## The Australian Longitudinal Study of Ageing
### Wave 9 Household Questionnaire October 2007

<table>
<thead>
<tr>
<th>No.</th>
<th>Field Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sequence Number</td>
<td>SEQNUM</td>
</tr>
<tr>
<td>2</td>
<td>Date of interview</td>
<td>DATEW9</td>
</tr>
<tr>
<td></td>
<td>Interviewer’s number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interviewer 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interviewer 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interviewer 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interviewer 4</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Type of domicile</td>
<td>DOMICW9</td>
</tr>
<tr>
<td></td>
<td>Community living 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residential Care Facility 2</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Identify type of community living</td>
<td>COMMUNIW9</td>
</tr>
<tr>
<td></td>
<td>House 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home unit or granny flat 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Granny flat with kitchen 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Granny flat without kitchen 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-self contained unit 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bed sitter room 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other,( specify below)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Please specify other community living</td>
<td>COMTYW9</td>
</tr>
<tr>
<td>6</td>
<td>Is this independent or group housing ?</td>
<td>TYPACCW9</td>
</tr>
<tr>
<td></td>
<td>Independent 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group housing 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retirement village 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 4</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Identify type of care facility</td>
<td>INSTW9</td>
</tr>
<tr>
<td></td>
<td>Not Answered 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Private rest home1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hostel 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nursing home 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental health facility 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boarding house 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify below)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Please specify “other residential Care facility”</td>
<td>OTHINSW9</td>
</tr>
<tr>
<td>9</td>
<td>Household members</td>
<td>HOWMANW9</td>
</tr>
<tr>
<td></td>
<td>How many people usually live with you?</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

- **Field Descriptions:** Each field is accompanied by a code for easy reference.
- **Interviewer Information:** Interviewer’s number is provided for accountability and tracking.
- **Demographics:** Details about the household's type of domicile and community living are captured.
- **Care Facility:** Types of care facilities, including options for specific needs.
- **Other Details:** Specific fields for other residential care facilities and household members.

**Additional Information:**

- **Sequence Number:** Tracks the order of the questionnaires.
- **Date of Interview:** Indicates the date the questionnaire was completed.
- **Interviewers:** Provides a list of interviewers for verification.
- **Household Demographics:** Includes details about the household's living situation and community type.
- **Care Facility Details:** Specifies the type of care facility, if applicable.
- **Household Members:** Tracks the number of people living in the household.

---

**ALSAnet Wave 9 Questionnaire**
10.1 What is their name?  

10.2 What is their relationship to you?  

   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  

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

   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?  

   INTERVIEWER-ENTER TOTAL NUMBER OF LIVING CHILDREN.  

13 How many sons are still alive?  

   INTERVIEWER: IF RESPONDENT HAS NO SONS GO TO QUESTION 18.  

14 How many live within one hour’s travel?  

   (INTERVIEWER-if only one ask – Does he live within one hours travel?)  

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

   (INTERVIEWER-if only one ask – Does he live in SA?)  

16 How many live elsewhere in Australia?  

   (INTERVIEWER-if only one ask – Does he live in Australia?)  

17 How many live overseas?  

   (INTERVIEWER-if only one ask – Does he live overseas?)  

18 Living daughters  
   How many daughters are still alive?  

19 How many live within one hour’s travel?  

   (INTERVIEWER-if only one ask – Does she live within one hours travel?)  

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

   (INTERVIEWER-if only one ask – Does she live in SA?)  

21 How many live elsewhere in Australia?
22 How many live overseas?

23 **Grandchildren**
   - Do you have any grandchildren? Yes 1
     No 0

   INTERVIEWER: IF NO GO TO QUESTION 25.

24 How many grandchildren do you have? [GRANCHW9]

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 0
   - Some of the time 1
   - Quite a bit of the time 2
   - Most or all of the time 3

28 I was bothered by things that usually don’t bother me. [CESD1W9]

29 I did not feel like eating: my appetite was poor. [CESD2W9]

30 I felt that I could not shake off feeling low even with help from my family and friends. [CESD3W9]

31 I felt that I was just as good as other people. [CESD4W9]

32 I had trouble keeping my mind on what I was doing. [CESD5W9]

33 I felt depressed. [CESD6W9]

34 I felt that everything I did was an effort. [CESD7W9]

35 I felt hopeful about the future. [CESD8W9]
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 0 

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 
   Prostate 8 
   Other (specify below) 9 
   Unknown 10 

50. Please specify other type of cancer? 

51. In what year were you first told that you had this cancer (most recent one)?
52 **DIABETES**

Did the doctor ever tell you that you had diabetes?  

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

54 Are you currently receiving treatment for diabetes?  

If no go to question 65

55 What type of treatment are you receiving?

- Insulin 1
- Diet 2
- Tablets or oral drugs 3

**Bowel and Bladder**

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

56 Do you have trouble with your bowels which makes you constipated?  

(INTERVIEWER-if participant has colostomy, go to question 71.)

- Yes 1
- No 0

Has colostomy 2

57 Do you often have trouble with your bowels which gives you diarrhoea?  

- Yes 1
- No 0

58 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

59 In the last 12 months have you noticed blood in your motions?  

- Yes 1
- No 0

60 Are you troubled by frequent passing of urine during the day?  

(INTERVIEWER-if participant has catheter, go to question 83.)

- Yes 1
- No 0

Has catheter 2

61 Do you usually have to get up at night to pass urine?  

- Yes, often 1
- Yes, occasionally 2
- No 0

62 About how many times per night?  

63 Do you have pain on passing urine?  

- Often 1
- Occasionally 2
- Never 0
<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have difficulty holding your urine until you get to the toilet?</td>
<td>HOLDURW9</td>
<td>Often 1, Occasionally 2, Never 0</td>
</tr>
<tr>
<td>Do you accidentally pass urine?</td>
<td>ACCDURW9</td>
<td>Often 1, Occasionally 2, Never 0</td>
</tr>
<tr>
<td>When does this occur?</td>
<td>REASNW9</td>
<td>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</td>
</tr>
<tr>
<td>Have you sought any help?</td>
<td>NEWIN1W9</td>
<td>Yes 1, No 0</td>
</tr>
<tr>
<td>From whom did you seek help?</td>
<td>NEWIN2W9</td>
<td></td>
</tr>
<tr>
<td>What was the outcome of seeking help?</td>
<td>NEWIN3W9</td>
<td>Advice 1, Treatment 2, Provision of aids 3, Other 4, No help 5</td>
</tr>
<tr>
<td>Please specify ‘other outcome’</td>
<td>ORTHROUW9</td>
<td></td>
</tr>
<tr>
<td>Has this help had an impact on your day to day living?</td>
<td>NEWIN4W9</td>
<td>Yes quite a lot 1, Yes a little 2, No real impact 0</td>
</tr>
<tr>
<td>Weight</td>
<td>TCHANW9</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>WTINW9</td>
<td></td>
</tr>
<tr>
<td>81.1 If less was this weight loss intentional</td>
<td>WTINW9</td>
<td></td>
</tr>
<tr>
<td>Medical Conditions</td>
<td>NOCDNSW9</td>
<td></td>
</tr>
<tr>
<td>Now I would like you to tell me which, if any, of these medical conditions you currently suffer from.</td>
<td>CDN1W9 – CDN12W9</td>
<td></td>
</tr>
<tr>
<td>(INTERVIEWER – Show Display Card 2. If ‘other medical condition’ specify details in CDN1W9 and CDN12W9. If ‘arthritis’ specify details questions 83 and 84. -Enter total number of conditions suffered from, note their names on paper. Complete details for each condition below.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>82.1 Which condition?</td>
<td>CDN1W9 – CDN12W9</td>
<td></td>
</tr>
<tr>
<td>82.2 In what year were you first told you had this condition?</td>
<td>DIAG1W9 – DIAG12W9</td>
<td></td>
</tr>
<tr>
<td>82.4 Are you now prevented in any way from doing any activities because of this condition?</td>
<td>LIM1W9 – LIM12W9</td>
<td>Yes 1, No 0</td>
</tr>
</tbody>
</table>
83 What form of arthritis is this?  
Rheumatism or rheumatic 1  
Rheumatoid arthritis 2  
Osteoarthritis 3  
Other (specify below) 4  

84 Please specify other arthritis.  

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.)

97 Could you please show me the medicines that you take.  
(INTERVIEWER-Check containers, enter total number of medications. For each medication complete the details below.)  

98.1 Drug name.  
(INTERVIEWER-Generic name preferred)  

98.2 Container seen?  
Yes 1  
No 0  

98.3 What do you take this for?  

98.4 How long have you been taking this?  
Weeks 1  
Months 2  
Years 3  

98.5 How many ...weeks, months, years?  

98.6 Was this prescribed by a doctor?  
Yes 1  
No 0  

Now I would like to ask you about falls you many have had in the past year – including those falls that did not result in injury as well as those that did.
99 How many falls did you have in the past year? (INTERVIEWER-enter total number of falls)  
ACCDHAW9

100 How many of these falls were inside your own home?  
HWMHOMW9

101 How many of these falls were outside of your own home?  
HWMOUTW9

102 Now I want to ask you how many of these falls required medical treatment or limited your activities for more than 2 days. (INTERVIEWER-enter number)  
HWFLSW9

Broken Bones

103. I want you to indicate which, if any, of these bones you have broken in the last three years. (INTERVIEWER – Show Display Card 4. Enter total number broken and detail in the following questions.)  
NOFRACW9

104.1 Which bone?  
BONE1W9 – BONE6W9

Hand 1  
Wrist 2  
Arm 3  
Leg 4  
Back or spine 5  
Pelvis 6  
Hip 7  
Rib 8  
Collarbone 9  
Skull 10  
Ankle 11  
Other 12

104.2 How did this occur?  
FHOW1W9 – FHOW6W9

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

104.3 Did you have surgery for this?  
Yes 1  
No 0  
SUR1W9 – SUR6W9

105 Have you had any (other) surgery or operations in the last 3 years?  
Yes 1  
No 0  
ANYSURW9

106 How many different times have you had surgery in the last 3 years? (INTERVIEWER-enter total number and detail in the following questions.)  
HMSURW9

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.)  
WHSR1W9 – WHSR8W9

115 Do you wear a hearing aid nowadays?  
HRAIDW9

No 1
No, but I have tried one  2  
Yes, some of the time  3  
Yes, most of the time  4  

Has this only been in the last 12 months?  116  
Yes  1  
No  0  

How much difficulty, if any, do you have with your hearing (even if you are wearing your hearing aid)?  117  
None  1  
Slight difficulty  2  
Moderate difficulty  3  
Great difficulty  4  
Can't hear at all  5  

Do you ever get noises in your head or ears which usually last longer than 5 minutes?  118  
No  1  
Some of the time  2  
Most or all of the time  3  

How annoying do you find these noises when they are at their worst?  119  
Not at all annoying  1  
Slightly annoying  2  
Moderately annoying  3  
Severely annoying  4  

Do you have difficulty following TV programs at a volume others find acceptable, WITHOUT any aid to hearing?  120  
No  1  
Yes, slight difficulty  2  
Yes, moderate difficulty  3  
Yes, great difficulty  4  

Some people find it difficult to hear someone talking to them in a quiet room. Do you find this:  121  
Not at all difficult  1  
Slightly difficult  2  
Moderately difficult  3  
Very difficult  4  
Can't hear at all  5  

Do you find enjoyment of your personal and social life is affected by hearing problems?  122  
Never  1  
Seldom  2  
Some of the time  3  
Often  4  

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

Do you currently wear eye glasses or contact lenses?  123  
Yes  1  
No  0  

Do you wear the eye glasses or contact lenses for:  124  
Distance viewing  1  
Reading  2  
Both  3  

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  

ALSAnsWave9Questionnaire
A lot  5

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. (INTERVIEWER-if more than one condition/symptom specify below.)

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  0

143.5 Are you now prevented in any way from doing any activities because of this condition/symptom?  Yes  1  No  0

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  0

145 How many times have you consulted a doctor in the last 2 weeks (other than when you were in hospital)?  None  1  

ALSA Wave 9 Questionnaire  10
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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 1, please specify below</td>
<td>GENPRCW9</td>
</tr>
<tr>
<td>No 0</td>
<td></td>
</tr>
<tr>
<td>A General Practitioner?</td>
<td>SPCLSTW9</td>
</tr>
<tr>
<td>A Specialist?</td>
<td>HSPOUTW9</td>
</tr>
<tr>
<td>A Dentist?</td>
<td>DENTSTW9</td>
</tr>
<tr>
<td>A Dietician?</td>
<td>DIETCNW9</td>
</tr>
<tr>
<td>A Chemist for advice?</td>
<td>CHEMSTW9</td>
</tr>
<tr>
<td>An Optician or Optometrist?</td>
<td>OPTICNW9</td>
</tr>
<tr>
<td>An Audiologist (hearing specialist)?</td>
<td>HEARW9</td>
</tr>
<tr>
<td>A Physiotherapist?</td>
<td>PHYSIOW9</td>
</tr>
<tr>
<td>An Occupational Therapist?</td>
<td>OCCTHPW9</td>
</tr>
<tr>
<td>Speech Therapist?</td>
<td>SPEECHW9</td>
</tr>
<tr>
<td>A Chiropractor?</td>
<td>CHIROW9</td>
</tr>
<tr>
<td>A Chiropodist or Podiatrist?</td>
<td>PODIATW9</td>
</tr>
<tr>
<td>A Psychiatrist?</td>
<td>PSYCITW9</td>
</tr>
<tr>
<td>A Psychologist?</td>
<td>PSYCLGW9</td>
</tr>
<tr>
<td>A District, Home or Community Nurse?</td>
<td>DSTNRSW9</td>
</tr>
<tr>
<td>A Social or Welfare Worker?</td>
<td>SCWORKW9</td>
</tr>
<tr>
<td>A Naturopath?</td>
<td>NATRPW9</td>
</tr>
<tr>
<td>An Acupuncturist?</td>
<td>ACUPUNW9</td>
</tr>
<tr>
<td>Have you consulted any other person about your health other than those I have already mentioned?</td>
<td>CONSOTW9</td>
</tr>
<tr>
<td>Yes 1, please specify below</td>
<td></td>
</tr>
<tr>
<td>No 0</td>
<td></td>
</tr>
<tr>
<td>Please specify other person consulted.</td>
<td>SPECCOW9</td>
</tr>
<tr>
<td>Dental Costs</td>
<td></td>
</tr>
<tr>
<td>Interviewer: show display card 6.</td>
<td>DEFFPYW9</td>
</tr>
</tbody>
</table>

If you needed to pay a $300 dental bill in the next month, how much difficulty would that create financially?
If you needed dental care in the next month, how much difficulty would you have travelling to the dentist? Not answered 0
No difficulty 1
Hardly any difficulty 2
A little difficulty 3
A lot of difficulty 4

Residential Care facility Service use- I would now like to move on to some questions about other types of health services.

Have you ever been a patient in a nursing home? Yes 1
No 0

Have you been a patient in a nursing home in the last 12 months? Yes 1
No 0

How many different times were you in a nursing home in the last 12 months? HMNYSW9

For about how many days was that in total? DYSNRSW9

In the last 12 months, have you been in hospital at least overnight because of illness or an accident? Yes 1
No 0

How many different times were you in hospital in the last 12 months? TMHS12W9

For about how many days was that in total? DYSHSWP9

Do you ever go to a day care or day therapy centre? Yes 1
No 0

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 lease 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

Not answered 0
Almost always true 1
Often true 2
Sometimes true 3
Not often true 4
Never true 5
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:

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

188 What day of the week is it? WEEKW9

189 What is the date today? DAT2W9

190 What is the month? MONTHW9

191 What is the year? YEARW9

192 What season of the year is it? SEASONW9

193 Without looking at a watch or clock, what is the time of day? (INTERVIEWER-hours and minutes or 24 hour clock acceptable.) TIMEW9

194 What country are we in? COUNTW9

195 What city or town are we in? CITYW9

196 What is the name of the State or Territory? STATEW9

197 What is the name of this suburb? SUBURBW9

198 What floor of the building are we on? FLOORW9

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? THRTHGW9

200 INTERVIEWER-the respondent remembers Table? TBLEW9

201 INTERVIEWER-the respondent remembers Penny? PENNYW9
Try to remember these three things because I am going to ask you to recall them in a little while.

(INTEIVIEWER-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.

(INTEIVIEWER-stop after 5 subtractions. Count only 1 error if respondent makes subtraction error, but subsequent answers are 7 less than the error.)

TIMESW9

202 100 – 7 = 93?

MATHSW9

204 93 – 7 = 86?

EIGHSWW9

205 86 – 7 = 79?

SEVNINW9

206 79 – 7 = 72?

SEVTWOW9

207 72 – 7 = 65?

SIXFIVW9

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

(INTEIVIEWER-spell W-O-R-L-D aloud forwards.)

Now spell WORLD backwards.

208 First letter – D?

DW9

209 Second letter – L?

LW9

210 Third letter – R?

RW9

211 Fourth letter – O?

OW9

212 Fifth letter – W?

WW9

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

213 Respondent remembers Apple?

REMEMW9

214 Respondent remembers Table?

TABLW9

215 Respondent remembers Penny?

PENN9

Questions 216 to 224 - meaning of labels: Correct 1

Incorrect 2

Incapable of response 3

PENV9

216 What is this called?

(INTEIVIEWER-hold up pencil. Score as correct for pen or pencil)

PENV9

217 What is this called?

(INTEIVIEWER-point to watch.)

WATCH9

218 Would you repeat the following phrase – “No if’s, and’s, or but’s.”

(INTEIVIEWER-Allow only one trial. Correct requires an accurately articulated repetition.)

PHRASEW9

219 Would you please read the words on this page and then do what it says.

(INTEIVIEWER-Show Display Card 8. Code as correct if respondent closes his/her eyes.)

RDPAGEW9

220 Respondent takes paper in RIGHT hand?

PAPTSTW9
221 Respondent folds paper in half with both hands? PAPHLFW9
222 Respondent puts paper on lap? PAPLAPW9

**Paper Tasks**
223 Would you please write any complete sentence on that piece of paper for me. WRITSNW9

(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. DESIGNW9

(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: Correct 1 
Incorrect 2 
Incapable of response 3

225 Respondent remembered John? JOHNW9
226 Respondent remembered Brown? BROWNW9
227 Respondent remembered Forty Two? FORTYTW9
228 Respondent remembered West Street? WESTSTW9
229 Respondent remembered Kensington? KENSINW9
230 Respondent remembered the whole address. CORRESW9

**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? BANANAW9
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? BOATW9
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? EGGW9
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: Correct 1 
Incorrect 2

234 Remembered John? REMEMBW9
235 Remembered Brown?  BROWW9
236 Remembered Forty Two?  FORTW9
237 Remembered West Street?  WESW9
238 Remembered Kensington?  KENW9
239 Thanks for your patience on that series of items, Do you remember having done them before
Yes 1
No 0
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?

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?  TRBSLPW9
242 How often do you have trouble with waking up during the night?  WAKNTW9
243 How often do you have trouble with waking up earlier than intended and not being able to fall asleep again at all?  WAKEARW9

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  UNINNPW9

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  PRSEDW9

248 Do you snore or has anyone ever told you that you snore?
Yes 1
No 0  SNOREW9

249 Have you ever been told that you stop breathing or gasp for breath during your

BREATHW9
**sleep?**

Yes 1

No 0

Interviewer: If “no” go to Question 251

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

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)?  

Yes 1

No 0

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?  

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.*  

(INTERVIEWER-Show Display Card 11.)

Questions 253 to 260 - meaning of labels:  

Yes 1

No, incapable of response 0

253 Respondent read the word HISTORY?  

254 Respondent read the word FACTORY?  

255 Respondent read the word POLICEMAN?  

256 Respondent read the word TOOTHBRUSH?  

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?  

*ALSA Wave 9 Questionnaire*
Respondent identified TOOTHBRUSH?  
MISIDTW9

Respondent identified HISTORY?  
MISIDHW9

Respondent identified POLICEMAN?  
MISIDPW9

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.)

Respondent drew the clock?  
CLOCKW9

Correct  1  
Incorrect  2  
Incapable of response  3

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  0

Respondent remembered FACTORY?  
MISFRFW9

Respondent remembered TOOTHBRUSH?  
MISFRTW9

Respondent remembered HISTORY?  
MISFRHW9

Respondent remembered POLICEMAN?  
MISFRPW9

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.)

What was the school subject? Respondent recalled HISTORY?  
MISCRHW9

What was that building? Respondent recalled FACTORY?  
MISCRFW9

What was that city employee? Respondent recalled POLICEMAN?  
MISCRPW9

What was that personal item? Respondent recalled TOOTHBRUSH?  
MISCRTW9

I would now like to ask about your physical functioning.  
Are you able to walk up and down stairs to a first floor of a building without help?  
Yes  1  
No  0  
STRS2FW9

Are you able to walk half a mile without help?  
Yes  1  
No  0  
WLKHLFW9

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

What about stooping, crouching or kneeling?  

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

Reaching or extending your arms above shoulder level?  

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).

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

Do you still require this help?  

Who is (was) your main helper?

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

Any other relative or friend help you?
279.6 Do (did) you receive any other help, such as from one of these organisations? (INTERVIEWER - Show Display Card 15)

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

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

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)

No help 1
Person 2
Special equipment 3
Both 4

280.2 Do you still require this help? Yes 1
No 0

280.3 Who is (was) your main helper?

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
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)

280.5 Does (did) any other relative or friend help you? (see labels as above)

280.6 Do (did) you receive any other help, such as from a care organisation?
Does any other organisation help with this activity? (INTERVIEWER – Show Display Card 15)  

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

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

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

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

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?  

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?  

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?  

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?  

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?  

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?  

Please tell me if you agree or disagree with the following statements.  

Older people should be able to depend on their adult CHILDREN for the help they need?  

Older people should be able to depend on their adult GRANDCHILDREN for the help they need?  

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
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?

(INTERVIEWER – Show Display Card 18)

Questions 290 to 294 - meaning of labels:

<table>
<thead>
<tr>
<th>Label</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Often</td>
<td>4</td>
</tr>
</tbody>
</table>

290 Give gifts, apart from money? GIFT4CW9
291 Help out with money? MONY4CW9
292 Help out when someone is ill? CNDILLW9
293 Help keep house and fix things around the house? HSMNCHW9
294 Take care of grandchildren or babysit for a while when parents are out? SITGRDW9

Do your children and/or children-in-law support you in any of the following ways?

(INTERVIEWER – Show Display Card 18)

Questions 295 to 301 - meaning of labels:

<table>
<thead>
<tr>
<th>Label</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Often</td>
<td>4</td>
</tr>
</tbody>
</table>

295 When you are ill (or when your husband or wife is ill)? CHHPILW9
296 Give gifts, apart from money? GIFTFRW9
297 Help out with money? MONYFRW9
298 Shop or run errands for you? CHSHOPW9
309 Help keep house or fix things around the house for you? HSMNTYW9
300 Prepare meals for you? CHPRMLW9
301 Drive you places such as a doctor, shopping, church? CHDRVEW9
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?

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

303 What is their relationship to you?

<table>
<thead>
<tr>
<th>Label</th>
<th>Value</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>
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?  
Yes 1  
No 0

What is their relationship to you?  

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?  
Yes 1  
No 0

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

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?  

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

Is there anyone who depends on you for help with things like getting around the house, or bathing?  
Yes1  
No 0

Who is this person?  

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

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 form 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  
324 There is really no way I can solve some of the problems I have.  
325 There is little I can do to change many of the important things in my life.  
326 I often feel helpless in dealing with the problems in my life.  
327 Sometimes I feel that I’m being pushed around in my life.  
328 What happens to me in the future mostly depends on me.  
329 I can do just about anything I really set my mind to do.
348 Have you lost anyone close to you through death in the last 3 years?  

Interviewer: Record detail for up to 3 people

Yes 1  
No 0

349 Who was it that died?

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?

Yes 1  
No 0

351 Do thoughts and images of ------ come into your mind whether you wish it or not?

Yes1  
No 0

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

Yes1  
No 0

353 Do you think about ----------?
354 Do you find yourself preoccupied with thoughts and memories of --------?  
  No 0
  Yes 1

355 Do you find yourself thinking of a reunion with --------------?  
  Yes 1
  No 0

356 Do thoughts and images of -------- give you comfort?  
  Yes 1
  No 0

I now have a few questions about smoking

357 Do you currently smoke cigarettes?  
  Yes 1
  No 0

INTERVIEWER: IF NO GO TO QUESTION 359

358 How many cigarettes do you usually smoke a day?  

359 Do you currently smoke a pipe or cigars?  
  Yes 1
  No 0

The next few questions are about alcoholic beverages

360 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

361 How many standard drinks containing alcohol do you have on a typical day when you are drinking?  
  1 or 2 1
  3 or 4 2
  5 or 6 3
  7 to 9 4
  10 or more 5

INTERVIEWER – Show Display Card 20

362 How often do you have 6 or more drinks on one occasion?  
  Never 1
  Less than monthly 2
  Monthly 3
  Weekly 4
  Daily or almost daily 5

INTERVIEWER – Show Display Card 21

363 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 0

INTERVIEWER: IF ‘NO’ GO TO QUESTION 366

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

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

366 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

ALSAs Wave 9 Questionnaire  26
and pant? (exclude walking)  
Yes 1  
No 0  

367 How many sessions of less vigorous exercise did you engage in over the past 2 weeks?  
Interviewer: exclude walking  
LSVEXCW9  

368 In the past two weeks, did you walk for recreation or exercise?  
Yes 1  
No 0  
WALK2WW9  

369 How many times did you walk for recreation or exercise in the past 2 weeks?  
HWMNWKW9  

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 0  
EXRTHOW9  

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)  
TMHVYEW9  

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  
RELGUIW9  

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.  

379 How many hours of voluntary or paid employment have you done?  
None 1  
Up to 10 hours a week 2  
10 to 30 hours a week 3  
More than 30 hours a week 4  
AAP6W9
<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>387</td>
<td>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.)</td>
<td>AAP14W9</td>
</tr>
<tr>
<td></td>
<td>Less than once a fortnight 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a fortnight 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a week 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More than once a week 4</td>
<td></td>
</tr>
<tr>
<td>388</td>
<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>AAP15W9</td>
</tr>
<tr>
<td></td>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a fortnight 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once a week or more 4</td>
<td></td>
</tr>
<tr>
<td>389</td>
<td>How many hours have you spent reading books, magazines or newspapers?</td>
<td>AAP16W9</td>
</tr>
<tr>
<td></td>
<td>Less than 2 hours a week 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 to 5 hours a week 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 to 10 hours a week 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over 10 hours a week 4</td>
<td></td>
</tr>
<tr>
<td>390</td>
<td>How many telephone calls have you made to friends or family? (Emphasis is on making calls NOT receiving calls.)</td>
<td>AAP17W9</td>
</tr>
<tr>
<td></td>
<td>None 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to 3 calls a week 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 to 10 calls a week 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over 10 calls a week 4</td>
<td></td>
</tr>
<tr>
<td>391</td>
<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>AAP18W67</td>
</tr>
<tr>
<td></td>
<td>Less than 1 hour a day 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 to 3 hours a day 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 to 5 hours a day 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over 5 hours a day 4</td>
<td></td>
</tr>
<tr>
<td>392</td>
<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>AAP19W9</td>
</tr>
<tr>
<td></td>
<td>Less than once a month 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a week 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More than once a week 4</td>
<td></td>
</tr>
<tr>
<td>393</td>
<td>How often have you attended religious services or meetings?</td>
<td>AAP20W9</td>
</tr>
<tr>
<td></td>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a fortnight 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once a week or more 4</td>
<td></td>
</tr>
<tr>
<td>394</td>
<td>How often have you participated in an outdoor social activity? (BBQs, picnics, spectator sports, etc.)</td>
<td>AAP21W9</td>
</tr>
<tr>
<td></td>
<td>Never 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a month 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>About once a fortnight 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once a week or more 4</td>
<td></td>
</tr>
<tr>
<td>395</td>
<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>AAP22W9</td>
</tr>
</tbody>
</table>
396 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 to the shops, provided it is far enough.)

- Never 1
- About once a month 2
- About once a week 3
- More than once a week 4

397 How often have you gone for a drive or been on an outing? (The common factor is an outing for pleasure e.g. by bus, train or car, excludes routine trips for a purpose such as shopping or visiting friends.)

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

398 Do you own a car? Yes 1

399 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
- Never 5

400 In the past 12 months, have you changed your driving habits because of concerns related to your age or your health?

- Yes (specify below) 1
- No 0

401 Please specify how you have changed your driving habits.

402 Have you stopped driving over the last 3 years?

- Yes 1
- No 0

INTERVIEWER: IF ‘NO’ GO TO QUESTION 405

403 Why have you stopped driving?

- Lost license 1
- Did not renew license 2
- Still has license, but voluntarily stopped driving 3
- Other, specify below 4

404 Specify other reason

405 Do you look after or care for any pets?

- Yes 1
- No 0

406 Specify type of pets

Now I would like to ask you about your housing.

(INTERVIEWER – If respondent in residential Care facility, 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?  
RENTHSW9
Yes 1  
No 0

408 Who is the rent paid to?  
LANDLDW9
SA Housing Trust 1  
Person in dwelling 2  
Landlord or Real Estate Agent 3  
Other 4

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?  
OWNPAYW6
Yes, being paid off 1  
Yes, owned 2  
No 0

411 What is the total repayment each week (total dollars)?  
REPAYW9

412 In which of these categories does the marked value of your house, flat or unit fall?  
MKTVALW9
(INTERVIEWER – Show Display Card 22.)

413 How many main rooms do you have in this house, flat or unit? (Do not include bathrooms, porches, balconies or foyers.)  
NOMNRMW9

414 What is the MAIN thing you like about living in this home?  
HSEGDW9

415 What is the MAIN thing you really do not like about living in this home?  
HSEBDW9

416 Are there changes or alterations required to the home which would make it easier or safer for you to live her or to live more independently?  
HSBAR1W9
Yes 1  
No 0

417 What are the MAIN alterations or changes that are needed to make it easier to live here?  
HSBAR2W9
(INTERVIEWER- Show Display Card 23. Multiple selections permitted)

418 Has there been any change in your housing arrangements in the past 3 years?  
HSCHANW9
Yes 1, specify below  
No 0

419 Specify change in housing arrangements  
HSSPECW9

420 Have you moved in the last 3 years?  
MOVEDW9
Yes 1  
No 0

421 Do you intend to move house (again)?  
MVAGNW9

422 For what reason do you intend to move (again)?  
REASMVW9
423 What sort of accommodation would you like to move to?  
(MVTPYE9)

424 Have you put your name down for any special aged accommodation or retirement village in the last two years?  
Yes 1  
No 0  
(Interviewer: If respondent in residential Care facility, go to question 427)

425 This list shows sources of housing assistance. Which of these, if any, are you CURRENTLY receiving as housing assistance?  
(HSAS19)

426 This list shows sources of financial housing assistance. In the past, which of these, if any, have you ever received as housing assistance?  
(HSAS29)

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.)  
(CONC1W9–CONC3W9)

428 Please specify other benefit(s).  
(OTHBEN9)

429 This card lists various sources of income. Which of these do you (and your partner) currently receive as income?  
(SRC1W9–SRC5W9)

430 If we include the income from all these source, 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)  
(TTINCYW9)

431 How well does the amount of money you have take care of your needs?  
Very well 1  
Fairly well 2  
Poorly 3  
(NDSMETW9)

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  
(IRGANNW9)

433 Do you usually have enough to buy those little extras i.e. small luxuries?  
Yes 1  
No 0  
(SMLUXW9)
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

Do you currently work in a paid job?

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

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?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full name.</td>
<td>CNAM1W9 – CNAM3W9</td>
</tr>
<tr>
<td>2</td>
<td>Address</td>
<td>CNADD1W9 – CNADD3W9</td>
</tr>
<tr>
<td>3</td>
<td>Telephone number</td>
<td>CTEL1W9 – CTEL3W9</td>
</tr>
<tr>
<td>4</td>
<td>Relationship to participant?</td>
<td>CREL1W9 – CREL3W9</td>
</tr>
</tbody>
</table>