The Australian Longitudinal Study of Ageing
Wave 7 Household Questionnaire

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<tr>
<td>1</td>
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<td>Interviewer 4</td>
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<td>Interviewer 5</td>
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Household Demographics
Interviewer to answer

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<tbody>
<tr>
<td>3</td>
<td>Type of domicile</td>
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<tr>
<td></td>
<td>Community living 1</td>
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<td>Institution 2</td>
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Household Demographics, Community Living Details

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<td>Granny flat with kitchen 3</td>
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<td></td>
<td>Granny flat without kitchen 4</td>
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<td></td>
<td>Non-self contained unit 5</td>
</tr>
<tr>
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<td>Bed sitter room 6</td>
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<td>Other, (specify below)</td>
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Household Demographics, Institution Details

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<td>Is this independent or group housing?</td>
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<td>Group housing 2</td>
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<td>Private rest home1</td>
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<td>Hostel 2</td>
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<td>Nursing home 3</td>
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<td>Hospital 4</td>
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<td>Mental institution 5</td>
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<td>Boarding house 6</td>
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<td>Other (specify below) 7</td>
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<td>8</td>
<td>Please specify “other institution”</td>
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Household members

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<tr>
<td>9</td>
<td>How many people usually live with you?</td>
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*ALSA Wave 7 Questionnaire*
10.1 What is their name? NAME1W7-NAME5W7
10.2 What is their relationship to you? RELAT1W7-RELAT5W7
  Spouse 1
  Son 2
  Daughter 3
  Son-in-law 4
  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
10.3 What was their age last birthday? THEAGE1W7-THEAGE5W7
10.4 What is their sex? THESEX1W7-THESEX5W7
  Male 1
  Female 2
11. Could you please tell me your current marital status? MARITW7
  Married 1
  De facto 2
  Separated 3
  Divorced 4
  Widowed 5
  Never married 6

I would now like to ask you some questions about your family.

12 How many living children do you (or your husband-wife-partner) have? LIVCHW7

13 How many sons are still alive? SSTLALW7
  INTERVIEWER: IF RESPONDENT HAS NO SONS GO TO QUESTION 18.

14 How many live within one hour’s travel? SLIVHOW7

15 How many live in South Australia more than one hour’s travel away? SLIVSAW7

16 How many live elsewhere in Australia? SLIVA UW7

17 How many live overseas? SOVERSW7

18 Living daughters DSTLALW7
  How many daughters are still alive?

19 How many live within one hour’s travel? DLIVHOW7

20 How many live in South Australia more than one hour’s travel away? DLIVSAW7

(INTERVIEWER-if only one ask – Does she live within one hours travel?)
21 How many live elsewhere in Australia?  
(interviewer-if only one ask – Does she live in Australia?)

22 How many live overseas?  
(interviewer-if only one ask – Does she live overseas?)

23 Grandchildren  
Do you have any grandchildren?  
Yes 1  
No 2

24 How many grandchildren do you have?  

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

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

26 Would you say that your health is better, about the same, or worse than most people your age?  
Better 1  
Same 2  
Worse 3  
Don’t know 4

27 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  
Don’t know 4

I am now going to read a list of statements describing how people sometimes feel. Please tell me how often you felt this way during the past week. Many of these statements may not apply to you but we have to ask them of everybody to get a comparison.

(interviewer – show display card 1)
Questions 28 to 47 - meaning of 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

28 I was bothered by things that usually don’t bother me.  

29 I did not feel like eating: my appetite was poor.  

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

31 I felt that I was just as good as other people.  

32 I had trouble keeping my mind on what I was doing.  

33 I felt depressed.  

34 I felt that everything I did was an effort.  

35 I was concerned about my health.  

36 I felt afraid of some disease.  

37 I felt afraid I would have a heart attack or a stroke.  

38 I felt that I was not a burden to anyone.  

39 I felt that I was not as important as other people.  

40 I felt I was not as fast as other people.  

41 I felt I was not as strong as other people.  

42 I felt I was not as active as other people.  

43 I felt I was not as efficient as other people.  

44 I felt I was not as helpful as other people.  

45 I felt I was not as capable as other people.  

46 I felt I was not as attractive as other people.  

47 I felt I was not as good as other people.  

48 I felt that life was meaningless.  

49 I felt I was not as healthy as other people.  

50 I felt I was not as effective as other people.  

51 I felt I was not as fast as other people.  

52 I felt I was not as strong as other people.  

53 I felt I was not as active as other people.  

54 I felt I was not as efficient as other people.  

55 I felt I was not as helpful as other people.  

56 I felt I was not as capable as other people.  

57 I felt I was not as attractive as other people.  

58 I felt I was not as good as other people.  

59 I felt that everything I did was an effort.  

60 I felt I was not as important as other people.  

61 I felt that I was not a burden to anyone.  

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101 I felt that I was not a burden to anyone.  

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111 I felt that I was not a burden to anyone.  

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118 I felt that I was not as attractive as other people.  

119 I felt that I was not as good as other people.  

120 I felt that I was not as important as other people.  

121 I felt that I was not a burden to anyone.  

122 I felt that I was not as fast as other people.  

123 I felt that I was not as strong as other people.  

124 I felt that I was not as active as other people.  

125 I felt that I was not as efficient as other people.  

126 I felt that I was not as helpful as other people.  

127 I felt that I was not as capable as other people.  

128 I felt that I was not as attractive as other people.  

129 I felt that I was not as good as other people.  

130 I felt that I was not as important as other people.  

131 I felt that I was not a burden to anyone.
35 I felt hopeful about the future.  
36 I thought my life had been a failure.  
37 I felt afraid.  
38 My sleep was restless.  
39 I was happy  
40 It seemed that I talked less than usual.  
41 I felt lonely.  
42 People were unfriendly.  
43 I enjoyed life.  
44 I had crying spells.  
45 I felt sad.  
46 I felt that people disliked me.  
47 I could not get going.  

I would now like to ask you some questions about serious medical conditions you may have had  
48 Did the doctor ever tell you that you had a cancer, malignancy or tumour of any type?  
Yes 1  
No  2  

Interviewer: exclude skin cancer but include melanoma  

Cancer Details  
49 Where was the cancer or what type of cancer was it?  
(INTERVIEWER-if more than one, enter the most recent one.)  
Lung 1  
Gynaecological (ovary, cervix, uterus) 2  
Breast 3  
Colon/Bowel/Rectal 4  
Lymphoma 5  
Leukemia 6  
Melanoma 7  
Other (specify below) 8  
Unknown 9  

50 Please specify other type of cancer?  
51 Were you hospitalised overnight for this  
Yes 1  
No  2  

IF cancer was diagnosed after 2000, Ask the following transition Questions  

I will read a list of difficulties people sometimes have after stressful life events, such as [type of cancer]. After I read each item. Please indicate if any of these difficulties distressed or bothered you because of [type of cancer] during the past 7 days.  

Show display card T
53 Any reminder brought back feelings about it

54 I had trouble staying asleep

55 Other things kept making me think about it

56 I thought about it when I didn’t mean to

57 Pictures of it popped into my mind

58 I had waves of strong feelings about it

59 I had dreams about it

60 We understand that being diagnosed with (or having) [type of cancer] may have been difficult for you, however, sometimes people can see positives as a result of trying experiences. Can you think of any positives that came out of this experience?

61 Specify positive outcomes

62 **DIABETES**

Did the doctor ever tell you that you had diabetes?

63 When were you first told you had diabetes? (Year)

64 Are you currently receiving treatment for diabetes? Yes 1

   No 2

   If no go to question 66

65 What type of treatment are you receiving?

   Insulin 1

   Diet 2

   Tablets or drugs 3

66 Have you been hospitalised overnight for this condition? Yes 1

   No 2

   **Bowel and Bladder**

   We would now like to ask you some questions about various medical conditions you may or may not have.

67 Do you have trouble with your bowels which makes you constipated? (INTERVIEWER-if participant has colostomy, go to question 71.) Yes 1

   No 2

   Has colostomy 3

68 Do you often have trouble with your bowels which gives you diarrhoea? Yes 1

   No 2
69 How often do you usually have a bowel movement?
   Once a day  1
   2 to 3 times a day  2
   4 or more times a day  3
   Once a week or less  4
   2 or 3 times a week  5
   4 to 6 times a week  6

   BOWELMW7

70 In the last 12 months have you noticed blood in your motions?
   Yes  1
   No  2

   BLOODMW7

71 Are you troubled by frequent passing of urine during the day?
   (INTERVIEWER-if participant has catheter, go to question 83.)
   Yes  1
   No  2
   Has catheter  3

   URINEW7

72 Do you usually have to get up at night to pass urine?
   Yes, often  1
   Yes, occasionally  2
   No  3

   NIGHTUW7

73 About how many times per night?

   URTIMEW7

74 Do you have pain on passing urine?
   Often  1
   Occasionally  2
   Never  3

   PAINURW7

75 Do you have difficulty holding your urine until you get to the toilet?
   Often  1
   Occasionally  2
   Never  3

   HOLDURW7

76 Do you accidentally pass urine?
   Often  1
   Occasionally  2
   Never  3

   ACCDURW7

77 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
   Don’t know  4

   REASNW7

78 Have you sought any help?
   Yes  1
   No  2

   NEWIN1W7

79 From whom did you seek help?

   NEWIN2W7

80 What was the outcome of seeking help?
   (INTERVIEWER – Show Display Card 3)
   Advice  1
   Treatment  2
   Provision of aids  3
   Other  4
   No help  5

   NEWIN3W7

81 Please specify ‘other outcome’

   ORTHROUW7

82 Has this help had an impact on your day to day living?
   Yes quite a lot  1
   Yes a little  2

   NEWIN4W7
Weight

Regarding your weight; compared to 12 months ago, is your weight about the same as a year ago, less now, or more than it was?

Medical Conditions

Now I would like you to tell me which, if any, of these medical conditions you currently suffer from.

(INTERVIEWER – Show Display Card 2. If ‘other medical condition’ specify details in CDN1W7 and CDN12W7. If ‘arthritis’ specify details questions 86 and 87. -Enter total number of conditions suffered from, note their names on paper. Complete details for each condition below.)

Which condition?

In what year were you first told you had this condition?

Have you stayed in hospital at least overnight for this condition?

Are you now prevented in any way from doing any activities because of this condition?

What form of arthritis is this?

Rheumatism or rheumatic

Rheumatoid arthritis

Osteoarthritis

Other (specify below)

Please specify other arthritis.

If diagnosis of a heart attack and / or stroke (CVA) since 20000, ask the following Transition Questions.

I will read a list of difficulties people sometimes have after stressful life events, such as a [Heart attack or stroke] during the past 7 days.

Show display card T

Any reminder brought back feelings about it

I had trouble staying asleep

Other things kept making me think about it

I thought about it when I didn't mean to

Pictures of it popped into my mind

I had waves of strong feelings about it

I had dreams about it
We understand that being diagnosed with (or having) [type of cancer] may have been difficult for you, however, sometimes people can see positives as a result of trying experiences. Can you think of any positives that came out of this experience?

Yes 1(specify below)
No 2

Specify positive outcomes

The next few questions are about medicines. We are interested in any medicines prescribed by a doctor that you have taken or were supposed to take in the last two weeks. We are also interested in all other medicines not prescribed by a doctor such as aspirin, headache pills, laxatives, cough and cold medicines, vitamins, minerals and dietary supplements. (Do not include ointments.)

Could you please show me the medicines that you take.

(INTEviewer-Check containers, enter total number of medications. For each medication complete the details below.)

Drug name.

(INTEviewer-Generic name preferred)

Container seen? Yes 1
No 2

What do you take this for?

What ... weeks, months, years?

How long have you been taking this?

How many ... weeks, months, years?

Was this prescribed by a doctor?

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?

(INTEviewer-enter total number of falls)

How many of these falls were inside your own home?

How many of these falls were outside of your own home?

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

(INTEviewer-enter number)

Broken Bones

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

(INTEviewer – Show Display Card 4. Enter total number broken and
104.1 Which bone?

- Hand
- Wrist
- Arm
- Leg
- Back or spine
- Pelvis
- Hip
- Rib
- Collarbone
- Skull
- Ankle
- Other

104.2 How did this occur?

- Fall at ground level
- Fall from height
- Motor vehicle accident
- Other accident
- Spontaneous break
- Other

104.3 Did you have surgery for this?

- Yes
- No

105 Have you had any (other) surgery or operations in the last 3 years?

- Yes
- No

106 How many different times have you had surgery in the last 3 years?

(INTERVIEWER-enter total number and detail in the following questions.)

107 For each surgical procedure you have had in the last 3 years, please answer the following. What was the surgery for?

(INTERVIEWER-give brief description.)

108 Have you EVER had surgery for cataracts?

- Yes
- No

109 Have you EVER had a hip replacement?

- Yes
- No

110 Have you EVER had gall bladder surgery?

- Yes
- No

111 Have you EVER had surgery for a hernia?

- Yes
- No

112 Have you EVER had a knee replacement?

- Yes
- No

113 (MEN ONLY) Have you EVER had prostate surgery?

- Yes
- No

114 (WOMEN ONLY) Have you EVER had a mastectomy?

- Yes
- No

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

115 Do you wear a hearing aid nowadays?

- No
- No, but I have tried one
- Yes, some of the time
- Yes, most of the time

116 Has this only been in the last 12 months?

- Yes
- No
117 How much difficulty, if any, do you have with your hearing (even if you are wearing your hearing aid)?

None 1
Slight difficulty 2
Moderate difficulty 3
Great difficulty 4
Can’t hear at all 5

DIFFHRW7

118 Do you ever get noises in your head or ears which usually last longer than 5 minutes?

No 1
Some of the time 2
Most or all of the time 3

RINGNSW7

119 How annoying do you find these noises when they are at their worst?

Not at all annoying 1
Slightly annoying 2
Moderately annoying 3
Severely annoying 4

HWANNW7

120 Do you have difficulty following TV programs 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

HRTVW7

121 Some people find it difficult to hear someone talking to them in a quiet room. Do you find this:

Not at all difficult 1
Slightly difficult 2
Moderately difficult 3
Very difficult 4
Can’t hear at all 5

DIFFQUW7

122 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

HRSOCW7

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

123 Do you currently wear eye glasses or contact lenses?

Yes 1
No 2

GLSSCOW7

124 Do you wear the eye glasses or contact lenses for:

Distance viewing 1
Reading 2
Both 3

GCFORW7

125 Eight years ago, did you wear eye glasses or contact lenses for:

Distance viewing 1
Reading 2
Both 3

GCFOR8W7

To what extent, if at all, does your vision interfere with your ability to carry out the following activities.

(INTerviewer-Show Display Card 5. Answers to take into account both eyes with glasses if applicable.)

Questions 126 to 142 - meaning of labels:

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

INTDSTW7

126 Seeing in the distance.
127 Recognising faces across the street.
128 Watching TV.
129 Seeing in bright light.
130 Seeing in poor light.
131 Appreciating colours.
132 Driving a car/riding a bicycle by day.
133 Driving a car/riding a bicycle at night.
134 Walking inside.
135 Walking outside.
136 Using steps.
137 Crossing the road.
138 Using public transport.
139 Travelling independently.
140 Moving in unfamiliar surroundings.
141 Jobs / study / housework.
142 Hobbies / leisure activities.

Now, before I go on to the next question I would like to ask you if there are any medical conditions or symptoms that you consider we have not covered in any of the previous questions.

143.1 What is the other medical condition or symptom? (INTERVIEWER-clarify anything not talked about so far.)
143.2 How long have you had this condition/symptom?
143.3 Have you consulted a doctor about this condition/symptom? Yes 1 No 2
143.4 Have you stayed in hospital at least overnight for this condition/symptom? Yes 1 No 2
143.5 Are you now prevented in any way from doing any activities because of this condition/symptom? Yes 1 No 2

We are now going to ask you a few questions about how you use health services.
144 Is there one particular doctor or private medical practice you usually go to when you are sick or when you need advice about your health? Yes 1 No 2
145 How many times have you consulted a doctor in the last 2 weeks (other than when you were in hospital)? None 1
In the last 12 months have you consulted any of the following people about your health?

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
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<tbody>
<tr>
<td>A General Practitioner?</td>
<td>GENPRCW7</td>
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<tr>
<td>A Specialist?</td>
<td>SPCLSTW7</td>
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<td>A Hospital Outpatients?</td>
<td>HSPOUTW7</td>
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<td>A Dentist?</td>
<td>DENTSTW7</td>
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<td>A Dietician?</td>
<td>DIETCNW7</td>
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<td>A Chemist for advice?</td>
<td>CHEMSTW7</td>
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<tr>
<td>An Optician or Optometrist?</td>
<td>OPTICNW7</td>
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<tr>
<td>An Audiologist (hearing specialist)?</td>
<td>HEARW7</td>
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<td>A Physiotherapist?</td>
<td>PHYSIOW7</td>
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<td>An Occupational Therapist?</td>
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<td>Speech Therapist?</td>
<td>SPEECHW7</td>
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<td>A Chiropractor?</td>
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</tr>
<tr>
<td>A Chiropodist or Podiatrist?</td>
<td>PODIATW7</td>
</tr>
<tr>
<td>A Psychiatrist?</td>
<td>PSYCITW7</td>
</tr>
<tr>
<td>A Psychologist?</td>
<td>PSYCLGW7</td>
</tr>
<tr>
<td>A District, Home or Community Nurse?</td>
<td>DSTNRSW7</td>
</tr>
<tr>
<td>A Social or Welfare Worker?</td>
<td>SCWORKW7</td>
</tr>
<tr>
<td>A Naturopath?</td>
<td>NATRTPW7</td>
</tr>
<tr>
<td>An Acupuncturist?</td>
<td>ACUPUNW7</td>
</tr>
<tr>
<td>Have you consulted any other person about your health other than those I have already mentioned?</td>
<td>CONSOTW7</td>
</tr>
<tr>
<td>Please specify other person consulted.</td>
<td>SPECCOW7</td>
</tr>
</tbody>
</table>

Dental Costs

Interviewer: show display card 6.

DEFFPYW7
168 If you needed dental care in the next month, how much difficulty would you have travelling to the dentist? 

169 Have you ever been a patient in a nursing home? Yes 1 No 2 

170 Have you been a patient in a nursing home in the last 12 months? Yes 1 No 2 

171 How many different times were you in a nursing home in the last 12 months? 

172 For about how many days was that in total? 

173 In the last 12 months, have you been in hospital at least overnight because of illness or an accident? Yes 1 No 2 

174 How many different times were you in hospital in the last 12 months? 

175 For about how many days was that in total? 

176 Do you ever go to a day care or day therapy centre? Yes 1 No 2 

177 How often do you go to the centre(s)? Daily 1 4 or more times a week 2 At least once a week 3 At least once a month 4 Less than once a month 5 Irregular, depends on condition 6 When needed 7 

Next is a series of sentences that I will read. They may or may not apply to you. Could you please indicate how often these sentences are true for you. 

Interviewer: Show display card 7
178. I feel that I’m a person of worth, at least on an equal; plane with the others
179. I feel that I have a number of good qualities
180. I am able to do things as well as most other people
181. I feel I do have much to be proud of.
182. I take a positive attitude towards myself.
183. I think I am no good at all.
184. I am a useful person to have around
185. I feel I can’t do anything right.
186. When I do a job, I do it well.
187. I feel that my life is not very useful

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.

Questions 188 to 201 - meaning of labels:

Correct 1
Incorrect 2

188. What day of the week is it?  WEEKW7
189. What is the date today?  DAT2W7
190. What is the month?  MONTHW7
191. What is the year?  YEARW7
192. What season of the year is it?  SEASONW7
193. Without looking at a watch or clock, what is the time of day?
   (INTERVIEWER-hours and minutes or 24 hour clock acceptable.)  TIMEW7
194. What country are we in?  COUNTW7
195. What city or town are we in?  CITYW7
196. What is the name of the State or Territory?  STATEW7
197. What is the name of this suburb?  SUBURBW7
198. What floor of the building are we on?  FLOORW7

I am going to name three objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Apple…..Table…..Penny.

(INTERVIEWER-after the first trial repeat as often as necessary [up to 10 trials]. Record the number of trials below.)

199. INTERVIEWER-the respondent remembers Apple?  THRTHGW7
200. INTERVIEWER-the respondent remembers Table?  TBLEW7
201. INTERVIEWER-the respondent remembers Penny?  PENNYW7
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.)

Now, speaking aloud, subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop. (INTERVIEWER- stop after 5 subtractions. Count only 1 error if respondent makes subtraction error, but subsequent answers are 7 less than the error.)

100 – 7 = 93?
93 – 7 = 86?
86 – 7 = 79?
79 – 7 = 72?
72 – 7 = 65?

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.)

Now spell WORLD backwards.
First letter – D?
Second letter – L?
Third letter – R?
Fourth letter – O?
Fifth letter – W?

Now what were the three things I asked you to remember?
Respondent remembers Apple?
Respondent remembers Table?
Respondent remembers Penny?

Questions 216 to 224 - meaning of labels: Correct 1
Incorrect 2
Incapable of response 3

What is this called? (INTERVIEWER- hold up pencil. Score as correct for pen or pencil)
What is this called? (INTERVIEWER- point to watch.)
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.)
Would you please read the words on this page and then do what it says. (INTERVIEWER- Show Display Card 8. Code as correct if respondent closes his/her eyes.)

(INTERVIEWER- Read the following statement in full and then hand respondent a blank piece of paper. Do not repeat instructions or coach.) Take this piece of paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap.

Respondent takes paper in RIGHT hand?
221 Respondent folds paper in half with both hands?  
222 Respondent puts paper on lap?  

Paper Tasks
223 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.)  
224 Please copy this design on the same piece of paper.  

(Interviewer-Show Display Card 9. Code as correct if 2 convex five-sided figures intersect.)  

Please listen carefully to the following name and address, then repeat it – John Brown, 42 West Street, Kensington.  
(Interviewer-Repeat address until learned [up to 5 tries]. Then ask the respondent to remember this name and address for later. Please record the number of attempts taken to remember the whole address below.)  
Questions 225 to 229- meaning of labels:  

225 Respondent remembered John?  
226 Respondent remembered Brown?  
227 Respondent remembered Forty Two?  
228 Respondent remembered West Street?  
229 Respondent remembered Kensington?  
230 (Interviewer-Please record the number of attempts taken to remember the whole address.)  

Similarity Questions  
(Interviewer-For the next 3 questions, if response is vague, say – ‘Could you tell me a bit more?’)  
231 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  

232 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 3  

233 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 3  

What is the name and address I asked you to remember a short time ago?  
Questions 234 to 239 - meaning of labels:  

234 Remembered John?
235 Remembered Brown? BROWW7
236 Remembered Forty Two? FORTW7
237 Remembered West Street? WESW7
238 Remembered Kensington? KENW7
239 Thanks for your patience on that series of items, Do you remember having done them before BEFORW7
Yes 1
No 2
INTERVIEWER: IF NO GO TO QUESTION 242

240 You have done them before in 2000. Compared to when you last did them, did you find them easier, harder or about the same as last time? BEFREMW7
Easier
Harder
About the same
Can’t remember

Now I would like some information about how you sleep.
(INTERVIEWER-Show Display Card 10.)
Questions 241 to 243 - meaning of labels: Never 1
Rarely 2
Sometimes 3
Often 4
Almost always 5

241 How often do you have trouble falling asleep? TRBSLPW7
242 How often do you have trouble with waking up during the night? WAKNTW7
243 How often do you have trouble with waking up earlier than intended and not being able to fall asleep again at all? WAKEARW7
244 How many days per week would you intentionally take a nap or sleep in the daytime? No days 1
1 or 2 days 2
3 or 4 days 3
5 or more days 4
DAYNAPW7
245 If you take intentional daytime naps or sleeps, how long are they usually? (INTERVIEWER-Enter total number of minutes.) DAYNLGW7
246 How many days per week would you fall asleep unintentionally (eg while watching TV, reading, or riding in a car)? No days 1
1 or 2 days 2
3 or 4 days 3
5 or more days 4
UNINNPW7
247 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
PRSEDW7
248 Do you snore or has anyone ever told you that you snore? SNOREW7
249 Have you ever been told that you stop breathing or gasp for breath during your sleep?

BREATHW7

Yes 1
No 2

Interviewer: If “no” go to Question 251

250 How often do you stop breathing or grasp for breath during your sleep?

OFTBREW7

Not answered 0
Every night 1
Most nights 2
Occasional nights 3
Don’t know 4

251 Have you ever been told that you have regular or twitching movements (of your legs or arms)?

TwitchW7

Yes 1
No 2

Interviewer: This does not refer to a single twitch or jerk that may occur at sleep onset.
Interviewer if ‘no’ go to Question

252 How often do you have these movements?

OFTTW7

Not answered 0
Every night 1
Most nights 2
Occasional nights 3
Don’t know 4

Here is a sheet with 4 words for you to learn and remember. Each word belongs to a different category. Please read each word out loud to me.

Questions 253 to 260 - meaning of labels: Yes 1
No, incapable of response 2

253 Respondent read the word HISTORY?

MISREHW7

254 Respondent read the word FACTORY?

MISREFW7

255 Respondent read the word POLICEMAN?

MISREPW7

256 Respondent read the word TOOTHBRUSH?

MISRETW7

To help you learn, I will tell you the category cue for each word and ask you to tell me the word that goes with each category cue. When I read each category cue to you, please tell me which one of these words goes with the category.

(INTERVIEWER-Read each cue aloud in the following order. If the response to a cue is not correct, tell respondent, repeat the cue, and ask them to give
another response until they give the correct response. CUE-building (factory); CUE-personal item (toothbrush); CUE-school subject (history); CUE-city employee (policeman))

257 Respondent identified FACTORY?  

258 Respondent identified TOOTHBRUSH?  

259 Respondent identified HISTORY?  

260 Respondent identified POLICEMAN?  

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

(INTERVIEWER-Take Display Card 11 away.)

(INTERVIEWER-Give the respondent the piece of paper with the following instructions.)

Please draw me a clock that says 1:45. Set the hands and numbers on the face so that a child could read them.  

(INTERVIEWER-Repeat the above instructions until they are clearly understood. Once the respondent begins to draw, no further assistance is allowed.)

261 Respondent drew the clock?  

Now, please tell me as many of the 4 words I asked you to remember.  

(INTERVIEWER-Allow 20 seconds for recall of 4 words in any order. Stop if no more words have been recalled for 10 seconds.)

Questions 262 to 271 - meaning of labels: Yes 1  

No 2  

262 Respondent remembered FACTORY?  

263 Respondent remembered TOOTHBRUSH?  

264 Respondent remembered HISTORY?  

265 Respondent remembered POLICEMAN?  

To jog your memory I am now going to say the category cues for the words you haven't remembered.  

(INTERVIEWER-CUE-school subject (history), CUE-building (factory), CUE-city employee (policeman), CUE-personal item (toothbrush). Allow 5 seconds for recall of each word.)

266 What was the school subject? Respondent recalled HISTORY?  

267 What was that building? Respondent recalled FACTORY?  

268 What was that city employee? Respondent recalled POLICEMAN?  

269 What was that personal item? Respondent recalled TOOTHBRUSH?  

270 Do you remember us asking you to do this task in the year 2000?  

Yes 1  

No 2  

271 Did you find the task ‘easier’, or ‘more difficult’ or ‘about the same’ as last time?  

Not answered 0  

About the same1  

More difficult 2  

Easier 3
I would now like to ask about your physical functioning.

272 Are you able to walk up and down stairs to a first floor of a building without help?  
Yes 1  
No 2  

273 Are you able to walk half a mile without help?  
Yes 1  
No 2  

Now I am going to ask you how difficult it is, on average, to do similar kinds of activities.

(INTERVIEWER-Show Display Card 12)  
Questions 274 to 278 - meaning of labels:  
No difficulty at all 1  
A little difficulty 2  
Some difficulty 3  
A lot of difficulty 4  
Just unable to do it 5  

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

275 What about stooping, crouching or kneeling?  

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

277 Reaching or extending your arms above shoulder level?  

278 Either writing or handling or fingering small objects?  

I am now going to ask you about some everyday activities. For each of the activities identified, I’d like to ask if you had any difficulties or have 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 – Show Display Card 13)  

279.1 For (activity listed on display card), have you received help from a person, special equipment or both?  

(INTERVIEWER-if respondent has no help, go to question 267)  

279.2 Do you still require this help?  
Yes 1  
No 2  

279.3 Who is (was) your main helper?  
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
279.4 Does (did) any other relative or friend help you? (see labels as above) OTHP1AW7 – OTHP8AW7

279.5 Any other relative or friend help you? (see labels as above) OTHP1BW7 - OTHP8BW7

279.6 Do (did) you receive any other help, such as from one of these organisations? (INTERVIEWER-Show Display Card 15) ORHP1AW7 – ORHP8AW7

279.7 Does any other organisation help with this activity? (INTERVIEWER – Show Display Card 15) ORHP1BW7 – ORHP8BW7

279.8 (With this help) how much difficulty, on average, do you have with this activity? ADLDF1W7– ADLDF8W7

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

I am now going to ask you about some other activities. For each of the activities identified, I’d like to ask if you have had any difficulties or have had any help from a person in the last 12 months if you do any of these activities (apart from when you may have been in a hospital or a nursing home). If you don’t do the activity at all, just tell me so. (INTERVIEWER – Show Display Card 14)

280.1 When doing (activity listed on display card), do (did) you receive any help to assist you with this activity? (INTERVIEWER – If no help, go to question 281) IADL1W7

IADL10W7

No help 1
Person  2
Special equipment 3
Both  4

280.2 Do you still require this help? Yes 1 IHP1W7 – No 2 IHP10W7

280.3 Who is (was) your main helper? IMNHP1W7 – IMNH10W7

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

280.4 Does (did) any other relative or friend help you? (see labels as above) IOTH1AW7 – IOT10AW7
280.5 Does (did) any other relative or friend help you? (see labels as above) IOTH1BW7 – IOT10BW7
280.6 Do (did) you receive any other help, such as from a care organisation? (INTERVIEWER- Show Display Card 15) IORG1AW7 – IOR10AW7
280.7 Does any other organisation help with this activity? (INTERVIEWER – Show Display Card 15) IORG1BW7 – IOR10BW7
280.8 (With this help) how much difficulty, on average, do you have with this activity? IDIFF1W7– IDIF10W7

Now I would like to ask some questions about your relationships with family and friends.
(INTERVIEWER – Show Display Card 16)
Questions 281 to 286 - meaning of labels:
More than once per week 1
Once a week 2
2 or 3 times a month 3
Almost once a month 4
Less than once a month 5
Never 6

281 Think of your children and/or children-in-law who do not live with you. In the past 12 months, how often did you have PERSONAL CONTACT (FACE TO FACE) with at least one of them? CONTCHW7
282 Again, think of your children and/or children-in-law who do not live with you. In the past 12 months, how often did you have PHONE CONTACT with at least one of them? PHCNCHW7
283 Again, think of your children and/or children-in-law who do not live with you. In the past 12 months, how often did you RECEIVE MAIL from at least one of them? MLFRCHW7
284 Think of your grandchildren, who do not live with you. In the past 12 months, how often did you have PERSONAL CONTACT (FACE TO FACE) with at least one of them? CONTGDW7
285 Again, think of your grandchildren, who do not live with you. In the past 12 months, how often did you have PHONE CONTACT with at least one of them? PHCNGDW7
286 Again, think of your grandchildren, who do not live with you. In the past 12 months, how often did you RECEIVE MAIL from at least one of them? MLFRGDW7

Please tell me if you agree or disagree with the following statements.
(INTERVIEWER – Show Display Card 17)
287 Older people should be able to depend on their adult CHILDREN for the help they need? DEPCHDW7
288 Older people should be able to depend on their adult GRANDCHILDREN for the help they need?  

Strongly disagree 4  
Strongly agree 1  
Agree 2  
Disagree 3  
Strongly disagree 4  

289 If you (and your husband/wife/partner) had health problems which made you very dependent on others, do you think you would want to:  
Stay at home with outside help 1  
Move in with children 2  
Move to a home for the aged 3  
Move to a nursing home 4  

Interviewer show display card 17A  

As you know, parents and children sometimes support each other in different ways. The following questions are about how family members may help each other. Do you help your children and/or children-in-law in any of the following ways?  
(INTEVIEWER – Show Display Card 18)  
Questions 290 to 294 - meaning of labels:  
Never 1  
Rarely 2  
Sometimes 3  
Often 4  

290 Give gifts, apart from money?  

291 Help out with money?  

292 Help out when someone is ill?  

293 Help keep house and fix things around the house?  

294 Take care of grandchildren or babysit for a while when parents are out?  

Do your children and/or children-in-law support you in any of the following ways?  
(INTEVIEWER – Show Display Card 18)  
Questions 295 to 301 - meaning of labels:  
Never 1  
Rarely 2  
Sometimes 3  
Often 4  

295 When you are ill (or when your husband or wife is ill)?  

296 Give gifts, apart from money?  

297 Help out with money?  

298 Shop or run errands for you?  

309 Help keep house or fix things around the house for you?  

300 Prepare meals for you?  

301 Drive you places such as a doctor, shopping, church?  

302 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?
303 What is their relationship to you?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Daughter</td>
<td>2</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>3</td>
</tr>
<tr>
<td>Son</td>
<td>4</td>
</tr>
<tr>
<td>Son-in-law</td>
<td>5</td>
</tr>
<tr>
<td>Brother</td>
<td>6</td>
</tr>
<tr>
<td>Sister</td>
<td>7</td>
</tr>
<tr>
<td>Other male relative</td>
<td>8</td>
</tr>
<tr>
<td>Other female relative</td>
<td>9</td>
</tr>
<tr>
<td>Male friend</td>
<td>10</td>
</tr>
<tr>
<td>Female friend</td>
<td>11</td>
</tr>
</tbody>
</table>

304 Again, from all the people you know, is there any OTHER special person that you feel very close and intimate with – someone you share confidences and feelings with, someone you feel you can depend on?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>1</td>
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</tr>
<tr>
<td>Other male relative</td>
<td>8</td>
</tr>
<tr>
<td>Other female relative</td>
<td>9</td>
</tr>
<tr>
<td>Male friend</td>
<td>10</td>
</tr>
<tr>
<td>Female friend</td>
<td>11</td>
</tr>
</tbody>
</table>

305 What is their relationship to you?

306 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?

307 Who is that? (INTERVIEWER-Record up to 3 carers if required)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Other household member</td>
<td>2</td>
</tr>
<tr>
<td>Other relative</td>
<td>3</td>
</tr>
<tr>
<td>Other friend</td>
<td>4</td>
</tr>
<tr>
<td>Community or government agency</td>
<td>5</td>
</tr>
<tr>
<td>Paid private source</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>

308 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?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Daughter</td>
<td>2</td>
</tr>
<tr>
<td>Son</td>
<td>3</td>
</tr>
<tr>
<td>Brother or sister</td>
<td>4</td>
</tr>
<tr>
<td>Other relative</td>
<td>5</td>
</tr>
<tr>
<td>Neighbour</td>
<td>6</td>
</tr>
<tr>
<td>Friend</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
<tr>
<td>No one</td>
<td>9</td>
</tr>
</tbody>
</table>

I now have a few questions about the person with whom you have the greatest involvement in caring for.

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

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Parent including in-laws</td>
<td>2</td>
</tr>
<tr>
<td>Child including in-laws</td>
<td>3</td>
</tr>
<tr>
<td>Brother including in-laws</td>
<td>4</td>
</tr>
<tr>
<td>Sister including in-laws</td>
<td>5</td>
</tr>
<tr>
<td>Grandchildren</td>
<td>6</td>
</tr>
<tr>
<td>Other relative</td>
<td>7</td>
</tr>
<tr>
<td>Friend</td>
<td>8</td>
</tr>
</tbody>
</table>

310 Who is this person?
311 About how many hours a week do you usually spend caring for him or her?  

312 How stressful is it for you to care for him or her or to arrange for his or her care?  

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

The next few questions are about your general satisfaction with life. Could you choose a category from this card which best applies to you.  

(INTerviewer – Show Display Card 19)  
Questions 313 to 321 - meaning of labels:  

- Extremely satisfied 1  
- Very satisfied 2  
- Satisfied 3  
- Somewhat dissatisfied 4  
- Very dissatisfied 5  

313 Are you satisfied with the area where you live?  

314 Are you satisfied with your own health and physical condition?  

315 Are you satisfied with your ability to remember things?  

316 Are you satisfied with your financial situation?  

317 Are you satisfied with your friendships?  

318 Are you satisfied with your marriage?  

319 Are you satisfied with your family life?  

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

321 Are you satisfied with your life in general?  

322 When it comes to making major family decisions, who has the final say? (e.g. when to retire, where to live, how much money to spend on major purchases).  

- You 1  
- Your partner/spouse 2  
- You and your partner/spouse equally 3  

Mastery Scale – Stressful situations can sometimes make people feel powerless. This series of statements is designed to help us understand how much you feel in control of your chances in life. There are a number of response options to indicate how much you agree or disagree with each statement. (I will read out the statements and you can say which response best suits how you feel.)  

Interviewer: Show display card 19A  

Questions 323- 329 meaning of labels:  

- Strongly agree 1  
- Agree 2  
- Neither agree nor disagree 3  
- Disagree 4  
- Strongly disagree 5  

323 I have little control over the things that happen to me
There is really no way I can solve some of the problems I have.  

There is little I can do to change many of the important things in my life.  

I often feel helpless in dealing with the problems in my life.  

Sometimes I feel that I’m being pushed around in my life.  

What happens to me in the future mostly depends on me.  

I can do just about anything I really set my mind to do.  

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 3 years?  

Yes  

No 2  

Please tell me how distressing being attacked or assaulted has been for you during the past 7 days. Did any of the following problems distress you?  

I felt as if it hadn’t happened or wasn’t real.  

I tried not to think about it.  

Any reminder brought back feelings about it.  

I thought about it when I didn’t mean to.  

I felt irritable and angry.  

I was jumpy and easily started.  

We understand that this may have been a trying experience for you. Can you think of any positives that came out of this experience?  

Yes (specify below)  

No  2  

Specify positive outcomes  

Have you been robbed or was your home burglarised in the last 2 years?  

Yes  1  

No  2  

Please tell me how distressing being robbed or having your home burglarised has been for you during the past 7 days. Did any of the following problems distress you?
Questions 340- 345 meaning of labels:

Not at all 1
A little bit 2
Moderately 3
Quite a bit 4
Extremely 5

340  I felt as if it hadn’t happened or wasn’t real.  
     TRROB1W7

341  I tried not to think about it.  
     TRROB2W7

342  Any reminder brought back feelings about it.  
     TRROB3W7

343  I thought about it when I didn’t mean to.  
     TRROB4W7

344  I felt irritable and angry.  
     TRROB5W7

345  I was jumpy and easily started.  
     TRROB6W7

346  We understand that this may have been a trying experience for you. Can you 
     think of any positives that came out of this experience?  
     POSROBW7
     Yes 1 (specify below)
     No 2

347  Specify positive outcomes  
     SPEROBW7

348  Have you lost anyone close to you through death in the last 3 years?  
     BRVW7
     Interviewer: Record detail for up to 3 people

349  Who was it that died?  
     WHO7
     Spouse  1
     Child  2
     Child-in-law  3
     Grandchild  4
     Sibling  5
     Other relative  6
     Friend  7

350  Do you experience images or thoughts of the events surrounding your -------’s 
     death?  
     BRVIM1W7
     Yes 1
     No 2

351  Do thoughts and images of ------- come into your mind whether you wish it or 
     not?  
     BRVWI1W7
     Yes1
     No 2

352  Do thoughts and images of------- make you fell distressed?  
     BRVDI1W7
     Yes1
     No2

353  Do you think about  ?  
     BRVTH1W7
     Yes1
     No 2

354  Do you find yourself preoccupied with thoughts and memories of ?  
     BRVPR1W7
     Yes1
     No 2

355  Do you find yourself thinking of a reunion with ?  
     BRVREW17
     Yes1
Do thoughts and images of --------give you comfort?
Yes 1
No 2

I now have a few questions about smoking

Do you currently smoke cigarettes?
Yes 1
No 2

INTERVIEWER: IF NO GO TO QUESTION 359

How many cigarettes do you usually smoke a day?

Do you currently smoke a pipe or cigars?
Yes 1
No 2

The next few questions are about alcoholic beverages

How often do you have a drink containing alcohol?
Never 1
Less than monthly 2
Monthly 3
Weekly 4
Daily or almost daily 5

INTERVIEWER: IF ‘NEVER’ GO TO QUESTION 363

How many standard drinks containing alcohol do you have on a typical day when you are drinking?

How often do you have 6 or more drinks on one occasion?

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

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? exclude walking)
Yes 1
No 2

INTERVIEWER: IF ‘NO’ GO TO QUESTION 366

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

How much time did you spend exercising vigorously during the past 2 weeks? (INTERVIEWER – enter number of minutes)

In the past 2 weeks, did you engage in less vigorous exercise for recreation, sport or health-fitness purposes which did not make you breathe harder or puff and pant? (exclude walking)
Yes 1
No 2

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

Interviewer: exclude walking
368 In the past two weeks, did you walk for recreation or exercise?  
   Yes 1  
   No 2  

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

370 In the past 2 weeks, in the course of your tasks around the house, were you 
   involved in moderate to heavy physical exertion which made you breathe harder 
   or puff or pant?  
   Yes 1  
   No 2  

371 How much time were you involved in moderate to heavy physical exertion tasks 
   at (work or) home during the past 2 weeks?  
   (INTERVIEWER-enter number of hours)  

372 How many group meetings or gatherings did you go to in the past month?  

373 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  
   Don't know 4  

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

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

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

376 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  

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

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

379 How many hours of voluntary or paid employment have you done?  

ALSAt Wave 7 Questionnaire
380. How often have you cared for other family members? (Caring for a sick relative, baby sitting, caring for a spouse, etc.)

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

381. How often have you done household shopping? (Must play a substantial role in the organisation and buying of the shopping e.g. groceries, fruit and vegetables. Also includes paying household bills.)

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

382. How often have you done personal shopping? (Must play a substantial role in the organisation and buying of the shopping e.g. clothing, toiletries, gifts.)

- Never 1
- Once in three months 2
- About once a month 3
- Once a fortnight or more 4

383. How often have you done light gardening? (Weeding, watering, sweeping paths, potting.)

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

384. How often have you done heavy gardening? (Digging garden beds, pruning, mowing lawns.)

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

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

- Never 1
- Once in three months 2
- About once a month 3
- Once a fortnight or more 4

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

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

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

- Less than once a fortnight 1
- About once a fortnight 2
- About once a week 3
<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often have you spent some time on a hobby? (Must require some active participation and thought e.g. knitting, crosswords, painting, gardening, games, letter writing, not just watching TV.)</td>
<td>AAP15W7</td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td>About once a fortnight 3</td>
<td></td>
</tr>
<tr>
<td>Once a week or more 4</td>
<td></td>
</tr>
<tr>
<td>How many hours have you spent reading books, magazines or newspapers?</td>
<td>AAP16W7</td>
</tr>
<tr>
<td>Less than 2 hours a week 1</td>
<td></td>
</tr>
<tr>
<td>2 to 5 hours a week 2</td>
<td></td>
</tr>
<tr>
<td>5 to 10 hours a week 3</td>
<td></td>
</tr>
<tr>
<td>Over 10 hours a week 4</td>
<td></td>
</tr>
<tr>
<td>How many telephone calls have you made to friends or family? (Emphasis is on making calls NOT receiving calls.)</td>
<td>AAP17W7</td>
</tr>
<tr>
<td>None 1</td>
<td></td>
</tr>
<tr>
<td>Up to 3 calls a week 2</td>
<td></td>
</tr>
<tr>
<td>4 to 10 calls a week 3</td>
<td></td>
</tr>
<tr>
<td>Over 10 calls a week 4</td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td>AAP18W7</td>
</tr>
<tr>
<td>Less than 1 hour a day 1</td>
<td></td>
</tr>
<tr>
<td>1 to 3 hours a day 2</td>
<td></td>
</tr>
<tr>
<td>3 to 5 hours a day 3</td>
<td></td>
</tr>
<tr>
<td>Over 5 hours a day 4</td>
<td></td>
</tr>
<tr>
<td>How often have you participated in social activities at a centre such as a club, a church, or a community centre? (Bingo, senior citizens, RSL, a hotel, self-education courses.)</td>
<td>AAP19W7</td>
</tr>
<tr>
<td>Less than once a month 1</td>
<td></td>
</tr>
<tr>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td>About once a week 3</td>
<td></td>
</tr>
<tr>
<td>More than once a week 4</td>
<td></td>
</tr>
<tr>
<td>How often have you attended religious services or meetings?</td>
<td>AAP20W7</td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td>About once a fortnight 3</td>
<td></td>
</tr>
<tr>
<td>Once a week or more 4</td>
<td></td>
</tr>
<tr>
<td>How often have you participated in an outdoor social activity? (BBQs, picnics, spectator sports, etc.)</td>
<td>AAP21W7</td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td>About once a fortnight 3</td>
<td></td>
</tr>
<tr>
<td>Once a week or more 4</td>
<td></td>
</tr>
<tr>
<td>How often have you spent some time outdoors participating in a recreational or sporting activity? (Bowls, fishing, golf, etc. Excludes spectator sports.)</td>
<td>AAP22W7</td>
</tr>
<tr>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td>About once a week 3</td>
<td></td>
</tr>
<tr>
<td>More than once a week 4</td>
<td></td>
</tr>
<tr>
<td>How often have you walked outdoors for 15 minutes or more? (Sustained walking for about 1 mile. Short stops for breath are allowed. Can include walking</td>
<td>AAP23W7</td>
</tr>
</tbody>
</table>
Now I would like to ask you about your housing.

(INTERVIEWER – If respondent in institution, ask questions 420 through to 424 only, and then move to question 427.)

407 Is this house, flat or unit being rented by you or any other usual resident of the household?

Yes 1

No 2

408 Who is the rent paid to?

SA Housing Trust 1
409 What is the total rent each week (total dollars)? TOTRNTW6

410 Is this house, flat or unit being paid off or is it owned? 
Yes, being paid off 1
Yes, owned 2
No 3

411 What is the total repayment each week (total dollars)? REPAYW7

412 In which of these categories does the marked value of your house, flat or unit fall?
(INTERVIEWER – Show Display Card 22.) 
Up to $74,000 1
From $75,000 to $100,000 2
From $101,000 to $150,000 3
From $150,000 to $200,000 4
Over $200,000 5

413 How many main rooms do you have in this house, flat or unit? (Do not include bathrooms, porches, balconies or foyers.) NOMNRMW7

414 What is the MAIN thing you like about living in this home? HSEGDW7

415 What is the MAIN thing you really do not like about living in this home? HSEBDW7

416 Are there changes or alterations required to the home which would make it easier or safer for your to live her or to live more independently?
Yes 1
No 2

417 What are the MAIN alterations or changes that are needed to make it easier to live here?
(INTERVIEWER - Show Display Card 23. Multiple selections permitted) HSBAR2W7

418 Has there been any change in your housing arrangements in the past 3 years? HSCHANW7

419 Specify change in housing arrangements HSSPECW7

420 Have you moved in the last 3 years? 
Yes 1
No 2 MOVEDW7

421 Do you intend to move house (again)? MVAGNW7

422 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 REASMVW7
423 What sort of accommodation would you like to move to?  
(INTERVIEWER – Show Display Card 24.)  

424 Have you put your name down for any special aged accommodation or retirement village in the last two years?  
Yes 1  
No 2  

Interviewer: If respondent in institution, go to question 427

425 This list shows sources of housing assistance. Which of these, if any, are you currently receiving as housing assistance?  
(INTERVIEWER – Show Display Card 26)  

426 This list shows sources of financial housing assistance. In the past, which of these, if any, have you ever received as housing assistance?  
(INTERVIEWER – Show Display Card 26)  

**Now I would like to ask you about any benefit cards and your income and any benefits.**  
427 This card lists various benefit cards. Which of these do you currently hold?  
(INTERVIEWER-Show Display Card 27. If more than one card, detail below.)  

428 Please specify other benefit(s).  

429 This card lists various sources of income. Which of these do you (and your partner) currently receive as income?  
(INTERVIEWER – Show Display Card 28. If more than one income source, detail below.)  

430 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 Display Card 29)  

431 How well does the amount of money you have take care of your needs?  
Very well 1  
Fairly well 2  
Poorly 3  

432 How well does the amount of money you have take care of your large annual expenses?  
Very well 1  
Fairly well 2  
Poorly 3  

433 Do you usually have enough to buy those little extras i.e. small luxuries?  
Yes 1  
No 2  

434 Suppose you needed money quickly, and you cashed in all of your (and your spouse’s) cheque and savings accounts, any stocks and bonds, and real estate (other than your principal home). About how much would this amount to?  
(INTERVIEWER-Show Display Card 30.)  

**Paid Work**  
435 Do you currently work in a paid job?  
Yes 1  
No 2  

**ALSA Wave 7 Questionnaire**  
34
436 How many hours did you work last week?  

Contact details – We need some information to help us locate participants in the future. Could you please give me the name, address and telephone number of three persons, including at least one son or daughter if they live in South Australia, and one brother or sister if they live in South Australia, who do not live with you and who would know where you are in case we needed to make contact with you?

437.1 Full name.  

437.2 Address

437.3 Telephone number

437.4 Relationship to participant?