[0:00:00]

Interviewer: Alright? Okay, [name 1], so tell me a bit about your experience with Huntington’s Disease?

Respondent: Okay, so I first became aware of Huntington’s Disease because my mother had it, and although when was never formally diagnosed with it, she was kind of diagnose in the mid to late 80s with it.

Interviewer: Okay.

Respondent: So it’s like I’ve grown up fully aware of the condition, and as a carer for my mum.

Interviewer: You were caring for your mum?

Respondent: Yes.

Interviewer: Okay, and this was back in [location 5], you were saying?

Respondent: Yes, that’s correct, yeah, back in [location 6].

Interviewer: Okay. And then what happened?

Respondent: Then, well, she died in the late 90s, of her Huntington’s Disease, she (inaudible 00:01:34) and…

Interviewer: I’m sorry, [name 1].

Respondent: Yeah, so I had joined the [UK defense] by that point, so my dad had taken over caring responsibilities, just to allow me to have a bit of a career.

Interviewer: Okay. So what ages were you, like, when you were caring for your mother and then more or less?

Respondent: So I was a late teenager, so I’d say about, yeah, between 14 to 21.

Interviewer: Okay. You were quite a young carer, okay.

Respondent: Yeah, I think that’s quite a common thing in the HD community.

Interviewer: Okay, and then you joined the [UK defense] you were saying?

Respondent: Yeah, yes, and then I was diagnosed nine years ago, so it’s like something I’ve always had and been aware of, that I had a 50% chance of having it, and I’ve always been truthful and honest with my partner about it. So yeah, nine years ago, I started to feel the symptoms, so I went for testing and all that stuff.

Interviewer: Okay. Okay, so you went for your genetic test when you started feeling symptoms?

Respondent: Yes, yeah. And because I was aware of the condition, I had a good knowledge of how the condition progresses, so I didn’t need genetic counselling, I just had the blood test, so that was fine for me.

[00:03:19]

Interviewer: Oh, alright. And it was at [location 4], you said?

Respondent: Yes.

Interviewer: Okay. So that was nine years ago.

Respondent: Yes, nine years ago.

Interviewer: Which symptoms were you having, if I may ask, when you decided to test?

Respondent: Increased fidgetiness and….yeah, so I found it increasingly difficult to sit still and just…

Interviewer: Fidgety?

Respondent: Yes.

Interviewer: Okay. Alright. And so you said you were honest with your partner, was the gentleman that popped in your partner?

Respondent: Yes.

Interviewer: Okay, and what sort of care are you using now?

Respondent: So yeah, we have [name 2], who’s brilliant, so I’ve got the team at [location 1], (inaudible 00:04:18) and I’m part of HD (inaudible 00:04:20), so I’m taking part in…I was taking part in the…I’ve forgotten what it was called, the HD one.

Interviewer: [HD trial]?

Respondent: Yes.

Interviewer: OH right. You did that? okay.

Respondent: Yes.

Interviewer: You’re very brave.

Respondent: Thank you.

Interviewer: Alright, so you’re in contact with [name 2], so the Huntington’s Disease team at [location 1]?

Respondent: Yeah, yes.

Interviewer: Okay. How regularly do you see them?

Respondent: I see [name 2] about every six months. And [name 3]s about every 18 months at the minute, because of catching up over the winter, it was about every year, and it’s about every 18 months now, I believe.

Interviewer: And with [name 2], you see her at the hospital or…?

Respondent: No, she does home visits.

Interviewer: She comes to your house, okay.

Respondent: Yes.

[00:05:19]

Interviewer: And is that better than the hospital?

Respondent: Yeah, it’s more convenient, it’s a better location for us, you know.

Interviewer: Okay. So she comes to you every six months?

Respondent: Yes.

Interviewer: Okay. And do you call her or she…?

Respondent: I generally email her, she’s really contactable. My partner recently asked her for a letter so I could have a disabled parking spot outside, and yeah, she sent that through within a few days.

Interviewer: That’s amazing, okay.

Respondent: Everyone should have a [name 2].

Interviewer: Everyone should have a [name 2]?

Respondent: Yeah.

Interviewer: Oh, good! I’m a bit…I can’t be completely impartial here, see. I also think everyone should have a [name 2].

Respondent: Yeah.

Interviewer: Okay, so that’s the hospital part, is it? Is there anyone at the hospital that you keep in contact with apart from the research team, and [name 3]s?

Respondent: No, I think that’s it. I do have hip pain, so I am seeing…I’ve had an x-ray about that, I’m just waiting on my GP to get the results, and that was last week. I’m seeing the dietician on a regular basis at [location 2] Hospital, about every other months, I just go down, I’m losing a lot of weight with the condition.

Interviewer: Yeah, okay. And who got you the dietician?

Respondent: That was [name 3] who referred it. Yes, to the speech and language therapist, there’s one at [location 2] as well, because it just the end of my road, so it’s convenient for me to attend.

Interviewer: There’s no Huntington’s clinic there?

Respondent: No, unfortunately not.

Interviewer: Alright.

Respondent: It’s just, like, a minor injuries-type unit.

Interviewer: Okay, okay. So it is some of the…so the dietician and speech and language therapy from [location 2], and then you have your Huntington’s Disease team at [location 1]?

Respondent: Yes, that’s it.

Interviewer: Okay. What about other services, is there anything, like, with the social care worker?

[00:08:03]

Respondent: Well, we got access to the HDA…I’m not currently under any social worker.

Interviewer: So you’re with HDA? And how does that communication work? You call them or…?

Respondent: Yeah, again, either call or email, and my partner finds the meetings beneficial, because it’s his first basis of Huntington’s, so he’s not got a lot to refer to.

Interviewer: Okay, alright. So your partner uses the HDA more?

Respondent: Yes.

Interviewer: Okay.

Respondent: And she’ll do a home visit about every six months too.

Interviewer: Who’s that, sorry?

Respondent: [name 4].

Interviewer: Oh, [name 4], okay, every six months. And then [name 5], was it, your partner’s name?

Respondent: [Name 6].

Interviewer: Oh, [name 6], sorry.

Respondent: Yeah, sorry, his surname is [name 5], so that’s probably why…

Interviewer: Ah right, okay. Okay. Right, so [name 6] as well?

Respondent: Yes.

Interviewer: Oh, confusing. Okay, so your partner then meets with [name 4] for his own support as well.

Respondent: Yes, he’s part of the HDA support group for [location 3].

Interviewer: Oh, that’s good, okay. I’ve just got their newsletter in the weekend.

Respondent: Yes.

Interviewer: Good. And is there access you find hard to reach, [name 1]?

Respondent: Not for myself, I know I’ve got a raft of clinical and charitable sources at my call if I need access to them. I may not need them all the time, but I know they’re there, because I’ve been in the military for 29 years, so I’ve got access to a range of military organisations and charitable stuff as well. So I have the [defense] Benevolent Fund provide contribution to a wet room before I left the service.

Interviewer: Oh, that’s great.

Respondent: Yeah, and also providing me with a riser/recliner chair, so…

Interviewer: Is that, like…

Respondent: Yes, an electric one.

[00:10:36]

Interviewer: Will that be kept ongoing, that’s ongoing support that they…?

Respondent: Yeah, because I’ve left, it’s no longer their number one priority, but because I’m classed as a veteran, so yeah, I do have access to support, and [name 6] can contact them as well, because they’re for spouses as well.

Interviewer: When did you stop working, [name 1]?

Respondent: Officially last year, but it was…I was kind of on gardening leave for about nine months, but yes.

Interviewer: Alright, so you worked until fairly recently then, yeah.

Respondent: Yeah, and then the coronary symptoms just started to get too much, so they started to (inaudible 00:11:35) my daily life really, sorry.

Interviewer: Okay, alright. Okay, and how do you…so what’s your general opinion of how your Huntington’s Disease care works?

Respondent: At the hospital, it’s really good. Not so much necessarily at the GP surgery. I had my first GP appointment the other week, and [name 6] was convinced he was looking up HD.

Interviewer: He was what?

Respondent: Looking at, Googling Huntington’s Disease.

Interviewer: He did?!

Respondent: Yes.

Interviewer: Oh, I’m sorry. That doesn’t give you much confidence. I’ve heard of this, but yeah, I didn’t think it was that often that it would happen. So what did you see your GP for, if I can ask you?

Respondent: Yeah, so ongoing hip pain, I’ve had it a few years now, and then I was referred to the local hospital for an x-ray.

Interviewer: Okay, so were they…?

Respondent: I’m waiting for the outcome of that, because that was last week.

Interviewer: Okay. So I guess the GP wasn’t sure if it was Huntington’s-related?

Respondent: No, but yeah, because of the HD, even if it’s not brought on by the symptoms, it’s made worse, it kind of affects everything.

Interviewer: Yes, okay, right. So you’re saying, from the hospital side it’s good, but from the GP, not so good because they don’t seem to know the condition?

Respondent: Yes.

Interviewer: When you have an issue.

Respondent: Yes. And that’s kind of why I’m hoping to take part in this study and get the word out there.

Interviewer: Yeah. Do you use your GP often, or when do you go to your GP?

Respondent: That was the first time I’ve used him in seven months since joining, so not that often, and even when I was in the military, not that often really.

[00:14:15]

Interviewer: Okay. Was it in your record that you have Huntington’s, or did you have to…did he know before your…?

Respondent: No, no, it was disclosed as part of my military records, to the GP surgery.

Interviewer: So when you’ve gone into the appointment, he already knew you have Huntington’s?

Respondent: Yeah.

Interviewer: Okay, you didn’t have to…

Respondent: Well, we did.

Interviewer: You did?

Respondent: Yeah, because [name 6] turned up, so it’s like….we wanted to explain because I’ve got Huntington’s Disease and I’m not…I need [name 6] to try and translate a bit better for me.

Interviewer: Okay, yeah. So you had to give a bit of a summary of your Huntington’s story?

Respondent: Yes.

Interviewer: Okay.

Respondent: Which is fine, but….

Interviewer: Okay, I was just trying to understand how much the doctor knew before you went into the clinic. Okay, and do you feel that the professionals communicate well with each other, like, the dietician with [name 4]?

Respondent: Certainly, yes, I’m kept in lots of records and I have access to them all digitally, so I’m confident that I can access them all digitally, and the same with [location 1] and the hospital as well.

Interviewer: Alright, how do you access your records digitally?

Respondent: Yeah, there’s an application, and I can’t remember what it’s called off the top of my head, but I can have access to, like, the letters and…

Interviewer: Is that [eHealth app]?

Respondent: Yeah, something like that.

Interviewer: Something like that. What, you see it on your phone?

Respondent: Well, that’s for, like, the NHS one, but…yeah, it’s a website, I can’t quite remember what it is off the top of my head.

Interviewer: Okay, but you have your….

Respondent: To be honest, it’s slipped from me…

Interviewer: Oh right, it must be [eHealth app], I think.

Respondent: Yeah.

[00:16:36]

Interviewer: Alright, and so you have these, like, letters accessible, but do you show them to, for example, your dietician or…?

Respondent: Yes, and yeah, because they’re normally CCd on them as well. But it seems to be a bit of…some things aren’t necessarily accessible by the NHS and dieticians, but for example, I can access my military records, but they don’t seem to be able to obtain them.

Interviewer: Okay, so alright, that’s interesting. So the information that’s on your military records is not connected to your NHS records?

Respondent: Not necessarily the military side of it, but yeah, just my NHS bit because it’s like two separate logins and two separate bits of information. And they aren’t necessarily seeming to marry it up. But yeah.

Interviewer: Okay. Yeah. I mean, I guess it would make it easier if it was all in one place.

Respondent: Yeah.

Interviewer: Okay, alright. And how about your speech and language therapist?

Respondent: Yeah, I’ve had a couple of appointments, and I’ve got an open appointment if I would like to go back, then I can do.

Interviewer: Okay, why…

Respondent: And I’m under the dietician, yeah, because I’ve been losing lots of weight, so I’ve had the milkshakes on prescription for the last few months.

Interviewer: Okay, so do you feel that they are, they understand Huntington’s?

Respondent: Yes.

Interviewer: Both of them?

Respondent: Yes.

Interviewer: Okay, okay. So although they’re on a smaller hospital, they are aware of the condition and…

Respondent: Yes.

Interviewer: And your happy. Okay, that’s good, that’s excellent. Okay, so…

Respondent: I think that not everyone’s got such easy access to things like dieticians and speech and language therapy.

Interviewer: Why do you think you have access to them, better access?

Respondent: Well, [name 6] said somebody at the meeting, after we got them on prescription and it’s just, like, “Oh,” and we were referred to the dietician for the milkshakes.

Interviewer: So you think having [name 6] at the appointments, he’s like your advocate, your…?

Respondent: Yes, although his memory’s not that good now.

[00:19:46]

Interviewer: Well it sounds like he has a lot to remember as well.

Respondent: Yes, no, he does.

Interviewer: Well, you need to, you know, you’re a team, isn’t it, whatever he forgets, you need to remember.

Respondent: That’s it.

Interviewer: Alright. So when something changes, for example, if you stop seeing your speech and language therapist, does it happen that the other professionals know about it?

Respondent: I think so, because they get a copy of the letter.

Interviewer: Okay, so it’s like they’re all, every time there’s an appointment with you, they…

Respondent: They get a follow up letter, yeah.

Interviewer: They copy everyone that they know are involved in your care?

Respondent: Yeah.

Interviewer: Okay, and who tells them that, you know, how do they know who’s involved?

Respondent: Because I think they were referred to initially by [name 4] and so they know to sort of copy him in.

Interviewer: Okay, so it comes from that initial, so [name 4] makes the referral and so he knows which professional is connecting with you.

Respondent: Yes.

Interviewer: And then there is, like, this network that is mapped?

Respondent: Mm.

Interviewer: Okay, fine. So if you have…has it ever happened that you have a more urgent situation, you know, something happens…?

Respondent: Yeah, I’ve had a couple of falls due to my HD and so I’ve gone to the local A&E for stitches or for patching up, so I’ve been there two or three times.

Interviewer: Oh, okay. So did you hurt yourself a bit?

Respondent: Yeah, it was a bit more than sort of [name 6] could administer first aid there, so normally I’ll sort of try and self-manage or do it with [name 6], but yeah, sometimes it’s just a little bit…

Interviewer: Okay. So for example, when you started losing weight, or how did you notice you were losing weight?

Respondent: Well, just because I used to be about 100kg and it just, like, I’m about [60-80]kg now.

Interviewer: And was it your partner that said, you know, “You’re getting lighter”?

Respondent: No, I think I noticed it myself.

Interviewer: You noticed yourself?

[00:22:40]

Respondent: I mean, it may have been a joint thing, it may have been…he is worried about my weight loss.

Interviewer: And then what did you do? Who did you tell about your loss of weight?

Respondent: [Name 4] when I saw him, yeah.

Interviewer: So you waited for an appointment or you asked an appointment?

Respondent: I waited for the appointment.

Interviewer: Okay. I’m asking because you’re saying you were waiting, you’re having them every 18 months or so?

Respondent: Yes.

Interviewer: That’s quite a long wait.

Respondent: Yeah.

Interviewer: Okay.

Respondent: But [name 2] did say if we needed to see him before, we could.

Interviewer: Alright, excellent, so she sort of left it that you could ask for an earlier appointment if needed? Okay, alright. Is there anything you’re not very happy about how your care is being managed?

Respondent: Generally quite well, like, even on the military side of things, when I was, because I was in the military for about eight years with my diagnosis, so yeah, I was kind of looked after at work and just was fortunate enough to carry on working for another eight years, and then it just got a bit too much. But I’m a little bit concerned about the GP…but yeah.

Interviewer: Okay.

Respondent: But with the hospitals, I think they’re good.

Interviewer: Yeah, I’m asking about other things because my project doesn’t look only at the hospital, it looks at how your wellbeing, your health and care, but beyond the hospital, isn’t it, because you may need to go to your, you know, for example, about your driver’s license, or with your work, how was…I understand…

Respondent: Yeah, I stopped driving voluntarily. I’d had a couple of accidents a couple of years back, so I decided to stop driving.

Interviewer: Yeah, you did well, [name 1], if you were having some accidents, it’s important, it’s for the best. It’s always hard to give up driving.

Respondent: Yeah, and I carried on commuting to work, it took about two hours on the bus each morning.

Interviewer: Okay, wow.

Respondent: Yeah, and that was for about two years, so after I stopped driving.

Interviewer: Okay. And with your work, so what sort of support did they give you?

Respondent: We got access to the Benevolent Fund, which as I say, is a charity thing. There’s a lot of associated charitable things, so we got access to money if I need it, but I’ve just had a big…I’ve had my pension lump sum, so I’ve been medically retired.

[00:26:12]

Interviewer: But when you were continuing to work, what sort of accommodations did they do, like, the amount of…?

Respondent: I had an occupational therapist from the [DEFENSE] come out and do a survey for work and order me a specialist chair, and so yeah…

Interviewer: So they were really trying to make you comfortable?

Respondent: Yes, they were.

Interviewer: And you changed role within…?

Respondent: Kind of, but I was already doing that role, so I just stayed doing that for a few years longer, doing IT management side of things.

Interviewer: Alright, okay, okay.

Respondent: I’m not an IT specialist, but I was doing it, yeah, so when we had audits and stuff. My subject is surveys and stuff, and…

Interviewer: What about for your partner, [name 1], was there support through your job to him?

Respondent: Yes, it’s kind of ongoing, it’s there if we need it, but you need to sort of give them a heads up first, sort of saying that we need assistance and then I think it should be available, certainly since leaving.

Interviewer: Okay. It sounds like financially as well, they’re supporting you?

Respondent: Yeah, because they gave me [£8000-9000] towards a wet room, so that was really good.

Interviewer: Okay. So when you went to your GP, because you’re’ saying it’s the thing that’s most worrying you, when you went to the GP, so they ordered the x-ray, and what, did you book a follow up appointment or…?

Respondent: I’m waiting for the follow up appointment to come through.

Interviewer: Okay, waiting for that.

Respondent: Yeah, it was done last week, I’ll be expecting it, so the GP was very good, but…

Interviewer: Was it the GP you had seen before or was it a new one?

Respondent: I’d not seen that GP before, it was the first time I’d seen them in the practice.

Interviewer: okay.

Respondent: So it was like a completely new patient.

Interviewer: So how do you think…?

Respondent: I hope I stick with the same GP, yeah, because there’s kind of a lot of explaining to do if I have to keep jumping from GP to GP. I know it’s a bit difficult with the NHS…

[00:29:30]

Interviewer: Well, yeah, I was going to ask you what could make your care, like, better, and I guess you’re saying you would like to have the same GP.

Respondent: Yeah, regularly.

Interviewer: Okay, see your GP regularly. Okay. And you’re saying it would be, you know, it’s a lot of explaining to do if a person changes.

Respondent: Yes.

Interviewer: Okay, I guess you’ve seen that with other…?

Respondent: Yeah, because you’re spending, like the first five minutes of the appointment, just, like, explaining what’s going on, what’s the medical reason behind the Huntington’s.

Interviewer: Yeah, I mean, ideally, isn’t it…?

Respondent: Yeah.

Interviewer: So what’s the most important thing about your care right now?

Respondent: I just feel I’m kind of looked after and I’m kind of fortunate, I’ve got a partner who cares for me and he does a lot, and yeah, so from that side of things, I’m well looked after by the service charities. I don’t necessarily need to dial into them constantly, but I know they’re there, so if I need any changes there further down the line, I can call on their support to…so yeah. I’ve got access to really good healthcare with [name 4] and the ENROL team and also it’s just nice seeing a familiar face again, and [name 2] has been a godsend to us.

Interviewer: How long has [name 2] cared for you?

Respondent: Well, officially about eight years, we had our first appointment after my initial diagnosis, but then we just kind of kept it about once a year, until about…and then as my symptoms have progressed, yeah, she’s increased her visits and yeah, she’s happy to come further…no, not come further, come more then if we require it.

Interviewer: Okay. So you were saying sometimes [name 6] goes to the support group?

Respondent: Yes.

Interviewer: Do you ever join the support groups on the HDA?

Respondent: No, [name 3] comes and does a sort of check in, because I went as a child and I found them a bit depressing, to be honest.

Interviewer: Depressing, yeah, okay. So you’d rather have the one to one appointment with [name 3]?

Respondent: Yes.

Interviewer: And then [name 6] goes into the group with maybe other partners?

Respondent: Yes.

[00:32:54]

Interviewer: It sounds like you’re pretty happy, [name 1]?

Respondent: Yeah, I’m not too bad, thank you.

Interviewer: I mean, about your…about the care you’re receiving, you know, you have a very positive experience. Which is great, because I do want to capture the good.

Respondent: Yes, absolutely, because I know there’s kind of a lot of negative out there, but I just felt it’s good if you can capture a small corner of something good, I think.

Interviewer: Yeah, that’s one of my aims, because if we can learn from what is already working well, then you know, we don’t have to reinvent the whole wheel.

Respondent: No, absolutely, but it would be nice if it was recognised as an NHS pathway for the country.

Interviewer: Yeah, it would. Okay, so if I were to think about an intervention, something that could improve care as well for other families, do you know other people living with Huntington’s? Do you have contact with other people?

Respondent: Not really, because although I was born in [location 4] and my mum had it, so she was, like, the only person I knew who had it really.

Interviewer: Okay.

Respondent: And she had it from her grandfather, who interestingly enough, was born in [location 5].

Interviewer: Okay, and you don’t have children?

Respondent: No, I didn’t want to have children that I love and care for to have to go through this horrific illness, and having to be a carer.

Interviewer: Okay, so I was going to ask you, so what I’m trying to do is that everyone has access to good care in Huntington’s Disease, but I’m not sure of what this will look like, so that’s why I’m doing the interview. So what is the…if you can think about what are the top things that are making you have a good experience with your care, what would you say are the most important things that you have access to right now?

Respondent: Well, I’ve got a loving partner, for [name 2], who’s brilliant, and also [name 4], who’s, again, worth his weight in gold. Because they’re all really knowledgeable.

Interviewer: Okay, so that’s important, to be knowledgeable about Huntington’s?

Respondent: Yeah.

Interviewer: Okay.

Respondent: And they’ve all got experience of it.

Interviewer: Do you feel relieved to know that [name 2] is on the other side of the email?

Respondent: Oh yes, absolutely. A great sense of relief.

Interviewer: Alright, okay. So you’re saying it’s important tot you to have your partner that can give you support.

Respondent: Yeah.

[00:37:01]

Interviewer: Okay, it’s a lot to manage, isn’t it?

Respondent: It is, yes.

Interviewer: If it was just one person trying to manage all these complicated systems.

Respondent: Yeah, I have no idea how my mum managed it as a single parent, pretty much.

Interviewer: Yeah, I mean, you were, when you were caring for your mother, I guess you didn’t have access to the same level of care you have now?

Respondent: We had regular HDA meetings, at the local hospital.

Interviewer: Okay, you used to go with your mum to those?

Respondent: Yes, but there was no sort of, like, because I was a teenager, so there wasn’t any specific teenage activities, everyone else was considerably older.

Interviewer: Okay.

Respondent: I know that has changed recently.

Interviewer: Yeah, there was a youth…

Respondent: There’s a youth organisation, so that’s pretty good.

Interviewer: Okay. And is this where you found out that the meetings were a bit depressing?

Respondent: Yes.

Interviewer: Okay. Why were they depressing?

Respondent: It’s not the most cheerful condition, because generally, it results in people dying from it, so there’s not a lot to be happy about.

Interviewer: Of course. Okay. So if I were to measure something to see if this model of care is working for people, what do you think I could measure on you right now to show how satisfied you are? Would that be your quality of life?

Respondent: Yes, yeah. So I’m hoping to remain as positive as I can be. Obviously it’s a struggle every day, but I know it’s just whilst I have some quality of life, I’m still able to do things for myself, so…

Interviewer: What sort of things?

Respondent: Cooking, baking, I made a cake today, I’ve got people visiting tomorrow. Yeah, so we’ve got friends visiting tomorrow, so care of friendship as well, although I don’t necessarily need them all the time. It’s quite important just to have them available, for both myself and my partner.

Interviewer: So to have this social network, to have your friends.

Respondent: Yeah.

Interviewer: Okay. And to be able to do a lot of the things for you independently?

Respondent: Yeah, so I’m still managing to clean pretty much as I was before.

[00:40:26]

Interviewer: What’s that, sorry?

Respondent: Clean, so yeah…

Interviewer: Clean?

Respondent: Yeah.

Interviewer: What, the house or…?

Respondent: Yeah, no, the house.

Interviewer: Okay. So you do some of the cleaning?

Respondent: Yeah, I do most of the downstairs, [name 6] does upstairs now, but I just do…I can still do upstairs, I just find it more difficult.

Interviewer: Okay, and it gives you a sense of satisfaction to know you are pulling your weight by keeping the house tidy?

Respondent: Yes, no, yeah. Absolutely.

Interviewer: Okay. Well, you must be one of the few men that likes doing the housework.

Respondent: Yeah, and also because I’ve got a puppy as well, so it’s just exhausting having a pup, and just trying to keep on top of them as well.

Interviewer: Has he learned how to make his business in the right place?

Respondent: Yeah, he’s doing number twos fine in the garden, but number ones, he has the occasional problem in the evening, but yeah.

Interviewer: Yeah, same with ours. Ours seem to have learned just now, there’s hope.

Respondent: Yeah, because we’ve got a boy this time, and we’ve normally had girls, so I didn’t know whether it was a boy thing.

Interviewer: Oh, it’s not your first dog, okay. So you’re experienced.

Respondent: Yeah.

Interviewer: Okay, mine is my first dog, I’m still learning the ropes. So [name 1], I have just a few questions. So how old are you?

[redacted]

[End of Transcript]