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Inter-university Consortium for
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Australian [Adelaide] Longitudinal Study of Aging, Waves 1–5 [1992–1997]

Wave 5, 1996–1997

Gary R. Andrews and George C. Myers

ICPSR 6707

AUSTRALIAN [ADELAIDE] LONGITUDINAL STUDY OF AGING, WAVES 1-5 [1992-1997]

(ICPSR 6707)

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REQUEST FOR INFORMATION ON USE OF ICPSR RESOURCES

To provide funding agencies with essential information about use of archival resources and to facilitate the exchange of information about ICPSR participants' research activities, users of ICPSR data are requested to send to ICPSR bibliographic citations for each completed manuscript or thesis abstract. Please indicate in a cover letter which data were used.

DATA DISCLAIMER

The original collector of the data, ICPSR, and the relevant funding agency bear no responsibility for uses of this collection or for interpretations or inferences based upon such uses.

DATA COLLECTION DESCRIPTION

Gary R. Andrews and George C. Myers
AUSTRALIAN [ADELAIDE] LONGITUDINAL STUDY OF AGING, WAVES 1-5 [1992-1997] (ICPSR 6707)

SUMMARY: The general purpose of the Australian Longitudinal Study of Aging (ALSA) is to gain further understanding of how social, biomedical, and environmental factors are associated with age-related changes in the health and well-being of persons aged 70 years and older. Emphasis is given to the effects of social and economic factors on morbidity, disability, acute and long-term care service use, and mortality. The aim is to analyze the complex relationships between individual and social factors and changes in health status, health care needs, and service utilization dimensions. Components of Wave 1 (1992-1993) (Part 1) included a comprehensive personal interview conducted via the Computer-Assisted Personal Interview (CAPI) system, a home-based assessment of physiological functions, self-completed questionnaires, and additional clinical studies. Wave 2 (1993-1994), Wave 3 (1994-1995), Wave 4 (1995-1996), and Wave 5 (1996-1997) (Parts 2, 7, 8, and 10, respectively) included questions regarding changes in domicile, current health and functional status, new morbidity conditions, changes in medication, major life events, general life satisfaction, and changes in economic circumstances. For Wave 3 Clinical Data (Part 9) information about the health histories of the respondents was elicited, including information on medication, blood pressure, and physical and mental disabilities.

UNIVERSE: Persons aged 70 and older living in the metropolitan area of Adelaide, South Australia.

SAMPLING: The sample was randomly generated from within the Adelaide Statistical Division using the State Electoral Data Base as the sampling frame. The sample was stratified by gender and by the age groups 70-74, 75-79, 80-84, and 85 and older. Both community and institutionalized individuals were included. In addition, spouses aged 65 and older of specified persons also were invited to participate, as were other household members aged 70 years and older.

NOTE: The codebooks are provided as Portable Document Format (PDF) files. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided through the ICPSR Website on the Internet.

EXTENT OF COLLECTION: 6 data files + machine-readable documentation (PDF) + SAS data definition statements + SPSS data definition statements

EXTENT OF PROCESSING: CONCHK.PR/ MDATA.PR/ UNDOCCHK.PR/ DDEF.ICPSR/ REFORM.DATA/ RECODE/ SCAN

DATA FORMAT: Logical Record Length with SAS and SPSS data definition statements and SPSS export files

Part 1: Wave 1 Data
File Structure: rectangular
Cases: 2,087
Variables: 1,586
Record Length: 9,222
Records Per Case: 1

Part 2: Wave 2 Data
File Structure: rectangular
Cases: 1,779
Variables: approx. 395
Record Length: 2,386
Records Per Case: 1

Part 3: SAS Data Definition Statements for Wave 1
Record Length: 80

Part 4: SAS Data Definition Statements for Wave 2
Record Length: 80

Part 5: SPSS Export File for Wave 1
Record Length: 80

Part 6: SPSS Export File for Wave 2
Record Length: 80

Part 7: Wave 3 Data
File Structure: rectangular
Cases: 1,679
Variables: 1,304
Record Length: 7,193
Records Per Case: 1

Part 8: Wave 4 Data
File Structure: rectangular
Cases: 1,504
Variables: 461
Record Length: 3,624
Records Per Case: 1

Part 9: Wave 3 Clinical Data
Cases: 1,423
Variables: approx. 165

Part 10: Wave 5 Data
File Structure: rectangular
Cases: 1,171
Variables: 393
Record Length: 7,202
Records Per Case: 1

RELATED PUBLICATIONS:

Clark, M.S., and M.J. Bond. "The Adelaide Activities Profile: A Measure of the Lifestyle Activities of Elderly People." AGING CLINICAL AND EXPERIMENTAL RESEARCH 7, 4 (1995), 174-184.

Andrews, G.R., L.K. Mawby, G.C. Myers, and S.J. Taylor. "Computer-Assisted Personal Interviewing (CAPI) in the Australian Longitudinal Study of Aging." Sydney, Australia: International Epidemiological Association 13th Scientific Meeting, 1993.

Andrews, G.R., and C.M. Rungie. "Networks of Formal and Informal Support Amongst the Aging." New Orleans, LA: Gerontological Society of America, 1993.

WAVE 5 QUESTIONNAIRE

SEQNUM

DOMICILE

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

Are these details still correct? **ADDRW5**

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

1a. Have you moved into accommodation especially designed for older people? **AGEACCW5**

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

1b. What type of accommodation do you now live in? **ACCOM1W5 - ACCOM2W5**

(Probe if need clarification)

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

_____

Retirement village 8
Private rest home 9
Hostel.....10
Nursing home.....11
Hospital.....12
Mental institution.....13
Boarding house 14
Other institution (Please specify) 15 **OTINSTW5**

_____

HOUSEHOLD STRUCTURE

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

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

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

Are all these people still living with you now? **CORESW5**

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

	LFDC1-4W5	**FNAM1-4W5**
	Household resident has left or is deceased	**First Name**
1.	Moved out ☐ Deceased ☐	.....
2.	Moved out ☐ Deceased ☐	.....
3.	Moved out ☐ Deceased ☐	.....
4.	Moved out ☐ Deceased ☐	.....

2a. Is there anyone else now living in your household?

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

NEWRE1-4W5	NFNAM1-4W5	NREL1-4W5
New household members	First name	Relationship to Participant (codes below*)
Addition ☐	.....	☐☐
Addition ☐	.....	☐☐
Addition ☐	.....	☐☐
Addition ☐	.....	☐☐

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

MARITAL STATUS

3. Could you please tell me your current marital status? MARITW5
(Interviewer check marital status PIF)

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

HEALTH STATUS OF SPOUSE

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

4. Does your (wife, husband or partner) currently have any illness or health problems which limit his or her activities in any way? SPHLTHW5

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

4a. Do health problems limit his or her activities a lot, somewhat or just a little? SPHLMTW5

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

4b. Does he or she depend on you for help with things like getting around the house or bathing? SPHELPW5

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

4c. How much does providing this care limit your own personal activities? SPPLIMW5

A great deal.....1
Quite a bit 2
Somewhat limiting.....3
Not at all limiting.....4

4d. Is there any other person, other than a spouse, you provide regular care to? **OTHCARW5**

Yes 1
No 2

Who is this person? **WPCAREW5**

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

SELF-RATED HEALTH

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

How would you rate your overall health at the present time? **SRHLTHW5**
Would you say it is *(Interviewer read list):*

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

6. Is your health now better, about the same, or not as good as it was about 12 months ago? **BTSM12W5**

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

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

6a. How would you rate your (husband's/wife's/partner's) overall health at the present time?
Would you say it is *(Interviewer read list):* **SPSRHLW5**

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

GENERAL LIFE SATISFACTION

7. The following questions concern the way you feel about your life. I am now going to read a few statements describing how people sometimes feel. Many of these statements may not apply to you, but we ask them of everybody to get a comparison.

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

Interviewer to repeat options for each question as necessary.

7a. I felt depressed. **FEELDEW5**

Rarely or none of the time 1
Some of the time.....2
Quite a bit of the time.....3
Most or all of the time 4

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

Rarely or none of the time 1
Some of the time.....2
Quite a bit of the time.....3
Most or all of the time 4

7c. I was happy. **FEELHAW5**

Rarely or none of the time 1
Some of the time.....2
Quite a bit of the time.....3
Most or all of the time 4

7d. I enjoyed life. **FEELENW5**

Rarely or none of the time 1
Some of the time.....2
Quite a bit of the time.....3
Most or all of the time 4

7e. I felt sad. **FEELSAW5**

Rarely or none of the time 1
Some of the time.....2
Quite a bit of the time.....3
Most or all of the time 4

7f. I had crying spells. **FEELCRW5**

Rarely or none of the time 1
Some of the time.....2
Quite a bit of the time.....3
Most or all of the time 4

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

Interviewer to repeat options for each question as necessary.

8a. So far I have gotten the important things I want in my life. LIFEIMW5

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

8b. I used to set goals for myself, but now that seems like a waste of time. LIFEGOW5

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

8c. If I could live my life over, I would change almost nothing. LIFECHW5

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

8d. I enjoy making plans for the future and working to make them a reality. LIFEFUW5

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

8e. Others would say that I have made unique contributions to society. LIFECOW5

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

8f. I feel that I have done nothing that will survive after I die. LIFEDIW5

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

EXERCISE

Interviewer only ask if living in the community.

9. Now I have some questions about exercise. **VIGEXCW5**

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

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

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

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

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

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

FALLS/INJURIES

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

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

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

10a. How many? **ACCDHAW5**

☐☐

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

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

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

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

10d. Looking towards the next 12 months, how would you rate your chance of having a fall that required medical attention or limited your usual activities for more than two days? **SRFALLW5**

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

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

Have you had any other accidents or injuries in the past year? **ACCLSTW5**

Yes.....1 *(go to 11a.)*
No.....2 *(go to 12.)*

11a. Did you receive medical treatment for any of these injuries? **MEDTREW5**

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

11b. Did you limit your usual activities for more than two days because of any of these injuries? **LMTACTW5**

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

12. Do you drive a motor vehicle? **DOYOUDW5**

Yes.....1 *(go to 12a.)*
No.....2 *(go to 12c.)*

12a. How often do you drive a motor vehicle? **HOWOFTW5**

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

12b. In the past 12 months have you changed your driving habits because of concerns related to your age or health ? **CHNGDDW5**

No change, still drive as before.....1
Yes, drive more often.....2
Yes, drive less often.....3
Yes, only local driving, short distance.....4
Yes, only daylight driving.....5
Yes, other (Please specify) 6 **SPECIFW5**

_____

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

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

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

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

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

_____

12f. Were you injured in the crash? **INJACCW5**

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

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

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

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

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

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

Yes.....1
Yes-die.....2
No.....3

FRACTURES/SURGERY

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

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

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

FRAC1W5-FRAC10W5

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

Hand	01	Back or spine	05	Collarbone	09
Wrist	02	Pelvis	06	Skull	10
Arm	03	Hip	07	Ankle	11
Leg	04	Rib	08	Other bone	12

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

13a. Which bone?	**13b. Did you have surgery?**
☐☐	Yes 1 No 2
☐☐	Yes 1 No 2
☐☐	Yes 1 No 2

FUNCTIONAL IMPAIRMENTS

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

Do you wear a hearing aid nowadays? **USHAIDW5**

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

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

Yes 1
No 2

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

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

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

Yes 1
No 2

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

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

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

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

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

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

CONTINENCE

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

Is that .....? **HOLDURW5**
Interviewer read list

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

17. Do you accidentally pass urine.....? **ACCDURW5**
Interviewer read list

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

17a. In the past few months, have you ever lost control of your bowels when you didn't want to? **BOWCONW5**

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

HEALTH SERVICE UTILISATION

Interviewer only ask if not living in nursing home.

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

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

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

☐☐ **HWMNSHW5**

18b. For about how many days was that in total? **DYSNSHW5**

☐☐☐

19. Do you currently have any medical conditions that were diagnosed by a doctor? **CONDDGW5**

Yes.....1 *(go to 19a.)*
No.....2 *(go to 19e.)*

For each condition, complete the following table.

19a. Name of condition? **MORBI1W5-MORBI9W5**

_____

19b. Have you been in hospital at least overnight in the last 12 months for this condition? **HSP1W5-HSP9W5**

Yes.....1
No.....2 *(go to 19e.)*

19c. Did you have any surgery carried out while you were in hospital? SURG1W5-SURG9W5

Yes.....1
No.....2 *(go to 19e.)*

19d. What operation did you have? **OP1W5-0P9W5**

_____

19a Medical conditions	19b Hospitalised?		19c Surgery?		19d Operation?
1.	1	2	1	2	
2.	1	2	1	2	
3.	1	2	1	2	
4.	1	2	1	2	
5.	1	2	1	2	
6.	1	2	1	2	
7.	1	2	1	2	
8.	1	2	1	2	
9.	1	2	1	2	

19e. Have you had any (other) surgery, including day surgery, in the last 12 months? **SURG12W5**

Yes.....1
No.....2 (*go to 20.*)

19f. What operation(s) did you have? **OTHOPW5**

19f. Operation?

20. Over the last 12 months have you spent more than a week in bed because of illness or injury (other than in hospital or nursing home)? WKBD12W5

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

20a. For about how many weeks was that? HWMNWKW5

☐☐

21. In the last 12 months have you been to a day care centre or day therapy centre? DYCRTHW5

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

22. I am now going to read a list of services and want you to tell me if in the last 12 months you have received services from any of the following agencies? AGEN1W5-AGEN11W5

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

_____

DENTAL

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

23. In the last 12 months have you lost any natural teeth or had any teeth extracted? **LOSTTHW5**

Interviewer, natural teeth excludes dentures and fixed bridges

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

24. In the last 12 months have you seen a dental professional (a dentist, dental hygienist or dental technician) about your teeth, dentures or gums? **SEEDENW5**

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

24a. Did you visit for a check-up or a dental problem? **CHEDENW5**

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

SLEEP

26. Compared to one year ago do you have sleep problems more now, less now, or is your sleeping pattern about the same? **SLPCMW5**

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

GROSS MOBILITY

27. Are you able to walk up and down the stairs to a first floor of a building without help? **STRS1FW5**

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

28. Are you able to walk half a mile without help? **WLKHLFW5**

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

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

How much difficulty, if any, do you have pulling or pushing large objects like a living room chair? PSHPLLW5

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

30. What about stooping, crouching or kneeling? STPCRKW5

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

31. Lifting or carrying weights over 10 pounds (4 kilograms) like a heavy bag of groceries? LFT10W5

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

32. Reaching or extending your arms above shoulder level? RCHOVSW5

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

33. Either writing or handling or fingering small objects? DIFSMOW5

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

MOBILITY

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

First of all, do you use any special device to assist in getting about, such as a cane, walker or wheelchair? **DEVASSW5**

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

33a1. What device is that? **DEVUS1W5-DEVUS6W5**

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

_____

ACTIVITIES OF DAILY LIVING

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

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

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

ADLND1W5-ADLND9W5

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

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

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

34b. What caused your difficulty in: **ADLMD1W5-ADLMD8W5**
Interviewer to probe for medical condition (diagnosis) or injury.

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

ADLHP1W5-ADLHP8W5

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

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

ADLRH1W5-ADLRH8W5

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

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

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

34f. Is this help provided by relatives or friends. If so, who is your main helper?
(Refer list) **ADLMH1W5-ADLMH8W5**

34g. Does any other friend or relative help you? **ADLOH1W5-ADL0H8W5**

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

Yes.....1 *(go to 34i.)*
No.....2 *(go to 34j.)*

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

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

_____

CHECK PIF FOR ALL RESPONDENTS

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

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

How has that situation changed? **ADLCH1W5-ADLCH8W5**

Medical condition no longer present.....1
Other (please specify).....2

_____ **ADLOM1W5-ADLOM8W5**

Grid for answers to Question 34

34 Activity	34a How long	34b Medical condition	34c Help	34d How long	34e Still requires help
1	1 2 3		1 2 3 4	1 2 3	1 2
2	1 2 3		1 2 3 4	1 2 3	1 2
3	1 2 3		1 2 3 4	1 2 3	1 2
4	1 2 3		1 2 3 4	1 2 3	1 2
5	1 2 3		1 2 3 4	1 2 3	1 2
6	1 2 3		1 2 3 4	1 2 3	1 2
7	1 2 3		1 2 3 4	1 2 3	1 2
8	1 2 3		1 2 3 4	1 2 3	1 2

34 Activity	34f Main helper (below *)	34g Other help (below *)	34h More help		34i Reason (below ***)
			Yes	No	
1			1	2	
2			1	2	
3			1	2	
4			1	2	
5			1	2	
6			1	2	
7			1	2	
8			1	2	

34f and g *

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

34i ***

Main reason	Code
Need not important enough now	1
Won't ask - pride	2
Cost - can't afford it	3
No-one to help	4
Unable to arrange help or service	5
Other	6

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Interviewer: only ask if living in the community.

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

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

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

		Don't Do	
Laundry/linen	1	☐	
Light housework	2	☐	
Heavy housework	3	☐	
Home maintenance and gardening tasks	4	☐	
Preparing own meals	5	☐	**IADL1W5-IADL10W5**
Using the telephone (ask sensitively)	6	☐	
Managing own money	7	☐	
Writing letters	8	☐	
Using public transport	9	☐	
Shopping for groceries and other necessities	10	☐	
No difficulties	11		

35a. How long did you have this difficulty for? **IADD1W5-IADD10W5**

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

35b. What has caused your difficulty in (*Interviewer insert activity)***?** **IADM1W5-IADM10W5**
Interviewer to probe for medical condition or injury.

35c. Do you receive any help to assist you in this activity? **IADH1W5-IADH10W5**

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

35d. How long did you receive help for? .. IADR1W5-IADR10W5

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

35e. Do you still require this help? IADS1W5-IADS10W5

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

35f. Is this help provided by relatives or friends. If so, who is your main helper?
(Refer list) **IADF1W5-IADF10W5**

35g. Does any other friend or relative help you? IADX1W5-IADX10W5
(Refer list)

35h. Do you feel you need (more) help with this task? IADT1W5-IADT10W5

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

35i. What is the main reason you are not receiving (more) help? IADG1W5-IADG10W5

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

_____

Grid for answers to Q35

Q35 Activity	35a How long	35b Medical condition	35c Receive help	35d How long	35e Still require help
1	1 2 3		1 2	1 2 3	1 2
2	1 2 3		1 2	1 2 3	1 2
3	1 2 3		1 2	1 2 3	1 2
4	1 2 3		1 2	1 2 3	1 2
5	1 2 3		1 2	1 2 3	1 2
6	1 2 3		1 2	1 2 3	1 2
7	1 2 3		1 2	1 2 3	1 2
8	1 2 3		1 2	1 2 3	1 2
9	1 2 3		1 2	1 2 3	1 2
10	1 2 3		1 2	1 2 3	1 2

Q35 Activity	35f Main helper (below *)	35g Other helper (below*)	35h More help	35i Reason (below ***)
1			1 2	
2			1 2	
3			1 2	
4			1 2	
5			1 2	
6			1 2	
7			1 2	
8			1 2	
9			1 2	
10			1 2	

35 f & g *

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

35i ***

Main reason	Code
Need not important enough now	1
Won't ask - pride	2
Cost - can't afford it	3
No-one to help	4
Unable to arrange help or service	5
Other	6

SIGNIFICANT LIFE EVENTS

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

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

For each death, complete the following table.

37. Who was it that died? WHO1W5-WHO6W5

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

Interviewer complete table below for each death

37. Relationship Code
37.1
37.2
37.3
37.4
37.5
37.6

CONTACTS

38. We need some information to help us locate participants in the future.

Do you have any definite plans to move in the near future? PLNMVW5

Yes.....1 *(go to 39.)*
No.....2
Don't Know.....3

39. Where do you plan to move to? PLMVDEW5
Interviewer probe for location and type of dwelling, complete details on the Participant Information Form

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

CNAM1-3W5	CADD1-3W5	CPC1-3W5	CTEL1-3W5	CREL1-2W5
Full Name	**Address**	**Post Code**	**Telephone**	**Relationship to R**
(1)				
(2)				
(3)				

This concludes the interview, *thank the participant.*

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

Time interview finished ☐☐☐☐

Interviewer to fill out after completion of the interview.

1a Was the interview completed **INTCPLW5**

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

1b Specify reasons for non response or missing information: .MISINFW5

_____

_____

_____

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

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

Household Information Questions ..... ☐ **HHINFW5**

2a Co-operation: **INTCOPW5**

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

2b Fatigue by end of interview: **INTFATW5**

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

2c Reliability of response: **INTRELW5**

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

2d Any further comments: **INTCOMW5**

_____
_____
_____

3 Observed difficulties

3a Language difficulties: **INTLANW5**

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

3b English proficiency: **INTENGW5**

Good 1
Fair 2
Poor 3

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

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

Length of Interview: .....

Interviewer no: .....