1. Sequence Number

2. [INTERVIEWER TO COMPLETE]
   Respondent - male or female?
   Male ........................................................................  1
   Female .......................................................................  2

3. See display cards number 1
   ( A1) [INTERVIEWER TO COMPLETE]
   Type of domicile? ...................................................... __ DOMICW3

4. ( A2a) Please specify other community living
   ____________________ COMW3

5. ( A2b) Please specify other institution
   ____________________ INSTW3

6. [INTERVIEWER TO COMPLETE FROM HOUSEHOLD DATA SHEET]
   Respondent has changed address in last two years?
   Yes ................................................................  1
   No ......................................................................  2

7. We would like to check your current living arrangements.
   {INTERVIEWER - Press 0 then Enter}

8. I am now going to read out the names of the people you told us were
   living with you at the interview two years ago.
   {INTERVIEWER - Press 0 then Enter}

9. TABLE
   The table contains the following 2 questions:

   9.1 Is $W12DET.RELDET[1].NAME your $RELDESC still living here?
       Yes .................................................................. (1) NM2YR1W3-
       No .................................................................... (2) NM2YR6W3

   9.2 [INTERVIEWER TO PROBE IF UNCLEAR FROM PREVIOUS RESPONSE]
       Have they moved out or are they deceased?
       Moved Out ...................................................... (1) LEFT1W3-LEFT6W3
       Deceased ....................................................... (2)

   Question  9.1  9.2
   Yes No 1 code
   People ..  1  2  1 2
   People ..  1  2  1 2
   People ..  1  2  1 2
   People ..  1  2  1 2
   People ..  1  2  1 2
   People ..  1  2  1 2

10. Are there any additional people now living with you, and if so
    how many?
    ____________________ HMNEWW3
11. TABLE

The table contains the following 4 questions:

11.1 For each additional person now living with you, please answer the following questions.

What is their name? NAME1W3-NAME6W3

11.2 See display cards number 2.

What is their relationship to you? RELAT1W3-RELAT6W3

11.3 What was their age last birthday? THAGE1W3-THAGE6W3

11.4 What is their sex?

Male ........................................................ (1) THSEX1W3-THSEX6W3

Female ................................................ (2)

<table>
<thead>
<tr>
<th>Question</th>
<th>11.1</th>
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<th>11.4</th>
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</table>

| Person .. | __   | ___  | 1    | 2    |
| Person .. | __   | ___  | 1    | 2    |
| Person .. | __   | ___  | 1    | 2    |
| Person .. | __   | ___  | 1    | 2    |
| Person .. | __   | ___  | 1    | 2    |
| Person .. | __   | ___  | 1    | 2    |
| Person .. | __   | ___  | 1    | 2    |
| Person .. | __   | ___  | 1    | 2    |
| Person .. | __   | ___  | 1    | 2    |
| Person .. | __   | ___  | 1    | 2    |

12. In which country were you born?

England ........................................................... 1
Scotland .......................................................... 2
Wales ............................................................. 3
Ireland/Eire ...................................................... 4 UKCOUW3
Northern Ireland .................................................. 5

13. Which nationality do you regard yourself?

English ........................................................... 1
Scottish .......................................................... 2
Welsh .............................................................. 3 UKIREW3
Irish (Republic) .................................................. 4
Irish (Northern) .................................................. 5

14. Could you please tell me your current marital status?

Married ........................................................... 1
De Facto .......................................................... 2
Separated ......................................................... 3 MARIW3
Divorced .......................................................... 4
Widowed ........................................................... 5
Never married ...................................................... 6

15. How many living children do you (or your husband-wife-partner) have? __ LIVCHW3

16. The next questions are about your (and your husband’s or wife’s or partner’s) child or children.

I would like to record their first name(s) (starting with the oldest).

{INTERVIEWER - If there are more than 10 children, write the overflow on paper. Now press 0 then Enter}
17. TABLE

The table contains the following 7 questions:

17.1 For each child, please answer the following questions.
   What is his or her first name and the initial of their last name?  NMCHD1-NMCHD10

17.2 Their sex?
   (INTERVIEWER to answer unless unclear)
   Male .................................................. (1)
   Female ............................................... (2)  SXCH1W3-SXCH10W3

17.3 What is $NAMECHD 's relationship to you?
   Child .................................................. (1)  RLCH1W3-RLCH10W3
   Step or Partner's Child ............................... (2)
   Other .................................................. (3)

17.4 Is $NAMECHD married and living with their spouse, living with a partner or not currently married?
   Married ................................................ (1)  MRRCH1W3-MRRCH10W3
   Live with partner .................................... (2)
   Other .................................................. (3)

17.5 How old is he-she ?
   (INTERVIEWER - If unsure, ask ABOUT how old)  AGCH1W3-AGCH10W3

17.6 How many years of formal schooling, including tertiary, did he-she complete?  EDC1W3-EDC10W3

17.7 Does $NAMECHD live more than 1 hour from you, using his/her regular means of transport?
   Yes .................................................... (1)  DISCH1W3-DISC10W3
   No ..................................................... (2)
   No, lives with respondent .......................... (3)

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<thead>
<tr>
<th>Question</th>
<th>17.1</th>
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<td>1 2 3</td>
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</table>

18. How many living grandchildren do you (or your husband - wife - partner) have?  HMGDCHW3

19. I would now like to ask some questions about your parents.
   (INTERVIEWER - Press 0 then Enter)

20. Is your mother still alive?
   Yes .................................................. 1  MTHLIVW3
21. How old was she when she died? □ MTHAEGW3

22. Is your father still alive?
   Yes ............................................................... 1 FTHLIVW3
   No ................................................................  2

23. How old was he when he died? □ FTHAEGW3

24. (B3) The next few questions concern the way you feel about your health and your life:
{INTERVIEWER - Show Prompt Card 1}

   How would you rate your overall health at the present time? SRHW3
   Excellent ......................................................... 1
   Very Good ......................................................... 2
   Good .............................................................. 3
   Fair .............................................................. 4
   Poor .............................................................. 5

25. (B4) Would you say that your health is better, about the same or worse than most people your age?
   Better ............................................................ 1 HLTHBTW3
   Same .............................................................. 2
   Worse ........................................................... 3

26. (B5) Is your health now better, about the same, or not as good as it was about twelve months ago?
   Better now ........................................................ 1
   About the same ..................................................... 2
   Not as good now ................................................... 3 BTSMW3

Questions 27 and 28:
Meaning of the labels:

   Very likely .........................................................(1)
   Likely ............................................................(2)
   Unlikely ..........................................................(3)
   Very unlikely ...................................................(4)

27. (B3a) We would like to ask a few questions about various health events in the future.
   How likely do you think it is that you will need long-term care in a nursing home at some point during your lifetime?
   {INTERVIEWER - Show Prompt Card 2} LIKENH3W

28. (B3c) How likely do you think it is that you will live for another ten years?
   {INTERVIEWER - Show Prompt Card 2} LIFEEXW3

29. Now we have a few questions about your (husband's - wife's - partner's) health.
   How would you rate their health at the present time?
   {INTERVIEWER - Show Prompt Card 1} SPSHLLFE

   Excellent ......................................................... 1
   Very Good ......................................................... 2
   Good .............................................................. 3
   Fair .............................................................. 4
   Poor .............................................................. 5
30. (B1) Does your (wife - husband - partner) have any illness or health problems which limit his or her activities in any way?  
Yes .................................................................. 1 
No .................................................................... 2 

31. (B2) Do health problems limit his or her activities a lot, somewhat, or just a little?  
A Lot .................................................................. 1 
Somewhat ............................................................. 2 
A little .................................................................. 3 

32. (B3b) How likely do you think it is that your partner/spouse will need long-term care in a nursing home at some point during their lifetime?  
{INTERVIEWER - Show Prompt Card 2 - note option of 'Already in nursing home' is not on this prompt card}  
Very likely ....................................................... 1 
Likely .............................................................. 2 
Unlikely ............................................................ 3 
Very unlikely ...................................................... 4 
Already in Nursing Home ................................. 5 

33. (B3d) How likely do you think it is that your partner/spouse will live for another ten years?  
{INTERVIEWER - Show Prompt Card 2}  
Very likely ....................................................... 1 
Likely .............................................................. 2 
Unlikely ............................................................ 3 
Very unlikely ...................................................... 4 

Questions 34 through 53:  
Meaning of the labels:  
Rarely or none of the time ........................................(1) 
Some of the time ..................................................(2) 
Quite a bit of the time ..........................................(3) 
Most or all of the time ...........................................(4) 

34. (B6) We are interested in how people feel about their lives. 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.  
Please tell me how often you felt this way during the past week:  
{INTERVIEWER - Show Prompt Card 3}  
I was bothered by things that usually don’t bother me.  

35. (B7) I did not feel like eating: my appetite was poor.  

36. (B8) I felt that I could not shake off feeling low even with help from my family and friends.  

37. (B9) I felt that I was just as good as other people.  

38. (B10) I had trouble keeping my mind on what I was doing.  

39. (B11) I felt depressed.  

40. (B12) I felt that everything I did was an effort.  

41. (B13) I felt hopeful about the future.  

42. (B14) I thought my life had been a failure.  

Final version ALSA Wave 3 Questionnaire
43. (B15) I felt afraid. 1 2 3 4 CESDI0W3
44. (B16) My sleep was restless. 1 2 3 4 CESDI1W3
45. (B17) I was happy. 1 2 3 4 CESDI2W3
46. (B18) It seemed that I talked less than usual. 1 2 3 4 CESDI3W3
47. (B19) I felt lonely. 1 2 3 4 CESDI4W3
48. (B20) People were unfriendly. 1 2 3 4 CESDI5W3
49. (B21) I enjoyed life. 1 2 3 4 CESDI6W3
50. (B22) I had crying spells. 1 2 3 4 CESDI7W3
51. (B23) I felt sad. 1 2 3 4 CESDI8W3
52. (B24) I felt that people disliked me. 1 2 3 4 CESDI9W3
53. (B25) I could not get going. 1 2 3 4 CESD20W3

54. Thank you for responding to those questions. We would now like to move on to matters about your health. [INTERVIEWER - Press 0 and Enter]

55. When we interviewed you 2 years ago, you told us about some medical conditions you had at the time. I'd like to check if you still have these conditions. [INTERVIEWER - Press 0 and Enter]

56. TABLE

The table contains the following 5 questions: ONE OF THREE ASKED (56.1, 56.2, 56.3) DEPENDING ON CONDITION WICDN1-WICDN63

<table>
<thead>
<tr>
<th>Question</th>
<th>56.1</th>
<th>56.2</th>
<th>56.3</th>
<th>56.4</th>
<th>56.5</th>
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<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
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<td>MrbCond</td>
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</table>
57. What form of arthritis is this?

Rheumatism or rheumatic ........................................... 1
Rheumatoid arthritis .............................................. 2
Osteoarthritis .................................................... 3
Other form, please specify ........................................ 4
58. Please specify other arthritis. ______________________________

59. Are you currently receiving treatment for diabetes?
   Yes ............................................................... 1
   No ................................................................ 2

60. What type of treatment are you receiving?
   Insulin ........................................................... 1
   Diet .................................................................. 2
   Tablets or drugs ............................................... 3

61. [INTERVIEWER - show Prompt Card 4]
   Now I would like you to tell me which, if any, of these medical conditions you have had as new conditions in the last two years.
   {INTERVIEWER - Enter total number of new conditions suffered and note their names on paper}

   __

62. TABLE

   The table contains the following 4 questions:

   62.1 Which condition?
       {INTERVIEWER - Enter condition from list by entering the 4 letters in brackets EXACTLY as shown on your card}

   62.2 Please specify other condition

   62.3 Have you stayed in hospital at least overnight in the past two years for this condition?
       Yes ................................................................. (1)
       No ..................................................................... (2)

   62.4 Are you now prevented in any way from doing any activities because of this condition?
       Yes ................................................................. (1)
       No ..................................................................... (2)

<table>
<thead>
<tr>
<th>Question</th>
<th>62.1</th>
<th>62.2</th>
<th>62.3</th>
<th>62.4</th>
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</table>

63. What form of arthritis is this?
   Rheumatism or rheumatic ........................................... 1
   Rheumatoid arthritis ............................................. 2
   Osteoarthritis .................................................... 3
   Other form, please specify ........................................ 4

64. Please specify other arthritis. ______________________________

65. Are you currently receiving treatment for diabetes?
   Yes ............................................................... 1
No ................................................................  2

66. What type of treatment are you receiving?
Insulin ...........................................................  1
Diet ..............................................................  2
Tablets or drugs .............................................  3

67. Do you frequently pass urine during the DAY?
Yes ...............................................................  1
No ................................................................  2
Has Catheter ......................................................  3

68. Do you usually have to get up at NIGHT to pass urine?
Yes ...............................................................  1
No ................................................................  2

69. About how many times per night?

70. (C78) Do you have pain on passing urine?
Often .............................................................  1
Occasionally ......................................................  2
Never .............................................................  3

71. (C79) Do you have difficulty holding your urine until you get
to the toilet?
Often .............................................................  1
Occasionally ......................................................  2
Never .............................................................  3

72. (C80) Do you accidentally pass urine?
Often .............................................................  1
Occasionally ......................................................  2
Never .............................................................  3

73. (C81) When does this occur?
Only when you cough, laugh or strain .........................  1
When you cough, laugh or strain and also at other times ........  2
At other times only ...............................................  3

74. The next few questions are about medicines.

75. When we spoke with you two years ago, you indicated the medicines you
were taking at that time. I'd like to check if you are still taking
those medicines.

76. TABLE
The table contains the following 1 questions:

76.1 Are you still taking $W12DET.DRUGDET[I].REVDRUG for your
77. Now I'd like to ask about the new medicines you have started taking in the last two years. These include any medicines prescribed by a doctor that you have taken or were supposed to take in the last two weeks.

We are also interested in all other medicines not prescribed by a doctor such as aspirin, headache pills, laxatives, cough and cold medicines, vitamins, minerals and dietary supplements.

Could you please show me the medicines that you take?

(INTERVIEWER - CHECK CONTAINERS - Do not include ointments.

Enter number of medicines.)

__ NewMedsW3

78. TABLE

The table contains the following 5 questions:

78.1 Drug Name?

(INTERVIEWER - Generic name preferred)

78.2 [INTERVIEWER TO RESPOND]

Container seen?

Yes ......................................................... (1)
No .......................................................... (2)

78.3 What do you take this for?

78.4 Have you been taking this for more than one month?

Yes ......................................................... (1)
No .......................................................... (2)

78.5 Was this prescribed by a doctor?

Yes ......................................................... (1)
No .......................................................... (2)
79. Now I would like to ask you about falls you may have had in the past year - including those falls that did not result in injury as well as those that did.

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

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

__

81. TABLE

The table contains the following 8 questions:

81.1 (E4) For each of these falls requiring medical attention, please answer the following questions.

   'Where were you when you were injured? (Please specify e.g. kitchen of own home)'

81.2 (E5) What were you doing at the time you were injured? (Please specify such as washing dishes, walking upstairs)

81.3 (E6) What went wrong? (Please specify such as slipped on rug)

81.4 (E6a) How exactly was the injury caused? (eg Landed on floor)

81.5 (E7) What were your injuries? (Please specify - include body parts and nature of injury such as cut or fracture)

81.6 Were you limited in doing your usual activities for more than two days?

   Yes ......................................................... (1)
   No .......................................................... (2)

81.7 Did you seek medical attention for these injuries?

   Yes ......................................................... (1)
   No .......................................................... (2)

81.8 (E8) Did you stay in a hospital overnight because of your injuries?

   Yes ......................................................... (1)
   No .......................................................... (2)
82. 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?

{INTERVIEWER - Show Prompt Card 7}

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

83. (E27) {INTERVIEWER - Show Prompt Card 8}

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

{INTERVIEWER - Enter total number of broken bones}                      __

84. TABLE

The table contains the following 3 questions:
84.1 (E28) Which bone?  
(INTERVIEWER - Enter the three characters in brackets on  
Interviewer Prompt Card 8 EXACTLY as shown) 

<table>
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</table>

84.2 (E30) How did this occur?  

- Fall at ground level ........................................ (1)
- Fall from height ............................................ (2)
- Motor vehicle accident ...................................... (3)
- Other accident ................................................ (4)
- Spontaneous break ........................................... (5)
- Other ........................................................... (6)

84.3 (E31) Did you have surgery for this?  

<table>
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<tr>
<th>Question</th>
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85. Have you had any (other) surgery or operations in the last two years?  

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

86. How many different times have you had surgery in the last two years?  

- __

87. TABLE  

The table contains the following 1 questions:  

87.1 For each surgical procedure, please answer the following question.  
'What was the surgery for?'

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</table>
88. I would now like to ask whether you have EVER had some specific surgical procedures.
   Have you EVER had surgery for cataracts? 1 2 CATARAW3
   Have you EVER had a hip replacement? 1 2 HIPREPW3
   Have you EVER had gall bladder surgery? 1 2 GALLBLW3
   Have you EVER had surgery for a hernia? 1 2 HERNIAW3
   Have you EVER had a knee replacement? 1 2 KNEEREW3
   Have you EVER had prostate surgery? 1 2 PROSRW3
   Have you EVER had a mastectomy? 1 2 MASTSRW3

95. Now I am going to ask you some questions about your hearing.
   Do you usually wear a hearing aid nowadays? HRAIDW3
   No .......................................................... 1
   Yes, some of the time ........................................... 2
   Yes, most of the time ............................................ 3

96. Has this only been in the last 12 months? HR12MW3
   Yes ................................................................ 1
   No ................................................................ 2

97. How much difficulty, if any, do you have with your hearing (even if you are wearing your hearing aid)? DIFFHRW3
   None .............................................................. 1
   Slight difficulty ................................................ 2
   Moderate difficulty ........................................... 3
   Great difficulty .................................................. 4
   Can't hear at all .............................................. 5

98. Do you ever get noises in your head or ears which usually last longer than 5 minutes? RINGNSW3
   No, never ............................................................ 1
   Some of the time ................................................. 2
   Most or all of the time ......................................... 3

99. How annoying do you find these noises when they are at their worst? HWANNW3
   Not at all annoying ........................................... 1
   Slightly annoying ............................................. 2
   Moderately annoying ........................................ 3
   Severely annoying ............................................ 4

100. Do you find it very difficult to follow a conversation if there is background noise such as T.V., radio or children playing? BACKGRW3
   Yes ................................................................. 1
   No ................................................................. 2

101. Some people find it difficult to hear someone talking to them in a quiet room. Do YOU find this: DIFFQW3
   Not at all difficult .......................................... 1
   Slightly difficult ............................................. 2
102. Do you find enjoyment of your personal and social life is affected by hearing problems?
   Never ............................................................. 1
   Seldom ............................................................ 2
   Some of the time .................................................. 3
   Often ............................................................. 4

103. In the last 2 years have you been to see your doctor about your hearing or noises in your ears or head?
   Yes ................................................................ 1
   No ................................................................ 2

104. Do you have difficulty following TV programmes at a volume others find acceptable, WITHOUT any aid to hearing?
   No ................................................................. 1
   Yes, slight difficulty ............................................ 2
   Yes, moderate difficulty .......................................... 3
   Yes, great difficulty ............................................. 4

105. (F17) Now I am going to ask you some questions about your sight.
   Are you totally blind in either eye?

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

106. (F18) Which eye?
   Right ................................................................ 1
   Left ................................................................... 2
   Both ................................................................... 3

107. (F19) Do you currently wear eye glasses or contact lenses?
   Yes ................................................................ 1
   No ................................................................ 2

108. (When wearing eye glasses or contact lenses) how well can you see?
   Well enough to recognise the letters in ordinary newspaper print .. 1
   Only well enough to recognise the headlines ....................... 2
   Only well enough to tell if a light is on or off in a room .......... 3

109. (F21) Do you use a magnifying glass for reading? 1 2

110. (F25) Have you noticed that your eyesight is worsening in the last 2 years? 1 2

111. Have you had your eyes checked in the last 2 years? 1 2

112. Did you get new glasses or contact lenses? 1 2

113. We would now like to ask about your use of various health services.
   Have you been a resident in a nursing home in the last 12 months? 1 2
114. (  G8) How many different times were you in a nursing home in the last 12 months? __

115. (  G9) For about how many days was that in total? ___

116. How many times was this for respite care? ___

117. In the last 12 months, have you been in hospital at least overnight? 
   Yes ............................................................... 1
   No ................................................................. 2

118. ( G11) How many different times were you in hospital in the last 12 months? __

119. TABLE

   The table contains the following 6 questions:

   119.1 For each hospital admission, please answer the following questions.
   
      What was the main medical condition you were admitted to hospital for?
      {INTERVIEWER - Show Prompt Card 4}

   119.2 Please specify other reason for admission.

   119.3 Did you have an operation while in hospital?
      Yes ............................................................... (1)
      No .............................................................. (2)

   119.4 See display cards number 3
      What operation did you have?
      {INTERVIEWER - Show Prompt Card 4A}

   119.5 Please specify other operation.

   119.6 For about how many days were you in hospital on this occasion?

<table>
<thead>
<tr>
<th>Question</th>
<th>119.1</th>
<th>119.2</th>
<th>119.3</th>
<th>119.4</th>
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<td>1 2</td>
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HospDet . ____________________  __
120. (G13) Over the last 12 months have you spent more than a week in bed because of illness or injury (other than in hospital or a nursing home)?
   Yes illness .......................................................  1
   Yes injury ..........................................................  2
   Yes both ..........................................................  3
   No .................................................................  4

121. (G14) For about how many days in total was that? ..............................................................  ___

122. Do you go to a day care or day therapy centre(s), and if so, how often?
   {INTERVIEWER - Show Prompt Card 9}
   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
   Never .............................................................  8

123. See display cards number 4
   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.
   {INTERVIEWER - Show Prompt Card 10} ........ __-__-__-__-__-__-__

124. Please specify help from local government or council  ____________________

125. Please specify paid help  ____________________

126. Please specify other service  ____________________

127. Now I have a few questions about your teeth.
   {INTERVIEWER - Press 0 then Enter} ..............................................................

128. (H1) Have you lost all your teeth from your upper jaw?
   Yes ...............................................................  1
   No .................................................................  2

129. (H2) I would like to get some idea of how many teeth you have in your upper jaw. Including the wisdom teeth, there are 16 teeth making up a complete set of teeth in the upper jaw. Could you tell me the number of remaining teeth in your upper jaw?
   ____________________________________________________________
   Yes  No

130. (H3) Do you have a denture or false teeth for your upper jaw?  1  2

131. (H4) Have you lost all your teeth from your lower jaw?  1  2
132. (H5) Including the wisdom teeth, there are 16 teeth making up a complete set of teeth in the lower jaw also. Could you tell me the number of remaining teeth in your lower jaw? __

133. (H6) Do you have a denture or false teeth for your lower jaw?
Yes ............................................................... 1
No ............................................................... 2

134. (H13) How long ago did you see a dentist about your teeth, dentures or gums?
12 months or less ................................................. 1
12 months to 2 years .............................................. 2
More than 2 years ............................................. 3

135. Did you make that visit to the dentist for a check-up, or did you go because you were in discomfort or you needed something fixed?
Check up ................................................................. 1
In discomfort ...................................................... 2
Something needed to be fixed .................................. 3

136. (H15) For your last course of dental treatment, did you go to a private dentist, a dental technician or a public hospital or public clinic?
Private dentist ................................................... 1
Dental technician .................................................. 2
Public hospital or public clinic ................................ 3

137. (I1) I am now going to ask you some questions about your weight. Do you wish to answer these questions in stones and pounds or kilograms?
stones and pounds ................................................. 1
kilograms ......................................................... 2

138. (I2B) About how much do you weigh now?
{INTERVIEWER - For example, if 10 stone 12 lbs, type 10.12 or if 8 stone 7 lbs (8 and a half stone), type 8.07} _____

139. (I2A) About how much do you weigh now? _____
(IN KGS, CONVERSION DONE)

140. Compared to 12 months ago, do you weigh more now, weigh less now or weigh the same?
Weigh more ............................................................. 1
Weigh less ............................................................. 2
Same ................................................................. 3

141. How much weight have you gained? (in stones and lbs) _____

142. How much weight have you gained? (in kg) _____
(IN KG)

143. How much weight have you lost? (in stones and lbs) _____

144. How much weight have you lost? (in kg) _____
(IN KG)
Questions 145 through 152:

Meaning of the labels:

- Strongly disagree .................................................(1)
- Moderately disagree ...............................................(2)
- Mildly disagree ....................................................(3)
- Mildly agree ......................................................(4)
- Moderately agree ..................................................(5)
- Strongly agree ....................................................(6)

145. We would now like to get a little more information on how you feel about your life at present.
   How strongly do you agree with the following statements?

   I am the kind of person who likes to give new things a try.     1 2 3 4 5 6

146. I have a sense of direction and purpose in life.                1 2 3 4 5 6

147. So far, I have gotten the important things I want in life.      1 2 3 4 5 6

148. I gave up trying to make big improvements and changes in my life long ago.  1 2 3 4 5 6

149. For me, life has been a continuous process of learning, changing, and growth.                                           1 2 3 4 5 6

150. I used to set goals for myself, but now that seems like a waste of time.                                               1 2 3 4 5 6

151. If I could live my life over, I would change almost nothing.  1 2 3 4 5 6

152. I enjoy making plans for the future and working to make them a reality.  1 2 3 4 5 6

Correct Incorrect

153. ( K1) 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.
   What day of the week is it?

   (INTERVIEWER - Code response)  1 2  WEEKW3

154. ( K2) What is the date today?  1 2  DATEW3

155. ( K3) What is the month?                                    1 2  MONTHW3

156. ( K4) What is the year?                                     1 2  YEARW3

157. ( K5) What season of the year is it?                        1 2  SEASONW3

158. ( K6) Without looking at a watch or clock, what is the time of day?
   (INTERVIEWER - Hours and minutes or 24 hour clock acceptable)  1 2  TIMEW3

159. ( K7) What country are we in?  1 2  COUNTW3

160. ( K8) What city or town are we in?                          1 2  CITYW3

161. ( K9) What is the name of the State or Territory?  1 2  STATEW3

162. ( K11) What is the name of this suburb?  1 2  SUBURBW3
163. (K12) What floor of the building are we on? .................................................. 1        2

164. (K13) What are the names of 2 MAIN ROADS near your home? .................................................. 1        2

165. (K14) What is the name of the Prime Minister of this country? .................................................. 1        2

166. (K15) 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...
- Respondent remembers Apple? .................................................. 1        2

167. (K16) Respondent remembers Table? .................................................. 1        2

168. (K17) Respondent remembers Penny? .................................................. 1        2

169. (K18) (INTERVIEWER - After first trial repeat as often as necessary until respondent can say all three (up to 10 trials).)

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

(INTERVIEWER - Record the number of trials) .................................................. __

Correct Incorrect

170. (K19) 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:

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

'100 - 7 = 93?' .................................................. 1        2

171. 93 - 7 = 86? .................................................. 1        2

172. 86 - 7 = 79? .................................................. 1        2

173. 79 - 7 = 72? .................................................. 1        2

174. 72 - 7 = 65? .................................................. 1        2

175. (K20) Now I am going to spell a word forwards and I want you to spell it backwards. The word is WORLD.

(INTERVIEWER - Spell W-O-R-L-D aloud forwards)
Spell WORLD backwards - will you do this for me please? .................................................. __

Correct Incorrect

176. First letter - D? .................................................. 1        2

177. Second letter - L? .................................................. 1        2
178. Third letter - R? 1 2  RW3
179. Fourth letter - O? 1 2  OW3
180. Fifth letter - W? 1 2  WW3
181. (K21) Now what were the three things I asked you to remember? Respondent remembers Apple? 1 2  REMEMW3
182. (K22) Respondent remembers Table? 1 2  TABLW3
183. (K23) Respondent remembers Penny? 1 2  PENNW3

Questions 184 through 192:
Meaning of the labels:
Correct .................................................................(1)
Incorrect ..............................................................(2)
Incapable of response ............................................(3)

184. What is this called?
{INTERVIEWER - Hold up a pencil - score as correct for pen OR pencil} 1 2 3  PENW3
185. What is this called?
{INTERVIEWER - Point to watch} 1 2 3  WATCHW3
186. 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} 1 2 3  PHRASEW3
187. Read the words on this page and then do what it says.
{INTERVIEWER - Show Prompt Card 12.
Code as correct if respondent closes his-her eyes} 1 2 3  RDPAGEW3
188. [INTERVIEWER - Read full statement below 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.

Takes paper in RIGHT hand? 1 2 3  PAPTSTW3
189. Folds paper in half with both hands? 1 2 3  PAPHLFW3
190. Puts paper on lap? 1 2 3  PAPLAPW3
191. 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.} 1 2 3  WRITSNW3
192. Please copy this design on the same piece of paper.
{INTERVIEWER - show Prompt Card 13.
Code as correct if 2 convex five-sided figures and intersection makes a four-sided figure} 1 2 3  DESIGNW3

193. (K30) New Year's Day falls on what date?  NEWYRW3
First of January .......................................................... 1
First day of New Year .................................................. 2
A wrong date ............................................................ 3
Does not know, no codable reply, refusal .......................... 4
Not asked .................................................................... 5
194. (K35) {INTERVIEWER - For the next 3 questions, if response is vague, say - Could you tell me a bit more?}
In what way are an apple and a banana alike?

Correct abstraction such as both fruit .................................................. 1
Partially correct, gives concrete similarities such as both grow, can eat both, both have peel .................................................. 2
Incorrect .................................................................................... 3

195. (K36) In what way are a boat and a car alike?

Correct abstraction such as both are a means of transport ........ 1
Partially correct, gives concrete similarities such as both have seats .................................................................................. 2
Incorrect, only mentioned ways different .............................................. 3

196. (K37) In what way are an egg and a seed alike?

Correct abstraction such as beginnings of life, first stage of development .................................................................. 1
Partially correct, gives concrete similarities such as things grow from both ............................................................................. 2
Incorrect - not alike .................................................................. 3

MMW1W3 TO MM40W3 EQUIVALENT TO Q153 TO Q192 AND CODED FOR COMPUTATION (1=CORRECT 0=INCORRECT)

SUBTRACT A COMPOSITE OF ITEMS Q170 TO Q174 MMALTW3 A COMPOSITE OF ITEMS Q176 TO Q180 PTMMSEW3 EQUIVALENT TO WAVE1 MINIMENTAL MMSEW3 = FULL MINIMENTAL SCORE

197. (L1) Now I would like some information about how you sleep.

How often do you have trouble falling asleep?

{INTERVIEWER - Show Prompt Card 14}

Never ............................................................. 1
Rarely ............................................................ 2
Sometimes ......................................................... 3
Often ............................................................. 4
Almost always ..................................................... 5

198. (L2) How often do you have trouble with waking up during the night?

{INTERVIEWER - Show Prompt Card 14}

Never ............................................................. 1
Rarely ............................................................ 2
Sometimes ......................................................... 3
Often ............................................................. 4
Almost always ..................................................... 5

199. (L6) How often do you have trouble with waking up earlier than intended and not being able to fall asleep again at all?

{INTERVIEWER - Show Prompt Card 14}

Never ............................................................. 1
Rarely ............................................................ 2
Sometimes ......................................................... 3
Often ............................................................. 4
Almost always ..................................................... 5

200. (L10) How many days per week would you fall asleep unintentionally (e.g. while watching TV, reading, or riding in a car)?

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

201. (L11) Compared to one year ago, do you have sleep problems more now, less now, or is your sleeping pattern about the same?

SLP1YRW3
More now .......................................................... 1
Less now .................................................................. 2
About the same .................................................... 3

202. (L12) How often do you usually take a sedative or sleeping pill
that has been prescribed by a doctor to help you sleep?
Nightly ..................................................................... 1
A few times per week .................................................. 2
A few times per month ................................................... 3
Less often .............................................................. 4
Never ....................................................................... 5

PRSEDW3

Yes No

203. (L23) Do you usually sleep with your partner/spouse? 1 2 SLPARRW3

204. (L24) Is your sleep normally disturbed by your partner? 1 2 SLPPTW3

205. Is this due to snoring, twitching, both of these or some other
reason?
Snoring .............................................................. 1
Twitching ............................................................. 2
Both ................................................................. 3
Other ............................................................... 4

SLPTRSW3

Yes No

206. (M1) I would now like to ask about your physical functioning.
Are you able to walk up and down the stairs to a first floor of a
building without help? 1 2 STRS2FW3

207. (M2) Are you able to walk half a mile without help? 1 2 WLKHLFW3

Questions 208 through 212 :

Meaning of the labels:
No difficulty at all ..................................................(1)
A little difficulty .....................................................(2)
Some difficulty .....................................................(3)
A lot of difficulty ..................................................(4)
Just unable to do it ..............................................(5)

208. (M3) Now I am going to ask you how difficult it is, on the
average, to do similar kinds of activities.
{INTERVIEWER - Show Prompt Card 15}
How much difficulty, if any, do you have pulling or pushing
large objects like a living room chair?

1 2 3 4 5 PSHPLLW3

209. (M4) What about stooping, crouching or kneeling?

1 2 3 4 5 STPCKRW3

210. (M5) Lifting or carrying weights over 10 pounds (4 kilograms)
like a heavy bag of groceries?

1 2 3 4 5 LFT10W3

211. (M6) Reaching or extending your arms above shoulder level?

1 2 3 4 5 RCHOVW3

212. (M7) Either writing or handling or fingering small objects?

1 2 3 4 5 DIFSMJW3
213. (M8) I am now going to ask you about some everyday activities. I'd like to ask if you had any difficulties or had any help in the last 12 months from either a person or from some equipment or device in doing any of these activities (apart from when you may have been in a hospital or a nursing home).

{INTERVIEWER - Press 0 then Enter}

214. TABLE

The table contains the following 6 questions:

214.1 (M10) In $DESC, have you received help from a person, special equipment or both?

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<thead>
<tr>
<th>Question</th>
<th>ADL1HPW3-ADL8HPW3</th>
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<tbody>
<tr>
<td>214.1</td>
<td>No Help</td>
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<td>Person</td>
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<tr>
<td></td>
<td>Special equipment</td>
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<td>Both</td>
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</table>

214.2 (M11) Do you still require this help?

<table>
<thead>
<tr>
<th>Question</th>
<th>HLPST1W3-HLPST8W3</th>
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<tbody>
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<td>214.2</td>
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</table>

214.3 See display cards number 5

(M12) Is (was) this help provided by relatives or friends? If so, who is (was) your main helper?

214.4 See display cards number 6

(M13) Does (did) any other relative or friend help you?

{INTERVIEWER - Type a space before each code}

214.5 (M14) Do (did) you receive any other help such as from a care organisation?

{INTERVIEWER - Show Prompt Card 10}

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<th>Question</th>
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<td>Royal District Nursing Society</td>
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<tr>
<td></td>
<td>Domiciliary Care</td>
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<td>Local Government or Council</td>
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<td>Meals on Wheels</td>
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<td></td>
<td>Private home care from nursing organisations</td>
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<td>Paid help</td>
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<td>Other help</td>
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214.6 (M15) (With this help), how much difficulty on average do you have doing this activity?

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<td>A lot of difficulty</td>
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</tbody>
</table>
TABLE

The table contains the following 6 questions:

216.1 ( N2a) In DES, did you receive any help to assist you with this activity?
Yes ................................................................. {1}
No ................................................................. {2}
Don't do ................................................... {3}

216.2 ( N3) Do you still require this help?
Yes ................................................................. {1}
No ................................................................. {2}

216.3 See display cards number 7
( N4) Is (was) this help provided by relatives or friends? If so, who is (was) your main helper?

216.4 See display cards number 8
( N5) Does (did) any other relative or friend help you?

216.5 ( N6) Do (did) you receive any other help such as from a care organisation?
(INTERVIEWER - Show Prompt Card 10)
Royal District Nursing Society ....................................... {1}
Domiciliary Care .................................................. {2}
Local Government or Council .................................... {3}
Meals on Wheels .................................................. {4}

(see table below)
Private home care from nursing organisation ...................... (5)
Paid help ........................................................................ (6)
Other help ........................................................................ (7)
None ................................................................................ (8)

216.6 (N7) (With this help), how much difficulty on average do you have doing this activity?

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

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<th>216.2</th>
<th>216.3</th>
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</tr>
<tr>
<td>IADLAct</td>
<td>1 2 3 4 5 6 7 8</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

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

{INTERVIEWER - Press 0 and Enter}
218. (O1) Think of your children and/or children-in-law who do not live with you. In the past twelve months, how often did you have PERSONAL CONTACT with at least one of them?
{INTERVIEWER - Show Prompt Card 16} 1 2 3 4 5 6 CONTCHW3

219. (O2) Again thinking of your children and/or children-in-law who do not live with you. In the past twelve months, how often did you have PHONE CONTACT with at least one of them?
{INTERVIEWER - Show Prompt Card 16} 1 2 3 4 5 6 PHCNCHW3

220. (O3) Again thinking of your children and/or children-in-law who do not live with you. In the past twelve months, how often did you receive MAIL from at least one of them?
{INTERVIEWER - Show Prompt Card 16} 1 2 3 4 5 6 MLFRCHW3

221. (O1a) Think of your grandchildren (who do not live with you). In the past twelve months, how often did you have PERSONAL CONTACT with at least one of them?
{INTERVIEWER - Show Prompt Card 16} 1 2 3 4 5 6 CONTGDW3

222. (O2a) Again thinking of your grandchildren (who do not live with you). In the past twelve months, how often did you have PHONE CONTACT with at least one of them?
{INTERVIEWER - Show Prompt Card 16} 1 2 3 4 5 6 PHCNGDW3

223. (O3a) Again thinking of your grandchildren (who do not live with you). In the past twelve months, how often did you receive MAIL from at least one of them?
{INTERVIEWER - Show Prompt Card 16} 1 2 3 4 5 6 MLFRGDW3

224. (O5) Do you agree or disagree with the following statement?
'Older people should be able to depend on their adult CHILDREN for the help they need?'
{INTERVIEWER - Show Prompt Card 17}
Strongly agree .................................................... 1 DEPCHDW3
Agree ............................................................. 2
Disagree .......................................................... 3
Strongly disagree ................................................. 4

225. (O5a) Do you agree or disagree with the following statement?
'Older people should be able to depend on their adult GRANDCHILDREN for the help they need?'
{INTERVIEWER - Show Prompt Card 17}
Strongly agree .................................................... 1 DEPGDW3
Agree ............................................................. 2
Disagree .......................................................... 3
Strongly disagree ................................................. 4

226. (O6) If you (and your husband or wife or partner) had health problems which made you very dependent on others, do you think you would WANT to:
{INTERVIEWER - Show Prompt Card 17}
Stay at home with outside help .................................... 1 SUPPREW3
Move in with children ............................................. 2
Move to a home for the aged ..................................... 3
Move to a nursing home ........................................... 4

Questions 227 through 238:

Final version ALSA Wave 3 Questionnaire
Meaning of the labels:

Never .............................................................(1)
Rarely ...........................................................(2)
Sometimes .........................................................(3)
Often .............................................................(4)

227. (O7) As you know, parents and children sometimes support each other in different ways. Do you help your children and/or children-in-law in any of the following ways?
   {INTERVIEWER - Show Prompt Card 18}
   Give gifts, apart from money? 1 2 3 4 GIFT4CW3

228. (O8) Help out with money? 1 2 3 4 MONY4CW3

229. (O9) Help out when someone is ill? 1 2 3 4 CHDILLW3

230. (O10) Help keep house or fix things around the house? 1 2 3 4 HSMNCHW3

231. (O11) Take care of grandchildren or babysit for awhile when parents are out? 1 2 3 4 SITGRDW3

232. (O12) Do your children and/or children-in-law support you in any of the following ways?
   {INTERVIEWER - Show Prompt Card 18}
   When you are ill (or when your husband or wife is ill)? 1 2 3 4 CHHPILW3

233. (O13) Give gifts, apart from money? 1 2 3 4 GIFFRCW3

234. (O14) Shop or run errands for you? 1 2 3 4 CHSHOPW3

235. (O15) Help out with money? 1 2 3 4 MONFRCW3

236. (O16) Help keep house or fix things around the house for you? 1 2 3 4 HSMNTYW3

237. (O17) Prepare meals for you? 1 2 3 4 CHPRMLW3

238. (O18) Drive you places such as doctor, shopping, church? 1 2 3 4 CHDRVEW3

239. (O28) INCLUDING YOUR PARTNER, from all the people you know, is there any one special person that you feel very close and intimate with - someone you share confidences and feelings with, someone you feel you can depend on?
   Yes .................................................................. 1
   No .................................................................... 2
   CONFW3

240. See display cards number 9
   (O29) What is their relationship to you? ......................... __
   CONRELW3

241. (O28a) Again, from all the people you know, is there any OTHER special person that you feel very close and intimate with - someone else you share confidences and feelings with, someone else you feel you can depend on?
   Yes .................................................................. 1
   No .................................................................... 2
   OTCNEW3

242. See display cards number 10
   (O29a) What is the relationship of this other person? ............... __
   OTCNRLW3

243. (O30) Including persons in your household, is there someone you could call on to help around the house or help to take care of you if you were sick? HSHLCRW3
Yes ............................................................... 1
No ................................................................ 2

244. (O31) Who is that?
    Spouse ............................................................ 1
    Other household member ........................................ 2
    Other relative ...................................................... 3
    Other friend ....................................................... 4
    Community or government agency ............................ 5
    Paid private source ............................................. 6
    Other ............................................................. 7

245. See display cards number 11
    ( O34) If you needed help in the last year, who has been most helpful with daily tasks like grocery shopping, house cleaning, cooking, telephoning or taking you places? ..............................

246. (O38j) At present, when it comes to making major family decisions, who has the final say?
    (Major decisions mean things like when to retire, where to live and how much money to spend on major purchases)
    You ............................................................... 1
    Your partner/spouse ............................................. 2
    You and your partner/spouse equally ....................... 3

Questions 247 through 252:
Meaning of the labels:
    Always agree ....................................................(1)
    Almost always agree ...........................................(2)
    Occasionally disagree .........................................(3)
    Frequently disagree ...........................................(4)
    Almost always disagree .......................................(5)
    Always disagree ...............................................(6)

247. Most persons have some disagreements in their relationships, and we are interested to see how you deal with various matters.
    Please indicate the approximate extent of agreement or disagreement between you and your partner for each item on the following list.
    {INTERVIEWER - Show Prompt Card 19}

Handling family finances 1 2 3 4 5 6
248. Matters of recreation 1 2 3 4 5 6
249. Friends 1 2 3 4 5 6
250. Ways of relating to children 1 2 3 4 5 6
251. Making major decisions 1 2 3 4 5 6
252. Household tasks 1 2 3 4 5 6

Questions 253 through 257:
Meaning of the labels:
    All the time .......................................................(1)
    Most of the time .................................................(2)
    More often than not ............................................(3)
    Occasionally .....................................................(4)
    Rarely ..............................................................(5)
253. [INTERVIEWER - Show Prompt Card 20]
    In general, how often do you think that things between you
    and your partner are going well?  1 2 3 4 5 6  RELWELW3

254. How often do you and your partner quarrel?  1 2 3 4 5 6  QUARW3

255. How often do you or your partner leave the house after a
    fight?  1 2 3 4 5 6  LEAVFTW3

256. How often do you and your partner 'get on each other's
    nerves'?  1 2 3 4 5 6  ONNERVW3

257. How often do you laugh together?  1 2 3 4 5 6  LAUGHW3

Yes No

258. (P1) The next few questions are about major events that may have
    taken place in your life in the last two years.

    Have you been a victim of a serious physical attack or assault in
    the last two years?  1 2  ASSLTW3

259. (P19) Have you been robbed or was your home burglarised in the
    last two years?  1 2  ROB3YW3

260. (P23) Have you lost anyone close to you through death in the last
    2 years?  1 2  BRVW3

261. (P24) Who was it that died?

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

262. (Q1) I now have a few questions about smoking.
    Do you currently smoke cigarettes?

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

263. (Q2) How many cigarettes do you usually smoke a day? ____  CIGDAYW3

264. (Q7) Do you currently smoke a pipe or cigars?

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

265. (Q9) The next few questions are about beverages that contain
    alcohol.

    How often do you have a drink containing alcohol?

    Never ............................................................. 1
266. (Q10) {INTERVIEWER - Show Prompt Card 21 for next question}
How many standard drinks containing alcohol do you have on a
typical day when you are drinking?

One or two ................................................... 1
Three or four .................................................. 2
Five or six .................................................... 3
Seven to nine .................................................. 4
Ten or more .................................................... 5

267. (Q11) {INTERVIEWER - Show Prompt Card 22 for next question}
How often do you have six or more drinks on one occasion?

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

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

How many times did you engage in vigorous exercise in the past two
weeks? By vigorous exercise, I mean exercise which made you breathe
harder or puff and pant - things like tennis or jogging.

269. (R7) How many times did you walk for recreation or exercise in the
past two weeks?

270. When we interviewed you 2 years ago, you indicated some clubs of
which you were a member. We would like to check if you are still
a member of these clubs.

{INTERVIEWER - Press 0 and enter}

271. TABLE

The table contains the following 1 questions:

271.1 Are you still a member of $CLUBDESC?

Yes ................................................................. (1)
No ................................................................. (2)
272. (R12) How many group meetings or gatherings did you go to in the past month? __

273. (R13) Are you presently an officer of any of the clubs you belong to such as president, secretary, treasurer?
Yes .......................................................... 1
No ................................................................ 2

274. (R14) How many different offices do you hold (in different clubs)? __

275. (R16) In guiding your life, would you say that religion is very important, somewhat important or not at all important?
Very important .................................................... 1
Somewhat important ........................................... 2
Not at all important ........................................... 3
No opinion ...................................................... 4

276. (R17) I am going to ask you some questions about a number of activities in which you may participate, some of which I have mentioned before. I now want you to tell me how often you participate in each activity in a typical 3 month period. If you like, you could think about the last 3 months.

How often have you prepared a main meal?
(Needs to play a substantial part in the organisation, preparation and cooking of a main meal, not just snacks)
Never ................................................................ 1
Less than once a week ......................................... 2
One to two times a week ..................................... 3
Most days ......................................................... 4

277. (R18) How often have you washed the dishes?
(Must do it all or share equally eg. washing or wiping and putting away, not just rinsing occasional items)
Less than once a week ....................................... 1
One or two days a week ...................................... 2
Most days ......................................................... 3
Every day .......................................................... 4

278. (R19) How often have you washed clothes?
(Organisation of washing and drying of own clothes, whether in a washing machine, by hand or at a laundrette)
Never ............................................................. 1
About once a month ................................................ 2
About once a fortnight ............................................ 3
Once a week or more ............................................... 4

279. (R20) How often have you done light housework?  AAP4W3
(Such as dusting, polishing, sweeping, tidying up)
Never ....................................................................... 1
Once a fortnight or less ............................................ 2
About once a week ................................................. 3
Several days a week ............................................... 4

280. (R21) How often have you done heavy housework?  AAP5W3
(Taking out the garbage, cleaning floors, vacuuming, washing windows, moving chairs)
Never ..................................................................... 1
About once a month ................................................ 2
About once a fortnight ............................................ 3
Once a week or more .......................................... 4

281. (R22) How many hours of voluntary or paid employment have you done?  AAP6W3
None ........................................................................ 1
Up to ten hours a week .................................... 2
Ten to thirty hours a week ..................................... 3
More than thirty hours a week .......................... 4

Questions 282 and 283 :
Meaning of the labels:

Never .......................................................................... (1)
About once a month .............................................. (2)
About once a fortnight ........................................... (3)
Once a week or more ........................................... (4)

282. (R23) How often have you cared for other family members?  AAP7W3
(Caring for a sick relative, baby sitting, caring for a spouse etc)  
1 2 3 4

283. (R24) How often have you done household shopping?  AAP8W3
(Must play a substantial role in the organisation and buying of the shopping eg. groceries, fruit and vegetables - Also includes paying household bills)  
1 2 3 4

284. (R25) How often have you done personal shopping?  AAP9W3
(Must play a substantial role in the organisation and buying of the shopping eg. clothing, toiletries, gifts)  
1 2 3 4

Questions 285 and 286 :
Meaning of the labels:

Never .......................................................................... (1)
About once a month .............................................. (2)
About once a fortnight ........................................... (3)
Once a week or more ........................................... (4)

285. (R26) How often have you done light gardening? (Weeding, watering, sweeping paths, potting)  AAP10W3  
1 2 3 4
286. (R27) How often have you done heavy gardening?
(Digging garden beds, pruning, mowing lawns)

<table>
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<tr>
<td>Once in 3 months</td>
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<td>About once a month</td>
<td>3</td>
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<tr>
<td>Once a fortnight or more</td>
<td>4</td>
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</table>

287. (R28) How often have you done household and/or car maintenance?
(Cleaning gutters, painting, doing minor repairs, servicing and/or washing the car)

<table>
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<th>Frequency</th>
<th>Code</th>
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<tr>
<td>Up to once a month</td>
<td>2</td>
</tr>
<tr>
<td>Up to once a fortnight</td>
<td>3</td>
</tr>
<tr>
<td>Once a week</td>
<td>4</td>
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</tbody>
</table>

288. (R29) How often have you needed to drive a car or organise your own transport?
(The emphasis is on the organisation of transport, not the journey itself, includes driving own car, catching bus or train, calling taxi etc. Excludes transport for the person organised by someone else.)

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

289. (R33) How often have you invited people to your home?
(Implies either casual or formal social contact eg. having people to dinner, inviting people for a cup of tea, card evenings - Includes standing invitations to family and close friends.)

<table>
<thead>
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<th>Frequency</th>
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<tr>
<td>Less than once a fortnight</td>
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</tr>
<tr>
<td>About once a fortnight</td>
<td>2</td>
</tr>
<tr>
<td>About once a week</td>
<td>3</td>
</tr>
<tr>
<td>More than once a week</td>
<td>4</td>
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</table>

290. (R30) How often have you spent some time on a hobby?
(Must require some active participation and thought e.g. knitting, crosswords, painting, gardening, games, letter writing, not just watching television)

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

291. (R31) How many hours have you spent reading books, magazines or newspapers?

<table>
<thead>
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<th>Frequency</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>Less than two hours a week</td>
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</tr>
<tr>
<td>Two to five hours a week</td>
<td>2</td>
</tr>
<tr>
<td>Five to ten hours a week</td>
<td>3</td>
</tr>
<tr>
<td>Over ten hours a week</td>
<td>4</td>
</tr>
</tbody>
</table>

292. (R32) How many telephone calls have you made to friends or family?
(Emphasis is on making calls NOT receiving calls)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
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<tr>
<td>Up to three calls a week</td>
<td>2</td>
</tr>
<tr>
<td>Four to ten calls a week</td>
<td>3</td>
</tr>
<tr>
<td>Over ten calls a week</td>
<td>4</td>
</tr>
</tbody>
</table>

293. (R34) How much time have you spent watching television or listening to the radio?
(Emphasis is on watching/listening, not just having the TV-radio on in the background while doing other things)

<table>
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<th>Code</th>
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<td>Label</td>
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<td>-------------------------------------------------------------------------</td>
<td>------------------------</td>
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<tr>
<td>294. (R35) How often have you participated in social activities at a</td>
<td>AAP19W3</td>
</tr>
<tr>
<td>centre such as a club, a church, or a community centre? (Bingo, senior</td>
<td></td>
</tr>
<tr>
<td>citizens, RSL, a hotel, self-education courses)</td>
<td></td>
</tr>
<tr>
<td>About once a month</td>
<td>1</td>
</tr>
<tr>
<td>About once a week</td>
<td>2</td>
</tr>
<tr>
<td>More than once a week</td>
<td>4</td>
</tr>
<tr>
<td>295. (R36) How often have you attended religious services or meetings?</td>
<td>AAP20W3</td>
</tr>
<tr>
<td>(BBQs, picnics, spectator sports etc.)</td>
<td></td>
</tr>
<tr>
<td>About once a month</td>
<td>2</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>3</td>
</tr>
<tr>
<td>Once a week or more</td>
<td>4</td>
</tr>
<tr>
<td>296. (R37) How often have you participated in an outdoor social</td>
<td>AAP21W3</td>
</tr>
<tr>
<td>activity? (BBQs, picnics, spectator sports etc.)</td>
<td></td>
</tr>
<tr>
<td>About once a month</td>
<td>1</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>2</td>
</tr>
<tr>
<td>About once a week</td>
<td>3</td>
</tr>
<tr>
<td>More than once a week</td>
<td>4</td>
</tr>
<tr>
<td>297. (R38) How often have you spent some time outdoors participating</td>
<td>AAP22W3</td>
</tr>
<tr>
<td>in a recreational or sporting activity? (Bowls, fishing, golf etc.</td>
<td></td>
</tr>
<tr>
<td>Excludes spectator sports)</td>
<td></td>
</tr>
<tr>
<td>About once a month</td>
<td>1</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>2</td>
</tr>
<tr>
<td>About once a week</td>
<td>3</td>
</tr>
<tr>
<td>More than once a week</td>
<td>4</td>
</tr>
<tr>
<td>298. (R39) How often have you walked outdoors for 15 minutes or</td>
<td>AAP23W3</td>
</tr>
<tr>
<td>more? (Sustained walking for about 1 mile. Short stops for breath are</td>
<td></td>
</tr>
<tr>
<td>allowed. Can include walking to the shops, provided it is far</td>
<td></td>
</tr>
<tr>
<td>enough.)</td>
<td></td>
</tr>
<tr>
<td>About once a month or less</td>
<td>1</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>2</td>
</tr>
<tr>
<td>About once a week</td>
<td>3</td>
</tr>
<tr>
<td>Most days</td>
<td>4</td>
</tr>
<tr>
<td>299. (R40) How often have you gone for a drive or been on an</td>
<td>AAP24W3</td>
</tr>
<tr>
<td>outing? (The common factor is an outing for pleasure e.g. by bus, train</td>
<td></td>
</tr>
<tr>
<td>or car, excludes routine trips for a purpose such as shopping or</td>
<td></td>
</tr>
<tr>
<td>visiting friends)</td>
<td></td>
</tr>
<tr>
<td>About once a month</td>
<td>1</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>2</td>
</tr>
<tr>
<td>About once a week</td>
<td>3</td>
</tr>
<tr>
<td>Once a week or more</td>
<td>4</td>
</tr>
<tr>
<td>300. (R41) Do you own a car?</td>
<td>OWNCARW3</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>301. I would now like to ask about your driving habits.</td>
<td>HWOFDRW3</td>
</tr>
<tr>
<td>How often do you drive a motor vehicle?</td>
<td></td>
</tr>
<tr>
<td>At least once a day</td>
<td>1</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>2</td>
</tr>
</tbody>
</table>
302. In the past twelve months, have you CHANGED your driving habits because of concerns related to your age or your health?  
   Yes ............................................................... 1  
   No ............................................................ 2  

303. Please specify how you have changed your driving habits. 

304. (E24) How often do you cross the street as a pedestrian?  
   At least once a day ........................................... 1  
   Once or twice a week ......................................... 2  
   Once or twice a month ........................................ 3  
   Less than once or twice a month ............................ 4  
   Never ........................................................... 5  

305. Now I would like to ask you about your housing and finances.  
   {INTERVIEWER - Press 0 and enter} 

306. (T1) Is this house, flat or unit being rented by you or any other usual resident of the household?  
   Yes ................................................................ 1  
   No .................................................................. 2  

307. (T2) Who is the rent paid to?  
   South Australian Housing Trust ........................................ 1  
   Person in dwelling .................................................. 2  
   Landlord or Real Estate Agent ..................................... 3  
   Other .............................................................. 4  

308. (T3) What is the total rent each week (total dollars)? 

309. (T4) Is this house, flat or unit being paid off or is it owned?  
   Yes, being paid off ............................................. 1  
   Yes, owned ........................................................ 2  
   No .................................................................. 3  

310. (T5) What is the total repayment each week (total dollars)? 

311. (T6) In which of these categories does the market value of your house, flat or unit fall?  
   {INTERVIEWER - Show Prompt Card 23}  
   Up to seventyfour thousand ................................... 1  
   From seventyfive thousand to one hundred thousand .......... 2  
   From onehundred and one thousand to one hundred and fifty thousand 3  
   From one hundred and fifty thousand to two hundred thousand ...... 4  
   Over two hundred thousand ....................................... 5  

312. (T9) How many main rooms do you have in this house, flat or unit? (Do not include bathrooms, porches, balconies or foyers) 

313. (T12) Do you intend to move house (again)?  
   Yes .................................................................. 1  
   No .................................................................. 2  

Final version ALSA Wave 3 Questionnaire
314. (T13) For what reason do you intend to move (again)?

- More or better personal care at new home ....................... 1
- Closer to things or people ............................................. 2
- Better neighbourhood .................................................... 3
- Cost of rent or mortgage or upkeep and repairs too high .......... 4
- Modified or better designed or more suitable dwelling ............. 5
- Family changes such as bereavement or to live with family .......... 6
- Other ............................................................................. 7

315. (T14) Have you put your name down for any special aged accommodation or retirement village in the last two years?

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

316. (T16) {INTERVIEWER – Show Prompt Card 24}

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

  - Pensioner health benefits and concession card ..................... 1
  - Commonwealth Seniors Health card .................................. 2
  - Other ................................................................................ 3
  - None .................................................................................. 4

317. (T16a) Please specify other benefit(s)

- ________________________________________________________

318. See display cards number 12

- (T15) {INTERVIEWER – Show Prompt Card 25}

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

319. See display cards number 13

- (T17) If we include the income from all these sources, and add all of your (and your partner's) earnings, in which of these groups would your total income be before tax or anything else is taken out?

- {INTERVIEWER – Show Prompt Card 26} .................................... _

Questions 320 and 321:

Meaning of the labels:

- Very well .............................................................................(1)
- Fairly well ............................................................................(2)
- Poorly ...................................................................................(3)

320. (T21) How well does the amount of money you have take care of your needs?  

- 1 2 3

321. (T22) How well does the amount of money you have take care of your large annual expenses?  

- 1 2 3

322. (T23) Do you usually have enough to buy those little extras

i.e. small luxuries?

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

323. See display cards number 14

- (T24) Suppose you needed money quickly, and you cashed in all
of your (and your spouse's) cheque and savings accounts, any stocks and bonds, and real estate (other than your principal home).

About how much would this amount to?

{INTERVIEWER - Show Prompt Card 27 and enter relevant code} ............ _

324. How many years of formal schooling, including tertiary, did you complete? _

325. (U5) Do you currently work in a paid job?
   Yes ........................................................................ 1
   No ......................................................................... 2

326. How many hours did you work last week? __

327. That concludes the questions we have to ask of you. Thank you very much for your time, and continuing contribution to our study.

{INTERVIEWER - Press 0 and Enter.} _

The following display cards are used

Display card number 1

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 ..................................... (7)
Retirement village ............................................. (8)
Private rest home ............................................. (9)
Hostel ............................................................. (10)
Nursing home ................................................... (11)
Hospital ........................................................ (12)
Mental institution .............................................. (13)
Boarding house ................................................. (14)
Other institution .............................................. (15)

Display card number 2

Spouse .......................................................... (1)
Son .............................................................. (2)
Son-in-law ....................................................... (4)
Daughter ......................................................... (3)
Daughter-in-law ............................................... (5)
Grandchild ...................................................... (6)
Parent ............................................................ (7)
Parent-in-law ................................................... (8)
Brother or sister ................................................. (9)
Brother or sister-in-law .......................... (10)
Nephew or niece .............................................. (11)
Cousin ........................................................ (12)
Uncle or aunt ............................................... (13)
Great grandchild ........................................... (14)
Other relative ............................................... (15)
Friend .......................................................... (16)
Boarder or lodger ............................................. (17)
Other ........................................................... (18)

Display card number 3

Cataract removal ................................................ (1)
Coronary by-pass ............................................. (2)
Gall Bladder removal .......................................................... (3)
Glaucoma operation ........................................................ (4)
Hernia repair ........................................................................ (5)
Hip replacement ..................................................................... (6)
Hysterectomy ......................................................................... (7)
Knee replacement ................................................................... (8)
Lens implant ........................................................................... (9)
Pacemaker fitted .................................................................... (10)
Prostate operation ............................................................... (11)
Other operation ..................................................................... (12)

Display card number 4
Royal District Nursing Society ............................................ (1)
Domiciliary Care .................................................................. (2)
Local Government or Council (to specify) ......................... (3)
Meals on Wheels ................................................................. (4)
Private home care from nursing organisations ................. (5)
Paid Help (to specify) ........................................................... (6)
Other help (to specify) ......................................................... (7)
None ..................................................................................... (8)
Royal Society for the Blind ................................................... (9)
Australian Hearing Service (formerly National Acoustic Laboratory) (10)

Display card number 5
No-one .................................................................................. (1)
Spouse ................................................................................ (2)
Son ..................................................................................... (3)
Daughter ............................................................................. (4)
Son-in-law .......................................................................... (5)
Daughter-in-law ................................................................. (6)
Grandchild .......................................................................... (7)
Parent ................................................................................. (8)
Parent-in-law ....................................................................... (9)
Brother ............................................................................... (10)
Sister ................................................................................. (11)
Brother-in-law ..................................................................... (12)
Sister-in-law ....................................................................... (13)
Nephew ................................................................................ (14)
Niece .................................................................................. (15)
 Cousin ................................................................................ (16)
Uncle ................................................................................... (17)
Great Grandchild .................................................................. (18)
Other Relative ....................................................................... (19)
Friend .................................................................................. (20)
Neighbour ............................................................................ (21)
Boarder or lodger .................................................................. (22)
Other .................................................................................... (23)

Display card number 6
No ....................................................................................... (1)
Spouse ................................................................................ (2)
Son ..................................................................................... (3)
Daughter ............................................................................. (4)
Son-in-law .......................................................................... (5)
Daughter-in-law ................................................................. (6)
Grandchild .......................................................................... (7)
Parent ................................................................................. (8)
Parent-in-law ....................................................................... (9)
Brother ............................................................................... (10)
Sister ................................................................................. (11)
Brother-in-law ..................................................................... (12)
Sister-in-law ....................................................................... (13)
Nephew ................................................................................ (14)
Niece .................................................................................. (15)
 Cousin ................................................................................ (16)
Uncle ................................................................................... (17)
Great Grandchild .................................................................. (18)
Other Relative .................................................. (20)
Friend ............................................................ (21)
Neighbour ........................................................ (22)
Boarder or lodger ............................................... (23)
Other ............................................................. (24)

Display card number 7
No-one ................................................................ (1)
Spouse ................................................................ (2)
Son .................................................................... (3)
Daughter ............................................................ (4)
Son-in-law .......................................................... (5)
Daughter-in-law .................................................. (6)
Grandchild ........................................................ (7)
Parent ............................................................. (8)
Parent-in-law ...................................................... (9)
Brother ............................................................ (10)
Sister ............................................................. (11)
Brother-in-law .................................................... (12)
Sister-in-law ....................................................... (13)
Nephew ............................................................ (14)
Niece ................................................................ (15)
Cousin ............................................................ (16)
Uncle .............................................................. (17)
Aunt .............................................................. (18)
Great Grandchild ............................................. (19)
Other Relative .................................................. (20)
Friend ............................................................ (21)
Neighbour ........................................................ (22)
Boarder or lodger ............................................... (23)
Other ............................................................. (24)

Display card number 8
No ...................................................................... (1)
Spouse ................................................................ (2)
Son .................................................................... (3)
Daughter ............................................................ (4)
Son-in-law .......................................................... (5)
Daughter-in-law .................................................. (6)
Grandchild ........................................................ (7)
Parent ............................................................. (8)
Parent-in-law ...................................................... (9)
Brother ............................................................ (10)
Sister ............................................................. (11)
Brother-in-law .................................................... (12)
Sister-in-law ....................................................... (13)
Nephew ............................................................ (14)
Niece ................................................................ (15)
Cousin ............................................................ (16)
Uncle .............................................................. (17)
Aunt .............................................................. (18)
Great Grandchild ............................................. (19)
Other Relative .................................................. (20)
Friend ............................................................ (21)
Neighbour ........................................................ (22)
Boarder or lodger ............................................... (23)
Other ............................................................. (24)

Display card number 9
Spouse ............................................................ (1)
Daughter .......................................................... (2)
Son .................................................................... (3)
Son-in-law .......................................................... (4)
Brother ............................................................ (5)
Sister ............................................................. (6)
Other male relative .......................................... (7)
Other female relative ........................................ (8)
Male friend ....................................................... (9)
Female friend .................................................... (10)
Display card number 10
Spouse ........................................................... (1)
Daughter ........................................................... (2)
Daughter-in-law .................................................... (3)
Son ................................................................. (4)
Son-in-law ........................................................... (5)
Brother .............................................................. (6)
Sister ............................................................... (7)
Other male relative ................................................ (8)
Other female relative ............................................. (9)
Male friend ......................................................... (10)
Female friend ..................................................... (11)

Display card number 11
Spouse ........................................................... (1)
Daughter ........................................................... (2)
Son ................................................................. (3)
Brother or sister ................................................... (4)
Other relative ..................................................... (5)
Neighbour ........................................................ (6)
Friend ............................................................. (7)
Other .............................................................. (8)
No one ............................................................ (9)

Display card number 12
Wages or salary ..................................................... (1)
Superannuation .................................................... (2)
Income from your own business or partnership ............... (3)
Income from interest, dividends or rent ........................ (4)
Workers compensation .......................................... (5)
Age pension ....................................................... (6)
Carer's pension ................................................... (7)
Disability support pension ....................................... (8)
Widowed person's allowance .................................... (9)
Overseas pension ................................................ (10)
Repat Pension .................................................... (11)
Repat TPI ......................................................... (12)
Other pension .................................................... (13)
Other .............................................................. (14)

Display card number 13
Up to 5,000 dollars pa .......................................... (1)
Between 5,000 & 8,500 dollars pa ............................. (2)
Between 8,500 & 12,000 dollars pa ........................... (3)
Between 12,000 & 15,000 dollars pa ......................... (4)
Between 15,000 & 20,000 dollars pa ......................... (5)
Between 20,001 & 30,000 dollars pa ......................... (6)
Between 30,000 & 40,000 dollars pa ......................... (7)
Between 40,000 & 50,000 dollars pa ......................... (8)
More than 50,000 pa ........................................... (9)

Display card number 14
Less than 999 ...................................................... (1)
Between 1,000 and 4,999 dollars ............................... (2)
Between 5,000 and 9,999 dollars ............................... (3)
Between 10,000 and 19,999 dollars ........................... (4)
Between 20,000 and 49,999 dollars ........................... (5)
Between 50,000 and 99,999 dollars ........................... (6)
Between 100,000 and 199,999 dollars ......................... (7)
Between 200,000 and 499,999 dollars ......................... (8)
More than 500,000 dollars ..................................... (9)