Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA)

WAVE 2 PRE-INTERVIEW QUESTIONNAIRE: CONFIDENTIAL

IDS-TILDA ID Number: W 2

Gender: Male 1 Female 2

Interview Date: D D / M M / Y Y

Interviewer ID Number I D S

IDS-TILDA

Working to Make Ireland the Best Place to Grow Old

INSTRUCTIONS

This questionnaire is part of WAVE 2 of The Intellectual Disability Supplement to TILDA. Thank you for taking part in this study. Your answers are very important to us to help ensure the needs of people with an intellectual disability are met as they grow older.

WHAT TO DO IF YOU NEED HELP.

If you need support filling in the questionnaire ask a family member, a key worker or a friend who knows you at least 6 months to help.

HOW TO FILL IN THE QUESTIONNAIRE.

Please answer the questions by:

Ticking a box like this ☑

Or writing a number in a box like this **2**

Sometimes you will find an instruction telling you which questions to answer next like this

YES

NO ☑ IF 'NO' GO TO QUESTION **3**

HOW TO RETURN THIS QUESTIONNAIRE

Please give the questionnaire to the interviewer on the day of your interview. If you have any questions about the questionnaire, please call us at 01 8963186 or 01 8963187.

THE FOLLOWING QUESTIONS WILL UPDATE OUR RECORDS SINCE YOUR LAST INTERVIEW.

What is your date of birth? D D M M Y Y

Are you ...?

PLEASE TICK ONE BOX

Single	1
Living with a partner as if married	2
With a partner but not living with him/her	3
Married	4
Separated	5
Divorced	6
Widowed	7
Don't know	98

Have you moved home/residence since your last interview?

PLEASE TICK ONE BOX

YES 1

NO 5 GO TO EYE HEALTH

If you have moved do you currently pay rent for your home/residence?

PLEASE TICK ONE BOX

YES 1

NO 5

Don't Know 98

PLEASE TELL US ANY OTHER INFORMATION

If you live in rented accommodation which of the following best describes your rental situation?

PLEASE TICK ONE THAT APPLIES

Type of Rental Situation

Social Housing e.g. County council or Housing association	☐ 1
Private Landlord	☐ 2
Rented from my Service Provider	☐ 3
None of the above	☐ 4

If none of the above, Please tell us your rental situation

Please tell us if it is adapted or not adapted to meet your needs

Adapted	☐ 1
Not Adapted	☐ 2
Don't Know	☐ 98

Do you have an individual tenancy agreement?

PLEASE TICK ONE BOX

YES	☐ 1
NO	☐ 5
Don't Know	☐ 98

WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH TO SEE IF THERE HAVE BEEN ANY CHANGES SINCE YOUR LAST INTERVIEW.

EYE HEALTH

1. Has the doctor ever told you that you have age related macular degeneration?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

2. Has a doctor ever told you that you have glaucoma?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

3. Has a doctor ever told you that you have cataracts?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 4

NO ☐ 5 GO TO QUESTION 5

Don't Know ☐ 98 GO TO QUESTION 5

4. Have you had cataract surgery?

PLEASE TICK ONE BOX

YES, in one eye ☐ 1

YES, in both eyes ☐ 2

NO ☐ 5

Don't Know ☐ 98

5. Has a doctor ever told you that you have any other eye diseases?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 6

NO ☐ 5 GO TO QUESTION 7

Don't Know ☐ 98 GO TO QUESTION 7

6. Please tell us what other eye diseases the doctor has told you that you have?

HEART HEALTH

7. Has the doctor ever told you that you have any of these conditions?
TICK ALL THAT APPLY

High cholesterol ☐ 1 GO TO QUESTION 8

A heart murmur ☐ 1 GO TO QUESTION 9

An abnormal heart rhythm ☐ 1 GO TO QUESTION 9

None of these ☐ 1 GO TO QUESTION 9

Don't know ☐ 1 GO TO QUESTION 9

8. Are you taking any tablets or pills for high cholesterol?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

9. Has a doctor ever told you that you have high blood pressure or hypertension?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 10

NO ☐ 5 GO TO QUESTION 11

Don't Know ☐ 98 GO TO QUESTION 11

10. About how old were you when you were first told by the doctor that you had high blood pressure?

I was ☐☐ years old.

Don't know ☐ 98

11. Has a doctor ever told you that you have angina?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 12

NO ☐ 5 GO TO QUESTION 14

Don't Know ☐ 98 GO TO QUESTION 14

12. About how old were you when you were first told by a doctor that you had angina?

I was ☐☐ years old.

Don't Know ☐ 98

13. Do you limit your usual activities because of your angina?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

14. Has the doctor ever told you that you have had a heart attack (including myocardial infarction [MI] or coronary thrombosis)?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 15

NO ☐ 5 GO TO QUESTION 18

Don't Know ☐ 98 GO TO QUESTION 18

15. About how old were you when you were first told by a doctor that you had a heart attack (including myocardial infarction [MI] or coronary thrombosis)?

I was ☐☐ years old.

Don't know ☐ 98

16. In what month and year was your most recent heart attack?

(For example..... ☐0☐9 / ☐2☐0☐1☐1

☐☐ / ☐☐☐☐

Don't know ☐ 98

17. About how many heart attacks has the doctor said you have had?

I have had ☐☐ heart attacks

Don't Know ☐ 98

18. Have you ever had an angioplasty or stent?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 19

NO ☐ 5 GO TO QUESTION 20

Don't Know ☐ 98 GO TO QUESTION 20

19. In what month and year was your last angioplasty or stent?

(For example..... 0 9 / 2 0 1 1

☐☐ / ☐☐☐☐

Don't know ☐ 98

20. Have you ever had open heart surgery?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 21

NO ☐ 5 GO TO QUESTION 22

Don't Know ☐ 98 GO TO QUESTION 22

21. In what month and year was your last open heart surgery?

(For example..... 0 9 / 2 0 1 1

☐☐ / ☐☐☐☐

Don't know ☐ 98

22. Has the doctor ever told you that you have congestive heart failure?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 23

NO ☐ 5 GO TO QUESTION 24

Don't Know ☐ 98 GO TO QUESTION 24

23. About how old were you when you were first told by a doctor that you had congestive heart failure?

I was ☐☐ years old.

Don't know ☐ 98

24. Have you ever had education on how best to take care of/manage your heart health?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

25. Have you ever had education on healthy eating/nutrition?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

26. Has the doctor ever told you that you have diabetes or high blood sugar?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 27

NO ☐ 5 GO TO QUESTION 34

Don't Know ☐ 98 GO TO QUESTION 34

27. About how old were you when you were first told by a doctor that you had diabetes or high blood sugar?

I was ☐☐ years old.

Don't know ☐ 98

28. What type of diabetes do you have?

Type 1 (formerly called insulin-dependent diabetes) ☐ 1

Type 2 (formerly called non-insulin dependent diabetes) ☐ 2

Don't know ☐ 98

29. How often do you have your blood glucose levels checked
TICK ONE BOX ONLY

Before meals ☐ 1

Daily ☐ 2

Weekly ☐ 3

Monthly ☐ 4

Never ☐ 5

Don't know ☐ 98

Other Please tell us

☐

30. Are you currently taking any tablets, pills or other medication that you swallow for diabetes?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

31. Do you currently inject insulin for diabetes?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

32. Has the doctor ever told you that you have any of the following conditions related to your diabetes?

TICK ALL THAT APPLY

Leg ulcer ☐ 1

Protein in your urine ☐ 1

Lack of feeling and tingling in your legs and feet due to nerve damage ☐ 1

Damage to the back of your eye ☐ 1

Damage to your kidneys ☐ 1

No, none of these ☐ 1

Don't know ☐ 1

33. Have you ever had education on how best to take care of/manage your diabetes?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

34. Has the doctor ever told you that you have had a stroke?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 35

NO ☐ 5 GO TO QUESTION 38

Don't Know ☐ 98 GO TO QUESTION 38

35. About how old were you when you were first told by a doctor that you had a stroke?

I was ☐☐ years old.

Don't know ☐ 98

36. About how many strokes has the doctor said you have had?

I have had ☐☐ strokes.

Don't Know ☐ 98

37. In what year was your most recent stroke?

(For example 2011) ☐☐☐☐

Don't know ☐ 98

38 Has the doctor ever told you that you have had a ministroke or TIA?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 39

NO ☐ 5 GO TO QUESTION 42

Don't Know ☐ 98 GO TO QUESTION 42

39. About how old were you when you were first told by a doctor that you had a ministroke or TIA?

I was ☐☐ years old.

Don't know ☐ 98

40. About how many ministrokes or TIAs has the doctor said you have had?

I have had ☐☐ strokes.

Don't know ☐ 98

41. In what year was your most recent ministroke or TIA?

(For example 2011) ☐☐☐☐

Don't know ☐ 98

42. Has the doctor ever told you that you have any other heart trouble?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 43

NO ☐ 5 GO TO QUESTION 45

Don't Know ☐ 98 GO TO QUESTION 45

43. Please tell us what other heart trouble has the doctor told you that you have?

44. About how old were you when you were first told by a doctor that you had any other heart trouble?

I was ☐☐ years old.

Don't know ☐ 98

Other Health Conditions

45. Has the doctor ever told you that you have any of the following chronic conditions?

PLEASE TICK ALL THAT APPLY

Asthma	☐ 1
Stomach ulcers	☐ 1
Varicose ulcers (an ulcer due to varicose veins)	☐ 1
Cirrhosis, or serious liver damage	☐ 1
Constipation	☐ 1
Coeliac disease	☐ 1
Phenylketonuria (PKU)	☐ 1
Hypothyroidism	☐ 1
Hyperthyroidism	☐ 1
Gastroesophageal reflux disease (like heartburn)	☐ 1
Osteoporosis, sometimes called thin or brittle bones	☐ 1
Multiple sclerosis	☐ 1
Cerebral palsy	☐ 1
Scoliosis	☐ 1
Muscular dystrophy	☐ 1
Spina bifida	☐ 1
None of these	☐ 1
Don’t know	☐ 1

46. Has the doctor ever told you that you have any other chronic conditions?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 47

NO ☐ 5 GO TO QUESTION 48

Don't Know ☐ 98 GO TO QUESTION 48

47. Please tell us what other chronic conditions the doctor told you that you have?

CHRONIC LUNG DISEASE

48. Has the doctor ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 49

NO ☐ 5 GO TO QUESTION 51

Don't Know ☐ 98 GO TO QUESTION 51

49. Are your receiving oxygen for your lung condition?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

50. Does your lung condition (breathing difficulty) limit your usual activities, such as household chores, work, social or leisure activities?

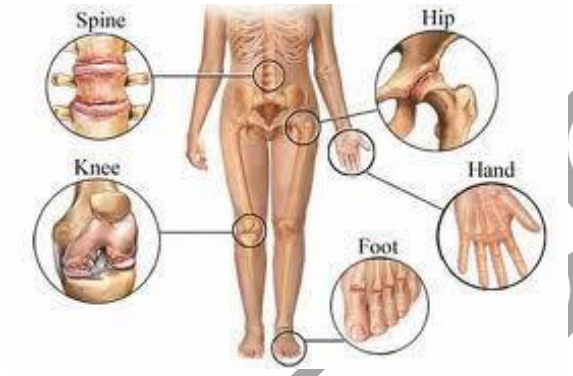
PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

ARTHRITIS



51. Has the doctor ever told you that you have arthritis (including osteoarthritis, or rheumatism)?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 52

NO ☐ 5 GO TO QUESTION 58

Don't Know ☐ 98 GO TO QUESTION 58

52. What type or types of arthritis do you have?

PLEASE TICK ALL THAT APPLY

Osteoarthritis ☐ 1

Rheumatoid arthritis ☐ 1

Some other kind ☐ 1

Don't know ☐ 1

53. About how old were you when you were first told by a doctor that you had arthritis?

I was ☐☐ years old.

Don't know ☐ 98

54. Does your arthritis make it difficult for you to do your usual activities, such as household chores, work, social or leisure activities?

PLEASE TICK ONE BOX

Often/Always ☐ 1

Sometimes ☐ 2

Never ☐ 3

Don't Know ☐ 98

55. Does the arthritis limit your social and leisure activities?

PLEASE TICK ONE BOX

Often/Always ☐ 1

Sometimes ☐ 2

Never ☐ 3

Don't Know ☐ 98

56. Does your arthritis make it difficult for you to sleep at night?

PLEASE TICK ONE BOX

Often/Always ☐ 1

Sometimes ☐ 2

Never ☐ 3

Don't Know ☐ 98

57. Have you ever had education on how best to take care of/manage your bone health?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

CANCER

58. Has the doctor ever told you that you have cancer or a malignant tumour (including leukaemia or lymphoma but excluding minor skin cancers)?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 59

NO ☐ 5 GO TO QUESTION 67

Don't Know ☐ 98 GO TO QUESTION 67

59. About how old were you when you were first told by a doctor that you had cancer or a malignant tumour?

I was ☐☐ years old.

Don't know ☐ 98

60. In which organ or part/s of the body have you or had you cancer?

PLEASE TICK ALL THAT APPLY

Lung ☐ 1

Breast ☐ 1

Colon or rectum ☐ 1

Stomach ☐ 1

Oesophagus ☐ 1

Prostate ☐ 1

Bladder ☐ 1

Liver ☐ 1

Brain ☐ 1

Ovary ☐ 1

Cervix ☐ 1

Endometrium ☐ 1

Thyroid ☐ 1

Kidney ☐ 1

Testicle ☐ 1

Pancreas ☐ 1

Malignant melanoma (skin) ☐ 1

Non malignant melanoma ☐ 1

Oral cavity ☐

Larynx ☐ 1

Other Pharynx ☐ 1

Non-Hodgkin Lymphoma ☐ 1

Leukaemia ☐ 1

Other organ ☐ 1

Don’t know ☐ 1

61. Have you received any treatment for your cancer?

PLEASE TICK ONE BOX

YES	1	GO TO QUESTION 62
NO	5	GO TO QUESTION 66
Don't Know	98	GO TO QUESTION 66

62 What sort of treatment have you received for your cancer?

PLEASE TICK ALL THAT APPLY

Chemotherapy	1
Medication	1
Surgery	1
Radiotherapy/ X-ray	1
Treatment of symptoms (pain, nausea, rashes)	1
Biopsy	1
None of these	1
Don't know	1

63. Have you had other sorts of treatment for your cancer?

PLEASE TICK ONE BOX

YES	1	GO TO QUESTION 64
NO	5	GO TO QUESTION 66
Don't Know	98	GO TO QUESTION 66

64. Please tell us what other sort of treatments have you received from your cancer?

65. Since treatment has the cancer gotten better, or is it about the same or worse?

PLEASE TICK ONE BOX

Better	☐ 1	GO TO QUESTION 67
About the same	☐ 2	GO TO QUESTION 67
Worse	☐ 3	GO TO QUESTION 67
Don't Know	☐ 98	GO TO QUESTION 67

66. Why have you **not** received treatment? Please tell us**,**

Parkinson's disease

67. Has the doctor ever told you that you have Parkinson's disease?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 68

NO ☐ 5 GO TO QUESTION 69

Don't Know ☐ 98 GO TO QUESTION 69

68. About how old were you when you were first told by a doctor that you had Parkinson's disease?

I was ☐☐ years old.

Don't know ☐ 98

Mental Health

69. Has the doctor ever told you that you have an emotional, nervous or psychiatric condition?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 70

NO ☐ 5 GO TO QUESTION 75

Don't Know ☐ 98 GO TO QUESTION 75

70. What type of emotional, nervous or psychiatric condition(s) do you have?

PLEASE TICK ALL THAT APPLY

Hallucinations	☐ 1
Anxiety	☐ 1
Depression	☐ 1
Emotional problems	☐ 1
Schizophrenia	☐ 1
Psychosis	☐ 1
Mood swings	☐ 1
Manic depression	☐ 1
None of these	☐ 1
Don't know	☐ 1
Other	☐ 1

If Other, Please tell us

71 Do you now get psychiatric treatment for your condition(s) such as attending a psychiatrist?

PLEASE TICK ONE BOX

YES	☐ 1	GO TO QUESTION 72
NO	☐ 5	GO TO QUESTION 73
Don't Know	☐ 98	GO TO QUESTION 73

72. Who gives you psychiatric treatment for your conditions?

PLEASE TICK ALL THAT APPLY		**Please tell us the address where you see this person (this is required to calculate the distance you have to travel).**
Psychiatrist	☐ 1	
General Practitioner	☐ 1	
Other (please tell us)	☐ 1	
Don't Know	☐ 1	

73. Do you now get psychological treatment for your condition(s), such as counselling or behaviour support?

PLEASE TICK ONE BOX

YES	☐ 1	GO TO QUESTION 74
NO	☐ 5	GO TO QUESTION 75
Don't Know	☐ 98	GO TO QUESTION 75

74. Who gives you psychological treatment for your condition(s)?

PLEASE TICK ALL THAT APPLY		**Please tell us the address where you see this person (this is required to calculate the distance you have to travel).**
Psychologist	☐ 1	
Counsellor	☐ 1	
Clinical Nurse Specialist (CNS)	☐ 1	
Other (please tell us)	☐ 1	
Don't Know	☐ 1	

75. Do you ever become annoyed, frustrated, or angry when things don't work out the way you want them?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 76

NO ☐ 5 GO TO QUESTION 77

Don't Know ☐ 98 GO TO QUESTION 77

76. If Yes, what do you do

PLEASE TICK ALL THAT APPLY

Do nothing/don't react ☐ 1

Scream ☐ 1

Throw things ☐ 1

Hit out ☐ 1

Self injure ☐ 1

Other ☐ 1

If Other, Please tell us

77. Has a doctor ever told you that you have Alzheimer's disease?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 78

NO ☐ 5 GO TO QUESTION 79

Don't Know ☐ 98 GO TO QUESTION 79

78. About how old were you when you were first told by a doctor that you had Alzheimer's disease**?**

I was ☐☐ years old

Don't know ☐ 98

79. Has the doctor ever told you that you have dementia, organic brain syndrome or senility?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 80

NO ☐ 5 GO TO QUESTION 81

Don't Know ☐ 98 GO TO QUESTION 81

80. About how old were you when you were first told by a doctor that you had dementia, organic brain injury or senility?

I was ☐☐ years old

Don't know ☐ 98

Epilepsy

81. Has the doctor ever told you that you have epilepsy?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 82

NO ☐ 5 GO TO QUESTION 93

Don't Know ☐ GO TO QUESTION 93

82. About how old were you when you were first told by a doctor that you had epilepsy?

I was ☐☐ years old.

Don't know ☐ 98

83. What type of epilepsy do you have?

TICK ALL THAT APPLY

Tonic-clonic seizures ☐ 1

Tonic seizures ☐ 1

Atonic seizures ☐ 1

Clonic seizures ☐ 1

Myoclonic seizures ☐ 1

Absence seizures ☐ 1

Simple partial seizures ☐ 1

Complex partial seizures ☐ 1

Don't know ☐ 1

84. Do/ Did you attend an Epilepsy clinic or see a specialist?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

85 When did you last have your epilepsy reviewed (e.g. medication or seizure activity)?

Last 12 months ☐ 1

Last 2 years ☐ 2

More than 2 years ago ☐ 3

Never ☐ 4

I used to have epilepsy, I don't have seizures or take medication anymore ☐ 94

Don't know ☐ 98

86. Who reviewed your epilepsy?

PLEASE TICK ALL THAT APPLY

General Practitioner ☐ 1

Psychiatrist ☐ 1

Neurologist ☐ 1

CNS ☐ 1

Don't Know ☐ 1

Other ☐ 1

If Other, Please tell us

87. Does your epilepsy limit any of the following…?
PLEASE TICK ALL THAT APPLY

Household chores	☐ 1
Work	☐ 1
Social Activities	☐ 1
Sports Activities	☐ 1
Driving	☐ 1
Going out alone	☐ 1
None of the above	☐ 1
Other	☐ 1

If Other, Please tell us

88. Are any of the following medication prescribed for you to use in an emergency (rescue medication)

PLEASE TICK ALL THAT APPLY

Epistatus (Buccal Midazolam)	☐ 1	**GO TO QUESTION 89**
Frisium (Clobazam)	☐ 1	**GO TO QUESTION 89**
Stesolid (Rectal Diazepam)	☐ 1	**GO TO QUESTION 89**
Clonazapam (Rivotril)	☐ 1	**GO TO QUESTION 89**
Lorazepam (Ativan)	☐ 1	**GO TO QUESTION 89**
None	☐ 1	**GO TO QUESTION 93**
Don't Know	☐ 1	**GO TO QUESTION 93**
Other	☐ 1	**GO TO QUESTION 89**

If Other, Please tell us

89. Have you used any of the emergency medications (rescue medication) in the last 12 months, If so please tell us?

Emergency Medication

Epistatus (Buccal Midazolam)	☐ 1
Frisium (Clobazam)	☐ 1
Stesolid (Rectal Diazepam)	☐ 1
Clonazapam (Rivotril)	☐ 1
Lorazepam (Ativan)	☐ 1
None	☐ 1
Don't Know	☐ 1
Other	☐ 1

If Other, Please tell us

90. Do you keep a record of your seizures?

PLEASE TICK ONE BOX

YES	☐ 1
NO	☐ 5
Don't Know	☐ 98

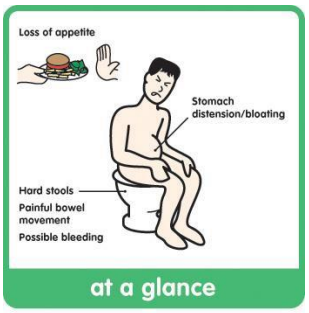
91. How often have you had a seizure in the past two years?
PLEASE TICK ONE BOX

Have not had a seizure in 2 years	1
Daily	2
Weekly (but not daily)	3
More than once a month (but not weekly)	4
Less than once a month	5
Don't Know	98

92. Have you ever had education on how best to take care of/manage your epilepsy?

PLEASE TICK ONE BOX

YES	1
NO	5
Don't Know	98



Constipation

Constipation

93. Over the past 6 months have you experienced any of the following for at least 25% of defecations and have they been active for 3 months?

PLEASE TICK ALL THAT APPLY

Straining	☐ 1
Lumpy or hard stool	☐ 1
Sensation of incomplete evacuation	☐ **1**
Sensation of anorectal obstruction/blockage	☐ 1
Manual maneuvers (e.g. digital evacuation, support to the pelvic floor)	☐ 1
Fewer than three defecations per week	☐ **1**
Pain during defecation	☐ 1

94. Do you ever have normal or loose stool without the use of laxatives?

PLEASE TICK ONE BOX

YES	☐ 1
NO	☐ 5
Don't Know	☐ 98

95. Have you ever been diagnosised with irritable bowel syndrome?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

96. Have you ever experienced encopresis? By this we mean a small leakage of bowel movements which result in stained underwear

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

MEDICAL TESTS AND SCREENING

97. Have you had a flu injection?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

98. Have you had the Hepatitis B vaccine?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

99. Have you ever had a blood test for cholesterol?

PLEASE TICK ONE BOX

YES, within the last 2 years ☐ 1

YES, over 2 years ago ☐ 2

NO ☐ 5

Don't Know ☐ 98

100. Have you ever had your blood pressure measured?

PLEASE TICK ONE BOX

YES, within the last 2 years ☐ 1

YES, over 2 years ago ☐ 2

NO ☐ 5

Don't Know ☐ 98

101. Have you ever had a thyroid function test?

PLEASE TICK ONE BOX

YES, within the last 2 years ☐ 1

YES, over 2 years ago ☐ 2

NO ☐ 5

Don't Know ☐ 98

102. Have you ever had a blood glucose test (sugar test)?

PLEASE TICK ONE BOX

YES, within the last 2 years ☐ 1

YES, over 2 years ago ☐ 2

NO ☐ 5

Don't Know ☐ 98

103. Have you ever been screened or assessed for memory impairment/dementia?

PLEASE TICK ONE BOX

YES, within the last 2 years ☐ 1

YES, over 2 years ago ☐ 2

NO ☐ 5

Don't Know ☐ 98

104. Have you had a bone density test? (e.g. DEXA Scan)

PLEASE TICK ONE BOX

YES, within the last 2 years ☐ 1

YES, over 2 years ago ☐ 2

NO ☐ 5

Don't Know ☐ 98

105. Did your mother or father ever experience any of the following….?

PLEASE TICK ALL THAT APPLY

Hip fracture ☐ 1

Colon cancer ☐ 1

Breast cancer ☐ 1

Dementia ☐ 1

Don't Know ☐ 1

106. Have you ever had any of the following tests?

PLEASE TICK ALL THAT APPLY

CT Brain Scan ☐ 1

CT Scan (other than brain) ☐ 1 Please tell us _____

MRI Brain scan ☐ 1

MRI Scan (Other than brain) ☐ 1 Please tell us _____

EEG ☐ 1

Don't Know ☐ 1

Women Only Questions

107. Have you gone through or are you currently going through the menopause?

PLEASE TICK ONE BOX

YES, gone through the menopause already ☐ 1 GO TO QUESTION 108

YES, currently going through the menopause ☐ 2 GO TO QUESTION 108

NO ☐ 5 GO TO QUESTION 112

Don't Know ☐ 98 GO TO QUESTION 112

108. About how old were you when it started?

I was ☐☐ years old?

Don't know ☐ 98

109. Since menopause have you used prescription hormones (e.g. HRT, estrogen)

PLEASE TICK ONE BOX

YES, currently taking hormones ☐ 1 GO TO QUESTION 110

YES, but no longer taking hormones ☐ 2 GO TO QUESTION 111

NO ☐ 5 GO TO QUESTION 112

Don't Know ☐ 98 GO TO QUESTION 112

110. For how many years have you been taking prescription hormones?

(For example ... 0 3 years)

For ☐☐ years GO TO QUESTION 112

Don't know ☐ 98 GO TO QUESTION 112

111. For how many years did you take prescription hormones?

(For example ..... 0 3 years)

For ☐☐ years

Don't know ☐ 98

112. Do you check your breasts for lumps regularly?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

113. Has the GP or nurse checked your breasts for lumps?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

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

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

Men Only Questions

115. Do you check your testicles for lumps regularly?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

116. Has the GP checked your testicles for lumps?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

117. Have you had an examination of your prostate to screen for cancer?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

118. Have you had a blood test (PSA) to screen for prostate cancer?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

HEALTHCARE UTILISATION

119. Are you covered by any of the following?

PLEASE TICK ONE BOX

Full medical card or equivalent	☐ 1
GP visit card	☐ 2
Neither of these	☐ 3
Don't Know	☐ 98

120. Do you have private medical insurance cover (VHI etc) in your own name or through another family member?

PLEASE TICK ONE BOX

Yes, in my own name	☐ 1
Yes, as the spouse of a subscriber	☐ 2
Yes, as the relative of a subscriber	☐ 3
No	☐ 5
Don't Know	☐ 98

121. In the last year, about how often did you visit your GP or did your GP visit you?

(For example ... 1 1 visits)

Number of visits	☐☐
Don't Know	☐ 98

122. In the last year, how many times did you visit a hospital Emergency Department (sometimes called A&E or Accident and Emergency) as a patient?

(For example ... 0 1 visits)

Number of visits ☐☐

Don't Know ☐ 98

123. If you attended A&E for treatment in the last year, what was the reason?

PLEASE TICK ALL THAT APPLY

Has not visited A&E in last year ☐ 1

Multiple injuries ☐ 1

Broken or fractured bone(s) ☐ 1

Burn(s) ☐ 1

Dislocation(s) ☐ 1

Sprain or strain(s) ☐ 1

Cut(s) or Open wound ☐ 1

Scrape, bruise, blister(s) ☐ 1

Concussion or other head/brain injury ☐ 1

Poisoning ☐ 1

Internal injuries(s) ☐ 1

Pneumonia ☐ 1

Don't know ☐ 1

Other ☐ 1

If Other, Please tell us

124. In the last year, about how many visits did you make to a hospital out-patient clinic? Include all types of consultations, tests, operations, procedures or treatment

(For example ... 0 3 visits)

Number of visits ☐☐

Don't Know ☐ 98

125. In the last year, how many nights did you spend in a general hospital?

(For example ... 0 1 nights)

Total number of nights ☐☐

Don't Know ☐ 98

126. In the last year, how many nights did you spend in an acute/psychiatric hospital due to mental health problems?

PLEASE TICK ONE BOX

Did not spend any nights ☐ 1

1 to 5 nights ☐ 2

6 to 10 nights ☐ 3

11 to 20 nights ☐ 4

More than 20 nights ☐ 5

Don't know ☐ 98

127. the last year, how much time did you spend in a nursing /convalescent home?

PLEASE TICK ONE BOX

Did not spend any time	☐ 1
One week or less	☐ 2
Up to 1 month	☐ 3
Up to 2 months	☐ 4
Up to 3 months	☐ 5
More than 3 months	☐ 6
Don’t know	☐ 98

128. During the last year, was there ever a time when you felt you needed healthcare but you didn’t receive it?

PLEASE TICK ONE BOX

YES	☐ 1	GO TO QUESTION 129
NO	☐ 5	GO TO QUESTION 131
Don’t Know	☐ 98	GO TO QUESTION 131

129. Thinking of the most recent time, why did you **not** get healthcare?

PLEASE TICK ALL THAT APPLY

Healthcare was not offered	☐ 1
Not available in the area	☐ 1
Not available at the time required	☐ 1
Waiting time too long	☐ 1
Felt that the service would not be good	☐ 1
Too costly	☐ 1
Too busy	☐ 1
Didn't get around to it/didn't bother	☐ 1
Didn't know where to go	☐ 1
Problems with transport	☐ 1
Communications/language problems	☐ 1
Personal or family responsibilities	☐ 1
Fear of healthcare services and/or of treatment	☐ 1
Decided not to seek care	☐ 1
	1
Information material not accessible /inadequate communication aids	☐ 1
Complaint was not taken seriously enough	☐ 1
Negative attitudes of the staff	☐ 1
Too embarrassing	☐ 1
I was in too much pain	☐ 1
I forgot about my appointments	☐ 1

Don’t know ☐

Other ☐

If Other, Please tell us

130. Again thinking of the most recent time, what was the type of care that was needed?

PLEASE TICK ALL THAT APPLY

Treatment of a physical health problem (e.g. cataract surgery ☐ 1

Treatment of an emotional or mental health problem ☐ 1

A regular check-up ☐ 1

Care of an injury ☐ 1

Don’t know ☐ 1

Other ☐ 1

If Other, Please tell us

131. In the last year, did you receive any of the following services (exclude any service that you paid for yourself)? **If yes please tell us how satisfied you are with this service**

PLEASE TICK ALL THAT APPLY		**Very Satisfied**	**Satisfied**	**Not Satisfied**
General practitioner	☐ 1	☐ 1	☐ 2	☐ 3
Public health or community nurse	☐ 1	☐ 1	☐ 2	☐ 3
Occupational therapy	☐ 1	☐ 1	☐ 2	☐ 3
Chiropody services	☐ 1	☐ 1	☐ 2	☐ 3
Physiotherapy services	☐ 1	☐ 1	☐ 2	☐ 3
Social work services	☐ 1	☐ 1	☐ 2	☐ 3
Psychological/counselling services	☐ 1	☐ 1	☐ 2	☐ 3
Home help	☐ 1	☐ 1	☐ 2	☐ 3
Personal care attendant	☐ 1	☐ 1	☐ 2	☐ 3
Meals-on-wheels	☐ 1	☐ 1	☐ 2	☐ 3
Optician services	☐ 1	☐ 1	☐ 2	☐ 3
Dental services	☐ 1	☐ 1	☐ 2	☐ 3
Hearing services	☐ 1	☐ 1	☐ 2	☐ 3
Pharmacist	☐ 1	☐ 1	☐ 2	☐ 3
Dietician services	☐ 1	☐ 1	☐ 2	☐ 3
Speech & Language services	☐ 1	☐ 1	☐ 2	☐ 3
Day centre services	☐ 1	☐ 1	☐ 2	☐ 3
Respite services	☐ 1	☐ 1	☐ 2	☐ 3
Residential services	☐ 1	☐ 1	☐ 2	☐ 3

	Very Satisfied		Satisfied		Not Satisfied	
Neurological services	☐	1	☐	1	☐	2	☐	3
Geriatrician services	☐	1	☐	1	☐	2	☐	3
Endocrinology services	☐	1	☐	1	☐	2	☐	3
Dermatological services	☐	1	☐	1	☐	2	☐	3
Psychiatry services	☐	1	☐	1	☐	2	☐	3
Palliative care services	☐	1	☐	1	☐	2	☐	3
Don't Know	☐	1	☐	1	☐	2	☐	3
Other	☐	1	☐	1	☐	2	☐	3

If Other, Please tell us

132. If you ticked 'not satisfied' for any of the above please tell us why you are not satisfied e.g. waiting list too long, cost, access to building is very difficult.

PLEASE STATE WHICH SERVICE YOU ARE REFFERRING TO

133. In the last year, where did you receive any of the following services (exclude any service that you paid for yourself)? Tell us if you attended the health service in the community or in the service provider/ service setting.

PLEASE TICK ALL THAT APPLY

	Community Setting /Mainstream	**Service Provider Setting**
General practitioner	☐ 1	☐ 2
Public health or community nurse	☐ 1	☐ 2
Occupational therapy	☐ 1	☐ 2
Chiropody services	☐ 1	☐ 2
Physiotherapy services	☐ 1	☐ 2
Social work services	☐ 1	☐ 2
Psychological/counselling services	☐ 1	☐ 2
Home help	☐ 1	☐ 2
Personal care attendant	☐ 1	☐ 2
Meals-on-wheels	☐ 1	☐ 2
Optician services	☐ 1	☐ 2
Dental services	☐ 1	☐ 2
Hearing services	☐ 1	☐ 2
Pharmacist	☐ 1	☐ 2
Dietician services	☐ 1	☐ 2
Speech & Language services	☐ 1	☐ 2
Day centre services	☐ 1	☐ 2
Respite services	☐ 1	☐ 2

	Community Setting /Mainstream Services	Service Provider Setting
Residential services	☐ 1	☐ 2
Neurological services	☐ 1	☐ 2
Geriatrician services	☐ 1	☐ 2
Endocrinology services	☐ 1	☐ 2
Dermatological services	☐ 1	☐ 2
Psychiatry services	☐ 1	☐ 2
Palliative care services	☐ 1	☐ 2
Don't Know	☐ 1	☐ 2
Other	☐ 1	☐ 2

If Other, Please tell us

134. Are there any services that you think you would benefit from that you are not receiving at present?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 135

NO ☐ 5 GO TO QUESTION 138

Don't Know ☐ 98 GO TO QUESTION 138

135. Please tell us which services you think you would benefit from that you are not receiving at present?

PLEASE TICK ALL THAT APPLY

General practitioner	☐ 1
Public health or community nurse	☐ 1 1
Occupational therapy	☐ 1
Chiropody services	☐ 1
Physiotherapy services	☐ 1
Social work services	☐ 1 1
Psychological/counselling services	☐ 1
Home help	☐ 1
Personal care attendant	☐ 1 1
Meals-on-wheels	☐ 1
Optician services	☐ 1
Dental services	☐ 1
Hearing services	☐ 1
Pharmacist	☐ 1 1
Dietician services	☐ 1
Speech & Language services	☐ 1
Day centre services	☐ 1 1
Respite services	☐ 1
Residential services	☐ 1
Neurological services	☐ 1

Geriatrician services ☐ 1

Endocrinology services ☐ 1

Dermatological services ☐ 1

Psychiatry services ☐ 1

1

Palliative care services ☐ 1

Don't Know ☐ 1

Other ☐ 1

If Other, Please tell us

136. Do you know how to access this service?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

Don't Know ☐ 98

137. Please tell us the main thing that stops/prevents you from receiving this service or services?

Don't Know ☐ 98

138. In the last year how many nights did you spend in respite (excluding nights spent in a nursing home)?

PLEASE TICK ONE

Did not spend any nights	☐	1
1 to 5 nights	☐	2
6 to 10 nights	☐	3
11 to 20 nights	☐	4
More than 20 nights	☐	5
Don't know	☐	98

139. Have you ever received any easy to read information leaflets on any of the following….?
PLEASE TICK ALL THAT APPLY

Bone Health	☐	1	**GO TO QUESTION 140**
Heart Health	☐	1	**GO TO QUESTION 140**
Epilepsy	☐	1	**GO TO QUESTION 140**
Diabetes	☐	1	**GO TO QUESTION 140**
Exercise	☐	1	**GO TO QUESTION 140**
Nutrition/Healthy Eating	☐	1 1	**GO TO QUESTION 140**
Constipation	☐	1	**GO TO QUESTION 140**
None of the above	☐	1	**GO TO QUESTION 141**
Don't Know	☐	1	**GO TO QUESTION 141**

140. Please tell us who you received easy to read information from...

TICK ALL THAT APPLY

	Specialist	GP	Pharmacist	Public Health Nurse	RNID	Other
Bone Health	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Heart Health	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Epilepsy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Diabetes	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Exercise	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Nutrition/Healthy Eating	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Constipation	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

If Other, please tell us

141. Have you ever received any easy to read information leaflets about your medication?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 142

NO ☐ 5 GO TO QUESTION 143

Don't Know ☐ 98 GO TO QUESTION 143

142. If Yes, from whom
PLEASE TICK ALL THAT APPLY

General Practitioner ☐ 1

Pharmacist ☐ 1

Public Health Nurse ☐ 1

RNID ☐ 1

Don't Know ☐ 1

Other ☐ 1

If Other, Please tell us

143. In the last year did you receive support from any of the following organisations?

PLEASE TICK ALL THAT APPLY

The Society of St. Vincent de Paul ☐ 1

The Senior Helpline ☐ 1

The Samaritans ☐ 1

No support from these organisations 1

Don't Know ☐ 1

Support from other excluding your service provider 1

If Other, Please tell us

144. MEDICATIONS

We would like to record all medications that you take on a regular basis, take every day or every week. This will include prescription and non-prescription medications, over –the-counter medicines, vitamins and herbal and alternative medicines.

PLEASE WRITE DOWN ALL MEDICATIONS/TABLETS YOU TAKE AND HOW OFTEN YOU TAKE THEM, PLEASE USE ONE LINE PER MEDICATION

Don't know what medication I take, record by proxy ☐ 1 PLEASE COMPLETE MEDICATION FORM

Don't take any medication 1 GO TO QUESTION 145

Name of Medication	Dosage Strength	Frequency	Route	Date First Prescribed
Examples of medication completion form : Epilim Chrono	200mgs	Twice a day (BD)	Orally(PO)	Sept 2009
One touch ultra test strip(blood glucose)	1 strip	Before meals	-	June 2010
Neo-cytamen Injection(hydroxycobalamin)	1000micrograms	Monthly	IM	Nov 2010
Xalatan eye drops	2 drops (left eye)	Nocte (At night)	Instill	June 2010
Emulsifying Ointment		PRN	Topically	Jan 2009
Vegepa (Omega fishoil)		2 daily	PO	June 2005
Ensure Plus		1 daily	PO	Oct 2007

Name of Medication	Dosage Strength	Frequency	Route	Date Prescribed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Name of Medication	Dosage Strength	Frequency	Route	Date Prescribed
19				
20				
21				
22				
23				
24				

145. BLOOD TESTS

We would like to record all the blood tests you have had in the last year. This will help us build a picture of the changes older people experience over time. Please tell us the results of your most recent blood tests.
[Please indicate if bloods are **fasting or random**]

Did not get any blood tests in the last year GO TO QUESTION 146

BLOOD TEST	DATE	RESULT	Fasting$_1$ /Not Fasting$_5$ (If Applicable)$_{888}$	Normal Range
EXAMPLE: Calcium	**14/3/2012**	**6.1mg**		(Normal range8.2 - 10.6 mg/dL)
FBC Red blood cells **FBC White blood cells** **FBC Haemoglobin** **FBC Platelets**				
ESR				
HbA1C				
BLOOD GLUCOSE				
U&E				
B$_{12}$				

BLOOD TEST	DATE	RESULT	Fasting$_{1}$ /Not Fasting$_{5}$ (If Applicable)$_{888}$	Normal Range
FOLATE				
LFTs				
SERUM CHOLESTEROL				
LIPID PROFILE				
VIT D (25-hydroxyvitamin D/1.25-hydroxyvitamin D)				
HEP SCREEN (A) **HEP SCREEN (B)** **HEP SCREEN (C)**				
TFTs				
CALCIUM				
PSA				

ANY OTHER PLEASE TELL US				
BLOOD TEST	**DATE**	**RESULT**	**Fasting$_{1}$ /Not Fasting$_{5}$ (If Applicable)$_{888}$**	**Normal Range**

FILLING OUT THE QUESTIONNAIRE

146. How long did it take you to fill out this questionnaire?

PLEASE TICK ONE BOX

Less than 30 minutes	☐ 1
30 minutes – 1 hour	☐ 2
1 – 2 hours	☐ 3
2 – 3 hours	☐ 4
More than 3 hours	☐ 5
Don't know	☐ 98

147. In general, did you find it easy to understand the questions?

PLEASE TICK ONE BOX

YES	☐ 1	GO TO QUESTION 149
NO	☐ 5	GO TO QUESTION 148
Don't Know	☐ 98	GO TO QUESTION 149

148. Please tell us which questions did you find most difficult to understand?

149. Please tell us if you have any other comments about the questionnaire?

150. Has anyone supported you to fill out this questionnaire?

PLEASE TICK ONE BOX

YES ☐ 1 GO TO QUESTION 151

NO ☐ 5 **YOU ARE NOW FINISHED THANK YOU FOR YOUR TIME**

151. Name of the person supporting you

First name ☐ Surname ☐

152. Is this the same person who gave you support in the first interview?

PLEASE TICK ONE BOX

YES ☐ 1

NO ☐ 5

153. What is their relationship to you?

Boyfriend/Girlfriend/Partner	☐ 1
Parent	☐ 2
Sibling	☐ 3
Key worker/ Support worker	☐ 4
Friend	☐ 5
Other	☐ 95

If Other, Please tell us

154. How long do you know the person supporting you?
PLEASE TICK ONE BOX

Less than 6 months	☐ 1
Between 6 months and a year	☐ 2
More than a year	☐ 3
Don't Know	☐ 98

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE. PLEASE BRING IT WITH YOU TO YOUR INTERVIEW AND GIVE IT TO THE INTERVIEWER

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