The Australian Longitudinal Study of Ageing
Wave 13 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 a response please note U/K.

**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?**

   *Interviewer: Please complete details below for each person if nil go to 3.*

   ____  **HOWMANW13**

2b. **What is their name?**

   __________________________________________  **NAME1W13**

2c. **What is their relationship to you?**

   __________________________________________  **RELAT1W13**

2d. **How old are they?**

   ____  **AGE1W13**

2e. **Are they male or female?**

   Male 1  
   Female 2  **SEX1W13**

2f. **What is their name?**

   __________________________________________  **NAME2W13**

2g. **What is their relationship to you?**

   __________________________________________  **RELAT2W13**

2h. **How old are they?**

   ____  **AGE2W13**

2i. **Are they male or female?**

   Male 1  
   Female 2  **SEX2W13**

2j. **What is their name?**

   __________________________________________  **NAME3W13**

2k. **What is their relationship to you?**

   __________________________________________  **RELAT3W13**

2l. **How old are they?**

   ____  **AGE3W13**

2m. **Are they male or female?**

   Male 1  
   Female 2  **SEX3W13**

3. **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.*

   Married 1  
   De Facto 2  
   Separated 3  
   Divorced 4  
   Widowed 5  
   Never married 6  **MARITW13**
Health Status of Spouse

Interviewer: Only ask 4a.-4e., if married or de facto. If not married go to 5a.

4a. 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

4b. 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 4d. No 0

4c. Do health problems limit his or her activities a lot, somewhat or just a little?

   A lot 1
   Somewhat 2
   A little 3

4d. 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 5a. No 0

4e. 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

Caring

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

5a. 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 6a. No 0

5b. Who is this person?

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

5c.
SELF-RATED HEALTH

The following questions concern the way you feel about your health.

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

<table>
<thead>
<tr>
<th>Rating</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>1</td>
</tr>
<tr>
<td>Very good</td>
<td>2</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>Fair</td>
<td>4</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
</tr>
</tbody>
</table>

6b. Is your health now better, about the same, or not as good as it was about 12 months ago?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better now</td>
<td>1</td>
</tr>
<tr>
<td>About the same</td>
<td>2</td>
</tr>
<tr>
<td>Not as good now</td>
<td>3</td>
</tr>
</tbody>
</table>

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.

7. What day of the week is it?

Correct 1
Incorrect 0

8. What is the date today?

Correct 1
Incorrect 0

9. What is the month?

Correct 1
Incorrect 0

10. What is the year?

Correct 1
Incorrect 0

11. What season of the year is it?

Correct 1
Incorrect 0

12. Without looking at a watch or clock, what is the time of day? Interviewer: Hours and minutes or 24 hour clock acceptable

Correct 1
Incorrect 0
13. What country are we in?  
Correct 1  
Incorrect 0  

14. What city or town are we in?  
Correct 1  
Incorrect 0  

15. What is the name of the State or Territory?  
Correct 1  
Incorrect 0  

16. What is the name of this suburb?  
Correct 1  
Incorrect 0  

17. What floor of the building are we on?  
Correct 1  
Incorrect 0  

18. What is the name of the Prime Minister of this country?  
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.*

19a. Respondent remembers Apple?  
Correct 1  
Incorrect 0  

19b. Respondent remembers Table?  
Correct 1  
Incorrect 0  

19c. Respondent remembers Penny?  
Correct 1  
Incorrect 0  

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

19d. *Interviewer: Record the number of trials*  
_________
Now, speaking aloud, subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop.

 interviewer: Stop after 5 subtractions

Count only 1 error, if respondent makes subtraction error but subsequent answers are 7 less than the error.

20a. $100 - 7 = 93$?

   Correct 1
   Incorrect 0

20b. $93 - 7 = 86$?

   Correct 1
   Incorrect 0

20c. $86 - 7 = 79$?

   Correct 1
   Incorrect 0

20d. $79 - 7 = 72$?

   Correct 1
   Incorrect 0

20e. $72 - 7 = 65$?

   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.

21a. First letter – D?

   Correct 1
   Incorrect 0

21b. Second letter – L?

   Correct 1
   Incorrect 0

21c. Third letter – R?

   Correct 1
   Incorrect 0

21d. Fourth letter – O?

   Correct 1
   Incorrect 0

21e. Fifth letter – W?

   Correct 1
   Incorrect 0

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

22a. Respondent remembers Apple?

   Correct 1
   Incorrect 0

22b. Respondent remembers Table?

   Correct 1
   Incorrect 0

22c. Respondent remembers Penny?

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

24. **What is this called?**  
*Interviewer: Point to watch*  
Correct 1  
Incorrect 0

25. **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

26. **Would you please read the words on this page and then do what it says.**  
*Interviewer: Show Display Card 1 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.*

27a. Respondent takes paper in RIGHT hand?  
Correct 1  
Incorrect 0

27b. Respondent folds paper in half with BOTH hands?  
Correct 1  
Incorrect 0

27c. Respondent puts paper on lap?  
Correct 1  
Incorrect 0

28. **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

29. **Please copy this design on the same piece of paper.**  
*Interviewer: Show Display Card 2. 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?*

30a. **In what way are an apple and a banana alike?**

Correct abstraction such as both fruit 2

Partially correct, gives concrete similarities such as both grow, can eat both, both have peel 1

Incorrect 0

BANANAW13

30b. **In what way are a boat and a car alike?**

Correct abstraction such as both are a means of transport 2

Partially correct, gives concrete similarities such as both have seats 1

Incorrect, only mentioned ways different. 0

BOATW13

30c. **In what way are an egg and a seed alike?**

Correct abstraction such as beginnings of life, first stage of development 2

Partially correct, gives concrete similarities such as things grow from both 1

Incorrect 0

EGGW13

**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 3*

31a. Respondent read the word HISTORY?

Yes 1

No 0

MISREHW13

31b. Respondent read the word FACTORY?

Yes 1

No 0

MISREFW13

31c. Respondent read the word POLICEMAN?

Yes 1

No 0

MISREPW13

31d. Respondent read the word TOOTHBRUSH?

Yes 1

No 0

MISRETW13

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.*
### 32a. CUE-building
Respondent identified FACTORY?

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

### 32b. CUE-personal item
Respondent identified TOOTHBRUSH?

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

### 32c. CUE-school subject
Respondent identified HISTORY?

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

### 32d. CUE-city employee
Respondent identified POLICEMAN?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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 3 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*

### 33. Respondent drew the clock?

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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*

### 33a. Respondent remembered FACTORY?

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

### 33b. Respondent remembered TOOTHBRUSH?

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

### 33c. Respondent remembered HISTORY?

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

### 33d. Respondent remembered POLICEMAN?

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

33e. What was the school subject? Respondent recalled HISTORY?

<table>
<thead>
<tr>
<th>MISCRHW13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1</td>
</tr>
<tr>
<td>No 0</td>
</tr>
</tbody>
</table>

33f. What was that building? Respondent recalled FACTORY?

<table>
<thead>
<tr>
<th>MISCRFW13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1</td>
</tr>
<tr>
<td>No 0</td>
</tr>
</tbody>
</table>

33g. What was that city employee? Respondent recalled POLICEMAN?

<table>
<thead>
<tr>
<th>MISCRPW13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1</td>
</tr>
<tr>
<td>No 0</td>
</tr>
</tbody>
</table>

33h. What was that personal item? Respondent recalled TOOTHBRUSH?

<table>
<thead>
<tr>
<th>MISCRTW13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1</td>
</tr>
<tr>
<td>No 0</td>
</tr>
</tbody>
</table>
I am now going to read a list of statements describing how people sometimes feel. Many of these statements may not apply to you but we have to ask them of everybody to get a comparison.

Interviewer: Show Display Card 4

Please tell me how often you felt this way during the past week.

34a. 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

34b. 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

34c. 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

34d. 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

34e. 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

34f. 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
### 34g. 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 |

### 34h. 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 |

### 34i. 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 |
34j. 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

34k. 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

34l. 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

34m. 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

34n. 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

34o. People were unfriendly.  
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

34p. I enjoyed life.  
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

34q. I had crying spells.  
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

34r. I felt sad.  
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
34s. I felt that people disliked 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  

34t. I could not get going.  
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  

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 5*

35. So far I have gotten the important things I want in my life.  
Strongly agree 1  
Agree 2  
Undecided 3  
Disagree 4  
Strongly Disagree 5  

36. I used to set goals for myself, but now that seems like a waste of time.  
Strongly agree 1  
Agree 2  
Undecided 3  
Disagree 4  
Strongly Disagree 5  

37. If I could live my life over, I would change almost nothing.  
Strongly agree 1  
Agree 2  
Undecided 3  
Disagree 4  
Strongly Disagree 5  

38. I enjoy making plans for the future and working to make them a reality.  
Strongly agree 1  
Agree 2  
Undecided 3  
Disagree 4  
Strongly Disagree 5
39. Others would say that I have made unique contributions to society.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</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 6*

41a. I feel that I’m a person of worth, at least on an equal plane with others.

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

41b. I feel that I have a number of good qualities.

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

41c. I am able to do things as well as most other people.

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

41d. I feel I do not have much to be proud of.

<table>
<thead>
<tr>
<th>Almost always true</th>
<th>Often true</th>
<th>Sometimes true</th>
<th>Not often true</th>
<th>Never true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
41e. I take a positive attitude towards myself.

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

41f. I think I am no good at all.

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

41g. 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

41h. 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

41i. 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

41j. 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

**Exercise**

Now I have some questions about exercise.

42a. In the past two weeks, did you walk for recreation or exercise?

Yes 1
No 0

42b. 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?

Yes 1
No 0
FALLS & FRACTURES

Now I would like to ask you about falls you may have had in the last 12 months.

Have you had any falls - including those falls that did not result in injury as well as those that did?

Yes 1  No 0

Interviewer: If ‘0’ go to 44a.

43a. How many?

____ ACCDHA13

43b. Did you receive medical treatment for injuries from any of these falls?

Yes 1  No 0

43c. Did you limit your usual activities for more than two days because of any injuries from these falls?

____ LIMACTW13

44a. Have you broken any bones in the last 12 months?

Yes 1  No 0

Interviewer: If ‘0’ go to 45.

44b. Could you please tell me which of the following bones you have broken?

Interviewer: Show Display Card 7 and complete as applicable

44c. Which bone?

__________________________ BONE1W13

44d. Did you have surgery?

Yes 1  No 0

44e. Which bone?

__________________________ BONE2W13

44f. Did you have surgery?

Yes 1  No 0

44g. Which bone?

__________________________ BONE3W13

44h. Did you have surgery?

Yes 1  No 0

44i. Which bone?

__________________________ BONE4W13

44j. Did you have surgery?

Yes 1  No 0

ALSA Wave 13 Interview  17
Driving

45. Do you drive a motor vehicle?  
   Yes 1  DOYOUDRVW13  
   No 0  
   
   Interviewer: If ‘0’ go to 48a.

46a. How many years in total have you driven?  
   ____  HOW13RDW13

46b. How often do you drive a motor vehicle?  
   At least once a day 1  HOWOFDRW13  
   Once or twice a week 2  
   Once or twice a month 3  
   Less than once or twice a month 4

46c. 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  CHDRVW13  
   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  
   SPECDPW13

46d. Have you made any plans for giving up driving?  
   Yes 1  PLSTOPDRW13  
   No 0

46e. Do you feel concerned about giving up driving?  
   Yes 1  ANXDRW13  
   No 0

46f. What are you concerned about?  
   ___________________________________________________________  
   ___________________________________________________________  
   ___________________________________________________________  
   ANXABW13

47a. In the past year were you involved in any road accident involving a motor vehicle?  
   Yes 1  MOVACCW13  
   No 0  
   
   Interviewer: If ‘0’ go to 48a.
47b. 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

47c. What went wrong?
(Please specify – such as another car went through red light)

_________________________________________________________

_________________________________________________________

_________________________________________________________

47d. Were you injured in the crash?  

Yes 1
No 0

47e. Did you receive medical treatment or were you admitted overnight to a hospital for your injuries?  

Yes 1
No 0

47f. Was anyone else injured in the crash?  

Yes 1
No 0

47g. Did anyone else require medical attention or die because of injuries sustained in the crash?  

Yes (injuries) 1
Yes (die) 2
No 0

**Hearing**

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

48a. Do you wear a hearing aid nowadays?  

Yes, some of the time 1
Yes, most of the time 2

*Interviewer: If ‘0’ go to 48c.*

48b. Has this only been in the last 12 months?  

Yes 1
No 0

48c. 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.

49a. Do you currently wear eye glasses or contact lenses?  

Yes 1  
No 0

*Interviewer: If ‘No’ go to 50a.*

49b. Do you wear the eye glasses or contact lenses for:

Distance viewing 1  
Reading 2  
Both 3

49c. When wearing eye glasses or contact lenses can you see well enough to recognise the letters in ordinary newspaper print?

Yes 1  
No 0

49d. 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 8*

50a. Seeing in the distance

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

50b. Recognising faces across the street

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

50c. Watching TV

Not applicable 1  
Not at all 2  
A little 3  
Moderately 4  
A lot 5
50d. Seeing in bright light

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

50e. Seeing in poor light

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

50f. Appreciating colours

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

50g. Driving a car/riding a bicycle by day

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

50h. Driving a car/riding a bicycle at night

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

50i. Walking inside

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

50j. Walking outside

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

50k. Using steps

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

50l. Crossing the road

Not applicable 1
Not at all 2
A little 3
Moderately 4
A lot 5
50m. Using public transport

INTTRA

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

50n. Travelling independently

INTIND

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

50o. Moving in unfamiliar surroundings

INTMOV

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

50p. Jobs / study / housework

INTJSH

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

50q. Hobbies / leisure activities

INTHLA

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

51a. In the last 12 months have you had cataract surgery in one or both of your eyes?

CATSUR

Yes-one eye 1
Yes-both eyes 2

Interviewer: If ‘No’ go to 52a.

51b. Has the cataract surgery improved your daily living?

CATSE

Yes 1
No 0
Don’t know 3

Bladder

52a. Do you have difficulty holding your urine until you get to the toilet?

HOLDUR

Often 2
Occasionally 1
Never 0

52b. Do you accidentally pass urine?

ACCDUR

Often 2
Occasionally 1
Never 0
Health Service Utilisation

Interviewer: If living in residential care go to 54.

53a. Have you been a patient in residential care in the last 12 months?  
Yes 1  
No 0

Interviewer: If ‘No’ go to 54.

53b. How many different times were you a patient in residential care in the last 12 months?  

53c. For about how many days was that in total?  

MEDICAL CONDITIONS

54. Do you currently have any new medical conditions that were diagnosed by a doctor in the last 12 months?  
(Interviewer: Check PIF and if there are new conditions not recorded in wave 12 please complete below)

Yes 1  
No 0

Interviewer: If ‘No’ go to 60a.

55a. Name of condition?  

55b. Have you stayed in hospital at least overnight in the last 12 months because of this condition?  

55c. Did you have any surgery carried out while you were in hospital?  

55d. What surgery/operation did you have?  

56a. Name of condition?  

56b. Have you stayed in hospital at least overnight in the last 12 months because of this condition?  


56c. Did you have any surgery carried out while you were in hospital?  
Surgeon2W13
Yes 1
No 0

56d. What surgery/operation did you have?  
Op2W13

57a. Name of condition?  
Morbidity3W13

57b. Have you stayed in hospital at least overnight in the last 12 months because of this condition?  
Hosp3W13
Yes 1
No 0

57c. Did you have any surgery carried out while you were in hospital?  
Surgeon3W13
Yes 1
No 0

57d. What surgery/operation did you have?  
Op3W13

58a. Name of condition?  
Morbidity4W13

58b. Have you stayed in hospital at least overnight in the last 12 months because of this condition?  
Hosp4W13
Yes 1
No 0

58c. Did you have any surgery carried out while you were in hospital?  
Surgeon4W13
Yes 1
No 0

58d. What surgery/operation did you have?  
Op4W13

59a. Have you had any (other) surgery or operations including day surgery in the last 12 months?  
AnysurgeonW13
Yes 1
Interviewer: If ‘No’ go to 60a.
No 0
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?

60a. Royal District Nursing Service  
Yes 1 No 0  
AGEN1W13

60b. Domiciliary Care  
Yes 1 No 0  
AGEN2W13

60c. Local Government/Council  
Yes 1 No 0  
AGEN3W13

60d. Meals On Wheels  
Yes 1 No 0  
AGEN4W13

60e. Private home care from nursing organisations  
Yes 1 No 0  
AGEN5W13

60f. Royal Society for the Blind  
Yes 1 No 0  
AGEN6W13

60g. Australian Hearing Service  
Yes 1 No 0  
AGEN7W13

60h. Paid Help (Please specify below)  
Yes 1 No 0  
AGEN8W13

60i. Other (Please specify below)  
Yes 1 No 0  
AGEN9W13
DENTAL

61. Since we last interviewed you, have you seen a dental professional (a dentist, dental hygienist or dental technician) about your teeth, dentures or gums?

Yes 1
No 2
Don’t know 3

Sleep

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

62. 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

MOBILITY

63a. First of all, do you use any special device to assist in getting about, such as a cane, walker or wheelchair?

Interviewer: If ‘No’ go to 64.

Yes 1
No 0

63b. What device is that?

Cane Yes 1 No 0
Walker Yes 1 No 0
Frame Yes 1 No 0
Gopher Yes 1 No 0
Wheelchair Yes 1 No 0
Other - Please specify Yes 1 No 0

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

Yes 1
No 0

65. 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 9*

66a. **How much difficulty, if any, do you have pulling or pushing a large object like a living room chair?**

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</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>

66b. **What about stooping, crouching or kneeling?**

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</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>

66c. **Lifting or carrying weights over 10 pounds (4 kilograms) like a heavy bag of groceries?**

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</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>

66d. **Reaching or extending your arms above shoulder level?**

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</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>

66e. **Either writing or handling or fingering small objects?**

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</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>
Activities Of Daily Living – ADL’s

I am now going to ask you about some everyday activities. Please tell me if you have any difficulties or have had any help from either, a person, special equipment or device in doing any of these activities in the last 12 months apart from when you may have been hospitalised or in respite?

67a. Do you have any difficulties with bathing, either a bath or shower?

Go to 67c. Yes 1 No 0

Interviewer: Refer to PIF and only ask if help or difficulty was recorded in Wave 12 but there is no help or difficulty now.

Difficulty/Help W12 – No – Go to Next Activity, 68a. Difficulty/Help W12 – Yes – Ask 67b.

67b. When you were interviewed last time you said you had problems with this activity. How has that situation changed?

Medical condition no longer present 1 Other (Please specify) 2

(go to 68a.) – Next Activity.

67c. With bathing, either a bath or shower, have you received help from a person, special equipment or both?

Go to 67i. No help 1 Person 2 Special equipment 3 Both 4

67d. Do you still require this help?

Yes 1 No 0

67e. Is this help provided by relatives or friends? If so who is your main helper?

No 0 Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

67f. Does any other friend or relative help you?

No 0 Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1
67g. Do you receive any help from a care organisation?

   No 1
   Domiciliary Care 2
   Local Government or Council 3
   Meals on wheels 4
   Private home care from nursing organisations 5
   Paid Help – Please specify 6

Other Help – Please specify 7

Royal District Nursing Service 8
Royal Society for the Blind 9
Australian Hearing Service 10

67h. What is the special equipment if applicable?

67i. (With this help) how much difficulty on average do you have?

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

67j. Do you feel you need (more) help with this activity?

   Yes 1
   Go to 68a. No 0

67k. If yes what is the main reason you are not receiving (more) help?

   Need not important enough now 1
   Won’t ask – pride 2
   Cost – can’t afford it 3
   No one to help 4
   Unable to arrange help or service 5
   Other – Please specify 6
68a. Do you have any difficulties with Personal Grooming, brushing hair, teeth etc?

Go to 68c. Yes 1
No 0

Interviewer: Refer to PIF and only ask if help or difficulty was recorded in Wave 12 but there is no help or difficulty now.

68b. When you were interviewed last time you said you had problems with this activity. How has that situation changed?

Medical condition no longer present 1
Other (Please specify) 2

(go to 69a.) – Next Activity.

68c. With Personal Grooming, Brushing Hair, teeth etc, have you received help from a person, special equipment or both?

Go to 68i. No help 1
Person 2
Special equipment 3
Both 4

68d. Do you still require this help?

Yes 1
No 0

68e. Is this help provided by relatives or friends? If so who is your main helper?

No 0
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

68f. Does any other friend or relative help you?

No 0
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1
68g. Do you receive any help from a care organisation?

- No 1
- Domiciliary Care 2
- Local Government or Council 3
- Meals on wheels 4
- Private home care from nursing organisations 5
- Paid Help – Please specify 6

__________________________________

Other Help – Please specify 7

__________________________________

Royal District Nursing Service 8
Royal Society for the Blind 9
Australian Hearing Service 10

68h. What is the special equipment if applicable?

__________________________________

68i. (With this help) how much difficulty on average do you have?

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

68j. Do you feel you need (more) help with this activity?

- Yes 1
- Go to 69a. No 0

68k. If yes what is the main reason you are not receiving (more) help?

- Need not important enough now 1
- Won’t ask – pride 2
- Cost – can’t afford it 3
- No one to help 4
- Unable to arrange help or service 5
- Other – Please specify 6

__________________________________
69a. Do you have any difficulties with Dressing, buttoning, zipping, shoes etc?  

Go to 69c.  
Yes 1  
No 0  

*Interviewer: Refer to PIF and only ask if help or difficulty was recorded in Wave 12 but there is no help or difficulty now.*

69b. When you were interviewed last time you said you had problems with this activity. How has that situation changed?  

Medical condition no longer present 1  
Other (Please specify) 2  

*(go to 70a.) – Next Activity.*

69c. With Dressing, buttoning, zipping, shoes etc, have you received help from a person, special equipment or both?  

Go to 69i.  
No help 1  
Person 2  
Special equipment 3  
Both 4  

69d. Do you still require this help?  

Yes 1  
No 0  

69e. Is this help provided by relatives or friends? If so who is your main helper?  

Please specify relationship, e.g. spouse, daughter, friend etc.  

Yes 1  
No 0  

69f. Does any other friend or relative help you?  

Please specify relationship, e.g. spouse, daughter, friend etc.  

Yes 1  
No 0
69g. **Do you receive any help from a care organisation?**

<table>
<thead>
<tr>
<th>Help From</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td>2</td>
</tr>
<tr>
<td>Local Government or Council</td>
<td>3</td>
</tr>
<tr>
<td>Meals on wheels</td>
<td>4</td>
</tr>
<tr>
<td>Private home care from nursing organisations</td>
<td>5</td>
</tr>
<tr>
<td>Paid Help – Please specify</td>
<td>6</td>
</tr>
</tbody>
</table>

- **Other Help – Please specify** | 7

69h. **What is the special equipment if applicable?**

69i. **(With this help) how much difficulty on average do you have?**

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</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>
</tbody>
</table>

69j. **Do you feel you need (more) help with this activity?**

<table>
<thead>
<tr>
<th>Help</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>

Go to 70a.

69k. **If yes what is the main reason you are not receiving (more) help?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need not important enough now</td>
<td>1</td>
</tr>
<tr>
<td>Won’t ask – pride</td>
<td>2</td>
</tr>
<tr>
<td>Cost – can’t afford it</td>
<td>3</td>
</tr>
<tr>
<td>No one to help</td>
<td>4</td>
</tr>
<tr>
<td>Unable to arrange help or service</td>
<td>5</td>
</tr>
<tr>
<td>Other – Please specify</td>
<td>6</td>
</tr>
</tbody>
</table>

- **Other – Please specify** | 6
70a. Do you have any difficulties with **Eating, holding fork, cutting food or drinking from a glass**?

*Go to 70c.*

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

*Interviewer: Refer to PIF and only ask if help or difficulty was recorded in Wave 12 but there is no help or difficulty now.*

*Difficulty/Help W12 – No – Go to Next Activity, 71a.*

*Difficulty/Help W12 – Yes – Ask 70b.*

70b. When you were interviewed last time you said you had problems with this activity. How has that situation changed?

Medical condition no longer present 1

Other (Please specify) 2

__________________________

*(go to 71a. – Next Activity).*

70c. With **Eating, holding fork, cutting food or drinking from a glass**, have you received help from a person, special equipment or both?

*Go to 70i.*

<table>
<thead>
<tr>
<th>No help</th>
<th>Person</th>
<th>Special equipment</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

70d. Do you still require this help?

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

70e. Is this help provided by relatives or friends? If so who is your main helper?

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

Please specify relationship, e.g. spouse, daughter, friend etc.

__________________________

70f. Does any other friend or relative help you?

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

Please specify relationship, e.g. spouse, daughter, friend etc.

__________________________
70g. Do you receive any help from a care organisation?

No 1
Domiciliary Care 2
Local Government or Council 3
Meals on wheels 4
Private home care from nursing organisations 5
Paid Help – Please specify 6

Other Help – Please specify 7

70h. What is the special equipment if applicable?

Royal District Nursing Service 8
Royal Society for the Blind 9
Australian Hearing Service 10

70i. (With this help) how much difficulty on average do you have?

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

70j. Do you feel you need (more) help with this activity?

Yes 1
Go to 71a. No 0

70k. If yes what is the main reason you are not receiving (more) help?

Need not important enough now 1
Won’t ask – pride 2
Cost – can’t afford it 3
No one to help 4
Unable to arrange help or service 5
Other – Please specify 6

_______________________________
71a. Do you have any difficulties with Using the toilet?  

Go to 71c.  Yes 1  
No 0  

Interviewer: Refer to PIF and only ask if help or difficulty was recorded in Wave 12 but there is no help or difficulty now.

Difficulty/Help W12 – No – Go to Next Activity, 72a.  
Difficulty/Help W12 – Yes – Ask 71b.

71b. When you were interviewed last time you said you had problems with this activity. How has that situation changed?  

Medical condition no longer present 1  
Other (Please specify) 2  

( go to 72a.) – Next Activity.

71c. With Using the toilet, have you received help from a person, special equipment or both?  

Go to 71i.  No help 1  
Person 2  
Special equipment 3  
Both 4  

71d. Do you still require this help?  

Yes 1  
No 0  

71e. Is this help provided by relatives or friends? If so who is your main helper?  

No 0  
Please specify relationship, e.g. spouse, daughter, friend etc.  Yes 1  

71f. Does any other friend or relative help you?  

No 0  
Please specify relationship, e.g. spouse, daughter, friend etc.  Yes 1
71g. Do you receive any help from a care organisation?

- No 1
- Domiciliary Care 2
- Local Government or Council 3
- Meals on wheels 4
- Private home care from nursing organisations 5
- Paid Help – Please specify 6

Other Help – Please specify 7

71h. What is the special equipment if applicable?

71i. (With this help) how much difficulty on average do you have?

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

71j. Do you feel you need (more) help with this activity?

- Yes 1
- Go to 72a. No 0

71k. If yes what is the main reason you are not receiving (more) help?

- Need not important enough now 1
- Won’t ask – pride 2
- Cost – can’t afford it 3
- No one to help 4
- Unable to arrange help or service 5
- Other – Please specify 6

________________________________________
72a. Do you have any difficulties with **Going to or getting around a place away from home**?

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

**Go to 72c.**

*Interviewer: Refer to PIF and only ask if help or difficulty was recorded in Wave 12 but there is no help or difficulty now.*

**Difficulty/Help W12 – No – Go to Next Activity, 73a.**

**Difficulty/Help W12 – Yes – Ask 72b.**

72b. When you were interviewed last time you said you had problems with this activity. How has that situation changed?

<table>
<thead>
<tr>
<th>Medical condition no longer present</th>
<th>Other (Please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

*(go to 73a.) – Next Activity.*

72c. With **Going to or getting around a place away from home**, have you received help from a person, special equipment or both?

<table>
<thead>
<tr>
<th>No help</th>
<th>Person</th>
<th>Special equipment</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Go to 72i.**

72d. Do you still require this help?

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

72e. Is this help provided by relatives or friends? If so who is your main helper?

- No 0
- Yes 1

*Please specify relationship, e.g. spouse, daughter, friend etc.*

ADLMHO6W13

72f. Does any other friend or relative help you?

- No 0
- Yes 1

*Please specify relationship, e.g. spouse, daughter, friend etc.*

ADLOHO6W13
72g. Do you receive any help from a care organisation?

No 1
Domiciliary Care 2
Local Government or Council 3
Meals on wheels 4
Private home care from nursing organisations 5
Paid Help – Please specify 6

Other Help – Please specify 7

72h. What is the special equipment if applicable?

72i. (With this help) how much difficulty on average do you have?

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

72j. Do you feel you need (more) help with this activity?

Yes 1
Go to 73a. No 0

72k. If yes what is the main reason you are not receiving (more) help?

Need not important enough now 1
Won’t ask – pride 2
Cost – can’t afford it 3
No one to help 4
Unable to arrange help or service 5
Other – Please specify 6

__________________________________

__________________________________
73a. Do you have any difficulties with **Moving about inside the house**?

   Go to 73c.  
   Yes 1  
   No 0

_Interviewer: Refer to PIF and only ask if help or difficulty was recorded in Wave 12 but there is no help or difficulty now._

_Difficulty/Help W12 – No – Go to Next Activity, 74a._  
_Difficulty/Help W12 – Yes – Ask 73b._

73b. When you were interviewed last time you said you had problems with this activity. How has that situation changed?

   Medical condition no longer present 1  
   Other (Please specify) 2

   (go to 74a.) – Next Activity.

73c. With **Moving about inside the house**, have you received help from a person, special equipment or both?

   Go to 73i.  
   No help 1  
   Person 2  
   Special equipment 3  
   Both 4

73d. Do you still require this help?

   Yes 1  
   No 0

73e. Is this help provided by relatives or friends? If so who is your main helper?

   No 0  
   Please specify relationship, e.g. spouse, daughter, friend etc. 1

73f. Does any other friend or relative help you?

   No 0  
   Please specify relationship, e.g. spouse, daughter, friend etc. 1
73g. Do you receive any help from a care organisation?

No 1
Domiciliary Care 2
Local Government or Council 3
Meals on wheels 4
Private home care from nursing organisations 5
Paid Help – Please specify 6

Other Help – Please specify 7

Royal District Nursing Service 8
Royal Society for the Blind 9
Australian Hearing Service 10

73h. What is the special equipment if applicable?

73i. (With this help) how much difficulty on average do you have?

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

73j. Do you feel you need (more) help with this activity?

Yes 1
Go to 74a. No 0

73k. If yes what is the main reason you are not receiving (more) help?

Need not important enough now 1
Won’t ask – pride 2
Cost – can’t afford it 3
No one to help 4
Unable to arrange help or service 5
Other – Please specify 6
74a. Do you have any difficulties with Getting from a bed to a chair?

Go to 74c.  
Yes 1  
No 0

*Interviewer: Refer to PIF and only ask if help or difficulty was recorded in Wave 12 but there is no help or difficulty now.*

Difficulties/Help W12 – No – Go to Next Activity, 75a.  
Difficulties/Help W12 – Yes – Ask 74b.

74b. When you were interviewed last time you said you had problems with this activity. How has that situation changed?

Medical condition no longer present 1  
Other (Please specify) 2

(go to 75a.) – Next Activity.

74c. With Getting from a bed to a chair, have you received help from a person, special equipment or both?

Go to 74i.  
No help 1  
Person 2  
Special equipment 3  
Both 4

74d. Do you still require this help?

Yes 1  
No 0

74e. Is this help provided by relatives or friends? If so who is your main helper?

No 0  
Please specify relationship, e.g. spouse, daughter, friend etc.  
Yes 1

74f. Does any other friend or relative help you?

No 0  
Please specify relationship, e.g. spouse, daughter, friend etc.  
Yes 1
74g. **Do you receive any help from a care organisation?**

<table>
<thead>
<tr>
<th>Help Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td>2</td>
</tr>
<tr>
<td>Local Government or Council</td>
<td>3</td>
</tr>
<tr>
<td>Meals on wheels</td>
<td>4</td>
</tr>
<tr>
<td>Private home care from nursing organisations</td>
<td>5</td>
</tr>
<tr>
<td>Paid Help – Please specify</td>
<td>6</td>
</tr>
</tbody>
</table>

74h. **What is the special equipment if applicable?**

74i. **(With this help) how much difficulty on average do you have?**

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</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>
</tbody>
</table>

74j. **Do you feel you need (more) help with this activity?**

<table>
<thead>
<tr>
<th>Help Needed</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Go to 75a. No</td>
<td></td>
</tr>
</tbody>
</table>

74k. **If yes what is the main reason you are not receiving (more) help?**

<table>
<thead>
<tr>
<th>Main Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need not important enough now</td>
<td>1</td>
</tr>
<tr>
<td>Won’t ask – pride</td>
<td>2</td>
</tr>
<tr>
<td>Cost – can’t afford it</td>
<td>3</td>
</tr>
<tr>
<td>No one to help</td>
<td>4</td>
</tr>
<tr>
<td>Unable to arrange help or service</td>
<td>5</td>
</tr>
<tr>
<td>Other – Please specify</td>
<td>6</td>
</tr>
</tbody>
</table>
**Instrumental Activities of Daily Living – IADL’s**

I am now going to ask you about some other activities. Please tell me if you have any difficulties or have had any help from either, a person, special equipment or device in doing any of these activities in the last 12 months apart from when you may have been hospitalised or in respite? If you don’t do these activities please just tell me so.

75a. **Do you have any difficulties with Laundry and linen?**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Go to 75b.</strong></td>
<td>Yes 1</td>
<td></td>
</tr>
<tr>
<td><strong>Go to 76a. – next activity</strong></td>
<td>No 0</td>
<td></td>
</tr>
<tr>
<td><strong>Go to 76a. – next activity</strong></td>
<td>Don’t do/ Not applicable 99</td>
<td></td>
</tr>
</tbody>
</table>

75b. **With Laundry and linen, have you received help from a person, special equipment or both?**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Go to 75h.</strong></td>
<td>No help 1</td>
<td></td>
</tr>
<tr>
<td><strong>Go to 75h.</strong></td>
<td>Person 2</td>
<td></td>
</tr>
<tr>
<td><strong>Go to 75h.</strong></td>
<td>Special equipment 3</td>
<td></td>
</tr>
<tr>
<td><strong>Go to 75h.</strong></td>
<td>Both 4</td>
<td></td>
</tr>
</tbody>
</table>

75c. **Do you still require this help?**

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

75d. **Is this help provided by relatives or friends? If so who is your main helper?**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify relationship, e.g. spouse, daughter, friend etc. 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

75e. **Does any other friend or relative help you?**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify relationship, e.g. spouse, daughter, friend etc. 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
75f. Do you receive any help from a care organisation?

- No 1
- Domiciliary Care 2
- Local Government or Council 3
- Meals on wheels 4
- Private home care from nursing organisations 5
- Paid Help – Please specify 6

Other Help – Please specify 7

Royal District Nursing Service 8
Royal Society for the Blind 9
Australian Hearing Service 10

75g. What is the special equipment if applicable?

______________________________________________

75h. (With this help) how much difficulty on average do you have?

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

75i. Do you feel you need (more) help with this activity?

- Yes 1
- Go to 76a. No 0

75j. If yes what is the main reason you are not receiving (more) help?

- Need not important enough now 1
- Won’t ask – pride 2
- Cost – can’t afford it 3
- No one to help 4
- Unable to arrange help or service 5
- Other – Please specify 6

______________________________________________
76a. Do you have any difficulties with **Light Housework**?

Go to 76b. Yes 1
Go to 77a. – next activity No 0
Go to 77a. – next activity Don’t do/ Not applicable 99

76b. With **Light Housework**, have you received help from a person, special equipment or both?

Go to 76h. No help 1
Person 2
Special equipment 3
Both 4

76c. Do you still require this help?

Yes 1
No 0

76d. Is this help provided by relatives or friends? If so who is your main helper?

No 0
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

76e. Does any other friend or relative help you?

No 0
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

76f. Do you receive any help from a care organisation?

No 1
Domiciliary Care 2
Local Government or Council 3
Meals on wheels 4
Private home care from nursing organisations 5
Paid Help – Please specify 6

Other Help – Please specify 7

Royal District Nursing Service 8
Royal Society for the Blind 9
Australian Hearing Service 10
76g. What is the special equipment if applicable?

________________________________________________________________________

76h. (With this help) how much difficulty on average do you have?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</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>
</tbody>
</table>

76i. Do you feel you need (more) help with this activity?

<table>
<thead>
<tr>
<th>Help Needed</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>

Go to 77a.

76j. If yes what is the main reason you are not receiving (more) help?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need not important enough now</td>
<td>1</td>
</tr>
<tr>
<td>Won’t ask – pride</td>
<td>2</td>
</tr>
<tr>
<td>Cost – can’t afford it</td>
<td>3</td>
</tr>
<tr>
<td>No one to help</td>
<td>4</td>
</tr>
<tr>
<td>Unable to arrange help or service</td>
<td>5</td>
</tr>
<tr>
<td>Other – Please specify</td>
<td>6</td>
</tr>
</tbody>
</table>
77a. Do you have any difficulties with Heavy Housework?

Go to 77b. Yes 1
    Go to 78a. – next activity No 0
    Go to 78a. – next activity Don’t do/ Not applicable 99

77b. With Heavy Housework, have you received help from a person, special equipment or both?

Go to 77h. No help 1
    Person 2
    Special equipment 3
    Both 4

77c. Do you still require this help?

Yes 1
    No 0

77d. Is this help provided by relatives or friends? If so who is your main helper?

No 0
    Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

77e. Does any other friend or relative help you?

No 0
    Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

77f. Do you receive any help from a care organisation?

No 1
    Domiciliary Care 2
    Local Government or Council 3
    Meals on wheels 4
    Private home care from nursing organisations 5
    Paid Help – Please specify 6

Other Help – Please specify 7

Royal District Nursing Service 8
    Royal Society for the Blind 9
    Australian Hearing Service 10

ALS Wave 13 Interview 48
77g. What is the special equipment if applicable?

_________________________________________________________

77h. (With this help) how much difficulty on average do you have?

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

77i. Do you feel you need (more) help with this activity?

Yes  1
Go to 78a.  No  0

77j. If yes what is the main reason you are not receiving (more) help?

Need not important enough now  1
Won’t ask – pride  2
Cost – can’t afford it  3
No one to help  4
Unable to arrange help or service  5
Other – Please specify  6

_________________________________________________________
78a. Do you have any difficulties with Home maintenance/Gardening?

Go to 78b. Yes 1
Go to 79a. – next activity No 0
Go to 79a. – next activity Don’t do/ Not applicable 99

78b. With Home maintenance/Gardening, have you received help from a person, special equipment or both?

Go to 78h. No help 1
Person 2
Special equipment 3
Both 4

78c. Do you still require this help?

Yes 1
No 0

78d. Is this help provided by relatives or friends? If so who is your main helper?

No 0
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

78e. Does any other friend or relative help you?

No 0
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

78f. Do you receive any help from a care organisation?

No 1
Domiciliary Care 2
Local Government or Council 3
Meals on wheels 4
Private home care from nursing organisations 5
Paid Help – Please specify 6

Other Help – Please specify 7

Royal District Nursing Service 8
Royal Society for the Blind 9
Australian Hearing Service 10
78g. What is the special equipment if applicable?
_________________________________________________________

78h. (With this help) how much difficulty on average do you have?
IADLDF4W13

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

78i. Do you feel you need (more) help with this activity?
IADLMO4W13

Yes 1
Go to 79a. No 0

78j. If yes what is the main reason you are not receiving (more) help?
IADLRS4W13

Need not important enough now 1
Won’t ask – pride 2
Cost – can’t afford it 3
No one to help 4
Unable to arrange help or service 5
Other – Please specify 6
IADLRSO4W13

_________________________________________________________
79a. Do you have any difficulties with **Preparing your own meals?**

   Go to 79b. Yes 1
   Go to 80a. – next activity No 0
   Go to 80a. – next activity Don’t do/ Not applicable 99

79b. With **Preparing your own meals**, have you received help from a person, special equipment or both?

   Go to 79h. No help 1
   Person 2
   Special equipment 3
   Both 4

79c. Do you still require this help?

   Yes 1
   No 0

79d. Is this help provided by relatives or friends? If so who is your main helper?

   No 0
   Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

79e. Does any other friend or relative help you?

   No 0
   Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

79f. Do you receive any help from a care organisation?

   No 1
   Domiciliary Care 2
   Local Government or Council 3
   Meals on wheels 4
   Private home care from nursing organisations 5
   Paid Help – Please specify 6

   Other Help – Please specify 7

   Royal District Nursing Service 8
   Royal Society for the Blind 9
   Australian Hearing Service 10
79g. What is the special equipment if applicable?  
________________________________________________________

79h. (With this help) how much difficulty on average do you have?  
  No difficulty at all 1  
  A little difficulty 2  
  Some difficulty 3  
  A lot of difficulty 4  

79i. Do you feel you need (more) help with this activity?  
  Yes 1  
  Go to 80a. No 0  

79j. If yes what is the main reason you are not receiving (more) help?  
  Need not important enough now 1  
  Won’t ask – pride 2  
  Cost – can’t afford it 3  
  No one to help 4  
  Unable to arrange help or service 5  
  Other – Please specify 6  

________________________________________________________
80a. Do you have any difficulties with **Using the telephone**?

   
   
   Go to 80b.       Yes 1
   Go to 81a. – next activity     No 0
   Go to 81a. – next activity     Don’t do/ Not applicable 99

80b. With **Using the telephone**, have you received help from a person, special equipment or both?

   
   
   Go to 80h.       No help 1
   Person 2
   Special equipment 3
   Both 4

80c. Do you still require this help?

   
   
   Yes 1
   No 0

80d. Is this help provided by relatives or friends? If so who is your main helper?

   
   
   No 0
   Please specify relationship, e.g. spouse, daughter, friend etc.       Yes 1

   

80e. Does any other friend or relative help you?

   
   
   No 0
   Please specify relationship, e.g. spouse, daughter, friend etc.       Yes 1

   

80f. Do you receive any help from a care organisation?

   
   
   No 1
   Domiciliary Care 2
   Local Government or Council 3
   Meals on wheels 4
   Private home care from nursing organisations 5
   Paid Help – Please specify 6

   

   Other Help – Please specify 7

   

Royal District Nursing Service 8
Royal Society for the Blind 9
Australian Hearing Service 10
80g. What is the special equipment if applicable?

_________________________________________________________

80h. (With this help) how much difficulty on average do you have?

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

80i. Do you feel you need (more) help with this activity?

Yes  1
Go to 81a. No  0

80j. If yes what is the main reason you are not receiving (more) help?

Need not important enough now  1
Won’t ask – pride  2
Cost – can’t afford it  3
No one to help  4
Unable to arrange help or service  5
Other – Please specify  6
81a. Do you have any difficulties with **Managing your own money**?

    Go to 81b.  Yes 1
    Go to 82a. – next activity  No 0
    Go to 82a. – next activity  Don’t do/ Not applicable 99

81b. With **Managing your own money**, have you received help from a person, special equipment or both?

    Go to 81h.  No help 1
    Person 2
    Special equipment 3
    Both 4

81c. Do you still require this help?

    Yes 1
    No 0

81d. Is this help provided by relatives or friends? If so who is your main helper?

    No 0
    Please specify relationship, e.g. spouse, daughter, friend etc.  Yes 1

81e. Does any other friend or relative help you?

    No 0
    Please specify relationship, e.g. spouse, daughter, friend etc.  Yes 1

81f. Do you receive any help from a care organisation?

    No 1
    Domiciliary Care 2
    Local Government or Council 3
    Meals on wheels 4
    Private home care from nursing organisations 5
    Paid Help – Please specify 6

    Other Help – Please specify 7

    Royal District Nursing Service 8
    Royal Society for the Blind 9
    Australian Hearing Service 10
81g. What is the special equipment if applicable?

_________________________________________________________

81h. (With this help) how much difficulty on average do you have?

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

81i. Do you feel you need (more) help with this activity?

Yes 1
Go to 82a. No 0

81j. If yes what is the main reason you are not receiving (more) help?

Need not important enough now 1
Won’t ask – pride 2
Cost – can’t afford it 3
No one to help 4
Unable to arrange help or service 5
Other – Please specify 6
82a. Do you have any difficulties with Writing letters?  

Go to 82b. Yes 1  
Go to 83a. – next activity No 0  
Go to 83a. – next activity Don’t do/ Not applicable 99

82b. With Writing letters, have you received help from a person, special equipment or both?  

Go to 82h. No help 1  
Person 2  
Special equipment 3  
Both 4

82c. Do you still require this help?  

Yes 1  
No 0

82d. Is this help provided by relatives or friends? If so who is your main helper?  

No 0  
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

82e. Does any other friend or relative help you?  

No 0  
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1

82f. Do you receive any help from a care organisation?  

No 1  
Domiciliary Care 2  
Local Government or Council 3  
Meals on wheels 4  
Private home care from nursing organisations 5  
Paid Help – Please specify 6

Other Help – Please specify 7

Royal District Nursing Service 8  
Royal Society for the Blind 9  
Australian Hearing Service 10
82g. What is the special equipment if applicable?

_________________________________________________________

82h. (With this help) how much difficulty on average do you have?

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

82i. Do you feel you need (more) help with this activity?

Yes 1  
Go to 83a.  No 0

82j. If yes what is the main reason you are not receiving (more) help?

Need not important enough now  1  
Won’t ask – pride  2  
Cost – can’t afford it  3  
No one to help  4  
Unable to arrange help or service  5  
Other – Please specify  6
83a. Do you have any difficulties with Using public transport?  

Go to 83b. Yes 1  
Go to 84a. – next activity No 0  
Go to 84a. – next activity Don’t do/ Not applicable 99 

83b. With Using public transport, have you received help from a person, special equipment or both? 

Go to 83h. No help 1  
Person 2  
Special equipment 3  
Both 4 

83c. Do you still require this help?  

Yes 1  
No 0 

83d. Is this help provided by relatives or friends? If so who is your main helper? 

No 0  
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1 

83e. Does any other friend or relative help you? 

No 0  
Please specify relationship, e.g. spouse, daughter, friend etc. Yes 1 

83f. Do you receive any help from a care organisation? 

No 1  
Domiciliary Care 2  
Local Government or Council 3  
Meals on wheels 4  
Private home care from nursing organisations 5  
Paid Help – Please specify 6 

Other Help – Please specify 7 

Royal District Nursing Service 8  
Royal Society for the Blind 9  
Australian Hearing Service 10  

ALSA Wave 13 Interview
83g. What is the special equipment if applicable?

_________________________________________________________

83h. (With this help) how much difficulty on average do you have?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</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>
</tbody>
</table>

83i. Do you feel you need (more) help with this activity?

<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>

83j. If yes what is the main reason you are not receiving (more) help?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need not important enough now</td>
<td>1</td>
</tr>
<tr>
<td>Won’t ask – pride</td>
<td>2</td>
</tr>
<tr>
<td>Cost – can’t afford it</td>
<td>3</td>
</tr>
<tr>
<td>No one to help</td>
<td>4</td>
</tr>
<tr>
<td>Unable to arrange help or service</td>
<td>5</td>
</tr>
<tr>
<td>Other – Please specify</td>
<td>6</td>
</tr>
</tbody>
</table>
84a. Do you have any difficulties with Shopping for groceries or other necessities?

Go to 84b.  Yes 1
Go to 85a.  No 0
Go to 85a.  Don’t do/ Not applicable 99

84b. With Shopping for groceries or other necessities, have you received help from a person, special equipment or both?

Go to 84h.  No help 1
Person 2
Special equipment 3
Both 4

84c. Do you still require this help?

Yes 1
No 0

84d. Is this help provided by relatives or friends? If so who is your main helper?

No 0
Please specify relationship, e.g. spouse, daughter, friend etc.  Yes 1

84e. Does any other friend or relative help you?

No 0
Please specify relationship, e.g. spouse, daughter, friend etc.  Yes 1

84f. Do you receive any help from a care organisation?

No 1
Domiciliary Care 2
Local Government or Council 3
Meals on wheels 4
Private home care from nursing organisations 5
Paid Help – Please specify 6

Other Help – Please specify 7

Royal District Nursing Service 8
Royal Society for the Blind 9
Australian Hearing Service 10
84g. What is the special equipment if applicable?

84h. (With this help) how much difficulty on average do you have?

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

84i. Do you feel you need (more) help with this activity?

Yes 1
Go to 85a. No 0

84j. If yes what is the main reason you are not receiving (more) help?

Need not important enough now 1
Won’t ask – pride 2
Cost – can’t afford it 3
No one to help 4
Unable to arrange help or service 5
Other – Please specify 6
Bereavements

I would now like to ask about bereavements.

85a. Have you lost anyone close to you in the last 12 months?  
*Interviewer: Record detail for up to 4 people*

- Yes 1
- No 0

85b. Who was it that died?  
*Interviewer: If ‘No’ go to 86a.*

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

85c. Who was it that died?  

85d. Who was it that died?  

85e. Who was it that died?
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.

86a. Full name.  
__________________________________________  
CNAM1W13

86b. Address  
__________________________________________  
CNADD1W13

86c. Telephone number(s)  
__________________________________________  
CTEL1W13

86d. Relationship to participant?  
__________________________________________  
CREL1W13

87a. Full name.  
__________________________________________  
CNAM2W13

87b. Address  
__________________________________________  
CNADD2W13

87c. Telephone number(s)  
__________________________________________  
CTEL2W13

87d. Relationship to participant?  
__________________________________________  
CREL2W13

88a. Full name.  
__________________________________________  
CNAM3W13

88b. Address  
__________________________________________  
CNADD3W13

88c. Telephone number(s)  
__________________________________________  
CTEL3W13

88d. Relationship to participant?  
__________________________________________  
CREL3W13

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.)

89. Time interview completed:  
FTTIMEW13
Interviewer to fill out after completion of the interview

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

90a. Was the interview completed?  
   Yes, with little or no missing information 1  
   Yes, but with considerable missing information 2  
   No, terminated 0  

90b. If applicable please specify reasons for missing information or termination.  

________________________________________________________________________  
________________________________________________________________________

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

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

93. Reliability of response:  
   Good 1  
   Fair 2  
   Poor 3  

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

95. English proficiency:  
   Good 1  
   Fair 2  
   Poor 3
Additional Information: Please detail any other relevant information that could be helpful 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  □

SPSS □  Initials & Date

□□□□□