

HELL*

[^Do you / Does [^name]] have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled [^you / [^name]] over a period of time, or that is likely to affect [^you / [^name]] over a period of time.

1 Yes

2 No

IF whether has long-standing illness = yes [Heill = 1]

|

HELIM*

| (Does this / Do these) illness(es) or disability(ies) limit [^your / [^name's]] activities in any way?

| 1 Yes

| 2 No

|

END OF FILTER

HELWK

Do you have any health problem or disability that limits the kind or amount of paid work you could do, should you want to?

1 Yes

2 No

IF whether health limits paid work = yes [HeLWk = 1]

|

HETEMP

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

| 1 Yes

| 2 No

|

END OF FILTER

HEFINT @

The next questions ask about difficulties you may have walking a quarter of a mile because of a health problem. By health problem we mean any long-term physical, mental or emotional problem or illness.

1 Press <1> and <Enter> to continue.

HEFUNC*

By [^yourself / himself / herself] and without using any special equipment, how much difficulty [^do you / does [^name]] have walking for a quarter of a mile? [^Do you / Does he / Does she] have...

INTERVIEWER: Read out...

1 ...no difficulty,

2 some difficulty,

3 much difficulty,
4 or, [^are you / is he / is she] unable to do this?

IF difficulty with walking a quarter of a mile = [some, much, unable] [HeFunc = [2, 3, 4]]

HEATT

SHOW CARD D

What are the symptoms that [^prevent you from / cause you to have difficulty] walking a quarter of a mile?

INTERVIEWER: PROBE - 'What others?'

Code all that apply.

01 Chest pain

02 Fatigue / too tired

03 Shortness of breath

04 Tremor(s)

05 Pain in leg or foot

06 Swelling in leg or foot

07 Incontinence or fear of incontinence

08 Seeing difficulty

09 Hearing difficulty

10 Confusion

11 Difficulty concentrating

12 Memory problems

13 Unsteady on feet or balance problems

14 Lightheaded or dizziness

15 Fear of falling

16 Anxiety or fear

17 Amputation

95 Some other problem or symptom

***[Multiple responses to HEATT are recorded in variables HEATT01 to HEATT14]
[code maximum 18 out of 18 possible responses]***

IF more than one symptom [HeAtt.CARDINAL > 1]

HEATA

SHOW CARD D

And which of these is the main symptom that [^prevents you from walking / makes it difficult for you to walk] a quarter of a mile?

01 Chest pain

02 Fatigue / too tired

03 Shortness of breath

04 Tremor(s)

05 Pain in leg or foot

06 Swelling in leg or foot

07 Incontinence or fear of incontinence

08 Seeing difficulty

09 Hearing difficulty

10 Confusion

11 Difficulty concentrating

12 Memory problems

13 Unsteady on feet or balance problems

14 Lightheaded or dizziness

15 Fear of falling

16 Anxiety or fear

17 Amputation

| 95 Some other problem or symptom

| **[CHECK HE1]**

| END OF FILTER

| *IF symptoms affecting walking = [unsteady, dizziness, fear of falling] [HeAtt = [13, 14, 15]]*

| **HEBALB**

| Did you join an exercise programme or get physiotherapy to improve your walking or balance?

| 1 Yes

| 2 No

| *IF whether does exercise / physiotherapy to improve walking / balance = yes*

| *[Hebalb = 1]*

| **HEBALA**

| Did you join the exercise programme or get physiotherapy after a doctor or nurse recommended you did?

| 1 Yes

| 2 No

| END OF FILTER

| **HEBALC**

| Did any doctor or nurse suggest a 'stick' or 'zimmer frame' to improve your walking or balance?

| 1 Yes

| 2 No

| END OF FILTER

| END OF FILTER

| *IF symptoms affecting walking = [unsteady, dizziness, fear of falling] [HeATT = [13, 14, 15]]*

| **HEAID**

| Do you use any of the following?

| INTERVIEWER: Read out and code all that apply.

| Only include personal alarms used to call for assistance after falls etc.

| 1 A cane or walking stick

| 2 A zimmer frame or walker

| 3 A manual wheelchair

| 4 An electric wheelchair

| 5 A buggy or scooter

| 6 Special eating utensils

| 7 A personal alarm

| 8 Elbow crutches

| 96 None of these

| **[Multiple responses to HEAID are recorded in variables HEAID1 to HEAID5]**

| **[code maximum 8 out of 9 possible responses]**

[CHECK HE2]

IF ((walking aids used = none) AND (walking aids used at Wave 1 = RESPONSE)) AND NOT (walking aids used at Wave 1 = none) [((HeAid = 96) AND (HeAid (Wave 1) = RESPONSE)) AND NOT (HeAid (Wave 1) = 96)]

HEAIDC

Our records from your last interview show that you were using [^list of aids at Wave 1].

INTERVIEWER: Code 1 below unless respondent spontaneously disputes this record.

1 Yes

2 No

IF whether confirms previous walking aid = no [HeAidC = 2]

HEAIDW

INTERVIEWER: Code which aid respondent disputes.

CODE ALL THAT APPLY.

1 [^A cane or walking stick]

2 [^A zimmer frame or walker]

3 [^A manual wheelchair]

4 [^An electric wheelchair]

5 [^A buggy or scooter]

6 [^Special eating utensils]

7 [^A personal alarm]

8 [^Elbow crutches]

[Multiple responses to HEAIDW are recorded in variables HEAIW01]

[code maximum 8 out of 8 possible responses]

[CHECK HE3]

IF type of walking aid disputed = RESPONSE [HeAidW = RESPONSE]

LOOP FOR EACH WALKING AID DISPUTED

HEAIDN

1 Never used [^[idx] type of walking aid]

2 No longer use [^[idx] type of walking aid]

[There is a separate variable for responses about each of the type of walking aid disputed. Responses are recorded in heain01, heain05-heain07.]

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER