

Southampton Ageing Project Dataset – Documentation

1). Description of the originating project

The Southampton Ageing Project is a longitudinal and multidisciplinary study of ageing that began in 1977. The study has been carried out in two distinct phases. The first phase was a three year study, from 1977-1980, and was concerned with the investigation of the health and well-being of a sample of people, over the age of 65 years.

The sample

The sample was drawn from the age/sex registers of two large General Practices, which covered a range of social classes, within the city of Southampton area. An attempt was made to recruit more males than females, given the longitudinal nature of the study. From the outset it included a sample of the older-old (75 years and over) as well as the younger old (65-74 years).

Background

At each of the three time points one year apart, the same systematic appraisal was made. Each participant was asked to complete a psychosocial questionnaire and a cognitive/psychometric questionnaire. Clinical variables were also collected as part of the 'medical questionnaire'. In depth interviews were also carried out at each data collection time point and individual cases studies were carried out at four time points, although obviously the data set contains data only pertaining to the psychosocial, medical and cognitive questionnaires.

During the assessments that took place in 1978-79 and 1979-80 the participants took part in a randomised double-blind drug study, the results of which were reported in a Geriatrics journal

(Hall et al, 1983) – see the reference list at the end of this documentation. The substance was not shown to have either beneficial or detrimental effect on any of the physical, psychological or social functions investigated. It has therefore been considered appropriate to treat the sample as a single group and ignore the drug group data.

The survivors from the first phase of the study were traced and re-interviewed using a shortened questionnaire, containing some of the original psychosocial and clinical questions in 1988, 10 years after the first interviews (n=101). Data were also collected from survivors in 1990, 1993, 1995 and 1998.

Study aims

The overall aim of the second phase of the study has been the study of self and identity processes during later life. Each observation has had a more specific aim within this broader aim, particularly in terms of data collected by in-depth interviews. For example, the 1991 study focused on coping with life stresses, whilst the 1993 study focused on participants perception of the story in their lives, and how ageing may or may not have challenged their previously constituted identity.

2). Application of methodology

Data collection instruments

Participants were recruited by sending letters to 1112 individuals. The sample was weighted in favour of both males and of the older-old category (people aged 75 and over). Data were collected by means of interviewer administered questionnaires covering a large range of psychological and social issues. The psychosocial assessment includes a range of variables including activities of daily living items, household chores, leisure activities, life event questions, the Wakefield Depression Scale, Self-esteem scale and life satisfaction questions.

A psychologist administered the psychometric questionnaire and included tasks such as face recognition, word recall tasks, Wechsler Adult Intelligence Scale tasks, such as the comprehension, digit span and vocabulary test and Raven's Matrices.

In addition, medical examinations and history were also obtained by a clinician and included activities of daily living, height, weight, fat mass, blood pressure, cardiovascular questionnaire, respiratory measures, hearing and sight. Not all of the medical data that was collected during 1977-1980 has been entered as part of the data archive dataset.

The questionnaires also incorporate various recognised scales such as the Wakefield Depression Scale, and in later years, the Montgomery-Asperg Depression Rating Scale, and an Activities of Daily Living Scale. The questionnaires also include questions designed specifically for the purposes of this study.

Data management and data checking

All data were inputted either directly into SPSS or read into SPSS from an ASCII format. Data were checked and cleaned using SPSS 6.0. Data were checked for accuracy by running and checking the frequencies of all the variables, for odd values and missing values. If errors were found, the case was checked against the questionnaire to determine if the error was a punching error. If the error could not be resolved, the value was set to missing, although this was very rarely necessary. All variables are either numeric codes or dates. The data contain no derived data, such as recoded variables or the calculation of scores. The data are the original values recorded on the respondent questionnaires. Scores can be calculated for items such as the Wakefield Depression Scale (items 'wake1' to 'wake12'). Each respondent was given a study number at the first assessment and this number has been used to match subsequent assessments. The data file does not contain names or any other respondent identifier, so the respondent cannot be identified.

Data organisation and management

The data file consists of all the social, medical and psychometric assessments between the years 1977-78 and 1979-80 and the five social and medical assessments between 1988 and 1998. These

were separate data files that have been merged for the purposes of the analysis and the data archive. For the purposes of the data archive the data file has been saved as an SPSS portable file and is 1219kb and has not been compressed. The data file is named ‘sap.por’. The variables in the files follow certain conventions in the naming of the files. There are some conventions in the naming of variables. All variables either end with a letter (a,b,c,f,g,h,j,k) or a number (1,2,3). This relates to the time period at which this variables were collected. Please see dictionary for complete listing of variable names and numeric values, and value labels. The table below gives an overview of the data collection time-points, as well as the size of the sample and variable naming conventions. The total sample at the start of the study has, over the years, suffered a comparatively small rate of drop out (13%), other than death.

Assessment type and date, labelling conventions and number of cases at each assessment

Data type/Assessment	Year of assessment	Letter/number at end of variable	Example of variable name	Number of cases
Psychosocial-baseline	1977-78	A	‘washinga’	340
Psychosocial	1978-79	B	‘washingb’	285
Psychosocial	1979-80	C	‘washingc’	259
Medical-baseline	1977-78	1	‘q9adl_1’	345
Medical	1978-79	2	‘q9adl_2’	297
Medical	1979-80	3	‘q9adl_3’	264
Cognitive/psychometric baseline	1977-78	1	‘v1_1’	342
Cognitive/psychometric	1978-79	2	‘v1_2’	288
Cognitive/psychometric	1979-80	3	‘v1_3’	256
Psychosocial & medical	1988	F	‘dressf’	101
Psychosocial & medical	1990	G	‘dressg’	69
Psychosocial & medical	1993	H	‘dressh’	43
Psychosocial & medical	1995	J	‘dressj’	31
Psychosocial & medical	1998	K	‘dressk’	18

Data completeness

It should also be pointed out that that not every variable from every questionnaire is in the data set. For example, only selected variables were data inputted from the medical assessments 1977-78, 1978-79 and 1979-80, whereas the psychosocial assessments of the same period are complete. The variables contained in the data set are marked on the paper copies of the questionnaire.

Dictionary

There is a dictionary of all the variables that are included in the dataset. This gives a complete list of all variables, variable labels, values and value labels. Due to the size of the dictionary, the are bound in two parts:

‘Volume’ 1 – 1977-1980 social, medical and psychometric variables

‘Volume’ 2 – 1988 – 1998 social and medical variables

Queries

Queries regarding the dataset can be directed to:

Joanne Turnbull, Medical Computing, Level B, South Academic Block, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD.

Tel 02380 794710; Fax 02380 794460; e-mail: j.c.turnbull@soton.ac.uk



Queries or information regarding the background and methodology to the study should be directed to:

Professor Peter Coleman, Geriatric Medicine, Level E, Centre Block, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD.

Tel 02380 796131; e-mail p.g.coleman@soton.ac.uk.

References

The references listed will give further information about the study and the findings from the data.

1. Hall MR, Briggs RS, MacLennan WJ, Marcer D, Robinson M, Everett FM. The effects of procaine/haematoporphyrin on age-related decline: a double-blind trial. Age and Ageing 1983; 12: 302-308.
2. Coleman PG. Assessing self-esteem and its sources in elderly people. Ageing and Society 1984; 4: 117-135.
3. Coleman PG, Aubin A, Ivani-Chalian C, Robinson M, Briggs R. Predictors of depressive symptoms and low self-esteem in a follow-up study of elderly people over ten years. International Journal of Geriatric Psychiatry 1993; 8: 343-349.
4. Coleman PG, Ivani-Chalian C, Robinson M. Self-esteem and its sources: a ten and thirteen year follow-up. Ageing and Society 1993; 171-192.

3). Appendices

Questionnaires

On each questionnaire, it is indicated which variables appear in the data set. On most of the questionnaires, all variables appear. The questionnaires are bound in four separate documents:

- 1). Social, medical and psychometric assessments – First assessment 1977-1978
- 2). Social, medical and psychometric assessments – Second assessment 1978-1979
- 3). Social, medical and psychometric assessments – Third assessment 1979-1980
- 4). Medical and social assessments – 1988-1998

