The Australian Longitudinal Study of Ageing  
Wave 11 Household Questionnaire

Participants Sequence Number: [Redacted]

Interviewer: _____________________

Date Of Interview: __/__/__  Time Interview Started: __:__

Household Demographics

*Interviewer to complete as applicable*

1a. Type of domicile?

- Community living 1
- Residential Care Facility 2

1b. Identify type of community living

- House 1
- Home unit or flat 2
- Granny flat with kitchen 3
- Granny flat without kitchen 4
- Non-self contained unit 5
- Bed sitter room 6
- Other, specify below 7

1c. Please specify other community living

____________________________________

1d. Is this independent or group housing?

- Independent 1
- Group housing 2
- Retirement village 3
- Other, specify below 4

1e. Specify other type of housing

____________________________________

1f. Identify type of Residential Care facility

- Private Rest Home 1
- Hostel 2
- Nursing home 3
- Hospital 4
- Mental health facility 5
- Boarding house 6
- Other, specify below 7

1g. Please specify Other Residential Care facility

____________________________________
**Household Members**

2a. How many people usually live with you? _____ HOWMANW11

*Interviewer: Please complete details below for each person If nil go to Q3a.*

2b. What is their name? NAME1W11

2c. What is their relationship to you? RELAT1W11

2d. How old are they? _____ AGE1W11

2e. Are they male or female? SEX1W11
   - Male 1
   - Female 2

2f. What is their name? NAME2W11

2g. What is their relationship to you? RELAT2W11

2h. How old are they? _____ AGE2W11

2i. Are they male or female? SEX2W11
   - Male 1
   - Female 2

2j. What is their name? NAME3W11

2k. What is their relationship to you? RELAT3W11

2l. How old are they? _____ AGE3W11

2m. Are they male or female? SEX3W11
   - Male 1
   - Female 2

3a. Do you look after or care for any pets? CAREPEW11
   - Yes (Please specify) 1
   - No 0

3b. Specify type of pets TYPEPEW11
4a. Could you please tell me your current marital status?
   Interviewer: Check PIF as marital status recorded in W9 & W10 may be of assistance in completing this section.
   
   Married 1
   De Facto 2
   Separated 3
   Divorced 4

   Interviewer: If Widowed please ask Q4b.
   Widowed 5
   Never married 6

4b. How long have you been widowed? _______ years

I would now like to ask you some questions about your family.

5a. Do you (or your husband-wife-partner) have any living children?
   Yes 1
   No 0

   Interviewer: If ‘No’ go to Q.5m.

5b. How many? _______ HMLIVCHW11

5c. How many sons are still alive? _______ SSTLALW11

5d. How many live within one hour’s travel?
   Interviewer: If only one, ask – Does he live within one hour’s travel?)
   _______ SLIVHOW11

5e. How many live in South Australia more than one hour’s travel away?
   Interviewer: If only one, ask – Does he live in SA?)
   _______ SLIVSAW11

5f. How many live elsewhere in Australia?
   Interviewer: If only one, ask – Does he live in Australia?)
   _______ SLIVAUW11

5g. How many live overseas?
   Interviewer: If only one, ask – Does he live overseas?)
   _______ SOVERSW11

5h. How many daughters are still alive? _______ DSTLALW11

5i. How many live within one hour’s travel?
   Interviewer: If only one, ask – Does she live within one hour’s travel?
   _______ DLIHOW11

5j. How many live in South Australia more than one hour’s travel away?
   Interviewer: If only one, ask – Does she live in SA?)
   _______ DLIIVSAW11
5k. How many live elsewhere in Australia?  
*Interviewer: If only one, ask – Does she live in Australia?*

5l. How many live overseas?  
*Interviewer: If only one ask – Does she live overseas?*

5m. Do you have any grandchildren?

5n. How many grandchildren do you have?

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**Self Rated Health**

6a. How would you rate your overall health at the present time?  
*Would you say it is? Interviewer: Read list*

   - Excellent 1
   - Very good 2
   - Good 3
   - Fair 4
   - Poor 5

---

**Health Status of Spouse**

*Interviewer: Only ask Q.7a.-7g., if married or defacto. If not married go to Q.8a.*

7a. How would you rate your (husband’s/wife’s/partner’s) overall health at the present time? Would you say it is?  
*Interviewer: Read list*

   - Excellent 1
   - Very good 2
   - Good 3
   - Fair 4
   - Poor 5

7b. Does your (wife, husband or partner) currently have any illness or health problems which limit his or her activities in any way?  
*Yes 1

   *Interviewer: If ‘No’ go to Q.7d. No 0*

7c. Do health problems limit his or her activities a lot, somewhat or just a little?

   - A lot 1
   - Somewhat 2
   - A little 3

7d. Does he or she depend on you for help with things like getting around the house or bathing?  
*Yes 1

   *Interviewer: If ‘No’ go to Q.8a. No 0*
7e. About how many hours a week do you usually spend caring for him or her?

7f. How stressful is it for you to care for him or her or to arrange for his or her care?

<table>
<thead>
<tr>
<th>Stress Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very stressful</td>
<td>1</td>
</tr>
<tr>
<td>Quite stressful</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat stressful</td>
<td>3</td>
</tr>
<tr>
<td>Not at all stressful</td>
<td>4</td>
</tr>
</tbody>
</table>

7g. How much does providing this care limit your own personal activities?

<table>
<thead>
<tr>
<th>Limitation Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>1</td>
</tr>
<tr>
<td>Quite a bit</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat limiting</td>
<td>3</td>
</tr>
<tr>
<td>Not at all limiting</td>
<td>4</td>
</tr>
</tbody>
</table>

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**Caring**

Interviewer: Ask of all participants – include else if respondent has already answered regarding spouse.

8a. Is there anyone (else) who depends on you for help with things like getting around the house, or bathing?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>

Interviewer: If ‘No’ go to Q.9a.

8b. Who is this person?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Parent including in-laws</td>
<td>2</td>
</tr>
<tr>
<td>Child including in-laws</td>
<td>3</td>
</tr>
<tr>
<td>Brother including in-laws</td>
<td>4</td>
</tr>
<tr>
<td>Sister including in-laws</td>
<td>5</td>
</tr>
<tr>
<td>Grandchildren</td>
<td>6</td>
</tr>
<tr>
<td>Other relative</td>
<td>7</td>
</tr>
<tr>
<td>Friend</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>

8c. About how many hours a week do you usually spend caring for him or her?

8d. How stressful is it for you to care for him or her or to arrange for his or her care?

<table>
<thead>
<tr>
<th>Stress Level</th>
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</thead>
<tbody>
<tr>
<td>Very stressful</td>
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<td>Not at all stressful</td>
<td>4</td>
</tr>
</tbody>
</table>
CES-D

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

9a. I was bothered by things that usually don’t bother me.

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

9b. I did not feel like eating: my appetite was poor.

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

9c. I felt that I could not shake off feeling low even with help from my family and friends.

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

9d. I felt that I was just as good as other people.

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

9e. I had trouble keeping my mind on what I was doing.

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

9f. I felt depressed.

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
9g. I felt that everything I did was an effort.  
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  

9h. I felt hopeful about the future.  
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  

9i. I thought my life had been a failure.  
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  

9j. I felt afraid.  
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  

9k. My sleep was restless.  
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  

9l. I was happy  
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  

9m. It seemed that I talked less than usual.  
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  

9n. I felt lonely.  
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
9o. **People were unfriendly.**

<table>
<thead>
<tr>
<th>Rarely or none of the time</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some of the time</td>
<td>2</td>
</tr>
<tr>
<td>Quite a bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Most or all of the time</td>
<td>4</td>
</tr>
</tbody>
</table>

9p. **I enjoyed life.**

<table>
<thead>
<tr>
<th>Rarely or none of the time</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some of the time</td>
<td>2</td>
</tr>
<tr>
<td>Quite a bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Most or all of the time</td>
<td>4</td>
</tr>
</tbody>
</table>

9q. **I had crying spells.**

<table>
<thead>
<tr>
<th>Rarely or none of the time</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some of the time</td>
<td>2</td>
</tr>
<tr>
<td>Quite a bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Most or all of the time</td>
<td>4</td>
</tr>
</tbody>
</table>

9r. **I felt sad.**

<table>
<thead>
<tr>
<th>Rarely or none of the time</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some of the time</td>
<td>2</td>
</tr>
<tr>
<td>Quite a bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Most or all of the time</td>
<td>4</td>
</tr>
</tbody>
</table>

9s. **I felt that people disliked me.**

<table>
<thead>
<tr>
<th>Rarely or none of the time</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some of the time</td>
<td>2</td>
</tr>
<tr>
<td>Quite a bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Most or all of the time</td>
<td>4</td>
</tr>
</tbody>
</table>

9t. **I could not get going.**

<table>
<thead>
<tr>
<th>Rarely or none of the time</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some of the time</td>
<td>2</td>
</tr>
<tr>
<td>Quite a bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Most or all of the time</td>
<td>4</td>
</tr>
</tbody>
</table>
Medical Conditions

Now, I would like to ask you about current medical conditions. 
Interviewer: Check PIF as medical conditions recorded in W9 & W10 may be of assistance in completing this section.

10a.  Do you have a heart condition?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes 1</th>
<th>No 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Arrhythmia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: If ‘No’ go to Q.11a.

11a.  Do you currently have cancer?

<table>
<thead>
<tr>
<th></th>
<th>Yes 1</th>
<th>No 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: If ‘No’ go to Q.12a.

11b.  Which type of cancer?

<table>
<thead>
<tr>
<th></th>
<th>Type 1</th>
<th>Type 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11c.  In what year were you first told you had this cancer?

11d.  Are you prevented in any way from doing any activities because of this cancer?

<table>
<thead>
<tr>
<th></th>
<th>Yes 1</th>
<th>No 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11e.  Have you stayed in hospital at least overnight in the last 12 months because of this cancer?

<table>
<thead>
<tr>
<th></th>
<th>Yes 1</th>
<th>No 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12a.  Do you have Diabetes?

Interviewer: If ‘No’ go to Q.13a.

12b.  Which type of Diabetes?
12c. In what year were you first told you had Diabetes?  

12d. Are you prevented in any way from doing any activities because of the Diabetes?  
Yes 1  
No 0  

12e. Have you stayed in hospital at least overnight in the last 12 months because of the Diabetes?  
Yes 1  
No 0  

13a. Do you have high blood pressure?  
Yes 1  
No 0  

13b. In what year were you first told you had high blood pressure?  

13c. Are you prevented in any way from doing any activities because of the high blood pressure?  
Yes 1  
No 0  

13d. Have you stayed in hospital at least overnight in the last 12 months because of the high blood pressure?  
Yes 1  
No 0  

14a. Do you have high cholesterol?  
Yes 1  
No 0  

14b. In what year were you first told you had high cholesterol?  

14c. Are you prevented in any way from doing any activities because of the high cholesterol?  
Yes 1  
No 0  

14d. Have you stayed in hospital at least overnight in the last 12 months because of the high cholesterol?  
Yes 1  
No 0  

15a. Do you suffer from Osteoporosis?  
Yes 1  
No 0  

15b. In what year were you first told you had Osteoporosis?  

15c. Are you prevented in any way from doing any activities because of the Osteoporosis? 

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSTLIMW11</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

15d. Have you stayed in hospital at least overnight in the last 12 months because of the Osteoporosis? 

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSTHW11</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

16a. Do you have arthritis? 

Interviewer: If ‘No’ go to Q 17a. 

<table>
<thead>
<tr>
<th>Which type of arthritis?</th>
<th>In what year were you first told you had this?</th>
<th>Are you prevented in any way from doing any activities because of this arthritis?</th>
<th>Have you stayed in hospital at least overnight in the last 12 months because of this arthritis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatism or rheumatic</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
<tr>
<td>Other, specify below</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
</tbody>
</table>

17a. Do you have a respiratory disease? 

Interviewer: If ‘No’ go to Q 18a. 

<table>
<thead>
<tr>
<th>Which respiratory disease?</th>
<th>In what year were you first told you had this?</th>
<th>Are you prevented in any way from doing any activities because of this respiratory disease?</th>
<th>Have you stayed in hospital at least overnight in the last 12 months because of this respiratory disease?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
<tr>
<td>Chronic bronchitis</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
<tr>
<td>Emphysema</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
<tr>
<td>Other, specify below</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
</tbody>
</table>
18a. Do you suffer from any eye problems?

*Interviewer: If ‘No’ go to Q.19a.*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cataracts</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other, specify below</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Which eye problem?

*Can be multiple, please complete other questions for each type.*

<table>
<thead>
<tr>
<th></th>
<th>In what year were you first told you had this?</th>
<th>Are you prevented in any way from doing any activities because of this eye problem?</th>
<th>Have you stayed in hospital at least overnight in the last 12 months because of this eye problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
<tr>
<td>Cataracts</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
<tr>
<td>Other, specify below</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
<td>Yes 1 No 0</td>
</tr>
</tbody>
</table>

19a. Have you had a stroke in the last 12 months?

*Interviewer: If ‘No’ go to Q.20a.*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cataracts</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other, specify below</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

19b. Was that a T.I.A. (mini stroke)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cataracts</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other, specify below</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

19c. Are you prevented in any way from doing any activities because of the stroke?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
<td>1</td>
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<tr>
<td>Cataracts</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other, specify below</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

19d. Have you stayed in hospital at least overnight in the last 12 months because of the stroke?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Glaucoma</td>
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<td>0</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cataracts</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other, specify below</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

20a. Have you had a broken or fractured hip in the last 12 months?

*Interviewer: If ‘No’ go to Q.21*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
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<td>0</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cataracts</td>
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<td>0</td>
</tr>
<tr>
<td>Other, specify below</td>
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<td>0</td>
</tr>
</tbody>
</table>

20b. Are you prevented in any way from doing any activities because of this?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
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<td>0</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>1</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Other, specify below</td>
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</tr>
</tbody>
</table>

20c. Have you stayed in hospital at least overnight in the last 12 months because of this?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cataracts</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other, specify below</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
21. Do you have any other major medical conditions we have not asked about?  

   Interviewer: If ‘No’ go to Q.24a.  

   OMCW11

   Yes 1  
   No 0

21a. Which other serious condition?  

   WOMCW11

21b. In what year were you first told you had this condition?  

   OMCDIAGW11

21c. Are you prevented in any way from doing any activities because of this condition?  

   OMCDLIMW11

   Yes 1  
   No 0

21d. Have you stayed in hospital at least overnight in the last 12 months because of this condition?  

   OMCDHW11

   Yes 1  
   No 0

22a. Which other serious condition?  

   WOMC1W11

22b. In what year were you first told you had this condition?  

   OMCDIAG1W11

22c. Are you prevented in any way from doing any activities because of this condition?  

   OMCDLIM1W11

   Yes 1  
   No 0

22d. Have you stayed in hospital at least overnight in the last 12 months because of this condition?  

   OMCDH1W11

   Yes 1  
   No 0

23a. Which other serious condition?  

   WOMC2W11

23b. In what year were you first told you had this condition?  

   OMCDIAG2W11

23c. Are you prevented in any way from doing any activities because of this condition?  

   OMCDLIM2W11

   Yes 1  
   No 0

23d. Have you stayed in hospital at least overnight in the last 12 months because of this condition?  

   OMCDH2W11

   Yes 1  
   No 0
Bowel and Bladder

24a. Do you have trouble with your bowels which makes you constipated?  

Yes 1  
No 0

*If participant has colostomy, go to Q.24d.*

24b. Do you often have trouble with your bowels which gives you diarrhoea?  

Yes 1  
No 0

24c. 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

24d. Do you have difficulty holding your urine until you get to the toilet?  

Often 1  
Occasionally 2  
Never 0

24e. Do you accidentally pass urine?  

Often 1  
Occasionally 2  
Never 0

*Interviewer: If ‘Never’ go to Q.25a.*

24g. Have you sought any help?  

Yes 1  
No 0

*Interviewer: If ‘No’ go to Q.25a.*

24h. From whom did you seek help?  

____________________________________

24i. What was the outcome of seeking help?  

Advice 1  
Treatment 2  
Provision of aids 3  
Other 4  
No help 5

24j. Please specify what type of aids.  

____________________________________

24k. Pleases specify ‘other outcome’.  

____________________________________

24l. Has this help had an impact on your day to day living?  

Yes quite a lot 1  
Yes a little 2  
No real impact 0
Medications

If we have a current Medicare consent on file or have obtained one today, we will obtain prescription data from the PBS so we only need to record information about non prescription items. If we have no Medicare consent or only a veterans card number we require details of both prescription and non prescription items.

Interviewer checklist

Do we have a current Medicare PBS consent form on file?

Yes - Only ask about non prescription items
No - Please obtain one today if possible

Have you obtained a Medicare PBS consent form today with all valid information completed including a Medicare number?

Yes - Only ask about non prescription items
No - Please ask about all medications both prescription and non prescription and detail below reason for non completion of consent form.

_________________________________________________________
______________________________________________________________________________________

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 laxatives, cough and cold medicines, vitamins, minerals and dietary supplements.

Could you please show me the medicines that you take? (Interviewer-Check containers. For each medication complete the details below including name, type and strength as per the following examples—frequency is not required)

MELOXICAM TABLET 7.5MG
CEPHALEXIN CAPSULE 500MG
HYPROMELLOSE EYE DROPS 10MG/ML
TRIAMCINOLONE ACETON CREAM 200MCG/G

25a. Drug name

________________________________________________________

25b. Container seen?

Yes 1
No 0

25c. What do you take this for?

________________________________________________________
25d. Was this prescribed by a doctor or recommended by a Health Professional?  
   Yes 1  
   No 0

26a. Drug name.  

26b. Container seen?  
   Yes 1  
   No 0

26c. What do you take this for?  

26d. Was this prescribed by a doctor or recommended by a Health Professional?  
   Yes 1  
   No 0

27a. Drug name.  

27b. Container seen?  
   Yes 1  
   No 0

27c. What do you take this for?  

27d. Was this prescribed by a doctor or recommended by a Health Professional?  
   Yes 1  
   No 0

28a. Drug name.  

28b. Container seen?  
   Yes 1  
   No 0

28c. What do you take this for?  

28d. Was this prescribed by a doctor or recommended by a Health Professional?  
   Yes 1  
   No 0
29a. Drug name. ________________________________________________

29b. Container seen?  
   Yes 1  
   No 0

29c. What do you take this for?  WHAT5W11

29d. Was this prescribed by a doctor or recommended by a Health Professional?  
   Yes 1  
   No 0

30a. Drug name. ________________________________________________

30b. Container seen?  
   Yes 1  
   No 0

30c. What do you take this for?  WHAT6W11

30d. Was this prescribed by a doctor or recommended by a Health Professional?  
   Yes 1  
   No 0

31a. Drug name. ________________________________________________

31b. Container seen?  
   Yes 1  
   No 0

31c. What do you take this for?  WHAT7W11

31d. Was this prescribed by a doctor or recommended by a Health Professional?  
   Yes 1  
   No 0

32a. Drug name. ________________________________________________
32b. Container seen?
   Yes 1
   No 0

32c. What do you take this for?

32d. Was this prescribed by a doctor or recommended by a Health Professional?
   Yes 1
   No 0

33a. Drug name.

33b. Container seen?
   Yes 1
   No 0

33c. What do you take this for?

33d. Was this prescribed by a doctor or recommended by a Health Professional?
   Yes 1
   No 0

34a. Drug name.

34b. Container seen?
   Yes 1
   No 0

34c. What do you take this for?

34d. Was this prescribed by a doctor or recommended by a Health Professional?
   Yes 1
   No 0
FALLS & FRACTURES

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

35a. How many falls did you have in the last 12 months? ______

Interviewer: If ‘0’ go to Q.36a.

35b. How many of these falls were inside your own home? ______

35c. How many of these falls were outside of your own home? ______

35d. Now I want to ask you how many of these falls required medical treatment or limited your activities for more than 2 days? ______

36a. Have you broken any bones in the last 12 months? Yes 1 No 0

Interviewer: If ‘No’ go to Q.37a.

36b. Could you please tell me which of the following bones you have broken?

Interviewer: Show Display Card 2 and complete as applicable

36c. Which bone? ____________________________

36d. Did you have surgery? Yes 1 No 0

36e. Which bone? ____________________________

36f. Did you have surgery? Yes 1 No 0

36g. Which bone? ____________________________

36h. Did you have surgery? Yes 1 No 0

36i. Which bone? ____________________________

36j. Did you have surgery? Yes 1 No 0
37a. Have you had any (other) surgery or operations in the last 12 months?

   Yes 1
   No 0

   Interviewer: If ‘No’ go to Q.38a.

37b. How many different times have you had other surgery in the last 12 months?

37c. What was the surgery for?

37d. What was the surgery for?

37e. What was the surgery for?

37f. What was the surgery for?

38a. Have you ever been prescribed a hearing aid?

   Yes 1
   No 0

   Interviewer: If ‘No’ go to Q.38d.

38b. Do you wear a hearing aid nowadays?

   Yes, some of the time 1
   Yes, most of the time 2
   No 0

38c. Has this only been in the last 12 months?

   Yes 1
   No 0

38d. 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

   VISION

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

39a. In the last 12 months have you had cataract surgery in one or both of your eyes?

   Yes-one eye 1
   Yes-both eyes 2

   Interviewer: If ‘No’ go to Q.39c.
   No 0
39b. Has the cataract surgery improved your daily living?  
   Yes 1  
   No 0  
   Don’t know 3

39c. Do you currently wear eye glasses or contact lenses?  
   Yes 1  
   No 0  
   Interviewer: If ‘No’ go to Q.40a.

39d. Do you wear the eye glasses or contact lenses for:  
   Distance viewing 1  
   Reading 2  
   Both 3

39e. When wearing eye glasses or contact lenses can you see well enough to recognise the letters in ordinary newspaper print?  
   Yes 1  
   No 0

39f. When wearing eye glasses or contact lenses can you see well enough to recognise the letters in a headline?  
   Yes 1  
   No 0

To what extent, if at all, does your vision interfere with your ability to carry out the following activities?  
   Interviewer: Question applies to sight with both eyes, assuming respondents with glasses are wearing them.  
   Keep emphasising the question relates to the respondents’ visual ability, not their physical ability for each.  
   Show Display Card 3

40a. Seeing in the distance  
   Not applicable 1  
   Not at all 2  
   A little 3  
   Moderately 4  
   A lot 5

40b. Recognising faces across the street  
   Not applicable 1  
   Not at all 2  
   A little 3  
   Moderately 4  
   A lot 5

40c. Watching TV  
   Not applicable 1  
   Not at all 2  
   A little 3  
   Moderately 4  
   A lot 5
<table>
<thead>
<tr>
<th>40d.</th>
<th>Seeing in bright light</th>
<th>INTBLIW11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>A lot</td>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>40e.</th>
<th>Seeing in poor light</th>
<th>INTPLIW11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not applicable</td>
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</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A little</td>
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</tr>
<tr>
<td></td>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>A lot</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40f.</th>
<th>Appreciating colours</th>
<th>INTCOLW11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A little</td>
<td>3</td>
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<tr>
<td></td>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>A lot</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>40g.</th>
<th>Driving a car/riding a bicycle by day</th>
<th>INTDYDW11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A little</td>
<td>3</td>
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<td></td>
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<td></td>
<td>A lot</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40h.</th>
<th>Driving a car/riding a bicycle at night</th>
<th>INTBNTW11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>A lot</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>40i.</th>
<th>Walking inside</th>
<th>INTWAIW11</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A little</td>
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<td></td>
<td>Moderately</td>
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<td></td>
<td>A lot</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>40j.</th>
<th>Walking outside</th>
<th>INTWAOW11</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A little</td>
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</tr>
<tr>
<td></td>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>A lot</td>
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<table>
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<tr>
<th>40k.</th>
<th>Using steps</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A little</td>
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<tr>
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<td>4</td>
</tr>
<tr>
<td></td>
<td>A lot</td>
<td>5</td>
</tr>
</tbody>
</table>
We are now going to ask you a few questions about how you use health services.

41a. 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 0

41b. 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
In the last 12 months have you consulted any of the following people about your health?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>42a. A General Practitioner</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42b. A Specialist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42c. Hospital Outpatients Clinic</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42d. A Dental Professional</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42e. A Dietician</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42f. A Chemist for advice</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42g. An Optician or Optometrist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42h. An Audiologist (hearing specialist)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42i. A Physiotherapist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42j. An Occupational Therapist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42k. Speech Therapist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42l. A Chiropractor</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42m. A Chiropodist or Podiatrist</td>
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<td>0</td>
</tr>
<tr>
<td>42n. A Psychiatrist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42o. A Psychologist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42p. A District, Home or Community Nurse</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42q. A Social or Welfare Worker</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42r. A Naturopath</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42s. An Acupuncturist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42t. Have you consulted any other person about your health other than those I have already mentioned?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>42u. Please specify other person consulted.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I am now going to read a list of services and want you to tell me if in the last 12 months you have received any assistance from any of the following agencies?

43a. Royal District Nursing Service  
Yes 1  No 0  AGEN1W11

43b. Domiciliary Care  
Yes 1  No 0  AGEN2W11

43c. Local Government/Council  
Yes 1  No 0  AGEN3W11

43d. Meals On Wheels  
Yes 1  No 0  AGEN4W11

43e. Private home care from nursing organisations  
Yes 1  No 0  AGEN5W11

43f. Royal Society for the Blind  
Yes 1  No 0  AGEN6W11

43g. Australian Hearing Service  
Yes 1  No 0  AGEN7W11

43h. Paid Help (Please specify below)  
Yes 1  No 0  AGEN8W11  AGEN8OW11

43i. Other (Please specify below)  
Yes 1  No 0  AGEN9W11  AGEN9OW11

**Health Service Utilisation**

*Interviewer: Only ask if not living in residential care*

44a. Have you been a patient in residential care in the last 12 months?  
Yes 1  No 0  NURH12W11

*Interviewer: If ‘No’ go to Q.45a.

44b. How many different times were you a patient in residential care in the last 12 months?  
____  HWMNYSW11

44c. For about how many days was that in total?  
____  DYSNRSW11

45a. Other than what we have already asked about, have you been in hospital at least overnight because of illness or an accident in the last 12 months?  
Yes 1  No 0  HSPO12W11

*Interviewer: If ‘No’ go to Q.46a.

45b. How many different times were you in hospital in the last 12 months?  
____  TMHS12W11

45c. For about how many days was that in total?  
____  DYSHSPW11

45d. What reason(s) were you in hospital?  
____________________________________________________  HSPO12RW11
**Self Esteem**

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 4*

<table>
<thead>
<tr>
<th></th>
<th>46a. I feel that I'm a person of worth, at least on an equal plane with others.</th>
<th>SELF1W11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost always true</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Often true</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sometimes true</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Not often true</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Never true</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>46b. I feel that I have a number of good qualities.</th>
<th>SELF2W11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost always true</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Often true</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sometimes true</td>
<td>3</td>
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<tr>
<td></td>
<td>Not often true</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Never true</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>46c. I am able to do things as well as most other people.</th>
<th>SELF3W11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost always true</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Often true</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sometimes true</td>
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<td></td>
<td>Not often true</td>
<td>4</td>
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<td></td>
<td>Never true</td>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>46d. I feel I do not have much to be proud of.</th>
<th>SELF4W11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost always true</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Often true</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sometimes true</td>
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<td></td>
<td>Not often true</td>
<td>4</td>
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<td></td>
<td>Never true</td>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>46e. I take a positive attitude towards myself.</th>
<th>SELF5W11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost always true</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Often true</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sometimes true</td>
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<td>Not often true</td>
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<td>Never true</td>
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<thead>
<tr>
<th></th>
<th>46f. I think I am no good at all.</th>
<th>SELF6W11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost always true</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Often true</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sometimes true</td>
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<tr>
<td></td>
<td>Not often true</td>
<td>4</td>
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<tr>
<td></td>
<td>Never true</td>
<td>5</td>
</tr>
</tbody>
</table>
46g. I am a useful person to have around.

Almost always true 1
Often true 2
Sometimes true 3
Not often true 4
Never true 5

SELF7W11

46h. I feel I can’t do anything right.

Almost always true 1
Often true 2
Sometimes true 3
Not often true 4
Never true 5

SELF8W11

46i. When I do a job, I do it well.

Almost always true 1
Often true 2
Sometimes true 3
Not often true 4
Never true 5

SELF9W11

46j. I feel that my life is not very useful.

Almost always true 1
Often true 2
Sometimes true 3
Not often true 4
Never true 5

SELF10W11

Cognition

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.

47 What day of the week is it?

Correct 1
Incorrect 0

WEEKW11

48 What is the date today?

Correct 1
Incorrect 0

DAT2W11

49 What is the month?

Correct 1
Incorrect 0

MONTHW11

50 What is the year?

Correct 1
Incorrect 0

YEARW11

51 What season of the year is it?

Correct 1
Incorrect 0

SEASONW11
Without looking at a watch or clock, what is the time of day?

*Interviewer: Hours and minutes or 24 hour clock acceptable*

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<tbody>
<tr>
<td></td>
<td>Correct</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Incorrect</td>
<td>0</td>
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</table>

53 What country are we in?

<p>| | | |</p>
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</thead>
<tbody>
<tr>
<td></td>
<td>Correct</td>
<td>1</td>
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<tr>
<td></td>
<td>Incorrect</td>
<td>0</td>
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</table>

54 What city or town are we in?

<p>| | | |</p>
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<tr>
<td></td>
<td>Correct</td>
<td>1</td>
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<td>Incorrect</td>
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55 What is the name of the State or Territory?

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<td></td>
<td>Correct</td>
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<tr>
<td></td>
<td>Incorrect</td>
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56 What is the name of this suburb?

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<tbody>
<tr>
<td></td>
<td>Correct</td>
<td>1</td>
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<tr>
<td></td>
<td>Incorrect</td>
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</table>

57 What floor of the building are we on?

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<tbody>
<tr>
<td></td>
<td>Correct</td>
<td>1</td>
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<td>Incorrect</td>
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58 What is the name of the Prime Minister of this country?

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<tbody>
<tr>
<td></td>
<td>Correct</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Incorrect</td>
<td>0</td>
</tr>
</tbody>
</table>

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.*

59 Respondent remembers Apple?

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<tbody>
<tr>
<td></td>
<td>Correct</td>
<td>1</td>
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<tr>
<td></td>
<td>Incorrect</td>
<td>0</td>
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</table>

60 Respondent remembers Table?

<p>| | | |</p>
<table>
<thead>
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<th></th>
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<tbody>
<tr>
<td></td>
<td>Correct</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Incorrect</td>
<td>0</td>
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</table>

61 Respondent remembers Penny?

<p>| | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td></td>
<td>Correct</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Incorrect</td>
<td>0</td>
</tr>
</tbody>
</table>

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

62 *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.
\textit{Interviewer: Stop after 5 subtractions}
\textit{Count only 1 error, if respondent makes subtraction error but
 subsequent answers are 7 less than the error.}

\begin{align*}
63 & \quad 100 - 7 = 93? \quad \text{Correct} \ 1 \\
64 & \quad 93 - 7 = 86? \quad \text{Correct} \ 1 \\
65 & \quad 86 - 7 = 79? \quad \text{Correct} \ 1 \\
66 & \quad 79 - 7 = 72? \quad \text{Correct} \ 1 \\
67 & \quad 72 - 7 = 65? \quad \text{Correct} \ 1 \\
\end{align*}

Now I am going to spell a word forwards and I want you to spell it
backwards. The word is WORLD, W-O-R-L-D.
\textit{Now spell WORLD backwards.}

\begin{align*}
68 & \quad \text{First letter} - D? \quad \text{Correct} \ 1 \\
69 & \quad \text{Second letter} - L? \quad \text{Correct} \ 1 \\
70 & \quad \text{Third letter} - R? \quad \text{Correct} \ 1 \\
71 & \quad \text{Fourth letter} - O? \quad \text{Correct} \ 1 \\
72 & \quad \text{Fifth letter} - W? \quad \text{Correct} \ 1 \\
\end{align*}

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

\begin{align*}
73 & \quad \text{Respondent remembers Apple?} \quad \text{Correct} \ 1 \\
74 & \quad \text{Respondent remembers Table?} \quad \text{Correct} \ 1 \\
75 & \quad \text{Respondent remembers Penny?} \quad \text{Correct} \ 1 \\
\end{align*}
76 What is this called?
  Interviewer: Hold up pencil. Score as correct for pen or pencil.
  Correct 1
  Incorrect 0

77 What is this called?
  Interviewer: Point to watch
  Correct 1
  Incorrect 0

78 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.
  Correct 1
  Incorrect 0

79 Would you please read the words on this page and then do what it says.
  Interviewer: Show Display Card 5. Code as correct if respondent closes his/her eyes.
  Correct 1
  Incorrect 0

  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.

80 Respondent takes paper in RIGHT hand?
  Correct 1
  Incorrect 0

81 Respondent folds paper in half with BOTH hands?
  Correct 1
  Incorrect 0

82 Respondent puts paper on lap?
  Correct 1
  Incorrect 0

83 Would you please write any complete sentence on that piece of paper for me?
  Interviewer: Sentence should have a subject and a verb and make sense. Spelling and grammatical errors are acceptable.
  Correct 1
  Incorrect 0

84 Please copy this design on the same piece of paper.
  Interviewer: Show Display Card 6. Code as correct if 2 convex five-sided figures intersect.
  Correct 1
  Incorrect 0
**Similarity Questions**

*Interviewer: For the next 3 questions, if response is vague, say - Could you please tell me a bit more?*

85. **In what way are an apple and a banana alike?**  
Correct abstraction such as both fruit 1  
Partially correct, gives concrete similarities such as both grow, can eat both, both have peel 2  
Incorrect 0

86. **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. 0

87. **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 0

88. **Thanks for your patience on that series of items, Do you remember having done them before?**  
Yes 1  
Interviewer: If ‘No’ go to Q90a.  
No 0

89. **You have done them before, about 2 years ago. Compared to when you last did them, did you find them easier, harder or about the same as last time?**  
Easier 1  
Harder 2  
About the same 3  
Can’t remember 4

**Sleep**

Now I would like to ask you some information about how you sleep.

90a. **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

90b. **How often do you have trouble falling asleep?**  
Never 1  
Rarely 2  
Sometimes 3  
Often 4  
Almost always 5
90c. How often do you have trouble with waking up during the night?  

WAKNTW11

Never 1
Rarely 2
Sometimes 3
Often 4
Almost always 5

90d. How often do you have trouble with waking up earlier than intended and not being able to fall back asleep again?  

WAKEARW11

Never 1
Rarely 2
Sometimes 3
Often 4
Almost always 5

90e. How often do you usually take a sedative or sleeping pill that has been prescribed by a doctor to help you sleep?  

PRSEDW11

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

90f. On how many days per week would you intentionally take a nap or sleep in the daytime?  

DAYNAPW11

No days 1
One or two days 2
Three or four days 3
Five or more days 4

Cognition

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 aloud to me.

*Interviewer: Show Display Card 7*

91 Respondent read the word HISTORY?  

MISREHW11

Yes 1
No 0

92 Respondent read the word FACTORY?  

MISREFW11

Yes 1
No 0

93 Respondent read the word POLICEMAN?  

MISREPW11

Yes 1
No 0

94 Respondent read the word TOOTHBRUSH?  

MISRETW11

Yes 1
No 0
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**

95 Respondent identified FACTORY?  
Yes 1  
No 0  

**CUE-personal item**

96 Respondent identified TOOTHBRUSH?  
Yes 1  
No 0  

**CUE-school subject**

97 Respondent identified HISTORY?  
Yes 1  
No 0  

**CUE-city employee**

98 Respondent identified POLICEMAN?  
Yes 1  
No 0  

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

**Interviewer:** Take Display Card 7 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

99 Respondent drew the clock?  
Correct 1  
Incorrect 0
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*

100 Respondent remembered FACTORY?  
   Yes 1  
   No 0

101 Respondent remembered TOOTHBRUSH?  
   Yes 1  
   No 0

102 Respondent remembered HISTORY?  
   Yes 1  
   No 0

103 Respondent remembered POLICEMAN?  
   Yes 1  
   No 0

*Interviewer: If respondent remembers all 4 words go to Q.108 or say the category cues below for the forgotten words*  
To jog your memory I am now going to say the category cues for the words you haven’t remembered.  
*Interviewer: Allow 5 seconds for recall of each word*

104 **What was the school subject?** Respondent recalled HISTORY?  
   Yes 1  
   No 0

105 **What was that building?** Respondent recalled FACTORY?  
   Yes 1  
   No 0

106 **What was that city employee?** Respondent recalled POLICEMAN?  
   Yes 1  
   No 0

107 **What was that personal item?** Respondent recalled TOOTHBRUSH?  
   Yes 1  
   No 0
## Physical Functioning

I would now like to ask about your physical functioning.

108 **Are you able to walk up and down stairs to the first floor of a building without help?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

109 **Are you able to walk half a mile without help?**

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>0</td>
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</table>

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

*Interviewer: Show Display Card 8*

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

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
</tr>
<tr>
<td>A little difficulty</td>
<td>2</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>3</td>
</tr>
<tr>
<td>A lot of difficulty</td>
<td>4</td>
</tr>
<tr>
<td>Just unable to do it</td>
<td>5</td>
</tr>
</tbody>
</table>

111 **What about stooping, crouching or kneeling?**

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
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<tr>
<td>A little difficulty</td>
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<tr>
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<td>4</td>
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<tr>
<td>Just unable to do it</td>
<td>5</td>
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</table>

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

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Score</th>
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<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
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<tr>
<td>A little difficulty</td>
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<tr>
<td>Just unable to do it</td>
<td>5</td>
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</table>

113 **Reaching or extending your arms above shoulder level?**

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<thead>
<tr>
<th>Difficulty</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
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<tr>
<td>Just unable to do it</td>
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114 **Either writing or handling or fingering small objects?**

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<th>Difficulty</th>
<th>Score</th>
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<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
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</table>
Relationships

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

*Interviewer: If respondent has no children go to Q.116a.*

115a. **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?**

*Interviewer: Show Display Card 9*

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

115b. **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?**

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

115c. **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 or email from at least one of them?**

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

*Interviewer: If respondent has no grandchildren go to Q117a.*

116a. **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?**

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
116b. 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?

- 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

116c. Again, think of your grandchildren, who do not live with you. In the past 12 months, how often did you receive mail or email from at least one of them?

- 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

117a. 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?

- 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

117b. About how often do you talk with friends on the telephone?

- 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

118a. (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)?

_____

118b. Of these close relatives, how many live in Adelaide?

_____

118c. How many close friends do you have, that is people you feel at ease with and talk to about private matters or can call for help?

_____

118d. Of these close friends, how many live in Adelaide?

_____

ALSA Wave 11 Interview 37
118e. Including your partner (if applicable), 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?

Yes 1
No 0

118f. 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

118g. 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 0

118h. 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
119a. If you (if applicable, 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 into Residential Independent Living Unit with access to services 3
Move to residential aged care with full services 4

119b. Interviewer: If respondent answers Option 1 could you please ask for their 2nd preference

Move in with children 2
Move into Residential Independent Living Unit with access to services 3
Move to residential aged care with full services 4

Interviewer: If respondent has no children go to Q132 – ADL’s & IADL’s

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 10

120 Give gifts, apart from money?

Never 1
Rarely 2
Sometimes 3
Often 4

121 Help out with money?

Never 1
Rarely 2
Sometimes 3
Often 4

122 Help out when someone is ill?

Never 1
Rarely 2
Sometimes 3
Often 4

123 Help keep house and fix things around the house?

Never 1
Rarely 2
Sometimes 3
Often 4

124 Take care of grandchildren or baby-sit for a while when parents are out?

Never 1
Rarely 2
Sometimes 3
Often 4
Do your children and/or children-in-law support you in any of the following ways?

*Interviewer: Show Display Card 10*

125  When you are ill (or when your husband or wife is ill)?

   CHHPILW11
   
   Never 1
   Rarely 2
   Sometimes 3
   Often 4

126  Give gifts, apart from money?

   GIFTFRW11
   
   Never 1
   Rarely 2
   Sometimes 3
   Often 4

127  Help out with money?

   MONYFRW11
   
   Never 1
   Rarely 2
   Sometimes 3
   Often 4

128  Shop or run errands for you?

   CHSHOPW11
   
   Never 1
   Rarely 2
   Sometimes 3
   Often 4

129  Help keep house or fix things around the house for you?

   HSMNTYW11
   
   Never 1
   Rarely 2
   Sometimes 3
   Often 4

130  Prepare meals for you?

   CHPRMLW11
   
   Never 1
   Rarely 2
   Sometimes 3
   Often 4

131  Drive you places such as a doctor, shopping, church?

   CHDRVEW11
   
   Never 1
   Rarely 2
   Sometimes 3
   Often 4

*Interviewer: Please now ask ADL’S & IADL’s on A3 page*

132  ADL’s and IADL’s Completed  

Please tick ☐
General Life Satisfaction

For the next few questions I would like you to indicate how strongly you agree or disagree with each statement.

Interviewer: Show Display Card 11

133 So far I have gotten the important things I want in my life.

LIFEIMW11

Strongly agree 1
Agree 2
Undecided 3
Disagree 4
Strongly Disagree 5

134 I used to set goals for myself, but now that seems like a waste of time.

LIFEGOW11

Strongly agree 1
Agree 2
Undecided 3
Disagree 4
Strongly Disagree 5

135 If I could live my life over, I would change almost nothing.

LIFECHW11

Strongly agree 1
Agree 2
Undecided 3
Disagree 4
Strongly Disagree 5

136 I enjoy making plans for the future and working to make them a reality.

LIFEFUW11

Strongly agree 1
Agree 2
Undecided 3
Disagree 4
Strongly Disagree 5

137 Others would say that I have made unique contributions to society.

LIFECOW11

Strongly agree 1
Agree 2
Undecided 3
Disagree 4
Strongly Disagree 5

138 I feel that I have done nothing that will survive after I die.

LIFEDIW11

Strongly agree 1
Agree 2
Undecided 3
Disagree 4
Strongly Disagree 5
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 12

139 Are you satisfied with the area where you live?  
Extremely satisfied 1  
Very satisfied 2  
Satisfied 3  
Somewhat dissatisfied 4  
Very dissatisfied 5

140 Are you satisfied with your own health and physical condition?  
Extremely satisfied 1  
Very satisfied 2  
Satisfied 3  
Somewhat dissatisfied 4  
Very dissatisfied 5

141 Are you satisfied with your ability to remember things?  
Extremely satisfied 1  
Very satisfied 2  
Satisfied 3  
Somewhat dissatisfied 4  
Very dissatisfied 5

142 Are you satisfied with your financial situation?  
Extremely satisfied 1  
Very satisfied 2  
Satisfied 3  
Somewhat dissatisfied 4  
Very dissatisfied 5

143 Are you satisfied with your friendships?  
Extremely satisfied 1  
Very satisfied 2  
Satisfied 3  
Somewhat dissatisfied 4  
Very dissatisfied 5

Interviewer: Only ask Q.144 if married otherwise go to Q.145

144 Are you satisfied with your marriage?  
Extremely satisfied 1  
Very satisfied 2  
Satisfied 3  
Somewhat dissatisfied 4  
Very dissatisfied 5
145 Are you satisfied with your family life?  
Extremely satisfied 1  
Very satisfied 2  
Satisfied 3  
Somewhat dissatisfied 4  
Very dissatisfied 5  

146 Are you satisfied with the way you handle problems that come up in your life?  
Extremely satisfied 1  
Very satisfied 2  
Satisfied 3  
Somewhat dissatisfied 4  
Very dissatisfied 5  

147 Are you satisfied with your life in general?  
Extremely satisfied 1  
Very satisfied 2  
Satisfied 3  
Somewhat dissatisfied 4  
Very dissatisfied 5  

Interviewer: Only ask Q.148 if applicable or circle 4.

148 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  
Not applicable 4  

149 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
Mastery Scale

Stressful situations can 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 11

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

CONTR1W11

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

151  There is really no way I can solve some of the problems I have.

CONTR2W11

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

152  There is little I can do to change many of the important things in my life

CONTR3W11

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

153  I often feel helpless in dealing with the problems in my life.

CONTR4W11

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

154  Sometimes I feel that I’m being pushed around in my life.

CONTR5W11

Strongly agree  1
Agree 2
Neither agree nor disagree 3
Disagree 4
Strongly disagree 5
What happens to me in the future mostly depends on me.

I can do just about anything I really set my mind to do.

Bereavements

I would now like to ask about bereavements.

Have you lost anyone close to you in the last 12 months?

Interviewer: Record detail for up to 3 people

Interviewer: If ‘No’ go to Q.158a.

Who was it that died?

Who was it that died?

Who was it that died?
Smoking & Alcohol

I now have a few questions about smoking

158a. Do you currently smoke cigarettes?  

   Yes  1  No  0

   Interviewer: If ‘No’ go to Q.158c.

158b. How many cigarettes do you usually smoke a day?

   ______

158c. Do you currently smoke a pipe or cigars?

   Yes  1  No  0

The next few questions are about alcoholic beverages

159a. How often do you have a drink containing alcohol?

   Interviewer: If ‘Never’ go to Q.160a.

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

159b. 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

159c. How often do you have 6 or more drinks on one occasion?

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

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

160a. In the past two weeks, did you walk for recreation or exercise? WALK2WW11
Yes 1
Interviewer: If ‘No’ go to Q.161a. No 0

160b. How many times did you walk for recreation or exercise in the past 2 weeks? HWMNWK11

161a. 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? EXRTHOW11
Yes 1
Interviewer: If ‘No’ go to Q.162a. No 0

161b. How much time (in hours) were you involved in moderate to heavy physical exertion tasks at home or work during the past 2 weeks? TMHVYEW11

162a. In the past two weeks did you engage in vigorous exercise? VIGEXCW11
Exercise which made you breathe harder or puff or pant such as tennis, jogging, etc not walking?
Yes 1
Interviewer: If ‘No’ go to Q.163a. No 0

162b. How many sessions of vigorous exercise did you engage in over the past 2 weeks? VIGEXW11

162c. How many minutes did you spend exercising vigorously during the past 2 weeks? TMVEXCW11

163a. 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) LSVIGEW11
Yes 1
Interviewer: If ‘No’ go to Q.164a. No 0

163b. How many sessions of less vigorous exercise did you engage in over the past 2 weeks? LSVEXCW11
Activities

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.

Interviewer: You may be able to answer never or appropriate response if you have already determined from ADL’s etc that some of the following questions relate to activities the participant does not do. Please ensure a valid response is circled for every question.

164a. 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.)*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>2</td>
</tr>
<tr>
<td>One or two times a week</td>
<td>3</td>
</tr>
<tr>
<td>Most days</td>
<td>4</td>
</tr>
</tbody>
</table>

164b. 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.)*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than once a week</td>
<td>1</td>
</tr>
<tr>
<td>One or two days a week</td>
<td>2</td>
</tr>
<tr>
<td>Most days</td>
<td>3</td>
</tr>
<tr>
<td>Every Day</td>
<td>4</td>
</tr>
</tbody>
</table>

164c. 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.)*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>About once a month</td>
<td>2</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>3</td>
</tr>
<tr>
<td>Once a week or more</td>
<td>4</td>
</tr>
</tbody>
</table>

164d. How often have you done light housework? *(Such as dusting, polishing, sweeping, tidying up.)*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Once a fortnight or less</td>
<td>2</td>
</tr>
<tr>
<td>About once a week</td>
<td>3</td>
</tr>
<tr>
<td>Several days a week</td>
<td>4</td>
</tr>
</tbody>
</table>

164e. How often have you done heavy housework? *(Taking out the garbage, cleaning floors, vacuuming, washing windows, moving chairs.)*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>About once a month</td>
<td>2</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>3</td>
</tr>
<tr>
<td>Once a week or more</td>
<td>4</td>
</tr>
</tbody>
</table>

164f. Do you currently work in a paid job?  

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>
164g. How many hours of voluntary or (paid) employment have you done?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Up to 10 hours a week</td>
<td>2</td>
</tr>
<tr>
<td>10 to 30 hours a week</td>
<td>3</td>
</tr>
<tr>
<td>More than 30 hours a week</td>
<td>4</td>
</tr>
</tbody>
</table>

164h. How often have you cared for other family members? (Caring for a sick relative, baby sitting, caring for a spouse, etc.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>About once a month</td>
<td>2</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>3</td>
</tr>
<tr>
<td>Once a week or more</td>
<td>4</td>
</tr>
</tbody>
</table>

164i. How often have you done household shopping? (Must play a substantial role in the organisation and buying of the shopping e.g. groceries, fruit and vegetables. Also includes paying household bills.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>About once a month</td>
<td>2</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>3</td>
</tr>
<tr>
<td>Once a week or more</td>
<td>4</td>
</tr>
</tbody>
</table>

164j. How often have you done personal shopping? (Must play a substantial role in the organisation and buying of the shopping e.g. clothing, toiletries, gifts.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Once in three months</td>
<td>2</td>
</tr>
<tr>
<td>About once a month</td>
<td>3</td>
</tr>
<tr>
<td>Once a fortnight or more</td>
<td>4</td>
</tr>
</tbody>
</table>

164k. How often have you done light gardening? (Weeding, watering, sweeping paths, potting.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>About once a month</td>
<td>2</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>3</td>
</tr>
<tr>
<td>Once a week or more</td>
<td>4</td>
</tr>
</tbody>
</table>

164l. How often have you done heavy gardening? (Digging garden beds, pruning, mowing lawns.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>About once a month</td>
<td>2</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>3</td>
</tr>
<tr>
<td>Once a week or more</td>
<td>4</td>
</tr>
</tbody>
</table>

164m. How often have you done household and/or car maintenance?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Once in three months</td>
<td>2</td>
</tr>
<tr>
<td>About once a month</td>
<td>3</td>
</tr>
<tr>
<td>Once a fortnight or more</td>
<td>4</td>
</tr>
</tbody>
</table>
164n. 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

164o. 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 TV.)*

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

164p. How many hours have you spent reading books, magazines or newspapers?

- Less than 2 hours a week 1
- 2 to 5 hours a week 2
- 5 to 10 hours a week 3
- Over 10 hours a week 4

164q. How many telephone calls have you made to friends or family? *(Emphasis is on making calls NOT receiving calls.)*

- None 1
- Up to 3 calls a week 2
- 4 to 10 calls a week 3
- Over 10 calls a week 4

164r. 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 1 hour a day 1
- 1 to 3 hours a day 2
- 3 to 5 hours a day 3
- Over 5 hours a day 4

164s. 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

164t. How often have you attended religious services or meetings?

- Never 1
- About once a month 2
- About once a fortnight 3
- Once a week or more 4
164u. How often have you participated in an outdoor social activity? (BBQs, picnics, spectator sports, etc.)

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

164v. 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

164w. 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

164x. 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

164y. 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
Driving

165a. Do you own a car?  
   Yes 1  
   No 0  

165b. Do you drive a motor vehicle?  
   Interviewer: Go to Q.166a.  
   Yes 1  
   No 0  

165c. Have you stopped driving in the last 12 months?  
   Yes 1  
   Interviewer: Go to Q.168a.  
   No 0  

165d. Why have you stopped driving?  
   Lost License 1  
   Did not renew license 2  
   Still has license, but voluntarily stopped driving 3  
   Other (Please Specify) 4  
   SPSTOWHW11

166a. How many years in total have you driven?  
   HOW11RDW11

166b. 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  
   HOWOFDRW11

166c. In the past 12 months have you changed your driving habits because of concerns related to your age or health?  
   No change, still drive as before 1  
   Yes, drive more often 2  
   Yes, drive less often 3  
   Yes, only local driving, short distance 4  
   Yes, only daylight driving 5  
   Yes, other (Please specify) 6  
   SPECDPW11

166d. Have you made any plans for giving up driving?  
   Yes 1  
   No 0  
   PLSTOPDRW11

166e. Do you feel concerned about giving up driving?  
   Yes 1  
   Interviewer: Go to Q.167a.  
   No 0  
   ANXDRW11
166f. What are you concerned about? ANXABW11

_________________________________________________________
_________________________________________________________
_________________________________________________________

167a. In the past year were you involved in any road accident involving a motor vehicle? MOVACCW11
Yes 1
Go to Q.168a. No 0

167b. In this road accident were you involved as - TYPACCW11
The driver of a motor vehicle 1
A pedestrian 2
Involved in another capacity (e.g. as a passenger or pedal cyclist) 3

167c. What went wrong? (Please specify – such as another car went through red light) DEACCW11
_________________________________________________________
_________________________________________________________
_________________________________________________________

167d. Were you injured in the crash? INJACCW11
Yes 1
Go to Q.167f. No 0

167e. Did you receive medical treatment or were you admitted overnight to a hospital for your injuries? HOSACCW11
Yes 1
No 0

167f. Was anyone else injured in the crash? OINACCW11
Yes 1
No 0

167g. Did anyone else require medical attention or die because of injuries sustained in the crash? OHDACCW11
Yes (injuries) 1
Yes (die) 2
No 0
Housing & Living Arrangements

Now I would like to ask you about your housing.

(Interviewer: If respondent in residential Care facility, ask questions 175a. through to 175e. only, and then move to question 179.)

168a. Is this house, flat or unit being rented by you or any other usual resident of the household?  

Yes 1  

Interviewer: Go to Q.169a.  

No 0

168b. Who is the rent paid to?  

SA Housing Trust 1  

Person in dwelling 2  

Landlord or Real Estate Agent 3  

Other 4

168c. What is the total rent each week (total dollars)?  

__________

169a. Is this house, flat or unit being paid off or is it owned?  

Being paid off 1  

Interviewer: Go to Q.170  

Owned 2

169b. What is the total repayment each week (total dollars)?  

__________

170 In which of these categories does the market value of your house, flat or unit fall?  

Interviewer: Show Display Card 13

Up to $99,000 1  

From $100,000 to $249,000 2  

From $250,000 to $399,000 3  

From $400,000 to $749,000 4  

Over $750,000 5  

Unknown 6  

Not stated 7

Interviewer: if you know the respondent is in the same house as Wave 9 don't ask Q171 - mark it N/A

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

__________

172a. What is the main thing you like about living in this home?  

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
172b. What is the main thing you really do not like about living in this home?  

_______________________________________________________________________________ 

_______________________________________________________________________________ 

173a. Are there changes or alterations required to the home which would make it easier or safer for you to live here or to live more independently? 

Yes 1  
No 0  

Interviewer: Go to Q.174a. 

173b. What are the alterations or changes that are needed to make it easier to live here? 

Interviewer: Show Display Card 14. Multiple selections permitted 

Rails, bars, straps  1  
Doors widened, door swing changed  2  
Ramps, changes to floors, steps, paths, drives  3  
New/changed heating or air-conditioning  4  
Security locks  5  
General maintenance  6  
Structural changes  7  
Other  8  

174a. Has there been any change in your living arrangements in the past 12 months? 

Yes (Please specify)  1  
No 0  

Interviewer: Go to Q.175a. 

174b. Specify change in living arrangements 

_______________________________________________________________________________ 

_______________________________________________________________________________ 

175a. Have you moved in the last 12 months? 

Yes 1  
No 0  

175b. Do you intend to move house (again)? 

Yes 1  
No 0  

Interviewer: Go to Q.176 

175c. When do you think that might be?
175d. 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 (Please specify) 7

175e. What sort of accommodation would you like to move to?

Separate house 1
Terrace, row, town or semi-detached 2
Self-contained flat, unit 3
Retirement village 4
Granny flat attached to children’s house 5
Aged person’s hostel 6
Nursing home 7

Interviewer: If respondent in Residential Care facility, go to Q.179

176 Have you put your name down for any special aged accommodation or retirement village in the last 12 months?

Yes 1
No 0

177 If respondent has a firm plan to move please detail below.

Interviewer: Probe for location and type of dwelling, complete details below.

________________________________________________________
________________________________________________________
________________________________________________________

178a. This list shows sources of housing assistance. In the past, which of these, if any, have you ever received as housing assistance?

Interviewer: Show Display Card 15

Commonwealth Rent Assistance 1
Rent relief (through the Housing Trust) 2
Bond assistance (through the Housing Trust) 3
HomeStart (mortgage or other programs) 4
Other (please specify) 5

Never had any housing assistance 6

Interviewer: If never go to Q.179
178b. This list shows sources of financial housing assistance. Which of these, if any, are you currently receiving as housing assistance? 

*Interviewer: Show Display Card 15*

Commonwealth Rent Assistance 1  
Rent relief (through the Housing Trust) 2  
Bond assistance (through the Housing Trust) 3  
HomeStart (mortgage or other programs) 4  
Other (please specify) 5  

---

Never had any housing assistance 6

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

179 This card lists various benefit cards. Which of these do you currently hold?  

*Interviewer: Show Display Card 16. If more than one card, detail below.*

Aged Pensioner Concession Card 1  
Commonwealth Seniors Health Card 2  
Veteran’s Entitlement Card 3  
SA Seniors Card 4  
Other (please specify) 5  

---

None 6

180 This card lists various sources of income. Which of these do you (and your partner) currently receive as income?  

*Interviewer: Show Display Card 17. If more than one income source, detail below.*

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  
Any other pensions/allowances 7

181 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 18*

<table>
<thead>
<tr>
<th>Per week</th>
<th>Per year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $249</td>
<td>Up to $12,999</td>
<td>1</td>
</tr>
<tr>
<td>$250 - $599</td>
<td>$13,000 - $31,199</td>
<td>2</td>
</tr>
<tr>
<td>$600 - $999</td>
<td>$31,200 - $51,999</td>
<td>3</td>
</tr>
<tr>
<td>$1000 - $1599</td>
<td>$52,000 - $83,199</td>
<td>4</td>
</tr>
<tr>
<td>$1600 - $1999</td>
<td>$83,200 - $103,999</td>
<td>5</td>
</tr>
<tr>
<td>$2000 or more</td>
<td>$104,000 or more</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Not stated</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>
182 How well does the amount of money you have take care of your needs?

- Very well 1
- Fairly well 2
- Poorly 3

183 How well does the amount of money you have take care of your large annual expenses?

- Very well 1
- Fairly well 2
- Poorly 3

184 Do you usually have enough to buy those little extras i.e. small luxuries like coffee with friends, movie ticket, magazine, your favourite treat, etc?

- Yes 1
- No 0

185 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 19*

- Less than $1999 1
- $2,000 - $9,999 2
- $10,000 - $19,999 3
- $20,000 - $49,999 4
- $50,000 - $99,999 5
- $100,000 - $249,000 6
- $250,000 - $499,000 7
- $500,000 - $749,000 8
- $750,000 or more 9
- Unknown 10
- Not stated 11
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?

*Interviewer: Check PIF and confirm details we currently have. Please note details below even if our records are still current.*

<table>
<thead>
<tr>
<th>186a.</th>
<th>Full name.</th>
<th>CNAM1W11</th>
</tr>
</thead>
<tbody>
<tr>
<td>186b.</td>
<td>Address</td>
<td>CNADD1W11</td>
</tr>
<tr>
<td>186c.</td>
<td>Telephone number(s)</td>
<td>CTEL1W11</td>
</tr>
<tr>
<td>186d.</td>
<td>Relationship to participant?</td>
<td>CREL1W11</td>
</tr>
<tr>
<td>187a.</td>
<td>Full name.</td>
<td>CNAM2W11</td>
</tr>
<tr>
<td>187b.</td>
<td>Address</td>
<td>CNADD2W11</td>
</tr>
<tr>
<td>187c.</td>
<td>Telephone number(s)</td>
<td>CTEL2W11</td>
</tr>
<tr>
<td>187d.</td>
<td>Relationship to participant?</td>
<td>CREL2W11</td>
</tr>
<tr>
<td>188a.</td>
<td>Full name.</td>
<td>CNAM3W11</td>
</tr>
<tr>
<td>188b.</td>
<td>Address</td>
<td>CNADD3W11</td>
</tr>
<tr>
<td>188c.</td>
<td>Telephone number(s)</td>
<td>CTEL3W11</td>
</tr>
<tr>
<td>188d.</td>
<td>Relationship to participant?</td>
<td>CREL3W11</td>
</tr>
</tbody>
</table>

This concludes the interview

*Interviewer: Thank the participant.*

*(Suggested: That's all the questions we have to ask of you. Thanks for your time, and for continuing to be a part of our study.)*

| 189   | Time interview completed: ☐☐☐☐ | ☐☐☐☐ |
Interviewer to fill out after completion of the interview

Participants Sequence Number: □□□□□□□□ Length of Interview: _______________

190 Was the interview completed? [INTCPLW11]
   Yes, with little or no missing information 1
   Yes, but with considerable missing information 2
   No, terminated 0

191 If applicable please specify reasons for missing information or termination. [MISINFW11]
   __________________________________________________________
   __________________________________________________________

192 Co-operation: [INTCOPW11]
   Excellent 1
   Good 2
   Average 3
   Fair 4
   Poor 5

193 Fatigue by end of interview: [INTFATW11]
   Very high 1
   High 2
   Moderate 3
   Low 4

194 Reliability of response: [INTRELW11]
   Good 1
   Fair 2
   Poor 3

195 Language/hearing difficulties: [INTLANW11]
   No problem 1
   Some difficulty 2
   Great difficulty 3

196 English proficiency: [INTENGW11]
   Good 1
   Fair 2
   Poor 3

197 Clinical Assessment participation
   Participant agreed – left Clinical Information Sheet □
   Participant not sure – left Clinical Information Sheet □
   Refused □

198 You and Your Diet Questionnaire
   Discussed, aware of future contact □
   Don’t contact □
Self Completes left with participant

- Attitudes and Views Questionnaire
- Intimacy Questionnaire
- Refused

ADuLTS suitability

- Inclusion criteria: Sound cognitive function, vision and motor control, ability to follow procedures and complete self-report questionnaires independently.

- Exclusion criteria: Cognitive or physical impairment that impedes ability to follow procedures and/or complete questionnaires.

Recommended
Not recommended
Unsure

Additional Information: Please detail any other relevant information that could be helpful to the Clinical Assessor and for future waves.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I ........................................(Interviewers name) confirm that the information contained in this questionnaire was obtained by me at the times and date specified and is, to the best of my knowledge, an accurate and honest report of the answers provided by the respondent.

Signed: ........................................ Date: .................................