

the australian longitudinal study on women's health

Sixth survey for women over 80

2011

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WHAOLD-6-11 24pp V4 28-02-11

How to complete this survey

This is the sixth main survey for women aged over 80. As the purpose of the project is to look at changes over time, some of the questions are the same as those in previous surveys.

Please answer every question you can. If you are unsure about how to answer a question, mark the response for the closest answer to how you feel.

Please write any comments or important information on page 22 only. We are not able to read comments written elsewhere throughout the survey.

Please read the instructions above each question **very carefully.** Some require you to only answer those options which are applicable to you. Other questions require you to mark one answer on each line. The questions may also refer to different time periods.

 INSTRUCTIONS: Cross the boxes like this: Use a black / blue pen Do not fold or bend this survey 						
In general, would you say your h	ealth is: (Ma	ark one only	V)			
Excellent Very good Good Fair Poor						
Print clearly in the boxes like t	his:	Г				
What is your postcode? (PRINT of	learly in the	boxes)	23	08		
Correct mistakes like this:		L				
When you go to a General Practi	tioner:					
(Mark one on each line)	Always	Most of the time	Some- times	Rarely or never		
Do you go to the same place	?	\boxtimes				
		↑	↑			
If you make a mistake simply scrib	oble it out and	l clearly ma		ect answer ith a cross.		
If you need help to answer any questions, please ring 1800 068 081 (This is a FREECALL number)						

(Mark all that apply)		Yes
a	High blood pressure (hypertension)	
b	Osteoarthritis	
С	Rheumatoid arthritis	
d	Other arthritis	
е	Osteoporosis	
f	Parkinson's Disease	
g	Angina	
h	Heart attack	
i	Other heart problems	
j	Diabetes (high blood sugar)	
k	Asthma	
I	Bronchitis / Emphysema	
m	Stroke	
n	Macular Degeneration	
0	Glaucoma	
р	Cataract	
q	Skin cancer	
r	Other cancer	
S	Depression	
t	Anxiety / Nervous disorder	
u	Alzheimer's Disease or Dementia	
V	Diverticulitis	
w	Anaemia (low iron)	
x	Thyroid problems	
У	None of these conditions	

1. In the LAST 3 YEARS have you been diagnosed with or treated for: (Mark all that apply) Yes

2. In the LAST 3 YEARS, have you had any of the following operations or procedures? (Mark all that apply) Yes

		103
а	Repair of prolapsed vagina, bladder or bowel	
b	Eye surgery (including cataract surgery)	
С	Hip surgery or hip replacement	
d	Heart procedures or surgery (eg stent, pace-maker,	
	bypass, open heart surgery)	
е	Knee surgery or arthroscopy	
f	None of these operations or procedures	

If there are other conditions, operations or procedures you would like to tell us about, there is space on page 22.

3. Have you had any of the following problems in the LAST 12 MONTHS? (Mark one on each line)

(man				Some-	
		Never	Rarely	times	Often
а	Stiff or painful joints				
b	Back pain				
с	Problems with one or both feet				
d	Breathing difficulty				
е	Indigestion / heartburn				
f	Chest pain				
g	Urine that burns or stings				
h	Passing urine more than twice during the night				
i	Leaking urine				
j	Constipation				
k	Poor memory				
I	Dizziness, loss of balance				
m	Difficulty swallowing				
n	Problems with teeth or gums				
ο	Anxiety / panic attacks				

 4. How many times have you consulted a family doctor or another general practitioner in the LAST 12 MONTHS? (Mark one only)
 None

 1 or 2 times
 3 or 4 times

 5-8 times
 1

3 or 4 times	
5-8 times	
9-12 times	
13-15 times	
16-19 times	
20 or more times	

5. Have you been admitted to hospital in the LAST 12 MONTHS? (Mark all that apply)

а	No	
b	Yes but I did not spend the night	
С	Yes I spent at least one night	
_		

6. Have you consulted any of the following people for YOUR OWN HEALTH in the LAST 12 MONTHS? (Mark all that apply) Yes

а	A physiotherapist	
b	A podiatrist or chiropodist	
С	An occupational therapist	
d	An "alternative" health practitioner (eg herbalist, chiropractor, naturopath, acupuncturist, etc)	
е	None of these people	

7. Which of the following types of cover do you have for health services (excluding your Medicare card): (Mark all that apply) Yes

а	Private health insurance for hospital cover	
b	Private health insurance for ancillary services / extras cover (eg dental, physiotherapy)	
С	Department of Veterans' Affairs Gold Card	
d	Department of Veterans' Affairs White Card	
е	Commonwealth Seniors Health Card	
f	Pensioner Concession Card	
g	None of these	

- 8. What is your PRESENT marital status? (Mark one only)
- Married
- De facto (in a relationship) [
 - Widowed
 - Separated
 - Divorced [
 - Never married [
- 9. If you have been widowed in the last three years, please write the date of bereavement on the line.

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women's health is about how you are feeling

The questions on this page ask only about NOW – how your health is NOW and about how your health limits certain activities NOW.

10.	In general, would you say your health is	Excellent	
	(Mark one only)	Very good	
		Good	
		Fair	
		Poor	

11. Compared to one year ago, how would you rate your health in general now? (Mark one only)

Much	better	now than	one	year	ago	
------	--------	----------	-----	------	-----	--

Somewhat better now than one year ago

About the same as one year ago

V- -

V- -

Maria and

Somewhat worse now than one year ago [

Much worse now than one year ago

12. The following questions are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activities?

If so, how much? (Mark one on each line)

		limited a lot	limited a little	limited at all
а	VIGOROUS ACTIVITIES, such as running, lifting heavy objects, participating in strenuous sports			
b	MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling or playing golf			
С	Lifting or carrying groceries			
d	Climbing SEVERAL flights of stairs			
е	Climbing ONE flight of stairs			
f	Bending, kneeling or stooping			
g	Walking MORETHAN ONE kilometre			
h	Walking HALF a kilometre			
i	Walking 100 metres			
j	Bathing or dressing yourself			

13. During the PAST 4 WEEKS, have you had any of the following problems with your work (including your work outside the home and housework) or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH? (Mark one on each line)

		103	
а	Cut down on the amount of time you spent on work or other activities		
b	Accomplished less than you would like		
С	Were limited in the kind of work or other activities		
d	Had difficulty performing the work or other activities (for example it took extra effort)		

14. During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

(Mark one on each line)

		162	NO	
а	Cut down on the amount of time you spent on work or other activities			
b	Accomplished less than you would like			
С	Didn't do work or other activities as carefully as usual			

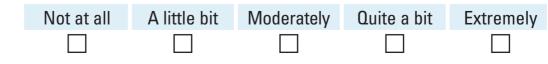
15. During the PAST 4 WEEKS, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? (*Mark one only*)

Not at all	Slightly	Moderately	Quite a bit	Extremely

16. How much BODILY pain have you had during the PAST 4 WEEKS? (*Mark one only*)

No bodily					Very
pain	Very mild	Mild	Moderate	Severe	severe

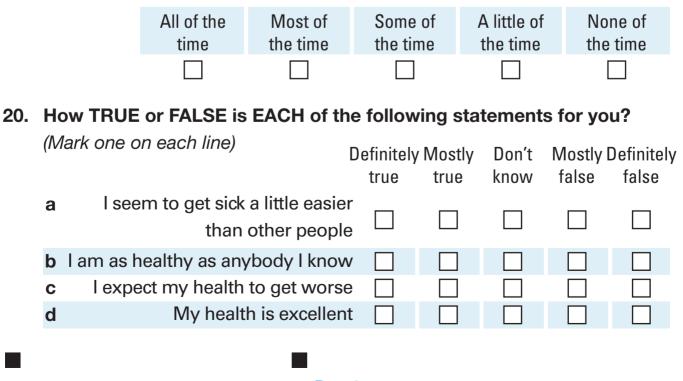
17. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)? (Mark one only)



18. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS:

-	Mark one on each line)	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
а	Did you feel full of life?						
b	Have you been a very nervous person?						
С	Have you felt so down in the dumps that nothing could cheer you up?						
d	Have you felt calm and peaceful?						
е	Did you have a lot of energy?						
f	Have you felt down?						
g	Did you feel worn out?						
h	Have you been a happy person?						
i	Did you feel tired?						

19. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting friends, relatives, etc)? (Mark one only)



women's health is about your daily life
21. How tall are you without shoes?
22. How much do you weigh without clothes or shoes?
kgs OR stones pounds

23. Do you have any of these sleeping problems? (Mark all that apply)

		Yes
а	Waking up in the early hours of the morning	
b	Lying awake for most of the night	
С	Taking a long time to get to sleep	
d	Worry keeping you awake at night	
е	Sleeping badly at night	
f	Taking medications to help you sleep	
g	None of these problems	

24. Do you have: (Mark all that apply)

		Yes
а	Difficulty seeing newspaper print, even with glasses?	
b	Difficulty recognising people across the road, even with glasses?	
С	Difficulty in hearing a conversation, even with a hearing aid?	
d	Difficulty speaking?	
е	None of the above?	

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25.	Do you experience and if so how much are y (Mark one on each line)						Moder-	Greatly
	a U	rine leakage related to the t	feeling	ofurgen	су			
	b	Urine leakage related to cour		ical activi or sneezi				
	С	Small amounts of urir	ne leak	age (drop	os)			
26.		v often do you experienc age? (Mark one only)	ce urii	L	ess than A few t A few Svery day	imes a times	month a week	
27.		v much urine do you los rk one only)	e eacl	h time?	S	mall sp	None Drops blashes More	
28.		ase indicate how often y rk one on each line)	ou ex Never	Less than once per month	e the follo Once or more pe month, le than onc per wee	· O r mo ss we e tha	nce or ore per ek, less an once er day	Once or more per day
	а	Accidental leakage of solid stool				κp		
	b	Accidental leakage of liquid stool						
	С	Accidental leakage of gas						
	d	Do you wear a pad or undergarment?						
	e D	o you alter your lifestyle due to bowel leakage?						
			PAG	E 10				

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29. Compared with when you were in your twenties, how good are you at: *(Mark one on each line)*

Yes

ſ		Much better now	Some- what better now	About the same	Some- what worse now	Much worse now
i	a Remembering the name of a person just introduced to you?					
	b Recalling telephone numbers or other numbers that you use on a daily or weekly basis?					
(c Recalling where you put objects (such as keys) in your home?					
	d Remembering specific facts from a newspaper or magazine article you have just finished reading?					
(e Remembering the item(s) you intend to buy when you arrive at the shops?					
	f In general, how would you describe your memory compared to when you were in your twenties?					

30. In the LAST 12 MONTHS, have you: (Mark all that apply)

а	Slipped, tripped, or stumbled (not including falls to the ground)?	
b	Had a fall to the ground (does <i>not</i> include stumbles / trips)?	
С	Been injured as a result of a fall?	
d	Needed to seek medical attention (eg doctor, hospital) for an injury from a fall?	
е	Had any other injury from an accident at your home (eg burns, cuts, bruises)?	
f	None of these	

31.	In the LAST TH	IREE YEARS have you had: (Mark all that apply)	
			Yes
	а	Broken bones?	
	b	A bone density test?	
	С	Surgery for broken bones?	
	d	None of the above	

32. In our last survey, we asked about major events you had experienced. This question is about events you may have experienced in the LAST THREE YEARS. (Mark all that apply)

		Yes
а	Major personal illness or injury	
b	Major decline in health of spouse or partner	
с	Death of spouse or partner	
d	Death of your child	
е	Major decline in health of other close family member or friend	
f	Death of other close family member or friend	
g	Decreased income	
h	Moving house	
i	Being robbed	
j	Moving into hostel / institution	
k	Spouse / partner moving into hostel / institution	
I	Been pushed, grabbed, shoved, kicked or hit	
m	None of these events	

women's health is about having a healthy lifestyle

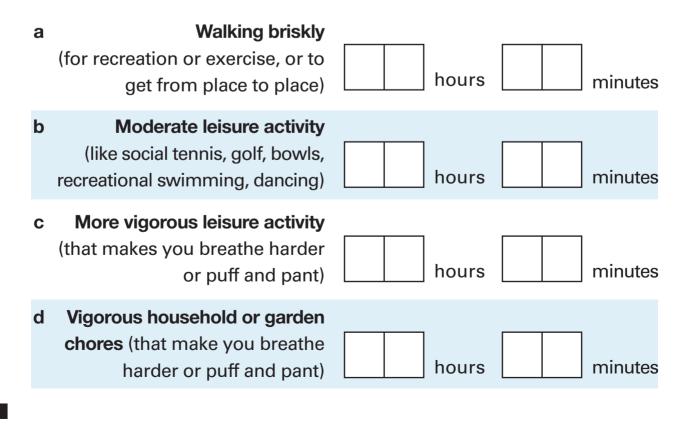
These questions are about the amount of physical activity you did <u>LAST WEEK</u>.

33. How many times did you do each type of activity LAST WEEK?

Only count the number of times when the activity lasted for <u>10 minutes or</u> <u>more</u>. (If you did **not** do an activity, please write "0" in the box)

а	Walking briskly (for recreation or exercise, or to get from place to place)	times
b	Moderate leisure activity (like social tennis, golf, bowls, recreational swimming, dancing)	times
c	More vigorous leisure activity (that makes you breathe harder or puff and pant)	times
d	Vigorous household or garden chores (that make you breathe harder or puff and pant)	times

34. If you add up all the times you spent in each activity LAST WEEK, how much time did you spend ALTOGETHER doing each type of activity? (If you did not do an activity, please write "0" in the box)



35.	 a What is your RESIDENTIAL postcode? (where you live) b What is the postcode of your POSTAL ADDRESS? (if different from residential) 							
36.	6. How many serves of vegetables do you usually eat each day? (Mark one only)							
	A serve = half a cup of		None	1 serve	2-3 serves	4 serves	5 serves	
	cooked veget cup of salad v							
37.	How many se (Mark one only		fruit do y	/ou usua	ally eat e	-	?	
	A serve = one medium piece or two small pieces of fruit or one cup of diced pieces		None	1 serve	2-3 serves	4 serves	5 serves or more	
38.	How many glasses / cups of non-alcoholic drinks do you usually have each day (eg juice, tea, coffee, water, milk etc)? (Mark one only)							
					0-2 glasses	3-5 glasses	6-8 glasses	9 or more glasses
39.	How often do	o you usi	ually drir	nk alcoh	ol? (Marl	one onl	y)	
		l never drink alcohol	l rarely drink	Less than once a week	1-2 days a week	3-4 days a week	5-6 days a week	Every day
40.	On a day whe	-	ink alcol	hol, how	many di	rinks do	you usua	ally have?
(Mark one only)		l don't drink alcohol	1 or 2 drinks per day	3 or 4 drinks per day	5 to 8 drinks per day	9 or more drinks per day		
	-							

41. Which of the following best describes your smoking status NOW? (Mark one only) I

I used to smoke

 \square

 \square

 \square

Vaa

I now smoke occasionally

- I now smoke regularly
- 42. Which of the following groups have you sought advice or help from in the LAST 6 MONTHS? (Mark all that apply)

		res
а	Food services (eg Meals on Wheels)	
b	Nursing or community health services	
С	Respite services (in home, day centre, or inpatient)	
d	Homemaking services (eg home care services, laundry services)	
е	Home maintenance services (eg odd jobs, gardening)	
f	Counselling or other mental health services	
g	Ambulance service	
h	Support and advisory groups (eg Arthritis Foundation, Pensioner Advisory Service, Older Women's Network)	
i	None of these groups	

- 43. If you were to consider your life in general these days, how happy or unhappy would you say you are on the whole? (Mark one only)
 - Extremely happy \square
 - Very happy
 - Pretty happy \square

 \square

 \square

- Unhappy sometimes
 - Unhappy usually

W	omen's health is about managing day by da	iy 🗖
44.	How do you manage on the income you have available? (Mark one	e only)
_	It is impossible	
	It is difficult all the time	
	It is difficult some of the time	
	It is not too bad	
	It is easy	
45.	What is your main (or most common) means of transport? (Mark one only)	
	Car (you drive)	
	Car (someone else drives)	
	Taxi	

Taxi	
Bus	
Train or tram	
Other	

46. Do you use any aids for getting around? (Mark all that apply)

		Yes
а	Motorised scooter	
b	Wheelchair (motorised or not)	
С	Walking or wheeled frame	
d	Walking or quad stick	
е	I do not use any aids for getting around	

47. Do you have a problem with transport? (Mark one on each line)

		Yes	No a	Not pplicable
а	Getting to places at night			
b	Getting to local shops and services			
С	Getting beyond your local neighbourhood			

48. Do you regularly NEED help with daily tasks because of long-term illness, disability or frailty (eg personal care, getting around, preparing meals etc)? (Mark one only)

Yes	
No	

49. In the last month HAVE YOU HAD ANY DIFFICULTY (for example, needing to take extra time, changing the activity or using a device to help you) in completing any of these activities?

(M	ark one on each line)	No difficulty	Some difficulty	Unable to do
а	Grooming (eg brushing hair, applying make-up)			
b	Eating (eg cutting meat, lifting glass or cup, opening milk carton)			
С	Bathing or taking a shower			
d	Dressing your upper body			
е	Dressing your lower body			
f	Getting up from a chair			
g	Walking inside the house			
h	Using the toilet			
i	Shopping for personal items or groceries			
j	Doing light housework (eg cleaning, washing-up)			
k	Doing heavy housework (eg vacuuming, yard work)			
I	Managing money (eg writing cheques or keeping accounts)			
m	Preparing meals			
n	Taking medications			
Ο	Using the telephone			
р	Doing leisure activities or hobbies			

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carry out any of these activities? (Mark one on each line) No Yes Grooming а | 1 (eg brushing hair, applying make-up) b Eating (eg cutting meat, lifting glass or cup, opening milk carton) Bathing or taking a shower \square С d Dressing your upper body П Dressing your lower body е f Getting up from a chair \square Walking inside the house g Using the toilet h Shopping for personal items or groceries i. \square j Doing light housework (eg cleaning, washing-up) k Doing heavy housework \square (eg vacuuming, yard work) Т Managing money (eg writing cheques or keeping accounts) Preparing meals m | | Taking medications n Using the telephone 0 Doing leisure activities or hobbies П р

50. In the last month have you needed HELP FROM ANOTHER PERSON to carry out any of these activities? (Mark one on each line)

51. Which of the following best describes your housing situation? Do you live in: (Mark one only)

A house A flat / unit / apartment / villa / townhouse Mobile home / caravan / cabin / houseboat Retirement village / self care unit Nursing Home Hostel Other



52.	Who lives with you? (Mark all that apply)		
	а	No one, l live alone	
	b	Spouse or partner	
	С	Own children	
	d	Other family members	
	е	Non-family members	
53.	Do you do any volunteer work for any community or social organisations	Every day Every week	

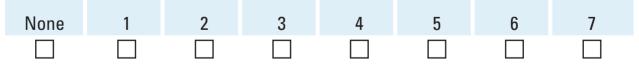
(eg fundraising, community welfare, church activities, organising groups or classes)? (Mark one only)	Every month Less than once a month Not at all	

54.	Do you regularly provide (unpaid) care	Yes, daily	
	for grandchildren or other people's	Yes, weekly	
	children? (Mark one only)	Yes, occasionally	
		No, never	

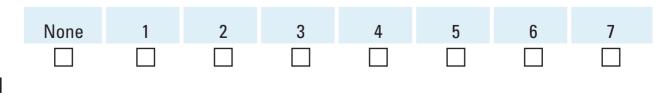
55. Do you regularly PROVIDE care or assistance (eg personal care, transport) to any other person because of their long-term illness, **disability or frailty?** (Mark all that apply)

а	Yes, for someone who lives with me	
b	Yes, for someone who lives elsewhere	
С	No, I do not provide care	

56. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together? (Mark one only)



57. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)? (Mark one only)



58. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week? (Mark one only)

	other groups that you belong to in the past week: (mark one only)												
	None	1	2	3	4	5	6	7					
59.	Mark one on each line for questions 59 to 64. Hardly Some of Mos ever the time the t Does it seem that your family and friends (people who are important to you)												
	understand you?												
60.	Do you feel useful to your family and friends (people important to you)?												
61.	Do you kr family and		our										
62.	When you and friend listened t	ds, do yo											
63.	Do you fe in your fai	-											
64.	Can you t problems family an	with at l	east som	-									
65.	How mar	av noonle	a in vour	local are	a do vou								
00.	feel you to (other	can dep	end on c	or feel ve	ery close	None	1-2 None people						
	(Mark one												
66.	How sat relations friends?	hips you	have wit			Very dissatisfied	Somewhat dissatisfied	Satisfied					
		,	<i>,</i> ,										
67.	How ofte (Mark one	-		ienced th	e followii	ng event s Never	s? Once	More than once					
	а	l was ig			seriously of my age								
	b	l was pat	tronised c		down to" of my age								
_	c Iw	vas deniec	d medical		t because of my age								

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Yes

68. These questions are about getting on with other people:

(Mark all that apply)

•		100
а	Are you sad or lonely often?	
b	Do you feel uncomfortable with anyone in your family?	
С	Do you feel that nobody wants you around?	
d	Has anyone close to you tried to hurt you or harm you recently?	
е	Has anyone close to you called you names or put you down or	
	made you feel bad recently?	
f	Are you afraid of anyone in your family?	
g	None of the above	

69. In the PAST MONTH, have you: (Mark one on each line)

		Yes	No
а	Gone to the movies, theatre, concerts, lectures?		
b	Gone to a sporting event?		
с	Played cards, bingo, pool, or some other game?		
d	Eaten out at a restaurant?		
е	Attended a religious service?		
f	Attended a class or course?		
g	Used a computer / internet?		

70. In the PAST MONTH, what activities have you done? Have you:

(M	lark one on each line)	Yes	No
а	Taken care of house plants or done any outdoor gardening?		
b	Worked on a hobby or handiwork like sewing, knitting or woodworking?		
С	Painted pictures?		
d	Played a musical instrument?		
е	Exercised with a group (eg yoga, walking, aqua-aerobics)?		
f	Written letters, read, done crosswords etc?		
g	Written poetry or undertaken other creative writing?		
h	Done any paid work?		

71.	(Mark one only)	ut I told them t			
72.	What is your date of birth? (Please write date in boxes)	Day	Month	19	Year

Have we missed anything?

In our last survey, thousands of women told us important things about their health and use of health services. If there is ANYTHING else you would like to tell us about changes in your health (especially in the LAST 3 YEARS) please write on the lines below.

Consent

PERF

I agree to the research team following health and other records relating to me, including hospital and health service use records and cancer registers and other chronic conditions registers as described to me in the accompanying letter. I also understand this means I agree to Medicare releasing information concerning services provided to me under Medicare, the Department of Veterans' Affairs, the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme, including past information, until the end of the study or for the duration of my involvement in the study, as outlined in the enclosed letter. (Mark one only)

Please sign below and send the completed survey back to us in the envelope supplied as soon as possible. We will detach the consent form and store it in a separate locked room.

I consent to the researchers 'matching' the information provided in this survey with that given in the previous surveys so that any changes in my health can be noted.

Signature:

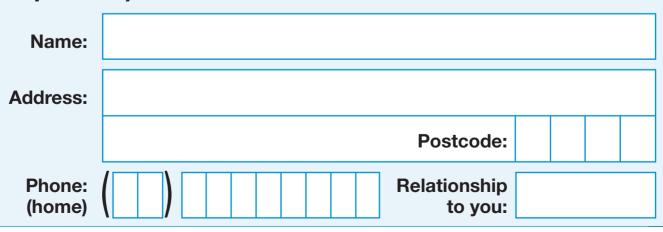
Date:

/

What is your Maiden Name? (Please print in the boxes)																	

Help us keep in touch!

Sometimes we lose touch with participants. It would be helpful if you could give us details of a relative or friend who will be able to help us find you.





You may like to take a moment to check you have not missed any questions or pages.

Thank you for taking the time to complete this survey. You are a valuable contributor to women's health research.

If you have any questions you can contact us by telephoning

1800 068 081

(FREECALL)

or writing to us at the address below.

Women's Health Australia Reply Paid 70 Hunter Region MC NSW 2310

If you are concerned about any of your health experiences and would like some help, please contact:

- Your nearest Women's Health Centre or Community Health Centre.
- Your general practitioner for advice about who would be the best person in your community for you to talk to.

If you feel distressed NOW and would like someone to talk to, you could ring Lifeline on 13 1114 (local call).



Australian Longitudinal Study on Women's Health

The University of Newcastle, Callaghan NSW 2308 Phone: 02 4913 8872 Fax: 02 4913 8888 Email: whasec@newcastle.edu.au Web: http://www.alswh.org.au



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