Participants Name: ____________________________________________

Participants Sequence Number: __________ seqnum

Date of Interview __________ date d d m m y y

Time interview started __________ time

Good morning / afternoon / evening, my name is ..................... from the Centre for Ageing Studies. May I speak to .........................

If necessary:

About twelve months ago he / she participated in a study on health and well being of older people in Adelaide. We are now conducting a shorter interview on the telephone.

Unavailable Arrange a suitable time to call back

Moved Determine new address and contact 'phone number

Refuse Explain importance of the project, try to gain cooperation. If still refuses try to determine reason for refusal.

Selected participant no longer capable of participating - select a proxy and conduct questionnaire (pink).

Survey Introduction

My name is ..................... from the Centre for Ageing. About twelve months ago you / he / she participated in a study on health and well being of older people in Adelaide.

That study was quite complex and took some time to administer. This time we are only going to ask questions of a more direct nature and I only need about 20 minutes.

We are interested in the changes that have occurred in that time. All information is confidential but if I ask a question you do not wish to answer, just tell me and I will move on to the next one.

May I begin now?

Wave 2
DOMICILE

1. To make sure our records are correct, are you still living at the same address you were interviewed at 12 months ago:
   (Read out both postal and residential address from P.I.S.)

   Are these details still correct?  
   
   Same address ......................... 1  go to Q2  
   Incorrect details ..................... 2  Change on PIS  
   Changed  ....................... 3  go to Q1a  Record on PIS  

1a. Have you moved into accommodation especially designed for older people?  
   
   Yes ........................................ 1  
   No ........................................ 2  

1b. What type of accommodation do you now live in?  
   (Probe if need clarification)

   House .................................................. 1 
   Home unit or flat ........................................ 2 
   Granny flat with own kitchen .................. 3 
   Granny flat without kitchen .................. 4 
   Non-self contained unit ..................... 5 
   Bed sitter room ..................................... 6 
   Other community living (Please specify) .... 7 

   Retirement village ........................... 8 
   Private rest home ............................ 9 
   Hostel ............................................. 10 
   Nursing home ................................... 11 
   Hospital .......................................... 12 
   Mental institution ............................ 13 
   Boarding house ............................... 14 
   Other institution (Please specify) .......... 15 

   Q1.B1  

   Q1.B2
HOUSEHOLD STRUCTURE

If the participant indicated they lived alone at the first interview from the Participant Information Sheet. (go to 2a) If the respondent indicated they lived in an Institution go to Q3.

2. I am now going to read out the names of the people you told us were living with you at the interview a year ago.

  Interviewer read the household members and their relationship from the first interview listed on the Participant Information Sheet (eg "Margaret your sister")

Are all these people still living with you now? Q2

Yes ........................................ 1 (go to 2a.)
No........................................ 2 (complete table below)

<table>
<thead>
<tr>
<th>Household resident has left or is deceased</th>
<th>First Name</th>
<th>Relationship to Participant (codes below*)</th>
<th>Age at last birthday (years)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moved out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
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<td>X22</td>
<td>X23</td>
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</tr>
</tbody>
</table>

 moved out Deceased

<table>
<thead>
<tr>
<th>Household resident has left or is deceased</th>
<th>First Name</th>
<th>Relationship to Participant (codes below*)</th>
<th>Age at last birthday (years)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moved out</td>
<td></td>
<td></td>
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<tr>
<td>Deceased</td>
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<tr>
<td>X9</td>
<td>X10</td>
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</tr>
<tr>
<td>X21</td>
<td>X22</td>
<td>X23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Codes:

Spouse 01 Parent 07 Uncle or aunt 13
Son 02 Parent-in-law 08 Great grandchild 14
Daughter 03 Brother or sister 09 Other relative 15
Son-in-law 04 Brother or sister-in-law 10 Friend 16
Daughter-in-law 05 Nephew or niece 11 Boarder or lodger 17
Grandchild 06 Cousin 12 Other 18
2a. Is there anyone else now living in your household?  

Yes .............................................. 1  (complete table below)  
No ............................................... 2  (go to 3.)

<table>
<thead>
<tr>
<th>New household members</th>
<th>First name</th>
<th>Relationship to Participant (codes below*)</th>
<th>Age at last birthday (years)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addition</td>
<td>............</td>
<td></td>
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<td></td>
<td>Female</td>
</tr>
<tr>
<td>X33</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
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</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Relationship to Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Spouse</td>
</tr>
<tr>
<td>02</td>
<td>Son</td>
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<tr>
<td>03</td>
<td>Daughter</td>
</tr>
<tr>
<td>04</td>
<td>Son-in-law</td>
</tr>
<tr>
<td>05</td>
<td>Daughter-in-law</td>
</tr>
<tr>
<td>06</td>
<td>Grandchild</td>
</tr>
<tr>
<td>07</td>
<td>Parent</td>
</tr>
<tr>
<td>08</td>
<td>Parent-in-law</td>
</tr>
<tr>
<td>09</td>
<td>Brother or sister</td>
</tr>
<tr>
<td>10</td>
<td>Brother or sister-in-law</td>
</tr>
<tr>
<td>11</td>
<td>Nephew or niece</td>
</tr>
<tr>
<td>12</td>
<td>Cousin</td>
</tr>
<tr>
<td>13</td>
<td>Uncle or aunt</td>
</tr>
<tr>
<td>14</td>
<td>Great grandchild</td>
</tr>
<tr>
<td>15</td>
<td>Other relative</td>
</tr>
<tr>
<td>16</td>
<td>Friend</td>
</tr>
<tr>
<td>17</td>
<td>Boarder or lodger</td>
</tr>
<tr>
<td>18</td>
<td>Other</td>
</tr>
</tbody>
</table>

Wave 2
MARITAL STATUS

3. Again we wish to make sure our records are correct. Since we talked to you last has your marital status changed? Q3
   (Interviewer check marital status PIS.)
   (Interviewer prompt: Have you been married, widowed, divorced or separated in the last year?)
   No (still married, defacto) ............... 1 (go to 4.)
   No (still single, separated) ............. 2 (go to 5.)
   Yes, married .................................. 3 (go to 4.)
   Yes, defacto ................................... 4 (go to 4.)
   Yes, separated ............................... 5 (go to 5.)
   Yes, divorced ............................... 6 (go to 5.)
   Yes, widowed ............................... 7 (go to 3a.)

3a. Would you please tell me the month and year of (his/her) death?

   m m               y     y

   Q3A1     Q3A2

HEALTH STATUS OF SPOUSE

Interviewer only ask if married or defacto, details from the Participant Information Sheet and from information already obtained in the interview.

4. Does your (wife, husband or partner) currently have any illness or health problems which limit his or her activities in any way? Q4
   Yes ........................................... 1 (go to 4a.)
   No ........................................... 2 (go to 5.)

4a. Do health problems limit his or her activities a lot, somewhat or just a little? Q4A
   A lot ......................................... 1
   Somewhat ................................ 2
   A little ................................. 3

SELF-RATED HEALTH

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

   How would you rate your overall health at the present time? Q5
   Would you say it is (interviewer read list):

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

Wave 2
(Don't Know ............................ 6)
6. Is your health now better, about the same, or not as good as it was about 12 months ago?  

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

FALLS/INJURIES

7. Now I would like to ask you about accidents you may have had both in and around your home or away from home in the last 12 months since we interviewed you.

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

Yes........................................... 1  (go to 7a.)  
No ............................................ 2  (go to 8.)

7a. How many?  

☐ ☐

7b. Did you receive medical treatment for injuries from any of these falls or did you limit your usual activity for more than two days due to injuries from these falls?  

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

7c. What went wrong? (please specify such as slipped on rug)  

_____________________________________________________________

7d. How exactly was the injury caused? (eg landed on the floor)  

_____________________________________________________________

8. Looking towards the next 12 months, how would you rate your chance of having a fall that required medical attention or limited your usual activities for more than two days?  

Very likely to happen ................................. 1  
Likely to happen ........................................... 2  
May happen, but not particularly likely or unlikely .......... 3  
Unlikely to happen ....................................... 4  
Very unlikely to happen .............................. 5
9. Now I would like to ask you about accidents and injuries, other than falls, you may have had in the past year. These may include motor vehicle accidents, accidents or injuries while doing your daily tasks, and other injuries.

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

Yes ........................................ 1  (go to 9a.)
No.............................................. 2  (go to 10.)

9a. Did you receive medical treatment for any of these kinds of injuries?  9QA

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

9b. Did you limit your usual activities for more than two days because of any of these injuries?  9QB

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

9c. What went wrong? (please specify such as slipped on rug)  9C

_____________________________________________________________

9d. How exactly was the injury caused? (eg landed on the floor)  9D

_____________________________________________________________

10. Do you drive a motor vehicle?  10

Yes ............................................. 1  (go to 10a.)
No.............................................. 2  (go to 11.)

10a. How often do you drive a motor vehicle?  10A

At least once a day ........................................ 1
Once or twice a week ................................. 2
Once or twice a month ................................. 3
Less than once or twice a month ................. 4

10b. In the past 12 months have you changed your driving habits because of concerns related to your age or health?  10B

No change, still drive as before ..................... 1
Yes, drive more often ................................. 2
Yes, drive less often .................................. 3
Yes, only local driving, short distance .......... 4
Yes, only daylight driving ........................... 5
Yes, other (Please specify) ........................... 6
FRACTURES/SURGERY

11. Have you broken any bones in the past 12 months?  
   Yes ........................................ 1  \(\text{go to 11a.}\)
   No......................................... 2  \(\text{go to 12.}\)

11a. Could you please tell me which of the following bones you have broken?

Interviewer to read list of bones, for each of the bones the respondent indicated they had broken ask questions 11a. and 11b.

<table>
<thead>
<tr>
<th>Hand</th>
<th>01</th>
<th>Back or spine</th>
<th>05</th>
<th>Collarbone</th>
<th>09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrist</td>
<td>02</td>
<td>Pelvis</td>
<td>06</td>
<td>Skull</td>
<td>10</td>
</tr>
<tr>
<td>Arm</td>
<td>03</td>
<td>Hip</td>
<td>07</td>
<td>Ankle</td>
<td>11</td>
</tr>
<tr>
<td>Leg</td>
<td>04</td>
<td>Rib</td>
<td>08</td>
<td>Other bone</td>
<td>12</td>
</tr>
</tbody>
</table>

11b. Did you have surgery for this?

<table>
<thead>
<tr>
<th>11a. Which bone?</th>
<th>11b. Did you have surgery?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□□□□</td>
<td>Yes 1</td>
</tr>
<tr>
<td>□□□□</td>
<td>No 2</td>
</tr>
<tr>
<td>□□□□</td>
<td>Yes 1</td>
</tr>
<tr>
<td>□□□□</td>
<td>No 2</td>
</tr>
<tr>
<td>□□□□</td>
<td>Yes 1</td>
</tr>
<tr>
<td>□□□□</td>
<td>No 2</td>
</tr>
</tbody>
</table>

12. In the last 12 months since we interviewed you have you had any (other) surgery or operations?  
   Yes ........................................ 1  \(\text{go to 12a.}\)
   No......................................... 2  \(\text{go to 13.}\)

12a. How many times have you had surgery under general anaesthetic (including those already mentioned) in the last 12 months since we interviewed you?  
   One or two......................... 1
   Three or four .................... 2
   Five to ten........................ 3
   Ten to twenty..................... 4
   Over twenty...................... 5
   Don't know...................... 6
FUNCTIONAL IMPAIRMENTS

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

13. In the last 12 months since we interviewed you have you started to have any ringing or other noises in your ears and/or head?  

   Q13
   
   Yes........................................ 1  
   No......................................... 2

14. In the last 12 months since we interviewed you have you begun to wear a hearing aid?  

   Q14
   
   Yes........................................ 1  
   No......................................... 2

15. In the last 12 months have you begun wearing eyeglasses, contact lenses or had a new prescription for these, other than for reading?  

   Q15
   
   Yes........................................ 1  
   No......................................... 2

CONTINENCE

16. Do you have difficulty holding your urine until you get to the toilet.

   Q16

   Interviewer read list
   
   Often..................................... 1  
   Occasionally............................ 2  
   Never..................................... 3

17. Do you accidentally pass urine..........?  

   Q17

   Interviewer read list
   
   Often..................................... 1  
   Occasionally............................ 2  
   Never..................................... 3

HEALTH SERVICE UTILISATION

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

   Q18

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

   (go to 18a.)  
   (go to 19.)
18a. How many different times were you a patient in a nursing home in the past 12 months?  

Q18A

18b. For about how many days was that in total?  

Q18B

(a number between 1 and 365)

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

Q19

Yes ........................................ 1  (go to 19a.)
No............................................ 2  (go to 20.)
19a. How many different times were you in hospital in the last 12 months?
19b. What was the reason for admission to hospital?
   *Interviewer probe for diagnosed condition(s), list a maximum of 4 conditions*
   *(refer list - prompt card conditions)*
19c. For about how many days was that in total?
19d. Which hospital were you admitted to?

<table>
<thead>
<tr>
<th>No of times in hospital</th>
<th>Diagnosed conditions</th>
<th>How many days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 Q19B1.1 2 Q19B1.2 3 Q19B1.3 4 Q19B1.4</td>
<td>Q19C.1</td>
</tr>
<tr>
<td>2</td>
<td>1 Q19B2.1 2 Q19B2.2 3 Q19B2.3 4 Q19B2.4</td>
<td>Q19C.2</td>
</tr>
<tr>
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<td>1 Q19B3.1 2 Q19B3.2 3 Q19B3.3 4 Q19B3.4</td>
<td>Q19C.3</td>
</tr>
<tr>
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<td>Q19C.4</td>
</tr>
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<td>Q19C.5</td>
</tr>
<tr>
<td>6</td>
<td>1 Q19B6.1 2 Q19B6.2 3 Q19B6.3 4 Q19B6.4</td>
<td>Q19C.6</td>
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<td>Q19C.7</td>
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<td>Q19C.8</td>
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<td>Q19C.9</td>
</tr>
<tr>
<td>10</td>
<td>1 Q19B10.1 2 Q19B10.2 3 Q19B10.3 4 Q19B10.4</td>
<td>Q19C.10</td>
</tr>
</tbody>
</table>

Wave 2
20. Over the last 12 months have you spent more than a week in bed because of illness or injury (other than in hospital or nursing home)?

Yes, bedbound at home........ 1  (go to 21.)
Yes, nursing home / hospital. 2  (go to 21.)
Yes, illness.......................... 3  (go to 20a.)
Yes, injury............................. 4  (go to 20a.)
No........................................ 5  (go to 21.)

20a. For about how many weeks was that?  

☐☐  (enter a number between 1 and 52)

21. In the last 12 months since we interviewed you have you been to a day care centre or day therapy centre?  

Yes ........................................ 1  (go to 21a.)
No.......................................... 2  (go to 22.)

21a. How often do you go to the centre(s)?  

Daily.......................................................................... 1
4 or more times a week ............................................. 2
At least once a week.................................................. 3
At least once a month............................................... 4
Less than once a month......................................... 5
Irregular, depends on condition............................... 6
When needed.......................................................... 7

22. 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 services from any of the following agencies?

Royal District Nursing Society ................................. 1
Domiciliary Care.......................................................... 2
Local Government / Council....................................... 3
Paid help (Please specify) ........................................ 4

Private home care from nursing organisations........ 5
Meals on wheels......................................................... 6
None.......................................................................... 7
Other (Please specify) ............................................... 8

Royal Society for the Blind.......................................... 9
Australian Hearing Service  
(formerly National Acoustic Laboratory).................... 10
Other Hearing Aid Service................................. 11
DENTAL

Interviewer if answers on Participant Information Sheet to H1 and H4 are both equal to "no teeth" go to question 24.

23. In the last 12 months since we interviewed you have you lost any natural teeth or had any teeth extracted?  

*Interviewer, natural teeth excludes dentures and fixed bridges*

Yes ........................................ 1  
No........................................... 2  
Don't know ......................... 3

24. In the last 12 months since we interviewed you have you seen someone about your teeth, dentures or gums?  

Yes ........................................ 1  
No........................................... 2  
Don't know ......................... 3

WEIGHT

25. About how much do you weigh now?

<table>
<thead>
<tr>
<th>Stones</th>
<th>Lbs</th>
<th>Kilograms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q25A     Q25B

SLEEP

26. Compared to one year ago do you have more sleep problems now, less now, or is your sleeping pattern about the same?  

More now ........................................ 1  
Less now ........................................... 2  
About the same................................. 3

GROSS MOBILITY

27. Are you able to walk up and down two flights of stairs without help?  

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

28. Are you able to walk half a mile without help?  

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

Wave 2
29. Now I am going to ask you how difficult it is, on the average, to do certain kinds of activities.

Interviewer read responses

How much difficulty, if any, do you have pulling or pushing large objects 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

30. 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

31. 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

32. Reaching or extending you 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

33. Either writing, 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
ACTIVITIES OF DAILY LIVING

34. I am now going to ask you about some everyday activities.

In the last 12 months (apart from when you may have been in hospital or a nursing home) please tell me if you had any difficulties or have had any help from either a person or from some equipment or device in doing any of these activities.

*Interviewer to read list of activities. For each of the activities the respondent indicated they had difficulties with ask questions 34a. to 34j. If no difficulties with these activities go to 35.*

Bathing, either a sponge bath or shower ............................................................. 1
Personal grooming, like brushing hair, brushing teeth or washing face ............ 2
Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes.... 3
Eating like holding a fork, cutting food or drinking from a glass ....................... 4
Using the toilet .................................................................................................... 5
Going to or getting around a place away from home .......................................... 6
Moving about inside the house ........................................................................... 7
Getting from a bed to a chair ............................................................................ 8
No difficulties with any of these (Go to 35.)....................................................... 9

34a. How long did you have this difficulty for?

Less than 30 days ................................. 1
30 - 90 days ........................................ 2
More than 90 days ............................... 3

34b. What caused your difficulty in:

*Interviewer to probe for medical condition (diagnosis) or injury, see list of conditions.*

34c. In (interviewer insert activity), have you received help from a person, special equipment or both?

No help .......................................................... 1 (go to 35.)
Person ............................................................ 2 (go to 34d.)
Special equipment ........................................ 3 (go to 34d.)
Both ............................................................... 4 (go to 34d.)

34d. How long did you receive help from a person, special equipment or both for?

Less than 30 days .................. 1
30-90 days ............................. 2
More than 90 days ................. 3

34e. Do you still require this help?

Yes .................................................. 1 (If 34a. is special equipment go to 35. otherwise 34f.)
No .................................................. 2 (go to 35.)
34f. Is this help provided by relatives or friends. If so, who is your main helper?  
(Refer list)

34g. Does any other friend or relative help you?

34h. Do you receive any other help such as from a care organisation?

Interviewer to read categories

None .......................................................................... 1  
Royal District Nursing Society ................................. 2  
Domiciliary Care ....................................................... 3  
Local Government.................................................... 4  
Other government .................................................... 5  
Paid help.................................................................... 6  
Private home care from nursing organisations .......... 7  
Meals on wheels ...................................................... 8  
Other (Please specify) ............................................. 9

34i. Do you feel you need (more) help with this task?

Yes ................................................................ 1 (go to 34j.)  
No .................................................................. 2 (go to 35.)

34j. 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

______________________________________________
Grid for answers to Question 34

<table>
<thead>
<tr>
<th>34 Activity</th>
<th>34a How long</th>
<th>34b Medical condition (use list)</th>
<th>34c Help</th>
<th>34d How long</th>
<th>34e Still requires help</th>
</tr>
</thead>
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<tr>
<td>Q34.1</td>
<td>Q34A.1 1 2 3</td>
<td>Q34B.1</td>
<td>Q34C.1 1 2 3</td>
<td>Q34E.1 1 2</td>
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<td>Q34A.2 1 2 3</td>
<td>Q34B.2</td>
<td>Q34C.2 1 2 3</td>
<td>Q34E.2 1 2</td>
<td></td>
</tr>
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<td>Q34.3</td>
<td>Q34A.3 1 2 3</td>
<td>Q34B.3</td>
<td>Q34C.3 1 2 3</td>
<td>Q34E.3 1 2</td>
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<td>Q34A.4 1 2 3</td>
<td>Q34B.4</td>
<td>Q34C.4 1 2 3</td>
<td>Q34E.4 1 2</td>
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</tr>
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<td>Q34A.5 1 2 3</td>
<td>Q34B.5</td>
<td>Q34C.5 1 2 3</td>
<td>Q34E.5 1 2</td>
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<td>Q34A.6 1 2 3</td>
<td>Q34B.6</td>
<td>Q34C.6 1 2 3</td>
<td>Q34E.6 1 2</td>
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<td>Q34A.7 1 2 3</td>
<td>Q34B.7</td>
<td>Q34C.7 1 2 3</td>
<td>Q34E.7 1 2</td>
<td></td>
</tr>
<tr>
<td>Q34.8</td>
<td>Q34A.8 1 2 3</td>
<td>Q34B.8</td>
<td>Q34C.8 1 2 3</td>
<td>Q34E.8 1 2</td>
<td></td>
</tr>
</tbody>
</table>

34f and g *

| Spouse       | 01 | Parent | 07 | Uncle or aunt | 13 |
| Son          | 02 | Parent-in-law | 08 | Great grandchild | 14 |
| Daughter     | 03 | Brother or sister | 09 | Other relative | 15 |
| Son-in-law   | 04 | Brother or sister-in-law | 10 | Friend | 16 |
| Daughter-in-law | 05 | Nephew or niece | 11 | Boarder or lodger | 17 |
| Grandchild   | 06 | Cousin | 12 | Other | 18 |

34h **

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Royal District Nursing Society</td>
<td>2</td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td>3</td>
</tr>
<tr>
<td>Local government</td>
<td>4</td>
</tr>
<tr>
<td>Other government</td>
<td>5</td>
</tr>
<tr>
<td>Paid help</td>
<td>6</td>
</tr>
<tr>
<td>Private home care from nursing organisation</td>
<td>7</td>
</tr>
<tr>
<td>Meals on wheels</td>
<td>8</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>9</td>
</tr>
</tbody>
</table>

34j ***

<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</td>
<td>6</td>
</tr>
</tbody>
</table>
35. I would now like to ask you about some other activities.

In the last 12 months (apart from when you may have been in hospital or a nursing home) please tell me if you had any difficulties or have had any help from either a person or from some equipment or device in doing any of these activities.

*Interviewer to read list of activities for each of the activities the respondent indicated they had difficulties with ask questions 35a. to 35j. If no difficulties with these activities go to 36.*

Laundry/linen ............................................................ 1  
Light housework........................................................ 2  
Heavy housework...................................................... 3  
Home maintenance and gardening tasks ................... 4  
Preparing own meals.................................................. 5  
Using the telephone (ask sensitively)......................... 6  
Managing own money............................................... 7  
Writing letters ........................................................... 8  
Using public transport............................................... 9  
Shopping for groceries and other necessities ............ 10  
No difficulties ........................................................... 11  

35a. How long did you have this difficulty for?

Less than 30 days ...................................................... 1  
30-90 days ................................................................... 2  
More than 90 days....................................................... 3  

35b. What has caused your difficulty in (interviewer insert activity)?

*Interviewer to probe for medical condition or injury.*

35c. Do you receive any help to assist you in this activity?

Yes ........................................................................ 1  (go to 35d.)
No ........................................................................ 2  (go to 36.)

35d. How long did you receive help for?

Less than 30 days ......................... 1  
30-90 days .................................................. 2  
More than 90 days...................................... 3  

35e. Do you still require this help?

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

Wave 2
35f. Is this help provided by relatives or friends. If so, who is your main helper?  
(Refer list)

35g. Does any other friend or relative help you?  
(Refer list)

35h. Do you receive any other help such as from a care organisation?  

*Interviewer to read categories*

None................................................................. 1
Royal District Nursing Society ......................... 2
Domiciliary Care.............................................. 3
Local Government............................................. 4
Other government ............................................ 5
Paid help......................................................... 6
Private home care from nursing organisations........ 7
Meals on wheels............................................... 8
Other (Please specify) .................................... 9

__________________________________________

35i. Do you feel you need (more) help with this task?  

Yes ............................................................................ 1 (go to 35i.)
No .............................................................................. 2 (go to 36.)

35j. 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

__________________________________________
## Grid for answers to Q35

<table>
<thead>
<tr>
<th>Q35 Activity</th>
<th>35a How long</th>
<th>35b Medical condition (use list)</th>
<th>35c Receive help</th>
<th>35d How long</th>
<th>35e Still require help</th>
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</thead>
<tbody>
<tr>
<td>Q35.1</td>
<td>Q35A.1 1 2 3</td>
<td>Q35B.1</td>
<td>Q35C.1 1 2 3</td>
<td>Q35D.1 1 2 3</td>
<td>Q35E.1 1 2</td>
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<td>Q35.2</td>
<td>Q35A.2 1 2 3</td>
<td>Q35B.2</td>
<td>Q35C.2 1 2 3</td>
<td>Q35D.2 1 2 3</td>
<td>Q35E.2 1 2</td>
</tr>
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<td>Q35A.3 1 2 3</td>
<td>Q35B.3</td>
<td>Q35C.3 1 2 3</td>
<td>Q35D.3 1 2 3</td>
<td>Q35E.3 1 2</td>
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<td>Q35C.4 1 2</td>
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<td>Q35E.4 1 2</td>
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<td>Q35A.5 1 2 3</td>
<td>Q35B.5</td>
<td>Q35C.5 1 2 3</td>
<td>Q35D.5 1 2 3</td>
<td>Q35E.5 1 2</td>
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<td>Q35A.6 1 2 3</td>
<td>Q35B.6</td>
<td>Q35C.6 1 2</td>
<td>Q35D.6 1 2 3</td>
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<td>Q35A.7 1 2 3</td>
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<td>Q35C.7 1 2 3</td>
<td>Q35D.7 1 2 3</td>
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<td>Q35A.8 1 2 3</td>
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<td>Q35E.8 1 2</td>
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<td>Q35D.9 1 2 3</td>
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<td>Q35C.10 1 2 3</td>
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</table>

## 35 f & g

<table>
<thead>
<tr>
<th>Spouse</th>
<th>01 Parent</th>
<th>0 7 Uncle or aunt</th>
<th>13</th>
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<tbody>
<tr>
<td>Son</td>
<td>02 Parent-in-law</td>
<td>0 8 Great grandchild</td>
<td>14</td>
</tr>
<tr>
<td>Daughter</td>
<td>03 Brother or sister</td>
<td>0 9 Other relative</td>
<td>15</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>04 Brother or sister-in-law</td>
<td>1 0 Friend</td>
<td>16</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>05 Nephew or niece</td>
<td>1 1 Boarder or lodger</td>
<td>17</td>
</tr>
<tr>
<td>Grandchild</td>
<td>06 Cousin</td>
<td>1 2 Other</td>
<td>18</td>
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</table>

## 35 h **Organisation**

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
<td>Royal District Nursing Society</td>
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<td>Local government</td>
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<td>5</td>
<td>Other government</td>
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<tr>
<td>6</td>
<td>Paid help</td>
</tr>
<tr>
<td>7</td>
<td>Private home care from nursing organisation</td>
</tr>
<tr>
<td>8</td>
<td>Meals on wheels</td>
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<tr>
<td>9</td>
<td>Other (please specify)</td>
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</table>

## 35j ***

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

Wave 2
CARER ROLE

36. Is there anyone who depends on you for help with things like getting around the house, bathing or feeding?  

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

(go to 36a.)

36a (Interviewer - If more than one person ascertain main dependent)

I now have a few questions about that person:  

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  

(Q36A1)

36b. About how many hours a week do you usually spend caring for him or her?  

(Probe for caring activity - not cooking, housekeeping etc)

□□□ 1 to 168 hours

36c. How stressful is it for you to care for him/her or to arrange for his/her care?  

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

(Q36C)
36d. Are you responsible for providing care for any other person?  

Yes................................................................. 1  
No................................................................. 2  (go to 37.)

36e 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

SIGNIFICANT LIFE EVENTS

37. (Apart from your husband/wife) have you lost anybody close to you through death since we interviewed you 12 months ago?  

Yes ................................................................ 1  (go to 37a.)  
No .................................................................. 2  (go to 38.)

37a. Who was it that died?  

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

37b. Did this person live within the greater Adelaide metropolitan area?  

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

Interviewer complete table below for each death

<table>
<thead>
<tr>
<th>37a. Relationship Code</th>
<th>37b. Live within Adelaide metro</th>
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<tr>
<td>Q37A.1</td>
<td>Q37B.1</td>
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</tr>
<tr>
<td>Q37A.6</td>
<td>Q37B.6</td>
</tr>
</tbody>
</table>
OCCUPATION

38. Again we are checking our records - what kind of work did you retire (resign or were retrenched) from?

   Home duties .................................................. 1
   Never employed ............................................ 2
   Other (Please specify) ................................. 3

   Q38.1

39. What was your main occupation for most of your working life?

   Home duties .................................................. 1
   Never employed ............................................ 2
   Other (Please specify) ................................. 3

   Q39.1

EDUCATION

40. Which of the following describes the highest level of formal education you achieved?

   No formal education .............................................................. 1
   Primary school only ............................................................... 2
   Primary school / secondary school (no certificate) .................... 3
   Intermediate certificate or equivalent .................................... 4
   Leaving certificate or equivalent ........................................... 5
   Trade or apprenticeship ....................................................... 6
   University degree or higher .................................................. 7

CONTACTS

41. Finally, we need some information to help us locate respondents in the future.

   Do you have any definite plans to move in the near future?

   Yes ................................................................. 1 (go to 41a.)
   No .................................................................... 2
   Don't Know ..................................................... 3

41a. Where do you plan to move to?

   Interviewer probe for location and type of dwelling, complete details on the Participant Information Sheet

   This concludes the interview, thank the participant

   Time interview finished

Wave 2
Interviewer to fill out after completion of the interview.

1a Was the interview completed

Yes, with little or no missing information ......................... 1
Yes, but with considerable missing information .............. 2
No, terminated ................................................................. 3

1b Specify reasons for non response or missing information:
__________________________________________________________
__________________________________________________________
__________________________________________________________

1c If more than one spouse / person was interviewed in a household and the following questions were only answered ONCE, which person answered them?

(Enter last digit in sequence number (person code number) in boxes below:

Household Information Questions ........................................

1d Was the interview completed by proxy?

No .................................................................................... 1
Majority of questionnaire ................................................. 2
A moderate amount of questionnaire ............................... 3
Isolated questions ................................................................. 4

1e Reason for proxy?

Speech problems ................................................................. 1
Hearing problems ............................................................... 2
Eye-sight problems ............................................................. 3
Physical health problems ................................................... 4
Language problems ............................................................. 5
Mental health problems ...................................................... 6
Other (please specify) .......................................................... 7

1f Who was the proxy

Name (if known) _______________________________________

Relationship to R ________________________________________
2a Co-operation: *qu2a*

Excellent ....................................................... 1
Good .............................................................. 2
Average ......................................................... 3
Fair ............................................................... 4
Poor ............................................................... 5

2b Fatigue by end of interview: *qu2b*

Very high ....................................................... 1
High ............................................................... 2
Moderate ....................................................... 3
Low ............................................................... 4

2c Reliability of response: *qu2c*

Good .............................................................. 1
Fair ............................................................... 2
Poor ............................................................... 3

2d Any further comments:

____________________________________________________________________ *qu2d.1*
____________________________________________________________________ *qu2d.2*
____________________________________________________________________ *qu2d.3*

3 Observed difficulties

3a Language difficulties: *qu3a*

No problem during interview ....................... 1
Some difficulty ............................................ 2
Great difficulty during interview ............... 3

3b English proficiency: *qu3b*

Good .............................................................. 1
Fair ............................................................... 2
Poor ............................................................... 3

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 answer provided by the respondent.

Signed ....................................................Date .................

Time finished : ......................... Length of Interview .................
<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
</tr>
<tr>
<td>Arthritis</td>
</tr>
<tr>
<td>Broken or fractured hip</td>
</tr>
<tr>
<td>Cataracts</td>
</tr>
<tr>
<td>Chronic bronchitis, emphysema</td>
</tr>
<tr>
<td>Cirrhosis of the liver</td>
</tr>
<tr>
<td>Corns, bunions and callouses on feet</td>
</tr>
<tr>
<td>Eczema or dermatitis</td>
</tr>
<tr>
<td>Gallstone</td>
</tr>
<tr>
<td>Glaucoma</td>
</tr>
<tr>
<td>Gout</td>
</tr>
<tr>
<td>Heart attack</td>
</tr>
<tr>
<td>Heart condition or trouble</td>
</tr>
<tr>
<td>Hernia</td>
</tr>
<tr>
<td>Hiatus Heria</td>
</tr>
<tr>
<td>Hypertension or high blood pressure</td>
</tr>
<tr>
<td>Ingrown toe-nails</td>
</tr>
<tr>
<td>Kidney Stones</td>
</tr>
<tr>
<td>Migraine</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>Nervous breakdown</td>
</tr>
<tr>
<td>Osteoporosis</td>
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<tr>
<td>Parkinson's disease</td>
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<tr>
<td>Polymyalgia rheumatica</td>
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<tr>
<td>Prostate (men only)</td>
</tr>
<tr>
<td>Psoriasis</td>
</tr>
<tr>
<td>Shingles</td>
</tr>
<tr>
<td>Skin cancers or sunspots</td>
</tr>
<tr>
<td>Slipped or ruptured disc</td>
</tr>
<tr>
<td>Small stroke TIA (Transient Ischemic Attack)</td>
</tr>
<tr>
<td>Stroke (sometimes called a CVA)</td>
</tr>
<tr>
<td>Temporal arteritis</td>
</tr>
<tr>
<td>Thyroid disease</td>
</tr>
<tr>
<td>Ulcers; peptic, stomach or duodenal</td>
</tr>
<tr>
<td>Urinary tract or kidney infections - more than 3 times</td>
</tr>
<tr>
<td>Varicose veins</td>
</tr>
</tbody>
</table>