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

LILACS NZ

Partial participation/brief interview

Must get date of birth and ensure eligibility before starting interview

Date of birth? *(dd /mm /yyyy)* ☐☐ / ☐☐ / ☐☐☐☐

Name .....
Address .....
.....
..... Phone .....

A1. I'd like to check that I have the details of your GP correct please tell me your GP's name and address:

GP Name .....
GP Practice .....
.....
..... Phone .....

A2. What country were you born in? ☐

1 = New Zealand *(Go to AB2)* 2 = Australia 3 = England 4 = Scotland
5 = China (People's Republic of) 6 = South Africa 7 = Samoa 8 = Cook Islands
9 = Other (print the present name of the country) .....

A2a. If not born in New Zealand, when did you first arrive to live in New Zealand? ☐☐ ☐☐☐☐
Month Year
(if known e.g. 11) *(e.g. 1945)*

A3. Which ethnic group(s) do you belong to?
(read all options and mark answers with 0 = No 1 = Yes)

New Zealand European	☐	Maori	☐	Samoan	☐
Cook Island Māori	☐	Tongan	☐	Niuean	☐
Chinese	☐	Indian	☐	Other European	☐
Other, such as Japanese, Tokelauan (state)					☐

A4. Do you live in the same area as your Hapu /extended family / where you come from? ☐

0 = No 1 = Yes 2 = Don't know

Maori only to answer this section, others to go to question A9

A5. Please tell me the name(s) of your hapu, your iwi (tribe or tribes), and your rohe (iwi area)

HAPU	IWI	ROHE
Don't know hapu ☐	Don't know iwi ☐	Don't know rohe ☐

	Not at all	A little	Moderately	Very	Extremely	
A6. How important is your hapu to your wellbeing?	1	2	3	4	5	☐
A7. How important is your iwi to your wellbeing?	1	2	3	4	5	☐
A8. How well do you understand your tikanga?	1	2	3	4	5	☐

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?

0 = No 1 = Yes *(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?

0 = No 1 = Yes ☐

A13. In the last year have you been admitted to care facility?

0 = No 1 = Yes ☐

A14. What is your highest education level?

Primary school or no schooling	secondary school, no qualification	secondary school qualification	trade, occupational	tertiary qualification	
0	1	2	3	4	☐

A15. Have you ever been told by a doctor that you have had: 0 = No 1 = Yes 2 = Don't Know		**A16. Age of onset**	**A17. Were you ever in hospital for this?** 0 = No 1 = Yes
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 or have you ever smoked cigarettes? ☐

0 = never a smoker 1 = current 2 = past (stopped more than 12months ago)

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

A19. Have you ever had a major injury or health event that has affected you in the long term?

0 = No *(go to A20)* 1 = Yes ☐

A19a. What was it?	Age at event

A20. Have you ever had a major psychological stress event that has affected you in the long term? 0 = No *(Go to A21)* 1 = Yes ☐

If needing prompt **(For example the unexpected death of a family member, abuse, bankruptcy)**

A20a. What was it?	Age at event

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? 0 = No 1 = Yes

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

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)? 0 = No 1 = Yes

A29. What is the main medical problem that interferes with the 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: 0 = No 1 = Yes

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	
No difficulty with any of these	

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: *0 = No* *1 = with help ->* *2 = on my own; on my own with difficulty*	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.

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	

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

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