

ICPSR 3679

**Australian [Adelaide]
Longitudinal Study of Aging,
Wave 6: [1999-2000]**

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The Australian Longitudinal Study of Ageing

Wave 6 Household Questionnaire

1.	Sequence Number		SEQNUM
2.	Date of interview		DATEW6
	Household Demographics (interviewer to answer questions 3 to 8.)		
3.	Type of domicile?		DOMICW6
	(INTERVIEWER- If institution, go to next question. If community living go to question 6.)	Community living 1	
		Institution 2	
4.	Identify type of institution	Private rest home 1	INSTW6
		Hostel 2	
		Nursing home 3	
		Mental institution 4	
		Boarding house 5	
		Other (specify below) 6	
5.	Please specify other institution		OTHINSW6
6.	Identify type of community living	House 1	COMMUNW6
		Home unit or flat 2	
		Granny flat with own kitchen 3	
		Granny flat without kitchen 4	
		Non-self contained unit 5	
		Bed sitter room 6	
		Other (specify below) 7	
7.	Please specify other community living		COMTYPW6
8.	Is this independent or group housing?	Independent 1	TYPACCW6
		Group housing 2	
		Retirement village 3	
		Other 4	
9.	How many people usually live here with you?		HOWMANW6
	(INTERVIEWER –If one or more persons, complete below.)		
	I would like to ask you for a few details about each of these people		
10.1	What is their name?		NAME1W6 – NAME5W6
10.2	What is their relationship to you?	Spouse 1	RELAT1W6 – RELAT5W6
		Son 2	
		Daughter 3	
		Son-in-law 4	
		Daughter-in-law 5	
		Grandchild 6	
		Parent 7	
		Parent-in-law 8	
		Brother or sister 9	
		Brother or sister-in-law 10	
		Nephew or niece 11	
		Cousin 12	
		Uncle or aunt 13	
		Great grandchild 14	
		Other relative 15	
		Friend 16	
		Boarder or lodger 17	
		Other 18	

10.3	What was their age last birthday?		THAGE1W6 – THAGE5W6
10.4	What is their sex?	Male 1 Female 2	THSEX1W6 – THSEX5W6
11.	Could you please tell me your current marital status?	Married 1 De facto 2 Separated 3 Divorced 4 Widowed 5 Never married 6	MARITW6
12.	I would now like to ask you some questions about your family. How many living children do you (or your husband-wife-partner) have? (INTERVIEWER-enter total number of living children.)		LIVCHW6
13.	How many sons are still alive?		SSTLALW6
14.	How many live within one hour's travel? (INTERVIEWER-if only one ask – Does he live within one hours travel?)		SLIVHOW6
15.	How many live in South Australia more than one hour's travel away? (INTERVIEWER-if only one ask – Does he live in SA?)		SLIVSAW6
16.	How many live elsewhere in Australia? (INTERVIEWER-if only one ask – Does he live in Australia?)		SLIVAUW6
17.	How many live overseas? (INTERVIEWER-if only one ask – Does he live overseas?)		SOVERSW6
18.	How many daughters are still alive?		DSTLALW6
19.	How many live within one hour's travel? (INTERVIEWER-if only one ask – Does she live within one hours travel?)		DLIVHOW6
20.	How many live in South Australia more than one hour's travel away? (INTERVIEWER-if only one ask – Does she live in SA?)		DLIVSAW6
21.	How many live elsewhere in Australia? (INTERVIEWER-if only one ask – Does she live in Australia?)		DLIVAUW6
22.	How many live overseas? (INTERVIEWER-if only one ask – Does she live overseas?)		DOVERSW6
23.	Do you have any grandchildren?	Yes 1 No 2	GRANCHW6
24.	How many grandchildren do you have?		HMGDCHW6
25.	How would you rate your overall health at the present time?	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5	HLTHLIW6
26.	Would you say that your health is better, about the same, or worse than most people your age?	Better 1 Same 2 Worse 3 Don't know 4	HLTHBTW6
27.	Is your health now better, about the same, or not as good as it was about twelve months ago?	Better now 1	BTSM12W6

About the same 2
 Not as good now 3
 Don't know 4

I am now going to read a list of statements describing how people sometimes feel. Please tell me how often you felt this way during the past week. Many of these statements may not apply to you but we have to ask them of everybody to get a comparison.

(INTERVIEWER – Show Display Card 1)

Questions 28 to 47 - meaning of labels:

Rarely or none of the time 1
 Some of the time 2
 Quite a bit of the time 3
 Most or all of the time 4

- | | |
|---|--|
| 28. I was bothered by things that usually don't bother me. | CESD1W6 |
| 29. I did not feel like eating: my appetite was poor. | CESD2W6 |
| 30. I felt that I could not shake off feeling low even with help from my family and friends. | CESD3W6 |
| 31. I felt that I was just as good as other people. | CESD4W6 |
| 32. I had trouble keeping my mind on what I was doing. | CESD5W6 |
| 33. I felt depressed. | CESD6W6 |
| 34. I felt that everything I did was an effort. | CESD7W6 |
| 35. I felt hopeful about the future. | CESD8W6 |
| 36. I thought my life had been a failure. | CESD9W6 |
| 37. I felt afraid. | CESD10W6 |
| 38. My sleep was restless. | CESD11W6 |
| 39. I was happy | CESD12W6 |
| 40. It seemed that I talked less than usual. | CESD13W6 |
| 41. I felt lonely. | CESD14W6 |
| 42. People were unfriendly. | CESD15W6 |
| 43. I enjoyed life. | CESD16W6 |
| 44. I had crying spells. | CESD17W6 |
| 45. I felt sad. | CESD18W6 |
| 46. I felt that people disliked me. | CESD19W6 |
| 47. I could not get going. | CESD20W6 |
| 48. Did the doctor ever tell you that you had a cancer, malignancy or tumour of any type? | CANCEW6 |
| | Yes 1
No 2 |
| 49. Where was the cancer or what type of cancer was it?
(INTERVIEWER-if more than one, enter the most recent one.) | WHTCANW6 |
| | Lung 1
Gynaecological (ovary, cervix, uterus) 2
Breast 3
Colon/Bowel/Rectal 4 |

Lymphoma 5
 Leukemia 6
 Melanoma 7
 Other (specify below) 8
 Unknown 9

50. Please specify other type of cancer? **SPECIFW6**
51. In what year were you first told that you had this cancer (most recent one)? **WHENTOW6**
52. Have you been hospitalised overnight for this? **HOSPITW6**
53. Did the doctor ever tell you that you had diabetes? **DIABETW6**
54. When were you first told you had diabetes? (Year) **WHENTLW6**
55. Are you currently receiving treatment for diabetes? Yes 1 **CURTREW6**
 No 2
56. What type of treatment are you receiving? Insulin 1 **WHATTYW6**
 Diet 2
 Tablets or drugs 3
57. Have you been hospitalised overnight for this condition? Yes 1 **HOSDIW6**
 No 2
- We would now like to ask you some questions about various medical conditions you may or may not have.
58. Do you have trouble with your bowels which makes you constipated? **CONSTIW6**
 (INTERVIEWER-if participant has colostomy, go to question 62.) Yes 1
 No 2
 Has colostomy 3
59. Do you often have trouble with your bowels which gives you diarrhoea? **DIARHW6**
 Yes 1
 No 2
60. How often do you usually have a bowel movement? Once a day 1 **BOWELMW6**
 2 to 3 times a day 2
 4 or more times a day 3
 Once a week or less 4
 2 or 3 times a week 5
 4 to 6 times a week 6
61. In the last 12 months have you noticed blood in your motions? Yes 1 **BLOODMW6**
 No 2
62. Are you troubled by frequent passing of urine during the day? **URINEW6**
 (INTERVIEWER-if participant has catheter, go to question 73.) Yes 1
 No 2
 Has catheter 3
63. Do you usually have to get up at night to pass urine? Yes, often 1 **NIGHTUW6**
 Yes, occasionally 2
 No 3
64. About how many times per night? **URTIMEW6**
65. Do you have pain on passing urine? Often 1 **PAINURW6**
 Occasionally 2
 Never 3
66. Do you have difficulty holding your urine until you get to the toilet? Often 1 **HOLDURW6**
 Occasionally 2

	Never 3	
67. Do you accidentally pass urine?	Often 1 Occasionally 2 Never 3	ACCDURW6
68. When does this occur?	Only when you cough, laugh or strain 1 When you cough, laugh or strain and also at other times 2 At other times only 3 Don't know 4	REASNW6
69. Have you sought any help?	Yes 1 No 2	NEWIN1W6
70. From whom did you seek help?		NEWIN2W6
71. What was the outcome of seeking help? (INTERVIEWER – Show Display Card 3)	Advice 1 Treatment 2 Provision of aids 3 Other 4 No help 5	NEWIN3W6
72. Has this help had an impact on your day to day living?	Yes quite a lot 1 Yes a little 2 No real impact 3	NEWIN4W6
73. Now I would like you to tell me which, if any, of these medical conditions you currently suffer from. (INTERVIEWER – Show Display Card 2. If 'other medical condition' specify details in CDN11W6 and CDN12W6. If 'arthritis' specify details questions 75 and 76. -Enter total number of conditions suffered from, note their names on paper. Complete details for each condition below.)		NOCDNSW6
74.1 Which condition?		CDN1W6 – CDN12W6
74.2 In what year were you first told you had this condition?		DIAG1W6 – DIAG12W6
74.3 Have you stayed in hospital at least overnight for this condition?	Yes 1 No 2	HOS1W6 – HOS12W6
74.4 Are you now prevented in any way from doing any activities because of this condition?	Yes 1 No 2	LIM1W6 – LIM12W6
CDN1_W6 to CDN66_W6 are variables created for each individual medical condition as per Display Card 2		CDN1_W6- LIM66_W6
75. What form of arthritis is this?	Rheumatism or rheumatic 1 Rheumatoid arthritis 2 Osteoarthritis 3 Other (specify below) 4	ARTHRIW6
76. Please specify other arthritis.		OTHARTW6
The next few questions are about medicines. We are interested in any medicines prescribed by a doctor that you have taken or were supposed to take in the last two weeks. We are also interested in all other medicines not prescribed by a doctor such as aspirin, headache pills, laxatives, cough and cold medicines, vitamins, minerals and dietary supplements. (Do not include ointments.)		
77. Could you please show me the medicines that you take. (INTERVIEWER-Check containers, enter total number of medications. For each		NUMMEDW6

medication complete the details below.)

- | | | | |
|---|--|--|-------------------------------|
| 78.1 | Drug name.
(INTERVIEWER-Generic name preferred) | | DRUG1W6 –
DRUG10W6 |
| 78.2 | Container seen? | Yes 1
No 2 | CONT1W6 –
CONT10W6 |
| 78.3 | What do you take this for? | | WHAT1W6 –
WHAT10W6 |
| 78.4 | How long have you been taking this? | Weeks 1
Months 2
Years 3 | HWLO1W6 –
HWLO10W6 |
| 78.5 | How many ...weeks, months, years? | | HWMA1W6 –
HWMA10W6 |
| 78.6 | Was this prescribed by a doctor? | Yes 1
No 2 | DOC1W6 –
DOC10W6 |
| Now I would like to ask you about falls you many have had in the past year – including those falls that did not result in injury as well as those that did. | | | |
| 79. | How many falls did you have in the past year?
(INTERVIEWER-enter total number of falls) | | ACCDHAW6 |
| 80. | How many of these falls were inside your own home? | | HWMHOMW6 |
| 81. | How many of these falls were outside of your own home? | | HWMOUTW6 |
| 82. | Now I want to ask you how many of these falls required medical treatment or limited your activities for more than 2 days.
(INTERVIEWER-enter number) | | HWFLSW6 |
| 83. | I want you to indicate which, if any, of these bones you have broken in the last two years.
(INTERVIEWER – Show Display Card 4. Enter total number broken and detail in the following questions.) | | NOFRACW6 |
| 84.1 | Which bone? | | BONE1W6 –
BONE6W6 |
| 84.2 | How did this occur? | Fall at ground level 1
Fall from height 2
Motor vehicle accident 3
Other accident 4
Spontaneous break 5
Other 6 | FHOW1W6 –
FHOW6W6 |
| 84.3 | Did you have surgery for this? | Yes 1
No 2 | SUR1W6 –
SUR6W6 |
| 85. | Have you had any (other) surgery or operations in the last 5 years? | Yes 1
No 2 | ANYSURW6 |
| 86. | How many different times have you had surgery in the last 5 years?
(INTERVIEWER-enter total number and detail in the following questions.) | | HMSURW6 |
| 87. | For each surgical procedure you have had in the last 5 years, please answer the following. What was the surgery for?
(INTERVIEWER-give brief description.) | | WHSR1W6 –
WHSR8W6 |

I would now like to ask whether you have EVER had some specific surgical procedures.

Display Card 1

1. Rarely or none of the time

2. Some of the time

3. Quite a bit of the time

4. Most or all of the time

Display Card 2

Anaemia

Angina

Arthritis

A slipped or ruptured disc

Asthma

Bladder cancer

Breast cancer

Broken or fractured hip

Cataracts

Chronic bronchitis, emphysema

Cirrhosis of the liver

Colon/rectal/bowel cancer

Display Card 2 (continued)

Corns, bunions and callouses on feet

Diabetes

Ear, nose and throat

Eczema or dermatitis

Eye disease

Gallstones

Genito-urinary problem

Glaucoma

Gout

Gynaecological cancer

Gynaecological problem

Haemorrhoids

Display Card 2 (continued)

Heart attack

Heart condition or trouble

Hernia

Hiatus hernia

Hypertension or high blood pressure

Infectious disease

Ingrown toe-nails

Kidney stones

Leukemia

Lung cancer

Lymphoma

Melanoma

Display Card 2 (continued)

Mental problems

Migraine

Multiple sclerosis

Nervous breakdown

Osteoporosis

Other bowel condition

Other cancer

Other foot problems

Other kidney disorder

Other medical condition

Other musculoskeletal problem

Other neurologic disorder

Display Card 2 (continued)

Other vascular disease

Parkinson's disease

Polymyalgia rheumatica

Prostate cancer

Prostate trouble

Psoriasis

Shingles

Skin cancers or sunspots

Small stroke TIA (Transient
Ischemic Attack)

Spinal problem

Stroke (sometimes called a CVA)

Display Card 2 (continued)

Temporal arteritis

Thyroid disease

Ulcers (peptic, stomach or duodenal)

Urinary tract or kidney infection more than 3 times

Varicose veins

Display Card 3

Advice

Treatment

Provision of aid

Other (please specify)

No help

Display Card 4

1. Hand

2. Wrist

3. Arm

4. Leg

5. Back or Spine

6. Pelvis

7. Hip

8. Rib

9. Collarbone

10. Skull

11. Ankle

12. Other