



**James
Lind
Alliance**

Priority Setting Partnerships

**LARGE PRINT VERSION FOR
PEOPLE AGED 80+ AND CARERS**

Living well with multiple conditions in later life - have your say

How can research help people who are aged 80 and older and have 3 or more health problems to live well?



Further information



0191 208 1144



JLA@newcastle.ac.uk



www.tinyurl.com/JLAageing



Why is this survey important?

Many people aged 80 and above live with three or more health conditions that affect their daily lives and health in different ways. Yet this is an under researched area.

For the first time ever, a UK wide survey is taking place to find out what older people themselves think are the most important questions about their lives that research should answer. The survey results will be used to get the best value from future research by finding out the areas which give you the greatest concern. This is a unique opportunity for you to have your say on the future of research.

Who is this survey for?

We are looking for people to complete the survey who:

- Are aged 80 or above and have three or more health conditions that affect their daily lives
- Live with and / or care for a person aged 80 or above who has three or more health conditions that affect their daily lives.

What do we mean by a health condition?

For this survey, a health condition can mean any problem or diagnosis affecting your physical health (e.g. diabetes), mental health (e.g. depression), life-long or ongoing conditions (e.g. learning disability), sensory loss (e.g. loss of vision, hearing) or alcohol/substance misuse.

Adapted from NICE guideline 21 Sep 2016:

“Multimorbidity: clinical assessment and management”

What will happen with my information?

The ultimate aim is to improve quality of life, care and treatment for older people living with multiple conditions.

All personal data will remain confidential.

Occasionally, we may wish to quote what you write in this survey to help us provide evidence for our findings. It would not be possible to identify you or anyone else from these quotes. By taking part in this survey you are agreeing to the use of anonymous quotes.

Section 1: Background questions

Please use this section to provide some information about yourself to help us understand who is responding to the survey.

Have you been made aware of this survey through AGE-UK?

Yes No

What is your gender?

- Male
- Female
- Other
- Prefer not to say

What is your postcode? _____

How are you filling out the survey?

- On your own
- With assistance from someone else
- In a group
- Other _____

Which of the following best describes you?

Please tick all that apply.

- Someone aged 80 or older and living with three or more health conditions
- Friend/family member of someone living with multiple health conditions in later life
- Other informal or unpaid carer of someone living with multiple health conditions in later life
- Former carer of someone living with multiple health conditions in later life
- Other _____

The next five questions are for people who are aged 80 or over and are living with three or more health conditions.

IF you are a friend, family member or other informal/unpaid carer or former carer of someone living with three or more conditions in later life, please turn to page 7.

1. How many health conditions which impact on your daily life do you have? _____

2. What are your current living arrangements?

- Own home (independently)
- Own home (supported by family or carers)
- Residential home
- Nursing home
- Sheltered housing
- Other _____

3. Do your health conditions cause you problems in any of the following areas during your everyday life?

- | | | | |
|--------------------------|---|--------------------------|--------------------|
| <input type="checkbox"/> | Vision | <input type="checkbox"/> | Speaking |
| <input type="checkbox"/> | Hearing | <input type="checkbox"/> | Eating or drinking |
| <input type="checkbox"/> | Mobility | <input type="checkbox"/> | Falls |
| <input type="checkbox"/> | Fatigue | <input type="checkbox"/> | Breathlessness |
| <input type="checkbox"/> | Social Life | <input type="checkbox"/> | Pain |
| <input type="checkbox"/> | Dexterity (e.g. opening things, lifting and carrying) | | |
| <input type="checkbox"/> | Understanding and Concentrating | | |
| <input type="checkbox"/> | Memory | | |
| <input type="checkbox"/> | Mental Health (e.g. depression, anxiety) | | |
| <input type="checkbox"/> | Bladder problems | | |
| <input type="checkbox"/> | Bowel problems | | |
| <input type="checkbox"/> | Dizziness | | |

Other _____

4. How do these conditions affect your daily life?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

5. How do the treatments that you receive affect your daily life?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Section 2: Questions or areas important to you

This section is for both people aged 80 and older who have 3 or more health conditions and for those who look after them.

For each question you can write as much or as little as you like.

1. Do you have any questions about the symptoms of people living with multiple health conditions in later life (for example experienced as anxiety, pain, fatigue)?

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

2. Do you have any questions about the day-to-day life of people living with multiple health conditions in later life?

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

3. Do you have any questions about the medication (these include all medicines, pills, syrups, ointments, puffers or injections) of people living with multiple health conditions in later life?

.....

.....

.....

.....

.....

.....

.....

.....

4. Do you have any questions about other aspects of treatment (not medication, but other treatments such as diet, exercise or talking therapy) of people living with multiple health conditions in later life?

.....

.....

.....

.....

.....

.....

.....

.....

5. Do you have any questions about the support or care of people living with multiple health conditions in later life?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

6. Do you have any questions that you feel are important for researchers to answer but do not fall in to the areas above?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Thank you for taking the time to complete the survey.

If you would like to be kept informed on the progress of this priority setting exercise please complete the following details below:

Name

Address

.....

.....

.....

Email

Phone.....

All of your personal data will be kept confidential.