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NEW SOUTH WALES OLDER PEOPLE'S HEALTH SURVEY 1999

NSW HEALTH DEPARTMENT

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FOREWORD

I am pleased to present this report on the *New South Wales Older People's Health Survey 1999*, which provides comprehensive information on the health and well-being of older people in NSW.

A planned approach to policy and service provision in NSW for older people, based on high quality data and research, and supported by equitable and sustainable resourcing, is one of the objectives of the *NSW Healthy Ageing Framework 1998–2003*. The NSW Government has undertaken to improve the information collected about older people so that policies, programs and services better meet the needs of older people in the areas where they live.

Key objectives of the *Healthy Ageing Framework* also include: increasing the participation of older people in the workforce, education, leisure and volunteering; provision of accessible and supportive living environments that make it possible for older people to live as independently as possible; and promotion of independence, well-being and health for older people through the provision of health, accommodation, care and support services.

The Older People's Health Survey was a telephone survey of randomly selected households in NSW. The survey was carried out by the NSW Health Department in late 1999 and early 2000 in response to the need for timely, reliable and relevant information on the lifestyle, health and well-being of older people. Over 9,000 people aged 65 years and over agreed to participate. The survey was funded by the NSW Health Department and the NSW Ageing and Disability Department.

This report supports the objectives of the *Healthy Ageing Framework* by providing baseline information against which future progress can be measured. The report commences with information on: lifestyle including housing and living arrangements, employment, social activities, voluntary work and caring for others, transport, personal safety and hopes and fears for the future. Separate chapters cover a range of health issues including: self-rated health, use of health services, nutrition and food security, physical activity, physical functioning, falls, mental health and well-being, diabetes, and oral health. Use of community services is included as a separate chapter, as is the important role of older people as carers in the community.

The majority of older people who participated in the survey were able to answer questions on their own behalf. However, a small proportion of older people who agreed to participate were unable to answer questions themselves for a variety of reasons. In these cases, a proxy informant participated in the interview on the older person's behalf. This group of older people have special problems and needs and information on their health is presented separately in this report.

The NSW Older People's Health Survey was the first of a proposed series of surveys focusing on specific population groups. In 2001, the NSW Health Department will run a survey of the health of NSW children aged 0–12 years.

Further information on the surveys can be obtained from the NSW Health Department's Epidemiology and Surveillance Branch, which runs the NSW Health Program. Comments on the Survey Program and this report are very welcome.

I thank all those individuals and organisations who gave their time and expertise to assist in the development of the survey questionnaire and to assist in the interpretation of the results.



Andrew Wilson

Deputy Director-General Public Health
and Chief Health Officer

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EXECUTIVE SUMMARY

Lifestyle

Of older people who participated in the survey on their own behalf, over one third (39.1 per cent) lived alone, 54.9 per cent lived with a spouse or partner and 9.3 per cent lived with their children. Six per cent of older people indicated they were employed full time or part-time, and 82.1 per cent were receiving a pension or benefit.

Over half (53.3 per cent) of older people said they were financially comfortable, 43.7 per cent said they had just enough to get along and 2.1 per cent said they could not make ends meet.

The majority (68.0 per cent) of older people reported being fairly or very socially active, 91.2 per cent reported there were people to share joint activities, and 88.0 per cent had someone to confide in.

About one in five (22.0 per cent) older people reported doing volunteer work for an organisation in the last six months, while 9.2 per cent indicated they had the main responsibility in caring for someone who has a long-term illness, disability or other problem.

About two-thirds (64.7 per cent) of older people reported feeling safe at home all the time, 30.0 per cent felt safe most of the time, and 4.0 per cent felt safe some of the time. Over half (53.5 per cent) felt safe in their neighbourhood all the time, 37.0 per cent felt safe most of the time and 7.8 per cent felt safe some of the time.

The most common hopes for the future included to stay healthy/free of disability/maintain faculties (28.9 per cent), and to continue living as now/normally (7.7 per cent). The most common fears expressed by older people concerned their own physical health (20.6 per cent), and losing their independence (13.9 per cent).

Self-Rated Health

Over one-third (37.6 per cent) of older people rated their health as very good or excellent and 54.3 per cent as fair or poor. Over one third of older people (37.5 per cent) said they have health problems that cause them difficulty in getting around and doing things for themselves. One in 12 (8.9 per cent) older people reported that in the last 12 months they had spent more than a complete week in bed at home because of illness or accident.

Health Service Use

Almost all older people interviewed had visited a GP in the last 12 months (96.0 per cent), and over one third (38.7 per cent) had visited a GP in the last two weeks. A smaller proportion reported a community nurse visit in the last 12 months (6.8 per cent) or two weeks (2.7 per cent).

About one in five (20.4 per cent) older people visited or were visited by a chiropodist in the last 12 months, 15.0

per cent consulted a chemist about a health problem and 14.0 per cent visited or were visited by a physiotherapist.

Almost three-quarters (71.2 per cent) of older people reported having an influenza (flu) vaccination in the last 12 months, 77.4 per cent reported having their eyes checked in the last two years, and 19.0 per cent reported having a hearing check in the last two years.

Use of Community Services

About one in five (20.7 per cent) older people reported receiving help in the previous week from an organised community service for household duties, home maintenance or personal care which they could not do on their own. The most common help received was for home maintenance or gardening (9.6 per cent), followed by household duties (8.5 per cent) and meals (2.5 per cent).

In the previous four weeks, 1.4 per cent of older people reported receiving respite care at home, 1.0 per cent had stayed overnight in respite care, and 0.9 per cent had attended a day care centre.

About one in 12 people indicated that they needed help or more help with household duties, personal care, or other tasks at home. The most common need was for assistance with household duties (5.4 per cent of older people), and home maintenance or gardening (5.2 per cent).

Older People as Carers

Almost one in 10 (9.2 per cent) older people indicated they had the main responsibility in caring for someone who has a long-term illness, disability or other problem.

In the previous week a minority of carers had received services at home to help with their caring, including: services to help with household duties (13.0 per cent), home nursing services (8.6 per cent), home maintenance and gardening (6.9 per cent), and help with personal care (6.0 per cent). In the previous four weeks, 4.9 per cent of carers received support through the services of a day care centre and 2.5 per cent had received respite care services at home.

About one in six (16.4 per cent) carers said they needed more help with carer support, household duties, personal care, or other jobs around the house. The most commonly identified needs were help with household duties (8.7 per cent), home maintenance and gardening (6.1 per cent), and personal care (2.8 per cent).

Nutrition and Food Security

Overall, about one-third (36.0 per cent) of older people reported eating the recommended quantity of vegetables each day, and a much higher percentage (57.6 per cent) reported eating the recommended quantity of fruit. In terms of food security, 1.9 per cent of older people reported that, on at least one occasion in the last 12 months, they had run out of food and could not afford to buy any more.

Physical Activity

Almost half (48.9 per cent) of older people reported taking adequate physical activity. As would be expected, this declined with age from 56.4 per cent among 65–69 year-olds to 34.7 per cent among those aged 85 years and older.

The most common reason that kept older people from being more physically active was health problems (72.0 per cent), while a smaller proportion (4.4 per cent) of older people identified problems with pain as being a factor.

Physical Functioning

The 1999 Older People's Health Survey covered several areas of physical functioning, including the SF-36 measure of physical functioning. Physical functioning measured by the SF-36 was better among males than females at all ages.

Almost three quarters (72.2 per cent) of older people said their sight for reading was fair or poor (including glasses) and 70.6 per cent said their sight for distance was fair or poor (including glasses). Hearing (including any hearing aid) was rated as fair or poor by 77.1 per cent of older people.

Over the six months prior to interview, 21.5 per cent of older people reported having pain that lasted for three months or more. Of these, 41.1 per cent described the pain as strong or severe, 42.2 per cent as moderate, and 15.1 per cent as mild or weak.

The majority of older people interviewed were able to carry out most activities of daily living independently. In order to make their homes easier to live in, about one in five (20.2 per cent) older people reported installing grab bars or rails in the house, putting in a bathseat, handshower or non-slip mats (17.5 per cent), increased lighting (9.6 per cent), or had improved paths or steps (9.0 per cent).

Falls

About one quarter (26.8 per cent) of people aged 65 years and over reported a fall in the previous 12 months and one in 12 (8.6 per cent) reported at least one fall requiring medical attention. Over one quarter (28.5 per cent) of older people reported being afraid of falling. About one quarter (23.5 per cent) reported that they already exercise to reduce the risk of falls and a further 30.9 per cent indicated they would consider doing a program of gentle exercise in order to reduce their chances of falling.

Mental Health and Well-being

The majority (74.5 per cent) of older people reported feeling happy most of the time in the last four weeks, 70.6 per cent reported feeling mostly calm or peaceful, 4.8 per cent felt mostly bored and 5.2 per cent felt mostly lonely.

Overall, 3.0 per cent of older people stated that they felt depressed most of the time in the previous four weeks, while 29.5 per cent reported feeling depressed some or most of the time. In the four weeks prior to interview, 7.8 per cent of older people reported seeing a health professional about feelings of anxiety or depression.

Diabetes

The prevalence of current doctor-diagnosed diabetes or high blood sugar among older people was 12.2 per cent. Among those with diabetes or high blood sugar, 47.3 per cent reported that their feet had been checked and 61.9 per cent reported that their eyes had been checked at least once in the previous 12 months.

Oral Health

About one in 20 (5.4 per cent) respondents reported having none of their natural teeth missing, 66.0 per cent reporting that some of their natural teeth were missing and 28.7 per cent reported that all of their natural teeth were missing.

About one in five (20.1 per cent) older people reported sometimes, often or very often being concerned about the appearance of their teeth, mouth or dentures in the last 12 months, and 18.7 per cent reported that they had avoided eating certain foods sometimes, often or very often in the last 12 months because of problems with their teeth, mouth or dentures.

The Health of Older People Who Responded by Proxy

Proxy respondents reported a higher rate of health problems and a greater need for care than non-proxy respondents. Almost all (97.3 per cent) proxy respondents had visited a local doctor in the last 12 months and 55.0 per cent in the last two weeks. In the last 12 months, 40.7 per cent had spent at least one night in hospital, and 25.6 per cent had been visited by a community nurse or private nursing service.

In relation to activities of daily living, 52.2 per cent of proxy respondents were not able to do household duties independently and 68.2 per cent needed help with their personal care. In the previous week, 11.6 per cent had received assistance with household duties and 7.9 per cent with personal care.

Among proxy respondents, 38.4 per cent reported having a fall in the last 12 months which required medical treatment. This is substantially higher than the 8.6 per cent reported for non-proxy respondents.

Diabetes or high blood sugar were reported among 19.2 per cent of proxy respondents, higher than the 12.2 per cent among non-proxy respondents.

Half (49.4 per cent) of proxy-respondents had some of their natural teeth missing, 43.7 per cent had all their natural teeth missing and 6.5 per cent had no natural teeth missing. The rate of edentulism (all natural teeth missing) was higher than the 28.7 per cent reported for non-proxy respondents.

Proxy informants were asked a series of questions comprising the Short Concord Informant Dementia Scale (SCIDS). It is estimated that there are over 23,000 older people living at home in NSW who have, or are likely to have, dementia.

METHODS

In 1999, the NSW Health Department, in conjunction with the 17 Area Health Services, conducted a survey of the health of older people in NSW, using Computer Assisted Telephone Interviewing (CATI). The main aim of the survey was to provide local and statewide information to inform policy development and service planning.

Survey instrument

Development of the survey instrument was coordinated by Professor Hal Kendig, from the School of Health Sciences, and Associate Professor Susan Quine, from the Department of Public Health and Community Medicine, at the University of Sydney. A Technical Reference Group provided expert input into question development. Where possible, questions were drawn from existing surveys, including: the NSW Health Surveys; the Australian Bureau of Statistics Survey of Disability, Ageing and Carers; the telephone version of the Australian Longitudinal Survey on Ageing; the National Dental Telephone Interview Surveys; the Health Status of Older People Survey (Lincoln Gerontology Centre, La Trobe University); and the Health Behaviours and Outcomes in Ageing study. The draft survey questionnaire was refined following a pilot survey, conducted in July 1999 and comprising 200 interviews.

The final survey questionnaire focused on lifestyle, home and social environment, self-reported health status, older people as carers, physical activity and physical functioning, and the health priority areas of diabetes, falls, and mental health. It also included question modules on use of health and community services, and oral health. A brief version of the questionnaire was developed for administration to main carers of selected respondents who were unable to answer the interview on their own behalf. These respondents are referred to in this report as 'proxy respondents'.

The survey instrument was translated into four languages: Arabic, Chinese, Greek, and Italian.

Survey sample

The target sample comprised at least 500 NSW residents aged 65 years and over from each of the 17 NSW health areas. Households were sampled using electronic telephone listings¹, which were geocoded and assigned to health areas. One eligible respondent was selected from each household, using random numbers generated by the CATI system.

Interviews

Interviews were carried out over the period August–December 1999. Selected households were sent a letter describing the aims and methods of the survey two weeks before initial attempts at telephone contact. A 1800 freecall contact number was provided.

Interviews were carried out by trained interviewers at the NSW Health CATI facility. Interviews were carried out in five languages (English, Arabic, Chinese, Greek, and

TABLE 1

OUTCOMES OF TELEPHONE CALLS

Outcome	Telephone numbers (No.)
No answer (10 call backs) or not connected	14493
Business or fax	2144
No one aged 65+ years in household	42304
Household not in NSW	72
Selected respondent away during survey	583
Selected respondent confused or deaf	242
Selected respondent spoke other ¹ language	306
Refusal (non-proxy)	3689
Refusal (proxy)	217
Completed interview (non-proxy)	8881
Completed interview (proxy)	537
Total numbers called	73468

Note: ¹Interviews were carried out in English, Arabic, Chinese, Greek and Italian.

TABLE 2

COMPLETED INTERVIEWS BY LANGUAGE

Language	Respondents (No.)
English	9106
Arabic	37
Chinese	87
Greek	74
Italian	114
All	9418

Italian). Up to 10 call backs were made to make initial contact with a household, and five call backs were made in order to contact a selected respondent.

Call outcomes and response rates

During the survey, 73,468 telephone numbers were called. The outcome for each of these telephone numbers is shown in Table 1. Only 14,455 (20.0 per cent) of the numbers called yielded an eligible household. The remaining numbers belonged to households that reported having no residents aged 65 years or older; or where the phone was not answered (despite 10 call backs) or disconnected; or were business, fax or interstate numbers.

A total of 9,418 interviews were completed (including proxy interviews), while 3,906 households or selected respondents refused to participate. This yielded a response rate of 70.7 per cent.

Most respondents (96.7 per cent) were interviewed in English. The number of respondents by language of interview is shown in Table 2.

Response rate varied by health area, from 63.7 per cent in Central Sydney Health Area, to 77.2 per cent in Macquarie Health Area. Response rates were generally higher in rural health areas. The number of people interviewed from each health area and the response rates by health area are shown in Table 3.

TABLE 3**COMPLETED INTERVIEWS AND RESPONSE RATE BY HEALTH AREA**

Health Area	Non-proxy respondents		Proxy respondents		Total respondents	Response rate
	No.	No.	No.	No.	No.	Per cent
Central Coast	553		39		592	67.8
Central Sydney	577		39		616	63.7
Far West	510		38		548	70.9
Greater Murray	512		32		544	73.4
Hunter	553		30		583	71.6
Illawarra	525		26		551	72.1
Macquarie	508		34		542	77.2
Mid North Coast	507		31		538	70.8
Mid Western	511		28		539	75.7
New England	508		28		536	75.3
Northern Rivers	529		34		563	75.0
North Sydney	507		22		529	69.3
South East Sydney	520		22		542	66.8
South West Sydney	503		44		547	65.9
Southern NSW	509		29		538	71.5
Wentworth	526		32		558	71.6
Western Sydney	523		29		552	67.4
All	8,881		537		9,418	70.7

Note: Response rate=Completed interviews / (Completed interviews + Household refusals + Personal refusals).

TABLE 4**SURVEY SAMPLE SIZE AND NSW POPULATION BY AGE GROUP AND SEX**

Age group (years)	Survey sample size						NSW population, June 1999					
	Males		Females		Persons		Males		Females		Persons	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
65-69	1,465	15.6	1,435	15.2	2,900	30.8	116,060	14.2	121,612	14.9	237,672	29.0
70-74	1,225	13.0	1,403	14.9	2,628	27.9	101,857	12.4	116,905	14.3	218,762	26.7
75-79	797	8.5	1,180	12.5	1,977	21.0	75,477	9.2	100,481	12.3	175,958	21.5
80-84	456	4.8	745	7.9	1,201	12.8	39,290	4.8	63,852	7.8	103,142	12.6
85+	216	2.3	496	5.3	712	7.6	24,986	3.1	58,380	7.1	83,366	10.2
All	4,159	44.2	5,259	55.8	9,418	100.0	357,670	43.7	461,230	56.3	818,900	100.0

Source: NSW Older People's Health Survey 1999 and ABS Estimated Residential Population, excluding people resident in institutions (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Data analysis

For analysis, the survey sample was weighted to adjust for differences in the probabilities of selection among respondents, according to the number of eligible respondents in the household, and the number of residential telephone connections for the household.

As shown in Table 4, people aged 85 years and over, especially males, were under-represented in the survey sample. 'Post-stratification' weights were used to reduce the effect on survey estimates of differing rates of non-response among males and females, and among persons of different ages. These weights adjusted for differences between the age and sex structure of the survey sample and the Australian Bureau of Statistics 1999 mid-year population estimates (excluding people resident in institutions) for each health area.

The Surveymeans procedure in SAS version 8.1 was used to analyse the data and calculate point estimates and 95 per cent confidence intervals. The procedure calculates

standard errors adjusted for the design effect factor or DEFF (the variance for a non-random sample divided by the variance for a simple random sample). It uses the Taylor expansion method to estimate sampling errors of estimators based on the stratified random sample.²

SF-36 scale: Physical Functioning

The Short Form 36 question Health Survey (SF-36) measures overall health and well-being by scoring each of eight dimensions of health: physical functioning, role limitations due to physical problems, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health.³ Norms for Australian data have been published.⁴

Only the physical functioning dimension of the SF-36 was included in the Older People's Health Survey. The physical functioning scale comprises questions concerning a person's ability to do various moderate and vigorous activities. These are shown as questions 50 to 69 on pages 46-47 of this report.

Answers to the questions were scored, summed and the total is presented as a score out of 100. Higher scores indicate better physical functioning and lower scores indicate poorer physical functioning. The mean scale score is generally used for assessment of population health.

The K6 measure of psychological distress

The K6 (Kessler and Mroczek, 1992) was included in the NSW Older People's Health Survey as a relatively short measure of psychological distress that allowed comparison and validation against concurrent diagnostic data in the National Survey of Mental Health and Wellbeing.

The K6 measure is a six-item questionnaire intended to yield a global measure of 'psychological distress' based on questions about the level of anxiety and depressive symptoms in the most recent four-week period. For each item, there is a five-level response scale based on the amount of time (from none through to all) during a four-week period when the person experienced the particular problem. The six questions used are numbered 91 to 96 in the survey questionnaire and are shown on page 49 of this report.

Scoring of the raw questionnaire assigns between one to five points to each symptom in the direction of increasing problem frequency. The raw score was then derived by summing across the six questions when respondents answered at least five questions. Missing values for those who answered at least five questions were replaced by the mean score of the non-missing responses. For presentation, these scores were converted to a 'T-score', calculated by subtracting the overall mean of the K6 scores from the 1997 Health Survey⁵, then dividing by the standard deviation of the K6 scores (1997 Health Survey), multiplying by 10 and finally adding 50. The T-score has a mean of 50 and a standard deviation of 10.

Following standard conventions for instruments of this type, we chose a score of one standard deviation above the mean (that is, 60) as a useful level for further comparisons. This should not be regarded as a cutoff score for 'illness', since it is an arbitrary choice. The one chosen has the advantage that it classifies about the same proportion of males (11.2 per cent) and females (15.2 per cent) as having high levels of psychological distress as the percentages found to meet diagnostic criteria for anxiety and depression in other population studies.

The Short Concord Informant Dementia Scale (SCIDS)

SCIDS is a 12-item questionnaire administered by informant ('proxy') interview and used as a screening and assessment instrument for dementia. The 12 questions concern recent changes in memory and are numbered 210 to 234 in the survey questionnaire, shown on pages 59–61 of this report.

Each question is scored in the range 0–3 with a score of 0 representing no change and a score of 3 representing

'much worse'. Scores for each question were summed to give a total score in the range 0–36.

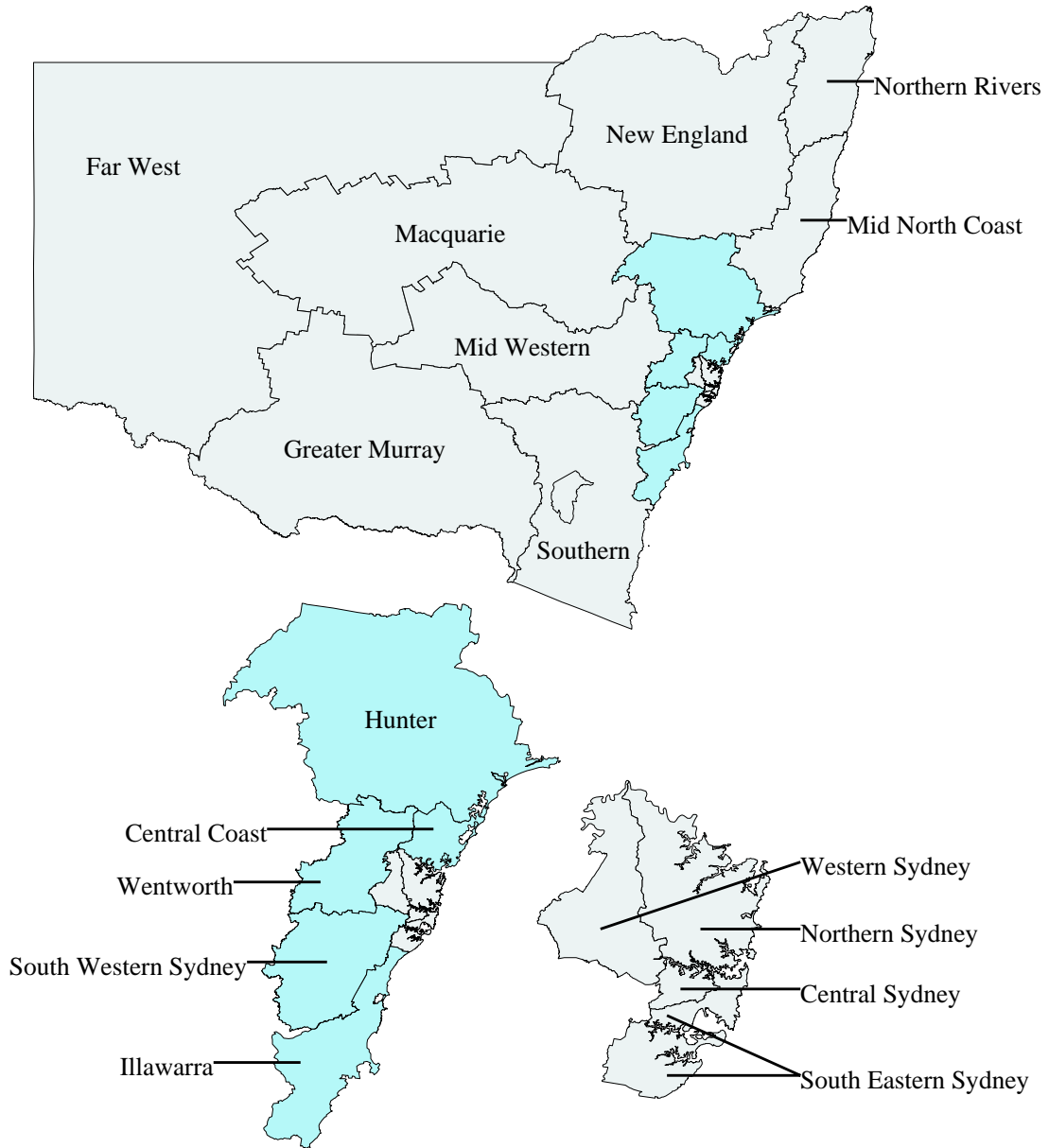
Informant interview has been shown to be a valid method in situations where the person could not be examined by a health professional.^{6,7} In a study of a random sample of older people living in an area of Sydney, a score of four or more detected dementia with a sensitivity of 83 per cent and a specificity of 87 per cent.⁶

The NSW Older People's Health Survey is the first time that the SCIDS scale has been used in a population health survey and the first time SCIDS has been administered by telephone interview. It is not currently known to what extent, if any, these factors affect the reliability of the scale.

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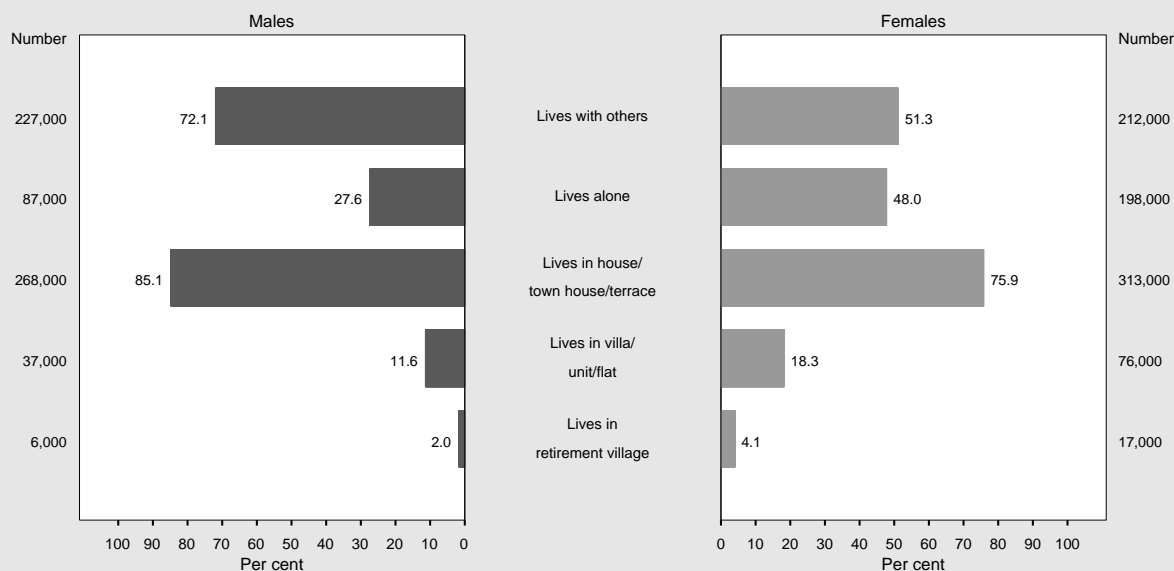
NSW HEALTH AREAS



LIFESTYLE

FIGURE 1

LIVING ARRANGEMENTS BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The *NSW Healthy Ageing Framework 1998–2003* emphasises the importance of:

- participation of older people in the workforce, education, leisure and volunteering;
- accessible and supportive living environments that make it possible for older people to live as independently as possible¹.

This chapter describes various aspects of the lifestyle of older people who responded to the survey on their own behalf (non-proxy respondents). The chapter covers living arrangements, employment, home ownership and finances, and social activities, voluntary work and caring for others, transport, safety, and hopes and fears for the future.

Living arrangements

Over one-third of older people (39.1 per cent) lived alone and 60.3 per cent lived with another person or people. Other people in the household included a spouse or partner (54.9 per cent), children (9.3 per cent), other relatives (3.5 per cent) and non-family members (0.8 per cent). Females were more likely to be living alone than males (Figure 1), probably as a result of longer life expectancy among women.

Three quarters (75.9 per cent) of older people lived in a separate house, 11.5 per cent in a unit or flat, 4.0 per

cent in a semi-detached/townhouse or terrace, 3.2 per cent in a retirement village, 3.1 per cent in a villa, 0.8 per cent in a granny flat, 0.8 per cent in a caravan or mobile home and 0.5 per cent in hostel accommodation.

The majority of older people were married (59.1 per cent) or living with a partner (1.0 per cent), 30.0 per cent were widowed, 4.5 per cent were divorced, 4.0 per cent never married, and 1.2 per cent were separated.

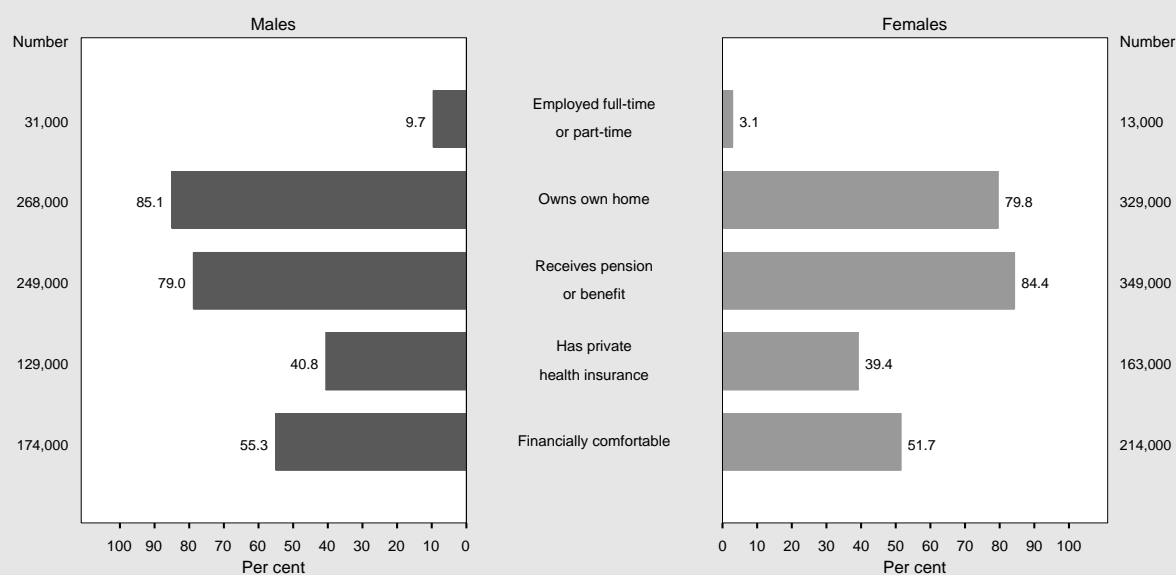
Employment, home ownership and finances

Six per cent of older people indicated that they were currently employed: 2.4 per cent full time and 3.6 per cent part-time. Males were more likely to be employed than females and, as expected, the percentage of older people who were employed decreased from 11.6 per cent among 60–64 year-olds to 3.5 per cent among 75–79 year-olds and less than 2.0 per cent of those aged 80 years and over. There were marked variations in employment rates between health areas, with generally higher rates observed in rural than urban areas (Table 5).

Eighty-two per cent of older people reported owning their own home, 4.5 per cent paid rent for public housing, 4.4 per cent paid rent to a private landlord, 3.6 per cent were leasing or purchasing in a retirement village, 2.7 per cent were living rent- or board-free and 2.0 per cent were paying off their own home.

FIGURE 2

EMPLOYMENT, HOME OWNERSHIP AND FINANCES BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.
 Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 5

EMPLOYMENT, HOME OWNERSHIP AND FINANCES BY HEALTH AREA, NSW 1999

Health Area	Employed full-time or part-time Per cent	Owns own home Per cent	Receives pension/ benefit Per cent	Has private health insurance Per cent	Financially comfortable Per cent
Central Sydney	4.0	82.0	82.2	39.5	43.8
Northern Sydney	9.8	84.8	68.5	61.7	62.0
Sth East Sydney	7.5	87.0	74.9	50.6	55.4
Sth West Sydney	4.9	79.8	86.4	32.1	50.3
Western Sydney	4.9	73.6	84.6	35.1	49.6
Wentworth	6.1	78.5	87.0	30.8	50.4
Central Coast	2.7	78.7	86.1	40.9	50.5
Hunter	3.5	84.3	91.2	36.2	53.7
Illawarra	4.0	82.7	88.0	32.7	54.6
Northern Rivers	3.8	84.1	87.8	30.3	54.6
Mid North Coast	4.3	81.7	88.0	34.0	53.5
New England	10.0	81.4	79.8	32.5	53.9
Macquarie	12.2	80.8	80.6	35.0	50.3
Far West	9.0	87.0	83.6	38.6	49.2
Mid Western	6.7	81.3	82.4	30.6	54.2
Greater Murray	7.5	78.1	83.5	28.7	49.3
Southern	8.2	84.5	78.3	34.5	54.7
NSW	6.0	82.1	82.1	40.0	53.3

Note: Estimates based on 8,881 non-proxy respondents.
 Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Eighty-two per cent of older people reported receiving a pension or benefit. The lowest rate was reported among residents of Northern Sydney Health Area (68.5 per cent) and the highest in the Hunter Health Area (91.2 per cent).

Forty per cent of older people reported having private health insurance. There were marked variations between health areas with rates from 28.7 per cent in the Greater Murray Health Area to over 50 per cent in Northern Sydney and South Eastern Sydney Health Areas.

Overall, 53.3 per cent of older people said they were financially comfortable, 43.7 per cent said they had just enough to get along and 2.1 per cent said they could not make ends meet. The proportion of people who were comfortable financially ranged from 43.8 per cent in the Central Sydney Health Area to 62.0 per cent in the Northern Sydney Health Area, while the proportion who said they could not make ends meet ranged from 0.8 per cent in the Hunter and South Eastern Sydney Health Areas to 3.9 per cent in the Far West Health Area.

Social activities

The majority (68.0 per cent) of older people reported being fairly or very socially active, 23.4 per cent were not very active and 8.1 per cent were not at all active. Over one third (35.8 per cent) of older people said there was nothing that kept them from being socially active, 91.2 per cent reported there were people to share joint activities and outings, and 88.0 per cent had someone to confide in.

Things that kept older people from being socially active included health problems (19.1 per cent of survey respondents), insufficient time (19.1 per cent), feeling shy or don't like going out (5.9 per cent), not feeling motivated (5.8 per cent), transport problems (4.4 per cent), cost (4.4 per cent) and no friends or family nearby (3.2 per cent).

Over half (55.2 per cent) of older people reported getting out of home every day or most days of the week, 33.7 per cent getting out a few times a week, and 10.8 per cent once a week or less often. A small proportion (0.5 per cent) of older people reported never or almost never getting out of home.

Voluntary work and caring for others

Older people frequently had a role in providing voluntary assistance and in caring for others. About one in five (22.0 per cent) older people reported doing volunteer work for an organisation in the last six months, while 9.2 per cent of older people indicated they have the main responsibility in caring for someone who has a long-term illness, disability or other problem. Further information on older people who care for others is included in the chapter on Older People as Carers (page 22).

Transport

Most older people (89.6 per cent) were able to get to places (they cannot walk to) by car, bus or train on their own, while 10.2 per cent said they were unable to use transport

by themselves. The proportion of older people who could use transport independently decreased with age, from 95.3 per cent among 65–69 year olds to 58.7 per cent among those aged 90 years and over. This high rate of independent use of transport probably reflects the survey population, that is, older people living at home who were able to participate in the survey interview themselves.

Cars were the most common type of transport used, followed by buses, trains and taxis (Figure 3). Buses and trains were far more commonly used in urban than rural health areas. Problems with transport getting to and from health services were identified by 4.6 per cent of older people, varying from 1.8 per cent in the Far West Health Area to 7.0 per cent in the Central Sydney Health Area (Table 6).

Safety

When asked about feeling safe at home, 64.7 per cent of older people reported feeling safe all the time, 30.0 per cent felt safe most of the time, while 4.0 per cent felt safe some of the time.

Over half (53.5 per cent) of older people felt safe in their neighbourhood all the time, 37.0 per cent felt safe most of the time, and 7.8 per cent felt safe some of the time.

Hopes and fears for the future

The most common hopes for the future included to stay healthy/free of disability/maintain faculties (28.9 per cent), continue living as now/normally (7.7 per cent), have a long life (6.9 per cent), for the family to be well and healthy/united/in harmony (6.1 per cent), to live long enough to see children or grandchildren grow up/settle (5.7 per cent), and for general peace/happiness in Australia/the world (5.3 per cent).

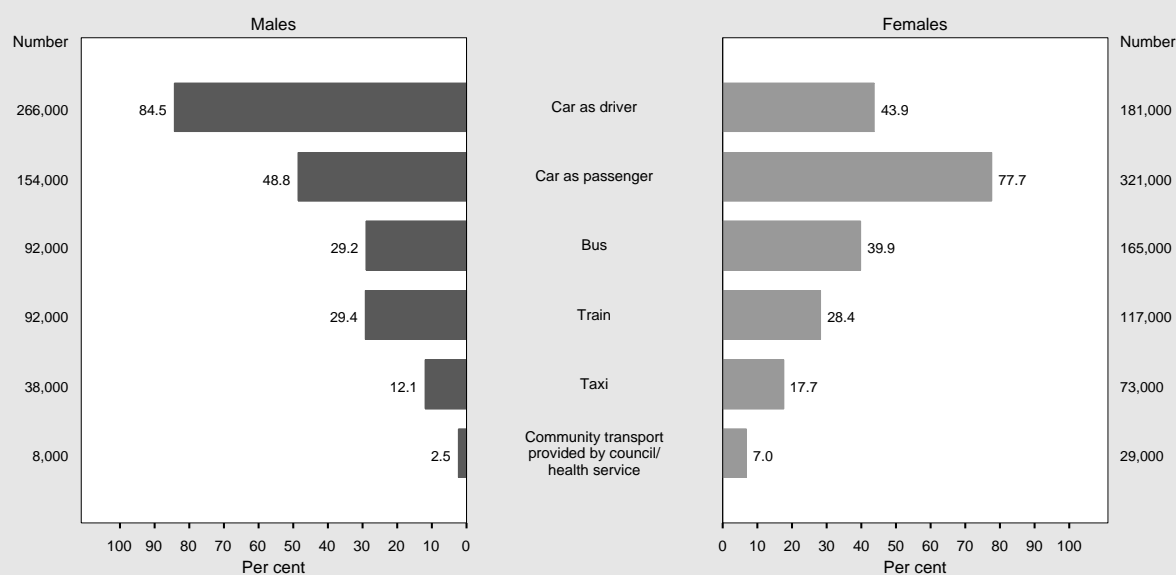
The most common fears expressed by older people concerned their own physical health (20.6 per cent), losing their independence (13.9 per cent), economic or political issues (5.6 per cent), fears for children, grandchildren or the family (4.5 per cent), and about moving from or selling their home (3.7 per cent).

References:

1. NSW Ageing and Disability Department, NSW Health Department. *NSW Healthy Ageing Framework 1998–2003*. Sydney: NSW Ageing and Disability Department, 1998.

FIGURE 3

TRANSPORT USED IN LAST FOUR WEEKS BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 6

TRANSPORT USED IN LAST FOUR WEEKS AND TRANSPORT DIFFICULTY BY HEALTH AREA, NSW 1999

Health Area	Transport used in last four weeks						Problems getting to & from health services Per cent
	Car as driver	Car as passenger	Bus	Train	Taxi	Community transport	
	Per cent	Per cent	Per cent	Per cent	Per cent	Per cent	
Central Sydney	44.7	62.0	59.0	42.9	17.7	5.4	7.0
Northern Sydney	64.7	68.4	51.4	36.4	19.3	3.0	4.9
Sth East Sydney	52.4	65.7	52.4	49.9	19.1	3.8	4.1
Sth West Sydney	55.5	63.6	35.8	39.9	15.3	4.1	4.2
Western Sydney	53.7	65.8	41.2	37.6	15.2	5.7	5.0
Wentworth	62.8	66.3	25.0	38.9	14.2	4.0	5.7
Central Coast	62.8	64.2	36.3	32.7	12.8	6.1	4.9
Hunter	60.3	69.5	33.2	19.9	12.9	7.1	4.5
Illawarra	67.0	63.4	25.2	22.4	13.3	6.3	3.3
Northern Rivers	67.9	65.0	17.0	5.7	12.6	5.8	4.3
Mid North Coast	72.6	65.3	16.1	9.6	13.0	3.4	5.6
New England	68.8	63.4	13.3	6.4	13.8	6.4	5.0
Macquarie	69.9	64.9	12.3	5.4	11.6	8.6	3.7
Far West	67.8	61.3	15.6	6.6	16.7	5.6	1.8
Mid Western	70.2	61.5	16.3	10.8	15.7	5.8	4.5
Greater Murray	73.1	60.6	9.5	6.7	11.4	5.9	3.5
Southern	78.3	63.8	17.2	7.1	9.8	8.1	2.3
NSW	61.4	65.2	35.3	28.8	15.2	5.1	4.6

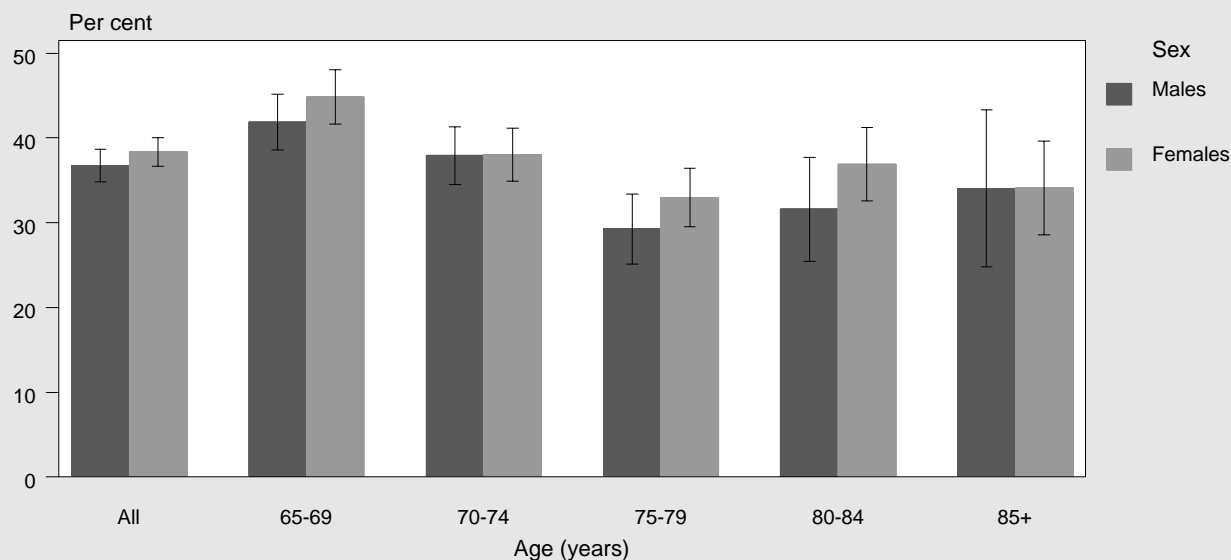
Note: More than one type of transport may be reported. Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

SELF-RATED HEALTH

FIGURE 4

SELF-RATED VERY GOOD OR EXCELLENT HEALTH BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The 1999 Older People's Health Survey included a global self-rated health question: 'In general, would you say your health is excellent, very good, good, fair or poor?'

This item has been included in many major health studies, including the Australian National Health Survey and national health interview surveys in the United States, Canada, the United Kingdom and New Zealand. It is believed to principally reflect physical health problems (acute and chronic conditions and physical functioning), and to a lesser extent, health behaviours and mental health problems.^{1,2}

Longitudinal studies worldwide have consistently shown that global self-rated health is a strong and independent predictor of subsequent illness and premature death.³ For example, an Australian study that followed people aged 60 years and over for seven years found that people with self-reported health status of fair or poor (women) and poor (men) at the beginning of follow-up were significantly more likely to die. This association remained after controlling for demographic factors, a range of illnesses, disability, depression and social support.⁴

At the 1999 Older People's Health Survey, 37.6 per cent of older people rated their health as very good or excellent and 30.7 per cent rated their health as fair or poor (Table 7).

The proportion of older people with very good or excellent health decreased with age to 75–79 years and then increased among 80–84 year olds and those aged 85 years and older. In general, more males reported their health as fair or poor compared to females.

Among the health areas, the proportion of older people who rated their health as very good or excellent varied from 30.6 per cent in the Central Sydney Area to 40.8 per cent among residents of the Southern Area (Table 8).

About half (49.2 per cent) of older people rated their current health as about the same as five years ago, 42.0 per cent as worse and 8.6 per cent as better. Over one third of older people (37.5 per cent) said they have health problems that cause them difficulty in getting around and doing things for themselves. One in 12 (8.9 per cent) older people reported that in the last 12 months they had spent more than a complete week in bed at home because of illness or accident.

TABLE 7**SELF-RATED HEALTH BY AGE AND SEX, NSW 1999**

Age (years)	Sex	Very good or excellent			Fair or poor		
		Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
65-69	Males	41.9	38.6	45.2	28.2	25.2	31.2
	Females	44.8	41.6	48.1	25.0	22.2	27.7
	Persons	43.4	41.1	45.7	26.5	24.5	28.6
70-74	Males	37.9	34.5	41.3	29.9	26.8	33.1
	Females	38.0	34.9	41.1	30.6	27.6	33.5
	Persons	38.0	35.7	40.3	30.3	28.1	32.4
75-79	Males	29.3	25.2	33.4	33.9	29.7	38.2
	Females	33.0	29.5	36.4	33.4	30.1	36.7
	Persons	31.4	28.8	34.1	33.6	31.0	36.2
80-84	Males	31.6	25.4	37.7	38.7	32.3	45.2
	Females	36.9	32.6	41.2	34.2	29.8	38.6
	Persons	35.0	31.5	38.5	35.8	32.2	39.4
85+	Males	34.0	24.8	43.3	36.9	27.5	46.3
	Females	34.1	28.6	39.6	32.9	27.4	38.3
	Persons	34.1	29.4	38.8	34.1	29.4	38.8
All	Males	36.7	34.8	38.6	31.4	29.5	33.2
	Females	38.3	36.7	40.0	30.3	28.7	31.8
	Persons	37.6	36.4	38.9	30.7	29.6	31.9

Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.
Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 8**SELF-RATED HEALTH BY HEALTH AREA, NSW 1999**

Health Area	Very good or excellent			Fair or poor		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	30.6	26.6	34.6	35.7	31.5	39.9
Northern Sydney	44.5	39.9	49.1	23.8	19.8	27.8
Sth East Sydney	36.0	31.6	40.4	30.7	26.5	35.0
Sth West Sydney	35.0	30.4	39.5	36.8	32.3	41.4
Western Sydney	37.4	32.8	41.9	30.3	26.0	34.5
Wentworth	39.9	35.5	44.4	29.6	25.5	33.8
Central Coast	40.5	36.1	44.9	29.8	25.7	34.0
Hunter	35.5	31.2	39.7	34.1	29.9	38.3
Illawarra	38.5	34.0	43.0	29.9	25.7	34.1
Northern Rivers	37.6	33.2	42.1	31.7	27.5	35.9
Mid North Coast	41.2	36.6	45.8	26.2	22.2	30.2
New England	33.6	29.2	38.0	33.9	29.5	38.3
Macquarie	35.2	30.7	39.7	33.5	29.1	37.8
Far West	36.2	31.7	40.6	33.4	29.0	37.9
Mid Western	36.2	31.8	40.6	33.6	29.2	38.0
Greater Murray	33.9	29.5	38.2	30.8	26.6	35.1
Southern	40.8	36.2	45.5	27.1	22.9	31.3
NSW	37.6	36.4	38.9	30.7	29.6	31.9

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

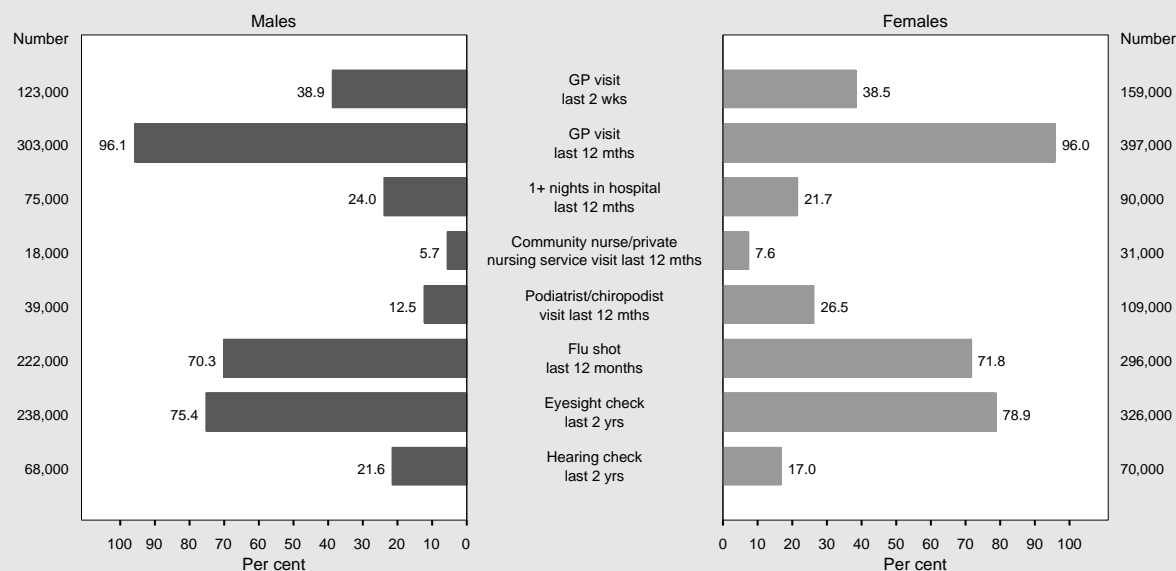
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2. Cott CA, Gignac MA, Badley EM. Determinants of self rated health for Canadians with chronic disease and disability. *J Epidemiology Community Health* 1999; 53: 731-6.
3. Idler EL, Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. *J Health and Social Behaviour* 1997; 38: 21-37.
4. McCallum J, Shadbolt B, Wang D. Self-rated health and survival: a 7-year follow-up study of Australian elderly. *Am J Public Health* 1994; 84: 1100-5.

HEALTH SERVICE USE

FIGURE 5

TYPE OF HEALTH SERVICE USE BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Almost all older people interviewed had visited a GP in the last 12 months (96.0 per cent), and over one third (38.7 per cent) had visited a GP in the last two weeks (Figure 5, Table 7). About one quarter (22.7 per cent) had spent at least one night in hospital in the last 12 months. Rates of GP visits and hospitalisations were similar for males and females (Figure 5).

Home nursing services were used less frequently, with 6.8 per cent of older people reporting a community nurse visit in the last 12 months and 2.7 per cent in the last two weeks. Use of home nursing was slightly more common among females than males.

Advice on and assistance with health problems was commonly sought from other health professionals. About one in five (20.4 per cent) older people visited or were visited by a chiropodist in the last 12 months, 15.0 per cent consulted a chemist about a health problem, and 14.0 per cent visited or were visited by a physiotherapist.

Almost three-quarters (71.2 per cent) of older people reported having a flu vaccination in the last 12 months and 15.5 per cent reported being vaccinated against pneumonia.

Over three-quarters (77.4 per cent) of older people reported having their eyes checked in the last two years, while 19.0

per cent reported having a hearing check in the same period. Further information on sight and hearing is included in the Physical Functioning chapter (page 28).

As would be expected, health service utilisation for medical, home nursing, immunisation and hearing and eyesight checks increased with age (Table 9).

Over 60 per cent of older females reported having a clinical breast examination in the last two years and this percentage declined with age.

Overall, 55.2 per cent of females reported having a mammogram in the last two years and 74.0 per cent reported ever having a mammogram. Younger females were more likely to report having had a mammogram than older females: among females age 65–69 years, 76.6 per cent reported having a mammogram in the last two years and 87.8 per cent reported ever having a mammogram.

In the 1997 and 1998 NSW Health Surveys, 62.2 per cent of women aged 50–69 years reported having a screening mammogram in the last two years.¹ The higher rate of 76.6 per cent reported among women aged 65–69 years in the Older People's Survey is at least partly due to reporting of diagnostic as well as screening mammograms.

TABLE 9

TYPE OF HEALTH SERVICE USE BY AGE, NSW 1999

Type of service	Age (years)					All Per cent
	65–69 Per cent	70–74 Per cent	75–79 Per cent	80–84 Per cent	85+ Per cent	
Health service use by type of provider						
At least one night in hospital last 12 months	17.6	21.6	27.1	27.5	27.8	22.7
GP visit last 12 months	94.7	96.2	97.3	96.9	96.2	96.0
GP visit last two weeks	34.3	37.6	42.9	41.4	45.1	38.7
Community/private nurse visit last 12 months	3.3	4.3	8.7	11.8	17.5	6.8
Community/private nurse visit last two weeks	0.9	1.4	3.5	4.8	9.8	2.7
Podiatrist/chiropractist visit last 12 months	11.8	16.6	24.3	33.1	39.8	20.4
Consulted chemist about health problem last 12 months	16.9	14.5	14.4	14.3	11.1	15.0
Physiotherapist visit last 12 months	12.8	13.3	16.4	15.6	12.1	14.0
Immunisation						
Flu vaccination last 12 months	62.7	73.9	76.4	77.2	71.5	71.2
Vaccinated against pneumonia last 12 months	11.2	16.5	17.9	20.0	16.4	15.5
Hearing check						
Hearing check last two years	14.7	15.3	23.7	22.8	31.4	19.0
Eyesight check						
Eyesight check last two years	73.9	76.6	77.7	86.0	80.3	77.4
Breast examination (females)						
Clinical breast examination last 2 years	74.1	63.2	57.2	52.1	43.5	61.7
Ever had mammogram	87.8	85.6	68.3	55.5	37.6	74.0
Mammogram last two years	76.6	67.6	46.0	26.8	14.6	55.2

Note: Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

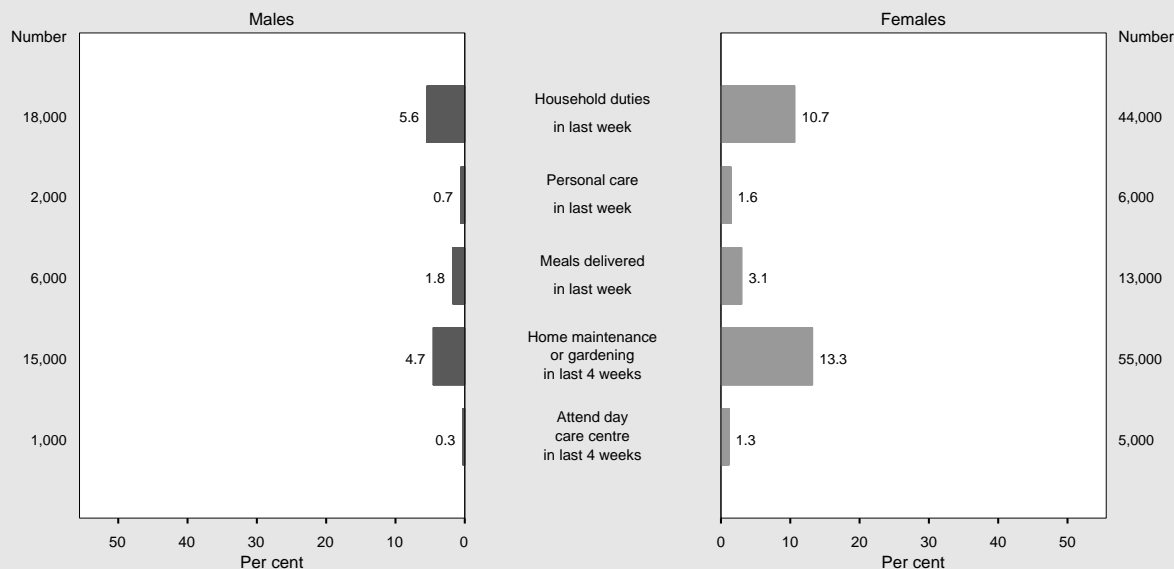
References

1. Public Health Division. *The health of the people of New South Wales—Report of the Chief Health Officer, 2000*. Sydney: NSW Health Department, 2000.

USE OF COMMUNITY SERVICES

FIGURE 6

TYPE OF COMMUNITY SERVICES USED BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

In 1999 one in five (20.7 per cent) older people reported receiving help in the previous week from an organised community service for household duties, home maintenance or personal care which they could not do on their own. Among those who received services, on average three hours of services were received in the last week.

The most common help received was for home maintenance or gardening (9.6 per cent), followed by household duties (8.5 per cent) and meals (2.5 per cent) (Figure 6, Table 10). Among those who had meals delivered, 51.3 per cent received more than 5 meals in the last week and on average 9 meals were delivered.

Only 1.2 per cent of older people reported receiving assistance with personal care. On average, these people received personal care on four occasions in the previous week.

In the previous four weeks, 3.7 per cent of older people reported having services to help take them out for shopping, errands, or medical appointments.

Also in the previous four weeks, 1.4 per cent of older people reported receiving respite care at home, 1.0 per cent had stayed overnight in respite care, and 0.9 per cent had attended a day care centre.

About one in 12 people indicated that they needed help or more help with household duties, personal care, or other tasks at home.

The most common need was for assistance with household duties (5.4 per cent of older people), followed by home maintenance or gardening (5.2 per cent), transport for shopping, appointments and errands (0.8 per cent), personal care (0.5 per cent), meals at home (0.4 per cent), respite services (0.2 per cent) and day care services (0.1 per cent). While there was some variation in need between the various health areas, the priorities of need were similar across areas (Table 11).

Among those who said that they needed help, the most commonly stated reasons for not receiving help were: that the need is not important enough now (18.5 per cent); did not know that community services were available (15.1 per cent); reluctant to ask (14.5 per cent); costs too much (10.8 per cent); hadn't asked (9.2 per cent); not eligible (7.3 per cent) and no community service available (5.7 per cent).

TABLE 10**USE OF COMMUNITY SERVICES IN THE LAST WEEK AND NEED FOR MORE SERVICES BY HEALTH AREA, NSW 1999**

Health Area	Household duties in last week	Personal care in last week	Meals delivered in last week	Home maintenance or gardening in last 4 weeks	Attend day care centre in last 4 weeks
	Per cent	Per cent	Per cent	Per cent	Per cent
Central Sydney	7.6	1.0	2.4	8.6	0.9
Northern Sydney	10.7	1.1	2.2	13.3	0.4
Sth East Sydney	11.9	1.0	2.4	8.4	0.7
Sth West Sydney	7.4	0.5	2.3	8.1	0.9
Western Sydney	7.6	1.7	2.1	7.6	0.7
Wentworth	5.6	1.4	1.9	9.1	0.8
Central Coast	6.0	0.2	2.4	10.8	0.4
Hunter	5.3	0.8	2.7	9.6	1.9
Illawarra	7.9	1.6	3.3	9.4	1.6
Northern Rivers	9.2	2.6	2.7	10.5	0.6
Mid North Coast	6.8	1.2	2.4	7.9	0.4
New England	8.9	1.8	4.0	11.8	1.1
Macquarie	11.1	1.0	3.8	9.7	1.8
Far West	9.1	1.6	4.5	7.8	1.3
Mid Western	9.1	1.4	3.5	9.0	0.5
Greater Murray	9.5	1.3	2.4	8.4	1.3
Southern	10.2	1.6	2.6	10.2	0.3
NSW	8.5	1.2	2.5	9.6	0.9

Note: Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 11**REPORTED NEED FOR MORE COMMUNITY SERVICES BY HEALTH AREA, NSW 1999**

Health Area	More help needed	Household duties	Area of need Home maintenance or gardening	Transport for shopping/ errands	Personal care
	Per cent	Per cent	Per cent	Per cent	Per cent
Central Sydney	11.1	7.9	5.1	1.7	1.2
Northern Sydney	9.0	6.6	3.2	0.6	0.4
Sth East Sydney	9.6	5.5	4.0	1.2	0.3
Sth West Sydney	8.4	5.6	3.2	1.4	0.6
Western Sydney	8.6	5.3	3.6	1.4	1.1
Wentworth	7.1	6.0	1.7	1.0	0.6
Central Coast	8.4	6.1	3.1	0.4	0.3
Hunter	6.3	4.1	2.8	0.5	0.8
Illawarra	8.2	5.2	3.9	0.3	0.5
Northern Rivers	6.4	4.5	2.3	0.7	0.4
Mid North Coast	7.3	5.0	3.0	0.2	0.6
New England	6.7	4.8	2.6	0.4	0.2
Macquarie	8.2	5.3	3.6	0.9	0.5
Far West	6.1	4.0	2.5	0.0	0.1
Mid Western	5.4	3.2	2.5	0.1	0.0
Greater Murray	7.0	3.8	3.6	0.3	0.3
Southern	5.7	4.2	2.2	0.1	0.2
NSW	8.1	5.4	3.3	0.8	0.5

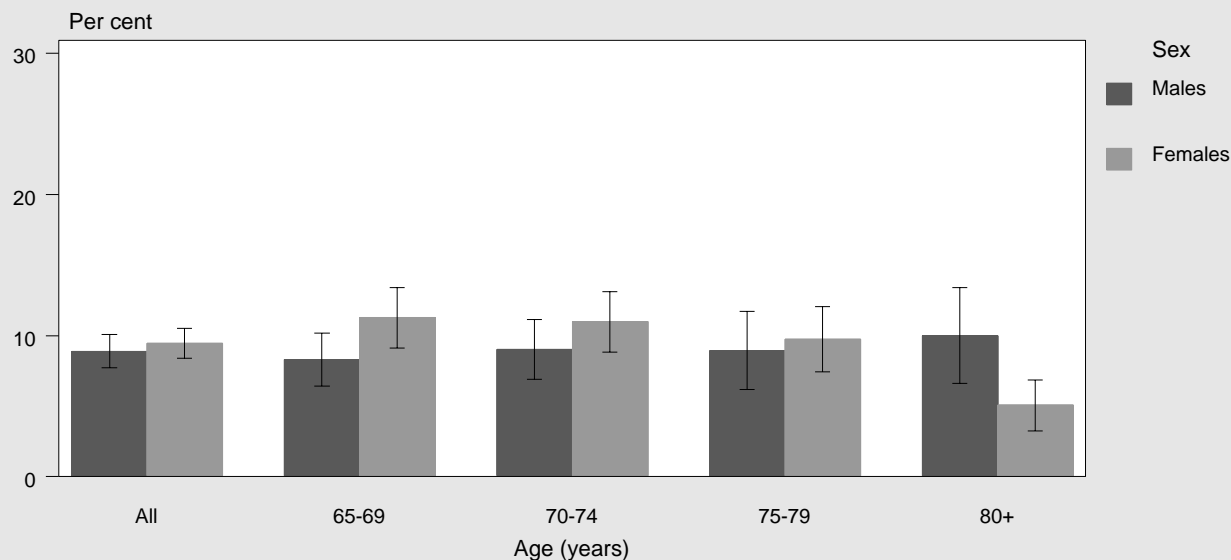
Note: Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

OLDER PEOPLE AS CARERS

FIGURE 7

MAIN RESPONSIBILITY IN CARING FOR SOMEONE WITH A LONG-TERM ILLNESS, DISABILITY OR OTHER PROBLEM BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Almost one in 10 (9.2 per cent) older people indicated they had the main responsibility in caring for someone who has a long-term illness, disability or other problem. At younger ages, a higher proportion of females were main carers, while at older ages a higher proportion of males were main carers (Figure 7, Table 12).

The person cared for was most commonly the husband or wife (73.4 per cent), followed by a son or daughter (7.8 per cent), mother (6.2 per cent), brother or sister (5.1 per cent), or friend (2.9 per cent). The reason for care was physical illness or disability (including frailty and blindness) in 85.5 per cent of cases and memory problem or intellectual disability (including dementia/Alzheimer disease) in 19.4 per cent.

In the previous week, a minority of carers had received services at home to help with their caring, including: services to help with household duties (13.0 per cent), home nursing services (8.6 per cent), home maintenance and gardening (6.9 per cent), help with personal care (6.0 per cent), meals delivered to their home (4.2 per cent) and special transport services for shopping and errands (4.2 per cent). Almost three-quarters (71.1 per cent) of carers had not used any of these services in the previous week.

In the previous four weeks, 4.9 per cent of carers received support through the services of a day care centre and 2.5 per cent had received respite care services at home.

About one in six (16.4 per cent) carers said they needed more help with carer support, household duties, personal care, or other jobs around the house. The most commonly identified needs were help with household duties (8.7 per cent), home maintenance and gardening (6.1 per cent), and personal care (2.8 per cent).

Among those who indicated they needed more help with carer support, the main reasons reported for not receiving help included: reluctance to ask (25.8 per cent), need not important enough now/until now (18.3 per cent), no service available (9.2 per cent), service costs too much (9.0 per cent), already organised/on waiting list (7.0 per cent), didn't know about service (6.9 per cent), hadn't asked about service (6.7 per cent) and not eligible for service (5.9 per cent).

A substantial proportion of older people reported other caring roles as well. In the previous month, 28.8 per cent of all older people surveyed had given someone a lift in the car, 25.0 per cent had assisted with child-minding, 20.2 per cent had assisted others with shopping, 15.5 per cent had prepared meals for someone outside their household, 6.8 per cent had assisted with housekeeping, and 8.0 per cent had assisted with maintenance or gardening at another person's house. In the previous six months 26.5 per cent had looked after someone who was ill in bed and 19.5 per cent had done volunteer work for an organisation.

TABLE 12**MAIN RESPONSIBILITY IN CARING FOR SOMEONE WITH A LONG TERM ILLNESS, DISABILITY OR OTHER PROBLEM BY AGE AND SEX, NSW 1999**

Age (years)	Sex	Per cent	LL 95% CI	UL 95% CI
65-69	Males	8.3	6.4	10.2
	Females	11.3	9.1	13.4
	Persons	9.8	8.4	11.2
70-74	Males	9.0	6.9	11.1
	Females	11.0	8.8	13.1
	Persons	10.1	8.6	11.6
75-79	Males	8.9	6.2	11.7
	Females	9.7	7.4	12.1
	Persons	9.4	7.7	11.2
80+	Males	10.0	6.6	13.4
	Females	5.1	3.3	6.8
	Persons	6.7	5.1	8.4
All	Males	8.9	7.7	10.1
	Females	9.5	8.4	10.5
	Persons	9.2	8.4	10.0

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 13**MAIN RESPONSIBILITY IN CARING FOR SOMEONE WITH A LONG TERM ILLNESS, DISABILITY OR OTHER PROBLEM BY HEALTH AREA, NSW 1999**

Age (years)	Per cent	LL 95% CI	UL 95% CI
Central Sydney	7.8	5.3	10.4
Northern Sydney	6.3	3.9	8.7
Sth East Sydney	6.9	4.5	9.3
Sth West Sydney	13.1	9.7	16.5
Western Sydney	12.5	9.1	15.9
Wentworth	9.7	6.7	12.7
Central Coast	11.4	8.4	14.5
Hunter	6.5	4.1	8.9
Illawarra	13.3	9.9	16.7
Northern Rivers	9.9	6.9	12.9
Mid North Coast	12.2	8.9	15.4
New England	8.0	5.3	10.7
Macquarie	7.1	4.6	9.5
Far West	9.0	6.1	11.9
Mid Western	6.7	4.1	9.3
Greater Murray	8.8	6.0	11.6
Southern	8.0	5.2	10.8
NSW	9.2	8.4	10.0

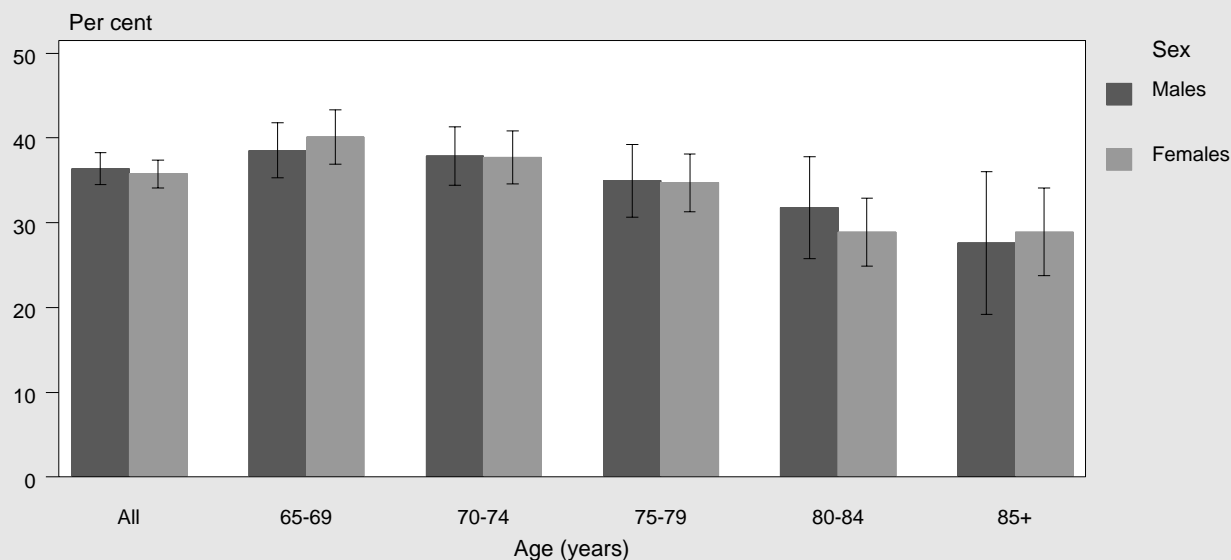
Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

NUTRITION AND FOOD SECURITY

FIGURE 8

RECOMMENDED QUANTITY OF VEGETABLES EATEN EACH DAY BY AGE AND SEX, NSW 1999



Note: Recommended daily quantity = 4 serves or more. 1 serve = 1/2 cup cooked vegetables or 1 cup salad vegetables. Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Vegetables and fruit are the most important dietary sources of vitamins and minerals which protect against a wide range of diseases including some cancers (particularly bowel, stomach and lung cancer) and cardiovascular disease. It is desirable to eat at least 4–5 serves (300–375 grams) of vegetables and at least two serves (300 grams) of fruit each day.^{1,2}

The Older People's Health Survey found that a substantial proportion of older people are not eating the recommended amounts of fruit and vegetables. About one-third (36.0 per cent) of older people reported eating the recommended quantity of vegetables each day, and just over one half (57.6 per cent) reported eating the recommended quantity of fruit (Table 14). Only 23.3 per cent of older people reported eating the recommended quantity of both fruit and vegetables each day.

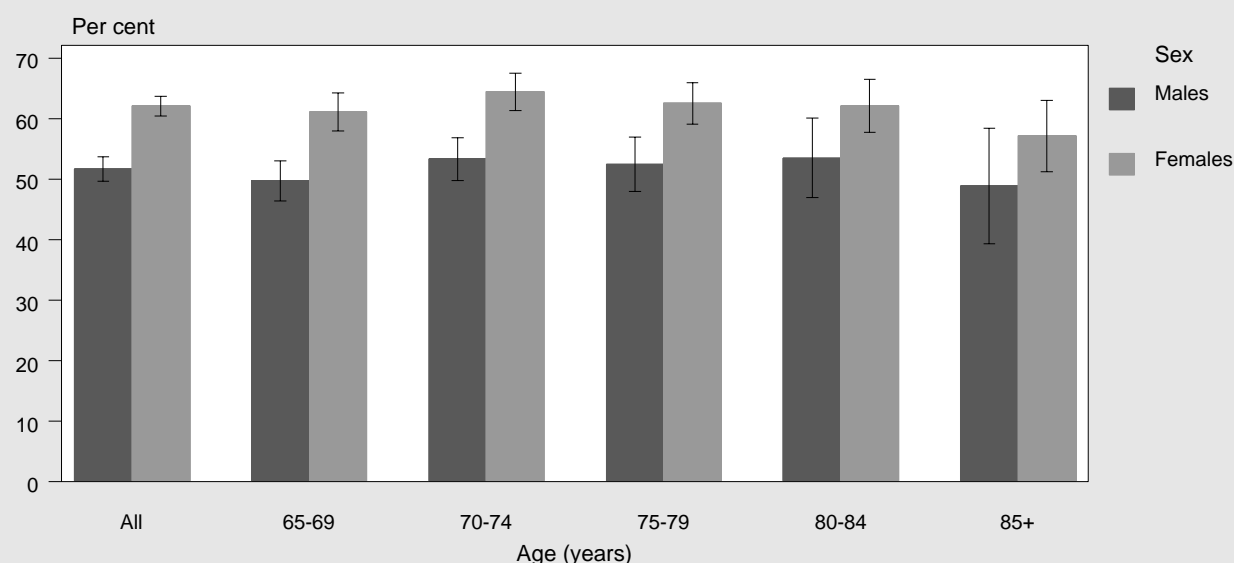
While similar percentages of males (36.4 per cent) and females (35.8 per cent) reported eating the recommended quantity of vegetables each day (Figure 8), females were more likely than males to eat the recommended quantity of fruit (62.1 and 51.7 per cent respectively) (Figure 9).

In terms of food security, 1.9 per cent of older people reported that, on at least one occasion in the last 12 months, they had run out of food and could not afford to buy any more. A problem with food security was most commonly reported in the Central Sydney (3.5 per cent) and Western

Sydney (3.0 per cent) Health Areas. This is likely to be an underestimate of the true prevalence of food insecurity among older people because those most vulnerable are least likely to participate in population surveys.

References

1. Cashel K and Jefferson S. *The core food groups— the scientific basis for developing nutrition education tools*. Canberra: National Health and Medical Research Council, Canberra, 1994.
2. Commonwealth Department of Health and Aged Care. *The Australian Guide to Healthy Eating—Background information for nutrition educators*. Canberra: Commonwealth Department of Health and Aged Care, 1998. This publication may be obtained from Commonwealth Department of Health and Aged Care web site at: www.health.gov.au/pubhlth/strateg/food/guide.

FIGURE 9**RECOMMENDED QUANTITY OF FRUIT EATEN EACH DAY BY AGE AND SEX, NSW 1999**

Note: Recommended daily quantity = 2 serves or more. 1 serve = 1 medium or 2 small pieces of fruit or 1 cup of diced pieces. Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 14**RECOMMENDED QUANTITIES OF VEGETABLES AND FRUIT EATEN EACH DAY BY HEALTH AREA, NSW 1999**

Health Area	Vegetables			Fruit		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	27.9	23.9	31.8	57.5	53.1	61.8
Northern Sydney	39.9	35.3	44.5	61.8	57.3	66.3
Sth East Sydney	27.6	23.5	31.8	60.2	55.7	64.8
Sth West Sydney	34.3	29.8	38.7	57.3	52.7	61.9
Western Sydney	31.0	26.6	35.4	55.4	50.6	60.2
Wentworth	34.8	30.4	39.2	54.2	49.6	58.7
Central Coast	36.3	32.0	40.6	62.1	57.7	66.4
Hunter	41.7	37.3	46.1	56.6	52.2	61.0
Illawarra	36.7	32.2	41.2	57.4	52.9	62.0
Northern Rivers	41.8	37.3	46.3	59.2	54.7	63.6
Mid North Coast	42.5	37.9	47.0	58.9	54.4	63.5
New England	35.6	31.1	40.0	52.2	47.6	56.8
Macquarie	39.4	34.8	44.0	50.9	46.2	55.5
Far West	37.5	33.0	42.0	46.8	42.2	51.5
Mid Western	40.9	36.3	45.5	54.7	50.1	59.3
Greater Murray	36.8	32.3	41.3	50.1	45.4	54.7
Southern	42.8	38.2	47.5	50.9	46.2	55.6
NSW	36.0	34.8	37.3	57.6	56.3	58.8

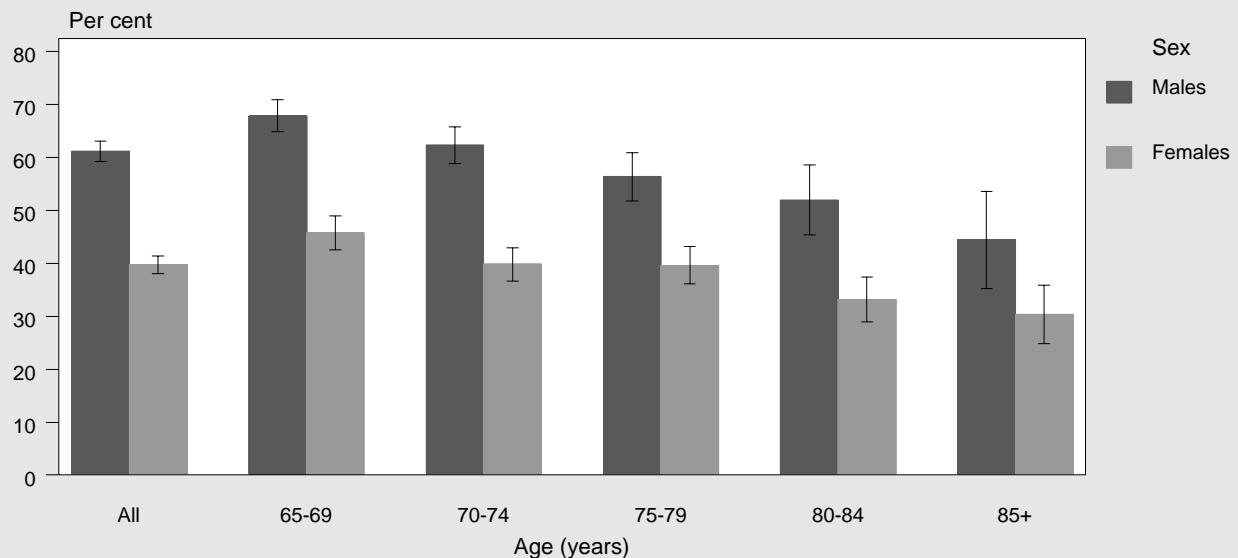
Note: Recommended daily quantity of vegetables = 4 serves or more. 1 serve = 1/2 cup cooked vegetables or 1 cup salad vegetables. Recommended daily quantity of fruit = 2 serves or more. 1 serve = 1 medium or 2 small pieces of fruit or 1 cup of diced pieces. Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

PHYSICAL ACTIVITY

FIGURE 10

ADEQUATE PHYSICAL ACTIVITY BY AGE AND SEX, NSW 1999



Note: Adequate physical activity is defined as doing at least 30 minutes of vigorous or moderate activity or walking on at least 5 days in the last week. Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Physical activity has a preventive effect on coronary heart disease and stroke, is beneficial in the treatment of high blood pressure (hypertension) and the prevention of falls. In 1996, inadequate physical activity was responsible for about seven per cent of the total disease burden (as measured in DALYs or disability-adjusted life years) in Australia.¹

For the general population, major health benefits can result from moderate intensity physical activity (equivalent to brisk walking) totaling 30 minutes daily, accumulated in bouts as short as 10 minutes.

In the Older People's Health Survey adequate physical activity was defined as doing at least 30 minutes of vigorous or moderate activity or walking on at least five days in the last week.

Almost half (48.9 per cent) of older people reported adequate physical activity (Table 15). As would be expected, this declined with age from 56.4 per cent among 65–69 year-olds to 34.7 per cent among those aged 85 years and older. Females were substantially less active than males at all ages (Figure 10). For those aged above 80 years there may be problems associated with the interpretation of moderate and vigorous intensity physical activity and estimates for these age groups should be treated with caution.

Older people living in the Sydney, Hunter and Illawarra Health Areas were less likely to do adequate physical activity than those living in the rural health areas (Table 16). Overall, 52.7 per cent of older people living in rural health areas reported adequate physical activity compared with 47.6 per cent of residents of urban health areas.

Simply Active Everyday is a NSW whole-of-government strategy that aims to increase safe and ongoing participation in physical activity, particularly among less active people. The first progress report of the first year of the implementation of this strategy suggests considerable success against the objectives outlined in the plan.²

About 40 per cent of older people said they had heard of the exercise and physical activity campaign message, 'Exercise—you only have to take it regularly not seriously'. This percentage was similar in urban and rural health areas (40.7 and 41.9 per cent respectively). These results confirm the success of the Active Australia campaign featuring Rusty the Tinman that was conducted in 1999.³

Fifty-one per cent of older people said there were reasons that keep them from being more physically active. The most common reason identified was health problems (72.0 per cent), while a smaller proportion (4.4 per cent) of older people identified problems with pain as being a factor.

TABLE 15**ADEQUATE PHYSICAL ACTIVITY AND KNOWLEDGE OF EXERCISE CAMPAIGN BY AGE AND SEX, NSW 1999**

Age (years)	Sex	Adequate physical activity			Knowledge of exercise campaign		
		Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
65-69	Males	67.8	64.8	70.8	41.5	38.2	44.7
	Females	45.7	42.5	48.9	48.9	45.7	52.1
	Persons	56.4	54.1	58.7	45.3	43.0	47.6
70-74	Males	62.3	58.8	65.8	40.3	36.8	43.8
	Females	39.8	36.6	42.9	46.3	43.1	49.5
	Persons	50.0	47.6	52.4	43.6	41.2	45.9
75-79	Males	56.3	51.8	60.9	39.7	35.2	44.3
	Females	39.6	36.1	43.1	40.7	37.2	44.2
	Persons	46.5	43.7	49.4	40.3	37.5	43.1
80-84	Males	51.9	45.3	58.5	27.2	21.8	32.7
	Females	33.2	29.0	37.4	37.2	32.8	41.6
	Persons	39.8	36.2	43.5	33.7	30.1	37.2
85+	Males	44.4	35.2	53.6	23.4	15.5	31.3
	Females	30.3	24.8	35.9	28.2	22.9	33.6
	Persons	34.7	29.8	39.5	26.8	22.4	31.2
All	Males	61.1	59.1	63.0	38.4	36.5	40.4
	Females	39.7	38.0	41.3	43.0	41.3	44.6
	Persons	48.9	47.7	50.2	41.0	39.7	42.3

Note: Adequate physical activity is defined as doing at least 30 minutes of vigorous or moderate activity or walking on at least 5 days in the last week. Knowledge of exercise campaign is a 'yes' response to the question "Have you heard of the exercise and physical activity campaign, 'Exercise— you only have to take it regularly not seriously'?" Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 16**ADEQUATE PHYSICAL ACTIVITY AND KNOWLEDGE OF EXERCISE CAMPAIGN BY HEALTH AREA, NSW 1999**

Health Area	Adequate physical activity			Knowledge of exercise campaign		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	46.8	42.4	51.1	39.2	34.9	43.5
Northern Sydney	48.4	43.8	53.1	41.6	37.0	46.1
Sth East Sydney	48.2	43.6	52.8	35.1	30.8	39.5
Sth West Sydney	47.6	42.9	52.3	42.5	37.9	47.2
Western Sydney	44.9	40.2	49.6	40.7	35.9	45.4
Wentworth	46.5	42.0	51.1	41.7	37.2	46.2
Central Coast	47.3	42.8	51.7	44.2	39.7	48.7
Hunter	46.9	42.5	51.3	43.4	39.0	47.8
Illawarra	51.0	46.4	55.6	41.3	36.7	45.8
Northern Rivers	53.6	49.1	58.2	39.2	34.8	43.7
Mid North Coast	49.3	44.7	53.9	41.0	36.4	45.5
New England	48.6	44.0	53.3	48.2	43.6	52.9
Macquarie	51.3	46.7	56.0	43.8	39.1	48.4
Far West	48.3	43.6	52.9	48.2	43.5	52.8
Mid Western	54.7	50.1	59.3	45.7	41.1	50.3
Greater Murray	55.8	51.2	60.4	34.6	30.2	39.0
Southern	56.9	52.3	61.6	45.8	41.1	50.5
NSW	48.9	47.7	50.2	41.0	39.7	42.3

Note: Adequate physical activity is defined as doing at least 30 minutes of vigorous or moderate activity or walking on at least 5 days in the last week. Knowledge of exercise campaign is a 'yes' response to the question "Have you heard of the exercise and physical activity campaign, 'Exercise— you only have to take it regularly not seriously'?" Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

References:

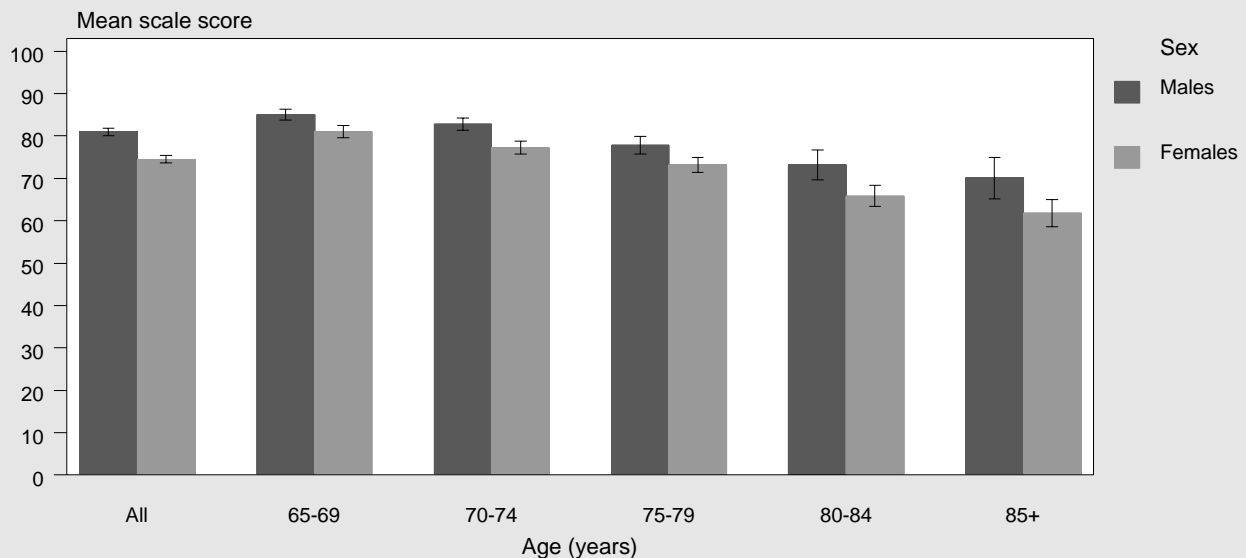
1. Mathers C, Vos T, Stevenson C. *The burden of disease and injury in Australia*. Canberra: Australian Institute of Health and Welfare, 1999.
2. NSW Physical Activity Taskforce. *Simply Active Every day: a plan to promote physical activity in NSW—Progress report 1999*. Sydney: NSW Health Department, 2000.

3. NSW Health Department. *The Active Australia/International Year of the Older Persons public education campaign to promote physical activity among older people: NSW evaluation report*. Sydney: NSW Health Department, 2000.

PHYSICAL FUNCTIONING

FIGURE 11

PHYSICAL FUNCTIONING AS MEASURED BY SF-36 BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The 1999 Older People's Health Survey covered several areas of physical functioning, including the SF-36 measure of physical functioning, questions on sight and hearing, experience of pain, ability to carry out activities of daily living, and whether any changes had been made to the home to make it easier to live in.

The SF-36 measures eight different aspects of health, using different scales. Only the physical functioning scale was used in the Older People's Health Survey. The scale comprises questions concerning a person's ability to do various moderate and vigorous activities. More information on the SF-36 and the physical functioning scale is included in the Methods chapter (Page 8).

Physical functioning, as measured by the SF-36, was better among males than females at all ages (Figure 11, Table 17) and, as expected, decreased with age. The overall mean scores for older people were 81.0 for males and 74.5 for females. These mean scores are substantially higher than Australian norms for people aged 65 years and over where the mean scores are 66.1 for males and 57.3 for females.¹

Both the survey methodology and the type of respondents may account for higher scores in the Older People's Health Survey. First, data for the Australian norms were obtained via self-administered questionnaire. Telephone surveys have been found to give higher mean SF-36 scores than

mailed questionnaires in the United States.² Second, the Older People's Health Survey covered a sample of older people living at home and well enough to participate in a telephone interview. The sample is therefore of relatively healthy older people.

There was little variation in SF-36 scores among residents of the various health areas (Figure 12).

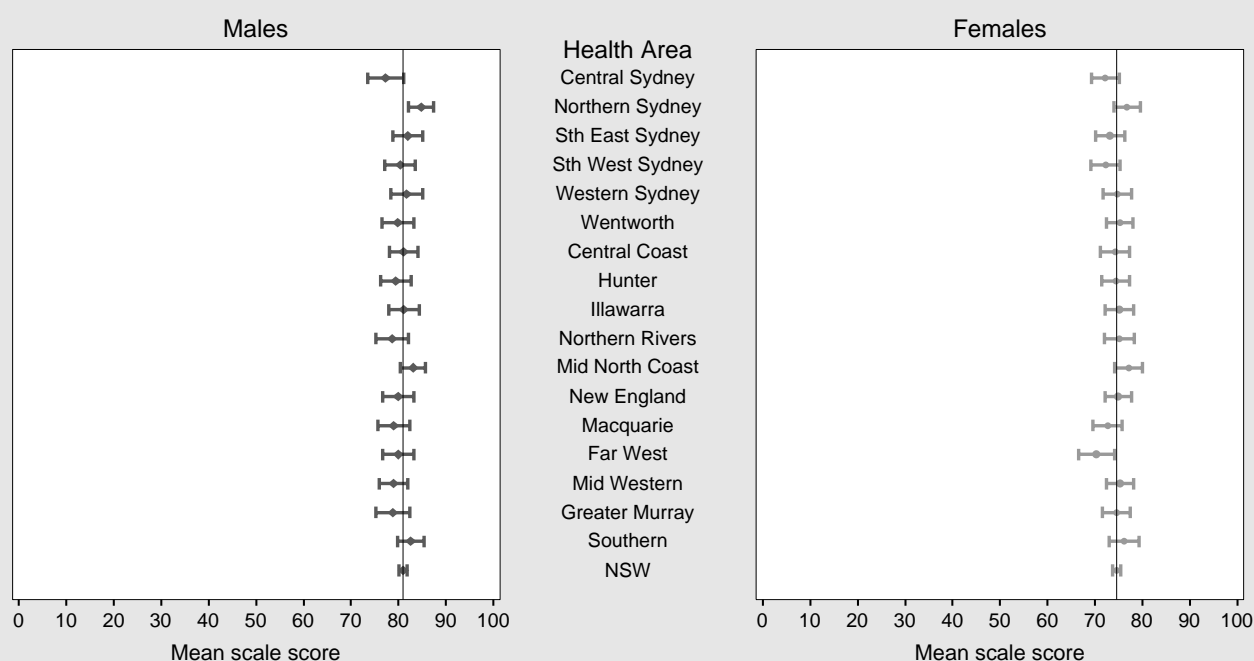
Overall, 96.1 per cent of older people reported wearing glasses. Almost three quarters (72.2 per cent) of older people said their sight for reading (including glasses) was fair or poor and 70.6 per cent said their sight for distance (including glasses) was fair or poor.

One in eight (12.5 per cent) older people reported wearing a hearing aid. Hearing (including any hearing aid) was rated as fair or poor by 77.1 per cent of older people.

Over the six months prior to interview, 21.5 per cent of older people reported having pain that lasted for three months or more. Of these, 41.1 per cent described the pain as strong or severe, 42.2 per cent as moderate, and 15.1 per cent as mild or weak. Of those who had experienced pain for three months or more, 32.5 per cent said that the pain interfered with their daily activities 'quite a lot' or 'extremely', 25.4 per cent reported 'moderate' interference and 41.4 per cent reported 'weak' or 'mild' interference.

FIGURE 12

PHYSICAL FUNCTIONING AS MEASURED BY SF-36 BY HEALTH AREA AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 17

PHYSICAL FUNCTIONING AS MEASURED BY SF-36 BY AND AGE AND SEX, NSW 1999

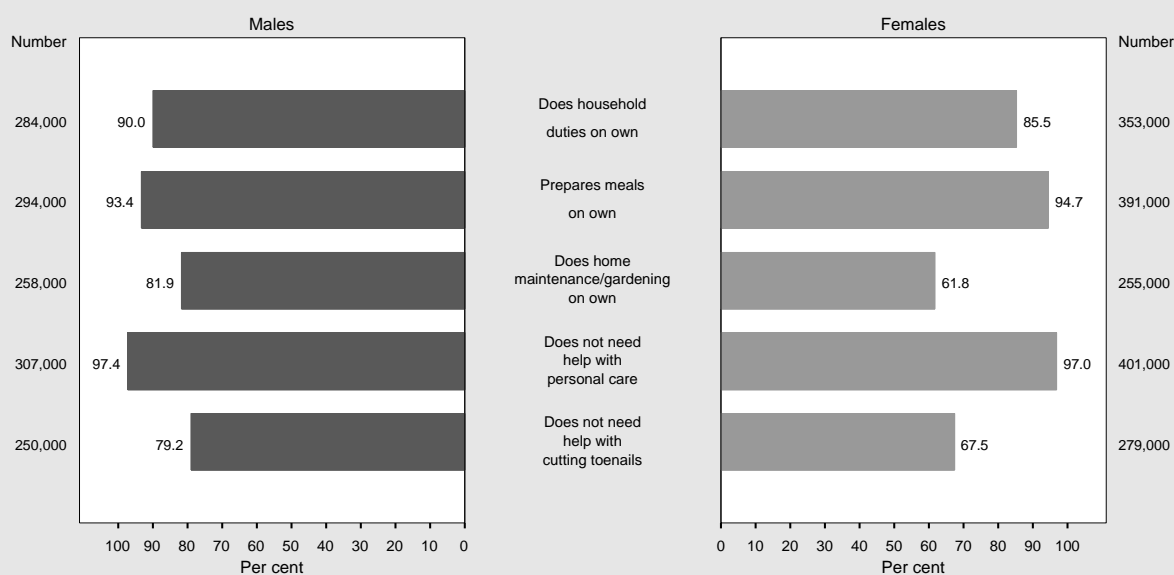
Age (years)	Sex	Mean scale score	LL 95% CI	UL 95% CI
65-69	Males	85.1	83.8	86.3
	Females	81.0	79.6	82.4
70-74	Persons	83.0	82.0	83.9
	Males	82.8	81.4	84.3
	Females	77.2	75.8	78.7
75-79	Persons	79.8	78.7	80.8
	Males	77.8	75.7	80.0
	Females	73.2	71.5	75.0
80-84	Persons	75.1	73.8	76.5
	Males	73.2	69.7	76.7
	Females	65.8	63.3	68.3
85+	Persons	68.5	66.4	70.5
	Males	70.1	65.2	74.9
	Females	61.8	58.6	65.0
All	Persons	64.3	61.6	67.0
	Males	81.0	80.1	81.9
	Females	74.5	73.7	75.4
	Persons	77.3	76.7	77.9

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

FIGURE 13

ACTIVITIES OF DAILY LIVING BY SEX, NSW 1999



Note: 'Does not need help with personal care' obtained from 'No' response to the question 'Do you need help or supervision with personal care such as showering or bathing, dressing, or getting to the toilet?' Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The majority of older people interviewed were able to carry out activities of daily living independently (Figure 13, Table 18). Over half (55.5 per cent) reported that they could carry out all activities of daily living included in the survey.

Overall, males reported being able to carry out activities of daily living more frequently than females, particularly in the area of home maintenance/gardening.

The most common problems encountered with carrying out activities of daily living were home maintenance/gardening for females and needing help with cutting toenails for both males and females. There was little variation between Health Areas in older people's reported ability to carry out activities of daily living.

In order to make their homes easier to live in, about one in five (20.2 per cent) older people reported installing grab bars or rails in the house since they were 65 years old, 17.5 per cent reported putting in bathseat, handshower or non-slip mats, 9.6 per cent had put increased lighting into their home, and 9.0 per cent had improved paths or steps. Forty-four per cent of older people reported making no changes to their homes and a further 21.4 per cent said that no changes were needed.

References

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2. McHornery CA, Kosinski M, Ware JE. Comparisons of the Costs and Quality of Norms for the SF-36 Health Survey Collected by Mail Versus Telephone Interview: Results From a National Survey. *Medical Care* 1994; 32: 551-567.

TABLE 18
ACTIVITIES OF DAILY LIVING BY HEALTH AREA, NSW 1999

Health Area/Activity	Per cent	Health Area/Activity	Per cent
Central Sydney		Northern Rivers	
Does household duties on own	84.2	Does household duties on own	86.5
Prepares meals on own	92.5	Prepares meals on own	93.4
Does home maintenance/gardening on own	62.8	Does home maintenance/gardening on own	71.4
Does not need help with personal care	94.7	Does not need help with personal care	95.7
Does not need help with cutting toenails	67.7	Does not need help with cutting toenails	75.1
Northern Sydney		Mid North Coast	
Does household duties on own	88.7	Does household duties on own	89.8
Prepares meals on own	94.7	Prepares meals on own	94.3
Does home maintenance/gardening on own	73.7	Does home maintenance/gardening on own	74.2
Does not need help with personal care	97.8	Does not need help with personal care	98.6
Does not need help with cutting toenails	71.1	Does not need help with cutting toenails	80.2
Sth East Sydney		New England	
Does household duties on own	84.9	Does household duties on own	88.4
Prepares meals on own	95.1	Prepares meals on own	96.1
Does home maintenance/gardening on own	65.1	Does home maintenance/gardening on own	72.3
Does not need help with personal care	96.7	Does not need help with personal care	98.6
Does not need help with cutting toenails	67.5	Does not need help with cutting toenails	80.2
Sth West Sydney		Macquarie	
Does household duties on own	85.8	Does household duties on own	87.9
Prepares meals on own	92.7	Prepares meals on own	94.0
Does home maintenance/gardening on own	69.3	Does home maintenance/gardening on own	73.3
Does not need help with personal care	96.7	Does not need help with personal care	98.4
Does not need help with cutting toenails	69.6	Does not need help with cutting toenails	74.1
Western Sydney		Far West	
Does household duties on own	89.7	Does household duties on own	85.8
Prepares meals on own	94.2	Prepares meals on own	91.4
Does home maintenance/gardening on own	69.8	Does home maintenance/gardening on own	73.0
Does not need help with personal care	96.7	Does not need help with personal care	96.2
Does not need help with cutting toenails	74.7	Does not need help with cutting toenails	75.1
Wentworth		Mid Western	
Does household duties on own	89.7	Does household duties on own	89.0
Prepares meals on own	94.2	Prepares meals on own	93.5
Does home maintenance/gardening on own	70.1	Does home maintenance/gardening on own	73.5
Does not need help with personal care	96.7	Does not need help with personal care	98.3
Does not need help with cutting toenails	72.3	Does not need help with cutting toenails	72.3
Central Coast		Greater Murray	
Does household duties on own	88.9	Does household duties on own	86.0
Prepares meals on own	95.3	Prepares meals on own	93.1
Does home maintenance/gardening on own	69.5	Does home maintenance/gardening on own	72.6
Does not need help with personal care	98.3	Does not need help with personal care	98.1
Does not need help with cutting toenails	70.7	Does not need help with cutting toenails	71.6
Hunter		Southern	
Does household duties on own	88.4	Does household duties on own	91.4
Prepares meals on own	93.8	Prepares meals on own	95.8
Does home maintenance/gardening on own	72.1	Does home maintenance/gardening on own	75.5
Does not need help with personal care	75.9	Does not need help with personal care	97.4
Does not need help with cutting toenails	76.2	Does not need help with cutting toenails	77.9
Illawarra		NSW	
Does household duties on own	85.9	Does household duties on own	87.5
Prepares meals on own	93.6	Prepares meals on own	94.1
Does home maintenance/gardening on own	73.2	Does home maintenance/gardening on own	70.5
Does not need help with personal care	97.7	Does not need help with personal care	97.2
Does not need help with cutting toenails	77.0	Does not need help with cutting toenails	72.6

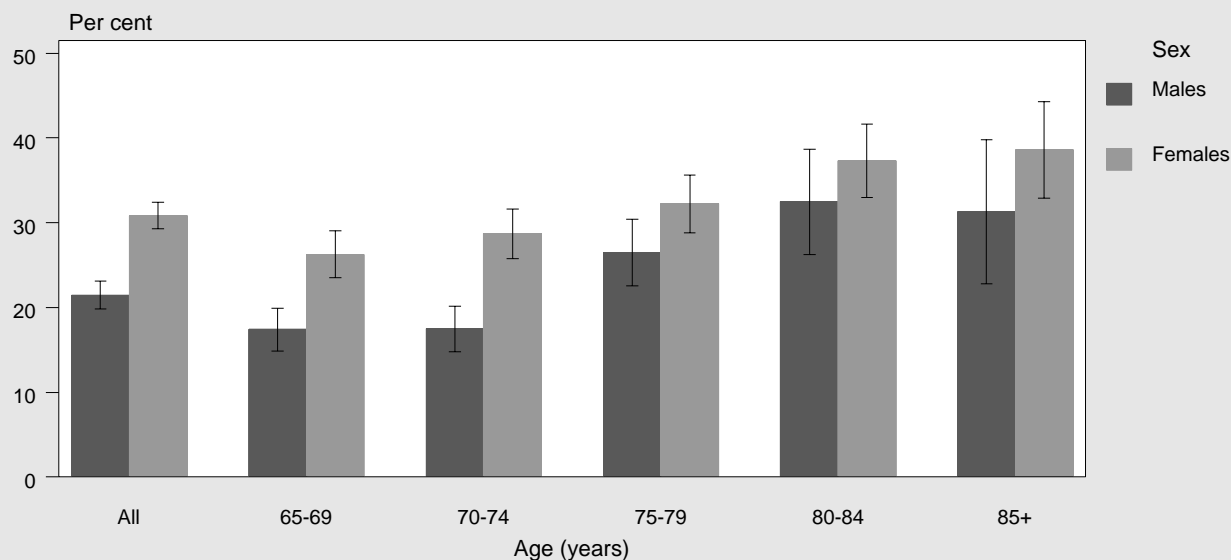
Note: 'Does not need help with personal care' obtained from 'No' response to the question 'Do you need help or supervision with personal care such as showering or bathing, dressing, or getting to the toilet?' Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

FALLS

FIGURE 14

ANY FALL IN THE LAST 12 MONTHS BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Admissions to hospital for fall-related injury, which occur particularly among older people, was estimated to consume \$324.2 million of NSW health resources in the financial year 1995–96.¹ No other single injury cause, including road injury, costs the health system more than falls. The age group with the highest fall-related costs are older people aged 75 years and over.

It is predicted that, as an increasing percentage of the population lives to older ages, the cost of falls that is likely to be borne by the NSW health system in the year 2050 will be \$644.7 million.² This is equivalent to four 200 bed acute care facilities and 1,200 new nursing home places to accommodate increased service demand due to the demographic change.

At the 1999 Older Peoples Health Survey, about one quarter (26.8 per cent) of people aged 65 years and over reported a fall in the previous 12 months (Figure 14, Table 19) and one in 12 (8.6 per cent) reported at least one fall requiring medical attention.

As would be expected falls were more common among the more elderly with 22.0 per cent of people aged 65–69 years reporting a fall in the previous 12 months compared with 36.3 per cent of people aged 85 years and over.

Falls were more commonly reported by females than males at all ages.

Over one quarter (28.5 per cent) of older people reported being afraid of falling. Fear of falling was far more common among females (36.9 per cent) than males (17.5 per cent) overall. Fear of falling also increased with increasing age, from 24.7 per cent among 65–59 year olds to 36.3 per cent of those aged 85 years and older.

Of those who reported a fear of falling, 78.2 per cent indicated they were 'somewhat' or 'fairly' afraid of falling, and 20.3 per cent were 'very' afraid of falling.

Only a small proportion (5.6 per cent) of older people reported currently using any personal alert or alarm in case they had a fall or other emergency. Use of a personal alert or alarm was also more common among females (7.6 per cent) than males (2.9 per cent).

About one quarter (23.5 per cent) of older people reported that they already exercise to reduce the risk of falls—19.8 per cent of females and 28.3 per cent of males. A further 30.9 per cent of older people indicated that they would consider doing a program of gentle exercise in order to reduce their chances of falling. Of those who indicated a willingness to do a program of gentle exercise, 73.2 per cent said they would consider walking, 74.3 per cent would consider exercising at home, 39.5 per cent exercising in a group, and 20.0 per cent would consider dancing.

TABLE 19**ANY FALL IN THE LAST 12 MONTHS BY AGE AND SEX, NSW 1999**

Age (years)	Sex	Any fall			Fall requiring medical treatment		
		Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
65-69	Males	17.4	14.9	19.9	4.9	3.2	6.6
	Females	26.3	23.5	29.1	7.9	6.3	9.5
	Persons	22.0	20.1	23.9	6.5	5.3	7.6
70-74	Males	17.5	14.8	20.1	5.5	3.7	7.3
	Females	28.7	25.8	31.6	8.2	6.5	9.9
	Persons	23.6	21.6	25.6	7.0	5.8	8.2
75-79	Males	26.5	22.5	30.4	7.7	5.2	10.1
	Females	32.2	28.8	35.6	12.4	9.9	14.8
	Persons	29.8	27.3	32.4	10.4	8.6	12.2
80-84	Males	32.5	26.3	38.7	7.4	4.0	10.8
	Females	37.3	33.0	41.6	14.0	11.0	17.1
	Persons	35.6	32.1	39.1	11.7	9.4	13.9
85+	Males	31.3	22.8	39.8	10.5	4.7	16.2
	Females	38.6	32.9	44.3	15.9	11.6	20.2
	Persons	36.3	31.6	41.0	14.2	10.8	17.6
All	Males	21.5	19.8	23.1	6.2	5.2	7.2
	Females	30.8	29.3	32.4	10.5	9.5	11.5
	Persons	26.8	25.6	27.9	8.6	7.9	9.4

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 20**FALLS IN THE LAST 12 MONTHS BY TYPE OF FALL AND HEALTH AREA, NSW 1999**

Health Area	Any fall			Fall requiring medical treatment		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	26.7	22.8	30.5	10.9	8.1	13.6
Northern Sydney	27.3	23.3	31.4	8.8	6.3	11.3
Sth East Sydney	28.0	23.8	32.1	11.0	8.1	13.9
Sth West Sydney	25.2	21.1	29.2	8.0	5.5	10.4
Western Sydney	23.8	19.8	27.8	7.9	5.3	10.6
Wentworth	25.2	21.3	29.1	8.8	6.3	11.3
Central Coast	29.8	25.7	33.9	9.2	6.5	11.8
Hunter	28.9	24.9	32.8	7.5	5.2	9.7
Illawarra	26.4	22.5	30.4	7.4	5.1	9.8
Northern Rivers	24.6	20.7	28.6	8.8	6.2	11.4
Mid North Coast	25.9	21.9	29.9	8.4	5.9	10.9
New England	25.3	21.3	29.2	7.0	4.7	9.3
Macquarie	27.3	23.2	31.5	7.6	5.2	10.1
Far West	26.0	21.9	30.1	8.6	5.9	11.2
Mid Western	28.1	23.9	32.2	6.6	4.4	8.9
Greater Murray	26.7	22.6	30.9	7.6	5.2	10.0
Southern	27.3	23.1	31.5	7.1	4.7	9.6
NSW	26.8	25.6	27.9	8.6	7.9	9.4

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

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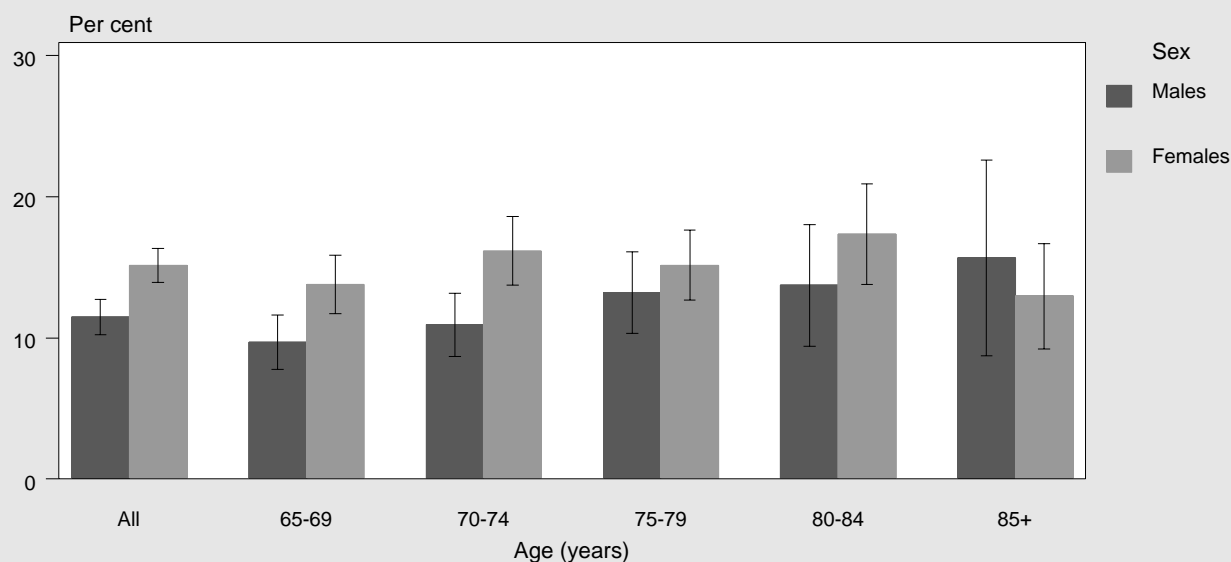
Further information on falls in older people:

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MENTAL HEALTH AND WELL-BEING

FIGURE 15

PSYCHOLOGICAL DISTRESS (K6 SCORE 60 OR MORE) BY AGE AND SEX, NSW 1999



Note: Psychological distress was measured using the Kessler 6 (K6) questionnaire. Raw K6 scores were transformed so that the NSW mean was 50 and the standard deviation was 10. Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The majority (74.5 per cent) of older people reported feeling happy most of the time in the last four weeks, 70.6 per cent reported feeling calm or peaceful most of the time, 4.8 per cent reported feeling mostly bored and 5.2 per cent reported feeling mostly lonely.

The Older People's Health Survey used the Kessler 6 or K6 to measure psychological distress among older people. The K6 comprises six questions about the level and anxiety and depressive symptoms in the most recent four-week period. A more detailed description of the K6 measure is included in the Methods Section (Page 10).

Figure 15 shows the percentage of each age group and sex that had scores in a range similar to the proportion of people meeting diagnostic criteria for anxiety and depression in other population studies.

Females reported higher levels of psychological distress than males for all ages except those aged 85 years and older (Figure 15, Table 21). Levels of psychological distress increased from 13.8 per cent of those aged 65–69 years to 16.0 per cent among those aged 80–84 years and then fell to 13.5 per cent among those aged 85 years and over. Levels of psychological distress, as measured by the K6 score, were higher among older people living in Central Sydney and Western Sydney than NSW overall (Table 22).

In the four weeks prior to interview, 7.8 per cent of older people reported seeing a doctor or other health professional about feelings of anxiety or depression asked about in the K6. The percentages of males and females were similar (7.6 and 7.9 per cent respectively).

The survey also asked about feelings of depression in the previous four weeks. Overall, 3.0 per cent of older people stated that they felt depressed most of the time in the previous four weeks, while 29.5 per cent reported feeling depressed some or most of the time.

The percentage of older people who reported feelings of depression most of the time was similar in the different age groups, and among males and females. Following the pattern found with the K6 score, feelings of depression most of the time were reported more commonly among older people living in the Central Sydney and Western Sydney Areas compared to NSW overall (Table 22).

The NSW Health Department's strategy for the delivery of mental health care for older people in NSW includes: partnerships with service providers, non-government organisations, consumers and carers; improving assessment, diagnosis and treatment services; mental health promotion, prevention and early intervention; and setting standards for care including mechanisms for monitoring and evaluation of quality of care.¹

TABLE 21**PSYCHOLOGICAL DISTRESS (K6 SCORE 60 OR MORE) AND FEELING DEPRESSED IN THE LAST FOUR WEEKS BY AGE AND SEX, NSW 1999**

Age (years)	Sex	K6 score 60 or more			Feeling depressed most of the time in last 4 weeks		
		Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
65-69	Males	9.7	7.7	11.6	2.6	1.0	4.2
	Females	13.8	11.7	15.9	2.8	1.4	4.1
	Persons	11.8	10.4	13.2	2.7	1.7	3.7
70-74	Males	10.9	8.7	13.2	2.0	0.7	3.4
	Females	16.1	13.7	18.6	3.5	2.0	5.0
	Persons	13.8	12.1	15.5	2.8	2.1	3.6
75-79	Males	13.2	10.3	16.1	3.1	1.4	4.7
	Females	15.1	12.7	17.6	3.8	2.4	5.2
	Persons	14.3	12.5	16.2	3.5	2.5	4.5
80-84	Males	13.7	9.4	18.0	3.7	0.3	7.1
	Females	17.3	13.8	20.9	2.4	0.7	4.1
	Persons	16.0	13.3	18.8	2.9	1.3	4.4
85+	Males	15.7	8.7	22.6	3.2	0.0	9.8
	Females	12.9	9.2	16.7	3.7	1.1	6.3
	Persons	13.8	10.5	17.1	3.5	1.1	6.0
All	Males	11.5	10.2	12.7	2.7	2.0	3.3
	Females	15.1	13.9	16.3	3.2	2.6	3.8
	Persons	13.5	12.7	14.4	3.0	2.6	3.4

Note: Psychological distress was measured using the Kessler 6 (K6) questionnaire. Raw K6 scores were transformed so that the NSW mean was 50 and the standard deviation was 10. Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 22**PSYCHOLOGICAL DISTRESS (K6 SCORE 60 OR MORE) AND FEELING DEPRESSED IN THE LAST FOUR WEEKS BY HEALTH AREA, NSW 1999**

Age (years)	K6 score 60 or more			Feeling depressed most of the time in last 4 weeks		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	16.7	13.4	20.1	4.5	2.6	6.3
Northern Sydney	9.8	7.1	12.4	1.6	0.5	2.7
Sth East Sydney	14.1	11.0	17.3	4.0	2.2	5.8
Sth West Sydney	15.5	12.1	18.8	3.7	2.0	5.5
Western Sydney	16.4	13.1	19.8	4.6	2.7	6.5
Wentworth	10.9	8.1	13.8	2.9	1.4	4.4
Central Coast	14.9	11.7	18.1	3.1	1.6	4.6
Hunter	15.4	12.2	18.7	2.6	1.2	4.1
Illawarra	11.6	8.7	14.4	2.8	1.3	4.3
Northern Rivers	13.3	10.2	16.4	2.5	1.2	3.7
Mid North Coast	13.6	10.4	16.8	2.2	0.9	3.6
New England	12.5	9.6	15.5	2.5	1.2	3.8
Macquarie	11.0	8.2	13.8	1.6	0.5	2.7
Far West	15.2	11.8	18.7	1.7	0.5	2.8
Mid Western	10.4	7.6	13.3	2.4	0.9	3.9
Greater Murray	13.6	10.5	16.7	2.0	0.8	3.3
Southern	10.4	7.6	13.2	1.9	0.7	3.0
NSW	13.5	12.7	14.4	3.0	2.6	3.4

Note: Psychological distress was measured using the Kessler 6 (K6) questionnaire. Raw K6 scores were transformed so that the NSW mean was 50 and the standard deviation was 10. Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

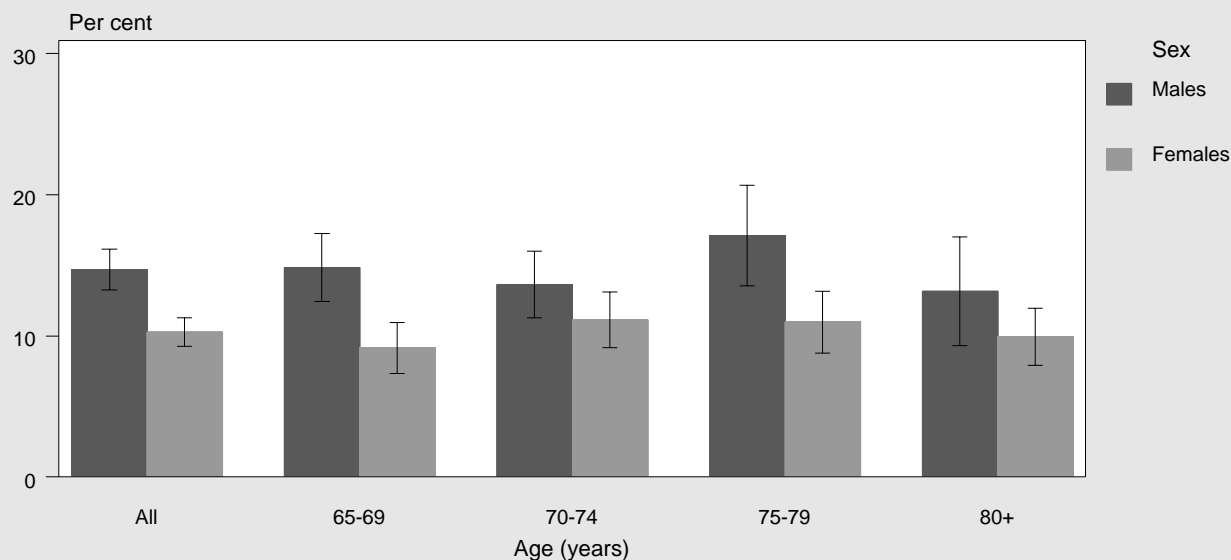
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DIABETES

FIGURE 16

CURRENT DOCTOR-DIAGNOSED DIABETES OR HIGH BLOOD SUGAR BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Excludes those reporting previous diabetes/HBS or diabetes/HBS during pregnancy. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Diabetes mellitus is a chronic condition characterised by high blood sugar levels and is due to deficient production of insulin and/or resistance to its action. Diabetes is now recognised to belong to a spectrum of conditions, 'Metabolic Syndrome', which predispose to cardiovascular disease. Metabolic Syndrome is primarily characterised by hypertension (high blood pressure), obesity, high blood fats, high insulin levels, and insulin resistance. These conditions share lifestyle-related causal factors such as physical inactivity and poor nutrition.

There are two main forms of diabetes found in older people: Type 2 diabetes, previously known as non-insulin-dependent diabetes mellitus (NIDDM), is the most common form of diabetes affecting primarily people aged 40 years and over. Type 2 diabetes is also more common in some population groups such as Aboriginal and Torres Strait Islander people, and people from the Pacific Islands and the Indian Subcontinent. Type 1 diabetes, previously known as insulin dependent diabetes mellitus (IDDM), is characterised by a complete deficiency of insulin and is estimated to be present in 10–15 per cent of people with diabetes.

With ageing of the population, the prevalence of diabetes in Australia has doubled since the early 1980s and will continue to rise.¹

The NSW Older People's Health Survey found the reported prevalence of current doctor-diagnosed diabetes

or high blood sugar among older people was 12.2 per cent in 1999. Prevalence increased slightly with increasing age to 75–79 years and declined among those aged 80 years and over. Diabetes was more common among males than females at all ages (Figure 16, Table 23).

The prevalence of reported diabetes/high blood sugar varied from 9.6 per cent in Northern Sydney Health Area to 14.5 per cent in Central Sydney Health Area (Table 24).

Over half (52.7 per cent) of older people who reported diabetes or high blood sugar were diagnosed before age 65 years and 8.1 per cent were diagnosed before age 40 years.

The true prevalence of diabetes in older people is higher than found in this survey as it has been estimated that for every person in the community diagnosed with Type 2 diabetes there is one undiagnosed person.²

The high blood glucose of diabetes results in vascular disease which causes visual problems, foot problems and cardiovascular disease. In the Older People's Health Survey, 47.3 per cent of older people with diabetes or high blood sugar reported that their feet had been checked at least once in the previous 12 months, and 61.9 per cent reported that their eyes had been checked by a health professional for diabetes-related eye problems at least once in the previous 12 months.

TABLE 23**CURRENT DOCTOR-DIAGNOSED DIABETES OR HIGH BLOOD SUGAR BY SEX AND HEALTH AREA, NSW 1999**

Age (years)	Sex	Per cent	LL 95% CI	UL 95% CI
65-69	Males	14.8	12.4	17.2
	Females	9.1	7.3	11.0
	Persons	11.9	10.4	13.4
70-74	Males	13.6	11.3	16.0
	Females	11.1	9.1	13.1
	Persons	12.3	10.7	13.8
75-79	Males	17.1	13.5	20.6
	Females	11.0	8.8	13.2
	Persons	13.5	11.5	15.5
80+	Males	13.2	9.3	17.0
	Females	9.9	7.9	11.9
	Persons	11.0	9.1	12.9
All	Males	14.7	13.2	16.1
	Females	10.3	9.3	11.3
	Persons	12.2	11.3	13.0

Note: Estimates based on 8,881 non-proxy respondents. Excludes those reporting previous diabetes/HBS or diabetes/HBS during pregnancy. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 24**CURRENT DOCTOR-DIAGNOSED DIABETES/HIGH BLOOD SUGAR AND FEET AND EYE CHECKS BY HEALTH AREA, NSW 1999**

Health Area	Diabetes/ high blood sugar Per cent	Foot check last 12 months Per cent	Eye check last 12 months Per cent
Central Sydney	14.5	34.1	53.7
Northern Sydney	9.6	57.9	73.9
Sth East Sydney	12.1	61.4	70.4
Sth West Sydney	12.5	35.3	62.6
Western Sydney	13.9	52.0	54.0
Wentworth	13.4	41.2	45.4
Central Coast	16.0	44.0	52.6
Hunter	12.8	38.2	67.6
Illawarra	13.1	40.0	60.2
Northern Rivers	9.8	48.1	51.6
Mid North Coast	8.0	48.7	70.6
New England	13.2	48.8	53.5
Macquarie	10.8	49.1	62.7
Far West	13.9	39.4	62.5
Mid Western	12.2	57.4	63.2
Greater Murray	12.6	55.7	67.8
Southern	10.8	49.0	59.6
NSW	12.2	47.3	61.9

Note: Estimates based on 8,881 non-proxy respondents. Excludes those reporting previous diabetes/HBS or diabetes/HBS during pregnancy. Percentages of foot and eye checks in the last 12 months refer to those reporting diabetes/high blood sugar. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

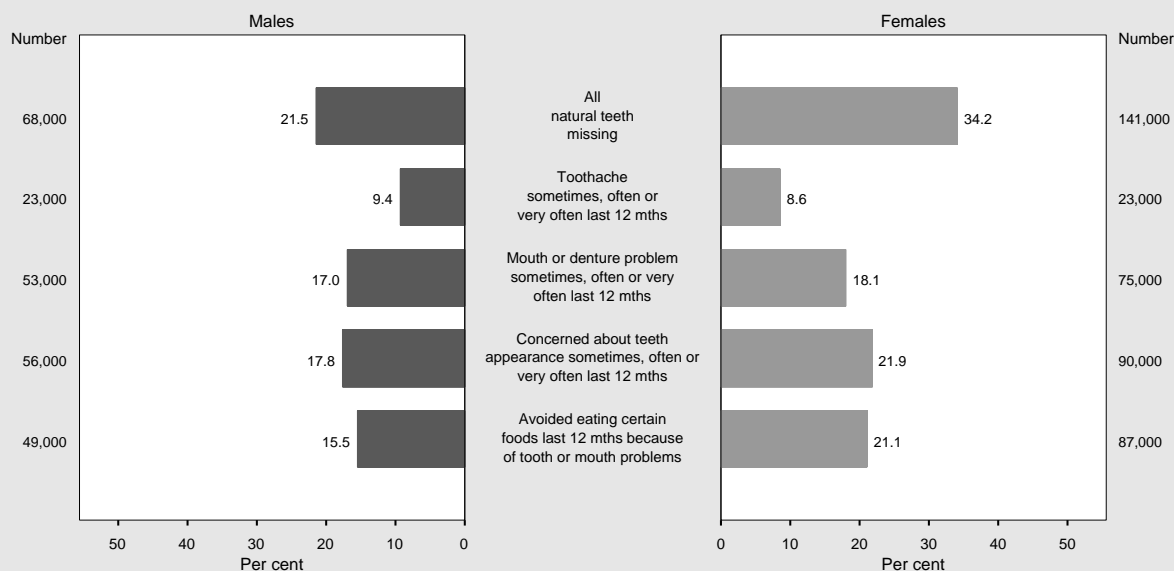
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ORAL HEALTH

FIGURE 17

ORAL HEALTH BY SEX, NSW 1999



Note: Prevalence of toothache refers to those with some or all of their natural teeth. 'Avoiding eating certain foods' refers to sometimes, often or very often. Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

While the rate of tooth loss and dental caries has declined in children and young adults, older adults continue to be at risk of poor oral health because of past tooth loss, recurrent dental decay and periodontal disease.¹

At the Older People's Health Survey, 5.4 per cent of respondents reported having none of their natural teeth missing, 66.0 per cent reported that some of their natural teeth were missing and 28.7 per cent reported that all of their natural teeth were missing.

The rate of edentulism (all teeth missing) increased with age, from 20.3 per cent among 60–64 year-olds to 50.4 per cent of those aged 85 years and over. The rate of edentulism was higher in rural health areas (34.6 per cent) compared to urban health areas (26.6 per cent) and slightly higher among those born in Australia (29.9 per cent) compared to overseas (25.0 per cent).

Compared with dentate people, edentulous people reported higher rates of mouth and denture problems and of avoiding eating certain foods in the previous 12 months (Table 25).

One in five (20.1 per cent) people reported sometimes, often or very often being concerned about the appearance of their teeth, mouth or dentures in the last 12 months, and 18.7 per cent reported they had avoided eating certain foods sometimes, often or very often in the last 12 months because of problems with their teeth, mouth or dentures.

The majority (71.1 per cent) of non-proxy respondents held a card that makes them eligible for publicly funded oral health care (Pensioner Concession Card, Health Care Card or Commonwealth Seniors Health Card).

Dentate card holders were slightly more likely to have experienced problems with their mouth or dentures sometimes, often or very often in the last 12 months compared with those who did not hold a card (17.7 versus 15.3 per cent). This difference was also evident for edentulous people where the rates were 19.8 and 16.9 per cent respectively.

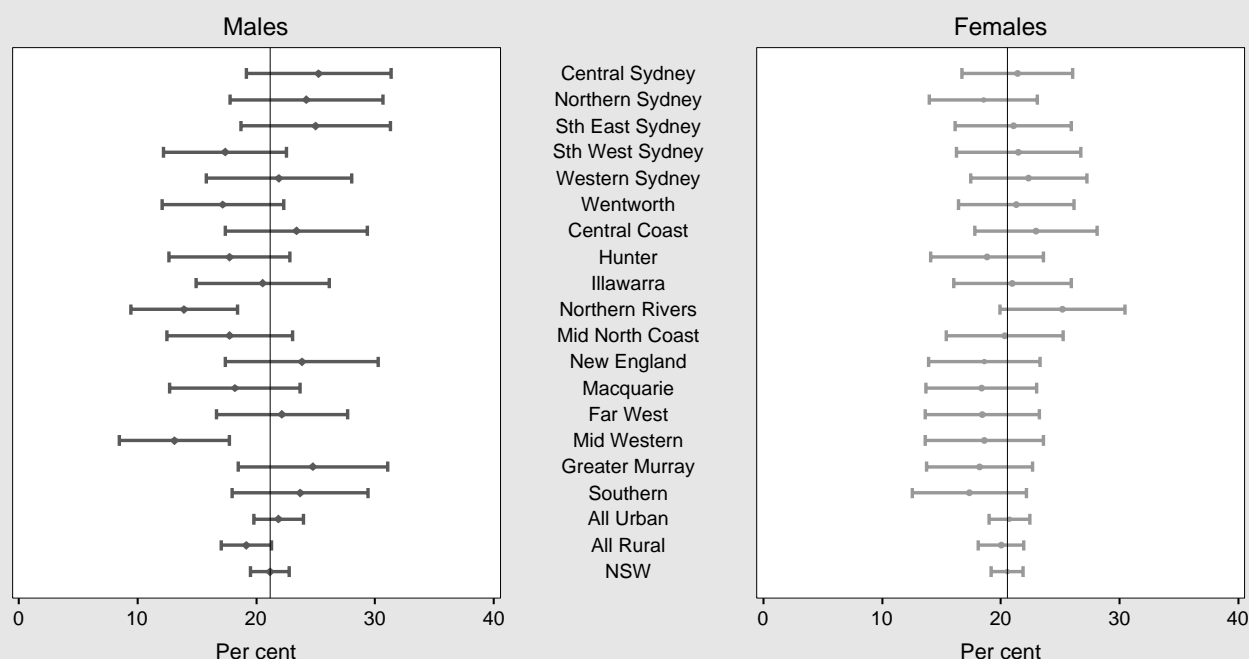
Dentate card holders were also more likely to have avoided eating certain foods sometimes, often or very often in the last 12 months because of teeth problems compared to those who did not hold a card (17.1 versus 14.4 per cent), and were more likely to be concerned about the appearance of their teeth, mouth or dentures sometimes, often or very often in the last 12 months (23.2 versus 18.6 per cent).

References

1. Slade GD, Spencer AJ, Roberts-Thomson K. Tooth loss and chewing capacity among older adults in Adelaide. *ANZ J Public Health* 1996; 20: 76–81.
2. Carter KD. *National Dental Telephone Interview Survey 1995*. Adelaide: AIHW Dental Statistics and Research Unit, 1995.

FIGURE 18

TOOTHACHE OR PROBLEM WITH MOUTH OR DENTURES SOMETIMES, OFTEN OR VERY OFTEN, BY HEALTH AREA AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Problems reported sometimes, often or very often in last 12 months are reported. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 25

ORAL HEALTH PROBLEMS BY HEALTH AREA, NSW 1999

Health Area	Edentulous people			Dentate people		Toothache
	Prevalence	Mouth/denture	Avoided	Mouth/denture	Avoided	
	Per cent	problem	eating foods	problem	eating foods	
	Per cent	Per cent	Per cent	Per cent	Per cent	Per cent
Central Sydney	26.6	20.8	26.6	17.8	16.8	13.9
Northern Sydney	15.8	11.9	28.6	16.6	16.8	9.6
Sth East Sydney	21.1	20.3	24.0	19.2	17.6	8.2
Sth West Sydney	34.0	20.1	24.6	13.6	18.1	10.3
Western Sydney	30.5	23.5	26.2	16.4	18.8	10.6
Wentworth	32.1	14.6	22.7	18.7	15.4	7.6
Central Coast	29.0	19.4	24.7	20.8	14.8	9.4
Hunter	31.0	18.1	22.5	14.4	14.8	7.9
Illawarra	33.6	16.5	25.5	17.5	19.4	10.5
Northern Rivers	36.9	21.5	26.1	18.0	14.4	5.7
Mid North Coast	27.6	19.3	25.4	14.8	14.0	8.0
New England	31.6	24.1	26.3	17.0	12.7	6.1
Macquarie	37.5	16.1	23.7	16.0	11.9	7.2
Far West	37.4	23.4	24.2	15.0	15.8	8.0
Mid Western	41.0	17.9	18.3	12.8	11.6	5.6
Greater Murray	41.1	19.7	25.8	20.3	17.2	5.5
Southern	29.9	17.1	20.6	17.9	12.3	6.7
NSW	28.7	19.1	24.8	17.0	16.3	8.9

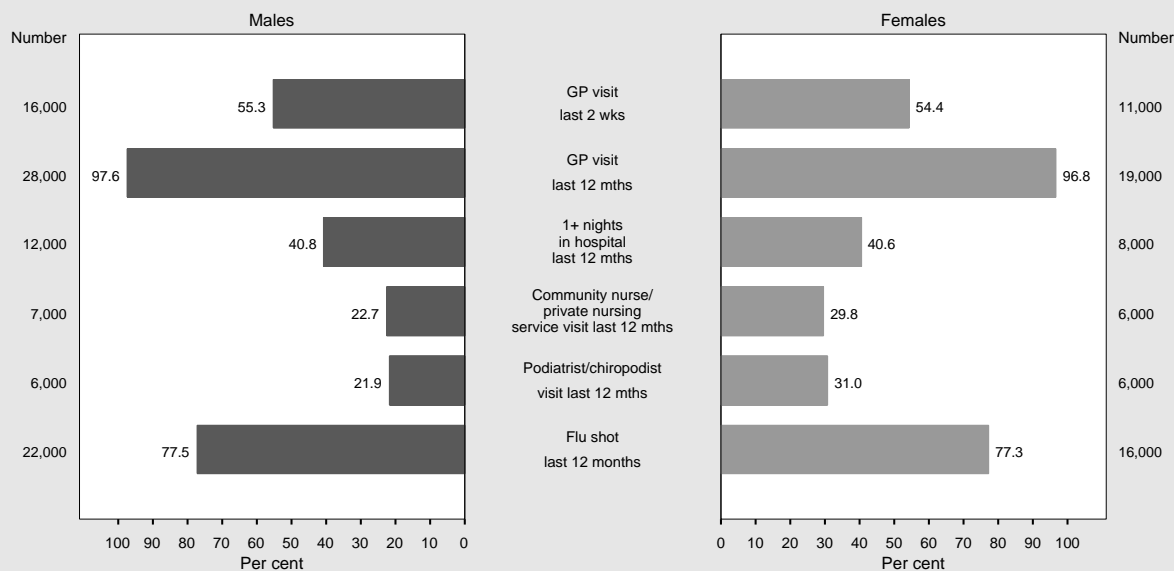
Note: Estimates based on 8,881 non-proxy respondents. Problems reported sometimes, often or very often in last 12 months are reported.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

THE HEALTH OF OLDER PEOPLE WHO RESPONDED BY PROXY

FIGURE 19

HEALTH SERVICE USE AMONG PROXY RESPONDENTS BY SEX, NSW 1999



Note: Estimates based on 537 proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Of the 9,418 people who participated in the Older Peoples Health Survey, 537 (5.7 per cent) were unable to participate personally and another person answered on their behalf. These people are referred to as 'proxy respondents' and those who responded on behalf of a selected older person are referred to as 'proxy informants'.

Survey interviews completed by proxy informants were relatively short because proxy informants were unable to answer some questions, such as those concerning self-assessed health status, experience of pain or feelings of well-being. Survey questions which were asked of proxy informants are flagged as 'P' in the survey questionnaire (page 44).

Health service use

Almost all (97.3 per cent) proxy respondents had visited a local doctor in the last 12 months and 56.5 per cent in the last two weeks. In the last 12 months, 40.7 per cent had spent at least one night in hospital, 25.6 per cent had been visited by a community nurse or a private nursing service, 25.6 per cent had seen a podiatrist or chiroprapist, 77.4 per cent had received a flu vaccination, and 17.5 per cent had received a vaccination against pneumonia.

Males and females had similar rates of visits to the local doctor and hospitalisations, but were more likely to have

seen a community nurse or a podiatrist/chiroprapist in the previous 12 months (Figure 19).

Compared with non-proxy respondents, older people who responded by proxy were as likely to have visited a local doctor in the last 12 months, but more likely to have received any other service (see Health Service Use, page 18).

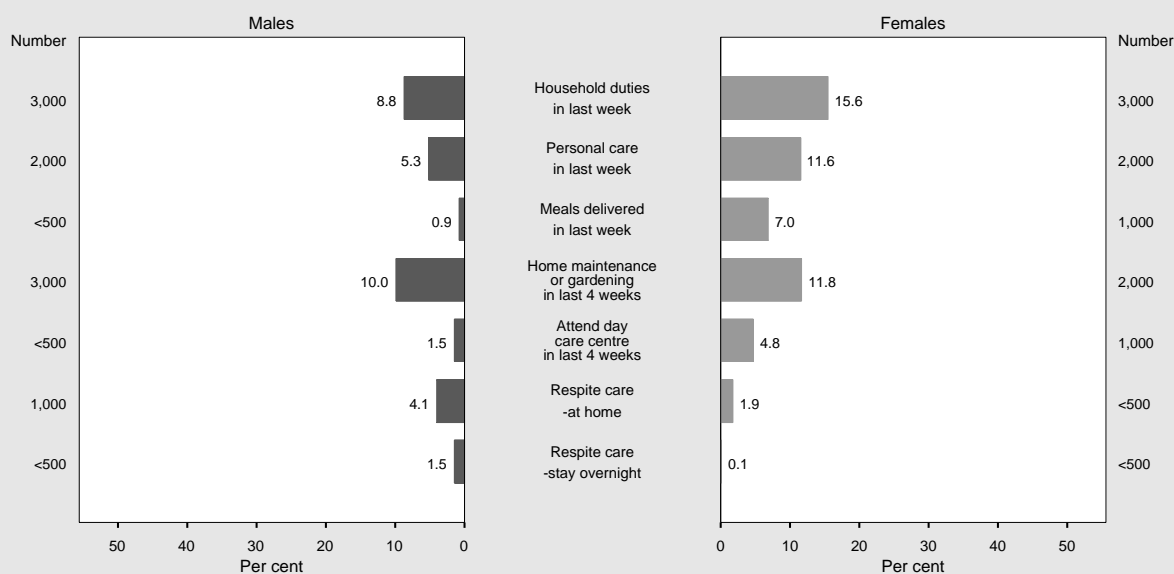
Use of Community Services

Use of community services was more common among proxy respondents than non-proxy respondents in all areas of care targeted in the survey (see Use of Community Services, page 20, for information on non-proxy respondents). Use of community services was generally higher among females than males (Figure 20).

In the previous week, 11.6 per cent of proxy respondents had received assistance with household duties, 7.9 per cent with personal care, and 3.4 per cent with provision of meals. In the previous month, 10.7 per cent had received assistance with home maintenance or gardening, 3.2 per cent had received respite care at home, 2.9 per cent had attended a day care centre and 0.9 per cent had received overnight respite care.

FIGURE 20

TYPE OF COMMUNITY SERVICES USED BY PROXY RESPONDENTS BY SEX, NSW 1999



Note: Estimates based on 537 proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Nutrition and Food Security

Over three-quarters (78.8 per cent) of proxy respondents ate the recommended daily quantity of vegetables, about twice as many as non-proxy respondents (see Nutrition and Food Security, page 24). About half (54.2 per cent) ate the recommended daily quantity of fruit, similar to the percentage reported among non-proxy respondents.

Falls

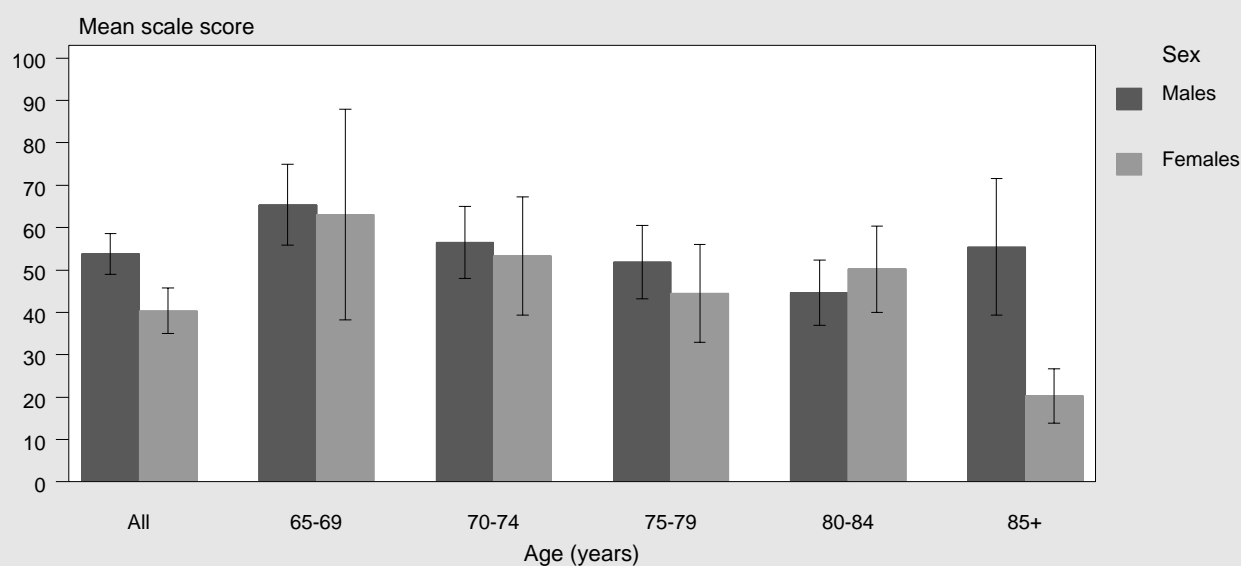
Among proxy respondents, 43.6 per cent reported having a fall in the last 12 months and 38.4 per cent reported having a fall which required medical treatment. These percentages are substantially higher than those reported for non-proxy respondents (26.8 and 8.6 per cent respectively) (see Falls, page 32).

Oral Health

Half (49.4 per cent) of proxy-respondents had some of their natural teeth missing, 43.7 per cent had all their natural teeth missing and 6.5 per cent had no natural teeth missing. The rate of edentulism (all natural teeth missing) was higher among these older people compared to non-proxy respondents where the rate of edentulism was 28.7 per cent (see Oral Health, page 40).

Diabetes

Diabetes or high blood sugar was reported among 19.2 per cent of proxy respondents, higher than the 12.2 per cent among non-proxy respondents (see Diabetes, page 36).

FIGURE 21**PHYSICAL FUNCTIONING AMONG PROXY RESPONDENTS AS MEASURED BY SF-36 BY AGE AND SEX, NSW 1999**

Note: Estimates based on 537 proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Physical Functioning

Physical functioning was measured using the SF-36 scale which comprises 10 questions concerning a person's ability to do various moderate and vigorous activities. The scale is described in the Methods chapter (page 8). Proxy respondents had lower mean scores than non-proxy respondents—58.5 for males and 45.8 for females for proxy respondents compared with 81.0 and 74.5 per cent for males and females respectively for non-proxy respondents (see Physical Functioning, page 28).

In relation to activities of daily living, 52.2 per cent of proxy respondents were not able to do household duties independently, 47.8 per cent could not prepare their own meals, 62.2 per cent could not do home maintenance/gardening and 68.2 per cent needed help with their personal care. One quarter (25.2 per cent) of proxy respondents used a walking stick, 15.9 per cent used a walker or frame, and 9.3 per cent used a wheelchair.

Dementia

Proxy informants were asked a series of 12 questions which comprise the Short Concord Informant Dementia Scale (SCIDS). The SCIDS scale is used as a screening and assessment tool for dementia. It does not provide a definite diagnosis of dementia but may be used to measure how high is the risk for dementia. A score of four or more

detects dementia with reasonably good reliability.¹ For a more detailed description of the SCIDS measure, see the Methods chapter (page 8).

Of the 537 older people interviewed by proxy informant, 260 (47.3 per cent) had a SCIDS score suggestive of dementia. It is therefore estimated that there are over 23,000 older people living at home in NSW who have, or are likely to have, dementia (Table 26).

It was found that there were more males than females with a high SCIDS score in the 65–74 and 75–84 age groups. This was pattern was reversed among those aged 85 years and older, where there were twice as many females than males with a high score. This may reflect the availability of carers in the younger age groups and the relatively longer life expectancy of females in the older age groups.

References:

1. Waite LM, Broe GA, Bennett HP, Jorm AF, Creasey H, Cullen J, Garyson DA. Screening for Dementia Using an Informant Interview. *Aging, Neuropsychology and Cognition* 1998; 5: 194–202.

TABLE 26**DEMENTIA: SHORT CONCORD INFORMANT DEMENTIA SCALE (SCIDS) SCORE OF 4 OR MORE BY AGE AND SEX, NSW 1999**

Age (years)	Sex	Proxy informants No.	SCIDS score of 4 or more			Estimated pop. SCIDS score 4 + No.
			%	LL 95% CI	UL 95% CI	
65-74	Males	130	32.2	22.6	41.9	3,303
	Females	43	42.8	22.3	63.3	2,137
	Persons	173	35.7	26.5	44.9	5,440
75-84	Males	149	53.1	43.4	62.9	7,558
	Females	94	42.9	30.5	55.2	3,476
	Persons	243	49.4	41.6	57.2	11,034
85+	Males	44	50.1	29.6	70.5	2,246
	Females	77	63.9	49.7	78.1	4,479
	Persons	121	58.5	46.0	71.0	6,725
All	Males	323	45.3	38.5	52.0	13,107
	Females	214	50.2	41.7	58.6	10,092
	Persons	537	47.3	42.0	52.5	23,199

Note: Dementia was measured using the Short Concord Informant Dementia Scale (SCIDS). The SCIDS score is derived from 12 questions about memory, with each question rated for severity. Scores may range from 0 to 36. A score of 4+ detects dementia with a sensitivity of 83% and specificity of 87%.¹ NSW estimates based on information provided by 537 proxy informants. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

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?

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)

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.

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