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

Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu

Wave 2

Partial participation/brief interview

This questionnaire has been developed by the LILACS NZ research team and is for the purpose of the LILACS NZ project.
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 64 9 3737599 ext 84467, fax 64 9 3737624, email n.kerse@auckland.ac.nz

NHI No: [ ][ ][ ][ ][ ][ ][ ]

Date: *(dd mm yyyy)* [ ][ ] . [ ][ ] . [ ][ ][ ][ ]

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 = Health centre 3 = Other ....

Contact Details

AA1. Do you still live at...

(refer sheet for previous address)

Name ....

Address ....

....

.... Phone ....

Could we please have the name and address of two people we could contact if we couldn't get hold of you (if, for example, you had moved or were away)?

Name ....

Address ....

.... Phone ....

Relationship ....

Different household for second contact if possible

Name ....

Address ....

.... Phone ....

Relationship ....

A1. Is your GP still...

(refer sheet for previous GP)

GP Name ....

GP Practice ....

....

.... Phone ....

A9. What is your current marital status?

I have never been married/partnered	Married/ partnered	Widow/Widower	Separated	Divorced	
1	2	3	4	5	☐

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 = 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?

....

....

....

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?

....

....

....

A15. Since your last LILACS NZ interview about a year ago, have you been told by a doctor that you have had: No = 0 Yes = 1 Don't Know = 2		**A17. Were you in hospital for this?** No = 0 Yes = 1
a. Heart attack/myocardial infarction		
b. Angina		
c. Stroke		
d. Transient Ischemic Attack / mini stroke		
e. High blood pressure		
f. Atrial fibrulation or irregular heartbeat		
g. Congestive heart failure		
h. Intermittent claudication (pain in calves when walking), peripheral vascular disease		
i. Rheumatic fever		
j. Other heart or circulatory problem		

Specify ....

A18. Do you smoke cigarettes? No = 0 Yes = 1

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

None	One	Two or three	Four or more	
0	1	2	3	

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

Not at all	Somewhat	Moderately	Very	Extremely	
1	2	3	4	5	

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

Not at all	Somewhat	Moderately	Very	Extremely	
1	2	3	4	5	

A24. During the past month have you often been bothered by feeling down, depressed or hopeless? No = 0 Yes = 1

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

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

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

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

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

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

No = 0 Yes = 1

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

Record:

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

No = 0 Yes = 1

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

The next questions ask about a few more common everyday activities. For each question please tell me whether you do the activity on your own, on your own with difficulty, with help from someone else, or whether you don't do the activity at all. We are interested in whether you actually DONE the activity in the last few weeks, not whether you CAN do it. *Interviewer: ask all the questions first. Then go back to all activities the person said they have help to do. For each activity they said they have help to do, find out who helps.*

		Scoring: No = 0; With help = 1; On my own; on my own with difficulty = 2	Help received from…. Someone in the same household	Family outside the household	Others
A31.	Mobility				
	a. Do you walk around outside?				
A32.	In the kitchen				
	a. Do you manage to feed yourself?				
	b. Do you manage to make yourself a hot drink?				
	c. Do you take hot drinks from one room to another?				
A33.	Domestic tasks				
	c. Do you do your own housework?				
	d. Do you do your own shopping?				
	e. Do you do a full clothes wash?				
A34.	Leisure activities				
	b. Do you use the telephone?				
A35.	Other				
	a. Do you manage your personal care for instance brushing your teeth and hair, washing your hands and face?				
	b. Do you manage to go to the toilet?				
	c. Do you get in/out of bed?				

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?

Very positive	Mainly positive	Neither positive nor negative	Mainly negative	Very negative
1	2	3	4	5

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

Strongly agree	Agree	Unsure	Disagree	Strongly disagree	Don't know
1	2	3	4	5	6

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