WAVE 5 QUESTIONNAIRE

Participant’s Sequence Number:  

SEQNUM

DOMICILE

1. To make sure our records are correct, are you still living at the same address you were at when we last interviewed you: 
(Read out both postal and residential address from Participant Information Form)

Are these details still correct?  

ADDRW5

Same address ...................... 1  (go to Q2)  
Incorrect details ................. 2  Change on PIF  
Changed  ...................... 3  (go to Q1a)  Record on PIF

1a. Have you moved into accommodation especially designed for older people?  

AGEACCW5

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

1b. What type of accommodation do you now live in?  

ACCOM1W5 - ACCOM2W5  
(Probe if need clarification)

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

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

OTINSTW5

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

2. I am now going to read out the names of the people you told us were living with you at the last interview. 
Interviewer read the household members and their relationship from the first interview listed on the Participant Information Form (e.g. "Margaret your sister")

Are all these people still living with you now?  

<table>
<thead>
<tr>
<th>LFDC1-4W5</th>
<th>FNAM1-4W5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household resident has left or is deceased</td>
<td>First Name</td>
</tr>
<tr>
<td>1. Moved out ☐</td>
<td>☐ ..........</td>
</tr>
<tr>
<td>Deceased ☐</td>
<td>..........</td>
</tr>
<tr>
<td>2. Moved out ☐</td>
<td>☐ ..........</td>
</tr>
<tr>
<td>Deceased ☐</td>
<td>..........</td>
</tr>
<tr>
<td>3. Moved out ☐</td>
<td>☐ ..........</td>
</tr>
<tr>
<td>Deceased ☐</td>
<td>..........</td>
</tr>
<tr>
<td>4. Moved out ☐</td>
<td>☐ ..........</td>
</tr>
<tr>
<td>Deceased ☐</td>
<td>..........</td>
</tr>
</tbody>
</table>
2a. **Is there anyone else now living in your household?**

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

<table>
<thead>
<tr>
<th>NEWRE1-4W5</th>
<th>NFNAM1-4W5</th>
<th>NREL1-4W5</th>
</tr>
</thead>
<tbody>
<tr>
<td>New household members</td>
<td>First name</td>
<td>Relationship to Participant (codes below*)</td>
</tr>
<tr>
<td>Addition □</td>
<td>............</td>
<td>□□</td>
</tr>
<tr>
<td>Addition □</td>
<td>............</td>
<td>□□</td>
</tr>
<tr>
<td>Addition □</td>
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<td>□□</td>
</tr>
<tr>
<td>Addition □</td>
<td>............</td>
<td>□□</td>
</tr>
</tbody>
</table>

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

3. Could you please tell me your current marital status?  
(Married check marital status PIF)

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

HEALTH STATUS OF SPOUSE

Interviewer: only ask if married or de facto, details from the Participant Information Form and from information already obtained in the interview.

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

Yes.............................................. 1  (go to 4a.)
No ............................................. 2  (go to 4b.)

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

A lot ........................................... 1
Somewhat .................................... 2
A little ....................................... 3

4b. Does he or she depend on you for help with things like getting around the house or bathing?

Yes.............................................. 1  (go to 4c.)
No ............................................. 2  (go to 4d.)

4c. How much does providing this care limit your own personal activities?

A great deal ............................... 1
Quite a bit ................................... 2
Somewhat limiting ......................... 3
Not at all limiting ......................... 4
4d. Is there any other person, other than a spouse, you provide regular care to?  

OTHCARW5

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

Who is this person?  

WPCAREW5

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

SELF-RATED HEALTH

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

How would you rate your overall health at the present time?  

SRHLTHW5

Would you say it is (Interviewer read list):

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

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

BTSM12W5

Better now…………………………….. 1
About the same ……………………… 2
Not as good now ……………………. 3

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

6a. How would you rate your (husband’s/wife’s/partner’s) overall health at the present time?  

SPSRHL.W5

Would you say it is (Interviewer read list):

Excellent…………………………. 1
Very good………………………… 2
Good…………………………….. 3
Fair………………………………… 4
Poor……………………………….. 5
7. The following questions concern the way you feel about your life. I am now going to read a few statements describing how people sometimes feel. Many of these statements may not apply to you, but we ask them of everybody to get a comparison.

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

Interviewer to repeat options for each question as necessary.

7a. I felt depressed. FEELDEW5

- 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

7b. I felt that I could not shake off feeling low even with help from my family and friends. FEELLOW5

- 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

7c. I was happy. FEELHAW5

- 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

7d. I enjoyed life. FEELENW5

- 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

7e. I felt sad. FEELSAW5

- 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

7f. I had crying spells. FEELCRW5

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

*Interviewer to repeat options for each question as necessary.*

8a. So far I have gotten the important things I want in my life.  

<table>
<thead>
<tr>
<th>Statement</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8b. I used to set goals for myself, but now that seems like a waste of time.  

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<tr>
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<th>Option 4</th>
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<tbody>
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<tr>
<td>Agree</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>4</td>
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</tbody>
</table>

8c. If I could live my life over, I would change almost nothing.  

<table>
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<td>4</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td></td>
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</tbody>
</table>

8d. I enjoy making plans for the future and working to make them a reality.  

<table>
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<tr>
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<td>3</td>
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<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td></td>
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</tr>
</tbody>
</table>

8e. Others would say that I have made unique contributions to society.  

<table>
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<th>Option 4</th>
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<tr>
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<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8f. I feel that I have done nothing that will survive after I die.  

<table>
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<th>Option 3</th>
<th>Option 4</th>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Disagree</td>
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<td>3</td>
<td>4</td>
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</tr>
<tr>
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<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EXERCISE

Interviewer only ask if living in the community.

9. Now I have some questions about exercise. VIGEXCW5

  In the past two weeks did you engage in vigorous exercise (exercise which made you breathe harder or puff or pant such as tennis, jogging etc.?)

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

9a. In the past two weeks, did you engage in less vigorous exercise for recreation, sport or health-fitness purposes which did not make you breathe harder or puff and pant? LSVIGEW5

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

9b. In the past two weeks, did you walk for recreation or exercise? WALK2WW5

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

FALLS/INJURIES

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

  Firstly, have you had any falls - including those falls that did not result in injury as well as those that did? FALLSW5

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

10a. How many? ACCDHAW5

  □□

10b. Did you receive medical treatment for injuries from any of these falls? MEDTRTW5

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

10c. Did you limit your usual activities for more than two days because of any injuries from these falls? LIMACTW5

  Yes.................................. 1
  No................................... 2
10d. Looking towards the next 12 months, how would you rate your chance of having a fall that required medical attention or limited your usual activities for more than two days?  

Very likely to happen 1  
Likely to happen 2  
May happen, but not particularly likely or unlikely 3  
Unlikely to happen 4  
Very unlikely to happen 5  

11. Now I would like to ask you about accidents and injuries, other than falls, you may have had in the past year. These may include accidents or injuries while doing your daily tasks and other activities, except motor vehicle accidents.  

Have you had any other accidents or injuries in the past year?  
Yes 1  
No 2  

11a. Did you receive medical treatment for any of these injuries?  
Yes 1  
No 2  

11b. Did you limit your usual activities for more than two days because of any of these injuries?  
Yes 1  
No 2  

12. Do you drive a motor vehicle?  
Yes 1  
No 2  

12a. How often do you drive a motor vehicle?  
At least once a day 1  
Once or twice a week 2  
Once or twice a month 3  
Less than once or twice a month 4  

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

______________________________________________
12c. In the past year were you involved in any road accident involving a motor vehicle? MOVACCW5

Yes ........................................... 1 (go to 12d.)
No........................................... 2 (go to 13.)

12d. In this road accident were you involved as TYPACCW5

The driver of a motor vehicle.............................................................1
A pedestrian.........................................................................................2
Involved in another capacity (eg as a passenger or pedal cyclist)..........3

12e. What went wrong? (please specify such as another car drove through red light) DEACCW5

____________________________________________________________

12f. Were you injured in the crash? INJACCW5

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

12g. Did you receive medical treatment or were you admitted overnight to a hospital for your injuries? HOSACCW5

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

12h. Was anyone else injured in the crash? OINACCW5

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

12i. Did anyone else require medical attention or die because of injuries sustained in the crash? OHDACCW5

Yes........................................... 1
Yes-die ..................................... 2
No........................................... 3
FRACTURES/SURGERY

13. Have you broken any bones in the past 12 months?  FRACSW5

Yes .................................. 1 (go to 13a.)
No .................................... 2 (go to 14.)

13a. Could you please tell me which of the following bones you have broken?  FRAC1W5-FRAC10W5

Interviewer to read list of bones, and for each of the bones the respondent indicated they had broken ask questions 13a and 13b.

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

13b. Did you have surgery for this?  FRAS1W5-FRAS10W5

<table>
<thead>
<tr>
<th>13a. Which bone?</th>
<th>13b. Did you have surgery?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td></td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td></td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td>No 2</td>
</tr>
</tbody>
</table>
FUNCTIONAL IMPAIRMENTS

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

Do you wear a hearing aid nowadays? USHAIDW5

No ........................................ 1 (go to 14b.)
Yes, some of the time .......... 2 (go to 14a.)
Yes, most of the time .......... 3 (go to 14a.)

14a. Has this only been in the last 12 months? HAID12W5

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

14b. How much difficulty, if any, do you have with your hearing (even if you are wearing your hearing aid)? DIFFHRW5

None................................. 1
Slight difficulty ................. 2
Moderate difficulty .......... 3
Great difficulty.................. 4

15. Other than for reading, in the last 12 months have you had a new prescription for your glasses or contact lenses? GLSCNTW5

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

15a. In the last 12 months have you had cataract surgery in one or both of your eyes? CATSURW5

Yes-one eye ...................... 1 (go to 15b if one eye.)
Yes-both eyes................. 2 (15c if both eyes.)
No ........................................ 3 (go to 16.)

15b. If the cataract surgery has been in one eye has this improved your daily living? CATSE1W5

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

15c. If the cataract surgery has been in both eyes did you notice much improvement after the second operation? CATSE2W5

Yes ........................................ 1
No ........................................ 2
Don’t know......................... 3
CONTINENCE

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

Is that .......? HOLDURW5

Interviewer read list

Often......................... 1
Occasionally.................. 2
Never............................ 3

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

Interviewer read list ACCDURW5

Often............................. 1
Occasionally.......................... 2
Never................................. 3

17a. In the past few months, have you ever lost control of your bowels when you didn’t want to?

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

HEALTH SERVICE UTILISATION

Interviewer only ask if not living in nursing home.

18. Have you been a patient in a nursing home in the last 12 months? NURH12W5

Yes ........................................ 1 (go to 18a.)
No......................................... 2 (go to 19.)

18a. How many different times were you a patient in a nursing home in the past 12 months?

☐ ☐  HWMNSHW5

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

☐ ☐ ☐ ☐  DYSNSHW5
19. Do you currently have any medical conditions that were diagnosed by a doctor? 

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

(go to 19a.)

For each condition, complete the following table.

19a. Name of condition? 

<table>
<thead>
<tr>
<th>MORBI1W5</th>
<th>MORBI9W5</th>
</tr>
</thead>
</table>

19b. Have you been in hospital at least overnight in the last 12 months for this condition? 

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

(go to 19e.)

19c. Did you have any surgery carried out while you were in hospital? 

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

(go to 19e.)

19d. What operation did you have? 

<table>
<thead>
<tr>
<th>OP1W5</th>
<th>OP9W5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>19a Medical conditions</th>
<th>19b Hospitalised?</th>
<th>19c Surgery?</th>
<th>19d Operation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>1 2</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>2.</td>
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</tr>
</tbody>
</table>
19e. Have you had any (other) surgery, including day surgery, in the last 12 months?  

<table>
<thead>
<tr>
<th>SURG12W5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ...................... 1</td>
</tr>
<tr>
<td>No ...................... 2 (go to 20.)</td>
</tr>
</tbody>
</table>

19f. What operation(s) did you have?  

<table>
<thead>
<tr>
<th>OTHOPW5</th>
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</thead>
<tbody>
<tr>
<td>19f. Operation?</td>
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</table>


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

Yes, illness ...................... 1  
Yes, injury ...................... 2  
Yes, both ...................... 3  
No ................................... 4 (go to 21.)

20a. For about how many weeks was that?  

☐ ☐

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

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

22. I am now going to read a list of services and want you to tell me if in the last 12 months you have received services from any of the following agencies?  

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

__________________________________________________________________________
DENTAL

Interviewer: if answers on Participant Information Form to Q23 are both equal to "0 teeth" go to question 24.

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

   LOSTTHHW5

   Interviewer, natural teeth excludes dentures and fixed bridges

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

24. In the last 12 months have you seen a dental professional (a dentist, dental hygienist or dental technician) about your teeth, dentures or gums?  

   SEEDENW5

   Yes ...................................... 1    (go to 24a)
   No........................................... 2
   Don’t know ............................ 3

24a. Did you visit for a check-up or a dental problem?  

   CHEDENW5

   Check-up ............................... 1
   Problem ................................. 2
   Don’t know ............................ 3

SLEEP

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

   SLPCMW5

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

GROSS MOBILITY

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

   STRS1FW5

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

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

   WLKHLFW5

   Yes ........................................ 1
   No.......................................... 2
29. Now I am going to ask you how difficult it is, on the average, to do certain kinds of activities.

*Interviewer read responses*

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

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

**PSHPLLW5**

30. **What about stooping, crouching or kneeling?**

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

**STPCRWK5**

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

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

**LFT10W5**

32. **Reaching or extending your arms above shoulder level?**

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

**RCHOVSW5**

33. **Either writing or handling or fingering small objects?**

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

**DIFSMOW5**
MOBILITY

33a. I would like to ask some questions about your mobility.

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

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

33a1. What device is that?  

Cane ........................................ 1  
Walker ................................. 2  
Frame ..................................... 3  
Wheelchair ............................. 4  
Other (please specify)............  

______________________________
ACTIVITIES OF DAILY LIVING

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

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

Interviewer to read list of activities. For each of the activities the respondent indicated they had difficulties with ask questions 34a. to 34j. If no difficulties with these activities circle 9 and go to 34k.

Bathing, either a bath or shower .............................................. 1
Personal grooming, like brushing hair, brushing teeth or washing face ............ 2
Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes ..... 3
Eating like holding a fork, cutting food or drinking from a glass .................... 4
Using the toilet ........................................................................... 5
Going to or getting around a place away from home ...................................... 6
Moving about inside the house .................................................................... 7
Getting from a bed to a chair .................................................................... 8
No difficulties with any of these (go to 34k) .............................................. 9

34a. How long did you have this difficulty for?  ADLDF1W5-ADLDF8W5

Less than 1 month ........................................................................ 1
1-3 months ................................................................................ 2
More than 3 months .................................................................. 3

34b. What caused your difficulty in:  ADLMD1W5-ADLMD8W5

Interviewer to probe for medical condition (diagnosis) or injury.

34c. In (Interviewer insert activity), have you received help from a person, special equipment or both?  ADLHP1W5-ADLHP8W5

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

34d. How long did you receive help from a person, special equipment or both for?  ADLRH1W5-ADLRH8W5

Less than 1 month ........................................................................ 1
1-3 months ................................................................................ 2
More than 3 months .................................................................. 3

34e. Do you still receive this help?  ADLSH1W5-ADLSH8W5

Yes .................................................. 1  (If 34c. is special equipment go to 34k. otherwise 34f.)
No .................................................... 2  (go to 34k.)

34f. Is this help provided by relatives or friends. If so, who is your main helper?  (Refer list)  ADLMH1W5-ADLMH8W5
34g. Does any other friend or relative help you?  
ADLOH1W5-ADLOH8W5

34h. Do you feel you need (more) help with this task?  
ADLMO1W5-ADLMO8W5

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

(please specify) 1

34i. What is the main reason you are not receiving (more) help?  
ADLRS1W5-ADLRS8W5

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

_________________________________________

CHECK PIF FOR ALL RESPONDENTS

34j. Interviewer refer to PIF and only ask if help or difficulty recorded in Wave 4 but no help or difficulty now.

When you were interviewed last time you said you had problems with .................

How has that situation changed?  
ADLCH1W5-ADLCH8W5

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

_________________________________________

ADLOM1W5-ADLOM8W5
Grid for answers to Question 34

<table>
<thead>
<tr>
<th>34 Activity</th>
<th>34a How long</th>
<th>34b Medical condition</th>
<th>34c Help</th>
<th>34d How long</th>
<th>34e Still requires help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 2 3</td>
<td>1 2 3 4</td>
<td>1 2 3</td>
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<td>1 2 3 4</td>
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<td>1 2 3 4</td>
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<td>1 2 3</td>
<td>1 2 3 4</td>
<td>1 2 3</td>
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</tr>
</tbody>
</table>

| 34 Activity | 34f Main helper (below *) | 34g Other help (below *) | 34h More help (below *) | 34i Reason (below ***)
<table>
<thead>
<tr>
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</tbody>
</table>

34f and g *

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

34i ***

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

Interviewer: only ask if living in the community.

35. I would now like to ask you about some other activities.

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

Interviewer to read list of activities. For each of the activities the respondent indicated they had difficulties with ask questions 35a. to 35j. If no difficulties with these activities go to 36. If just doesn’t do an activity, indicate on list.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Don’t Do</th>
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<tbody>
<tr>
<td>Laundry/linen</td>
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<tr>
<td>Light housework</td>
<td></td>
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<tr>
<td>Heavy housework</td>
<td></td>
</tr>
<tr>
<td>Home maintenance and gardening tasks</td>
<td></td>
</tr>
<tr>
<td>Preparing own meals</td>
<td></td>
</tr>
<tr>
<td>Using the telephone (ask sensitively)</td>
<td></td>
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<tr>
<td>Managing own money</td>
<td></td>
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<tr>
<td>Writing letters</td>
<td></td>
</tr>
<tr>
<td>Using public transport</td>
<td></td>
</tr>
<tr>
<td>Shopping for groceries and other necessities</td>
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</tbody>
</table>

No difficulties

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

<table>
<thead>
<tr>
<th>Duration</th>
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<tbody>
<tr>
<td>Less than 1 month</td>
<td>1</td>
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<tr>
<td>1-3 months</td>
<td>2</td>
</tr>
<tr>
<td>More than 3 months</td>
<td>3</td>
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</tbody>
</table>

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

Interviewer to probe for medical condition or injury.

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

<table>
<thead>
<tr>
<th>Help Received</th>
<th></th>
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<tbody>
<tr>
<td>Yes</td>
<td>1</td>
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<tr>
<td>No</td>
<td>2</td>
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</table>

(goto 35d.)
35d. **How long did you receive help for?**  

IADR1W5-IADR10W5

Less than 1 month ........................................ 1  
1-3 months ..................................................... 2  
More than 3 months ....................................... 3  

35e. **Do you still require this help?**  

IADS1W5-IADS10W5

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

35f. **Is this help provided by relatives or friends. If so, who is your main helper?**  

IADF1W5-IADF10W5  
*Refer list*

35g. **Does any other friend or relative help you?**  

IADX1W5-IADX10W5  
*Refer list*

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

IADT1W5-IADT10W5

Yes ............................................................ 1  
No.................................................................... 2  
*go to 35i.)*  

35i. **What is the main reason you are not receiving (more) help?**  

IADG1W5-IADG10W5

Need not important enough now ......................... 1  
Won't ask - pride ............................................. 2  
Cost - can't afford it....................................... 3  
No-one to help................................................ 4  
Unable to arrange help or service ....................... 5  
Other (Please specify) ........................................ 6  
_________________________________________________
Grid for answers to Q35

<table>
<thead>
<tr>
<th>Q35 Activity</th>
<th>35a How long</th>
<th>35b Medical condition</th>
<th>35c Receive help</th>
<th>35d How long</th>
<th>35e Still require help</th>
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</thead>
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</table>

35 f & g *

<table>
<thead>
<tr>
<th>Q35 Activity</th>
<th>35f Main helper (below *)</th>
<th>35g Other helper (below*)</th>
<th>35h More help</th>
<th>35i Reason (below ****)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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35i ***

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

36. (Apart from your husband/wife) have you lost anybody close to you through death in the last 12 months? BRVMTW5

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

For each death, complete the following table.

37. Who was it that died? WHO1W5-WHO6W5

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

Interviewer complete table below for each death

<table>
<thead>
<tr>
<th>37. Relationship Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>37.1</td>
</tr>
<tr>
<td>37.2</td>
</tr>
<tr>
<td>37.3</td>
</tr>
<tr>
<td>37.4</td>
</tr>
<tr>
<td>37.5</td>
</tr>
<tr>
<td>37.6</td>
</tr>
</tbody>
</table>
38. We need some information to help us locate participants in the future.

Do you have any definite plans to move in the near future? \(\text{PLNMVW5}\)

Yes ......................................................... 1 \((\text{go to 39.})\)
No .............................................................. 2
Don't Know ............................................... 3

39. Where do you plan to move to? \(\text{PLMVDEW5}\)

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

40. Finally, could you please give me the name, address and telephone number of three persons, including at least one son or daughter if they live in South Australia, and one brother or sister if they live in South Australia, who do not live with you and who would know where you are in case we needed to make contact with you in the future?

<table>
<thead>
<tr>
<th>CNAM1-3W5</th>
<th>CADD1-3W5</th>
<th>CPC1-3W5</th>
<th>CTEL1-3W5</th>
<th>CREL1-2W5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>Address</td>
<td>Post Code</td>
<td>Telephone</td>
<td>Relationship to R</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This concludes the interview, *thank the participant.*

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

Time interview finished □□□□
Interviewer to fill out after completion of the interview.

1a  Was the interview completed  

INTCPLW5

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

1b  Specify reasons for non response or missing information:  

MISINFW5

______________________________________________________
______________________________________________________
______________________________________________________

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

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

Household Information Questions .......................... HHINFW5

2a  Co-operation:  

INTCOPW5

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

2b  Fatigue by end of interview:  

INTFATW5

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

2c  Reliability of response:  

INTRELW5

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

2d  Any further comments:  

INTCOMW5
3 Observed difficulties

3a Language difficulties: INTLANW5

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

3b English proficiency: INTENGW5

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

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

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

Length of Interview: .........................

Interviewer no: .................................