Life and Living in Advanced Age:  
A Cohort Study in New Zealand  
Te Puāwaitanga o Ngā  
Tapuwae Kia Ora Tonu  

~ WAVE 5 ~

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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# ENGLISH INTERVIEW WAVE 5: 26 February 2014

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- MODIFIED MINI MENTAL STATE EXAMINATION (3MS)
- CLOCK DRAWING

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- NOTTINGHAM EXTENDED ACTIVITIES OF DAILY LIVING

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- MEDICATION TABLE
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- MAJOR LIFE EVENTS
- FALLS, CONTINENCE, AND HEALTH HABITS
- PAIN

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## 11. FINANCIAL SITUATION

## 12. OVERALL VIEWS ABOUT GROWING OLDER
## Visit record form

### VISIT 1

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start Time: (24 hour time)</th>
<th>Finish Time: (24 hour time)</th>
</tr>
</thead>
</table>

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  ……………………………

Language used to answer questions:
1=English  2=Te reo Māori/bilingual  3=Other  …………………………………………..

### VISIT 2

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start Time: (24 hour time)</th>
<th>Finish Time: (24 hour time)</th>
</tr>
</thead>
</table>

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  ……………………………

Language used to answer questions:
1=English  2=Te reo Māori/bilingual  3=Other  …………………………………………..

Score 777 if don't know, score 888 if refuse to answer, score 999 if not applicable
Visit record form

VISIT 3

Date: [ ] . [ ] . [ ]
Start Time: (24 hour time) [ ]
Finish Time: (24 hour time) [ ]

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..........................
(own home)

Language used to answer questions:
1=English  2=Te reo Māori/bilingual  3=Other .............................................

VISIT 4

Date: [ ] . [ ] . [ ]
Start Time: (24 hour time) [ ]
Finish Time: (24 hour time) [ ]

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..........................
(own home)

Language used to answer questions:
1=English  2=Te reo Māori/bilingual  3=Other .............................................
Life and Living in Advanced Age: A Cohort Study in New Zealand
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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 …………………………………………………………………   Phone ……………
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 …………………………………………………………………   Phone ……………
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

Score 777 if don’t know, score 888 if refuse to answer, score 999 if not applicable
2. Personal History

**AB1. Is your GP still ... (refer sheet for previous GP)**

- No = 0
- Yes = 1 (Go to AB2)

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

**AB2. Has your marital status changed since the last interview about a year ago?**

- No = 0 (Go to AB3)
- Yes = 1 (Go to AB2a)

**AB2 a 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>

**AB3. Who do you live with most of the time?**

- 1 = alone
- 2 = with spouse/partner only
- 3 = with spouse and child/other relative
- 4 = with spouse and non-relatives
- 5 = with child (not spouse)
- 6 = with other(s) not spouse or children

**Who?** ………………………………………………………………………………….

**AB3a. If not living alone, how many people, including you, live in your residence/household most of the time?**

**AB4. What best describes your home?**

- 1 = private dwelling, stand-alone house
- 2 = private unit or apartment - independent
- 3 = unit or apartment on site with family dwelling
- 4 = retirement village - villa or own unit
- 5 = rest home (Go to AF20)
- 6 = private hospital (own or shared room) (Go to AF20)
- 7 = Marae or iwi based housing
- 8 = other………………………………………………….

**IA4. 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 = Other ……………………………………….

Score 777 if don't know, score 888 if refuse to answer, score 999 if not applicable
This next question is about your own ethnic group, which is the cultural group you belong to.

**AB12.** How much do you disagree or agree with this statement:

“I have a strong sense of belonging to my own ethnic group(s)”

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The next questions are about contact with Māori people.

**AB5.** How often have you been to a Marae over the last 12 months?

<table>
<thead>
<tr>
<th>Not in the last 12 months</th>
<th>Once</th>
<th>A few times</th>
<th>Several times</th>
<th>More than once a month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

This question considers your contacts with people:

**AB6.** In general, would you say that your contacts are with …

<table>
<thead>
<tr>
<th>Mainly Māori</th>
<th>Some Māori</th>
<th>Few Māori</th>
<th>No Māori</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Māori only to answer this section, others to go to question AC1

**AB9.** How important is your hapū to your wellbeing?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</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>

**AB10.** How important is your iwi to your wellbeing?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</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>

**AB11.** How well do you understand your tikanga?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</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>

**LANGUAGE AND CULTURE**

**AC1.** In which language(s) could you have a conversation about a lot of everyday things?

(Read all options and mark answers with a No = 0  Yes = 1)

1 = Māori  2 = English  3 = Samoan  4 = New Zealand Sign Language  5 = Cook Island Māori  6 = Niue  7 = Tokelau  8 = Other Pacific Language  9 = Other language(s), for example GUJARATI, CANTONESE, GREEK

*If only English is spoken/understood go to AC4
If Māori or other non–English language is spoken or understood answer the following questions for the most significant other language*
AC3a. Where do you speak Māori/other language?

No = 0  Yes = 1

Don’t speak it
On the Marae
In my community
At home
In meetings or at work (includes volunteer work)
Other

AC3b. Do you seek out opportunities to listen to Māori/other language?

No = 0 (Go to AC4)  Yes = 1

AC3c. If yes, how often do you seek out opportunities to listen to Māori/other language?

every day  every week  every month  occasionally

AC3d. Where do you listen to Māori/other language?

0 = No  1 = Yes

On the Marae
In my community
At home
In meetings or at work (includes volunteer work)
On Māori TV
On Māori/iwi radio
Other

All to answer

AC4. How important is your language and culture to your wellbeing?

Not at all  A little  Moderately  Very  Extremely

AC5. Thinking about the values that you have, how important are your values to your wellbeing?

Not at all  A little  Moderately  Very  Extremely

AD2. How important is faith to your wellbeing?

Not at all  A little  Moderately  Very  Extremely
MODIFIED MINI MENTAL STATE EXAMINATION (3MS)
I’d like to ask some questions that measure your attention, memory and ability to understand instructions. Some of the questions will be easy; others may be more difficult.

**Interviewer:** Even if a proxy is in attendance, remember to ask this section of the participant themselves. Remind them they do not have to answer all the questions.

*Use the PAGE 13 to help answer AE12, AE13, AE14 and the Clock Drawing Test*

AE1. When were you born?

<table>
<thead>
<tr>
<th>Year /1</th>
<th>Month /1</th>
<th>Day /1</th>
</tr>
</thead>
</table>

*Where were you born?*

<table>
<thead>
<tr>
<th>Town /1</th>
<th>Province/Region /1</th>
</tr>
</thead>
</table>

(score 1 point for each correct answer)

AE2. I would like to test your memory. I am going to say 3 words. Repeat them after I have said all three. Now keep those words in mind. I’m going to ask you to say them again in a few minutes.

(When repeating back, allow up to 6 tries to remember, score 1 point for each correct answer)

<table>
<thead>
<tr>
<th>Shoes /1</th>
<th>Black /1</th>
<th>Modesty /1</th>
</tr>
</thead>
</table>

AE3. Please count from 1 to 5. Now count backwards from 5 to 1.

(Accurate – score 2; 1 or 2 errors – score 1)

<table>
<thead>
<tr>
<th>D /1</th>
<th>L /1</th>
<th>R /1</th>
<th>O /1</th>
<th>W /1</th>
</tr>
</thead>
</table>

SUB SCORE /15

AE4. Please spell the word ‘WORLD’ backwards.

(Give only one chance, score 1 point for each letter in correct order)

AE5. Please repeat back the three words I asked you to remember.

(For each word: spontaneous recall – score 3, prompt – score 2, multiple choice – score 1)

<table>
<thead>
<tr>
<th>Shoes /3</th>
<th>Black /3</th>
<th>Modesty /3</th>
</tr>
</thead>
</table>

AE6. What year is this? (Accurate = 8, miss by 1 = 4, miss by 2–5 = 2)

<table>
<thead>
<tr>
<th>Year /8</th>
<th>Season /1</th>
<th>Month /2</th>
<th>Date /3</th>
</tr>
</thead>
</table>

What season is it? (Accurate or within 1 month = 1)

What month is it? (Accurate or within 5 days = 2, miss by 1 month = 1)

What is the date? (Accurate = 3, miss by 1–2 days = 2, miss by 3–5 days = 1)
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What day of the week is it?  
(Accurate = 1)  

Day ]/1

SUB SCORE ]/24

AE7. Where are we now? (Or what room are we in?)  
(Accurate - score 1)  

What region are we in?  
(Accurate - score 2)  

What district is this?  
(Accurate - score 1)  

What city (town) is this?  
(Accurate - score 1)  

Room ]/1  
Province/Region ]/2  
District ]/1  
City ]/1  

AE8. What is this?  
(Point to the item or body part. Score 1 for each correct answer, approximate answers such as 'pen', 'arm', 'hand' are not acceptable)  

pencil ]/1  
watch ]/1  
shoulder ]/1  
elbow ]/1  
knuckle ]/1  

SUB SCORE ]/10

AE9. You have thirty seconds to answer this next question. Naming as many as you can, what animals have 4 legs?  
(I point each. Discontinue after 30 seconds)  

-------------------------------  
-------------------------------  

SUB SCORE ]/10

AE10. In what way are an arm and a leg alike?  
In what way are laughing and crying alike?  
In what way are eating and sleeping alike?  

(Accurate - score 2 each example, less correct - score 1 for each)  

e.g. Body part, limb ]/2  
e.g. feeling, emotion ]/2  
e.g. essential for life ]/2

AE11. Please repeat the following - “no ifs, ands or buts”  
Correct ]/5  
Allow only 1 trial

AE12. Please read this and do what it says.  
(Obey without prompt - score 3, prompt - score 2, can read aloud and obey - score 1)  

1 ]/3

AE13. Please write a sentence – it can say anything you like.  

.Score 777 if don’t know, score 888 if refuse to answer, score 999 if not applicable - 10 -
The sentence must contain a subject, a verb and be sensible. Correct grammar and punctuation are not necessary. Prompts permitted if necessary. Score 5 for a complete sentence.

**SUB SCORE** /19

**AE14. Please copy this drawing exactly as it is.** (Ignore tremor and rotation)
- For each figure: approximately equal sides = 4, 5 unequal sides = 3, other enclosed figure = 2, 2 or more lines = 1)
- 4 corner enclosure: 4 corners = 2, not 4 corners = 1 or 0

Hold out a piece of paper (use the blank side of diagram page) to the participant.

**AE15. Take this paper in your right hand, fold it in half, and hand it back to me**

R hand /1
fold /1
Gave back /1

**AE16. What three words did I ask you to remember earlier?**

Shoes /3
Black /3
Modesty /3

**SUB SCORE** /22

**TOTAL 3MS SCORE** /100
CLOCK DRAWING

AE17. Please imagine this circle is a clock. I would like you to place the numbers in the correct position then place the hands to indicate a time of ‘ten past eleven’

No errors = 0     minor spacing errors = 1     other errors = 2

Comments

Interviewers: For those who have a score of less than 65 on the 3MSE it is strongly recommended that they are supported by a family member or friend to help answer the questions. If no-one is available and the interview is going well, please continue.
Please write a sentence about anything.

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Instructions: Please imagine this circle is a clock. Place the numbers in the correct position then place the hands to indicate a time of ‘ten past eleven’
OCCUPATION

The next questions ask about the work you may have done, both paid and unpaid.

AG10. During the past 7 days, did you work for pay or as a volunteer?

<table>
<thead>
<tr>
<th>Neither (Go to AG11)</th>
<th>Yes, for pay</th>
<th>Yes, as a volunteer</th>
<th>Yes, both for pay and as a volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

AG10a. How many hours in the last 7 days did you work for pay or as a volunteer?

a. Hours in the last 7 days worked for pay
b. Hours in the last 7 days worked as a volunteer
TOTAL hours in the last 7 days (Go to next section)

AG10b. Which of the following categories best describes the amount of physical activity required on your job/volunteer work?

1= Mainly sitting with slight arm movements. (E.g. office worker, watchmaker, seated assembly worker, bus driver, marae spokesperson).
2= Sitting or standing with some walking. (E.g. cashier, general office worker).
3= Walking, with some handling of materials weighing less than 50 pounds/20kg. (E.g. postie, waiter / waitress).
4= Walking and heavy manual work often requiring handling of materials weighing over 50 pounds/20kg. (E.g. forestry, farm or general labourer).

AG11. If you haven’t worked for pay or as a volunteer in the last week, during the past MONTH, did you work for pay or as a volunteer?

<table>
<thead>
<tr>
<th>Neither (Go to next section)</th>
<th>Yes, for pay</th>
<th>Yes, as a volunteer</th>
<th>Yes, both for pay and as a volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

AG11a. How many hours in the last month did you work for pay or as a volunteer?

a. Hours in the last month worked for pay
b. Hours in the last month worked as a volunteer
TOTAL hours in the last month

Comments

Score 777 if don’t know, score 888 if refuse to answer, score 999 if not applicable
3. Physical Health

SF-12
These next questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer a question, please give the best answer you can.

**BA1.** In general, would you say your health is:  
- Excellent 1
- Very Good 2
- Good 3
- Fair 4
- Poor 5

**BA2.** The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Climbing several flights of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**BA3.** During the PAST 4 WEEKS, how much of the time have you had any of the following problems with your work or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

<table>
<thead>
<tr>
<th>Problem</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Accomplished less than you would like</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. Were limited in the kind of work or other activities</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**BA4.** During the PAST 4 WEEKS, how much of the time have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

<table>
<thead>
<tr>
<th>Problem</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Accomplished less than you would like</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. Did work or activities less carefully than usual</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
BA5. These questions are about how you feel and how things have been with you DURING THE
PAST 4 WEEKS For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS.

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have you felt calm and peaceful?</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. Did you have a lot of energy?</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c. Have you felt downhearted and depressed?</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

BA6. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

BA7. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc)?

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

SLEEPING AND HEALTH PROBLEMS

CD1. Do you have trouble with your sleeping (on at least 3 nights per week) such that it interferes with your activities the following day (e.g. un-refreshed in the morning, fatigue, poor concentration or irritability)?

<table>
<thead>
<tr>
<th></th>
<th>No = 0 (Go to BB1)</th>
<th>Yes = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

CD2. Do you have any of these sleeping problems? (read all options)

(No = 0  Yes = 1)

- Waking up in the early hours of the morning
- Lying awake for most of the night
- Taking a long time to get to sleep
- Worry keeping you awake at night
- Sleep walking/ sleep talking
- Snoring
- Getting up at night to go to the toilet

On average, how many times a night .................

Other sleeping problem ..............................................

The next questions ask about conditions you have had for 6 months or more
BB1. 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

BB3. In general, compared with other people your age, would you say your health is:

    Excellent  Very Good  Good  Fair  Poor

    1         2          3      4      5  

Score 777 if don't know, score 888 if refuse to answer, score 999 if not applicable
NOTTINGHAM EXTENDED ACTIVITIES OF DAILY LIVING

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 have 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

<table>
<thead>
<tr>
<th>BC1. Mobility</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a. Do you walk around outside?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Do you climb stairs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Do you get in and out of the car?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Do you walk over uneven ground?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Do you cross roads?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Do you travel on public transport?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BC2. In the kitchen</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. Do you manage to feed yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Do you manage to make yourself a hot drink?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Do you take hot drinks from one room to another?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Do you do the washing up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Do you make yourself a hot snack?</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>BC3. Domestic tasks</th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. Do you manage your own money when you are out?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Do you wash small items of clothing?</td>
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<tr>
<td>c. Do you do your own housework?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Do you do your own shopping?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e. Do you do a full clothes wash?</td>
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</tbody>
</table>

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<thead>
<tr>
<th>BC4. Leisure activities</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. Do you read newspapers or books?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Do you use the telephone?</td>
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<tr>
<td>c. Do you write letters?</td>
<td></td>
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<td></td>
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<tr>
<td>d. Do you go out socially?</td>
<td></td>
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</tr>
<tr>
<td>e. Do you manage your own garden?</td>
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<tr>
<td>f. Do you drive a car?</td>
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</tbody>
</table>

<table>
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<tr>
<th>BC5. Other</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do you manage your personal care for instance brushing your teeth and hair, washing your hands and face?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>b. Do you manage to go to the toilet?</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>c. Do you get in/out of bed?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Do you shower/bath yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Do you dress yourself?</td>
<td></td>
<td></td>
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</tbody>
</table>
We are interested in any aids you use to help you get around

BC7. How often do you use any of the following mobility aids?

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cane or stick?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Walking frame?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Wheelchair?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Mobility scooter</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Other (specify)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

TECHNOLOGY

Now I’m going to ask you some questions about your use of modern technology

JD1. How comfortable are you with new technology, mobile phones and computers?

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

JD2. Do you use the Internet?  No = 0 Yes = 1
JD3. Do you use a mobile phone? No = 0 Yes = 1
JD4. Do you watch Sky television?  No = 0 Yes = 1
JD5. Do you use a computer for email?  No = 0 Yes = 1
JD6. Do you use a computer to see family far away (e.g., Skype, Facebook)?  No = 0 Yes = 1
JD7. Do you use a computer for anything else?  No = 0 Yes = 1

Please specify……………………………………………………..

Score 777 if don't know, score 888 if refuse to answer, score 999 if not applicable
4. Medical History

In this section I would like to find out about things to do with medication and your medical history.

**MEDICATIONS**

The first questions are about medications and non-prescribed products you might use as well as any health problems you may have. Remember that any question you are not happy to answer, you may leave.

*Interviewer:*

Ask the following questions and record all medications and health products, whether they are prescribed or not, in the table to the right. Include inhalers, suppositories, creams, eye drops and fortified foods such as fortisip, complan etc. You may need to prompt the participant about these more unusual products.

Ask if you can look at the medication packets and fill in as much information as you can. See the procedure manual for further guidance on completing this section.

---

CA1. Do you currently take any medications prescribed by the doctor?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*CA1a.* Sometimes people forget to take their medicines. How often do *you* forget to take your medication(s)?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

*CA1b.* Sometimes people alter the way they take their medication, that is take them at a different time or take less or more of a medication. How often do *you* alter your medication(s)?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CA3. Do you currently take any over the counter medicines that are not prescribed?

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

CA4. Do you currently take any nutritional supplements?

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

CA5. Do you take any “natural” or “herbal” products or traditional medicines?

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

---

Score 777 if don’t know, score 888 if refuse to answer, score 999 if not applicable
CA6c. Do you use rongoā Māori healing practices?

No = 0 (Go to CA7) Yes = 1

CA6d. How much do Māori healing practices contribute to your quality of life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</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>

CA6. Do you take any rongoā Māori medicines?

No = 0  Yes = 1

CA7. Do you use any aids to help you take your *prescribed* medication?

No = 0 (Go to CA8)  Yes = 1 (Go to CA7a)

CA8. Do you think an aid to help you take your *prescribed* medication would be useful?

No = 0  Yes = 1

CA8a. If Yes, What would be useful?

Blister pack
Weekly medication boxes
Yellow card
Other

CA7a. What type of aid do you use?

CA7b. How useful is this aid?

0 = not at all
1 = somewhat
2 = moderately
3 = very
4 = extremely

CA7c. What else would be useful?

Please remember to fill in the medication table. If there is NO medication, please put a line through the following table.
**PLEASE RECORD ALL MEDICATIONS AND HEALTH-RELATED PRODUCTS IN THE TABLE BELOW**

**MEDICATION TABLE**

*List prescription medications first leave a line, then over the counter medications*

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Strength</th>
<th>** How is this taken?</th>
<th>Number of tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Breakfast</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Other Frequency</td>
<td>*** How do you get this medication</td>
</tr>
</tbody>
</table>

**FREQUENCIES:**

1xDay code under breakfast; 2xDay code breakfast and dinner; 3xDay code breakfast, lunch and dinner

*Other frequency:*  D = day  M = month  Y = year  W = Week (use the most relevant denominator and add a number to identify how often in a D, M, W or Y e.g. 5D = 5 times a day)

** Code for "How is it taken"?**

1 = by mouth (swallowed)  2 = by mouth (not swallowed)  3 = skin patch  4 = ointment/cream  5 = injection  6 = eye drops  7 = ear drops  8 = inhaled/nasally  9 = per rectum

*** Codes for "How do you get this medication"?**

1 = prescription  2 = bought, no script  3 = other
**MEDICATION TABLE**

*List prescription medications first leave a line, then over the counter medications*

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Strength</th>
<th><strong>How is this taken?</strong></th>
<th>Number of tablets</th>
<th><em>Other Frequency</em></th>
<th><em><strong>How do you get this medication</strong></em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Breakfast</td>
<td>Lunch</td>
<td>Dinner</td>
<td>Bedtime</td>
</tr>
</tbody>
</table>

**FREQUENCIES:**

1xDay code under breakfast;  2xDay code breakfast and dinner;  3xDay code breakfast, lunch and dinner

*Other frequency: D = day  M = month  Y = year  W = Week (use the most relevant denominator and add a number to identify how often in a D, M, W or Y e.g. 5D = 5 times a day)

** Code for "How is taken"? 1 = by mouth (swallowed)  2 = by mouth (not swallowed)  3 = skin patch  4 = ointment/cream  5 = injection  6 = eye drops  7 = ear drops  8 = inhaled/nasally  9 = per rectum

*** Codes for "How do you get this medication"? 1 = prescription  2 = bought, no script  3 = other
MEDICATION ASSISTANCE AND HEART HEALTH

CA9. Does anyone give you advice about your medication?  
No = 0  Yes = 1
General Practitioner  
Drug store  
District nurse  
Other

CA10. Does anyone help you take your medication?  
No = 0  (Go to CB1)  Yes = 1

CA10a. Who helps you take your medication?  
(No = 0  Yes = 1)
a. General Practitioner/Practice Nurse  
b. Whānau or Family member  
c. Formal Carer  
d. Friend or neighbour  
e. District Nurse  
f. Pharmacist  
g. Other  
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ENGLISH INTERVIEW WAVE 5: 26 February 2014

Participant ID No: ……………

MAJOR LIFE EVENTS

These next two questions ask about major health events you may have experienced

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?

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.

No = 0 (Go to CF1) Yes = 1

FD2a. What was it?

FALLS, CONTINENCE, AND HEALTH HABITS

The next questions are about falls

CF1. How many times have you fallen in the last 12 months?

None (Go to CF11) One Two or three Four or more

0 1 2 3

CF1a. Have you sought medical attention because of your fall/s?

No = 0 Yes = 1

CF1b. When you fell during the last 12 months?

a. Did you have a fracture
b. Did you have some other kind of injury (please describe)

c. Were you admitted to hospital?

CF11. Have you had any fracture not from a fall since your last LILACS NZ interview about a year ago?

No = 0 (Go to CF2) Yes = 1

CF11a. Cause of fracture

Score 777 if don't know, score 888 if refuse to answer, score 999 if not applicable
ENGLISH INTERVIEW WAVE 5: 26 February 2014

CF2. How confident are you that you can do all your daily activities without falling?

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Quite confident</th>
<th>Completely confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

I want to ask you about any bladder and bowel problems you might have

CF3. Do you have a problem with losing control of urine when you don’t want to?

No = 0  \(\text{Go to CF4}\) Yes = 1

CF3a. How much of a problem would you say you have with losing control of urine?

<table>
<thead>
<tr>
<th>Severe problem</th>
<th>Moderate problem</th>
<th>Mild problem (\text{Go to CF4})</th>
<th>No problem (\text{Go to CF4})</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

CF3b. Have you sought help for this?

Your GP \(\square\)  Pharmacy \(\square\)  District nurse \(\square\)  Other \(\square\)

CF4. Do you have a problem with losing control of your bowels when you don’t want to?

No = 0  Yes = 1

CC1. Do you smoke cigarettes?

No = 0  \(\text{Go to DE1}\) Yes = 1

CC1c. On average, how many cigarettes do you smoke per day?

One pack is 20 cigarettes

DE1. How often do you have a drink containing alcohol?

<table>
<thead>
<tr>
<th>Never</th>
<th>Monthly or less</th>
<th>Two to four times a MONTH</th>
<th>Two to three times a WEEK</th>
<th>Four or more times a WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Score 777 if don't know, score 888 if refuse to answer, score 999 if not applicable
PAIN

I’d like to ask a few questions about pain now. I’m going to ask for some detail about each area that you have pain in. Use the following scale to determine the level of pain.

Example

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>no pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CG0. Do you have any pain now?  
No = 0  (Go to CG6)  Yes = 1

Where is it? (Interviewer: Use the scale and map supplied to code all pain mentioned by area and write each area in the table below)

<table>
<thead>
<tr>
<th>Area</th>
<th>CG1</th>
<th>CG2</th>
<th>CG3</th>
<th>CG4</th>
<th>CG5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>d.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Interviewer – ask these questions about each area before you go on to the next

CG1. What is your pain RIGHT NOW?
CG2. What is your TYPICAL or AVERAGE pain?
CG3. What is your pain level AT ITS BEST (How close to '0' does your pain get at its best)?
CG4. What is your pain level AT ITS WORST (How close to '10' does your pain get at its worst)?
CG5. How many days over the last month have you had this pain?

CG6. Are there any other areas you sometimes have pain but do not have pain right now?  
No = 0  (Go to next section)  Yes = 1

Interviewer, code other areas of pain and ask CG2–CG5 above for each area mentioned

<table>
<thead>
<tr>
<th>Area</th>
<th>CG1</th>
<th>CG2</th>
<th>CG3</th>
<th>CG4</th>
<th>CG5</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ask participant to shade or circle the location of each area of pain. Place letter of area (a – o) beside shading or circle.
5. Mental Health

GERIATRIC DEPRESSION SCALE (15-items)

The next questions are from a scale used in many studies and are about how you have been feeling lately. Please choose the best answer to describe how you have felt over the past WEEK.

<table>
<thead>
<tr>
<th>Question</th>
<th>No = 0</th>
<th>Yes = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>EA1. Are you basically satisfied with your life?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA2. Have you dropped many of your activities and interests?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA3. Do you feel that your life is empty?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA4. Do you often get bored?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA5. Are you in good spirits most of the time?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA6. Are you afraid that something bad is going to happen to you?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA7. Do you feel happy most of the time?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA8. Do you often feel helpless?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA9. Do you prefer to stay at home, rather than going out and doing new things?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA10. Do you feel you have more problems with memory than most?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA11. Do you think it is wonderful to be alive now?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA12. Do you feel pretty worthless the way you are now?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA13. Do you feel full of energy?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA14. Do you feel that your situation is hopeless?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>EA15. Do you think that most people are better off than you are?</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

Comments

-----------------------------------------------

Score 777 if don't know, score 888 if refuse to answer, score 999 if not applicable
6. Support needs

VISITS TO HEALTH PROFESSIONALS
Thank you for answering the questions about medical conditions. I’d now like to ask you about visits to health professionals.

GA1. If you have any health problems, which one would you most like to be fixed?
.............................................................................................................................
(if no problems Go to GA4)

GA1b. Who is helping /trying to help you with this problem?

<table>
<thead>
<tr>
<th></th>
<th>No = 0</th>
<th>Yes = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend or neighbour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whānau or family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GA4. When you have a health problem, how easy is it for you to get help with it?

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

GA2. Since your last LILACS NZ interview about a year ago, have you visited, or had a visit from, any of the following health professionals?

<table>
<thead>
<tr>
<th>Health Professional</th>
<th>How many times in the last 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. General practitioner</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>b. Hospital based doctor or private specialist</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>c. After hours medical clinic</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>d. Practice nurse</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>e. Pharmacist/chemist</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>f. Dentist</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>g. Podiatrist – feet</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>h. Audiologist – ears/hearing</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>i. Optometrist – eyes glasses</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>j. District Nurse</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>k. Physiotherapist</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>l. Occupational Therapist</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>m. Dietician</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>n. Social worker</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>o. Community worker</td>
<td>0 1 2 3 4 5 6</td>
</tr>
</tbody>
</table>
LA3. Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g. doctor, nurse, dentist etc.) because of your ethnicity in New Zealand? (No = 0  Yes = 1)

Within the past 12 months  
More than 12 months ago

An important thing for older people is the way they get on with their doctor. Would you now please answer the following questions? Thinking about when you have last consulted your GP, how do you rate the following?

| DR3a. How well the doctor listens to what you have to say? | 0 | 1 | 2 | 3 | 4 | 5 |
| DR3c. How well the doctor explains your problems or any treatment that you need? | 0 | 1 | 2 | 3 | 4 | 5 |
| DR3e. The doctor’s care and concern for you? | 0 | 1 | 2 | 3 | 4 | 5 |
| DR3f. The doctor’s respect for your culture | 0 | 1 | 2 | 3 | 4 | 5 |

I’d like to ask you about things which might help you understand your health better

GA5. When you are seeing the doctor what method have you used and is it useful?

Have you used...

| No = 0 | Yes = 1 |
|Written medical information from the doctor? | Used | Useful |
|GP follow-up (phone or visit)? | Used | Useful |
|Taking a whānau or family member or advocate with you? | Used | Useful |
|Practice Nurse follow-up (phone or visit)? | Used | Useful |
|Other .......................................................... | Used | Useful |

If no methods used go to GA7
GA6. Which method was most useful?
1 = Written medical information from the doctor
2 = GP follow-up (phone or visit)
3 = Taking a whānau or family member or advocate with you
4 = Practice Nurse follow-up (phone or visit)
5 = Other

---

GA7. Have you been admitted to hospital to stay overnight or longer in the last 12 months?
No = 0  (Go to GB1)  Yes = 1

GA7a. If yes, how many nights did you stay? ..............................................

Think of the last time (refer to GA7) you were admitted to hospital and stayed overnight.

GA8. Before you were discharged from hospital did someone talk to you about going home and how your care would be after discharge?
No = 0  (Go to GA9)  Yes = 1

GA8a. If yes, who was this?  No = 0  Yes = 1
Nurse  [ ]  Doctor  [ ]  Māori liaison  [ ]  Social Worker  [ ]  Someone else  [ ]

GA9. On your last hospital admission how well informed were you about...

<table>
<thead>
<tr>
<th></th>
<th>Very Poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Not needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your medications</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Treatments that might happen at home e.g. physiotherapy</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Whether you would see a hospital doctor again</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Arrangements for care at home e.g. home help, personal care or meal support</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GA10. Overall how satisfied were you with the care you received...

<table>
<thead>
<tr>
<th></th>
<th>Extremely dissatisfied</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Satisfied most of the time</th>
<th>Satisfied all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In hospital</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. At home after hospitalisation</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEARING/VISION/TEETH

I’d like to ask a couple of questions about your hearing and your eyesight now.

GB1. 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>

GB2. Do you have a hearing aid?  
No = 0  (Go to GB3)  Yes = 1

GB2a. How often do you use it?

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

GB3. 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>

GB4. How much do your teeth 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>

SOCIAL SUPPORT

Now I’d like to ask you some questions about your social network and social relationships.

GC1. When you need some extra help, can you count on anyone to help with daily tasks like grocery shopping, cooking, house cleaning, telephoning, give you a ride?

<table>
<thead>
<tr>
<th>No (Go to GC3)</th>
<th>Yes</th>
<th>I don’t need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

GC2. In the last year who has been most helpful with these daily tasks?

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  777 = Don’t Know

GC3. Could you have used more help with daily tasks than you received? Would you say...

<table>
<thead>
<tr>
<th>A lot</th>
<th>A little help</th>
<th>Some</th>
<th>None at all (received sufficient help)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
GC4. Can you count on anyone to provide you with emotional support? (e.g. talking over problems or helping you make a difficult decision)

<table>
<thead>
<tr>
<th>No (Go to GC6)</th>
<th>Yes</th>
<th>I don’t need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

GC5. In the last year who has been most helpful in providing you with emotional support?

- 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
- 777 = Don’t Know

22

GC6. Could you have used more emotional support than you received? Would you say...

<table>
<thead>
<tr>
<th>A lot</th>
<th>A little help</th>
<th>Some</th>
<th>None at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

GC15. Regardless of how you answered the previous questions, who has provided you the most help, care and support in the last 3 months? (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 GC7)
- 777 = Don’t Know (Go to GC7)

22

If no Kai Āwhina carer was interviewed prior, ask GC15a, otherwise go to GC15e

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?

<table>
<thead>
<tr>
<th>No=0 (Go to GC8)</th>
<th>Yes=1</th>
</tr>
</thead>
</table>

If prior Kai Āwhina carer was interviewed;

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

<table>
<thead>
<tr>
<th>No=0 (go to GC15b)</th>
<th>Yes=1 (Go to GC15b–2)</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>No (Go to GC15c)</th>
<th>Yes</th>
<th>Don’t know details</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
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 if perhaps the other carer is not available? (particularly if the first named carer is a paid “formal care worker”)?

No=0 (Go to GC18); Yes=1 ...........................

GC15d. If ‘yes”, can I have his/her contact details?

No Go to GC18 ...........................
Yes ...........................
Don’t know details ...........................

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

Instruction for interviewer:
(I) Please tick boxes “☐” on the front page whether 1) a carer (formal or informal) is identified, 2) participant agrees for us to contact the carer and 3) carer’s contact details are provided.
(II) Remember to contact the identified carer if they are not present to inform them about the ĀWHINA (LOVE & SUPPORT) STUDY and to obtain a written informed consent.

GC18. How well informed are those providing care for you about your healthcare needs?

1 Not at all ...........................
2 Slightly ...........................
3 Moderately ...........................
4 Quite a bit ...........................
5 Extremely ...........................

GC7. Does it seem that your family and friends (i.e. people who are important to you) understand you?

None of the time ...........................
Hardly ever ...........................
Some of the time ...........................
Most of the time ...........................
All of the time ...........................

Score 777 if don’t know, score 888 if refuse to answer, score 999 if not applicable
GC8. How satisfied are you with the kinds of relationships you have with your family?

<table>
<thead>
<tr>
<th>Extremely dissatisfied</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Satisfied most of the time</th>
<th>Satisfied all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

GC9. How satisfied are you with the kinds of relationships you have with your friends?

<table>
<thead>
<tr>
<th>Extremely dissatisfied</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Satisfied most of the time</th>
<th>Satisfied all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

GC16. What funded/subsidised government/community services are available for older people in your area? (Do not prompt for answers) (No=0; Yes=1)

- Buses/taxis
- Meal support
- Home help (cleaning)
- Age Concern
- Home Help (shopping)
- Stroke Foundation
- Home Help (gardening)
- Foundation of the Blind
- Home Help (lawn mowing)
- Alzheimer’s Association
- Personal Care (bathing/dressing etc.)
- Other .........................................

GC20. What are the most useful sources of information about services for older people? (No=0; Yes=1)

- 1 = Medical Practice
- 2 = General Practitioner
- 3 = Friends
- 4 = Whānau or family
- 5 = Paid caregiver or home help
- 6 = The internet
- 7 = Written material
- Other .........................................

GC21. How well informed are you about accessing services to assist you?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</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>

GC22. How confident are you about accessing services to assist you?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</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>

GC17. Do you use a medical alarm?

No=0; Yes=1

If living in a rest home or private hospital Go to GC12

GC10. Do you receive any regular support service, such as home help?

No = 0 (Go to GC12) Yes = 1
GC11. Do you receive any of the following support services?

**IF Yes:** How often? Who funds this help?

**Interviewer:** For each service received, ask who the support is received from. Record the frequency in the appropriate column – there may be more than one service provider.

<table>
<thead>
<tr>
<th>A. Receive</th>
<th>B. Frequency</th>
<th>C. Support provided by</th>
</tr>
</thead>
<tbody>
<tr>
<td>No = 0</td>
<td>1 = Several times a day</td>
<td></td>
</tr>
<tr>
<td>Yes = 1</td>
<td>2 = Once a day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = One or more times a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 = Less than once a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = public system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = part of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>accommodation cost</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = respondent pays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 = family pays</td>
<td></td>
</tr>
</tbody>
</table>

- a. Any meal service
- b. Home Help (cleaning)
- c. Home Help (shopping)
- d. Home Help (gardening)
- g. Home Help (lawns)
- e. Personal Care (bathing/dressing etc.)
- h. Bus/taxi
- i. Age Concern
- j. Stroke Foundation
- k. Foundation for the Blind
- l. Alzheimers Foundation
- f. Other ..........................

GC12. How often do you currently provide care or assistance for other people?

<table>
<thead>
<tr>
<th>Never</th>
<th>Occasionally (less than weekly)</th>
<th>Once a week</th>
<th>Two to five times weekly</th>
<th>Daily (six to seven times weekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

GC23. How confident are you filling out forms by yourself?

<table>
<thead>
<tr>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments ..............................................................................................................................................
7. End of Life Studies

**Interviewer:** Remind the participant that he/she has the right not answer or not to proceed with this section at any time

Now I want to ask you about your plan for the end of your life.

**EL1. Are you comfortable talking about this?**

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

**EL18. How important would the following be for you at the end of your life?**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. To have my pain/symptoms well controlled</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. To not be a burden to my family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. To feel my life is complete</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. To be at peace with my God</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. To have sorted out my personal affairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. To die at home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. To be mentally alert (until death)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. To be involved in decisions about my care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. To have sorted out my funeral arrangements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. To not be a burden to society</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. To have specific cultural practices undertaken</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. To have sorted out the continuing care of my pet(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. Other, specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EL12. Where would you like to die (what place)? (you can choose more than one)**

<table>
<thead>
<tr>
<th></th>
<th>(No=0; Yes=1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At home</td>
</tr>
<tr>
<td></td>
<td>In a public hospital</td>
</tr>
<tr>
<td></td>
<td>In a whānau/family room in a public hospital</td>
</tr>
<tr>
<td></td>
<td>In a rest home/private hospital</td>
</tr>
<tr>
<td></td>
<td>Some other place: At a family member home (not where you live now)</td>
</tr>
<tr>
<td></td>
<td>At your tūrangawaewae (tribal home)</td>
</tr>
<tr>
<td></td>
<td>At a spiritual place that is special for you</td>
</tr>
<tr>
<td></td>
<td>In a hospice</td>
</tr>
<tr>
<td></td>
<td>Other, specify</td>
</tr>
</tbody>
</table>

Score 777 if don't know, score 888 if refuse to answer, score 999 if not applicable
EL4. Do you have a Living Will or Advanced Care Plan?  

EL4a. If yes,

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

EL5. Have you talked to a friend or family member about your wishes?  

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

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

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

Score 777 if don’t know, score 888 if refuse to answer, score 999 if not applicable
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 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>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
<td>Phone</td>
</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>Date contacted</td>
<td>Date contacted</td>
<td>Date contacted</td>
</tr>
<tr>
<td>EL22a – 1 The person above consents to be contacted for EEL/TPS (No=0 Yes=1)</td>
<td>EL22b – 1 The person above consents to be contacted for EEL/TPS (No=0 Yes=1)</td>
<td>EL22c – 1 The person above consents to be contacted for EEL/TPS (No=0 Yes=1)</td>
</tr>
</tbody>
</table>

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.
8. Physical performance measures

SHORT PHYSICAL PERFORMANCE BATTERY

Now I’d like to ask you to do some physical performance tests. I will first describe and show each movement to you. Then I’d like you to try to do it. If you cannot do a particular movement or you feel it would be unsafe to try to do it, tell me and we’ll move on to the next one. Let me emphasise that I do not want you to try to do any exercise that you feel might be unsafe.

**BALANCE TEST**

**Instructions:** Start with B: Semi–tandem stand. If the person cannot hold the position for 10 seconds, ask them to attempt A: Side–by–side stand. If they manage the semi–tandem stand for 10 seconds, go straight to C: Tandem stand.

<table>
<thead>
<tr>
<th>Reason not attempted or not completed</th>
<th>CODE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tried but unable</td>
<td>1</td>
<td>Participant unable to understand instructions</td>
</tr>
<tr>
<td>Participant could not hold position unassisted</td>
<td>2</td>
<td>Other (specify) ………………………………</td>
</tr>
<tr>
<td>Not attempted, you felt unsafe</td>
<td>3</td>
<td>Participant refused</td>
</tr>
<tr>
<td>Not attempted, participant felt unsafe</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Number of seconds held:

Held for 10 sec

No = 0

Yes = 1

If not attempted or failed, enter reason:

(Code box above)

**A. Side–by–side stand**

I want you to try to stand with your feet together, side by side, for about 10 seconds.

If not attempted or not held for 10 seconds, end balance tests and go to gait speed test

**B. Semi–Tandem Stand**

Now I want you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you.

If not attempted or not held for 10 seconds, end balance tests and go to gait speed test

**C. Tandem Stand**

Now I want you to try to stand with the heel of one foot in front of and touching the toes of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you.
GAIT SPEED TEST

Now I am going to observe how you normally walk. This is our walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to go to the store. Walk all the way past the other end of the tape before you stop.

<table>
<thead>
<tr>
<th>Test was attempted</th>
<th>First walk</th>
<th>Second walk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No = 0</td>
<td>Yes = 1</td>
<td></td>
</tr>
<tr>
<td>Time for 3 metres (seconds)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aids for walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(None = 1, Cane = 2, Walker = 3, Other = 4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not attempted or failed, enter reason</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If not attempted or failed, go to chair stand test

CHAIR STAND TEST

Let’s do the last movement test. Do you think it would be safe for you to try to stand up from a chair without using your arms?

So let’s do the test. This test measures the strength in your legs. First, fold your arms across your chest and sit so that your feet are on the floor; then stand up keeping your arms folded across your chest.

<table>
<thead>
<tr>
<th>Safe to stand without help</th>
<th>(No = 0, Yes = 1)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Results</td>
<td>Participant stood without using arms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participant used arms to stand</td>
<td>Go to Repeated Chair Stand Test</td>
</tr>
<tr>
<td></td>
<td>Test not completed</td>
<td>End test</td>
</tr>
<tr>
<td>If not attempted or failed, code reason</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If not attempted or failed, code reason

Please stand up as QUICKLY as you can 5 times without stopping in between. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. I’ll be timing you with a stopwatch.

<table>
<thead>
<tr>
<th>Safe to stand five times</th>
<th>(No = 0, Yes = 1)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to complete five stands (in seconds)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not attempted or failed, code reason</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Score 777 if don’t know, score 888 if refuse to answer, score 999 if not applicable
9. Housing and Environment

We know that people’s living environments are closely related to their health and well-being. We also know that people often move as they get older. The next questions now are about your house and about changing where you live.

IB1. Has your place of residence changed since your last LILACS NZ interview about a year ago?

   No = 0 (Go to IB6)  Yes = 1  

If ‘Yes’ to question IB1… and if more than one move, ask about last move only

IB2. When did you move?  Date or best estimate  

IB3. Why did you choose your current residence?

   No = 0  Yes = 1  

   Size of home
   Better safety and security
   To free up money or equity
   Easier maintenance of house and or gardens
   Closer to shops, post office, or other amenities
   Closer to health services eg. your GP
   Nicer environment eg view, climate, weather
   To be near or with children
   To be near or with other relatives
   To be near or with friends
   Returning to family/whānau land
   Other ……………………………………………………………………………

IB4. Was there any one event that made it important to move?

   No = 0  Yes = 1  

If ‘No’, go to IB14

If ‘Yes’ to question IB4:

IB5. What event was that?  Do not read, Do not prompt but put a 1 for each event identified

   Death or illness of spouse or partner
   Death or illness of another family member
   Sudden worsening of health e.g. stroke
   Gradual worsening of health or function
   Fear, e.g. of criminal behaviour

   Something else ……………………………………………………………………………

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

Ask the following questions only if ‘No’ to Question IB1

IB6. Since your last LILACS NZ interview about a year ago, have you seriously considered moving house?

No = 0 (Go to IB9) Yes = 1

IB7. Was there any one event that made it important to move?

No = 0 (Go to IB9) Yes = 1

If ‘Yes’ in question IB7:

IB8. What event was that? Do not read, Do not prompt but put a 1 for each event identified

- Death or illness of spouse or partner
- Death or illness of another family member
- Sudden worsening of health e.g. stroke
- Gradual worsening of health or function
- Fear, e.g. of criminal behaviour
- Something else ...........................................................................................................................

IB9. Was a decision made about moving?

No, still considering

Yes, will stay here for now (Go to IB14)

Yes, will move soon but haven’t decided where to (Go to IB14)

Yes, will move soon (Go to IB11)

Only those still considering

IB10. Who was it that first raised the issue of a move? (No = 0 Yes = 1)

You

Your spouse/partner

Your child or close family

Your GP

Hospital doctors

Neighbour or friend

Other care providers

Someone else..........................................................................................................................

Now go to IB15

IB11. Where will you move to?

1 = private dwelling, stand-alone house
2 = private unit or apartment – independent
3 = granny flat unit or apartment on site with family dwelling
4 = retirement village – villa or own unit
5 = rest home (Go to IB13)
6 = private hospital (Go to IB13)
7 = marae or iwi based housing
8 = other..................................................................................................................................

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

Participant ID No: ……………

If not ‘rest home’ or ‘private hospital’ in question IB11:

IB12. Who will you live with most of the time after moving?

1 = alone  
2 = with spouse/partner only  
3 = with spouse and child/other relative  
4 = with spouse and non-relatives  
5 = with child (not spouse)  
6 = with other(s) not spouse or children  
Who? …………………………………

IB13. Why did you choose to move to there?

No = 0    Yes = 1
For smaller home
For larger home
Better safety and security
To free up money or equity
Easier maintenance of house and or gardens
Closer to shops, post office, or other amenities
Closer to health services eg. your GP
Nicer environment eg view, climate, weather
To be near or with children
To be near or with other relatives
To be near or with friends
To receive the care that I need
Returning to family/whānau land
Other …………………………………………………………………………………

IB14. Who was it that first raised the issue of a move?

No = 0    Yes = 1
You
Your spouse/partner
Your child or close family
Neighbour or friend
Your GP
Hospital doctors
Other care providers
Someone else……………………………………

IB15. Who has contributed to the decision (to stay or move)?

Yes = 1 for all that apply
You
Your spouse/partner
Your child or close family
Neighbour or friend
Your GP
Hospital doctors
Other care providers
Someone else……………………………………

IB16. How much was it your decision (to stay or move)?

Wholly my decision
Mostly my decision
About half my decision
Not really my decision
Not at all my decision

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

Participant ID No: ……………

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

IB17. How satisfied are you now with the decision (to stay or move)?

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

IB18. Did you consider any of the following as alternatives to moving?

Yes = 1 for all that were considered or received

<table>
<thead>
<tr>
<th>Considered</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modifications to the home eg ramps or rails</td>
<td>Don’t Ask</td>
</tr>
<tr>
<td>More support from family</td>
<td></td>
</tr>
<tr>
<td>More support from neighbours &amp;/or friends</td>
<td></td>
</tr>
<tr>
<td>Start home help &amp;/or personal care</td>
<td></td>
</tr>
<tr>
<td>Increase home help &amp;/or personal care</td>
<td></td>
</tr>
<tr>
<td>Better treatment for health conditions, e.g. surgery, therapy or medications</td>
<td></td>
</tr>
<tr>
<td>Something else ........................................</td>
<td></td>
</tr>
<tr>
<td>None, no other options considered</td>
<td></td>
</tr>
</tbody>
</table>

IB19. How likely are you to move (again) in the near future?

<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>

IB20. Have there been any renovations or changes to your current home since your last LILACS NZ interview about a year ago?

No = 0 (Go to IC6) Yes = 1

IB20a. Please look at this list. Tell me what was done

Redecorated
 Added or extended rooms
 Improved access e.g. rails, ramps, flooring
 Improved heating or insulation
 Improved bathroom
 Outside garden / fencing improvements
 Other? (Please describe) ........................................

Score 777 if don't know, score 888 if refuse to answer, score 999 if not applicable
Ask of everyone:

IC6. In the area where you live, do you have access to the following?

<table>
<thead>
<tr>
<th>Option</th>
<th>No = 0</th>
<th>Yes = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Safe footpaths and streets to get around</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Safety from personal and property crime or disturbance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Public or appropriate transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Shops and services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Medical and related healthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Options for entertainment, recreation and learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Private transport provided by someone else</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If yes, please specify (relationship/role rather than name):*

……………………………………………………………………
……………………………………………………………………..
……………………………………………………………………..

IC7. Are you satisfied with the access you have to ...?

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

IC5. How difficult is it for you to get to the shops?

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

IC2. Thinking about your current neighbourhood, how well do you like it?

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

AB7. Do you live in the same area as your hapū /extended family /

<table>
<thead>
<tr>
<th>Area</th>
<th>No = 0</th>
<th>Yes = 1</th>
<th>Don’t know = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Now I would like to ask about discrimination in New Zealand

LA2. Have you ever been the victim of an ethnically motivated attack (verbal or physical abuse to the person or property) in New Zealand?

<table>
<thead>
<tr>
<th>Attack</th>
<th>No = 0</th>
<th>Yes = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Māori only to ask the next two questions

LA9. How often are you spoken down to as Māori?

<table>
<thead>
<tr>
<th></th>
<th>More than daily</th>
<th>Daily</th>
<th>Twice a week to weekly</th>
<th>Weekly to monthly</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

LA10. How much has colonisation affected the way you live your life today?

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

All to answer

LA11. In general, how happy are you with the current government policy on race relations?

<table>
<thead>
<tr>
<th></th>
<th>Very unhappy</th>
<th>Mainly unhappy</th>
<th>Neither unhappy nor happy</th>
<th>Mainly happy</th>
<th>Very happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
10. Everyday Interests and Activities

We are interested in activities that you spend time doing. First I want to ask you about activities you have done over the last week, that is since last .......... (Interviewer substitute the day of the week).

<table>
<thead>
<tr>
<th>Over the past 7 days, how often did you….</th>
<th>0 = Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = Seldom (1–2 days)</td>
</tr>
<tr>
<td></td>
<td>2 = Sometimes (3–4 days)</td>
</tr>
<tr>
<td></td>
<td>3 = Often (5–7 days)</td>
</tr>
</tbody>
</table>

| JA1...participate in sitting activities such as reading, watching TV or doing handicraft? |   |
| JA2...take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog etc.? |   |
| JA3...engage in light sport or recreational activities such as light gardening e.g. using a ride–on mower, bowling, golf with a cart, shuffleboard, fishing from a boat or pier or similar activities? |   |
| JA4...engage in moderate sport and recreational activities such as moderate gardening e.g. using a motor mower, double tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities? |   |
| JA5...engage in strenuous sport and recreational activities such as heavy gardening e.g. using a hand mower, jogging, swimming, cycling, singles tennis, aerobic dance, skiing or other similar activities? |   |
| JA6...do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push ups etc? |   |

A. What were these activities?

B. On average, how many hours per day did you engage in these activities?

1 = Less than one hour
2 = 1 – 2 hours
3 = 2 – 4 hours
4 = More than 4 hours
JA7. How often do you speak or do something with:

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>2-3 times a week</th>
<th>At least weekly</th>
<th>At least monthly</th>
<th>Less often</th>
<th>Never/I have none</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Your spouse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>a. Any of your children or other relatives?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. Any friends in your community/neighbourhood?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c. Any of your neighbours?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d. Any friends living outside your community/neighbourhood?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

HOUSEHOLD ACTIVITIES AND INTERESTS

Now I’d like to know about household activities you’ve done over the last 7 days.

BC6. During the past 7 days, did you engage in any of the following activities?
(Please answer ‘Yes’ or ‘No’ for each item)

No = 0   Yes = 1

a. Any light housework, such as dusting or washing dishes
b. Heavy housework or chores, such as vacuuming, scrubbing floors, washing windows or carrying wood
c. Home repairs like painting, wall papering, electrical work etc.
d. Lawn work or yard care, including snow or leaf removal, wood chopping, etc.
e. Outdoor gardening
f. Caring for another person, such as children, dependent spouse or another adult.

JA10. What kind of interests have you dropped during the last 12 months? Have there been any?

0 = No interests dropped  (Go to JA11)
1 = One or more interests dropped  (list below)
JA10a. Which of these were reasons for dropping some of your interests?
(Code all that apply  No = 0  Yes = 1)

a. Personal capacity; such as reduced strength or energy, limited mobility, vision impairment, hearing impairment, health or other limitation
b. Motivation; such as lack of motivation, "it was time to give up", not appropriate or proper to continue
c. Time use; such as lack of time, doing it takes longer
d. Security; such as not confident about own limits or abilities, fear of doing things outside the home
e. Physical environment; such as limited accessibility (e.g. Steps, seating, toilets, parking), or restricted environment (e.g. age limited, car access only)
f. Social circumstance; such as caring for other/s, loss of partner or friend, Relocation
g. Economic conditions; such as restricted finances or cost
h. Other ........................................................................................................................................

JA11. During the last 4 weeks how often have you .....?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Every day</th>
<th>Every week</th>
<th>Once</th>
<th>Not at all</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Spent time on a hobby (including handcrafts)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b) Gone to the shops</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c) Visited or been visited by family and friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d) Gone to the doctor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e) Taken care of pets?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f) Attended meetings of any community /neighbourhood or social groups, such as old people’s clubs, lectures or anything like that?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g) Attended any religious meetings?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h) Been a spectator at a sports event</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i) Gone to an entertainment or arts event (such as concert, theatre or cinema)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j) Gone to a restaurant, café, pub or bar</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k) Gone to a TAB (betting shop) or casino</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l) Attended a family event</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m) Attended a social occasion (such as a barbeque or hangi)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n) Gone to the library or museum</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>o) Participated in an outdoor activity (such as cycling, walking or gardening)</td>
<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
<table>
<thead>
<tr>
<th>JA12. Thinking of how you spend your time, would you say, “Most days I……………”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t have enough to do</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Always alone</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JA14a. And would you say that you …</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always feel lonely</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>
11. Financial Situation

The next couple of questions will ask you about your income and how you manage your money. I will not ask you how MUCH money you have. Remember that any information you give to us will be treated in strictest confidence.

KA1. Do you have a SuperGold Card?  
KA2. Do you have a Community Services Card?  
KA3. Do you have a High User Health Card?  
KA4. Do you have a Total Mobility Card?  
KA5. Do you have private Health Insurance?  

No = 0  Yes = 1

KA6. Thinking of your money situation right now, would you say:

I can’t make ends meet  I have just enough to get along on  I am comfortable

1  2  3

KA7. Thinking of your money situation in the future, would you say, I expect that:

I will not have enough to make ends meet  I will have just enough to get along on  I will be comfortable

1  2  3

KA10. Do you receive any of the following financial assistance?

No = 0  Yes = 1

Living Alone allowance  
Disability allowance  
Discount on your rates  
Discount on your electricity  
Total Mobility card  
Disability parking card

Other financial aid .................................................................
12. Overall Views about growing older

The final questions I want to ask you are about your overall views about growing older and what you have thought about this questionnaire.

**MA2. On the whole has growing older been a positive or negative experience for you?**

<table>
<thead>
<tr>
<th></th>
<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>Score</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**MA1. 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></th>
<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>Score</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**FA1. All things considered, how satisfied are you with your life as a whole these days**

<table>
<thead>
<tr>
<th></th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Anything that you would like to say or areas of your way of life that have not been covered?

………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………
LP1. I would you like to think about this question:

**What are the highlights of this stage of life for you?**

- Use only as much space as you require
- Feel free to ask friends or family to help you answer if you’d like to

Please give this page to a LILACS NZ staff member or return it in the envelope provided.
THANK YOU

Thank you for being part of this study. The information you have shared is much appreciated and is very important as it will help us find out how life is now for older New Zealanders.

_Interviewer to answer the following:_

<table>
<thead>
<tr>
<th>How well do you rate the...</th>
<th>Very poor</th>
<th>Poor</th>
<th>Neither good nor poor</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability of the respondent’s responses?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Participant’s understanding of the questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Participant’s level of interest?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Participant’s level of stamina</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

_Other comments the Interviewer would like to make:_

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