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

Te Puawaiata o Ngā Tapuwae Kia Ora Tonu  

Wave 3

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.  
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Score '777' if don't know, score '888' if refuse to answer, score '999' if not applicable
PARTIAL INTERVIEW WAVE 3: 16 April 2012

NHI No: ________________________________

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 = 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 ____________________________________________

Score ‘777’ if don’t know, score ‘888’ if refuse to answer, score ‘999’ if not applicable
PARTIAL INTERVIEW WAVE 3: 16 April 2012

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

<table>
<thead>
<tr>
<th>GP Name</th>
<th>GP Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone

A9. What is your current marital status?

<table>
<thead>
<tr>
<th>I have never been married/partnered</th>
<th>Married/partnered</th>
<th>Widow/Widower</th>
<th>Separated</th>
<th>Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<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=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 A15);  Yes=1

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

- Heart attack/myocardial infarction
- Angina
- Stroke
- Transient Ischemic Attack / mini stroke
- High blood pressure
- Atrial fibrilation or irregular heartbeat
- Congestive heart failure
- Intermittent claudication (pain in calves when walking), peripheral vascular disease
- Rheumatic fever
- Other heart or circulatory problem. Specify: 

A17. Were you in hospital for this?

No=0; Yes=1

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

Score ‘777’ if don’t know, score ‘888’ if refuse to answer, score ‘999’ if not applicable
PARTIAL INTERVIEW WAVE 3: 16 April 2012

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
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.*

**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**

b. 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)

**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 (Go to A37)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

GC15b–1 Contact details of carer: .................................................................

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

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

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

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

<table>
<thead>
<tr>
<th>No (Go to A37)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No (Go to A37)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

GC15d–1 Contact details of carer: .................................................................

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

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

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

*Instruction for interviewer:*

(I) Please tick boxes “☑” on the front page whether 1) a carer is identified, 2) participant agrees for us to contact the carer, and 3) carer’s contact details are available.

(II) Remember to contact the identified carer if they are not present to inform about the AWHINA (LOVE & SUPPORT) STUDY and to obtain a written informed consent.

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>
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<tr>
<td>1</td>
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<td>4</td>
<td>5</td>
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</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>
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</tbody>
</table>

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