1. Sequence Number

2. (A6) Respondent - male or female?
   {INTERVIEWER TO COMPLETE}
   Male .............................................................. 1
   Female ............................................................ 2

3. (A1) Type of domicile?
   {INTERVIEWER TO ANSWER}
   Community living .................................................. 1
   Institution ........................................................ 2

4. (A5) What type of institution?
   Private rest home ................................................. 1
   Hostel ............................................................ 2
   Nursing Home ...................................................... 3
   Hospital .......................................................... 4
   Mental Institution ................................................ 5
   Boarding House .................................................... 6
   Other ............................................................. 7

5. (A2) Type of community living?
   {INTERVIEWER TO ANSWER}
   House ............................................................. 1
   Home unit or flat ................................................ 2
   Granny flat with own kitchen ...................................... 3
   Granny flat without kitchen ..................................... 4
   Non-self contained unit ......................................... 5
   Bed sitters room .................................................. 6
   Other ............................................................. 7

6. (A2a) Please specify other
   ____________________

7. (A3) Is this independent or Group Housing?
   {INTERVIEWER TO ANSWER}
   Independent .......................................................... 1
   Group Housing ...................................................... 2
   Retirement Village ................................................ 3
   Other ............................................................. 4

8. (A4) How many other people usually live here with you? __
9. TABLE

The table contains the following 5 questions:

9.1 What is their name?  
name0-name9

9.2 See display cards number 1  
What is their relationship to you?  
relat0-relat9

9.3 What was their age last birthday?  
thage0-thage9

9.4 What is their sex?  
Male .................................................................. (1)  
Female .................................................................. (2)  
thsx0-thsex9

9.5 Are they registered on the electoral roll?  
Yes ................................................................. (1)  
No ................................................................. (2)  
elect0-elec9

<table>
<thead>
<tr>
<th>Question</th>
<th>9.1</th>
<th>9.2</th>
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<td>Male</td>
<td>Female</td>
<td>Yes</td>
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<td>10. (A5a) Please specify other</td>
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</table>

11. (A7) When were you born? (Would you please give the exact date - dd,mm,yyyy)  
birthdat

12. (A8) What was your age last birthday?  
age

13. (A9) Were you born in Australia?  
Yes ................................................................. 1  
No ................................................................. 2  
birhcou

14. See display cards number 2  
(A10) In which country were you born? ...........................................  
whichcou

15. (A10a) Specify other country of birth?  
othcouty

16. (A11) In what year did you arrive in Australia?  
yearaus

17. (A12) Which one of the following would you describe yourself  
national
as? (Interviewer - show prompt card 1)

Australian ........................................................  1
English ...........................................................  2
Other UK (Irish, Scottish) .................................  3
Asian .............................................................  4
Other European ....................................................  5
Aboriginal, Torres Strait Islander ...........................  6
Other .............................................................  7

18. (A12a) Specify other nationality

   ____________________

19. (A13) Do you (or does ..) speak a language at home other than
   English?

   1   2

20. (A14) Do you (or does ..) have any difficulty understanding or
   speaking English?

   1   2

21. (A15) Are you (or is ..) usually able to carry on a conversation
   with a person who only speaks English?

   1   2

22. (A16) Which language do you prefer to use most of the time?
   English ...........................................................  1
   Other .............................................................  2

23. (A17) Does anyone interpret for you?
   Yes ...............................................................  1
   No ................................................................  2

24. (A18) Who is your main interpreter?
   Son or Daughter ...................................................  1
   Other Relative ....................................................  2
   Other household members ......................................  3
   Friend ............................................................  4
   Neighbour .........................................................  5
   Other informal ....................................................  6
   Formal, free service ............................................  7
   Formal, paid service ..........................................  8

25. See display cards number 3
   (A19) Who is your second interpreter?  .........................

26. (A20a) Are you or have you ever been married
   Yes ...............................................................  1
   No ................................................................  2

27. (A20) What is your current marital status?
   Married ............................................................  1
28. (A21) How long have you been married? (in years)
   (INTERVIEWER – If less than one year, enter 0)? __

29. (A22) Is this your first marriage (live in relationship)?
   Yes ............................................................... 1
   No ................................................................ 2

30. (A22a) How long was your previous marriage? (in years)
   (INTERVIEWER – If less than one year, enter 0)? __

31. (A23) How did your first marriage end?
   Widowed ........................................................... 1
   Divorced .......................................................... 2
   Other ............................................................. 3

32. (A24) I would now like to ask you some questions about your family
   How many children do or did you have (including stepchildren and
   adopted children)? __

33. (A25) How many sons do or did you have? __

34. (A26) How many sons are still alive?
   (INTERVIEWER – If only one ask – Is he still alive?) __

35. (A27) How many sons are living with you?
   (INTERVIEWER – If only one ask – Is he living with you?) __

36. (A28) How many live within one hours travel?
   (INTERVIEWER – If only one ask – Does he live within one hours travel?) __

37. (A29) How many live in South Australia more than one hours travel away?
   (INTERVIEWER – If only one ask – Does he live in SA)? __

38. (A30) How many live elsewhere in Australia?
   (INTERVIEWER – If only one ask – Does he live in Australia)? __

39. (A31) How many live overseas?
   (INTERVIEWER – If only one ask – Does he live overseas)? __

40. (A32) How many daughters do or did you have? __

41. (A33) How many daughters are still alive?
   (INTERVIEWER – If only one ask – Is she still living?) __

42. (A34) How many daughters are living with you?
   (INTERVIEWER – If only one ask – Is she living with you?) __

43. (A35) How many live one hours travel?
   (INTERVIEWER – If only one ask – Does she live within one hours travel?) __

44. (A36) How many live in South Australia more than one hours travel
45. (A37) How many live elsewhere in Australia?
{INTERVIEWER - If only one ask - Does she live in SA?}

46. (A38) How many live overseas?
{INTERVIEWER - If only one ask - Does she live overseas?}

47. (A38a) What is the age of your youngest living child?

48. (A38b) What is the age of your eldest living child?

49. (A38c) What is your child's age?

50. (A39) Do you have any grandchildren?
   Yes ............................................................... 1
   No ............................................................... 2

51. (A40) How many grandchildren do you have?

52. (A41) Is your mother now living?
   Yes ............................................................... 1
   No ................................................................ 2

53. (A42) How old is she (was she when she died)? (Years)

54. (A43) Is (was) she your natural mother?  1  2

55. (A44) Is your father now living?  1  2

56. (A45) How old is he (was he when he died)?

57. (A48) Is (was) he your natural father?  1  2

58. (A48A) Did you have any brothers or sisters including step and adopted brothers and sisters?  1  2

59. (A49) How many brothers did you have while you were growing up, including step and adopted brothers?

60. (A50) How many of your brothers are now living?

61. (A52) How many brothers live in Adelaide {Interviewer if only one ask - Does he live in Adelaide}?

62. (A49a) How many sisters did you have while you were growing up, including step and adopted sisters?

63. (A51) How many of your sisters are now living?

64. (A53) How many sisters live in Adelaide {Interviewer if only one ask - Does she live in Adelaide}?

65. (A53a) What is the age of your youngest living brother/sister?
66. (A53b) What is the age of your eldest living brother/sister? ___
67. (A53c) What is your age of your brother/sister? ___

68. (A54) Are you a twin? 1 2
69. (A55) Are you an identical twin? 1 2
70. (B1) Does your wife, husband or partner have any illness or health problems which limit his or her activities in any way? 1 2

71. (B2) Do health problems limit his or her activities a lot, somewhat, or just a little?
   A Lot .......................................................... 1
   Somewhat ...................................................... 2
   A little ......................................................... 3

72. (B3) The following questions concern the way you feel about your health and your life:

   How would you rate your overall health at the present time?
   Excellent ...................................................... 1
   Very Good ...................................................... 2
   Good .......................................................... 3
   Fair .......................................................... 4
   Poor ........................................................... 5
   Don't Know ................................................... 6

Questions 73 through 76:
Meaning of the labels:
   Very likely ....................................................(1)
   Likely .........................................................(2)
   Unlikely ......................................................(3)
   Very unlikely ...............................................(4)

73. (B3a) We would like to ask a few questions about various health events in the future.
   How likely do you think it is that you will need long-term care in a nursing home at some point during your lifetime?
   {INTERVIEWER - Show Prompt Card 2} 1 2 3 4

74. (B3c) How likely do you think it is that you will live for another ten years?
   {INTERVIEWER - Show Prompt Card 2} 1 2 3 4

75. (B3b) How likely do you think it is that your partner/spouse will need long-term care in a nursing home at some point during their lifetime?
   {INTERVIEWER - Show Prompt Card 2} 1 2 3 4
76. (B3d) How likely do you think it is that your partner/spouse will live for another ten years?

{INTERVIEWER - Show Prompt Card 2}

1 2 3 4

77. (B4) Would you say that your health is better, about the same, or worse than most people your age?

Better ................................................................. 1
Same ................................................................. 2
Worse ................................................................. 3
Don't Know .......................................................... 4

78. (B5) Is your health now better, about the same, or not as good as it was about twelve months ago?

Better now ............................................................ 1
About the same ...................................................... 2
Not as good now .................................................... 3
Don't Know .......................................................... 4

Questions 79 through 98:

Meaning of the labels:

Rarely or none of the time .............................................(1)
Some of the time .......................................................(2)
Quite a bit of the time .................................................(3)
Most or all of the time ...............................................(4)

79. (B6) I am now going to read a list of statements describing how people sometimes feel. Many of these statements may not apply to you but we have to ask them of everybody to get a comparison. Please tell me how often you felt that way during the past week:

I was bothered by things that usually don't bother me 1 2 3 4

80. (B7) I did not feel like eating: my appetite was poor 1 2 3 4

81. (B8) I felt that I could not shake off feeling low even with help from my family and friends 1 2 3 4

82. (B9) I felt that I was just as good as other people 1 2 3 4

83. (B10) I had trouble keeping my mind on what I was doing 1 2 3 4

84. (B11) I felt depressed 1 2 3 4

85. (B12) I felt that everything I did was an effort 1 2 3 4

86. (B13) I felt hopeful about the future 1 2 3 4

87. (B14) I thought my life had been a failure 1 2 3 4

88. (B15) I felt afraid 1 2 3 4

89. (B16) My sleep was restless 1 2 3 4

90. (B17) I was happy 1 2 3 4

91. (B18) It seemed that I talked less than usual 1 2 3 4

92. (B19) I felt lonely 1 2 3 4

93. (B20) People were unfriendly 1 2 3 4
94. (B21) I enjoyed life 
95. (B22) I had crying spells 
96. (B23) I felt sad 
97. (B24) I felt that people disliked me 
98. (B25) I could not get going 

99. (C1) Now I have some questions about specific medical conditions. Have you ever had either pain/discomfort or pressure/heaviness in your chest lasting less than half an hour?

   Yes ............................................................... 1
   No ................................................................ 2

100. (C1a) Did you have?
   Pain/discomfort ................................................... 1
   Pressure/heaviness ................................................ 2
   Both .................................................................. 3

101. (C2) Do you get this pain or discomfort, pressure or heaviness when you walk uphill or hurry?
   Yes ............................................................... 1
   No ................................................................ 2
   Never walks uphill or hurries ..................................... 3
   Unable to walk .................................................... 4

102. (C3) Do you get this pain or discomfort, pressure or heaviness when you walk at an ordinary pace on level ground?
   Yes ............................................................... 1
   No ................................................................ 2

103. (C4) If you get this pain while you are walking, do you stop or slow down, take an anginine, or continue at the same pace?
   Stop or slow down ................................................. 1
   Take an anginine .................................................. 2
   Continue at the same pace ......................................... 3

104. (C5) When you do stop or slow down, is the pain relieved?
   Yes ............................................................... 1
   No ................................................................ 2

105. (C6) How soon is the pain relieved?
   Ten minutes or less ................................................. 1
   More than ten minutes ............................................. 2
106. (C7) Have you had this pain or discomfort, pressure or heaviness more than three times?
   Yes .......................................................................................... 1
   No .......................................................................................... 2

107. See display cards number 4
   (C8) About how old were you when you first had it? ..................... _

108. (C9) Have you been bothered by this pain or discomfort, pressure or heaviness in the past 12 months?
   Yes .......................................................................................... 1
   No .......................................................................................... 2

109. (C10) In what year did you last experience this pain or discomfort, pressure or heaviness? (Year)  ____
   Yes No

110. (C11) Have you ever had a severe pain across the front of your chest lasting half an hour or more? 1 2

111. (C12) Did you see a doctor because of this pain? 1 2

112. (C14) How many of these attacks have you had? __

113. (C16) How long was the episode of pain in your last attack? (Hours) - If less than one hour, enter 1 __

114. (C17) Were you hospitalised overnight for this (these) attack(s)?
   Yes .......................................................................................... 1
   No .......................................................................................... 2

115. (C12a) What did the doctor say it was?
   Heart condition ........................................................................... 1
   Other ......................................................................................... 2

116. (C13) Please specify what the doctor said it was? _____________

117. (C23) Do you get pain in either leg when walking?
   Yes .......................................................................................... 1
   No .......................................................................................... 2
   Unable to walk ........................................................................... 3

118. (C24) Does this pain ever begin when you are standing still or sitting?
   Yes .......................................................................................... 1
   No .......................................................................................... 2
119. (C25) Do you get this pain when you walk uphill or hurry?
Yes ........................................................................ 1
No ........................................................................... 2
Never walks uphill or hurries ..................................... 3

120. (C26) If you stop, is the pain relieved?
Yes ........................................................................ 1
No ........................................................................... 2

121. See display cards number 4
(C27) About how old were you when you first had this pain? ...........

122. (C28) Have you ever had a sudden loss of vision in either or both eyes?
Yes  No

123. (C29) Did this condition last longer than 24 hours?
1  2

124. (C30) Have you ever had a sudden loss of speech, difficulty in speaking, or slurred speech?
1  2

125. (C31) Did this condition last longer than 24 hours?
1  2

126. (C32) Have you ever had a sudden paralysis or weakness of an arm and/or leg on the same side of the body?
1  2

127. (C33) Did this condition last longer than 24 hours?
1  2

128. (C34) Have you ever had a sudden numbness on one side of the body?
1  2

129. (C35) Did this condition last longer than 24 hours?
1  2

130. (C36) Do you usually cough? Exclude clearing your throat. Include a cough with a first smoke or on first going out of doors.
1  2

131. (C37) Do you usually have a cough during the winter only?
1  2

132. (C38) Do you usually cough like this on most days (or nights) for as much as three months each year?
1  2

133. (C39) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?
Yes ........................................................................ 1
No ........................................................................... 2
Never walks uphill or hurries ..................................... 3
Unable to walk ......................................................... 4

134. (C40) In the last 12 months has your chest sounded wheezy or whistly?
Yes ........................................................................ 1
No ........................................................................... 2

135. (C41) In the last 12 months has your chest sounded wheezy or whistly frequently or only occasionally?
Frequently ............................................................... 1
136. (C42) In the last 12 months, has it sounded wheezy or whistly only when you have a cold or at other times as well?
   Only when has cold ................................................ 1
   At other times .................................................... 2

137. See display card number 4
   (C43) About how old were you when you first had this condition?
   (INTERVIEWER - Read age categories if necessary) ...................... _

138. (C44) In the last 12 months, have you had an attack of wheezing which made you feel short of breath?
   Yes No

139. (C45) Have you had more than one such attack in the last 12 months?
   1 2

140. (C46) Did you require medicine or treatment for that (those) attacks?
   1 2

141. (C47) Have you had pain in your neck on most days for at least one month in the past 12 months?
   1 2

142. (C48) Have you had pain in your back on most days for at least one month in the past 12 months?
   1 2

143. (C49) Have you had pain or aching in any joints on most days for at least one month in the past 12 months?
   1 2

144. (C52) Which joints are usually involved whenever you have this pain?
   Hands ............................................................. 1
   Wrists ............................................................ 2
   Elbows ............................................................ 3
   Shoulders .......................................................... 4
   Hips ............................................................... 5
   Knees ............................................................. 6
   Ankles ............................................................. 7
   Feet ............................................................... 8

145. (C50) Have you had any swollen joints which were painful when touched on most days for at least one month in the last 12 months?
   Yes ............................................................... 1
   No ................................................................. 2

146. (C53) Which joints are usually involved whenever you have this swelling?
   Hands ............................................................. 1
147. (C51) Have you had stiffness in your joints when first getting out of bed on most mornings for at least one month in the last 12 months?
   Yes ............................................................... 1
   No ................................................................ 2

148. (C54) Which joints are usually involved whenever you have this stiffness?
   Hands ............................................................. 1
   Wrists ................................................................ 2
   Elbows ............................................................ 3
   Shoulders ......................................................... 4
   Hips .................................................................. 5
   Knees ................................................................ 6
   Ankles ............................................................ 7
   Feet .................................................................. 8

149. (C55) Did a doctor ever tell you that you had a cancer, malignancy or tumour of any type? Exclude skin cancer but include melanoma
   Yes ............................................................... 1
   No ................................................................ 2

150. See display cards number 5
    (C56) Where was the cancer or what type of cancer was it?
    {INTERVIEWER - If more than one, enter the most recent one} ............ _

151. Please specify other type of cancer? ________________________

152. (C57) In what year were you first told that you had this cancer (last one)? (Year) _____

153. (C58) Have you been hospitalised overnight for this? 1 2

154. (C59) Did a doctor ever tell you that you had diabetes? 1 2

155. (C60) When were you first told that you had diabetes? (Year) _____

12
156. (C61) Are you currently receiving treatment for diabetes?
   Yes ............................................................... 1
   No ............................................................... 2

curtreat

157. (C62) What type of treatment are you receiving?
   Insulin ........................................................... 1
   Diet .............................................................. 2
   Tablets or drugs .................................................. 3

whattype

158. (C63) Have you been hospitalised overnight for this condition?
   Yes ............................................................... 1
   No ................................................................  2

hospit00

159. (C64) I want you to tell me which of these medical conditions
   you have ever suffered from and also tell me about any other
   conditions you have had
   {INTERVIEWER - Show Prompt Cards 4}
   Enter total no. of conditions suffered from (note their names
   on paper)                                                                __

noconds

160. TABLE
   The table contains the following 6 questions:
   160.1 Which Condition?
       {INTERVIEWER - Enter condition code from list by entering the 4
       letters in brackets EXACTLY as shown on the card}
   160.2 Please specify other condition
   160.3 In what year were you first told that you had this condition?
   160.4 Have you stayed in hospital overnight for this condition?
       Yes ......................................................... (1)
       No .......................................................... (2)
   160.5 Do you suffer from this condition at present?
       Yes .......................................................... (1)
       No .......................................................... (2)
   160.6 Are you now prevented in any way from doing any activities because
       of this condition?
       Yes .......................................................... (1)
       No .......................................................... (2)

morbid1-morbid63

othmrb40-othrmrb43
diagyr1-diagyr63
hsp1-hsp63

suffer1-suffer63

lim1-lim63

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<td>1</td>
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<td>Disease .</td>
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<td>1</td>
<td>2</td>
<td>1</td>
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</table>
161. (C65) Do you have any problems swallowing?
   Yes ............................................................... 1
   No ................................................................ 2

162. (C66) What causes this?
   ____________________

163. (C67) Are you troubled by indigestion?
   Yes ............................................................... 1
   No ................................................................ 2

164. (C68) Do you suffer from vomiting at least once a week?
   Yes ............................................................... 1
   No ................................................................ 2

165. (C69) Do you bruise easily?
   Yes ............................................................... 1
   No ................................................................ 2

166. (C70) Do you suffer from frequent itchiness of the skin?
   Yes ............................................................... 1
   No ................................................................ 2
   Sometimes ......................................................... 3

167. (C71) Do you often have trouble with your bowels which makes
   you constipated?
   Yes ............................................................... 1
   No ................................................................. 2
   Has Colostomy ................................................... 3

168. (C72) Do you often have trouble with your bowels which gives
   you diarrhoea?
   Yes ............................................................... 1
   No ................................................................. 2

169. (C73) How often do you usually have a bowel movement?
   Once a day ..................................................... 1
   2-3 times a day ................................................ 2
4 or more times a day ............................................. 3
Once a week or less ................................................ 4
2 or 3 times a week ............................................... 5
4 to 6 times a week ............................................... 6

170. (C74) In the last 12 months have you noticed blood in your motions?
Yes ............................................................... 1
No ................................................................. 2

171. (C75) Are you troubled by frequent passing of urine during the day?
Yes ............................................................... 1
No ................................................................. 2
Has Catheter ..................................................... 3

172. (C76) Do you usually have to get up at night to pass urine?
Yes, often ........................................................ 1
Yes, occasionally ............................................... 2
No ................................................................. 3

173. (C77) About how many times per night?

174. (C78) Do you have pain on passing urine?
Often .............................................................. 1
Occasionally .................................................... 2
Never ............................................................. 3

175. (C79) Do you have difficulty holding your urine until you get to the toilet? (Interviewer - Read codes aloud)
Often .............................................................. 1
Occasionally .................................................... 2
Never ............................................................. 3

176. (C80) Do you accidentally pass urine? (Interviewer - Read codes aloud)
Often .............................................................. 1
Occasionally .................................................... 2
Never ............................................................. 3

177. (C81) When does this occur?
Only when you cough, laugh or strain .......................... 1
When you cough, laugh or strain and also at other times ..... 2
At other times only .............................................. 3
Don't know ....................................................... 4
178. (C82) Do you suffer regular or frequent headaches?
    Yes ............................................................... 1
    No ................................................................  2

179. (C83) How often do you get a headache?
    Several times a week .............................................. 1
    Once a week ....................................................... 2
    Several times a month ......................................... 3
    Once a month .................................................... 4
    Several times a year ............................................. 5
    Once a year or less ............................................. 6

180. (C84) Is your eyesight affected when you have the headaches?         1   2

181. (C85) Do you suffer from dizziness or giddiness?                     1   2

182. (C86) Do your hands shake when you pick up an object?                1   2

183. (C87) Is that always or sometimes?
    Always ............................................................ 1
    Sometime .......................................................... 2

184. (C88) Do your hands shake at rest?
    Yes ............................................................... 1
    No ................................................................  2

185. (C89) Is that always or sometimes?
    Always ............................................................ 1
    Sometime .......................................................... 2

186. (C90) Have you ever had a fit?
    Yes ............................................................... 1
    No ................................................................  2

187. (C92) Was this caused by epilepsy?
    Yes ............................................................... 1
    No ................................................................  2
    Don't know ........................................................ 3

188. (C91) Have you had a fit in the last twelve months?                  1   2

189. (C93) Have you ever suffered from blackouts or loss of
    consciousness (other than due to trauma)?                         1   2

190. (C94) Have you had a blackout or loss of consciousness in the
    last twelve months?                                               1   2

191. (D1) The next few questions are about medicines.
We are interested in any medicines prescribed by a doctor that you have taken or were supposed to take in the last two weeks. We are also interested in all other medicines not prescribed by a doctor such as aspirin, headache pills, laxatives, cold medicine, cough medicine, etc.
Could you please show me the medicines that you take.

{INTERVIEWER - CHECK CONTAINERS - Do not include ointments}

192. (D3) Drug name?

{INTERVIEWER - Generic name preferred}

193. (D2) {INTERVIEWER - [NEXT] MEDICINE}

Container seen?
Yes ........................................................................ 1
No ......................................................................... 2

194. (D4) What strength is it (or, if medicine, strength in single dose)?

{INTERVIEWER - CHECK LABEL}

Yes No

195. (D5) Have you taken this in the last two weeks? 1 2

196. (D6) Did you take this yesterday? 1 2

197. (D7) About how many days in the last two weeks did you take this?


198. (D8) What is the usual number of these capsules/tablets/doses that you would take in a day?

{INTERVIEWER - If less than one, enter fraction}


199. (D9) What do you take this for?


200. (D10) How long have you been taking this?

Weeks ................................................................. 1
Months ..................................................................... 2
Years ...................................................................... 3

201. (D11) How many $HWLONG[I]?


202. (D12) Was this prescribed by a doctor?

Yes ................................................................. 1
203. (D3) Drug name?

{INTERVIEWER - Generic name preferred}

204. (D2) {INTERVIEWER - [NEXT] MEDICINE}

Container seen?

Yes ............................................................... 1
No ................................................................. 2

205. (D4) What strength is it (or, if medicine, strength in single
dose)?

{INTERVIEWER - CHECK LABEL}

206. (D5) Have you taken this in the last two weeks?                     1   2

207. (D6) Did you take this yesterday?                                   1   2

208. (D7) About how many days in the last two weeks did you take
this?                                                                    __

209. (D8) What is the usual number of these capsules/tablets/doses
that you would take in a day?

{INTERVIEWER - If less than one, enter fraction}

210. (D9) What do you take this for?                      ____________________

211. (D10) How long have you been taking this?

Weeks ................................................................... 1
Months ................................................................... 2
Years ................................................................... 3

212. (D11) How many $HWLONG[I]?

213. (D12) Was this prescribed by a doctor?

Yes ............................................................... 1
No ................................................................. 2

214. (D3) Drug name?

{INTERVIEWER - Generic name preferred}
215. (D2) [INTERVIEWER - [NEXT] MEDICINE]

  Container seen?
  Yes ............................................................... 1
  No ............................................................... 2

216. (D4) What strength is it (or, if medicine, strength in single dose)?
  {INTERVIEWER - CHECK LABEL}  __________

217. (D5) Have you taken this in the last two weeks?
  Yes No
  1  2

218. (D6) Did you take this yesterday?
  Yes No
  1  2

219. (D7) About how many days in the last two weeks did you take this?
  __

220. (D8) What is the usual number of these capsules/tablets/doses that you would take in a day?
  {INTERVIEWER - If less than one, enter fraction}  __

221. (D9) What do you take this for?  ____________________

222. (D10) How long have you been taking this?
  Weeks ............................................................. 1
  Months ............................................................. 2
  Years ............................................................. 3

223. (D11) How many $HWLONG[I]?
  __

224. (D12) Was this prescribed by a doctor?
  Yes ............................................................... 1
  No ............................................................... 2

225. (D3) Drug name?
  {INTERVIEWER - Generic name preferred}  ____________________

226. (D2) [INTERVIEWER - [NEXT] MEDICINE]

  Container seen?
  Yes ............................................................... 1
  No ............................................................... 2
227. (D4) What strength is it (or, if medicine, strength in single dose)?
{INTERVIEWER - CHECK LABEL} __________

228. (D5) Have you taken this in the last two weeks? 1 2

229. (D6) Did you take this yesterday? 1 2

230. (D7) About how many days in the last two weeks did you take this? __

231. (D8) What is the usual number of these capsules/tablets/doses that you would take in a day?
{INTERVIEWER - If less than one, enter fraction} __

232. (D9) What do you take this for? ____________________

233. (D10) How long have you been taking this?
Weeks ............................................................. 1
Months ............................................................ 2
Years ............................................................. 3

234. (D11) How many $HWLONG[I]? __

235. (D12) Was this prescribed by a doctor?
Yes ................................................................ 1
No ................................................................ 2

236. (D3) Drug name?
{INTERVIEWER - Generic name preferred}

237. (D2) {INTERVIEWER - [NEXT] MEDICINE}

Container seen?
Yes ................................................................. 1
No ................................................................. 2

238. (D4) What strength is it (or, if medicine, strength in single dose)?
{INTERVIEWER - CHECK LABEL} __________

Yes No
239. (D5) Have you taken this in the last two weeks? 1 2
240. (D6) Did you take this yesterday? 1 2

241. (D7) About how many days in the last two weeks did you take this? __

242. (D8) What is the usual number of these capsules/tablets/doses that you would take in a day?
   {INTERVIEWER - If less than one, enter fraction} __

243. (D9) What do you take this for? ____________________

244. (D10) How long have you been taking this?
   Weeks ............................................................. 1
   Months ............................................................ 2
   Years ............................................................. 3

245. (D11) How many $HWLONG[I]? __

246. (D12) Was this prescribed by a doctor?
   Yes ............................................................... 1
   No ................................................................ 2

247. (D3) Drug name?
   {INTERVIEWER - Generic name preferred} ______________

248. (D2) {INTERVIEWER - [NEXT] MEDICINE}
   Container seen?
   Yes ............................................................... 1
   No ................................................................ 2

249. (D4) What strength is it (or, if medicine, strength in single dose)?
   {INTERVIEWER - CHECK LABEL} __________

250. (D5) Have you taken this in the last two weeks? 1 2
251. (D6) Did you take this yesterday? 1 2

252. (D7) About how many days in the last two weeks did you take this? __
253. (D8) What is the usual number of these capsules/tablets/doses that you would take in a day?  
{INTERVIEWER - If less than one, enter fraction} 

254. (D9) What do you take this for?  

255. (D10) How long have you been taking this?  

Weeks ............................................................. 1  
Months .................................................................. 2  
Years .................................................................... 3  

256. (D11) How many $HWLONG[I]?

257. (D12) Was this prescribed by a doctor?  

Yes ................................................................. 1  
No ................................................................. 2  

258. (D3) Drug name?  

{INTERVIEWER - Generic name preferred}  

259. (D2) {INTERVIEWER - [NEXT] MEDICINE}  

Container seen?  

Yes ................................................................. 1  
No ................................................................. 2  

260. (D4) What strength is it (or, if medicine, strength in single dose)?  

{INTERVIEWER - CHECK LABEL}  

Yes No  

261. (D5) Have you taken this in the last two weeks?  

1 2  

262. (D6) Did you take this yesterday?  

1 2  

263. (D7) About how many days in the last two weeks did you take this?  

264. (D8) What is the usual number of these capsules/tablets/doses that you would take in a day?  

{INTERVIEWER - If less than one, enter fraction}  

265. (D9) What do you take this for?  


266. (D10) How long have you been taking this?
   Weeks ............................................................. 1
   Months ............................................................ 2
   Years ............................................................. 3

267. (D11) How many $HWLONG[I]$?

268. (D12) Was this prescribed by a doctor?
   Yes ............................................................... 1
   No ................................................................ 2

269. (D3) Drug name?
   {INTERVIEWER - Generic name preferred}

270. (D2) {INTERVIEWER - [NEXT] MEDICINE}
   Container seen?
   Yes ............................................................... 1
   No ................................................................ 2

271. (D4) What strength is it (or, if medicine, strength in single
dozen)?
   {INTERVIEWER - CHECK LABEL}

272. (D5) Have you taken this in the last two weeks? 1 2
273. (D6) Did you take this yesterday? 1 2

274. (D7) About how many days in the last two weeks did you take
   this?

275. (D8) What is the usual number of these capsules/tablets/doses
   that you would take in a day?
   {INTERVIEWER - If less than one, enter fraction}

276. (D9) What do you take this for?

277. (D10) How long have you been taking this?
   Weeks ............................................................. 1
   Months ............................................................ 2
   Years ............................................................. 3
278. (D11) How many $HWLONG[I]?

279. (D12) Was this prescribed by a doctor?
   Yes ............................................................... 1
   No .............................................................. 2

280. (D3) Drug name?

   {INTERVIEWER - Generic name preferred}

281. (D2) {INTERVIEWER - [NEXT] MEDICINE}

   Container seen?
   Yes ............................................................... 1
   No .............................................................. 2

282. (D4) What strength is it (or, if medicine, strength in single dose)?
   {INTERVIEWER - CHECK LABEL}

283. (D5) Have you taken this in the last two weeks? 1 2

284. (D6) Did you take this yesterday? 1 2

285. (D7) About how many days in the last two weeks did you take this?

286. (D8) What is the usual number of these capsules/tablets/doses that you would take in a day?
   {INTERVIEWER - If less than one, enter fraction}

287. (D9) What do you take this for?

288. (D10) How long have you been taking this?
   Weeks ............................................................. 1
   Months ............................................................ 2
   Years ............................................................. 3

289. (D11) How many $HWLONG[I]?

290. (D12) Was this prescribed by a doctor?
   Yes ............................................................... 1
   No .............................................................. 2
291. (E1) Now I would like to ask you about accidents you may have had both in and around your home or away from home.

Firstly, have you had any falls in the past year - including those falls that did not result in injury as well as those that did?

If yes, how many? ___

292. (E2) Did you receive medical treatment for injuries from any of these falls or did you limit your usual activity for more than two days due to injuries from any of these falls?

- Medical treatment ................................................. 1
- Limit activity .................................................... 2
- Both .............................................................. 3
- Neither ........................................................... 4

293. (E3) In the last twelve months, how many falls did you have with injuries that required medical attention or limited you in doing your usual activities for more than 2 days? __

294. TABLE
The table contains the following 6 questions:

294.1 (E4) For each of the falls please answer the following questions.

'Where were you when you were injured? (Please specify e.g. kitchen of own home)'

294.2 (E5) What were you doing at the time you were injured? (Please specify such as washing dishes, walking upstairs)

294.3 (E6) What went wrong? (Please specify such as slipped on rug)

294.4 (E6a) How exactly was the injury caused? (eg Landed on floor)

294.5 (E7) What were your injuries?

(Include body parts and nature of injury such as cut or fracture)

294.6 (E8) Did you stay in a hospital overnight because of your injuries?

Yes .............................................................. (1)
No ............................................................. (2)

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<th>Question</th>
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Falls ... 294.3

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295. (E9) Now I would like to ask you about other accidents and injuries you may have had in the past year. These may include motor vehicle accidents, accidents or injuries while doing your daily tasks, and other injuries.

Have you had any other accidents and injuries in the past year?

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<th>Yes No</th>
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296. (E9A) Did you receive medical treatment for any of these kinds of injuries?

<table>
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<th>Yes No</th>
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<td>Falls ...</td>
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297. (E10) Did you limit your usual activities for more than 2 days?

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<th>Yes No</th>
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<td>Falls ...</td>
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because of any of these injuries?

298. (E11) In the past 12 months, how many times did you have injuries (accidents other than falls) that required medical attention or limited you in doing your usual activities for more than 2 days? __

299. TABLE
The table contains the following 6 questions:

299.1 (E12) Where were you when you were injured? (Please specify such as in kitchen of own home)

299.2 (E13) What were you doing at the time you were injured? (Please specify such as washing dishes, walking on path)

299.3 (E14) What went wrong? (Please specify such as slipped on rug)

299.4 (E14a) How exactly was the injury caused? (e.g., Landed on floor)

299.5 (E15) What were your injuries? (Please specify and include body parts and nature of injury such as cuts or fractures)

299.6 (E16) Did you stay in a hospital overnight because of your injuries?
   Yes ....................................................................................... (1)
   No .......................................................................................... (2)

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m12accin
whereac0-whereac9
whtdng20-whtdng29
causfal0-causfal9
excause0-excause9
injuryq0-injuryq9
hosptal0-hosptal9
300. (E17) Are you now limited in any way in doing any activities because of an injury at any time in the past, other than those we have already talked about?

Yes ............................................................... 1
No ................................................................ 2

301. (E18) What were your injuries?
(Please specify including body part and nature of injury such as cuts or fractures) ____________________

302. (E19) What were you doing when you were injured? (Please specify such as driving a car, playing football) ____________________

303. (E20) Do you drive a motor vehicle?

Yes ............................................................... 1
No ................................................................ 2

304. (E21) How often do you drive a motor vehicle?

At least once a day ............................................... 1
Once or twice a week .............................................. 2
Once or twice a month .......................................... 3
Less than once or twice a month ............................. 4
Never .................................................................. 5

305. (E22) In the past twelve months, have you changed your driving habits because of concerns related to your age or your health?

No change, still drive as before ............................... 1
Yes, drive less often ............................................... 2
Yes, only local driving, short distance ........................ 3
Yes, only daylight driving ...................................... 4
Yes, other ......................................................... 5

306. (E23) Please specify other ____________________

307. (E24) How often do you cross the street as a pedestrian?
At least once a day ...............................................  1
Once or twice a week ..............................................  2
Once or twice a month .............................................  3
Less than once or twice a month .................................  4
Never ................................................................  5

308. (E25) Are there any things about your home that make daily living more difficult? (such as poor lighting, chair that is too low)
Yes ........................................................................  1
No ..........................................................................  2

309. (E26) Please specify main difficulty ____________________

310. (E27) {INTERVIEWER - Show Prompt Card 4A)
I want you to indicate which, if any, of these bones you have broken one or more times

311. TABLE
The table contains the following 4 questions:
311.1 (E28) Which bone?
{INTERVIEWER - Enter the three characters in brackets on prompt card EXACTLY}
311.2 (E29) How old were you when this happened?
311.3 (E30) How did this occur?
Fall at ground level ............................................... (1)
Fall from height ....................................................... (2)
Motor vehicle accident ............................................ (3)
Other accident ........................................................ (4)
Spontaneous break .................................................. (5)
Other ................................................................. (6)
311.4 (E31) Did you have surgery for this?
Yes ......................................................................... (1)
No ......................................................................... (2)

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<th>Question</th>
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</table>
Fracture       ___     ___   1 2 3 4 5 6    1   2
Fracture       ___     ___   1 2 3 4 5 6    1   2

312. (E32) Have you ever had any (other) surgery or operations?

Yes ............................................................... 1
No ................................................................. 2

313. (E33) How many times have you had surgery under general
anaesthetic (including those already mentioned)?

One or two ........................................................ 1
Three or four .................................................... 2
Five to ten ...................................................... 3
Ten to twenty ................................................... 4
Over twenty .................................................... 5
Don't know .................................................... 6

314. (F1) Now I am going to ask you some questions about your
hearing.

Do you have any difficulty with your hearing?

Yes ............................................................... 1
No ................................................................. 2

315. (F2) How much difficulty do you have?

Slight ............................................................ 1
Moderate .......................................................... 2
Severe ............................................................ 3

316. (F3) Do you have ringing or other noises in your ears and head?

Yes ............................................................... 1
No ................................................................. 2

317. (F4) How often do you hear ringing or other noises?

Occasionally, less than once a week ............................... 1
Frequently, more than once a week ................................. 2
Constantly ........................................................ 3

318. (F9) Do you or have you ever used a hearing aid?                    1   2

319. (F10) Do you use a hearing aid now?                                  1   2

320. (F5) (With a hearing aid), do you find it difficult to follow a
conversation if there is background noise, e.g. T.V., Radio,
children playing?                                                     1   2

321. (F6) (With a hearing aid), do you have difficulty hearing what
a person says to you in a quiet room? 1 2
322. (F7) (With a hearing aid), can you make out what people are saying on the telephone (with the receiver to your better ear)?

   Easily ............................................................ 1
   With some difficulty .................................................. 2
   With great difficulty .................................................. 3

323. (F8) [INTERVIEWER - Do NOT ask this question if NO hearing difficulty at all, but enter NA]

   (With a hearing aid), do you find enjoyment of your personal and social life is affected by hearing problems?

   Never ............................................................. 1
   Seldom ............................................................. 2
   Sometimes ........................................................... 3
   Often ............................................................... 4
   Not applicable ..................................................... 5

324. (F11) As an adult have you ever been to your own doctor about problems with your hearing? 1 2
325. (F12) As an adult have you ever been to your own doctor about problems with noises in your head or ears? 1 2
326. (F13) As an adult have you ever visited a hospital about problems with your hearing? 1 2
327. (F14) As an adult have you ever visited a hospital about problems with noises in your head or ears? 1 2
328. (F15) Have you ever attended the National Acoustic Laboratory with regard to your hearing or for fitting of a hearing aid? 1 2
329. (F16) Have you ever worked in noisy places where you had to shout to be heard?

   {INTERVIEWER - If yes, for how long altogether?}

   Never ............................................................. 1
   For less than six months .............................................. 2
   For six to eleven months ............................................. 3
   For one to five years .................................................. 4
   For more than five years ............................................. 5

330. (F17) Now I am going to ask you some questions about your sight:

   Are you totally blind in either eye?

   Yes ............................................................... 1
331. (F18) Which eye?
   Right ............................................................. 1
   Left .............................................................. 2
   Both .............................................................. 3

332. (F19) Do you wear eye glasses or contact lenses?
   Yes ............................................................... 1
   No ................................................................  2

333. (F20) How old were you when you started wearing glasses or contact lenses?
   __

334. (F22) When wearing eye glasses or contact lenses can you see well enough to recognise the letters in ordinary newspaper print? 1 2
335. (F23) To recognise the letters in a headline? 1 2
336. (F24) To tell if a light is on or off in a room? 1 2
337. (F21) Do you use a magnifying glass for reading? 1 2
338. (F25) Have you noticed that your eyesight is worsening in the last 5 years? 1 2

339. (F26) What have you done about it?
   Doctor ................................................................. 1
   Optician or Optometrist ........................................... 2
   Glasses from optician ............................................. 3
   Glasses from chemist .............................................. 4
   Nothing ............................................................. 5

Questions 340 through 348:
Meaning of the labels:
   Not Applicable .................................................... (1)
   Not at all ............................................................ (2)
   A little ............................................................. (3)
   Moderately ......................................................... (4)
   A lot ............................................................... (5)

340. (F27) Now I would like you to tell me to what extent does vision interfere with your ability to do a number of things
   (with glasses if applicable)
   {INTERVIEWER - Show Prompt Card 5}

   Firstly your housework or retirement activities? 1 2 3 4 5

341. (F28) Your going outside in the bright sun? 1 2 3 4 5
342. (F29) Your ability to drive by day? 1 2 3 4 5
343. ( F30) Your ability to drive by night?  
   1 2 3 4 5

344. ( F31) Your ability to recognize faces across the street?  
   1 2 3 4 5

345. ( F32) Your ability to read?  
   1 2 3 4 5

346. ( F33) Your ability to see in the distance?  
   1 2 3 4 5

347. ( F34) Your ability to watch TV?  
   1 2 3 4 5

348. ( F35) Your ability to appreciate colours?  
   1 2 3 4 5

349. ( F36) Do you have anything wrong with your speech?  
   Yes ............................................................... 1
   No ............................................................... 2

350. ( F37) What condition causes this?  
   ____________________

351. ( F38) Do you have full use of your arms and fingers?  
   Yes ............................................................... 1
   No ............................................................... 2

352. ( F39) What condition causes this?  
   ____________________

353. ( F40) Do you have full use of your feet and legs?  
   Yes ............................................................... 1
   No ............................................................... 2

354. ( F41) What condition causes this?  
   ____________________

355. ( F42) Do you have any disfigurement or deformity caused by an illness or injury or that you have had from birth?  
   Yes ............................................................... 1
   No ............................................................... 2

356. ( F43) What condition do you have?  
   ____________________

357. ( F44) Do you have any condition that makes you slow at learning or understanding things?  
   Yes ............................................................... 1
   No ............................................................... 2

358. ( F45) What condition causes this?  
   ____________________

359. ( G1) Is there one particular doctor or private medical practice you usually go to when you are sick or when you need advice about your health?  
   Yes ............................................................... 1
   No ............................................................... 2

360. ( G2) How many times have you consulted a doctor in the last 2
weeks (other than when you were in hospital)?

None .............................................................. 1
Once ..................................................................... 2
Two to five ........................................................ 3
Six to ten .......................................................... 4
More than 10 ...................................................... 5

Yes No

361. (G3) In the last 12 months have you consulted any of the following people about your health?:

'General Practitioner?'

362. Specialist Doctor?

363. Hospital Outpatients?

364. A Dietician?

365. A Chemist for advice?

366. An Optician or Optometrist?

367. A Physiotherapist?

368. An Occupational Therapist?

369. Speech Therapist?

370. A Chiropractor?

371. A Chiropodist or Podiatrist?

372. A Psychiatrist

373. A Psychologist?

374. A District, Home or Community Nurse?

375. A Social or Welfare Worker?

376. A Naturopath?

377. An Acupuncturist?

378. (G4) Have you consulted any other person about your health other than those I have already mentioned in the last 12 months? 

Yes No

379. (G5) Please specify? ____________________________

380. (G6) Have you ever been a patient in a nursing home?

381. (G7) Have you been a patient in a nursing home in the last 12 months?

382. (G8) How many different times were you in a nursing home in the last 12 months?

383. (G9) For about how many days was that in total?

384. (G10) In the last 12 months, have you been in a hospital at
least overnight because of illness or an accident?
   Yes ...............................................................  1
   No ................................................................  2

385. (G11) How many different times were you in hospital in the last
   12 months? __

386. (G12) For about how many days was that in total? __

387. (G13) Over the last 12 months have you spent more than a week
   in bed because of illness or injury (other than in hospital or a
   nursing home)?
   Yes illness .......................................................... 1
   Yes injury .......................................................... 2
   No ................................................................. 3

388. (G14) For about how many weeks was that? __

389. (G15) Over the last 2 weeks have you stayed in bed all or most
   of the day because of illness or injury (other than in a
   hospital or a nursing home)?
   Yes ............................................................... 1
   No ................................................................  2

390. (G16) What was the illness or injury that caused this?____________

391. (G17) (Apart from when you were in hospital) how many days did
   you stay in bed in the last 2 weeks? __

392. (G18) (Apart from when you stayed in bed) in the last 2 weeks
   have you had to cut down on anything you usually do because of
   illness or injury?
   Yes ............................................................... 1
   No ................................................................. 2

393. (G19) What was the illness or injury that caused this?____________

394. (G20) How many days did you cut down in this last 2 weeks (not
   counting your days in bed)? __

395. (G21) Do you ever go to a day care or day therapy centre?
   Yes ............................................................... 1
   No ................................................................. 2

396. (G22) How often do you go to the centre(s)?
   Daily ............................................................... 1
397. (H1) Now I have a few questions about your teeth:

Have you lost all your teeth from your upper jaw?

Yes ............................................................... 1
No ................................................................ 2

398. (H2) I would like to get some idea of how many natural teeth you have in your upper jaw. Including the wisdom teeth, there are 16 teeth making up a complete set of teeth in the upper jaw.

Could you tell me the number of remaining teeth in your upper jaw? __

Yes No

399. (H3) Do you have a denture or false teeth for your upper jaw? 1 2

400. (H4) Have you lost all your teeth from your lower jaw? 1 2

401. (H5) Including the wisdom teeth, there are 16 teeth making up a complete set of teeth in the lower jaw (also)

Could you tell me the number of remaining teeth in your lower jaw? __

Yes No

402. (H6) Do you have a denture or false teeth for your lower jaw? 1 2

403. (H7) Are you ordinarily able to chew boiled vegetables? 1 2

404. (H8) Are you ordinarily able to chew hamburger? 1 2

405. (H9) Are you ordinarily able to chew fresh lettuce salad? 1 2

406. (H10) Are you ordinarily able to chew a piece of fresh carrot? 1 2

407. (H11) Are you ordinarily able to chew firm meat such as steak or chops? 1 2

408. (H12) Are you ordinarily able to bite off and chew a piece from a whole fresh apple? 1 2

409. (H13) How long ago did you see someone about your teeth, dentures or gums?
12 months or less .................................................. 1
12 months to 2 years .......................................... 2
2 years to 5 years .............................................. 3
5 years to 10 years .......................................... 4
More than 10 years ........................................... 5
Never .......................................................... 6

410. (H14) Would you say that you visit the dentist on a regular basis, or do you only go when you are in discomfort or when you need something fixed?
   - Regular basis .................................................. 1
   - When in discomfort ......................................... 2
   - Something needs to be fixed ............................. 3

411. (H15) For your last course of dental treatment did you go to a private dentist, a dental technician or a public hospital or clinic?
   - Private dentist .............................................. 1
   - Dental technician ......................................... 2
   - Public hospital ............................................. 3

412. (H16) How old were you when you last had a tooth extracted?
   {INTERVIEWER - If never enter 0} ___

413. (H17) If you needed to pay a one hundred dollar dental bill in the next month, how much difficulty would that create financially?
   {INTERVIEWER - Show Prompt Card 6}
   - No difficulty ................................................ 1
   - Hardly any difficulty ...................................... 2
   - A little difficulty ........................................ 3
   - A lot of difficulty ....................................... 4

414. (H18) If you needed dental care in the next month, how much difficulty would you have travelling to the dentist?
   - No difficulty ............................................... 1
   - Hardly any difficulty .................................... 2
   - A little difficulty ........................................ 3
   - A lot of difficulty ....................................... 4

415. (H19) If you needed to visit a dentist in the next month would you face any other problems?
   {INTERVIEWER - Show Prompt Card 7}
   - Yes ......................................................... 1
   - No .......................................................... 2
416. (H20) What problems would you face? ____________________ natrprob

417. (I1) I am now going to ask you some questions about your weight. Do you wish to answer these questions in stones and pounds or kilograms?
   Stones ............................................................ 1
   Kilogram .......................................................... 2

418. (I2B) About how much do you weigh now? INTERVIEWER - For example, if 10 stone 12 lbs, type 10.12 or if 8 stone 7 lbs, type 8.? weight
   _____

419. (I2A) About how much do you weigh now? weight
   _____

420. (I3) Do you consider yourself now to be overweight, underweight or about the right weight?
   Overweight ........................................................ 1
   Underweight ....................................................... 2
   About the right weight ............................................ 3

421. (I4) Would you like to weigh more, less or stay about the same? prefwght
   More .............................................................. 1
   Less .............................................................. 2
   Stay about the same ............................................. 3

422. (I5) During the past 12 months have you tried to lose weight? istwt12m
   Yes No 1 2

423. (I6) During the past 12 months have you changed what you eat because of any medical reason or health condition? chngeath
   1 2

424. (I7) What was the medical reason or health condition that caused you to change what you eat? medrsnch
   Overweight or obesity .......................................... 1
   High blood pressure or hypertension .......................... 2
   High blood cholesterol .......................................... 3
   Diabetes .......................................................... 4
   Heart disease ..................................................... 5
   Allergy ........................................................... 6
   Ulcer ............................................................. 7
   Other ............................................................. 8

425. (I8) Please specify? rsncheat
   ____________________

426. (I9) Up to the present time, what is the most you have ever weighed? (Females do not include any times when you were pregnant) maxwght
   _____
427. (I9a) Up to the present time, what is the most you have ever weighed? (Females do not include any times when you were pregnant) __________

428. (J1) The next series of questions relate to women only:

At what age did your periods begin? __________

429. (J2) At what age did you have your last period? __________

430. (J3) Did your periods stop naturally, because of surgery or for some other reason?
   Naturally ......................................................... 1
   Surgery ........................................................... 2
   Other reason ...................................................... 3

431. (J4) What was the reason? ______________________

432. (J5) Do you still have your womb or uterus? 1 2
433. (J6) Do you still have both your ovaries? 1 2
434. (J7) Do you still have one ovary? 1 2

435. (J8) How many times have you been pregnant including any miscarriages or still births? __________

436. (J9) How old were you when you had your first pregnancy? __________

437. (J10) Have you ever had a miscarriage?
   Yes ................................................................. 1
   No ................................................................. 2

438. (J11) How many miscarriages have you had? __________
439. (J12) How many live births have you had? __________
440. (J13) How many children have you breast fed? __________

Questions 441 through 457:

Meaning of the labels:
   Correct ............................................................ (1)
   Incorrect .......................................................... (2)
   No codable reply, refusal ........................................ (3)
   Not asked ........................................................... (4)

441. (K1) The next few questions are about memory. These are routine
questions we ask everyone to get a comparison - What day of the week is it?

{INTERVIEWER - Code response} 1 2 3 4

442. ( K2) What is the date - Day? 1 2 3 4
443. ( K3) What is the month? 1 2 3 4
444. ( K4) What is the year? 1 2 3 4
445. ( K5) What season of the year is it? 1 2 3 4
446. ( K6) Without looking at a watch or clock, what is the time of day?
{INTERVIEWER - Hours and minutes or 24 hour clock acceptable} 1 2 3 4

447. ( K7) What country are we in? 1 2 3 4
448. ( K8) What city or town are we in? 1 2 3 4
449. ( K9) What is the name of the State or Territory? 1 2 3 4
450. ( K10) What is the name of this hospital, nursing home, hostel? 1 2 3 4
451. ( K11) What is the name of this suburb? 1 2 3 4
452. ( K12) What floor of the building are we on? 1 2 3 4
453. ( K13) What are the names of 2 MAIN ROADS near your home? 1 2 3 4
454. ( K14) What is the name of the Prime Minister of this country? 1 2 3 4
455. ( K15) I am going to name three objects - After I have said them, I want you to repeat them - Remember what they are because I am going to ask you to name them again in a few minutes:

...apple...table...penny...
- Respondent remembers Apple? 1 2 3 4

456. ( K16) Respondent remembers Table? 1 2 3 4
457. ( K17) Respondent remembers Penny? 1 2 3 4

458. ( K18) {INTERVIEWER - After first trial repeat as often as necessary until respondent can say all three (up to 10 trials).}

Try to remember these three things because I am going to ask you to recall them in a little while

{INTERVIEWER - Record the number of trials} __

Questions 459 through 463:

Meaning of the labels:
Correct .................................................................(1)
Incorrect .................................................................(2)
No codable reply, refusal .............................................(3)
Not asked .................................................................(4)

459. ( K19) Now, speaking aloud, subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop:
Stop after five subtractions {INTERVIEWER - Count only 1 error if respondent makes subtraction error, but subsequent answers are 7 less than the error}.

460. 93 - 7 = 86? 1 2 3 4
461. 86 - 7 = 79? 1 2 3 4
462. 79 - 7 = 72? 1 2 3 4
463. 72 - 7 = 65? 1 2 3 4

464. (K20) Now I am going to spell a word forwards and I want you to spell it backwards. The word is WORLD.

{INTERVIEWER - Spell W-O-R-L-D aloud forwards}
Spell WORLD backwards - will you do this for me please?
Yes ............................................................... 1
No ................................................................ 2

Questions 465 through 472:
Meaning of the labels:
Correct ...........................................................(1)
Incorrect .........................................................(2)
No codable reply, refusal .........................................(3)
Not asked .........................................................(4)

465. First letter - D? 1 2 3 4
466. Second letter - L? 1 2 3 4
467. Third letter - R? 1 2 3 4
468. Fourth letter - O? 1 2 3 4
469. Fifth letter - W? 1 2 3 4

470. (K21) Now what were the three things I asked you to remember?
Respondent remembers Apple? 1 2 3 4

471. (K22) Respondent remembers Table? 1 2 3 4

472. (K23) Respondent remembers Penny? 1 2 3 4

473. (K24) Please listen carefully to the following name and address, then repeat it - John Brown, 42 West Street, Kensington

John?
Correct ................................................................. 1
Incorrec .............................................................. 2

474. Brown?
Correct ................................................................. 1
Incorrec .............................................................. 2
475. Forty two?
   Correct ........................................................... 1
   Incorrec .......................................................... 2

476. West Street?
   Correct ........................................................... 1
   Incorrec .......................................................... 2

477. Kensington?
   Correct ........................................................... 1
   Incorrec .......................................................... 2

478. INTERVIEWER - Repeat address until learned - up to 5 tries.
   Then ask respondent to remember this name and address for later.
   Please record the number of attempts taken to remember the whole address.

   Yes No

479. (K25) I am going to say the names of some people who were famous in the past and I would like you to tell me who they were or why they were famous.

   'Charlie Chaplin? (Actor, comedian, film star, comic)
   {INTERVIEWER - Any acceptable response given?} 1 2

480. (K26) Joseph Stalin? (Soviet, Russian, WWII leader, communist leader)
   {INTERVIEWER - Any acceptable response given?} 1 2

481. (K27) Captain Cook? (Explorer, sailor, navigator, discoverer)
   {INTERVIEWER - Any acceptable response given?} 1 2

482. (K28) Adolf Hitler? (German, Nazi, WWII leader)
   {INTERVIEWER - Any acceptable response given?} 1 2

483. (K30) New Year's Day falls on what date?
   First of January .................................................. 1
   First day of New Year ............................................. 2
   A wrong date ....................................................... 3
   Does not know, no codable reply, refusal ......................... 4
   Not asked .......................................................... 5

484. (K31) What is the name and address I asked you to remember a short time ago?

   John?

   Correct ........................................................... 1
485. Brown?
Correct ........................................................... 1
Incorrec .......................................................... 2

486. Forty two?
Correct ........................................................... 1
Incorrec .......................................................... 2

487. West Street?
Correct ........................................................... 1
Incorrec .......................................................... 2

488. Kensington?
Correct ........................................................... 1
Incorrec .......................................................... 2

489. (K32) I want you to tell me, please, the meanings of some words.
What does repair man mean?
Correct abstract definition such as to fix ......................... 1
Partially correct, gives concrete example using simile of repair .. 2
Incorrect, including repetition of word in sentence ............... 3
Does not know, no codable reply, refusal .......................... 4
Not asked .................................................................. 5

490. (K33) What does terminate mean?
Correct abstract definition such as stop .......................... 1
Partially correct, gives concrete example using simile of terminate 2
Incorrect, including repetition of word in sentence ............... 3
Does not know, no codable reply, refusal .......................... 4
Not asked .................................................................. 5

491. (K34) What does compassion mean?
Correct abstraction such as pity, empathy or sympathy ........ 1
Partially correct, gives concrete example using simile of compassion .......................................................... 2
Incorrect, including repetition of word in sentence ............... 3
Does not know, no codable reply, refusal .......................... 4
Not asked .................................................................. 5

492. (K35) {INTERVIEWER - For the next 3 questions, if response is vague, say - Could you tell me a bit more?}
In what way are an apple and a banana alike?
Correct abstraction such as both fruit ............................. 1
Paritally correct, gives concrete similarities such as both grow,
can eat both, both have peel ........................................... 2
Incorrect ......................................................................... 3
Does not know, no codable reply, refusal .......................... 4
Not asked ........................................................................ 5

493. (K36) In what way are a boat and a car alike?
Correct abstraction such as both are a means of transport ...... 1
Partially correct, gives concrete similarities such as both have
seats .................................................................................. 2
Incorrect, only mentioned ways different ............................ 3
Does not know, no codable reply, refusal .......................... 4
Not asked ........................................................................ 5

494. (K37) In what way are an egg and a seed alike?
Correct abstraction such as beginnings of life, first stage of
development ........................................................................ 1
Partially correct, gives concrete similarities such as things grow
from both ............................................................................. 2
Incorrect - not alike ......................................................... 3
Does not know, no codable reply, refusal .......................... 4
Not asked ........................................................................ 5

495. (L1) How often do you have trouble falling asleep?
Never ................................................................................. 1
Rarely .................................................................................. 2
Sometimes ......................................................................... 3
Often .................................................................................. 4
Almost always ................................................................. 5

496. (L2) How often do you have trouble with waking up during the
night?
Never .................................................................................. 1
Rarely .................................................................................. 2
Sometimes ......................................................................... 3
Often .................................................................................. 4
Almost always ................................................................. 5

497. (L3) Between the time you first fall asleep in bed at night
and the time you finally wake in the morning, how long on
average are you awake overnight?
498. (L4) Do you wake up because you are in pain? 
   Yes ............................................................... 1  
   No ............................................................... 2

499. (L5) Where is the pain? 
   ____________________

500. (L6) How often do you have trouble with waking up earlier than intended and not being able to fall asleep again at all? 
   Never ............................................................. 1 
   Rarely ............................................................ 2 
   Sometimes ......................................................... 3 
   Often ............................................................. 4 
   Almost always ..................................................... 5

501. (L7) Do you feel you usually get sufficient sleep? 
   Yes ............................................................... 1 
   No not quite enough ............................................... 2 
   No not nearly enough .............................................. 3

502. (L8) On how many days per week would you intentionally take a nap or sleep in the daytime? 
   No days ........................................................... 1 
   One or two days ................................................... 2 
   Three or four days ................................................ 3 
   Five or more days ................................................. 4

503. (L9) If you take intentional daytime naps or sleeps, how long are they usually? 
   {INTERVIEWER - Enter number in minutes} 

504. (L10) How many days per week would you fall asleep unintentionally (e.g. while watching TV, reading, or riding in a car)? 
   No days ........................................................... 1 
   One or two days ................................................... 2 
   Three or four days ................................................ 3 
   Five or more days ................................................. 4

505. (L11) Compared to one year ago, do you have sleep problems more now, less now, or is your sleeping pattern about the same? 
   More now .......................................................... 1 
   Less now .......................................................... 2 
   About the same .................................................... 3
506. (L12) How often do you usually take a sedative or sleeping pill that has been prescribed by a doctor to help you sleep?

   Nightly ........................................................... 1
   A few times per week .............................................. 2
   A few times per month ............................................. 3
   Less often ........................................................ 4
   Never ................................................................ 5

507. (L13) {INTERVIEWER - For next 5 questions, use 24-hour clock}

   What is the usual time you go to bed at night?          ____

508. (L13a) What is the usual time you turn the lights off intending to go to sleep?          ____

509. (L14) What is the usual time you fall asleep?             ____

510. (L15) What is the usual time you finally wake in the morning?        ____

511. (L16) What is the usual time you get out of bed in the morning?      ____

512. (L17) Do you snore or has anyone ever told you that you snore?

   Yes ............................................................... 1
   No ................................................................ 2

513. (L18) Is snoring present every night, on most nights or only occasionally?

   Every night ....................................................... 1
   Most nights ....................................................... 2
   Occasional nights ................................................. 3
   Don't know ........................................................ 4

514. (L19) Have you been told that you stop breathing or gasp for breath during your sleep?

   Yes ............................................................... 1
   No ................................................................ 2

515. (L20) How often do you stop breathing or gasp for breath during your sleep?

   Every night ....................................................... 1
   Most nights ....................................................... 2
   Occasional nights ................................................. 3
   Don't know ........................................................ 4

516. (L21) Do you have periods during sleep in which you have regular twitching movements? (This does not refer to a single twitch or jerk that may occur at sleep onset)

   Yes ............................................................... 1
   No ................................................................ 2
517. (L22) If yes, how often do you have these movements?
   Every night ....................................................... 1
   Most nights ....................................................... 2
   Occasional nights ................................................. 3
   Don't know ........................................................ 4

   freqtwtc

   Yes No

518. (L23) Do you usually sleep with your partner/spouse? 1 2
519. (L24) Is your sleep normally disturbed by your partner 1 2

   sleeparr  sleeptt

520. Is this due to snoring, twitching, both of these or some other reason
   Snoring ........................................................... 1
   Twitching ......................................................... 2
   Both .............................................................. 3
   Other ............................................................. 4

   sleeppt  slptrs

   Yes No

521. (M1) Are you able to walk up and down stairs to the second floor without help? 1 2
522. (M2) Are you able to walk half a mile without help? 1 2

   strs2flr  wlkhlfml

Questions 523 through 527:

   Meaning of the labels:
   No difficulty at all ..............................................(1)
   A little difficulty ...............................................(2)
   Some difficulty ...................................................(3)
   A lot of difficulty ...............................................(4)
   Just unable to do it ..............................................(5)

523. (M3) Now I am going to ask you how difficult it is, on the average, to do similar kinds of activities.
    {INTERVIEWER - Show Prompt Card 8}
    
    How much difficulty, if any, do you have pulling or pushing large objects like a living room chair?

   1 2 3 4 5

   pshplllw

524. (M4) What about stooping, crouching or kneeling? 1 2 3 4 5
525. (M5) Lifting or carrying weights over 10 pounds (4 kilograms) like a heavy bag of groceries? 1 2 3 4 5
526. (M6) Reaching or extending your arms above shoulder level? 1 2 3 4 5
527. (M7) Either writing or handling or fingering small objects? 1 2 3 4 5

   stperknl  lft10lbs  rchovshl  difsmobj

528. (M8) {INTERVIEWER - Show Prompt Card 9}
    I am now going to ask you about some everyday activities.
    Please tell me if you had any difficulties or have had any help

   noadlprb
from either a person or from some equipment or device in doing any of these activities in the last 12 months (apart from when you may have been in a hospital or a nursing home).

{INTERVIEWER - Note down on paper which activities cause a problem and enter TOTAL number}

529. TABLE

The table contains the following 10 questions:

529.1  ( M9) {INTERVIEWER - Enter activity code} activ1-activ8
529.2  ( M10) In doing this activity, have you received help from a person, special equipment or both?

No Help ..................................................... (1)
Person ...................................................... (2)
Special equipment ........................................... (3)
Both ........................................................ (4)

529.3  ( M11) Do you still require this help?

Yes ......................................................... (1)
No .......................................................... (2)

529.4 See display cards number 6
(M12) Is this help provided by relatives or friends. If so, who is your main helper?

529.5 See display cards number 7
(M13) Does any other relative or friend help you?

529.6 See display cards number 8
(M14) Do you receive any other help such as from a care organisation?

529.7  ( M15) (With this help), how much difficulty on average do you have doing this activity?

No difficulty at all ........................................ (1)
A little difficulty ......................................... (2)
Some difficulty ............................................. (3)
A lot of difficulty ........................................ (4)

529.8  ( M16) Do you feel you need (more) help with this task?

Yes ......................................................... (1)
No .......................................................... (2)

529.9  ( M17) What is the main reason you are not receiving (more) help?

Need not important enough now ............................... (1)
Won't ask - pride ........................................... (2)
Cost - can't afford it ...................................... (3)
No-one to help .............................................. (4)
Unable to arrange help or service ......................... (5)
Other ....................................................... (6)

529.10  ( M18) Please specify main reason

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Activity

Activity

Activity

Activity

Activity

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Activity

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Activity
I would now like to ask you about some other activities. Please tell me if you have had any difficulty or have had any help from a person because of any problem in doing any of these activities in the last 12 months (except for when you have been in a nursing home or in a hospital) 

{INTERVIEWER - Note down on paper which activities cause a problem and enter TOTAL number}

---

531. TABLE
The table contains the following 10 questions:

531.1  (N2) {INTERVIEWER - Enter activity code}

531.2  (N2a) Do you receive any help to assist you in this activity?
  Yes ......................................................... (1)
  No ......................................................... (2)

531.3  (N3) Do you still require this help?
  Yes ......................................................... (1)
  No ......................................................... (2)

531.4 See display cards number 9
  (N4) Is this help provided by relatives or friends? If so, who is your main helper?

531.5 See display cards number 10
  (N5) Does any other relative or friend help you?
  {INTERVIEWER - Type a space before each code}

531.6 See display cards number 11
  (N6) Do you receive any other help such as from a care organisation?
  {INTERVIEWER - Read out categories}

531.7  (N7) (With this help), how much difficulty on average do you have doing this activity?
  No difficulty at all ........................................ (1)
  A little difficulty .......................................... (2)
  Some difficulty ............................................. (3)
  A lot of difficulty ......................................... (4)

531.8  (N8) Do you feel you need (more) help with this task?
  Yes ......................................................... (1)
  No ......................................................... (2)
531.9 (N9) What is the main reason you are not receiving (more) help?

Need not important enough now ........................................ (1)
Won't ask - pride ......................................................... (2)
Cost - can't afford it ....................................................... (3)
No-one to help ............................................................... (4)
Unable to arrange help or service ...................................... (5)
Other ............................................................................. (6)

531.10 (N10) Please specify main reason

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531.10

51
Questions 532 through 534:

Meaning of the labels:

- More than once per week ...........................................(1)
- Once a week .......................................................(2)
- Two or three times a month ........................................(3)
- Almost once a month .............................................(4)
- Less than once a month ..........................................(5)
- Never .............................................................(6)

532. (O1) Think of your children and/or children-in-law who do not live with you. In the past twelve months, how often did you have personal contact with at least one of them? 1 2 3 4 5 6

533. (O2) Again thinking of your children and/or children-in-law who do not live with you. In the past twelve months, how often did you have phone contact with at least one of them? 1 2 3 4 5 6

534. (O3) Again thinking of your children and/or children-in-law who do not live with you. In the past twelve months, how often did you receive mail from at least one of them? 1 2 3 4 5 6

535. (O4) Would you say you were very happy, reasonably happy, a little unhappy, or very unhappy with the contact you have with your children and/or children-in-law?

  - Very happy .................................................. 1
  - Reasonably happy .......................................... 2
  - A little unhappy ......................................... 3
  - Very unhappy ............................................. 4
  - Cant say .................................................. 5

536. (O5) Do you agree or disagree with the following statement?

  'Older people should be able to depend on their adult children for the help they need?'

  - Strongly agree ............................................. 1
  - Agree ....................................................... 2
  - Disagree ................................................... 3
Strongly disagree .......................................................... 4

537. ( 06) If you and your husband or wife or partner had health problems which made you very dependent on others, do you think you would want to:

Stay at home with outside help ........................................ 1
Move in with children .................................................... 2
Move to a home for the aged .......................................... 3
Move to a nursing home ............................................... 4

Questions 538 through 549:

Meaning of the labels:

Never .............................................................................(1)
Rarely ..............................................................................(2)
Sometimes ........................................................................(3)
Often ................................................................................(4)
Not applicable ..............................................................(5)

538. ( 07) As you know, parents and children sometimes support each other in different ways. Do you help your children and/or children-in-law in any of the following ways?

{INTERVIEWER - Show Prompt Card 11}

Give gifts?

1 2 3 4 5

539. ( 08) Help out with money?

1 2 3 4 5

540. ( 09) Help out when someone is ill?

1 2 3 4 5

541. (O10) Help keep house or fix things around the house?

1 2 3 4 5

542. (O11) Take care of grandchildren or babysit for awhile when parents are out?

1 2 3 4 5

543. (O12) Do your children and/or children-in-law support you in any of the following ways when you are ill (or when your husband or wife is ill)?

1 2 3 4 5

544. (O13) Give gifts?

1 2 3 4 5

545. (O14) Shop or run errands for you?

1 2 3 4 5

546. (O15) Help out with money?

1 2 3 4 5

547. (O16) Help keep house or fix things around the house for you?

1 2 3 4 5

548. (O17) Prepare meals for you?

1 2 3 4 5

549. (O18) Drive you places such as doctor, shopping, church?

1 2 3 4 5

Questions 550 through 552:

Meaning of the labels:

More than once per week .........................................................(1)
Once a week ........................................................................(2)
Two or three times a month ....................................................(3)
Almost once a month ...........................................................(4)
Less than once a month .......................................................(5)
550. (O1a) Think of your grandchildren (who do not live with you). In the past twelve months, how often did you have personal contact with at least one of them? 1 2 3 4 5 6

551. (O2a) Again thinking of your grandchildren (who do not live with you). In the past twelve months, how often did you have phone contact with at least one of them? 1 2 3 4 5 6

552. (O3a) Again thinking of your grandchildren (who do not live with you). In the past twelve months, how often did you receive mail from at least one of them? 1 2 3 4 5 6

553. (O4a) Would you say you were very happy, reasonably happy, a little unhappy, or very unhappy with the contact you have with your grandchildren?
   Very happy ........................................................ 1
   Reasonably happy .................................................. 2
   A little unhappy .................................................. 3
   Very unhappy ...................................................... 4
   Cant say .......................................................... 5

554. (O5a) Do you agree or disagree with the following statement?
   'Older people should be able to depend on their adult grandchildren for the help they need?'
   Strongly agree .................................................... 1
   Agree .................................................................. 2
   Disagree ............................................................. 3
   Strongly disagree ................................................. 4

Questions 555 and 556:
See display cards number 12

555. (O19) (Apart from any child or children, children-in-law, or grandchildren), about how often do you spend some time with family or relatives who do not live with you?
   {INTERVIEWER - Read out categories}

556. (O20) (Apart from your children, children-in-law or grandchildren), about how often do you talk with family or other relatives on the telephone?
   {INTERVIEWER - Read out categories}

557. (O21) In general, would you like to see more of your family and relatives than you do, about the same, or less?
   More .................................................................. 1
558. (O22) Apart from any child or children, children-in-law or grandchildren, how many relatives do you have that you feel close to (that is people you feel at ease with and talk to about private matters or can call on for help)?  

559. (O23) Of these close relatives, how many live in Adelaide?  

Questions 560 and 561:
See display cards number 12

560. (O24) About how often do you spend some time with friends who do not live with you, that is you go to see them or they come to visit you or you go out to do things together?  

561. (O25) About how often do you talk with friends on the telephone?  

562. (O26) How many close friends do you have, that is people you feel at ease with and talk to about private matters or can call on for help?  

563. (O27) Of these close friends, how many live in Adelaide?  

564. (O28) From all the people you know, including your (partner), relatives and friends is there any one special person that you feel very close and intimate with - someone you share confidences and feelings with, someone you feel you can depend on?  

Yes ............................................................... 1  

No ................................................................ 2  

565. See display cards number 13  

(O29) What is their relationship to you?  

566. (O28a) Again, from all the people you know, is there any other special person that you feel very close and intimate with - someone else you share confidences and feelings with, someone else you feel you can depend on?  

Yes ............................................................... 1  

No ................................................................ 2  

567. See display cards number 14  

(O29a) What is their relationship to you?  

568. (O30) If you were sick, is there someone, either in your household or not, you could call on to help around the house or
to help take care of you?

Yes ............................................................... 1
No ................................................................. 2

569. (O31) Who is that? [Code more than one category?]

Spouse ............................................................ 1
Other household member ............................................ 2
Other friend or relative ............................................. 3
Community or government agency ............................. 4
Paid private source ............................................... 5
Different people at different times .............................. 6
Other ..................................................................... 7

570. (O32) In an emergency is there someone you could call on to get help for you right away? 1 2

571. (O33) When you need some extra help can you count on anyone to help with daily tasks like grocery shopping, house cleaning, cooking, telephoning, taking you places? 1 2

572. (O34) In the last year who has been most helpful with these daily tasks?

Spouse ............................................................ 1
Daughter .......................................................... 2
Son ............................................................... 3
Brother or sister ................................................. 4
Other relative .................................................... 5
Neighbour ......................................................... 6
Friend ............................................................ 7
Other ..................................................................... 8

573. (O35) Is there anyone who depends on you for help with things like getting around the house, or bathing?

Yes ............................................................... 1
No ................................................................. 2

574. (O36) I now have a few questions about the person with whom you have the greatest involvement in caring for.

'Who is this person?'

Parent including in-laws ............................................ 1
Child including in-laws ............................................. 2
Brother including in-laws ......................................... 3
Sister including in-laws ............................................. 4
Grandchildren ...................................................... 5
Other relative ..................................................... 6
575. (O37) About how many hours a week do you usually spend caring for him or her? ___

576. (O38) How stressful is it for you to care for him or her or to arrange for his or her care?

- Very stressful .................................................... 1
- Quite stressful ................................................... 2
- Somewhat stressful ................................................ 3
- Not at all stressful .............................................. 4

Questions 577 through 584 :

Meaning of the labels:
- Extremely satisfied ............................................... (1)
- Very satisfied .................................................... (2)
- Satisfied .......................................................... (3)
- Somewhat dissatisfied .......................................... (4)
- Very dissatisfied ................................................ (5)

577. (O38a) The next few questions are about your general satisfaction with life. Could you choose a category from this card which best applies to you.

Are you satisfied with the area where you live? 1 2 3 4 5

578. (O38b) Are you satisfied with your own health and physical condition? 1 2 3 4 5

579. (O38c) Are you satisfied with your financial situation? 1 2 3 4 5

580. (O38d) Are you satisfied with your friendships? 1 2 3 4 5

581. (O38e) Are you satisfied with your marriage? 1 2 3 4 5

582. (O38f) Are you satisfied with your family life? 1 2 3 4 5

583. (O38g) Are you satisfied with the way you handle problems that come up in your life? 1 2 3 4 5

584. (O38h) Are you satisfied with your life in general? 1 2 3 4 5

585. (O38i) Would you say you can count on your partner for emotional support when you need it?

- Yes ................................................................. 1
- No ................................................................. 2

586. (O38j) When it comes to making major family decisions, who has the final say?

(Major decisions mean things like when to retire, where to live and how much money to spend on major purchases)

- You ................................................................. 1
- Your partner/spouse ......................................... 2
You and your partner/spouse equally ................................................. 3

carepets

587. (O39) Do you look after or care for any pets?
Yes ............................................................... 1
No ................................................................. 2
carepets

588. (O40) Specify type of pets
__________________________
typepets

589. (O41) Would you like a pet?
Yes ............................................................... 1
No ................................................................. 2
likepets

590. (O42) Why don't you have a pet?
Can't afford it ................................................... 1
Insufficient room ................................................. 2
Regulations ....................................................... 3
Frequent absences ................................................. 4
Other ............................................................. 5
rsnopets

591. (P1) The next few questions are about major events that
sometimes take place during a person's life:

Have you ever been a victim of a serious physical attack or
assault at any time in your life?
Yes ............................................................... 1
No ................................................................. 2

assault

592. (P2) In what year was the most recent occurrence? _____
yrlstocc

593. (P3) And in what month did it happen? _____
mthlstoc

594. (P4) Up to now, how well do you feel you have dealt with this
experience and any changes or problems which may have resulted
from it?
Very well ......................................................... 1
Quite well ......................................................... 2
Somewhat well ..................................................... 3
Not too well ...................................................... 4
copeassl

595. (P5) Have you ever had a life-threatening illness or
accidental injury at any time in your life?
Yes ............................................................... 1
No ................................................................. 2
ltinjill

596. (P6) In what year did that happen most recently? _____
mstrecyr
597. (P7) And in what month did it happen? __

598. (P8) Up to now, how well do you feel you have dealt with this life-threatening illness or injury and any changes or problems that may have resulted from it?

Very well ......................................................... 1
Quite well ........................................................ 2
Somewhat well ..................................................... 3
Not too well ...................................................... 4

599. (P9) Did you have any other serious, but not life-threatening illness or accidental injury that occurred or got worse in the last 3 years?

Yes ............................................................... 1
No ................................................................. 2

600. (P10) In what year did that happen most recently? __

601. (P11) And in what month did it happen? __

602. (P12) Up to now, how well do you feel you have dealt with this illness or injury and any changes or problems that may have resulted from it?

Very well ......................................................... 1
Quite well ........................................................ 2
Somewhat well ..................................................... 3
Not too well ...................................................... 4

603. (P13) Have you moved to a new residence during the past 3 years?

Yes ............................................................... 1
No ................................................................. 2

604. (P14) In what year was your most recent move? __

605. (P15) And in what month? __

606. (P16) In what city or country and state did you live before you moved here? ________________________________

607. (P17) So far, have the changes brought about in your life by this move, been?

Entirely good ......................................................... 1
Mostly good ........................................................ 2
Mostly bad ......................................................... 3
Entirely bad ...................................................... 4
608. (P18) Up to now, how well do you feel you have dealt with the changes brought on by moving to a new residence?

- Very well ................................................................. 1
- Quite well ............................................................... 2
- Somewhat well ......................................................... 3
- Not too well ............................................................ 4

609. (P19) Have you been robbed or was your home burglarised in the last three years?

- Yes ........................................................................ 1
- No ........................................................................... 2

610. (P20) In what year did that happen most recently?

611. (P21) And in what month did it happen?

612. (P22) Up to now, how well do you feel you have dealt with this burglary or robbery and any changes or problems that might have resulted from it?

- Very well ................................................................. 1
- Quite well ............................................................... 2
- Somewhat well ......................................................... 3
- Not too well ............................................................ 4

613. (P23) (Apart from your husband/wife) have you lost anyone close to you through death in the last 3 years?

- Yes ........................................................................ 1
- No ........................................................................... 2

614. (P24) Who was it that died?

- Child ......................................................................... 1
- Child-in-law ............................................................. 2
- Grandchild .............................................................. 3
- Sibling ...................................................................... 4
- Other relative .......................................................... 5
- Friend ................................................................. 6

615. (P25) In what year was the most recent occurrence?

616. (P26) And in what month did it happen?

617. (P27) Up to now, how well do you feel you have dealt with this experience and any changes or problems which may have resulted from it?

- Very well ................................................................. 1
618. (P28) Have you lost contact with anyone close to you for any reason other than death in the last 3 years?

Yes ............................................................... 1
No ................................................................ 2

619. (P29) Who have you lost contact with?

Spouse ............................................................ 1
Child ............................................................. 2
Child-in-law ...................................................... 3
Grandchild ........................................................ 4
Sibling ............................................................ 5
Other relative ..................................................... 6
Friend ............................................................ 7

620. (P30) During the last 3 years has anything else happened to you that upset you a lot that you haven't already told me about?

Yes ............................................................... 1
No ................................................................ 2

621. (P31) What was the most upsetting thing that happened?

________________________________________

622. (P32) In what year did that happen? ____

623. (P33) And in what month did it happen? __

624. (P34) Up to now, how well do you feel you have dealt with this event and any changes or problems that might have resulted from it?

Very well ......................................................... 1
Quite well ........................................................ 2
Somewhat well ..................................................... 3
Not too well ...................................................... 4

625. (Q1) The next few questions are about smoking

Do you currently smoke cigarettes?

Yes ............................................................... 1
No ................................................................ 2
626. (Q2) How many cigarettes do you usually smoke a day? ___
cigsday
627. (Q3) How old were you when you first smoked cigarettes regularly? ___
agfstsmk
628. (Q4) Have you ever smoked cigarettes regularly in the past?
Yes ........................................................................... 1
No ........................................................................... 2
regsmkps
629. (Q5) Before you gave up smoking, how many cigarettes a day did you usually smoke? ___
smkbfgup
630. (Q6) How old were you when you last smoked cigarettes regularly? ___
Yes No
aglssmrg
631. (Q7) Do you regularly smoke a pipe or cigars? 1 2
pipcigar
632. (Q8) Have you ever regularly smoked a pipe or cigars? 1 2
regpipcig
633. (Q9) The next few questions are about beverages that contain alcohol.
How often do you have a drink containing alcohol?
Never ........................................................................... 1
Monthly or less ......................................................... 2
Two to four times a month ......................................... 3
Two to three times a week ......................................... 4
Four or more times a week ......................................... 5
freqalch
634. (Q10) How many standard drinks (See Prompt Card 13) containing alcohol do you have on a typical day when you are drinking?
One or two ........................................................... 1
Three or four ........................................................... 2
Five or six ............................................................... 3
Seven to nine .......................................................... 4
Ten or more .............................................................. 5
nostdrnk
Questions 635 through 640:
Meaning of the labels:
Never ........................................................................... (1)
Less than monthly ...................................................... (2)
Monthly ................................................................. (3)
Weekly ....................................................................... (4)
Daily or almost daily ................................................... (5)
635. (Q11) {INTERVIEWER - Show Prompt Card 14 for next 6 questions}
How often do you have six or more drinks on one occasion? 1 2 3 4 5

636. (Q12) How often during the last year have you found that you were not able to stop drinking once you had started? 1 2 3 4 5

637. (Q13) How often during the last year have you failed to do what was normally expected from you because of drinking? 1 2 3 4 5

638. (Q14) How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session? 1 2 3 4 5

639. (Q15) How often during the last year have you had a feeling of guilt or remorse after drinking? 1 2 3 4 5

640. (Q16) How often during the last year have you been unable to remember what happened the night before because you had been drinking? 1 2 3 4 5

Questions 641 and 642:
Meaning of the labels:
No .................................................................(1)
Yes, but not in the last year .................................(2)
Yes, during the last year .....................................(3)

641. (Q17) Have you or someone else been injured as a result of your drinking? 1 2 3

642. (Q18) Has a relative, a friend, a doctor or other health worker been concerned about your drinking or suggested you cut down? 1 2 3

643. (Q19) Do you think you presently have a problem with drinking?
No ............................................................................. 1
Probably not ............................................................ 2
Unsure ................................................................. 3
Possibly ............................................................... 4
Definitely .............................................................. 5

644. (Q20) In the next 3 months, how difficult would you find it to cut down or stop drinking?
Very easy ............................................................. 1
Fairly easy ........................................................... 2
Neither difficult nor easy ....................................... 3
Fairly difficult ..................................................... 4
Very difficult ....................................................... 5

645. (R1) Now I have some questions about how you spend your leisure time.

In the past two weeks did you engage in vigorous exercise (exercise which made you breathe harder or puff or pant such as tennis, jogging etc.?)

63
646. (R2) How many sessions of vigorous exercise did you engage in over the past two weeks? __

647. (R3) How much time did you spend exercising vigorously during the past 2 weeks?
   {INTERVIEWER - Enter number of minutes} ___

648. (R4) In the past two weeks, did you engage in less vigorous exercise for recreation, sport or health-fitness purposes which did not make you breathe harder or puff and pant?
   Yes ............................................................... 1
   No ............................................................... 2

649. (R5) How many sessions of less vigorous exercise did you engage in over the past two weeks? __

650. (R6) In the past two weeks, did you walk for recreation or exercise?
   Yes ............................................................... 1
   No ............................................................... 2

651. (R7) How many times did you walk for recreation or exercise in the past two weeks? __

652. (R8) In the past two weeks, in the course of your tasks around the house, were you involved in moderate to heavy physical exertion which made you breathe harder or puff and pant?
   Yes ............................................................... 1
   No ............................................................... 2

653. (R9) How much time were you involved in moderate to heavy physical exertion in tasks at (work or) home during the past two weeks?
   {INTERVIEWER - Enter number of hours} ___

654. (R10) Are you a member of any clubs or organisations such as church related groups, social or sporting groups?
   Yes ............................................................... 1
   No ............................................................... 2

655. (R11) How many groups do you belong to altogether? __

656. TABLE
The table contains the following 1 questions:

656.1 What are they?

Question 656.1

Names ... ____________________
Names ... ____________________
Names ... ____________________
Names ... ____________________
Names ... ____________________

657. (R12) How many group meetings or gatherings did you go to in
the past month? __

658. (R13) Are you presently an officer of any of the clubs you
belong to such as president, secretary, treasurer?
Yes ............................................................... 1
No ................................................................. 2

659. (R14) How many different offices do you hold (in different
clubs)? __

660. (R15) What is your religion, if any?
Anglican .......................................................... 1
Catholic .................................................................. 2
Uniting Church ..................................................... 3
Orthodox ............................................................ 4
Other ................................................................... 5
No Religion ......................................................... 6

661. (R15a) Please specify other religion ____________________

662. (R16) In guiding your life, would you say that religion is very
important, somewhat important or not at all important?
Very important ..................................................... 1
Somewhat important ................................................ 2
Not at all important ................................................ 3
Don't know ......................................................... 4

663. (R17) I am going to ask you some questions about a number of
activities in which you may participate, some of which I have
mentioned before. I now want you to tell me how often you
participate in each activity in a typical 3 month period. If you
like, you could think about the last 3 months.

How often have you prepared a main meal?
(Needs to play a substantial part in the organisation,
preparation and cooking of a main meal, not just snacks)
Never .............................................................  1
Less than once a week ................................................  2
One to two times a week .............................................  3
Most days ............................................................  4

664. (R18) How often have you washed the dishes?
(Must do it all or share equally eg. washing or wiping and
putting away, not just rinsing occasional items)
Less than once a week ................................................  1
One or two days a week .............................................  2
Most days ................................................................  3
Every day ................................................................  4

665. (R19) How often have you washed clothes?
(Organisation of washing and drying of own clothes, whether in
a washing machine, by hand or at a laundrette)
Never ......................................................................  1
About once a month .....................................................  2
About once a fortnight ...............................................  3
Once a week or more ....................................................  4

666. (R20) How often have you done light housework?
(Such as dusting, polishing, sweeping, tidying up)
Never ......................................................................  1
Once a fortnight or less .............................................  2
About once a week ....................................................  3
Several days a week ....................................................  4

667. (R21) How often have you done heavy housework?
(Taking out the garbage, cleaning floors, vacuuming, washing
windows, moving chairs)
Never ......................................................................  1
About once a month .....................................................  2
About once a fortnight ...............................................  3
Once a week or more ....................................................  4

668. (R22) How many hours of voluntary or paid employment have you
done?
None .......................................................................  1
Up to ten hours a week ................................................  2
Ten to thirty hours a week .........................................  3
More than thirty hours a week .....................................  4

Questions 669 and 670 :
Meaning of the labels:
Never ......................................................................(1)
About once a month .........................................................(2)
About once a fortnight ....................................................(3)
Once a week or more .....................................................(4)

669. (R23) How often have you cared for other family members?
(Caring for a sick relative, baby sitting, caring for a spouse etc) 1 2 3 4

670. (R24) How often have you done household shopping?
(Must play a substantial role in the organisation and buying of the shopping eg. groceries, fruit and vegetables - Also includes paying household bills) 1 2 3 4

671. (R25) How often have you done personal shopping?
(Must play a substantial role in the organisation and buying of the shopping eg. clothing, toiletries, gifts)
Never .............................................................................. 1
Once in three months ...................................................... 2
About once a month ...................................................... 3
Once a fortnight or more ............................................. 4

Questions 672 and 673:
Meaning of the labels:
Never ..............................................................................(1)
About once a month ......................................................(2)
About once a fortnight ...................................................(3)
Once a week or more ...................................................(4)

672. (R26) How often have you done light gardening? (Weeding, watering, sweeping paths, potting) 1 2 3 4

673. (R27) How often have you done heavy gardening?
(Digging garden beds pruning, mowing lawns) 1 2 3 4

674. (R28) How often have you done household and/or car maintenance?
(Cleaning gutters, painting, doing minor repairs, servicing and/or washing the car)
Never .............................................................................. 1
Once in 3 months .......................................................... 2
About once a month ...................................................... 3
Once a fortnight or more ............................................. 4

675. (R29) How often have you needed to drive a car or organise your own transport?
(The emphasis is on the organisation of transport, not the journey itself, includes driving own car, catching bus or train, calling taxi etc. Excludes transport for the person organised by someone else.)
Never .............................................................................. 1
Up to once a month ................................................  2
Up to once a fortnight ............................................  3
Once a week or more ...............................................  4

676. (R33) How often have you invited people to your home?
(Implies either casual or formal social contact e.g. having people to dinner, inviting people for a cup of tea, card evenings - Includes standing invitations to family and close friends.)

Less than once a fortnight ........................................  1
About once a fortnight ............................................  2
About once a week ...............................................  3
More than once a week ............................................  4

677. (R30) How often have you spent some time on a hobby?
(Must require some active participation and thought e.g. knitting, crosswords, painting, gardening, games, letter writing, not just watching television)

Never .............................................................  1
About once a month ................................................  2
About once a fortnight ............................................  3
Once a week or more ...............................................  4

678. (R31) How many hours have you spent reading books, magazines or newspapers?

Less than two hours a week ......................................  1
Two to five hours a week .........................................  2
Five to ten hours a week .......................................  3
Over ten hours a week ..........................................  4

679. (R32) How many telephone calls have you made to friends or family?
(Emphasis is on making calls NOT receiving calls)

None ..............................................................  1
Up to three calls a week ........................................  2
Four to ten calls a week .......................................  3
Over ten calls a week ...........................................  4

680. (R34) How much time have you spent watching television or listening to the radio?
(Emphasis is on watching/listening, not just having the TV/radio on in the background while doing other things)

Less than one hour a day ........................................  1
One to three hours a day ......................................  2
Three to five hours a day ....................................  3
Over five hours a day ...........................................  4
681. (R35) How often have you participated in social activities at a centre such as a club, a church, or a community centre?
   (Bingo, senior citizens, RSL, a hotel, self-education courses)
   Less than once a month ............................................ 1
   About once a month ................................................ 2
   About once a week ................................................. 3
   More than once a week ............................................. 4

Questions 682 and 683:
Meaning of the labels:
   Never .............................................................(1)
   About once a month ................................................(2)
   About once a fortnight ..........................................(3)
   Once a week or more ..............................................(4)

682. (R36) How often have you attended religious services or meetings?  1 2 3 4

683. (R37) How often have you participated in an outdoor social activity?
      (BBQs, picnics, spectator sports etc.)  1 2 3 4

684. (R38) How often have you spent some time outdoors participating in a recreational or sporting activity?
      (Bowls, fishing, golf etc. Excludes spectator sports)
      Never ............................................................. 1
      About once a month .............................................. 2
      About once a week ............................................. 3
      More than once a week ........................................... 4

685. (R39) How often have you walked outdoors for 15 minutes or more?
      (Sustained walking for about 1 mile. Short stops for breath are allowed. Can include walking to the shops, provided it is far enough.)
      About once a month or less .................................... 1
      About once a fortnight .......................................... 2
      About once a week ............................................. 3
      Most days ......................................................... 4

686. (R40) How often have you gone for a drive or been on an outing?
      (The common factor is an outing for pleasure e.g. by bus, train or car, excludes routine trips for a purpose such as shopping or visiting friends)
      Never ............................................................. 1
      About once a month .............................................. 2
      About once a fortnight .......................................... 3
Once a week or more ................................................... 4

Yes No

687. (R41) Do you own a car?

1 2

688. (T1) Now I would like to ask you about your housing and finances.

Is this house, flat or unit being rented by you or any other usual resident of the household?

1 2

689. (T2) Who is the rent paid to?

South Australian Housing Trust ..................................... 1
Person in dwelling ..................................................... 2
Landlord or Real Estate Agent .................................... 3
Other ................................................................. 4

690. (T3) What is the total rent each week (total dollars)? ___

wkleyn

691. (T4) Is this house, flat or unit being paid off by you or is it owned by you or any other usual resident of the household?

Yes, being paid off ................................................ 1
Yes, owned .......................................................... 2
No ................................................................. 3

692. (T5) What is the total repayment each week (total dollars)? ___

wklyrep

693. (T6) In which of these categories does the market value of your house, flat or unit fall?

{INTERVIEWER - Show Prompt Card 15}

Up to seventyfour thousand ........................................ 1
From seventyfive thousand to one hundred thousand ............... 2
From onehundred and one thousand to one hundred and fifty thousand 3
More than one hundred and fifty thousand .......................... 4
Not answered ...................................................... 5

694. (T7) When did you move into this house, flat or unit?

Before 1970 ....................................................... 1
1970-1974 ........................................................ 2
1975-1979 ........................................................ 3
After 1979 ...................................................... 4

695. (T8) Please specify which year you moved into this house, flat or unit?

_____

696. (T9) How many main rooms do you have in this house, flat or

nrooms
unit? (Do not include bathrooms, porches, balconies or foyers)

697. (T10) Would you say that you find living in this house, flat or unit very comfortable, comfortable or uncomfortable?

- Very comfortable ........................................................................ 1
- Comfortable ................................................................................ 2
- Uncomfortable .............................................................................. 3

698. (T11) Overall would you say this house, flat or unit is in good, average or poor condition?

- Good .......................................................................................... 1
- Average ...................................................................................... 2
- Poor ............................................................................................ 3

699. (T12) Do you intend to move house (again)?

- Yes .......................................................................................... 1
- No ............................................................................................ 2

700. (T13) For what reason do you intend to move (again)?

- More or better personal care at new home ............................... 1
- Closer to things or people ....................................................... 2
- Better neighbourhood ............................................................ 3
- Cost of rent or mortgage or upkeep and repairs too high ........ 4
- Modified or better designed or more suitable dwelling .......... 5
- Family changes such as bereavement or to live with family .... 6
- Other .......................................................................................... 7

701. (T13a) Do you own a second home?

- Yes .......................................................................................... 1
- No ............................................................................................ 2

702. (T13b) What is your main reason for owning a second home?

- Holiday house ........................................................................... 1
- Part-time residence ..................................................................... 2
- Investment .................................................................................. 3
- Other .......................................................................................... 4

703. (T13c) Please specify other?  ________________________________

704. (T14) [INTERVIEWER - Do not ask this question at Retirement Villages]

- Have you put your name down for any special aged accommodation or retirement village?

- Yes .......................................................................................... 1
- No ............................................................................................ 2
705. (T16) {INTERVIEWER - Show Prompt Card 16}
This card lists various social security cards.
Which of these do you (or your husband/wife) currently hold?
{INTERVIEWER - Prompt for all types}
Pensioner health benefits and concession card ..................... 1
Pharmaceutical benefits card ...................................... 2
Health Benefits card .............................................. 3
Health Care card .................................................. 4
Other ...................................................................... 5
None of the above ................................................. 6

706. (T16a) {INTERVIEWER - Only ask if one of the answers to social
security cards is Other, otherwise enter NA} ________________

707. See display cards number 15
(T15) {INTERVIEWER - Show Prompt Card 17}
This card lists various sources of income. Which of these do
you or your husband or wife currently receive as income?
List all sources of income.
{INTERVIEWER - Type a space before each code}
........................................................................ ________

708. (T17) If we include the income from all these sources, and add
all of your (and your spouse's) earnings, in which of these
groups would your total income be before tax or anything else is
taken out?
{INTERVIEWER - Show Prompt Card 18 and enter relevant code} _

709. (T20) How many people altogether live on this income (that is
it provides at least half of their income)? _

710. (T18) What percentage of this total did you yourself receive? ___

Questions 711 and 712:
Meaning of the labels:
Very well .........................................................(1)
Fairly well ........................................................(2)
Poorly ..............................................................(3)
711. (T21) How well does the amount of money you have take care of your
needs? 1 2 3
712. (T22) How well does the amount of money you have take care of your
large annual expenses? 1 2 3
713. (T23) Do you usually have enough to buy those little extras
i.e. small luxuries?
714. (T24) Suppose you needed money quickly, and you cashed in all
of your (and your spouse's) cheque and savings accounts, any
stocks and bonds, and real estate (other than your principal
home).
About how much would this amount to?
{INTERVIEWER - Show Prompt Card 19 and enter relevant code} __

715. (U1) Now I have some background questions about topics such as
schooling and work experience.

How old were you when you left school?
Never went to school .............................................. 1
Under fourteen years .............................................. 2
Fourteen years .................................................... 3
Fifteen years ..................................................... 4
Sixteen years ..................................................... 5
Seventeen years ................................................... 6
Eighteen or more years ............................................ 7

716. (U2) Since leaving school have you obtained a certificate,
diploma, degree or any other qualification?
Yes ............................................................... 1
No ................................................................ 2

717. See display cards number 16
(U3) {INTERVIEWER - Show Prompt Card 20}
Which of these groups best describes your highest qualification? ...... _

718. (U4) Please specify other
__________________________

719. (U5) Do you currently work in a job, business or farm?  1  2
720. (U6) Have you ever worked in a job, business or farm?  1  2

721. (U7) How long ago did you last work? (in years) ____

722. (U8) Are you retired from your last job?
Yes ............................................................... 1
No ............................................................... 2

723. (U9) In what year did you retire? ____

73
724. (U10) Did you attend a retirement preparation course before your retirement?
   Yes ............................................................... 1
   No ................................................................ 2

725. (U11) What kind of work have you done most of your life?
   Job retired from .................................................. 1
   Current job ........................................................... 2
   Housewife ............................................................ 3
   Never employed ..................................................... 4
   Other ............................................................... 5

726. (U12) Specify what kind of work
   ______________________________

727. (U13) Did you work -
   For an employer ................................................... 1
   For wages or salary in your own business with employees ........... 2
   For wages or salary in your own business with no employees ...... 3
   Without pay in a family business ...................................... 4
   For payment in kind ................................................. 5
   Unpaid voluntary work .............................................. 6

728. (U14) In your job were you mainly sitting, standing still or moving around a lot?
   Sitting ........................................................... 1
   Standing still ..................................................... 2
   Moving around a lot ............................................... 3

729. (U15) Did that job require you to perform heavy physical work? 1 2

730. (U16) Did you serve in the armed services overseas or in Northern Australia during war time? 1 2

731. (U17) What kind of work did your husband/wife do for most of his/her life?
   Worked at job, business or farm ........................................... 1
   Never employed ........................................................ 2
   Housewife ............................................................ 3

732. (U18) Please specify kind of work
   ______________________________

733. (U19) Was he or she working -
   For an employer ................................................... 1
   For wages or salary in your own business with employees ........... 2
   For wages or salary in your own business with no employees ...... 3
   Without pay in a family business ...................................... 4
For payment in kind ............................................... 5
Unpaid voluntary work ........................................... 6

The following display cards are used

Display card number 1

Spouse ............................................................. (1)
Son ................................................................. (2)
Daughter ........................................................... (3)
Son-in-law ........................................................ (4)
Daughter-in-law .................................................. (5)
Grandchild ........................................................ (6)
Parent ............................................................... (7)
Parent-in-law ...................................................... (8)
Brother or sister .................................................. (9)
Brother or sister-in-law ........................................ (10)
Nephew or niece ................................................ (11)
Cousin ............................................................. (12)
Uncle or aunt ..................................................... (13)
Great grandchild ................................................ (14)
Other relative .................................................... (15)
Friend ............................................................. (16)
Boarder or lodger ............................................... (17)
Other .............................................................. (18)

Display card number 2

UK or Ireland ..................................................... (1)
Italy ............................................................... (2)
Greece ............................................................ (3)
Yugoslavia ........................................................ (4)
Holland ............................................................ (5)
Germany .......................................................... (6)
New Zealand ..................................................... (7)
Poland ............................................................. (8)
Middle East ....................................................... (9)
South East Asia ................................................ (10)
Other European ................................................. (11)
Other ............................................................. (12)

Display card number 3

Son or Daughter .................................................. (1)
Other Relative .................................................... (2)
Other household members ...................................... (3)
Friend ............................................................. (4)
Neighbour ........................................................ (5)
Other informal ................................................... (6)
Formal, free service ............................................. (7)
Formal, paid service .......................................... (8)
No other interpreter .......................................... (9)
Display card number 4

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<td>15 years and under 20 years</td>
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<td>20 years and under 30 years</td>
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<td>40 years and under 50 years</td>
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<td>50 years and under 60 years</td>
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<td>70 years and under 80 years</td>
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<td>80 years or older</td>
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Display card number 5

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<td>Breast</td>
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Display card number 6

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Son-in-law ............................................................ (5)
Daughter-in-law .................................................... (6)
Grandchild ........................................................... (7)
Parent ............................................................... (8)
Parent-in-law ....................................................... (9)
Brother ............................................................. (10)
Sister .................................................................. (11)
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Aunt .................................................................. (18)
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Other Relative .................................................... (20)
Friend ............................................................... (21)
Neighbour .......................................................... (22)
Boarder or lodger ............................................... (23)
Other .................................................................. (24)

Display card number 8
Royal District Nursing Society ........................................ (1)
Domiciliary Care ..................................................... (2)
Local Government ................................................... (3)
Other Government .................................................. (4)
Paid help ............................................................ (5)
Private home care from nursing organisation .................. (6)
Meals on Wheels .................................................... (7)
Other ................................................................ (8)
None ................................................................ (9)

Display card number 9
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Meals on Wheels .................................................. (8)
Other ............................................................ (9)

Display card number 12
Almost every day .................................................. (1)
A few times a week ............................................... (2)
Once a week ...................................................... (3)
Few times a month ................................................ (4)
Once a month ..................................................... (5)
Every few months ................................................. (6)
Once a year ....................................................... (7)
Less often ....................................................... (8)
Never ............................................................ (9)

Display card number 13
Spouse ........................................................... (1)
Daughter ......................................................... (2)
Daughter-in-law .................................................. (3)
Son .............................................................. (4)
Son-in-law ....................................................... (5)
Brother .......................................................... (6)
Sister ........................................................... (7)
Other male relative .............................................. (8)
Other female relative ............................................ (9)
Male friend ..................................................... (10)
Female friend ................................................... (11)

Display card number 14
Spouse ........................................................... (1)
Daughter ......................................................... (2)
Daughter-in-law .................................................. (3)
Son .............................................................. (4)
Son-in-law ....................................................... (5)
Brother .......................................................... (6)
Sister ........................................................... (7)
Other male relative .............................................. (8)
Other female relative ............................................ (9)
Male friend ..................................................... (10)
Female friend ................................................... (11)

Display card number 15
Wages or salary .................................................. (1)
Superannuation .................................................. (2)
Income from your own business or partnership .......... (3)
Income from interest, dividends or rent .................. (4)
Workers compensation ........................................ (5)
Age pension ..................................................... (6)
Carer's pension .................................................. (7)
Disability support pension .................................... (8)
Widowed person's allowance ................................. (9)
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