Office of Population Censuses and Surveys
Social Survey Division
St Catherines House 10 Kingsway London WC2B 6JP
Telephone 01-242 0262 ext 2258

Survey number
S1192/I/P/1

SURVEY OF HEALTH PROBLEMS AND DISABILITIES

Dear Sir or Madam

We are writing to ask for your help in a survey. We have been asked by the Department of Health and Social Security to do a survey of the health problems and disabilities of people in Great Britain. The survey will help to develop policies for services and benefits for people with disabilities and their families.

We are writing to a random selection of addresses chosen from a list of all the addresses in the country. Your address is one of the ones chosen and we need your help.

We would like you to fill in the form on the back of this letter. It will only take a short time. Someone will call in a few days time to collect your form. The collector will help sort out any difficulties you may have had in completing the form and will be pleased to answer any other general queries.

It is just as important for us to know how many people have no health problems or disabilities as it is to find out how many have. **So please fill in the form even if no-one in your household has any problems.**

EVERYONE'S ANSWER IS IMPORTANT

The names and addresses of people who take part in our surveys are held in strict confidence. OPCS do not give them to any other Government Department, to the press or to members of the public. The information you give us will be used only to build up a general picture of health and disability in Great Britain.

Thank you for helping us with the survey.

Yours sincerely

Jean Martin

Jean Martin
Principal Social Survey Officer

If no-one lives permanently at the address at the top of the page, please tick one of the boxes below and return this form in the envelope provided.

- Address is vacant ☐
- Address is used for business purposes only ☐
- Other address where no-one lives permanently (eg holiday home) ☐

If the address is an institution, please fill in details below and return the form.

Name of institution _____

Type of institution (eg hotel, old people's home) _____

Number of **permanent** residents _____

Please answer the questions about everyone in your household

Include anyone who is temporarily away (for example in hospital or at school) but exclude anyone who lives somewhere else permanently.

1. **How many people (men, women and children) are there in your household living at this address (including yourself)?**

NUMBER

Total number of people in the household ☐

2. **How many people in your household are in each of these age groups?**

	NUMBER		NUMBER		NUMBER
15 or under	☐	35-44	☐	65-74	☐
16-24	☐	45-54	☐	75-79	☐
25-34	☐	55-64	☐	80 or over	☐

3. **Does anyone else live at the address shown on the label overleaf, apart from the people in your household?**

TICK ONE BOX

Other people live at this address ☐ Only one household lives at this address ☐

Please answer each of the following questions by putting a tick (✓) in the Yes box if it applies to anyone in your household or a tick in the No box if it does not apply to anyone.

4. **Does anyone in your household have the following difficulties due to long-standing health problems or disabilities, either physical or mental?**

		Yes	No
(a)	Difficulty getting up or down steps or stairs	☐	☐
(b)	Difficulty walking for a quarter of a mile on the level	☐	☐
(c)	Difficulty going outside the house or garden without help	☐	☐
(d)	Difficulty holding, gripping or turning things	☐	☐
(e)	Difficulty reaching for things on a shelf at head height	☐	☐
(f)	Difficulty bending down even when holding on to a support	☐	☐
(g)	Difficulty reading newspaper print (even wearing glasses or contact lenses)	☐	☐
(h)	Difficulty recognising a friend across the road (even wearing glasses or contact lenses)	☐	☐
(i)	Difficulty hearing in a group conversation	☐	☐

The questions are about everyone in your household

		Yes	No
(j)	Difficulty being understood by other people	☐	☐
(k)	Difficulty in understanding other people	☐	☐
(l)	Difficulty remembering things	☐	☐

5. Does anyone in your household have the following long-standing health problems or disabilities?

		Yes	No
(a)	Losing balance or having frequent falls	☐	☐
(b)	Severe bouts of breathlessness, wheezing or coughing	☐	☐
(c)	A fit or convulsion within the past two years	☐	☐
(d)	A scar, blemish or deformity which affects daily life	☐	☐
(e)	Severe skin problems	☐	☐
(f)	Severe problems with eating, drinking or digestion	☐	☐
(g)	Lack of control of bowels or bladder at least once a day or at night	☐	☐
(h)	Severe or constant pain	☐	☐
(i)	Getting noises in the head or ears such as ringing or buzzing	☐	☐
(j)	Frequently getting confused or disorientated	☐	☐
(k)	Severe depression or anxiety	☐	☐
(l)	Schizophrenia or other mental illness	☐	☐
(m)	Mental handicap or other severe learning difficulties	☐	☐

		Yes	No
6.	**In the last twelve months has anyone in your household seen a psychiatrist or other specialist because of a mental, nervous or emotional problem?**	☐	☐
7.	**In the last twelve months has anyone in your household attended a day centre, taken sheltered work or lived in sheltered housing because of a health problem or disability?**	☐	☐
8.	**Has anyone in your household attended a special school because of a long-standing health problem or disability?**	☐	☐

9. **Is there anyone in your household who, because of a long-standing health problem or disability .....**

		Yes	No	Retired
(a)	Would find it difficult to live alone without help?	☐	☐	
(b)	Is dependent on life-sustaining equipment or drugs?	☐	☐	
(c)	Is limited in the type or amount of paid work they can do?	☐	☐	☐
(d)	Has difficulty using public transport without help?	☐	☐	

These questions are about all children aged 15 or under in your household. If there are no children go on to question 13

		Yes	No
10.	**Does any child in your household (aged 15 or under) need more help than usual for children of the same age with feeding, dressing, toileting, walking, going up or down stairs or other daily activities?**	☐	☐
11.	**Does any child in your household attend a special school because of health problems, disabilities or learning difficulties?**	☐	☐
12.	**Does any child in your household attend an ordinary school but is limited in taking part in school activities because of health problems or disabilities?**	☐	☐

		Yes	No	Don't know
13.	**Does anyone in your household have other difficulties with daily living because of disabilities or long-standing health or behavioural problems not mentioned so far?**	☐	☐	
14.	**Does anyone in your household receive any state benefit or allowance paid because of disability, for example, Attendance Allowance, Mobility Allowance, Invalidity Benefits or Pensions, Industrial Injury Benefit, War Pension, NCIP, HNCIP or Severe Disablement Allowance?**	☐	☐	☐
15.	**Is anyone in your household on any of the following registers for disabled or handicapped people?**			
(a)	Registered disabled with the Department of Employment - Green Card	☐	☐	☐
(b)	Registered as physically handicapped with the Local authority Social Services Department	☐	☐	☐
(c)	Registered as blind, partially sighted, deaf or hard of hearing	☐	☐	☐
(d)	Any other disability register	☐	☐	☐

If you have ticked any of the Yes boxes on the form will you please print below the name and age of the person or persons concerned and their main illness or disability.

NAME	SEX	DATE OF BIRTH	MAIN ILLNESS OR DISABILITY

Name of form filler
(PLEASE PRINT) _____