Life and Living in Advanced Age:  
A Cohort Study in New Zealand

Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu

Wave 5

Partial participation/brief interview

This questionnaire has been developed by the LiLACS NZ research team and is for the purpose of the LiLACS NZ project. For queries, please contact Professor Ngaire Kerse at the LILACS NZ research base.

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PARTIAL INTERVIEW WAVE 5: 26 FEBRUARY 2014

Name

Who provided the responses to this questionnaire?
1 = Participant 2 = Family member 3 = Other

Reason for proxy completing questionnaire

If a proxy completed the questionnaire, who answered most of the questions?
1 = Participant told proxy the answers 2 = Proxy used their own judgement

Place of interview:
1 = Residence 2 = Medical Centre 3 = Research Centre 4 = Other

1. Contact Details

I would like to check some of the details you have previously given us

AA1. Do you still live at ... (refer sheet for previous address)
   No = 0 (Record new address) Yes = 1 (Go to AA2)

Full Address

Phone

AA2. Is .......... (refer sheet) still someone we could contact if we cannot get hold of you? If for example, you moved or were away or have died?
   No = 0 (Record new details below) Yes = 1

Name

Address

Relationship

Answer the following for the above or previously named contact

AA2a. Can be contacted if I moved or were away
   No = 0 Yes = 1

AA3. Is .......... (refer sheet) still someone we could contact if we cannot get hold of you?
   No = 0 (Record new details below) Yes = 1

Name

Address

Relationship

Answer the following for the above or previously named contact

AA3a. Can be contacted if I moved or were away
   No = 0 Yes = 1

Interviewer: If only one contact recorded please ask if there is anyone else. Record new contact details.
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A1. Is your GP still ... (refer sheet for previous GP)

No = 0  (Record new contact)  Yes = 1  (Go to A9)  

If no please tell me your GP's name and address:

GP's Name ................................................................. Phone .........................
GP's Practice ........................................................................................................
............................................................................................................................

Interviewer: If no GP was recorded, please ask and record in the space

A9. What is your current marital status?

<table>
<thead>
<tr>
<th>Married/partnered</th>
<th>Widow/Widower</th>
<th>Separated</th>
<th>Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

A10. Do you live in a rest home/private hospital?

No = 0  Yes = 1  (Go to A12)  

A11. I'd like to check how this accommodation is owned or rented. Do you...

1 = Own it outright yourself or with spouse/partner
2 = Still pay a mortgage or loan yourself or with spouse/partner
3 = Rent (Private)
4 = Rent (Public) e.g. State or local council
5 = Pay part rent and part mortgage (shared ownership)
6 = Live here rent free (e.g. relative, friend’s property)
7 = Lease to occupy
8 = Other ........................................................................................................

A12. In the last year have you been admitted to a hospital?  No=0; Yes=1  

A13. In the last year have you been admitted to a care facility?  No=0; Yes=1  

FD1. Have you had a major injury or health event that has affected you since your last LILACS NZ interview about a year ago?

No=0  (Go to FD2);  Yes=1  

FD1a. What was it?
............................................................................................................................
............................................................................................................................

Score ‘777’ if don’t know, score ‘888’ if refuse to answer, score ‘999’ if not applicable
PARTIAL INTERVIEW WAVE 5: 26 FEBRUARY 2014

FD2. Have you had a major psychological stress event that has affected you since your last LILACS NZ interview about a year ago? For example the unexpected loss of a family member or moving house

<table>
<thead>
<tr>
<th>No=0</th>
<th>Yes=1</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Go to A15)</td>
<td></td>
</tr>
</tbody>
</table>

FD2a. What was it?

A15. Since your last LILACS NZ interview about a year ago, have you been told by a doctor that you have had:

<table>
<thead>
<tr>
<th>No = 0</th>
<th>Yes = 1</th>
<th>Don’t Know = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Heart attack/myocardial infarction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Angina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Transient Ischemic Attack / mini stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Atrial fibrillation or irregular heartbeat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Congestive heart failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Intermittent claudication (pain in calves when walking), peripheral vascular disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Rheumatic Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Other heart or circulatory problem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specify………………………………………………………………………

A17. Were you in hospital for this?

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

A18. Do you smoke cigarettes?

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

A21. How many times have you fallen in the last 12 months?

<table>
<thead>
<tr>
<th>None</th>
<th>One</th>
<th>Two or three</th>
<th>Four or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

A22. How much does your eyesight interfere with normal day-to-day functioning?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

A23. How much does your hearing interfere with normal day-to-day functioning?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Score ‘777’ if don’t know, score ‘888’ if refuse to answer, score ‘999’ if not applicable
A24. During the past month have you often been bothered by feeling down, depressed or hopeless?  
No=0; Yes=1 □

A25. During the past month have you often been bothered by having little interest or pleasure in doing things?  
No=0; Yes=1 □

A26. In general, would you say your health is:  
Excellent □  Very Good □  Good □  Fair □  Poor □

A27. Compared to one year ago, how would you rate your health in general NOW?  
1 = Much better now than one year ago  2 = Somewhat better now than one year ago  
3 = About the same as one year ago  4 = Somewhat worse now than one year ago  
5 = Much worse now than one year ago □

A28. Do you have any DISABILITY or HANDICAP that is long-term (lasting six months or more)?  
No=0; Yes=1 □

A29. What is the main medical problem that interferes with you living well e.g. heart failure, arthritis, mention up to three?  
Record: ........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

A30. Does a HEALTH PROBLEM, or a condition you have (lasting SIX MONTHS or more) cause you difficulty with, or stop you doing:  
No=0; Yes=1

- Everyday activities that people your age can usually do □
- Communicating, mixing with others or socialising □
- Any other activity that people your age can usually do □
The next questions ask about a few more common everyday activities. For each question please tell me whether you do the activity on your own, on your own with difficulty, with help from someone else, or whether you don’t do the activity at all. We are interested in whether you actually DONE the activity in the last few weeks, not whether you CAN do it.

**Interviewer:** ask all the questions first. Then go back to all activities the person said they have help to do. For each activity they said they have help to do, find out who helps.

### Scoring:

- **No** = 0
- **With help** = 1
- **On my own; on my own with difficulty** = 2

### Help received from....

- Someone in the same household
- Family outside the household
- Others

#### A31. Mobility

- a. Do you walk around outside?

#### A32. In the kitchen

- a. Do you manage to feed yourself?
- b. Do you manage to make yourself a hot drink?
- c. Do you take hot drinks from one room to another?

#### A33. Domestic tasks

- c. Do you do your own housework?
- d. Do you do your own shopping?
- e. Do you do a full clothes wash?

#### A34. Leisure activities

- b. Do you use the telephone?

#### A35. Other

- a. Do you manage your personal care for instance brushing your teeth and hair, washing your hands and face?
- b. Do you manage to go to the toilet?
- c. Do you get in/out of bed?

Now I’d like to ask you some questions about help and support you may be receiving.

**GC15. In the last 3 months, who has provided you the most help, care and support? (You can identify up to two persons)**

1 = Spouse  
2 = Daughter  
3 = Son  
4 = Sibling  
5 = Other relative  
6 = Your neighbours  
7 = Co-workers  
8 = Church members  
9 = Club members  
10 = Professionals  
11 = Any friend not included in these categories  
12 = No-one (Go to A37)  
777 = Don’t Know (Go to A37)
If no Kai Āwhina carer was interviewed prior, ask GC15a

GC15a. Are you comfortable for us to contact this person to speak to about the ways he/she has given you the help, care and support in the last 3 months?

No=0  (Go to A37);  Yes=1

If prior Kai Āwhina carer was interviewed:

GC15e. Last year we contacted ............ (refer to participant detail sheet). Is this the same person?

No=0  Yes=1

GC15b. Can I have his/her contact details to ask if he/she would be willing to take part in a study of their experience of providing this help, care and support to you? (check that we already have them in the system)

No (Go to GC15c)  Yes  Don’t know details

0  1  2

GC15b–1 Name of the carer: ............................................................

Address:...................................................................................

Phone:...................................................................................

Other Comments..................................................................

GC15b–2. Record previous Kai Āwhina ID No. or assign a new ID No.

Refer to participant detail sheet to check previous Carer ID number

GC15c. Is there anyone else you would like to name (particularly if the first named carer is a paid formal care worker)?

No=0  (Go to A37);  Yes=1

GC15d. If “Yes”, can I have his/her contact details?

No  (Go to A37)  Yes  Don’t know details

0  1  2

GC15d–1 Name of the carer: ............................................................

Address:...................................................................................

Phone:...................................................................................

Other Comments..................................................................

GC15d–2. Record previous Kai Āwhina ID No. or assign a new ID No.

Refer to participant detail sheet to check previous Carer ID number

Score “777” if don’t know, score “888” if refuse to answer, score “999” if not applicable
The final questions I want to ask you are about your overall views about growing older and what you have thought about this questionnaire.

A37. On the whole has growing older been a positive or negative experience for you?

<table>
<thead>
<tr>
<th>Very positive</th>
<th>Mainly positive</th>
<th>Neither positive nor negative</th>
<th>Mainly negative</th>
<th>Very negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

A36. How much do you agree or disagree with the statement “There is a lot you can do to keep healthy in old age?“

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
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CONTACT FOR END OF LIFE STUDIES

Discuss the EEL and TPS Studies and show the PIS

EL24. Have you already nominated someone for the end of life study?

No=0  \(\text{Go to EL21}\)  Yes=1

EL25. Are you still comfortable for your nominees to be contacted?

a. Primary nominee No=0  Yes=1
b. Secondary nominee No=0  Yes=1
c. Tertiary nominee No=0  Yes=1

For nominees that are the same check if their contact details have changed and enter below, for nominees that are dropped enter their replacements on the next page EL22a,b,c.

<table>
<thead>
<tr>
<th>Primary Nominee</th>
<th>EL25a. Have your Primary nominee’s details changed?</th>
<th>IF YES, please record any new details below</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No = 0  Yes = 1</td>
<td>Name………………………………………………………..</td>
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<tr>
<td></td>
<td></td>
<td>Phone………………………………………………………..</td>
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<td>Address………………………………………………….....</td>
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<td></td>
<td></td>
<td>Relationship………………………………………………</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Nominee</th>
<th>EL25b. Have your Secondary nominee’s details changed?</th>
<th>IF YES, please record any new details below</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No = 0  Yes = 1</td>
<td>Name………………………………………………………..</td>
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<tr>
<td></td>
<td></td>
<td>Phone………………………………………………………..</td>
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<td>Address………………………………………………….....</td>
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<tr>
<td></td>
<td></td>
<td>Relationship………………………………………………</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tertiary Nominee</th>
<th>EL25c. Have your Tertiary nominee’s details changed?</th>
<th>IF YES, please record any new details below</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No = 0  Yes = 1</td>
<td>Name………………………………………………………..</td>
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<tr>
<td></td>
<td></td>
<td>Phone………………………………………………………..</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Relationship………………………………………………</td>
</tr>
</tbody>
</table>

Score ‘777’ if don’t know, score ‘888’ if refuse to answer, score ‘999’ if not applicable
PARTIAL INTERVIEW WAVE 5: 26 FEBRUARY 2014

EL21. Are you comfortable for us to contact a family member, whānau or a close friend of yours after your death to find out how things went?

No=0 (Go to Section 8) Yes=1

EL22. Can I have contact details for your family member, whānau or friend to ask if he/she would be willing to take part in a study about how things were for you at the end of your life?

Record contact details below

The person you have just chosen will be the first person we contact. If this person is not available is there anyone else we could contact to talk to about how things were for you at the end of your life? Record details for other contacts below

<table>
<thead>
<tr>
<th>EL22a Primary nominee</th>
<th>EL22b Secondary nominee</th>
<th>EL22c Tertiary nominee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
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</tr>
<tr>
<td>Relationship to LiLACS NZ participant</td>
<td>Relationship to LiLACS NZ participant</td>
<td>Relationship to LiLACS NZ participant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date contacted</td>
<td>Date contacted</td>
<td>Date contacted</td>
</tr>
</tbody>
</table>

EL22a−1 The person above consents to be contacted for EEL/TPS (No=0  Yes=1) □

EL22b−1 The person above consents to be contacted for EEL/TPS (No=0  Yes=1) □

EL22c−1 The person above consents to be contacted for EEL/TPS (No=0  Yes=1) □

EL23. I have been given an explanation of what is involved in the Experiences at the End of Life and Te Pākeketanga studies and I understand what the data will be used for. I agree that the person(s) I nominated may be invited to answer questions or complete a longer qualitative interview after I die.

LiLACS NZ participant, or proxy, to sign

Interviewer: inform the LiLACS NZ participant or their proxy that you will let the primary nominee know that they have been nominated to be contacted in the event of their death.

Score ‘777’ if don’t know, score ‘888’ if refuse to answer, score ‘999’ if not applicable