Partial Interview Wave 6: 16 March 2015

Participant ID No:

Carer identified  □ Yes  □ Informal  □ Formal  □ No

Okay to contact carer  □ Yes  □ No

Carer’s details completed  □ Yes  □ No

Carer consents to Kai Āwhina Study  □ Yes  □ No

Return questionnaire to participant  □ Yes  □ No

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

Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu

Wave 6

Partial participation/brief interview

LILACS NZ

Date: __________. __________. __________

Start Time: (24 hour time) __________:________:________

Finish Time: (24 hour time) __________:________:________

Interviewer: ________________________________

Site Number: ________________________________

(1=Opotiki/Te Kaha, 2=Whakatane, 3=Rotorua Māori, 4= Rotorua non-Māori, 5=NMO PHO, 6=WBOP)

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.

Professor Ngaire Kerse MBChB PhD FRNZCGP
Department of General Practice and Primary Health Care
School of Population Health
University of Auckland
Private Bag 92019, Auckland, New Zealand
ph. 9 923 4467, fax 9 3737624, email n.kerse@auckland.ac.nz

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

1
PARTIAL INTERVIEW WAVE 6: 16 MARCH 2015

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)

1. Contact Details

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

AA1. Do you still live at … (refer sheet for previous address)

No = 0  (Record new address)  Yes = 1  (Go to AA2)

Full Address …………………………………………………………………………………
……………………………………………………………………………… Phone ……………

AA2. Is ………….. (refer sheet) still someone we could contact if we cannot get hold of you? If for example, you moved or were away or have died?

No = 0  (Record new details below)  Yes = 1

Name …………………………………………………………… 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
PARTIAL INTERVIEW WAVE 6: 16 MARCH 2015

A1. Is your GP still ... (refer sheet for previous GP)

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

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

GP’s Name .......................................................... Phone ......................
GP’s Practice ....................................................................................

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

A9. What is your current marital status?

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

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

No = 0  Yes = 1  (Go to A12)

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

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

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

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

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

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

FD1a. What was it?

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

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

Score ‘777’ if don’t know, score ‘888’ if refuse to answer, score ‘999’ if not applicable
PARTIAL INTERVIEW WAVE 6: 16 MARCH 2015

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 A15)  Yes=1

FD2a. What was it?

CB1. Kua ua korero a takuta ki a koe, kei a koe tetahi o enei mate ka whai iho nei: Since your last LiLACS NZ interview about a year ago have you ever been told by a doctor that you have had:

- 0 = No   1 = Yes   2 = Don’t Know

a. Manawa tukia  Heart attack/myocardial infarction
b. Hemanawa  Angina
c. Ikura roro  Stroke
d. Manawa rerepuroto  Transient Ischemic Attack / mini stroke
e. Peehanga toto teitei  High blood pressure
f. Whakahipa manawa kapakapa raanei  Atrial fibrillation or irregular heartbeat
g. Mate manawa  Congestive heart failure
h. Ngakau tau maha, pouri  Intermittent claudication (pain in calves when walking), peripheral vascular disease
i. Piw a ruumaatiki  Rheumatic fever
j. Etahi atu mate ki te manawa, ki nga ia toto ranei  Other heart or circulatory problem

Specify………………………………………………………………………………

CB3. I roto koe i te hohipera mo tenei?

Were you ever in hospital for this?

- 0 = No   1 = Yes

A18. Do you smoke cigarettes?

- No=0; Yes=1

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

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

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

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
A23. How much does your hearing interfere with normal day-to-day functioning?

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

A24. During the past month have you often been bothered by feeling down, depressed or hopeless?

No = 0; Yes = 1

A25. During the past month have you often been bothered by having little interest or pleasure in doing things?

No = 0; Yes = 1

A26. In general, would you say your health is:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

A27. Compared to one year ago, how would you rate your health in general NOW?

1 = Much better now than one year ago
2 = Somewhat better now than one year ago
3 = About the same as one year ago
4 = Somewhat worse now than one year ago
5 = Much worse now than one year ago

A28. Do you have any DISABILITY or HANDICAP that is long-term (lasting six months or more)?

No = 0; Yes = 1

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

Record:

A30. Does a HEALTH PROBLEM, or a condition you have (lasting SIX MONTHS or more) cause you difficulty with, or stop you doing:

No = 0; Yes = 1

- Everyday activities that people your age can usually do
- Communicating, mixing with others or socialising
- Any other activity that people your age can usually do

Score '777' if don't know, score '888' if refuse to answer, score '999' if not applicable
The next questions ask about a few more common everyday activities. For each question please tell me whether you do the activity on your own, on your own with difficulty, with help from someone else, or whether you don’t do the activity at all. We are interested in whether you actually DONE the activity in the last few weeks, not whether you CAN do it.

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

<table>
<thead>
<tr>
<th>Scoring:</th>
<th>Help received from…</th>
</tr>
</thead>
<tbody>
<tr>
<td>No = 0</td>
<td>Someone in the same household</td>
</tr>
<tr>
<td>With help = 1</td>
<td>Family outside the household</td>
</tr>
<tr>
<td>On my own; on my own with difficulty = 2</td>
<td>Others</td>
</tr>
</tbody>
</table>

### A31. Mobility

- a. Do you walk around outside?

### A32. In the kitchen

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

### A33. Domestic tasks

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

### A34. Leisure activities

- b. Do you use the telephone?

### A35. Other

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

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

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

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

Score ‘777’ if don’t know, score ‘888’ if refuse to answer, score ‘999’ if not applicable
PARTIAL INTERVIEW WAVE 6: 16 MARCH 2015

Participant ID No:

If no Kaiāwhina carer was interviewed prior, ask GC15a

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

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

If prior Kaiāwhina carer was interviewed;

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

No=0 Yes=1

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

No (Go to CG15c) Yes Don’t know details

No=0 (Go to CG15c) Yes=1

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

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

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

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

GC15b-2. Record previous Kaiāwhina ID No. or assign a new ID No.

Refer to participant detail sheet to check previous Carer ID number

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

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

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

No (Go to A37) Yes Don’t know details

No=0 (Go to A37) Yes=1

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

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

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

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

GC15d-2. Record previous Kaiāwhina ID No. or assign a new ID No.

Refer to participant detail sheet to check previous Carer ID number
The final questions I want to ask you are about your overall views about growing older and what you have thought about this questionnaire.

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

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

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

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