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.)

☐ 1 yes, often  ☐ 2 yes, sometimes  ☐ 3 yes, but only exceptionally  ☐ 4 never

A2. Have you recently felt that someone has treated you BETTER only because of your age? (Please check one box only.)

☐ 1 yes, often  ☐ 2 yes, sometimes  ☐ 3 yes, but only exceptionally  ☐ 4 never

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

b) Assistance and care of professionals who would visit you in your home (e.g. social care workers)

c) Assistance and care of professionals for which you would travel daily (e.g. a day care centre)

d) A combination of care by family members and field or outpatient social service

e) Care provided in an nursing home to which you would move

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)

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

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

b) being able to go out to work

c) not having to ask anyone for assistance

d) not spending money on medication

e) feeling good

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)

b) I try to eat healthy (vegetables, fruit, avoiding salty and fatty foods)

c) I try to stop smoking, to cut down on smoking, I don’t smoke

d) I try to limit alcohol consumption, I don’t drink alcohol

e) I follow other health information (prevention, vaccination, self-treatment, ...)
f) I attend regular preventive medical checkups (general: blood pressure, cholesterol, gynecological, dental and other) .................................................. □ 6

\[\text{g) I follow other health information (prevention, vaccination etc.)} \quad □ 7\]

\[\text{h) I do none of the above} \quad □ 8\]

\[\text{i) I do something different} \quad □ 9\]

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.

\[\begin{array}{ccccccc}
\text{I have no fear} & & & & & & \\
\square 0 & \square 1 & \square 2 & \square 3 & \square 4 & \square 5 & \square 6 & \square 7 & \square 8 & \square 9 & \square 10
\end{array}\]

C4. If you do not feel well, what do you do?
(Please check applicable options.)

\[\begin{array}{c}
a) \text{I limit my activities, I don’t exercise, I don’t walk} \quad □ 1 \\
b) \text{I go to bed early} \quad □ 2 \\
c) \text{I try to rest more} \quad □ 3 \\
d) \text{I make sure I eat healthier than usual (e.g. I eat more fruit, I avoid alcohol)} \quad □ 4 \\
e) \text{I see a doctor} \quad □ 5 \\
f) \text{I see a healer, I use homeopathic treatments} \quad □ 6 \\
g) \text{I buy drugs recommended to me at the pharmacy} \quad □ 6 \\
h) \text{I request advice from someone I trust} \quad □ 7 \\
i) \text{I do not do anything special, I try not to pay attention to the unpleasant feelings and symptoms} \quad □ 8 \\
j) \text{I do something different} \quad □ 9
\end{array}\]

D. SOCIAL CAPITAL

D1. How often do you meet relatives and friends living outside your household?
(Please check one box on each line only.)

\[\begin{array}{|c|c|c|c|c|}
\hline
 & Every day & Once or twice a week & Once or twice a month & Less than once a month & Never \\
\hline
\text{a) How often do you meet relatives who live outside your household?} & □ 1 & □ 2 & □ 3 & □ 4 & □ 5 \\
\hline
\text{b) How often do you meet friends?} & □ 1 & □ 2 & □ 3 & □ 4 & □ 5 \\
\hline
\end{array}\]

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

\[\begin{array}{c}
\square 1 \text{ Very good} \quad \square 2 \text{ Rather good} \quad \square 3 \text{ Neither good} \quad \square 5 \text{ Rather bad} \quad \square 4 \text{ Very bad}
\end{array}\]
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?

<table>
<thead>
<tr>
<th>Every day</th>
<th>Once to twice a week</th>
<th>Once to twice a month</th>
<th>Less than once a month</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>No</th>
<th>Yes, for free</th>
<th>Yes, in return for another service/reward</th>
<th>Yes, for a monetary reward</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I have visited an elderly or sick person</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>b) I have done the shopping for someone</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>c) I have done various housework</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>d) I have looked after children</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>e) I have looked after pets</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>f) I have accompanied or gave a ride to someone (for shopping, see a doctor)</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>g) Other</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>No</th>
<th>Yes, for free</th>
<th>Yes, in return for another service/reward</th>
<th>Yes, for a monetary reward</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) They visited me when I was sick</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>b) They have done the shopping for me</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>c) They have done various housework</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>d) They have looked after pets</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>e) They have accompanied or driven me</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>f) Other</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
</tbody>
</table>

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)  ☐₁
☐ b) Lack of time (I have many other duties)  ☐₂
☐ c) Reluctance to join in group activities (this reminds me of pre-1989 organized events)  ☐₃
☐ d) I do not usually participate in such events at all  ☐₄
☐ e) Health reasons  ☐₅
☐ f) Other  ☐₆

E. NUTRITION

E1. How often do you consume the following foods and drinks?
(Please check one box on each line only.)

<table>
<thead>
<tr>
<th></th>
<th>Once or several times a day</th>
<th>4 to 6 times a week</th>
<th>1 to 3 times a week</th>
<th>Less than once a week</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Dairy products (including cheese)</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
<tr>
<td>b) Poultry meat (chicken, turkey)</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
<td>□₅</td>
</tr>
</tbody>
</table>
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  ☐ b) Yes, as needed  ☐ c) No

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  ☐ b) Fur and feather  ☐ c) Mites  ☐ d) Dust
☐ e) Foodstuffs  ☐ f) Drugs  ☐ g) Insect stings  ☐ h) Another cause
☐ i) I do not know

F6. What are the symptoms of your allergy?
(Please check all applicable options)

- a) Asthma
- b) Pollen allergy rhinitis
- c) All-year allergic rhinitis
- d) Atopic eczema
- e) Food allergy
- f) Other symptoms

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
- b) from the competent administrative authority
- c) I have only consulted it with family or friends
- d) on the Internet
- e) elsewhere
- f) nowhere; I have been deciding on my own; I do not require any information

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)
- b) Yes, on the performance level (I was a team member and took part in training and competitions)
- c) Yes, on the professional level (premier league teams or national team, international competitions)
H2. Do you currently pursue any sports or physical activity?
(Please check one option only.)

- a) Yes but only as part of rehabilitation
- b) Yes, as part of rehabilitation as well as independently as my interest
- c) Yes, only out of my interest
- d) No

H3. What kind of physical activity is it?
(Please check all applicable options.)

- a) Purposeful walking or strolls
- b) Running and athletics
- c) Cycling
- d) Cross country skiing
- e) Downhill skiing
- f) Skating (on ice or roller-blading)
- g) Swimming
- h) Team sports
- i) Individual exercise (strengthening and stretching the body by a set of exercises)
- j) Group exercises (example: yoga, pilates, aerobic, relaxation exercises)
- k) Other sport

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
- b) 30 to 60 minutes a week
- c) 1 to 2 hours a week
- d) 2 to 3 hours a week
- e) 3 to 4 hours a week
- f) Over 4 hours a week

I. Sex and Age

I.1 Sex
(Please check one option only)

- a) I am a woman
- b) I am a man

I.2 Age
I was born in .................... (year)