

Questionnaire on capabilities for an active everyday life (senior citizens)

Set of Questions 1 – Gathering Information

Think about your living environment, i.e., your place of residence or neighbourhood. *One response per line.*

		Applies to you	Some-what applies to you	Partially applies to you	Does not really apply to you	Does not apply to you
1	I know where I can learn about recommended activities for my age group in order to stay healthy (e.g. recommendations on the frequency/duration of physical activity).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I know where I can get information about the types of sports and exercises that I am personally able to do at my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	I know where I can find information about local activities that are taking place .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Set of Questions 2 – On-site Activity

Think about your living environment, i.e., your place of residence or neighbourhood. *One response per line.*

		Applies to you	Some-what applies to you	Partially applies to you	Does not really apply to you	Does not apply to you
4	I have the opportunity to use nearby paths and spaces, such as walking and hiking trails or parks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I have the opportunity to live in a secure and protected environment (e.g. place of residence or neighbourhood with a low crime rate).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6	I have the opportunity to exercise in a barrier-free environment (e.g. place of residence or neighbourhood with low risk of tripping or falling).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I have the opportunity to walk or ride a bike to get from one place to another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I have the opportunity to participate in exercise and sports classes (e.g. in teams, fitness centres or VHS).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Generally speaking, I can move about in my neighbourhood if I want to (e.g. riding a bike, walking).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Set of Questions 3 – Social Support

The following questions pertain to your family, friends and acquaintances.
One response per line.

		Yes	No
10	The people in my social environment (family, friends, acquaintances) support my choice to keep physically active.	<input type="radio"/> ↓ Go to Question 11	<input type="radio"/> ↓ Go to Question 15

		Applies to you	Some-what applies to you	Partially applies to you	Does not really apply to you	Does not apply to you
11	I have family, friends, acquaintances who exercise with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	I can find suitable offerings or opportunities that allow me and my family, friends and acquaintances to be active together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13	I have family, friends and acquaintances who motivate me to get active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	If I want to, I have the opportunity to disengage from activities with my family, friends, acquaintances, so that I have time to exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Yes	No
15	I have everyday family obligations.	<input type="radio"/> ↓ Go to Question 16	<input type="radio"/> ↓ Go to Question 17

		Applies to you	Some-what applies to you	Partially applies to you	Does not really apply to you	Does not apply to you
16	Despite family commitments, I have the opportunity to keep physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Yes	No
17	I pursue a professional / volunteer activity.	<input type="radio"/> ↓ Go to Question 18	<input type="radio"/> ↓ Go to Question 20

		Applies to you	Some-what applies to you	Partially applies to you	Does not really apply to you	Does not apply to you
18	Despite professional / volunteer commitments, I have the opportunity to keep physically active to the desired extent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	I have the opportunity to keep active during my professional / volunteer activities (e.g. delivering church magazines) as often as I would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Set of Questions 4 – Everyday Physical Activity

How would you describe the following areas in your everyday life?

One response per line.

		Applies to you	Some-what applies to you	Partially applies to you	Does not really apply to you	Does not apply to you
20	I think that regular exercise is good for my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Due to my state of health, it is difficult for me to exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	I have the opportunity to exercise in my everyday life to the desired extent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	I have money that I can spend on physical activities (e.g. for course fees, sportswear).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	I can plan my free time according to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	I have the opportunity to exercise at home (e.g. in the form of house and garden work, and movement exercises).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Yes	No
26	During the last 12 months, have you experienced any changes, such as moving to a new home, career change, retirement, change in family circumstances, etc.?	<input type="radio"/> ↓ Go to Question 27	<input type="radio"/> ↓ Go to Question 29

		Applies to you	Some-what applies to you	Partially applies to you	Does not really apply to you	Does not apply to you
27	Did this change affect your ability to maintain your desired level of physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Positive	Unchanged	Negative
28	How did this change affect your ability to maintain your desired level of physical activity?	○	○	○

Set of Questions 5 – Personal Data

Physical Activity		
29	In an average week, how many days do you engage in moderate physical activity, which increases your breathing and pulse, such as brisk walking, riding a bike, swimming, etc. that lasts at least ten minutes?	Number of days: _____
		<input type="checkbox"/> never
30	In an average week, how many days do you walk on foot or ride a bike, in order to get from one place to another, lasting at least ten minutes?	Number of days: _____
		<input type="checkbox"/> never
31	On an average day, how many hours do you spend sitting or resting (excluding sleep)?	Number of hours: <input type="checkbox"/> 1–3 <input type="checkbox"/> 4–6 <input type="checkbox"/> 7–9 <input type="checkbox"/> >10

		Applies to you	Some-what applies to you	Partially applies to you	Does not really apply to you	Does not apply to you
32	I can freely move around without assistance (e.g. walker, wheelchair).	○	○	○	○	○

		Very well	Well	Partially applies to you	Poorly	Very poorly
33	How would you rate your general state of health?	○	○	○	○	○

34 Country of birth:	
○	Germany
○	Other: _____

35	Age:
Please enter your date of birth (month/ year): __ / ____	

36 Marital status:			
<input type="radio"/>	Single	<input type="radio"/>	Widow
<input type="radio"/>	Married, partnership	<input type="radio"/>	Divorced, separated

37 Housing situation			
<input type="radio"/>	Own house (poss. with partner)	<input type="radio"/>	Living with family (e.g. children)
<input type="radio"/>	Residential facility (e.g. care home, assisted living)	<input type="radio"/>	Other: _____

38 Highest level of education			
<input type="radio"/>	A-levels, technical college certificate	<input type="radio"/>	School leaving certificate
<input type="radio"/>	GCSE	<input type="radio"/>	Master's examination
<input type="radio"/>	No qualifications		

39 I belong to one or more of the following groups:			
<input type="radio"/>	Employed	<input type="radio"/>	Early retirement, retired/pensioner
<input type="radio"/>	Volunteer commitment	<input type="radio"/>	House-husband/wife

40 I am...			
<input type="radio"/>	female	<input type="radio"/>	male
<input type="radio"/>		<input type="radio"/>	other

41 Do you have any further comments?	

This brings us to the end of our survey. Thank you very much for your support!