The Australian Longitudinal Study of Ageing
Wave 12 Household Questionnaire

Participants Sequence Number: [ ] [ ] [ ] [ ]
Interviewer: _____________________

Date Of Interview: [ ] [ ] [ ] [ ]
Time Interview Started: [ ] [ ] [ ]

Please circle response with a red pen (not black). If the participant chooses not to answer a question(s) please note N/A (Not Answered) so it is clear that the question was not just missed. Where the participant doesn’t know the answer and Unknown is not an option please note U/K.

Household Demographics

Interviewer to complete as applicable

1a. Type of domicile?

DOMICW12
Community living 1
Residential Care Facility 2

1b. Identify type of community living

COMMUNI12
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

COMTYW12

1d. Is this independent or group housing?

TYPACCW12
Independent 1
Group housing 2
Retirement village 3
Other, specify below 4

1e. Specify other type of housing

TYPACWO12

1f. Identify type of Residential Care facility

INSTW12
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

OTHINW12
Household Members

2a. How many people usually live with you? ___ HOWMANW12
   Interviewer: Please complete details below for each person
   If nil go to 3a.

2b. What is their name? NAME1W12
    ______________________________________

2c. What is their relationship to you? RELAT1W12
    ______________________________________

2d. How old are they? ___ AGE1W12

2e. Are they male or female? SEX1W12
    Male 1
    Female 2

2f. What is their name? NAME2W12
    ______________________________________

2g. What is their relationship to you? RELAT2W12
    ______________________________________

2h. How old are they? ___ AGE2W12

2i. Are they male or female? SEX2W12
    Male 1
    Female 2

2j. What is their name? NAME3W12
    ______________________________________

2k. What is their relationship to you? RELAT3W12
    ______________________________________

2l. How old are they? ___ AGE3W12

2m. Are they male or female? SEX3W12
    Male 1
    Female 2

3a. Do you look after or care for any pets? CAREPEW12
    Yes (Please specify) 1
    No 0

3b. Specify type of pets TYPEPEW12
    ______________________________________
4a. Could you please tell me your current marital status?  
   Interviewer: Check PIF as marital status recorded previously may be of assistance in completing this section.

<table>
<thead>
<tr>
<th>Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>1</td>
</tr>
<tr>
<td>De Facto</td>
<td>2</td>
</tr>
<tr>
<td>Separated</td>
<td>3</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
</tr>
<tr>
<td>Widowed</td>
<td>5</td>
</tr>
<tr>
<td>Never married</td>
<td>6</td>
</tr>
</tbody>
</table>

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?  
   Interviewer: If ‘No’ go to 5m.

<table>
<thead>
<tr>
<th>Status</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>

5b. How many?

5c. How many sons are still alive?

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

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

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

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

5h. How many daughters are still alive?

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

5j. How many live in South Australia more than one hour’s travel away?
   Interviewer: If only one, ask – Does she live in SA?)
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?
   *Yes 1
   *No 0*

5n. How many grandchildren do you have?

**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 7a.-7g., if married or defacto.
If not married go to 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 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 8a.*
   *No 0*
7e. About how many hours a week do you usually spend caring for him or her?  

SSPHRCRW12

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

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

SPSTRSW12

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

A great deal 1  
Quite a bit 2  
Somewhat limiting 3  
Not at all limiting 4  

SPPLIMW12

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?  

Yes 1  

Interviewer: If ‘No’ go to 9a.  

No 0  

DEPENDW12

8b. Who is this person?  

Spouse 1  
Parent including in-laws 2  
Child including in-laws 3  
Brother including in-laws 4  
Sister including in-laws 5  
Grandchildren 6  
Other relative 7  
Friend 8  
Other 9  

CRPROVW12

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

HRCRPRW12

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

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

STRSPRW12
### 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*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Code</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a. I was bothered by things that usually don’t bother me.</td>
<td>CESD1W12</td>
<td>Rarely or none of the time 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some of the time 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quite a bit of the time 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most or all of the time 4</td>
</tr>
<tr>
<td>9b. I did not feel like eating: my appetite was poor.</td>
<td>CESD2W12</td>
<td>Rarely or none of the time 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some of the time 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quite a bit of the time 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most or all of the time 4</td>
</tr>
<tr>
<td>9c. I felt that I could not shake off feeling low even with help from my</td>
<td>CESD3W12</td>
<td>Rarely or none of the time 1</td>
</tr>
<tr>
<td>family and friends.</td>
<td></td>
<td>Some of the time 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quite a bit of the time 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most or all of the time 4</td>
</tr>
<tr>
<td>9d. I felt that I was just as good as other people.</td>
<td>CESD4W12</td>
<td>Rarely or none of the time 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some of the time 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quite a bit of the time 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most or all of the time 4</td>
</tr>
<tr>
<td>9e. I had trouble keeping my mind on what I was doing.</td>
<td>CESD5W12</td>
<td>Rarely or none of the time 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some of the time 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quite a bit of the time 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most or all of the time 4</td>
</tr>
<tr>
<td>9f. I felt depressed.</td>
<td>CESD6W12</td>
<td>Rarely or none of the time 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some of the time 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quite a bit of the time 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most or all of the time 4</td>
</tr>
</tbody>
</table>
9g. I felt that everything I did was an effort.

9h. I felt hopeful about the future.

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

9j. I felt afraid.

9k. My sleep was restless.

9l. I was happy

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

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

9p. I enjoyed life.

9q. I had crying spells.

9r. I felt sad.

9s. I felt that people disliked me.

9t. I could not get going.
Medical Conditions

Now, I would like to ask you about current medical conditions.

*Interviewer: Check PIF as medical conditions recorded previously may be of assistance in completing this section.*

10a. Do you have a heart condition?

<table>
<thead>
<tr>
<th>Which heart condition?</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 heart condition?</th>
<th>Have you stayed in hospital at least overnight in the last 12 months because of this heart condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td>Yes 1  No 0</td>
<td>Yes 1  No 0</td>
<td>Yes 1  No 0</td>
</tr>
<tr>
<td>Angina</td>
<td>Yes 1  No 0</td>
<td>Yes 1  No 0</td>
<td>Yes 1  No 0</td>
</tr>
<tr>
<td>Cardiac Arrhythmia</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>

11a. Do you currently have cancer?

*Interviewer: If ‘No’ go to 11a.*

11b. Which type of cancer?

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?

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

12a. Do you have Diabetes?

*Interviewer: If ‘No’ go to 13a.*

12b. Which type of Diabetes?

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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?  

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

13a. Do you have high blood pressure?  

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?  

13d. Have you stayed in hospital at least overnight in the last 12 months because of the high blood pressure?  

14a. Do you have high cholesterol?  

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?  

14d. Have you stayed in hospital at least overnight in the last 12 months because of the high cholesterol?  

15a. Do you suffer from Osteoporosis?  

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?  

OSTLIMW12

| Yes 1 | No 0 |

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

OSTHW12

| Yes 1 | No 0 |

16a. Do you have arthritis?  

ARTHW12

| Yes 1 | No 0 |

Interviewer: If ‘No’ go to 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?  

RDW12

| Yes 1 | No 0 |

Interviewer: If ‘No’ go to 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 19a.*

<table>
<thead>
<tr>
<th>Which eye problem?</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 20a.*

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

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

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

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

*Interviewer: If ‘No’ go to 21.*

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

20c. Have you stayed in hospital at least overnight in the last 12 months because of this?
21. Do you have any other major medical conditions we have not asked about?  

   Yes 1  

   No 0

   Interviewer: If ‘No’ go to 24a.

21a. Which other serious condition?  

______________________________

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

______________

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

Yes 1  

No 0

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

Yes 1  

No 0

22a. Which other serious condition?  

______________________________

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

______________

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

Yes 1  

No 0

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

Yes 1  

No 0

23a. Which other serious condition?  

______________________________

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

______________

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

Yes 1  

No 0

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

Yes 1  

No 0
### Bowel and Bladder

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

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

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

Has colostomy:  

<table>
<thead>
<tr>
<th>2</th>
<th></th>
</tr>
</thead>
</table>

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

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

24c. How often do you usually have a bowel movement?  

<table>
<thead>
<tr>
<th>Movement Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 to 3 times a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 or more times a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once a week or less</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 or 3 times a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 to 6 times a week</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasionally</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24e. Do you accidentally pass urine?  

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasionally</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Interviewer: If ‘Never’ go to 25a.*

24g. Have you sought any help?  

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

*Interviewer: If ‘No’ go to 25a.*

24h. From whom did you seek help?  

____________________________________________________________________

24i. What was the outcome of seeking help?  

<table>
<thead>
<tr>
<th>Outcome</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of aids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24j. Please specify what type of aids.  

____________________________________________________________________

24k. Please specify ‘other outcome’.  

____________________________________________________________________

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

<table>
<thead>
<tr>
<th>Impact</th>
<th>1</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes quite a lot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes a little</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No real impact</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medications

If we have obtained a Medicare consent form 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

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?

25c. What do you take this for?

25d. Was this prescribed by a doctor or recommended by a Health Professional?

ALSA Wave 12 Interview 15
26a. Drug name. DRUG2W12

26b. Container seen? CONT2W12
Yes 1
No 0

26c. What do you take this for? WHAT2W12

26d. Was this prescribed by a doctor or recommended by a Health Professional? DOC2W12
Yes 1
No 0

27a. Drug name. DRUG3W12

27b. Container seen? CONT3W12
Yes 1
No 0

27c. What do you take this for? WHAT3W12

27d. Was this prescribed by a doctor or recommended by a Health Professional? DOC3W12
Yes 1
No 0

28a. Drug name. DRUG4W12

28b. Container seen? CONT4W12
Yes 1
No 0

28c. What do you take this for? WHAT4W12

28d. Was this prescribed by a doctor or recommended by a Health Professional? DOC4W12
Yes 1
No 0
29a. Drug name.

_______________________________________________

DRUG5W12

29b. Container seen?

Yes 1
No 0

CONT5W12

29c. What do you take this for?

_______________________________________________

WHAT5W12

29d. Was this prescribed by a doctor or recommended by a Health Professional?

Yes 1
No 0

DOC5W12

30a. Drug name.

_______________________________________________

DRUG6W12

30b. Container seen?

Yes 1
No 0

CONT6W12

30c. What do you take this for?

_______________________________________________

WHAT6W12

30d. Was this prescribed by a doctor or recommended by a Health Professional?

Yes 1
No 0

DOC6W12

31a. Drug name.

_______________________________________________

DRUG7W12

31b. Container seen?

Yes 1
No 0

CONT7W12

31c. What do you take this for?

_______________________________________________

WHAT7W12

31d. Was this prescribed by a doctor or recommended by a Health Professional?

Yes 1
No 0

DOC7W12
32a. Drug name.

_______________________________________________

32b. Container seen?

CONT8W12

Yes  1
No   0

32c. What do you take this for?

WHAT8W12

_______________________________________________

32d. Was this prescribed by a doctor or recommended by a Health Professional?

DOC8W12

Yes  1
No   0

33a. Drug name.

_______________________________________________

33b. Container seen?

CONT9W12

Yes  1
No   0

33c. What do you take this for?

WHAT9W12

_______________________________________________

33d. Was this prescribed by a doctor or recommended by a Health Professional?

DOC9W12

Yes  1
No   0

34a. Drug name.

_______________________________________________

34b. Container seen?

CONT10W12

Yes  1
No   0

34c. What do you take this for?

WHAT10W12

_______________________________________________

34d. Was this prescribed by a doctor or recommended by a Health Professional?

DOC10W12

Yes  1
No   0

Interviewer: If more than 10 medications please note all the required details on the separate sheet of paper.
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?
   _____  ACCDHAW12

Interviewer: If ‘0’ go to 36a.

35b. How many of these falls were inside your own home?
   _____  HWMHOMW12

35c. How many of these falls were outside of your own home?
   _____  HWMOUTW12

35d. Now I want to ask you how many of these falls required medical treatment or limited your activities for more than 2 days?
   _____  HWFLSW12

36a. Have you broken any bones in the last 12 months?
   Yes 1  FRACSW12
   No  0

   Interviewer: If ‘No’ go to 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?
   ________________________  BONE1W12

36d. Did you have surgery?
   Yes 1  SUR1W12
   No  0

36e. Which bone?
   ________________________  BONE2W12

36f. Did you have surgery?
   Yes 1  SUR2W12
   No  0

36g. Which bone?
   ________________________  BONE3W12

36h. Did you have surgery?
   Yes 1  SUR3W12
   No  0

36i. Which bone?
   ________________________  BONE4W12

36j. Did you have surgery?
   Yes 1  SUR4W12
   No  0
37a. Have you had any (other) surgery or operations in the last 12 months?  

ANYSURW12

Yes 1  
No 0  

Interviewer: If ‘No’ go to 38a.

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

HMSURW12

37c. What was the surgery for?  

WHSR1W12

37d. What was the surgery for?  

WHSR2W12

37e. What was the surgery for?  

WHSR3W12

37f. What was the surgery for?  

WHSR4W12

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

HRAIDPRW12

Yes 1  
No 0  

Interviewer: If ‘No’ go to 38d.

38b. Do you wear a hearing aid nowadays?  

HRAIDW12

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

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

HR12MW12

Yes 1  
No 0

38d. How much difficulty, if any, do you have with your hearing, even if you are wearing your hearing aid?  

DIFFHRW12

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?  

CATSURW12

Yes-one eye 1  
Yes-both eyes 2  

Interviewer: If ‘No’ go to 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?

Interviewer: If ‘No’ go to 40a.

Yes 1
No 0

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
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>40d. Seeing in bright light</strong></td>
<td>INTBLI W12</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td>A lot</td>
<td>5</td>
</tr>
<tr>
<td><strong>40e. Seeing in poor light</strong></td>
<td>INTPLI W12</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td>A lot</td>
<td>5</td>
</tr>
<tr>
<td><strong>40f. Appreciating colours</strong></td>
<td>INTCOL W12</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td>A lot</td>
<td>5</td>
</tr>
<tr>
<td><strong>40g. Driving a car/riding a bicycle by day</strong></td>
<td>INTDYD W12</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td>A lot</td>
<td>5</td>
</tr>
<tr>
<td><strong>40h. Driving a car/riding a bicycle at night</strong></td>
<td>INTN BNT W12</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td>A lot</td>
<td>5</td>
</tr>
<tr>
<td><strong>40i. Walking inside</strong></td>
<td>INTWA I W12</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td>A lot</td>
<td>5</td>
</tr>
<tr>
<td><strong>40j. Walking outside</strong></td>
<td>INTWA OW W12</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<td>A lot</td>
<td>5</td>
</tr>
<tr>
<td><strong>40k. Using steps</strong></td>
<td>INTSTEW W12</td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>Moderately</td>
<td>4</td>
</tr>
<tr>
<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?

42a. A General Practitioner  Yes 1 No 0 GENPRCW12
42b. A Specialist  Yes 1 No 0 SPCLSTW12
42c. Hospital Outpatients Clinic  Yes 1 No 0 HSPOUTW12
42d. A Dental Professional  Yes 1 No 0 DENTSTW12
42e. A Dietician  Yes 1 No 0 DIETCNW12
42f. A Chemist for advice  Yes 1 No 0 CHEMSTW12
42g. An Optician or Optometrist  Yes 1 No 0 OPTICNW12
42h. An Audiologist (hearing specialist)  Yes 1 No 0 HEARW12
42i. A Physiotherapist  Yes 1 No 0 PHYSIOW12
42j. An Occupational Therapist  Yes 1 No 0 OCCTHPW12
42k. Speech Therapist  Yes 1 No 0 SPEECHW12
42l. A Chiropractor  Yes 1 No 0 CHIROW12
42m. A Chiropodist or Podiatrist  Yes 1 No 0 PODIATW12
42n. A Psychiatrist  Yes 1 No 0 PSYCITW12
42o. A Psychologist  Yes 1 No 0 PSYCLGW12
42p. A District, Home or Community Nurse  Yes 1 No 0 DSTNRSW12
42q. A Social or Welfare Worker  Yes 1 No 0 SCWORKW12
42r. A Naturopath  Yes 1 No 0 NATRPW12
42s. An Acupuncturist  Yes 1 No 0 ACUPUNW12
42t. Have you consulted any other person about your health other than those I have already mentioned?  Yes 1 No 0 CONSOTW12
42u. Please specify other person consulted.  SPECCOW12
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:

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal District Nursing Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Government/Council</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals On Wheels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private home care from nursing organisations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Society for the Blind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Hearing Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid Help (Please specify below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Service Utilisation**

*Interviewer: If living in residential care go to 45a.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been a patient in residential care in the last 12 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many different times were you a patient in residential care in the last 12 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For about how many days was that in total?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many different times were you in hospital in the last 12 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For about how many days was that in total?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What reason(s) were you in hospital?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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*

46a. I feel that I'm a person of worth, at least on an equal plane with others.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Almost always true</td>
</tr>
<tr>
<td>2</td>
<td>Often true</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes true</td>
</tr>
<tr>
<td>4</td>
<td>Not often true</td>
</tr>
<tr>
<td>5</td>
<td>Never true</td>
</tr>
</tbody>
</table>

46b. I feel that I have a number of good qualities.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Almost always true</td>
</tr>
<tr>
<td>2</td>
<td>Often true</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes true</td>
</tr>
<tr>
<td>4</td>
<td>Not often true</td>
</tr>
<tr>
<td>5</td>
<td>Never true</td>
</tr>
</tbody>
</table>

46c. I am able to do things as well as most other people.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Almost always true</td>
</tr>
<tr>
<td>2</td>
<td>Often true</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes true</td>
</tr>
<tr>
<td>4</td>
<td>Not often true</td>
</tr>
<tr>
<td>5</td>
<td>Never true</td>
</tr>
</tbody>
</table>

46d. I feel I do not have much to be proud of.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Almost always true</td>
</tr>
<tr>
<td>2</td>
<td>Often true</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes true</td>
</tr>
<tr>
<td>4</td>
<td>Not often true</td>
</tr>
<tr>
<td>5</td>
<td>Never true</td>
</tr>
</tbody>
</table>

46e. I take a positive attitude towards myself.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Almost always true</td>
</tr>
<tr>
<td>2</td>
<td>Often true</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes true</td>
</tr>
<tr>
<td>4</td>
<td>Not often true</td>
</tr>
<tr>
<td>5</td>
<td>Never true</td>
</tr>
</tbody>
</table>

46f. I think I am no good at all.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Almost always true</td>
</tr>
<tr>
<td>2</td>
<td>Often true</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes true</td>
</tr>
<tr>
<td>4</td>
<td>Not often true</td>
</tr>
<tr>
<td>5</td>
<td>Never true</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  

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  

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  

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  

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  

48 What is the date today?  
Correct  1  
Incorrect  0  

49 What is the month?  
Correct  1  
Incorrect  0  

50 What is the year?  
Correct  1  
Incorrect  0  

51 What season of the year is it?  
Correct  1  
Incorrect  0  

ALSA Wave 12 Interview  27
52 Without looking at a watch or clock, what is the time of day? [TIMEW12]

Interviewer: Hours and minutes or 24 hour clock acceptable

Correct 1
Incorrect 0

53 What country are we in? [COUNTW12]

Correct 1
Incorrect 0

54 What city or town are we in? [CITYW12]

Correct 1
Incorrect 0

55 What is the name of the State or Territory? [STATEW12]

Correct 1
Incorrect 0

56 What is the name of this suburb? [SUBURBW12]

Correct 1
Incorrect 0

57 What floor of the building are we on? [FLOORW12]

Correct 1
Incorrect 0

58 What is the name of the Prime Minister of this country? [PMINCW12]

Correct 1
Incorrect 0

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? [APPLEW12]

Correct 1
Incorrect 0

60 Respondent remembers Table? [TABLEW12]

Correct 1
Incorrect 0

61 Respondent remembers Penny? [PENNYW12]

Correct 1
Incorrect 0

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

Correct
Incorrect

ALSA Wave 12 Interview 28
Now, speaking aloud, subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop.

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

63 100 – 7 = 93?
   Correct 1
   Incorrect 0

64 93 – 7 = 86?
   Correct 1
   Incorrect 0

65 86 – 7 = 79?
   Correct 1
   Incorrect 0

66 79 – 7 = 72?
   Correct 1
   Incorrect 0

67 72 – 7 = 65?
   Correct 1
   Incorrect 0

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. Now spell WORLD backwards.

68 First letter – D?
   Correct 1
   Incorrect 0

69 Second letter – L?
   Correct 1
   Incorrect 0

70 Third letter – R?
   Correct 1
   Incorrect 0

71 Fourth letter – O?
   Correct 1
   Incorrect 0

72 Fifth letter – W?
   Correct 1
   Incorrect 0

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

73 Respondent remembers Apple?
   Correct 1
   Incorrect 0

74 Respondent remembers Table?
   Correct 1
   Incorrect 0

75 Respondent remembers Penny?
   Correct 1
   Incorrect 0
What is this called?
*Interviewer: Hold up pencil. Score as correct for pen or pencil.*

Correct 1
Incorrect 0

What is this called?
*Interviewer: Point to watch*

Correct 1
Incorrect 0

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

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.

Respondent takes paper in RIGHT hand?

Correct 1
Incorrect 0

Respondent folds paper in half with BOTH hands?

Correct 1
Incorrect 0

Respondent puts paper on lap?

Correct 1
Incorrect 0

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

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
   No  0

Interviewer: If ‘No’ go to 90a.

89 You have done them before, about 3 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?  

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?  

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?  

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?  

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?  

Yes 1  
No 0

92 Respondent read the word FACTORY?  

Yes 1  
No 0

93 Respondent read the word POLICEMAN?  

Yes 1  
No 0

94 Respondent read the word TOOTHBRUSH?  

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.*

<table>
<thead>
<tr>
<th>CUE</th>
<th>Category</th>
<th>Response</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>building</td>
<td>building</td>
<td>Respondent identified FACTORY?</td>
<td>Yes 1</td>
<td>No 0</td>
</tr>
<tr>
<td>personal item</td>
<td>personal item</td>
<td>Respondent identified TOOTHBRUSH?</td>
<td>Yes 1</td>
<td>No 0</td>
</tr>
<tr>
<td>school subject</td>
<td>school subject</td>
<td>Respondent identified HISTORY?</td>
<td>Yes 1</td>
<td>No 0</td>
</tr>
<tr>
<td>city employee</td>
<td>city employee</td>
<td>Respondent identified POLICEMAN?</td>
<td>Yes 1</td>
<td>No 0</td>
</tr>
</tbody>
</table>

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*

<table>
<thead>
<tr>
<th>CUE</th>
<th>Category</th>
<th>Response</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Respondent drew the clock?</td>
<td></td>
<td>Correct 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Incorrect 0</td>
</tr>
</tbody>
</table>
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 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?  

   Yes 1  
   No 0  

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

   Yes 1  
   No 0  

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?  

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

111 What about stooping, crouching or kneeling?  

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

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

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

113 Reaching or extending your arms above shoulder level?  

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

114 Either writing or handling or fingering small objects?  

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

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

Interviewer: If respondent has no children go to 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

<table>
<thead>
<tr>
<th>More than once per week</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a week</td>
<td>2</td>
</tr>
<tr>
<td>2 or 3 times a month</td>
<td>3</td>
</tr>
<tr>
<td>Almost once a month</td>
<td>4</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>More than once per week</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a week</td>
<td>2</td>
</tr>
<tr>
<td>2 or 3 times a month</td>
<td>3</td>
</tr>
<tr>
<td>Almost once a month</td>
<td>4</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>More than once per week</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a week</td>
<td>2</td>
</tr>
<tr>
<td>2 or 3 times a month</td>
<td>3</td>
</tr>
<tr>
<td>Almost once a month</td>
<td>4</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
</tr>
</tbody>
</table>

Interviewer: If respondent has no grandchildren go to 117a.

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?

<table>
<thead>
<tr>
<th>More than once per week</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a week</td>
<td>2</td>
</tr>
<tr>
<td>2 or 3 times a month</td>
<td>3</td>
</tr>
<tr>
<td>Almost once a month</td>
<td>4</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
</tr>
</tbody>
</table>
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?
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?

Year  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
- Move in with children
- Move into Residential Independent Living Unit with access to services
- Move to residential aged care with full services

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

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

Interviewer: If respondent has no children go to 132 – 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
- Rarely
- Sometimes
- Often

121 Help out with money?

- Never
- Rarely
- Sometimes
- Often

122 Help out when someone is ill?

- Never
- Rarely
- Sometimes
- Often

123 Help keep house and fix things around the house?

- Never
- Rarely
- Sometimes
- Often

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

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

*Interviewer: Show Display Card 10*

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you are ill (or when your husband or wife is ill)?</td>
<td>CHHPILW12</td>
</tr>
<tr>
<td>Give gifts, apart from money?</td>
<td>GIFTFRW12</td>
</tr>
<tr>
<td>Help out with money?</td>
<td>MONYFRW12</td>
</tr>
<tr>
<td>Shop or run errands for you?</td>
<td>CHSHOPW12</td>
</tr>
<tr>
<td>Help keep house or fix things around the house for you?</td>
<td>HSMNTYW12</td>
</tr>
<tr>
<td>Prepare meals for you?</td>
<td>CHPRMLW12</td>
</tr>
<tr>
<td>Drive you places such as a doctor, shopping, church?</td>
<td>CHDRVEW12</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL’s and IADL’s Completed</td>
<td>Please tick</td>
</tr>
</tbody>
</table>
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.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

140 **Are you satisfied with your own health and physical condition?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

141 **Are you satisfied with your ability to remember things?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

142 **Are you satisfied with your financial situation?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

143 **Are you satisfied with your friendships?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>

*Interviewer: Only ask 144 if married otherwise go to 145*

144 **Are you satisfied with your marriage?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>5</td>
</tr>
</tbody>
</table>
145  Are you satisfied with your family life?  

<table>
<thead>
<tr>
<th>Extremely satisfied</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Somewhat dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Extremely satisfied</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Somewhat dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

147  Are you satisfied with your life in general?  

<table>
<thead>
<tr>
<th>Extremely satisfied</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Somewhat dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*Interviewer: Only ask 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).

<table>
<thead>
<tr>
<th>You</th>
<th>Your partner/spouse</th>
<th>You and your partner/spouse equally</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

149  In guiding your life, would you say that religion is very important, somewhat important or not at all important?  

<table>
<thead>
<tr>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not at all important</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
**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*

<table>
<thead>
<tr>
<th>150</th>
<th>I have little control over the things that happen to me</th>
<th>CONTR1W12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agree 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disagree 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly disagree 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>151</th>
<th>There is really no way I can solve some of the problems I have.</th>
<th>CONTR2W12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agree 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disagree 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly disagree 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>152</th>
<th>There is little I can do to change many of the important things in my life</th>
<th>CONTR3W12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agree 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disagree 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly disagree 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>153</th>
<th>I often feel helpless in dealing with the problems in my life.</th>
<th>CONTR4W12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agree 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disagree 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly disagree 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>154</th>
<th>Sometimes I feel that I'm being pushed around in my life.</th>
<th>CONTR5W12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agree 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disagree 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly disagree 5</td>
<td></td>
</tr>
</tbody>
</table>
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

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 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 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?  
Yes 1  
*Interviewer: If ‘No’ go to 161a.*  
No 0

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

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?  
Yes 1  
*Interviewer: If ‘No’ go to 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?

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

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

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

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)  
Yes 1  
*Interviewer: If ‘No’ go to 164a.*  
No 0

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

- Never 1
- Less than once a week 2
- One or two times a week 3
- Most days 4

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.)*

- Less than once a week 1
- One or two days a week 2
- Most days 3
- Every Day 4

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.)*

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

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

- Never 1
- Once a fortnight or less 2
- About once a week 3
- Several days a week 4

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

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

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

- Yes 1
- No 0

ALSA Wave 12 Interview 48
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? (Cleaning gutters, painting, doing minor repairs, servicing and/or washing the car.)  
<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.)*

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than once a fortnight</td>
<td>1</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>2</td>
</tr>
<tr>
<td>About once a week</td>
<td>3</td>
</tr>
<tr>
<td>More than once a week</td>
<td>4</td>
</tr>
</tbody>
</table>

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.)*

<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>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 hours a week</td>
<td>1</td>
</tr>
<tr>
<td>2 to 5 hours a week</td>
<td>2</td>
</tr>
<tr>
<td>5 to 10 hours a week</td>
<td>3</td>
</tr>
<tr>
<td>Over 10 hours a week</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Up to 3 calls a week</td>
<td>2</td>
</tr>
<tr>
<td>4 to 10 calls a week</td>
<td>3</td>
</tr>
<tr>
<td>Over 10 calls a week</td>
<td>4</td>
</tr>
</tbody>
</table>

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.)*

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 hour a day</td>
<td>1</td>
</tr>
<tr>
<td>1 to 3 hours a day</td>
<td>2</td>
</tr>
<tr>
<td>3 to 5 hours a day</td>
<td>3</td>
</tr>
<tr>
<td>Over 5 hours a day</td>
<td>4</td>
</tr>
</tbody>
</table>

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.)*

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than once a month</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>More than once a week</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<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>
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?

<table>
<thead>
<tr>
<th></th>
<th>OWNCARW12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>

165b. Do you drive a motor vehicle?

Interviewer: Go to 166a.

<table>
<thead>
<tr>
<th></th>
<th>DOYOUDRW12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>

165c. Have you stopped driving in the last 12 months?

Interviewer: Go to 168a.

<table>
<thead>
<tr>
<th></th>
<th>STOPPEW12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>

165d. Why have you stopped driving?

<table>
<thead>
<tr>
<th>Lost License</th>
<th>STOWHW12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Did not renew license</td>
<td>2</td>
</tr>
<tr>
<td>Still has license, but voluntarily stopped driving</td>
<td>3</td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td>4</td>
</tr>
</tbody>
</table>

Interviewer: Go to 168a.

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

<table>
<thead>
<tr>
<th>HOW12RDW12</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
</tr>
</tbody>
</table>

166b. How often do you drive a motor vehicle?

<table>
<thead>
<tr>
<th>HOWOFDRW12</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least once a day</td>
</tr>
<tr>
<td>Once or twice a week</td>
</tr>
<tr>
<td>Once or twice a month</td>
</tr>
<tr>
<td>Less than once or twice a month</td>
</tr>
</tbody>
</table>

166c. In the past 12 months have you changed your driving habits because of concerns related to your age or health?

<table>
<thead>
<tr>
<th>CHDRVW12</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change, still drive as before</td>
</tr>
<tr>
<td>Yes, drive more often</td>
</tr>
<tr>
<td>Yes, drive less often</td>
</tr>
<tr>
<td>Yes, only local driving, short distance</td>
</tr>
<tr>
<td>Yes, only daylight driving</td>
</tr>
<tr>
<td>Yes, other (Please specify)</td>
</tr>
</tbody>
</table>

166d. Have you made any plans for giving up driving?

<table>
<thead>
<tr>
<th>PLSTOPDRW12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

166e. Do you feel concerned about giving up driving?

Interviewer: Go to 167a.

<table>
<thead>
<tr>
<th>ANXDRW12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
166f. What are you concerned about?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

167a. In the past year were you involved in any road accident involving a motor vehicle?

Yes 1  
No 0  
Go to 168a.

167b. In this road accident were you involved as -

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)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

167d. Were you injured in the crash?

Yes 1  
No 0  
Go to 167f.

167e. Did you receive medical treatment or were you admitted overnight to a hospital for your injuries?

Yes 1  
No 0

167f. Was anyone else injured in the crash?

Yes 1  
No 0

167g. Did anyone else require medical attention or die because of injuries sustained in the crash?

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  
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  
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

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 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 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 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 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?

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 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>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $249</td>
<td>Up to $12,999</td>
</tr>
<tr>
<td>$250 - $599</td>
<td>$13,000 - $31,199</td>
</tr>
<tr>
<td>$600 - $999</td>
<td>$31,200 - $51,999</td>
</tr>
<tr>
<td>$1000 - $1599</td>
<td>$52,000 - $83,199</td>
</tr>
<tr>
<td>$1600 - $1999</td>
<td>$83,200 - $103,999</td>
</tr>
<tr>
<td>$2000 or more</td>
<td>$104,000 or more</td>
</tr>
</tbody>
</table>

Unknown 7

Not stated 8
182 How well does the amount of money you have take care of your needs?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>1</td>
</tr>
<tr>
<td>Fairly well</td>
<td>2</td>
</tr>
<tr>
<td>Poorly</td>
<td>3</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>1</td>
</tr>
<tr>
<td>Fairly well</td>
<td>2</td>
</tr>
<tr>
<td>Poorly</td>
<td>3</td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th>Option</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>

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*

<table>
<thead>
<tr>
<th>Amount Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $1999</td>
<td>1</td>
</tr>
<tr>
<td>$2,000 - $9,999</td>
<td>2</td>
</tr>
<tr>
<td>$10,000 - $19,999</td>
<td>3</td>
</tr>
<tr>
<td>$20,000 - $49,999</td>
<td>4</td>
</tr>
<tr>
<td>$50,000 - $99,999</td>
<td>5</td>
</tr>
<tr>
<td>$100,000 - $249,000</td>
<td>6</td>
</tr>
<tr>
<td>$250,000 - $499,000</td>
<td>7</td>
</tr>
<tr>
<td>$500,000 - $749,000</td>
<td>8</td>
</tr>
<tr>
<td>$750,000 or more</td>
<td>9</td>
</tr>
<tr>
<td>Unknown</td>
<td>10</td>
</tr>
<tr>
<td>Not stated</td>
<td>11</td>
</tr>
</tbody>
</table>
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/update details we currently have. Please note details below even if our records are still current.

186a. Full name.  
__________________________________________  CNAM1W12

186b. Address  
__________________________________________  CNADD1W12

186c. Telephone number(s)  
__________________________________________  CTEL1W12

186d. Relationship to participant?  
__________________________________________  CREL1W12

187a. Full name.  
__________________________________________  CNAM2W12

187b. Address  
__________________________________________  CNADD2W12

187c. Telephone number(s)  
__________________________________________  CTEL2W12

187d. Relationship to participant?  
__________________________________________  CREL2W12

188a. Full name.  
__________________________________________  CNAM3W12

188b. Address  
__________________________________________  CNADD3W12

188c. Telephone number(s)  
__________________________________________  CTEL3W12

188d. Relationship to participant?  
__________________________________________  CREL3W12

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?  
   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.  
________________________________________________________________________  
________________________________________________________________________

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

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

194 Reliability of response:  
   Good 1  
   Fair 2  
   Poor 3

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

196 English proficiency:  
   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 Blood, DEXA & You and Your Diet Questionnaire  
   Mentioned, aware of future contact □  
   Don’t contact □
Attitudes and Views Questionnaire left with participant

Additional Information: Please detail any other relevant information that could be helpful to the Clinical Assessor and Blood Collector 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: .................................

Office Use Only

Excel  Access

Clinical Allocated  List  BNT Version

Info to MM

SPSS  Initials & Date

ALSA Wave 12 Interview