



MacLennan, William Jardine (1973) The young chronic sick at home and in hospital. MD thesis

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The Young Chronic Sick at Home  
and in Hospital

Volume II

William Jardine MacLennan

## IMAGING SERVICES NORTH

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West Yorkshire, LS23 7BQ

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Social Proforma

Medical Proforma

Psychiatric Proforma

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Table 1: Barthel's Index.

Activity	Score when Activity is performed.	
	With help	Without help
Feeding	5	10
Moving from bed to chair and return	5 - 10	15
Washing, shaving, cleaning teeth and combing hair	0	5
Getting on and off toilet	5	10
Bathing	0	5
Walking on the level	10	15
Propelling wheel-chair (if unable to walk)	0	5
Climb and descend stairs	5	10
Dressing	5	10
Controlling defaecation	5	10
Controlling micturition	5	10

Table 2

- A Physical Profile (Moskowitz and McCann, 1957).
- P Physical condition including diseases of the viscera and cerebral disorders.
1. No gross abnormalities.
  2. Minor abnormalities not requiring frequent medical or nursing supervision.
  3. Moderately severe abnormalities requiring frequent medical or nursing supervision.
  4. Severe abnormalities requiring constant medical or nursing supervision confining individual to bed or chair.
- U Upper extremities.
1. No gross abnormalities.
  2. Minor abnormalities with good range of motion and function.
  3. Moderately severe abnormalities but permitting performance of daily needs.
  4. Severe abnormalities requiring constant nursing care.
- L Lower extremities.
1. No gross abnormalities.
  2. Minor abnormalities with good range of motion and function.
  3. Moderately severe abnormalities permitting limited ambulation.
  4. Severe abnormalities confining individual to bed or chair.
- S Sensory components.
1. No gross abnormalities.
  2. Minor deviations not causing functional impairment.
  3. Moderate deviations causing appreciable functional impairment.
  4. Severe deviations causing complete loss of hearing, vision or speech.

continued.....

Table 2 (continued)...

E Excretory function.

1. Complete control.
2. Occasional stress incontinence or nocturia.
3. Periodic bladder or bowel incontinence or retention.
4. Total incontinence of bowel or bladder.

S Mental Status.

1. No deviations.
2. Minor deviations not impairing environmental adjustment.
3. Moderately severe deviations requiring some supervision.
4. Severe variations requiring complete supervision.

Profile.

P	U	L	S	E	S



Table 3: Selection of Subjects Living at Home.

Town	Number of GPs Participating	Number of Subjects Selected
Rutherglen	10	40
Kilsyth	6	22
Clydebank	6	28
Bearsden	6	6
Total	28	96

Table 4: Scoring for Physical Impairment.

Form of Impairment	Score for Impairment	
	Partial	Complete
Signs		
Blindness	1	2
Loss of function in one limb	1	2
Symptoms	While dressing	At rest
Chest pain	1	2
Breathlessness	1	2

Table 5: Selection of Subjects for Hospital Survey.

Types of Unit	Young Chronic Sick	Geriatric	Psychiatric	Post encephalitic	Others
No. of Units included in postal survey	3	15	7	1	8
No. of patients identified in postal survey	144	73	61	10	42
No. of patients identified who had been in hospital for over 3 months	102	51	52	10	6
No. of units selected and visited	3	7	7	1	4
No. of patients selected and interviewed	34	25	26	10	6

Table 6: Age Distribution of Subjects

Residence of Subjects	Age of Subjects In Years			Total Number of Subjects
	15 - 29	30 - 44	45 - 59	
Home	7	21	68	96
Young Chronic Sick Units	4(12%)	10(29%)	20(59%)	34(100%)
Geriatric Units	0(0%)	5(20%)	20(80%)	25(100%)
Psychiatric Units	3(11%)	6(23%)	17(66%)	26(100%)
Post-encephalitic Units	0	0	10(100%)	10(100%)
Other Units	2(33%)	2(33%)	2(33%)	6(100%)

Table 7: Age of Onset for Disorders in Subjects  
Living at Home.

Age of Onset of Disease in Years.	Number of Subjects
0 - 14	18 (20%)
15 - 29	21 (23%)
30 - 44	29 (32%)
45 - 59	22 (25%)
Total	90 (100%)

Table 8: Types of Disorder Found in Subjects Living  
at Home.

Type of Disorder	Number of Subjects
Neurological	40
Locomotor	29
Cardio- Respiratory	17
Organic Brain Disease	7
Others	3
Total	96

Table 9: Diagnoses Made in Subjects Living at Home.

Diagnosis	Number of Subjects
Disseminated Sclerosis	15
Rheumatoid Arthritis	14
Cerebrovascular Disease	8
Chronic Bronchitis	9
Ischaemic Heart Disease	3
Pulmonary Tuberculosis	4
Poliomyelitis	4
Ankylosing Spondylitis	6
Parkinsonism	2
Spasticity	5
Epilepsy	2
Spina Bifida	1
Chronic Renal Failure	1
Cervical Spondylosis	1
Cerebral Tumour	1
Paraplegia? Cause	1
Ulcerative Colitis	1
Rheumatic Heart Disease	1
Systemic Lupus	1
Tuberculous Shoulder	1
Osteoporosis	1
Encephalitis	1
Infective Arthritis	1
Landry's Paralysis	1
Traumatic Paraplegia	1
Fractured Elbow	1
Head Injury	1
Bone Disease	1
Amputation of Leg	1
Diabetic Neuropathy	1
CDL of Hip	1
Back Injury	1
Post-gastrectomy Syndrome	1
Muscular Dystrophy	1
Meningitis	1
Total	96

Table 10: Age Distribution of Diagnoses in Home Population.

Type of Disorder	Age of Subjects in Years			Total
	15 - 29	30 - 44	45 - 59	
Neurological	3(8%)	11(28%)	26(64%)	40(100%)
Locomotor	3(10%)	5(17%)	21(73%)	29(100%)
Cardio- respiratory	0	2(12%)	15(88%)	17
Organic Brain Disease	0	3(43%)	4(57%)	7
Other	0	0	3(100%)	3(100%)



Table 11: Age Distribution of Subjects at Home with  
Disseminated Sclerosis, Rheumatoid Arthritis,  
Cerebrovascular Disease or Chronic Bronchitis..

Diagnosis	Age of Subjects in Years			Total
	16-29	30-44	45-59	
Disseminated Sclerosis	1(7%)	8(53%)	6(40%)	15(100%)
Rheumatoid Arthritis	0	4(29%)	10(71%)	14(100%)
Cerebrovascular Disease	0	0	8(100%)	8(100%)
Chronic Bronchitis	0	1(11%)	8(89%)	9(100%)

Table 12: Details of Subjects at Home with Multiple Disorders.

Main Disorder	Disorder Related to Main Disorder	Disorder unrelated to Main Disorder
Disseminated sclerosis	Urinary tract infection Dislocated jaw	
Disseminated sclerosis	Trigeminal neuralgia Urinary retention	
Paraplegia		Diabetes
Cervical spondylosis		Hypertension
Disseminated sclerosis	Urinary tract infection	
Disseminated sclerosis	Trigeminal neuralgia	
Pulmonary Tuberculosis	Fungus infection of tuberculous cavity	
Rheumatoid arthritis		Cerebrovascular accident Myocardial infarction
Chronic bronchitis		Urinary tract infection
Myocardial infarction		Peptic ulcer
Old encephalitis		Poliomyelitis Renal calculus

Table 12 (continued)...

Main Disorder	Disorder Related to Main Disorder	Disorder Unrelated to Main Disorder
Pulmonary tuberculosis		Ischaemic heart disease Chronic bronchitis
Pulmonary tuberculosis		Myocardial ischaemia Peripheral vascular disease
Ischaemic heart disease		Cholecystitis
Ankylosing spondylitis		Diabetes Myocardial ischaemia
Disseminated sclerosis	Urinary tract infection	Ankylosing spondylitis
Little's disease		Urinary tract infection
Rheumatoid arthritis	Nephrotic syndrome	Prostatism
Disseminated sclerosis		Hypertension Peripheral vascular disease
Epilepsy	Weakness in right arm	Below knee amputation
Disseminated sclerosis		Fractured neck of femur
Rheumatoid arthritis	Fractured neck of femur	Subarachnoid haemorrhage Deafness Chronic bronchitis
Amputation of right leg		Left hemiparesis
Rheumatoid arthritis	Fractured neck of femur	

contd

Main Disorder	Disorder Related to Main Disorder	Disorder Unrelated to Main Disorder
Rheumatoid arthritis	Cushings Syndrome	
Bone disease	Deafness	
Rheumatoid arthritis		Chronic bronchitis
Rheumatoid arthritis		Mitral stenosis Peptic ulceration
Diabetic neuropathy	Diabetic retinopathy Urinary tract infection	
Disseminated sclerosis	Urinary tract infection	
Disseminated sclerosis		Tuberculous hip Peptic ulceration Myocardial infarction
Cerebrovascular accident	Chronic rheumatic heart disease	
Muscular dystrophy		Ischaemic heart disease
Rheumatoid arthritis	Fractured neck of femur	
Ankylosing spondylitis		Chronic bronchitis
Cerebrovascular accident	Frozen shoulder Hypertension	

Table 12 (continued)...

Main Disorder	Disorder Related to Main Disorder	Disorder Unrelated to Main Disorder
Chronic bronchitis		Poliomyelitis
Cerebrovascular accident	Hypertension Left ventricular failure	
Cerebrovascular accident	Hypertension Left ventricular failure	

Table 13: Relationship between Multiple Pathology and  
Age in Subjects Living at Home.

Age of Subjects in Years	Number of Subjects with Secondary Disorders Related to Main Disorder	Number of Subjects with Secondary Disorders Unrelated to Main Disorder	Total Number of Subjects in Survey
16 - 29	2 (29%)	0 (0%)	7 (100%)
30 - 44	8 (38%)	3 (14%)	21 (100%)
45 - 59	9 (13%)	21 (31%)	68 (100%)

Table 14: Relationship of Physical Impairment to Diagnosis  
in Subjects Living at Home.

Type of Disorder	Physical Impairment Rating									
	0	1	2	3	4	5	6	7	8	9
Neurological	1	3	10	11	4	3	4	1	2	1
Locomotor	6	6	4	8	5	0	0	0	0	0
Cardio- respiratory	6	5	6	0	0	0	0	0	0	0
Organic Brain Disease	3	1	1	1	1	0	0	0	0	0
Other	3	0	0	0	0	0	0	0	0	0
Total	19	15	21	20	10	3	4	1	2	1

Table 15: Scores for Subjects in the Home Population  
Compared with Those of 11 year old Dumfries Schoolchildren.

	Percentiles		
	25	50	75
<u>Scores</u> for subjects with disorders commonly associated with dementia	5	17	27
<u>Scores</u> for subjects with other disorders	16	25	30
<u>Scores</u> for all subjects in the home population	14	21	28
<u>Scores</u> for 11 year old Dumfries schoolchildren	24	28	31

(N.B. The values in each percentile column represent the score obtained by an individual at that particular percentile in the population).



Table 16: Relationship Between Physical and Mental Disorders  
in Subjects Living at Home.

Physical Disorder	Mental Disorder			
	Depression	Anxiety Neurosis	Hysteria	Euphoria
Disseminated Sclerosis	2	0	0	1
Parkinsonism	2	0	0	0
Rheumatoid Arthritis	3	0	0	1
Chronic Bronchitis	1	1		
Ischaemic Heart Disease	0	2	0	0
Osteoporosis	0	0	1	0
Cerebrovascular Accident	2	0	0	0
Ankylosing spondylitis	1	0	0	0
Little's disease	0	1	0	0
Diabetic Neuropathy	1	0	0	0

Table 17: Barthel's Index Ratings for Subjects in Home and Hospital Populations

Residence of Subject	Rating on Barthel's Index									Total No. of Subjects
	0-15	20-35	40-55	60-75	80	85	90	95	100	
Home	4	4	1	5	6	6	11	15	44	96
Young Chronic Sick Unit	5(15%)	11(32%)	4(12%)	7(20%)	1(3%)	2(6%)	1(3%)	2(6%)	1(3%)	34(100%)
Geriatric Unit	8(32%)	8(32%)	2(8%)	1(4%)	0	1(4%)	4(16%)	1(4%)	0	25(100%)
Psychiatric Unit	0	3(11%)	2(8%)	2(8%)	1(4%)	0	1(4%)	3(11%)	14(54%)	26(100%)
Post-encephalitic Unit	0	4(40%)	1(10%)	2(20%)	0	0	1(10%)	0	2(20%)	10(100%)
Other Units	0	2	4	0	0	0	0	0	0	6

Table 18: Relationship Between Walking Ability and Type of Disorder in Subjects Living at Home.

Type of Disorder	Walking Ability				
	Able to walk unlimited distances	Able to walk without help	Able to walk with help	Chairfast or Bedfast	Total
Neurological	8(20%)	26(65%)	2(5%)	4(10%)	40(100%)
Locomotor	9(31%)	18(62%)	0	2(7%)	29(100%)
Cardio-Respiratory	9(53%)	8(47%)	0	0	17(100%)
Organic Brain Disease	5(71%)	2(29%)	0	0	7(100%)
Others	2(67%)	1(33%)	0	0	3(100%)
Total	33	55	2	6	96

Table 19: Diagnosis and Disability in Subjects at Home  
Receiving Help from a District Nurse.

Diagnosis	Score on Barthel's Index
Disseminated Sclerosis	15
Parkinsonism	25
Disseminated Lupus	95
Rheumatoid Arthritis	90
Disseminated Sclerosis	0.
Rheumatoid Arthritis	90

Table 20: Numbers of Disabled People at Home with Aids.

Type of Disability	Number of Subjects with Disability	Number of These with Aid to Disability
Unable to walk more than 100 yards	45 (100%)	15 (33%)
Unable to dress without help	27 (100%)	4 (14%)
Unable to eat or cut up food without help	21 (100%)	2 (10%)
Unable to wash or bath without help	41 (100%)	5 (12%)
Unable to use toilet without help	11 (100%)	2 (18%)

Table 21: Sources of Help with Housework to  
Subjects Living at Home.

Source of Help with Housework	Sex of Subjects	
	Male	Female
Receiving Help from People in Household	33 (72%)	23 (46%)
Receiving Help from People Outside Home	4 (17%)	15 (30%)
Receiving Help from Both Sources	8 (9%)	12 (24%)
Not Receiving Help	1 (2%)	0
Total	46 (100%)	50 (100%)

Table 22: Details of People Helping Subjects at Home with Housework

Sex and Marital Status of Subject	Details of Principal Helper to Subject								Total
	Spouse	Mother	Sister	Daughter	Male Relative	Neighbours or Other Relatives	Home Help	No Helper	
Married Male	25	1	0	2	0	0	1	1	30
Married Female	16	0	2	3	1	0	0	0	22
Single, Widowed or Divorced Male	0	7	3	1	0	3	0	2	16
Single, Widowed or Divorced Female	0	11	7	0	1	7	2	0	28

Table 23: Numbers of Subjects at Home Requiring the Services of a Home Help.

		Sex and Marital Status of Subjects			
		Married Males	Single Males	Married Females	Single Females
Number of Subjects Requiring a Home Help	Home Help Already Attending	0	3(19%)	2(9%)	7(25%)
	Home Help not Attending	2(7%)	1(6%)	11(50%)	0
Total Number of Subjects		30(100%)	16(100%)	22(100%)	28(100%)



Table 24: Design and Tenure of Accommodation for  
Subjects Living at Home.

Type of Accommodation	Type of Tenure		
	Privately Owned	Rented from Local Authority	Rented from Private Landlord
Tenement Flat	2	11	3
Multistory Flat	0	3	0
House (Upstairs & Downstairs)	6	27	0
Bungalow	3	0	0
'Prefab'	0	1	0
'4-in-a-block'	0	36*	1
Maisonette (Upstairs & Downstairs)	0	3	0

Table 25: Details of Subjects at Home having Difficulty  
in Negotiating Stairs in Their Homes.

Symptoms Causing Difficulty in Climbing Stairs	Degree of Difficulty in Climbing Stairs		
	Subject Able to Climb Stairs Unaided but with Difficulty	Subject Requires Help to Climb Stairs	Subject Unable to Climb Stairs Even with Help
Breathlessness	3	0	0
Angina	1	0	0
Walking Difficulty	12	3	4
Visual Impairment	1	0	0

Table 26: Use Subjects Made of Employment Services Related to Their Disability Ratings.

Service Provided by Department of Employment to Subjects	Barthel Ratings of Subjects									Total
	0-15	20-35	40-55	60-75	80	85	90	95	100	
Visit to Employment Exchange	0	0	1	2	1	2	1	5	9	21
Employment at Rampley <i>Reception</i>	0	0	0	1	0	1	0	3	1	6
Participation in IRU or Vocational Training	0	0	0	0	0	0	0	2	5	7
Attendance at Occupation Centre (Local Authority)	0	0	0	0	0	0	0	1	1	2
Registered as Being Disabled	0	0	1	2	1	2	1	5	9	21
Total Number of Subjects in Survey	4	4	1	5	6	6	11	15	44	96

Table 27: Frequency of Journeys Made by Disabled Subjects Living at Home  
Related to Their Walking Ability.

Walking Ability of Subjects	Frequency of Journeys Made By Subjects						Total
	Daily	Several Times per Week	Weekly	Several Times per Month	Monthly	Less Often	
Able to Walk more than 100 Yards	32 (6P)	7	1	4 (2P)	0	1	45
Walking Limited to 100 Yards	5 (4P,1C)	2 (1P,1C)	1 (1P)	1 (1P)	0	0	9
Walking Limited to House and Garden	3 (1P,1C)	12 (5P,2C,3W)	4 (1P,1C,1W)	1 (1P)	0	14	34
Requires Help With Walking	2 (1P,1C)	0	0	0	0	0	2
Chairfast/Bedfast	0	0	1 (1P)	0	0	5	6

Figures in brackets refer to the numbers of subjects normally travelling by private car (P), invalid car (C), or wheelchair (W).

Table 28: Interests of Subjects Living at Home.

Subjects	Interests						
	Listening to Radio	Watching Television	Reading Papers	Reading Books	Going on Outings	Engaged in Hobbies	Total Number of Subjects
Male	30 (65%)	45 (98%)	31 (67%)	13 (28%)	21 (46%)	26 (57%)	46 (100%)
Female	18 (36%)	43 (86%)	34 (68%)	19 (38%)	15 (30%)	15 (30%)	50 (100%)
Total	48	88	65	32	36	41	96

Table 29: Details of Outings Made by Subjects Living at Home.

Description of Outing	Number of Subjects Going on Outing	
	Male	Female
Outings to Clubs for the Disabled		
Glasgow Polio Club		2
Cripple League		2
Youth Club at Occupational Centre	1	
British Rheumatism Association		1
Local Authority Club for Disabled	3	4
Other Outings		
Car Runs	3	
Football Matches	2	
Bookmaker's Shop	2	
Public House	4	
Miners' Club	2	
Football Supporters' Club	1	
Youth Club	1	
Walks	1	
Fishing Trips	1	
Bowling Club	2	1
Bus Runs	1	
Young Socialists' Meetings		1
Women's Guild		1
Orange Lodge		1
Night School		1
Cinema	1	1
Meals in Restaurants	2	1
Theatre	1	1

Table 30: Disability Ratings of Subjects Living at Home Who Went on Outings.

	Barthel's Index Ratings of Subjects Going On Outings.									Total
	0-15	20-35	40-55	60-75	80	85	90	95	100	
Subjects Going to Club for the Disabled.	0	0	0	0	0	0	2 (17%)	2 (17%)	7 (66%)	11 (100%)
Subjects Going on Other Types of Outing	0	1 (4%)	0	0	1 (4%)	3 (13%)	1 (4%)	3 (13%)	15 (63%)	24 (100%)

Table 31: Diagnoses Made on Subjects Living at Home Who Went on Outings.

	Diagnoses in Subjects Going on Outings				
	Neurological Disease	Locomotor Disease	Cardio-Respiratory Disease	Others	Total
Subjects Going to Club for the Disabled	9(82%)	1(9%)	1(9%)	0	11(100%)
Subjects Going on Other Types of Outing	11(46%)	10(42%)	2(8%)	1(4%)	24(100%)



Table 32: Range of Interests in Male and Female Subjects Living at Home. (Numbers are only included where more than one subject followed a particular interest).

<u>Males</u>		<u>Females</u>	
Gardening	3	Keeping a Dog	5
Keeping a Dog		Knitting	11
Doing Crosswords	2	Gardening	2
Doing Household Repairs		Listening to Records	3
Collecting Coins		Sewing	4
Playing Dominoes		Making Tapestry	
Playing Whist		Learning Languages	
Doing Woodwork		Playing a Piano	2
Making Jigsaws		Reading about Politics	
Making Films		Embroidering	2
Painting		Making Soft Toys	
Driving		Doing Crosswords	
Playing a Drum		Arranging Flowers	
Repairing Clocks		Baking	
Playing a Piano		Writing for Newspapers	
~ Couching a Football Team		Playing Chess "	
Playing an Accordion		Typing	
Angling			
Member of Red Cross			
Keeping Tropical Fish			
Playing Scrabble			
Playing Bowls			

Table 33: Frequency with Which Visitors Called on  
Subjects Living at Home.

	Frequency with Which Visitors Call.					Total
	Daily	Several Times per Week	Weekly	Several Times per Month	Less Often	
All Subjects	28	40	12	4	12	96
Subjects Living Alone.	6	1	3	0	0	10

Table 34: Pattern of Holidays for Subjects Living at Home Related to Diagnosis.

	Type of Disorder			
	Neurological	Locomotor	Cardio-respiratory	Other
Subjects Going on Holidays for the Disabled	10 (21%)	3 (10%)	2 (12%)	0
Subjects Going on Private Holidays	21 (45%)	18 (62%)	11 (65%)	3 (100%)
Subjects Not Going on Holidays	16 (34%)	8 (28%)	4 (23%)	0
Total Number of Subjects	47 (100%)	29 (100%)	17 (100%)	3 (100%)

Table 35: Pattern of Holidays for Subjects at Home  
Related to Disability.

	Disability Rating (Barthel's Index)					
	0 - 15	20 - 35	40 - 55	60 - 75	80 - 95	100
Subjects Going on Holidays for Disabled	25%	0	100%	0	13%	17%
Subjects Going on Private Holidays	75%	75%	0	40%	50%	74%
Subjects Not Going on Holidays	0%	25%	0	60%	37%	9%
Total Number of Subjects	4 (100%)	4 (100%)	1 (100%)	5 (100%)	38 (100%)	44 (100%)

Table 36: Relationship Between Ages of Subjects Living at Home and Their Holiday Patterns.

There is a significant relationship between numbers going on special holidays for the disabled and age ( $\chi^2 = 6.22$  0.05).

	Age In Years		
	15 - 29	30 - 44	45 - 59
Subjects Going on Holidays for Disabled	3 (43%)	5 (24%)	7 (10%)
Subjects Going on Private Holidays	3 (43%)	12 (57%)	38 (56%)
Subjects not Going on Holidays	1 (14%)	4 (19%)	23 (34%)
Total Number of Subjects	7 (100%)	21 (100%)	68 (100%)

Table 37: Principal Helpers of Subjects Living at Home

Principal Helper	Sex of Helper		Total
	Male	Female	
Spouse	14	27	41
Parent	0	18	18
Sibling	1	14	15
Child	2	5	7
Neighbour	0	4	4
Other	0	4	4
Total	17	72	89

**Table 38: Amount of Housework Done by Principal Helpers of Subjects Living at Home.** (For scoring of housework see text).

Sex of Disabled Person	Relationship of Principal Helper to Subject	Amount of Housework Done by Helpers							Total Number of Helpers
Male		0	1	2	3	4	5	6	
	Wife							27	27
	Mother				1			8	9
	Sister		1		1			1	3
	Daughter							2	2
	Other				2			2	4
Female	Husband	1	1	1	3	2	1	5	14
	Mother	1			1	2	1	4	9
	Sister	1	1	1	2	5		1	11
	Daughter			2		1			3
	Other		3	2		2			7
Total Number of Helpers		3	6	6	10	12	2	50	89

Table 39: Amount of Self Care Provided by Principal Helpers of Subjects Living at Home.

(For scoring of self care provided see text).

Sex of Disabled Person	Relationship of Principal Helper to Subject	Amount of Self Care Provided by Helper.									Total Number of Helpers
		0	5	10	15	20-35	40-55	60-75	80-95	100	
Male	Wife	21		1		2	1	1		1	27
	Mother	5	1		1		1			1	9
	Sister	3									3
	Daughter	1			1						2
	Other	2			2						4
Female	Husband	2	2	2	2	3		2	1		14
	Mother	4	1	1	1				1	1	9
	Sister	6	3			1	1				11
	Daughter	2		1							3
	Other	6	1								7
Total Number of Helpers		52	8	5	7	6	3	3	2	3	89



Table 40: Total Workload Measured for Principle Helpers of Subjects  
Living at Home.

Roles Undertaken by Principal Helpers	Husbands	Wives	Mothers	Sisters
Breadwinner Nurse Housekeeper	8(58%)	2(7%)		2(14%)
Nurse Housekeeper	3(21%)	5(19%)	9(50%)	3(22%)
Breadwinner Housekeeper	3(21%)	3(11%)		1(7%)
Breadwinner Nurse				
Breadwinner				
Nurse				1(7%)
Housekeeper		17(63%)	9(50%)	7(50%)
Total	14(100%)	27(100%)	18(100%)	14(100%)

Table 41.

Summary of Units Accommodating Young Chronic Sick Patients.

Notes:

1. Coding for Facilities Available.

(a) = Day Room Available.

(b) = Access to Television.

(c) = Access to Radio.

(d) = Access to Record Player.

(e) = Access to Books.

(f) = Newspapers Available.

(g) = Visits by Food/Tobacco Trolley.

2. Abbreviations.

FT = Full Time.

PT = Part Time.

Table 41

	Type of Unit	Type of Hospital	Size of Hospital in Beds	Number of Physiotherapists in Hospital	Number of Occupational Therapists in Hospital	Other Ancillary Workers in Hospital	Facilities in Unit	Activities in Unit
A	Young Chronic Sick	Young Chronic Sick	155	1 FT 2 PT	1 (Unqualified)	Visited by Chiropodist, Dentist & Optician	(a)(b)(c)(d) (e)(f)(g)	Weekly visit from Boys' Brigade, . Cinema Show every 2 weeks summer bus runs
B	Young Chronic Sick	Geriatric	244	1 FT 1 PT	1	Ward Hostess	(a)(b)(c)(d) (e)(f)	Choir-weekly Bingo-weekly
C	Young Chronic Sick	Geriatric	58	0	Visit once a week	0	(a)(b)(c)(d) (f)(g)	Concert once every 2 months Bus run once a year Voluntary visitors once a week.
A	Geriatric	Geriatric	232	Visit once a week	Visit once a week	0	(a)(b)(c)(f) (g)	0
B	Geriatric	Geriatric	279	2 + aides	1 + 2 aides	Hairdresser-weekly Dentist-monthly Optician- " Speech Therapist (PT)	(a)(b)(c)(d) (e)(g)	Film show-monthly Bus run-yearly
C	Geriatric	Geriatric	209	3	2	0	(b)(c)(e)(f)	Bus runs 3 or 4 times a year

Table 41 (continued)...

	Type of Unit	Type of Hospital	Size of Hospital in Beds	Number of Physiotherapists in Hospital	Number of Occupational Therapists in Hospital	Other Ancillary Workers in Hospital	Facilities in Unit	Activities in Unit
D	Geriatric	Mixed	390	3	1	0	(a)(b)(c) (e)(f)(g)	Concerts & bus runs several times a year
E	Geriatric	Geriatric	68	Visit once a week	Visit once a week	0	(a)(b)(c) (e)(f)	Visits from Rotary Club
F	Geriatric	Geriatric	100	0	Visits twice a week	0	(b)(c)(f)	0
G	Geriatric	Geriatric	56	1 FT 1 PT	1	0	(a)(b)(f) (g)	Day Centre
A	Psychiatric	Psychiatric	1072	0	2 Unqualified	Industrial Therapist	(b)(c)(d) (e)(f)	Cinema,bingo, dances,bus runs,bowling, football, cricket, tennis.
B	Psychiatric	Psychiatric	1810	1	4	Industrial Therapist	(a)(b)(c) (d)(e)(f) (g)	Bingo,dances, cinema,table-tennis,billiards, dominoes, cards,football putting, bowling,carpet bowling,bus runs.

Table 41 (continued)...

	Type of Unit	Type of Hospital	Size of Hospital in Beds	Number of Physiotherapists in Hospital	Number of Occupational Therapists in Hospital	Other Ancillary Workers in Hospital	Facilities in Unit	Activities in Unit
C	Psychiatric	Psychiatric	451	1	1	Industrial Therapy	(a)(b)(c) (d)(e)(f) (g)	Films, bus runs, dancing, bowling, golf, card games, billiards
D	Psychiatric	Psychiatric	319	1	1	Industrial Therapy	(a)(b)(c) (d)(e)(f) (g)	Ward parties
E	Psychiatric	Psychiatric	911	2	2	0	(a)(b)(c) (d)(e)(f) (g)	Putting, football swimming, dancing bingo, whilst, draughts, hospital magazine, bus runs.
F	Psychiatric	Psychiatric	1196	1	4 + 1 student	Industrial Therapist	(a)(b)(c) (d)(e)(f) (g)	Bowling, putting football, socials bingo, dances, bus runs.
G	Psychiatric	Psychiatric	760	2	4	Industrial Therapy	(a)(b)(c) (d)(e)(f) (g)	Films, swimming dancing, bus runs.

Table 41 (continued)...

	Type of Unit	Type of Hospital	Size of Hospital in Beds	Number of Physiotherapists in Hospital	Number of Occupational Therapists in Hospital	Other Ancillary Workers in Hospital	Facilities in Unit	Activities in Unit
	Post-encephalitic	General	613	7	0	0	(a)(b)(c) (d)	Concerts monthly Film shows weekly, 4 bus runs a year.
A	Orthopaedic	Mixed	357	8	1 PT	0	(c)(d)(e) (f)(g)	0
B	Orthopaedic	General	876	School of Physiotherapy	1		(b)(c)(e) (f)(g)	0
A	Medical	General	632	6 FT: 2 PT	2 + 4 Students	0	(a)(b)(c)	0
B	Medical	General	237	2 PT	0	0	(a)(b)(c) (e)(f)(g)	0

Table 42: Sex Distribution of Subjects at Home and in Hospital.

Type of Unit	Sex of Subjects		Total
	Male	Female	
Home	46	50	96
Young Chronic Sick	10(29%)	24(71%)	34(100%)
Geriatric	11(44%)	14(56%)	25(100%)
Psychiatric	15(58%)	11(42%)	26(100%)
Post-encephalitic	5(50%)	5(50%)	10(100%)
Others	1(17%)	5(83%)	6(100%)

Table 43: Durations of Stay for Subjects in Hospital.

Type of Unit	Duration of Stay of Subjects in Years					
	<1	>1	2 - 4	5 - 9	10 - 19	> 20
Young Chronic Sick	3	5	16	7	2	1
Geriatric	1	5	12	3	3	1
Psychiatric	2	2	8	8	5	1
Post-encephalitic	1	0	1	4	1	3
Others	2	2	2	0	0	0

7 4 30 22 11 5 101



Table 44: Diagnoses Made in Subjects in Hospital (Numbers after diagnoses refer to number of subjects in which a particular diagnosis was made).

Type of Unit	Diagnosis Made	
Young Chronic Sick	Disseminated sclerosis	12
	Cerebrovascular disease	5
	Little's Disease	4
	Rheumatoid Arthritis	2
	Parkinsonism	2
	Muscular Dystrophy	2
	Friedreich's Ataxia	1
	Cord Transection	1
	Poliomyelitis	1
	Fallot's Tetralogy	1
	Chronic Bronchitis	1
	Tuberculous Meningitis	1
	Head Injury	1
	Total	34
Geriatric	Cerebrovascular disease	11
	Disseminated Sclerosis	7
	Little's Disease	3
	Rheumatoid Arthritis	2
	Congenital	
	Choreo-athetosis	1
	Parkinsonism	1
	Total	25
Psychiatric	Head Injury	10
	General Paralysis	4
	Huntingdon's Chorea	3
	Epilepsy	2
	Cerebral Venous Thrombosis	1
	Trauma to Carotid Artery	1
	Post Amnesic Dementia	1
	Dementia due to Coal Gas Poisoning	1
	Poliomyelitis	1
	Friedreich's Ataxia	1
	Subdural Haemorrhage	1
	Total	26
Post-encephalitic	Parkinsonism	10
Other Units	Tuberculosis of Spine	3
	Cerebral Tumour	1
	Spinal Artery Thrombosis	1
	Cerebral Embolism	1
	Total	6

Table 45: Type of Disorder Related to Residence  
of Subjects.

Residence of Subjects	Type of Disorder in Subjects					Total
	Neuro- logical	Locomotor	Cardio- respiratory	Organic Brain Disease	Others	
Home	40	29	17	7	3	96
Young Chronic Sick Unit	28 (82%)	2 (6%)	2 (6%)	2 (6%)	0	34 (100%)
Geriatric Unit	23 (92%)	2 (8%)	0	0	0	25 (100%)
Psychiat- ric Unit	2 (7%)	24 (93%)	0	0	0	26 (100%)
Post-ence- phalitic Unit	10 (100%)	0	0	0	0	10 (100%)
Other Units	2 (33%)	3 (50%)	1 (17%)	0	0	6 (100%)

Table 46: Causes of Speech Defects in Hospital Population

Speech Defect	Cause of Defect	Numbers
Dysarthria	Parkinsonism	12
	Disseminated Sclerosis	8
	Little's Disease	5
	Cerebrovascular Disease	3
	Huntingdon's Chorea	2
	Friedreich's Ataxia	1
	Carotoid Artery Trauma	1
	Head Injury	1
Dysphasia	Cerebrovascular Disease	5

Table 47: Defects of Speech, Hearing or Vision in Hospital Subjects

Type of Unit	Form of Defect				Total Number of Subjects
	Dysarthria	Dysphasia	Deafness	Complete Blindness	
Young Chronic Sick	11(33%)	2(6%)	4(12%)	2(6%)	19 34(100%)
Geriatric	9(18%)	2(4%)	0	0	11 25(100%)
Psychiatric	3(12%)	0	1(4%)	0	4 26(100%)
Post-encephalitic	10(100%)	0	0	0	10 10(100%)
Others	0	1(17%)	1(17%)	1(17%)	4 6(100%)

101

Table 48: Proportions of Subjects in Hospital with  
Secondary Disorders.

Type of Unit	Subjects with Disorder Related to Primary Disorder	Subjects with Disorder Unrelated to Primary Disorder	Total Number of Subjects
Young Chronic Sick	2 (6%)	14 (42%)	34 (100%)
Geriatric	7 (28%)	9 (36%)	25 (100%)
Psychiatric	5 (20%)	2 (4%)	26 (100%)
Post-encephalitic	2 (2%)	5 (50%)	10 (100%)
Others	2 (34%)	3 (50%)	6 (100%)

Table 49: Details of Subjects in Hospitals with Secondary Disorders.

Main Disorder	Disorder Related to Main Disorder	Disorder Unrelated to Main Disorder
Parkinsonism		Urinary Tract Infections
Parkinsonism		Hiatus Hernia
Parkinsonism		Dupuytren's Contractures
Parkinsonism		Hiatus Hernia
Parkinsonism	Urinary Tract Infections Pressure Areas	Funnelling of Chest
Parkinsonism		Hiatus Hernia
Parkinsonism		Hiatus Hernia
Cerebral Venous Thrombosis	Epilepsy	
Cerebrovascular Disease		Mid-thigh Amputation
Subarachnoid Haemorrhage		Obesity
Rheumatoid Arthritis		Peptic Ulcer Myocardial Ischaemia
Disseminated Sclerosis		Congestive Cardiac Failure Cerebrovascular Disease
Disseminated Sclerosis		Epilepsy

contd.....

Main Disorder	Disorder Related to Main Disorder	Disorder Unrelated to Main Disorder
Fallot's Tetralogy		Genu Valgum
Cerebrovascular Disease		Hiatus Hernia
T.B. of Spine		Urinary Tract Infection
Head Injury	Epilepsy	
Head Injury	Epilepsy	
Cerebrovascular Disease	Hypertension Epilepsy	Fractured Neck of Femur
Cerebrovascular Disease	Hypertension	Alcoholism
Cerebrovascular Disease	Myocardial Ischaemia	Poliomyelitis
Cerebrovascular Disease	Hypertension Epilepsy Left Ventricular Failure	
Little's Disease		T.B. of Spine
Rheumatoid Arthritis		Mid-forearm Amputation Hiatus Hernia
Parkinsonism	Urinary Tract Infection	Hiatus Hernia

contd.....

Table 49 (continued)...

3.

Main Disorder	Disorder Related to Main Disorder	Disorder Unrelated to Main Disorder
Cerebrovascular Disease	Chronic Rheumatic Heart Disease	
Rheumatoid Arthritis		Fractured Neck of Femur
Cerebrovascular Disease		Achondroplasia Rheumatoid Arthritis Urinary Tract Infection
Subdural Haemorrhage	Epilepsy	
Head Injury	Epilepsy	Chronic Bronchitis
T.B. of Spine		Myocardial Ischaemia
Disseminated Sclerosis		Chronic Bronchitis
Disseminated Sclerosis	Urinary Tract Infection	Chronic Bronchitis
Cerebrovascular Disease	Hypertension	
Disseminated Sclerosis	Pressure Area	
Little's Disease	Kyphoscoliosis	
Parkinsonism		Chronic Bronchitis

contd.....



Table 49 (continued)...

4.

Main Disorder	Disorder Related to Main Disorder	Disorder Unrelated to Main Disorder
Parkinsonism		Chronic Bronchitis
Cerebrovascular Disease		Epilepsy
T.B. of Spine	Pressure Areas	
Disseminated Sclerosis		Epilepsy

Table 50: Physical Impairment Ratings for Subjects in Hospital

Type of Unit	Physical Impairment Ratings				Total Number of Subjects
	0	1 or 2	3 or 4	5 or more	
Young Chronic Sick	2(6%)	2(6%)	14(41%)	16(47%)	34(100%)
Geriatric	0	2(8%)	13(52%)	10(40%)	25(100%)
Psychiatric	17(66%)	5(19%)	4(15%)	0	26(100%)
Post-encephalitic	0	3(30%)	2(20%)	5(50%)	10(100%)
Others	0	2(33%)	4(67%)	0	6(100%)

Table 51: Scores for Raven's Matrices in Home and Hospital Populations

Residence of Subjects	Score on Raven's Matrices							Total Number of Subjects
	0-5	6-11	12-17	18-23	24-29	30-35	36	
Home	9	4	14	8	17	10	1	63
Young Chronic Sick Unit	6	5	7	8	5	0	0	31
Geriatric Unit	3	6	9	2	1	1	0	22
Psychiatric Unit	8	4	5	4	3	0	0	24
Post-encephalitic Unit	2	3	3	2	0	0	0	10
Other	2	0	1	0	0	2	0	5

Table 52: Scores for Raven's Matrices Expressed as Percentiles in Home and Hospital Populations (N.B: The values in each percentile column represent the score obtained by an individual at that particular percentile in the population).

Residence of Subject	Percentiles			
	25	50	75	
Home	16	21	28	65
Young Chronic Sick Units	8	16	22	46
Geriatric Units	9	13	17	39
Psychiatric Units	0	12	20	32

33

62

67

132

96  
101  
107

Table 53: Scores for "IQ" Test in Home and Hospital Populations

Residence of Subjects	Scores for "IQ" Test.								Total No. of Subjects
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	
Home	3	0	3	2	0	6	21	37	72
Young Chronic Sick Unit	0	1	1	2	2	4	12	11	33
Geriatric Unit	0	0	0	1	0	4	6	7	18
Psychiatric Unit	4	0	2	4	4	4	2	3	23
Post- encephalitic Unit	0	0	0	1	2	0	3	1	7
Other Unit	1	0	1	0	0	2	1	1	6

Table 54: Scores for "IQ" Test Expressed as Percentiles in Home and Hospital Populations (NB: The values in each percentile column represent the score obtained by an individual at that particular percentile in the population).

Residence of Subjects	Percentile		
	25	50	75
Home	27	31	33
Young Chronic Sick Unit	23	28	34
Geriatric Unit	24	28	32
Psychiatric Unit	10	18	25

**Table 55: Mental Abnormalities other than Dementia noted in Home and Hospital Populations.**

Resident	Type of Mental Disorder	Number of Subjects	Total Number of Subjects in Different Forms of Residence
Young Chronic Sick Unit	Depression	5(18%)	
	Euphoria	2(6%)	
	Noisiness	2(6%)	
	Schizophrenia	1(3%)	
		10(30%)	34(100%)
Geriatric Unit	Depression	8(32%)	
	Euphoria	1(4%)	
	Emotional Lability	1(4%)	
		10(40%)	25(100%)
Psychiatric Unit	Depression	1(4%)	
	Euphoria	1(4%)	
	Noisiness	1(4%)	
	Schizophrenia	2(8%)	
	Emotional Lability	1(4%)	
	Aggression	4(16%)	
	Paraphrenia	1(4%)	
	Behavioural Problems	2(8%)	
		13(50%)	26(100%)

contd....

Table 55 (continued)...

Resident	Type of Mental Disorder	Number of Subjects	Total Number of Subject in Different Forms of Residence
Post-encephalitic Unit	Depression	2(20%)	10(100%)
	Emotional Lability	1(10%)	
	Aggression	1(10%)	
	Paraphrenia	1(10%)	
		5(50%)	
Other Unit	Depression	1(33%)	6(100%)
	Euphoria	1(33%)	
		2(67%)	
Home	Depression	12	96
	Anxiety Neurosis	4	
	Hysteria	1	
	Euphoria	2	
		19	



Table 56: Types of Disability Affecting Subjects in Hospital.

Type of Unit	Type of Disability							Total Number of Subjects
	Unable to walk	Unable to Dress	Unable to Wash	Unable to Feed	Unable to use Toilet	Incontin-ent of urine	Incontinent of faeces	
Home	11	27	11	10	5	6	2	96
Young Chronic Sick Unit	26(98%)	25(75%)	15(45%)	8(24%)	20(60%)	13(39%)	5(15%)	34(100%)
Geriatric Unit	19(96%)	20(80%)	14(56%)	5(20%)	20(80%)	8(32%)	2(8%)	25(100%)
Psychiatric Unit	4(16%)	9(36%)	8(32%)	3(12%)	7(28%)	5(20%)	4(16%)	26(100%)
Post-encephalitic Unit	5(50%)	7(70%)	5(50%)	3(30%)	5(50%)	0	0	10(100%)
Other Unit	6(100%)	6(100%)	1(17%)	1(17%)	5(83%)	2(33%)	1(17%)	6(100%)

Table 57: Interests of Subjects at Home and in Hospital.

Residence of Subjects	Interests of Subjects						Total Number of Subjects
	Listening to Radio	Watching Television	Reading Papers	Reading Books	Going on Outings	Engaging in Hobbies	
Home	48	88	65	32	36	41	96
Young Chronic Sick Unit	20(59%)	24(71%)	15(44%)	12(35%)	25(74%)	16(47%)	34(100%)
Geriatric Unit	18(72%)	21(84%)	8(32%)	6(24%)	12(48%)	6(24%)	25(100%)
Psychiatric Unit	15(58%)	17(55%)	14(54%)	4(15%)	8(31%)	8(31%)	26(100%)
Post-encephalitic Unit	6(60%)	6(60%)	6(60%)	4(40%)	10(100%)	4(40%)	10(100%)
Other Unit	3(50%)	2(33%)	3(50%)	1(17%)	0	3(50%)	6(100%)

Table 58: Outings of Subjects in Hospital

Type of Unit	Type of Outing				Total Number of Subjects
	Bus Run	Car Runs with Friends	Visits to Cinema etc.	Visits to Own Home	
Young Chronic Sick	23(69%)	1(3%)	1(3%)	3(9%)	34(100%)
Geriatric	1(44%)	1(4%)	0	3(12%)	25(100%)
Psychiatric	8(32%)	1(4%)	0	9(36%)	26(100%)
Post-encephalitic	10(100%)	1(10%)	1(10%)	1(10%)	10(100%)
Other	0	1(17%)	0	0	6(100%)

Table 59: Ranges of Hobbies in Different Types of Unit

Type of Unit	Participating Hobbies		Constructive Hobbies	
	Description of Hobby	Number of Different Hobbies	Description of Hobby	Number of Different Hobbies
Young Chronic Sick	Dominoes Draughts Cards Scrabble Darts Bingo	6	Baking Painting Embroidering Making Trays Making Coathangers Making Baskets Knitting Doing Football Coupons Looking after Bird Plant Care Sewing Doing Crosswords Taking Photographs Typing Editing a Magazine Making Stools Making Ashtrays	17
Geriatric	Dominoes Cards Bingo Skittles	4	Weaving Making Lamp Shades Making Purses	3
Psychiatric	Draughts Cards Darts Dominoes Chess Bingo Billiards Dancing	8	Piano Sewing	3
Post-encephalitic	Billiards Draughts	2	Sewing Knitting	2

Table 60: Relationship Between Distance of Unit from Home of Subject and  
Frequency with which He Received Visits from Friends and Relatives

Distance of Unit from Home of Subject	Frequency of Visits from Friends and Relatives						Total Numbers
	Daily	Several Times a Week	Weekly	Several Times a Month	Monthly	Less Often	
Less than 5 miles	4(10%)	15(39%)	10(25%)	1(3%)	0	9(23%)	39(100%)
Less than 20 miles	4(8%)	14(28%)	16(32%)	4(8%)	3(6%)	9(18%)	50(100%)
Less than 50 miles	1(11%)	0	4(44%)	1(11%)	0	3(33%)	9(100%)
50 miles or more	0	0	1(33%)	0	0	2(67%)	3(100%)

Table 61: Comparison of Suitability of Housing in Home  
and Hospital Populations.

Residence of Subject	Housing not Available	Housing not Suitable	Housing Suitable	Total Number of Subjects
Home	Not Applicable	37	59	96
Hospital	30	27	34	101

Table 62: Comparison of Suitability of Housing Between Subjects at Home and in Hospital who were Unable to Climb Stairs.

Residence of Subject	Housing not Available	Housing not Suitable	Housing Suitable	Total Number of Subjects
Home	Not Applicable	12 (41%)	17 (59%)	29 (100%)
Hospital	12 (30%)	13 (33%)	15 (37%)	40 (100%)

Table 63: Reasons for Subjects Requiring Long Term Hospital Care.

Type of Unit	Reasons for Requiring Long Term Hospital Care							Total Number of Subjects
	Physical Impairment Alone.	Physical Impairment & No Home.	Physical Impairment & Disabled Relative.	Physical & Mental Impairment	Physical Impairment and Social Reasons.	Mental Impairment Alone.	Receiving Medical Treatment.	
Young Chronic Sick	13	11	4	3	2	1	0	34
Geriatric	11	7	4	0	3	0	0	25
Psychiatric	0	0	0	4	0	22	0	26
Post-encephalitic	4	1	0	4	1	0	0	10
Other	3	1	0	0	0	0	2	6



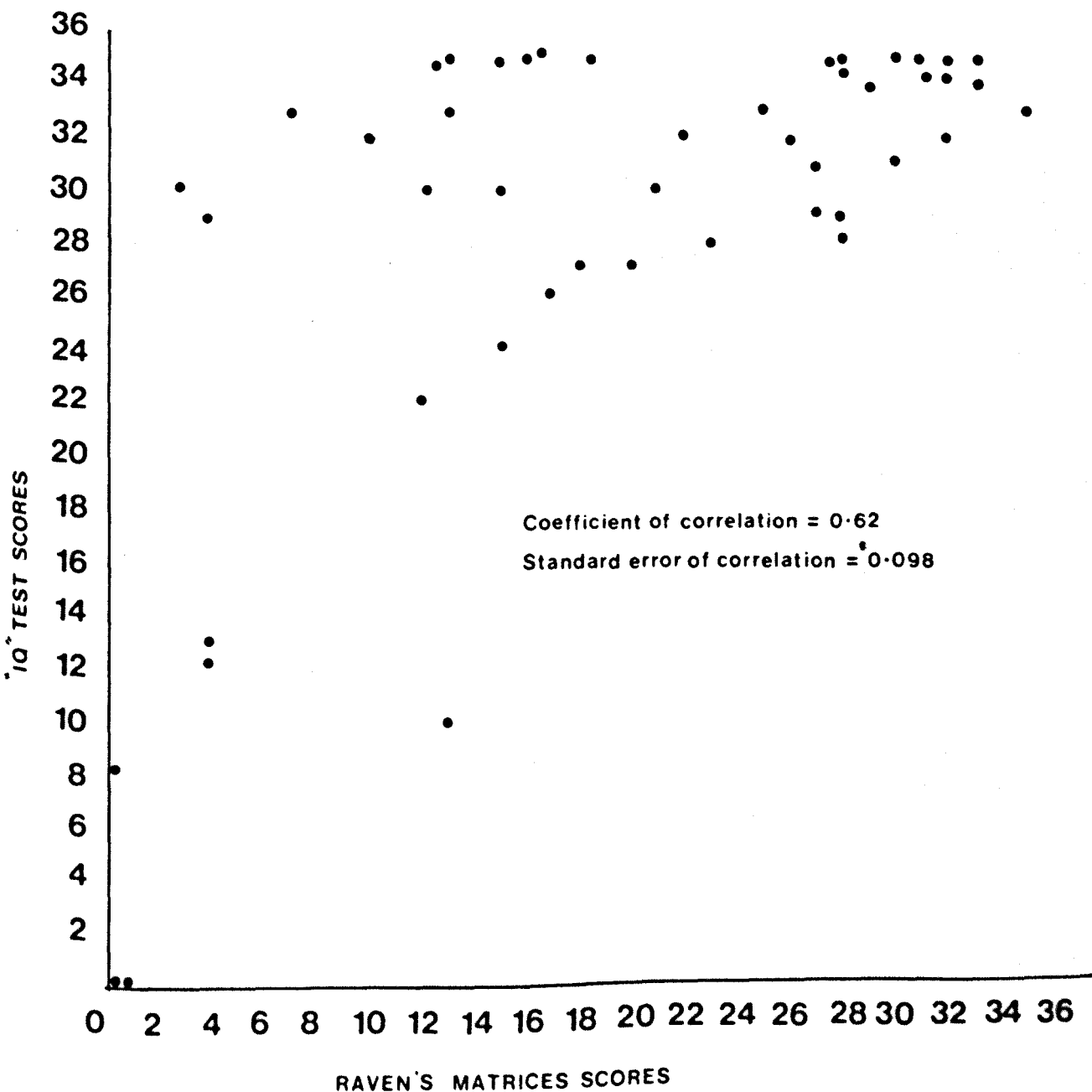
Table 64: Amount of Help Required by Subjects in Hospital.

Type of Unit	Amount of Help Required by Subject					Total Number of Subjects
	1	2	3	4	5	
Young Chronic Sick	2	5(15)	5(25)	8(55)	14(55)	34
Geriatric	0	5(35)	0	4(25)	16(35)	25
Psychiatric	17(175)	1(15)	0	1(15)	7(75)	26
Post-encephalitic	2(25)	0	3(25)	0	5	10
Other	0	1	0	2	3	6

Coding of Amount of Help Required

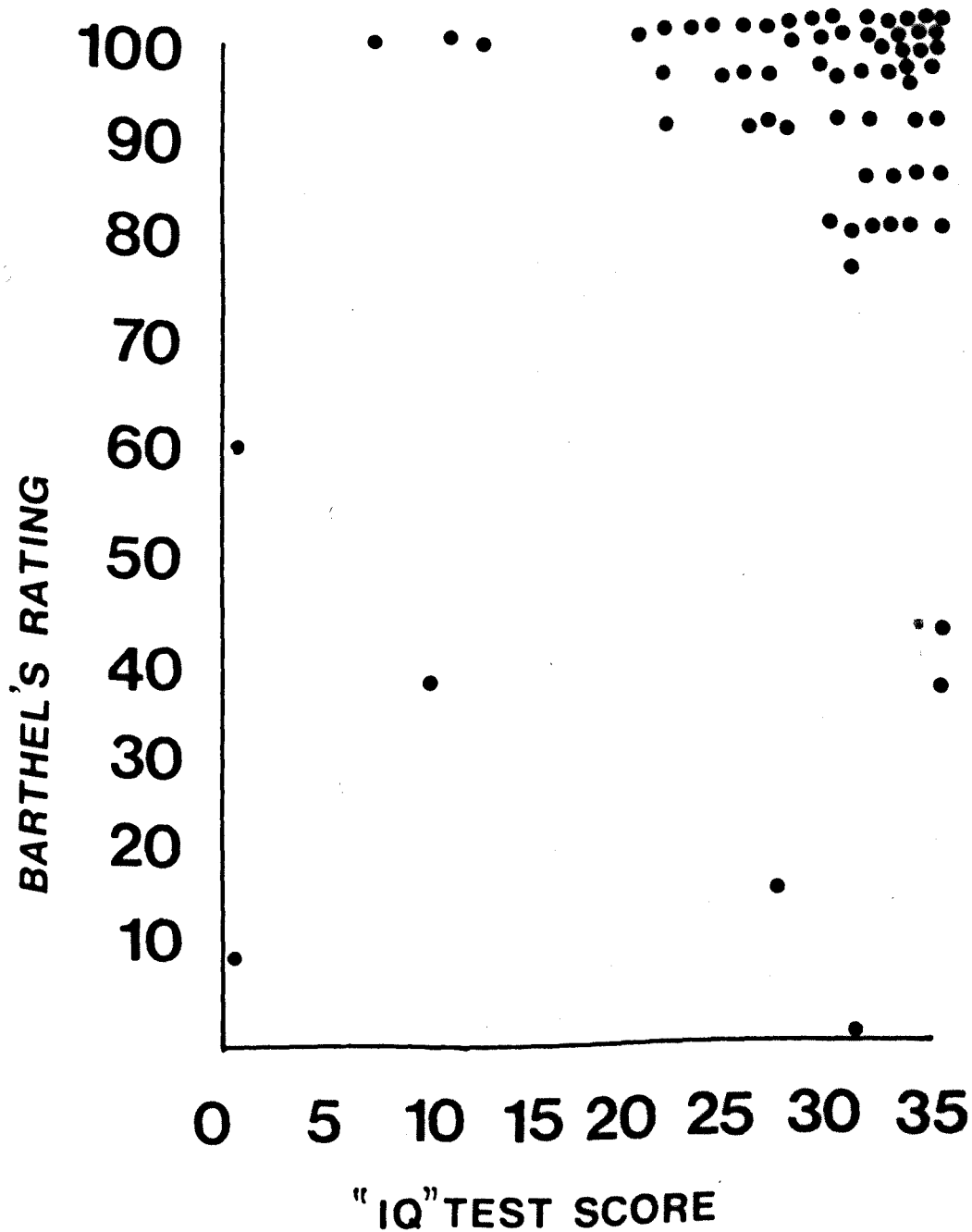
1. Requires help with housework
2. 1 + requires help with bathing
3. 2 + requires help with washing or dressing
4. 3 + requires help with toileting or incontinent
5. Requires help in all home and self care activities

Figures in brackets represent numbers included in the total for each group who also required supervision (S).

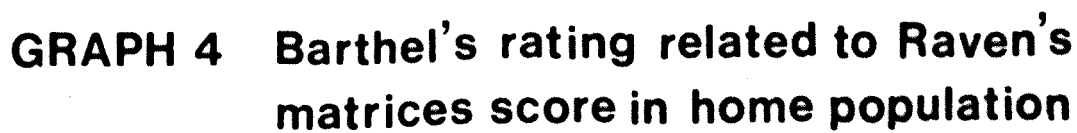


GRAPH 1 Scores for "IQ" test compared with those for Raven's matrices in home population

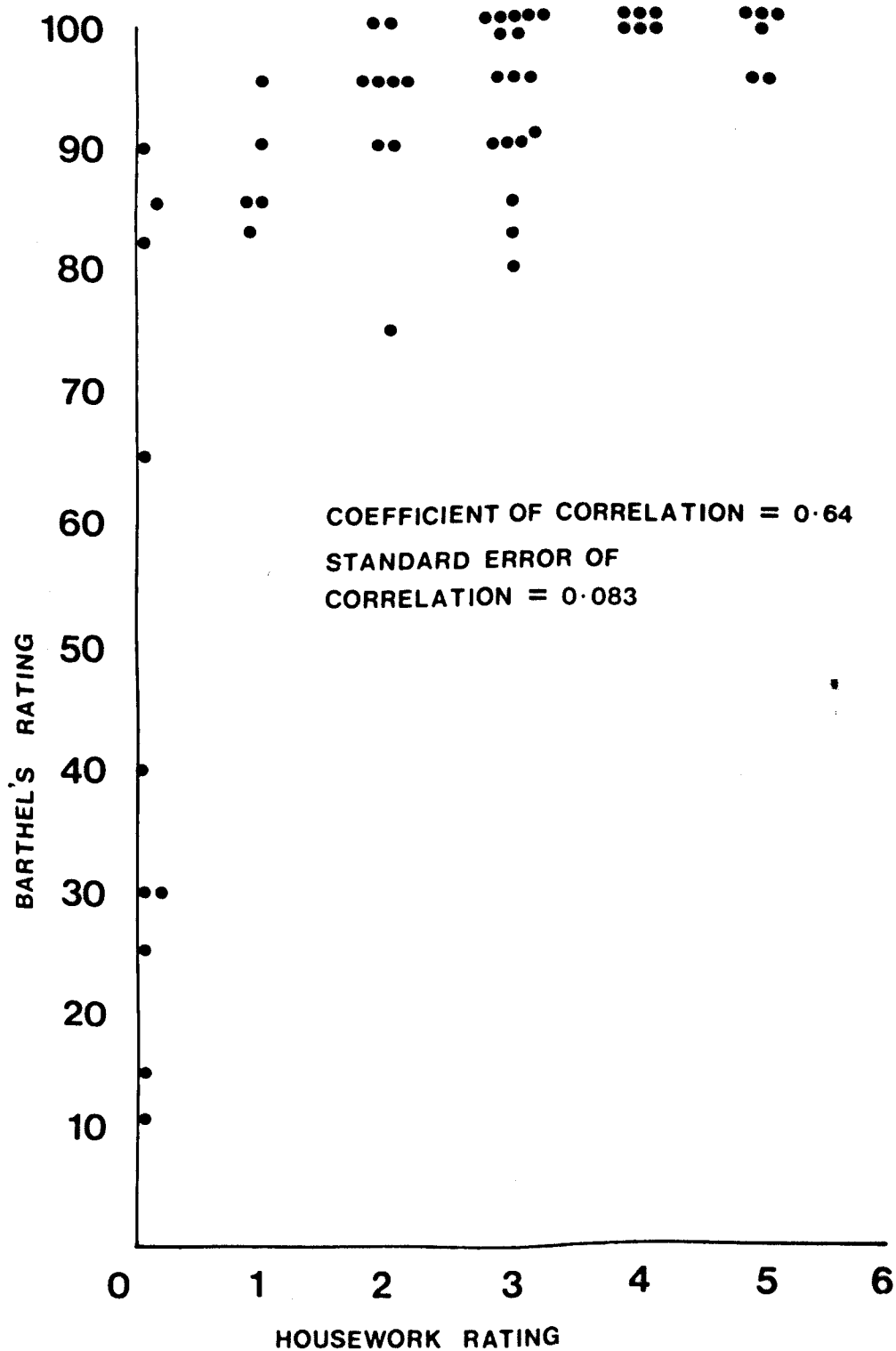




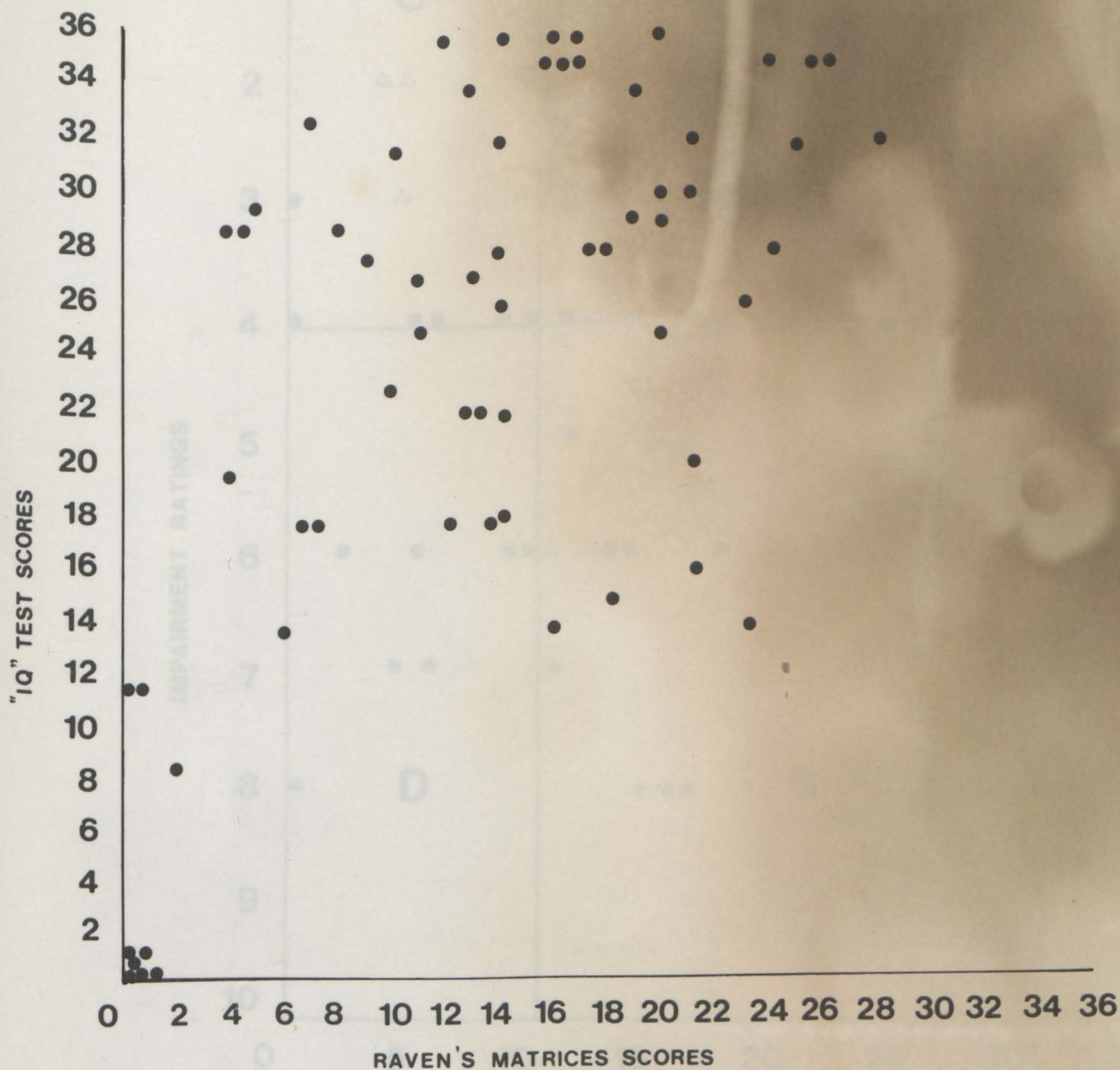
GRAPH 3 Barthel's rating related to "IQ" test score in home population



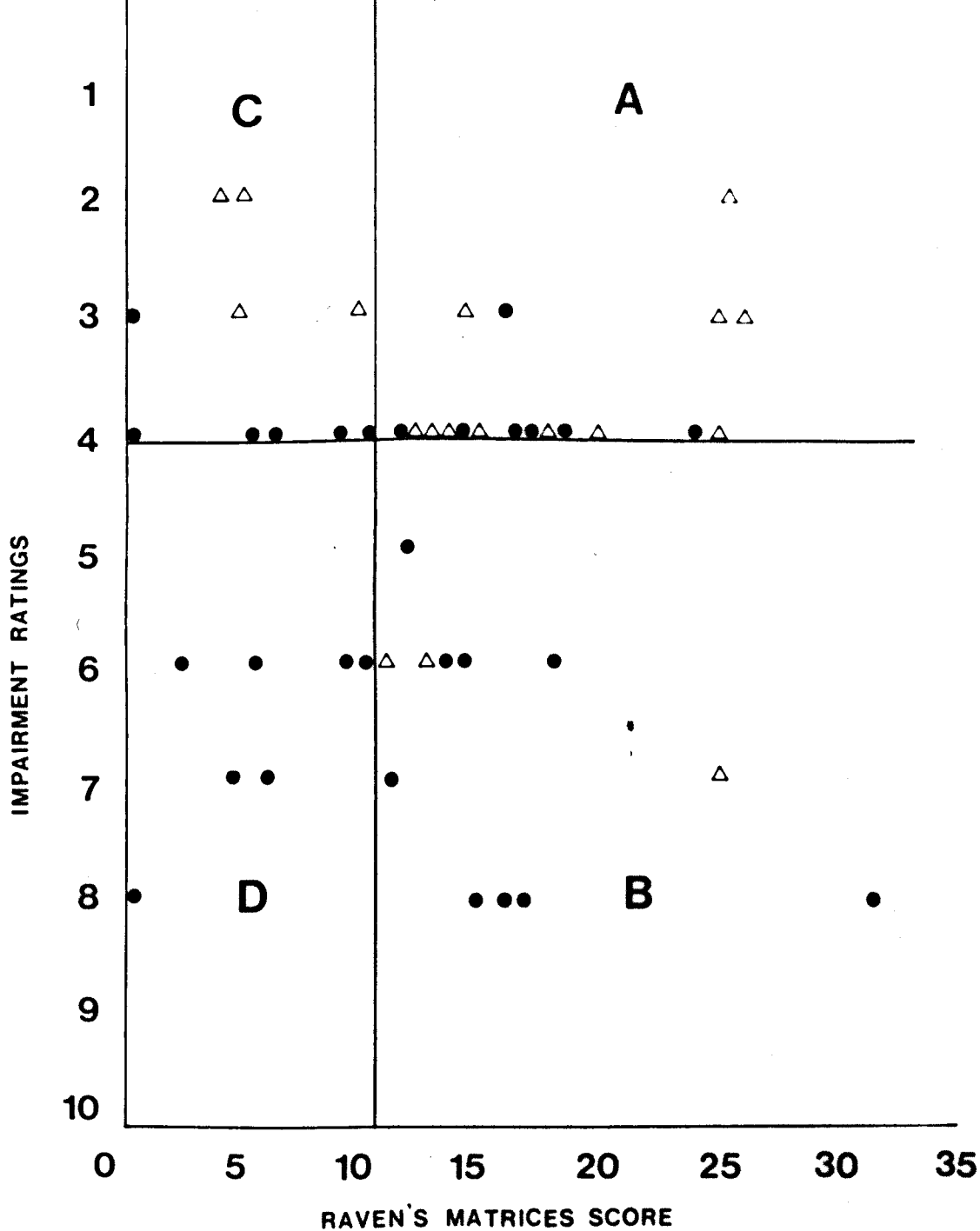
**GRAPH 4** Barthel's rating related to Raven's matrices score in home population



GRAPH 5 Barthel's rating related to housework rating for women in the home population



GRAPH 6 Scores for "IQ" test compared with those for Raven's matrices in hospital population



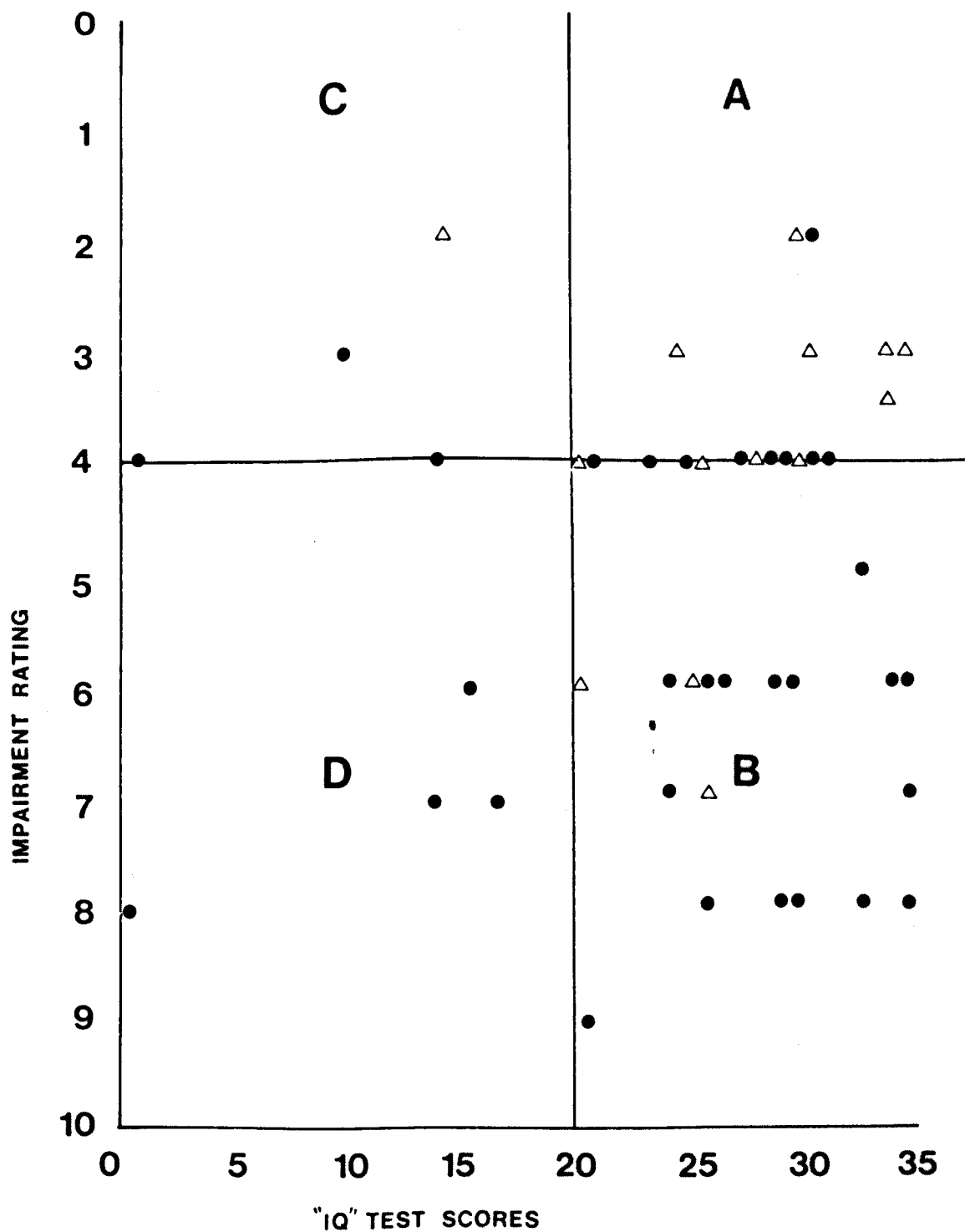
**GRAPH 7 Physical impairment and Raven's matrices scores related to disability in geriatric and young chronic sick units**

● = Barthel's rating of less than 50

△ = Barthel's rating equal to or greater than 50

For A B C and D SEE TEXT



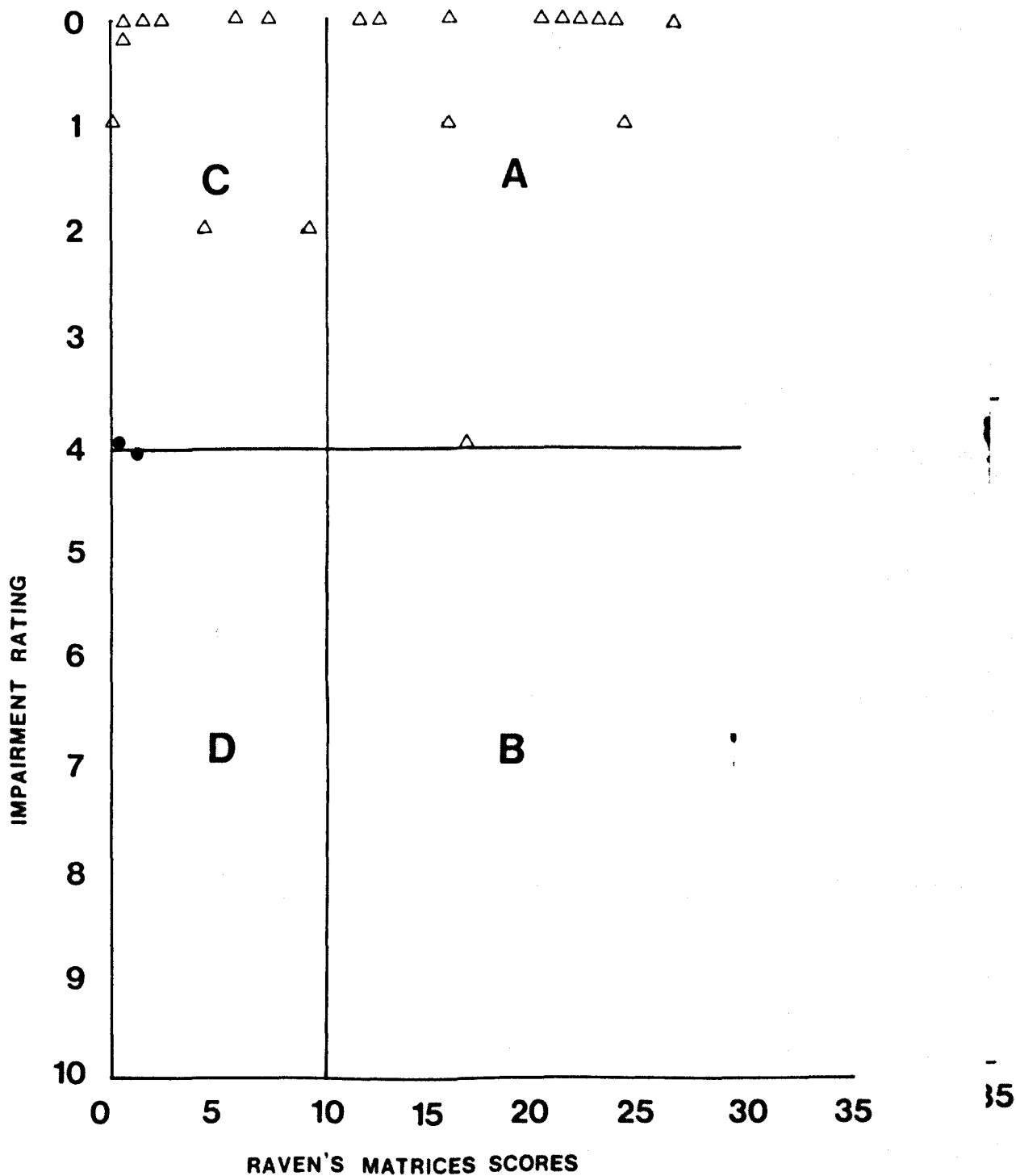


**GRAPH 8 Physical impairment and "IQ" test scores related to disability in geriatric and young chronic sick units**

● = Barthel's rating less than 50

Δ = Barthel's rating equal to or greater than 50

For A B C and D SEE TEXT

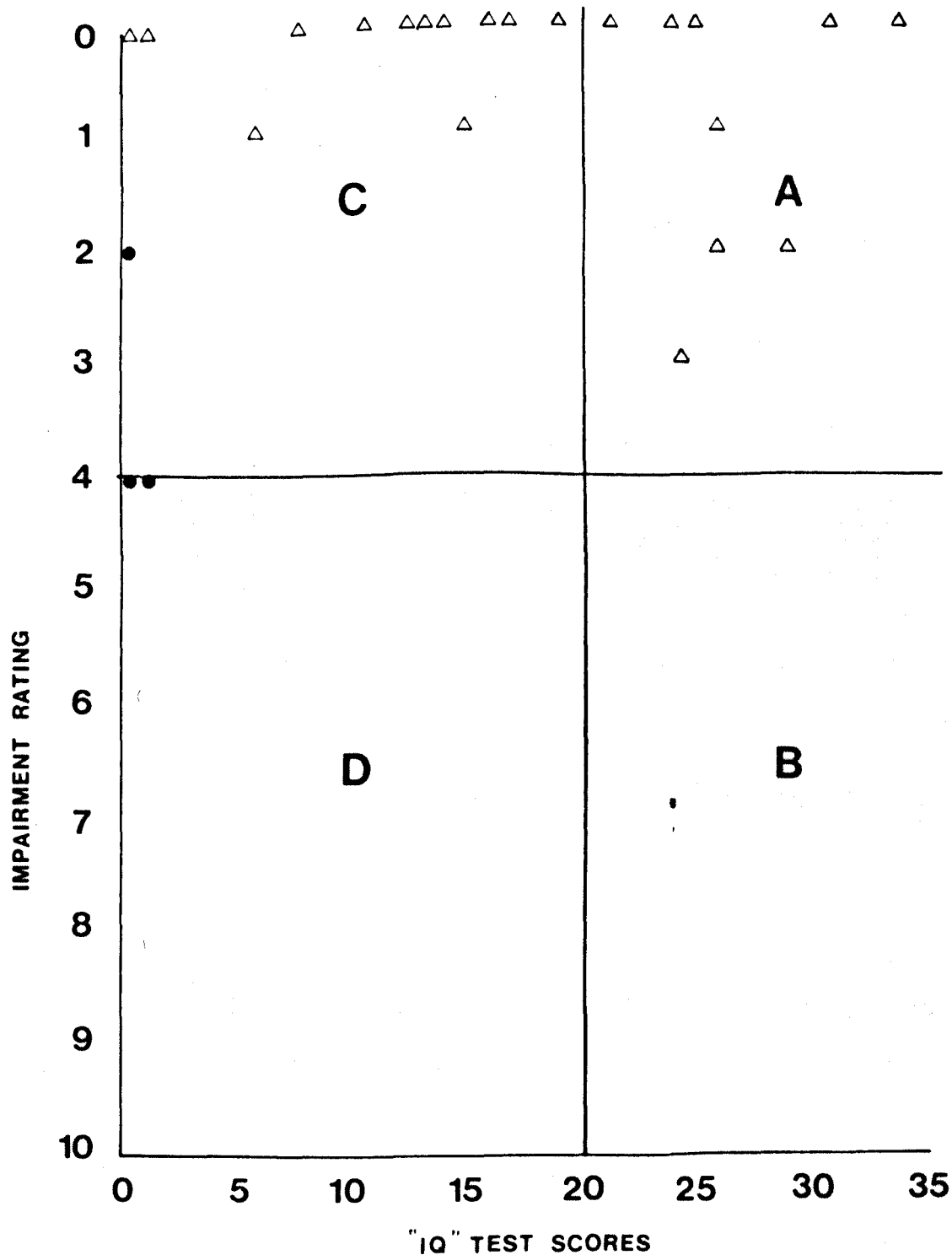


GRAPH 9 Physical impairment and Raven's matrices scores related to disability in psychiatric units

● = Barthel's rating less than 50

△ = Barthel's rating equal to or greater than 50

For A B C and D SEE TEXT

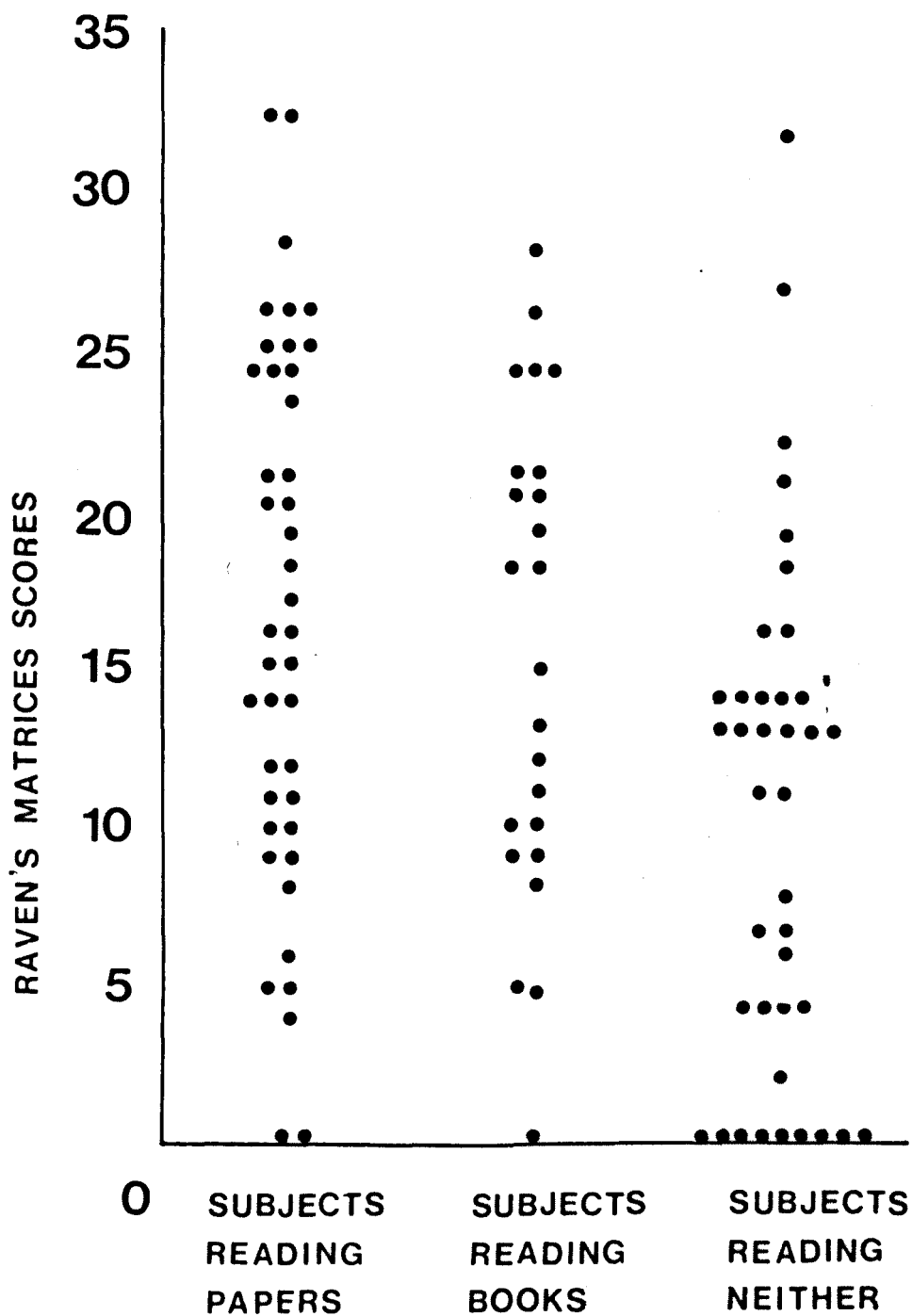


GRAPH 10 Physical impairment and "IQ" test scores related to disability in psychiatric units

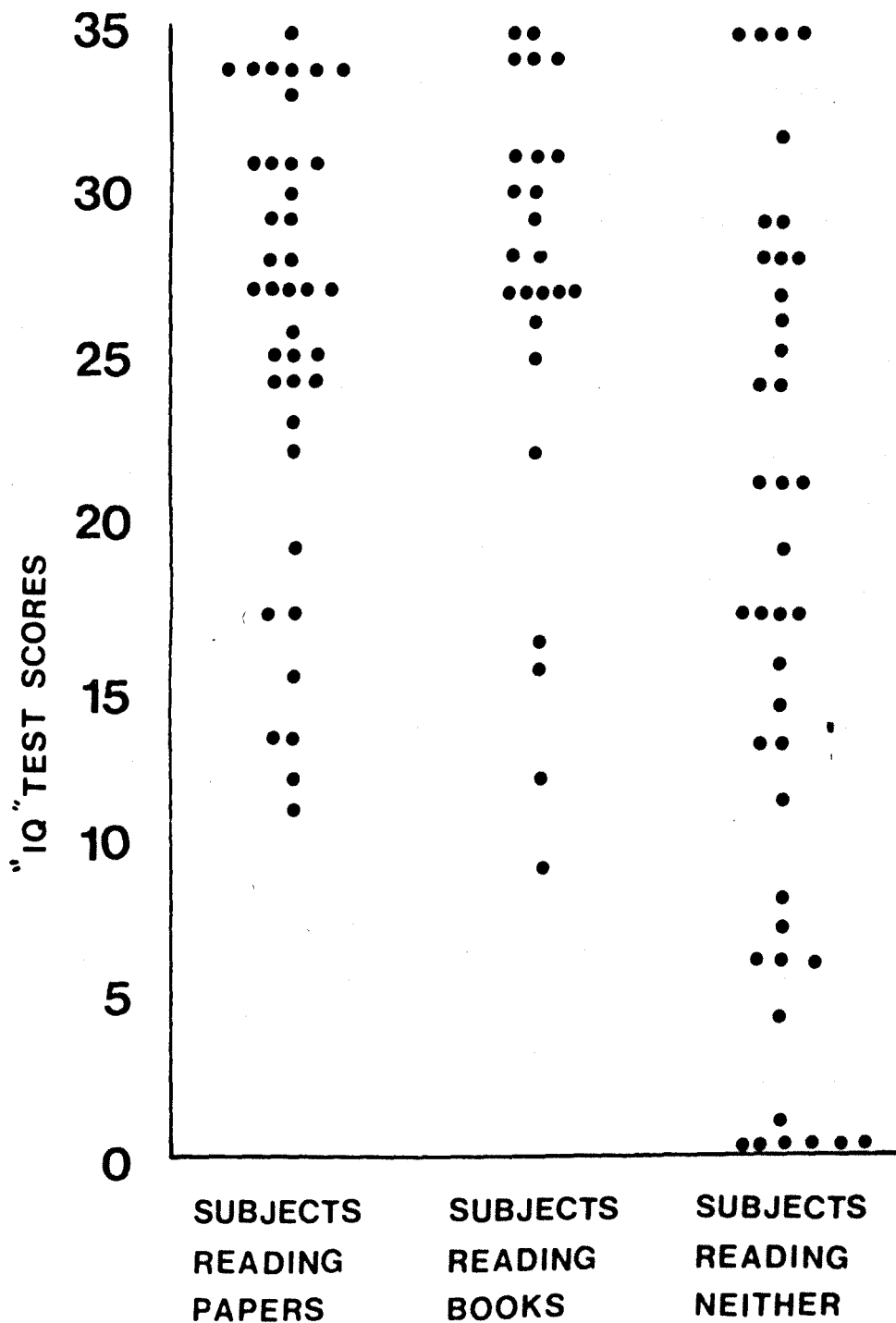
● = Barthel's index less than 50

△ = Barthel's index equal to or greater than 50

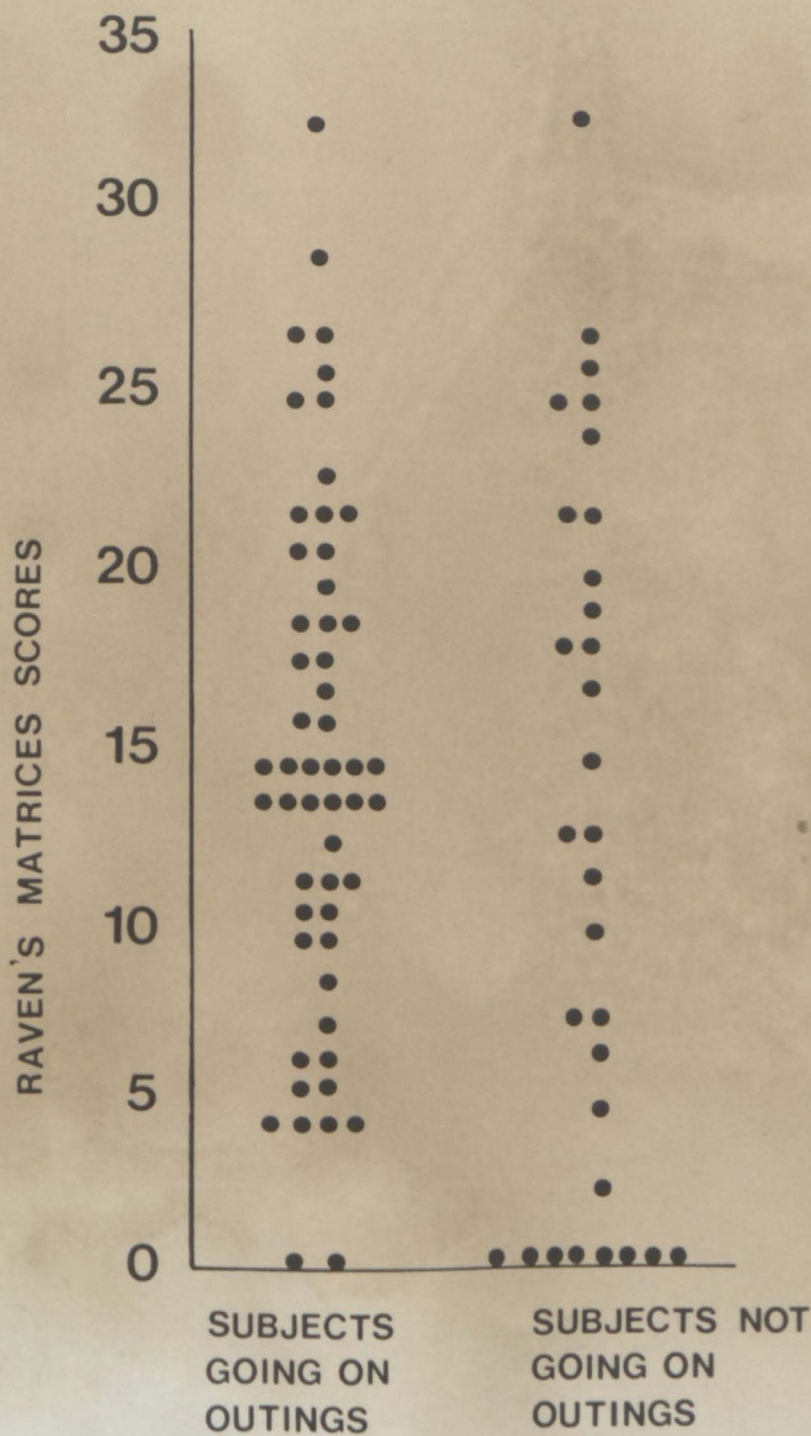
For A B C and D SEE TEXT



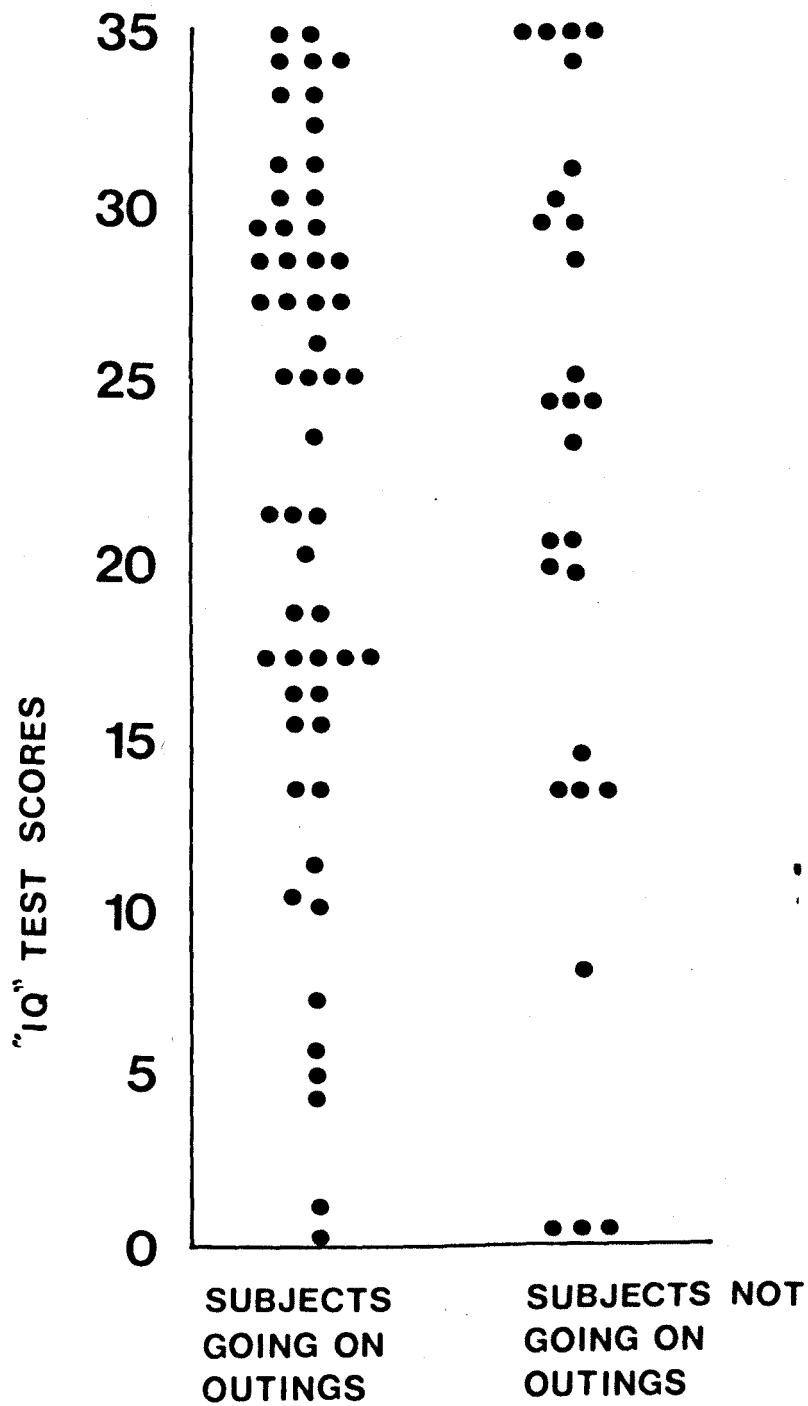
GRAPH 11 Reading habits related to Raven's matrices scores of subjects in hospital



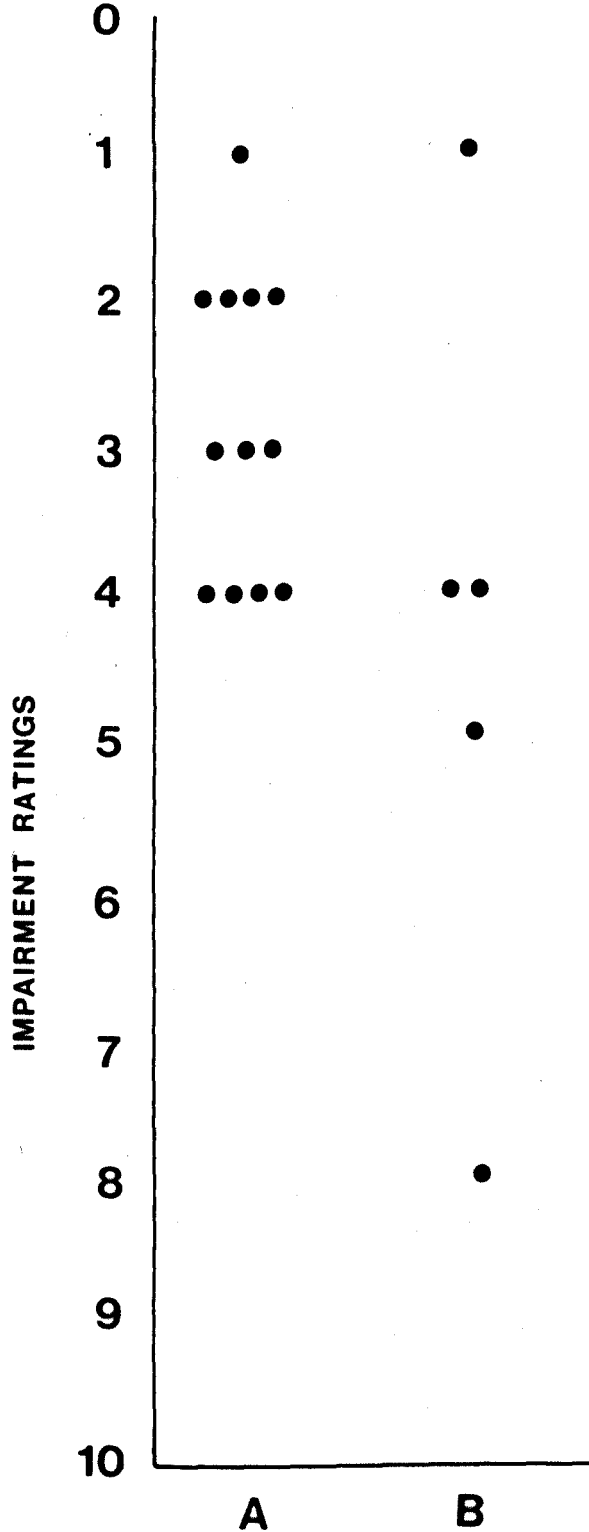
GRAPH 12 Reading habits related to "IQ" test scores in hospital population



GRAPH 13 Raven's matrices scores related to whether or not subjects in hospital went on outings



GRAPH 14 "IQ" test scores related to whether or not subjects in hospital went on outings

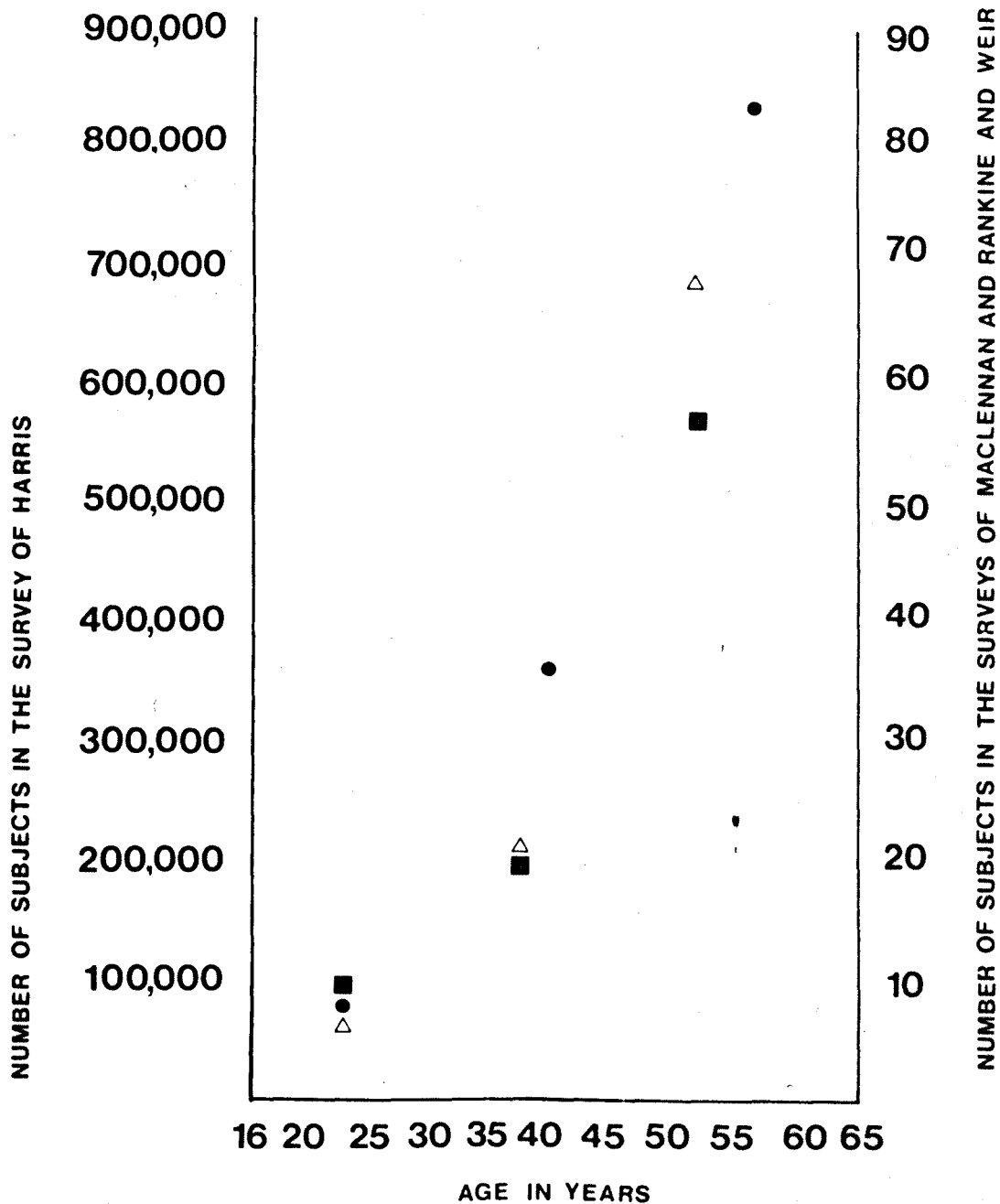


GRAPH 15 Impairment ratings of

A subjects visiting their homes and

B subjects taken on outings by relatives





GRAPH 16  
 Number of disabled people related to age  
 in the surveys of Harris, MacLennan and  
 Rankine and Weir

△ = MacLennan

■ = Rankine and Weir

● = Harris

## **Appendix 1.**

**Medical, Social and Psychological Proformas for  
Young Chronic Sick Living at Home.**

LONG TERM SICK

MEDICAL SURVEY

Name .....

Address .....

.....

Number .....

Date of birth .....

Age .....

Sex .....

Date .....

Home .....

1.

---

MEDICAL

---

HISTORY OF PRESENT CONDITION

2.

---

MEDICAL

---

HISTORY OF PRESENT CONDITION

PAST HISTORY

3.

MEDICAL

HOSPITAL ADMISSIONS

Date	Hospital	Address	Case No.	Notes Seen

Drugs

Smoking and Alcohol

Family History

---

**MEDICAL**

---

**SYSTEMATIC HISTORY****Gastrointestinal System**

1. Q."Do you have your own teeth?"  
If yes, Q."Do you think that they  
require dental attention?"  
If no, Q."Do you have dentures?"  
Q."Are they satisfactory?"  
  
Q."When was the last time you  
saw a dentist?"

- |                        |
|------------------------|
| 0 Unknown              |
| 1 Total dentures       |
| 2 Partial dentures     |
| 3 Own teeth adequate   |
| 4 Own teeth inadequate |
| 5 No teeth             |

2. Bowel function:

- |                       |
|-----------------------|
| 0 Unknown             |
| 1 Diarrhoea           |
| 2 Constipation        |
| 3 Faecal incontinence |
| 4 Other               |
| 5 Combination         |

3. Other Gastrointestinal Symptoms

---

MEDICAL

---

SYSTEMATIC HISTORY (contd.)Genitourinary System

1. (a) Frequency
  - (b) Dysuria
  - (c) Precipitancy, hesitancy  
or dribbling

2. Q."Does your water ever come away on its own?"

If yes, Q."When was the last time this happened?"

Q."How often does it usually happen?"

Q."Does this happen at any particular time of the day or night?"

Q."Does coughing or straining ever make you pass water?"

Q."How often do you make use of a commode/toilet/bedpan?"

Q."Do you do this regularly?"

3. Other Genitourinary Symptoms.

- |                                           |
|-------------------------------------------|
| 0 Unknown                                 |
| 1 Yes, receives regular toileting         |
| 2 Yes, does not receive regular toileting |
| 3 No, receives regular toileting          |
| 4 No, does not receive regular toileting  |

- |                    |
|--------------------|
| 0 Unknown          |
| 1 No               |
| 2 Yes, stress      |
| 3 Yes, neurogenic  |
| 4 Yes, other       |
| 5 Yes, combination |

- |                           |
|---------------------------|
| 0 Unknown                 |
| 1 Never                   |
| 2 Occasionally            |
| 3 Regularly at night      |
| 4 Regularly day and night |



---

MEDICAL

---

SYSTEMATIC HISTORY (contd.)Cardiovascular System and Respiratory System

1. Cough
2. Chest pain
3. Breathlessness
4. Ankle swelling
5. Leg pain
6. Palpitations
7. Varicose veins
8. Others

Code:  
Symptoms

0 Unknown
1 Yes
2 No

---

Locomotor System

- |                |              |
|----------------|--------------|
| 1. Back pain   | 4. Head pain |
| 2. Joint pain  | 5. Foot pain |
| 3. Muscle pain | 6. Others    |

Code:  
Symptoms

0 Unknown
1 Yes
2 No

Detail Symptoms:

7.

---

MEDICAL

---

SYSTEMATIC HISTORY (contd.)

Central Nervous System

- |                        |                       |          |
|------------------------|-----------------------|----------|
| 1. Muscle weakness     | 6. Headaches          | Code:    |
| 2. Sensory disturbance | 7. Convulsions        | Symptoms |
| 3. Loss of balance     | 8. Blackouts          |          |
| 4. Vertigo             | 9. Visual disturbance |          |
| 5. Deafness            | 10. Others            |          |

0 Unknown

1 Yes

2 No

Detail Symptoms:

8.

---

**MEDICAL**

---

**PHYSICAL EXAMINATION**

LONG TERM SICK

SOCIAL SURVEY

Name .....

Address .....

.....

Number .....

Date of Birth .....

Age .....

Sex .....

Date .....

Home .....

## EDUCATION/EMPLOYMENT

1.(a) Q. "Did you go to school?"

If yes, Q. "At what age did you start school?"

Q. "What type of school was it?"

Q. "How long were you there?"

Q. "Then where did you go?"

Q. "What type of school was it?"

Q. "How long were you there?"

Q. "Were you at any other schools?"

If yes, Q. "What types were they?"

Q. "How long were you at them?"

0 Unknown  
1 Primary school  
2 Special school  
3 Hospital  
4 Home  
5 Combination  
6 Other  
7 None

0 Unknown  
1 Junior Secondary  
2 Senior Secondary  
3 Special school  
4 Hospital  
5 Home  
6 Combination  
7 Other  
8 None

(b) Q. "Were you ever taught either at home or in hospital?"

If yes, Q. "When was this?"

Q. "How long was this for?"

(c) Q. "Did you get any certificates at school?"

If yes, Q. "What were these?"

(d) Q. "Did you go to a university or college?"

If yes, Q. "Which one and what course?"

Q. "When and how long for?"

Q. "Did you get a degree or diploma?"

0 Unknown  
1 Yes  
2 No

0 Unknown  
1 University/degree  
2 College/diploma  
3 University/no degree  
4 College/no diploma  
5 No

---

EDUCATION/EMPLOYMENT

---

2.Q."Have you ever been at work?"

If yes, Q."When was your first job?"

Q."What was your first job?"

Q."How long were you there for?"

Q."Why did you leave?"

(Repeat last four questions up to last job)

NAME OF JOB	Dates	Reasons for leaving

3.(a) Q."Have you ever been to an Employment Exchange?"

If yes, Q."Were the people there able to find you a job?"

Q."What was this?"

Q."When was this?"

(b) Q."Have you been on any industrial rehabilitation, training or retraining courses?"

If yes, Q."When was this?"

Q."Where was this?"

Q."Who ran it?"

Q."Did you get a job on completing this?"

0 Unknown
1 Yes
2 No

## HOUSEHOLD

1. Q. "Do your parents live here/at your home address?"

If yes, Q. "How old are they?"

Q. "What do they work at?"

Q. "Are they disabled in any way?"

Repeat questions for spouse, siblings, children, other relatives and other people.

Relation Status	Age	Occupation	Disability

2. Q. "Is anybody in the house for most of the day/apart from yourself?", (D)

If yes, Q. "Who is this?"

- 0 Not known
- 1 N/A
- 2 No one/ all out
- 3 Spouse
- 4 Relative
- 5 Spouse and relative
- 6 Other person
- 7 Spouse and other person
- 8 Relative and other person
- 9 Combination

## HOUSEHOLD - D

<p>3.(a) Q. "Have any of your neighbours, friends or relatives come to see you over the last week?"</p> <p>If yes, Q. "Who were these?"</p> <p>Q. "How often do they usually come to see you?"</p> <p>If no, Q. "When was the last time any of your friends, neighbours or relatives came to see you?"</p> <p>Q. "Who were these?"</p> <p>Q. "How often do they usually come to see you?"</p>	<p>0 Unknown</p> <p>1 No relatives</p> <p>2 Never</p> <p>3 More than daily</p> <p>4 Daily</p> <p>5 Several times a week</p> <p>6 Weekly</p> <p>7 2-3 times monthly</p> <p>8 Monthly</p> <p>9 Less often</p>
<p>(b) Q. "Do any other friends, neighbours or relatives come to see you?"</p> <p>Q. "Who are these?"</p> <p>Q. "How often do they come?"</p>	<p>0 Unknown</p> <p>1 No friends or neighbours</p> <p>2 Never</p> <p>3 More than daily</p> <p>4 Daily</p> <p>5 Several times a week</p> <p>6 Weekly</p> <p>7 2-3 times monthly</p> <p>8 Monthly</p> <p>9 Less often</p>
<p>(c) Q. "Do other people, such as someone from a church, or a voluntary visitor come to see you?"</p>	<p>Code: Others</p> <p>0 Unknown</p> <p>1 Never</p> <p>2 More than daily</p> <p>3 Daily</p> <p>4 Several times a week</p> <p>5 Weekly</p> <p>6 2-3 times monthly</p> <p>7 Monthly</p> <p>8 Less often</p>



## HOUSING

- |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Q. "Do you live in a tenement, flat, a multi-storey flat, a detached house, a semi-detached house or some other kind?" Specify.</p> <p>Q. "How many rooms does it have?"</p> <p>Q. "How many floors up is it?"</p>                                                                                                                                                                                                                   | <p>0 Unknown</p> <p>1 N/A</p> <p>2 Pre-war tenement</p> <p>3 Post-war tenement</p> <p>4 Detached house</p> <p>5 Semi-detached house</p> <p>6 Multi-storey flat</p> <p>7 Other</p>                                                                                           |
| <p>2. Q. "Do you own the house, or are you a tenant?"</p> <p>If tenant, Q. "Who are you a tenant to?"</p> <p>If no, Q. "Who owns or is a tenant in the house?"</p> <p>Q. "Which is he/she?"</p> <p>If appropriate, Q. "Are you a lodger?"</p>                                                                                                                                                                                              | <p>0 Unknown</p> <p>1 Owner/spouse owner</p> <p>2 Corporation tenant</p> <p>3 Other tenant</p> <p>4 Relative of Corporation tenant</p> <p>5 Relative owner</p> <p>6 Relative other tenant</p> <p>7 Lodger</p> <p>8 Other</p> <p>9 N/A</p>                                   |
| <p>3. (a) Q. "Are there any stairs up to your front door or from your front door up to the main living area?"</p> <p>If yes, Q. "Which?"</p> <p>Q. "How many stairs are there?"</p> <p>Q. "Is a ramp fitted over these stairs?"</p> <p>Q. "Is there a handrail on one side or on both sides of the stairs?"</p> <p>Q. "Do you have any difficulty getting down these stairs on your own?"</p> <p>Q. "Is there a lift up to your flat?"</p> | <p>0 Unknown</p> <p>1 N/A (No stairs: has not been home recently; lift)</p> <p>2 No</p> <p>3 Yes, some up</p> <p>4 Yes, consid. up</p> <p>5 Yes, some down</p> <p>6 Yes, consid. down</p> <p>7 Yes, some, both</p> <p>8 Yes, consid. both</p> <p>9 Cannot manage at all</p> |

## HOUSING

3.(b) Q. "Does the person who looks after you have any difficulty in getting you up and down stairs?"	0 Unknown 1 N/A (No stairs: has not been home recently; lift) 2 No 3 Yes, some 4 Yes, considerable 5 Cannot manage at all
(c) Q. "Does difficulty with the stairs keep you in the house nearly all of the time: (a) when you are alone, (b) when someone is helping?"	0 Unknown 1 Yes, alone 2 Yes, someone helping 3 No
4.(a) Q. "Are there any stairs between two floors inside your house?" Q. "How many are there?" Q. "Is a ramp fitted over the stairs?" Q. "Is there a handrail on one side or on both sides of the stairs?" Q. "Do you have any difficulty getting up these stairs on your own?" Q. "Do you have any difficulty getting down these stairs on your own?"	0 Unknown 1 N/A (No stairs: has not been home recently) 2 No 3 Yes, some up 4 Yes, consid. up 5 Yes, some down 6 Yes, consid. down 7 Yes, some, both 8 Yes, consid. both 9 Cannot manage at all
(b) Q. "Does the person who looks after you have any difficulty in getting you up and down stairs?"	0 Unknown 1 N/A (No stairs: has not been home recently) 2 No 3 Yes, some 4 Yes, considerable 5 Cannot manage at all
(c) Q. "Does difficulty with the stairs keep you on one floor of the house nearly all the time: (a) when you are alone, (b) when someone is there to help you?"	0 Unknown 1 Yes, alone 2 Yes, someone helping 3 No

## HOUSING

5. Q. "Do you have a water supply in your house?"	0 Unknown 1 Inside C. 2 Inside H. & C. 3 Neither
Q. "Do you have a hot water supply in your house?"	
6. Q. "Is your W.C. inside or outside the house?" Code: W.C.Site	0 Unknown 1 Inside, same level 2 Inside, different level 3 Outside, same level 4 Outside, different level 5 Other 6 None
If inside. Q. "Is it upstairs or downstairs?" (If house not on one level)	0 Unknown 1 Uses without help 2 Uses with help 3 Unable to use
If outside, Q. "Is it on the same level or is it upstairs/downstairs?"	
Q. "Are you able to use it without somebody helping you?" Code: Use of W.C.	0 Unknown 1 No 2 Yes, uses with help 3 Yes, uses without help 4 Yes, does not use
Q. "Would you be able to manage if it was inside/upstairs/downstairs?"	0 Unknown 1 Coal 2 Gas 3 Electricity 4 Oil 5 Central heating 6 Other 7 Combination
Q. "Are you able to use it with somebody helping you?"	0 Unknown 1 Yes 2 No
Q. "Would you be able to manage if it was inside/upstairs/downstairs?"	
7. Q. "Do you have a fixed bath?"	
If yes, Q. "Do you use it without help?"	
Q. "Do you use it with help?"	
8. Q. "Do you heat your house with coal, electricity, gas, oil or anything else?"	
Q. "Do you have central heating?"	
Q. "Can you manage to heat the house without someone helping you?"	

## HOUSING

<p>9. Q. "What is your food cooked on?"</p>	<p>0 Unknown 1 Gas 2 Oil 3 Electricity 4 Other</p>
<p>Q. "Are you able to use this without somebody helping you?"</p>	<p>0 Unknown 1 Yes 2 No</p>
<p>10. Q. "Are your clothes washed at home?" If yes, Q. "Who washes them?" Q. "What are they washed in?" If no, Q. "Where are they washed?" Q. "Who takes them there?"</p>	<p>0 Unknown 1 Manual 2 Washing machine 3 Laundrette 4 Laundry 5 LA service 6 Combination 7 Other</p>
<p>11. (a) Q. "Is your house suitable for your present needs?" If no, Q. "Why not?"</p>	<p>0 Unknown 1 Yes 2 No</p>
<p>(b) Q. "Would you like to move from this house?" If yes, Q. "Why?" Q. "Where would you like to move to?"</p>	<p>0 Unknown 1 No 2 Yes, unsuitable for disability 3 Yes, other</p>

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INCOME

---

1. Q. "How much money do you get each week?"
  
2. Q. "Do you get any from":
  - (a) Sickness benefit?
  - (b) Disability pension?
  - (c) Social security?
  - (d) Unemployment benefit?
  - (e) Your work?
  
3. Q. "Do you get money from any other sources?"

## INTERESTS AND ACTIVITIES

- |                                                                                                                                                                                                                                                                                              |                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 1. Q. "Do you have a radio?"<br>If yes, Q. "Do you listen to it much?"<br>Q. "What programmes do you particularly like?"                                                                                                                                                                     | 0 Unknown<br>1 No radio<br>2 Does not listen<br>3 Listens                                                                   |
| 2. Q. "Do you have a T.V.?"<br>If yes, Q. "Do you watch it much?"<br>Q. "What programmes do you particularly like?"                                                                                                                                                                          | 0 Unknown<br>1 No T.V<br>2 Does not watch<br>3 Watches                                                                      |
| 3. Q. "Do you get any newspapers or magazines?"<br>If yes, Q. "Which ones?"                                                                                                                                                                                                                  | 0 Unknown<br>1 Does not get<br>2 Gets                                                                                       |
| 4. Q. "Do you read many books?"<br>If yes, Q. "What kind do you like?"                                                                                                                                                                                                                       | 0 Unknown<br>1 Does not read<br>2 Reads                                                                                     |
| 5. Q. "Do you take part in any sports or games?"<br>If yes, Q. "Which ones?"                                                                                                                                                                                                                 | 0 Unknown<br>1 Yes<br>2 No                                                                                                  |
| 6. Q. "Have you been on any outing such as a visit to a pub, a football match, a cinema or somewhere similar over the last week?"<br>If yes, Q. "Where did you go?"<br>Q. "How often do you go?"<br>If no. Q. "When was the last time you went on such an outing?"<br>Q. "Where did you go?" | 0 Unknown<br>1 None<br>2 Daily<br>3 Several days a week<br>4 Weekly<br>5 Weekly/Monthly<br>6 Monthly/Yearly<br>7 Less often |

---

INTERESTS AND ACTIVITIES

---

## 6. (contd.)

Q. "How often do you go there?"

Q. "Have you been on any other outings over the last twelve months?"

If yes, Q. "Where did you go?"

Q. "How often do you go there?"

7. Q. "Do you have any hobbies or interests that I haven't mentioned yet?"

If yes, "What are these?"

8.(a) Q. "Have you visited any of your friends or relatives over the last couple of weeks?"

If yes, Q. "Who were these?"

Q. "How often do you usually visit them?"

If no, Q. "When was the last time you went to visit any of your friends or relatives?"

Q. "Who were they?"

Q. "How often do you go to see them?"

(b) Q. "Do you ever go to visit any other friends or relatives?"

Q. "Who are they?"

Q. "How often do you go to see them?"

0 Unknown
1 Yes
2 No

0 Unknown
1 N/A
2 Never
3 More than daily
4 Daily
5 Several times a week
6 Weekly
7 2-3 times weekly
8 Monthly
9 Less often

## INTERESTS AND ACTIVITIES

9. Q. "When was the last time you went out of the house?"

Q. "How often do you usually go out?"

- 0 Unknown
- 1 More than daily
- 2 Daily
- 3 Several times a week
- 4 Weekly
- 5 2-3 times weekly
- 6 Monthly
- 7 Less often
- 8 Never

10. I want to find out how you usually spend your time.

Q. "What do you usually do in the morning?"

Q. "What do you usually do in the afternoon?"

Q. "What do you usually do in the evening?"

Q. "Do you do anything special at the weekend?"

11. Q. "Have you been away on holiday over the last two years?"

If yes, Q. "Where did you go?"

Q. "Who did you go with?"

Q. "How long were you away for?"

Q. "How often do you usually go on holidays?"

Q. "Who do you usually go with?"

If no, Q. "When was the last time you were away on holiday?"

- 0 Unknown
- 1 Yes
- 2 No

- 0 Unknown
- 1 Self
- 2 Relatives
- 3 Friends
- 4 2 and 3
- 5 Others
- 6 N/A



## INTERESTS AND ACTIVITIES

12. Q. "When you go out to visit somewhere, how do you usually travel? Do you walk, go in a wheelchair, take a bus, go in a car, use an invalid car or go some other way?"

- 0 Unknown
- 1 N/A
- 2 Foot
- 3 Wheelchair
- 4 Public transport
- 5 Private car
- 6 Invalid car
- 7 Combination
- 8 Other

13. Q. "Do you have an invalid car?"

- 0 Unknown
- 1 Yes
- 2 No

(a) If yes, Q. "Do you find it to be a satisfactory way of travelling?"

If no, Q. "Why not?"

Q. "Does it require any repairs at the moment?"

(b) If no, Q. "Is there any reason for you not having one?"

## ACTIVITIES OF DAILY LIVING - A.

1.(a) Q. "Are you in bed all the time?"

If no, Q. "Do you get up out of bed to sit in a chair?"

Q. "Can you walk if somebody helps you?"

Q. "Can you walk without somebody helping you?"

Q. "Can you climb up and down stairs with somebody helping you?"

Q. "Can you climb up and down stairs without somebody helping you?"

(b) Q. "Can you walk about the house/ward on your own?"

Q. "Can you walk into the garden/grounds on your own?"

Q. "Can you walk up to 100 yards outside on your own?"

Q. "Can you walk up to a mile outside on your own?"

Q. "Can you walk as far as you like without someone helping you?"

(c) Q. "Do you have any pieces of equipment such as walking sticks or tripods which help you to walk?"

If yes, Q. "Where did you get them?"

- 0 Unknown
- 1 Bedfast
- 2 Chairfast
- 3 Walks with help
- 4 Walks without help
- 5 Climbs stairs with help
- 6 Climbs stairs unaided

- 0 Unknown
- 1 Bed/chairfast
- 2 Confined to house
- 3 Confined to house/  
garden
- 4 Up to 100 yards
- 5 Up to 1 mile
- 6 Unlimited
- 7 N/A

- 0 Unknown
- 1 Yes
- 2 No

---

 ACTIVITIES OF DAILY LIVING - A
 

---

2. Q. "Do you have a wheelchair?"

Code:

(a) If yes, Q. "Do you go about the house/ward on your own in it?"

Wheelchair/  
unaided

0 Unknown

1 No chair

2 Confined to house

3 Confined to house/  
garden

4 Up to 100 yards

5 Up to 1 mile

6 Unlimited

Q. "Do you go into the grounds/  
garden on your own in it?"

Q. "Do you ever go up to 100 yards  
outside on your own in it?"

Q. "Do you ever go up to a mile  
on your own in it?"

Q. "Do you ever go further than  
this on your own in it?"

(b) Q. "Does anyone take you around  
the house/ward in it?"

Code:

Q. "Does anyone take you out into  
the grounds/garden in it?"

Wheel-  
chair/  
aided

0 Unknown

1 No chair

2 Confined to house

3 Confined to house/  
garden

4 Up to 100 yards

5 Up to 1 mile

6 Unlimited

Q. "Does anyone take you up to 100  
yards outside in it?"

Q. "Does anyone take you up to a  
mile outside in it?"

Q. "Does anyone ever take you more  
than a mile outside in it?"

(c) Q. "Where did you get your chair?"

Q. "Are any pieces of it broken or  
badly worn?"

Q. "Are you satisfied with the type  
of chair you have, or can you think  
of any improvements which might be  
made to it?"

---

 ACTIVITIES OF DAILY LIVING - A
 

---

<p>3. (a) Q. "Can you dress yourself without someone helping you?"</p> <p>If no, Q. "Can you dress yourself with someone helping you?"</p> <p>If yes to last question Q. "What pieces of clothing do you have difficulty with?"</p>	<p>0 Unknown</p> <p>1 Not at all</p> <p>2 Requires a great deal of help</p> <p>3 Requires help with a few things</p> <p>4 Unaided</p>
<p>(b) Q. "Do you have any gadgets to help you with dressing?"</p> <p>If yes, Q. "Who supplied these?"</p>	<p>0 Unknown</p> <p>1 Yes</p> <p>2 No</p>
<p>4. (a) Q. "Can you wash yourself and take a bath without somebody helping?"</p> <p>If no, Q. "Can you wash yourself without somebody helping?"</p> <p>Q. "Can you wash and bath yourself with somebody helping?"</p> <p>If no, Q. "Can you bath yourself with somebody helping?"</p>	<p>0 Unknown</p> <p>1 Cannot wash and bathe at all</p> <p>2 Cannot wash or bathe unaided</p> <p>3 Can wash but not bathe unaided</p> <p>4 Can wash and bathe unaided</p>
<p>(b) Q. "Do you have any gadgets to help you with washing and bathing?"</p> <p>If yes, Q. "Who supplied these?"</p>	<p>0 Unknown</p> <p>1 Yes</p> <p>2 No</p>
<p>5. (a) Q. "Are you able to shave yourself without help?"</p> <p>If yes, Q. "Do you use an electric razor?"</p>	<p>0 Unknown</p> <p>1 Yes</p> <p>2 No</p> <p>3 N/A</p>
<p>(b) Q. "Can you comb your hair without help?"</p>	<p>0 Unknown</p> <p>1 Yes</p> <p>2 No</p>

---

 ACTIVITIES OF DAILY LIVING - A
 

---

5. (contd.)

(c) Q. "Can you wash your hair  
without help?"

0 Unknown  
1 Yes  
2 No

(d) Q. "Do you have any gadgets to  
help you to shave/comb/wash your  
hair?"

0 Unknown  
1 Yes  
2 No

If yes, Q. "Who supplied these?"

6. (a). Q. "Are you able to eat a meal  
without somebody helping you?"

0 Unknown  
1 Feeds alone  
2 Feeds alone if food  
specially prepared  
3 Requires help with  
feeding

If yes, Q. "Does the food have to  
be specially prepared before you  
can eat it on your own?"

(b) Q. "Do you have any gadgets to  
help you to eat food?"

0 Unknown  
1 Yes  
2 No

if yes, Q. "What are these?"

7. (a) Q. "Can you use a W.C. without  
someone helping you?"

0 Unknown  
1 Uses bed pan  
2 Uses commode with  
help  
3 Uses commode without  
help  
4 Uses W.C. with help  
5 Uses W.C. without  
help

If no, Q. "Can you use a W.C.  
with someone helping you?"

If no, Q. "Can you use a commode  
without someone helping you?"

If no, Q. "Do you use a bed-pan  
all the time?"

(b) Q. "Do you have any fittings or  
gadgets to help in using the  
W.C./commode?"

0 Unknown  
1 Yes  
2 No

if yes, Q. "Who supplied these?"

---

 ACTIVITIES OF DAILY LIVING - A
 

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8. Q."Who helps you with your  
walking, dressing, feeding,  
washing and toileting?"

- 0 Unknown
  - 1 Self
  - 2 Spouse
  - 3 Relative in household
  - 4 Relative outside household
  - 5 Neighbour/friend
  - 6 Nurse
  - 7 Housekeeper
  - 8 Others
  - 9 Combination
- 

Q."Is he/she disabled in  
any way?"

Code:  
Helper's  
disability

- 0 Unknown
  - 1 Yes
  - 2 No
  - 3 N/A
-

---

 ACTIVITIES OF DAILY LIVING - B
 

---

9. (a) Q. "Do you do all of your housework without help?"

If no, Q. "Do you do most of your housework if someone is helping?"

If no, Q. "Do you do a little housework if someone is helping?"

- (b) Q. "Who does/helps you with your housework?"

- (c) Q. "Is he/she disabled in any way?"

10. (a) Q. "Do you usually make meals without help?"

If no, Q. "Do you make meals if someone is helping?"

If no, Q. "Do you make snacks without help?"

If no, Q. "Do you make snacks with somebody helping?"

- 0 Unknown
- 1 N/A
- 2 Does some with help
- 3 Does most with help
- 4 Does all alone

- 0 Unknown
- 1 Self
- 2 Spouse
- 3 Relative in household
- 4 Relative outside household
- 5 Neighbour/friend
- 6 Home help
- 7 Other
- 8 Combination

- 0 Unknown
- 1 Yes
- 2 No

- 0 Unknown
- 1 N/A
- 2 Unable to make meals or snacks
- 3 Able to make snacks with aid
- 4 Able to make snacks unaided
- 5 Able to make meals with aid
- 6 Able to make meals unaided

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 ACTIVITIES OF DAILY LIVING - B
 

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10. (contd.)

(b) Q. "Who does/helps you with your cooking?"

- 0 Unknown
- 1 Self
- 2 Spouse
- 3 Relative in household
- 4 Relative outside household
- 5 Neighbour/friend
- 6 Home help
- 7 Other
- 8 Combination

(c) Q. "Is he/she disabled in any way?"

- 0 Unknown
- 1 Yes
- 2 No
- 3 N/A

11. (a) Q. "Do you do all your own shopping unaided?"

If no, Q. "Do you do most of your shopping if someone is helping you?"

If no, Q. "Do you do any shopping, if someone is helping you?"

- 0 Unknown
- 1 N/A
- 2 Does some shopping with help
- 3 Does most shopping with help
- 4 Does all shopping unaided
- 5 Unable to do any shopping

(b) Q. "Who helps you with/does your shopping?"

- 0 Unknown
- 1 N/A
- 2 Self
- 3 Spouse
- 4 Relative in household
- 5 Relative outside household
- 6 Neighbour/friend
- 7 Home help
- 8 Other
- 9 Combination

(c) Q. "Is he/she disabled in any way?"

- 0 Unknown
- 1 Yes
- 2 No



## SERVICES

- |                                                                                                                                                                                                          |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. Q."Do you have a home help?"<br><br>If yes,Q."How often and for how long does she come?"                                                                                                              | 0 Unknown<br>1 Yes<br>2 No |
| 2. Q."Do you get physiotherapy at present?"<br><br>If yes,Q."Do you go somewhere or does the physiotherapist come here?"<br><br>Q."How often do you get this?"<br><br>Q."What treatment do you receive?" | 0 Unknown<br>1 Yes<br>2 No |
| 3. Q."Does a health visitor (green lady) call on you?"<br><br>If yes, "How often does she come?"<br><br>Q."What does she do?"                                                                            | 0 Unknown<br>1 Yes<br>2 No |
| 4. Q."Does a district nurse call on you?"<br><br>If yes,"How often does she usually come?"                                                                                                               | 0 Unknown<br>1 Yes<br>2 No |
| 5. Q."When was the last time you saw your doctor?"<br><br>Q."How often do you usually see him?"<br><br>Q."Do you go to him or does he come to you?"                                                      |                            |
| 6. Q."Do you make use of a soiled laundry service?"<br><br>If yes,Q."How often is it collected?"                                                                                                         | 0 Unknown<br>1 Yes<br>2 No |
| 7. Q."Does anyone else come to provide you with treatment, advice or some service? e.g. voluntary visitors,meals,chiropodist".<br><br>If yes,Q."Who is this?"<br><br>Q."How often does he/she come?"     | 0 Unknown<br>1 Yes<br>2 No |

LONG TERM SICK  
PSYCHOLOGICAL SURVEY

Name .....

Address .....

.....

Number .....

Date of Birth .....

Age .....

Sex .....

Date .....

Home .....

RAVEN'S PROGRESSIVE MATRICES

Sets A, Ab, B

A		Ab		B	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	

Total correct  
score:

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 PSYCHOLOGY
 

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INTELLIGENCE TEST

- A. Preamble: "I am going to give you a name and address.  
Later I will ask you to repeat them to me".

James Anderson  
9 Kings Road  
Perth

- B. "I am now going to ask you a number of short questions which I shall be asking everyone who comes here, so you may find some of them rather simple".

QUESTIONS		IQ	
1.	<u>Serial 7's (100-93-86-79-72)</u>		
2.	<u>1d. in 1/-</u>		
3.	<u>3d. in 1/-</u>		
4.	<u>3d. in 3/9</u>		
5.	<u>What day of the week is it today?</u>		
6.	<u>What day of the month is it?</u>		
7.	<u>What month is it?</u>		
8.	<u>What season is it?</u>		
9.	<u>What year is it?</u>		
10.	<u>What age are you? (Allow 1 year error)</u>		
11.	<u>What year were you born?</u>		
12.	<u>In what month is your birthday?</u>		
13.	<u>What date is your birthday?</u>		
14.	<u>What is your address?</u>		
15.	<u>Which town is your house in?</u>		
16.	<u>How many rooms does your house have?</u>		
17.	<u>What is the name of your doctor?</u>		
18.	<u>What did you have for breakfast this morning?</u>		
19.	<u>Where were you born?</u>		
20.	<u>What school did you attend?</u>		
21.	<u>What was your teacher's name?</u>		
22.	<u>Who is on the British throne?</u>		
23.	<u>Who was on the throne before her?</u>		
24.	<u>What is the name of the present prime minister?</u>		
25.	<u>Who was the prime minister before him?</u>		
26.	<u>What were the dates (years) of the First World War?</u>		
	<u>Start?</u>		
	<u>Finish</u>		
27.	<u>What were the dates (years) of the Second World War?</u>		
	<u>Start?</u>		
28.	<u>How long have you been at your present address?</u>		
29.	<u>Can you remember the name and address I gave you at the beginning?</u>		
30.	<u>Can you remember my name?</u>		

Total IQ Test Score.

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PSYCHOLOGY

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PSYCHIATRIC QUESTIONNAIRE

1. Are there times when you feel anxious without knowing the reason?
2. Are you afraid of being in a wide-open space or in an enclosed space?
3. Have you any difficulty in getting off to sleep (without sleeping pills)?
4. Have you lost interest in things?
5. Have you found it difficult to concentrate recently?
6. Are you more absent minded recently than you used to be?
7. Are you slower recently in doing things?
8. Are people talking about you and criticizing you through no fault of your own?
9. Are there people who are trying to harm you through no fault of your own?
10. Are you distressed by silly, pointless thoughts that keep coming into your mind against your will?
11. Are you unnecessarily careful in doing simple things like folding up clothes, reading notices, and so on?
12. Do you feel you have to check things again and again - like turning off taps or lights, shutting windows at night, and so on - although you know there is really no need to?
13. Do you ever hear voices without knowing where they come from?
14. Are you troubled by waking in the early hours and being unable to get off to sleep again (if you don't have sleeping pills)?
15. Are you ever so low in spirits that you just sit for hours on end?
16. Do you ever go to bed feeling you wouldn't care if you never woke up?

RELEVANT PSYCHIATRIC HISTORY

## **Appendix 2.**

**Proforma with Information on Units  
Visited.**

## HOSPITAL SURVEY - A

1. Is patient in hospital?

- 0 Not known
- 1 Yes
- 2 No

2. Type of hospital.

3. Name and address of hospital.

- 0 Not known
- 1 Acute hospital
- 2 Geriatric hospital
- 3 Psychiatric hospital
- 4 Young chronic sick hospital
- 5 Mixed hospital
- 6 Cottage hospital
- 7 Other

4. Type of ward.

Describe ward:

- 0 Not known
- 1 Acute medical or surgical
- 2 Geriatric
- 3 Psychiatric
- 4 Young chronic sick
- 5 Other

5. Speciality of consultant in charge of patient's management.

- 0 Not known
- 1 Surgery
- 2 Medicine
- 3 Physical medicine
- 4 Geriatrics
- 5 Psychiatry
- 6 Other

6. Nursing Staff in ward.

Number of patients:

Grade of Nurse	Number
R.G.N.	
Psychiatric	
S.E.N.	
Student	
Pupil	
Auxiliary	

- 23



## HOSPITAL SURVEY - A.

13. Facilities for employment of patients.

- 0 Not known
- 1 Yes
- 2 No

14. Visiting

- 0 Not known
- 1 Open
- 2 Restricted

15. Bus service

- 0 Not known
- 1 Regular (hourly)
- 2 Regular (hourly -  
4 hr.)
- 3 Regular (4 hr. -  
daily)
- 4 No regular service

### Appendix 3.

Addition to Social Proforma for Subjects  
Receiving Long Term Hospital Care.

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## HOSPITAL SURVEY B

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1. Q."How long have you been in this Hospital?"

2. Q."Did you come from another Hospital, from home or from somewhere else?"

If Hospital, Q."Which Hospital did you come from?"

3. Q."Do you still have a home address?" Code distance:

If yes, Q."Where is it?"

4. Q."Were you admitted to Hospital because:

(a) Illness or disability in the people at home prevented them from looking after you?"

(b) The people looking after you left home?"

(c) Somebody looking after you died?"

(d) You yourself became so disabled that the people at home were unable to look after you?

(e) You required some special medical treatment?

"Were there any other reasons?"

0 Unknown
1 Home
2 Hospital
3 Other

0 Unknown
1 Less than 1 mile
2 Less than 5 miles
3 Less than 20 miles
4 Less than 50 miles
5 More than (4)

0 Unknown
1 Requires nursing care
2 Requires medical treatment
3 Social reasons
4 Combination
5 Other

## HOSPITAL SURVEY B

<p>5. (a) Q."Have any of your relatives or friends come to see you over the last couple of weeks?"</p> <p>If yes, Q."Who were these?"</p> <p>Q."How often do they usually come to see you?"</p>	<p>Code Relatives:</p>	<p>0 Not known 1 No relatives 2 Never 3 More than daily 4 Daily 5 Several times a week 6 Weekly 7 2-3 times monthly 8 Monthly 9 Less often</p>
<p>If no, Q."When was the last time one of your friends or relatives came to see you?"</p> <p>Q."Who were they?"</p> <p>Q."How often do they usually come to see you?"</p>	<p>Code Friends:</p>	<p>0 Not known 1 No friends 2 Never 3 More than daily 4 Daily 5 Several times a week 6 Weekly 7 2-3 times monthly 8 Monthly 9 Less often</p>
<p>(b) Q."Do any other friends or relatives come to see you?"</p> <p>Q."Who are these?"</p> <p>Q."How often do they come?"</p>		
<p>(c) Q."Does anybody else come to see you? I'm thinking of people such as folk from your Church, voluntary Ministers or the Hospital Chaplain?"</p> <p>Q."Who are these?"</p> <p>Q."How often do they come?"</p>	<p>Code Others:</p>	<p>0 Not known 1 Never 2 More than daily 3 Daily 4 Several times a week 5 Weekly 6 2-3 times monthly 7 Monthly 8 Less often</p>

## HOSPITAL SURVEY B

6. Q."Are you able to listen to the radio in here?"

If yes, Q."Do you listen to it much?"

Q."What programmes do you particularly like?"

- 0 Not known
- 1 No radio
- 2 Does not listen
- 3 Listens

7. Q."Are you able to watch television in here?"

If yes, Q."Do you watch it much?"

Q."What programmes do you particularly like?"

- 0 Not known
- 1 No television
- 2 Does not watch
- 3 Watches

8. Q."Can you get newspapers and magazines in here?"

If yes, Q."Who brings them?"

Q."Do you read them much?"

Q."What papers and magazines do you read?"

- 0 Not known
- 1 No papers or magazines
- 2 Does not read them
- 3 Reads them

9. Q."Can you get books in here?"

If yes, Q."Who brings them?"

Q."When was the last time you read one?"

Q."Do you read books a lot?"

Q."What kind do you like?"

- 0 Not known
- 1 No books available
- 2 Does not read them
- 3 Reads them

10. Q."Are there any opportunities for playing games or sports in here?"

If yes, Q."What are these?"

Q."Do you often play any of these yourself?"

- 0 Not known
- 1 No facilities
- 2 Don't play
- 3 Often play

## HOSPITAL SURVEY B

11. Q. "Have you been on any outings from this Hospital during the last month?"

If yes, Q. "Where did you go?"

- Q. "How often do you go?"

If no, Q. "When was the last time you went on an outing from this Hospital?"

- Q. "Where did you go?"

- Q. "How often do you go?"

- Q. "Have you been on any other outings from this Hospital?"

If yes, Q. "Where did you go?"

- Q. "How often do you go?"

12. Q. "Do you have any hobbies or interests I haven't mentioned?"

If yes, Q. "What are these?"

- Q. "Do you get a chance to follow them in here?"

13. I want to find out how you usually spend your time.

- Q. "What do you usually do in the morning?"

- Q. "What do you usually do in the afternoon?"

- Q. "What do you usually do in the evening?"

- Q. "Do you do anything special during the weekend?"

- 0 Not known
- 1 None
- 2 Daily
- 3 Several days a week
- 4 Weekly
- 5 Weekly/Monthly
- 6 Monthly/yearly
- 7 Less often

- 0 Not known
- 1 None
- 2 Yes, but not able to follow.
- 3 Yes, able to follow

## HOSPITAL SURVEY B

14. Q. "Do you think that there is enough to do in here?"

If no, Q. "What else would you like to be laid on?"

0 Unknown  
1 Yes  
2 No

15. Q. "Do you get physiotherapy?"

If yes, Q. "When was the last time you had any?"

Q. "How often do you get it?"

0 Unknown  
1 Yes  
2 No

16. Q. "Have you had any training from an occupational therapist?"

If yes, Q. "When was the last time you had it?"

Q. "How often do you have it?"

0 Unknown  
1 Yes  
2 No

17. Q. "Are you able to do any work in here?"

If yes, Q. "What is it?"

Q. "Do you get paid for it?"

If yes, Q. "How much?"

0 Unknown  
1 Yes, no pay  
2 Yes, paid  
3 No

18. Q. "Have you been away on holiday from here?"

If yes, Q. "When was this?"

Q. "Where was this?"

Q. "How long were you away for?"

Q. "How often do you go?"

Q. "Who do you go with?"

0 Unknown  
1 Yes  
2 No