

A AGEISM

A1. Have you recently felt that someone has treated you WORSE only because of your age?
(Please put a cross in one box only.)

<input type="checkbox"/> ₁ yes, often	<input type="checkbox"/> ₂ yes, sometimes	<input type="checkbox"/> ₃ yes, but only exceptionally	<input type="checkbox"/> ₄ never
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A2. Have you recently felt that someone has treated you BETTER only because of your age?
(Please check one box only.)

<input type="checkbox"/> ₁ yes, often	<input type="checkbox"/> ₂ yes, sometimes	<input type="checkbox"/> ₃ yes, but only exceptionally	<input type="checkbox"/> ₄ never
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A3. From what year of life does old age begin, in your opinion?

Old age begins at

₁ It is not possible to specify old age in this way

B NURSING HOME

B1. Has either of your parents or your spouse's parents used the institutional social services of a nursing home (previously retirement home)?

₁ Yes

₂ No

B2. Do you plan to move into a nursing home yourself in the future?

₁ Yes

₂ No

₃ Not sure

B3. What do you think will be the main reason for you to actually move into a nursing home?
(Please check all applicable options.)

a) Your deteriorating health (reduced ability to look after yourself) ₁

b) Deteriorating health condition of family members who assist you ₂

c) Deteriorating economic situation ₃

d) Unsuitable housing conditions (equipment and barriers in your housing) ₄

e) Solution to housing within your family (leaving your house to children) ₅

f) Lack of social contacts in your neighbourhood ₆

g) Poor relations in your family ₇

h) Other ₈

B4. If you could make a choice while being dependent on the ageing-related assistance and care of other persons, you would prefer:

(Please check only one option.)

a) Assistance and care of family members	<input type="checkbox"/>	1
b) Assistance and care of professionals who would visit you in your home (e.g. social care workers)	<input type="checkbox"/>	2
c) Assistance and care of professionals for which you would travel daily (e.g. a day care centre)	<input type="checkbox"/>	3
d) A combination of care by family members and field or outpatient social service	<input type="checkbox"/>	4
e) Care provided in an nursing home to which you would move	<input type="checkbox"/>	5

B5. According to which criteria would you choose a nursing home? How are the following items important to you?

(Please check one box on each line only)

	Least important				Most important					
a) Distance from your place of residence	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
b) Distance from family members' place of residence	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
c) Size of the facility (number of the nursing home residents)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
d) Personal references about the quality of the social services provided.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
e) Price of the social services provided	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
f) Number of persons occupying one room (a single room option)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
g) Friends and acquaintances living in the facility	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5

C. ATTITUDES TO PERSONAL HEALTH

C1. What does being healthy mean to you?

(Please check all applicable options.)

a) not having to limit my activities	<input type="checkbox"/>	1
b) being able to go out to work	<input type="checkbox"/>	2
c) not having to ask anyone for assistance	<input type="checkbox"/>	3
d) not spending money on medication	<input type="checkbox"/>	4
e) feeling good	<input type="checkbox"/>	5

C2. Do you do anything to stay healthy?

(Please check all applicable options.)

a) I exercise (I do sports regularly, go for walks, do physical work)	<input type="checkbox"/>	1
b) I try to eat healthy (vegetables, fruit, avoiding salty and fatty foods)	<input type="checkbox"/>	2
c) I try to stop smoking, to cut down on smoking, I don't smoke	<input type="checkbox"/>	3
d) I try to limit alcohol consumption, I don't drink alcohol	<input type="checkbox"/>	4
e) I follow other health information (prevention, vaccination, self-treatment,	<input type="checkbox"/>	5

etc.)	
f) I attend regular preventive medical checks (general: blood pressure, cholesterol, gynecological, dental and other)	<input type="checkbox"/> ₆
g) I follow other health information (prevention, vaccination etc.)	<input type="checkbox"/> ₇
h) I do none of the above	<input type="checkbox"/> ₈
i) I do something different	<input type="checkbox"/> ₉

C3. Please indicate on a 0 to 10 scale how much you worry about or fear illness. 0 on the scale means that you have no fear at all and 10 means that you have a great fear of illness.

I have no fear											I have a great fear
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	

C4. If you do not feel well, what do you do?

(Please check applicable options.)

a) I limit my activities, I don't exercise, I don't walk	<input type="checkbox"/> ₁
b) I go to bed early	<input type="checkbox"/> ₂
c) I try to rest more	<input type="checkbox"/> ₃
d) I make sure I eat healthier than usual (e.g. I eat more fruit, I avoid alcohol)	<input type="checkbox"/> ₄
e) I see a doctor	<input type="checkbox"/> ₅
f) I see a healer, I use homeopathic treatments	<input type="checkbox"/> ₆
g) I buy drugs recommended to me at the pharmacy	<input type="checkbox"/> ₆
h) I request advice from someone I trust	<input type="checkbox"/> ₇
i) I do not do anything special, I try not to pay attention to the unpleasant feelings and symptoms	<input type="checkbox"/> ₈
j) I do something different	<input type="checkbox"/> ₉

D. SOCIAL CAPITAL

D1. How often do you meet relatives and friends living outside your household?

(Please check one box on each line only.)

		Every day	Once or twice a week	Once or twice a month	Less than once a month	Never
a)	How often do you meet <u>relatives</u> who live outside your household?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b)	How often do you meet <u>friends</u> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

D2. How would you generally describe neighbour relationships in your place of residence? Would you grade them as:

<input type="checkbox"/> ₁ Very good	<input type="checkbox"/> ₂ Rather good	<input type="checkbox"/> ₃ Neither good	<input type="checkbox"/> ₃ Rather bad	<input type="checkbox"/> ₄ Very bad
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		nor bad		
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D3. Would you say that some of the neighbours are also good friends of yours?

₁ Yes ₂ No

D4. In the past 12 months, have you and your neighbours sat together at the table or have you joined in common activities?

Every day	Once to twice a week	Once to twice a month	Less than once a month	Never
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

D5. Sometimes people provide assistance to others in the neighbourhood, whether unpaid or for some reward. Which of the following have YOU done in your neighbourhood in the past year? (Please do not count things which you have done for your relatives).

(Please check one box on each line only.)

	No	Yes, for free	Yes, in return for another service/ reward	Yes, for a monetary reward
a) I have visited an elderly or sick person	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) I have done the shopping for someone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) I have done various housework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) I have looked after children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) I have looked after pets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f) I have accompanied or gave a ride to someone (for shopping, see a doctor)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g) Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

D6. Have your neighbours done one of the following activities FOR YOU in the past 12 months? (Again do not include help from your relatives.)

(Please check one box on each line only.)

	No	Yes, for free	Yes, in return for another service/ reward	Yes, for a monetary reward

			reward	
a) They visited me when I was sick	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) They have done the shopping for me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) They have done various housework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) They have looked after pets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) They have accompanied or driven me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f) Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

D7. If you received an invitation to take part in a community activity (e.g. participation in organizing various events, lecturing, doing minor administration work, etc.), would you accept?

₁ Yes

₂ No

D8. Which obstacles would prevent you from accepting such an invitation to take part in a community activity?

(Please check all applicable options.)

a) Lack of finances (I would rather find paid work)	<input type="checkbox"/> ₁
b) Lack of time (I have many other duties)	<input type="checkbox"/> ₂
c) Reluctance to join in group activities (this reminds me of pre-1989 organized events)	<input type="checkbox"/> ₃
d) I do not usually participate in such events at all	<input type="checkbox"/> ₄
e) Health reasons	<input type="checkbox"/> ₅
f) Other	<input type="checkbox"/> ₆

E. NUTRITION

E1. How often do you consume the following foods and drinks?

(Please check one box on each line only.)

	Once or several times a day	4 to 6 times a week	1 to 3 times a week	Less than once a week	Never
a) Dairy products (including cheese)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) Poultry meat (chicken, turkey)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

c) Fish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) Wholemeal baked goods	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) Vegetables and vegetable salads	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) Fruit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) Fried or deep fried food	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) Cakes and other sweets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) Sweetened drinks (fizzy drinks, juices, sweetened mineral water)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j) Meat products (except ham)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

F. ALLERGIES

F1. Do you suffer from an allergy? (Please check one box only.)

₁ Yes (↓ proceed to question F2) ₂ No (Go to question G1)

F2. Has your allergy been diagnosed by a doctor?

(Please check one box only.)

₁ Yes ₂ No

F3. Over the past 12 months, have you been using any medication because of an allergy?

(Please check one box only.)

a) Yes, on a long-term basis ₁
b) Yes, as needed ₂
c) No ₃

F4.

I first developed an allergy at the age of

F5. Please indicate what you are allergic to

(Please check all applicable options)

a) Pollens ₁
b) Fur and feather ₂
c) Mites ₃
d) Dust ₄
e) Foodstuffs ₅
f) Drugs ₆
g) Insect stings ₇
h) Another cause ₈
i) I do not know ₉

F6. What are the symptoms of your allergy?

(Please check all applicable options)

a) Asthma	<input type="checkbox"/>	1
b) Pollen allergy rhinitis	<input type="checkbox"/>	2
c) All-year allergic rhinitis	<input type="checkbox"/>	3
d) Atopic eczema	<input type="checkbox"/>	4
e) Food allergy	<input type="checkbox"/>	5
f) Other symptoms	<input type="checkbox"/>	6

G. PENSIONS

G1. Where have you obtained or plan to obtain information needed to decide on retirement (such as the amount of pension or early retirement pension, etc.)

(Please check all applicable options.)

a) from the employer	<input type="checkbox"/>	1
b) from the competent administrative authority	<input type="checkbox"/>	2
c) I have only consulted it with family or friends	<input type="checkbox"/>	3
d) on the Internet	<input type="checkbox"/>	4
e) elsewhere	<input type="checkbox"/>	5
f) nowhere; I have been deciding on my own; I do not require any information	<input type="checkbox"/>	6

G2. By what percentage do you think your old age pension would DECREASE if you retired a year BEFORE reaching the retirement age?

My pension would decrease by %

G3. By what percentage do you think your old age pension would INCREASE if you worked full-time another year AFTER reaching the retirement age and claimed full old age pension while working?

My pension would increase by %

H. SPORT

H1. Did you pursue any sports in your youth (before starting employment)? What was the highest level you achieved?

(Please check one option only.)

a) Yes, but only on the recreational level (I was not involved in any sport organization or team)	<input type="checkbox"/>	1
b) Yes, on the performance level (I was a team member and took part in training and competitions)	<input type="checkbox"/>	2
c) Yes, on the professional level (premier league teams or national team, international competitions)	<input type="checkbox"/>	3

d) None of the above

₄

H2. Do you currently pursue any sports or physical activity?

(Please check one option only.)

a) Yes but only as part of rehabilitation

₁

b) Yes, as part of rehabilitation as well as independently as my interest

₂

c) Yes, only out of my interest

₃

d) No

₄ Go to I.1 ↓

H3. What kind of physical activity is it?

(Please check all applicable options.)

a) Purposeful walking or strolls

₁

b) Running and athletics

₂

c) Cycling

₃

d) Cross country skiing

₄

e) Downhill skiing

₅

f) Skating (on ice or roller-blading)

₆

g) Swimming

₇

h) Team sports

₈

i) Individual exercise (strengthening and stretching the body by a set of exercises)

₉

j) Group exercises (example: yoga, pilates, aerobic, relaxation exercises)

₁₀

k) Other sport

₁₁

H4. How much time per week on average do you devote to your sport activities?

(Please check one option only.)

a) Less than 30 minutes a week

₁

b) 30 to 60 minutes a week

₂

c) 1 to 2 hours a week

₃

d) 2 to 3 hours a week

₄

e) 3 to 4 hours a week

₅

f) Over 4 hours a week

₆

I. Sex and Age

I.1 Sex

(Please check one option only)

a) I am a woman

₁

b) I am a man

₂

I.2 Age

I was born in (year)