.

**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 HH005≠1 then GO TO HH006

HH006. What is the proxy's full name?

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

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

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

4.1 Schooling

IWER: PLEASE SHOW CARD DM1

New spouse/

/ other eligible GO TO DM001 then GO TO DM048

ELSE ask DM001_a and DM025

DM001 Please look at this card (**DM1**). 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
99. RF

GO TO CS006

DM001a: Since the last time that we interviewed [have/has] [you/Rname] 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 DM048
98. DK GO TO DM048

SHOW CARD DM1

DM025: 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

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
95. Never attended full-time education
98. Don't know
99. Refuse

MARITAL STATUS

IWER: PLEASE USE SHOW CARD CS1

CS006: Please look at this card. [Are you still [feed forward from CS006FF] /Is he/she/ Are you]

1. Married
2. Living with a partner as if married
3. Single (never married)
4. Separated
5. Divorced
6. Widowed

(HRS)

Note:

Married includes 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 CS006=3/4/5/6 ("SEPARATED", "DIVORCED", "WIDOWED", OR "NEVER MARRIED") GO TO QUESTION CS058

IF CS006FF#1 or 2 (not married in wave 1) AND CS006=1 OR 2 (married in wave2) THEN ASK CS011Y

IF CS006FF#6 AND CS006=6 (WIDOWED in wave 2) THEN ASK CS012

IF CS006FF#4 or 5 (NOT SEPARATED/DIVORCED in wave 1) AND CS006=4 or 5 (SEPARATED/DIVORCED in wave 2) GO CS013

IF NEW SPOUSE / OTHER ELIGIBLE PARTICIPANT GO TO DM002

ELSE GO TO DM031

CS058: [Do/Does] [you/he/she] currently have a romantic, intimate, or sexual partner?

1. Yes

5. No

98. DK

99. RF

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/Sshare/ELSA)

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

"Year should be at least 12 years after year of birth. Please redo"

CS012y: In which year did you [Rname] become a widow/widower?

(YYYY)

_____ DK RF YEAR

(HRS/MHAS/Sshare/ELSA)

CS013y: In which month and year did [you/they] stop living together/get divorced? (MM/YYYY)

(YYYY)

_____ DK RF YEAR

(HRS/MHAS/Sshare/ELSA)

**CAPI: IF R IS NEW SPOUSE / OTHER ELIGIBLE ASK DM002 through DM010
ELSE GO TO DM036**

4.2 Childhood

DM002. Where was your father brought up?

IWER: This is the male who acted in the parental role for most of the respondent's childhood i.e. biological father, adoptive father, step father etc

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 Republic of Ireland
 4. In Northern Ireland
 5. Another country
- 98 DK
99 RF
(TILDA)

DM003: Where was your mother brought up?

IWER: This is the female who acted in the parental role for most of the respondent's childhood i.e. biological mother, adoptive mother, step mother etc

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 Republic of Ireland
 4. In Northern Ireland
 5. Another country
- 98 DK
99 RF
(TILDA)

DM004: Were you living in a rural area when you were about age 14?

1. Yes
 5. No
- 98 DK
99 RF
(TILDA)

DM005: Consider your health while you were growing up, from birth to age 14. Would you say that your health during that time was excellent, very good, good, fair, or poor?

1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
- 98 DK
99 RF
(TILDA)

DM006: Now think about your family when you were growing up, from birth to age 14. Would you say your family during that time was pretty well off financially, about average, or poor?

1. Pretty well off financially
 2. About average
 3. Poor
 98. DK
 99. RF
- (HRS (age 10)/ ELSA (age 14))

DM007A: While you were growing up, before age 14, did your mother ever work outside the home?

1. Yes **GO TO DM007B**
5. No **GO TO DM008A**
98. DK **GO TO DM008A**
99. RF **GO TO DM008A**

(TILDA)

DM007B: What was your mother's occupation when you were age 14?

IWER: If mother had two professions ask the following questions about the most important job, i.e. one with highest pay

98. DK (GO TO DM008A)
99. RF (GO TO DM008A)

ASK FOR OCCUPATIONS RATHER THAN JUST COMPANY NAMES

DM007bx

IWER: CODE WITHOUT ASKING:

Was the mother's occupation a farm owner or manager?

1. Yes GO TO DM007b2
2. No GO TO DM007b1

DM007B1

IWER TO CODE SOCIAL CLASS

(Social Class Categories)

~~0 Farm owner or manager~~

- 1 Professional workers
- 2 Managerial and technical
- 3 Non-manual
- 4 Skilled manual
- 5 Semi-skilled
- 6 Unskilled
- 7 Unable to classify – record job title (DM007B2)

IF (DM007bx = 1) ASK DM007B2 OTHERS GO TO DM008A

DM007B2. What was the acreage of the farm?

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

NOTE

Farm owners and managers (0-29 acres) get put into semi-skilled

Farm owners and managers (30-49 acres and area not stated) get put into skilled

Farm owners and managers (50-99 acres) get put into non-manual

Farm owners and managers (100-199 acres) get put into managerial and technical

Farm owners and managers (200 or more acres) get put into professional

DM008A: While you were growing up, before age 14, did your father ever work outside the home?

1. Yes **GO TO DM008B**

5. No **GO TO DM009**

98. DK **GO TO DM009**

99. RF **GO TO DM009**

(TILDA)

DM008B: What was your father's occupation when you were age 14?

IWER: If father had two professions ask the following questions about the most important job, i.e. one with highest pay

Text: Up to 60 characters

98. DK (GO TO DM009)

99. RF (GO TO DM009)

(TILDA)

ASK FOR OCCUPATIONS RATHER THAN JUST COMPANY NAMES

DM008bx

IWER: CODE WITHOUT ASKING:

Was the father's occupation a farm owner or manager?

1. Yes GO TO DM008b2

2. No GO TO DM008b1

DM008B1

IWER TO CODE SOCIAL CLASS

(Social Class Categories)

0 Farm owner or manager

1 Professional workers

2 Managerial and technical

3 Non-manual

4 Skilled manual

5 Semi-skilled

6 Unskilled

7 Unable to classify – record job title (DM008b2)

IF (DM008bx = 1) ASK DM008B2 OTHERS GO TO DM009

DM008B2. What was 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

NOTE:

Farm owners and managers (0-29 acres) get put into semi-skilled

Farm owners and managers (30-49 acres and area not stated) get put into skilled

Farm owners and managers (50-99 acres) get put into non-manual

Farm owners and managers (100-199 acres) get put into managerial and technical

Farm owners and managers (200 or more acres) get put into professional

IWER: PLEASE SHOW CARD DM1

DM009: What was the highest grade of school your father 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 (HRS/ELSA)

IWER: PLEASE SHOW CARD DM1

DM010: And what was the highest grade of school your mother 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 (HH005 = 1) ASK DM036 OTHERS GO TO DM037

The next question asks about an aspect of your childhood

DM036. Before age 14, was there a time of several months or more when [your/Rname's] father had no job?

[IWER: if [R/proxy] mentions never living with father when growing up, choose code 7.

1. YES
5. NO
6. Father never worked/always disabled
7. Never lived with father/father was not alive
98. DK
99. RF

HRS

4.4 Siblings information

IWER: Include step siblings and adopted siblings in the following questions

DM037. Now I have some questions about [your/Rname's] brothers and sisters. Do/does [you/he/she] have any brothers or sisters (even if now deceased)?

1. Yes
2. No GO TO DM011
98. DK GO TO DM011

DM049: Thinking about your brothers and sisters, how many were there in total, even if now deceased?

_____ (1...20)

DM050: Were you:

1. The youngest
2. The oldest
3. Neither the youngest nor the oldest
98. DK
99. RF

4.5 Migration History

CAPI: IF R IS NEW SPOUSE / OTHER ELIGIBLE ASK DM011 through DM019
ELSE GO TO DM046

DM011: Were you born in the Republic of Ireland?

- 1. Yes **GO TO DM015**
- 5. No **GO TO DM012**
- 99. RF **GO TO DM012**
(HRS)

DM012: In which country were you born?

Text: up to 60 characters
98. DK
99. RF
(HRS)

DM013: At what age did you first move to the Republic of Ireland?

- 0 ... 100
- 98. DK
- 99. RF
(HRS)

DM014: What is your nationality?

Text: up to 60 characters
98. DK
99. RF
(HRS)

DM015: (Since coming to Ireland) Have you always lived in this **county**?

- 1. Yes **GO TO NEXT SECTION**
- 2 . No **GO TO DM016**
- 98. DK **GO TO DM016**
- 99. RF **GO TO DM016**
(MHAS/TILDA)

DM016: About how many years have you lived in this **county**? IF LESS THAN 6 MONTHS CODE 0
CODE 6 TO 12 MONTHS AS 1 YEAR

- 0 ... 100
- 98. DK
- 99. RF
(MHAS/TILDA)

BL:

- IF DM011=1 GO TO DM017**
- IF DM011=5 GO TO NEXT SECTION**

DM017: Have you ever lived abroad (outside of Republic of Ireland) for more than six months?

- 1. Yes
- 5. No **GO TO NEXT SECTION**
- 98 DK **GO TO NEXT SECTION**
- 99 RF

DM018: In total for how many years have you worked or lived in another country?

IWER: CODE 6 TO 12 MONTHS AS 1 YEAR

YEARS

-98. DK

-99. RF

(MHAS/TILDA)

DM019: Think about your first long stay in a country other than the Republic of Ireland. At what age did you go?

1 ... 100

-98. DK

-99. RF (MHAS/TILDA)

Note: By long stay we mean a minimum stay of six months.

(HRS/ELSA/Sshare)

IF DM017ff=1 GO TO DM046 and DM047

IF NEW SPOUSE / OTHER ELIGIBLE AND DM017=1 GO TO DM046 and DM047

ELSE NEXT SECTION

Last time we interviewed [you/he/she], [you/he/she] told us that [you/he/she] lived abroad (outside of the Republic of Ireland) for more than 6 months...

DM046: Think about the country [you/Rname] spent most time in when [you/he/she] lived outside of the Republic of Ireland. Was it?

1. The United Kingdom

2. The United States

95. Other (specify) **GO TO DM046oth**

96. Recording error GO TO DM024

98. DK GO TO DM024

99. RF GO TO DM024

DM046oth: Other country (specify)

Text: up to 60 characters

SHOW CARD DM2

DM047: Look at card DM2. Now think about the reasons that made [your/him/her] come back. Why did [you/Rname] return to Ireland? MULTI-CODE

1. To work

2. To retire

3. For family reasons (for example: a family member was returning; to look after a family member, such as elderly parents; or to bring up children in Ireland)

4. [I/he/she] was unhappy / homesick

5. Other

98. DK

99. RF

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

IWER: CHECK IF RESPONDENT IS FAMILY RESPONDENT (CS017=2 or 3)

SECTION 5. TRANSFERS TO CHILDREN (TC)

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]).

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

NOTE: 'late' to appear if cs006 = 6

CS034 In total, how many living children do you (and your (late)spouse/partner) have? (including step, foster and adoptive children)

0 ... 20

(HRS/ELSA/SHARE)

CAPI: IF CS034 = 0 & CS034FF =0 (R DID NOT report having any living children AND R's spouse did not report having any living children) GO TO TC023

IF CS034 = 0 & CS034FF > 0 GO TO CS034A

ELSE GO TO TC032a

CS034A:

Last time we interviewed you, you mentioned that you had <number of children-CS034FF> child/children. Was this correct?

- 1. Yes GO TO TC032a
- 5. No GO TO CS034B
- 98. DK GO TO CS034B
- 99. RF GO TO CS034B

CS034B: It must be that we have a recording error GO TO TC023

5.A. CO-RESIDENT CHILDREN AT WAVE 1

CAPI: Loop TC032a through TC036a41 for each resident child at wave 1

CAPI: IF no CO-resident children at wave 1 GO TO TC032B

Note for user (not for IWER to read): Variables TC032a through TC036a4 are followed by an underscore for each co-resident child. Underscores are as follows: 3 for first co-resident child; 5 for second co-resident child; 7 for third co-resident child etc. For example, cs018a1 is cs018a1_3 for first resident child, cs018a1_5 for second resident child etc.

CAPI: Preload information from Section CS.

	sex	Age
John	male	28

TC032a. We'd like to verify the information we have on [your/Rname's] children [or step children]. Beginning with *CHILDn's FIRST NAME*.

IWER: Feed Forward from Coverscreen (NOT ASKED ON CAPI)

CS018a1 How old is [{Child's name}]?

0...120

-98. DK

-99. RF

CS018a2 Which of these age groups applies to [{Child's name}]?

1. Under 16
2. 16 - 24
3. 25-49
4. 50-59
5. 60-64
6. 65 or over

Feed Forward from Coverscreen if [child's name] is resident at present

TC033a. Does [CHILD'S NAME] still live

1. Yes

IWER: Feed Forward from Coverscreen if [child's name] lives in the HH at present

If [CHILD'S NAME] lives in the HH at present go to TC034a

If [CHILD'S NAME] does not live in the HH at present, ask TC001a

TC001a. Where does [CHILD'S NAME] live?

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.
98. DK
99. RF
(MHAS)

TC034a. Is [CHILD'S NAME]'s highest level of education still.... (education_TC003_*ff)

1. Yes GO TO TC003a

2-5. No GO TO TC003a

98 DK GO TO TC003a

99 RF GO TO TC003a

IWER: SHOW CARD TC1

TC003a: Please look at card TC1. What level of education has CHILD'S NAME attained?

IWER: CODE THE ONE THAT APPLIES

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
(HRS/MHAS)

IF (TC004_*ff - 1 thru 9) ASK TC040a. OTHERS GO TO TC004a

TC040a. Is [CHILD'S NAME] employment status still... (employment - TC004_*ff)

1. Yes GO TO TC004a
2. No GO TO TC004a
- 98 DK GO TO TC004a
- 99 RF GO TO TC004a

IWER: SHOW CARD TC2

TC004a: Please look at card TC2. What is CHILD'S NAME present employment status?

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)

Feed Forward from Coverscreen if resident Child

TC035a. Is [CHILD'S NAME] still.... (marital status - CS032ff)

1. Yes
2. No GO TO CS032a
- 98 DK GO TO CS032a
- 99 RF GO TO CS032a

CS032a: What is [CHILD'S NAME] (name of child)'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)

TC036ax I would like to ask about [Child'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

IWER: CODE WITHOUT ASKING:

TC036ax Is the child's occupation a farm owner or manager

1. Yes GO TO TC036a4
2. No GO TO TC036a2m

TC036a2m

IWER TO SELECT SOCIAL CLASS

(Social Class Categories)

0 Farm owner or manager

1 Professional workers

2 Managerial and technical

3 Non-manual

4 Skilled manual

5 Semi-skilled

6 Unskilled

7 Unable to classify – record job title (TC036a2)

8 Never worked

98 DK

99 RF

IF (TC036ax = 1) ASK TC036A4 OTHERS loop to next child

TC036A4. What ~~was~~ is (was) 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

NOTE:

Farm owners and managers (0-29 acres) get put into semi-skilled

Farm owners and managers (30-49 acres and area not stated) get put into skilled

Farm owners and managers (50-99 acres) get put into non-manual

Farm owners and managers (100-199 acres) get put into managerial and technical

Farm owners and managers (200 or more acres) get put into professional

5.B. NON-RESIDENT CHILDREN AT WAVE 1

CAPI: Loop TC032b through TC036b1 for each non-resident child at wave 1

FIRST LOOP ITERATION READ

Note for user (not for IWER to read): Variables TC032ba through TC042bm are followed by an underscore for each child. Underscores are as follows: 21 for first non-resident child; 22 for second non-resident child; 23 for third non-resident child etc.
For example, tc032b is tc032b_21 for first non-resident child, tc032b_22 for second non-resident child etc.

TC032b. We'd like to verify the information we have on [your/Rname's] children [or step children] who are not resident in this household. Our records show that when we last interviewed [you/Rname], [you/he/she] had a child called [Name]. Is this correct?

Beginning with *CHILDn's FIRST NAME*.

SUBSEQUENT LOOP ITERATIONS READ

Now think about *CHILDn's FIRST NAME*.

1. Yes, collected information is correct (**Non-resident child— GO TO CS018ba through TC036b1 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 TC042 THEN GO TO NEXT CHILD

5. No, Respondent never had this child (Recording Error) GO TO THE NEXT CHILD

6. Other. SPECIFY: GO TO THE NEXT CHILD

(ELSA)

CAPI: Preload information from the previous wave. This information comes from:

If child was non-resident CS029FF and has not joined the household

	sex	Age
John	male	28

IWER: Use age information for clarification only, say [child name] who is approximately [child age] years old.

FORWARD WRITTEN FROM FEED FORWARD DATA UNLESS AGE NOT GIVEN PREVIOUSLY

CS018ba How old is [{Child's name}]?

0...120

-98. DK

-99. RF

IF (CS018ba = 98, 99) ASK CS018bb. OTHERS GO TO TC033b and IWER code cs018bb without asking

CS018bb Which of these age groups applies to [{Child's name}]?

1. Under 16

2. 16 - 24

3. 25-49

4. 50-59

5. 60-64

6. 65 or over

TC033b. Does [CHILD'S NAME] still live ... {residence—TC001_*ff}

1. Yes **GO TO TC001b**

5.2. No GO TO TC001b
98 DK GO TO TC001b
99 RF GO TO TC001b

TC001b: Where does CHILD'S NAME live?

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.

98. DK

99. RF

(MHAS)

TC034b. Is [CHILD'S NAME]'s highest level of education still(education_TC003_*ff)

1. Yes GO TO TC003b
5.2. No GO TO TC003b
98 DK GO TO TC003b
99 RF GO TO TC003b

IWER: SHOW CARD TC1

TC003b: Please look at card TC1. What level of education has CHILD'S NAME attained?

IWER: CODE THE ONE THAT APPLIES

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
(HRS/MHAS)

IF (TC004ff - TC004_*ff = 1 thru 9) ASK TC040b. OTHERS GO TO TC004b

TC040b. Is [CHILD'S NAME] employment status still(employment status_TC004ff_tc004_*ff)

1. Yes GO TO TC00ba
5.2. No GO TO TC004b
98 DK GO TO TC004b
99 RF GO TO TC004b

IWER: SHOW CARD TC2

TC004b: Please look at card TC2. What is CHILD'S NAME **present** employment status?

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)

TC035b. Is [CHILD'S NAME] marital status still....**marital status—CS032ff**

- | | | |
|-------------|-----|---------------------|
| 1. | Yes | GO TO CS032b |
| 5.2. | No | GO TO CS032b |
| 98 | DK | GO TO CS032b |
| 99 | RF | GO TO CS032b |

CS032b: What is (name of child)'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)

TC036bx. I would like to ask about [Child'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

IWER: CODE WITHOUT ASKING:

TC036bx Is the child's occupation a farm owner or manager

- 1 Yes GO TO TC036b4
- 5.2. No GO TO TC036b2m

TC036b2m

IWER TO SELECT SOCIAL CLASS

(Social Class Categories)

0 Farm owner or manager

- 1 Professional workers
- 2 Managerial and technical
- 3 Non-manual
- 4 Skilled manual
- 5 Semi-skilled
- 6 Unskilled
- 7 Unable to classify – record job title (TC036ba2)
- 8 Never worked
- 98 DK
- 99 RF

IF (TC036bx = 1) ASK TC036B4 OTHERS loop to next child

TC036B4. What ~~was~~ **is** the acreage of the farm?

- 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

NOTE:

Farm owners and managers (0-29 acres) get put into semi-skilled

Farm owners and managers (30-49 acres and area not stated) get put into skilled

Farm owners and managers (50-99 acres) get put into non-manual

Farm owners and managers (100-199 acres) get put into managerial and technical

Farm owners and managers (200 or more acres) get put into professional

DECEASED CHILD

CAPI: IF (TC032b = 3) ASK TC042by and tc042bm OTHERWISE GO TO NEXT CHILD

TC042b. 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:

YEAR:

- _____ YEAR -98. DK -99.RF (tc042by)
- _____ MONTH -98. DK -99.RF (tc042bm)

GO TO THE NEXT CHILD

5.C. [CHILD'S NAME] WAS NOT PRELOADED/MISSING IN THE LIST

TC037. [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 CS029 through TC007
- 5. No GO to TC038
- 98. DK GO to TC038
- 99. RF GO to TC038

Note for user (not for IWER to read): Variables CS029 through TC007 are followed by an underscore for each child. Underscores are as follows: 41 for first non-preloaded/missing child; 42 for second non-preloaded/missing child; 43 for third non-preloaded/missing child etc.

For example, cs029 is cs029_41 for first non-preloaded/missing child, cs029_42 for second non-preloaded/missing child etc.

**CAPI: IF [CHILD'S NAME] LIVES IN THE HH DO NOT ASK CS018A, CS019A and TC001
[CHILD'S NAME] WAS NOT PRELOADED/MISSING IN THE LIST**

CS029: Please tell me the name of [the oldest/next oldest] child

Text: up to 60 characters

- 98. DK
 - 99. RF
- (HRS/MHAS)

CS030: Is [name of child] male or female?

- 1. Male
 - 2. Female
 - 98. DK
 - 99. RF
- (HRS/MHAS)

CS019A How old is [{Child's name}]?

- 0...120
- 98. DK
- 99. RF

IF (CS019A = -98, -99) ASK CS031b. OTHERS GO TO CS032

CS031b: Which of these age groups applies to [name of child]?

- 1. Under 16
- 2. 16 - 24
- 3. 25-49
- 4. 50-59
- 5. 60-64
- 6. 65 or over

BL: IF CS031b=1 GO TO TC001

CS032: What is (name of child)'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 [CHILD'S NAME] IS NOT MARRIED OR COHABITING (CS032=3, 4, 5, 6) GO TO TC001

CS033: What is the name of (child's name's) spouse/partner?

Text: up to 60 characters

- 98. DK
 - 99. RF
- (HRS/MHAS)

CAPI: DO NOT ASK TC001 if [child's name] live in the HH

TC001: Where does CHILD'S NAME live?

- 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.
 - 98. DK
 - 99. RF
- (MHAS)

TC002: Does CHILD'S NAME own a home?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

IWER: SHOW CARD TC1

TC003: Please look at card TC1. What level of education has CHILD'S NAME attained?

IWER: CODE THE ONE THAT APPLIES

- 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
- (HRS/MHAS)

IWER: SHOW CARD TC2

TC004: Please look at card TC2. What is CHILD'S NAME employment status?

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)

TC036x2x I would like to ask about [Child'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*

IWER: CODE WITHOUT ASKING:

TC036x2x Is the child's occupation a farm owner or manager

1. Yes GO TO TC036x2c
- 5.2. No GO TO TC036x2a

TC036x2a

IWER TO CODE SOCIAL CLASS

(Social Class Categories)

0 Farm owner or manager

- 1 Professional workers
 - 2 Managerial and technical
 - 3 Non-manual
 - 4 Skilled manual
 - 5 Semi-skilled
 - 6 Unskilled
 7. Unable to classify – record job title
 - 8 Never worked
- 98 DK
99 RF

IF (TC036x2x = 1) ASK TC036x2c OTHERS GO TO TC005

TC036x2c. What **was** is the acreage of the farm?

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

NOTE:

Farm owners and managers (0-29 acres) get put into semi-skilled

Farm owners and managers (30-49 acres and area not stated) get put into skilled
Farm owners and managers (50-99 acres) get put into non-manual
Farm owners and managers (100-199 acres) get put into managerial and technical
Farm owners and managers (200 or more acres) get put into professional

**CAPI: ASK TC005 IF [CHILD'S NAME] IS MARRIED, COHABITING (CS032 = 1 OR 2).
OTHERS GO TO TC006**

IWER: SHOW CARD TC2

TC005: Please look at card TC2. What is CHILD'S NAME SPOUSE/PARTNER employment status?

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'S NAME] is less than 16 years-old (CS031b=1) DO NOT ASK TC006

TC006: How many children do/does CHILD'S NAME (and CHILD'S NAME SPOUSE/PARTNER) have?

- 0 ... 20
-98. DK
-99. RF
(HRS)

CAPI: IF TC006=0 (IF NO CHILDREN) LOOP NEXT NEW CHILD (TC037)

TC007: Are any of his/her children under age 18?

1. Yes
 5. No
 98. DK
 99. RF
- (HRS)

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

As in Section 5, also in Sections 5.1 to 5.4 some questions are followed by an underscore. Specifically, these are questions: tc039; tc008a; tc011a; tc014a; tc016a; tc019a; tc021a. Underscores can take the values: 01 to 50, 98, 99 or oth. An explanation of how underscores work in Sections 5.1 to 5.4 is given in MORI's codebook.

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.

CAPI: IF TC008ff=1 go to TC039

If TC008ff=1 and HH005≠1 (proxy) go to TC008
ELSE Go to TC008

TC038..: TC039: In [{month and year previous interview}], [you/Rname] indicated that [you/he/she] (or [your/his/her] (late) [husband/wife/partner]) gave the deeds of a house, business, property, or a large amount of money of €5,000 or more to your children (or grandchildren)?.. (pause for the interviewer)

NOTE: 'late' to appear if cs006 = 6

Which [child(ren)/grandchild/ren] was/were 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
New non-resident children/step children + Spouse/partners
All children
Grandchildren
OTHER . SPECIFY

THIS LIST COMES FROM TWO SOURCES: CORESIDENT CHILD, NON CORESIDENT, AND NOT UPLOADED CHILD (CS029)

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/Sshare)

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
	New non-resident children/step children + Spouse/partners
	All children
	Grandchildren
	OTHER . SPECIFY
98	DK
99	RF

**THIS LIST COMES FROM TWO SOURCES: CORESIDENT CHILD, NON CORESIDENT, AND NOT
UPLOADED/NEW CHILD (CS029)**

*NOTE: NAMES OF ALL LIVING AND DEAD 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/Sshare)

TC010: Would you say in total it was less than _____, more than _____ or what?

PROCEDURES: 2Up1Down, 1Up2Down

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

(Unfolding sequence)

(HRS/MHAS/Sshare)

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 TC041**

98. DK **GO TO TC041**

99. RF **GO TO TC041**

Note: 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/Sshare)

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
	New non-resident children/step children + Spouse/partners
	All children
	Grandchildren
	OTHER . SPECIFY
98	DK
99	RF

**THIS LIST COMES FROM TWO SOURCES: CORESIDENT CHILD, NON CORESIDENT, AND NOT
UPLOADED/NEW CHILD (CS029)**

*NOTE: NAMES OF ALL LIVING AND DEAD 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 TC01441**

-98. DK **GO TO TC013**

-99. RF **GO TO TC013**

(HRS/MHAS/Sshare)

TC013: Would you say in total it was less than _____, more than _____ or what?

PROCEDURES: 2Up1Down, 1Up2Down

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

(unfolding sequence)

TC041 Did [you/he/she] agree to be guarantor, either fully or partially when [your/Rname's]
[children were/child was] purchasing a home in the past 10 years?

[IWER: If respondent asks what is meant by "guarantor"... We mean did [you/he/she], at the time
[your/his/her] child was taking out a mortgage, agree to give a personal guarantee in the event of a
default on the loan]

(1) No

(2) Yes - partial guarantee up to a certain amount

(3) Yes - full guarantee

(1) No

(2) Not applicable: none of the children has purchased a home in the past 10 years

(3) Yes - partial guarantee up to a certain amount

(4) Yes - full guarantee

(98) DK

(99) REF

5.2 Non-financial assistance given to children

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 resident children/step children + Spouse/partners
	All non-resident children/step children + Spouse/partners
	Children/step children who have died + Spouse/partners
	New non-resident children/step children + Spouse/partners
	All children
	Grandchildren
	OTHER . SPECIFY
98	DK
99	RF

**THIS LIST COMES FROM TWO SOURCES: CORESIDENT CHILD, NON CORESIDENT, AND NOT
UPLOADED/NEW CHILD (CS029)**

*NOTE: NAMES OF ALL LIVING AND DEAD 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 children are/is the parent(s) of these grandchildren?

[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
	New non-resident children/step children + Spouse/partners

	All children
	OTHER . SPECIFY
98	DK
99	RF

**THIS LIST COMES FROM TWO SOURCES: CORESIDENT CHILD, NON CORESIDENT, AND NOT
UPLOADED/NEW CHILD (CS029)**

**NOTE: NAMES OF ALL LIVING AND DEAD 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

INTRO: READ 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 **GO TO TC019a**
 - 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: Goods are to be valued at the market value.

- €250 ... €10,000,000 **GO TO TC021**
 - 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?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: € 500, €1,000, €5,000, €10,000.

(unfolding sequences)

(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
	New non-resident children/step children + Spouse/partners
	All children
	Grandchildren
	OTHER . SPECIFY
98	DK
99	RF

**THIS LIST COMES FROM TWO SOURCES: CORESIDENT CHILD, NON CORESIDENT, AND NOT
UPLOADED/NEW CHILD (CS029)**

*NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN/STEPCHILDREN AND THEIR SPOUSES/PARTNERS,
IF ANY, ARE DISPLAYED*

5.4 Non-financial assistance received

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 resident children/step children + Spouse/partners
	All non-resident children/step children + Spouse/partners
	Children/step children who have died + Spouse/partners
	New non-resident children/step children + Spouse/partners
	All children
	Grandchildren
	OTHER . SPECIFY
98	DK
99	RF

**THIS LIST COMES FROM TWO SOURCES: CORESIDENT CHILD, NON CORESIDENT, AND NOT
UPLOADED/NEW CHILD (CS029)**

*NOTE: NAMES OF ALL LIVING AND DEAD 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

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 and friends. 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)

6.1 Overall health and functional limitations

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

IWER: SHOW CARD PH1

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

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 OR CS036 = 3 - 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)

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 or contact lenses?

CHOOSE THE ITEM WORN MOST OFTEN

- 1. Glasses
- 2. Bifocals
- 3. Contact lenses
- 98. DK
- 99. 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 PH1

PH102: Is your eyesight (using glasses or contact lenses if you use them)...

- 1. excellent
 - 2. very good
 - 3. good
 - 4. fair
 - 5. or, poor?
 - 6. Registered or legally blind
 - 98. DK
 - 99. RF
- (ELSA/ HRS/ SHARE)

IF (new respondent) GO TO PH105 (original question)

IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW) GO TO PH105 (original question)

IF (HH005 = 1 & PH105FF_01 -PH105FF_03 = 1) ASK PH105a OTHERS GO TO PH105

PH105a: Last time you were interviewed, you told us that you [have/had] (*insert conditions from PH105FF*). PAUSE

1. Continue (go to **PH105Y_01**)

2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH105X0 INTERVIEWER Which of the conditions is being disputed

1. Cataracts (display if **PH105FF_01=1**)
2. Glaucoma (display if **PH105FF_02=1**)
3. Age related macular degeneration (display if **PH105FF_03=1**)

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 (Wave 1 error)
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 (Wave 1 error)
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 (Wave 1 error)
2. Age related macular degeneration was misdiagnosed

IF (PH105FF _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 (PH105FF_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 (PH105FF_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 (HH005 = 1 & PH105FF_95 - PH105FF_99=1) USE WORDING 'A'

IF (HH005 = 1 & PH105FF_01 - PH105FF_03=1) USE WORDING 'B'

IF (RESPONDENT NOT INTERVIEWED AT WAVE 1) USE WORDING 'C'

IF (HH005 = 2,3,4,5 or 6 - PROXY INTERVIEW) USE WORDING 'C'

(A) Since our last interview has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the following eye diseases? [DISPLAY ALL CONDITIONS]

(B) Since our last interview has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of these eye diseases?

[list all conditions which were not previously reported and those that were disputed from Wave 1]

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

IWER: READ OUT CODE ALL THAT APPLY.

- | | |
|-------------------------------------|------------|
| 1. Cataracts | [ph105_01] |
| 2. Glaucoma | [ph105_02] |
| 3. Age related macular degeneration | [ph105_03] |
| 95. Other | [ph105_95] |
| 96. None | [ph105_96] |
| 98. DK | [ph105_98] |
| 99. RF | [ph105_99] |

(ELSA)

IWER: PROBE - 'WHAT OTHERS?'

IF (PH105_01 = 1 OR (PH105FF_01 = 1 & PH105a = 1, 2 & PH105X0_01 ≠ 1)) THEN ASK PH106

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

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] |
| 2. Hearing aid (some of the time) | [ph107_02] |
| 3. Amplifier | [ph107_03] |
| 96. None of the above | [ph107_96] |
| 98. DK | [ph107_98] |
| 99. RF | [ph107_99] |

PH145: Do you feel [you/he/she] [have/has] a hearing loss?

IWER: READ OUT

- 1. Yes
- 5.** No
- 98. DK
- 99. RF

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

IWER: CODE THE ONE THAT APPLIES

IWER: SHOW CARD PH1

PH108: Is your hearing (with or 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

PH109: Can you follow a conversation with one person (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: 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)

PH145 – NOW MOVED TO BEFORE PH108

Smell

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

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 PH1

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 PH1

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 PH1

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. Poor
- 98. DK
- 99. RF (TILDA)

SKIP PH142 IF NEW SPOUSE / OTHER ELIGIBLE

IWER: READ OUT

PH142: Compared to the last time we interviewed you in [insert month and year of last interview], would you say your memory is better now, about the same, or worse now than it was then?

IWER: CODE THE ONE THAT APPLIES

- 1. Better GO TO PH121
- 2. Same GO TO PH121
- 3. 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

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. Poor
- 98. DK
- 99. RF (HRS/TILDA)

SKIP PH144 IF NEW SPOUSE / OTHER ELIGIBLE

IWER: READ OUT

PH144: Compared to [insert month and year of R's last interview], would you say [Rname's] day-to-day memory is better now, about the same, or worse than it was then?

IWER: CODE THE ONE THAT APPLIES

- | | |
|-----------|-------------|
| 1. Better | GO TO PH121 |
| 2. Same | GO TO PH121 |
| 3. Worse | GO TO PH121 |
| 98. DK | GO TO PH121 |
| 99. RF | GO TO PH121 |

(HRS/TILDA)

***THIS NEXT SECTION (PH121 through PH125) SHOULD BE ADDRESSED DIRECTLY TO THE RESPONDENT, EVEN IF HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW).**

IF PROXY DID NOT GIVEN CONSENT TO INTERVIEW Rname (CF001A ≠ 2) THEN GO TO PH201

ASK PH100 IF HH005 > 1 AND CF001A = 2

PH100: INTERVIEWER: Is the [named respondent] available?

1. [Resp name] available
2. [Resp name] not available **GO TO PH201**

IF RESPONDENT NOT AVAILABLE GO TO PH201

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.

6.3 MMSE

VERY IMPORTANT NOTICE

FOR THIS SECTION OF THE INTERVIEW (COGNITIVE QUESTIONS PH121-125), 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**

UNDER NO CIRCUMSTANCES SHOULD ‘UNABLE TO CARRY OUT TASK’ BE USED FOR ANY OTHER REASON.

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 REGIONAL COORDINATOR TO SEEK CLARIFICATION

PLEASE SIGNIFY WHETHER OR NOT YOU UNDERSTAND THESE INSTRUCTIONS BY CHECKING THE RELEVANT BOX BELOW.

DROP DOWN OPTIONS/FOLLOW ON SCREEN IF 'UNABLE TO CARRY OUT TASK' OPTION IS SELECTED FOR ANY QUESTION:

IS THE RESPONDENT UNABLE TO ATTEMPT THE QUESTION/TASK BECAUSE OF A VISUAL IMPAIRMENT/HEARING IMPAIRMENT/OTHER PHYSICAL DISABILITY/ILLITERACY?

IF NONE OF THE ABOVE LIMITATIONS APPLY, THEN THE OPTION YOU HAVE CHOSEN IS INCORRECT.
PLEASE GO BACK AND SELECT THE CORRECT OPTION.

IWER: ASK DIRECTLY TO RESPONDENT

PH121: Please tell me what year it is.

- 1. Year given correctly
 - 0. Year given incorrectly
 - 97. Unable to carry out the task
 - 98. DK
 - 99. RF
- (MMSE)

PH126: What season it is.

- 1. Season given correctly
 - 0. Season given incorrectly
 - 97. Unable to carry out the task
 - 98. DK
 - 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. For example if the month is August, we will accept either summer or autumn; if the month is November we will accept autumn or winter.

- PH122: What month it is.
- 1. Month given correctly
 - 0. Month given incorrectly
 - 97. Unable to carry out the task
- 98. DK**
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
 - 97. Unable to carry out the task
- 98. DK**
99. RF
(MMSE)

- PH124: Can you tell me what today's date is?
- 1. Date given correctly
 - 0. Date given incorrectly
 - 97. Unable to carry out the task
- 98. DK**
99. RF
(MMSE)

- PH127: What is the name of this country?
- 1. Name of country given correctly
 - 0. Name of country given incorrectly
 - 97. Unable to carry out the task
- 98. DK**
99. RF
(MMSE)

- PH128: What is the name of this county?
- 1. Name of county given correctly
 - 0. Name of county given incorrectly
 - 97. Unable to carry out the task
- 98. DK**
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
 - 97. Unable to carry out the task
- 98. DK**
99. RF
(MMSE)

PH130: What is this building?

- 1. Name of building given correctly
- 0. Name of building given incorrectly
- 97. Unable to carry out the task
- 98. DK**
- 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
- 97. Unable to carry out the task
- 98. DK**
- 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.

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.

IWER: CODE THE ONE THAT APPLIES

- 0. No words recalled
- 1. One word given correctly
- 2. Two words given correctly
- 3. Three words given correctly
- 97. Unable to carry out the task

98. DK

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.

BL: 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.

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.

IWER: CODE THE ONE THAT APPLIES

- 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
- 97. Unable to carry out the task
- 98. DK
- 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. Now can you spell WORLD backwards.

IWER: CODE THE ONE THAT APPLIES

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

- 0. None correct
- 1. One letter given correctly
- 2. Two letters in sequence given correctly
- 3. Three letters in sequence given correctly
- 4. Four letters in sequence given correctly
- 5. Five letters in sequence given correctly
- 97. Unable to carry out the task

98. DK

99. RF

(MMSE)

NOTES ON SCORING:

(1) Only the backward spelling is scored, giving one point for each letter that appears in the correct order score the maximum number of consecutive letters (e.g. DLROW = 5, DLRWO = 3) ~~for a maximum of 5 points~~.

(2) If the respondent is unable to spell WORLD forward, score 0.

(3) Please record all the letters that the respondent gives on the cognitive booklet and take the best score you can extract from their letters. Respondents will often self-correct themselves during this test. Please indicate which 5 letters you have chosen by underlining them on the cognitive booklet. Example: If the respondent says D..L..O..R..O..D..L..R..W, the best score that can be taken from these letters is from the 5 letters that are underlined. So the score here is 3 (D..L..R).

(4) 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: 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.

IWER: CODE THE ONE THAT APPLIES

- 0. No words recalled
- 1. One word recalled
- 2. Two words recalled
- 3. Three words recalled
- 97. Unable to carry out the task

98. DK

99. RF

(MMSE)

PH136: INTRO: SHOW THE RESPONDENT A PENCIL OR PEN AND ASK “What is this?” **IWER: THEN REPEAT THE SAME QUESTION WHILE POINTING TO A WATCH.**

IWER: CODE THE ONE THAT APPLIES

- 0. No objects identified
- 1. One object correctly identified
- 2. Two objects correctly identified
- 97. Unable to carry out the task
- 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).

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.

IWER: CODE THE ONE THAT APPLIES

- 1. Entire phrase repeated correctly
- 0. Phrase repeated incorrectly
- 97. Unable to carry out the task
- 98. DK
- 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. **ALSO**

NOTE: 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 the respondent 0 for this part of the test.

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".

IWER: CODE THE ONE THAT APPLIES

- 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
98. DK
99. RF
(MMSE)

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.

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.

BL: FURTHER INFORMATION ON SCORING: PRESS ON THIS ICON IF REQUIRED TO PRODUCE THE FOLLOWING BOX

- (1) The paper must only have one fold in it. If the respondent folds it more than once, they score 0 for that part of the test.
- (2) If the respondent asks if they can use both hands to fold the sheet, you may clarify with them that they can.
- (3) If necessary, you may repeat the instructions to the respondent during the test. As we are assessing comprehension and the ability to follow a 3 stage command, ensure you repeat the instructions in their entirety (i.e. all 3 stages together).

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) **IWER: CODE THE ONE THAT APPLIES**

- 1. Individual closes his/her eyes without prompting
 - 0. Individual does something else
 - 97. Unable to carry out the task
98. DK
99. RF
(MMSE)

PH140: **INTRO:** Give the respondent the cognitive booklet and a pen or pencil.

IWER: READ OUT "Please write a sentence".

IWER: 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.

IWER: CODE THE ONE THAT APPLIES.

NOTE: IGNORE MINOR GRAMMAR OR SPELLING ERRORS.

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

0. Individual writes a sentence that does not make sense

97. Unable to carry out the task

98. DK

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.**

IWER: SHOW THEM THE DESIGN ON THE PAGE AND SAY. "Please copy this design".

IWER: CODE THE ONE THAT APPLIES

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

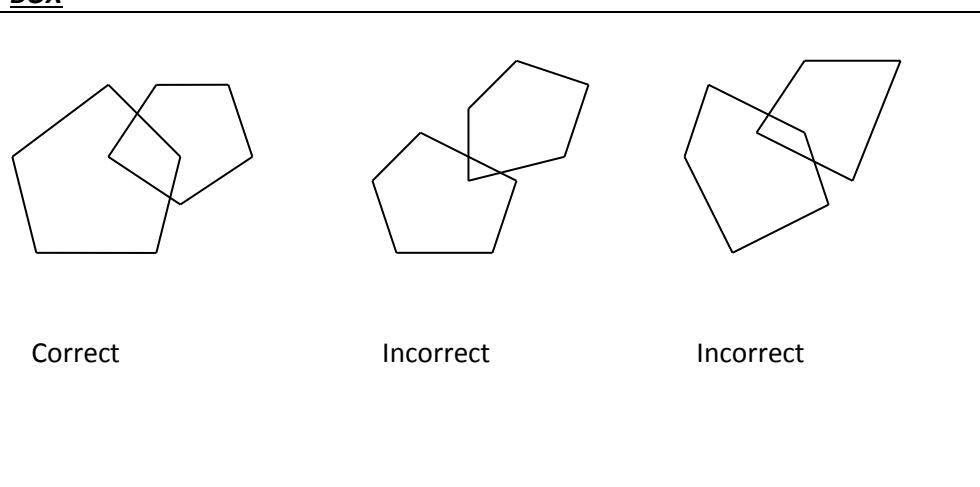
98. DK

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. **ALSO 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.

BL: INFORMATION ON SCORING: PRESS ON THIS ICON IF REQUIRED TO PRODUCE THE FOLLOWING BOX



IWER: DO NOT READ OUT

PH146: IWER: PLEASE CODE IF THE RESPONDENT WAS UNABLE TO ANSWER ANY OF THE COGNITIVE QUESTIONS BECAUSE OF SEVERE VISUAL IMPAIRMENT, PHYSICAL DISABILITY, SEVERE HEARING LOSS OR ILLITERACY

1. RESPONDENT HAD NO SUCH LIMITATION
2. VISUAL IMPAIRMENT
3. PHYSICAL DISABILITY
4. HEARING LOSS
5. ILLITERACY

(CODES 2, 3, 4 AND 5 CAN BE MULTI-CODE)

BL: 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)

BL: IF A RESPONDENT SCORES 14 OR LESS ON THE MMSE THE COMPUTER SHOULD PRESENT A TEXT BOX RECOMMENDING THAT THE INTERVIEWER SHOULD SEEK A PROXY RESPONDENT FOR THE REMAINING SECTIONS OF 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 SEEK A PROXY RESPONDENT

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 SEEK A PROXY RESPONDENT. **THIS RECOMMENDATION DOES NOT APPLY TO RESPONDENTS FOR WHOM ENGLISH IS NOT THE FIRST LANGUAGE.**

**IF YOU FEEL THE RESPONDENT IS OK TO CONTINUE WITH THE INTERVIEW SELECT '1'
OTHERWISE YOU WILL NEED TO TERMINATE THIS INTERVIEW AND SEEK A PROXY RESPONDENT**

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 1 to activate the test message.

IWER: If the respondent cannot hear properly, adjust the volume on the laptop, then go back to the previous question and press to 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

BL: IF PH116=1 - GO TO PH117

BL: IF PH116=2 - GO TO PH119

BL: TIMESTAMP HERE

PH117: INTRO: 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, PRESS <ENTER> TO BEGIN TEST AND HAVE BOOKLET READY (PAGE 6)

BL: ONE RANDOMLY SELECTED LIST GIVEN TO EACH RESPONDENT. 1 WORD EVERY 2 SECONDS

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

IWER: After the word list has been read out press<Enter>

Now please tell me all the words you can recall.

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

97. Unable to carry out the task

98. DK

99. RF

(SHARE/ELSA/HRS)

PH118: **INTRO:** 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 read out press<Enter>

Now please tell me all the words you can recall.

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

97. Unable to carry out the task

98. DK

99. RF

(SHARE/ELSA/HRS)

BL: 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.

BL: ONE RANDOMLY SELECTED LIST GIVEN TO EACH RESPONDENT

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

IWER: PAUSE FOR 3 SECONDS AFTER EACH WORD

IWER: WRITE 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: WRITE 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

97. Unable to carry out the task

~~98.~~ DK

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

Now please tell me all the words you can recall?

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

IWER: WRITE 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**

97. Unable to carry out the task

~~98.~~ DK

99. RF

(TILDA)

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: NEXT YOU WILL BE PROMPTED TO AFSK [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 (NOTE: IT IS ALSO ACCEPTABLE TO SIMPLY DENOTE EACH VALID WORD WITH A 'TICK' FOR EASE OF RECORDING).

IWER: ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, EXPLAIN THAT ANIMALS INCLUDE BIRDS, INSECTS, FISH ETC.

IWER: 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. SPECIFICALLY, EACH OF THE FOLLOWING GETS CREDIT: A SPECIES NAME AND ANY ACCOMPANYING BREEDS WITHIN THE SPECIES; MALE, FEMALE AND INFANT NAMES WITHIN THE SPECIES.

IWER: CODE NUMBER OF ANIMALS

0.....50

97. Unable to carry out the task

98. DK

99. RF

(SHARE/ELSA)

***IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) THIS MARKS THE END OF THE QUESTIONS TO BE ADDRESSED DIRECTLY TO THE RESPONDENT. GO TO PH201.**

6.4 Heart disease section

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

IF (new respondent) GO TO PH201 (original question)

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

IF (HH005 = 1 & PH201FF_01-PH201FF_10=1) GO TO PH201a. OTHERS GO TO PH201

PH201a: Last time you were interviewed, you told us that you had (*insert conditions from PH201FF*).

1. Continue (go to **PH201Y_01**)
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH201X0 INTERVIEWER Which of the conditions is being disputed

- | | |
|---|-----------------------------|
| 1. High blood pressure or hypertension | (display if PH201FF_01 = 1) |
| 2. Angina | (display if PH201FF_02 = 1) |
| 3. A heart attack (inc. myocardial infarction or coronary thrombosis) | (display if PH201FF_03 = 1) |
| 4. Congestive heart failure | (display if PH201FF_04 = 1) |
| 5. Diabetes or high blood sugar | (display if PH201FF_05 = 1) |
| 6. A stroke (cerebral vascular disease) | (display if PH201FF_06 = 1) |
| 7. Ministroke or TIA | (display if PH201FF_07 = 1) |
| 8. High cholesterol | (display if PH201FF_08 = 1) |
| 9. A heart murmur | (display if PH201FF_09 = 1) |
| 10. An abnormal heart rhythm | (display if PH201FF_10 = 1) |

ASK FOR EACH SELECTION AT PH201X0

PH201X_01-PH201X_10 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] (Wave 1 error)
2. [condition selected at PH201X0] was misdiagnosed

IF (PH201FF_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 (PH201FF_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 (PH201FF_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 (PH201FF_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 (PH201FF_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 (PH201FF_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 (PH201FF_10 = 1 & PH201a = 1,2 & PH201X0_10 ≠ 1) ASK PH226 OTHERS GO TO PH201
PH226 With regards to your abnormal heart rhythm, can you tell me if that was an "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) ASK PH201Y_11. OTHERS GO TO PH201Y_12
PH201Y_11 Do you still have an Atrial Fibrillation?

- 1. Yes
- 5. No

IF (PH226 = 2) ASK PH201Y_12. OTHERS GO TO PH201
PH201Y_12 Do you still have an abnormal heart rhythm (not Atrial Fibrillation)?

- 1. Yes
- 5. No

IWER: SHOW CARD PH2

IF (HH005 = 1 & **NONE (PH201FF_01...PH201FF_10) = 1**) USE WORDING 'A'

IF (HH005 = 1 & **ANY (PH201FF_01...PH201FF_10) = 1**) USE WORDING 'B'

IF (RESPONDENT NOT INTERVIEWED AT WAVE 1) USE WORDING 'C'

IF (HH005 = 2,3,4,5 or 6 – PROXY INTERVIEW) USE WORDING 'C'

PH201: Please look at card PH2.

(A) Since our last interview has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the conditions on this card?

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

(C) In the last two years 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 | GO TO PH202 [ph201_01] |
| 2. Angina | GO TO PH203 [ph201_02] |
| 3. A heart attack
(including myocardial infarction or coronary thrombosis) | GO TO PH205 [ph201_03] |
| 4. Congestive heart failure | GO TO PH212 [ph201_04] |
| 5. Diabetes or high blood sugar | GO TO PH213 [ph201_05] |
| 6. A stroke (cerebral vascular disease) | GO TO PH218 [ph201_06] |
| 7. Ministroke or TIA | GO TO PH221 [ph201_07] |
| 8. High cholesterol | GO TO PH225 [ph201_08] |
| 9. A heart murmur | GO TO PH301 [ph201_09] |
| 11. Atrial Fibrillation | GO TO PH301 [ph201_11] |
| 12. An abnormal heart rhythm (not atrial fibrillation) | GO TO PH301 [ph201_12] |
| 95. Any other heart trouble (specify) | GO TO PH224 [ph201_95] [ph201oth] |
| 96. None of these | GO TO PH301 [ph201_96] |
| 98. DK | GO TO PH301 [ph201_98] |
| 99. RF | GO TO PH301 [ph201_99] |

(ELSA/ similar questions in HRS/ SHARE)

IF (PH201_01=1) THEN ASK PH202

PH202: Approximately how old [were/was] [you/he/she] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had high blood pressure?

1.....97

-98. DK

-99. RF

(ELSA/ HRS)

IF (PH201_01 = 1 OR (PH201FF_01 = 1 & PH201a = 1,2 & PH201XO_01 ≠ 1 & PH201Y_01 = 1)) THEN ASK PH202a

PH202a: [Is/Are] [you/he/she] currently taking any tablets or pills for high blood pressure?

1. Yes

5. No

98. DK

99. RF

IF (PH201_02=1) THEN ASK PH203

PH203: Approximately how old [were/was] [you/he/she] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had angina?

- 1.....97
-98. DK
-99. RF
(ELSA/ HRS)

**IF (PH201_02=1 OR (PH201FF_02 = 1 & PH201a = 1,2 & PH201XO_02 ≠ 1 & PH201Y_02 = 1)) THEN
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)

PH204a: [Have/Has] [you/he/she] ever had an angioplasty or Stent?

- 1. Yes Go to PH204b
 - 5. No Go to PH204c
 - 98. DK Go to PH204c
 - 99. RF Go to PH204c

PH204b: In what year/month was [your/his/her] last angioplasty or Stent?

(MM/YYYY)

[ph204by, ph204bm]

— / —

DK RF YEAR

DK RF MONTH

PH204c: [Have/Has] [you/he/she] ever had open heart surgery?

- 1. Yes Go to PH204d
 - 5. No Skip PH204d
 - 98. DK Skip PH204d
 - 99. RF Skip PH204d

PH204d: In what year/month was [your/his/her] last heart surgery?

(MM/YYYY)

[ph204dy, ph204dm]

1

DK RF YEAR

DK RF MONTH

IF (PH201_03=1) THEN ASK PH205 OTHERS GO TO PH206b

PH205: Approximately how old [were/was] [you/he/she] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had a heart attack (including myocardial infarction or coronary thrombosis)?

- 1...97
-98. DK
-99. RF

IF (PH201_03=1) THEN ASK PH206 OTHERS GO TO PH206b

PH206: In what year/month was [your/his/her] (most recent) heart attack? **[ph206y, ph206m]**
(MM/YYYY)

____ / ____

____ DK RF YEAR

____ DK RF MONTH

(HRS)

IF (PH201_03=1) THEN ASK 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 (PH201_03=1 & PH201 ≠ 2) THEN ASK PH208 OTHERS GO TO PH206b

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?

[ph209y, ph209m]

(MM/YYYY)

____ / ____

____ DK RF YEAR

____ DK RF MONTH

PH210: [Have/Has] [you/he/she] ever had open heart surgery?

1. Yes Go to PH211

5. No GO TO NEXT BL INSTRUCTIONS

98. DK GO TO NEXT BL INSTRUCTIONS

99. RF GO TO NEXT BL INSTRUCTIONS

PH211: In what year/month was [your/his/her] last heart surgery?

[ph211y, ph211m]

(MM/YYYY)

____ / ____

____ DK RF YEAR

____ DK RF MONTH

GO TO NEXT BL INSTRUCTIONS

IF (PH201FF_03 = 1 & PH201a = 1,2 & PH201XO_03 ≠ 1) THEN ASK PH206b OTHERS GO TO PH212

PH206b: Since [your/Rname's] last interview [have/has] [you/he/she] 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/his/her] (most recent) heart attack? **[ph206cy, ph206cm]**
(MM/YYYY)

____ / ____
____ DK RF YEAR
____ DK RF MONTH
(HRS)

PH207b: According to the doctor how many heart attacks [have/has] [you/he/she] had in the last two years?

- 1.....97
 - 98. DK
 - 99. RF
- (ELSA)

**IF ((PH201FF_03 = 1 & PH201XO_03 ≠ 1) & PH201FF_02 ≠ 1 & PH201a = 1,2) THEN ASK PH208b
OTHERS GO TO PH210b**

PH208b Since [your/Rname's] last interview [have/has] [you/he/she] 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/his/her] last angioplasty or Stent? **[ph209by, ph209bm]**
(MM/YYYY)

____ / ____
____ DK RF YEAR
____ DK RF MONTH

PH210b Since [your/Rname's] last interview [have/has] [you/he/she] had open heart surgery?

- 1. Yes Go to PH211b
- 5. No SKIP PH211b
- 98. DK SKIP PH211b
- 99. RF SKIP PH211b

IF (PH201FF_03 = 1 & PH201a = 1,2 & PH201XO_03 ≠ 1) THEN ASK PH211b OTHERS GO TO PH212

PH211b: In what year/month was [your/his/her] last heart surgery? **[ph211by, ph211bm]**
(MM/YYYY)

____ / ____
____ DK RF YEAR
____ DK RF MONTH

IF (PH201_04=1) THEN ASK PH212 OTHERS GO TO PH213

PH212: Approximately how old [were/was] [you/he/she] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had congestive heart failure?

- 1....97
- 98. DK
- 99. RF

IF (PH201_05=1) THEN ASK PH213 OTHERS GO TO PH214

PH213: Approximately how old [were/was] [you/he/she] when [you/he/she] [were/was] first told by a doctor that [you /he/she] had diabetes or high blood sugar?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA)

IF (PH201FF_05 = 1 & PH201a = 1,2 & PH201XO_05 ≠ 1 & PH201Y_05 = 1) THEN ASK PH214

OTHERS GO TO PH218

PH214: [Are/Is] [you/he/she] currently taking any tablets, pills or other medication that [you/he/she] [swallow/swallows] for diabetes?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (ELSA/ similar question HRS)

PH215: [Do/Does] [you/he/she] currently inject insulin for diabetes?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (ELSA /similar question HRS)

IWER: SHOW CARD PH3

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] |

IF (PH201_06=1) THEN ASK PH218 OTHERS GO TO PH219b

PH218: Approximately how old [were/was] [you/he/she] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had a stroke?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA similar question HRS/QVSFS)

PH219: How many strokes [have/has] [you/he/she] had?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA)

PH220: In what year/month was [your/his/her] most recent stroke? [ph220y, ph220m]
(MM/YYYY)

____ / ____
____ DK RF YEAR
____ DK RF MONTH
(HRS)

GO TO NEXT BL INSTRUCTIONS

IF (PH201FF_06 = 1 & PH201a = 1,2 & PH201XO_06 ≠ 1) THEN ASK PH219b OTHERS GO TO PH221

PH219b: Since [your/Rname's] last interview [have/has] [you/he/she] had any further strokes?

- 1. Yes GO TO PH219c
 - 5. No GO TO NEXT BL INSTRUCTIONS
 - 98. DK GO TO NEXT BL INSTRUCTIONS
 - 99. RF GO TO NEXT BL INSTRUCTIONS
- (ELSA)

PH219c: How many strokes [have/has] [you/he/she] had in the last two years?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA)

PH219d: When was [your/his/her] most recent stroke? [ph219dy, ph219dm]
(MM/YYYY)

____ / ____
____ DK RF YEAR
____ DK RF MONTH
(HRS)

IF (PH201_07=1) THEN ASK PH221 OTHERS GO TO PH222b

PH221: Approximately how old [were/was] [you/he/she] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had had a TIA, ministroke, or transient ischemic attack?

- 1....97
 - 98. DK
 - 99. RF
- (TILDA/QVSFS)

PH222: How many TIA's or ministrokes [have/has] [you/he/she] had?

- 1....97
 - 98. DK
 - 99. RF
- (TILDA)

PH223: In what year was [your/his/her] most recent TIA or ministrokes? [ph223y, ph223m]
(MM/YYYY)

____ / ____
____ DK RF YEAR
____ DK RF MONTH
(TILDA)

GO TO NEXT BL INSTRUCTIONS

IF (PH201FF_07 = 1 & PH201a = 1,2 & PH201XO_07 ≠ 1) THEN ASK PH222b OTHERS GO TO PH225

PH222b Since [your/Rname's] last interview have [you/he/she] had any further TIA's or ministrokes?

- 1. Yes GO TO PH222c
- 5. No GO TO NEXT BL INSTRUCTIONS
- 98. DK GO TO NEXT BL INSTRUCTIONS
- 99. RF GO TO NEXT BL INSTRUCTIONS

(TILDA)

PH222c: How many TIA's or ministrokes [have/has] [you/he/she] had in the last two years?

- 1....97 GO TO PH222d
- 98. DK
- 99. RF

(ELSA)

PH222d: When was [your/his/her] most recent TIA or ministroke?

[ph222dy, ph222dm]

(MM/YYYY)

____ / ____

_____ DK RF YEAR

_____ DK RF MONTH

(TILDA)

IF (PH201_08=1 or (PH201FF_08 = 1 & PH201a = 1,2 & PH201XO_08 ≠ 1 & PH201Y_08 = 1)) THEN ASK PH225 OTHERS GO TO PH224

PH225: [Are/Is] [you/he/she] currently taking any tablets or pills for high cholesterol?

- 1. Yes
- 5. No
- 98. DK
- 99. RF

IF (PH201_95=1) THEN ASK PH224 OTHERS GO TO PH301

PH224: Approximately how old [were/was] [you/he/she] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had any other heart trouble?

- 1....120
- 98. DK
- 99. RF

(TILDA)

6.5 Other chronic conditions

IF (new respondent) GO TO PH301 (original question)

IF (HH005 = 2,3,4,5 or 6 – PROXY INTERVIEW) GO TO PH301

IF HH005 = 1 & ANY (PH301FF_01-PH301FF_14)=1 GO TO PH301a. OTHERS GO TO PH301.

PH301a: Last time you were interviewed, you told us that you had (*insert conditions from PH301FF*).

1. Continue (go to **PH301Y_01**)
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH301X0 INTERVIEWER Which of the conditions is being disputed?

- | | |
|---|-----------------------------|
| 1. Chronic lung disease such as chronic bronchitis or emphysema | (display if PH301FF_01 = 1) |
| 2. Asthma | (display if PH301FF_02 = 1) |
| 3. Arthritis (including osteoarthritis, or rheumatism) | (display if PH301FF_03 = 1) |
| 4. Osteoporosis, sometimes called thin or brittle bones | (display if PH301FF_04 = 1) |
| 5. Cancer or a malignant tumour | (display if PH301FF_05 = 1) |
| 6. Parkinson's disease | (display if PH301FF_06 = 1) |
| 7. Any emotional, nervous or psychiatric problems | (display if PH301FF_07 = 1) |
| 8. Alcohol or substance abuse | (display if PH301FF_08 = 1) |
| 9. Alzheimer's disease | (display if PH301FF_09 = 1) |
| 10. Dementia, organic brain syndrome, senility | (display if PH301FF_10 = 1) |
| 11. Serious memory impairment | (display if PH301FF_11 = 1) |
| 12. Stomach ulcers | (display if PH301FF_12 = 1) |
| 13. Varicose Ulcers (an ulcer due to varicose veins) | (display if PH301FF_13 = 1) |
| 14. Cirrhosis, or serious liver damage | (display if PH301FF_14 = 1) |

ASK FOR EACH SELECTION AT PH301X0

PH301X_01-PH301X_14 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] (Wave 1 error)
2. [condition selected at PH301X0] was misdiagnosed

IF (PH301FF_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 (PH301FF_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 (PH301FF_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 (PH301FF_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 (PH301FF_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 (PH301FF_07 = 1 & PH301a = 1,2 & PH301X0_07 ≠ 1) ASK PH301Y_07 OTHERS GO TO PH301Y_08
PH301Y_07 Do you still have emotional, nervous or psychiatric problems?

- 1. Yes
- 5. No

IF (PH301FF_08 = 1 & PH301a = 1,2 & PH301X0_08 ≠ 1) ASK PH326 OTHERS GO TO PH301Y_12
PH326 Can you clarify, did you suffer from alcohol abuse, substance abuse or both?

- 1. Alcohol abuse
- 2. Substance abuse
- 3. Both alcohol and substance abuse
- 98. DK
- 99. RF

(QUESTIONS ON CURRENT ALCOHOL/SUBSTANCE ABUSE ARE FOUND AT PH321 AND PH321A)

IF (PH301FF_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 (PH301FF_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 (PH301FF_14 = 1 & PH301a = 1,2 & PH301X0_14 ≠ 1) ASK PH301Y_14 OTHERS GO TO PH301
PH301Y_14 Do you still have Cirrhosis, or serious liver damage?

- 1. Yes
- 5. No

IWER: SHOW CARD PH4

IF (NONE (PH301FF_01...PH301FF_14 = 1)) USE WORDING 'A'

IF (ANY (PH301FF_01...PH301FF_14 = 1)) USE WORDING 'B'

IF (RESPONDENT NOT INTERVIEWED AT WAVE 1) USE WORDING 'C'

PH301: Please look at card PH4.

(A) Since our last interview has a doctor ever told [you/Rname] that [you/he/she] [have/has] any of the conditions on this card?

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

(C) In the last two years 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

GO TO PH309 [ph301_05]

(including leukaemia or lymphoma but excluding minor skin cancers)

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 PH320 [ph301_16]

17. Substance abuse

GO TO PH320a [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]

96. None of these

[ph301_96]

98. DK

[ph301_98]

99. RF

[ph301_99]

(ELSA/ similar question HRS/NSHAP)

NOTE TO Ipsos MORI: OPTIONS 8 AND 8A SHOULD BE INCLUDED FOR EVERYONE, REGARDLESS OF WHETHER PARTICIPANTS REPORTED OPTION 8 IN WAVE 1 .

BL:

IF ANY (PH301_02, PH301_04, PH301_12, PH301_13, PH301_14, PH301_96, PH301_98, PH301_99)=1 GO TO PH401

**IF (PH301_01 = 1 OR (PH301FF_01 = 1 & PH301a = 1,2 & PH301X0_01≠1 & 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)

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 (PH301FF_03 = 1 & PH301a = 1,2 & PH301X0_03 ≠ 1 & 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 | GO TO PH306 |
| 98. DK | [ph304_98] |
| 99. RF | [ph304_99] |
- (ELSA/HRS)

IF (PH301FF_03 =1 AND NOT DISPUTED) GO TO PH306

PH305: Approximately how old [were/was] [you/he/she] when [you/he/she] [were/was] first told by a doctor that [you/he/she] [had/has] arthritis?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA)

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 (PH301FF_05 = 1 AND NOT DISPUTED) ASK PH309. OTHERS GO TO PH310A

PH309: Approximately how old [were/was] [you/Rname] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had cancer or a malignant tumour?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA/HRS/Sshare)

IF (PH301FF_05 = 1 & PH310a = 1,2 & PH301X0_05 ≠ 1) ASK PH310a. OTHERS GO TO PH310

PH310a: In your last interview, you reported having (type of cancer from PH310FF)

1. Continue (go to PH310Y_01)

2. Respondent disputes having this type of cancer

CONDITION DISPUTED

PH310XO INTERVIEWER Which type of cancer is being disputed.

1. Lung	(display if PH310FF_01 = 1)
2. Breast	(display if PH310FF_02 = 1)
3. Colon or rectum	(display if PH310FF_03 = 1)
4. Stomach	(display if PH310FF_04 = 1)
5. Oesophagus	(display if PH310FF_05 = 1)
6. Prostate [males only]	(display if PH310FF_06 = 1)
7. Bladder	(display if PH310FF_07 = 1)
8. Liver	(display if PH310FF_08 = 1)
9. Brain	(display if PH310FF_09 = 1)
10. Ovary [females only]	(display if PH310FF_10 = 1)
11. Cervix [females only]	(display if PH310FF_11 = 1)
12. Endometrium [females only]	(display if PH310FF_12 = 1)
13. Thyroid	(display if PH310FF_13 = 1)
14. Kidney	(display if PH310FF_14 = 1)
15. Testicle [males only]	(display if PH310FF_15 = 1)
16. Pancreas	(display if PH310FF_16 = 1)
17. Malignant melanoma (skin)	(display if PH310FF_17 = 1)
18. Oral cavity	(display if PH310FF_18 = 1)
19. Larynx	(display if PH310FF_19 = 1)
20. Other pharynx (including nasopharynx, oropharynx, laryngopharynx or hypopharynx)	(display if PH310FF_20 = 1)
21. Non-Hodgkin Lymphoma	(display if PH310FF_21 = 1)
22. Leukaemia	(display if PH310FF_22 = 1)

ASK FOR EACH SELECTION AT PH310XO

PH310X_1-PH310X_22 It may be that we have a recording error about you having [type of cancer listed at PH310X0]. Can you confirm, that ...READ OUT.

1. You never had [cancer listed in PH310X0] (Wave 1 error)

2. [type of cancer selected at PH310X0] was misdiagnosed

IF (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_11 = 1 & PH310a = 1,2 & PH310X0_01 ≠ 1) ASK PH310Y_11. OTHERS GO TO PH310Y_12

PH310Y_11 Do you still have cancer of the cervix?

1. Yes
5. No

IF (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_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 (PH310FF_22 = 1 & PH310a = 1,2 & PH310X0_22 ≠ 1) ASK PH310Y_22. OTHERS GO TO PH310Y_23

PH310Y_22 Do you still have Leukaemia?

- 1. Yes
- 5. No

IF (PH301_05 = 1 OR (PH301FF_05 = 1 & PH301a = 1,2 & PH301X0_05 ≠ 1)) ASK PH310. OTHERS GO TO PH314

IF (HH005 = 1 & NONE(PH310FF_01 – PH310FF_22)=1) USE WORDING ‘A’

IF (HH005 = 1 & ANY(PH310FF_01 – PH310FF_22) = 1) USE WORDING ‘B’

IF (RESPONDENT NOT INTERVIEWED AT WAVE 1) USE WORDING ‘C’

IF (HH005 = 2,3,4,5 or 6 – PROXY INTERVIEW) USE WORDING ‘C’

IWER: SHOW CARD PHS

PH310: Please look at card PHS.

(A) Since our last interview, has a doctor ever told you that you have any of these types of cancer?

IF SO ASK, Which one?

(B) Since our last interview, has a doctor ever told you that you have any other types of cancer? IF SO ASK, Which one?

(C) 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	[ph310_95]
96. None of these	[ph310_96]
98. DK	[ph310_98]
99. RF	[ph310_99]

(SHARE/ similar question in ELSA)

IF (ANY(PH310_01–PH301_95) = 1) ASK PH311 TO PH313 FOR EACH TYPE OF CANCER

PH311: [Have/Has] [you/he/she] received any treatment for [your/his/her] [cancer type listed at PH310]? **[ph311_01 to ph311_22, 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

PH312: Please look at card PH6. What sort of treatments [have/has] [you/he/she] received for [cancer type listed at PH310]? **[ph312_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) [ph312oth_i] | [ph312_i_95] |
| 96. None of these | [ph312_i_96] |
| 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] got worse, better or stayed about the same? **[ph313_01 to ph313_22, ph313_95]**

- | |
|-------------------|
| 1. Better |
| 2. About the same |
| 3. Worse |
| 98. DK |
| 99. RF |
| (HRS) |

IF (PH310FF_01 = 1 & PH310a = 1,2 & PH310X0_01 ≠ 1) ASK PH311a.

IF (PH310FF_02 = 1 & PH310a = 1,2 & PH310X0_02 ≠ 1) ASK PH311a.

IF (PH310FF_03 = 1 & PH310a = 1,2 & PH310X0_03 ≠ 1) ASK PH311a.

IF (PH310FF_04 = 1 & PH310a = 1,2 & PH310X0_04 ≠ 1) ASK PH311a.

...

~~IF (PH310FF = 95 & PH310a = 1,2 & PH310X0 ≠ 95) ASK PH311a.~~

ASK PH311a_i TO PH313a_i FOR EACH TYPE OF CANCER. OTHERS GO TO PH314

PH311a: Since our last interview have you received any treatment for your [cancer type listed at PH310FF]? **[ph311a_01 to ph311a_22, ph311a_95]**

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

PH312a: Please look at card PH6. Since our last interview what sort of treatments have you received for [cancer type listed at PH310FF]? **[ph312a_01_01 to ph312a_95_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) [ph312aoth_i] | [ph312a_i_95] |
| 98. DK | [ph312a_i_98] |
| 99. RF
(HRS) | [ph312a_i_99] |

PH313a: Since you received treatment in the past two years has the [cancer type listed at PH310FF] 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) ASK PH314. OTHERS GO TO PH315

PH314: Approximately how old [were/was] [you/Rname] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had Parkinson's disease?

- | |
|---------|
| 1....97 |
| -98. DK |
| -99. RF |
| (ELSA) |

IF (PH301_07 = 1) ASK PH315. OTHERS GO TO PH316

PH315: Approximately how old [were/was] [you/Rname] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had emotional, nervous or psychiatric problems?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA/HRS)

IF (PH301_07=1 OR (PH301FF_07 = 1 & PH301a = 1,2 & PH301X0_07≠1 & PH301Y_07 = 1)) ASK PH316. OTHERS GO TO PH320

IWER: SHOW CARD PH7

PH316: Please look at card PH7. 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] |
| 95. Something else | [ph316_95] |
| 98. DK | [ph316_98] |
| 99. RF | [ph316_99] |

(ELSA)

IF (PH301_07=1) ASK PH317. OTHERS GO TO PH317b

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?

- 1. Yes
- 5. No
- 98. DK
- 99. RF

IF (PH301FF_07 = 1 & PH301a = 1,2 & PH301X0_07 ≠ 1) ASK PH316. 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 PH326 = 1, 3) ASK PH320. OTHERS GO TO PH321

PH320: Approximately how old [were/was] [you/Rname] when [you/he/she] [were/was] first told by a doctor that [you/he/she] suffered from alcohol abuse?

- 1....97
- 98. DK
- 99. RF

IF (PH301_16=1 OR (PH301FF_08 = 1 & PH301a = 1,2 & PH301X0_08 ≠ 1) ASK PH321. OTHERS GO TO PH320a

PH321: [Do/Does] [you/he/she] currently suffer from alcohol abuse?

- 1. Yes **GO TO PH322**
- 5. No **GO TO PH323**
- 98. DK **GO TO PH323**
- 99. RF **GO TO PH323**

IF (PH321 = 1) ASK PH322. OTHERS GO TO PH323

PH322: [Are/Is] [you/he/she] receiving any treatment for [your/his/her] alcohol abuse?

- 1. Yes SKIP PH323 AND PH324
- 5. No **GO TO PH324**
- 98. DK SKIP PH323 AND PH324
- 99. RF SKIP PH323 AND PH324

IF (PH321 = 5, 98, 99) ASK PH323. OTHERS GO TO PH324

PH323: How long did [you/Rname] suffer from alcohol abuse?

- 1....97 yrs
 - 98. DK
 - 99. RF
- (Code any duration up to a year as "1")

IF (PH321 = 5, 98, 99 OR IF PH322 = 5) ASK PH324. OTHERS GO TO PH320a

PH324: 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 PH326 = 2, 3)) ASK PH320a. OTHERS GO TO PH321a

PH320a: Approximately how old [were/was] [you/Rname] when [you/he/she] [were/was] first told by a doctor that [you/he/she] suffered from substance abuse?

- 1....97
- 98. DK
- 99. RF

IF (PH301_17=1 OR (PH301FF_08 = 1 & PH301a = 1,2 & PH301X0_08 ≠ 1) ASK PH321a. OTHERS GO TO PH318

PH321a: [Do/Does] [you/he/she] currently suffer from substance 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 PH318

PH322a: [Are/Is] [you/he/she] receiving any treatment for [your/his/her] substance 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/he/she] suffer from substance abuse?

- 1....97 yrs
- 98. DK
- 99. RF

(Code any duration up to a year as "1")

IF (PH321a = 5, 98, 99 OR IF PH322a = 5) ASK PH324a. OTHERS GO TO PH318

PH324a: 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) ASK PH318. OTHERS GO TO PH319

PH318: Approximately how old [were/was] [you/Rname] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had Alzheimer's Disease?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA)

IF (PH301_10=1) ASK PH319. OTHERS GO TO PH319a

PH319: Approximately how old [were/was] [you/Rname] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had dementia, senility?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA)

IF (PH301_11=1) ASK PH319a. OTHERS GO TO PH325

PH319a: Approximately how old [were/was] [you/Rname] when [you/he/she] [were/was] first told by a doctor that [you/he/she] had serious memory impairment?

- 1....97
 - 98. DK
 - 99. RF
- (ELSA)

IF (PH301_15=1) ASK PH325. OTHERS GO TO PH401

PH325: [Do/Does] [you/Rname] have an overactive (hyperactive) thyroid or an underactive (hypoactive) thyroid?

- 1. Overactive (Hyperactive) thyroid
 - 2. Underactive (Hypoactive) thyroid
 - 3. None of these
- 98. DK
 - 99. RF

6.6 Falls/Fracture section

PH401:

IF (NEW INTERVIEW) [Have/Has] [you/Rname] fallen in the last year?

OTHERWISE [Have/Has] [you/Rname] fallen since [your/his/her] last interview?

1. Yes

5. No **GO TO PH405**

98. DK **GO TO PH405**

99. RF **GO TO PH405**

(ELSA/HRS)

PH402:

IF (NEW INTERVIEW) How many times [have/has] [you/he/she] fallen in the last year?

OTHERWISE How many times [have/has] [you/he/she] fallen since [your/his/her] last interview?

1....97

-98. DK

-99. RF

(ELSA/HRS)

PH403: Were any of these falls non-accidental, i.e. with no apparent or obvious reason?

1. Yes

5. No

98. DK

99. RF

(TILDA)

PH404: Did [you/he/she] injure [yourself/himself/herself] seriously enough to need medical treatment?

IWER: IF YES, PROBE: Did [you/he/she] get medical treatment?

1. Yes and [I/he/she] got treatment

2. Yes and [I/he/she] did not get treatment

5. No

98. DK

99. RF

(ELSA/HRS)

IF (PH405FF=1 & HH005 = 1) GO TO PH406a

PH405:

IF (NEW INTERVIEW) [Have/Has] [you/Rname] ever had a blackout or fainted?

OTHERWISE Since [your/his/her] last interview [have/has] [you/Rname] ever had a blackout or fainted?

1. Yes

5. No **GO TO PH408**

98. DK **GO TO PH408**

99. RF **GO TO PH408**

(TILDA)

PH406: Approximately how many times [have/has] [you/he/she] had a blackout or fainted in the last year?

- 0....97 **GO TO PH408**
 - 98. DK **GO TO PH408**
 - 99. RF **GO TO PH408**
- (TILDA)

IF (HH005 = 1 & PH405FF = 1) ASK PH406a. OTHERS GO TO PH408

PH406a: In your last interview, you said that you have blacked out or fainted in the past.

Approximately how many times have you had a blackout or fainted since your last interview?

- 0....97
 - 98. DK
 - 99. RF
- (TILDA)

Fear of falling

PH408: [Are/Is] [you/Rname] afraid of falling?

- 1. Yes
- 5. No **Go to PH411**
- 98. DK **Go to PH411**
- 99. RF **Go to PH411**

(TILDA)

IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW), GO TO PH410

PH409: Do you feel somewhat afraid or very much afraid of falling?

- 1. Somewhat afraid of falling
 - 2. Very much afraid of falling
 - 98. DK
 - 99. RF
- (TILDA)

PH410: [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 [you/he/she] [are/is] afraid of falling?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (TILDA)

IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW), GO TO PH414b

Steadiness

IWER: CODE THE ONE THAT APPLIES – SHOW CARD PH7A

PH411: We are interested in your steadiness when walking, standing or getting up from a chair [and if this has changed since your last interview]. When walking, do you feel

IWER: READ OUT

- 1. very steady,
 - 2. slightly steady,
 - 3. slightly unsteady,
 - 4. very unsteady
98. DK
99. RF
(TILDA)

IWER: CODE THE ONE THAT APPLIES SHOW CARD PH7A

PH412: When standing, do you feel

IWER: READ OUT

- 1. very steady,
 - 2. slightly steady,
 - 3. slightly unsteady,
 - 4. very unsteady
98. DK
99. RF
(TILDA)

IWER: CODE THE ONE THAT APPLIES SHOW CARD PH7A

PH413: When getting up from a chair, do you feel

IWER: READ OUT

- 1. very steady,
 - 2. slightly steady,
 - 3. slightly unsteady,
 - 4. very unsteady
98. DK
99. RF
(TILDA)

BL

IF ANY (PH414FF_01-PH414FF_03)=1 GO TO PH414a, Otherwise go to PH414

IF (NEW SPOUSE OR NEW RESPONDENT) ASK PH414

IF ANY(PH414FF_04 – PH414FF_99)=1 GO TO PH414

GO TO PH436

IF (ANY(PH414FF_01-PH414FF_03)=1 & HH005 = 1) GO TO PH414a

PH414a: In your previous interview, you told us that you had fractured (*insert bones from PH414FF – PH414_01 “both your hip and wrist”, PH414_02 “your hip”, PH414_03 “your wrist”*).

1. Continue (go to PH414)
2. Respondent disputes having one/all of these conditions

CONDITION DISPUTED

PH414X0 INTERVIEWER Which fracture is being disputed

1. Hip (display if PH414FF = 1/2)
2. Wrist (display if PH414FF = 1/3)

IF (PH414X0_01 = 1) THEN ASK

PH414X1 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 (Wave 1 error)
2. The hip fracture was misdiagnosed

IF (PH414X0_02 =1) THEN ASK

PH414X2 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 (Wave 1 error)
2. The wrist fracture was misdiagnosed

IF ANY(PH414FF_01 – PH414FF_03)=1 ASK PH414. OTHERS GO TO PH436

PH414

IF (NEW INTERVIEW) Have you ever fractured any of the following?

OTHERWISE

Since [your/his/her] last interview [have/has] [you/Rname] [ever] 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 | [ph414_95] |
| 96. None of the above | [ph414_96] |
| 98. DK | [ph414_98] |
| 99. RF | [ph414_99] |
- (ELSA/HRS/WHO FRAX)

PH436: Did either of [your/his/her] parents ever have a hip or wrist fracture?

- 1. Yes
- 5. No **Go to PH415**
- 98. DK **Go to PH415**
- 99. RF **Go to PH415**

PH437: Which of [your/his/her] parents had a previous hip or wrist fracture?

- 1. Mother
- 2. Father
- 3. Both
- 98. DK
- 99. RF

PH415: [Have/Has] [you/Rname] had any joint replacements?

- 1. Yes
 - 5. No **Go to PH418**
 - 98. DK **Go to PH418**
 - 99. RF **Go to PH418**
- (ELSA)

PH416: Which joints did [you/he/she] have replaced?

- 1. Hip **[ph416_01]**
 - 2. Both hips **[ph416_02]**
 - 3. Knee **[ph416_03]**
 - 4. Both knees **[ph416_04]**
 - 95. Other joint **[ph416_95]**
 - 98. DK **[ph416_98]**
 - 99. RF **[ph416_99]**
- (ELSA/HRS)

PH417: Was the joint replacement(s) because of arthritis, a fracture or for some other reason?

- 1. Arthritis
 - 2. Fracture
 - 3. Both arthritis and a fracture
 - 95. Other reason
 - 98. DK
 - 99. RF
- (ELSA)

**IF HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW), PH418 IS TO BE ANSWERED BY THE RESPONDENT
IF RESPONDENT NOT AVAILABLE 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.

IF NO RESPONSE, PROMPT:

'You were going to do something when I gave you the paper and pen. Can you remember what it was?'

IWER: 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
- 97. respondent not present GO TO PH501**

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
4. Did something else
5. Did nothing/did not remember what to do
- 97. Unable to complete task**
98. DK
99. RF

6.7 Pain Section

IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW), PROXY ANSWERS PH501

PH501: [Are/Is] [you/Rname] often troubled with pain?

- 1. Yes **GO TO PH502**
- 5. No **GO TO PH507**
- 98. DK **GO TO PH507**
- 99. RF **GO TO PH507**

(ELSA/HRS)

***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]**
- 6. All over **[ph503_06]**
- 95. Other **[ph503_95]**
- 98. DK **[ph503_98]**
- 99. RF **[ph503_99]**

PH504: Does the pain make it difficult for [you/him/her] to do [your/his/her] 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 **GO TO PH507**
- 98. DK **GO TO PH507**
- 99. RF **GO TO PH507**

(ELSA)

6.8 Oral health section

IWER: SHOW CARD PH8

PH507: Please look at card PH8 for self interview / card PH8a if R is male and proxy interview / card PH8b if R is female and proxy interview. Which best describes the teeth [you/Rname] [have/has]?

IWER: CODE THE ONE THAT APPLIES

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)

6.9 Incontinence section

PH600 **INTRO:** READ OUT We are interested in finding out more about problems that affect people's quality of life. I would therefore like to ask you some questions about urinary incontinence. Is it ok to ask you about this?

1. Respondent agrees
5. Respondent disagrees

GO TO PH701

PH601: During the last 12 months, [have/has][you/Rname] lost any amount of urine beyond [your/his/her] control?

1. Yes
5. No
98. DK
99. RF

(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)

6.10 Medical tests

INTRO: [Have/Has] [you/Rname] ever had any of the following medical tests or procedures?

**IF (PH701FF ≠ 1 OR HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW OR (NEW INTERVIEW)) ASK PH701
OTHERS GO TO PH701a**

PH701: A flu vaccination?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

GO TO PH702

IF (PH701FF = 1 AND HH005 = 1 (SELF INTERVIEW)) ASK PH701a OTHERS GO TO PH702

PH701a: Since [your/Rname's] last interview, [have/has] [you/he/she] had a flu vaccination?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

IF (PH702FF ≠ 1 OR HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW)) ASK PH702 OTHERS GO TO PH702a

PH702: A blood test for cholesterol?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

IF (PH702FF = 1 AND HH005 = 1 (SELF INTERVIEW)) ASK PH702a OTHERS GO TO PH703

PH702a Since [your/Rname's] last interview, [have/has] [you/he/she] had a blood test for cholesterol?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW)), GO TO PH726
IF (GD002 = 1 (MALE)) GO TO PH710
IF (GD002 = 2 (FEMALE) AND PH703FF=1 AND PH705FF=1) GO TO PH705a
IF (GD002 = 2 (FEMALE) AND PH703FF=1 AND PH705FF=5) GO TO PH705b
IF (GD002 = 2 (FEMALE) AND PH703FF=1 AND PH705FF=2) GO TO PH705c
~~IF (GD002 = 2 (FEMALE) AND (PH703FF ≠ 1 OR PH705FF = 98,99)) ASK PH703~~
IF (GD002=2 (FEMALE) AND (PH703FF ≠ 1)) ASK PH703
IF (GD002=2 (FEMALE) AND (PH703FF = 1 AND PH705FF = 98,99)) ASK PH705d
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 PH708**
98. DK **GO TO PH708**
99. RF **GO TO PH708**
(HRS/TILDA)

PH704: Can you remember approximately what age you were when it started?
13....97
-98. DK
-99. RF
(TILDA)

IWER: SHOW CARD PH9

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 PH708**
98. DK **Go to PH708**
99. RF **Go to PH708**
(NSHAP)

IF (GD002 = 2 (FEMALE) AND PH703FF=1 AND PH705FF=1) ASK PH705a OTHERS GO TO PH705b
~~OTHERS GO TO PH705b~~

IWER: SHOW CARD PH9

PH705a: In your last interview, you said that you had already gone through the menopause or were going through the menopause and were taking hormones at that time. Are you still using prescription hormones?

1. Yes, currently taking hormones **Go to PH706**
5. No, no longer taking hormones **Go to PH707**
98. DK **Go to PH708**
99. RF **Go to PH708**
(NSHAP)

**IF (GD002 = 2 (FEMALE) AND PH703FF=1 AND PH705FF=5) ASK PH705b OTHERS GO TO PH705c
IWER: SHOW CARD PH9**

PH705b: In your last interview, you said that you had already gone through the menopause or were going through the menopause but had not taken hormones. Since then, have you used prescription hormones?

- | | |
|-----------------------------------|--------------------|
| 1. Yes, currently taking hormones | Go to PH706 |
| 5. No | Go to PH708 |
| 98. DK | Go to PH708 |
| 99. RF | Go to PH708 |
| (NSHAP) | |

IF (GD002 = 2 (FEMALE) AND PH703FF=1 AND PH705FF=2) ASK PH705c OTHERS GO TO PH708

IWER: SHOW CARD PH9

PH705c: In your last interview, you said that you had already gone through the menopause or were going through the menopause but were no longer taking hormones. Are you taking prescription hormones now?

- | | |
|-----------------------------------|--------------------|
| 1. Yes, currently taking hormones | Go to PH706 |
| 5. No | Go to PH708 |
| 98. DK | Go to PH708 |
| 99. RF | Go to PH708 |
| (NSHAP) | |

IF (GD002=2 (FEMALE) AND (PH703FF = 1 AND PH705FF = 98,99)) ASK PH705d

IWER: SHOW CARD PH9

PH705d: In your last interview, you said that you had already gone through or were going through the menopause. Since menopause, have you used prescription hormones (examples given on card)?

- | | |
|-----------------------------------|--------------------|
| 1. Yes, currently taking hormones | Go to PH706 |
| 5. No, no longer taking hormones | Go to PH707 |
| 98. DK | Go to PH708 |
| 99. RF | Go to PH708 |
| (NSHAP) | |

PH706: For how many years have you been taking prescription hormones?

- 1 ... 100
-98. DK
-99. RF
(TILDA)

BL: GO TO PH708

IF (PH705 = 2 OR PH705a = 5 OR PH705d = 2) ASK PH707 OTHERS GO TO PH708

PH707: For how many years did you take prescription hormones?

- 1....100
-98. DK
-99. RF

PH708: Do you check your breasts for lumps regularly?

1. Yes
5. No
98. DK
99. RF
(HRS)

IF (PH709FF ≠ 1 OR NEW INTERVIEW) ASK PH709 OTHERS GO TO PH709a

PH709: Have you had a mammogram or x-ray of the breast, to search for cancer?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

BL: GO TO PH725

IF (PH709FF = 1) ASK PH709a OTHERS GO TO PH725

PH709a: Since your last interview, have you had a mammogram or x-ray of the breast, to search for cancer?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

PH725: Approximately how old were you when you began your menstrual cycle?

- 1....20
- 98. DK
- 99. RF

BL: GO TO PH719

IF (GD002 = 1 'MALE') ASK PH710 OTHERS GO TO PH719

PH710: Have you had an examination of your prostate to screen for cancer?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

IF (PH711FF ≠ 1) ASK 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
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

BL: GO TO PH719

IF (PH711FF = 1) ASK PH711a OTHERS GO TO PH719

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
 - 5. No
 - 98. DK
 - 99. RF
- (HRS)

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: IWER: ENTER WEIGHT IN STONES AND POUNDS

- | | |
|------------------|----------|
| <u> </u> STONES | [ph721s] |
| <u> </u> POUNDS | [ph721p] |

PH720: IWER: ENTER WEIGHT IN KG

- | | |
|--------------|--|
| <u> </u> KG | |
| GO TO PH722 | |

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 | GO TO PH726 |
| 99. RF | GO TO PH726 |

PH724: IWER: ENTER HEIGHT IN FEET AND INCHES

- | | |
|------------------|----------|
| <u> </u> FEET | [ph724f] |
| <u> </u> INCHES | [ph724i] |

PH723: IWER: ENTER HEIGHT IN CENTIMETRES

- | | |
|--------------|--|
| <u> </u> CM | |
| GO TO PH712 | |

NOTE: CAPI script to calculate BMI and check it is within a valid range.

IWER: SHOW CARD PH10

PH726: Please look at card PH10. Do/did any of [your/his/her] primary or first-degree relatives (mother, father, sister, brother, son, daughter) have any of the conditions on this card?

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

- | | |
|---|------------|
| 1. Diabetes or high blood sugar | [ph726_01] |
| 2. High cholesterol | [ph726_02] |
| 3. High blood pressure or hypertension | [ph726_03] |
| 4. Heart disease (heart attack, stroke, angina) | [ph726_04] |
| 5. Obesity | [ph726_05] |
| 6. Osteoporosis (thin or brittle bones) | [ph726_06] |
| 7. Alzheimer's disease or dementia | [ph726_07] |
| 8. Breast Cancer | [ph726_08] |
| 9. Ovarian Cancer | [ph726_09] |
| 10. Prostate Cancer | [ph726_10] |
| 11. Colon Cancer | [ph726_11] |
| 12. Depression | [ph726_12] |
| 13. Anxiety | [ph726_13] |
| 95. OTHER (NONE of those listed above) | [ph726_95] |
| 96. NO family history of ANY disease | [ph726_96] |
| 98. DK | [ph726_98] |
| 99. RF | [ph726_99] |

BL:

IF PH116 = 1 GO TO PH712 (List read out by computer)

IF PH116 = 2 GO TO PH713 (List read out by interviewer)

IF HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW), THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE RESPONDENT

IF RESPONDENT NOT AVAILABLE GO TO FL001

ASK PH100 IF HH005 > 1 AND CF001A = 2

PH700: INTERVIEWER: Is the [named respondent] available?

1. [Resp name] available
2. [Resp name] not available **GO TO FL001**

BL: 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

97. Unable to carry out the task

GO TO FL001

98. DK

99. RF

(SHARE/ELSA/HRS)

GO TO PH714

BL: NOTE THE TIME 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: ENTER THE NUMBER OF WORDS THE RESPONDENT CORRECTLY RECALLS.

0....10

97. Unable to carry out the task

GO TO FL001

98. DK

99. RF

(SHARE/ELSA/HRS)

PH714: That is the end of the memory and concentration tasks.

IWER: PAUSE FOR EXACTLY FIVE SECONDS

IWER: IF NO RESPONSE, PROMPT: "You were going to do something when I said that. Can you remember what it was?"

IWER: 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

97. Respondent not present

GO TO FL001

98. DK

99. RF

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

READ OUT "This is the end of the questions for [Rname]"

GO TO PH718.

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 PH718**

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. Suffers from 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_20] |

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)

DIFFICULTIES WITH ACTIVITIES OF DAILY LIFE

INTRO: 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 REALIZE THAT YOU 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

FL001. Please look at card FL1. 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] |
| 99 RF GO TO FL025 | [fl001_99] |

(SHARE)

IWER: SHOW CARD FL2.

FL002. Please look at card FL2. 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 | GO TO FL003 | [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] |

IWER: PROBE: ANY OTHERS?

(SHARE)

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/Sshare/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/Sshare/ELSA)

BL:

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/Sshare/ELSA)

FL008: Does anyone ever help [you/him/her] with walking across a room?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS/Sshare/ELSA)

BL:

**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**

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/Sshare/ELSA)

FL011: Does anyone ever help [you/him/her] with bathing or showering?

- 1. Yes
- 5. No
- 98. DK
- 99. RF

(HRS/Sshare/ELSA)

BL:

**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**

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/Sshare/ELSA)

FL013: Does anyone ever help [you/him/her] with eating?

- 1. Yes
 - 5. No
 - 98. DK
 - 99. RF
- (HRS/Sshare/ELSA)

BL:

IF FL002_05=1 – GO TO FL014

IF FL002_06=1 – GO TO FL017

OTHERWISE GO TO FL020

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/Sshare/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/Sshare/ELSA)

BL:

IF FL002_06=1 – GO TO FL017

OTHERWISE GO TO FL020

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/Sshare/ELSA)

FL019: Does anyone ever help [you/him/her] with using the toilet, including getting on and off to the toilet?

1. Yes

5. No

98. DK

99. RF

(HRS/Sshare/ELSA)

BL:

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

[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]	
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 FACILITY" APPEARS ON LIST ONLY FOR AN R CURRENTLY LIVING IN A NURSING HOME OR WHO WAS LIVING IN A NURSING HOME OR HOSPICE WHEN S/HE DIED.

NOT ASKED HERE—data lifted from earlier sections for helper who is an HH member or children

[fl020a]—sex of person,

[fl020b]—age of person,

[fl020c]—education level of person,

[fl020d]—employment status of person

[fl020e]—marital status of person

[fl020f]—relationship of person

[fl020g]—residence of person

IF FL020=94 THEN ASK FL020o2

IF FL020=93 THEN ASK FL020o1 through FL020g Otherwise go to FL022

FL020o2. Please specify name of <FL020>

Text up to 60 characters

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

SHOW CARD FL3

FL020c. Please look at card FL3. What level of education has <FL020> attained?

IWER: CODE THE ONE THAT APPLIES

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
- (HRS/MHAS)

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 FL024 FOR UP TO 3 NAMES

- 1. Yes
- 5. No
- 98. DK
- 99. RF
(HRS)

|FL023:Who is that?

[fl023_1 to fl023_3]

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]	
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	

NOT ASKED HERE—data lifted from earlier sections for helper who is an HH member or children

[fl023a]—sex of person,
[fl023b]—age of person,
[fl023c]—education level of person,
[fl023d]—employment status of person
[fl023e]—marital status of person
[fl023f]—relationship of person
[fl023g]—residence of person

IF FL023=94 THEN ASK FL023o2

IF FL023=93 THEN ASK FL023o1 through FL023g Otherwise go to FL025

FL023o2. Please specify name of <FL023>

Text up to 60 characters

FL023o1. Please specify name of <FL023>

Text up to 60 characters

IF FL023=93 then ask FL023a through FL023g

FL023a Is <FL023> male or female?

- 1.Male
- 2.Female

FL023b. How old is <FL023>?

Range 4-97

-98. DK

-99. RF

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?

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

FL023c. Please look at card FL3. What level of education has <FL023> attained?

IWER: CODE THE ONE THAT APPLIES

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

(HRS/MHAS)

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)

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 FL4

FL025. Please look at card FL4. 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 FL26 | [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] |
| 96. None of these GO TO FL042 | [fl025_96] |
| 99 RF GO TO FL042 | [fl025_99] |

IWER: PROBE: ANY OTHERS?

BL:

- 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

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/Sshare/ELSA)

BL: IF FL025_04=1 – ASK FL029

FL029: Does anyone help [you/him/her] make phone calls?

1. Yes
5. No
98. DK
99. RF
(HRS/Sshare/ELSA)

BL:

- IF FL025_05=1 – GO TO FL030**
IF FL025_06=1 – GO TO FL031

FL030: Does anyone help [you/him/her] take [your/his/her] medications?

1. Yes

5. No

98. DK

99. RF

(HRS/Sshare/ELSA)BL:

IF FL025_06=1 – GO TO FL031

FL031: Does anyone help [you/him/her] with managing [your/his/her] own money?

1. Yes

5. No

98. DK

99. RF

(HRS/Sshare/ELSA)

IF FL026=1 AND/OR FL029=1 AND/OR FL030=1 GO TO FL032

IF FL031=1 GO TO FL037

[fl032a] – 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]	
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	

NOT ASKED HERE - data lifted from earlier sections for helper who is an HH member or children

[fl032a]—sex of person,

[fl032b]—age of person,

[fl032c]—education level of person,

[fl023d]—employment status of person

[fl023e]—marital status of person

[fl023g]—relationship of person

[fl023f]—residence of person

IF FL032=94 THEN ASK FL032o2

IF FL032=93 THEN ASK FL032o1 through FL032g. 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

FL032o1. Please specify name of <FL032>

Text up to 60 characters

~~IF FL032=93 then ask FL032a through FL032e. However, if this helper was already mentioned in FL020 or FL023, don't ask FL032a through FL032e~~

FL032a Is <FL032> male or female?

- 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?

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

FL032c. Please look at card FL3. What level of education has <FL032> attained?

IWER: CODE THE ONE THAT APPLIES

- 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
(HRS/MHAS)

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)

FL035:What is his/her first name?

[fl035_1 to fl035_3]

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]	
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	

NOT ASKED HERE – data lifted from earlier sections for helper who is an HH member or children

[fl035a]—sex of person,
[fl035b]—age of person,
[fl035c]—education level of person,
[fl023d]—employment status of person
[fl023e]—marital status of person
[fl023g]—relationship of person
[fl023f]—residence of person

IF FL035=94 THEN ASK FL035o2

IF FL035=93 then ask FL035o1 through FL035g. 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

FL035o1. Please specify name of <FL035>

Text up to 60 characters

FL035a Is <FL035> male or female?

- 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?

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

FL035c. Please look at card FL3. What level of education has <FL035> attained?

ANSWER: CODE THE ONE THAT APPLIES

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
- (HRS/MHAS)

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

FL037: Who most often helps you 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
	[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 souces
96	EMPLOYEE(S) OF NURSING HOME	
97		SPECIFY:
98	DK	
99	RF	

NOT ASKED HERE—data lifted from earlier sections for helper who is an HH member or children

[f1037a]—sex of person,

[f1037b]—age of person,

[f1037c]—education level of person,

[f1023d]—employment status of person

[f1023e]—marital status of person

[f1023g]—relationship of person

[f1023f]—residence of person

IF FL037=94 THEN ASK FL037o2

IF FL037=93 then ask FL037o1 through FL037g. 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

FL037o1. Please specify name of <FL037>

Text up to 60 characters

FL037a Is <FL037> male or female?

1. Male

2. Female

FL037b. How old is <FL037>?

Range 4-97

-98. DK

-99. RF

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?

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

FL037c. Please look at card FL3. What level of education has <FL037> attained?

IWER: CODE THE ONE THAT APPLIES

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
- (HRS/MHAS)

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 with this activity/these activities?

1. Yes GO TO FL040
 5. No GO TO FL042
 98. DK
 99. RF
- (HRS)

FL040: :What is her/his first name?

[fl040_1 to fl040_3]

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]	
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	

NOT ASKED HERE - data lifted from earlier sections for helper who is an HH member or children

[fl040a] – sex of person,
[fl040b] – age of person,
[fl040c] – education level of person,
[fl023d] – employment status of person
[fl023e] – marital status of person
[fl023g] – relationship of person
[fl023f] – residence of person

IF FL040=94 THEN ASK FL040o2

IF FL040=93 then ask FL040o1 through FL040g. 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

FL040o1. Please specify name of <FL040>
Text up to 60 characters

FL040a Is <FL040> male or female?

1. Male
2. Female

FL040b. How old is <FL040>?

Range 4-97

-98. DK

-99. RF

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?

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

FL040c: Please look at card FL3. What level of education has <FL040> attained?

ANSWER: CODE THE ONE THAT APPLIES

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
- (HRS/MHAS)

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)

**IF FL005 OR FL008 OR FL11 OR FL13 OR FL16 OR FL19 OR FL26 OR FL29 OR FL30 OR
FL31 = 1 (YES)**

**AND (FL020 OR FL022(1 to 3) OR FL032 OR FL035(1 to 3) OR FL037 OR FL040(1 to 3) IS NOT
EQUAL TO 95 OR 96) (employee of institution)**

LOOP THROUGH FL042 FOR EACH HELPER NOT EQUAL TO 95 OR 96

CAPI: REPEAT FL042 THROUGH FL051 FOR THE HELPERS ON THE LIST.

Helpers

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 AND THOSE OTHER NON-RELATIVES PAID BY THE RESPONDENT OR OTHER. THIS LIST IS NOT VISIBLE TO THE IWER.

PERSON ID

NAME

RELATIONSHIP TO RESPONDENT

**CAPI: IF R HAS ONLY A HELPER(s) WHO IS/ARE EMPLOYEE OF NURSING HOME GO TO FL056
NOT ASKED HERE – data lifted from earlier sections for each**

[fl042a] – sex of person,
[fl042b] – age of person,
[fl042c] – education level of person,
[fl042d] – employment status of person
[fl042e] – marital status of person
[fl042f] – residence of person
[fl042g] – relationship of person

[fl042id_i_name] – name of helper
[fl042id_i] – relationship of helper
i= 1 - 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?

[fl042_1 to fl042_12] [fl042x_1 to fl042x_20]

0... 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_1 to fl043_12] [fl043x_1 to fl043x_20]

IWER: IF HELPER PROVIDES LESS THAN AN HOUR PER DAY CODE 1

1...24

-98. DK

-99. RF

(HRS)

~~CAPI: IF HELPER IS A SPOUSE GO TO FL045 THEN GO TO LOOP FL042 (NEXT HELPER)~~

FL045: Does HELPER's NAME receive the State Carer's Allowance or Carer's Benefit?

[fl045_1 to fl045_12] [fl045x_1 to fl045x_20]

- 1. Yes
- 5. No
- 98. DK
- 99. RF

FL045b: Does HELPER's NAME receive regular payment from [you/him/her] , [your/his/her] family or from an agency or organisation to help care for [you/him/her]?

[fl045b_1 to fl045b_12] [fl045bx_1 to fl045bx_20]

- 1. Yes **GO TO FL046**
- 5. No **GO TO FL042 (next helper)**

FL046: Is this person [helper's name]:

[fl046_1 to fl046_12] [fl046x_1 to fl046x_20]

- 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 (local health board)
 - 4. Family or Friend who is paid to help
 - 5. 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/health board cover?

[fl047_1 to fl047_12] [fl047x_1 to fl047x_20]

- 0...100
- 98. DK
- 99. RF

FL048: Not counting costs paid by the HSE/health board, about how much did [you/he/she] (and [your/his/her [spouse/partner]]) pay HELPER's NAME in the last month?

[fl048_1 to fl048_12] [fl048x_1 to fl048x_20]

- €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_1 to fl049_12] [fl049x_1 to fl049x_20]

- 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_1 to fl050_12] [fl050x_1 to fl050x_20]

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?

[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

This is a list which comes from CS055 (HH list), TC032 (children's list) and CS029 (new children

[FL051_1_01-FL051_1_49 TO FL051_12_49]

CAPI: END OF LOOP QUESTION

IF (FL001 = None of these or REF OR FL002 = None of these, DK or REF) AND (FL025 = None of these, REF) then skip over FL054 (and FL055) 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... 10
-98. DK
-99. RF

FL055: How many of the paid helpers were Irish?

- 0... 10
-98. DK
-99. RF
(TILDA)

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

BL: 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)

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 HU005**
98. DK **GO TO HU005**
99. RF **GO TO HU005**

(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. QUINN Healthcare (BUPA Ireland)
2. VHI Healthcare
3. AVIVA / Hibernian Healthcare / VIVAS Health
95. Other **GO TO HU004**
98. DK
99. RF

(HEALTH INSURANCE AUTHORITY 2005 SURVEY)

BL: IF HU003 = 95 ASK HU004

HU004: Which medical insurance scheme/plan [are/is] [you/he/she] covered by?

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)

BL: IF HU003 = 1 QUINN Healthcare (BUPA Ireland) ASK

HU004a Which medical insurance scheme/plan [are/is] [you/he/she] covered by?

1. Essential Starter
2. Essential Choice
3. Essential
4. Essential Plus Starter
5. Essential Plus
6. Essential Health
7. Essential Gold
8. Credit Union Starter
9. Credit Union Family
10. Health Manager Starter
11. Health Manager
12. Health Manager Silver
13. Health Manager Gold
14. Personal Care/Family Care
15. Essential Care
16. Complete Care
95. Other (specify)
98. DK
99. RF

GO TO HU005

BL: IF HU003 = 2 (VHI Healthcare) ASK

HU004b Which medical insurance scheme/plan [are/is] [you/he/she] covered by?

1. Plan A/Plan A option
2. First Plan level 1/ Family Plan level 1
3. First Plan level 2/ Family Plan level 2
4. First Plan Select
5. One Plan
6. Plan B / Plan B option
7. First Plan Plus / Family Plan Plus
8. Parents & Kids Plan/ Parents and Kids Option
9. Plan C / Plan C option
10. Forward Plan
11. Plan D
12. Plan E
13. Health Plus
14. HealthSteps Silver
15. HealthSteps Gold
95. Other (specify)
98. DK
99. RF

GO TO HU005

BL: IF HU003 = 3 (AVIVA / Hibernian Healthcare / VIVAS Health) ASK

HU004c Which medical insurance scheme/plan [are/is] [you/he/she] covered by?

- 1. Me Level 1
- 2. I & We Level 1
- 3. Me Level 2
- 4. I & We Level 2
- 5. I & We Level 3
- 6. I & We Level 4
- 7. I & We Level 5
- 8. Day-to-day A with Me Plan
- 9. Day-to-day A with I or We
- 10. Day-to-day 50 with any plan
- 95. Other (specify)
- 98. DK
- 99. RF

GO TO HU005

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 CODE 0

- 0...200
- 98. DK **GO TO HU007**
- 99. RF **GO TO HU007**

BL:

IF (HU005=0) GO TO HU007

IF (HU005>0 AND HU001=1, 2) GO TO HU007

IF (HU005>0 AND HU001≠1, 2) GO TO 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

- €0.00 ... €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 (HU001 = 1 AND HU007 > 0) GO TO HU008

IF (HU001 ≠ 1 AND HU007 > 0) GO TO HU038

IF (HU007 = 0,98,99) GO TO HU008

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? (Include all types of consultations, tests, operations, procedures or treatments)

IWER: IF RESPONDENT HAS NOT MADE ANY OUT-PATIENT VISITS, CODE 0

0...200

-98. DK **GO TO HU010**

-99. RF **GO TO HU010**

BL:

IF HU008=0 - GO TO HU010

IF HU008>0 - GO TO HU009

HU009: On how many of these visits did [you/he/she] have a substantial procedure, operation or test i.e. one which took a considerable amount of time to perform?

Note: These are sometimes called day-case procedures.

IWER: IF RESPONDENT HAS NOT UNDERGONE ANY DAY-CASE PROCEDURES CODE 0

0... 200

-98. DK

-99. RF

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?'

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?

IWER: IF RESPONDENT HAS NOT ADMITTED TO HOSPITAL OVERNIGHT IN THE LAST 12 MONTHS

CODE 0

0...50

-98. DK **GO TO HU015_A**

-99. RF **GO TO HU015_A**

Note: These are sometimes called in-patient admissions.

BL:

IF HU010=0 - GO TO HU015_A

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 stay(s) in the last 12 months, after any health insurance reimbursement?'

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

- €0 ... €50,000
- 98. DK
- 99. RF

HU015_A In the last 12 months, did [you/Rname] receive any of the following State services?

CODE ALL THAT APPLY

1. Home help (a person employed by State to help [you/Rname] with household chores such as cleaning and cooking) **HU015_A1 through HU015_A4**
 2. Personal care attendant (a person employed by the State to assist [you/him/her] with bathing, showering, bodily care etc.) **HU015_B1 through HU015_B4**
 3. Meals-on-Wheels **HU015_C1 through HU015_C4**
96. None of these **GO TO HU015**
98. DK **GO TO HU015**
99. RF **GO TO HU015**

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?

- 1...24
98. DK
99. RF

HU015_A4: Not counting costs paid by the HSE/health board, about how much did [you/Rname] (and [your/his/her] [husband/wife/partner]) pay for this home help in the last month? (May be zero)
€0 ... €10,000

- 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?

- 1...24
98. DK
99. RF

HU015_B4: Not counting costs paid by the HSE/health board, about how much did [you/Rname] (and [your/his/her] [husband/wife/partner]) pay this personal care attendant in the last month?
(May be zero)
€0 ... €10,000
-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

HU015_C4: Not counting costs paid by the HSE/health board, about how much did [you/Rname] (and [your/his/her] [husband/wife/partner]) pay for Meals-on-Wheels in the last month?
€0 ... €10,000
-98. DK
-99. RF

IWER: SHOW CARD HU1

HU015. Please look at card HU1

In the last 12 months, did [you/Rname] receive any of these other State services?

Exclude any services for which respondent pays anything other than a token or nominal amount.

IWER: READ OUT AND CODE ALL THAT APPLY

1. Public Health or Community Nurse [HU015_01] ~~GO TO HU016~~
 2. Occupational therapy [HU015_02] ~~GO TO HU017~~
 3. Chiropody services [HU015_03] ~~GO TO HU018~~
 4. Physiotherapy services [HU015_04] ~~GO TO HU019~~
 5. Speech & Language Therapist [HU015_05] ~~GO TO HU031a~~
 6. Social work services [HU015_06] ~~GO TO HU020~~
 7. Psychological/counselling services [HU015_07] ~~GO TO HU021~~
 11. Day centre services [HU015_11] ~~GO TO HU026~~
 12. Optician service [HU015_12] ~~GO TO HU027~~
 13. Dental services [HU015_13] ~~GO TO HU028~~
 14. Hearing services [HU015_14] ~~GO TO HU029~~
 15. Dietician services [HU015_15] ~~GO TO HU030~~
 16. Respite services [HU015_16] ~~GO TO HU031~~
- 96. None of these** ~~GO TO HU031b~~
- 98. DK** ~~GO TO HU031b~~
- 99. RF** ~~GO TO HU031b~~

IWER: Category 1 includes Public Health Nurses, Community RGNs, Community Mental Health Nurses, Clinical Nurse Specialists and Advanced Nurse Practitioners

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: Zero means did not spend any nights in a nursing/convalescent home

_____ Weeks

0...52

98. DK **GO TO HU034**

99. RF **GO TO HU034**

(SHARE)

IF HU032 = 0 GO TO HU034

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

2. By Health Insurance

3. By the government Fair Deal type scheme (or its replacement)

4. By Children or Relatives

5. Paid for in another way

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 ... and €50,000

-98. DK

-99. RF

(SHARE)

IWER: SHOW CARD HU4

HU034: Please look at card HU4. Think of [your/his/her] last prescription. [Were/Was] [you/he/she] charged for this?

IWER: CODE THE ONE THAT APPLIES

1. No. [I/He/She] [am/is] covered by the Long Term Illness scheme or by the High Tech Drugs Scheme **GO TO HU036**

2. Yes, but [I/he/she] [have/has] Medical Card and paid only the 50 cent per prescribed item charge **GO TO HU035**

3. Yes, but [I/he/she] only paid part of the cost. The rest was paid through the Drug Payment Scheme. **GO TO HU036**

4. Yes, but [I/he/she] will claim back part of it from [my/his/her] health insurance **GO TO HU035**

5. Yes, and [I/he/she] will not claim anything back from [my/his/her] health insurance **GO TO HU035**

6. Yes, and [I/he/she] paid the full payment out-of-pocket **GO TO HU035**

98. DK **GO TO HU035**

99. RF **GO TO HU035**

IF (HU034 = 1,3) GO TO HU036

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

€0 ... €5,000

-98. DK

-99. RF

NOTE: Include the 50 cent per prescribed item charges for medical card holders.

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)

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 ... and €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) ASK 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

BL: GO TO MH001

SECTION 9 (I). MENTAL HEALTH (MH)

9.1 Depression

IWER: SHOW CARD MH1

***IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO MH022**

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. Please look at this card and indicate how often you have felt this way during the past week.

MH001: I was bothered by things that usually don't bother me

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

MH002: I did not feel like eating; my appetite was poor.

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

MH003: I felt that I could not shake off the blues even with help from my family or friends.

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

MH004: I felt that I was just as good as other people.

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

MH005: I had trouble keeping my mind on what I was doing.

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

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

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

MH008: I felt hopeful about the future.

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

MH009: I thought my life had been a failure.

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

MH010: I felt fearful.

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

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

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

MH013: I talked less than usual.

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

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

MH015: People were unfriendly.

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

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

MH017: I had crying spells.

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

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

MH019: I felt that people disliked me.

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

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: Now stop using SHOWCARD MH1. The next two questions do not need this card.

MH021: In the last month, have you felt that you would rather be dead?

1. Any mention of suicidal feelings or wishing to be dead
5. No such feelings
98. DK
99. RF

MH022: In the last 12 months, did [you/Rname] spend one or more nights in a hospital due to mental health problems?

1. Yes
5. No
98. DK
99. RF

***IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO BH001**

9.2 Composite International Diagnostic Interview –SF Major Depressive Episode
IWER: READ OUT We are also interested in people's moods over a longer time, not just the past week.

MH101: During the last 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

1. YES
2. (IF VOLUNTEERED) ON ANTI-DEPRESSANT MEDICATION
5. NO
98. DK
99. RF

GO TO MH120

GO TO MH120

GO TO MH120

MH102: Please think of the two-week period during the last 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

1. All day long
2. Most of the day
3. About half
4. Less than Half
98. DK
99. RF

GO TO MH120

GO TO MH120

GO TO MH103

GO TO MH103

MH103: During those two weeks, did you feel this way every day, almost every day, or less often than that?

1. Every day
2. Almost every day
3. Less often
98. DK
99. RF

GO TO MH120

GO TO MH104

GO TO MH104

MH104: During those two weeks did you lose interest in most things like hobbies, work or activities that usually give you pleasure?

1. YES
5. NO
98. DK
99. RF

MH105: Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

1. YES
5. NO
98. DK
99. RF

MH106: During these weeks did you gain or lose weight without trying, or did you stay about the same?

IWER NOTE: If respondent asks: "Are we still talking about the same two weeks?" Answer "Yes"

- | | |
|--------------------------------|---------------------|
| 1. Gain | GO TO MH107a |
| 2. Lose | GO TO MH107b |
| 3. Both gained and lost weight | GO TO MH107a |
| 4. Stayed about the same | GO TO MH109 |
| 5. Was on a diet | GO TO MH109 |
| 98. DK | GO TO MH109 |
| 99. RF | GO TO MH109 |

MH107a: About how much did you gain?

IWER: SPECIFY KGS/LBS. ACCEPT A RANGE RESPONSE

-
98. DK
99. RF

ASK MH107b IF MH106 = 2 OR 3

MH107b: About how much did you lose?

IWER: SPECIFY KGS/LBS. ACCEPT A RANGE RESPONSE

-
98. DK
99. RF

MH108: IWER: DID WEIGHT CHANGE BY MORE THAN 5KGS (11 LBS)?

- | | |
|--------|--------------------|
| 1. YES | |
| 5. NO | GO TO MH111 |
| 98. DK | GO TO MH111 |
| 99. RF | GO TO MH111 |

MH109: Did you have more trouble falling asleep than you usually do during those two weeks?

- | | |
|--------|--------------------|
| 1. YES | |
| 5. NO | GO TO MH111 |
| 98. DK | GO TO MH111 |
| 99. RF | GO TO MH111 |

MH110: Did this happen every night, nearly every night or less often during those two weeks?

- | | |
|-----------------------|--|
| 1. Every night | |
| 2. Nearly every night | |
| 3. Less often | |
| 98. DK | |
| 99. RF | |

MH111: During those two weeks, did you have a lot more trouble concentrating than usual?

- | | |
|--------|--|
| 1. YES | |
| 5. NO | |
| 98. DK | |
| 99. RF | |

MH112: People sometimes feel down on themselves, no good or worthless. During that two week period, did you feel this way?

- 1. YES
- 5. NO
- 98. DK
- 99. RF

IWER NOTE: If respondent asks: "Are we still talking about the same two weeks?" Answer "Yes"

MH113: Did you think a lot about death – either your own, someone else's, or death in general during those two weeks?

- 1. YES
- 5. NO
- 98. DK
- 99. RF

BL: IF RESPONDENT ANSWERED YES TO ANY OF QUESTIONS (MH104, MH105, MH108, MH109, MH111, MH112, MH113) OR IF MH110=1 or 2 PROCEED TO MH114. OTHERWISE GO TO BH001 NEXT SECTION

MH114: **IWER READ OUT:** To review, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other feelings or problems like (BL: READ OUT FIRST THREE "YES" RESPONSES (e.g. with appetite/sleep/concentration) FROM QUESTIONS MH104 THROUGH MH113).

About how many weeks altogether did you feel this way during the past 12 months?

- 1. _____ weeks (Range 2 – 51)
- 94. Entire year **GO TO MH116**
- 98. DK **GO TO MH115**
- 99. RF **GO TO MH115**

MH115: Think about the most recent time when you had two weeks in a row when you felt this way. How long ago was that?

_____ months in the past

- 98. DK
- 99. RF

MH116: Did you tell a doctor about these problems?

- 1. YES
- 5. NO
- 98. DK
- 99. RF

MH117: 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

MH118: Did you take medication, or use drugs or alcohol more than once for these problems?

- 1. YES
- 5. NO
- 98. DK
- 99. RF

MH119: How much did these problems interfere with your life or activities?

- 1. A lot GO TO BH001
- 2. Some GO TO BH001
- 3. A little GO TO BH001
- 4. Not at all GO TO BH001
- 98. DK GO TO BH001
- 99. RF GO TO BH001

MH120: During the past 12 months was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?

- 1. YES
- 2. (IF VOLUNTEERED) ON ANTI-DEPRESSANT MEDICATION
- 5. NO GO TO BH001
- 98. DK GO TO BH001
- 99. RF GO TO BH001

MH121: For the next few questions, please think of the two-week period during the past 12 months when you had most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

- 1. All day long
- 2. Most of the day
- 3. About half GO TO BH001
- 4. Less than Half GO TO BH001
- 98. DK GO TO BH001
- 99. RF GO TO BH001

MH122: Did you feel this way every day, almost every day, or less often than that?

- 1. Every day
- 2. Almost every day
- 3. Less often GO TO BH001
- 98. DK
- 99. RF

MH123: During those two weeks, did you feel more tired out or low on energy more than is usual for you?

- 1. YES
- 5. NO
- 98. DK
- 99. RF

MH124: During these weeks did you gain or lose weight without trying, or did you stay about the same?

- | | |
|--------------------------------|---------------------|
| 1. Gain | GO TO MH125a |
| 2. Lose | GO TO MH125b |
| 3. Both gained and lost weight | GO TO MH125a |
| 4. Stayed about the same | GO TO MH127 |
| 5. Was on a diet | GO TO MH127 |
| 98. DK | GO TO MH127 |
| 99. RF | GO TO MH127 |

MH125a: About how much did you gain?

IWER: SPECIFY KGS/LBS. ACCEPT A RANGE RESPONSE

-
- | |
|--------|
| 98. DK |
| 99. RF |

ASK MH125b IF MH124 = 2 OR 3

MH125b: About how much did you lose?

IWER: SPECIFY KGS/LBS. ACCEPT A RANGE RESPONSE

-
- | |
|--------|
| 98. DK |
| 99. RF |

MH126: IWER TO CODE IF WEIGHT CHANGED BY MORE THAN 5KGS (11 LBS).

- | |
|--------|
| 1. YES |
| 5. NO |
| 98. DK |
| 99. RF |

MH127: Did you have more trouble falling asleep than you usually do during those two weeks?

- | | |
|--------|--------------------|
| 1. YES | |
| 5. NO | GO TO MH129 |
| 98. DK | GO TO MH129 |
| 99. RF | GO TO MH129 |

MH128: Did this happen every night, nearly every night or less often during those two weeks?

- | |
|-----------------------|
| 1. Every night |
| 2. Nearly every night |
| 3. Less often |
| 98. DK |
| 99. RF |

MH129: During those two weeks, did you have a lot more trouble concentrating than usual?

- | |
|--------|
| 1. YES |
| 5. NO |
| 98. DK |
| 99. RF |

MH130: People sometimes feel down on themselves, no good or worthless. During that two week period, did you feel this way?

- 1. YES
- 5. NO
- 98. DK
- 99. RF

MH131: Did you think a lot about death – either your own, someone else's, or death in general during those two weeks?

- 1. YES
- 5. NO
- 98. DK
- 99. RF

BL: IF RESPONDENT ANSWERED YES TO ANY OF QUESTIONS (MH123, MH126 ~~MH127~~, MH129, MH130, MH131) OR IF MH128 = 1 or 2 GO TO - OTHERWISE PROCEED TO NEXT SECTION

MH132: **IWER READ OUT:** To review, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (BL: READ OUT FIRST THREE "YES" RESPONSES M QUESTIONS MH123 THROUGH MH131)

About how many weeks altogether did you feel this way during the past 12 months?

- 1. _____ weeks (Range 2 – 51)
- 94. Entire year **GO TO MH134**
- 98. DK **GO TO MH133**
- 99. RF **GO TO MH133**

MH133: Think about the most recent time when you had two weeks in a row when you felt this way. How long ago was that?

- _____ months in the past
- 98. DK
 - 99. RF

MH134: Did you tell a doctor about these problems?

- 1. YES
- 5. NO
- 98. DK
- 99. RF

MH135: 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

MH136: Did you take medication or use drugs or alcohol more than once for these problems?

- 1. YES
- 5. NO
- 98. DK
- 99. RF

MH137: How much did these problems interfere with your life or activities?

- 1. A lot
- 2. Some
- 3. A little
- 4. Not at all
- 98. DK
- 99. RF

SECTION 10. BEHAVIOURAL HEALTH (BH)

INTRO: Now I would like to ask some questions about [your/Rname's] lifestyle.

10.1 Smoking

IF (HH005 = 1 AND BH001FF = 98, 99)	GO TO BH001
IF (HH005 = 1 AND BH001FF = 5)	GO TO BH002a
IF (HH005 = 1 AND BH001FF = 1 AND BH002FF = 5)	GO TO BH002a
IF (HH005 = 1 AND BH001FF = 1 AND BH002FF = 1)	GO TO BH002b
*IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW)	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 | GO TO BH101 [bh009_98] |
| 99. RF | GO TO BH101 [bh009_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] |
| 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)

BL: 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)

BL: 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)

BL: 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.

Vigorous physical 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?

1. _____ 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

99. RF

BH102: How much time did [you/he/she] usually spend doing **vigorous** physical activities on one of those days?

_____ hours per day (0 ...10)

_____ minutes per day

[bh102a]

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 **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

1. _____ days per week

0. No [I/he/she] [have/has] not done any moderate physical activities **GO TO BH105**

98. DK

99. RF

BH104: How much time did [you/he/she] usually spend doing **moderate** physical activities on one of those days?

_____ hours per day (0 ...10)

_____ minutes per day

[bh104a]

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?

1. _____ days per week

0. No [I/he/she] [have/has] not done any walking **GO TO BH107**

98. DK

99. RF

BH106: How much time did [you/he/she] usually spend **walking** on one of those days?

_____ hours per day (0 ...15)

_____ minutes per day

[bh106a]

98. DK/NOT SURE

99. RF

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?

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**

BL: GO TO NEXT SECTION

10.4 Alcohol questions

IF (HH005 = 1 - SELF INTERVIEW) GO TO NEXT SECTION

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 12 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 12 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
- 98. DK
- 99. RF

BH305. IWER: SHOW CARD BH1. Please look at this card. On the days that [he/she] drinks, what types of drinks does [he/she] have?

IWER: READ OUT OPTIONS AND INDICATE THEM ON THE CARD. CODE ALL THAT APPLY.

1. Full pint of beer/cider/lager	GO TO BH305a	[bh305_01]
2. Half pint or glass of beer/cider/lager	GO TO BH305b	[bh305_02]
3. Large can/bottle beer/cider/lager	GO TO BH305c	[bh305_03]
4. Small can/bottle beer/cider/lager	GO TO BH305d	[bh305_04]
5. Large glass of wine (250mls)	GO TO BH305e	[bh305_05]
6. Small glass of wine (125mls)	GO TO BH305f	[bh305_06]
7. Bottle of wine	GO TO BH305g	[bh305_07]
8. Measure of spirit	GO TO BH305h	[bh305_08]
9. Premixed spirit drink (e.g. Smirnoff Ice)	GO TO BH305i	[bh305_09]
98. DK	GO TO BH306	[bh305_98]
99. RF	GO TO BH306	[bh305_99]

BH305a:

On the days [he/she] is drinking, about how many full pints of beer/cider/lager would [he/she] have?

IWER CODE NUMBER OF DRINKS

- 1. Less than 1
- 2. 1-2
- 3. 3-4
- 4. 5-6
- 5. 6-8
- 6. 8+
- 98. DK
- 99. RF

BH305b:

On the days [he/she] is drinking, about how many half pints or glasses of beer/cider/lager would [he/she] have?

IWER CODE NUMBER OF DRINKS

- 1. Less than 1
- 2. 1-2
- 3. 3-4
- 4. 5-6
- 5. 6-8
- 6. 8+
- 98. DK
- 99. RF

BH305c:

On the days [he/she] is drinking, about how many large cans/bottle beer/cider/lager would [he/she] have?

IWER CODE NUMBER OF DRINKS

- 1. Less than 1
- 2. 1-2
- 3. 3-4
- 4. 5-6
- 5 . 6-8
- 6. 8+
- 98. DK
- 99. RF

BH305d:

On the days [he/she] is drinking, about how many small cans/bottle beer/cider/lager would [he/she] have?

IWER CODE NUMBER OF DRINKS

- 1. Less than 1
- 2. 1-2
- 3. 3-4
- 4. 5-6
- 5 . 6-8
- 6. 8+
- 98. DK
- 99. RF

BH305e:

On the days [he/she] is drinking, about how many large glasses of wine (250mls) would [he/she] have?

IWER CODE NUMBER OF DRINKS

- 1. Less than 1
- 2. 1-2
- 3. 3-4
- 4. 5-6
- 5 . 6-8
- 6. 8+
- 98. DK
- 99. RF

BH305f:

On the days [he/she] is drinking, about how many small glasses of wine (125mls) would [he/she] have?

IWER CODE NUMBER OF DRINKS

- 1. Less than 1
- 2. 1-2
- 3. 3-4
- 4. 5-6
- 5 . 6-8
- 6. 8+
- 98. DK
- 99. RF

BH305g:

On the days [he/she] is drinking, about how many bottles of wine would [he/she] have?

IWER CODE NUMBER OF DRINKS

- 1. Less than 1
- 2. 1-2
- 3. 3-4
- 4. 5-6
- 5 . 6-8
- 6. 8+
- 98. DK
- 99. RF

BH305h:

On the days [he/she] is drinking, about how many measures of spirit would [he/she] have?

IWER CODE NUMBER OF DRINKS

- 1. Less than 1
- 2. 1-2
- 3. 3-4
- 4. 5-6
- 5 . 6-8
- 6. 8+
- 98. DK
- 99. RF

BH305i:

On the days [he/she] is drinking, about how many premixed spirit drinks (e.g. Smirnoff Ice) would [he/she] have?

IWER CODE NUMBER OF DRINKS

1. Less than 1
2. 1-2
3. 3-4
4. 5-6
- 5 . 6-8
6. 8+
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] |

BL: GO TO NEXT SECTION

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

SECTION 9 (II). MENTAL HEALTH (MH)

9.3 HAD-S

NOTE: MOVED FROM THE SELF COMPLETION QUESTIONNAIRE TO THE CAPI

INTRO: I am now going to read out some statements and I would like you to please look at the cards I show you and indicate how well these statements currently describe your feelings. Please choose one response from the four given for each statement. You should give an immediate response and not think too long about your answer

IWER: PROMPT IF NECESSARY - 'WOULD YOU SAY THIS STATEMENT DESCRIBES THE WAY YOU FEEL NORMALLY MOST OF THE TIME.....A LOT OF THE TIME.....OCCASIONALLY.....NOT AT ALL'

IWER: SHOW CARD MH2

MH201: I feel tense or "wound up"

1. most of the time
 2. a lot of the time
 3. from time to time, occasionally
 4. not at all
98. DK
99. RF

IWER: SHOW CARD MH3

MH202: I get a sort of frightened feeling as if something awful is about to happen

1. very definitely and quite badly
 2. yes, but not too badly
 3. a little, but it does not worry me,
 4. Not at all
98. DK
99. RF

IWER: SHOW CARD MH4

MH203: Worrying thoughts go through my mind

1. A great deal of the time
 2. A lot of the time
 3. From time to time but not too often
 4. Only occasionally
98. DK
99. RF

IWER: SHOW CARD MH5

MH204: I can sit at ease and feel relaxed

1. Definitely

2. Usually

3. Not often

4. Not at all

98. DK

99. RF

IWER: SHOW CARD MH6

MH205: I get a sort of frightened feeling like "butterflies" in the stomach

- 1. Not at all
- 2. Occasionally
- 3. Quite often
- 4. Very often
- 98. DK
- 99. RF

IWER: SHOW CARD MH7

MH206: I feel restless as if I have to be on the move

- 1. Very much indeed
- 2. Quite a lot
- 3. Not very much
- 4. Not at all
- 98. DK
- 99. RF

IWER: SHOW CARD MH8

MH207: I get sudden feelings of panic

- 1. Very often indeed
- 2. Quite a lot
- 3. Not very much
- 4. Not at all
- 98. DK
- 99. RF

9.4 Composite International Diagnostic Interview – General Anxiety Disorder

IWER: READ OUT We are also interested in people's moods over a longer time, not just the past week in any feelings of worry/anxiety you may have had over a longer period of time

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 MH023**
- 98. DK **GO TO MH023**
- 99. RF **GO TO MH023**

MH303: Has that period ended or is it still going on?

- 1. Ended **GO TO MH304**
- 5. Still going on **GO TO MH305**
- 98. DK **GO TO MH304**
- 99. RF **GO TO MH304**

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" **GO TO MH306**

IF (MH303 = 5) 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"

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
- 5. 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

BL: IF RESPONDENT HAS ZERO OR ONE “YES” RESPONSES TO QUESTIONS MH314-MH320 GO TO MH023

BL: 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

9.5 Satisfaction

IWER: SHOW CARD MH9

MH023: Please look at card MH9. In a scale from 1 to 7, where '1' means strongly agree and '7' means strongly disagree, please say how much you agree or disagree with the following statement:

I am satisfied with my life
1 ... 7
98. DK
99. RF

BL: GO TO WE001

SECTION 11. EMPLOYMENT SITUATION (WE)

11.1 Current activity status

IWER: SHOW CARD WE1

WE001. Now I'm going to ask you some questions about work, retirement and pensions.
Please look at card WE1. 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)

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 least one hour?

1. Yes **GO TO WE103**

5. No

98. DK

99. RF

(SHARE/EU-SILC/TILDA)

BL:

**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)

BL:

IF WE001=1 & WE004==5 GO TO WE601

IF WE001=5 & WE004==5 GO TO WE501

IF WE001=4 & WE004==5 GO TO WE401

IF WE001=6 AND WE004=5 GO TO WE623

IF WE001=7 AND WE004=5 GO TO WE623

IF WE001 = 95, 98, 99 – GO TO WE623

IF (WE004 = 1 AND WE001 ≠ 1) ASK 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 60 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 WE007a

We007a

IWER TO ALSO SELECT SOCIAL CLASS

(Social Class Categories)

~~1 Farm owner or manager~~

1 Professional workers

2 Managerial and technical

3 Non-manual

4 Skilled manual

5 Semi-skilled

6 Unskilled

7 Unable to classify

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

IF (WE007b = 0...29) We007SC = 5 (semi-skilled)
IF (WE007b = 30...49) We007SC = 4 (skilled)
IF (WE007b = 50...99) We007SC = 3 (non-manual)
IF (WE007b = 100...199) We007SC = 2 (managerial and technical)
IF (WE007b = 200...1000) We007SC = 1 (professional workers)

We007SC

SET IN BACKGROUND – NOT ASKED

(Social Class Categories)

- 1 Professional workers
- 2 Managerial and technical
- 3 Non-manual
- 4 Skilled manual
- 5 Semi-skilled
- 6 Unskilled
- 7 All others gainfully occupied and unknown

IWER: SHOW CARD WE2

WE008. Please look at this card. 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 who once worked)

IF (we001 = 6 & we004 = 1) ASK WE009 OTHERS GO TO WE005

WE009. In what year did you cease working full-time?

[Year of birth+10]...[current year]

-98 DK

-99 RF

BL:

IF (WE001 = 6, 7 AND WE004 = 1) ASK WE005 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
 95. Other **GO TO WE006**
98. DK
99. RF
(SHARE/TILDA)

BL:

IF (WE005 = 95) ASK WE006 OTHERS GO TO WE623

WE006. Other (specify)

Text: up to 60 characters

98. DK

99. RF

(SHARE)

BL:

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)

IF (WE001 = 2 OR WE003 = 1) ASK WE103 OTHERS GO TO WE201

WE103: What is the name or title of this job?

BL: IF WE101=5 OR WE003 = 1

WE103: What is the name or title of this 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.

Text: up to 60 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 WE103a

WE103A:

IWER VERIFY THE SPELLING OF THE JOB TITLE & ASK FOR OCCUPATIONS RATHER THAN JUST COMPANY NAMES

IWER TO ALSO SELECT SOCIAL CLASS

(Social Class Categories)

1 Farm owner or manager

1 Professional workers

2 Managerial and technical

3 Non-manual

4 Skilled manual

5 Semi-skilled

6 Unskilled

7 Unable to classify

IF (WE103a = 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

IF (WE103b = 0...29) We103SC = 5 (semi-skilled)

IF (WE103b = 30...49) We103SC = 4 (skilled)

IF (WE103b = 50...99) We103SC = 3 (non-manual)

IF (WE103b = 100...199) We103SC = 2 (managerial and technical)

IF (WE103b = 200...1000) We103SC = 1 (professional workers)

We103SC

SET IN BACKGROUND – NOT ASKED

(Social Class Categories)

1 Professional workers

2 Managerial and technical

3 Non-manual

4 Skilled manual

5 Semi-skilled

6 Unskilled

7 All others gainfully occupied and unknown

SHOW CARD WE2A

WE149. Please look at card WE2A. 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.

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)?

0.0..168.0

-98. DK **GO TO WE109**

-99. RF **GO TO WE109**

(ELSA)

BL:

IF (WE107 < 30) ASK WE108 OTHERS GO TO WE109

IWER: SHOW CARD WE3

WE108:

Please look at card WE3. 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 WE4

WE111:

Please look at card WE4. 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 WE113**
98. DK **GO TO WE130**
99. RF **GO TO WE130**

(EU-SILC)

BL: WE112=1, 2, 3, 4, 5,6 GO TO WE114**IF (WE112 = 95) ASK WE113 OTHERS GO TO WE114**WE113: Other (specify) **GO TO WE114**

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 >= €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 you have given [we114] is smaller/the same/much bigger when compared to the net figure [we122] 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 (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.

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

BL:

IF (WE112 = 98, 99 OR IF WE113 = 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 ... and €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)

BL: GO TO WE151

11.4 Working conditions

***IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW) GO TO WE136**

WE 151 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 WE7

WE151: Please look at card WE7. 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 **GO TO WE137**
 - 5. No **GO TO WE138**
 - 98. DK **GO TO WE138**
 - 99. RF **GO TO WE138**
- (SHARE)

IF (WE136 = 1) ASK WE137 OTHERS GO TO WE138

IWER: SHOW CARD WE5

WE137. Please look at card WE5. 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]

BL: END OF SECTION - 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**
 95. Other – Non farming (specify) **GO TO WE201a**
 98. DK **GO TO WE203**
 99. RF **GO TO WE203**
- (TILDA)

IF (WE201 = 95) ASK WE201A OTHERS GO TO WE203

We201 a

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 60 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 **GO TO WE218a**

WE218a:

IWER TO ALSO SELECT SOCIAL CLASS LIST

(Social Class Categories)

1 Farm owner or manager

1 Professional workers

2 Managerial and technical

3 Non-manual

4 Skilled manual

5 Semi-skilled

6 Unskilled

7 Unable to classify

~~IF (WE218a = 1 CODED FARM OWNER / MANAGER) GO TO WE301~~

WE203.

In which year did [you/he/she] start this business?

1900...[current year]

-98. DK

-99. RF

(TILDA)

IWER SHOW CARD WE8

WE204. Please look at card WE8. 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.

1. Profit **GO TO WE208**

2. Loss GO TO WE207

98. DK **GO TO WE217**

99. RF **GO TO WE217**

(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)

BL: GO TO WE217

IF (WE206 = 1) ASK WE208 OTHERS GO TO WE623

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 WE217**
- 98. DK **GO TO WE217**
- 99. RF **GO TO WE217**

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 WE623

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)

***IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW) GO TO WE623**

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

WE217: Please look at card WE9. 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]

BL: END OF SECTION - GO TO WE623

IF (WE201 = 1 AND CS017 = 1, 3) ASK WE301 OTHERS GO TO WE317

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

WE309. Please look at card WE10.

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
 95. Other
 98. DK
 99. RF
- (EU-SILC)

IWER: SHOW CARD WE10

WE310.

Please look at card WE10. 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] |
| 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. Single Farm Payment scheme | GO TO WE312 | [we311_01] |
| 2. Agricultural Environmental Options (AEOS) Scheme / Rural Environment Protection Scheme (REPS) scheme | GO TO WE313 | [we311_02] |
| 3. Special Area of Conservation (SAC) scheme | GO TO WE314 | [we311_03] |
| 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] Net Single Farm Payment, i.e. after National Reserve and Modulation reduction?

€0 ... €100,000

-98. DK

-99. RF

(EU-SILC)

IF (WE311_02=1) ASK WE313 OTHERS GO TO WE314

WE313. How much did [you/he/she] receive in REPS/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. How much did [you/he/she] receive in non-REPS Special Area of Conservation (SAC) payment in last year?

€0 ... €500,000

-98. DK

-99. RF

(EU-SILC)

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 Single Farm Payment, REPS or REPS-SAC.

€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 **GO TO WE318**

5. No **GO TO WE318**

98. DK **GO TO WE623**

99. RF **GO TO WE623**

(EU-SILC)

IF (WE317 = 1, 5) ASK WE318 OTHERS GO TO WE623

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 WE623**

-99. RF **GO TO WE623**

(EU-SILC)

IF (WE318 ≠ 98, 99) ASK WE319 OTHERS GO TO WE623

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)

BL: END OF MODULE - GO TO WE623

***IF (HH005 = 2,3,4,5 OR 6 - PROXY INTERVIEW) GO TO WE623**

IWER: SHOW CARD WE11

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 (farm) job.

WE321: Please look at card WE11. 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]

BL: END OF SECTION - GO TO WE623

IF (WE001 = 4 & WE003 ≠ 1) 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 WE12

WE403. Please look at card WE12.

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
 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 WE13

WE405. Please look at card WE13. 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
 95. Other (specify) **GO TO WE406**
 98. DK
 99. RF
- (HRS)

BL: IF WE405≠95 – GO TO WE623

IF (WE405 = 95) ASK WE406 OTHERS GO TO WE407

WE406. Other (specify)

98. DK
 99. RF
- (HRS)

BL: GO TO WE623

IF (WE404 = 1) ASK WE407 OTHERS GO TO WE623

IWER; SHOW CARD WE14

WE407. Please look at card WE14. 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) ASK WE408 OTHERS GO TO WE409

WE408. Other (specify)

98. DK

99. RF

(HRS)

BL:

IF (WE407 = 5, 6) 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)

BL: GO TO WE623

11.8 Permanently sick or disabled

IF (WE001 = 5 AND WE001FF ≠ 5) ASK WE501 OTHERS GO TO WE601

WE501. In what year did [you/he/she] become sick/disabled?

YEAR 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)

WE503. Was this illness caused by the working activities in [your/his/her] last job?

1. Yes

5. No

98. DK

99. RF

(SHARE)

BL: GO TO WE623

11.9 Retired

IF (WE001 = 1 AND WE001FF ≠ 1) ASK WE601 OTHERS GO TO WE624

WE601. In what year did [you/he/she] retire?

YEAR

1950...[current year]

-98. DK **GO TO WE603**

-99. RF **GO TO WE603**

(HRS)

IF (WE601 = 98, 99) ASK WE602 OTHERS GO TO WE603

WE602. In what month did [you/he/she] retire?

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

(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 = 2) ASK WE604 OTHERS GO TO WE605

IWER: SHOW CARD WE16

WE604. Please look at card WE16.

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
95. Other reason (please specify)
98. DK
99. RF

(SHARE)

[we604oth]

IF (WE603 = 1) ASK WE605 OTHERS GO TO WE609

IWER: SHOW CARD WE17

WE605. Please look at card WE17. 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]
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) ASK WE606 OTHERS GO TO WE607

WE606. Other (specify)

Text: up to 60 characters

98. DK

99. RF

(ELSA)

BL:

IF (WE605 = 4) 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)

[we608a]

95. Other (specify)

[we608b]

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 60 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 WE624
- 5. No GO TO WE613a

WE613a:

IWER TO ALSO SELECT SOCIAL CLASS

(Social Class Categories)

- 1 Farm owner or manager
- 2 Professional workers
- 3 Managerial and technical
- 4 Non-manual
- 5 Skilled manual
- 6 Semi-skilled
- 7 Unskilled
- 8 Unable to classify

IF (WE613a = 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

IF (WE613b = 0...29) We613SC = 5 (semi-skilled)

IF (WE613b = 30...49) We613SC = 4 (skilled)

IF (WE613b = 50...99) We613SC = 3 (non-manual)

IF (WE613b = 100...199) We613SC = 2 (managerial and technical)

IF (WE613b = 200...1000) We613SC = 1 (professional workers)

We613SC

SET IN BACKGROUND – NOT ASKED

(Social Class Categories)

- 1 Professional workers
- 2 Managerial and technical
- 3 Non-manual
- 4 Skilled manual
- 5 Semi-skilled
- 6 Unskilled
- 7 Unable to classify

IF (WE001 = 1) ASK WE624 OTHERS GO TO WE623

IWER: SHOW CARD WE18

WE624. Thinking of the last job you held before retiring ~~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-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.

IF (WE001ff = 1 & WE610ff < 2002) GO TO WE621

IF (WE001ff = 1 & WE610ff >= 2002) GO TO WE623

IF (WE001FF ≠ 1) ASK WE615 OTHERS GO TO WE621

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 WE19

WE618.

Please look at card WE19. 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 WE19

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)

~~IF (WE001ff = 1 & WE610ff >= 2002) GO TO WE623~~

~~IF (WE001 = 1 OR (WE001ff = 1 & WE610ff < 2002)) ASK WE621 OTHERS GO TO WE623~~

WE621.

Then READ:

"I am now going to ask you about [your/his/her] net wage in the last job before [you/he/she] retired.

IF (HH005 = 1) THEN ADD

I realize that we asked this question in the previous wave but there may have been a recording error due to us not recording if the amount was in euro or punts, so we hope you don't mind us asking the question again"

THEN IW READS TO ALL:

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

***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 CF001a = 1

SECTION 12. GRIP STRENGTH (GS)

IWER: GO TO YOUR LAMINATED PROTOCOL SHEET AND FOLLOW THE PROCEDURES AS OUTLINED

GS001: Now I would like to assess the strength of your hand in a gripping action. I will count up to three and then ask you to squeeze this handle as hard as you can, just for two or three seconds and then let go. I will now demonstrate this to you. IWER: DEMONSTRATE THE CORRECT PROCEDURE AS PER PROTOCOL

READ OUT: I will take one measurement from your dominant hand. Would you be willing to have your handgrip measured?

IWER: Was the participant willing to have [his/her] grip strength measured?

- | | |
|-------------------------------|-------------|
| 1. Yes | GO TO GS003 |
| 5. No | GO TO GS002 |
| 3. Unable to take measurement | GO TO GS002 |

GS002: IWER: Give details why grip strength test not attempted.

Free text..... GO TO TUG001

GS003: Which is your dominant hand?

IWER: Which is the dominant hand?

- 1. Right hand
- 2. Left hand
- 3. Neither / Either
- 98. Don't know
- 99. Refused

GS004: Can I just check, have you had a recent hand injury or surgery to your dominant hand within the last six months? Do you have any pain or swelling in your dominant hand?

IWER: IF YES TO EITHER QUESTION, DO NOT ATTEMPT GRIP STRENGTH MEASURE ON THE DOMINANT HAND. INSTEAD USE THE NON-DOMINANT HAND PROVIDED IT HAS NOT BEEN INJURED AND IT IS NOT SORE OR SWOLLEN. IF RESPONDENT CANNOT USE EITHER HAND FOR THIS OR ANY OTHER REASON, CODE 3 BELOW.

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 |
| 3. Respondent is unable to use either hand | GO TO TUG001 |

IWER READ OUT: Before starting the test I need to make sure that the handle is comfortable for you to use.

IWER: SET HANDLE TO COMFORTABLE GRIP FOR RESPONDENT. CHECK IF THE RESPONDENT IS WEARING ANY LARGE RINGS THAT MAY NEED TO BE REMOVED PRIOR TO THE TEST. HAND THE DYNAMOMETER TO THE RESPONDENT. ENSURE THAT THE INDICATOR (RED ARROW) IS SET TO ZERO

~~AND THE DIAL IS FACING AWAY FROM THE RESPONDENT. ASK THE RESPONDENT TO STAND IF THEY CAN DO SO COMFORTABLY, BUT OTHERWISE ALLOW THEM TO SIT.~~

~~IWER: Now we are ready to begin. Please keep your upper arm tight against your trunk during this test, like I demonstrated earlier. It is important that you squeeze as hard as you can for just a few seconds.~~

~~BI: IF RESPONDENT ANSWERED 1 TO GS004 GO TO GS005~~

~~BI: IF RESPONDENT ANSWERED 2 TO GS004 GO TO GS006~~

CAPTURE DATA AT EITHER GS005 OR GS006

GS005: IWER: DOMINANT HAND MEASUREMENT. SAY: 'ONE, TWO, THREE, SQUEEZE!'

Enter the result to the nearest whole value (Kilogram).

1. Range: 0..100

-98. unable to record

GS006: IWER: NON-DOMINANT HAND MEASUREMENT. SAY: 'ONE, TWO, THREE, SQUEEZE!'

Enter the result to the nearest whole value (Kilogram).

1. Range: 0..100

-98. unable to record

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

***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 CF001a = 1

SECTION 13. TIMED UP AND GO SECTION (TUG)

TUG001: **INTRO** Now we have a different kind of exercise that involves walking a short distance. Are you able to walk alone without holding on to another person, using a walking stick or other aid if necessary?

- 1. Yes
- 2. Yes, but aid unavailable
- 5. No**

GO TO NEXT MODULE

TUG002: **INTRO:** I would now like to see how long it takes you to stand up from a chair, walk a short distance, turn, walk back to the chair, and sit down again comfortably. First, I would like to check if it is safe to carry out the test. Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from completing this test?

- 1. No apparent restriction **[tug002_01]**
- 2. Yes, recent surgery **[tug002_02]**
- 3. Yes, injury **[tug002_03]**
- 4. Yes, other health condition **[tug002_95]**

TUG003: So are you willing to do the walking test?

- 1. Yes
- 5. No**

GO TO NEXT MODULE

TUG004: **IWER: DO YOU FEEL THAT IT IS SAFE TO CONTINUE WITH THE
“TIMED UP AND GO” TEST?**

- 1. Yes
- 5. No**

GO TO NEXT MODULE

IWER: GO TO YOUR LAMINATED PROTOCOL SHEET AND FOLLOW THE PROCEDURES AS OUTLINED

TUG005: **IWER: CHECK AVAILABLE SPACE FOR TEST**

IWER: WAS THERE SUITABLE SPACE AVAILABLE FOR THE TEST?

- 1. Suitable space available
- 2. No suitable space

GO TO NEXT MODULE

TUG006: **IWER: CHECK SUITABLE CHAIR AVAILABLE FOR TEST**

IWER: WAS THERE A SUITABLE CHAIR AVAILABLE FOR THE TEST?

- 1. Suitable chair available
- 2. No suitable chair available

GO TO NEXT MODULE

TUG007: **IWER: RECORD HEIGHT OF CHAIR FROM THE SEAT TO THE GROUND TO NEAREST CM**

Height in cm's (**RANGE 30-50**)

-98. DK

~~IWER: SET UP THE WALKING COURSE AND DEMONSTRATE THE "TIMED UP AND GO" FOR THE RESPONDENT.~~

~~ENSURE YOU HAVE GIVEN THE FULL INSTRUCTION PRIOR TO THE DEMONSTRATION BY SAYING "Now I am going to do a walking test. I will get you to sit in this chair with your back resting against the back of the chair. On the word 'go' you should stand up, walk to the line on the floor, turn around, walk back to the chair and sit down. Please walk at your regular pace. Is that ok? Do you have any questions? I will demonstrate this now"~~

~~NOTE: DO NOT TALK DURING THE DEMONSTRATION. IF YOU FEEL THE RESPONDENT DOES NOT FULLY UNDERSTAND THE INSTRUCTIONS ALLOW THEM TO DO A PRACTICE RUN PRIOR TO THE TIMED TEST~~

PAUSE

~~IWER: "I will now get you to do that. Do you have any questions before we begin?"~~

~~I am going to time you. You should walk at your usual pace. Are you ready? Go"~~

~~NOTE: START TIMING ON THE WORD "GO" AND STOP TIMING WHEN THE RESPONDENT IS SEATED AGAIN CORRECTLY IN THE CHAIR WITH THEIR BACK RESTING ON THE BACK OF THE CHAIR.~~

TUG008: IWER: RECORD RESULT OF THE FIRST TIMED TRIAL

- | | |
|---|--------------------------|
| 1. Completed successfully | GO TO TUG009 |
| 2. Attempted but unable to complete | GO TO NEXT MODULE |
| 3. Stopped by the interviewer because of safety reasons | GO TO NEXT MODULE |
| 4. Not attempted, respondent felt it would be unsafe | GO TO NEXT MODULE |
| 5. Participant unable to understand instructions | GO TO NEXT MODULE |
| 99. Respondent refused | GO TO NEXT MODULE |

TUG009: IWER: Enter time taken to complete walk in minutes, seconds and centiseconds.

____minutes (0-10) ____seconds (0 - 59) ____centiseconds (0 - 99)

TUG009x: INTERVIEWER: YOU have just recorded that this respondent has taken ____ minutes, ____ seconds and ____ centiseconds to walk the distance .

Is this correct?

1. Yes
2. No

TUG010: IWER: RECORD TYPE OF FLOOR SURFACE

- | | |
|-----------------------|--|
| 1. Linoleum/tile/wood | |
| 2. Low-pile carpet | |
| 3. Thick-pile carpet | |
| 4. Concrete | |
| 5. Not sure | |
| 95. Other | |

TUG011: IWER: RECORD TYPE OF AID USED DURING TEST

- | | |
|--------------------------|--------------------|
| 1. None | [tug011_01] |
| 2. Walking stick or cane | [tug011_02] |
| 3. Elbow crutches | [tug011_03] |
| 4. Walking frame | [tug011_04] |
| 95. Other | [tug011_95] |

BL:

~~IF (WE001 = 2,3 OR WE004 = 1,98,99) ASK JH101 OTHERS GO TO NEXT SECTION~~

IF WE001=1,2,3,4 GO TO JH101

IF WE001= 5,6,7,95,98,99 GO TO JH109

SECTION 14. JOB HISTORY (JH)

JH109: [Have/Has] [you/Rname] done paid work at any time in [your/his/her] life?

- 1. Yes go to JH101
- 5. No go to WR001
- 98. DK go to WR001
- 99. RF go to WR001

JH101. Now I would like to confirm some of the information we collected when we first interviewed [you/Rname] about [your/his/her] job history. At what age did [you/he/she] start [your/his/her] first regular job or business? (after [you/he/she] first left full-time education)

- 8 ... 65
- 98. DK
- 99. RF (EU-SILC)

BL: "x1" is calculated from (resp.'s current age) – (answer at JH101)

JH102. That is x1 years ago. During this time, roughly how many years [have/has/has] [you/he/she] spent at work, either as an employee or self-employed?

- 0 ... x1
 - 98. DK
 - 99. RF
- (EU-SILC)

IF (X1 = JH102 [person has worked all those years]) THEN GO TO JH107 OTHERS ASK JH108

CAPI: : "x2" is calculated from (x1 - answer at JH102)

JH108. This leaves x2 years in which [you/he/she] [were/was] not working. During these years, did [you/she/he] spend [your/his/her] time mainly in:

IWER: CODE ONE

- 1. Unemployment
- 2. Unable to work due to illness or poor health
- 3. Looking after home or family
- 4. Retirement
- 5. Education or training
- 95. Other
- 98. DK
- 99. RF

IF (HH005 = 1) ASK JH107 OTHERS GO TO NEXT SECTION

JH107

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

- 1. NEVER**
- 2. A FEW TIMES**
- 3. MOST OR ALL OF THE TIME**

BL: GO TO WR101

***IF (HH005 = 2,3,4,5 or 6 - PROXY INTERVIEW) GO TO SECTION 16.**

IF WE001=1 (RETIRED) – GO TO NEXT SECTION

IF WE001= 5, 6, 95, 98, 99 (SICK, FAMILY, OTHER, DK, REFUSED) – GO TO WR301

SECTION 15. PLANNING FOR RETIREMENT (WR)

WR001. I would now like to ask you some questions with regards to the arrangements you are making to prepare for retirement. At what age do you plan to retire?

50...99

997. Do not plan to retire

998. DK

999, RF

(HRS)

CHECK

CHECK: WHEEL MUST BE SAME OR GREATER THAN REST OF DENT SAGE

IF WE001-2 - GO TO WR002

IF WE001=3 (SELF-EMPLOYED) = GO TO WR301
IF WE001=4, 7 (UNEMPLOYED, EDUCATION) = G

IF WE001=4, / (UNEMPLOYED, EDUCATION) - GO TO WR301

WR002: Are you

1. a member of an occupational pension scheme organised by your current employer (including public sector employers)?

IF WE149=1 or 2 GO TO WR201

IF WE149=3 GO TO WR101

2. a member of a Personal Retirement Saving Account scheme organised through your employer (and not a member of an occupational pension scheme) **GO TO WR302**

5. Not a member of either type of scheme **GO TO WR003**

98. DK GO TO WR301

99. RF GO TO WR301

Note: A PRSA is a retirement saving product for employees, self-employed, homemakers, carers, unemployed and any other category of person. They can be used **instead** of occupational pension schemes by employers who do not wish to sponsor such schemes. They can also be used to **supplement** an occupational pension scheme through Additional Voluntary Contributions (AVCs - By this I mean voluntary contributions you made in addition to any compulsory contributions).

(TILDA)

WR003. Does your employer offer any kind of pension plan to employees which you could join if you wished?

1. Yes GO TO WR004

5. No GO TO WR006

98 DK GO TO WB006

99 BE GO TO WR006

99. RI
(EIS&A)

WR004. Why aren't you a member of this pension scheme?

IWER: CODE THE ONE THAT APPLIES

1 Preferred, or already had, other arrangement

2 Expected to move job

3 Could not afford contributions

95 Other reason (specify) **GO TO WR005**

98. DK

99. RF

(ELSA)

BL: IF WR004=1, 2, 3, 98, 99 – GO TO WR401

WR005. Other reason (specify)

Text: up to 60 characters

98. DK

99. RF

(ELSA)

BL: GO TO WR401

WR006. Did your employer ever inform you that the company had set up a Personal Retirement Savings Account (PRSA) to which you are entitled to contribute from your salary?

1. Yes **GO TO WR007**

5. No **GO TO WR401**

98. DK **GO TO WR401**

99. RF **GO TO WR401**

Note: A PRSA is a retirement saving product for employees, self-employed, homemakers, carers, unemployed and any other category of person. They can be used **instead** of occupational pension schemes by employers who do not wish to sponsor such schemes. They can also be used to **supplement** an occupational pension scheme through Additional Voluntary Contributions (AVCs - By this I mean voluntary contributions you made in addition to any compulsory contributions.)

(TILDA)

IWER: SHOW CARD WR2

WR007. Please look at card WR2. Why did you decide not to pay into the PRSA offered by your employer?

IWER: CODE THE ONE THAT APPLIES

1. Preferred a different type of pension arrangement (Non-Standard PRSA, Personal Pension, Annuity, etc.)
2. Preferred to invest in other financial products that offer me a better return
3. Prefer to invest in the purchase of property
4. My salary is not enough to allow me to buy into a PRSA
5. Not interested in saving for a pension at this moment in time
6. The scheme is too complex

95. Other (specify) **GO TO WR008**

98. DK

99. RF

(TILDA)

BL: IF WR007=1, 2, 3, 4, 5, 6, 98, 99 – GO TO WR401

WR008. Other (specify)

Text: up to 60 characters

98. DK

99. RF

(EU-SILC)

BL: GO TO WR401

15.1 Occupational pension

WR101:

What is the name of the pension plan?

Text: up to 100 characters

98. DK

99. RF

(SHARE)

WR102: When you became eligible to participate in this plan, were you given a choice of whether to participate, or were you enrolled automatically?

1. Given a choice

2. Enrolled automatically

98. DK

99. RF

(HRS)

WR103: At what age does this pension plan normally allow you to retire that is, what is the normal age of retirement?

30...80

-98. DK

-99. RF

(SHARE)

WR104: Does this pension plan allow you to retire before the normal age of retirement'?

1. Yes **GO TO WR105**

5. No **GO TO WR105A**

98. DK **GO TO WR105A**

99. RF **GO TO WR105A**

(TILDA)

WR105: What is the earliest age that your pension plan allows you to retire?

30...75

-98. DK

-99. RF

(TILDA)

WR105A: After you retire, on what basis will your pension be up-rated (increased)?

1. In line with prices (inflation or consumer price index)
 2. In line with the salary of the job you had before retiring
 3. In line with average salaries in the economy
 4. At the discretion of your (former) employer or of the scheme trustees
 5. Your pension will not be indexed to any criteria/ will not be up-rated
98. DK
99. RF
(TILDA)

IWER: SHOW CARD WR3

WR106: Please look at card WR3. Is this pension more like Type A or Type B?

IWER: CODE THE ONE THAT APPLIES

1 Type A: My pension contributions are put into a fund which grows over time and my pension will depend on the size of this fund when I retire. This type of pension is called a 'defined contribution' or 'money purchase' scheme **GO TO WR107**

2 Type B: My pension will be based on a formula involving age, years of service and salary. This type of pension is sometimes called a 'defined benefit' or 'final salary' scheme **GO TO WR129**

98. DK **GO TO WR107**
99. RF **GO TO WR107**
(ELSA)

WR107: Does your employer contribute to this pension plan?

1. Yes **GO TO WR108**
 5. No **GO TO WR111**
98. DK **GO TO WR111**
99. RF **GO TO WR111**
(ELSA)

WR108: Per month, how much does your employer currently contribute to your pension plan? You may respond to this by giving me the monthly amount or the equivalent percentage of your salary.

IWER: CODE HOW ANSWER IS GIVEN

- 1 Amount **GO TO WR109**
 - 2 Percentage of salary **GO TO WR110**
98. DK **GO TO WR111**
99. RF **GO TO WR111**
(ELSA)

WR109: IWER: ENTER AMOUNT IN EUROS

€0 ... €10,000 **GO TO WR111**

- 98. DK **GO TO WR111**
-99. RF **GO TO WR111**
(ELSA)

WR110: IWER: ENTER PERCENTAGE OF SALARY

- 1 ... 50%
 - 98. DK
 - 99. RF
- (ELSA)

WR111: Per month, how much do you currently contribute to your pension plan? You may respond to this by giving me the monthly amount or the equivalent percentage of your salary

IWER: ASK RESPONDENT TO CHECK HIS/HER PAY SLIP TO RESPOND TO THIS QUESTION, IF POSSIBLE.

IWER: CODE HOW ANSWER IS GIVEN

IWER: IF RESPONDENT DOES NOT CONTRIBUTE TO THIS PENSION, SELECT 'AMOUNT' AND ENTER '0'

1 Amount **GO TO WR112**

2 Percentage of salary **GO TO WR113**

98. DK **GO TO WR114**

99. RF **GO TO WR114**

(ELSA)

WR112: IWER: ENTER AMOUNT IN EUROS

€0 ... €10,000 **GO TO WR114**

-98. DK **GO TO WR114**

-99. RF **GO TO WR114**

(ELSA)

WR113: IWER: ENTER PERCENTAGE OF SALARY

- 1 ... 50%
 - 98. DK
 - 99. RF
- (ELSA)

WR114: In the past 12 months, did you make any Additional Voluntary Contributions (AVCs)?.

(By this I mean voluntary contributions you made in addition to any compulsory contributions.)

IWER: INCLUDE ANY CONTRIBUTIONS DONE VIA AN "ADDITIONAL VOLUNTARY CONTRIBUTIONS PRSA".

1. Yes **GO TO WR115**

5. No **GO TO WR118**

98. DK **GO TO WR118**

99. RF **GO TO WR118**

(ELSA)

WR115: In the past 12 months, how much did you contribute through additional voluntary contributions? You may respond to this by giving me the total amount or the equivalent percentage of your annual salary.

IWER: IF RESPONDENT DOES NOT CONTRIBUTE TO THIS PENSION, SELECT 'AMOUNT' AND ENTER '0'

IWER: CODE HOW ANSWER IS GIVEN

1 Amount **GO TO WR116**

2 Percentage of annual salary **GO TO WR117**

98. DK **GO TO WR118**

99. RF **GO TO WR118**

(ELSA)

WR116: **IWER: ENTER AMOUNT IN EUROS**

€0 ... €10,000 **GO TO WR118**

-98. DK **GO TO WR118**

-99. RF **GO TO WR118**

(ELSA)

WR117: **IWER: ENTER PERCENTAGE OF ANNUAL SALARY**

1 ... 50%

-98. DK

-99. RF

(ELSA)

WR118: For how many years have you been contributing to this pension plan?

NUMBER OF YEARS

0 ... 65

-98. DK

-99. RF

(SHARE)

WR119: What is the value of your pension plan at present?

IWER: ASK RESPONDENT TO CHECK HIS/HER YOUR LATEST PENSION STATEMENT TO RESPOND TO THIS QUESTION, IF POSSIBLE.

€0 ... €10,000,000

-98. DK

-99. RF

WR120: When you retire, how will the funds from your pension plan be paid?

1. As a pension only **GO TO WR121**

2. As a lump-sum plus a pension **GO TO WR124**

98. DK **GO TO WR128**

99. RF **GO TO WR128**

(ELSA)

WR121: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

1. Percentage of salary **GO TO WR122**

2. Monthly amount **GO TO WR123**

98. DK **GO TO WR128**

99. RF **GO TO WR128**

(ELSA/TILDA)

WR122: **IWER: ENTER PERCENTAGE OF SALARY**

1 ... 80% **GO TO WR128**

-98. DK **GO TO WR128**

-99. RF **GO TO WR128**

(ELSA)

WR123: **IWER: ENTER MONTHLY AMOUNT IN EUROS**

€0 ... €10,000 **GO TO WR128**

-98. DK **GO TO WR128**

-99. RF **GO TO WR128**

(ELSA)

WR124: How much do you expect to receive as a lump sum payment from this pension scheme when you retire?

€0 ... €1,000,000

-98. DK

-99. RF

(ELSA)

WR125: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

1. Percentage of salary **GO TO WR126**

2. Monthly amount **GO TO WR127**

98. DK **GO TO WR128**

99. RF **GO TO WR128**

(ELSA/TILDA)

WR126: **IWER: ENTER PERCENTAGE OF SALARY**

1 ... 100% **GO TO WR128**

-98. DK **GO TO WR128**

-99. RF **GO TO WR128**

(ELSA)

WR127: **IWER: ENTER MONTHLY AMOUNT IN EUROS**

€0 ... €10,000

-98. DK

-99. RF

(ELSA)

IWER: SHOW CARD WR4

WR128: Please look at card WR4. When you first started contributing to this pension plan, did you transfer funds from a pension plan provided by your previous employer, a PRSA or from a personal pension plan:

IWER: CODE THE ONE THAT APPLIES

- 1. Yes
- 5. No, I did not transfer any funds from previous pensions
- 7. No, this was the first time I contributed to a pension plan
- 95. Other
- 98. DK
- 99. RF
(TILDA)

BL: GO TO WR401

CHECK ROUTING FROM WR106

WR129: Does your employer contribute to this pension plan?

- 1. Yes **GO TO WR130**
- 5. No **GO TO WR133**
- 98. DK **GO TO WR133**
- 99. RF **GO TO WR133**
(ELSA)

WR130: Per month, how much does your employer currently contribute to your pension plan? You may respond to this by giving me the monthly amount or the equivalent percentage of your salary.

IWER: CODE HOW ANSWER IS GIVEN

- 1 Amount **GO TO WR131**
- 2 Percentage of salary **GO TO WR132**
- 98. DK **GO TO WR133**
- 99. RF **GO TO WR133**
(ELSA)

WR131: IWER: ENTER AMOUNT IN EUROS

€0 ... €50,000 **GO TO WR133**

- 98. DK **GO TO WR133**
- 99. RF **GO TO WR133**
(ELSA)

WR132: IWER: ENTER PERCENTAGE OF SALARY

- 1 ... 50%
 - 98. DK
 - 99. RF
- (ELSA)

WR133: Per month, how much do you currently contribute to your pension plan? You may respond to this by giving me the monthly amount or the equivalent percentage of your salary.

IWER: IF RESPONDENT DOES NOT CONTRIBUTE TO THIS PENSION, SELECT 'AMOUNT' AND ENTER '0'

IWER: ASK RESPONDENT TO CHECK HIS/HER PAY SLIP TO RESPOND TO THIS QUESTION, IF POSSIBLE

IWER: CODE HOW ANSWER IS GIVEN

- 1 Amount **GO TO WR134**
 - 2 Percentage of salary **GO TO WR135**
 - 98. DK **GO TO WR136**
 - 99. RF **GO TO WR136**
- (ELSA)

WR134: IWER: ENTER AMOUNT IN EUROS

€0 ... €50,000 **GO TO WR136**

- 98. DK **GO TO WR136**
 - 99. RF **GO TO WR136**
- (ELSA)

WR135: IWER: ENTER PERCENTAGE OF SALARY

- 1 ... 50%
 - 98. DK
 - 99. RF
- (ELSA)

WR136: In the past 12 months, did you make any Additional Voluntary Contributions (AVCs):
(By this I mean voluntary contributions you made in addition to any compulsory contributions.)

- 1. Yes **GO TO WR137**
 - 5. No **GO TO WR140**
 - 98. DK **GO TO WR140**
 - 99. RF **GO TO WR140**
- (ELSA)

WR137: In the past 12 months, how much did you contribute through Additional Voluntary Contributions? You may respond to this by giving me the total amount or the equivalent percentage of your annual salary.

IWER: CODE HOW ANSWER IS GIVEN

1 Amount **GO TO WR138**

2 Percentage of annual salary **GO TO WR139**

98. DK **GO TO WR140**

99. RF **GO TO WR140**

(ELSA)

WR138: IWER: ENTER AMOUNT IN EUROS

€0 ... €50,000 **GO TO WR140**

-98. DK **GO TO WR140**

-99. RF **GO TO WR140**

(ELSA)

WR139: IWER: ENTER PERCENTAGE OF ANNUAL SALARY

1 ... 50%

-98. DK

-99. RF

(ELSA)

WR140: For how many years have you been contributing to this pension plan?

NUMBER OF YEARS

0 ... 50

-98. DK

-99. RF

(SHARE)

WR141: What is the value of your pension plan at present?

IWER: ASK RESPONDENT TO CHECK HIS/HER LATEST PENSION STATEMENT TO RESPOND TO THIS QUESTION, IF POSSIBLE.

€0 ... €5,000,000

-98. DK

-99. RF

(ELSA)

WR142: Which of these best describes how your pension will be calculated?

IWER: CODE THE ONE THAT APPLIES

- 1 Some fraction of your final year's salary
- 2 Some fraction of your salary averaged over all the years I have been in the scheme
- 3 Some fraction of your last five years salary
- 95 Other (specify) **GO TO WR143**

98. DK

99. RF

BL:

IF WR142= 1, 2, 3 GO TO WR144

IF WR142= 98, 99 GO TO WR146

(ELSA)

WR143: Other (specify)

Text: up to 60 characters

98. DK

99. RF

(ELSA)

BL: GO TO WR146

WR146: When you retire, how will the funds from your pension plan be paid?

- 1. As a pension only **GO TO WR147**
- 2. As a lump-sum plus a pension **GO TO WR150**
- 98. DK **GO TO WR154**
- 99. RF **GO TO WR154**

(ELSA)

WR147: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

- 1. Percentage of salary **GO TO WR148**
- 2. Monthly amount **GO TO WR149**
- 98. DK **GO TO WR154**
- 99. RF **GO TO WR154**

(ELSA/TILDA)

WR148: IWER: ENTER PERCENTAGE OF SALARY

- 1 ... 100% **GO TO WR154**
- 98. DK **GO TO WR154**
- 99. RF **GO TO WR154**

(ELSA)

WR149: IWER: ENTER MONTHLY AMOUNT IN EUROS

€0 ... €100,000 **GO TO WR154**

-98. DK **GO TO WR154**

-99. RF **GO TO WR154**

(ELSA)

WR150: How much do you expect to receive as a lump sum payment from this pension scheme when you retire?

€0 ... €5,000,000

-98. DK

-99. RF

(ELSA)

WR151: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

1. Percentage of salary **GO TO WR152**

2. Monthly amount **GO TO WR153**

98. DK **GO TO WR154**

99. RF **GO TO WR154**

(ELSA/TILDA)

WR152: IWER: ENTER PERCENTAGE OF SALARY

1 ... 100% **GO TO WR154**

-98. DK **GO TO WR154**

-99. RF **GO TO WR154**

(ELSA)

WR153: IWER: ENTER MONTHLY AMOUNT IN EUROS

€0 ... €100,000

-98. DK

-99. RF

(ELSA)

IWER: SHOW CARD WR4

WR154: Please look at card WR4. When you first started contributing to this pension plan, did you transfer funds from a pension plan provided by your previous employer, a PRSA or from a personal pension plan:

IWER: CODE THE ONE THAT APPLIES

1. Yes

5. No, I did not transfer any funds from previous pensions

7. No, this was the first time I contributed to a pension plan

95. Other

98. DK

99. RF

(TILDA)

BL: GO TO WR401

15.2 Public sector pension

WR201: When did you start the job on which your pension is based?

ENTER YEAR

1900...[current year]

-98. DK

-99. RF

(TILDA)

IWER: SHOW CARD WR5

WR202: Please look at card WR5. Which type of public sector pension are you currently covered by?

IWER: CODE THE ONE THAT APPLIES

1. Main Civil Service Pension Scheme
2. Pension scheme of the members of armed forces
3. Pension scheme of members of the Garda
4. Pension scheme of teachers and clerical support staff in schools
5. Pension scheme of university teaching and research staff
6. Pension scheme of Health Service Executive staff
7. Pension scheme of local authorities staff

95 Other public sector scheme (specify) **GO TO WR203**

98. DK

99. RF

(TILDA)

BL

IF WR201<1995 AND WR202=1 – GO TO WR204

IF WR201=>1995 AND WR202=1 – GO TO WR215

IF WR202=2, 3, 4, 5, 6, 7, 98, 99 – GO TO WR226

WR203: Other (specify)

Text: up to 100 characters

98. DK

99. RF

(TILDA)

BL: GO TO WR226

WR204: In the past 12 months, did you purchase any additional service years ('added years') or make any additional voluntary contributions (AVC's) to this pension?

(By this I mean voluntary contributions you made in addition to any compulsory contributions.)

Note; Include any AVCs paid through an Additional Voluntary Contribution PRSA

1. Yes **GO TO WR205**

5. No **GO TO WR208**

98. DK **GO TO WR208**

99. RF **GO TO WR208**

(ELSA/TILDA)

WR205: In the past 12 months, how much did you spend in buying additional service years ('added years') or in additional voluntary contributions (AVC's) on this pension?

You may respond to this by giving me the total amount or the equivalent percentage of your annual salary.

IWER: CODE HOW ANSWER IS GIVEN

1 Amount **GO TO WR206**

2 Percentage of annual salary **GO TO WR207**

98. DK **GO TO WR208**

99. RF **GO TO WR208**

(ELSA)

WR206: IWER: ENTER AMOUNT IN EUROS

€0 ... €1,000,000 **GO TO WR208**

-98. DK **GO TO WR208**

-99. RF **GO TO WR208**

(ELSA)

WR207: IWER: ENTER PERCENTAGE OF ANNUAL SALARY

1 ... 50% **GO TO WR208**

-98. DK **GO TO WR208**

-99. RF **GO TO WR208**

(ELSA)

WR208: How much, in euros, do you expect to receive as a lump sum payment from this pension scheme when you retire?

€0 ... €5,000,000

-98. DK

-99. RF

(ELSA)

WR209: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

1. Percentage of salary **GO TO WR210**

2. Monthly amount **GO TO WR211**

98. DK ~~GO TO WR401~~ **GO TO WR241**

99. RF ~~GO TO WR401~~ **GO TO WR241**

(ELSA/TILDA)

WR210: IWER: ENTER PERCENTAGE OF SALARY

1 ... 80%

-98. DK

-99. RF

(ELSA)

BL: GO TO WR401 GO TO WR241

WR211: IWER: ENTER MONTHLY AMOUNT IN EUROS

€0 ... €100,000

-98. DK

-99. RF

(ELSA)

BL: GO TO WR401 GO TO WR241

WR215: In the past 12 months, did you purchase any additional service years ('added years') or make any additional voluntary contributions (AVC's) to this pension?

(By this I mean voluntary contributions you made in addition to any compulsory contributions.)

Note; Include any AVCs paid through an Additional Voluntary Contribution PRSA

1. Yes **GO TO WR216**

5. No **GO TO WR219**

98. DK **GO TO WR219**

99. RF **GO TO WR219**

(ELSA/TILDA)

WR216: In the past 12 months, how much did you spend in buying additional service years ('added years') or in additional voluntary contributions (AVC's) to this pension? You may respond to this by giving me the total amount or the equivalent percentage of your annual salary.

IWER: CODE HOW ANSWER IS GIVEN

1 Amount **GO TO WR217**

2 Percentage of annual salary **GO TO WR218**

98. DK **GO TO WR219**

99. RF **GO TO WR219**

(ELSA)

WR217: IWER: ENTER AMOUNT IN EUROS

€0 ... €500,000 **GO TO WR219**

-98. DK **GO TO WR219**

-99. RF **GO TO WR219**

(ELSA)

WR218: IWER: ENTER PERCENTAGE OF SALARY

1 ... 50% **GO TO WR219**
-98. DK **GO TO WR219**
-99. RF **GO TO WR219**
(ELSA)

WR219: How much do you expect to receive as a lump sum payment from this pension scheme when you retire?

€0 ... €5,000,000
-98. DK
-99. RF
(ELSA)

WR220: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

1. Percentage of salary **GO TO WR221**
2. Monthly amount **GO TO WR222**
98. DK ~~GO TO WR401 GO TO WR241~~
99. RF ~~GO TO WR401 GO TO WR241~~
(ELSA/TILDA)

WR221: IWER: ENTER PERCENTAGE OF SALARY

1... 80%
-98. DK
-99. RF
(ELSA)

BL: GO TO WR401 GO TO WR241

WR222: IWER: ENTER MONTHLY AMOUNT IN EUROS

€0 ... €100,000
-98. DK
-99. RF
(ELSA)

BL: GO TO WR401 GO TO WR241

WR226: Per month, how much do you currently contribute to your pension plan? You may respond to this by giving me the monthly amount or the equivalent percentage of your salary.

IWER: ASK RESPONDENT TO CHECK HIS/HER PAY SLIP TO RESPOND TO THIS QUESTION, IF POSSIBLE

IWER: CODE HOW ANSWER IS GIVEN

1 Amount **GO TO WR227**

2 Percentage of salary **GO TO WR228**

98. DK **GO TO WR229**

99. RF **GO TO WR229**

(ELSA)

WR227: **IWER: ENTER AMOUNT IN EUROS**

€0 ... €50,000 **GO TO WR229**

-98. DK **GO TO WR229**

-99. RF **GO TO WR229**

(ELSA)

WR228: **IWER: ENTER PERCENTAGE OF SALARY**

1 ... 50%

-98. DK

-99. RF

(ELSA)

WR229: In the past 12 months, did you purchase any additional service years ('added years') or make any additional voluntary contributions (AVC's) to this pension?

(By this I mean voluntary contributions you made in addition to any compulsory contributions.)

1. Yes **GO TO WR230**

5. No **GO TO WR233**

98. DK **GO TO WR233**

99. RF **GO TO WR233**

(ELSA/TILDA)

WR230: In the past 12 months, how much did you spend in buying additional service years ('added years') or in additional voluntary contributions (AVC's) on this pension?

You may respond to this by giving me the monthly amount or the equivalent percentage of your annual salary.

IWER: CODE HOW ANSWER IS GIVEN

1 Amount **GO TO WR231**

2 Percentage of annual salary **GO TO WR232**

98. DK **GO TO WR233**

99. RF **GO TO WR233**

(ELSA)

WR231: **IWER: ENTER AMOUNT IN EUROS**

€0 ... €1,000,000 **GO TO WR233**

-98. DK **GO TO WR233**

-99. RF **GO TO WR233**

(ELSA)

WR232: IWER: ENTER PERCENTAGE OF ANNUAL SALARY

- 1 ... 50%
- 98. DK
- 99. RF
- (ELSA)

WR233: When you retire, how will the funds from your pension plan be paid?

- 1. As a pension only **GO TO WR234**
- 2. As a lump-sum plus a pension **GO TO WR237**
- 98. DK **GO TO WR241**
- 99. RF **GO TO WR241**
- (ELSA)

WR234: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

- 1. Percentage of salary **GO TO WR235**
- 2. Monthly amount **GO TO WR236**
- 98. DK **GO TO WR241**
- 99. RF **GO TO WR241**
- (ELSA/TILDA)

WR235: IWER: ENTER PERCENTAGE OF SALARY

- 1 ... 80% **GO TO WR241**
- 98. DK **GO TO WR241**
- 99. RF **GO TO WR241**
- (ELSA)

WR236: IWER: ENTER MONTHLY AMOUNT IN EUROS

- €0 ... €50,000 **GO TO WR241**
- 98. DK **GO TO WR241**
- 99. RF **GO TO WR241**
- (ELSA)

WR237: How much do you expect to receive as a lump sum payment from this pension scheme when you retire?

- €0 ... €5,000,000
- 98. DK
- 99. RF
- (ELSA)

WR238: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

- 1. Percentage of salary **GO TO WR239**
- 2. Monthly amount **GO TO WR240**
- 98. DK **GO TO WR241**
- 99. RF **GO TO WR241**
- (ELSA/TILDA)

WR239: IWER: ENTER PERCENTAGE OF SALARY

1 ... 50% **GO TO WR241**

-98. DK **GO TO WR241**

-99. RF **GO TO WR241**

(ELSA)

WR240: IWER: ENTER MONTHLY AMOUNT IN EUROS

€0 ... €50,000

-98. DK

-99. RF

(ELSA)

IWER: SHOW CARD WR6

WR241: Please look at card WR6. When you first started contributing to this pension plan, did you transfer funds from a pension plan provided by your previous employer, a PRSA or from a personal pension plan:

IWER: CODE THE ONE THAT APPLIES

1. Yes

5. No, I did not transfer any funds from previous pensions

7. No, this was the first time I contributed to a pension plan

95. Other

98. DK

99. RF

(TILDA)

BL: GO TO WR401

15.3 PRSA

WR301: Do you currently pay into a Personal Retirement Savings Account (PRSA)?

- 1. Yes **GO TO WR302**
- 5. No **GO TO WR401**
- 98. DK **GO TO WR401**
- 99. RF **GO TO WR401**

IWER: IF RESPONDENT IS EMPLOYED CONSIDER ONLY CONTRIBUTIONS TO A PRSA THAT SUBSTITUTE FOR THE COMPANY PENSION SCHEME.

Note: PRSA is a retirement saving product for employees, self-employed, homemakers, carers, unemployed and any other category of person. These are designed to be used instead of occupational pension schemes by employers who do not wish to sponsor such schemes.
(TILDA)

WR302: What is the name of your PRSA policy and provider?

Text: up to 200 characters

- 98. DK
 - 99. RF
- (TILDA)

IF WE001 = 3,4,5,6,7,95,98,99 (SELF-EMPLOYED, UNEMPLOYED, PERMANENTLY SICK OR DISABLED, LOOKING AFTER HOME OF FAMILY, IN EDUCATION OR TRAINING, OTHER, DK, REFUSED) GO TO WR307

WR303: Does your employer contribute to this PRSA?

- 1. Yes **GO TO WR304**
 - 5. No **GO TO WR307**
 - 98. DK **GO TO WR307**
 - 99. RF **GO TO WR307**
- (ELSA)

WR304: Per month, how much does your employer currently contribute to your PRSA? You may respond to this by giving me the monthly amount or the equivalent percentage of your salary.

IWER: CODE HOW ANSWER IS GIVEN

- 1 Amount **GO TO WR305**
 - 2 Percentage of salary **GO TO WR306**
 - 98. DK **GO TO WR307**
 - 99. RF **GO TO WR3307**
- (ELSA)

WR305: **IWER: ENTER AMOUNT IN EUROS**

€0 ... €50,000 **GO TO WR307**

-98. DK **GO TO WR307**

-99. RF **GO TO WR307**

(ELSA)

WR306: **IWER: ENTER PERCENTAGE OF SALARY**

1 ... 50%

-98. DK

-99. RF

(ELSA)

WR307: Per month, how much do you currently contribute to your PRSA? You may respond to this by giving me the monthly amount or the equivalent percentage of your salary.

IWER: ASK RESPONDENT TO CHECK HIS/HER PAY SLIP TO RESPOND TO THIS QUESTION, IF POSSIBLE

IWER: CODE HOW ANSWER IS GIVEN

1 Amount **GO TO WR308**

2 Percentage of salary **GO TO WR309**

98. DK **GO TO WR310**

99. RF **GO TO WR310**

(ELSA)

WR308: **IWER: ENTER AMOUNT IN EUROS**

€0 ... €50,000 **GO TO WR310**

-98. DK **GO TO WR310**

-99. RF **GO TO WR310**

(ELSA)

WR309: **IWER: ENTER PERCENTAGE OF SALARY**

150%

-98. DK

-99. RF

(ELSA)

WR310: For how many years have you been contributing to this PRSA?

NUMBER OF YEARS

0 ... 30

-98. DK

-99. RF

(SHARE)

WR311: What is the value of your PRSA at present?

IWER: ASK RESPONDENT TO CHECK HIS/HER LATEST PRSA STATEMENT TO RESPOND TO THIS QUESTION, IF POSSIBLE

€0 ... €5,000,000

-98. DK

-99. RF

(HRS)

WR312: In normal conditions, at what age will you be able to withdraw funds from your PRSA policy?

- 30 ... 80
- 98. DK
- 99. RF
- (TILDA)

WR313: In case you became ill or decided to retire early, would your policy allow you to withdraw your PRSA funds before ^AGE IN WR312?

- 1. Yes **GO TO WR314**
- 5. No **GO TO WR315**
- 98. DK **GO TO WR315**
- 99. RF **GO TO WR315**
- (TILDA)

WR314: What is the earliest age at which you can have access to the funds invested in this PRSA?

- 18...70
- 98. DK
- 99. RF
- (TILDA)

IWER: SHOW CARD WR7

WR315: Please look at card WR7. How are the funds in this PRSA invested?

IWER: CODE THE ONE THAT APPLIES

- 1. All or mostly in shares **GO TO WR317**
- 2. All or mostly in interest earning assets **GO TO WR317**
- 3. All or mostly in property **GO TO WR317**
- 4. Spread across different type of assets **GO TO WR317**
- 5. I let my PRSA provider decide how the funds are invested **GO TO WR317**
- 95. Other (specify) **GO TO WR316**
- 98. DK **GO TO WR317**
- 99. RF **GO TO WR317**
- (HRS)

WR316: Other (specify)

Text: up to 60 characters

- 98. DK
- 99. RF
- (HRS)

WR317: When you retire, how will you use the funds from your PRSA?

- 1. Buy pension **GO TO WR318**
- 2. Withdraw a tax free lump-sum and use the remaining money to buy a pension **GO TO WR321**
- 98. DK **GO TO WR325**
- 99. RF **GO TO WR325**
- (ELSA)

WR318: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

1. Percentage of salary **GO TO WR319**

2. Monthly amount **GO TO WR320**

98. DK **GO TO WR325**

-99. RF **GO TO WR325**

(ELSA/TILDA)

WR319: **IWER: ENTER PERCENTAGE OF SALARY**

1 ... 50% **GO TO WR325**

-98. DK **GO TO WR325**

-99. RF **GO TO WR325**

(ELSA)

WR320: **IWER: ENTER MONTHLY AMOUNT IN EUROS**

€0 ... €50,000 **GO TO WR325**

-98. DK **GO TO WR325**

-99. RF **GO TO WR325**

(ELSA)

WR321: How much do you expect to receive as a lump sum payment from this PRSA when you retire?

€0 ... €5,000,000

-98. DK

-99. RF

(ELSA)

WR322: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

1. Percentage of salary **GO TO WR323**

2. Monthly amount **GO TO WR324**

98. DK **GO TO WR325**

-99. RF **GO TO WR325**

(ELSA/TILDA)

WR323: **IWER: ENTER PERCENTAGE OF SALARY**

1 ... 50% **GO TO WR325**

-98. DK **GO TO WR325**

-99. RF **GO TO WR325**

(ELSA)

WR324: **IWER: ENTER MONTHLY AMOUNT IN EUROS**

€0 ... €50,000

-98. DK

-99. RF

(ELSA)

IWER: SHOW CARD WR8

WR325: Please look at card WR8. When you first started contributing to this pension plan, did you transfer funds from a pension plan provided by your previous employer, a PRSA or from a personal pension plan:

IWER: CODE THE ONE THAT APPLIES

- 1. Yes
 - 5. No, I did not transfer any funds from previous pensions
 - 7. No, this was the first time I contributed to a pension plan
 - 95. Other
 - 98. DK
 - 99. RF
- (TILDA)

BL: GO TO WR401

15.4 Personal pension plan

WR401: Do you currently pay into one or more private pension plans or annuities (other than those we have already covered)? INSTRUCTION TO INTERVIEWER: If WR002==2 or WR301==1 THEN NOT DO NOT RECORD/DIDOUBLE-COUNT THIS PRSA HERE AS RESP HAS ALREADY MENTIONED IT IN WR002 OR WR301.

1. Yes **GO TO WR402**
5. No **GO TO WR427**
98. DK **GO TO WR427**
99. RF **GO TO W427**

WR402: How many private pension plans or annuities do you pay into?

1...10 **GO TO WR403**

-98. DK

-99. RF

(TILDA)

BL:

BL: REPEAT WR403 TO WR426 FOR EACH PENSION STARTING WITH THE MOST IMPORTANT ONE, I.E. SCHEME FOR WHICH YOU HAVE CONTRIBUTED FOR THE LONGEST NUMBER OF YEARS OR WITH THE LARGEST ACCUMULATED FUND.

IF WR402 = DK OR RF ASK WR403 TO WR424 ONCE

WR403: What is the name of your private pension plan/annuity and provider?

IWER: IN CASE THE RESPONDENT HAS MORE THAN ONE PENSION START WITH THE MOST IMPORTANT ONE, I.E. SCHEME FOR WHICH YOU HAVE CONTRIBUTED TO FOR THE LONGEST NUMBER OF YEARS OR WITH THE LARGEST ACCUMULATED FUND

Text: up to 200 characters

[wr403_01 to wr403_10]

98. DK

99. RF (TILDA)

BL: IF WE001 = 3,4,5,6,7,95,98,99 (SELF-EMPLOYED, UNEMPLOYED, PERMANENTLY SICK OR DISABLED, LOOKING AFTER HOME OR FAMILY, IN EDUCATION OR TRAINING, OTHER, DK, REFUSED) GO TO WR408

WR404: Does your employer contribute to this private pension plan/annuity?

1. Yes **GO TO WR405**

[wr404_01 to wr404_10]

5. No **GO TO WR408**

98. DK **GO TO WR408**

99. RF **GO TO WR408**

(ELSA)

WR405: Per month, how much does your employer currently contribute to your private pension plan/annuity? **[wr405_01 to wr405_10]**

IWER: CODE HOW ANSWER IS GIVEN

1 Amount **GO TO WR406**

2 Percentage of salary **GO TO WR407**

98. DK **GO TO WR408**

99. RF **GO TO WR408**

(ELSA)

WR406: IWER: ENTER AMOUNT IN EUROS [wr406_01 to wr406_10]
€0 ... €50,000 **GO TO WR408**
-98. DK **GO TO WR408**
-99. RF **GO TO WR408**
(ELSA)

WR407: IWER: ENTER PERCENTAGE OF SALARY [wr407_01 to wr407_10]
1 ... 50%
-98. DK
-99. RF
(ELSA)

WR408: Per month, how much do you currently contribute to your private pension plan/annuity?
You may respond to this by giving me the monthly amount or the equivalent percentage of your
salary. [wr408_01 to wr408_10]

**IWER: ASK RESPONDENT TO CHECK HIS/HER PAY SLIP TO RESPOND TO THIS QUESTION, IF
POSSIBLE**

IWER: CODE HOW ANSWER IS GIVEN
1 Amount **GO TO WR409**
2 Percentage of salary **GO TO WR410**
98. DK **GO TO WR411**
99. RF **GO TO WR411**
(ELSA)

WR409: IWER: ENTER AMOUNT IN EUROS [wr409_01 to wr409_10]
€0 ... €50,000 **GO TO WR411**
-98. DK **GO TO WR411**
-99. RF **GO TO WR411**
(ELSA)

WR410: IWER: ENTER PERCENTAGE OF SALARY [wr410_01 to wr410_10]
1 ... 50%
-98. DK
-99. RF
(ELSA)

WR411: For how many years have you been contributing to this private pension plan/annuity?
NUMBER OF YEARS [wr411_10 to wr411_10]
0 ... 50
-98. DK
-99. RF
(SHARE)

WR412: What is the value in euros of your private pension plan/annuity at present?
**IWER: ASK RESPONDENT TO CHECK HIS/HER PRIVATE PENSION PLAN/ANNUITY STATEMENT TO
RESPOND TO THIS QUESTION, IF POSSIBLE.**
€0 ... €5,000,000 [wr412_01 to wr412_10]
-98. DK
-99. RF

WR413: In normal conditions, at what age will you be able to withdraw funds from your private pension plan/annuity policy? [wr413_01 to wr413_10]

- 30 ... 80
 - 98. DK
 - 99. RF
- (TILDA)

WR414: In case you became ill or decided to retire early, would your policy allow you to withdraw your private pension plan/annuity fund before ^AGE IN WR413?

- 1. Yes **GO TO WR415**
- 5. No **GO TO WR416**
- 98. DK **GO TO WR416**
- 99. RF **GO TO WR416**

(TILDA)

WR415: What is the earliest age that your pension plan/annuity allows you to retire?

- 30...75
- 98. DK
- 99. RF

(TILDA)

IWER: SHOW CARD WR9

WR416: Please look at card WR9. Are the funds in this private pension plan/annuity invested mostly in shares, mostly in interest earning assets, or is it about evenly split between these, or what?

[wr416_01 to wr416_10]

IWER: CODE THE ONE THAT APPLIES

- 1. All or mostly in shares **GO TO WR418**
- 2. All or mostly in interest earning assets **GO TO WR418**
- 3. All or mostly in property **GO TO WR418**
- 4. Spread across different type of assets **GO TO WR418**
- 5. I let my PRSA provider decide how the funds are invested **GO TO WR418**
- 95. Other (specify) **GO TO WR417**
- 98. DK **GO TO WR418**
- 99. RF **GO TO WR418**

(HRS)

WR417: Other (specify)

[wr417_01 to wr417_10]

Text: up to 60 characters

- 98. DK
- 99. RF

(HRS)

WR418: When you retire, how will you use the funds from your private pension plan/annuity?

[wr418_01 to wr418_10]

1. Buy pension **GO TO WR419**

2. Withdraw a tax free lump-sum and use the remaining money to buy a pension **GO TO WR422**

98. DK **GO TO WR426**

99. RF **GO TO WR426**

(ELSA)

WR419: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

[wr419_01 to wr419_10]

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

1. Percentage of salary **GO TO WR420**

2. Monthly amount **GO TO WR421**

98. DK **GO TO WR426**

99. RF **GO TO WR426**

(ELSA/TILDA)

WR420: **IWER: ENTER PERCENTAGE OF SALARY**

[wr420_01 to wr420_10]

1 ... 80% **GO TO WR426**

-98. DK **GO TO WR426**

-99. RF **GO TO WR426**

(ELSA)

WR421: **IWER: ENTER MONTHLY AMOUNT IN EUROS**

[wr421_01 to wr421_10]

€0 ... €50,000 **GO TO WR426**

-98. DK **GO TO WR426**

-99. RF **GO TO WR426**

(ELSA)

WR422: How much do you expect to receive in euros as a lump sum payment from this private pension when you retire?

[wr422_01 to wr422_10]

€0 ... €5,000,000

-98. DK

-99. RF

(ELSA)

WR423: When you retire, before any tax deductions, how much do you expect to receive each month from this pension?

[wr423_01 to wr423_10]

IWER: IF ASKED, IN TODAY'S PRICES

IWER: CODE HOW ANSWER IS GIVEN

1. Percentage of salary **GO TO WR424**

2. Monthly amount **GO TO WR425**

98. DK **GO TO WR426**

99. RF **GO TO WR426**

(ELSA/TILDA)

WR424: IWER: ENTER PERCENTAGE OF SALARY [wr424_01 to wr424_10]

- 1 ... 80% **GO TO WR426**
 - 98. DK **GO TO WR426**
 - 99. RF **GO TO WR426**
- (ELSA)

WR425: IWER: ENTER MONTHLY AMOUNT IN EUROS [wr425_01 to wr425_10]

- €0 ... €50,000
 - 98. DK
 - 99. RF
- (ELSA)

IWER: SHOW CARD WR10

WR426: Please look at card WR10. When you first started contributing to this pension plan, did you transfer funds from a pension plan provided by your previous employer, a PRSA or from a personal pension plan: [wr426_01 to wr426_10]

IWER: CODE THE ONE THAT APPLIES

- 1. Yes
 - 5. No, I did not transfer any funds from previous pensions
 - 7. No, this was the first time I contributed to a pension plan
 - 95. Other
 - 98. DK
 - 99. RF
- (TILDA)

NOW ASK WR403-WR426 FOR THE NEXT PRIVATE PENSION

WR427: Apart from any pension plans we have already talked about, are you entitled to any other pensions from previous employers?

- 1. Yes **GO TO WR431**
- 5. No **GO TO WR430**
- 98. DK **GO TO WR430**
- 99. RF **GO TO WR430**

WR431: Thinking of the pensions you are entitled to from previous employments, how many pensions are you entitled to?

- 1....10 **GO TO WR432**
 - 98. DK **GO TO WR428**
 - 99. RF **GO TO WR428**
- (TILDA)

BL: REPEAT WR432 AND WR433 FOR EACH PENSION MENTIONED IN WR431

WR432: For how many years have you contributed to this pension?

NUMBER OF YEARS

- 0 65 [WR432_01 TO WR432_10]
 - 98. DK
 - 99. RF
- (TILDA)

WR433: Did this pension arise from employment in the public sector?

1. Yes [WR433_01 TO WR433_10]

5. No

98. DK

99. RF

(TILDA)

WR428: Now thinking of all the pensions you are entitled to from previous employments. How much do you expect to receive in euros as a lump sum payment from these pensions when you retire?

€0 ... €100,000,000

-98. DK

-99. RF

(TILDA)

WR429: Still thinking of all the pensions you are entitled to from previous employments. In total, before any tax deductions, how much do you expect to receive each month from these pensions, when you retire?

€0 ... €50,000

-98. DK

-99. RF

(TILDA)

WR430

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

1. NEVER

2. A FEW TIMES

3. MOST OR ALL OF THE TIME

BL: GO TO NEXT SECTION

SECTION 16 TRANSFERS TO PARENTS (TP)

**IF (TP001FF = 1 & TP007FF =1) GO TO TP001 (BOTH PARENTS ALIVE AT WAVE 1)
IF (TP001FF >= 2 & TP007FF >= 2) GO TO NEXT SECTION (MOTHER & FATHER DECEASED WAVE 1)
IF (TP001FF >= 2 & TP007FF = 1) GO TO TP007 (ONLY MOTHER DECEASED AT WAVE 1)
IF (HH005 = 2,3,4,5,6 - PROXY INTERVIEW) GO TO NEXT SECTION
IF (NEW SPOUSE / OTHER ELIGIBLE) 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.

16.1 Mother alive

IF (Mother lives with R) GO TO TP003

TP001: Is your mother alive?

- 1. Yes **GO TO TP006**
- 5. No **GO TO TP007**
- 98. DK **GO TO TP007**
- 99. RF **GO TO TP007**

(HRS/Sshare/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/Sshare/ELSA/MHAS)

TP003: Can your mother be left alone for an hour or more?

- 1. Yes
- 2. No
- 98. DK
- 99. RF

(HRS/Sshare/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/Sshare/ELSA/MHAS)

BL: GO TO TP007

16.2 Mother deceased

TP006: In what month and year did she die?

MM/YYYY

_____ DK RF YEAR (tp006y)
_____ DK RF MONTH (tp006m)
(HRS)

16.3 Father alive

IF (TP001FF = 1 & TP007FF >=2) GO TO TP013 (ONLY FATHER DECEASED AT WAVE 1)

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)

BL:

IF TP001=1 AND TP007=1 - GO TO TP023 (Mother and father still alive)

IF TP001>=2 AND TP007=1 - GO TO TP018 (Father alive, mother not alive)

16.4 Father deceased

TP012: In what month and year did he die?

(MM/YYYY)

DK RF YEAR (tp012y)

DK RF MONTH (tp012m)

(HRS)

BL: IF TP001=1 AND TP007>=2 - GO TO TP013

**BL: IF TP001 >=2 AND TP006a<2010 (MOTHER DIED MORE THAN TWO YEARS AGO) AND TP007=5
AND TP012a<2010 (FATHER DIED MORE THAN TWO YEARS AGO) - GO TO TP058**

**BL: IF TP001=5 AND TP006a>=2010 (MOTHER DIED LESS THAN TWO YEARS AGO) AND TP007=5
AND TP012 >=2010 (FATHER DIED LESS THAN TWO YEARS AGO) - GO TO TP038**

BL: IF TP001>=2 AND TP007 = 1 GO TO TP018

16.5 Only mother living

BL: If mother lives with R ask only TP013 and GO to TP038

TP013: Is your mother currently married or in a relationship?

1. Yes

5. No

98. DK

99. RF

(HRS)

IWER: SHOW CARD TP1

TP014: Please look at card TP1. 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?

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)

BL: IF TP001=1 AND TP007>=2 - GO TO TP038

BL: IF TP001>=2 AND TP007 = 1 GO TO TP018

16.6 Only father living

BL: If father lives with R ask only TP018 and GO TO TP038

TP018: Is your father currently married or in a relationship?

1. Yes
5. No
98. DK
99. RF

(HRS)

IWER: SHOW CARD TP1

TP019: Please look at card TP1. 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?

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)

BL: GO TO TP038

16.7 Both Parents Living

TP023: Do your parents live together?

1. Yes **GO TO TP026**

5. No

98. DK

99. RF

(HRS/MHAS)

BL: If father lives with Respondent skip TP024 and Go TO TP025

IWER: SHOW CARD TP1

TP024: Please look at card TP1. 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)

IWER: SHOW CARD TP1

BL: If mother lives with Respondent skip TP025 and GO TO TP033

TP025: With whom does your mother live?

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 TP2

BL: If parents live with respondent GO TO TP038

TP026: Please look at card TP2. 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)

BL: IF TP026=5 - GO TO TP038

TP027: Where do your parents live?

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

16.8 Parents do not live together

IF Mother lives with respondent go to TP033

TP030: Where does your mother live?

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 respondent go to TP038

TP033: Where does your father live?

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 (DM037 = 1 or DM049 > 0) ASK TP038. OTHERS GOTO TP040

16.9 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
- 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)

16.10 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/Sshare)

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/Sshare)

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/Sshare)

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/Sshare)

16.11 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)

IWER: IF ONLY MOTHER OR FATHER IS ALIVE, CODE WITHOUT ASKING TP046

TP046: Who received this help?

- 1. Mother
 - 2. Father
 - 3. Both
 - 98. DK
 - 99. 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)

BL: 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)

(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)

IWER: IF ONLY MOTHER OR FATHER IS ALIVE, CODE WITHOUT ASKING TP051

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)

(MHAS/HRS)

16.12 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 **GO TO TP058**
- 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/Sshare)

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/Sshare)

TP057: Did it amount to less than €_____ , more than €_____, or what?

PROCEDURES: 2Up1Down, 1Up2Down

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

(unfolding sequence)

(MHAS/HRS/Sshare)

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**

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

SECTION 17. SOCIAL CONNECTEDNESS (CN)

CN INTRO: Now, I would like to ask some questions about, your relationship with family and friends.

Question CN001 moved to after CN004

BL: NUMBER OF LIVING CHILDREN CARRIED FORWARD FOR INTERVIEWER FROM CS034

BL: IF RESPONDENT HAS NO CHILDREN 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)

QUESTIONS MOVED FROM SECTION 3 (DM)

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.

Religion

INTRO: Now I would like to ask some questions about religion

DM020. What is your religion?

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 CN005**

98. DK

99. RF

(HRS)

DM021: About how often do you go to religious services?

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)

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)

DM023: Do you find that you get comfort and strength from religion or not?

- 1. Yes
 - 5. No
 - 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

SECTION 18. 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.

18.1 Income from occupational pensions

SI101:

BL: IF WE001=1 (RETIRED) or IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW).

[Are/Is] [you/he/she] receiving a retirement pension from a former employment or (if applicable) [your/his/her] deceased spouse's former employment?

BL: IF WE001≠1 (NOT RETIRED) and *IF (HH005 = 1 - NOT PROXY).

Some people can receive an occupational pension even if they are still in work.

Are you receiving a retirement pension from a former employment or (if applicable) your deceased spouse's former employment?

1. Yes **GO TO SI102**

5. No **GO TO SI201**

98. DK **GO TO SI201**

99. RF **GO TO SI201**

(EU-SILC)

IWER: DO NOT INCLUDE STATE PENSIONS (E.G. CONTRIBUTORY OR NON-CONTRIBUTORY OLD AGE PENSIONS AND WIDOWS PENSIONS, ETC.)

SI102:

How many of these retirement pensions [are/is] [you/he/she] currently receiving?

1...10

-98. DK

-99. RF

(TILDA)

BL: REPEAT SI103 TO SI113 FOR EACH PENSION STARTING WITH THE MOST IMPORTANT ONE,

SI103:

Does this pension arise from employment in the public sector?

- 1. Yes [si103_01 to si103_10]
- 5. No
- 98. DK
- 99. RF (TILDA)

IWER: SHOW CARD SI1

SI104: Please look at card SI1. Was this pension more like Type A or Type B?

IWER: CODE THE ONE THAT APPLIES. [si104_01 to si104_10]

- 1 Type A: [My/His/Her] pension contributions are put into a fund which grows over time and [my/his/her] pension will depend on the size of this fund when [I/he/she] [retire/retires]. This type of pension is called a 'defined contribution' or 'money purchase' scheme.
- 2 Type B: [My/His/Her] pension will be based on a formula involving age, years of service and salary. This type of pension is sometimes called a 'defined benefit' or 'final salary' scheme.

- 98. DK
- 99. RF
- (TILDA)

SI105:

In which year did [you/he/she] start receiving this pension? [si105_01 to si105_10]

1950...[current year]

- 98. DK
- 99. RF
- (SHARE)

SI106: For how many months during the last 12 months did [you/he/she] receive this pension?

- 0 ... 12 [si106_01 to si106_10]
- 98. DK
- 99. RF
- (SHARE)

IWER: SHOW CARD SI2

SI107: Please look at card SI2. How long a period did [your/his/her] last pension payment cover?

IWER: CODE THE ONE THAT APPLIES. [si107_01 to si107_10]

- 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
- 95. Other (specify)
- 98. DK
- 99. RF
- (EU-SILC)

IF SI107_i = 95

SI108: Other (specify) [si108_01 to si108_10]

Text: up to 60 characters

- 98. DK
- 99. RF (EU-SILC)

SI109: Before any deductions, about how much was the last payment from this pension?

€0 ... €100,000

[si109_01 to si109_10]

-98. DK

-99. RF

(EU-SILC)

SI110: Did [you/he/she] ever receive any additional or lump sum (one off) payment from this pension?

[si110_01 to si110_10]

1. Yes **GO TO SI111**

5. No **GO TO SI113**

98. DK **GO TO SI113**

99. RF **GO TO SI113**

(SHARE)

SI111: Did this lump sum payment occur in the last 12 months? [si111_01 to si111_10]

1. Yes

5. No

98. DK9. RF

(TILDA)

SI112: Before taxes, about how much did [you/he/she] receive as additional or lump sum payments from this pension?

[si112_01 to si112_10]

€0 ... €5,000,000

-98. DK

-99. RF

(SHARE)

SI113: On what basis is [your/his/her] pension up-rated (increased) [si113_01 to si113_10]

1. In line with prices (inflation or consumer price index)

2. In line with the salary of the job [you/he/she] had before retiring

3. In line with average salaries in the economy

4. At the discretion of [your/his/her] former employer or of the scheme trustees

5. [Your/His/Her] pension is not indexed to any criteria/ is not up-rated

98. DK

99. RF

(TILDA)

18.2 Income from private pensions or annuities

SI201:

BL: IF WE001=1 (RETIRED) or IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW).

[Are/Is] [you/he/she] receiving payments from a private pension or annuity? By this I mean a pension scheme or PRSA fully organised and paid for by [yourself/himself/herself] or by a deceased spouse.

BL: IF WE001≠1 (NOT RETIRED) AND IF (HH005 = 1 NOT PROXY).

Some people can receive a **private** pension even if they are still in work.

Are you receiving payments from a **private** pension or annuity? By this I mean a pension scheme or PRSA fully organised and paid for by yourself or by a deceased spouse.

1. Yes **GO TO SI202**

5. No **GO TO SI301**

98. DK **GO TO SI301**

99. RF **GO TO SI301**

(EU-SILC)

NOTE: Please do not include payments from private insurance policies that cover out of work periods due to illness and also exclude capital accumulating life assurance schemes that pay a lump sum on maturity.

SI202: How many pensions/annuities [are/is] [you/he/she] currently receiving?

1...10

-98. DK

-99. RF

(TILDA)

BL: REPEAT SI203 TO SI211 FOR EACH PENSION STARTING WITH THE MOST IMPORTANT ONE, I.E. THE ONE THAT PROVIDES THE HIGHEST LEVEL OF INCOME.

SI203: In which year did [you/he/she] start receiving this pension/annuity?

1950...[current year] **[si203_01 to si203_10]**

-98. DK

-99. RF

(SHARE)

SI204: For how many months during the last 12 months did [you/he/she] receive this pension/annuity?

[si204_01 to si204_10]

0 ... 12

-98. DK

-99. RF

(SHARE)

IWER: SHOW CARD SI2

SI205: Please look at card SI2. How long a period did [your/his/her] last pension/annuity payment cover?
[si205_01 to si205_10]

IWER: CODE THE ONE THAT APPLIES

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
 95. Other (specify)
 98. DK
 99. RF
- (EU-SILC)

IF SI205_i = 95 ELSE GO TO SI207

SI206: Other (specify) [si206_01 to si206_10]

Text: up to 60 characters

98. DK
 99. RF
- (EU-SILC)

SI207: Before any deductions, about how much was the last payment from this pension/annuity?

[si207_01 to si207_10]

- €0 ... €500,000
-98. DK
-99. RF
(EU-SILC)

SI208:

Did [you/he/she] ever receive any additional or lump sum (one off) payment from this pension/annuity? [si208_01 to si208_10]

1. Yes **GO TO SI209**
 5. No **GO TO SI211**
 98. DK **GO TO SI211**
 99. RF **GO TO SI211**
- (SHARE)

SI209: Did this lump sum payment occur in the last 12 months?

1. Yes [si209_01 to si209_10]
 5. No
 98. DK
 99. RF
- (TILDA)

SI210: Before taxes, about how much did [you/he/she] receive as additional or lump sum payments from this pension/annuity? [si210_01 to si210_10]

- €0 ... €5,000,000
-98. DK
-99. RF
(SHARE)

SHOW CARD SI2A

SI211:

Please look at card SI2A. On what basis is [your/his/her] pension up-rated (increased)?

[si211_01 to si211_10]

1. In line with prices (inflation or consumer price index)
2. In line with the salary of the job [you/he/she] had before retiring
3. In line with average salaries in the economy
4. At the discretion of [your/his/her] former employer or of the scheme trustees
5. [Your/His/Her] pension is not indexed to any criteria/ is not up-rated
98. DK
99. RF

(TILDA)

18.3 Income from individual state benefits

IWER: SHOW CARD SI3

SI301: Please look at Card SI3.

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]

3. Transition State Pension

(previously known as Retirement Pension)

GO TO SI306 [si301_03]

4. Widow's or Widower'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 (previously known as Illness Benefit)

GO TO SI314 [si301_07]

8. Invalidity Pension

GO TO SI316 [si301_08]

9. Jobseeker's Benefit (previously known as

GO TO SI318 [si301_09]

Unemployment Benefit)

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 [si301b] [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) (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 ... €500

-98. DK

-99. RF

(EU-SILC)

BL:

IF SI301_02=1 GO TO SI304
IF SI301_03=1 GO TO SI306
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 ... €500

-98. DK

-99. RF

(EU-SILC)

BL:

IF SI301_03=1 GO TO SI306
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

SI306: For how many weeks during the last 12 months did [you/he/she] receive the (Transition) State Pension (previously Retirement Pension)?

0 ... 52 weeks

-98. DK

-99. RF (EU-SILC)

SI307: What was the weekly amount of the (Transition) State Pension (previously Retirement Pension) [you/he/she] received during the last 12 months?

€0.00 ... €500

-98. DK

-99. RF

(EU-SILC)

BL:

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 or Widower's Contributory Pension?

0 ... 52 weeks

-98. DK

-99. RF

(EU-SILC)

SI309: What was the weekly amount of the Widow's or Widower's Contributory Pension [you/he/she] received during the last 12 months?

€0.00 ... €500

-98. DK

-99. RF

(EU-SILC)

BL:

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 ... €500

-98. DK

-99. RF

(EU-SILC)

BL:

**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 ... €500

-98. DK

-99. RF

(EU-SILC)

BL:

**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 the Disability Benefit?

0 ... 52 weeks

-98. DK

-99. RF

(EU-SILC)

SI315: What was the weekly amount of the Disability Benefit [you/he/she] received during the last 12 months?

€0.00 ... €500

-98. DK

-99. RF

(EU-SILC)

BL: 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 ... €500

98. DK

99. RF

(EU-SILC)

BL: 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 ... €500

-98. DK

-99. RF

(EU-SILC)

BL: 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 ... €500
- 98. DK
- 99. RF

(EU-SILC)

BL:

IF SI301_11=1 GO TO SI322

IF SI301_95=1 GO TO SI324

OTHERWISE GO TO SI325A

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 ... €500
- 98. DK
- 99. RF

(EU-SILC)

BL:

IF SI301_95=1 GO TO SI324

OTHERWISE GO TO SI325A

IWER: SHOW CARD SI4

SI324:

Please look at Card SI4. Did [you/he/she] receive any of these payments in the last 12 months?

- | | |
|--|------------|
| 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 or Widower's Non-Contributory Pension | [si324_07] |
| 8. Widowed Parent 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] |
| 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 :

READ OUT

- | | | |
|----|--|-------------|
| 1 | Child Benefit (Children's Allowance)? | [si325a_01] |
| 2 | 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 SI325A _02=1 (Single Parent Family Allowance)

SI325C How much did [you/he/she] receive last week from the 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

SI326: Please look at card SI5. 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] |
| 3. Telephone Rental Allowance GO TO SI328 | [si326_03] |
| 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 SI401**

98. DK **GO TO SI401**

99. RF **GO TO SI401**

(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)

18.4 Other sources of income

SI401: Did [you/he/she] receive any payments from [your/his/her] life insurance policy in the last 12 months?

1. Yes **GO TO SI402**

5. No **GO TO SI403**

98. DK **GO TO SI403**

99. RF **GO TO SI403**

(ELSA)

SI402: Before taxes, how much did [you/he/she] receive from this life insurance policy in the last 12 months?

€0 ... €1,000,000

-98. DK

-99. RF

(ELSA)

IWER: SHOW CARD SI6

SI403: Please look at card SI6. Did [you/Rname] receive any payments from other sources, such as other insurance payments, personal accident plan, redundancy payment, trade union payment, retirement gratuity or win(s) on the football pools, national lottery or other form of gambling in the last 12 months?

1. Yes **GO TO SI404**

5. No **GO TO SI405**

98. DK **GO TO SI405**

99. RF **GO TO SI405**

(ELSA)

SI404: Before taxes, how much did [you/he/she] receive from all these payments in the last 12 months?

€0 ... €1,000,000

-98. DK

-99. RF

(ELSA)

SI405: [Have/Has] [you/he/she] had any income tax directly refunded by the Revenue Commissioners during the last 12 months?

1. Yes **GO TO SI406**

5. No **GO TO SI407**

98. DK **GO TO SI407**

99. RF **GO TO SI407**

(ELSA)

SI406: How much was refunded?
 €0 ... €1,000,000
 -98. DK
 -99. RF
 (ELSA)

IWER: PLEASE IDENTIFY ON THE FOLLOWING LIST ALL THOSE WHO WERE IN RECEIPT OF INCOME DURING THE PAST 12 MONTHS
Turn into a question that loops

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

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

BL: GO TO HW101

SECTION 19. 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 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 own GO TO HW100a
2. Yes dwelling that I rent privately GO TO HW100a
3. Yes dwelling that I rent from local authority GO TO HW100a

5. NO **GO TO AS101**

98. DK GO TO AS101

99. RF GO TO AS101

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: Interviewer: 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 wave 1 then skip HW101,hw102, hw103, hw104,. and proceed to hw105.

Otherwise proceed with HW101

HW101:

IWER: SHOW CARD HW1

Please look at card HW1. 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 HW102**
(EU-SILC)

HW102: 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 the respondent or his/her spouse/partner **GO TO HW106**
 2. Owned by another household member (not the respondent's spouse/partner) **GO TO HW108**
 3. Rented **GO TO HW114**
 4. Occupied rent free (but not owned by a household member) **GO TO HW117**
98. DK **GO TO HW117**
99. RF **GO TO HW117**
(SHARE)

HW106:

[Did/Does] [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

HW109:

Is [your/his/her] property

1. Owned outright (no mortgage outstanding) **GO TO HW117**

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)

BL: GO TO HW117

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 HW117**

99. RF **GO TO HW117**

(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)

BL: GO TO HW117

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)

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 20. OTHER ASSETS (AS)

IWER: CHECK IF RESPONDENT IS FINANCIAL RESPONDENT (CSO17=1 OR 3)

INTRO: We've already talked about [your/his/her] sources of income and I explained how important it is for us to obtain good information about people's financial situation. To complete the picture, I'd now like to ask some questions about [your/his/her] overall financial resources. This information is vital to our study. As I have already mentioned, 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 individual.

IWER: Please ensure that full monetary amounts are given. E.g. if respondent answers 400 to AS101 they are likely to really mean €400,000.

AS101: If [you/he/she] added up all the deposit or saving accounts [you/he/she] and/or [your/his/her] spouse/partner currently own, about how much would they amount to right now?
€0 ... €5,000,000 GO TO as103

-98. DK

-99. RF

(SHARE)

BL: IF AS101 = 98

AS118: Does it amount to a total of less than ____ , more than ____ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: € 5,000, €7,500, €10,000, €20,000.

RANDOM ENTRY POINTS: €7,500, €10,000.

98. DK

99. RF **GO TO AS102**

(SHARE)

IWER: SHOW CARD AS1

AS103: Please look at card AS1. Think of other financial assets [you/he/she] and/or [your/his/her] spouse/partner might currently own, such as, life insurance (current cash value), mutual funds, bonds or shares. If you added up all the money [you/he/she] [have/has] in any of these how much would this amount to right now?

IWER: IF RESPONDENT HAS NO ASSETS PLEASE CODE 0.

€0 ... €5,000,000 **GO TO AS106**

-98. DK **GO TO AS104**

-99. RF **GO TO AS104**

(SHARE/TILDA)

BL: IF AS103=0 GO TO AS106

Note: Housing or any other property should not be considered as financial assets.

AS104: Does it amount to a total of less than ____ , more than ____ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: € 5,000, €7,500, €10,000, €20,000.

RANDOM ENTRY POINTS: €7,500, €10,000.

98. DK

99. RF

AS106:

[Do/Does] [you/he/she] and/or [your/his/her] spouse/partner own one or more cars?

1. Yes **GO TO AS107**

5. No **GO TO AS109**

98. DK **GO TO AS109**

99. RF **GO TO AS109**

(ELSA/TILDA)

AS107: How many cars [do/does] [you/he/she] and/or [your/his/her] spouse/partner own? Please exclude company cars.

1..10

-98. DK

-99. RF

(ELSA)

AS108: If [you/Rname] and/or [your/his/her] spouse/partner sold this/these car(s) and paid off any debts that [you/he/she] may have on it/them, about how much would be left?

€0...€100,000

-98. DK

-99. RF

(ELSA)

AS109:

[Do/Does] [you/he/she] and/or [your/his/her] spouse/partner own any other houses, flats or holiday homes (excluding timeshares) besides [your/his/her] own residence that we discussed already?

1. Yes **GO TO AS119**

5. No **GO TO AS112**

98. DK **GO TO AS112**

99. RF **GO TO AS112**

(ELSA/TILDA)

AS119: In which year did [you/he/she] purchase this [most recently bought] property?

_____ YEAR

-98. DK

-99. RF

AS110: How much income or rent did [you/he/she] and/or [your/his/her] spouse/partner receive from that property in the last year, after any expenses and taxes?

IWER: IF RESPONDENT HAS RECEIVED NO RENT OR INCOME CODE 0

€0...€500,000

-98. DK

-99. RF

(SHARE)

AS111: If [you/he/she] sold all that property about how much would [you/he/she] and/or [your/his/her] spouse/partner get?

€0 ... €10,000,000 GO TO AS112

-98. DK GO TO AS120

-99. RF GO TO AS120

(SHARE)

AS120: 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

IWER: SHOW CARD AS2.

AS112. We have now talked about various types of property or assets that [you/Rname] and/or [your/his/her] spouse/partner might own, including savings, equities, houses, cars etc. Please look at card AS2. This card shows **other** types of assets such as land, a firm or business, an inheritance or money owed to [you/him/her], etc. If [you/Rname] and/or [your/his/her] spouse/partner own any of these other assets, could you please tell me how much in total they would be worth right now?

IWER: IF RESPONDENT HAS NO ASSETS PLEASE CODE 0.

€0 ... €10,000,000 GO TO AS114

-98. DK GO TO AS113

-99. RF GO TO AS113

(SHARE/TILDA)

BL: IF AS112=0 GO TO AS116

AS113: Did it amount to a total of less than ____ , more than ____ , or what?

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: €10,000, €100,000, €250,000, €500,000.

RANDOM ENTRY POINTS: €100,000, €250,000.

98. DK

99. RF

AS114: Did [you/he/she] and/or [your/his/her] spouse/partner receive any income from those assets in the last 12 months?

1. Yes GO TO AS115

5. No GO TO AS116

98. DK GO TO AS116

99. RF GO TO AS116

(ELSA/TILDA)

AS115: In the last 12 months, how much income did [you/he/she] and/or [your/his/her] spouse/partner receive from these assets?

€0 ... €500,000

-98. DK

-99. RF

(ELSA/TILDA)

AS116: Excluding any mortgage [you/he/she] might have on [your/his/her] primary residence, how much [do/does] [you/he/she] and/or [your/his/her] spouse/partner currently owe?

€0 ... €10,000,000

-98. DK

-99. RF

Note: This can include debt on cars and other vehicles, overdue bills (phone, electricity, heating), overdue credit cards/store card bills, other loans (from bank, building society or other financial institution), debts to relatives or friends, or student loans.

(SHARE/TILDA)

IF (HH005 = 1) ASK AS117 OTHERS GO TO NEXT SECTION

AS117

IWER(CODE WITHOUT ASKING): HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION AS?

- 1. NEVER**
- 2. A FEW TIMES**
- 3. MOST OR ALL OF THE TIME**

BL: GO TO EX101

SECTION 21. EXPECTATIONS (EX)

NOT SUITABLE FOR PROXY MOVE TO SECTION 22

***IF (HH005 = 2,3,4,5 or 6 PROXY INTERVIEW) GO TO SECTION 22.**

INTRO: Now, I have some questions about how likely you think various events might be.

IF WE001=1, 3,4,5,6,7,95,98,99 go to EX104

If WE001=2 GO TO EX108

IWER: SHOW CARD EX1

EX108. Sometimes people are permanently laid off from jobs that they want to keep. Using the scale on this card, what are the chances that you will lose your job during the next year?

0...100

-98. DK

-99. RF

(HRS)

IWER: SHOW CARD EX1

EX109. Suppose you were to lose your job this month. What do you think are the chances that you could find an equally good job in the same line of work within the next few months?

0...100

-98. DK

-99. RF

(HRS)

IF (HH001 = 1 OR HH002 = 1/3) ASK EX104. OTHERS GO TO EX110

IWER: SHOW CARD EX1

EX104. Using this scale, what are the chances that you will move to a nursing home in the next five years?

IWER: CODE PERCENTAGE GIVEN BY RESPONDENT

0...100

-98. DK

-99. RF

(HRS)

Note: Nursing homes are institutions primarily for people who need constant nursing supervision or are incapable of living independently. Nursing supervision must be provided on a continuous basis for the institution to qualify as a nursing home. Please don't include stays in adult foster care facilities or other short-term stays in a hospital.

ASK ALL

IWER: SHOW CARD EX1

EX110. CHANCES STANDARD OF LIVING WILL BE BETTER

Using the same scale, what are the chances that five years from now your standard of living will be better than today?

IWER: BY STANDARD OF LIVING WE MEAN THE ABILITY TO BUY GOODS AND SERVICES (in monetary terms)

0...100

-98. DK

-99. RF

(ELSA)

If financial respondent (cs017=1 or cs017=3) go to ex112

If NOT financial respondent (cs017=2 or cs017=4), go to ex107

IWER: SHOW CARD EX1

EX112: Using the same scale, including property and other valuables, what are the chances that you [and/or your spouse/partner] will leave an inheritance totalling €50,000 or more?

0...100

-98. DK

-99. RF

(ELSA)

IF EX112 = 0 go to EX114

IF EX112 ≠ 0 go to EX113

IWER: SHOW CARD EX1

EX113: Using the same scale, what are the chances that you [and/or your spouse/partner] will leave an inheritance totalling €150,000 or more?

0...100

-98. DK

-99. RF

(ELSA)

IWER: SHOW CARD EX1

EX114: Using the same scale, what are the chances that you [and/or your spouse/partner] will leave any inheritance?

IWER: INCLUDE PROPERTIES AND OTHER VALUABLES

0...100

-98. DK

-99. RF

(ELSA)

EX107:

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN

SECTION EX?

- 1. NEVER**
- 2. A FEW TIMES**
- 3. MOST OR ALL TIMES**

BL: GO TO DR001

SECTION 22. MEDICATIONS (MD)

MD001: 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.

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?

(MD001_medcode1 – MD001_medcode20)
(MD001_medname1 – MD001_medname20)

BL: If any of the medications listed is flagged as being available over the counter or on prescription route to MD005 for each one. Otherwise route to MD002.

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 Ipsos MORI - For medications that are available over the counter as well as on prescription, we are interested in how the respondent got them.)

NOTE:

MD002FF – RECODED INTO

**'1' WHERE A CORRECT MEDICAL CARD NUMBER WAS PROVIDED,
'2' A MEDICAL CARD NUMBER WAS PROVIDED BUT WAS INCORRECT
'3' A MEDICAL CARD NUMBER WAS NOT PROVIDED AT WAVE 1.**

IF (HU001 = 1,2 AND HU001FF = 96, 98, 99) GO TO MD002

IF (HU001 = 1,2 AND IF MD002FF = 3) GO TO MD002

IF (HU001 = 1,2 AND IF MD002FF = 2) GO TO MD002a

IF (HU001 = 1,2 AND IF MD002FF = 1) GO TO NEXT SECTION

IF (HU001 = 5,98,99) GO TO PR001

MD002

IWER: Some studies like TILDA link the information they collect with official health records to provide a complete picture about the health and treatment history of the participant. Would you be happy to provide us with [your/Rname's] medical card number for this purpose?

- | | |
|--------|--------------------|
| 1. Yes | Go to MD003 |
| 5. No | GO TO NEXT SECTION |
| 98. DK | GO TO NEXT SECTION |
| 99. RF | GO TO NEXT SECTION |

IF (HU001 = 1,2 AND MD002FF = 2) ASK MD002a. OTHERS GO TO MD003

MD002a

IWER: At the last interview [you/Rname] agreed to provide us with [your/his/her] medical card number to give us a complete picture about [your/his/her] health and treatment history. I would just like to check that we have recorded the correct number. Can you please tell me [your/his/her] 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. Yes | Go to MD003 |
| 5. No | GO TO NEXT SECTION |
| 98. DK | GO TO NEXT SECTION |
| 99. RF | GO TO NEXT SECTION |

(Note to Ipsos MORI - 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.)

MD003: Please can you tell me [your/his/her] 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 Ipsos MORI - 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

BL: GO TO NEXT SECTION

SECTION 23. CONTACT AND ADDRESS

23.1 Nominated Other Contacts

Instructions for all respondents

***IF CS035FF = Missing GO TO CT001
ELSE GO TO CT002***

CT001 [Again] In case [you/Rname] [move/moves] 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?

Note: INTERVIEWER: 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.'

INTERVIEWER: If given, write the details

- 1 Willing to give one contact address
- 2 Willing to give two contact addresses
- 3 Unwilling to give any contact address (SEE NOTE)
- 4 Does not wish to be re-contacted GO

CT001_01: 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

CT001_02: 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

CT002: Sometime in the next two years, we will wish to contact you again. Last time we interviewed [you/Rname] gave us the address and telephone number of someone we could contact to find out where [you/he/she] [is/are] if [you/he/she] [move/moves] from this address. Can I check that these details are still correct?

NOTE: INTERVIEWER: 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.'

INTERVIEWER: Check name, address and telephone number of stable contacts, as given, are still correct. If different, write correct details

- 1 One Contact address details correct
- 2 Two Contact addresses correct
- 3 Neither contact address details correct GO TO CT001
- 4 Does not wish to be re-contacted (SEE NOTE) GO TO Next Section

CT002_01: 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

CT002_02: 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

23.2 Proxy Interview Consent

IF (HH005 = 2,3,4,5,6 - Proxy interview) GO TO PC001

Instructions for all respondents

PR001 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], a relative or a close friend?

INTERVIEWER: 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 sick, either physically or mentally, or if you had died.'

We would not give the person details of what you have said in previous interviews.' INTERVIEWER: If given, write details in PA002

- 1 Willing to give proxy nomination
- 2 Unwilling to give proxy nomination
- 3 Does not wish to be interviewed by proxy

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
3	Through N_non-resident children's name
	[ROW PROVIDED BY CAPI AS NECESSARY]
93	OTHER NOT IN THE LIST_SPECIFY:

Interviewer: write the details of address and telephone

PR002na: FULL NAME - Text: Up to 60 characters

PR002ad: ADDRESS - Text: Up to 100 characters

PR002te: TELEPHONE NUMBER - : Up to 20 numbers

GO TO CT001

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
- 3 Unwilling to give any contact address GO TO CT001
- 3 Does not wish to be re-contacted GO TO CT001

PC002: 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

23.3 Exit interview

FOR EACH WAVE 1 PARTICIPANT IN THE HOUSEHOLD GRID

**IF CS036 = 1 (DECEASED) GO TO PA001
IF CS036 = 2 OR 4 (MOVED) GO TO MV001
IF CS036 = 3 (INSTITUTION) GO TO NH001**

ELSE GO TO FN001

**PA001 THROUGH PA005 ONLY APPLY FOR ELIGIBLE HH MEMBER WHO HAS DIED AND HAD
PARTICIPATED IN WAVE 1**

PA001 I was told earlier that [Rname] 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?

INTERVIEWER: Give details of content of exit 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
- 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)

ELSE

IF ((PA001 = 2 OR 3) & DATE OF DEATH LESS THAN 6 MONTHS AGO) GO TO PA002

ELSE GO TO PA003

PA002 I understand that [Rname]'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

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 [Rname] 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

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]

23.4 Split Household or Participants Moved House

MV001 THROUGH MV002 ONLY APPLY FOR HH MEMBER WHO MOVED OUT AND HAD PARTICIPATED IN WAVE 1

MV001_x You told me that [Name] has moved out. We are interested in understanding the changes that happen in people's lives, so we'd like to invite [Name] to continue to participate in this survey. Could you please give me [respondentN]'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 [Rname] 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 [Rname] to be re-contacted code 'NO'

1. Yes – Record name, address and telephone number

5. No

MV002na Record [Name]'s name in full - Text: Up to 60 characters

MV002co What county does [Name] live in? (MV002co_x)

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 [Name]- Text: Up to 100 characters

MV002te RECORD [Name]'s TELEPHONE NUMBER - : Up to 20 numbers

DK

RF

Has no phone

hrs

23.5 Nursing Home Contacts

NH001 THROUGH NH005 ONLY APPLY FOR HH MEMBER WHO MOVED TO NURSING HOME AND HAD PARTICIPATED IN WAVE 1

Repeat for each relevant respondent so variable names use xxxx_01, xxxx_02, xxxx_03, xxxx_04 format

NH001 You told me that [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 [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 [Rname] 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**

2 Unwilling to give institution proxy informant details (**IWER: SEE NOTE**) **GO TO FN001**

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 [Rname] 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 [Rname] 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 [Rname]'s residential/nursing home? **[NH004_01 to NH004_04]**

1 Willing to give institution details **GO TO NH005**

2 Unwilling to give institution details (**SEE NOTE**) **GO TO FN001**

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 [Rname] 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 [Rname] 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]

BL: GO TO FN001

SECTION 24: FINAL CHECK (FN)

FN001. Check respondent's first name and surname

FN002. Check address as written on the HSS is correct. If not correct, then write changes on Address label

SCQ – Reminder

Insert a reminder at the end of the CAPI so that the Interviewer reminds the participant that they have been given a Self-Completion Questionnaire.

NOTE: Please remind respondent that you have given him/her a questionnaire to complete in his or her own time. We greatly value his/her answers to these questions.

email1: 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.

Please tell me the first part of the address before the @ sign

(text up to 50 characters)

95 Does not have an email address

98 DK

99 RF

Email2: 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 | 13. Live.ie | 25. Yahoo.ie |
| 2. Blueyonder.co.uk | 14. msn.com | 26. Other (please specify) |
| 3. Btinternet.com | 15. ntworld.com | |
| 4. Btopenworld.com | 16. O2.co.uk | |
| 5. Fsmail.net | 17. Sky.com | |
| 6. Gmail.com | 18. Talk21.com | |
| 7. Googlemail.com | 19. Talktalk.net | |
| 8. Hotmail.com | 20. Tesco.net | |
| 9. Hotmail.co.uk | 21. Tiscali.co.uk | |
| 10. Eircom.net | 22. Virgin.net | |
| 11. Live.co.uk | 23. Yahoo.co.uk | |
| 12. Live.com | 24. Yahoo.com | |

Email3:
READ OUT

May I just check, your email address is "<email1> @ <email2>"

INTERVIEWER PLEASE PROCEED TO THE NEXT SCREEN TO CONFIRM

- 1 Yes, correct GO TO SCQ REMINDER
- 2 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.

Qxx3

INTERVIEWER:

Now complete a promissory note by writing on the 5 character Tilda serial number (<Tilda_Serial>) and hand it over to the respondent

Press '1' to continue

Qxx4: As we are going to be sending you out a cheque for the 20 Euros, can I just confirm the name that you want the cheque made payable to.

Are you happy to have the cheque made payable to <R full name>

- 1 Yes, agree make cheque out to the name above
- 2 No (capture new name on the next screen)

Qxx5:

What name do you want the cheque made payable to?



The Irish Longitudinal
Study on Ageing

THE IRISH LONGITUDINAL STUDY ON AGEING

WAVE 2: SELF-COMPLETION QUESTIONNAIRE IN CONFIDENCE

TILDA ID No:

<input type="text"/>				
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Respondent Initials:

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

Gender

Female

Male

Interview Date

D | D

/ M | M

/ Y | Y

Interviewer ID:

<input type="text"/>				
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*Towards making Ireland the best
place in the world to grow old*

INSTRUCTIONS

This questionnaire is a part of The Irish LongituDinal Study on Ageing (TILDA). We greatly value your participation in our study, and we hope that you will find this questionnaire interesting to complete. Your answers are extremely important to us. Please remember that your participation is voluntary and that you may skip over any questions that you would prefer not to answer.

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this X

Or writing a number in a box like this 3

Or circling an answer like this 1 2 (3) 4 5

Sometimes you will find an instruction telling you which questions to answer next like this

YES

NO IF 'NO' GO TO QUESTION 1

HOW TO RETURN THIS QUESTIONNAIRE

Please give the questionnaire to the interviewer or post it back in the prepaid envelope provided. If you have any questions about the questionnaire, please feel free to call us at **01 896 4120**.

THE FOLLOWING QUESTIONS ASK YOU ABOUT YOUR ABILITY TO USE MORE THAN ONE LANGUAGE

1. ARE YOU CURRENTLY FLUENT IN MORE THAN ONE LANGUAGE?

PLEASE TICK ONE BOX

YES IF 'YES' GO TO QUESTION **4**

NO

2. WERE YOU EVER FLUENT IN MORE THAN ONE LANGUAGE?

PLEASE TICK ONE BOX

YES

NO IF 'NO' GO TO QUESTION **6**

3. WHAT AGE DID YOU STOP USING THE SECOND LANGUAGE?

ENTER THE AGE IN YEARS

4. APART FROM ENGLISH, WHICH OTHER LANGUAGES DO/DID YOU SPEAK?

PLEASE TICK ANY BOXES APPROPRIATE TO YOU

Irish

Other European

Other non-European

5. FROM WHAT AGE WERE YOU EXPOSED TO A SECOND LANGUAGE?

PLEASE TICK ONE BOX

From birth

From primary school

From secondary school

From later than secondary

**6. THE FOLLOWING QUESTIONS ASK ABOUT HOW YOU NORMALLY BEHAVE.
PLEASE INDICATE HOW STRONGLY YOU AGREE OR DISAGREE WITH
EACH OF THE FOLLOWING STATEMENTS.**

**PLEASE TICK ONE BOX PER LINE WHICH BEST
SHOWS HOW YOU FEEL ABOUT EACH STATEMENT**

**STRONGLY
AGREE AGREE NEUTRAL DISAGREE STRONGLY
DISAGREE**

I am not a worrier.	<input type="checkbox"/>				
I like to have a lot of people around me.	<input type="checkbox"/>				
I enjoy concentrating on a fantasy or a daydream and exploring all its possibilities, letting it grow and develop.	<input type="checkbox"/>				
I try to be courteous to everyone I meet.	<input type="checkbox"/>				
I keep my belongings neat and clean.	<input type="checkbox"/>				
At times I have felt bitter and resentful.	<input type="checkbox"/>				
I laugh easily.	<input type="checkbox"/>				
I think it's interesting to learn and develop new hobbies.	<input type="checkbox"/>				
At times I bully or flatter people into doing what I want them to.	<input type="checkbox"/>				
I'm pretty good about pacing myself so as to get things done on time.	<input type="checkbox"/>				
When I'm under a great deal of stress, sometimes I feel like I'm going to pieces.	<input type="checkbox"/>				
I prefer jobs that let me work alone without being bothered by other people.	<input type="checkbox"/>				
I am intrigued by patterns I find in art and nature.	<input type="checkbox"/>				
Some people think I'm selfish and egotistical.	<input type="checkbox"/>				

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
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I often come into situations without being fully prepared.

<input type="checkbox"/>				
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I rarely feel lonely and blue.

<input type="checkbox"/>				
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I really enjoy talking to people.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I believe letting students hear controversial speakers can only confuse and mislead them.

<input type="checkbox"/>				
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If someone starts a fight, I'm ready to fight back.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I try to perform all the tasks assigned to me conscientiously.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I often feel tense and jittery.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I like to be where the action is.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Poetry has little or no effect on me.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I'm better than most people, and I know it.

<input type="checkbox"/>				
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I have a clear set of goals and work towards them in an orderly fashion.

<input type="checkbox"/>				
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Sometimes I feel completely worthless.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I shy away from crowds of people.

<input type="checkbox"/>				
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I would have difficulty just letting my mind wander without control or guidance.

<input type="checkbox"/>				
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When I've been insulted I just try to forgive and forget.

<input type="checkbox"/>				
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I waste a lot of time before settling down to work.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT

STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
-------------------	-------	---------	----------	----------------------

I rarely feel fearful or anxious.	<input type="checkbox"/>				
I often feel as if I'm bursting with energy.	<input type="checkbox"/>				
I seldom notice the moods or feelings that different environments produce.	<input type="checkbox"/>				
I tend to assume the best about people.	<input type="checkbox"/>				
I work hard to accomplish my goals.	<input type="checkbox"/>				
I often get angry at the way people treat me.	<input type="checkbox"/>				
I am a cheerful, high spirited person.	<input type="checkbox"/>				
I experience a wide range of emotions and feelings.	<input type="checkbox"/>				
Some people think of me as cold and calculating.	<input type="checkbox"/>				
When I make a commitment, I can always be counted on to follow through.	<input type="checkbox"/>				
Too often, when things go wrong, I get discouraged and feel like giving up.	<input type="checkbox"/>				
I don't get much pleasure from chatting with people.	<input type="checkbox"/>				
Sometimes when I am reading poetry or looking at a work of art, I feel a chill or a wave of excitement.	<input type="checkbox"/>				
I have no sympathy for beggars.	<input type="checkbox"/>				
Sometimes I'm not as dependable or reliable as I should be.	<input type="checkbox"/>				
I am seldom sad and depressed.	<input type="checkbox"/>				

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
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My life is fast-paced.	<input type="checkbox"/>				
I have little interest in speculating on the nature of the universe or the human condition.	<input type="checkbox"/>				
I generally try to be thoughtful and considerate.	<input type="checkbox"/>				
I am a productive person who always gets the job done.	<input type="checkbox"/>				
I often feel helpless and want someone else to solve my problems.	<input type="checkbox"/>				
I am a very active person.	<input type="checkbox"/>				
I have a lot of intellectual curiosity.	<input type="checkbox"/>				
If I don't like people I let them know it.	<input type="checkbox"/>				
I never seem to be able to get organised.	<input type="checkbox"/>				
At times I have been so ashamed I just want to hide.	<input type="checkbox"/>				
I would rather go my own way than be a leader of others.	<input type="checkbox"/>				
I often enjoy playing with theories or abstract ideas.	<input type="checkbox"/>				
If necessary, I am willing to manipulate people to get what I want.	<input type="checkbox"/>				
I strive for excellence in everything I do.	<input type="checkbox"/>				

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7. WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT PARTICIPATION IN SOCIAL ACTIVITIES. HOW OFTEN, IF AT ALL, DO YOU DO ANY OF THE FOLLOWING ACTIVITIES?

PLEASE TICK ONE BOX PER LINE	DAILY/ ALMOST DAILY	ONCE A WEEK OR MORE	TWICE A MONTH OR MORE	ABOUT ONCE A MONTH	EVERY FEW MONTHS	ABOUT ONCE OR TWICE A YEAR	LESS THAN ONCE A YEAR	NEVER
	Watch television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go out to films, plays and concerts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend classes and lectures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel for pleasure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in the garden, or your home, or on a car.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books or magazines for pleasure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music, radio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time on hobbies or creative activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play cards, bingo, games in general.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the pub.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat out of the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in sport activities or exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit to or from family or friends, either in person or talking on the phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do voluntary work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. THE NEXT QUESTIONS ARE ABOUT HOW YOU FEEL ABOUT DIFFERENT ASPECTS OF YOUR LIFE. FOR EACH ONE, PLEASE SAY HOW OFTEN YOU FEEL THAT WAY.

PLEASE TICK ONE BOX PER LINE	OFTEN	SOME OF THE TIME	HARDLY EVER OR NEVER
How often do you feel you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel in tune with the people around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. DID YOU VOTE IN THE LAST GENERAL ELECTION?

PLEASE TICK ONE BOX

YES
NO

10. DO YOU HAVE A HUSBAND, WIFE OR PARTNER WITH WHOM YOU LIVE?

PLEASE TICK ONE BOX

YES
NO IF 'NO' GO TO QUESTION 13

11. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR SPOUSE OR PARTNER.

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT

A LOT SOME A LITTLE NOT AT ALL

How much does he/she really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

How much can you rely on him/her if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

How much can you open up to him/her if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

How much does he/she make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

How much does he/she criticise you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

How much does he/she let you down when you are counting on him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

How much does he/she get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

12. HOW CLOSE IS YOUR RELATIONSHIP WITH YOUR SPOUSE OR PARTNER?

PLEASE TICK ONE BOX

Very close

Quite close

Not very close

Not at all close

13. DO YOU HAVE ANY CHILDREN?

PLEASE TICK ONE BOX

YES

NO IF 'NO' GO TO QUESTION 15

14. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR CHILDREN.

PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS HOW YOU FEEL ABOUT EACH STATEMENT

A LOT SOME A LITTLE NOT AT ALL

How much do they really understand the way you feel about things?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

How much can you rely on them if you have a serious problem?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

How much can you open up to them if you need to talk about your worries?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

How much do they make too many demands on you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

How much do they criticise you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

How much do they let you down when you are counting on them?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

How much do they get on your nerves?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

15. APART FROM YOUR SPOUSE/PARTNER AND CHILDREN (IF ANY), DO YOU HAVE ANY OTHER FAMILY MEMBERS (SUCH AS BROTHERS, SISTERS, PARENTS, COUSINS ETC)?

PLEASE TICK ONE BOX

YES

NO IF 'NO' GO TO QUESTION 17

16. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THESE FAMILY MEMBERS.

**PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS
HOW YOU FEEL ABOUT EACH STATEMENT**

A LOT SOME A LITTLE NOT AT ALL

How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they criticise you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. WE WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR FRIENDS.

**PLEASE TICK ONE BOX PER LINE WHICH BEST SHOWS
HOW YOU FEEL ABOUT EACH STATEMENT**

A LOT SOME A LITTLE NOT AT ALL

How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they criticise you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. FOR SOME PEOPLE SEX IS A VERY IMPORTANT PART OF THEIR LIVES AND FOR OTHERS IT IS NOT VERY IMPORTANT AT ALL. HOW IMPORTANT A PART OF YOUR LIFE WOULD YOU SAY THAT SEX IS?

PLEASE TICK ONE BOX

Extremely important

Very important

Moderately important

Somewhat important

Not at all important

19. ARE YOU CURRENTLY SEXUALLY ACTIVE (WITHIN THE LAST 12 MONTHS)?

PLEASE TICK ONE BOX

YES

NO IF 'NO' GO TO QUESTION 21

20. HOW OFTEN DO YOU ENGAGE IN SEXUAL ACTIVITY?

PLEASE TICK ONE BOX

Every day

Once or twice a week

Once or twice a month

Every few months

Once or twice a year

21. WE WOULD LIKE TO ASK SOME QUESTIONS ABOUT HOW CONCERNED YOU ARE ABOUT THE POSSIBILITY OF FALLING. FOR EACH OF THE FOLLOWING ACTIVITIES, PLEASE INDICATE HOW CONCERNED YOU ARE THAT YOU MIGHT FALL IF YOU DID THIS ACTIVITY.

IF YOU CURRENTLY DON'T DO THE ACTIVITY (E.G. IF SOMEONE DOES YOUR SHOPPING FOR YOU), PLEASE ANSWER TO SHOW WHETHER YOU THINK YOU WOULD BE CONCERNED ABOUT FALLING IF YOU DID THE ACTIVITY.

PLEASE TICK ONE BOX PER LINE	NOT AT ALL CONCERNED	SOMEWHAT CONCERNED	FAIRLY CONCERNED	VERY CONCERNED
	1	2	3	4
Cleaning the house (e.g. sweep, vacuum, dust).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dressed or undressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing simple meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a bath or shower.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the shop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in or out of a chair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going up or down stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking around in the neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching for something above your head or on the ground.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to answer the telephone before it stops ringing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking on a slippery surface (e.g. wet or icy).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting a friend or relative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking in a place with crowds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking up or down a slope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going out to a social event (e.g. religious service, family gathering, or club meeting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. THE NEXT FOUR QUESTIONS ARE ABOUT HOW YOU HAVE FELT IN THE PAST MONTH.

PLEASE TICK ONE BOX PER LINE	HARDLY EVER	ALMOST NEVER	SOMETIMES	FAIRLY OFTEN	VERY OFTEN
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>				
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>				
In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>				
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>				

23. HERE IS A LIST OF STATEMENTS THAT PEOPLE HAVE USED TO DESCRIBE THEIR LIVES OR HOW THEY FEEL. HOW OFTEN DO YOU FEEL LIKE THIS?

PLEASE TICK ONE BOX PER LINE

OFTEN SOMETIMES RARELY NEVER

My age prevents me from doing the things I would like to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that what happens to me is out of my control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel free to plan for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel left out of things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do the things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family responsibilities prevent me from doing what I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I can please myself in what I can do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health stops me from doing the things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortage of money stops me from doing the things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look forward to each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my life has meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy the things that I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy being in the company of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On balance, I look back on my life with a sense of happiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel full of energy these days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose to do things that I have never done before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel satisfied with the way my life has turned out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that life is full of opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that the future looks good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24. HAVE YOU EVER HAD AN ALCOHOLIC DRINK
E.G. GLASS OF WINE, GLASS OF BEER ETC?**

PLEASE TICK ONE BOX

YES

NO IF 'NO' GO TO QUESTION 36

**25. HAVE YOU HAD AN ALCOHOLIC DRINK OF ANY KIND
IN THE LAST 12 MONTHS?**

PLEASE TICK ONE BOX

YES

NO IF 'NO' GO TO QUESTION 36

**26. DURING THE LAST 12 MONTHS, HOW OFTEN HAVE YOU DRUNK
ANY ALCOHOLIC BEVERAGES, LIKE BEER, CIDER, WINE, SPIRITS
OR COCKTAILS?**

PLEASE TICK ONE BOX

- | | |
|----------------------------------|--------------------------|
| Daily | <input type="checkbox"/> |
| 4-6 days a week | <input type="checkbox"/> |
| 2-3 days a week | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> |
| 2-3 days a month | <input type="checkbox"/> |
| Once a month | <input type="checkbox"/> |
| One or a couple of days per year | <input type="checkbox"/> |

**27. MORE RECENTLY (I.E. IN THE LAST MONTH), WOULD YOU
DESCRIBE YOUR CURRENT ALCOHOL INTAKE AS:**

PLEASE TICK ONE BOX

- | | |
|------------------|--------------------------|
| Daily | <input type="checkbox"/> |
| 4-6 days a week | <input type="checkbox"/> |
| 2-3 days a week | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> |
| 2-3 days a month | <input type="checkbox"/> |
| Once a month | <input type="checkbox"/> |

28. ON THE DAYS THAT YOU DRINK, ABOUT HOW MANY DRINKS DO YOU HAVE?

PLEASE TICK ALL THAT APPLY TO YOU

LESS THAN 1

1 - 2

3 - 4

5 - 6

7 - 8

8+

Full pint of beer/ cider/ lager



½ pint or glass of beer/cider/lager



Large can/bottle of beer/cider/lager



Small can/bottle of beer/cider/lager



Small glass of wine (125mls)



Large glass of wine (250mls)



Bottle of wine



Measure of spirit



Pre-mixed spirit drink (e.g. Smirnoff Ice)



29. IN THE LAST 12 MONTHS, WHAT IS THE MAXIMUM NUMBER OF DRINKS YOU HAVE HAD ON ANY ONE OCCASION?

PLEASE TICK ALL THAT APPLY TO YOU

LESS THAN 1

1 - 2

3 - 4

5 - 6

7 - 8

8+

Full pint of beer/ cider/lager



½ pint or glass of beer/cider/lager



Large can/bottle of beer/cider/lager



Small can/bottle of beer/cider/lager



Small glass of wine (125mls)



Large glass of wine (250mls)



Bottle of wine



Measure of spirit



Pre-mixed spirit drink (e.g. Smirnoff Ice)



30. HAVE YOU EVER FELT THAT YOU SHOULD CUT DOWN ON DRINKING?

PLEASE TICK ONE BOX

YES

NO

31. HAVE YOU REDUCED YOUR ALCOHOL INTAKE IN THE LAST 2 YEARS?

PLEASE TICK ONE BOX

YES

NO IF 'NO' GO TO QUESTION 33

32. WHY DID YOU REDUCE YOUR ALCOHOL INTAKE?

PLEASE TICK ONE BOX

Personal choice

Doctor's advice

Medication

Illness or ill health

Other reasons (please specify)

33. HAVE PEOPLE EVER ANNOYED YOU BY CRITICISING YOUR DRINKING?

PLEASE TICK ONE BOX

YES

NO

34. HAVE YOU EVER FELT BAD OR GUILTY ABOUT DRINKING?

PLEASE TICK ONE BOX

YES

NO

35. HAVE YOU EVER TAKEN A DRINK FIRST THING IN THE MORNING TO STEADY YOUR NERVES OR GET RID OF A HANGOVER?

PLEASE TICK ONE BOX

YES

NO

36. FOR EACH OF THE FOLLOWING EVENTS, PLEASE INDICATE WHETHER THE EVENT OCCURRED AT ANY POINT IN THE LAST TWO YEARS. IF THE EVENT DID HAPPEN, PLEASE INDICATE THE YEAR IN WHICH IT HAPPENED MOST RECENTLY.

PLEASE TICK ONE BOX PER LINE

USE 4 DIGITS FOR THE YEAR, I.E. 2010, 2011 or 2012

YES

NO

**IF 'YES',
WHAT YEAR?**

Have you been in a major fire, flood or other natural disaster?

Has your spouse, partner, or child been addicted to drugs
or alcohol?

Were you the victim of a serious physical attack
or assault in your life?

Did you have a life-threatening illness or accident?

Did your spouse, partner, or a child of yours have
a life-threatening illness or accident?

Has a child of yours died?

**37. PLEASE CIRCLE THE ONE NUMBER THAT BEST DESCRIBES
HOW TYPICAL OR CHARACTERISTIC EACH ITEM IS OF YOU**

PLEASE CIRCLE ONE NUMBER PER LINE

NOT AT ALL TYPICAL	SOMEWHAT TYPICAL	VERY TYPICAL
-----------------------	---------------------	-----------------

1	2	3	4	5
---	---	---	---	---

My worries overwhelm me.

1	2	3	4	5
---	---	---	---	---

Many situations make me worry.

1	2	3	4	5
---	---	---	---	---

I know I should not worry about things,
but I just cannot help it.

1	2	3	4	5
---	---	---	---	---

When I am under pressure, I worry a lot.

1	2	3	4	5
---	---	---	---	---

I am always worrying about something.

1	2	3	4	5
---	---	---	---	---

As soon as I finish one task, I start to
worry about everything else I must do.

1	2	3	4	5
---	---	---	---	---

I have been a worrier all my life.

1	2	3	4	5
---	---	---	---	---

I have been worrying about things.

38. HAVE ANY OF YOUR CLOSE FRIENDS DIED IN THE PAST TWO YEARS?

PLEASE TICK ONE BOX

YES

NO

39. WHAT IS THE MAIN WAY IN WHICH YOU HEAT YOUR ACCOMMODATION IN THE WINTER (TICK ONE BOX ONLY)

PLEASE TICK ONE BOX

Central heating

Open fire only

Portable heaters only

Open fire and portable heaters

Closed solid fuel appliance only

Closed solid fuel appliance and portable heaters

**40. COULD YOU TELL ME WHETHER YOU HAVE ANY OF THE FOLLOWING PROBLEMS IN YOUR ACCOMMODATION?
IF SO, WOULD YOU SAY THAT THESE ARE A MINOR, MODERATE OR MAJOR PROBLEM FOR THE ACCOMMODATION?**

PLEASE TICK ONE BOX PER LINE DO YOU HAVE PROBLEMS WITH...	NO PROBLEM	MINOR PROBLEM	MODERATE PROBLEM	MAJOR PROBLEM
A leaking roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaking or moisture getting in through walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaking or moisture getting in at door or windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaks from water pipes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rising damp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condensation dampness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General dampness from unknown sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mould on walls/ceilings etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion or rot around any external door(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badly fitting doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion or rot around any window(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaky or draughty windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows that don't open/close properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rot in timbers other than windows/doors, such as rot in joists, floor boards etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural cracks in internal or external SUPPORT walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subsidence in floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pests – rats, mice, cockroaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise from neighbouring houses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in heating your accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problems, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. HOW DO YOU FEEL ABOUT YOUR LOCAL AREA, THAT IS EVERYWHERE WITHIN A 20 MINUTE WALK OR ABOUT A KILOMETER OF YOUR HOME?

THE CLOSER YOUR TICK IS TO A STATEMENT THE MORE STRONGLY YOU AGREE WITH IT.

PLEASE TICK ONE BOX EACH LINE

I really feel part
of this area.

I feel that I don't
belong in this area.

Vandalism and graffiti are
a big problem in this area.

There is no problem
with vandalism and
graffiti in this area.

I often feel lonely
living in this area.

I have never felt lonely
living in this area.

Most people in this
area can be trusted.

Most people in this
area can't be trusted.

People would be
afraid to walk in this
area after dark.

People feel safe
walking alone after
dark in this area.

Most people in this
area are friendly.

Most people in this
area are unfriendly.

People in this area will
take advantage of you.

People in this area will
always treat you fairly.

This area is kept
very clean.

This area is always full
of litter and rubbish.

If you were in trouble, there
are lots of people in this
area who would help you.

If you were in trouble,
there is nobody in this
area who would help you.

**42. IF THERE IS ANYTHING YOU WOULD LIKE TO TELL US, PLEASE
WRITE IN THE SPACE BELOW. FEEL FREE TO WRITE ON THE NEXT
PAGE OR TO ADD A PAGE IF THIS SPACE IS INSUFFICIENT.
WE SHALL BE VERY INTERESTED TO READ WHAT YOU HAVE TO SAY.**

**THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER OUR QUESTIONS.
PLEASE GIVE THE QUESTIONNAIRE TO THE INTERVIEWER OR POST IT BACK IN
THE ENVELOPE PROVIDED. ALL YOUR ANSWERS WILL REMAIN CONFIDENTIAL.**

NOTES

NOTES

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