

Carer identified	<input type="checkbox"/> Yes; <input type="checkbox"/> Informal <input type="checkbox"/> Formal
	<input type="checkbox"/> No
Okay to contact carer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carer's details completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carer consents to Awhina Study	<input type="checkbox"/> Yes <input type="checkbox"/> No
To return questionnaire to participant	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu

Wave 3



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.
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NHI No:

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Date:

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(dd) (mm) (yyyy)

Start Time: (24 hour time)

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Finish Time: (24 hour time)

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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	<input type="checkbox"/>

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

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

a. Heart attack/myocardial infarction	
b. Angina	
c. Stroke	
d. Transient Ischemic Attack / mini stroke	
e. High blood pressure	
f. Atrial fibrillation 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:	

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?

None	One	Two or three	Four or more	
0	1	2	3	<input type="checkbox"/>

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	<input type="checkbox"/>

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	<input type="checkbox"/>

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	<input type="checkbox"/>

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	<input type="checkbox"/>
Communicating, mixing with others or socialising	<input type="checkbox"/>
Any other activity that people your age can usually do	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A32.	In the kitchen				
	a. Do you manage to feed yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you manage to make yourself a hot drink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you take hot drinks from one room to another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A33.	Domestic tasks				
	c. Do you do your own housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Do you do your own shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Do you do a full clothes wash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A34.	Leisure activities				
	b. Do you use the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A35.	Other				
	a. Do you manage your personal care for instance brushing your teeth and hair, washing your hands and face?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Do you manage to go to the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you get in/out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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) | |

1.

2.

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 (Go to A37)	Yes	
0	1	<input style="width: 30px; height: 20px;" type="text"/>

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	
0	1	<input type="checkbox"/>

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"?)

No (Go to A37)	Yes	
0	1	<input type="checkbox"/>

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

No (Go to A37)	Yes	
0	1	<input type="checkbox"/>

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?

Very positive	Mainly positive	Neither positive nor negative	Mainly negative	Very negative	
1	2	3	4	5	<input type="checkbox"/>

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	<input type="checkbox"/>