

AGEING WITH SEVERE, DUAL SENSORY IMPAIRMENTS

INTERVIEW-GUIDE

Else Marie Svingen^{1 2} & Kolbein Lyng ¹,

¹ NOVA – Norwegian Social Research, Oslo

² Skaadalen Resource Center, Oslo

Norway

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The interview guide is intended as a checklist of issues to be treated in the interviews. The response categories are intended to aid the subsequent work. If the categories do not sufficiently accommodate the responses, please note this in the margin

We intend some of the issues to be disclosed by direct questions, as they are formulated in the interview guide. These questions are written in italics or framed in quotation marks.

Content:

Part 1: Demographics.....	3
Part 2: Vision and hearing.....	5
Part 3: Communication /social life	11
Part 4: Access to information	15
Del 5: Orientation and mobility	18
Del 6: ADL/IADL	21
Del 7: Health and need for services.....	23
Del 8: Social network	27
Del 9: Socio-economic conditions.....	33

PART 1. DEMOGRAPHICS

1. **Gender:** Female Male

2. **Year of birth?**

3. **Civil status:**

- Married/live-in partner
- Unmarried
- Widow/widower
- Divorced

4. **Highest completed general education?**

- Public school, 7 years or less
- Secondary modern school (1-2 years)
- Junior forms at grammar school/high school
- Advanced level secondary education

5. **Vocational studies (i.e. domestic science school, commercial school, agricultural training, colleges and/or universities)**

- 1-2 years of occupational training
- 3-4 years of occupational training
- More than 4 years education (University/college)
- Other kind of education

.....
.....

6. **What kind of occupation(s) has the user had?**

.....
.....

What type of housing does the user live in?

7.

Categories for answers:

- Lives in private residence
 Semidetached, town house or undetached house
 Block of flats
 High-rise building,
 Other kind of dwelling, institution for the elderly.

*Question 8 and 9 are only relevant for those living outside of institutions.***8. Does the respondent live alone or does he/she live with someone?**

- Living alone
 Living with other persons (shared house-hold), with whom?
 Other persons live in the same house (separate house-hold)

9. Does the respondent live in a dwelling for elderly or disabled people (council housing for pensioners, dwellings with services and care)? If yes, is the dwelling linked to a service centre or an institution?*Categories for answers:*

- No
 Yes, dwelling for elderly or disabled
 Yes, dwelling for elderly or disabled people linked to a service centre or an institution
 Living in an institution
 Other kind of dwelling

*Question 10 is intended for persons living in institutions for the elderly:***User's accommodation at the institution? Please fill in the boxes that best represent the respondent's dwelling.****10. Categories of answers:**

- Single room
 Two persons living in together in one room
 The room is with bath and WC
 Sharing bath and WC with other persons
 The room has a kitchenette
 There is a doorbell in the room

11. For how many years has the respondent lived in his/her present dwelling?**12. For how many years has the respondent lived in this part of the town/this community?**

DEL 2: VISION AND HEARING

1. “How do you rate the quality of your vision compared to other persons of your own age?”

(with the contact lenses, glasses or technical aids you use regularly)

Categories for answers:

- My vision is good → go on to question nr.5
- My vision is fair
- My vision is poor (low vision)
- My vision is very poor (blind)

2. Is the vision impairment congenital (the respondent was born with it) or acquired (the problem developed later in life)?

Categories for answers:

- Congenital
- Acquired (onset after 2 years of age)
- Do not know

3. If the vision impairment is acquired, for how many years has the respondent experienced a vision problem?

Years:.....

- Do not know

4. Is the diagnose for the type of vision impairment known to the respondent?

Categories for answers:

- Cataract
- Macula degeneration
- Glaucoma
- Retinal damage
- Other diagnoses

.....

.....

- Do not know

5. Did the respondent get any medical treatment for vision impairment?

Categories for answers:

- No
- Yes
- Do not know

If yes, what kind of treatment.....

.....

6. How does the respondent rate his/her present vision compared to 2-3 years ago?

Categories for answers

- My vision is better
- My vision is unchanged
- My vision is worse

7. Is the underlying cause(s) for a change in perceived vision known for the respondent?

Categories for answers:

- No
- Yes

.....
.....

8. When did the respondent last check his/her vision by a vision specialist?

Categories for answers:

- During the last year
- 2 years ago
- More than 2 years ago
- I never had my vision checked by a specialist
- I am not sure

9. The name of the vision specialist:

.....
.....

10. Does the respondent regularly visit a vision specialist?

Categories for answers

- Yes
- No

11. Does the respondent regularly wear glasses or contact lenses?

Categories for answers

- Yes
- No
- Sometimes

12. Does the respondent use technical aids for his/her vision impairment?

Categories for answers:

- Yes
- No

If yes, what kind of aids?

- Special glasses
- Magnifying glasses
- Closed Circuit Television
- Cassette-recorder
- White cane
- Wristwatch with large numbers or in Braille or with speech
- Others, not mentioned above:

.....

.....

.....

.....

13. Are these aids used regularly?

Categories for answers:

- Yes
- No
- Some times

Do the technical aids function satisfactorily?

14. *Categories for answers:*

- Yes
- No,
- Some times,

15. Has the respondent obtained the technical aids from The Centre for Technical Aids?

Categories for answers:

- Yes
- No
- From others
- I am not sure

16. “How do you rate the quality of your hearing compared to other persons of your own age?”

(with the technical aids you use regularly)

Categories for answers:

- My hearing is good → go on to nr. 20
- My hearing is fair
- My hearing is poor (hard of hearing)
- My hearing is very poor (deaf)

17. Is the hearing impairment congenital (the respondent was born with it) or acquired (the problem developed later in life)?

Categories for answers:

- Congenital
- Acquired (onset beyond 2 years of age)
- Do not know

18. If the hearing impairment is acquired, for how many years has the respondent experienced a hearing problem?

Numbers of years

- Do not know

19. Is the diagnose underlying the hearing impairment known to the respondent?

Categories for answers:

- Noise
- Illness.....
- Age related
- Other diagnoses

.....

- I am not sure

20. Did the respondent get any medical treatment for a hearing impairment?

Categories for answers:

- No
- Yes
- I am not sure

If yes, what kind of treatment?

.....

21. How does the respondent rate his/her present hearing compared to 2-3 years ago

Categories for answers:

- My hearing has become better
- My hearing has not changed
- My hearing has become worse

22. Is the underlying cause(s) for a change in experienced hearing known to the respondent?

Categories for answers:

- No
 - Yes.....
-

23. When did the respondent last check his/her hearing by a hearing specialist?

Categories of answers:

- During the last year
- 2 years ago
- More than 2 years ago
- I never had my vision checked by a specialist
- I am not sure

24. The name of the hearing specialist:

.....

.....

25. Does the respondent wear a hearing aid? If so, does he/she use the hearing aid daily?

- Yes
-
-

- No
- Why not:
-

26. Does the respondent regularly visit a hearing specialist?

Categories of answers:

- Yes
- No

27. Does the respondent use technical aids for his/her hearing impairment (beyond hearing aids)?

Categories of answers:

- Yes
- No

If yes, what kind of aids?

- Loop system
- Communication amplifier
- Amplifier connected to telephone, telephone for people who are hard of hearing
- Telecommunication Device for the Deaf
- Alerting systems with vibrator signals.....
- Alerting systems with light signals.....
- Others, not mentioned above:

.....
.....

28. Are these aids used regularly?

Categories for answers:

- Yes
- No
- Some times

29. Do the technical aids function satisfactorily?

Categories for answers:

- Yes
- No,
- Sometimes,

30.

Has the respondent obtained the technical aids from The Centre for Technical Aids?

Categories for answers:

- Yes
- No
- From others
- I am not sure

PART 3: COMMUNICATION/SOCIAL LIFE:

31. What kind of communication does the respondent prefer?

Categories for answers:

- Spoken language (wearing a hearing aid or communication amplifier)
- Spoken language (not wearing a hearing aid or amplifier)
- Sign language
- Manual alphabet
- Written visual information/large print
- Tactile information/Braille
- Other kinds of communication methods:

.....
.....

32. If the respondent uses sign language and/or manual alphabet: Are there any other persons where the respondent lives with whom he/she can communicate in this way?

Categories for answers::

- Yes
- No

33. “Do you think persons speak too fast, too low or in mumbles?”

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently

34. “Do you sometimes have trouble understanding people you speak to?”

Categories of answers:

- No
- Rarely
- Sometimes
- Frequently

35. “Do you have trouble understanding a familiar person speaking to you in quiet surroundings?”

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently

36. ***“Do you have difficulty understanding someone talking to you when others are speaking at the same time (for example at family gatherings-)?”***

Categories for answers::

- No
- Rarely
- Sometimes
- Frequently

37. ***“Do you have difficulty understanding people when they are speaking to you?”***

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently

38. ***“Do you have difficulty understanding the speech of someone who has a foreign accent or dialect?”***

Categories of answers:

- No
- Rarely
- Sometimes
- Frequently

39. ***“Does a hearing problem cause you feel embarrassed when meeting new people?”***

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently

40. ***“When someone speaks to you, do you have to look at their face (lip read) to understand what is being said?”***

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently
- I can not lip read because of poor vision/blindness

41. “Does your vision impairment cause problems in recognising persons you meet by chance or who visit you unexpectedly?”

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently

41. “Can you write by hand (write your name, some notes if necessary)?”

Categories for answers:

- Yes, without problems
- It is difficult sometimes
- It is very difficult
- No, I am not able to write by hand

42. If writing causes any trouble, does the respondent use any compensating way of writing, for instance Braille?

Categories for answers:

- No
- Yes.....
.....

44. Summary: Communication:

	IMPORTANCE	SATISFACTION	DESIRED CHANGES	PRIORITIES	INTERVENTIONS
	1=Not important at all 2=Important 4=Very important	Are you satisfied with your present situation? 1=Not satisfied 3=Satisfied 4= Very satisfied	1=Yes 2=No 3=Not sure	1- 2- 3- 4-	1- 2- 3- 4-
Communication one-to-one					
Communication					
Recognise people visually					
Gestures					
Lip-reading /mimicry					
Telephone					
Notes					
Other needs					

45. “Can you easily read the headlines in newspapers, or large print?”

Categories for answers:

- Yes, without problems
- It is difficult sometimes
- It is very difficult
- No, I am not able to read

46. “Can you easily read normal print in newspapers?”

Categories for answers:

- Yes, without problems
- It is difficult sometimes
- It is very difficult
- No, I am not able to read

47. “Can you easily read small print (i.e. medicine labels)?”

Categories for answers:

- Yes, without problems
- It is difficult sometimes
- It is very difficult
- No, I am not able to read

48. “If you are able to read, do you find it fatiguing?”

Categories for answers:

- Usually not
- Yes, frequently

49. “Are you able to read subtitles on Television/films?”

Categories for answers:

- Yes, without problems
- It is difficult sometimes
- It is very difficult
- No, I am not able to read

50. ***“Do you have trouble understanding the news announcer when listening to radio/cassette recorder or television?”***

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently

51. ***“Do you have any difficulty hearing your door-bell or somebody knocking on your door?”***

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently

52. ***“Do you have any difficulty hearing fire alarm systems or other kind of alarm systems/alarm clock?”***

Categories of answers:

- No
- Rarely
- Sometimes
- Frequently

53. ***“Do you have any problems finding out what the time is (visual or auditory)?”***

Categories for answers:

- No
- Rarely
- Sometimes
- I can neither see nor hear my watch

54. Summary: Access to information/alarm systems.

ISSUES	IMPORTANCE <i>1=Not important at all 2=Important 4=Very important</i>	SATISFACTION <i>Are you satisfied with your present situation? 1=Not satisfied 2=Satisfied 3= Very satisfied</i>	DESIRED CHANGES <i>1=Yes 2=No 3=Not sure</i>	PRIORITIES <i>1- 2- 3- 4-</i>	INTERVENTIONS <i>1- 2- 3- 4-</i>
Receive messages					
Listen to radio/cassette recorder					
Television					
Read printed text					
Read post					
Newspapers: visual/audible					
Books/visual or audible					
Hearing the doorbell or somebody knocking at the door					
Perceive alarm systems					
Find out what time it is					

Other					
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PART 5: ORIENTATION AND MOBILITY

55. ***“Do you often happen to trip over or bump into obstacles or furniture when you are moving around in familiar surroundings?”***

Categories for answers::

- No
 Rarely
 Sometimes
 Frequently

56. ***“Does your vision impairment cause any problems for your ability to orientate yourself when moving around in familiar surroundings indoors?”***

Categories for answers:

- No
 Rarely
 Sometimes
 Frequently

57. ***“Does your vision impairment cause any problems for your ability to orientate yourself when moving around in unfamiliar surroundings indoors?”***

Categories for answers:

- No
 Rarely
 Sometimes
 Frequently
 The question is irrelevant

58. ***“Does dual sensory loss cause any problems for your ability to orientate yourself when moving around in familiar surroundings outdoors?”***

Categories for answers:

- No
 Rarely
 Sometimes
 Frequently
 The question is irrelevant

59. Can the respondent go shopping on his/her own (when the respondent is familiar with the surroundings)?

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently
- The question is irrelevant

60. Can the respondent walk on his/her own outdoors, negotiating traffic (e. i. recognise traffic lights and road signs, road edges or similar obstacles)?

Categories for answers:

- No
- Rarely
- Sometimes
- Frequently
- The question is not relevant for me

61. Can the respondent use public transport systems?

- Yes, without assistance
- Yes, with some assistance (guidance)
- The question is not relevant

62. Can the respondent travel by taxi?

- Yes, without assistance
- Yes, with some help (guidance)
- The question is not relevant

63. Summary: Orientation and mobility.

Issues	IMPORTANCE <i>1=Not important at all</i> <i>2=Important</i> <i>3=Very important</i>	SATISFACTION <i>Are you satisfied with your present situation?</i> <i>1=Not satisfied</i> <i>2=Satisfied</i> <i>3= Very satisfied</i>	DESIRED CHANGES <i>1=Yes</i> <i>2=No</i> <i>3=Not sure</i>	PRIORITIES 1- 2- 3- 4-	INTERVENTIONS 1- 2- 3- 4-
Orientation in known surroundings in-doors					
Orientation in unknown surroundings In-doors					
Orientation in known surroundings out-doors					
Orientation , unknown surroundings out-doors					
Alarm systems					
Go shopping					
Use public transportation					
Go by Taxi					

Other					
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PART 6: ADL/IADL

64. “Does a dual sensory loss cause problems in ADLs”

- No
- Rarely
- Sometimes
- Frequently

65. Can the person perform the following tasks, eventually with technical aids. (Please provide a specification for the question on the next page).

Activities of daily living	He/she can do it independently	He/she can do it with some assistance	He/she can not do it even with technical aids or assistance (Needs help)	He/she is able to do it, but does not want to do it	Importance	Satisfaction	Changes desired	Priorities	Interventions
Grocery shopping									
Doing light housework: <i>e.g.:</i> - Preparing meals - Read measures - - -									
Heavy housework: Wash the floor, window-cleaning, etc.									
Doing laundry									
Tidying									
Do minor repairs									
Eating, dressing, grooming									
Household outdoors									
Managing money									
Taking medications									

PART 7: HEALTH AND SERVICES

66. **“How do you rate the general quality of your health compared to other persons of your own age?”**

Categories for answers:

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

67. **“How do you rate the general quality of your present health compared to 1 year ago?”**

Categories for answers:

- Better
- Unchanged
- Worse

68. **Is the underlying cause(s) for a change in experienced health known**

Categories for answers:

- Damage or illness
- The causes are not known

69. **Do you have chronic illness or damages?**

.....
.....
.....

70. **Does the respondent regularly visit his/her doctor?**

- Yes
- No

71. **Does the respondent regularly get home help services (private or from the community home-help services)?**

Categories for answers:

- Yes
- No

72. How often does the respondent receive these services?

Categories for answers:

- Daily. For how long
- Weekly. For how long.....
- Every 2nd week. For how long

73. Does the respondent regularly get any kind of community nursing service?

Categories for answers:

- Yes
- No

74. How often does the respondent receive these services?

Categories for answers:

- Daily. For how long
- Weekly. For how long.....
- Every 2nd week. For how long

75. Does the respondent get any of these services?

Categories for answers:

- Interpreting
- Guidance
- Contact-person
- Other kind of services

76. Does the respondent receive other kinds of public services?

Categories for answers:

- Transfer service
- Ready-made food brought to the home
- Other kinds of services

.....
.....

78. Summary: Health and needs for services:

Needs	IMPORTANCE <i>1=Not important at all</i> <i>2=Important</i> <i>3=Very important</i>	SATISFACTION <i>Are you satisfied with your present situation?</i> <i>1=Not satisfied</i> <i>2=Satisfied</i> <i>3= Very satisfied</i>	DESIRED CHANGES <i>1=Yes</i> <i>2=No</i> <i>3=Not sure</i>	PRIORITIES 1- 2- 3- 4-	INTERVENTIONS 1- 2- 3- 4-
Health					
Home-help					
Community home-nurse service					
Other services from the community					
Private help and care					

Other kinds of needs					
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PART 8: SOCIAL LIFE/LEISURE-TIME ACTIVITIES

79. Does the respondent have children?

Categories for answers:

No → go on to nr. 86

Yes How many?

80. The distance to the home of the child living closest to the respondent?

Categories for answers:

In the respondents house

In the neighbourhood

In the same community

In the neighbouring community

Further away

81. Frequency of face-to-face contact with at least one of the children, during the last 12 months?

Categories for answers: (Fill in the box that best represents the respondents answer)

Daily

Weekly

Once a month

A few times during the year

Less frequently

Not during the last 12 months

82. The frequency of contact with at least one of the children, during the last 12 months? (i.e. by telephone, mail, e-mail etc).

Categories for answers: (Fill in the box that best represents the respondents answer)

Daily

Weekly

Once a month

A few times during the year

Less frequently

Not during the last 12 months

83. Has the respondent given assistance to his/her children (i.e. during the last 12 months)?

Categories for answers:

- Care
- Transportation
- Being together/being looked after during holidays and leisure time
- Economical assistance
- Emotional assistance
- Other kind of help or care

.....
.....

84. Has the respondent received assistance from his/her children (i.e. during the last 12 months)?

Categories for answers:

- Maintain house and garden
- Transportation or shopping
- Household chores
- Personal care, bathing, dressing etc.
- Economical assistance
- Reading mail, paying bills etc.
- Other kind of assistance

.....
.....

85. Does the respondent have grandchildren/great-grandchildren?

Categories for answers:

- No → go on to nr. 91
- Yes How many.....

86.

The distance to the grandchildren/great-grandchildren's home (the child who lives closes to the respondent)?

Categories for answers:

- In the same dwelling
- In the same neighbourhood
- In the same community
- In the neighbouring community
- Further away

87. Frequency of face-to-face contact with at least one of the grandchildren/great-grandchildren during the last 12 months?

Categories for answers:(Fill in the box that best represents the respondents answer)

- Daily
- Weekly
- Once a month
- A few times during the year
- Less frequently
- Not during the last 12 months

88. The frequency of contact with at least one of the grandchildren/great-grandchildren, during the last 12 months? (e.g. by telephone, mail, e-mail etc).

Categories for answers: (Fill in the box that best represents the respondents answer)

- Daily
- Weekly
- Once a month
- A few times during the year
- Less frequently
- Not during the last 12 months

89. Has the respondent given assistance to his/her grandchildren/great-grandchildren (i.e. during the last 12 months)?

Categories for answers:

- Care
 - Transportation
 - Samvær og ettersyn i ferier fritid
 - Economical assistance
 - Emotional assistance
 - Other kind of help and care
-
-

90. Has the respondent received assistance from his/her grandchildren/great-grandchildren (i.e. during the last 12 months)?

Categories for answers:

- Maintain house and garden
 - Transportation or shopping
 - Household
 - Personal care, bathing, dressing etc.
 - Economical assistance
 - Reading post, paying bills etc.
 - Other kind of assistance
-
-

91. Does the respondent have contact with friends beyond the family

- Yes
- No

92. Does the respondent regularly engage in out-door activities?

Categories for answers (Fill in the box that best represents the respondents answer)

- Daily
- Weekly
- Once a month
- A few times during the year
- Not during the last 12 months

93. Does the respondent regularly visit other persons?

Categories for answers: (Fill in the box that best represents the respondents answer)

- Daily
- Weekly
- Once a month
- A few times during the year
- Not during the last 12 months

94. Is the respondent regularly visited in his/her own home?

Categories for answers (beyond care service staff)

- Daily
- Weekly
- Once a month
- A few times during the year
- Not during the last 12 months

95. Is the respondent a member of an organisation or an association?

- Yes
- No

96. If yes, does the respondent regularly go to meetings in the organisation/association?

- Yes
- No

97. Are there activities the respondent engages in or wants to do? Are there activities the respondent cannot do any more because of a vision and hearing impairment?

Yes

.....
.....
.....
.....
.....
.....
.....

No

99. Summary: Social activities/leisure-time activities.

	IMPORTANCE <i>1=Not important at all 2=Important 3=Very important</i>	SATISFACTION Are you satisfied with your present situation? <i>1=Not satisfied 2=Satisfied 3= Very satisfied</i>	DESIRED CHANGES <i>1=Yes 2=No 3=Not sure</i>	PRIORITIES	INTERVENTIONS <i>1- 2- 3- 4-</i>
Contact with children					
Contact with grandchildren/great-grandchildren					
Contact with friends					
Contact with family in general					
Care/assistance					
Participation in activities in organisations or church					
Centres for the elderly etc.					
Outdoor life					
Travelling					

Other kinds of activities					
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PART 9: SURROUNDINGS, ECONOMICAL STATUS AND EMOTIONAL ASPECTS OF LIFE

Here are some questions about the home and the surroundings; practical hindrances in the home or in the surroundings.

100. "Are there any unpractical hindrances in your home?"

- Stairs
 - Distance to shops or other facilities
 - Problems in ADL (i.e. access to bathroom and WC)
 - Maintenance of apartment, house or garden
 - Difficult to keep the home in order
 - Problems with heating
 - Noisy surroundings with heavy traffic
 - The surroundings feel unsafe
 - Access to the home
 - Other
-

101. The distance from the home to the facilities mentioned below:

	<i>Distances from home</i>	<i>Do not exist</i>	<i>"How do you rate the access to the places mentioned below?"</i>			
			<i>Not satisfactory</i>	<i>Satisfactory</i>	<i>Very satisfactory</i>	
Groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank/post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop for public bus, tram-line etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optometrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social security office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Assistance office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other services needed:</i>						
F.eks.: Centre for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
:contact association for the deaf-blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
: touring ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
: other relevant facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102. "Do you feel safe where you live today?"

Yes,
because

No,
Why not.....

103. "Can you ask your neighbours for help or assistance if needed?"

Yes,
because

No,
Why not.....

104. "Can you talk to your neighbours if something happens or something bothers you?"

Yes
Because

No,
Why not.....

105. "How do you rate the quality of your home with regard to your needs in the future ?"

Categories for answers:

- Very good
- Pretty good
- Poor
- Very poor

106. "Have you recently experienced events of great importance to you?"

Events of positive sense:

.....
.....
.....

Events of negative sense:

.....
.....
.....

107. "Are you burdened with some matters of concern?"

No

.....
.....
.....

Yes

.....
.....
.....

108. "How do you rate your financial situation?"

Categories for answers:

- The financial situation is very good
- The financial situation is pretty good
- Must be careful
- It is difficult to make the money stretch
- The financial situation is difficult

109. "Do you get any National insurance contributions?"

No

Yes

What kind

of:.....

.....

110. Summaries: Needs in dwelling, economical matters and course of events

	<p>IMPORTANCE</p> <p><i>1=Not important at all</i> <i>2=Important</i> <i>3=Very important</i></p>	<p>SATISFACTION</p> <p>Are you satisfied with your present situation?</p> <p><i>1=Not satisfied</i> <i>2=Satisfied</i> <i>3= Very satisfied</i></p>	<p>DESIRED CHANGES</p> <p><i>1=Yes</i> <i>2=No</i> <i>3=Not sure</i></p>	<p>PRIORITIES</p> <p>1- 2- 3- 4-</p>	<p>INTERVENTIONS</p> <p>1- 2- 3- 4-</p>
Adjustments in the home					
Adjustments for safety and security					
<i>National insurance contributions</i>					
<p>Other kinds of economical contributions the respondent is entitled to:</p> <p>.....</p> <p>.....</p> <p>.</p>					

