Phase 38 Data Directory

SECTION 4

GENERAL HEALTH

- Medications Capture/General Health Interview
- Well-being
- Wrinkle Assessment

Dunedin Multidisciplinary
Health & Development
Research Unit
DMHDRU

SNum				
Interviewer ID				

MEDICATION CAPTURE FORM (to be completed by interviewer)

Have you taken any medicines in the last two weeks?

(Circle the number which applies)

1 = YES (complete this form)

2 = NO

Remember: contraceptive, vitamins and analgesic use!

DRUG NAME (generic where possible)	**DRUG CODE**	**TYPE** 1=prescription 2=OTC	**HOW LONG?** 1=weeks 2=months 3=years

I hereby give permission for the Study researchers to contact me at home for information on my medications

Signed

- -

First Name:___________________________________ **SNUM**

INTID

GENERAL HEALTH

We'd like to ask you some brief questions about your general health.
I'll tell you about some medical problems. I'd like you to tell me if you've had any of them.

If the answer to "a" is no "0", code "b" as "0" and continue with next item.

<u>From the age of 32 years,</u> have you been told by a doctor,

med1. **Anaemia:**

a. that you were anaemic? No (0) Yes (1)

b. Are you suffering from anaemia now? No (0) Yes (1)

med2. **Blood pressure:**

a. that you have high blood pressure? No (0) Yes (1)

b. Do you have high blood pressure now? No (0) Yes (1)

c. Are you taking blood pressure medication now? No (0) Yes (1)

med3. **Cholesterol:**

a. that you have high cholesterol? No (0) Yes (1)

b. Do you have high cholesterol now? No (0) Yes (1)

c. Are you taking cholesterol lowering medication now? No (0) Yes (1)

med4. **Overweight:**

that you need to lose weight? No (0) Yes (1)

med5. **Cancer:** this includes leukaemia as well as lymphomas and other solid tumours.

a. cancer? No (0) Yes (1)

If yes, what kind of cancer? . . . .

b. Do you have any kind of cancer now? No (0) Yes (1)

If yes, what kind of cancer? . . . .

From age 32 years, have you had …

med6. **Arthritis:** pain, swelling or redness of one or more of your joints.

a. arthritis? No (0) Yes (1)

b. Do you have arthritis now? No (0) Yes (1)

med7. **Diabetes:** high blood sugar.

a. diabetes or high blood sugar? No (0) Yes (1)

b. ***If yes***, was this only during pregnancy? No (0) Yes (1)

med8. **Heart trouble.**

a. heart trouble? No (0) Yes (1)

If yes, what kind of heart trouble? . . . .

. . . .

b. Do you have a heart problem now? No (0) Yes (1)

med9. **Kidney / bladder infections or cystitis:**

(If yes, probe past year)	**No** (0)	**Yes** (1)	**Past year** (2)
a. Kidney stones	0	1	2
b. Kidney infection	0	1	2
c. Cyctisis	0	1	2
d. Multiple bladder infections	0	1	2
e. Multiple yeast infections	0	1	2

med10. **Viral Hepatitis:**

a. Hepatitis since age 32 No (0)

If yes, type:

1 – Hepatitis A
2 – Hep B
3 – Hep C
4 – Hep D
5 – Hep E

b. Do you have hepatitis now? No (0) Yes (1)

med11. **Epilepsy:** convulsions.

a. an epileptic fit? No (0) Yes (1)

b. Have you had an epileptic fit in the last year? No (0) Yes (1)

From age 32 years, have you had …

med12. **Acne:** skin spots, black heads, usually on the face and back.

a. a bad problem with acne? No (0) Yes (1)

b. Do you have a problem with acne now? No (0) Yes (1)

med13. **Psoriasis** (reddish spots/patches covered with silvery scales).

a. a problem with psoriasis? No (0) Yes (1)

b. Do you have a problem with psoriasis now? No (0) Yes (1)

med14. **Eczema**

a. a problem with eczema? No (0) Yes (1)

b. Do you have a problem with eczema now? No (0) Yes (1)

med15. **Shingles**

a. a problem with shingles? No (0) Yes (1)

b. Do you have a problem with shingles now? No (0) Yes (1)

med16. **Major surgery:** requiring a general anaesthetic.

a. any major surgical operations? No (0) Yes (1)

b. Have you had any major surgeries in the last 12 months? No (0) Yes (1)

If yes, specify: . . . .

c. Are you expecting to undergo any major surgery in the next 12 months? No (0) Yes (1)

If yes, specify: . . . .

med17. **Vision:**

a. Glasses or contact lenses to correct vision No (0) Yes (1)

b. Laser surgery to correct vision No (0) Yes (1)

c. Any other vision trouble No (0) Yes (1)

INJURIES

We are interested in any serious injuries that you may have had at any time since you were 32. By "serious" injury we mean any injury that required medical treatment (e.g., from a doctor, physiotherapist, medical centre or accident and emergency department) From age 32 years:

Please describe the three worst injuries in terms of their consequences of interference in your life, starting with the worst one.

For each injury, please tell us how it happened, what the injury was, whereabouts on your body it affected, how old you were, and how long it affected you for.

If they have trouble remembering, say "Please look at these two lists to help you to do this. If a single incident caused different types of injury, please tell us about all of them."
[SHOW card INJ1]

Code according to cause, injury type(s), body part(s) affected, age, time affected.

1.

Cause..
Injury...
Body part(s) affected...
Age..
Time affected by injury...

2.

Cause..
Injury...
Body part(s) affected...
Age..
Time affected by injury...

3.

Cause..
Injury...
Body part(s) affected...
Age..
Time affected by injury...

med18. How many serious injuries have you had since age 32?
[If "0", go to med31]

Injury 1

med19. **Cause:** *(Code using number from 1-12)*

1= BITES (from dogs or other animals)
2= VEHICLE ACCIDENTS
3= ENTERTAINMENT-RELATED INJURIES
4= ELECTRICAL SHOCKS
5= FALLS
6= FIGHTS
7= HOUSEWORK / DIY / GARDENING
8= SMOKE INHALATION
9= SPORT-RELATED INJURIES
10= STINGS/VENOMOUS BITES
11= JOB-RELATED INJURIES
12= OTHER (Specify)…………………………………………

med20. **Injury type:** *(Code each as 0 if not, or 1 if injury type occurred)*

a= ALLERGIC REACTIONS
b= BACK STRAINS
c= BRAIN DAMAGE
d= BRUISES
e= BURNS
f= CUTS / LACERATIONS
g= CONCUSSION
h= DENTAL INJURIES
i= DISLOCATION
j= FRACTURED/BROKEN BONES
k= HEARING IMPAIRMENT
l= INTERNAL ORGAN DAMAGE
m= RESPIRATORY DAMAGE
n= PERIPHERAL NERVE DAMAGE
o= POISONINGS
p= PULLED MUSCLES
q= TORN LIGAMENTS
r= VISION IMPAIRMENT
s= OTHER (Specify)…………………………………………

med21. **Body Parts Injured:** *(Code as 0 if body part uninjured, or 1 if injured)*

a= HEAD
b= NECK/SPINE
c= TORSO
d= RIGHT ARM/HAND
e= LEFT ARM/HAND
f= RIGHT LEG/FOOT
g= LEFT LEG/FOOT

med22. **Time affected**

1. Up to a week
2. Over a week to a month
3. Over a month to six months
4. Over six months

19 [ ][ ]

20a. [ ]
b. [ ]
c. [ ]
d. [ ]
e. [ ]
f. [ ]
g. [ ]
h. [ ]
i. [ ]
j. [ ]
k. [ ]
l. [ ]
m. [ ]
n. [ ]
o. [ ]
p. [ ]
q. [ ]
r. [ ]
s. [ ]

21a. [ ]
b. [ ]
c. [ ]
d. [ ]
e. [ ]
f. [ ]
g. [ ]

22. [ ]

Injury 2

med23. **Cause:** *(Code using number from 1-11)*
1= BITES (from dogs or other animals)
2= VEHICLE ACCIDENTS
3= ENTERTAINMENT-RELATED INJURIES
4= ELECTRICAL SHOCKS
5= FALLS
6= FIGHTS
7= HOUSEWORK / DIY / GARDENING
8= SMOKE INHALATION
9= SPORT-RELATED INJURIES
10= STINGS/VENOMOUS BITES
11= JOB-RELATED INJURIES
12= OTHER (Specify)…………………………………………

med24. **Injury type:** *(Code each as 0 if not, or 1 if injury type occurred)*
a= ALLERGIC REACTIONS
b= BACK STRAINS
c= BRAIN DAMAGE
d= BRUISES
e= BURNS
f= CUTS / LACERATIONS
g= CONCUSSION
h= DENTAL INJURIES
i= DISLOCATION
j= FRACTURED/BROKEN BONES
k= HEARING IMPAIRMENT
l= INTERNAL ORGAN DAMAGE
m= RESPIRATORY DAMAGE
n= PERIPHERAL NERVE DAMAGE
o= POISONINGS
p= PULLED MUSCLES
q= TORN LIGAMENTS
r= VISION IMPAIRMENT
s= OTHER (Specify)…………………………………………

med25. **Body Parts Injured:** *(Code as 0 if body part uninjured, or 1 if injured)*

a= HEAD
b= NECK/SPINE
c= TORSO
d= RIGHT ARM/HAND
e= LEFT ARM/HAND
f= RIGHT LEG/FOOT
g= LEFT LEG/FOOT

med26. **Time affected**
1. Up to a week
2. Over a week to a month
3. Over a month to six months
4. Over six months

23. [ ][ ]

24a. [ ] **b.** [ ] **c.** [ ] **d.** [ ] **e.** [ ] **f.** [ ] **g.** [ ] **h.** [ ] **i.** [ ] **j.** [ ] **k.** [ ] **l.** [ ] **m.** [ ] **n.** [ ] **o.** [ ] **p.** [ ] **q.** [ ] **r.** [ ] **s.** [ ]

25a. [ ] **b.** [ ] **c.** [ ] **d.** [ ] **e.** [ ] **f.** [ ] **g.** [ ]

26. [ ]

Injury 3

med27. **Cause:** *(Code using number from 1-11)*
1= BITES (from dogs or other animals)
2= VEHICLE ACCIDENTS
3= ENTERTAINMENT-RELATED INJURIES
4= ELECTRICAL SHOCKS
5= FALLS
6= FIGHTS
7= HOUSEWORK / DIY / GARDENING
8= SMOKE INHALATION
9= SPORT-RELATED INJURIES
10= STINGS/VENOMOUS BITES
11= JOB-RELATED INJURIES
12= OTHER (Specify)…………………………………………

med28. **Injury type:** *(Code each as 0 if not, or 1 if injury type occurred)*
a= ALLERGIC REACTIONS
b= BACK STRAINS
c= BRAIN DAMAGE
d= BRUISES
e= BURNS
f= CUTS / LACERATIONS
g= CONCUSSION
h= DENTAL INJURIES
i= DISLOCATION
j= FRACTURED/BROKEN BONES
k= HEARING IMPAIRMENT
l= INTERNAL ORGAN DAMAGE
m= RESPIRATORY DAMAGE
n= PERIPHERAL NERVE DAMAGE
o= POISONINGS
p= PULLED MUSCLES
q= TORN LIGAMENTS
r= VISION IMPAIRMENT
s= OTHER (Specify)…………………………………………

med29. **Body Parts Injured:** *(Code as 0 if body part uninjured, or 1 if injured)*

a= HEAD
b= NECK/SPINE
c= TORSO
d= RIGHT ARM/HAND
e= LEFT ARM/HAND
f= RIGHT LEG/FOOT
g= LEFT LEG/FOOT

med30. **Time affected**
1. Up to a week
2. Over a week to a month
3. Over a month to six months
4. Over six months

27

28a b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s.

29a b. c. d. e. f. g.

30

med31. a. Since age 32, how many traffic accidents/crashes have you been in where someone in the crash was injured and required medical attention? (This could be attention from a doctor, nurse, dentist, ambulance staff, A & E, after hours surgery, etc.)

(record number) __________

IF >0 (IF >1, inquire about the worst one)

b. Who was injured?

1. Study member.
2. Other(s)
3. Both

med32. Now, thinking back over your ***whole life***; have you **ever** had an accident or head injury where you: (check all that apply)

	NO	YES
a. were dazed, confused or 'saw stars'	0	1
b. did not remember the injury event	0	1
c. lost consciousness	0	1
d. had any symptoms of concussion (such as headache, dizziness, nausea, irritability, etc.)	0	1
e. had a head injury that required medical attention	0	1
f. had a head injury that required after-care treatment, rehab, or physiotherapy	0	1

g. If yes to any:
How many times have you hurt your head like this in your whole life? ________

DISABILITY / HANDICAP

med33. a. Since age 32, have you been disabled or limited in any activity because of an injury or long-term health problem?

No (0) Yes (1)

If 'No', go to med34

***If yes**,* please describe the injury, problem or health condition causing the main disability or limitation:

. . . .

. . . .

. . . .

***If yes**,* please describe the main disability or limitation:

. . . .

. . . .

. . . .

b. i How old were you when this began? . . . . years

ii Are you still affected by it? No (0) Yes (1)

iii If not, how old were you when it ended? . . . . years

c. IN THE PAST 12 MONTHS, on a scale of 1-5, how much have your difficulities interfered with your life, family, friends, work or everyday activites? ***[SHOW card DIS0]***

1	2	3	4	5
very little				very much

d. In the last 12 months, have you received services for this disability or activity limitation: e.g., hospitalisation, medical care, physical therapy, or rehabilitation services?

No (0) Yes (1)

e. Do you have any other long-term disability or limitation? No (0) Yes (1)

If yes, specify . . . .

f. ***If yes***, how old were you when this began? . . . . years

med34. In general, would you say your health is:

Excellent	1
Very Good	2
Good	3
Fair	4
Poor	5

med35. The following questions are about activities you might do during a typical day. Does your health now *limit* you in these activities? If so, how much? (SHOW card **DIS1**)

Activities	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) Bathing or dressing yourself	1	2	3
b) Walking 100 metres	1	2	3
c) Walking half a kilometre	1	2	3
d) Walking more than one kilometre	1	2	3
e) Bending, kneeling or stooping	1	2	3
f) Climbing one flight of stairs	1	2	3
g) Climbing several flights of stairs	1	2	3
h) Lifting or carrying groceries	1	2	3
i) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
j) Vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports	1	2	3

Headaches: In the last 12 months:

med36. Have you had 10 or more headaches lasting from 30 minutes to 7 days (that are not the direct result of alcohol consumption or concussion)?
No (0) Yes (1)

If yes, ask the following questions
If no, go to med40, next page

med37. Approximately how many did you have? . . . .

med38. During these headaches did you experience:

a. Pressing/tightening (non-pulsating) pressure sensations? No (0) Yes (1)

b. Mild or moderate pain? No (0) Yes (1)

c. Severe pain? No (0) Yes (1)

d. Nausea or vomiting? No (0) Yes (1)

e. Photophobia (extreme sensitivity to light)? No (0) Yes (1)

f. Phonophobia (extreme sensitivity to noise)? No (0) Yes (1)

g. Pain on both sides of the head? No (0) Yes (1)

h. Was the pain made worse by mild physical activity (e.g., walking up or down stairs)? No (0) Yes (1)

med39. Interference ***[SHOW card DIS2]***
During the times that you were suffering from headaches,

a. On a scale of 1 to 5, how much have these headaches interfered with your work?

1 Very little	2	3	4	5 Very much

b. On a scale of 1 to 5, how much have these headaches interfered with your social activities with family, friends, neighbours or groups?

1 Very little	2	3	4	5 Very much

med40. **Tinnitus:** In the last 12 months, when you are awake and it is quiet, have you experienced tinnitus (ringing, whistling or buzzing in your head and ears)? ***[SHOW card DIS3]***

a. 1 = Never ***(go to Women/Men sections)***
2 = Rarely
3 = About half the time
4 = Most of the time
5 = All of the time

b. How annoying or upsetting is it? ***[SHOW card DIS4]***
1 = Not at all
2 = Slightly
3 = Moderately
4 = Severely

WOMEN'S HEALTH

Code "9" for men and go to med48 (next page)

med41. a. How long is it since your last menstrual period ***started***? *(code number of days; 88 = do not menstruate)*

____

b. ***If you do not menstruate***, is this because you are… (code number) (*if currently menstruating, code as 0)*

1 = Pregnant
2 = Nursing
3 = Had a hysterectomy
4 = Have cycles suppressed by medication (birth control, hormones, chemotherapy)
5 = Menopausal/ peri-menopausal
6 = Other, describe ___________________

med42. Since age 32, have you had any problems with menstruation?

0 = no problems
1 = pain
2 = very heavy
3 = irregular
4 = Other, describe ___________________

med43. Are you taking any treatment for your periods or menstrual symptoms? No (0) Yes (1)

med44. Have you ever taken birth control pills? No (0)
If yes; how many years ________

med45. Since age 32, have you taken prescription female hormones for:

a. birth control No (0) Yes (1)

b. menstrual regularity No (0) Yes (1)

c. menopausal symptoms No (0) Yes (1)

Type ____________________________

med46. **Pregnancy problems:** Since age 32:

a. How many times have you been pregnant? . . . .

b. If you are pregnant now, how many weeks pregnant are you? . . . . . .
Code as 0 if not pregnant

c. Have your pregnancies been normal the whole way through? No (0) Yes (1)

If no, please describe the problems you experienced: . . . .
. . . .
. . . .

med47. How many times have you given birth? ________ (lifetime)
(If "0", SKIP to med51)

med48. What was the birth weight of heaviest child?_______ kg

med49. Did you ever breast feed your children? No (0)

If yes, how many months total (for longest breast fed child)?

__________ (max = 98)

MEN'S HEALTH:

Code "9" for women and go to med51

med50. During the last 12 months: ***[SHOW card DIS5]***

a. How often have you had a weak urinary stream?

0 = Not at all	3 = About half the time
1 = Less than one time in five	4 = More than half the time
2 = Less than half the time	5 = Almost always

b. How often have you had a sensation of not emptying your bladder completely after you have finished urinating?

0 = Not at all	3 = About half the time
1 = Less than one time in five	4 = More than half the time
2 = Less than half the time	5 = Almost always

c. How often do you find it difficult to postpone urination?

0 = Not at all	3 = About half the time
1 = Less than one time in five	4 = More than half the time
2 = Less than half the time	5 = Almost always

SERVICE USE

Gp1. Do you have a GP? No (0) Yes (1)

If **yes,** what is the surgery address? . . . .
. . . .

In the last 12 months, have you received treatment for physical problems from a/your GP?

How many times?

med51. **General practitioner** . . . .

What for? . . . .

. . . .

In the last 12 months have you received treatment for physical problems from any of these services:

How many times?

med52. **Specialist** including: ***[SHOW card SERV1]***

a. Cardiologist (heart) No (0) . . . .

What for? . . . .

b. Gastroenterologist (stomach/digestive system) No (0) . . . .

What for? . . . .

c. Obstetrician/Gynaecologist (pregnancy, women's problems) No (0) . . . .

What for? . . . .

d. Urologist (waterworks) No (0) . . . .

What for? . . . .

e. Orthopaedic surgeon (bones) No (0) . . . .

What for? . . . .

f. Nephrologist (kidneys) No (0) . . . .

What for? . . . .

g. Dermatologist (skin) No (0) . . . .

What for? . . . .

h. Neurologist (nervous system) No (0) . . . .

What for? . . . .

i. Ear, nose & throat No (0) . . . .

What for? . . . .

How many times?

Med52 j. Ophthalmologist (eyes) No (0) . . . .
What for? . . . .

k. Respiratory (lungs and breathing) No (0) . . . .
What for? . . . .

l. Oncologist (cancer) No (0) . . . .
What for? . . . .

m. Endocrinologist (hormone problems)
No (0) . . . .
What for? . . . .

n. Rheumatologist (musculoskeletal, arthritis, backs)
No (0) . . . .
What for? . . . .

o. Other specialist . . . .
No (0) . . . .
What for? . . . .

In the last 12 months have you received treatment for physical problems from any of these services:

med53. **Other services** such as: ***[SHOW card SERV2]*** ***How many times?***

a. Physiotherapist No (0) . . . .
What for? . . . .

b. Chiropractor No (0) . . . .
What for? . . . .

c. Family planning No (0) . . . .
What for? . . . .

d. Nurse specialist No (0) . . . .
What for? . . . .

e. Occupational Therapist No (0) . . . .
What for? . . . .

f. Diabetes Clinic No (0) . . . .
What for? . . . .

How many times?

Med53 g. Podiatrist (feet) No (0) ....
What for? ....

h. Massage therapist No (0) ....
What for? ....

i. Osteopath No (0) ....
What for? ....

j. Homeopath No (0) ....
What for? ....

k. Acupuncturist No (0) ....
What for? ....

l. Naturopath No (0) ....
What for? ....

m. Exercise specialist/personal trainer No (0) ....
What for? ....

n. Maori health provider/cultural worker No (0) ....
What for? ....

o. Tohunga (Māori healer/spiritual practitioner) No (0) ....
What for? ....

p. Other therapist / healer No (0) ....
What for? ....

med54. **Hospitalisations:** In the last 12 months;

a. Did you spend any overnights in hospital? No (0) Yes (1)

b. ***If yes***, how long? *(code total number of nights)* ____________

If yes, why were you in hospital?

....
....
....

PHYSICAL ACTIVITY

Now I am going to ask you about your physical activity during the 7 days prior to your leaving home TO COME TO THE UNIT. In other words we want to get a snap shot of your normal activities during a typical week. We are interested in both weekdays and weekends. We are not going to talk about light activities such as slow walking, light housework, or non-strenuous sports, such as bowling, archery, or pool.

Please look at these lists which show some examples of what we consider moderate, hard, and very hard activities [***SHOW cards ACT1, ACT2, and ACT3***]. People engage in many other types of activities, and if you are not sure where one of your activities fits, please ask about it.

First let's consider moderate activities. What activities did you do and how many total hours did you spend doing these activities in the last 7 days prior to coming to the unit?

Please tell me to the nearest half-hour.

If the study member seems unsure, say "Please look at this lists again, which shows some examples of what we consider to be moderate, hard and very hard activities."

[***POINT to cards ACT1, ACT2, and ACT3***]

Activity summary sheet

Record details of all activities reported by the study member for both weekdays and weekends. Remember to ask about level of activity (moderate, hard, and very hard), and the time span engaged in that activity.

Day 1
Day 2
Day 3
Day 4
Day 5
Day 6
Day 7

MODERATE ACTIVITIES

med55. a. What moderate activities did you do?
How many hours did you spend during your last 5 week days at home doing them?
Please tell me to the nearest half hour.

ACTIVITIES HOURS

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

WEEK TOTAL MODERATE ________ (hours) [ ][ ].[ ]

b. On the last Saturday and Sunday that you were home, how many hours did you spend on moderate activities and what did you do?
Please tell me to the nearest half hour.

ACTIVITIES HOURS

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

WEEKEND TOTAL MODERATE ________ (hours) [ ][ ].[ ]

HARD ACTIVITIES

med56. a. What hard activities did you do?
How many hours did you spend during your last 5 week days at home doing them?
Please tell me to the nearest half hour.

ACTIVITIES HOURS

1. ____________________

2. ____________________

3. ____________________

4. ____________________

WEEK TOTAL HARD ________ (hours)

☐☐.☐

b. On the last Saturday and Sunday that you were home, how many hours did you spend on hard activities and what did you do?
Please tell me to the nearest half hour.

ACTIVITIES HOURS

1. ____________________

2. ____________________

3. ____________________

4. ____________________

WEEKEND TOTAL HARD ________ (hours)

☐☐.☐

VERY HARD ACTIVITIES

med57. a. What very hard activities did you do?
How many hours did you spend during your last 5 week days at home doing them?
Please tell me to the nearest half hour.

ACTIVITIES HOURS

1. ____________________

2. ____________________

3. ____________________

4. ____________________

WEEK TOTAL VERY HARD ________
(hours)

☐☐.☐

b. On the last Saturday and Sunday that you were home, how many hours did you spend on very hard activities and what did you do?
Please tell me to the nearest half hour.

ACTIVITIES HOURS

1. ____________________

2. ____________________

3. ____________________

4. ____________________

WEEKEND TOTAL VERY HARD ________
(hours)

☐☐.☐

med58. Compared with your physical activity over the preceding 3 months, was that week's activity more, less, or about the same?

1. More
2. Less
3. About the same

Typically, in the last 12 months

hours ***mins***

med59. How long do you usually spend at a computer?:

a. On weekdays? i. . . . . .

ii. . . . . .

b. On weekend days? i. . . . . .

ii. . . . . .

med60. How long do you usually watch television other than videos/DVDs:

a. On weekdays? i. . . . . .

ii. . . . . .

b. On weekend days? i. . . . . .

ii. . . . . .

med61. How long do you usually watch videos or DVDs:

a. On weekdays? i. . . . . .

ii. . . . . .

b. On weekend days? i. . . . . .

ii. . . . . .

DIET

We would like to know about some of your eating habits during a typical week in the last year.

med62. On average, how many servings of fruit (fresh, frozen, canned or stewed) do you eat per day? Do not include fruit juice or dried fruit.
[SHOW card DIET1]

(A serving = 1 medium piece or 2 small pieces of fruit or ½ cup of stewed fruit) e.g. 1 apple + 2 small apricots = 2 servings.

0 = I don't eat fruit
1 = Less than 1 per day
2 = 1 serving
3 = 2 serving
4 = 3 or more servings

med63. On average, how many servings of vegetables (fresh, frozen, canned) do you eat per day? Do not include vegetable juices.
[SHOW card DIET2]

(a serving = 1 medium potato/kumara or ½ cup cooked vegetables or 1 cup of salad vegetables) e.g. 2 medium potatoes + ½ cup of peas = 3 servings.

0 = I don't eat vegetables
1 = Less than 1 per day
2 = 1 serving
3 = 2 servings
4 = 3 servings
5 = 4 or more servings

med64. On average, how many cups of coffee do you drink per day?
[SHOW card DIET3]

0 = I don't drink coffee
1 = Less than 1 per day
2 = 1 - 2 cups
3 = 3 - 4 cups
4 = 5 - 6 cups
5 = 7 or more cups

med65. On average, how many servings of meat (beef, pork, chicken, lamb, but not including fish) do you eat per week?
[SHOW card DIET4]

(a serving = an amount of meat that would fit on your open hand)

0 = I don't eat meat
1 = Less than 1 serving per week
2 = 1 serving
3 = 2 servings
4 = 3 servings
5 = 4 or more servings

med66. When eating meat, do you trim the fat off, or remove chicken skin?
[SHOW card DIET5]

1 = Always
2 = Often
3 = Occasionally
4 = Never
5 = Do not eat meat

med67. a. How many breakfasts would you eat in a normal week? ________

b. How many of these would be prepared at home? ________
(*if no breakfasts eaten, code as 0).*

med68. a. How many lunches would you eat in a normal week? ________

b. How many of these would be prepared at home? ________

med69. a. How many dinners would you eat in a normal week? ________

b. How many of these would be prepared at home? ________

In food cooked at home:

med70. When you prepare meals at home, how often do you (or whoever cooks) cook food in fat or oil?
[SHOW card DIET6]

1 = Always
2 = Often
3 = Occasionally
4 = Never

med71. When cooking with fat or oil, how much do you normally use?
[SHOW card DIET7]

0 = Never cook in fat or oil
1 = Use a tiny, minimal amount
2 = Use a small amount
3 = Use a varying amount
4 = Use a large amount
5 = Normally deep-fry food

med72. Do you use butter or substitutes on bread or crackers?

1=No
2=Yes

Brand name: . . . .

med73. **Weight Questions**

a. What do you think your ideal healthy weight is? . . . . kg

b. What weight would you like to be? . . . . kg

c. Are you currently trying to lose weight? No (0) Yes (1)

d. What is the difference between your highest and lowest weight in the last two years? . . . . . kg

1 pound = 0.454kg ***1 stone = 6.365kg***

Current Health

Please let us know if you've had any of these illnesses or injuries today or in the last week.

ILLNESS	No (0)	Past week (1)	Today (2)
ILL1. Fever	0	1	2
ILL2. Swollen lymph nodes	0	1	2
ILL3. Active cold sore	0	1	2
ILL4. Skin rashes	0	1	2
ILL5. Persistent cough	0	1	2
ILL6. Cold	0	1	2
ILL7. Flu	0	1	2
ILL8. Asthma attack	0	1	2
ILL9. Repeated diarhoea episodes	0	1	2
ILL10. Eye pain/infection	0	1	2
ILL11. Bleeding gums	0	1	2
ILL12. Tooth ache	0	1	2
ILL13. Sore throat	0	1	2
ILL14. Tonsilitis	0	1	2
ILL15. Ear pain/infection	0	1	2
ILL16. Major bruising	0	1	2
ILL17. Sprains	0	1	2

ILL18. Approximately how many hours of sleep did you get LAST night? __ __ : __ __

hr __ __
min __ __

ILL19. Have you changed your time zone in the last 2 days?

No	Yes
(0)	(1)

ILL19a. If yes, number of hours ___________

ILL20. What time did you last drink caffeine (coffee, tea, chocolate, energy drinks? ***(Record in military time)***
(Code as 00:00 if no caffeine consumed) __ __ : __ __

hr __ __
min __ __

ILL21. What time did you last smoke, or use nicotine patches/gum etc?
(Code as 00:00 if no nicotine used) __ __ : __ __

hr __ __
min __ __

Phase 38: Well Being

INTRODUCTION

SATISFACTION WITH LIFE

Finally, on a scale of 1 to 5 how much you agree or disagree with the following statements where 1 means "Strongly Disagree" and 5 means "Strongly Agree."

Show Card WB1

1	2	3	4	5
Strongly Disagree				Strongly Agree

WB1. In most ways my life is close to ideal _____ ☐

WB2. The conditions of my life are excellent _____ ☐

WB3. I am satisfied with my life _____ ☐

WB4. So far I have gotten the important things I want in life _____ ☐

WB5. If I could live my life over, I would change almost nothing _____ ☐

Interviewer No. ☐☐

Module No. 8 1 3

WRINKLES **First name ………………………**

SNUM

Interviewer ID

Our next assessment looks at facial wrinkling. We are going to take two pictures of your eyes and mouth. *Show SM the two types of pictures we will take (eyes and mouth).* We will then have a dermatologist (skin doctor) evaluate your pictures for wrinkling. Is that OK?

Before we take the pictures, I would like to ask you some questions about your skin type and your sun exposure in the past year.

Genetic Disposition

wr1 What is the natural colour of your eyes? ☐

1 Blue, Gray or Green
2 Brown or Hazel
3 Black or Dark Brown

wr2 What is the natural colour of your hair? ☐

1 Sandy/red
2 Blonde
3 Brown
4 Black

wr3 What is the colour of your skin (non exposed areas)? ☐
(Show card WR1)

0 Reddish
1 Very Pale
2 Pale with Beige tint
3 Light Brown or Olive
4 Dark Brown

Show Card WR2

		Seldom/ Never 0	Sometimes 1	Very Often 2	
wr4	How often do you use moisturizer on on your face?	0	1	2	☐
wr5	How often do you wear make-up?	0	1	2	☐
wr6	How often do you use a topical anti-aging product?	0	1	2	☐
wr7	How often do you go to an indoor tanning facility?	0	1	2	☐

NO =0 **YES=1**

wr8	Have you ever had a cosmetic procedure on your face (e.g., injections of Botox, received a chemical peel, or had a face lift (Rhytidectomy))?	0		1	☐
wr9	Do you wear glasses?	0		1	☐
		Seldom/ Never 0	**Sometimes 1**	**Very Often 2**	

OUTDOOR EXPOSURE

wr10	How often does your job require that you work outdoors?	0	1	2	☐
wr11	How often do you holiday in a sunny location?	0	1	2	☐
wr12	How often do you play or watch a sporting event outside?	0	1	2	☐
wr13	How often do you spend time gardening or doing yard work?	0	1	2	☐
wr14	How much time do you spend out at the beach (on the sand or in the water)?	0	1	2	☐
wr15	How often do you spend time hiking, riding a bike, or fishing/angling?	0	1	2	☐
wr16	How often do you use sunscreen when in the sun?	0	1	2	☐
wr17	How often do you wear sunglasses to protect yourself from the sun?	0	1	2	☐
wr18	How often do your wear a hat to protect yourself from sun exposure?	0	1	2	☐

wr19 If you went out in the sun at the beginning of summer without protection for 15 minutes, which one of the following would happen to your skin? (**show card WR3**) ☐

(0) get sunburned and not tan later
(1) get sunburned but tan later
(2) get tanned but not sunburned
(3) none of these

Module No | 8 | 1 | 8 |

Phase 38 Data Directory

SECTION 4

GENERAL HEALTH
RESPONSE CARDS

Dunedin Multidisciplinary
Health & Development
Research Unit
DMHDRU

CAUSES	**INJURY TYPES**
BITES (from dogs or other animals)	ALLERGIC REACTIONS
VEHICLE ACCIDENTS	BACK STRAINS
ENTERTAINMENT-RELATED INJURIES	BRAIN DAMAGE
ELECTRICAL SHOCKS	BRUISES
FALLS	BURNS
FIGHTS	CUTS / LACERATIONS
HOUSEWORK / DIY / GARDENING	CONCUSSION
SMOKE INHALATION	DENTAL INJURIES
SPORT-RELATED INJURIES	DISLOCATION
STINGS/VENOMOUS BITES	FRACTURED/BROKEN BONES
JOB-RELATED INJURIES	HEARING IMPAIRMENT
	INTERNAL ORGAN DAMAGE
	RESPIRATORY DAMAGE
	PERIPHERAL NERVE DAMAGE
	POISONINGS
	PULLED MUSCLES
	TORN LIGAMENTS
	VISION IMPAIRMENT

1 Very Little

2

3

4

5 Very Much

Yes, limited *a lot*

Yes, limited *a little*

No, not limited at all

1 Very Little

2

3

4

5 Very Much

Never

Rarely

About half the time

Most of the time

All of the time

Not at all

Slightly

Moderately

Severely

Not at all

Less than 1 time in 5

Less than half the time

About half the time

More than half the time

Almost always

SPECIALIST SEEN THIS YEAR

Cardiologist (heart)

Gastroenterologist (stomach/digestive system)

Obstetrician/Gynaecologist (pregnancy, women's problems)

Urologist (waterworks)

Orthopaedic surgeon (bones)

Nephrologist (kidneys)

Dermatologist (skin)

Neurologist (nervous system)

Ear, nose & throat

Ophthalmologist (eyes)

Respiratory (lungs and breathing)

Oncologist (cancer)

Endocrinologist (hormone problems, diabetes)

Rheumatologist (musculoskeletal, arthritis, backs)

Other specialist . . . .

Physiotherapist

Chiropractor

Family planning

Nurse specialist

Occupational Therapist

Diabetes Clinic

Podiatrist (feet)

Massage therapist

Osteopath

Homeopath

Acupuncturist

Naturopath

Exercise specialist/personal trainer

Maori health provider/cultural worker

Tohunga

Other therapist / healer

MODERATE ACTIVITIES

Occupational Tasks:

- Walking with a light load e.g. delivering post or waiting in a restaurant
- House painting
- General carpentry

Household Activities:

- Raking the lawn
- Gardening (planting, weeding)
- Mowing the lawn with power mower
- Cleaning with heavy scrubbing

Sport and Leisure Activity

- Recreational volleyball
- Table tennis/ ping pong
- Brisk walking
- Low-effort fitness exercises
- Hunting
- Cycling less than 16 kph
- Yoga

Golf (walking and pulling trundler with clubs

HARD ACTIVITIES

Occupational Tasks:

- Coal mining, Building, Forestry, Masonry
- Teaching physical education activities

Household activities:

- Lawn & garden work - chopping wood, using heavy power tools, mowing lawns, shovelling
- Moving household items upstairs, carrying boxes or furniture

Sports and leisure activities:

- Circuit training, treadmill, rowing, weight lifting, ski machine, push ups, sit ups, wrestling, biking, swimming laps
- High impact dancing , aerobic step, jazz,
- Competitive volleyball, badminton, basketball, boxing, fencing, football, hockey, soccer
- Running/ jogging at > 8km/h +, cross country, training, race walking
- Cross country skiing and racing

VERY HARD ACTIVITIES

Occupational Tasks:

- Fire fighter
- Forestry - fast axe chopping, carrying logs

Sports and leisure activities:

- Running > 9.5 kmph, on track in team practice
- Aerobic step with 10-12" step
- Bicycling - racing > 22.5 km/h, fast, conditioning exercise > 200W, vigorous effort
- Judo, karate, kick boxing, tae kwon do
- Rugby, Squash
- Swimming - breast stroke, butterfly and water polo
- Skiing - cross country > 13km/h + uphill, hard snow

Yes, limited *a lot*

Yes, limited *a little*

No, not limited at all

Servings of **Fruit** per day

I don’t eat fruit

Less than 1 per day

1 serving

2 servings

3 or more servings

Servings of **Vegetables** per day

I don’t eat vegetables

Less than 1 per day

1 serving

2 servings

3 servings

4 or more servings

Cups of coffee <u>per day</u>?

I don’t drink coffee

Less than 1 per day

1-2 cups

3-4 cups

5-6 cups

7 or more cups

Servings of **meat** per ***WEEK***

I don’t eat meat

Less than 1 per week

1 serving

2 servings

3 servings

4 or more servings

Always

Often

Occasionally

Never

Don’t eat meat

Always

Often

Occasionally

Never

Never cook in fat or oil

Use a tiny, minimal amount

Use a small amount

Use a varying amount

Use a large amount

Normally deep-fry food