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Australian [Adelaide] Longitudinal Study of Aging,  
Waves 1–5 [1992–1997]

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Wave 4 Data

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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Third ICPSR Version  
April 2000

Inter-university Consortium for  
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Andrews, Gary R., and George C. Myers.  
AUSTRALIAN [ADELAIDE] LONGITUDINAL STUDY OF  
AGING, WAVES 1-5 [1992-1997] [Computer file].  
3rd ICPSR version. Adelaide, South Australia:  
Flinders University of South Australia, Centre  
for Ageing Studies [producer], 1999. Ann Arbor,  
MI: Inter-university Consortium for Political  
and Social Research [distributor], 2000.

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## 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.



Participant's Sequence Number:

□ □ □ □ □

SEQNUM

**DOMICILE**

**1. To make sure our records are correct, are you still living at the same address you were interviewed at 12 months ago:**  
*(Read out both postal and residential address from Participant Information Form)*

**Are these details still correct?**

- Same address ..... 1 *(go to Q2)* **ADDR4W**
- 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? **AGEACCW4****

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

**1b. What type of accommodation do you now live in? **ACCOM1W4-ACCOM2W4****  
*(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 **OTCOMMW4**

- 
- 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 **OTINSTW4**
-

## 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 interview a year ago.**

*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?**

**CORESW4**

Yes ..... 1 (go to 2a.)

No..... 2 (complete table below)

	<b>LFDC1-2W4</b>	<b>FNAMI-2W4</b>	<b>MOVE1-2W4</b>	<b>REAMV1-2W4</b>	<b>DTMV1W4-2W4</b>	<b>DTHDT1-2W4</b>
	<b>Household resident has left or is deceased</b>	<b>First Name</b>	<b>Moved to where</b>	<b>Why moved</b>	<b>Date moved dd/mm/yy</b>	<b>Date died dd/mm/yy</b>
1.	Moved out <input type="checkbox"/> Deceased <input type="checkbox"/>	.....			--/--/---	--/--/---
2.	Moved out <input type="checkbox"/> Deceased <input type="checkbox"/>	.....			--/--/---	--/--/---
3.	Moved out <input type="checkbox"/> Deceased <input type="checkbox"/>	.....			--/--/---	--/--/---
4.	Moved out <input type="checkbox"/> Deceased <input type="checkbox"/>	.....			--/--/---	--/--/---
5.	Moved out <input type="checkbox"/> Deceased <input type="checkbox"/>	.....			--/--/---	--/--/---
6.	Moved out <input type="checkbox"/> Deceased <input type="checkbox"/>	.....			--/--/---	--/--/---
7.	Moved out <input type="checkbox"/> Deceased <input type="checkbox"/>	.....			--/--/---	--/--/---

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

NEWRESW4

Yes ..... 1 (complete table below)

No..... 2 (go to 3.)

NEWRE1-5W4	NFNAM1-5W4	NREL1-5W4	NAGE1-5W4	NSEX1-5W4	NDTMV1-5W4	NREAM1-5W4
New Household members	First name	Relationship to participant (codes below*)	Age at last birthday (years)	Sex	Date moved in dd/mm/yy	Why moved in
Addition <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Male 1 Female 2	--/--/--	
Addition <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Male 1 Female 2	--/--/--	
Addition <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Male 1 Female 2	--/--/--	
Addition <input type="checkbox"/>	.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Male 1 Female 2	--/--/--	

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?** **MARITW4**  
(Interviewer check marital status PIF)  
(Interviewer prompt: Have you been married, widowed, divorced or separated in the last year?)

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

**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?** **SPHLTHW4**

- 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?** **SPHLMTW4**

- 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?** **SPHELPW4**

- Yes..... 1 (go to 4c.)
- No..... 2 (go to 4e.)

**4c. About how many hours a week do you usually spend caring for him or her?** **SPCAREW4**

(Enter number between 1 and 168)

**4d. How much does providing this care limit your own personal activities?** **SPPLIMW4**

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

**4e. Is there any other person you provide regular care to?** **OTHCARW4**

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

**SELF-RATED HEALTH**

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

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

**SRHLTHW4**

**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?    BTSM12W4**

- 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?    SPSRHLW4**

**Would you say it is (Interviewer read list):**

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

**EXERCISE**

*Interviewer only ask if living in the community.*

**7. Now I have some questions about exercise. VIGEXCW4**

**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(*go to 7a.*)  
No..... 2(*go to 7c.*)

**7a. How many sessions of vigorous exercise did you engage in over the past two weeks? VEXC2WW4**

(*enter number between 1 and 50*)

**7b. How much time did you spend exercising vigorously during the past 2 weeks? TIMVEW4**

(*enter time in minutes*)

**7c. 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? LSVIGEW4**

Yes ..... 1 (*go to 7d.*)  
No..... 2 (*go to 7e.*)

**7d. How many sessions of less vigorous exercise did you engage in over the past two weeks? LSVE2WW4**

(*enter number between 1 and 50*)

**7e. In the past two weeks, did you walk for recreation or exercise? WALK2WW4**

Yes ..... 1 (*go to 7f.*)  
No..... 2 (*go to 7g.*)

**7f. How many times did you walk for recreation or exercise in the past two weeks? HMWK2WW4**

(*enter number between 1 and 50*)

**7g. In the past two 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 and pant? EXRTHSW4**

Yes ..... 1 (*go to 7h.*)  
No..... 2 (*go to 8.*)

**7h. How much time were you involved in moderate to heavy physical exertion in tasks at (work or) home during the past two weeks? HMEX2WW4**

(*enter time in hours*)

FALLS/INJURIES

8. Now I would like to ask you about accidents you may have had both in and around your home or away from home in the last 12 months since we interviewed you. **FALLSW4**

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

- Yes ..... 1 (go to 9a.)
- No..... 2 (go to 10.)

9a. How many? **ACCDHAW4**

9b. Did you receive medical treatment for injuries from any of these falls or did you limit your usual activity for more than two days due to injuries from these falls? **MEDTRTW4**

- .....Medical treatment 1
- .....Limit activity 2
- .....Both 3
- .....Neither 4

9c. What went wrong? (please specify such as slipped on rug) **CAUSF1W4-CAUSF4W4**

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9d. How exactly was the injury caused? (eg landed on the floor) **HOWEX1W4-HOWEX4W4**

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- 10. 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 motor vehicle accidents, accidents or injuries while doing your daily tasks, and other injuries.**
- Have you had any other accidents or injuries in the past year?** **ACCLSTW4**
- ..... Yes 1 (*go to 10a*)  
 ..... No 2 (*go to 11*)
- 10a. Did you receive medical treatment for any of these kinds of injuries?** **MEDTREW4**
- Yes ..... 1  
 No..... 2
- 10b. Did you limit your usual activities for more than two days because of any of these injuries?** **LMTACTW4**
- Yes ..... 1  
 No..... 2
- 10c. What went wrong? (please specify such as slipped on rug)** **CAUSINW4**
- 
- 10d. How exactly was the injury caused? (eg landed on the floor)** **EXCAUSW4**
- 
- 11. Do you drive a motor vehicle?** **DOYOU DW4**
- Yes ..... 1 (*go to 11a.*)  
 No..... 2 (*go to 12.*)
- 11a. How often do you drive a motor vehicle?** **HOWOFTW4**
- 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
- 11b. In the past 12 months have you changed your driving habits because of concerns related to your age or health ?** **CHNGDDW4**
- 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 **SPECIFW4**



**FRACTURES/SURGERY**

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

**FRACSW4**

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

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

**FRACB1W4-FRACB3W4**

*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?**

**FRACS1W4-FRACS3W4**

<b>13a. Which bone?</b>	<b>13b. Did you have surgery?</b>
<input type="checkbox"/> <input type="checkbox"/>	Yes 1 No 2
<input type="checkbox"/> <input type="checkbox"/>	Yes 1 No 2
<input type="checkbox"/> <input type="checkbox"/>	Yes 1 No 2

FUNCTIONAL IMPAIRMENTS

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

Do you usually wear a hearing aid nowadays?

USHAIDW4

- 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?

HAID12W4

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

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

DIFFHRW4

- None..... 1
- Slight difficulty..... 2
- Moderate difficulty..... 3
- Great difficulty..... 4
- Can't hear at all..... 5

14c. Do you ever get noises in your head or ears which usually last longer than 5 minutes?

RINGNSW4

- No, never ..... 1 (go to 14e.)
- Some of the time ..... 2 (go to 14d.)
- Most or all of the time..... 3 (go to 14d.)

14d. How annoying do you find these noises when they are at their worst?

HWANNSW4

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

14e. Do you have difficulty following TV programmes at a volume others find acceptable, without any aid to hearing?

TVHEARW4

- No..... 1
- Yes, slight difficulty..... 2
- Yes, moderate difficulty ..... 3
- Yes, great difficulty..... 4

15. In the last 12 months have you begun wearing eyeglasses, contact lenses or had a new prescription for these, other than for reading?

GLSCNTW4

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

**CONTINENCE**

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

**HOLDURW4**

**Is that .....?**

*Interviewer read list*

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

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

**ACCDURW4**

*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?**

**BOWCONW4**

- 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?**

**NURH12W4**

- 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?**

**HWMNSHW4**

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

**DYSNSHW4**

*(a number between 1 and 365)*

**19. Do you currently have any medical conditions that were diagnosed by a doctor? CONDDGW4**

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

*For each condition, complete the following table.*

**19a. Name of condition? MORBI1W4-MORBI5W4**

\_\_\_\_\_

**19b. Have you been in hospital at least overnight in the last 12 months for this condition? HSP1W4-HSP5W4**

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

**19c. Did you have any surgery carried out while you were in hospital? SURG1W4-SURG5W4**

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

**19d. What operation did you have? OP1W4-OP5W4**

\_\_\_\_\_

19a Medical conditions	19b Hospitalised?		19c Surgery		19d Operation?
<i>1.</i>	1	2	1	2	
<i>2.</i>	1	2	1	2	
<i>3.</i>	1	2	1	2	
<i>4.</i>	1	2	1	2	
<i>5.</i>	1	2	1	2	
<i>6.</i>	1	2	1	2	
<i>7.</i>	1	2	1	2	
<i>8.</i>	1	2	1	2	
<i>9.</i>	1	2	1	2	
<i>10.</i>	1	2	1	2	

**19e. Have you had any (other) surgery, including day surgery, in the last 12 months? SURG12W4**

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

**19f. What operation(s) did you have? OTHOP1W4-OTHOP3W4**

**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)?** WKBD12W4

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

**20a. For about how many weeks was that?** HWMNWKW4

(enter a number between 1 and 52)

**21. In the last 12 months since we interviewed you have you been to a day care centre or day therapy centre?** DYCRTHW4

- 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?** AGEN1W4-AGEN11W4

- 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
- Other (Please specify) ..... 7
- Royal Society for the Blind..... 8
- Australian Hearing Service  
(formerly National Acoustic Laboratory) ..... 9
- None .....10
- Other (please specify).....

.....

**DENTAL**

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

- 23. In the last 12 months since we interviewed you have you lost any natural teeth or had any teeth extracted? LOSTTHW4**

*Interviewer, natural teeth excludes dentures and fixed bridges*

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

- 24. In the last 12 months since we interviewed you have you seen someone about your teeth, dentures or gums? SEEDENW4**

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

**WEIGHT**

- 25. About how much do you weigh now?**

Stones

Lbs

Kilograms

**WEIGHSW4  
WEIGHKW4**

**SLEEP**

- 26. Compared to one year ago do you have sleep problems more now, less now, or is your sleeping pattern about the same? SLPCMW4**

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? STRS1FW4**

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

- 28. Are you able to walk half a mile without help? WLKHLFW4**

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?** PSHPLLW4

- 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?** STPCRKW4

- 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?** LFT10W4

- 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?** RCHOVSW4

- 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?** DIFSMOW4

- 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?** **DEVASSW4**

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

**33a2. What device is that?**

**DEVUS1W4-DEVUS6W4**

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

**ACTIVITIES OF DAILY LIVING**

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

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

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

- |             |  |                          |
|-------------|--|--------------------------|
|             | Bathing, either a bath or shower.....  | ADLND1W4-ADLND9W4        |
|             | Personal grooming, like brushing hair, brushing teeth or washing face.....                                       |                          |
|             | Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes .....                              |                          |
|             | Eating like holding a fork, cutting food or drinking from a glass .....  |                          |
|             | Using the toilet.....  |                          |
|             | Going to or getting around a place away from home .....  | ADL1W4-ADL8W4            |
|             | Moving about inside the house .....  |                          |
|             | Getting from a bed to a chair .....  |                          |
|             | No difficulties with any of these ( <i>go to 34k</i> ).....  |                          |
| <b>34a.</b> | <b>How long did you have this difficulty for?</b>  | <b>ADLDF1W4-ADLDF8W4</b> |
|             | Less than 1 month..... 1   |                          |
|             | 1-3 months..... 2  |                          |
|             | More than 3 months..... 3  |                          |
| <b>34b.</b> | <b>What caused your difficulty in:</b>   | <b>ADLMD1W4-ADLMD8W4</b> |
|             | <i>Interviewer to probe for medical condition (diagnosis) or injury.</i>   |                          |
| <b>34c.</b> | <b>In (<i>Interviewer insert activity</i>), have you received help from a person, special equipment or both?</b> | <b>ADLHP1W4-ADLHP8W4</b> |
|             | No help..... 1      ( <i>go to 34i.</i> )  |                          |
|             | Person..... 2      ( <i>go to 34d.</i> )   |                          |
|             | Special equipment..... 3      ( <i>go to 34d.</i> )  |                          |
|             | Both..... 4      ( <i>go to 34d.</i> )   |                          |
| <b>34d.</b> | <b>How long did you receive help from a person, special equipment or both for?</b>                               | <b>ADLRH1W4-ADLRH8W4</b> |
|             | Less than 1 month..... 1   |                          |
|             | 1-3 months..... 2  |                          |
|             | More than 3 months..... 3  |                          |
| <b>34e.</b> | <b>Do you still receive this help?</b>   | <b>ADLSH1W4-ADLSH8W4</b> |
|             | Yes..... 1      ( <i>If 34c. is special equipment go to 35. otherwise 34f.</i> )                                 |                          |
|             | No..... 2      ( <i>go to 35.</i> )  |                          |
| <b>34f.</b> | <b>Is this help provided by relatives or friends. If so, who is your main helper?</b>                            | <b>ADLMH1W4-ADLMH8W4</b> |
|             | <i>(Refer list)</i>  |                          |
| <b>34g.</b> | <b>Does any other friend or relative help you?</b>   | <b>ADLOH1W4-ADLOH8W4</b> |

**34h. Do you receive any other help such as from a care organisation?**

*Interviewer to read categories*

- None ..... 1
- Royal District Nursing Society ..... 2
- Domiciliary Care..... 3
- Local Government..... 4
- Other government ..... 5
- Paid help ..... 6
- Private home care from nursing organisations ..... 7
- Meals on wheels..... 8
- Other (Please specify)..... 9

**ADLAG1W4-ADLAG8W4**

**34i. Do you feel you need (more) help with this task?**

- Yes.....1 (go to 34j.)
- No.....2 (go to 35.)

**ADLMO1W4-ADLMO8W4**

**34j. What is the main reason you are not receiving (more) help?**

**ADLRS1W4-ADLRS8W4**

- 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**

**34k.** *Interviewer refer to PIF and only ask if help or difficulty recorded in Wave 3 but no help or difficulty now.*

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

.....

**How has that situation changed?**

**ADLCH1W4-ADLCH8W4**

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

**ADLOM1W4-ADLOM8W4**

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 Care organisation (below **)	34i More help		34j Reason (below ***)	34k Cause for Reversal
				Yes	No		
1				1	2		1
2				1	2		1
3				1	2		1
4				1	2		1
5				1	2		1
6				1	2		1
7				1	2		1
8				1	2		1

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

34h \*\*

Organisation	Code
None	1
Royal District Nursing Society	2
Domiciliary Care	3
Local government	4
Other government	5
Paid help	6
Private home care from nursing organisation	7
Meals on wheels	8
Other (please specify)	9

34j \*\*\*

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 to36. If just doesn't do an activity, indicate on list.*

	<b>Don't Do</b>	
Laundry/linen ..... 1	<input type="checkbox"/>	<b>IADN1W4-IADN11W4 IADO1W4-IADO10W4</b>
Light housework ..... 2	<input type="checkbox"/>	
Heavy housework ..... 3	<input type="checkbox"/>	
Home maintenance and gardening tasks..... 4	<input type="checkbox"/>	
Preparing own meals..... 5	<input type="checkbox"/>	<b>IADL1W4-IADL10W4</b>
Using the telephone (ask sensitively)..... 6	<input type="checkbox"/>	
Managing own money..... 7	<input type="checkbox"/>	
Writing letters..... 8	<input type="checkbox"/>	
Using public transport..... 9	<input type="checkbox"/>	
Shopping for groceries and other necessities .....10	<input type="checkbox"/>	
No difficulties .....11		

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

Less than 1 month ..... 1	
1-3 months ..... 2	<b>IADD1W4-IADD10W4</b>
More than 3 months ..... 3	

**35b. What has caused your difficulty in (Interviewer insert activity)?** **IADM1W4-IADM10W4**  
*Interviewer to probe for medical condition or injury.*

**35c. Do you receive any help to assist you in this activity?** **IADH1W4-IADH10W4**

Yes..... 1	<i>(go to 35d.)</i>
No..... 2	<i>(go to 36.)</i>

<b>35d.</b>	<b>How long did you receive help for?</b>		<b>IADR1W4-IADR10W4</b>
	Less than 1 month.....	1	
	1-3 months.....	2	
	More than 3 months.....	3	
<b>35e.</b>	<b>Do you still require this help?</b>		<b>IADS1W4-IADS10W4</b>
	Yes.....	1	
	No.....	2	
<b>35f.</b>	<b>Is this help provided by relatives or friends. If so, who is your main helper?</b> <i>(Refer list)</i>		<b>IADF1W4-IADF10W4</b>
<b>35g.</b>	<b>Does any other friend or relative help you?</b> <i>(Refer list)</i>		<b>IADX1W4-IADX10W4</b>
<b>35h.</b>	<b>Do you receive any other help such as from a care organisation?</b> <i>Interviewer to read categories</i>		<b>IADA1W4-IADA10W4</b>
	None .....	1	
	Royal District Nursing Society .....	2	
	Domiciliary Care.....	3	
	Local Government.....	4	
	Other government .....	5	
	Paid help.....	6	
	Private home care from nursing organisations .....	7	
	Meals on wheels.....	8	
	Other (Please specify).....	9	
<hr/>			
<b>35i.</b>	<b>Do you feel you need (more) help with this task?</b>		
	Yes.....	1	<i>(go to 35j.)</i>
	No.....	2	<i>(go to 36.)</i>
<b>35j.</b>	<b>What is the main reason you are not receiving (more) help?</b>		<b>IADG1W4-IADG10W4</b>
	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	
<hr/>			

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 Care Organisation (below**)	35i More help	35j 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

35 h \*\*

Organisation	Code
None	1
Royal District Nursing Society	2
Domiciliary Care	3
Local government	4
Other government	5
Paid help	6
Private home care from nursing organisation	7
Meals on wheels	8
Other (please specify)	9

35j \*\*\*

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 since we interviewed you 12 months ago?**

- Yes.....1 (go to 37.) **BRVMTW4**  
 No.....2 (go to 38.)

*For each death, complete the following table.*

**37. Who was it that died?**

- Child.....1 **WHO1W4-WHO6W4**  
 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

**QUALITY OF LIFE**

**38. Finally, I would like to ask you about how you feel about things in general. Can you tell me how satisfied are you nowadays with the quality of your life?**

- Very satisfied .....1 **QUALLFW4**  
 Satisfied .....2  
 Neither satisfied nor dissatisfied.....3  
 Fairly dissatisfied .....4  
 Very dissatisfied.....5

**39. Also, how much do you enjoy life now?** **ENJLFW4**

- Very much .....1  
 Quite a bit .....2  
 Reasonably.....3  
 Not much .....4  
 Not at all.....5



**CONTACTS**

**40. We need some information to help us locate respondents in the future.**

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

**PLNMVW4**

- Yes.....1 (go to 41.)  
 No.....2  
 Don't Know.....3

**41.**

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

**42.**

**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?**

<b>CNAM1-3W4</b>	<b>CADD1-3W4</b>	<b>CTEL1-3W4</b>	<b>CREL1-3W4</b>
<b>Full Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Relationship to R</b>
(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

**FTIMEW4**

**Interviewer to fill out after completion of the interview.**

**1a Was the interview completed**

- Yes, with little or no missing information ..... 1 **INTCPLW4**
- Yes, but with considerable missing information ..... 2
- No, terminated ..... 3

**1b Specify reasons for non response or missing information:**

**MISINFW4**

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**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 .....  **HHINFW4**

**2a Co-operation:**

**INTCOPW4**

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

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

**INTFATW4**

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

**2c Reliability of response:**

**INTRELW4**

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

**2d Any further comments:**

**INTCOMW4**

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**3 Observed difficulties**

**3a Language difficulties:**

**INTLANW4**

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

**3b English proficiency:**

**INTENGW4**

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

I ....**INTNAMW4**.....(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: .....

Time finished: ..... Length of Interview: .....

**INTLENW4**

Interviewer no: .....

**PROXY VARIABLES**

Sex of proxy **PRXSEXW4**

Was the interview completed by proxy? **PROXYW4**

Reasons for proxy **PRXRE1-2W4**

Name of proxy **PRXNAMW4**

Relationship to respondent **PRXRELW4**