The Australian Longitudinal Study of Ageing
Wave 7 Household Questionnaire

1 Sequence Number

2 Date of interview
   Interviewer’s number

   Interviewer 1
   Interviewer 2
   Interviewer 3
   Interviewer 4
   Interviewer 5

Household Demographics
   interviewer to answer

3 Type of domicile
   Community living
      Institution

Household Demographics, Community Living Details

4 Identify type of community living
   House
   Home unit or granny flat
   Granny flat with kitchen
   Granny flat without kitchen
   Non-self contained unit
   Bed sitter room
   Other, (specify below)

5 Please specify other community living

Household Demographics, Institution Details

6 Is this independent or group housing?
   Independent
   Group housing
   Retirement village
   Other

7 Identify type of institution
   Not Answered
   Private rest home
   Hostel
   Nursing home
   Hospital
   Mental institution
   Boarding house
   Other (specify below)

8 Please specify “other institution”

Household members

9 How many people usually live with you?
10.1 What is their name? NAME1W7-NAM5W7
10.2 What is their relationship to you?  
- Spouse 1 RELAT1W7-RELAT5W7  
- 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
10.3 What was their age last birthday? THEAGE1W7-THEAGE5W7
10.4 What is their sex? THSEX1W7-THSEX5W7
11. Could you please tell me your current marital status? MARITW7
- Married 1  
- De facto 2  
- Separated 3  
- Divorced 4  
- Widowed 5  
- Never married 6

I would now like to ask you some questions about your family.
12 How many living children do you (or your husband-wife-partner) have? LIVCHW7
13 How many sons are still alive? SSTLALW7
14 How many live within one hour’s travel? SLIVHOW7
15 How many live in South Australia more than one hour’s travel away? SLIVSAW7
16 How many live elsewhere in Australia? SLIVAUW7
17 How many live overseas? SOVERSW7
18 Living daughters DSTLALW7
- How many daughters are still alive?  
19 How many live within one hour’s travel? DLIVHOW7
20 How many live in South Australia more than one hour’s travel away? DLIVSAW7

(INTERVIEWER-if only one ask – Does he live within one hours travel?)
(INTERVIEWER-if only one ask – Does he live in SA?)
(INTERVIEWER-if only one ask – Does he live in Australia?)
(INTERVIEWER-if only one ask – Does he live overseas?)
(INTERVIEWER-if only one ask – Does she live within one hours travel?)
(INTERVIEWER-if only one ask – Does she live in SA?)
21. How many live elsewhere in Australia?  
   (INTERVIEWER-if only one ask – Does she live in Australia?)  
22. How many live overseas?  
   (INTERVIEWER-if only one ask – Does she live overseas?)  
23. **Grandchildren**
   Do you have any grandchildren?  
   Yes 1  
   No 2  
   INTERVIEWER: IF NO GO TO QUESTION 25.  
24. How many grandchildren do you have?  
25. **The following questions concern the way you feel about your health and life**  
   How would you rate your overall health at the present time?  
   Excellent 1  
   Very good 2  
   Good 3  
   Fair 4  
   Poor 5  
26. 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  
27. 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  

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

(INTERVIEWER – Show Display Card 1)
Questions 28 to 47 - meaning of 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

28. I was bothered by things that usually don’t bother me.  
29. I did not feel like eating: my appetite was poor.  
30. I felt that I could not shake off feeling low even with help from my family and friends.  
31. I felt that I was just as good as other people.  
32. I had trouble keeping my mind on what I was doing.  
33. I felt depressed.  
34. I felt that everything I did was an effort.
35 I felt hopeful about the future.  
36 I thought my life had been a failure.  
37 I felt afraid.  
38 My sleep was restless.  
39 I was happy  
40 It seemed that I talked less than usual.  
41 I felt lonely.  
42 People were unfriendly.  
43 I enjoyed life.  
44 I had crying spells.  
45 I felt sad.  
46 I felt that people disliked me.  
47 I could not get going.  

I would now like to ask you some questions about serious medical conditions you may have had  
48 Did the doctor ever tell you that you had a cancer, malignancy or tumour of any type?  
   Yes  1  
   No  2  

Interviewer: exclude skin cancer but include melanoma  

Cancer Details  
49 Where was the cancer or what type of cancer was it?  
   (INTERVIEWER—If more than one, enter the most recent one.)  
   Lung  1  
   Gynaecological (ovary, cervix, uterus)  2  
   Breast  3  
   Colon/Bowel/Rectal  4  
   Lymphoma  5  
   Leukemia  6  
   Melanoma  7  
   Other (specify below)  8  
   Unknown  9  

50 Please specify other type of cancer?  
51 Were you hospitalised overnight for this  
   Yes  1  
   No  2  

IF cancer was diagnosed after 2000, Ask the following transition Questions  

I will read a list of difficulties people sometimes have after stressful life events, such as [type of cancer]. After I read each item. Please indicate if any of these difficulties distressed or bothered you because of [type of cancer] during the past 7 days.  

Show display card  T
53 Any reminder brought back feelings about it  TRCAN1W7
54 I had trouble staying asleep  TRCAN2W7
55 Other things kept making me think about it  TRCAN3W7
56 I thought about it when I didn’t mean to  TRCAN4W7
57 Pictures of it popped into my mind  TRCAN5W7
58 I had waves of strong feelings about it  TRCAN6W7
59 I had dreams about it  TRCAN7W7
60 We understand that being diagnosed with (or having) [type of cancer] may have been difficult for you, however, sometimes people can see positives as a result of trying experiences. Can you think of any positives that came out of this experience?
   Yes 1, specify below.
   No 2  POSCANW7

61 Specify positive outcomes  SPECANW7
62 DIABETES  DIABETW7
   Did the doctor ever tell you that you had diabetes?
63 When were you first told you had diabetes? (Year)  WHENTLW7
64 Are you currently receiving treatment for diabetes?
   Yes 1
   No 2
   If no go to question 66
65 What type of treatment are you receiving?
   Insulin 1
   Diet 2
   Tablets or drugs 3
66 Have you been hospitalised overnight for this condition?
   Yes 1
   No 2  HOSDIAW7

Bowel and Bladder

We would now like to ask you some questions about various medical conditions you may or may not have.
67 Do you have trouble with your bowels which makes you constipated?
   (INTERVIEWER-if participant has colostomy, go to question 71.)
   Yes 1
   No 2
   Has colostomy 3  CONSTIW7
68 Do you often have trouble with your bowels which gives you diarrhoea?
   Yes 1
   No 2  DIARHW7
69 How often do you usually have a bowel movement?  
- Once a day 1  
- 2 to 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  

70 In the last 12 months have you noticed blood in your motions?  
- Yes 1  
- No 2  

71 Are you troubled by frequent passing of urine during the day?  
(INTERVIEWER-if participant has catheter, go to question 83.)  
- Yes 1  
- No 2  
- Has catheter 3  

72 Do you usually have to get up at night to pass urine?  
- Yes, often 1  
- Yes, occasionally 2  
- No 3  

73 About how many times per night?  

74 Do you have pain on passing urine?  
- Often 1  
- Occasionally 2  
- Never 3  

75 Do you have difficulty holding your urine until you get to the toilet?  
- Often 1  
- Occasionally 2  
- Never 3  

76 Do you accidentally pass urine?  
- Often 1  
- Occasionally 2  
- Never 3  

77 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  

78 Have you sought any help?  
- Yes 1  
- No 2  

79 From whom did you seek help?  

80 What was the outcome of seeking help?  
(INTERVIEWER – Show Display Card 3)  
- Advice 1  
- Treatment 2  
- Provision of aids 3  
- Other 4  
- No help 5  

81 Pleases specify ‘other outcome’  

82 Has this help had an impact on your day to day living?  
- Yes quite a lot 1  
- Yes a little 2  

ALSAnote 7 Questionnaire
83 **Weight**

Regarding your weight; compared to 12 months ago, is your weight about the same as a year ago, less now, or more than it was?

84 **Medical Conditions**

Now I would like you to tell me which, if any, of these medical conditions you currently suffer from.

(INTERVIEWER – Show Display Card 2. If ‘other medical condition’ specify details in CDN1W7 and CDN12W7. If ‘arthritis’ specify details questions 86 and 87. -Enter total number of conditions suffered from, note their names on paper. Complete details for each condition below.)

85.1 Which condition?

85.2 In what year were you first told you had this condition?

85.3 Have you stayed in hospital at least overnight for this condition?

85.4 Are you now prevented in any way from doing any activities because of this condition?

86 What form of arthritis is this?

87 Please specify other arthritis.

If diagnosis of a heart attack and / or stroke (CVA) since 20000, ask the following Transition Questions.

I will read a list of difficulties people sometimes have after stressful life events, such as a [Heart attack or stroke] during the past 7 days.

Show display card T

88 Any reminder brought back feelings about it

89 I had trouble staying asleep

90 Other things kept making me think about it

91 I thought about it when I didn't mean to

92 Pictures of it popped into my mind

93 I had waves of strong feelings about it

94 I had dreams about it
95 We understand that being diagnosed with (or having) [type of cancer] may have been difficult for you, however, sometimes people can see positives as a result of trying experiences. Can you think of any positives that came out of this experience?

Yes 1(specify below)
No 2

96 Specify positive outcomes

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, cough and cold medicines, vitamins, minerals and dietary supplements. (Do not include ointments.)

97 Could you please show me the medicines that you take.

(INTERVIEWER-Check containers, enter total number of medications. For each medication complete the details below.)

98.1 Drug name.

(INTERVIEWER-Generic name preferred)

98.2 Container seen?

Yes 1
No 2

98.3 What do you take this for?

98.4 How long have you been taking this?

Weeks 1
Months 2
Years 3

98.5 How many …weeks, months, years?

98.6 Was this prescribed by a doctor?

Yes 1
No 2

Now I would like to ask you about falls you many have had in the past year – including those falls that did not result in injury as well as those that did.

99 How many falls did you have in the past year?

(INTERVIEWER-enter total number of falls)

100 How many of these falls were inside your own home?

101 How many of these falls were outside of your own home?

102 Now I want to ask you how many of these falls required medical treatment or limited your activities for more than 2 days.

(INTERVIEWER-enter number)

103 I want you to indicate which, if any, of these bones you have broken in the last two years.

(INTERVIEWER – Show Display Card 4. Enter total number broken and

Broken Bones

NOFRACW7
104.1 Which bone?  
Hand 1  
Wrist 2  
Arm 3  
Leg 4  
Back or spine 5  
Pelvis 6  
Hip 7  
Rib 8  
Collarbone 9  
Skull 10  
Ankle 11  
Other 12  

104.2 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  

104.3 Did you have surgery for this?  
Yes 1  
No 2  

105 Have you had any (other) surgery or operations in the last 3 years?  
Yes 1  
No 2  

106 How many different times have you had surgery in the last 3 years?  
(INTERVIEWER-enter total number and detail in the following questions.)  

107 For each surgical procedure you have had in the last 3 years, please answer the following.  What was the surgery for?  
(INTERVIEWER-give brief description.)  

I would now like to ask whether you have EVER had some specific surgical procedures.  
Questions 108 to 114 - meaning of labels:  
Yes 1  
No 2  

108 Have you EVER had surgery for cataracts?  
Cataraw7  

109 Have you EVER had a hip replacement?  
Hiprepw7  

110 Have you EVER had gall bladder surgery?  
Gallblwl7  

111 Have you EVER had surgery for a hernia?  
Herniaw7  

112 Have you EVER had a knee replacement?  
Kneerew7  

113 (MEN ONLY) Have you EVER had prostate surgery?  
Prosrw7  

114 (WOMEN ONLY) Have you EVER had a mastectomy?  
Mastsrw7  

Now I am going to ask you some questions about your hearing.  

115 Do you wear a hearing aid nowadays?  
No 1  
Yes, some of the time 3  
Yes, most of the time 4  

116 Has this only been in the last 12 months?  
Yes 1  

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117. How much difficulty, if any, do you have with your hearing (even if you are wearing your hearing aid)?

- None 1
- Slight difficulty 2
- Moderate difficulty 3
- Great difficulty 4
- Can’t hear at all 5

118. Do you ever get noises in your head or ears which usually last longer than 5 minutes?

- No 1
- Some of the time 2
- Most or all of the time 3

119. How annoying do you find these noises when they are at their worst?

- Not at all annoying 1
- Slightly annoying 2
- Moderately annoying 3
- Severely annoying 4

120. Do you have difficulty following TV programs at a volume others find acceptable, WITHOUT any aid to hearing?

- No 1
- Yes, slight difficulty 2
- Yes, moderate difficulty 3
- Yes, great difficulty 4

121. Some people find it difficult to hear someone talking to them in a quiet room. Do you find this:

- Not at all difficult 1
- Slightly difficult 2
- Moderately difficult 3
- Very difficult 4
- Can’t hear at all 5

122. Do you find enjoyment of your personal and social life is affected by hearing problems?

- Never 1
- Seldom 2
- Some of the time 3
- Often 4

Now I am going to ask you some questions about your vision.

123. Do you currently wear eye glasses or contact lenses?

- Yes 1
- No 2

124. Do you wear the eye glasses or contact lenses for:

- Distance viewing 1
- Reading 2
- Both 3

125. Eight years ago, did you wear eye glasses or contact lenses for:

- Distance viewing 1
- Reading 2
- Both 3

To what extent, if at all, does your vision interfere with your ability to carry out the following activities.

(INTERVIEWER-Show Display Card 5. Answers to take into account both eyes with glasses if applicable.)

Questions 126 to 142 - meaning of labels:

- Not applicable 1
- Not at all 2
- A little 3
- Moderately 4
- A lot 5

126. Seeing in the distance.
127 Recognising faces across the street.  INTFACW7
128 Watching TV.  INTWTCW7
129 Seeing in bright light.  INTBLIW7
130 Seeing in poor light.  INTPLIW7
131 Appreciating colours.  INTCOLW7
132 Driving a car/riding a bicycle by day.  INTDYDW7
133 Driving a car/riding a bicycle at night.  INTBNTW7
134 Walking inside.  INTWAIW7
135 Walking outside.  INTWAOW7
136 Using steps.  INTSTEW7
137 Crossing the road.  INTROAW7
138 Using public transport.  INTRRAW7
139 Travelling independently.  INTINDWT7
140 Moving in unfamiliar surroundings.  INTMOVW7
141 Jobs / study / housework.  INTJSHW7
142 Hobbies / leisure activities.  INTHLAW7

Now, before I go on to the next question I would like to ask you if there are any medical conditions or symptoms that you consider we have not covered in any of the previous questions. (INTERVIEWER-if more than one condition/symptom specify below.)

143.1 What is the other medical condition or symptom? (INTERVIEWER-clarify anything not talked about so far.) OMED1W7 – OMED3W7
143.2 How long have you had this condition/symptom? OTHLO1W7 – OTHLO3W7
143.3 Have you consulted a doctor about this condition/symptom? Yes 1
No 2 OTHDO1W7 – OTHDO3W7
143.4 Have you stayed in hospital at least overnight for this condition/symptom? Yes 1
No 2 OTHHO1W7 – OTHHO3W7
143.5 Are you now prevented in any way from doing any activities because of this condition/symptom? Yes 1
No 2 OTHLI1W7 – OTHLI3W7

We are now going to ask you a few questions about how you use health services.

144 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 REGMEDW7
145 How many times have you consulted a doctor in the last 2 weeks (other than when you were in hospital)? None 1 HWMNYYDW7
Once 2
Two to five 3
Six to ten 4
More than 10 5

In the last 12 months have you consulted any of the following people about your health?

Yes 1
No 2

146 A General Practitioner? GENPRCW7
147 A Specialist? SPCLSTW7
148 A Hospital Outpatients? HSPOUTW7
149 A Dentist? DENTSTW7
150 A Dietician? DIETCNW7
151 A Chemist for advice? CHEMSTW7
152 An Optician or Optometrist? OPTICNW7
153 An Audiologist (hearing specialist)? HEARW7
154 A Physiotherapist? PHYSIOW7
155 An Occupational Therapist? OCCTHPW7
156 Speech Therapist? SPEECHW7
157 A Chiropractor? CHIROW7
158 A Chiropodist or Podiatrist? PODIATW7
159 A Psychiatrist? PSYCITW7
160 A Psychologist? PSYCLGW7
161 A District, Home or Community Nurse? DSTNRSW7
162 A Social or Welfare Worker? SCWORKW7
163 A Naturopath? NATRPW7
164 An Acupuncturist? ACUPUNW7
165 Have you consulted any other person about your health other than those I have already mentioned?

Yes 1, please specify below
No 2

166 Please specify other person consulted. SPECCOW7

Dental Costs
167 Interviewer: show display card 6. DEFFPYW7

If you needed to pay a $100 dental bill in the next month, how much difficulty would that create financially?
If you needed dental care in the next month, how much difficulty would you have travelling to the dentist?

Institutional Service use- I would now like to move on to some questions about other types of health services.

Have you ever been a patient in a nursing home?

Have you been a patient in a nursing home in the last 12 months?

How many different times were you in a nursing home in the last 12 months?

For about how many days was that in total?

In the last 12 months, have you been in hospital at least overnight because of illness or an accident?

How many different times were you in hospital in the last 12 months?

For about how many days was that in total?

Do you ever go to a day care or day therapy centre?

How often do you go to the centre(s)?

Next is a series of sentences that I will read. They may or may not apply to you. Could you please indicate how often these sentences are true for you.

Interviewer: Show display card 7
178 I feel that I'm a person of worth, at least on an equal; plane with the others  
179 I feel that I have a number of good qualities  
180 I am able to do things as well as most other people  
181 I feel I do have much to be proud of.  
182 I take a positive attitude towards myself.  
183 I think I am no good at all.  
184 I am a useful person to have around  
185 I feel I can't do anything right.  
186 When I do a job, I do it well.  
187 I feel that my life is not very useful  

Now let me ask you a few questions to check your concentration and memory. Some of them will seem very simple, but we have to ask them of everyone to get a comparison. Let's begin.  
Questions 188 to 201 - meaning of labels: 

188 What day of the week is it?  
189 What is the date today?  
190 What is the month?  
191 What is the year?  
192 What season of the year is it?  
193 Without looking at a watch or clock, what is the time of day?  
   (INTERVIEWER-hours and minutes or 24 hour clock acceptable.)  
194 What country are we in?  
195 What city or town are we in?  
196 What is the name of the State or Territory?  
197 What is the name of this suburb?  
198 What floor of the building are we on?  

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.  
(INTERVIEWER-after the first trial repeat as often as necessary [up to 10 trials]. Record the number of trials below.)  

199 INTERVIEWER-the respondent remembers Apple?  
200 INTERVIEWER-the respondent remembers Table?  
201 INTERVIEWER-the respondent remembers Penny?
202 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.)

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.

(INTERVIEWER- stop after 5 subtractions. Count only 1 error if respondent makes subtraction error, but subsequent answers are 7 less than the error.)

202 $100 - 7 = 93$? \( \text{MATHSW7} \)
204 $93 - 7 = 86$? \( \text{EIGHSWW7} \)
205 $86 - 7 = 79$? \( \text{SEVNINW7} \)
206 $79 - 7 = 72$? \( \text{SEVTWOW7} \)
207 $72 - 7 = 65$? \( \text{SIXFIVW7} \)

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.)
Now spell WORLD backwards.

208 First letter – D? \( \text{DW7} \)
209 Second letter – L? \( \text{LW7} \)
210 Third letter – R? \( \text{RW7} \)
211 Fourth letter – O? \( \text{OW7} \)
212 Fifth letter – W? \( \text{WW7} \)

Now what were the three things I asked you to remember?

213 Respondent remembers Apple? \( \text{REMEMEWM7} \)
214 Respondent remembers Table? \( \text{TABLW7} \)
215 Respondent remembers Penny? \( \text{PENNW7} \)

Questions 216 to 224 - meaning of labels: Correct 1
Incorrect 2
Incapable of response 3

216 What is this called? (INTERVIEWER-hold up pencil. Score as correct for pen or pencil) \( \text{PENW7} \)
217 What is this called? (INTERVIEWER-point to watch.) \( \text{WATCHW7} \)
218 Would you repeat the following phrase – “No if’s, and’s, or but’s.” (INTERVIEWER-Allow only one trial. Correct requires an accurately articulated repetition.) \( \text{PHRASEW7} \)
219 Would you please read the words on this page and then do what it says. (INTERVIEWER-Show Display Card 8. Code as correct if respondent closes his/her eyes.) \( \text{RDPAGEW7} \)

(INTERVIEWER-Read the following statement in full and then hand respondent a blank piece of paper. Do not repeat instructions or coach.) Take this piece of paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap.

220 Respondent takes paper in RIGHT hand? \( \text{PAPTSTW7} \)
221 Respondent folds paper in half with both hands? PAPHLFW7
222 Respondent puts paper on lap? PAPLAPW7

Paper Tasks
223 Would you please write any complete sentence on that piece of paper for me. WRITSNW7
   (INTERVIEWER-Sentence should have a subject and a verb and make sense. Spelling and grammatical
    errors are acceptable.)
224 Please copy this design on the same piece of paper. DESGNW7
   Correct 1
   Incorrect 2
   Incapable of response 3
   (INTERVIEWER-Show Display Card 9. Code as correct if 2 convex five-sided figures intersect.)

Please listen carefully to the following name and address, then repeat it – John Brown, 42 West Street, Kensington.
   (INTERVIEWER-Repeat address until learned [up to 5 tries]. Then ask the respondent to remember this name and address for later. Please record the number of attempts taken to remember the whole address below.)
   Questions 225 to 229- meaning of labels: Correct 1
   Incorrect 2
   225 Respondent remembered John? JOHNW7
   226 Respondent remembered Brown? BROWNW7
   227 Respondent remembered Forty Two? FORTYTW7
   228 Respondent remembered West Street? WESTSTW7
   229 Respondent remembered Kensington? KENSINW7
   230 (INTERVIEWER-Please record the number of attempts taken to remember the whole address.) CORRESW7

Similarity Questions
   (INTERVIEWER-For the next 3 questions, if response is vague, say – ‘Could you tell me a bit more?’)
   231 In what way are an apple and a banana alike? BANANAW7
      Correct abstraction such as both fruit 1
      Partially correct, gives concrete similarities such as both grow, can eat both, both have peel 2
      Incorrect 3
   232 In what way are a boat and a car alike? BOATW7
      Correct abstraction such as both are a means of transport 1
      Partially correct, gives concrete similarities such as both have seats 2
      Incorrect 3
   233 In what way are an egg and a seed alike? EGGW7
      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 3

What is the name and address I asked you to remember a short time ago?
   Questions 234 to 239 - meaning of labels: Correct 1
   Incorrect 2
   234 Remembered John? REMEMBW7
235 Remembered Brown? BROWW7
236 Remembered Forty Two? FORTW7
237 Remembered West Street? WESW7
238 Remembered Kensington? KENW7
239 Thanks for your patience on that series of items, Do you remember having done them before BEFORW7
   Yes 1
   No 2
INTERVIEWER: IF NO GO TO QUESTION 242

240 You have done them before in 2000. Compared to when you last did them, did you find them easier, harder or about the same as last time? BEFREMW7
   Easier
   Harder
   About the same
   Can't remember

**Now I would like some information about how you sleep.**

(INTERVIEWER-Show Display Card 10.)
Questions 241 to 243 - meaning of labels:

<table>
<thead>
<tr>
<th>Label</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Often</td>
<td>4</td>
</tr>
<tr>
<td>Almost always</td>
<td>5</td>
</tr>
</tbody>
</table>

241 How often do you have trouble falling asleep? TRBSLPW7
242 How often do you have trouble with waking up during the night? WAKNTW7
243 How often do you have trouble with waking up earlier than intended and not being able to fall asleep again at all? WAKEARW7
244 How many days per week would you intentionally take a nap or sleep in the daytime? DAYNAPW7
   No days 1
   1 or 2 days 2
   3 or 4 days 3
   5 or more days 4
245 If you take intentional daytime naps or sleeps, how long are they usually? DAYNLGW7
   (INTERVIEWER-Enter total number of minutes.)
246 How many days per week would you fall asleep unintentionally (eg while watching TV, reading, or riding in a car)? UNINNPW7
   No days 1
   1 or 2 days 2
   3 or 4 days 3
   5 or more days 4
247 How often do you usually take a sedative or sleeping pill that has been prescribed by a doctor to help you sleep? PRSEDW7
   Nightly 1
   A few times per week 2
   A few times per month 3
   Less often 4
   Never 5
248 Do you snore or has anyone ever told you that you snore? SNOREW7
249 Have you ever been told that you stop breathing or gasp for breath during your sleep?  

BREATHW7

Interviewer: If “no” go to Question 251

250 How often do you stop breathing or grasp for breath during your sleep?  

OFTBREW7

Not answered 0  
Every night 1  
Most nights 2  
Occasional nights 3  
Don’t know 4

251 Have you ever been told that you have regular or twitching movements (of your legs or arms)?  

TwitchW7

Yes1  
No 2

Interviewer: This does not refer to a single twitch or jerk that may occur at sleep onset.  
Interviewer if ‘no’ go to Question 252

252 How often do you have these movements?  

OFTTW7

Not answered 0  
Every night 1  
Most nights 2  
Occasional nights 3  
Don’t know 4

Here is a sheet with 4 words for you to learn and remember. Each word belongs to a different category. Please read each word out loud to me. (INTERVIEWER-Show Display Card 11.)

Questions 253 to 260 - meaning of labels:  
Yes 1  
No, incapable of response 2

253 Respondent read the word HISTORY?  

MISREHW7

254 Respondent read the word FACTORY?  

MISREFW7

255 Respondent read the word POLICEMAN?  

MISREPW7

256 Respondent read the word TOOTHBRUSH?  

MISRETW7

To help you learn, I will tell you the category cue for each word and ask you to tell me the word that goes with each category cue. When I read each category cue to you, please tell me which one of these words goes with the category. (INTERVIEWER-Read each cue aloud in the following order. If the response to a cue is not correct, tell respondent, repeat the cue, and ask them to give...
another response until they give the correct response. CUE-building (factory); CUE-personal item (toothbrush); CUE-school subject (history); CUE-city employee (policeman))

257 Respondent identified FACTORY?  
258 Respondent identified TOOTHBRUSH?  
259 Respondent identified HISTORY?  
260 Respondent identified POLICEMAN?  

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

(INTERVIEWER-Take Display Card 11 away.)

(INTERVIEWER-Give the respondent the piece of paper with the following instructions.)  
Please draw me a clock that says 1:45. Set the hands and numbers on the face so that a child could read them.  

(INTERVIEWER-Repeat the above instructions until they are clearly understood. Once the respondent begins to draw, no further assistance is allowed.)

261 Respondent drew the clock?  

Now, please tell me as many of the 4 words I asked you to remember.  

(INTERVIEWER-Allow 20 seconds for recall of 4 words in any order. Stop if no more words have been recalled for 10 seconds.)

Questions 262 to 271 - meaning of labels: Yes 1  
No 2

262 Respondent remembered FACTORY?  
263 Respondent remembered TOOTHBRUSH?  
264 Respondent remembered HISTORY?  
265 Respondent remembered POLICEMAN?  

To jog your memory I am now going to say the category cues for the words you haven't remembered.  

(INTERVIEWER-CUE-school subject (history), CUE-building (factory), CUE-city employee (policeman), CUE-personal item (toothbrush). Allow 5 seconds for recall of each word.)

266 What was the school subject? Respondent recalled HISTORY?  
267 What was that building? Respondent recalled FACTORY?  
268 What was that city employee? Respondent recalled POLICEMAN?  
269 What was that personal item? Respondent recalled TOOTHBRUSH?  
270 Do you remember us asking you to do this task in the year 2000?  

Yes 1  
No 2

271 Did you find the task 'easier', or 'more difficult' or 'about the same' as last time?  

Not answered 0  
About the same 1  
More difficult 2  
Easier 3
I would now like to ask about your physical functioning.

272 Are you able to walk up and down stairs to a first floor of a building without help? Yes 1 No 2

273 Are you able to walk half a mile without help? Yes 1 No 2

Now I am going to ask you how difficult it is, on average, to do similar kinds of activities.

(INTERVIEWER-Show Display Card 12)

Questions 274 to 278 - meaning of labels:

- No difficulty at all 1
- A little difficulty 2
- Some difficulty 3
- A lot of difficulty 4
- Just unable to do it 5

274 How much difficulty, if any, do you have pulling or pushing a large object like a living room chair? PSHPLLW7

275 What about stooping, crouching or kneeling? STPCRKW7

276 Lifting or carrying weights over 10 pounds (4 kilograms) like a heavy bag of groceries? LFT10W7

277 Reaching or extending your arms above shoulder level? RCHOVW7

278 Either writing or handling or fingering small objects? DIFSMJW7

I am now going to ask you about some everyday activities. For each of the activities identified, I’d like to ask if you had any difficulties or have had any help in the last 12 months from either a person or from some equipment or device in doing any of these activities (apart from when you may have been in a hospital or a nursing home).

(INTERVIEWER – Show Display Card 13)

279.1 For (activity listed on display card), have you received help from a person, special equipment or both? ADL1HPW7 – ADL8HPW7

(INTERVIEWER-if respondent has no help, go to question 267)

279.2 Do you still require this help? Yes 1 No 2 HLPST1W7– HLPST8W7

279.3 Who is (was) your main helper? No-one 1 Spouse 2 Son 3 Daughter 4 Son-in-law 5 Daughter-in-law 6 Grandchild 7 Parent 8 Parent-in-law 9 Brother 10 Sister 11 Brother-in-law 12 Sister-in-law 13 Nephew 14 Niece 15 Cousin 16 MNHP1W7– MNHP8W7
279.4 Does (did) any other relative or friend help you? (see labels as above) OTHP1AW7 – OTHP8AW7

279.5 Any other relative or friend help you? (see labels as above) OTHP1BW7 - OTHP8BW7

279.6 Do (did) you receive any other help, such as from one of these organisations? (INTERVIEWER-Show Display Card 15) ORHP1AW7 – ORHP8AW7

279.7 Does any other organisation help with this activity? (INTERVIEWER – Show Display Card 15) ORHP1BW7 – ORHP8BW7

279.8 (With this help) how much difficulty, on average, do you have with this activity? ADLDF1W7– ADLDF8W7

I am now going to ask you about some other activities. For each of the activities identified, I’d like to ask if you have had any difficulties or have had any help from a person in the last 12 months if you do any of these activities (apart from when you may have been in a hospital or a nursing home). If you don’t do the activity at all, just tell me so. (INTERVIEWER – Show Display Card 14)

280.1 When doing (activity listed on display card), do (did) you receive any help to assist you with this activity? (INTERVIEWER – If no help, go to question 281) IADL1W7 IADL10W7

280.2 Do you still require this help? Yes 1 IHP1W7 – No 2 IHP10W7

280.3 Who is (was) your main helper? IMNHP1W7 – IMNH10W7

Uncle 17
Aunt 18
Great grandchild 19
Other relative 20
Friend 21
Neighbour 22
Boarder or lodger 23
Other 24
280.4 Does (did) any other relative or friend help you? (see labels as above)  

IOTH1AW7 – IOT10AW7

280.5 Does (did) any other relative or friend help you? (see labels as above)  

IOTH1BW7 – IOT10BW7

280.6 Do (did) you receive any other help, such as from a care organisation?  
(INTerviewer – Show Display Card 15)  

IORG1AW7 – IOR10AW7

280.7 Does any other organisation help with this activity?  
(INTerviewer – Show Display Card 15)  

IORG1BW7 – IOR10BW7

280.8 (With this help) how much difficulty, on average, do you have with this activity?  

NO difficulty at all 1  
A little difficulty 2  
Some difficulty 3  
A lot of difficulty 4  

IDIFF1W7– IDIF10W7

Now I would like to ask some questions about your relationships with family and friends.  

(INTERVIEWER – Show Display Card 16)  

Questions 281 to 286 - meaning of labels:  

More than once per week 1  
Once a week 2  
2 or 3 times a month 3  
Almost once a month 4  
Less than once a month 5  
Never 6  

281 Think of your children and/or children-in-law who do not live with you. In the past 12 months, how often did you have PERSONAL CONTACT (FACE TO FACE) with at least one of them?  

CONTCHW7

282 Again, think of your children and/or children-in-law who do not live with you. In the past 12 months, how often did you have PHONE CONTACT with at least one of them?  

PHCNCHW7

283 Again, think of your children and/or children-in-law who do not live with you. In the past 12 months, how often did you RECEIVE MAIL from at least one of them?  

MLFRCHW7

284 Think of your grandchildren, who do not live with you. In the past 12 months, how often did you have PERSONAL CONTACT (FACE TO FACE) with at least one of them?  

CONTGDW7

285 Again, think of your grandchildren, who do not live with you. In the past 12 months, how often did you have PHONE CONTACT with at least one of them?  

PHCNGDW7

286 Again, think of your grandchildren, who do not live with you. In the past 12 months, how often did you RECEIVE MAIL from at least one of them?  

MLFRGDW7

Please tell me if you agree or disagree with the following statements.  

(INTERVIEWER – Show Display Card 17)  

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

Strongly agree 1  
Agree 2  
Disagree 3  

DEPCHDW7
288 Older people should be able to depend on their adult GRANDCHILDREN for the help they need?  

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

289 If you (and your husband/wife/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  

Interviewer show display card 17A  

As you know, parents and children sometimes support each other in different ways. The following questions are about how family members may help each other. Do you help your children and/or children-in-law in any of the following ways?  

(INTERVIEWER – Show Display Card 18)  
Questions 290 to 294 - meaning of labels:  

- Never 1  
- Rarely 2  
- Sometimes 3  
- Often 4  

290 Give gifts, apart from money?  
291 Help out with money?  
292 Help out when someone is ill?  
293 Help keep house and fix things around the house?  
294 Take care of grandchildren or babysit for a while when parents are out?  

Do your children and/or children-in-law support you in any of the following ways?  
(INTERVIEWER – Show Display Card 18)  
Questions 295 to 301 - meaning of labels:  

- Never 1  
- Rarely 2  
- Sometimes 3  
- Often 4  

295 When you are ill (or when your husband or wife is ill)?  
296 Give gifts, apart from money?  
297 Help out with money?  
298 Shop or run errands for you?  
300 Prepare meals for you?  
301 Drive you places such as a doctor, shopping, church?  
302 INCLUDING YOUR PARTNER, from all the people you know, 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?
303 What is their relationship to you?  
- 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  

304 Again, from all the people you know, is there any OTHER 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  

305 What is their relationship to you?  

306 Including persons in your household, is there someone you could call on to help around the house or help to take care of you if you were sick?  
- Yes 1  
- No 2  

307 Who is that? (INTERVIEWER-Record up to 3 carers if required)  
- Spouse 1  
- Other household member 2  
- Other relative 3  
- Other friend 4  
- Community or government agency 5  
- Paid private source 6  
- Other 7  

308 If you needed help in the last year, who has been most helpful with daily tasks like grocery shopping, house cleaning, cooking, telephoning or taking you places?  
- Spouse 1  
- Daughter 2  
- Son 3  
- Brother or sister 4  
- Other relative 5  
- Neighbour 6  
- Friend 7  
- Other 8  
- No one 9  

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

309 Is there anyone who depends on you for help with things like getting around the house, or bathing?  
- Yes 1  
- No 2  

310 Who is this person?  
- Spouse 1  
- Parent including in-laws 2  
- Child including in-laws 3  
- Brother including in-laws 4  
- Sister including in-laws 5  
- Grandchildren 6  
- Other relative 7  
- Friend 8
311 About how many hours a week do you usually spend caring for him or her?  

312 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  

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

(INTERVIEWER – Show Display Card 19)  

Questions 313 to 321 - meaning of labels:  

- Extremely satisfied 1  
- Very satisfied 2  
- Satisfied 3  
- Somewhat dissatisfied 4  
- Very dissatisfied 5  

313 Are you satisfied with the area where you live?  

314 Are you satisfied with your own health and physical condition?  

315 Are you satisfied with your ability to remember things?  

316 Are you satisfied with your financial situation?  

317 Are you satisfied with your friendships?  

318 Are you satisfied with your marriage?  

319 Are you satisfied with your family life?  

320 Are you satisfied with the way you handle problems that come up in your life?  

321 Are you satisfied with your life in general?  

322 When it comes to making major family decisions, who has the final say? (e.g. when to retire, where to live, how much money to spend on major purchases).  

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

Mastery Scale – Stressful situations sometimes make people feel powerless. This series of statements is designed to help us understand how much you feel in control of your chances in life. There are a number of response options to indicate how much you agree or disagree with each statement. (I will read out the statements and you can say which response best suits how you feel.)  

Interviewer: Show display card 19A  

Questions 323- 329 meaning of labels:  

- Strongly agree 1  
- Agree 2  
- Neither agree nor disagree 3  
- Disagree 4  
- Strongly disagree 5  

323 I have little control over the things that happen to me  

CONTR1W7
324 There is really no way I can solve some of the problems I have.           CONTR2W7
325 There is little I can do to change many of the important things in my life.         CONTR3W7
326 I often feel helpless in dealing with the problems in my life.             CONTR4W7
327 Sometimes I feel that I’m being pushed around in my life.              CONTR5W7
328 What happens to me in the future mostly depends on me.                CONTR6W7
329 I can do just about anything I really set my mind to do.              CONTR7W7

The next few questions are about major events that may have taken place in your life in the last two years.

330 Have you been a victim of a serious physical attack or assault in the last 3 years?    ASSLTW7

Yes 1
No 2

Please tell me how distressing being attacked or assaulted has been for you during the past 7 days. Did any of the following problems distress you?

Interviewer: show display card T

Questions 331-336 meaning of labels:

Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

331 I felt as if it hadn’t happened or wasn’t real.                      TRASS1W7
332 I tried not to think about it.                                     TRASS2W7
333 Any reminder brought back feelings about it.                       TRASS3W7
334 I thought about it when I didn’t mean to.                          TRASS4W7
335 I felt irritable and angry.                                       TRASS5W7
336 I was jumpy and easily started.                                   TRASS6W7
337 We understand that this may have been a trying experience for you. Can you think of any positives that came out of this experience? POSASSW7

Yes1 (specify below)
No 2

338 Specify positive outcomes                                           SPECANW7
339 Have you been robbed or was your home burglarised in the last 2 years?       ROBW7

Yes1
No 2

Please tell me how distressing being robbed or having your home burglarised has been for you during the past 7 days. Did any of the following problems distress you?

Interviewer: show display card T
Questions 340- 345 meaning of labels:

Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

340 I felt as if it hadn’t happened or wasn’t real. TRROB1W7
341 I tried not to think about it. TRROB2W7
342 Any reminder brought back feelings about it. TRROB3W7
343 I thought about it when I didn’t mean to. TRROB4W7
344 I felt irritable and angry. TRROB5W7
345 I was jumpy and easily started. TRROB6W7
346 We understand that this may have been a trying experience for you. Can you think of any positives that came out of this experience? Yes 1 (specify below) No 2 POSROBW7
347 Specify positive outcomes SPEROBW7
348 Have you lost anyone close to you through death in the last 3 years? BRVW7
Interviewer: Record detail for up to 3 people
349 Who was it that died? WHO7
Spouse 1
Child 2
Child-in-law 3
Grandchild 4
Sibling 5
Other relative 6
Friend 7
350 Do you experience images or thoughts of the events surrounding your ------'s death? BRVIM1W7
Yes 1
No 2
351 Do thoughts and images of ------ come into your mind whether you wish it or not? BRVWI1W7
Yes 1
No 2
352 Do thoughts and images of------ make you fell distressed? BRVDI1W7
Yes 1
No 2
353 Do you think about ---------? BRVTH1W7
Yes 1
No 2
354 Do you find yourself preoccupied with thoughts and memories of ---------? BRVPR1W7
Yes 1
No 2
355 Do you find yourself thinking of a reunion with ----------? BRVREW17
Yes 1
356 Do thoughts and images of -------- give you comfort?

Yes 1  
No 2  

BRVCO1W7

I now have a few questions about smoking

357 Do you currently smoke cigarettes?

Yes 1  
No 2  

SMOKERW7

INTERVIEWER: IF NO GO TO QUESTION 359

358 How many cigarettes do you usually smoke a day?

CIGDAYW7

359 Do you currently smoke a pipe or cigars?

Yes 1  
No 2  

PIPCIW7

The next few questions are about alcoholic beverages

360 How often do you have a drink containing alcohol?

Never 1  
Less than monthly 2  
Monthly 3  
Weekly 4  
Daily or almost daily 5

INTERVIEWER: IF ‘NEVER’ GO TO QUESTION 363

361 How many standard drinks containing alcohol do you have on a typical day when you are drinking?  

1 or 2 1  
3 or 4 2  
5 or 6 3  
7 to 9 4  
10 or more 5

6NOSTDRW7

362 How often do you have 6 or more drinks on one occasion?  

INTERVIEWER – Show Display Card 21

Never 1  
Less than monthly 2  
Monthly 3  
Weekly 4  
Daily or almost daily 5

FR6PLSW7

Now I have some questions about how you spend your leisure time.

363 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? exclude walking)  

Yes 1  
No 2  

VIGEXCW7

INTERVIEWER: IF ‘NO’ GO TO QUESTION 366

364 How many sessions of vigorous exercise did you engage in over the past 2 weeks?

VIGEXW7

365 How much time did you spend exercising vigorously during the past 2 weeks?  

INTERVIEWER – enter number of minutes

TMVEXCW7

366 In the past 2 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? (exclude walking)  

Yes 1  
No 2  

LSVIGEW7

367 How many sessions of less vigorous exercise did you engage in over the past 2 weeks?  

Interviewer: exclude walking

LSVEXCW7
368 In the past two weeks, did you walk for recreation or exercise?  
Yes 1  
No 2  
WALK2WW7

369 How many times did you walk for recreation or exercise in the past 2 weeks?  
HWMNWKW7

370 In the past 2 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 or pant?  
Yes 1  
No 2  
EXRTHOW7

371 How much time were you involved in moderate to heavy physical exertion tasks 
at (work or) home during the past 2 weeks?  
(INTerviewer-enter number of hours)  
TMHVYEW7

372 How many group meetings or gatherings did you go to in the past month?  
MTGMNTW7

373 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  
RELGUIW7

I am now 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.

374 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 or two times a week 3  
Most days 4  
AAP1W7

375 How often have you washed the dishes? (Must do it all or share equally e.g. 
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  
AAP2W7

376 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  
AAP3W7

377 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  
AAP4W7

378 How often have you done heavy housework? (Taking out the garbage, cleaning 
floor, vacuuming, washing windows, moving chairs.)  
Never 1  
About once a month 2  
About once a fortnight 3  
Once a week or more 4  
AAP5W7

379 How many hours of voluntary or paid employment have you done?  
AAP6W7

ALS A Wave 7 Questionnaire  29
<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often have you cared for other family members? (Caring for a sick</td>
<td>AAP7W7</td>
</tr>
<tr>
<td>relative, baby sitting, caring for a spouse, etc.)</td>
<td></td>
</tr>
<tr>
<td>None 1</td>
<td></td>
</tr>
<tr>
<td>Up to 10 hours a week 2</td>
<td></td>
</tr>
<tr>
<td>10 to 30 hours a week 3</td>
<td></td>
</tr>
<tr>
<td>More than 30 hours a week 4</td>
<td></td>
</tr>
<tr>
<td>How often have you done household shopping? (Must play a substantial</td>
<td>AAP8W7</td>
</tr>
<tr>
<td>role in the organisation and buying of the shopping e.g. groceries,</td>
<td></td>
</tr>
<tr>
<td>fruit and vegetables. Also includes paying household bills.)</td>
<td></td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
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<tr>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td>About once a fortnight 3</td>
<td></td>
</tr>
<tr>
<td>Once a week or more 4</td>
<td></td>
</tr>
<tr>
<td>How often have you done personal shopping? (Must play a substantial</td>
<td>AAP9W7</td>
</tr>
<tr>
<td>role in the organisation and buying of the shopping e.g. clothing,</td>
<td></td>
</tr>
<tr>
<td>toiletries, gifts.)</td>
<td></td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td>Once in three months 2</td>
<td></td>
</tr>
<tr>
<td>About once a month 3</td>
<td></td>
</tr>
<tr>
<td>Once a fortnight or more 4</td>
<td></td>
</tr>
<tr>
<td>How often have you done light gardening? (Weeding, watering, sweeping</td>
<td>AAP10W7</td>
</tr>
<tr>
<td>paths, potting.)</td>
<td></td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td>About once a fortnight 3</td>
<td></td>
</tr>
<tr>
<td>Once a week or more 4</td>
<td></td>
</tr>
<tr>
<td>How often have you done heavy gardening? (Digging garden beds, pruning,</td>
<td>AAP11W7</td>
</tr>
<tr>
<td>mowing lawns.)</td>
<td></td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td>About once a fortnight 3</td>
<td></td>
</tr>
<tr>
<td>Once a week or more 4</td>
<td></td>
</tr>
<tr>
<td>How often have you done household and/or car maintenance? (Cleaning</td>
<td>AAP12W7</td>
</tr>
<tr>
<td>gutters, painting, doing minor repairs, servicing and/or washing the</td>
<td></td>
</tr>
<tr>
<td>car.)</td>
<td></td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td>Once in three months 2</td>
<td></td>
</tr>
<tr>
<td>About once a month 3</td>
<td></td>
</tr>
<tr>
<td>Once a fortnight or more 4</td>
<td></td>
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<tr>
<td>How often have you needed to drive a car or organise your own</td>
<td>AAP13W7</td>
</tr>
<tr>
<td>transport? (The emphasis is on the organisation of transport, not the</td>
<td></td>
</tr>
<tr>
<td>journey itself, includes driving own car, catching bus or train,</td>
<td></td>
</tr>
<tr>
<td>calling taxi, etc. Excludes transport for the person organised by</td>
<td></td>
</tr>
<tr>
<td>someone else.)</td>
<td></td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td>Up to once a month 2</td>
<td></td>
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<tr>
<td>Up to once a fortnight 3</td>
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<tr>
<td>Once a week or more 4</td>
<td></td>
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<tr>
<td>How often have you invited people to your home? (Implies either casual</td>
<td>AAP14W7</td>
</tr>
<tr>
<td>or formal social contact e.g. having people to dinner, inviting</td>
<td></td>
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<tr>
<td>people for a cup of tea, card evenings. Includes standing invitations</td>
<td></td>
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<tr>
<td>to family and close friends.)</td>
<td></td>
</tr>
<tr>
<td>Less than once a fortnight 1</td>
<td></td>
</tr>
<tr>
<td>About once a fortnight 2</td>
<td></td>
</tr>
<tr>
<td>About once a week 3</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>388 How often have you spent some time on a hobby?</td>
<td>Never 1, About once a month 2, About once a fortnight 3, Once a week or more 4</td>
</tr>
<tr>
<td></td>
<td>(Must require some active participation and thought e.g. knitting, crosswords,</td>
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<tr>
<td></td>
<td>painting, gardening, games, letter writing, not just watching TV.)</td>
</tr>
<tr>
<td>389 How many hours have you spent reading books, magazines or newspapers?</td>
<td>Less than 2 hours a week 1, 2 to 5 hours a week 2, 5 to 10 hours a week 3, Over</td>
</tr>
<tr>
<td></td>
<td>10 hours a week 4</td>
</tr>
<tr>
<td>390 How many telephone calls have you made to friends or family?</td>
<td>None 1, Up to 3 calls a week 2, 4 to 10 calls a week 3, Over 10 calls a week 4</td>
</tr>
<tr>
<td></td>
<td>(Emphasis is on making calls NOT receiving calls.)</td>
</tr>
<tr>
<td>391 How much time have you spent watching television or listening to the</td>
<td>Less than 1 hour a day 1, 1 to 3 hours a day 2, 3 to 5 hours a day 3, Over 5</td>
</tr>
<tr>
<td></td>
<td>radio? (Emphasis is on watching/listening, not just having the TV/radio on in</td>
</tr>
<tr>
<td></td>
<td>the background while doing other things.)</td>
</tr>
<tr>
<td>392 How often have you participated in social activities at a centre</td>
<td>Less than once a month 1, About once a month 2, About once a week 3, More than</td>
</tr>
<tr>
<td>such as a club, a church, or a community centre? (Bingo, senior citizens,</td>
<td>once a week 4</td>
</tr>
<tr>
<td>RSL, a hotel, self-education courses.)</td>
<td></td>
</tr>
<tr>
<td>393 How often have you attended religious services or meetings?</td>
<td>Never 1, About once a month 2, About once a fortnight 3, Once a week or more 4</td>
</tr>
<tr>
<td>394 How often have you participated in an outdoor social activity?</td>
<td>Never 1, About once a month 2, About once a fortnight 3, Once a week or more 4</td>
</tr>
<tr>
<td>(BBQs, picnics, spectator sports, etc.)</td>
<td></td>
</tr>
<tr>
<td>395 How often have you spent some time outdoors participating in a</td>
<td>Never 1, About once a month 2, About once a week 3, More than once a week 4</td>
</tr>
<tr>
<td>recreational or sporting activity? (Bowls, fishing, golf, etc. Excludes</td>
<td></td>
</tr>
<tr>
<td>spectator sports.)</td>
<td></td>
</tr>
<tr>
<td>396 How often have you walked outdoors for 15 minutes or more?</td>
<td>Never 1, About once a month 2, About once a week 3, More than once a week 4</td>
</tr>
<tr>
<td>(Sustained walking for about 1 mile. Short stops for breath are allowed.</td>
<td></td>
</tr>
<tr>
<td>Can include walking</td>
<td></td>
</tr>
</tbody>
</table>
to the shops, provided it is far enough.)

397 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

398 Do you own a car?

Yes 1
No 2

399 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

400 In the past 12 months, have you CHANGED your driving habits because of concerns related to your age or your health?

Yes (specify below) 1
No 2

401 Please specify how you have changed your driving habits.

SPECDRW7

402 Have you stopped driving over the last 3 years?

Yes 1
No 2

INTERVIEWER: IF ‘NO’ GO TO QUESTION 405

403 Why have you stopped driving?

Lost license 1
Did not renew license 2
Still has license, but voluntarily stopped driving 3
Other, specify below 4

404 Specify other reason

STOSPW7

405 Do you look after or care for any pets?

Yes 1, specify below
No 2

406 Specify type of pets

TYPEPEW7

Now I would like to ask you about your housing.

(INTERVIEWER – If respondent in institution, ask questions 420 through to 424 only, and then move to question 427.)

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

Yes 1
No 2

408 Who is the rent paid to?

SA Housing Trust 1
409 What is the total rent each week (total dollars)?

410 Is this house, flat or unit being paid off or is it owned?
   Yes, being paid off 1
   Yes, owned 2
   No 3

411 What is the total repayment each week (total dollars)?

412 In which of these categories does the marked value of your house, flat or unit fall?
   (INTERVIEWER – Show Display Card 22.)
   Up to $74,000 1
   From $75,000 to $100,000 2
   From $101,000 to $150,000 3
   From $150,000 to $200,000 4
   Over $200,000 5

413 How many main rooms do you have in this house, flat or unit? (Do not include bathrooms, porches, balconies or foyers.)

414 What is the MAIN thing you like about living in this home?

415 What is the MAIN thing you really do not like about living in this home?

416 Are there changes or alterations required to the home which would make it easier or safer for your to live her or to live more independently?
   Yes 1
   No 2

417 What are the MAIN alterations or changes that are needed to make it easier to live here?
   (INTERVIEWER- Show Display Card 23. Multiple selections permitted)

418 Has there been any change in your housing arrangements in the past 3 years?
   Yes 1, specify below
   No 2

419 Specify change in housing arrangements

420 Have you moved in the last 3 years?
   Yes 1
   No 2

421 Do you intend to move house (again)?

422 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
What sort of accommodation would you like to move to?  
(INTERVIEWER – Show Display Card 24.)

Have you put your name down for any special aged accommodation or retirement village in the last two years?  
Yes  1  
No  2

Interviewer: If respondent in institution, go to question 427

This list shows sources of housing assistance. Which of these, if any, are you CURRENTLY receiving as housing assistance?  
(INTERVIEWER – Show Display Card 26)

This list shows sources of financial housing assistance. In the past, which of these, if any, have you ever received as housing assistance?  
(INTERVIEWER – Show Display Card 26)

Now I would like to ask you about any benefit cards and your income and any benefits.  

This card lists various benefit cards. Which of these do you currently hold?  
(INTERVIEWER – Show Display Card 27. If more than one card, detail below.)

Please specify other benefit(s).  

This card lists various sources of income. Which of these do you (and your partner) currently receive as income?  
(INTERVIEWER – Show Display Card 28. If more than one income source, detail below.)

If we include the income from all these source, and add all of your (and your partner’s) earnings, in which of these groups would your total income be before tax or anything else is taken out?  
(INTERVIEWER – Show Display Card 29)

How well does the amount of money you have take care of your needs?  
Very well  1  
Fairly well  2  
Poorly  3

How well does the amount of money you have take care of your large annual expenses?  
Very well  1  
Fairly well  2  
Poorly  3

Do you usually have enough to buy those little extras i.e. small luxuries?  
Yes  1  
No  2

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 Display Card 30.)

Paid Work

Do you currently work in a paid job?  
Yes  1  
No  2
How many hours did you work last week?  

Contact details – We need some information to help us locate participants in the future. Could you please give me the name, address and telephone number of three persons, including at least one son or daughter if they live in South Australia, and one brother or sister if they live in South Australia, who do not live with you and who would know where you are in case we needed to make contact with you?

437.1 Full name.  

437.2 Address  

437.3 Telephone number  

437.4 Relationship to participant?