

SHARE QUESTION ON SYMPTOMS

This variable was constructed based on items PH010dno (96. None) and presents the number of symptoms reported by each individual.

Wave 1

PH010_ BOTHERED BY SYMPTOMS

Please look at card 7. For the past six months at least, have you been bothered by any of the health conditions on this card? Please tell me the number or numbers.

IWER: CODE ALL THAT APPLY

1. Pain in your back, knees, hips or any other joint
2. Heart trouble or angina, chest pain during exercise
3. Breathlessness, difficulty breathing
4. Persistent cough
5. Swollen legs
6. Sleeping problems
7. Falling down
8. Fear of falling down
9. Dizziness, faints or blackouts
10. Stomach or intestine problems, including constipation, air, diarrhoea
11. Incontinence or involuntary loss of urine
96. None
97. Other symptoms, not yet mentioned

Wave 2

PH010_ BOTHERED BY SYMPTOMS

Please look at card 9. For the past six months at least, have you been bothered by any of the health conditions on this card? Please tell me the number or numbers.

IWER:CODE ALL THAT APPLY

1. Pain in your back, knees, hips or any other joint
2. Heart trouble or angina, chest pain during exercise
3. Breathlessness, difficulty breathing
4. Persistent cough
5. Swollen legs
6. Sleeping problems
7. Falling down
8. Fear of falling down
9. Dizziness, faints or blackouts
10. Stomach or intestine problems, including constipation, air, diarrhoea
11. Incontinence or involuntary loss of urine
12. Fatigue
96. None

97. Other symptoms, not yet mentioned

Wave 4

PH010_Symptoms

Please look at card 8.

For the past six months at least, have you been bothered by any of the health conditions on this card? Please tell

me the number or numbers.

IWER: Code all that apply

1. Pain in your back, knees, hips or any other joint
 2. Heart trouble or angina, chest pain during exercise
 3. Breathlessness, difficulty breathing
 4. Persistent cough
 5. Swollen legs
 6. Sleeping problems
 7. Falling down
 8. Fear of falling down
 9. Dizziness, faints or blackouts
 10. Stomach or intestine problems, including constipation, air, diarrhoea
 11. Incontinence or involuntary loss of urine
 12. Fatigue
96. None
97. Other symptoms, not yet mentioned



This variable is not present on the 5th wave.

Source:

[Questionnaire Wave 1](#)

[Questionnaire Wave 2](#)

[Questionnaire Wave 4](#)

[Questionnaire Wave 5](#)

Additional information on SHARE can be found at [SHARE Website](#)