

# 1999 OLDER PEOPLE'S HEALTH SURVEY QUESTIONNAIRE

Note: P indicates questions are also asked to proxy respondents.

Questions 1–20 comprise contact and sampling questions which are not shown here.

Questions are single response unless otherwise noted.

Where the question was answered by proxy, 'you' is replaced by the name of the survey participant.

P 20 Could you please tell me how old you are ?  
\_\_\_\_\_ years → Q22  
777 Don't know  
999 Refused.

P 21 Could you tell me which age group you belong to?  
Are you between:  
1. 65–69 years → Q22  
2. 70–74 years → Q22  
3. 75–79 years → Q22  
4. 80–84 years → Q22  
5. 85–89 years → Q22  
6. 90 years and over → Q22  
7. Don't know → End  
8. Refused → End.

P 22 Are you male or female?  
1. Male  
2. Female  
3. Refused.

## HEALTH STATUS

23 The next group of questions are about your general health.

24 In general, would you say your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don't know
7. Refused.

25 Compared with five years ago, how would you rate your health in general: better now, about the same or worse now?

1. Better now
2. About the same
3. Worse now
4. Don't know
5. Refused.

P 26 Do you have any health problems that cause you difficulty in getting around and doing things for yourself?  
1. Yes  
2. No → Q29  
3. Don't know → Q29  
4. Refused → Q29.

27 Which health problem causes you the most difficulty?

\_\_\_\_\_

777 Don't know  
999 Refused.

P 28 In the last 12 months, have you spent more than a complete week in bed at home because of illness or accident?  
(Prompt for reason illness or accident)  
1. Yes, illness  
2. Yes, accident  
3. Yes, both  
4. No  
5. Don't know  
6. Refused.

## USE OF HEALTH SERVICES

29 In the last 12 months, have you consulted a GP or local doctor about your health?  
1. Yes  
2. No → Q31  
3. Don't know → Q31  
4. Refused → Q31.

P 30 In the last 2 weeks, have you consulted a GP or local doctor about your health?  
1. Yes  
2. No  
3. Don't know  
4. Refused.

P 31 In the last 12 months, have you visited or been visited by a community nurse or a private nursing service?  
1. Yes  
2. No → Q33  
3. Don't know → Q33  
4. Refused → Q33.

32 In the last 2 weeks, have you visited or been visited by a community nurse or a private nursing service?  
1. Yes  
2. No  
3. Don't know  
4. Refused.

P 33 In the last 12 months, have you visited or been visited by a podiatrist or chiropodist? A podiatrist/chiropodist is a person who is specially trained to provide foot care.  
1. Yes  
2. No  
3. Don't know  
4. Refused.

34 In the last 12 months, have you consulted a chemist for advice about a health problem?

1. Yes
2. No
3. Don't know
4. Refused.

35 In the last 12 months, have you visited or been visited by a physiotherapist?

1. Yes
2. No
3. Don't know
4. Refused.

P 36 In the last 12 months, have you stayed for at least one night in hospital?

1. Yes
2. No
3. Don't know
4. Refused.

### SENSORY SCREENING AND LOSS

37 Have you ever had your hearing tested?

1. Yes
2. No → Q39
3. Don't know → Q39
4. Refused → Q39.

38 When did you last have your hearing checked?

1. Less than 1 year ago
2. 1 year ago to less than 2 years ago
3. 2 years to less than 5 years ago
4. 5 or more years ago
5. Never
6. Don't know
7. Refused.

39 Do you currently use a hearing aid?

1. Yes
2. No
3. Don't know
4. Refused.

40 Is your hearing [with your hearing aid] excellent, good, fair or poor?

1. Excellent.
2. Good
3. Fair
4. Poor.

41 When did you last have your eyesight checked?

1. Less than 1 year ago
2. 1 year ago to less than 2 years ago
3. 2 years to less than 5 years ago
4. 5 or more years ago
5. Never
6. Don't know
7. Refused.

42 Do you currently wear glasses:  
(Multiple Response)

1. For reading
2. For distance vision
3. No glasses
4. Don't know
5. Refused.

43 Is your eyesight for reading [with your glasses] excellent, good, fair or poor?

1. Excellent.
2. Good
3. Fair
4. Poor
5. Don't know
6. Refused.

44 Is your long distance eyesight [with your glasses] excellent, good, fair or poor?

1. Excellent.
2. Good
3. Fair
4. Poor
5. Don't know
6. Refused.

### ORAL HEALTH

P 45 Are any of your natural teeth missing?  
(Natural teeth does not include dentures)

1. Yes—have some of my natural teeth missing
2. Yes—have all my natural teeth missing → Q47
3. No—have none of my natural teeth missing
4. Don't know
5. Refused.

46 In the last 12 months, how often have you had a toothache?

1. Very often
2. Often
3. Sometimes.
4. Hardly ever
5. Never (during the last 12 months)
6. Don't know
7. Refused.

47 In the last 12 months, how often have you had a problem with your mouth or dentures?

1. Very often
2. Often
3. Sometimes
4. Hardly ever
5. Never (during the last 12 months)
6. Don't know
7. Refused.

48 In the last 12 months, how often have you felt concerned about the appearance of your teeth, mouth or dentures?

1. Very often
2. Often
3. Sometimes
4. Hardly ever
5. Never (during the last 12 months)
6. Don't know
7. Refused.

49 In the last 12 months, how often have you had to avoid eating some foods because of problems with your teeth, mouth or dentures?

1. Very often
2. Often
3. Sometimes
4. Hardly ever
5. Never (during the last 12 months)
6. Don't know
7. Refused.

### PHYSICAL FUNCTIONING

P 50 Does your health limit you in doing vigorous activities such as running, lifting heavy objects or participating in strenuous sports?

1. Yes
2. No → Q52
3. Don't know → Q52
4. Refused → Q52.

P 51 Does your health limit you a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

P 52 Does your health limit you doing moderate activities such as moving a table, pushing a vacuum cleaner, playing lawn bowls or golf or bushwalking?

1. Yes
2. No → Q54
3. Don't know → Q54
4. Refused → Q54.

P 53 Does your health limit you a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

P 54 Does your health limit you lifting or carrying groceries?

1. Yes,
2. No → Q56
3. Don't know → Q56
4. Refused → Q56.

P 55 Does your health limit you] a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

P 56 Does your health limit you climbing several flights of stairs?

1. Yes
2. No → Q60 (Enter 2 in Q58)
3. Don't know → Q58
4. Refused → Q58.

P 57 Does your health limit you a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

P 58 Does your health limit you climbing one flight of stairs?

1. Yes
2. No → Q60
3. Don't know → Q60
4. Refused → Q60.

P 59 Does your health limit you a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

P 60 Does your health limit you bending, kneeling or stooping?

1. Yes
2. No → Q62
3. Don't know → Q62
4. Refused → Q62.

61 Does your health limit you a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

P 62 Does your health limit you walking more than one kilometre (that's about half a mile)?

1. Yes
2. No → 10 Q68 (Enter 2 in Q64 and Q66)
3. Don't know → Q64
4. Refused → Q64.

P 63 Does your health limit you a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

P 64 Does your health limit you walking half a kilometre (that's about 500 yards)?

1. Yes
2. No → Q68 (Enter 2 in Q66)
3. Don't know → Q66
4. Refused → Q66.

P 65 Does your health limit you a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

P 66 Does your health limit you walking 100 metres?

1. Yes
2. No → Q68
3. Don't know → Q68
4. Refused → Q68.

P 67 Does your health limit you a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

P 68 Does your health limit you bathing or dressing yourself?

1. Yes
2. No → Q70
3. Don't know → Q70
4. Refused → Q70.

P 69 Does your health limit you a lot or limit you a little?

1. Limited a lot
2. Limited a little
3. Not limited at all
4. Don't know
5. Refused.

#### WALKING AIDS

P 70 (Only asked of people who cannot do moderate or vigorous activities).

Do you currently use:

1. A cane or walking stick?
2. A walker or frame?
3. A wheelchair?
4. Do NOT use any aids
5. Don't know
6. Refused.

#### ACTIVITIES OF DAILY LIVING

P 71 Can you do household duties like laundry, vacuuming, or dusting on your own?

1. Yes
2. No
3. Don't know
4. Refused.

P 72 Can you prepare all your meals on your own?

1. Yes
2. No
3. Don't know
4. Refused.

P 73 Can you do home maintenance or gardening tasks on your own?

1. Yes
2. No
3. Don't know
4. Refused.

P 74 Do you need help or supervision with personal care such as showering or bathing, dressing, or getting to the toilet?

1. Yes
2. No
3. Don't know
4. Refused.

75 Do you need help cutting your toenails?

1. Yes
2. No
3. Don't know
4. Refused.

#### USE OF COMMUNITY SERVICES

(Only asked of people who cannot do household duties or maintenance or personal care on their own.)

P 76 Who helps you with household duties, home maintenance or personal care which you cannot do on your own?

(Multiple Response)

1. I do (Proxy interview only)
2. Spouse/partner
3. Son/daughter
4. Other family
5. Neighbours or friends
6. An organised community service (eg Home Care, Meals on Wheels, Home Nursing)
7. Private services (not a government or voluntary agency).
8. Services (don't know if public or private)
9. No one helps (Exclusive option)
10. Don't need any help
11. Don't know
12. Refused.

(If 'no' to 6 and 7 and 8) Skip Q87

P 77 Did you have any services to help with household duties such as laundry, vacuuming, dusting in the LAST WEEK?

1. Yes
2. No → Q79
3. Don't know → Q79
4. Refused → Q79.

P 78 How many hours of household services did you have in the LAST WEEK?

\_\_\_\_\_ Hours last week  
777 Don't know.  
999 Refused.

P 79 Did you have any services to help you with personal care at your home in the LAST WEEK ?

1. Yes
2. No → Q81
3. Don't know → Q81
4. Refused → Q81.

P 80 How many times did services help you with personal care in the LAST WEEK?

\_\_\_\_\_ Times last week  
777 Don't know  
999 Refused.

P 81 Did any services deliver or prepare meals for you at home in the LAST WEEK?

1. Yes
2. No → Q83
3. Don't know → Q83
4. Refused → Q83.

P 82 How many meals did a service deliver or prepare for you in the LAST WEEK?

\_\_\_\_\_ Meals last week  
777 Don't know.  
999 Refused.

P 83 In the LAST FOUR WEEKS did you have any services to help with home maintenance or gardening?

1. Yes
2. No
3. Don't know
4. Refused.

P 84 In the LAST FOUR WEEKS did you attend a day care centre?

1. Yes
2. No
3. Don't know
4. Refused .

P 85 In the LAST FOUR WEEKS did you have any respite services come to your home to look after you?

1. Yes
2. No
3. Don't know
4. Refused.

P 86 In the LAST FOUR WEEKS did you stay overnight at any respite services?  
(Prompt if necessary: Respite services provide supervision or company to someone who cannot manage on their own)

1. Yes
2. No
3. Don't know
4. Refused.

87 In the LAST FOUR WEEKS did you have any services to help take you out for shopping, errands, or medical appointments (eg special buses or escorting services)?

1. Yes
2. No
3. Don't know
4. Refused.

88 Do you think you need [more if Q76 ne 9] help with any household duties, personal care, or other tasks at home?

1. Yes
2. No → Q91
3. Don't know → Q91
4. Refused → Q91.

89 What tasks do you need [more if Q76 ne 9] help with?

(Multiple Response)

1. Household duties (includes laundry, vacuuming, cleaning)
2. Personal care (showering, bathing, dressing, getting to the toilet)
3. Meals at home.
4. Home maintenance/modification or gardening
5. Day care services
6. Special transport to shopping, errands, medical visits
7. Respite Services
8. Any other tasks (specify) \_\_\_\_\_

9. Don't know

10. Refused.

90 What is the main reason you are not receiving [more if Q76 = 6 or 7 or 8] help with these tasks from community services?

1. Did not know community services were available
2. Need not important enough now
3. Won't ask – too proud
4. Unable to arrange service
5. No service are available
6. Not eligible for service
7. Service costs too much
8. Service doesn't provide sufficient hours
9. Language/cultural barriers
10. Other (specify) \_\_\_\_\_
11. Don't know
12. Refused.

## PSYCHOLOGICAL DISTRESS

- 91 In the last 4 weeks, about how often did you feel so sad that nothing could cheer you up?
1. All of the time
  2. Most of the time
  3. Some of the time
  4. A little of the time
  5. None of the time
  6. Don't know
  7. Refused.
- 92 In the last 4 weeks, about how often did you feel nervous?
1. All of the time
  2. Most of the time
  3. Some of the time
  4. A little of the time
  5. None of the time
  6. Don't know
  7. Refused.
- 93 In the last 4 weeks, about how often did you feel restless or fidgety?
1. All of the time
  2. Most of the time
  3. Some of the time
  4. A little of the time
  5. None of the time
  6. Don't know
  7. Refused.
- 94 In the last 4 weeks, about how often did you feel hopeless?
1. All of the time
  2. Most of the time
  3. Some of the time
  4. A little of the time
  5. None of the time
  6. Don't know
  7. Refused.
- 95 In the last 4 weeks, about how often did you feel that everything was an effort?  
If necessary, prompt: How often did you feel everything was hard and difficult to do?
1. All of the time
  2. Most of the time
  3. Some of the time
  4. A little of the time
  5. None of the time
  6. Don't know
  7. Refused.
- 96 In the last 4 weeks, about how often did you feel worthless?
1. All of the time
  2. Most of the time
  3. Some of the time
  4. A little of the time
  5. None of the time
  6. Don't know
  7. Refused.

- 97 (If 'None of the Time' to Q91-Q96 then → Q98)  
In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings?

\_\_\_\_\_ Years  
777 Don't know  
999 Refused.

## DIABETES AND HIGH BLOOD SUGAR

- P 98 Have you ever been told by a doctor or at a hospital that you have diabetes?
1. Yes → Q100
  2. No
  3. Only during pregnancy → Q103
  4. Don't know → Q103
  5. Refused → Q103.
- P 99 Have you ever been told by a doctor or at a hospital that you have high blood sugar?
1. Yes
  2. No → Q103
  3. Borderline
  4. Only during pregnancy → Q103
  5. No longer have high blood sugar → Q103
  6. Don't know → Q103
  7. Refused → Q103.
- 100 How old were you when you were first told you had diabetes/high blood sugar?
- \_\_\_\_\_ Years  
777 Don't know  
999 Refused.
- 101 In the last 12 months, how many times has a health professional checked your feet for signs of ulcers, infections and abnormalities?
- \_\_\_\_\_ Number of times  
777 Don't know  
999 Refused.
- 102 In the last 12 months, how many times has a health professional placed drops in your eyes and checked the back of your eyes for diabetes-related eye problems?
- \_\_\_\_\_ Number of times  
777 Don't know  
999 Refused.

## WOMEN'S HEALTH (For women only)

- 103 Have you ever had a mammogram?
1. Yes
  2. No → Q105
  3. Don't know → Q105
  4. Refused → Q105.

104 When did you last have a mammogram?

1. Less than 1 year ago
2. 1 year ago to less than 2 years ago
3. 2 years to less than 5 years ago
4. 5 or more years ago
5. Never
6. Don't know
7. Refused.

105 A clinical breast examination is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast examination?

1. Yes
2. No → Q107
3. Don't know → Q107
4. Refused → Q107.

106 When did you last have a clinical breast examination?

1. Less than 1 year ago
2. 1 year ago to less than 2 years ago
3. 2 years to less than 5 years ago
4. 5 or more years ago
5. Never
6. Don't know
7. Refused.

#### PERCEPTIONS ABOUT LIFESTYLE

107 Would you say that the way you live your life these days is:

1. Very healthy
2. Fairly healthy
3. Not so healthy
4. Don't know
5. Refused.

108 Do you do anything at the moment to keep yourself healthy or improve your health?

1. Yes
2. No → Q110
3. Don't know → Q110
4. Refused → Q110.

109 What are the two most important things you do to keep you healthy or improve your health?

1. Walking
  2. Other physical activity
  3. Healthy eating
  4. Social activity
  5. Positive attitudes
  6. Healthy living habits
  7. Other (specify)
- 
8. Don't do anything to keep healthy
  9. Don't know
  10. Refused.

#### PHYSICAL ACTIVITY

110 How physically active are you compared to most other [men (if male)/women (if female)] your age?

1. Much less active
2. A bit less active
3. About as active
4. A bit more active
5. Much more active
6. Don't know
7. Refused.

111 How many days in the last week have you walked for at least half an hour in total?

\_\_\_\_\_ days in last week  
777 Don't know  
999 Refused.

112 How many days in the last week did you do moderate activities such as dancing, golf, lawn bowls for at least half an hour in total?

\_\_\_\_\_ days in last week  
777 Don't know  
999 Refused.

113 How many days in the last week did you do vigorous gardening or yard work for at least half an hour in total?

\_\_\_\_\_ days in last week.

114 Have you heard of the exercise and physical activity campaign, 'Exercise – you only have to take it regularly not seriously'?

1. Yes
2. No
3. Don't know
4. Refused.

115 Are there any reasons that keep you from being more physically active?

1. Yes
2. No → Q117
3. Don't know → Q117
4. Refused → Q117.

116 What are they?

(Multiple Response)

1. Health problems, eg. arthritis, heart problems, bad knees
2. Weather – too hot, too cold, too wet
3. Don't like exercising alone
4. Pain problems
5. Feel unsafe on the streets
6. Worried about the dogs in the area
7. Afraid of falling over
8. Transport problems
9. Anything else (specify)

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10. Don't know
11. Refused.

## NUTRITION

- P 117 How many serves of vegetables do you usually eat each day? A serve is ½ cup cooked vegetables or 1 cup of salad vegetables. Prompt: potatoes are vegetables.
1. \_\_\_\_\_ serves per day
  2. \_\_\_\_\_ serves per week
  3. Don't eat vegetables
  4. Don't know
  5. Refused.
- P 118 How many serves of fruit do you usually eat each day? A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced or canned fruit pieces.
1. \_\_\_\_\_ serves per day (0, 1, 2,etc)
  2. \_\_\_\_\_ serves per week
  3. Don't eat fruit
  4. Don't know
  5. Refused.

## FOOD SECURITY

- 119 In the last 12 months, were there any times that you ran out of food and couldn't afford to buy more?
1. Yes
  2. No
  3. Don't know
  4. Refused.

## PAIN

- 120 I would like you to think back over the last 6 months, that is, since [month 1999] and remember any episodes of pain that lasted for three months or more. This means pain experienced on all of the days over a three month period since [month 1999]. Have you had any pain like this?
1. Yes
  2. No → Q124
  3. Don't know → Q124
  4. Refused → Q124.
- 121 On the days that you have had your pain in the last 6 months, how would you rate your average pain. Is it:
1. Weak
  2. Mild
  3. Moderate
  4. Strong
  5. Severe
  6. Don't know
  7. Refused.

- 122 In the last 6 months, how much has pain interfered with your daily activities
1. Not at all
  2. A little bit
  3. Moderately
  4. Quite a lot
  5. Extremely
  6. Don't know
  7. Refused.

- 123 How many days in the last 6 months have you been kept from your usual activities because of pain?

\_\_\_\_\_  
777 Don't know  
999 Refused.

## INCONTINENCE

- 124 The next few questions are about urinary symptoms which are a common problem in the community. Are you willing to answer some questions about urinary symptoms?
1. Yes
  2. No → Q128
  3. Don't know
  4. Refused → Q128.

- 125 If you feel uncomfortable with any question, just tell me and I will move on to the next question.

In the last four weeks, how often did you have to unexpectedly rush to the toilet to urinate, during the day or night?

1. Most of the time
2. Some of the time
3. None of the time
4. Don't know
5. Refused.

- 126 In the last month, how often did urine leak when you were physically active, exerted yourself, coughed or sneezed, during the day or night?

1. Most of the time
2. Some of the time
3. None of the time
4. Don't know
5. Refused.

- 127 [If Q125= 3,4 or 5 and Q126= 3,4 or 5 then skip to Q128]

Have you talked with a health professional about it?

1. Yes
2. No
3. Don't know
4. Refused.

## FALLS

- P 128 In the last 12 months have you had a fall?  
1. Yes  
2. No → Q130  
3. Don't know → Q130  
4. Refused → Q130.
- P 129 In the last 12 months have you had a fall which required medical treatment for injuries?  
5. Yes  
6. No  
7. Don't know  
8. Refused.
- 130 Are you afraid of falling?  
1. Yes  
2. No → Q132  
3. Don't know → Q132  
4. Refused → Q132.
- 131 Would you say you are somewhat, fairly, or very afraid of falling?  
1. Not at all  
2. Somewhat afraid  
3. Fairly afraid  
4. Very afraid  
5. Don't know  
6. Refused.
- 132 Do you currently use any personal alert or alarm in case you have a fall or other emergency?  
1. Yes  
2. No  
3. Don't know  
4. Refused.
- 133 Would you consider doing a program of gentle exercise in order to reduce your chances of falling?  
1. Yes  
2. No → Q135  
3. Already do exercise → Q135  
4. Don't know → Q135  
5. Refused → Q135.
- 134 Would you consider:  
(Multiple Response)  
1. Walking?  
2. Gentle exercises at home?  
3. Gentle exercises in a group?  
4. Dancing  
5. Any other exercise which you would like to do? (specify) \_\_\_\_\_  
6. Don't know  
7. Refused.

## IMMUNISATION

- P 135 Has a health professional ever advised you to be vaccinated against 'flu'?  
1. Yes  
2. No  
3. Don't know  
4. Refused.

- P 136 Were you vaccinated or immunised against 'flu in the last 12 months?  
1. Yes  
2. No  
3. Don't know  
4. Refused.
- P 137 Has a health professional ever advised you to be vaccinated against pneumonia?  
1. Yes  
2. No  
3. Don't know  
4. Refused.
- P 138 Were you vaccinated or immunised against pneumonia in the last 12 months, that is since [month] 1998?  
1. Yes  
2. No  
3. Don't know  
4. Refused.

## WELL-BEING

- 139 In the last 4 weeks, about how often did you feel happy?  
1. Most of the time  
2. Some of the time  
3. None of the time  
4. Don't know  
5. Refused.
- 140 In the last 4 weeks, about how often did you feel calm and peaceful?  
1. Most of the time  
2. Some of the time  
3. None of the time  
4. Don't know  
5. Refused.
- 141 In the last four weeks about how often have you felt bored?  
1. Most of the time  
2. Some of the time  
3. None of the time  
4. Don't know  
5. Refused.
- 142 In the last four weeks about how often have you felt lonely?  
1. Most of the time  
2. Some of the time  
3. None of the time  
4. Don't know  
5. Refused.
- 143 In the last four weeks about how often have you felt depressed?  
1. Most of the time  
2. Some of the time  
3. None of the time  
4. Don't know  
5. Refused.

**SLEEP**

- 144 How often do you feel really rested when you wake up in the morning? Would you say:
1. Most of the time
  2. Some of the time
  3. None of the time
  4. Don't know
  5. Refused.

**PERCEPTIONS OF SAFETY IN THE HOME AND NEIGHBOURHOOD**

- 145 Do you feel safe in your home:
1. All of the time
  2. Most of the time
  3. Some of the time
  4. None of the time
  5. Don't know
  6. Refused.
- 146 Do you feel safe in your [neighbourhood/local area]: (use 'local area' for non-urban areas)
1. All of the time
  2. Most of the time
  3. Some of the time
  4. None of the time
  5. Don't know
  6. Refused.

**TRANSPORT INCLUDING DRIVING AND PUBLIC TRANSPORT**

- P 147 Can you get to places by car, bus or train on your own?
1. Yes
  2. No
  3. Don't know
  4. Refused.
- P 148 In the last 4 weeks which of the following types of transport did you use? (Multiple Response)
1. Car—as a driver
  2. Car—as a passenger
  3. Government or private bus service
  4. Train
  5. Taxi
  6. Community transport provided by the local council or health service
  7. Anything else (specify) \_\_\_\_\_
  8. Didn't use any transport
  9. Don't know
  10. Refused.

- 149 Do transport problems limit you with any of the following activities? (Multiple Response)
1. Your social activities
  2. Going shopping
  3. Getting to and from health services such as GPs or hospitals
  4. No problems with transport
  5. Don't know
  6. Refused.

- 150 (If Q170 not 3 then skip)  
What would make it easier for you to get to and from health services?
- \_\_\_\_\_
- \_\_\_\_\_

**CAREGIVING**

- 151 Do you have the main responsibility in caring for someone who has a long-term illness, disability or other problem?  
Prompt if necessary: Such a problem would prevent them from managing their household tasks of personal care independently.
1. Yes
  2. No → Q159
  3. Don't know → Q159
  4. Refused → Q159.

- 152 Who do you care for?  
(If cares for more than one person, select the person they spend most of their time caring for)
1. Husband
  2. Wife
  3. Partner
  4. Son
  5. Daughter
  6. Grandchild
  7. Friend
  8. Mother
  9. Father
  10. Other (specify) \_\_\_\_\_
  11. Don't know
  12. Refused.

- 153 What main disability or illness does your [main care recipient Q152] have?  
Is it a: (Multiple response)
1. Physical illness or disability (Include Frailty And Blindness)
  2. A memory problem or intellectual disability (Including Dementia/Alzheimers)
  3. Other (specify) \_\_\_\_\_
  4. Don't know
  5. Refused.

- 154 During the last week, have you had any of the following services at home to help you care for [main care recipient Q152]? (services includes public, private, and community services). Did you have...(Multiple Response)
1. Services to help with household duties
  2. Services to help with their personal care
  3. Services that deliver meals to your home
  4. Services to help with home maintenance or gardening
  5. Special transport services to shopping, errands, medical visits)
  6. Home nursing services (eg. Treatments, wound dressing, monitoring/checkup, etc., excluding personal care)
  7. None of the above services
  8. Don't know
  9. Refused.

- 155 Did you have any carer support from any of the following services over the last four weeks? (Multiple Response)
1. Day care centre
  2. Respite care at home
  3. Any other carer support (specify)
- 
4. No carer support (exclusive option)
  5. Don't know
  6. Refused.

- 156 Do you need any more help with carer support, household duties, personal care, or other jobs around the house?
1. Yes
  2. No → Q159
  3. Don't know → Q159
  4. Refused → Q159.

- 157 Do you need [more] help with: (Multiple Response)
1. Household duties
  2. Personal care
  3. Meals at home
  4. Home maintenance or gardening
  5. Special transport to do shopping, run errands or attend medical visits
  6. Home nursing (eg. treatments, wounds dressing, monitoring/checkup)
  7. Anything else (specify)
- 
8. Don't know
  9. Refused.

- 158 What is the main reason you are not receiving this help?
1. Did not know of service
  2. Need not important enough now
  3. Won't ask—pride
  4. Unable to arrange service
  5. No service available
  6. Not eligible for service
  7. Service costs too much
  8. Service doesn't provide sufficient hours
  9. Other (specify) \_\_\_\_\_
  10. Don't know
  11. Refused.

- 159 In the last month or so have you helped anybody by doing: (Multiple Response)
1. Childminding?
  2. Shopping or errands? (if Q122 =3)
  3. Housekeeping? (if Q71=1)
  4. Doing maintenance or gardening around their house? (if Q71=3)
  5. Giving lifts to people in the car? (if Q148=1)
  6. Prepared meals for someone outside your household?
  7. Hasn't helped anyone (exclusive response)
  8. Don't know
  9. Refused.

- 160 In the last six months or so have you: (Multiple Response)
1. Looked after anyone who was ill in bed?
  2. Done any volunteer work for an organisation?
  3. Done neither (exclusive option)
  4. Don't know
  5. Refused.

#### SOCIAL ACTIVITY

- 161 There are many ways people may be socially active, including visiting family and friends, going on outings, and belonging to churches or clubs. How would you describe your general social activity? Are you....:
1. Very active
  2. Fairly active.
  3. Not very active
  4. Not active at all
  5. Don't know
  6. Refused.

162 What things keep you from being more socially active? (Multiple Response)

1. Health problems
  2. Not enough time
  3. Can't be bothered
  4. No friends/family close by
  5. No transport
  6. Not safe
  7. Costs of activities or transport
  8. Shy/Don't like going out
  9. Anything else (specify)
- 
10. Nothing keeps me from being more socially active
  11. Don't know
  12. Refused.

163 Are there people with whom you can enjoy joint activities and outings?

1. Yes
2. No
3. Don't know
4. Refused.

164 Is there someone you confide in about things that are important to you?

1. Yes
2. No
3. Don't know
4. Refused.

165 In the last week have you: (Multiple Response)

1. Gone out to visit family
2. Had family to visit you
3. Had contact by phone with family
4. Gone out to visit friends
5. Had friends to visit you
6. Had contact by phone with friends
7. No contact with family or friends
8. Don't know
9. Refused.

P 166 To help us develop health services for people who spend much of their time at home I'm now going to ask you a question about how often you get out.

About how often do you get out of your home for any reason?

(If asked: 'home' includes a garden or yard).

1. Never or almost never
2. Less than once a month
3. 1 to 3 times a month
4. Once a week
5. A few times a week
6. Every day or most days of the week
7. Don't know
8. Refused.

## DEMOGRAPHICS

P 167 What is your marital status? Are you:

1. Married → Q169
  2. Living with a partner/de facto → Q169
  3. Widowed
  4. Divorced
  5. Separated
  6. Never married → Q170
  7. Not stated → Q170
  8. Don't know → Q170
  9. Other (specify) → Q170
- 
10. Refused → Q170.

168 About how long ago were you (widowed/divorced/separated)?

\_\_\_\_\_ (Years)  
0 if less than 1 year  
777 Don't know  
999 Refused.

169 Do you have any children?

1. Yes
2. No
3. Don't know
4. Refused.

P 170 Who else lives in your household? (Multiple Response)

1. No-one, I live alone (If only one person in HH, skip and insert 1)
  2. Spouse/partner
  3. Children
  4. Brothers/sisters
  5. Other relatives
  6. Non-family members
  7. Anyone else (specify)
- 
8. Don't know
  9. Refused.

P 171 In which country were you born?

1. Australia → Q173
  2. Country
- 

3. Don't know → Q173
4. Refused → Q173.

172 When did you first arrive in Australia?  
19\_\_\_\_\_

777 Don't know  
999 Refused.

173 Are you of Aboriginal or Torres Strait Islander origin?

1. Aboriginal but not Torres Strait Islander
2. Torres Strait Islander but not Aboriginal origin
3. Aboriginal and Torres Strait Islander origin
4. Not Aboriginal or Torres Strait Islander origin
5. Refused.

P 174 What language do you usually speak at home?  
(Language) \_\_\_\_\_  
777 Don't know.  
999 Refused.

P 175 How old were you when you left school?  
\_\_\_\_\_ years  
777 Don't know  
888 Didn't go to school  
999 Refused.

176 Since leaving school have you obtained a trade qualification, certificate, diploma or any other qualification?  
1. Yes  
2. No → Q178  
3. Don't know → Q178  
4. Refused → Q178.

177 What is your highest qualification?  
1. Bachelor degree or higher  
2. Trade/apprenticeship  
3. Certificate/diploma  
4. Other (specify) \_\_\_\_\_  
5. Don't know  
6. Refused.

178 Are you currently in paid employment?  
1. Yes  
2. No → Q180  
3. Don't know → Q180  
4. Refused → Q180.

179 Are you employed full-time or part-time?  
1. Full-time. → Q181  
2. Part-time → Q181  
3. Don't know → Q181  
4. Refused → Q181.

180 How many years ago did you retire (completely)?  
\_\_\_\_\_ years ago  
222 Not Applicable  
777 Don't know  
999 Refused.

181 What was your main occupation?  
Prompt: main occupation is the occupation respondent has previously spent most time in.  
\_\_\_\_\_  
222 Home duties → Q205  
777 Don't know → Q205  
999 Refused → Q205.

182 What were the main tasks that you usually performed in that occupation?  
\_\_\_\_\_  
777 Don't know  
999 Refused.

183 Now I wish to ask about your [husband/wife's/partner's] working life.  
Ask only if respondent is still living with spouse Q167 = 1 or 2  
At this time is your [husband/wife/partner]:  
1. Completely retired  
2. Partly retired (from paid work)  
3. Not retired at all  
4. Don't know  
5. Refused.

P 184 Do you currently receive a pension, allowance or benefit?  
1. Yes  
2. No → Q186  
3. Don't know → Q186  
4. Refused → Q186.

P 185 What kind of pension or benefit is that?  
(Do not read out, Multiple Response)  
1. Age pension  
2. Repatriation pension, veteran's pension, war widow's pension  
3. Widow's pension (excluding war widow's pension)  
4. Invalid or Disability allowance pension  
5. Sickness allowance  
6. Other (specify) \_\_\_\_\_  
7. Don't know  
8. Refused.

P 186 Do you and your husband/wife now have a health concession card?  
(PROMPT: This does not include a Medicare card)  
1. Yes  
2. No → Q188  
3. Don't know → Q188  
4. Refused → Q188.

P 187 Which card do you have? Is it a:  
(Multiple Response)  
1. Pensioner Concession Card (pale blue)  
2. Health Care Card (maroon and cream)  
3. Commonwealth Seniors Health Card (green)  
4. DVA Gold Card (Department of Veteran's Affairs)  
5. DVA White Card (Department of Veterans Affairs)  
6. Don't know  
7. Refused.

P 188 Do you have any private health insurance?  
1. Yes  
2. No → Q190  
3. Don't know → Q190  
4. Refused → Q190.

189 Does this include: (Multiple Response)

1. Ambulance cover
2. Hospital cover
3. Dental cover
4. Extras like physiotherapy
5. Don't know
6. Refused.

190 Thinking about your money situation, would you say:

1. You can't make ends meet
2. You have just enough to get along
3. You are comfortable
4. Don't know
5. Refused.

### HOME OWNERSHIP, HOUSING TYPE

P 191 I would like to ask some questions about your housing arrangements.

Are you :

1. The outright owner of your [their] home
2. Paying off your [their] home
3. Leasing, purchasing (or other financial plan) in a retirement village
4. Paying rent or board to a private landlord
5. Paying rent to the government for public housing
6. Living here rent or board free
7. Anything else (specify)

- 
8. Don't know
  9. Refused.

P 192 What type of accommodation do you live in?

1. Separate house
  2. Semi-detached/town house/terraced house
  3. Villa
  4. Unit or flat.
  5. Granny flat.
  6. Unit in a Retirement village (excluding nursing home or hostel)
  7. Hostel accommodation
  8. Don't know
  9. Refused
  10. Other (specify)
- 

P 193 Since you were 65 years old, have you made any of the following changes to your home to make it easier to live there?

Have you: (Multiple Response)

1. Installed grab bars or rails
2. Put in a bathseat, handshower or special non slip mats
3. Had doors widened or made them swing the other way
4. Improved paths or steps
5. Increased lighting
6. Any other changes (specify)

- 
7. No changes made
  8. No changes needed
  9. Don't know
  10. Refused.

P 194 Have you moved house in last five years?

1. Yes
2. No → Q197
3. Don't know → Q197
4. Refused → Q197.

P 195 What are the main reasons for your move? (Multiple Response)

1. To live closer to family/friends
2. Home too big
3. Save money/cheaper
4. Closer to services/facilities
5. Safer environment
6. Old age or condition
7. Other (specify)

- 
8. Don't know
  9. Refused.

P 196 Where did you live before you moved there? Was it in:

1. A major urban centre like Sydney
2. A major urban centre like Newcastle, Wollongong or Penrith
3. A major urban centre with 100,000 or more people
4. A major urban centre with 10,000 to less than 100,000 people
5. A centre or village with 1,000 to less than 10,000 people
6. A rural subdivision (e.g. housing estate in a rural Area
7. A rural property (for example farm, acreage)
8. Anything else (specify)

- 
9. Don't know
  10. Refused.

- P 197 Do you now live in:
1. A major urban centre like Sydney
  2. A major urban centre like Newcastle, Wollongong or Penrith
  3. A major urban centre with 100,000 or more people
  4. A major urban centre with 10,000 to less than 100,000 people
  5. A centre or village with 1,000 to less than 10,000 people
  6. A rural subdivision (eg housing estate in a rural Area)
  7. Rural Property (for example farm, acreage)
  8. Anything else (specify)
- 
9. Don't know
  10. Refused.

- P 198 Can you tell me your [his/her] postcode now?
- 
- 777 Don't know  
999 Refused.

- P 199 What [suburb/locality] do you live in now?
- 
- 777 Don't know  
999 Refused.

- P 200 How many residential telephone numbers do you have? Do not include mobile phone numbers, dedicated FAX numbers or modems.
- \_\_\_\_\_ (number of residential telephone numbers)
- 777 Don't know  
999 Refused.
- If proxy → Q210

### HOPES AND FEARS

- 201 What is your main concern and fear for the future?

1. Fear for self → Q202
2. Fear for family, friends or significant others → Q203
3. General fear (people, Australia, World → Q204
4. Don't know → Q205
5. Refused → Q205
6. No fears for future → Q205.

- 202
1. Physical self
  2. Dependence—can't cope on own or look after self
  3. Finances—price rises, food, GST etc.
  4. Nursing home
  5. Lonliness, isolation
  6. Other

- 
7. Don't know
  8. Refused → Q205.

- 203
1. Grandchildren
  2. Dependents—who will care for partner, disabled child etc
  3. Becoming a burden to family, friends
  4. Other (specify)
- 
5. Don't know
  6. Refused → Q205.

- 204
1. Environment
  2. Wars
  3. Australia's future/welfare
  4. Employment
  5. Intolerance (racial, immigration)
  6. Other (specify)

- 
7. Don't know
  8. Refused.

- 205 What are your main hopes for the future?
1. Hope for self → Q206
  2. Hope for family, friends or significant others → Q207
  3. General Hope (people, Australia, World) → Q208
  4. Don't know → Q209
  5. Refused → Q209
  6. No hopes for the future → Q209.

- 206
1. Health—stay healthy, free of disability, maintain faculties
  2. Long life—another 10 years, live to 130, etc
  3. Finances—adequate superannuation, be OK for money, win lotto etc
  4. Activity—live life to fullest, able to do things, go to Olympics, travel etc
  5. Living as now—keep living as I am, live normally etc
  6. Happiness—live happy contented life, quality of life etc
  7. Independence—stay in own home, care for self etc
  8. Other (specify)

- 
9. Don't know
  10. Refused → Q209.

- 207
1. Family—harmony, family reunion, well and healthy
  2. Grandchildren—live to see grow up, settle, be prosperous
  3. Partner—lives longer, can survive, live together
  4. Activity—live life to fullest, able to do things, go to Olympics, travel etc
  5. Other (specify)

- 
6. Don't know
  7. Refused → Q209.

- 208
1. World peace
  2. Next generation (improve things for next generation etc)
  3. Tolerance (equity, reconciliation etc)
  4. Environment
  5. Other (specify)
- 
6. Don't know
  7. Refused → End Q209.

- 209
- Finally, a percentage of survey respondents are contacted by our Supervisor to check that the survey was undertaken in an appropriate way.  
Would you be willing for a Supervisor to contact you at a later stage?
1. Yes
  2. No.

END

*That ends our questionnaire. Thank you for taking the time to complete this questionnaire. The information will be used to help improve health services for people 65 years and over in your local area and across the state. Thanks once again. Goodbye.*

**P DEMENTIA SCREEN (PROXY ONLY)**

- 210
- Now our final questions are about \_\_\_\_\_'s memory. I would like you to tell me if \_\_\_\_\_'s memory has declined in any of the following ways over the last 5 years. If it has, I would like know if [his/her] memory is a bit worse, somewhat worse or much worse.

- P 211
- Forgetting where [he/she] put something. Has there been a change over the last 5 years?
1. Yes
  2. No → Q213
  3. Don't know → Q213
  4. Refused → Q213.

- P 212
- Is it a bit worse, somewhat worse or much worse than 5 years ago:
1. A bit worse
  2. Somewhat worse
  3. Much worse.
  4. Don't know
  5. Refused
  6. (No change).

- P 213
- Forgetting what someone just told [him/her]. Has there been a change over the last 5 years?
1. Yes
  2. No → Q215
  3. Don't know → Q215
  4. Refused → Q215.

- P 214
- Is it a bit worse , somewhat worse or much worse than 5 years ago:
1. A bit worse
  2. Somewhat worse
  3. Much worse.
  4. Don't know
  5. Refused
  6. (No change).
- Scoring algorithm. If (Q212 = 1 or more) or (Q214 = 1 or more) then continue otherwise skip to END Q235.

- P 215
- Forgetting dates to do something, like paying bills, appointments or going on an outing or when visitors are coming. Has there been a change over the last 5 years?
1. Yes
  2. No → Q217
  3. Don't know → Q217
  4. Refused → Q217.

- P 216
- Is it a bit worse, somewhat worse or much worse than 5 years ago?
1. A bit worse
  2. Somewhat worse
  3. Much worse.
  4. Don't know
  5. Refused
  6. (No change).

- P 217
- Forgetting [his/her] address or telephone number. Has there been a change over the last 5 years?
1. Yes
  2. No → Q219
  3. Don't know → Q219
  4. Refused → Q219.

- P 218
- Is it a bit worse, somewhat worse or much worse than 5 years ago?
1. A bit worse
  2. Somewhat worse
  3. Much worse.
  4. Don't know
  5. Refused
  6. (No change).

- P 219
- Forgetting where things are usually kept. Has there been a change over the last 5 years?
1. Yes
  2. No → Q221
  3. Don't know → Q221
  4. Refused → Q221.

- P 220
- Is it a bit worse, somewhat worse or much worse than 5 years ago?
1. A bit worse
  2. Somewhat worse
  3. Much worse.
  4. Don't know
  5. Refused
  6. (No change).

P 221 Not knowing where to find things that [he/she] has been put in a different place than usual. Has there been a change over the last 5 years?

1. Yes
2. No → Q223
3. Don't know → Q223
4. Refused → Q223.

P 222 Is it a bit worse, somewhat worse or much worse than 5 years ago?

1. A bit worse
2. Somewhat worse
3. Much worse.
4. Don't know
5. Refused
6. (No change).

P 223 Forgetting things about family and friends, e.g., where friends live, social occasions that may have happened in the past. Has there been a change over the last 5 years?

1. Yes
2. No → Q225
3. Don't know → Q225
4. Refused → Q225.

P 224 Is it a bit worse, somewhat worse or much worse than 5 years ago?

1. A bit worse
2. Somewhat worse
3. Much worse.
4. Don't know
5. Refused
6. (No change).

P 225 Not recognising the faces of people [he/she] knows, for example, friends or neighbours. Has there been a change over the last 5 years?

1. Yes
2. No → Q227
3. Don't know → Q227
4. Refused → Q227.

P 226 Is it a bit worse, somewhat worse or much worse than 5 years ago?

1. A bit worse
2. Somewhat worse
3. Much worse.
4. Don't know
5. Refused
6. (No change).

P 227 Forgetting what day, month and year it is. Has there been a change over the last 5 years?

1. Yes
2. No → Q229
3. Don't know → Q229
4. Refused → Q229.

P 228 Is it a bit worse, somewhat worse or much worse than 5 years ago?

1. A bit worse
2. Somewhat worse
3. Much worse.
4. Don't know
5. Refused
6. (No change).

P 229 Forgetting whether it was breakfast or dinner at the appropriate times. Has there been a change over the last 5 years?

1. Yes
2. No → Q231
3. Don't know → Q231
4. Refused → Q231.

P 230 Is it a bit worse, somewhat worse or much worse than 5 years ago?

1. A bit worse
2. Somewhat worse
3. Much worse.
4. Don't know
5. Refused
6. (No change).

P 231 Losing [his/her] way around places that are familiar to [him/her], like, the local shops, or when driving, or in the home (for example, finding where the bathroom is). . Has there been a change over the last 5 years?

1. Yes
2. No → Q233
3. Don't know → Q233
4. Refused → Q233.

P 232 Is it a bit worse, somewhat worse or much worse than 5 years ago?

1. A bit worse
2. Somewhat worse
3. Much worse.
4. Don't know
5. Refused
6. (No change).

P 233 Losing [his/her] way around places outside [his/her] usual neighbourhood, for example, the city. Has there been a change over the last 5 years?

1. Yes
2. No → END Q235
3. Don't know → END Q235
4. Refused → END Q235.

P 234 Is it a bit worse, somewhat worse or much worse than 5 years ago?

1. A bit worse
2. Somewhat worse
3. Much worse.
4. Don't know
5. Refused
6. (No change).

235 Finally, a percentage of survey respondents are contacted by our Supervisor to check that the survey was undertaken in an appropriate way.

Would you be willing for a Supervisor to contact you at a later stage?

1. Yes
2. No.+

END

*That ends our questionnaire. Thank you for taking the time to complete this questionnaire. The information will be used to help improve health services for people 65 years and over in your local area and across the state. Thanks once again. Goodbye.*