

疼痛

HEPAIN

Are you often troubled with pain?

1 Yes

2 No

IF whether often troubled with pain = yes [HePain = 1]

HEPAA

How bad is the pain most of the time? Is it...

INTERVIEWER: Read out...

1 mild,

2 moderate,

3 or, severe

HEPAB@

How would you rate your pain if you were walking on a flat surface?

Please rate your pain from 0-10 for each of the following where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.

1 Press <1> and enter to continue

2 Can't walk or never walks

IF rating pain when walking = continue [HePab = 1]

HEBCK

|| (How would you rate the pain) in your back?
|| PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as
|| bad as you can imagine'.
|| Range: 0..10

|| **HEHIP**

|| (How would you rate the pain) in your hips?
|| PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as
|| bad as you can imagine'.
|| Range: 0..10

|| **HEKNE**

|| (How would you rate the pain) in your knees?
|| PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as
|| bad as you can imagine'.
|| Range: 0..10

|| **HEFET**

|| (How would you rate the pain) in your feet?
|| PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as
|| bad as you can imagine'.
|| Range: 0..10

|| END OF FILTER

END OF FILTER

*IF (knee pain rating = [6 .. 10] OR hip pain rating = [6 .. 10]) AND ((type of arthritis =
osteoarthritis) OR (type of arthritis at Wave 1 = osteoarthritis))[(HeKne = [6...10] OR HeHip =
[6...10]) AND ((HeArt = 1) OR (HeArt (Wave 1) = 1))]*

|| **HEPAC**

|| Has your knee or hip pain been bothering you for more than six months?
|| 1 Yes
|| 2 No

IF whether had knee / hip pain for over six months = yes [HePac = 1]

|| **HEPAD**

|| Are you taking or have you taken any medication or exercises to control the pain in your
|| knee or hip?
|| 1 Yes
|| 2 No

IF whether taken pain medication = yes [HePad = 1]

|| **HEPAE**

|| Do exercises and medicines control the pain in your knee or hip?
|| 1 Yes
|| 2 No

IF whether pain controlled = no [HePae = 2]

|| **HEPAF**

|| Did any doctor recommend that you should have surgery or joint replacement?
|| 1 Yes

2 No
IF whether advised to have surgery = yes [HePaf = 1]

HEPAF1

Did you see an orthopaedic specialist?

1 Yes

2 No

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

IF (knee pain rating = [1 .. 5] AND ((type of arthritis = osteoarthritis) OR (type of arthritis at Wave 1 = osteoarthritis)) AND (NOT (HeHip = [6 .. 10])))[(HeKne = [1...5] AND ((HeArt = 1) OR (HeArt (Wave 1) = 1)) AND (NOT (HeHip = [6...10])))]

HEKNEA

Has your knee pain been bothering you for more than 3 months?

1 Yes

2 No

IF whether had knee pain for over 3 months = yes [HeKnea = 1]

HEKNEB

Has a doctor or nurse suggested that you receive physiotherapy or attend a supervised exercise program for your knee pain?

1 Yes

2 No

IF whether exercise / physiotherapy has been recommended for knee pain = yes [HeKneb = 1]

HEKNEC

Did you see a physiotherapist or attend a supervised exercise program for your knee pain?

1 Yes

2 No

IF whether attended physiotherapist / exercise program = yes [HeKnec = 1]

HEPAK1

How well does the treatment control your pain?

1 Very well

2 Fairly well

3 Not very well

4 Not at all

END OF FILTER

END OF FILTER

||
| END OF FILTER
|
END OF FILTER

IF (level of pain = [moderate, severe]) AND ((whether had knee / hip pain for over 6 months <> RESPONSE) AND (whether had knee pain for over 3 months <> RESPONSE))[HePaa = [2, 3] AND HePac <> RESPONSE AND HeKnea <> RESPONSE]

| **HEPAG**
| Has this pain started within the past 12 months?
| 1 Yes
| 2 No

| *IF whether pain started within past year = yes [HePag = 1]*

|| **HEPAH**
|| Have you told your doctor or nurse about this pain?
|| 1 Yes
|| 2 No

|| *IF whether told doctor / nurse about pain = yes [HePah = 1]*

||| **HEPAI**
||| Did your doctor or nurse recommend any treatments for your pain?
||| 1 Yes
||| 2 No

||| *IF whether pain treatments recommended = yes [HePai = 1]*

|||| **HEPAJ**
|||| Are you currently receiving any treatment for your pain?
|||| 1 Yes
|||| 2 No

|||| *IF whether receiving treatment for pain = yes [HePaj = 1]*

||||| **HEPAK2**
||||| How well does the treatment control your pain?
||||| INTERVIEWER: Read out...
||||| 1 Very well
||||| 2 Fairly well
||||| 3 Not very well
||||| 4 Not at all

||||| END OF FILTER

||||| END OF FILTER

||||| END OF FILTER

||||| END OF FILTER

||||| END OF FILTER

IF rating pain when walking = can't walk [HePab = 2]

HEBAL

SHOW CARD M

How often do you have problems with keeping your balance when you are walking on a level surface?

- 1 Always
- 2 Very often
- 3 Often
- 4 Sometimes
- 5 Never
- 6 SPONTANEOUS: Never walks
- 7 SPONTANEOUS: Can't walk

IF (frequency of balance problems = [always, very often, often]) AND (Have already answered HeBal earlier in interview <> yes) [(HeBal = [1, 2, 3]) AND (NoHebal <> 1)]

HEBALA

Did a doctor or nurse recommend that you join an exercise program or get physiotherapy to improve your walking or balance?

- 1 Yes
- 2 No

***[There is a separate variable for responses about each of the type of walking aid]
[Responses are recorded in hebala1 and hebala2]***

*IF whether exercise / physiotherapy recommended to improve walking / balance = yes
[Hebala = 1]*

HEBALB

Did you join an exercise program or get physiotherapy?

- 1 Yes
- 2 No

***[There is a separate variable for responses about each of the type of illness]
[Responses are recorded in hebalb1 to hebalb2]***

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

***[There is a separate variable for responses about each of the type of aid]
[Responses are recorded in Hebalc1 and Hbalc2]***

IF whether uses walking aids has been asked <> yes [NoHeAid1 <> 1]

HEAD

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 HEAID9 to HEAID12]
[code maximum 8 out of 9 possible responses]***

[CHECK HE58]

*IF (walking aids used = none) AND (walking aids used = 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 HeAid].

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

- 1 Yes
- 2 No

[Responses to HEAIDC are recorded in variable HEAIDC2]

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

HEAIDW

INTERVIEWER: Code which aid respondent disputes. Code all that apply

- 1 [^High blood pressure or hypertension]
- 2 [^Angina]
- 3 [^A heart attack]
- 4 [^Congestive heart failure]
- 5 [^A heart murmur]
- 6 [^An abnormal heart rhythm]
- 7 [^Diabetes or high blood sugar]
- 8 [^A stroke (cerebral vascular disease)]

***[Multiple responses to HEAIDW are recorded in variables HEAIDW9 to HEAIDW16 -
@ All empty]
[code maximum 8 out of 8 possible responses]***

[CHECK HE59]

IF walking aids used = 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]
- 3 Did not use [^idx] type of walking aid] previously but does now

***[There is a separate variable for responses about each of the type of walking
aid. Responses are recorded in heaidn9-heaidn16@ - All empty]***

END OF FILTER

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||| | END OF FILTER

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||| | END OF FILTER

||| |
||| | *IF NOT (frequency of balance problems = [never walks, can't walk]) [NOT (HeBal = [6, 7])]*

||| |
||| | **HEDIZ***

||| | SHOW CARD M

||| | How often do you have problems with dizziness when you are walking on a level surface?

||| | 1 Always

||| | 2 Very often

||| | 3 Often

||| | 4 Sometimes

||| | 5 Never

||| | 6 SPONTANEOUS: Never walks

||| | 7 SPONTANEOUS: Can't walk

||| |
||| | END OF FILTER

||| |
||| | END OF FILTER