



## ACTIVAGE

SUPPORTING AGEING ADULTS TO STAY ACTIVE  
Project 2020-1-IT02-KA204-080018

# BEST PRACTICES REPORT

## IO1

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## ABSTRACT

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This report follows the purpose of ActivAge project which is to support active ageing and change the usual paradigm from the conservative to a more pro-active support for spreading and supporting healthy behavior in EU aging population. In particular, this report refers to Intellectual Output 1; therefore, it focuses on promoting best practices at international level for the ageing well. Consequently, this report provides a presentation of the best practices to identified the main features of active aging. Moreover, it presents findings and insights based on a questionnaire (please consider the Appendix sections for further details about the questionnaire) distributed in France, Italy and Slovenia in 2021 which will be described in details further.

This report is structured as following. First, the section 2 is dedicated to some background information to provide a clear picture of the present situation regarding the population ageing in Europe to have also some inputs on future trends. The numbers and data show that it is important to pay attention to active aging notions and concepts as our society will deal with this topic much more in the present and future than in the past.

Then, section 3 focuses on the most important definitions in this field according to relevant sources and researches. While, section 4 is about the framework and the main areas of interest. Specifically, each components of the framework are described in sub paragraphs to give an overview of the main elements of an active ageing framework.

Moreover, section 5 suggests the socio-demographic variables relevant for an active ageing point of view. Then, section 6 considers the methodology applied which is a questionnaire distributed in France, Italy and Slovenia to our target group. In addition, a detailed description of the questionnaire is explained to study the active aging phenomenon. Section 7 presents the results after the analysis of the part 1 of the questionnaires with a comparative approach among the three countries of interest: France, Italy and Slovenia. Section 8 presents the results of the part 2 of the questionnaires. From a methodological point of view, in addition to the questionnaires, three Multiplier events were organized as described in Section 9. Finally, there is the conclusion part with also some important take away. At the end of the paper, appendixes are provided.

## INTRODUCTION

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ActivAge project aims at promoting a pro-active approach to ageing well by providing effective and easily accessible, online tools aimed at engaging ageing adults in open education, lifelong learning, healthy and active behaviours, and social activities.

The ambition of the ActivAge project is to switch from the common paradigm of conservative "crisis management" to a more pro-active approach aimed at spreading and supporting active and healthy behaviours in the aging population.

This will be done through 3 main activities:

- analysing and disseminating best practices available at international level for the "ageing well";
- developing an online *ActivAge self-assessment and recommendation tool* which will provide users with the possibility of performing a self-assessment and receiving a recommend and personalised path for a more active and healthier lifestyle;
- developing an *ActivAge digital knowledge centre* which will offer open online training modules for the elderly and collect and publish digital maps of existing initiatives and resources.

The involvement of final users and relevant stakeholders in the design of the ActivAge online tool will guarantee correspondence between the needs of the target population and the outputs of the project, thus providing the elderly with a personalized path and the right instruments to enable them to fulfil their potential for active and healthy ageing.

Nowadays, the phenomenon of population aging is an unavoidable process especially in the majority of the developed economies. It brings a wide-ranging challenges and opportunities. This is a related to the increase or decrease of the intensity of the birth rate as well as for the overall achievement of a longer life time. As the European Commission Report on the Impact of Demographic Change, Luxembourg (2020)<sup>1</sup> suggested the life expectancy at birth has increased by about 10 years over the last five decades in Europe.

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<sup>1</sup> European Commission. European Commission Report on the Impact of Demographic Change. Luxembourg (2020). Available online at:  
[https://ec.europa.eu/info/sites/info/files/demography\\_report\\_2020\\_n.pdf](https://ec.europa.eu/info/sites/info/files/demography_report_2020_n.pdf)

As it is known, the aging of the population is reshaping a large part of the social and economic assets, with pervasive and transversal impacts and consequences that are seen in several areas such as the production, the consumption, the labour market or the welfare.

In the recent years, a lot it has been done to improve the longevity and aging of the population at national and international level. Therefore, the concept of being active during the older stage of a human being life is not new.

In fact, several approaches are present in the literature, some more traditional as the so-called activity theory (Havighurst 1961; Neugarten, Havighurst and Tobin 1968) and other more recent as the World Health Organization (WHO) framework in 2002. The activity theory has been not very appreciated as seen not realistic due to the fact that the older people can maintain the same activity level of the middle age by 'denying the onset of old age' (Walker, 2002). While, the active ageing framework is more considered as it presents a wider approach and consider the importance of 'being active' which means to continue to be engaged in the society from a social, economic, cultural or civic point of view given the level of each own capacity (Boudiny, 2013). The role of being and remaining active is very important in our population that, as stated before, is getting older and older.

Thus, given this scenario, a framework is an important tool that provide an overall picture of the conditions for being active of an old person. Following the WHO, active aging was defined as optimizing health, participation, and safety opportunities to improve quality of life as people age (2002). Moreover, for example, the European Commission considers active aging as the policy directed toward "helping people stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society" (Eurostat, 2019).

In other word, our society is facing an important evolution in the age structure of the population that require increasing attention to provide to this people a better living environment as well as to help them to maintain their health situation that is given by a number of factors and elements. In addition to health, other concepts should be considered such as social and cultural elements, physical factors, gender and country as well.

The main objective is the overall well-being, a holistic concept that have to consider a number of elements of life of an individual. Thus, it is important to have a multidisciplinary approach to promote an active aging promotion. The elderly people have to be involved to be part of the society in an active manner as well as to continue to reach education and training for a long-life learning.

Therefore, not surprisingly, since the beginning of the new millennium there has been a progressive focus on the demographic aging at the international level with the adoption of policies for active aging and some indexes used to measure the active aging. In this context, for example, there is the Active Aging Index (AAI) as well as a

number of collaborations among different partners as the one between United Nations Economic Commission for Europe (UNECE) and the European Commission.

On the one hand, indexes such as the Active Aging Index helps to understand the untapped potential of older people for active aging at different levels with a multidimensional perspective<sup>2</sup>. The latter considers also the digitalization element. On the other side, many organizations are focusing on the population ageing phenomenon such as the UNECE Working Group on Ageing providing an intergovernmental platform for these active aging activities<sup>3</sup>.

These are some of the several examples that are emerging to help the active ageing issues and conceptualization. These projects are driving the attention to this current and increasing phenomenon. For instance, also several technical reports emerged with the aim of estimate the (AAI) with national data (i.e. Principi et al., 2020)

In other words, aging has a considerable impact on societies, affecting economic growth rates, the sustainability of public budgets, health and welfare systems.

Considering Europe, some numbers are relevant to have a background picture of the phenomenon under investigation. Specifically, it is estimated that by 2070 the median age will reach the 49-year mark, five more than current levels. In the same period the elderly population (65 years and over) will represent 30% of the total and that of working age (20-64 years) should decrease from the current 59% to 51% of the total population<sup>4</sup>.

Given the numbers the concept of active ageing is capturing the attention of several scholars as well as of institution at national and international level and of policymakers and practitioners. For instance, some authors suggested that a 'successful aging' involved in defining a complex, multi-dimensional phenomenon (Anton *et al.*, 2015).

Thus, the overall interest is to give the opportunity to every person to live a long and healthy life. In reaching this goal a number of determinants to age well should be considered and investigated. The aim is that everybody can experience an active ageing.

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<sup>2</sup> European Commission Active Ageing Index. Monitoring active and healthy ageing in the EU, 2019.

<sup>3</sup> UNECE, Active Ageing Index: analytical report, Geneva, 2019.

<sup>4</sup> Il Sole 24 ore :[https://www.ilsole24ore.com/art/commissione-ue-campo-sull-invecchiamento-popolazione-AEUqIWc?refresh\\_ce=1](https://www.ilsole24ore.com/art/commissione-ue-campo-sull-invecchiamento-popolazione-AEUqIWc?refresh_ce=1)

## SECTION 2 - BACKGROUND

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In this section, a picture of the current situation is provided also presenting some numbers and data to have a background information setting regarding the topic of this report which should help the readiness in line with its goals and purposes.

As stated above, the population ageing is a long-term trend which started some years ago and widespread in the developed country, in general, and in Europe specifically. Therefore, these countries are presenting a new age structure with an increasing number of older people compared to the younger individuals.

In other words, the elder are increasing in European countries. For instance, Eurostat suggested that “the growth in the relative share of older people may be explained by increased longevity, a pattern that has been apparent for several decades as life expectancy has risen. However, consistently low levels of fertility over many years have contributed to population ageing, with fewer births leading to a decline in the proportion of young people in the total population. This process is known as ageing at the bottom of the population pyramid, and can be observed in the narrowing base of the EU population pyramids between 2005 and 2020”<sup>5</sup>.

It is, therefore, clear that our society is changing and a greater attention is given to the topic of ageing and specifically of aging well or actively.

### SHARE OF THE POPULATION AGED 65 YEARS OR OVER - 2010 AND 2020

Eurostat provides an interesting picture of the situation of the population aging at the European level as well as it offers a detailed description of each countries. This is relevant to provide some background information that increases the role of the population aging issues and the related active ageing concept.

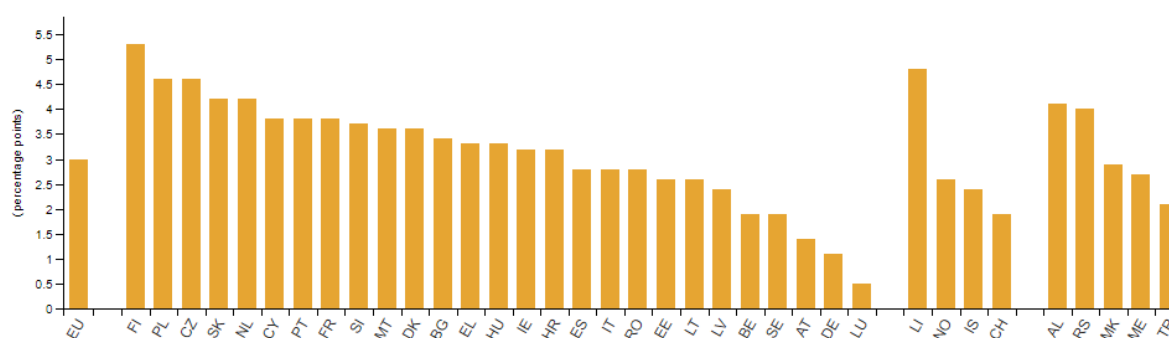
The following table (Figure 1) shows the share of the population aged 65 years or over between 2010 and 2020. This means that the demographic ageing in European Union is getting importance as it will increase in the next years.

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<sup>5</sup> EUROSTAT:[https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population\\_structure\\_and\\_ageing](https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population_structure_and_ageing)

As a consequences of a lower birth rates and of a higher life expectancy, the countries in Europe should think about a new population structure with an increase of elder in its total population. In turn, this is going to rethink about services and programme needed to satisfy the elder.

Looking at the following graph, among our three countries – France, Slovenia and Italy - under examination, Slovenia and France are quite closer and over 3 percentage points; while, Italy is lower and around 3 percentage points.



EU, BE, DE, EE, FR, LU, HU, PL, CH, RS: Break in time series in various years between 2010 and 2020.

EU, FR: Provisional.

Source: Eurostat (online data code: demo\_pjanind)

eurostat

Fig. 1: Increase in the share of the population aged 65 years or over between 2010 and 2020

Source: Eurostat

## POPULATION AGE STRUCTURE - 2010 AND 2020

It is also interesting to have some numbers regarding the population age structure to better understand the situation in Europe. Specifically, as mentioned by Eurostat, the population on 1 January 2020 was estimated at 447.3 million. Young people (0 to 14 years old) made up 15.1 % of the EU's population (see Table 2), while people considered to be of working age (15 to 64 years old) accounted for 64.3 % of the population. Older people (aged 65 or over) had a 20.6 % share (an increase of 0.4 percentage points compared with the previous year and an increase of 3 percentage points compared with 10 years earlier).

Among the EU Member States, especially among the three countries – France, Slovenia and Italy -under investigation we can observed that the highest shares of young people in the total population in 2020 were,



after Ireland (20.3 %), in France (17.9 %). Then, Slovenia presents a good percentage (15.1 %), while the lowest shares were recorded in Italy (13 %). For further details please consider Table 1 below.

Regarding the population between 20-64 years in 2020, Slovenia shows the higher rate (64.7%); then we found Italy (63.8%); and finally, France (61.8%). While, looking at the share of people aged 65 or older in the total population in 2020, Italy presents the highest rates (23.2 %) followed by France (20.4%) and Slovenia (20.2%).

	0–14 years old		15–64 years old		65 years old or over	
	2010	2020	2010	2020	2010	2020
EU (*)	15.4	15.1	67.0	64.3	17.6	20.6
Belgium (*)	16.9	16.9	66.0	64.1	17.2	19.1
Bulgaria	13.2	14.4	68.7	63.9	18.2	21.6
Czechia	14.3	16.0	70.5	64.0	15.3	19.9
Denmark	18.1	16.4	65.5	63.9	16.3	19.9
Germany (*)	13.5	13.7	65.9	64.6	20.7	21.8
Estonia (*)	15.1	16.5	67.5	63.6	17.4	20.0
Ireland	21.0	20.3	67.8	65.2	11.2	14.4
Greece	14.6	14.3	66.3	63.6	19.0	22.3
Spain	14.9	14.5	68.3	65.9	16.8	19.6
France (*)	18.6	17.9	64.8	61.8	16.6	20.4
Croatia	15.4	14.3	66.7	64.7	17.8	21.0
Italy	14.1	13.0	65.5	63.8	20.4	23.2
Cyprus	17.2	16.0	70.3	67.7	12.5	16.3
Latvia	14.2	16.0	67.6	63.4	18.1	20.5
Lithuania	15.0	15.1	67.7	64.8	17.3	19.9
Luxembourg (*)	17.7	16.0	68.3	69.6	14.0	14.5
Hungary (*)	14.7	14.5	68.6	65.7	16.6	19.9
Malta	15.3	13.4	69.9	68.1	14.9	18.5
Netherlands	17.6	15.7	67.0	64.8	15.3	19.5
Austria	14.9	14.4	67.5	66.6	17.6	19.0
Poland (*)	15.3	15.4	70.9	66.4	13.6	18.2
Portugal	15.3	13.6	66.3	64.2	18.3	22.1
Romania	15.8	15.7	68.1	65.4	16.1	18.9
Slovenia	14.0	15.1	69.4	64.7	16.5	20.2
Slovakia	15.5	15.8	71.9	67.6	12.4	16.6
Finland	16.6	15.8	66.4	61.9	17.0	22.3
Sweden	16.6	17.8	65.3	62.3	18.1	20.0
Iceland	20.9	18.7	67.0	66.8	12.0	14.4
Liechtenstein	16.4	14.7	70.0	67.0	13.5	18.3
Norway	18.9	17.3	66.2	65.1	14.9	17.5
Switzerland (*)	15.2	15.0	68.1	66.3	16.8	18.7
Montenegro	19.5	17.9	67.6	66.5	12.9	15.6
North Macedonia	17.7	16.2	70.6	69.1	11.6	14.5
Albania	22.5	16.8	66.7	68.3	10.7	14.8
Serbia (*)	15.2	14.3	67.7	64.7	17.0	21.0
Turkey	26.0	23.1	67.0	68.0	7.0	9.1

(\*) Break in time series in various years between 2010 and 2020  
Source: Eurostat (online data code: demo\_pjanind)

eurostat 

*Table 1: Population age structure by major age group 2010 and 2020  
(% of the total population)*

Source: Eurostat

## MEDIAN AGE STRUCTURE - 2010 AND 2020

Moreover, regarding the median age of the population in Europe on 1 January 2020 the value is 43.9 years and Italy is the country with highest rate 47.2 years while France and Slovenia are confirming a better balance population age structure as represented in the following figure (Figure 2).

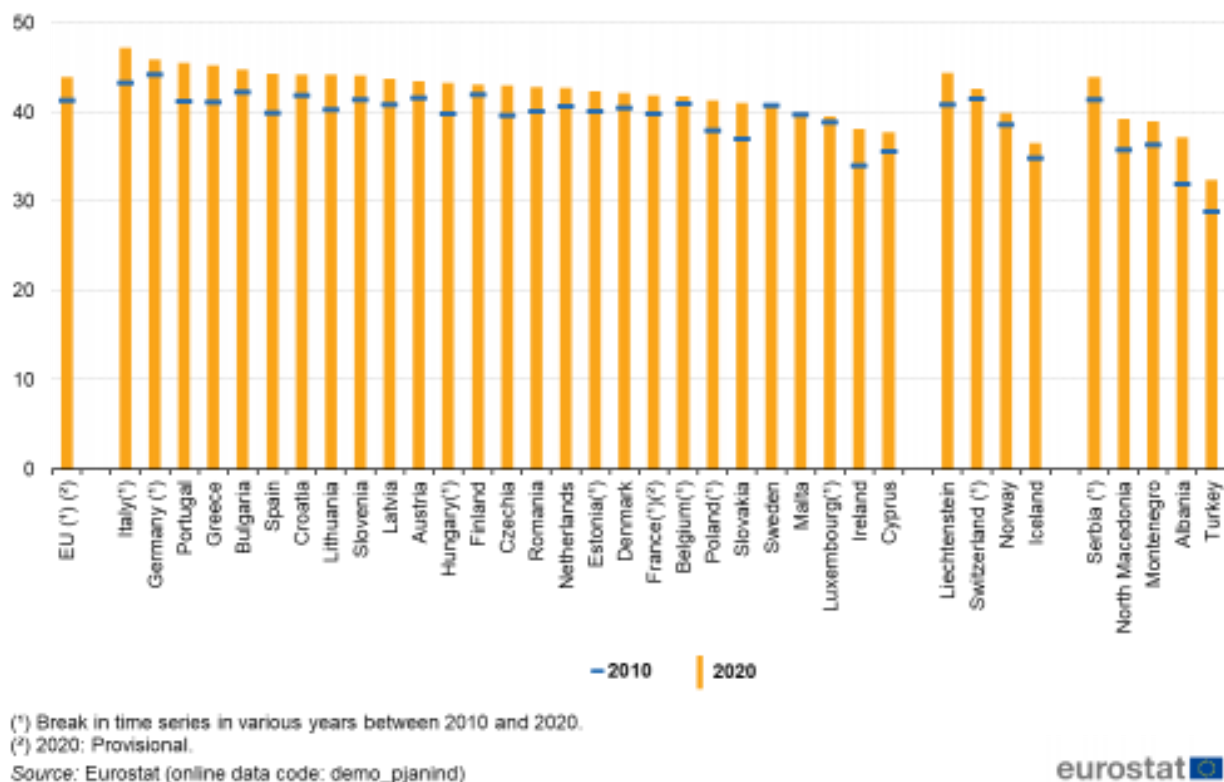


Fig. 2: Median age of population, 2010 and 2020 (years)

Source: Eurostat

The median age in the EU increased by 2.6 years (on average by 0.26 years per annum) between 2010 and 2020, rising from 41.3 years to 43.9 years. It increased in almost all EU Member States, rising by 4.0 or more years in Spain, Portugal, Greece, Ireland and Slovakia, but not in Sweden, where it decreased (from 40.7 years in 2010 to 40.5 years in 2020). Albania experienced the largest increase in median age over the past 10 years: this rose by 5.3 years, from 31.9 years in 2010 to 37.2 in 2020<sup>6</sup>.

## POPULATION AGE STRUCTURE – FUTURE PERSPECTIVE

The picture provided about shows that the population ageing is a phenomenon of interest of Europe in general and the three countries – France, Slovenia and Italy – under examination highlight some peculiarities in the European panorama.

<sup>6</sup> EUROSTAT: [https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population\\_structure\\_and\\_ageing](https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population_structure_and_ageing)

Therefore, creating positive aspects of aging life is an important factor. In societies with a growing elderly population, a growing focus should be paid to the participation of the elderly in their own well-being and that of their families (Lak et al., 2020).

As suggested also by the statistics of Eurostat the future trend in Europe regarding the population age is an overall increase of the elders. Specifically, the last projections that consider the period from 2020 to 2100, show that the European population will have a peak of 449.3 million around 2026 and thereafter gradually decline to 416.1 million by 2100.

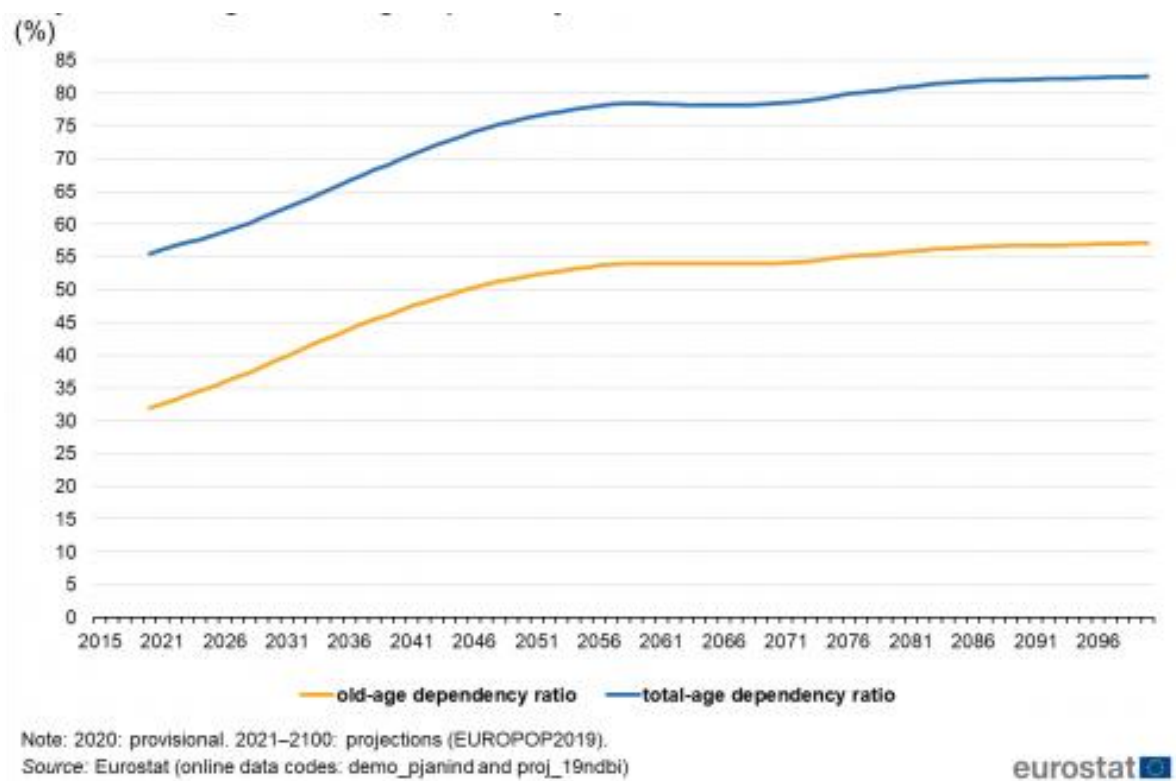
Thus, the population is going to continue to age in the next years with significance. By 2100, as Eurostat suggested, the pyramid will take more the shape of a block, narrowing considerably in the middle of the pyramid (around the age 45–54 years).

In addition to this, it is important to have in mind that the population ageing is the progressive ageing of the older population itself, as the relative significance of the very old is growing at a faster pace than any other age segment of the EU's population. The share of those aged 80 years or above in the EU's population is projected to have a two-and-a-half-fold increase between 2020 and 2100, from 5.9 % to 14.6 %<sup>7</sup>.

In numbers, those aged 65 years or over will account for 31.3 % of the EU's population by 2100, compared with 20.6 % in 2020. The median age is expected to increase by 4.9 years, rising from 43.9 years in 2020 to 48.8 years in 2100 (Figure 3).

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<sup>7</sup> EUROSTAT :[https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population\\_structure\\_and\\_ageing](https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population_structure_and_ageing)



*Fig. 3: Projected total-age and old-age dependency ratio, 2020-2100*

Source: Eurostat

## SECTION 3 - DESCRIPTIONS

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Different definitions are used in relevant sources of reference regarding the population to consider old as well as the concept of active aging. Thus, the term active aging has been used to refer to different aspects in recent years (Rodríguez et al., 2017).

Nowadays, several researchers and studies (i.e. Fernández-Ballesteros et al., 2013; Rantanen et al., 2019) classified and offered a definition of the active aging according to the World Health Organization (WHO). The latter considered, for example, good functional ability and fitness; continued involvement in one's family and/or peer group; a good physical, social, and mental health; and engagement with community throughout the aging process.

These factors are adopted as driving and key aspects that describe an active aging in our current era. Thus, this part is dedicated to present the main definitions to better fit the language and technicalities used in this report and in the field under investigation. First of all, it is necessary to identify the target of active ageing; hence, those people that are old as better explain in the following box.

Then, a proper definition of active ageing is given in the second box to provide a definition that clarifies the concepts and the related factors.

### IDENTIFICATION OF OLD PEOPLE

First of all, in this report we identified the people that are old following the United Nations standard that considers people of age 60 and over as "older" people. However, this age of people can seem young in the developed world and in those developing countries due to the longer life expectancy.

Therefore, it is important to say that, the age can be used and considered differently in several contexts. Here it is necessary to specify that the chronological age is not a specific marker for the changes that accompany ageing. In fact, there are significant variations in health status, participation and levels of independence among people of the same level of age. However, due to the aim of this report, the age of 60 is a good marker in the context under comment and given the purpose of the present work.

## IDENTIFICATION OF ACTIVE AGEING

The term active ageing was adopted by the World Health Organization in the late 1990s. It represents a more inclusive message than healthy ageing and it recognizes further factors in addition to health that affect how individuals and populations age (Kalache and Kickbusch, 1997).

All derives from the active ageing approach linked to the recognition of the human rights of older people and the United Nations Principles of independence, participation, dignity, care and self-fulfilment.

This emerged as a new approach toward a more inclusive society that makes the older people active targets for their own life quality as well as to exercise their participation in the community of reference.

In other words, the World Health Organization has adopted the term active ageing to define the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing considered to both individuals and population groups (WHO, 2002).

As stated by the WHO: “active ageing allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance” (WHO, 2002).

Therefore, the word active refers to continuing participation in social, economic, cultural life and not just the ability to be physically active. It is an overall concept that consider different constructs, as better explained in the following parts of this report, that merged together to help old people to remain active contributors to their own as well as to their families and to their communities and countries.

As expressed before today there are several definitions to identify the population that is old as well as the concept of active aging. In this report, we adopted the WHO’s definition that is a widespread definition that represents a well-known standard in this area of study with the goal of increasing the attention on some aspects that are linked with the promotion of the quality of life of our older population.

## SECTION 4 - THE FRAMEWORK OF ACTIVE AGING

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In the current era, our society is meeting a relevant and important transformation. This evolution is characterized by a change in the age structure of the population that highlight an increasing attention among different entities.

In this scenario, it results that is fundamental to provide to this people a better living environment as well as to help them to maintain their status that is given by a number of factors and elements.

In other words, there are different aspects that are of interest in analysing and studying the active aging phenomenon. In this report, we want to provide a holistic approach to active aging presenting the following framework considering the best practices in this field.

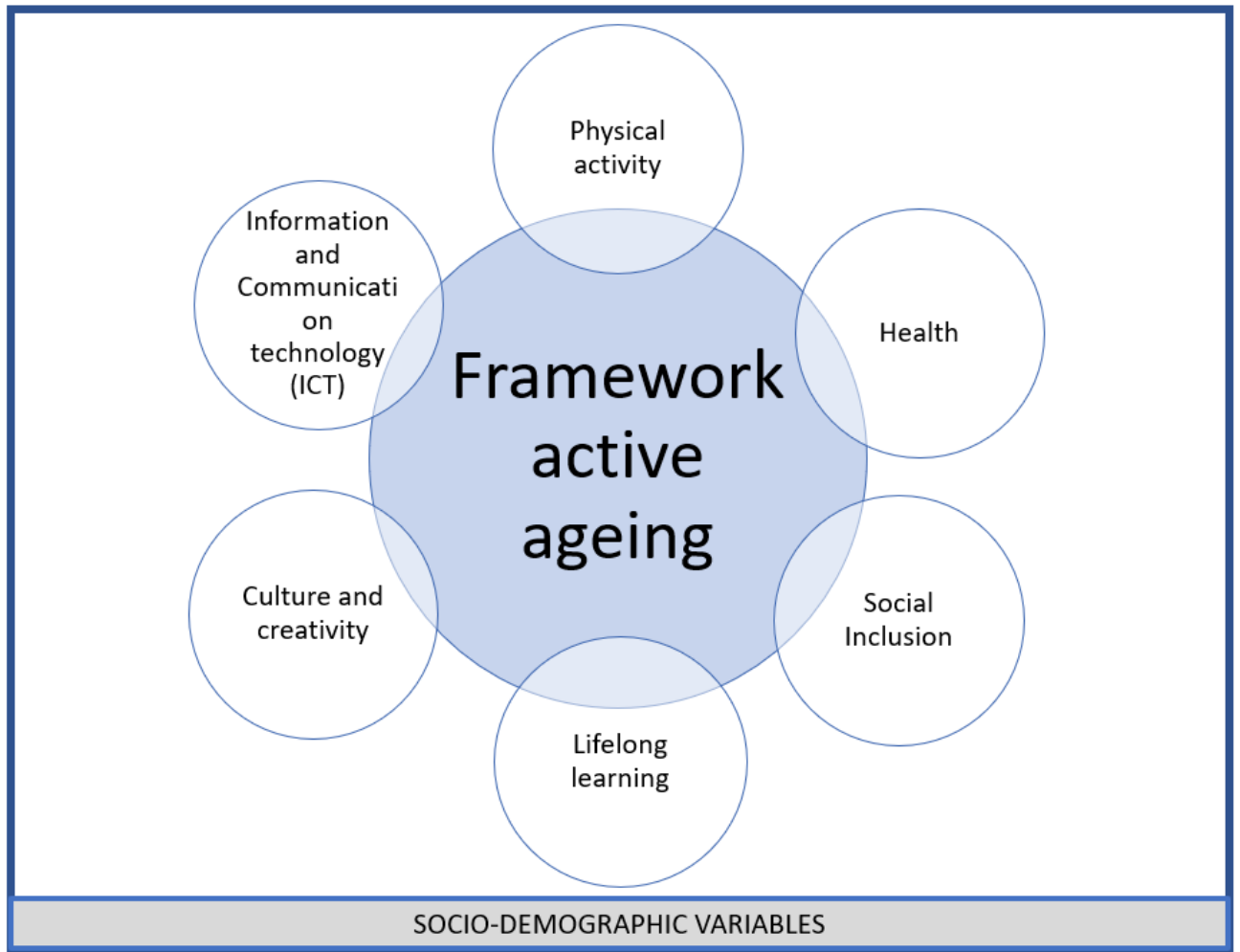
Therefore, the framework presented in this part identified a number of elements to considers when we talk about active aging.

At this stage, it is clear that active ageing depends on a variety of determinants that should be studied such as physical activities (i.e. sport, walking activities), social inclusion (i.e. being part of the community) etc that allow active participation and engagement that help the quality of life of elder people.

Given this, the present framework is composed by six factors that are specifically:

1. Physical activity
2. Health
3. Social Inclusion
4. Lifelong learning
5. Culture and creativity
6. Information and Communication technology (ICT)

These above-mentioned factors are described in the following sections. Moreover, the next figure (n.4) shows the framework of active ageing.



*Fig. 4: The Framework of active ageing*

Source: realized for the present report



## PHYSICAL ACTIVITIES

Physical Activity means the participation in regular, moderate physical activity that can be done weekly to maintain a good health status and thus to postpone as much as possible the decline of functional elements of a human being. Physical Activity is a fundamental cornerstone of active ageing for those economies that have a high number of older among their population.

Physical Activity is not only an element relevant during the younger period of our life but it is also relevant during the older stage. It can decrease the onset of several diseases in both healthy and chronically ill older people. For example, as some scientists suggested, a constant activity declines the risk of cardiac death by 20 to 25 percent among people with established heart disease (Merz and Forrester, 1997). It is critically important for several heart disease (U.S Preventive Services Task Force, 1999).

Furthermore, a person that is active from a physical point of view is also more autonomous and independent. In other words, being active can help older people to remain as independent as possible for a longer period. For instance, with a life expectancy continuing to improve among the developed countries throughout the world, there is a growing public health interest on the role of physical independence in the older population (Anton et al., 2015).

In addition to the above-mentioned benefits linked to physical activities, a person that has an active living from a physical perspective can easily have social connections with the community and, thus, he can avoid isolation. This is of relevance in improving the overall health of a person as well as the mental health due to a better feeling and a higher level of social inclusion. Firstly, the physical activity is important of the individual himself but it can also have a relevant role in the society as a whole as estimated by the WHO that affirm that the medical costs decrease a lot among those old people that are active.

Secondly, physical activity is the contrary of sedentary which is still today a problem that afflict our population. Unfortunately, developed countries often have a high percentage of people that conduct sedentary lives especially due to low income situations.

The physical activity done regularly should be seen as the tool to avoid sedentary situations that caused many diseases or push the emergence of several health issues. Therefore, the promotion of an active life from a

physical side helps a lot our wellbeing and encourage inactive people toward a better and long-lasting life standard.

For instance, Yoga for seniors (Association of Yoga in everyday life) is intended for those who want to strengthen their health in the third period of life. Regular yoga practice slows down the aging process and maintains health and vitality. Regular yoga practice also has a beneficial effect on the heart and blood vessels, metabolism, physical resistance and mental well-being. It helps prevent disease. It strengthens strength, improves mobility and maintains physical condition, which contributes to a more independent and quality life for seniors<sup>8</sup>.

The latter is one of the several programs emerged to help people to become more active as they age. These represents important and fundamental opportunities to active ageing. Below some additional interesting examples of best practices at national and European level are described.

**NAME OF THE INITIATIVE:** SPORT 360

**ORGANIZATION OF REFERENCE:** ASI-ASC-ENDAS-MSP and OPES

**PLACE OF REFERENCE (COUNTRY, REGION):** 20 Italian regions

**LINK:** <https://www.endas.it/progetto-sport-360/>

**DESCRIPTION:** This project supports free physical activities at any age in 20 Italian regions. SPORT 360 is an innovative project developed by the different sports promotion bodies ASI-ASC-ENDAS-MSP and OPES that puts sports practice at the centre of the system, reaching, with connected initiatives and tools, two targets that are distant by age, but which represent the pillars of our society.

The founding idea is simple, but at the same time experimental and innovative in: comparing the needs of two different targets (the over 65 and the under 19), triggering a virtuous circuit made up of requests for needs, facilitated sports proposal, modern mechanisms incentives to stimulate it, measurement of generative movement, verification of generating well-being by adhering to suitable sports programs.

The SPORT 360 project aims to boost the perception of sport as the main tool of the population (for the OVER 65s) and prevention of sports dropout, social unease and civic education (for the UNDER 19s).

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<sup>8</sup> Source: <https://www.joga-maribor.org/vrstne-vadbje/joga-za-starejse>

**NAME OF THE INITIATIVE:** EuropeActive - Active Ageing Communities

**ORGANIZATION OF REFERENCE:** National Fitness Associations of six EU Member States and the University of Southern Denmark

**PLACE OF REFERENCE (COUNTRY, REGION):** six EU Member States

**LINK:**<https://www.europeactive.eu/news/success-europeactive%E2%80%99s-active-ageing-communities-project>

**DESCRIPTION:** Active Ageing Communities (AAC) has been selected by the European Commission in the framework of the Erasmus+ Sport Programme. The project, which is in partnership with the National Fitness Associations of six EU Member States and the University of Southern Denmark will begin in January 2021 and run for 24 months.

The aim of AAC is to build and strengthen active communities for older adults, it will address the behavioural, mental, and socioeconomics barriers to physical activity for older adults through establishing a community-based programme and highlighting the social and health relevance of fitness.

The project will also contribute to the development of professional standards for encouraging and maintaining memberships of fitness clubs for older people. The data which is produced during the project by the different National Fitness Associations on the practical effectiveness of the programme can thus be used by other fitness and sports centres around Europe in order to successfully market to older people.

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**NAME OF THE INITIATIVE:** FVG in Movimento. 10 thousand steps of Health

**ORGANIZATION OF REFERENCE:** 73 municipalities

**PLACE OF REFERENCE (COUNTRY, REGION):** Friuli Venezia Giulia in Italy

**LINK:** <https://federsanita.anci.fvg.it/progetti/progetto-friuli-venezia-giulia-in-movimento/>

**DESCRIPTION:** This project offers 59 walking paths through 73 municipalities to promote physical activities and walking in the territory of Friuli Venezia Giulia in Italy. 10,000 thousand steps of Health, is the average daily motor activity recommended by Health experts, of course, not everyone is able to practice it daily, but at least as a commitment/ goal it is a "good habit" that is good for physical health and general well-being, also psychological, of people and helps prevent many heart and lung diseases, overweight and obesity, diabetes, etc.

"FVG in Movimento. 10 thousand steps of Health" was born, financed by the Friuli Venezia Giulia Region, in December 2018 which is part of the wider integrated and coordinated planning of health promotion activities envisaged in the "Regional Prevention Plan 2014/2019" and following.

The aim is to make "healthy choices easily accessible to all", with the aim of maximum dissemination and involvement of the population.

**NAME OF THE INITIATIVE:** LUNGA VITA ATTIVA (LVA)

**ORGANIZATION OF REFERENCE:** LUNGA VITA ATTIVA

**PLACE OF REFERENCE (COUNTRY, REGION):** Trieste in Italy

**LINK:** [www.lungavitattiva.it](http://www.lungavitattiva.it)

**DESCRIPTION:** LVA is a social promotion association born in Trieste (city with the highest aging rate in Italy and Europe), to meet the needs of a territory with peculiar characteristics: a population of "elderly / senior" among the highest in Italy, a solid system of research, medicine and assistance, a large system of sports facilities and an ancient and widespread sports culture that can be transformed into a culture of movement for active and conscious aging.

**NAME OF THE INITIATIVE:** Fit Senior training

**ORGANIZATION OF REFERENCE:** BODIFIT

**PLACE OF REFERENCE (COUNTRY, REGION):** Slovenia

**LINK:** <https://bodifit.net/bodifit-vadba/vodena-vadba/fit/>

**DESCRIPTION:** This is professional, precisely set and takes care of the development of all the needs of the individual in his mature years. It is a universal exercise for everyone who wants to feel more vital and youthful. Exercise is the main driver to keep the body in health. The aim is to provide a pleasant workout environment to increase physical activities among older people.

These examples show the interest in physical activities in older age people. In conclusion, even if physical activity cannot avoid the biological process of ageing, findings suggest that regular physical activity reduces the physiological consequences of any sedentary lifestyle, delays the onset of the state of chronic diseases and other age-related conditions (Grizold, 2010).

## HEALTH

As often said, the attention to ageing is increasing a lot. For instance, in 2016 the World Health Assembly looked at a global strategy and action plan on ageing and health 2016–2020. The goal was that everyone can live a long and healthy life.

In this scenario, the term health refers healthy lifestyle that includes physical, mental and social well-being. For instance, cardiovascular diseases and cancer are the most important causes of avoidable deaths for people under 75 years in Europe (Eurostat online data table: HLTH\_CD\_APR and Preventable and treatable mortality statistics).

In addition, health is also identified with nutrition. Indeed, healthy eating is linked to food security issues and it is an important element at all ages and in particular in among the elder population as they are often alone and

some prefer not to consider this as an important element of their life since their growth is finished. Furthermore, health nutrition is connected to under-nutrition which is a problem also in developed economies among certain society groups of people as well as it is also a problem related to malnutrition. Hence, health is seen as a resource for and an outcome of active ageing (Boudiny, 2013).

In the case of older individuals, malnutrition can be determined by several elements such as limited access to food, socioeconomic hardships, a lack of knowledge about nutrition and food characteristics and properties as well as by weak food choices (i.e., eating fat foods).

In addition to these, people that are old can have a bad nutrition due to a disease or to the usage of medications or tooth loss. Moreover, in the current context, social isolation gains attention as many old people are not living with families as happened in the past in many European countries. Finally, some cognitive or physical disabilities can determine the inability to buy food or to cook them in a proper way and these is going to have an important impact on the health of each individual especially as age increased.

Nutrition is an element that influences the health of a person since the childhood. In fact, our society faces in the last decades a growing number of young people that are obese. These young people are going to be adults and older in the next years; therefore, the issues related to health in general and to health eating are going to have a higher and higher impact in our population especially among developed countries.

For instance, diets high in (saturated) fat and salt, low in fruits and vegetables and providing insufficient amounts of fibre and vitamins combined with sedentarism, are major risks factors for chronic conditions like diabetes, cardiovascular disease, high blood pressure, obesity, arthritis and some cancers. Moreover, insufficient calcium and vitamin D is associated with a loss of bone density in older age and consequently an increase in painful, costly and debilitating bone fractures, especially in older women. Given that it is very important that the nutrition gains attention among each individual as a way to have a longer and better life in general and, in particular, during the older stage of our lives.

The attention to the active ageing is growing as states previously and the care of older people is an issue of relevance from a national and international perspective. Below some best practices' examples.

**NAME OF THE INITIATIVE:** Stato di Salute e Qualità della vita della popolazione ultra 64enne in Friuli Venezia Giulia

**ORGANIZATION OF REFERENCE:** Friuli Venezia Giulia

**PLACE OF REFERENCE (COUNTRY, REGION):** Friuli Venezia Giulia, Italy

**LINK:** <https://www.epicentro.iss.it/passi-argento/pdf2019/>

**DESCRIPTION:** The Report aims to monitor the evolution of social and sanitary issues linked to ageing. It offers a model of surveillance for over 65 in the Region Friuli Venezia Giulia.

**NAME OF THE INITIATIVE:** Le politiche per l'invecchiamento attivo nella Regione Emilia Romagna

**ORGANIZATION OF REFERENCE:** Emilia Romagna

**PLACE OF REFERENCE (COUNTRY, REGION):** Emilia Romagna, Italy

**LINK:**

[http://informa.comune.bologna.it/iperbole/media/files/opuscolo\\_asl\\_promuovere\\_qualit\\_vita\\_e\\_invecchiare\\_bene.pdf](http://informa.comune.bologna.it/iperbole/media/files/opuscolo_asl_promuovere_qualit_vita_e_invecchiare_bene.pdf)

**DESCRIPTION:** This guide promotes ageing well by offering schemes and information on correct healthy ageing behaviors.

**NAME OF THE INITIATIVE:** ACTIVE AND HEALTHY AGING IN SLOVENIA

**ORGANIZATION OF REFERENCE:** National Institute of Public Health (NIJZ) and AHA.SI

**PLACE OF REFERENCE (COUNTRY, REGION):** Slovenia

**LINK:** <http://www.staranje.si/aha-si/izdelki-projekta-project-outputs>

**DESCRIPTION:** The long-term goal of the AHA.SI project is for all the inhabitants of Slovenia to enable a more active and healthy age through various measures.

**NAME OF THE INITIATIVE:** ÉquilibreS (Gentilly)

**ORGANIZATION OF REFERENCE:** Gentilly

**PLACE OF REFERENCE (COUNTRY, REGION):** France

**LINK:** contacts: C. Laguillaume, M.-C. Lassartre, J.-M. Soares, S. Olivares Direction santé / Réseau ÉquilibreS 7, rue Kleynhoff 94250 Gentilly Telephone: 33 (0) 1 49 08 03 40

Email: [sante@ville-gentilly.fr](mailto:sante@ville-gentilly.fr)

**DESCRIPTION:** Gentilly is a community of 17,000 inhabitants in the Parisian suburbs. Since 1996, the Gentilly health sector has organized and supported health promotion activities, in particular for the elderly population. These activities started with the creation of “balance workshops” on an initiative of healthcare professionals.

The concept of health and aging refers to physical, mental, social well-being, autonomy and other notions that, as seen before, are gaining attention of the health authorities in strengthening prevention and control measures in general, and, in particular, during this unique COVID-19 pandemic. Therefore, it is not intended simply like being physically active but also by considering the continuous participation in the social, economic, cultural activities of the community to avoid isolation (Barbabella et al., 2020).

In conclusion, a healthy lifestyle includes the consumption and nutrition paths and the levels of physical and social activity (EU Green paper on ageing, EU Commission, 2021).

## SOCIAL INCLUSION

Social inclusion is an important aspect for old people; especially after the retirement period brings a changed in the lifestyle of a person. Among the people that are in the older age stage, it becomes crucial the participation in the social life to avoid exclusion and it enhances their health status.



Social inclusion refers to all the activities that avoid loneliness, isolation, exposure to difficult situations. The latter augments with the increase in age of people. Therefore, as old people are more exposed to the risk of difficult situations due to the challenges coming with the age, it becomes fundamental to consider the role of social inclusion in their lives. In addition, for example, inadequate social support is associated not only with an increase in mortality and psychological distress but with a decrease in the general health and well-being of a human being (WHO, 2002).

Social inclusion is a crucial determinant of the overall well-being of the older population as it represents the contrary side of loneliness and not interactions that result the most relevant sources of stress.

In other words, today it is very important that a person in the older stage of his life perceives his environment as a supportive environment which deletes barriers promoting social connections and inclusion. This would have a positive influence decreasing the level of stress of an individual and providing a strong vital element (Gironda and Lubben, 2002).

Being part of a community, having social contact that enhance the inclusiveness feeling emerge to be relevant to improve the emotional sphere. For instance, some scholars suggested that older people that do not have a social contact are 1.5 times more likely to die in the next three years than those who have it (Sugiswawa et al, 1994).

Consequently, as older people can lose people around them (i.e. family members, friends, etc) represent the group of the population that is more vulnerable to isolation. This could create an important decline to old human beings both physically and mentally.

Therefore, it is necessary to avoid loneliness with the increase of social interactions and activities that delete isolation toward a higher level of inclusion.

In our technological and 4.0 Industry era, for instance, social networks help to increase the social inclusion and the contacts between people. This phenomenon was also present in some cases among the older people especially in some developed countries. However, technologies such as mobile phones provide some opportunities in term of social inclusion as they give the chance to be easily in touch even with a message or a call. The latter in some cases help to decrease the social isolation and to be nearer to family members and friends. This happened also during the current COVID-19 pandemic as the overall world was “isolated” for safety reasons; however, the technology availability makes easy to be in contact with our dears and to be less alone. For example, via video call many grandsons could see their grandparents and vice versa.

In some ways, technology results a fundamental tool to avoid loneliness during this worldwide pandemic event and it could be important as well in the future.

In addition, the community and culture of reference are critical feature to take into consideration in terms of social inclusion. In fact, for example, in some contexts, older ladies that are widowed could be excluded from the society.

Social inclusion is a relevant challenge that should be promoted in our modern society to help ageing people to feel part of an inclusive community with proper activities and services. Indeed, at the same time, older people can contribute to the community with the childcare or with voluntary activities that create benefits for the overall society as well as benefits for each single individual.

A number of best practices examples also in term of social inclusion are present below which highlight the importance of this element in the active ageing framework.

**NAME OF THE INITIATIVE:** Progetti e iniziative per gli anziani

**ORGANIZATION OF REFERENCE:** municipality of Trento

**PLACE OF REFERENCE (COUNTRY, REGION):** Trento in Italy

**LINK:** <https://www.comune.trento.it/Aree-tematiche/Politiche-sociali-e-abitative/Anziani/Iniziative>

**DESCRIPTION:** Several initiatives are done locally as the municipality of Trento in Italy that supports various projects on active ageing through social inclusion in their community.

**NAME OF THE INITIATIVE:** URBACT Invecchiare in salute

**ORGANIZATION OF REFERENCE:** Fondazione Giacomo Brondolini

**PLACE OF REFERENCE (COUNTRY, REGION):** Italy

**LINK:** <https://www.fondazionebrodolini.it/progetti/urbact-invecchiare-salute>

**DESCRIPTION:** This project is supported by URBACT and promotes the exchange of best practices to develop elder friendly cities.

**NAME OF THE INITIATIVE:** Age-friendly World

**ORGANIZATION OF REFERENCE:** City of Ljubljana Committed

**PLACE OF REFERENCE (COUNTRY, REGION):** Slovenia

**LINK:** <https://extranet.who.int/agefriendlyworld/network/ljubljana/>

**DESCRIPTION:** The City of Ljubljana is dedicated to the elderly, basing its policies on previous good practices, as well as active dialogue with its stakeholders. This website aims to support a global community that works together towards this vision of an age-friendly world. Age-friendly World creates a place for people and organizations all over the world to share what they know and learn from others.

Slovenian legislation requires certain obligations in the field of health and social care to be carried out at a local level. These include supplementary payments for institutional care, provision of family assistance at home as well as subsidisation of both services. In addition, the City of Ljubljana co-finances various additional programmes for the elderly, in the areas of social assistance, health, education, culture and sports. These programmes are provided by NGOs and public institutes that strive to respond to seniors' needs and demands by developing quality programmes and services specifically for the elderly.

The City of Ljubljana also funds the Mayor's consulting body, the Council for Senior Citizen-Related Issues in the City of Ljubljana, whose main task is to draw attention to the needs of the elderly.

Our efforts to respond to needs and demands of the elderly are also reflected in our active participation in the WHO European Healthy Cities network, sub-network Healthy Ageing and our membership in the WHO Global Network of Age-friendly Cities and Communities since 2011. We also signed the Dublin Declaration on Age-Friendly Cities and Communities in both 2011 and 2013. Ljubljana City Council adopted already 2 'Age-Friendly Ljubljana' action plans, first for 2013 to 2015 and second for 2016 to 2020, which represents the continuation of our activities aimed at enhancing accessibility. Action Plans were set up on the basis of different reports and focus group discussions. They contain about 100 individual measures with goals, which are arranged in 8 key areas, defined by the WHO. Responsible institution for implementing the measures is City Administration and the individual municipal public institution and public enterprises. Measures are designed either as their regular tasks (which are carried out as a legal obligation or as a basic activity) or as an individual project.

**NAME OF THE INITIATIVE:** Towards an age friendly community

**ORGANIZATION OF REFERENCE:** Marta Ramovš, Thibauld Moulaert, Jože Ramovš

**PLACE OF REFERENCE (COUNTRY, REGION):** Slovenia

**LINK:**[https://alpine-space.eu/projects/taafe/deliverables/d.t1.2.1-methodology-booklet\\_eng-version.pdf](https://alpine-space.eu/projects/taafe/deliverables/d.t1.2.1-methodology-booklet_eng-version.pdf)

**DESCRIPTION:** The project is supported by INTERREG: it is a guide for older Citizens and for local action group for Age-friendly Community.

## LIFELONG LEARNING

Lifelong learning is a factor that gains an increasing attention in the present debate about active ageing. For instance, the active ageing framework proposed by WHO in 2002 acknowledges that lifelong learning, along with formal education and literacy, is a relevant element that help to improve participation and health as people get older.

Learning is something that is done throughout our all lives. Learning is an essential element of healthy ageing (Kydd, 2020). The learning activity is daily and can be achieved also from small things and activities every day. For instance, we can learn something in the kitchen or while reading a book or something online. In addition, the participation to learning courses such as the third age university can also help to continue to be active (Zadworna, 2020).

However, the age of an individual has a clear role on their possibility to take up or to access to a training and learning activity. Thus, learning should be a challenge at any age in general and, in particular, in the elder stage. Promoting lifelong learning is part of the Lisbon Strategy which sets targets for economic growth, competitiveness and social inclusion.

Moreover, given this scenario of interest among the political sphere, an interesting body of scientific scholars (i.e. Dolan, Fujiwara and Metcalfe 2012; Feinstein et al. 2008; Field 2011; Manninen et al. 2014) are also focusing on the role of learning in the well-being of older persons.

Therefore, in other words, due to the global ageing phenomenon, investigations about the role of learning and its effect in active ageing are increasing and this element is playing a key role in creating a better quality of life for people that are growing in age.

Some studies, for instance, suggested that there is a link between lifelong learning and psychological wellbeing (i.e. Jenkins and Mostafa 2015; Leung and Liu 2011; Narushima 2008). It is clear that the focus to this aspect is much more than in the past as it influences positively the autonomy, health and quality of life among older adults. This means that the concept of lifelong learning is related also to the older stage of our lives and it becomes very important in the senior years.

A number of best practices examples also in term of lifelong learning are present below which highlight the importance of this element in the active ageing framework.

**NAME OF THE INITIATIVE :** L'ASSOCIATION INTERNATIONALE DES UNIVERSITÉS DU TROISIÈME AGE

**ORGANIZATION OF REFERENCE:** L'ASSOCIATION INTERNATIONALE DES UNIVERSITÉS DU TROISIÈME AGE

**PLACE OF REFERENCE (COUNTRY, REGION):** France

**LINK:** <https://www.aiu3a.org/v2/about-fr.html>

**DESCRIPTION:** The L'ASSOCIATION INTERNATIONALE DES UNIVERSITÉS DU TROISIÈME AGE - A.I.U.T.A. brings together third-age universities. Its action for four decades has largely contributed to defending the cause of the elderly through lifelong training through exchanges between universities but above all through innovations in terms of pedagogy and scientific research so that each of us can find everything. its place in society.

**NAME OF THE INITIATIVE:** Slovenian Third Age University

**ORGANIZATION OF REFERENCE:** Slovenian Third Age University

**PLACE OF REFERENCE (COUNTRY, REGION):** Slovenia

**LINK:** <http://www.utzo.si/en/>

**DESCRIPTION:** Since 1984, Slovenian Third Age University has steadily grown to become a national network of 56 universities in 52 localities with about 21.000 students, more than 1.000 mentors and 1.000 volunteers. Its practice has been extensively researched: as a result, the university follows its own generalisations and is based on its own educational and organisational model. Slovenian Third Age University is today the largest network of adult education in Slovenia, which creates opportunities for education, learning, performance and companionship for the old people.

## CULTURE AND CREATIVITY

Culture and creativity are determinants within the framework for the promotion of a critical thinking during the age growth. Culture refers for all the activities that are related to cultural events (i.e. cinema, theatres, etc) that influences our daily life and that are important factors of active ageing as they are also related to learning as well as to social inclusion and health in general.

Culture is an important element due to the steady increase in the elderly population in Europe and given the danger of exclusion and marginalization of those people several projects come out to foster the culture. Fostering cultural activities is an approach to adopt much more among with national and international projects. These activities together with the elderly to remain active in society, together with social inclusion, lifelong learning, physical activities etc (Borreani, 2020).

Thus, trough films, arts and books there is a promotion of active ageing. It is a best practice in active ageing promotion through the integration of culture from different perspectives.

In addition, in the current era, for example the promotion of technological and Information and communications technologies (ICT) culture for older people can have a relevant role and can have a positive impact in the all features of the active ageing framework not only in terms of culture and of long life learning in general.

In fact, as seen in the above parts of this report, unfamiliarity with the use of computers or mobile phones can foster the isolation and exclusion especially among older people not only during the COVID-19 pandemic period. The digital divide should be avoided and it could help the inclusion of this target of people. Therefore, it results vitally significant that older people continue to learn and the ICT field can be a challenge as well as an opportunity to be active as well as more included in the community.

ICT is an aspect that old people should consider as a friend to be in touch with the rest of the world as well as an assistant for their daily activities. In other words, the promotion of a culture and of learning trainings connected to ICT technological applications and services can have a multifaced benefits for older people such as inclusiveness, better accessibility to several services and activities as well as it is a stimulus to learn and improve their knowledge and creativity.

**NAME OF THE INITIATIVE:** CINAGE - European Cinema for Active Aging

**ORGANIZATION OF REFERENCE:** CINAGE

**PLACE OF REFERENCE (COUNTRY, REGION):** Portugal, Slovenia, Italy and the United Kingdom

**LINK:** <https://www.fondazioneccsc.it/evento/cinage-cinema-for-active-ageing-12-brevi-storie-di-invecchiamento-attivo-3/>

**DESCRIPTION:** The so called “CINAGE - European Cinema for Active Aging”, funded in the context of the European Union's Lifelong Learning Program. The project offers stimulating opportunities for learning in old age, involving seniors through a critical analysis of European cinema and the practical experience of film production, and thus promoting Active Aging strategies.

**NAME OF THE INITIATIVE:** Canal U

**ORGANIZATION OF REFERENCE:** Canal U

**PLACE OF REFERENCE (COUNTRY, REGION):** France

**LINK:** <https://www.canal-u.tv/themes/>

**DESCRIPTION:** “Canal U” is nearly 10,000 audiovisual resources accessible free of charge via the Internet, thanks to some thirty producers of programs as popular as the University of all knowledge or as prestigious as the College de France. A good way for seniors who wish to cultivate themselves and supplement their knowledge on different themes such as the economy, the environment, languages, human sciences.

## INFORMATION AND COMMUNICATION TECHNOLOGIES (ICT)

As previously said, the current era is characterized by an expanding level of digitalisation. Information and communications technologies (ICT) assist people, especially in older age, from several sides such as in learning new skills, in improving social interaction and in increasing independency and autonomy (Gustafson et al, 2015). In other words, digital technologies are getting crucial in the present society. It is important to say that digital technologies identify different devices such as smartphones, tablets or services and applications such as the Internet.

The COVID-19 pandemic, as stated previously, has an impact also in this element as the access to digital technologies is not equally distributed in the globe. For instance, older persons are more often excluded by the digital world and they find the access to it difficult and full of barriers. However, the digital sphere can help them to be online and perceive less isolation and inclusion in the society. Therefore, it is important to see the technologies as tools that delete several barriers and provide opportunities for active ageing because they provide social participation and inclusion, constant information updates, instruments to continuous learning activities and etc..



The unique challenge in this field is therefore to delete the digital divide of ageing people empowering their skills and access to digital technologies. Digital divide is defined as the “gap between individuals, households, businesses, and geographic areas at different socioeconomic levels with regard to their opportunities to access information and communication technologies and to their use of the Internet for a wide variety of activities. The digital divide reflects various differences among and within countries” (OECD 2001, p.5).

In such transformation, some examples to improve the usage of these technologies already circulate such as age-friendly design tool and digital services that help them to be digital in a safe environment.

Therefore, in the digital world is important also to consider the so-called digital inclusion that means that everyone can be part and benefit from the digital economy and society by ensuring the availability of digital technologies and of the Internet. This can promote social inclusion by enabling individuals especially of older age to perform activities that they would not be able to perform otherwise.

The adoption and usage of ICT can help to delete several barriers. Indeed, digital skills are considered in the European Commission European Pillar of Social Rights Action Plan issued in March 2021 as a precondition for inclusion and participation in the labour market and society. Moreover, in our modern society important stereotypes still are alive such as about the older persons’ ability and willingness to use digital technologies. This known as ageism represent a crucial barrier to digital technology adoption and usage (Köttl and Mannheim, 2021).

Thus, it is necessary to avoid prejudice and stereotypes toward the abilities of older people as technology user as these can have negative impact on this group of people (Levy, 2009). This is problem as it can have significantly influence on older persons’ willingness to engage in digital technology. Moreover, low digital technology engagement is associated with more negative self-perceptions of ageing over time (Köttl and Mannheim, 2021). Furthermore, it can foster psychological barriers due to a lower level of self-efficacy and self-esteem or due to less motivation (Zambianchi and Carelli, 2018).

Appropriate training and learning activities are relevant to be able to maintain their contacts with relatives and friends, use online services, or search for needed information. Therefore, ICT gives useful programs and applications in the field of active ageing, some best practices examples are presented above.

These show the relevant role of ICT in the life of old people and in the purpose of being active. ICT is part of the framework and as the other factors there is not an order of importance but all together contribute to the active ageing phenomenon.

**NAME OF THE INITIATIVE:** DomAssist

**ORGANIZATION OF REFERENCE:** Réseau public départemental des aides à domicile, dépendant de l'Union départementale des centres communaux d'action sociale (UDCCAS) de Gironde ; Conseil régional d'Aquitaine.

**PLACE OF REFERENCE (COUNTRY, REGION):** France

**LINK:** <https://interstices.info/une-assistance-numerique-pour-les-personnes-agees-le-projet-domassist/>

**DESCRIPTION:** The analysis of the needs for independent domiciliary living collected from 525 elderly people living at home as well as the study of the needs expressed in terms of assistive technologies desired by 100 elderly people and caregivers, carried out during the first stage of the project, made it possible to define the scope to be covered by the assistance of DomAssist technology. Thus, DomAssist helps services in three main areas:

1. daily activities with monitoring of the performance of activities (eating meals, washing, dressing, getting up to bed, etc.), an appointment reminder and a personalized report of the activities carried out during the day;
2. the safety of the person and of his home with, for example, the provision of a light path, monitoring of the stove, and an alert to a caregiver in the event of an unusual or worrying situation;
3. social participation through communication and leisure activities, by offering a simplified e-mail service, a videoconferencing call application and personalized leisure applications according to user preferences (cooking applications, multimedia library, solitary games or collaborative, etc.).

**NAME OF THE INITIATIVE:** Be Smart Seniors (BESS)

**ORGANIZATION OF REFERENCE:** EU commission

**PLACE OF REFERENCE (COUNTRY, REGION):** Europe

**LINK:** <https://www.bessproject.eu/en>

**DESCRIPTION:** The aim of the Be Smart Seniors (BESS) project is to show how our everyday problems, tasks can be solved using internet.

Internet offers various opportunities for keeping contact with family and friends, we can find useful information there, pay our bills online or do the shopping from our home. If you haven't used internet before, it might seem difficult, but in small steps it is easy to get familiar with it. We would like to assist in that process with our platform by providing useful tips and guides.

**NAME OF THE INITIATIVE:** Senior Fitness - Home workout for old and elderly

**ORGANIZATION OF REFERENCE:** Google

**PLACE OF REFERENCE (COUNTRY, REGION):**

**LINK:** <https://play.google.com/store/apps/details?id=fitness.com.senior>

**DESCRIPTION:** Description:

The Senior Fitness app contains daily workout routines for seniors to get seniors to exercise.

All the proposed exercises can be done from home, and there is no need to go to the gym. This app is designed for those who cannot go to the gym, or who cannot do heavy physical exercises. Many exercises are done with the help of a chair, just to help older people. The exercises are designed with a view to improving total body flexibility.

All workout routines were designed by a professional fitness instructor. The app is accompanied by text and video instructions, very useful for the correct execution of the exercises. The app keeps the user motivated, through some motivational quotes. Finally, the user can simply start the workout he wants to do, and the app will guide him through all the exercises to be done.

As seen before, older individuals are facing life challenges related to the loss of personal autonomy and dependence and ICT devices and online services can be helpful to improve the quality of their lives as well as it can be a way to developed new knowledge and skills.

## SECTION 5 - SOCIO-DEMOGRAPHIC VARIABLES

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In understanding the active aging issues, the so-called demographic variables should be considered and investigated. First of all, the gender which represents an important lens in considering the appropriateness of the above-mentioned features. This is because gender and the related differences between women and men wellbeing aspects is a way to better comprehend the framework in comment.

For instance, in some economies, the female population has lower social status and less access to nutritious foods. Moreover, they can have less possibilities also in terms of education or they cannot have some services or employment opportunities.

For example, even if they work full-time, they are paid less and cannot achieve the same services than the male side. Therefore, it results crucial and relevant to take into consideration the gender as a element to deeper understand the active ageing phenomenon.

In this prospective, the gender difference could be related to the notion of vulnerabilities as especially in old age various risks emerged which can influence in a significative manner the quality of life and the attitudes of an individual in active aging (Grundy, 2006).

In addition, according to the 'old-age vulnerability framework', the most high-risk groups of older adults are those with limited education, widowed and living alone, as well as women (Grundy, 2006; Schroder-Butterfill and Marianti, 2006).

Thus, in other words, socio-demographic variables (i.e. gender, education level, marital status) are relevant in each stage of life, in general, and, in particular, in the late adulthood as they are determinants used to analyse the individual's conditions.

It is reasonable to assume that among the older people the socio-demographic variables are elements to investigate to comprehend the actual situation and the possible outcomes.

As stated before, not only gender is needed but also, for instance, the education level is critical. This is because low education levels are associated with increased risks for disability and death among people as they age, as well as with higher rates of unemployment.

Education is combined with an opportunity to lifelong learning that, as described above, it helps individuals to continue to develop skills and capabilities that increase autonomy and independence in the age growing as well as the competences to be much more active.

Education is also related to the work opportunities and thus to the income. These are important economic aspects that can influence the access to nutrition foods, to appropriate services and life conditions.

For instance, some studies said that older people with low incomes are one third as likely to have high levels of functioning as those with high incomes (Guralnick and Kaplan, 1989).

## SECTION 6 - METHODOLOGY - THE QUESTIONNAIRE- PART 1

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The methodology applied is a questionnaire distributed in France, Italy and Slovenia to our target group. The questionnaires were originally in English and then translated in French, Italian and Slovenian for the data collections in each country of reference. The data collection was done both online and in presence.

As also explained at the beginning of each questionnaires, this questionnaire is intended to assess what you think about your health and, especially to study how you remain active. In answering some sections of this questionnaire please consider your activity before the COVID-19 pandemic.

For further details please considered the appendix 1,2,3 and 4 below in the present report.

### THE QUESTIONNAIRE' STRUCTURE

Regarding the structure of part 1 of the questionnaire, the sections presented are 5 and it takes around 10 minutes to answer. For further details please considered the appendix 1,2,3 and 4 below in the present report. Specifically, the sections in comment are the following:

#### SECTION 1: SOCIO-DEMOGRAPHIC BACKGROUND INFORMATION

In this session, socio-demographic variables are indicated to capture the socio demographic information of the respondent. Information such as age, gender and relation status are gained. In addition, as explained in the previous parts of this report, education level and employment status are also crucial in understanding the conditions of life of an individual especially in older age. Moreover, the analysis also collected data related to the retirement status and to the kind of work done before retirement or still done.

These variables help the understanding of the present conditions of the older population under investigation. Furthermore, to have a more completed profile of our target group in the countries of references the questionnaire in comment also present a question related to the number of members in the household which is link to the concept of social inclusion to avoid isolation that is a recurrent problem among people that are getting older and older.

For further details on this section and the specific questions, please consider the appendix 1,2,3 and 4 below in the present report.

## SECTION 2: CURRENT PHYSICAL CONDITIONS

This session of the questionnaires is dedicated to the current health status and physical conditions of the participant. These questions aimed at understanding the perception of the respondent considering his/her health status and if it is in line with his/her age.

Moreover, in this session, it is measured the current physical effort activity (i.e., use the vacuum cleaner, ride on a bicycle, gardening, work around the house) as well as the ability to go up in floors of stairs. This section also asked to the person how worried he/she is you about his/her health condition.

For further details on this section and the specific questions, please consider the appendix 1,2,3 and 4 below in the present report.

## SECTION 3: ACTIVITIES DONE WEEKLY (before the COVID- 19 Pandemic)

This section is dedicated to the activities done weekly before the COVID- 19 Pandemic. The latter was important to be considered as it changes our habits and activities. We know that the COVID-19 pandemic is an aspect to take into consideration as it changed our daily activities and our life in general. The pandemic increases the dysfunction and fragility in many systems (WHO, 2020).

Therefore, the pandemic influenced a lot also the older people, representing a higher risk group that face significant illness worldwide (Mueller et al., 2020). In this respect, we asked to think about their activities done weekly before the COVID- 19 Pandemic.

This section presents several activities that capture different aspects of the framework described in this report. Indeed, some questions are related to lifelong learning such as reading books or journals at least 2 days a week. Other are looking at the level of their autonomy in daily activities (i.e., Shopping, cleaning home, cooking). Additional questions investigate about their sport activities (i.e., hiking, swimming) at least 3 days per week. Moreover, this section presents some inputs regarding the usage of technologies such as Computer, Internet in

a week base. Finally, here also a question is defined to understand the activity of our target group from a lifelong learning, creativity and social inclusion perspectives such as enigmas, playing with cards etc.

For further details on this section and the specific questions, please consider the appendix 1,2,3 and 4 below in the present report.

## SECTION 4: ACTIVITIES DONE MONTHLY (before the COVID- 19 Pandemic)

This section is dedicated to the activities done monthly before the COVID- 19 Pandemic which as explained above changes our life and activities. Hence, this part provides information about social activities related to the notion of social inclusion such as going out with friends, meet them in senior centres/clubs, etc. In addition, cultural aspects are investigated asking about going into cinema and theatres. Moreover, taking care of family's members such as grandchildren or elderly parents is considered as this is related to social inclusion as well as long life learning features.

Furthermore, a question asked about the creativity element of the framework looking at the artistic activities (i.e. playing an instrument, painting, writing etc.) done on a monthly base.

To conclude this section also considered the engagement in voluntary activities that represent a way to be included in the society as well as a way to be active from a long-life learning side.

For further details on this section and the specific questions, please consider the appendix 1,2,3 and 4 below in the present report.

## SECTION 5: ACCESS TO INFORMATION AND COMMUNICATION TECHNOLOGIES

This part is the section about the access to ICT that is very relevant as stated previously in this report. Hence, here some questions are provided to understand the access to the technological side done by our target group specifically if in the household the person has access to at least one of following devices - computer, laptop, tablet, netbook. Moreover, the respondent gives information regarding the access or not to the internet at home as well as the access to a smartphone at home.

For further details on this section and the specific questions, please consider the appendix 1,2,3 and 4 in the present report.



The following table (n.2) summarizes the sections of the questionnaires, the socio demographic variables collected, the framework factors explained in this report - physical activity, health, social inclusion, lifelong learning, culture and creativity and Information and Communication technology (ICT) – and the related questions used in the survey in comment.

Section	Framework factors	Questions
<b>SECTION 1:</b> SOCIO-DEMOGRAPHIC BACKGROUND INFORMATION	Socio-demographic variables	1. Please indicate your Country of residence  2. Please indicate your age:  3. Please indicate your gender  4. Please indicate your relation status:  5. Please indicate your education attainment level:  6. Please indicate if you are retired:  7. Please indicate your employment before your retirement, or if not retired yet:  8. Please indicate the number of members in the household:
<b>SECTION 2:</b> CURRENT PHYSICAL CONDITION	Physical activity	10. Now, do you have a moderate physical effort activity (i.e., use the vacuum cleaner, ride on a bicycle, gardening, work around the house)?

	Health	<p>9. In general, your health status is in line with your age?</p> <p>11. Today, can you go up a few floors of stairs?</p> <p>12. How worried are you about your health condition?</p>
<b>SECTION 3:</b> ACTIVITIES DONE WEEKLY (before the COVID- 19 Pandemic)	Long-life learning	13. Do you read books, journals often in a week (at least 2 days a week)?
	Physical activity	<p>14. Are you autonomous in your daily activities (i.e., Shopping, cleaning home, cooking)?</p> <p>15. In your free time, do you spend at least 3 days per week playing any sports (i.e., hiking, swimming)?</p>
	Culture and creativity	16. Do you use at least 2 days per week technologies such as Computer, Internet?
	Long-life learning	17. Do you spend at least 2 days per week in activities such as enigmas, playing with cards etc.?
<b>SECTION 4:</b> ACTIVITIES DONE MONTHLY (before the COVID- 19 Pandemic)	Social Inclusion	18. Do you spend at least 4 days per month in social activities such as going out with friends, meet them in senior centres/clubs, etc.?

	Culture and creativity	19. Do you go at least 2 days per month into cinema or theatres?
	Social Inclusion	20. Do you spend at least 4 days per month taking care of family's members such as Grandchildren or elderly parents?
	Long-life learning	21. Do you spend at least 4 days per month in artistic activities (playing an instrument, painting, writing etc.)?
	Social Inclusion	22. Are you involved at least 2 days per month in voluntary activities?
<b>SECTION 5:</b> ACCESS TO INFORMATION AND COMMUNICATION TECHNOLOGIES	Information and Communication technology (ICT)	<p>23. Do you or anyone in your household have access to at least one of following devices computer, laptop, tablet, netbook?</p> <p>24. Do you or anyone in your household have access to the internet at home?</p> <p>25. Do you or anyone in your household have access to a smartphone at home?</p>

*Table 2: Questionnaire structure -part 1*

## SECTION 7 - RESULTS OF THE QUESTIONNAIRE-PART 1

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As discussed above, the questionnaire was distributed in France, Italy, and Slovenia. The following analysis is based on part 1 of the questionnaire that has the following structure: section 1 the socio-demographic background information; section 2 the current physical conditions; section 3 the activities done weekly (before the COVID-19 pandemic); section 4 activities done monthly (before the COVID-19 pandemic) and, finally, section 5 access to information and communication technologies (ICT).

While, the result section, firstly, refers to the socio demographic variables to give a picture of the profile of our target group. Secondly, it provides the analysis of the data based on the framework factors discussed previously in this report:

1. Physical activity,
2. Health,
3. Social inclusion,
4. Lifelong learning,
5. Culture and creativity
6. Information and Communication Technology (ICT)

Therefore, before going in dept inside analysis of the data based on the framework factors, firstly the socio-demographic variables are provided on the sample under investigation.

The following section – Section 8 - presents the results regarding part 2 of the questionnaire.

## SOCIO-DEMOGRAPHIC VARIABLES

The data were collected in three countries France, Italy and Slovenia with a total number of 434 results. The sample is composed as followed in Table n.3:

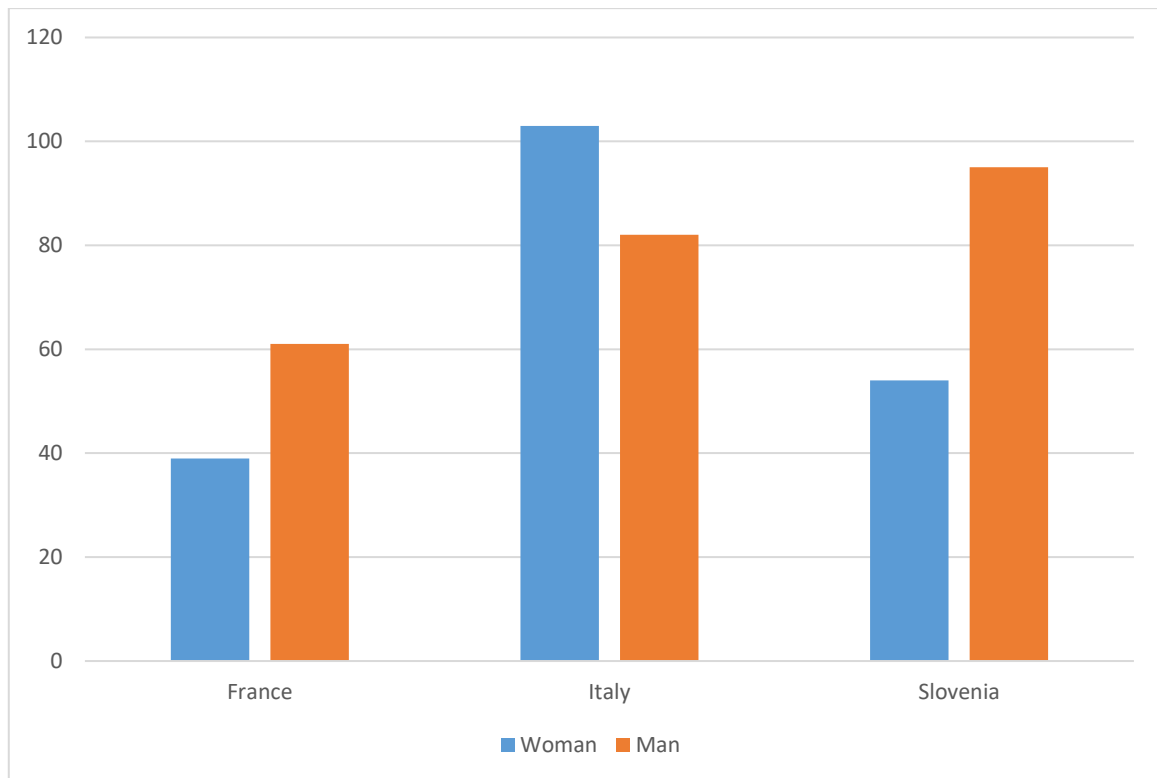
Country	Respondents
France	100
Italy	185
Slovenia	149
Total	434

*Table 3: Sample composition by country*

The age target is over 65 years old as explained in the previous parts of this report as the target are old adults. The next table (n. 4) summarized the population under investigation in terms of age range in each specific country. While, table (n. 5) graphically show the composition of the sample in terms of gender.

Age range	France	Italy	Slovenia
65-68	27	86	54
69-72	26	37	34
73 -76	22	32	26
77 -80	11	15	18
over 80	14	15	17

*Table 4: Age composition by country*



*Table 5: Gender composition by country*

The next table (n. 6) shows the relation status by country and table (n.7) represents the education level by country. While, the retirement situation (yes/no) is summarized in table (n.8).

Relation status	France	Italy	Slovenia
Single	4	10	11
Married/in cohabitation	66	119	92
Divorced	11	23	10
Widowed	17	28	30
Other	2	5	6

*Table 6: Relation status by country*

Education level	France	Italy	Slovenia
Primary education or less	13	46	7
Secondary Education	32	85	51
Bachelor or 2-year higher edu. program	22	47	28
Master, 4-year univ prog., or PhD	33	7	63

*Table 7: Education level by country*

Retirement	France	Italy	Slovenia
Yes	91	161	144
No	9	24	5

*Table 8: Retirement situation number by country*

The following table n.9 indicates the data collected about the employment status before the retirement, or if not retired yet. While, table n.10 provide information about the number of members in the household.

Employment status	France	Italy	Slovenia
Employee-full time	58	112	116
Employee part time	11	14	15
Self-employed	18	38	4
Other not in the labour force (inactive, etc.)	13	21	14

*Table 9: Employment status by country*

Number of members in the household	France	Italy	Slovenia
1-2	66	132	124
3-4	21	40	22
more than 4	13	13	3

*Table 10: Number of members in the household by country*

## PHYSICAL ACTIVITY

As discussed in the previous sections of this report, physical activity in this context is linked to the participation in a moderate physical activity that should be done in line with the possibility of the single person. Moreover, regular activity is important as it helps to avoid the decline of functional elements of a human being. In this questionnaire some questions were dedicated to this element of the framework to investigate about the physical activity attributes of our target group.

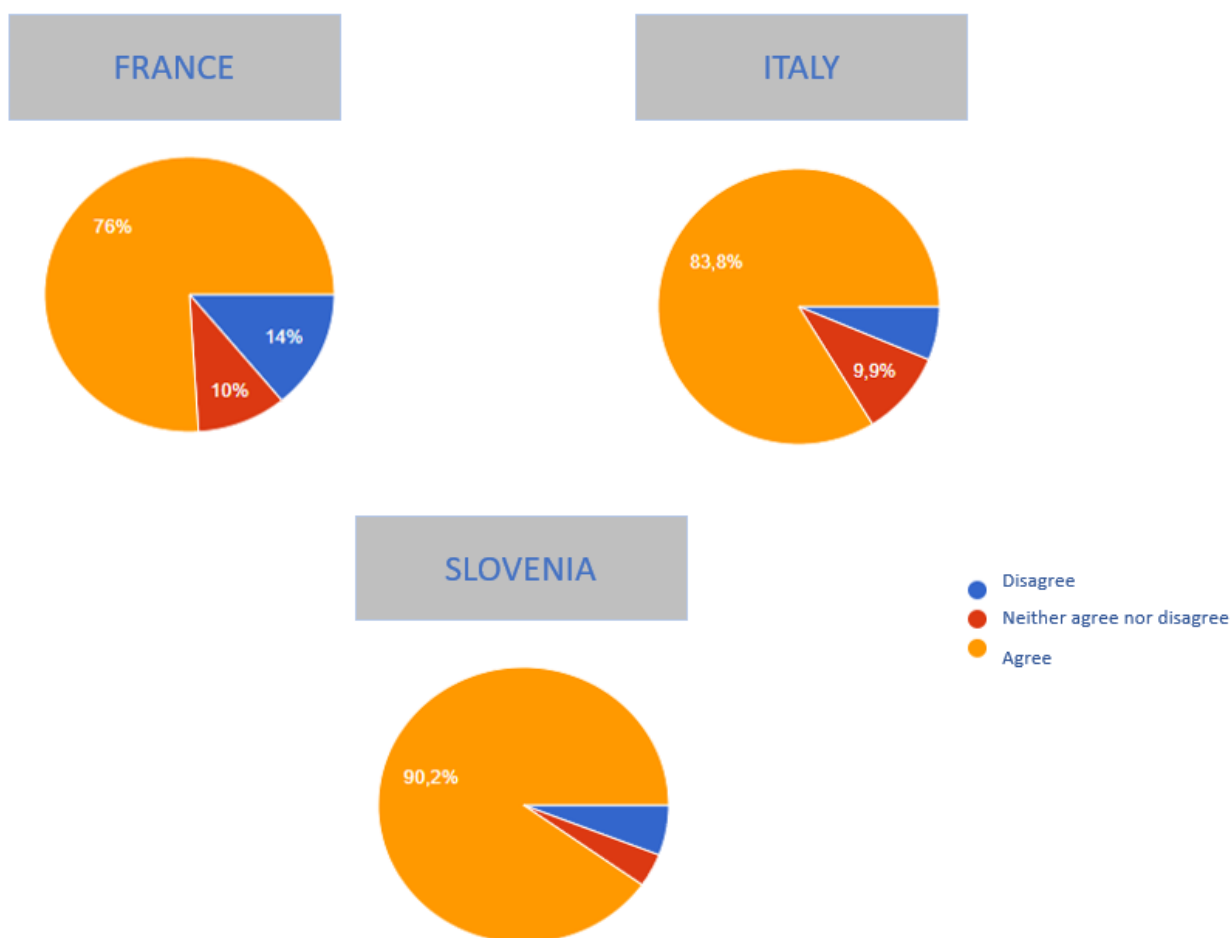
Specifically, firstly, the questionnaire asked about the current physical conditions of the respondents. Secondly, it asked about the physical activity done weekly to maintain a good health status and thus to post pone as much as possible disease such as obesity. As describe above, physical activity is a crucial cornerstone of active ageing especially in developing countries where sedentary is a widespread issue. The survey considered the physical activity before the COVID-19 to avoid bias in the results due to the changes in our lives caused by the pandemic restrictions.

Therefore, on one side, the current physical conditions of the respondent are considered using the following question:

- *Question n. 10 Now, do you have a moderate physical effort activity (i.e., use the vacuum cleaner, ride on a bicycle, gardening, work around the house)?*



As the following Figure (n. 5) among the three countries – France, Slovenia and Italy – studied, the majority of the target group presents a moderate physical activity in their daily routine activities. This means that in these countries the current old population is active and autonomous in their day by day activities, especially in Slovenia (90,2%) and in Italy (83,8%). While, in France our target seems less propense (76%) to do physical effort compared to the other two countries. In other words, it emerges that the current physical conditions of the respondents are good and gives them the possibility to do their daily activity in an independent manner.



*Fig. 5 – Question 10 Now, do you have a moderate physical effort activity (i.e., use the vacuum cleaner, ride on a bicycle, gardening, work around the house)?*

This finding confirm that the population is active from a physical point of view and thus it is also more autonomous and independent.

In terms of physical activity, the present questionnaire analysed also the physical activity done weekly. Specifically, the following questions were asked:

- Question n. 14. Are you autonomous in your daily activities (i.e., Shopping, cleaning home, cooking)?
- Question n. 15. In your free time, do you spend at least 3 days per week playing any sports (i.e., hiking, swimming)?

On the one hand, question n. 14 was asked to reinforce the finding of question n. 10 with the aim of better understand the level of autonomy that means also a good health status. On the other hand, question n. 15 deeper studies the activity done per week such as swimming etc.

Concerning question n. 14, the target group is autonomous in all three countries in their daily activities such as shopping, cleaning home, cooking. In this case, France results the country with a lower percentage (81%) which is however significant compared to those people that do not agree or neither agree nor disagree as shown in Figure 6.

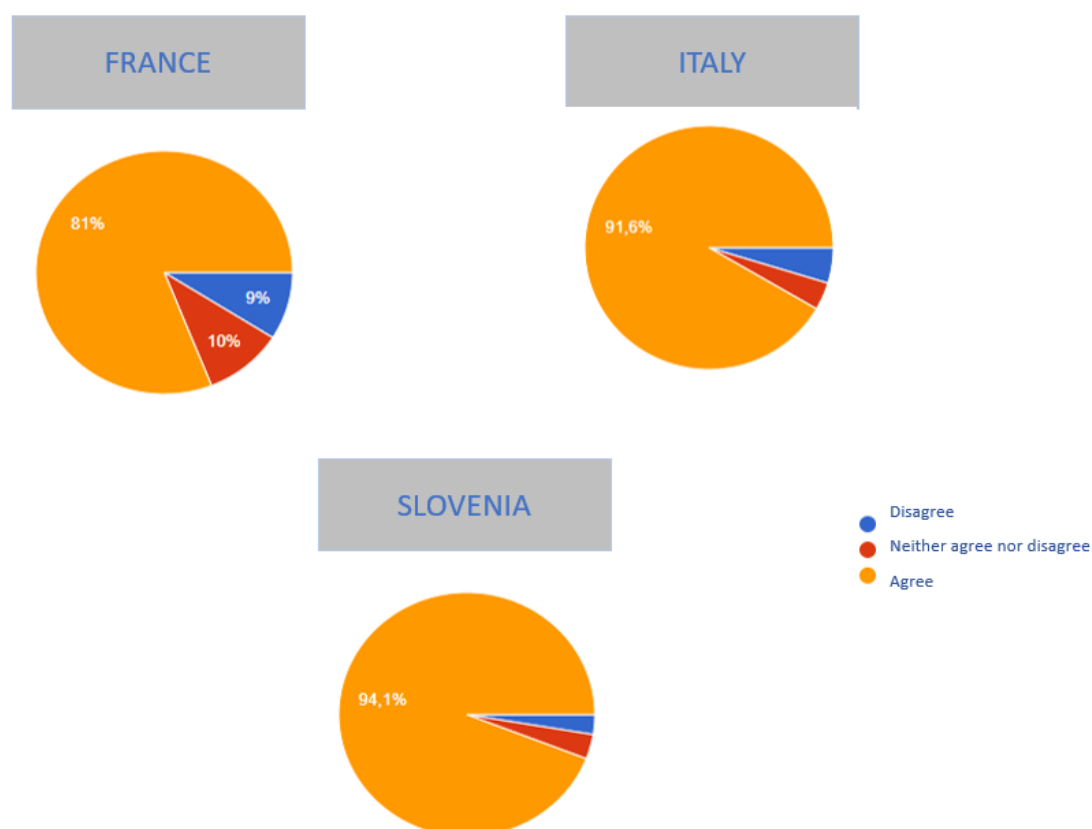
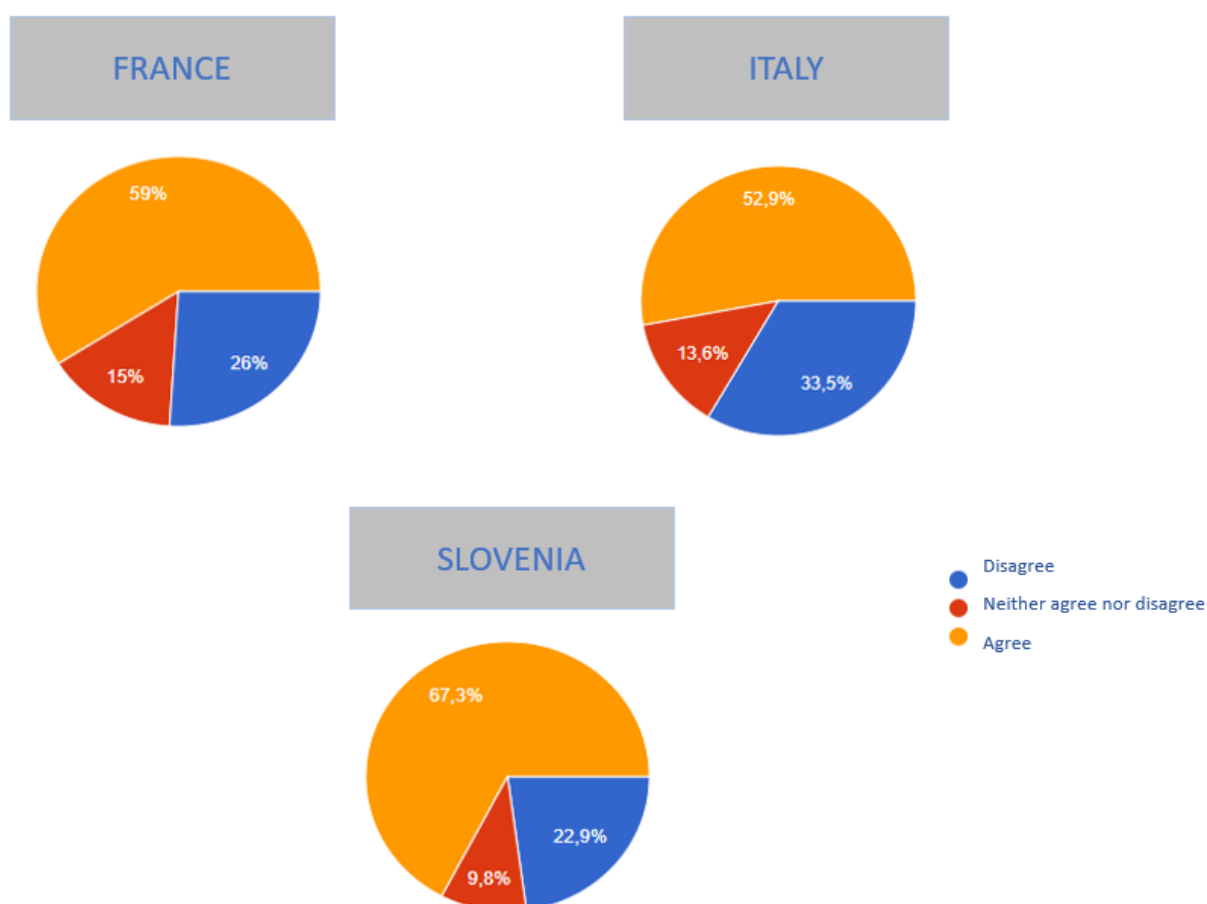


Fig. 6 – Question 14 Are you autonomous in your daily activities (i.e., Shopping, cleaning home, cooking)?

As expressed several times, the benefits linked to physical activities are various also during among old adults. Looking at question n. 15 the findings suggest that in Slovenia our target (67,3%) is more active in terms of sport activities done at least 3 days per week. Secondly, we find France (59%) and, then, Italy (52,9%) as shown in Figure 7.



*Fig. 7 – Question 15 In your free time, do you spend at least 3 days per week playing any sports (i.e., hiking, swimming)?*

The above results are still very optimistic since the majority in all the three countries under investigation prefers to play sports regularly in a week base. Therefore, these suggest that in old adults do not conduct a conduct sedentary life.

## HEALTH

The concept of health in aging is well known as it refers to physical, mental, social well-being, autonomy and other notions.

Regarding this factor of the framework some questions were presented to understand the health status of the respondents as well as the perception of their condition in the current situation. Moreover, a question is dedicated to capture how worried the participant is regarding his/her health condition.

Specifically, the following questions are presented and the findings are discussed in the next figures:

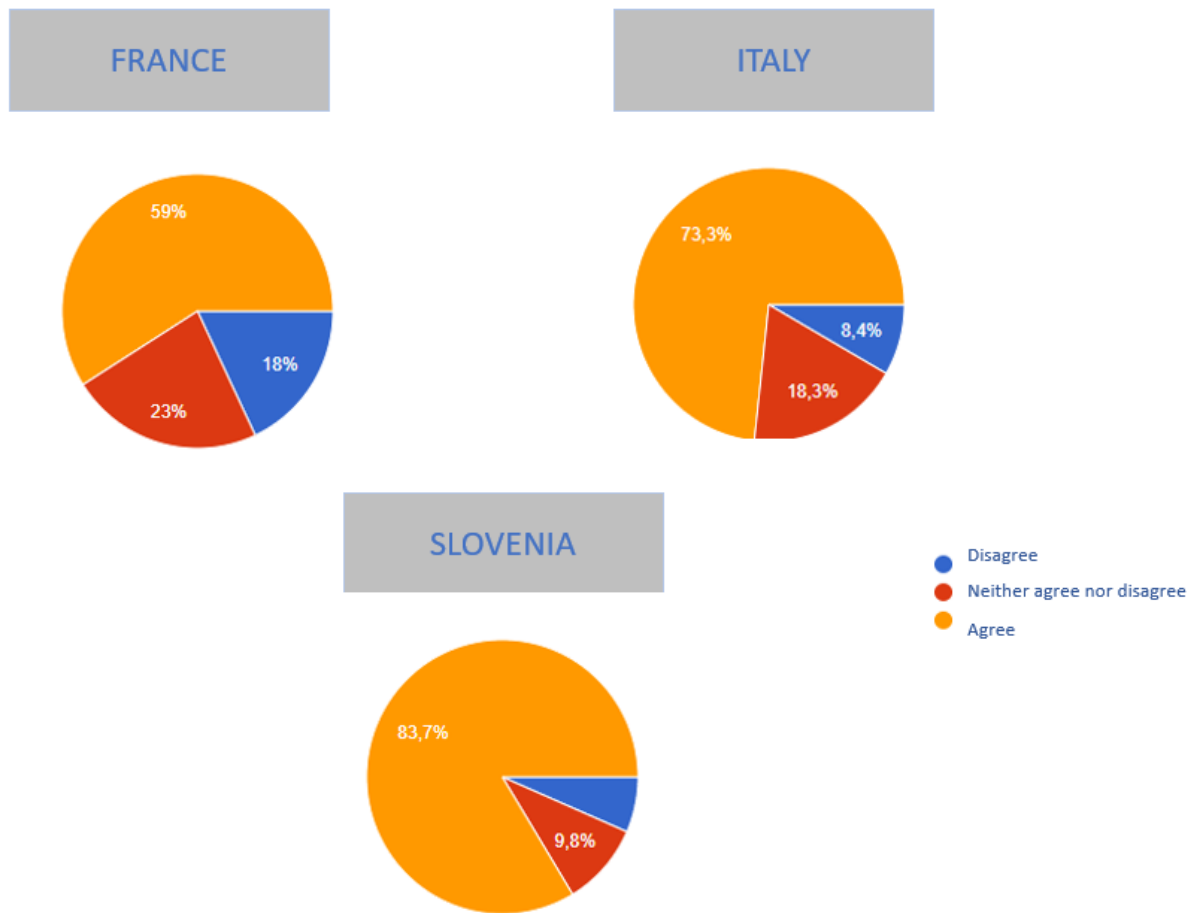
- *Question n. 9. In general, your health status is in line with your age?*
- *Question n. 11. Today, can you go up a few floors of stairs?*
- *Question n. 12. How worried are you about your health condition?*

Firstly, as Figure 8 below highlights, most of the people (> 50%) in each country – France, Slovenia and Italy – consider their health status in line with their age. This happened mostly in Slovenia and in Italy.

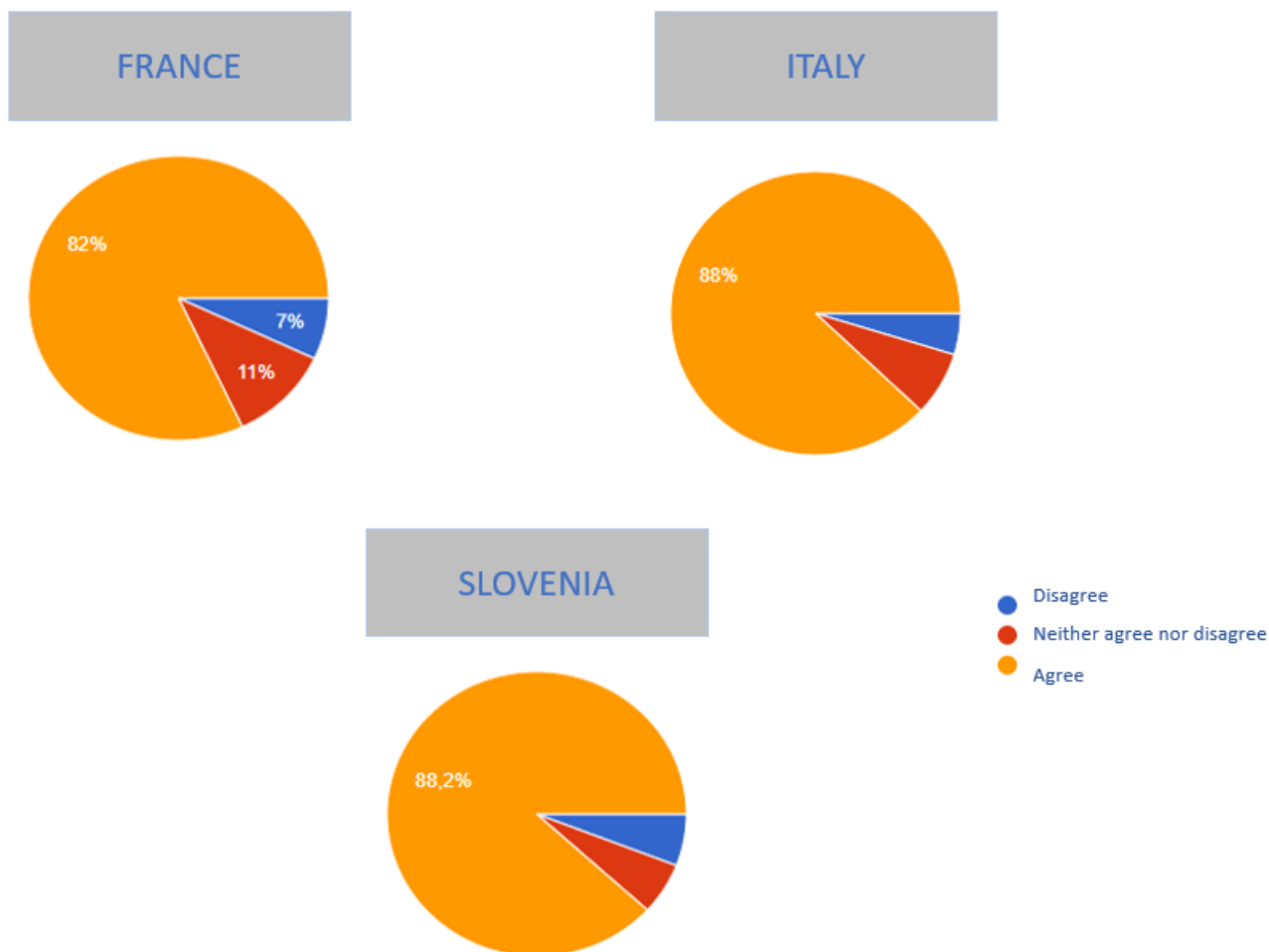
While, in France the percentage of people agreeing regarding that their health status is in line with their age is a bit lower compared to the other two countries but still over 50%.

The other question (n. 11) related to health measure an activity that for some old people is not easy to perform going up on floors of stairs.

It is interesting to say, following the results obtained that France, Italy and Slovenia both present a population of older people that have are healthy and agree in doing stairs (see Fig. 9, below). This could be in line with the several examples mentioned above that demonstrate the growing attention to health in active ageing of older people as an issue of relevance from a national perspective.

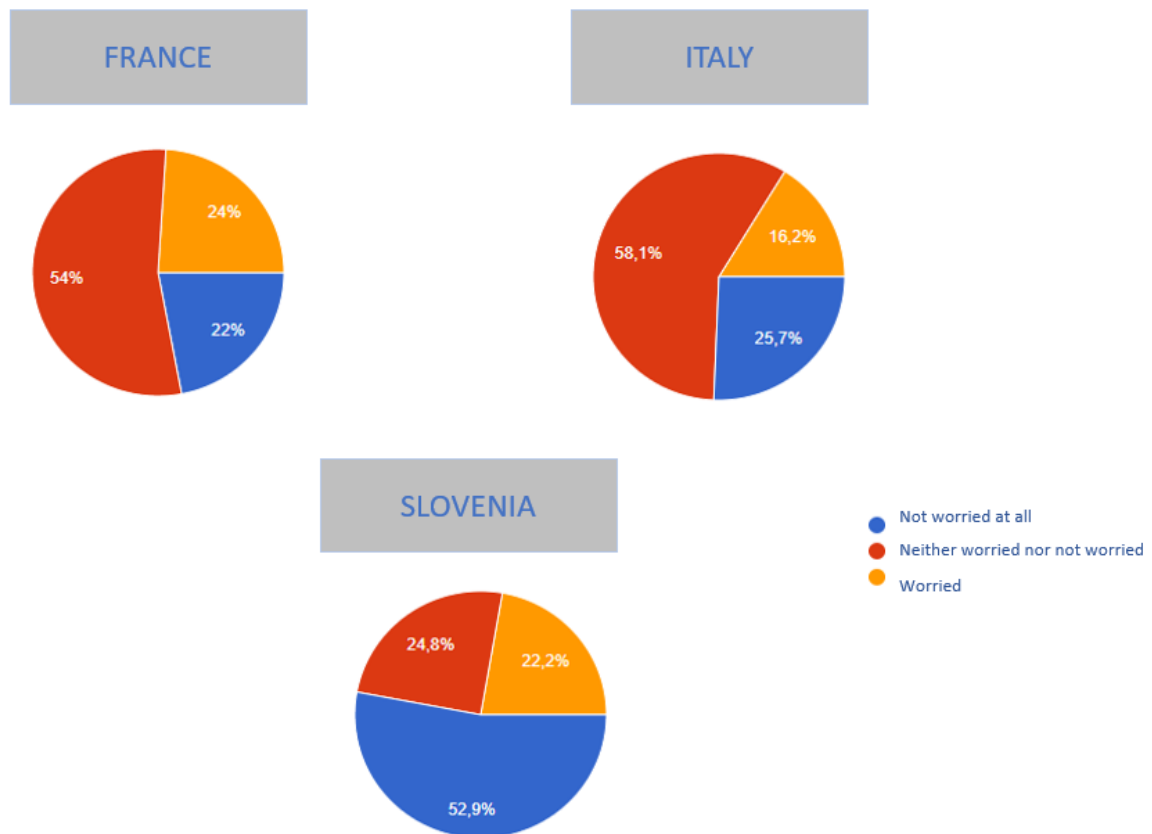


*Fig. 8 – Question 9 In general, your health status is in line with your age?*



*Fig. 9 – Question 11 Today, can you go up a few floors of stairs?*

In addition, question 12 (see Figure 10 below) is intended to understand how worried is the respondent about his/her health condition. This question shows interesting findings especially looking at the three countries. In fact, in Slovenia the sample is mostly not worried at all (> 50%). While, in France and in Italy most of each sample (> 50%) is not neither worried nor not worried about the health condition. This could mean that Italian and French old adults do not express a strict answer because they do not want to provide an answer about their health condition being not sure of it.



*Fig. 10 – Question 12 How worried are you about your health condition?*

Finally, regarding this topic, the outcomes highlight that less of 25% of respondents in each country under investigation have a positive perception of their health condition being not worried about it.

## SOCIAL INCLUSION

As previously discussed, social inclusion refers to all the activities that avoid loneliness, isolation, exposure to difficult situations which increases as a person get older.

The questionnaire distributed considered also this factor and some questions are dedicated to better understand this construct and the situation of the respondents.

Therefore, the following questions were presented in the questionnaire:

- *Question n. 18. Do you spend at least 4 days per month in social activities such as going out with friends, meet them in senior centres/clubs, etc.?*
- *Question n. 20. Do you spend at least 4 days per month taking care of family's members such as Grandchildren or elderly parents?*
- *Question n. 22. Are you involved at least 2 days per month in voluntary activities?*

As said before, the survey asked to think about each answer before the COVID-19 to avoid bias in the results due to the changes in our lives caused by the pandemic restrictions.

Starting from question n. 18 created to understand the days spent on a monthly base with friends and people of the same generation age, the results obtained are presented in the Fig. 11 below.

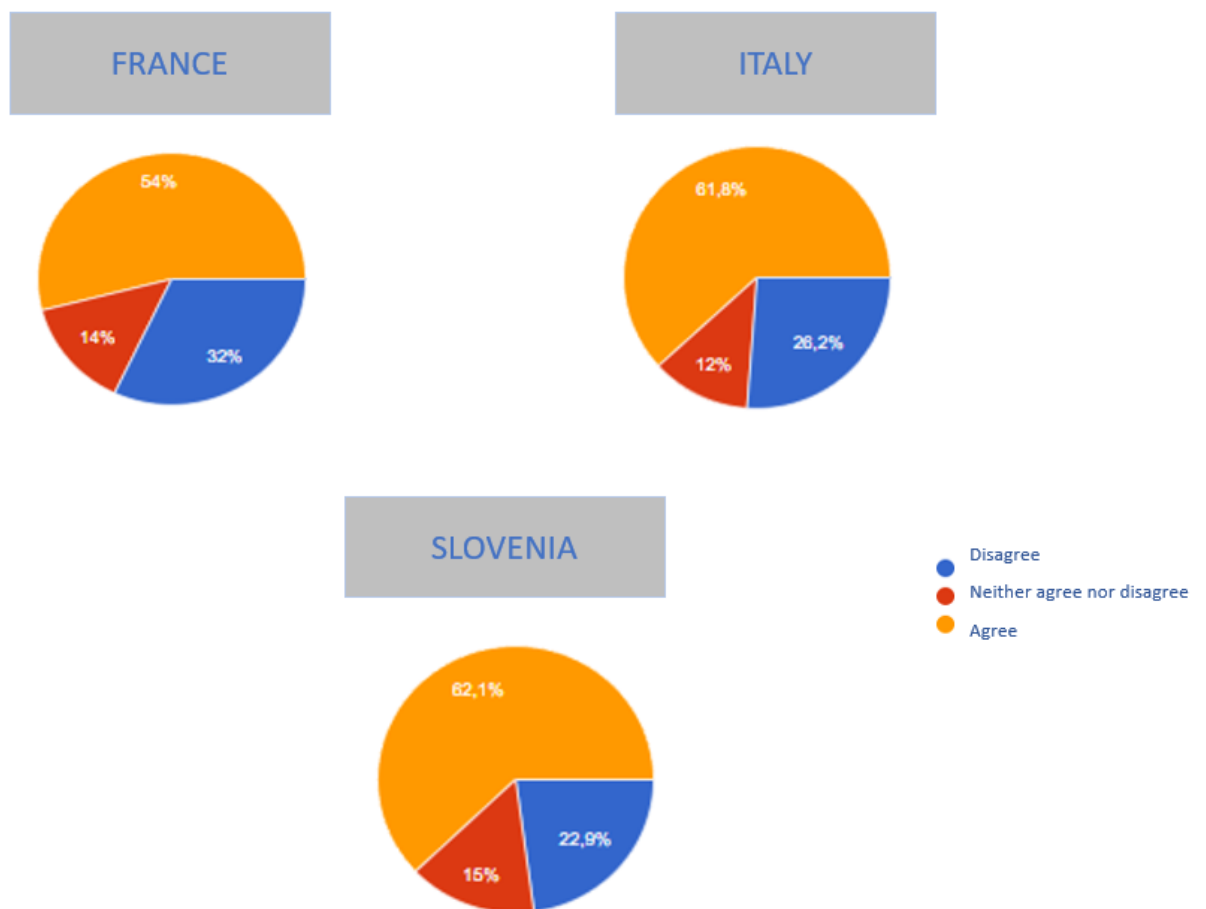
Hence, the sample under investigation shows a similar trend among the three countries – France, Italy and Slovenia – analysed.

In other words, the majority (>50%) if the old adults agree that they spend at least 4 days per month in social activities such as going out with friends, meet them in senior centres/clubs.

This is an interesting outcome as the older population considered is far from being alone and has frequent interactions with the community and with people of the same generation. The latter help them to have a supportive environment around them that deletes several barriers toward the promotion of social connections and social inclusion.

As mentioned before, being part of a community, having social contacts that enhance the inclusiveness feeling emerge to be relevant to improve the emotional sphere.



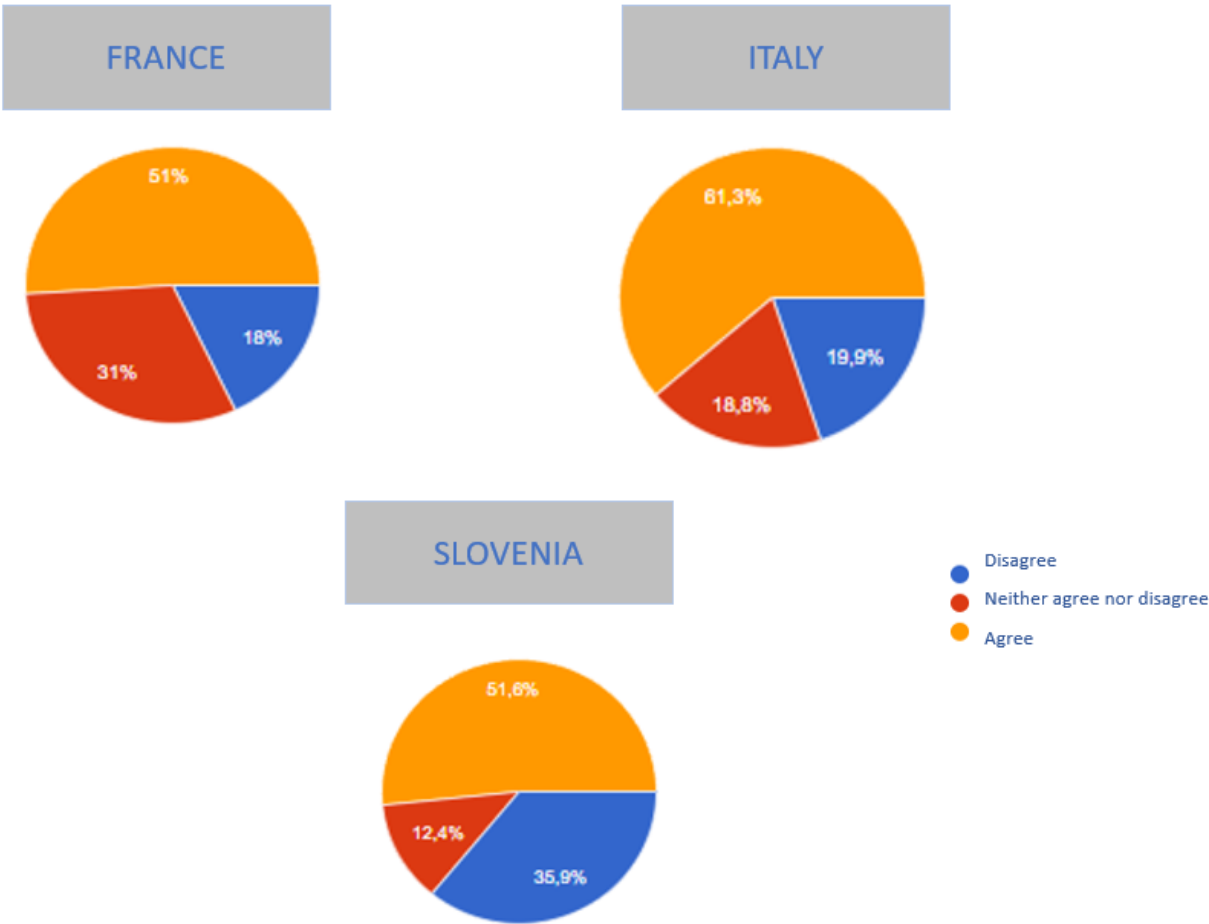


*Fig. 11 –Question n. 18. Do you spend at least 4 days per month in social activities such as going out with friends, meet them in senior centres/clubs, etc.?*

Going ahead with question n. 20 created to understand the days spent on a monthly base taking care of family's members such as grandchildren or elderly parents, the results obtained are presented in the Fig. 12 below. Hence, the sample under investigation shows a similar trend among the three countries, especially between France and Slovenia.

In fact, around >51% of the French and Slovenian sample spends at least 4 days per month in taking care of family's members such as grandchildren or elderly parents. The percentage grows and reaches the 61,3% in Italy (see the Fig. 12 below).

This result means that the older population is involved often in the care of the younger family members as well as of the elderly. This is a relevant result in terms of social inclusion as it represents a vivid way to have regular interactions with the family as well as an interchange with people of different generations.



*Fig. 12 – Question n. 20. Do you spend at least 4 days per month taking care of family’s members such as Grandchildren or elderly parents?*

Finally, question n. 22 provide information regarding the engagement of the target group in at in voluntary activities at least 2 days per month. This could be an important activity to have new connections in the community, to improve the feeling of inclusion and to find a functional role in the society especially after the retirement.

The result gained suggest that in the three countries considered (see Fig. 13 below) voluntary activities are not done on a month base. This could have several meanings, perhaps older are interested in other activities, they can consider voluntary activities to be done on a year basis. However, in each country investigated at least 20% of the respondents dedicate 2 days per month to voluntary activities.

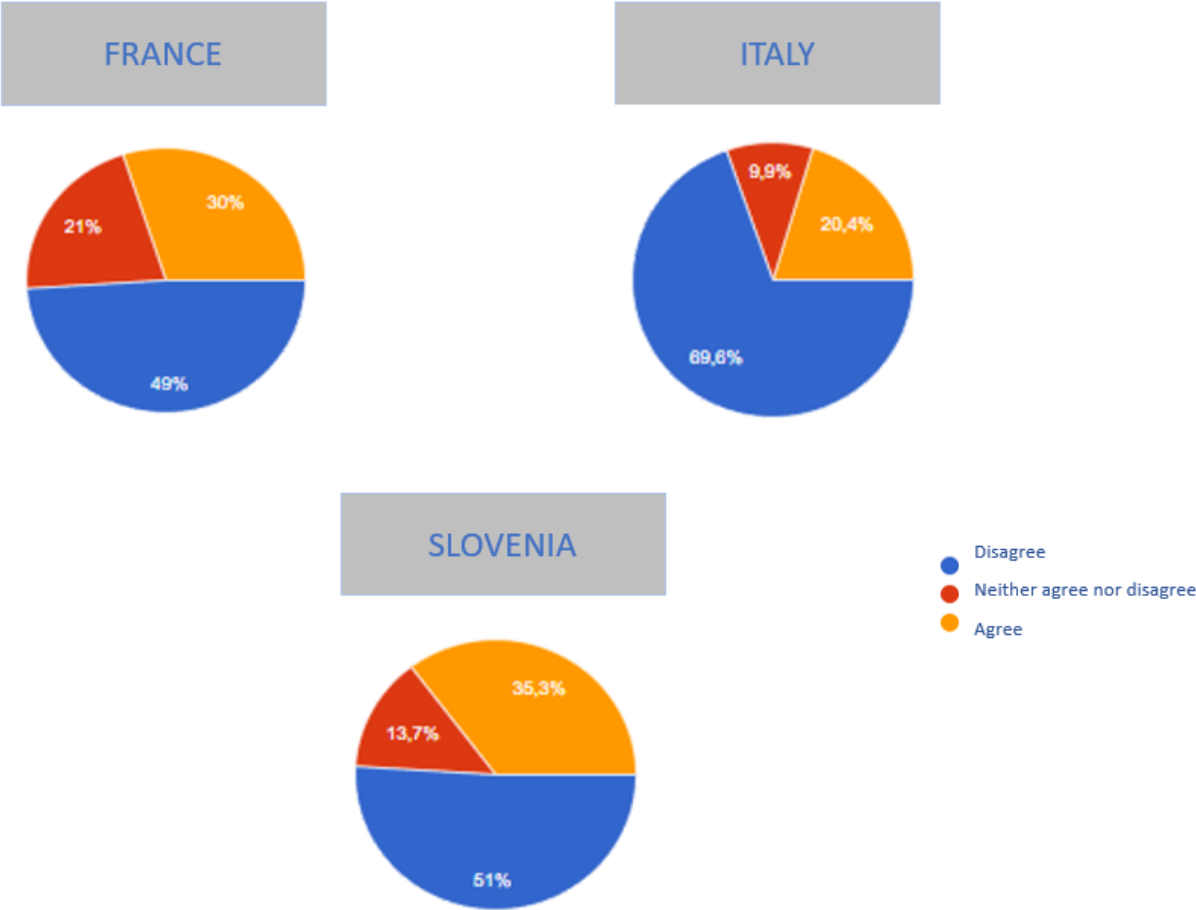


Fig. 13 – Question n. 22. Are you involved at least 2 days per month in voluntary activities?

## LIFELONG LEARNING

As detailed in aforementioned parts of this report, human being can always learn also from small things and activities every day. This means that the concept of lifelong learning becomes very important in the senior years and a challenge at any age in general and, in particular, in the elder stage.

The questionnaire distributed considered also this factor and some questions are dedicated to better understand this construct and the situation of the respondents.

Therefore, the following questions were presented in the questionnaire:

- *Question n. 13. Do you read books, journals often in a week (at least 2 days a week)?*
- *Question n. 17. Do you spend at least 2 days per week in activities such as enigmas, playing with cards etc.?*
- *Question n. 21. Do you spend at least 4 days per month in artistic activities (playing an instrument, painting, writing etc.)?*

The concept of lifelong learning is part of the Lisbon Strategy and it is getting enormous attention. Learning comes from several sources. For instance, it derives from activities such as reading books, journals in a regular way like at least 2 days a week. Given this, the question n. 13 is presented in the survey distributed. The results of this question are summarized in the following Figure n. 14.

It is clear that France, Italy and Slovenia have old people that spend time in reading a book and it happened frequently and regularly in a week (>70%). The numbers show that French old population are more “addictive” to reading; then, we find Slovenia and, finally, Italy with still a high level of people that spend their time in this activity.

This is an important element in lifelong learning as reading has a powerful effect in access to new information and it helps people to be always updates as well as it stimulates their culture.

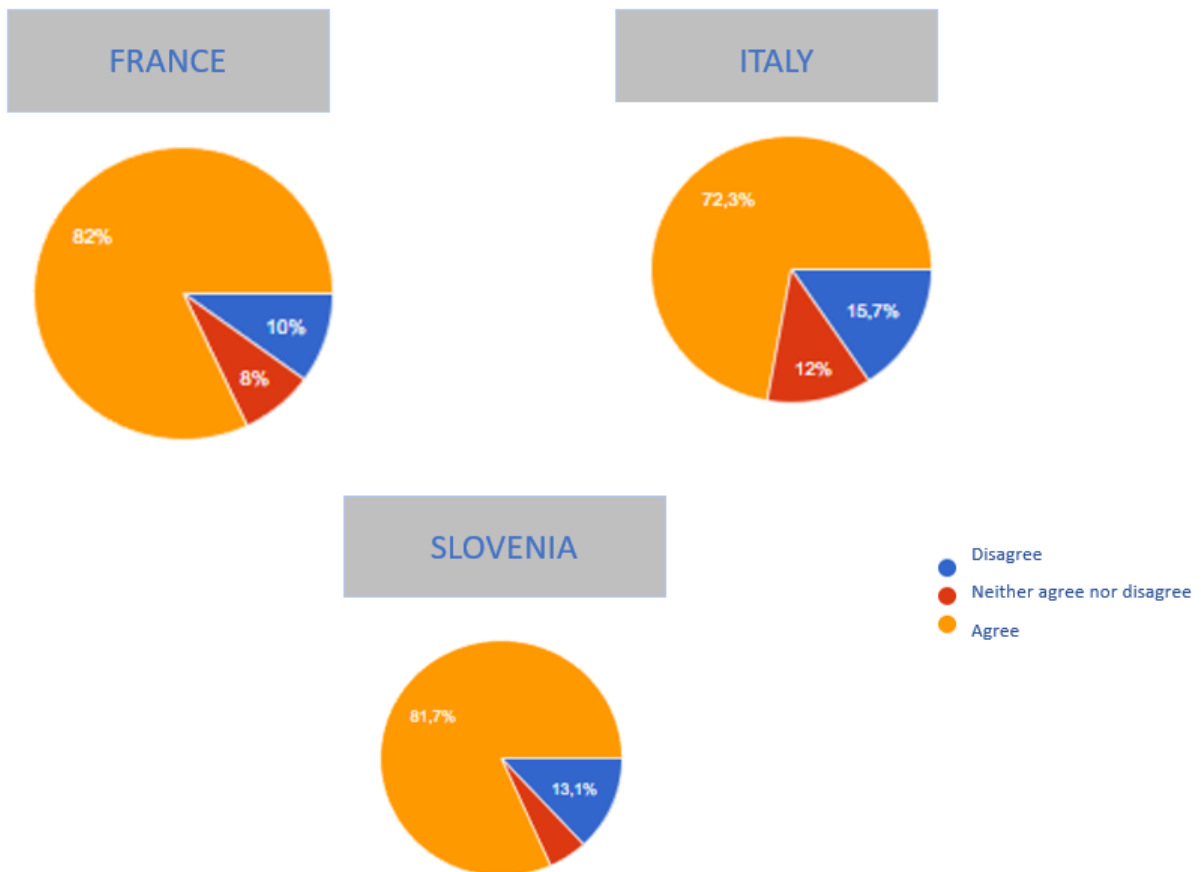
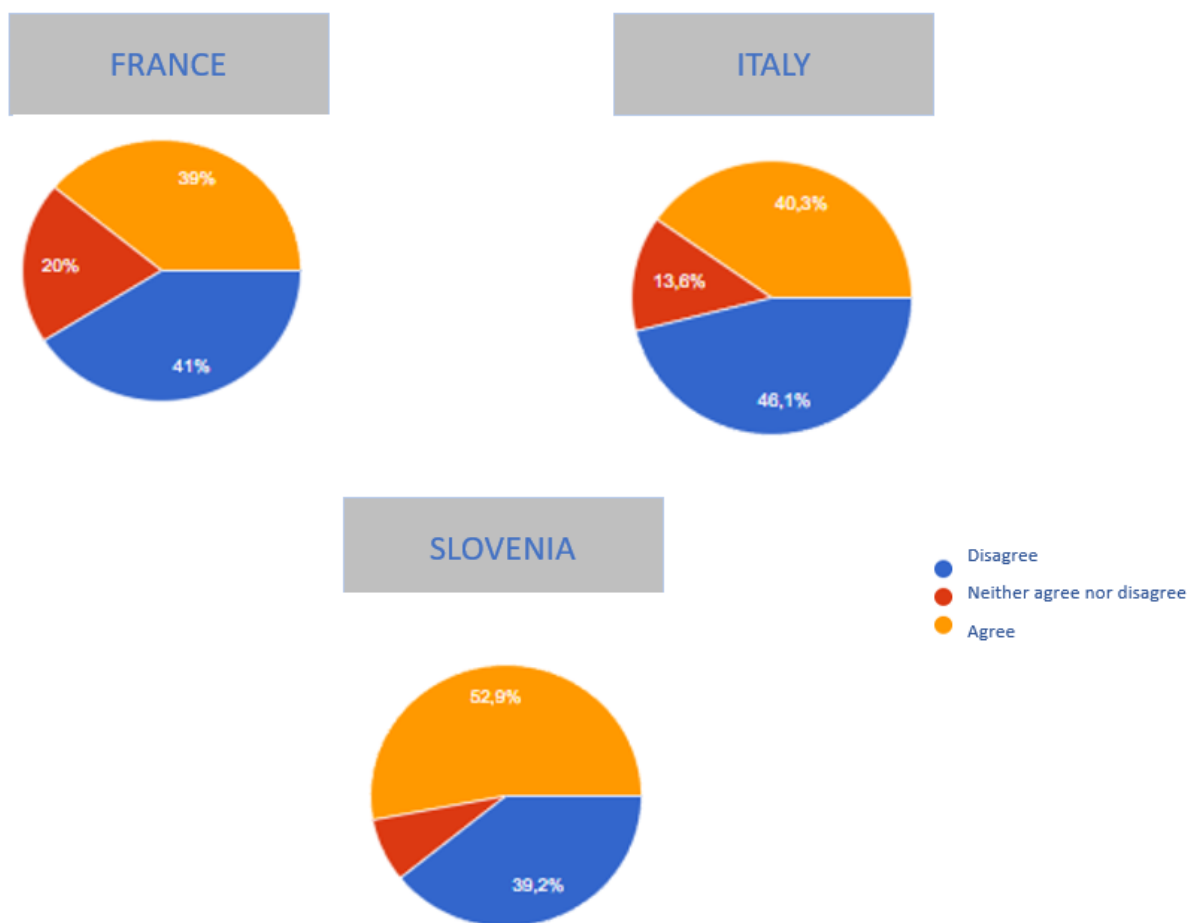


Fig. 14 – Question n. 13. Do you read books, journals often in a week (at least 2 days a week)?

Regarding question n. 17 the results are summarized in the following Figure n. 15. Here, we have a balanced result in each country in comment. Specifically, each country sample presents the pie divided between people that agree and not agree concerning the days spent in activities such as enigmas, playing with cards etc. This phenomenon is a bit clearer in Slovenia where at least 52.9% of the sample agrees in dedicating at least 2 days per week in activities such as enigmas, playing with cards etc.

In other words, the old population in each country analysed is divided quite equally among those that agree and those that do not agree in spending time in the activities mentioned in question n.17. For further details please see the following Figure n. 15.



*Fig. 15 – Question n. 17. Do you spend at least 2 days per week in activities such as enigmas, playing with cards etc.?*

Therefore, while for reading activities we have a homogeneous trend among the country studied. While, in the case of activities such as enigmas the trend differs depending on the country.

Looking at question n. 21. Do you spend at least 4 days per month in artistic activities (playing an instrument, painting, writing etc.)? the respondents show a similar attitude toward artistic activities as defined in the following Figure n. 16.

In fact, on the one hand, the majority of the old population in exam (>60%) in each country studied does not spend at least 4 days per month in artistic activities such as playing an instrument, painting, writing etc. On the other hand, around 20% percent in France and in Italy performs the above-mentioned activities, having Slovenia as a winner in such activities reaching a 27,5%.

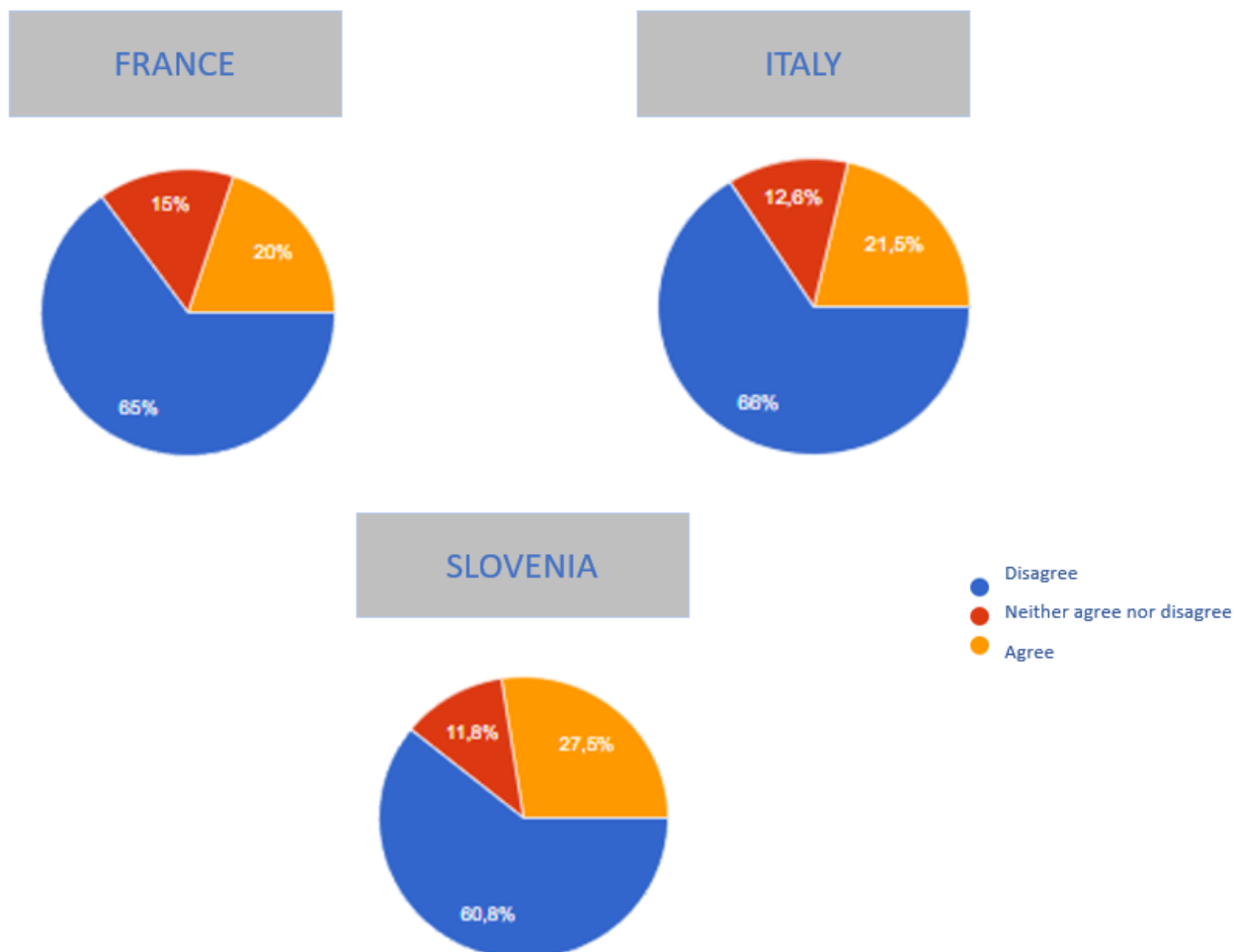


Fig. 16 – Question n. 21. Do you spend at least 4 days per month in artistic activities (playing an instrument, painting, writing etc.)?

## CULTURE AND CREATIVITY

As describe in the previous sections of the present report, culture refers for all the activities that are related to cultural events (i.e. cinema, theatres, etc) that can have an impact on our daily life and that are important factors of active ageing as they are also related to learning as well as to social inclusion and health in general.

In addition, the familiarity/unfamiliarity with the use of computers or mobile phones is part of a culture of a human being and this can foster the isolation and exclusion especially among older people not only during the COVID-19 pandemic. In fact, the digital literacy is a relevant topic to be consider in our target of people. In other words, having knowledge about ICT field can be a challenge as well as an opportunity to be active as well as more included in the community.

The questionnaire distributed considered also this factor and some questions are dedicated to better understand this construct and the situation of the respondents.

Therefore, the following questions were presented in the questionnaire:

- *Question n. 16. Do you use at least 2 days per week technologies such as Computer, Internet?*
- *Question n. 19. Do you go at least 2 days per month into cinema or theatres?*

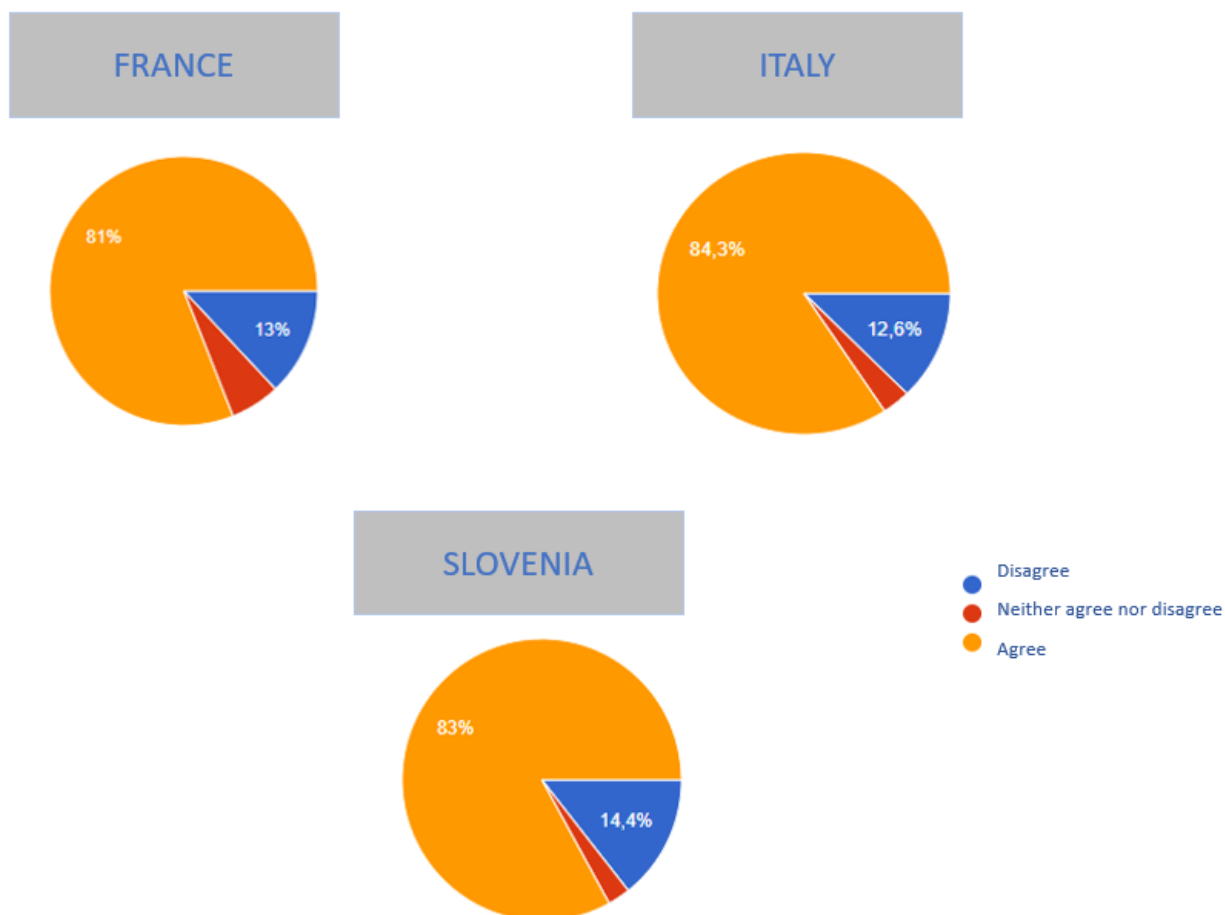
Regarding the question n. 16 the results are summarized in the following Figure n. 17. Here, we have an interesting balanced result in each country in comment.

Specifically, on the one side, each country sample presents the pie with the majority of people (>80%) that agree concerning the usage of technologies such as computer and internet at least 2 days per week. In this case, Italians are more prone toward these technologies; followed by Slovenians and French ones.

On the other side, each country sample presents the pie with the less than 15% of the respondents that disagree concerning the usage of technologies at least 2 days per week. The latter sees Slovenia with the higher percentage, then France and, finally Italy.

This is a significant outcome that underlines that the target of refence are able to used technologies and, as a consequence, the digital divide is an issue that is less powerful than in the past. For further details please see the following Figure n. 17.

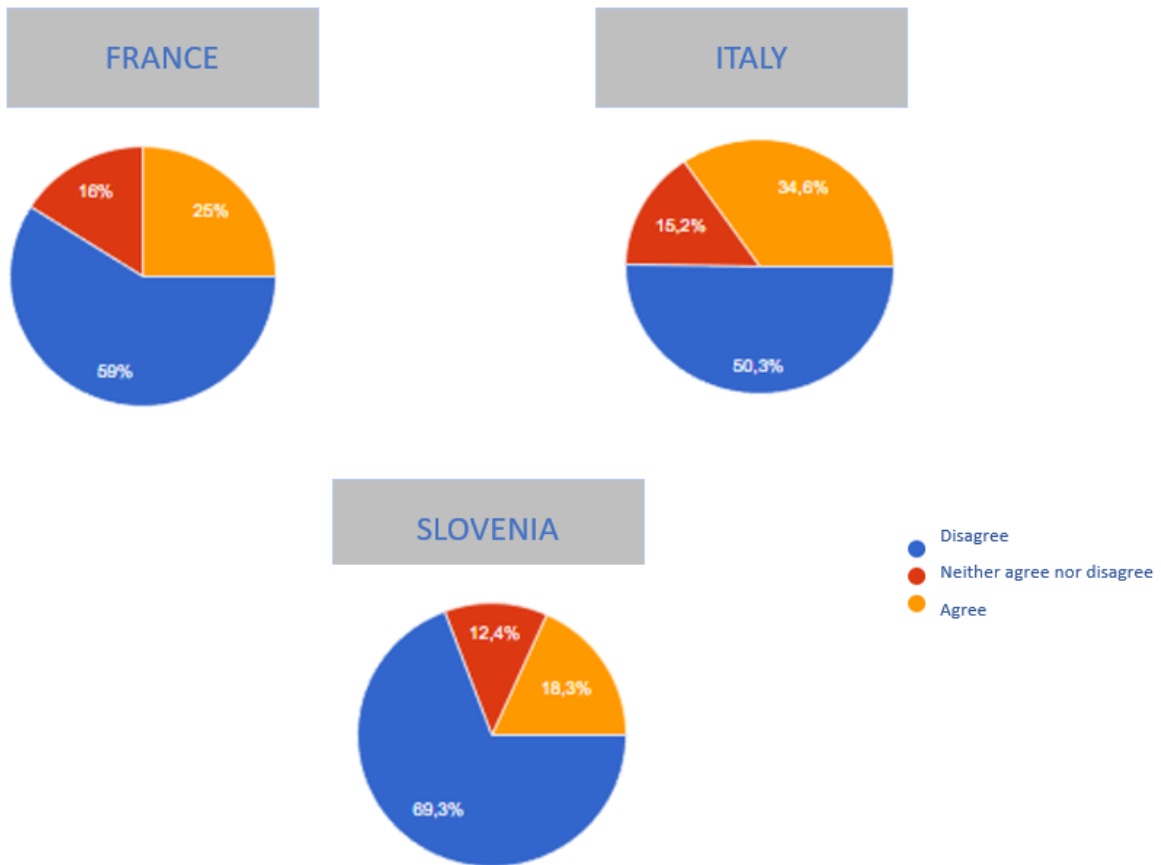




*Fig. 17 – Question n. 16. Do you use at least 2 days per week technologies such as Computer, Internet?*

Regarding the question n. 19 the results are summarized in the following Figure n. 18. Here, we have the majority of people (>50%) that disagree about going at least 2 days per month into cinema or theatres. In this case, Slovenians are the ones that do not attend often events in cinema and theatres, followed by French and the Italians ones.

However, each country sample at least 15% of the respondents agree concerning about going at least 2 days per month into cinema or theatres.



*Fig. 18 – Question n. 19. Do you go at least 2 days per month into cinema or theatres?*

## INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

Nowadays, in the current era characterized by the so-called digitalisation, Information and communications technologies (ICT) is an important and relevant element to take into consideration also among older adults. As seen before, it can assist people from several sides like in terms of learning, culture, social interactions etc. Given this scenario, the questionnaire distributed considered also this factor and some questions are dedicated to better understand this construct and the situation of the respondents.

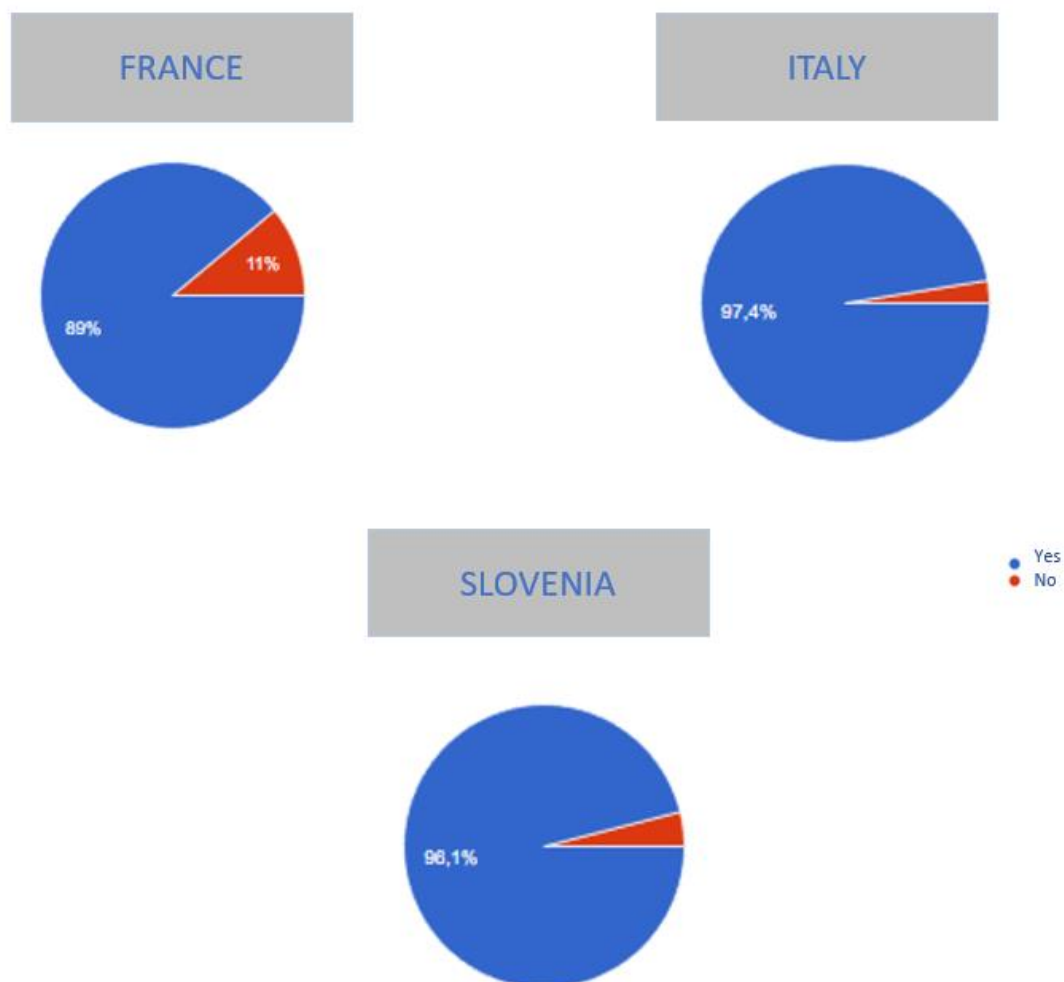
Therefore, the following questions were presented in the questionnaire:

Question n. 23. Do you or anyone in your household have access to at least one of following devices - computer, laptop, tablet, netbook?

Question n. 24. Do you or anyone in your household have access to the internet at home?

Question n. 25. Do you or anyone in your household have access to a smartphone at home?

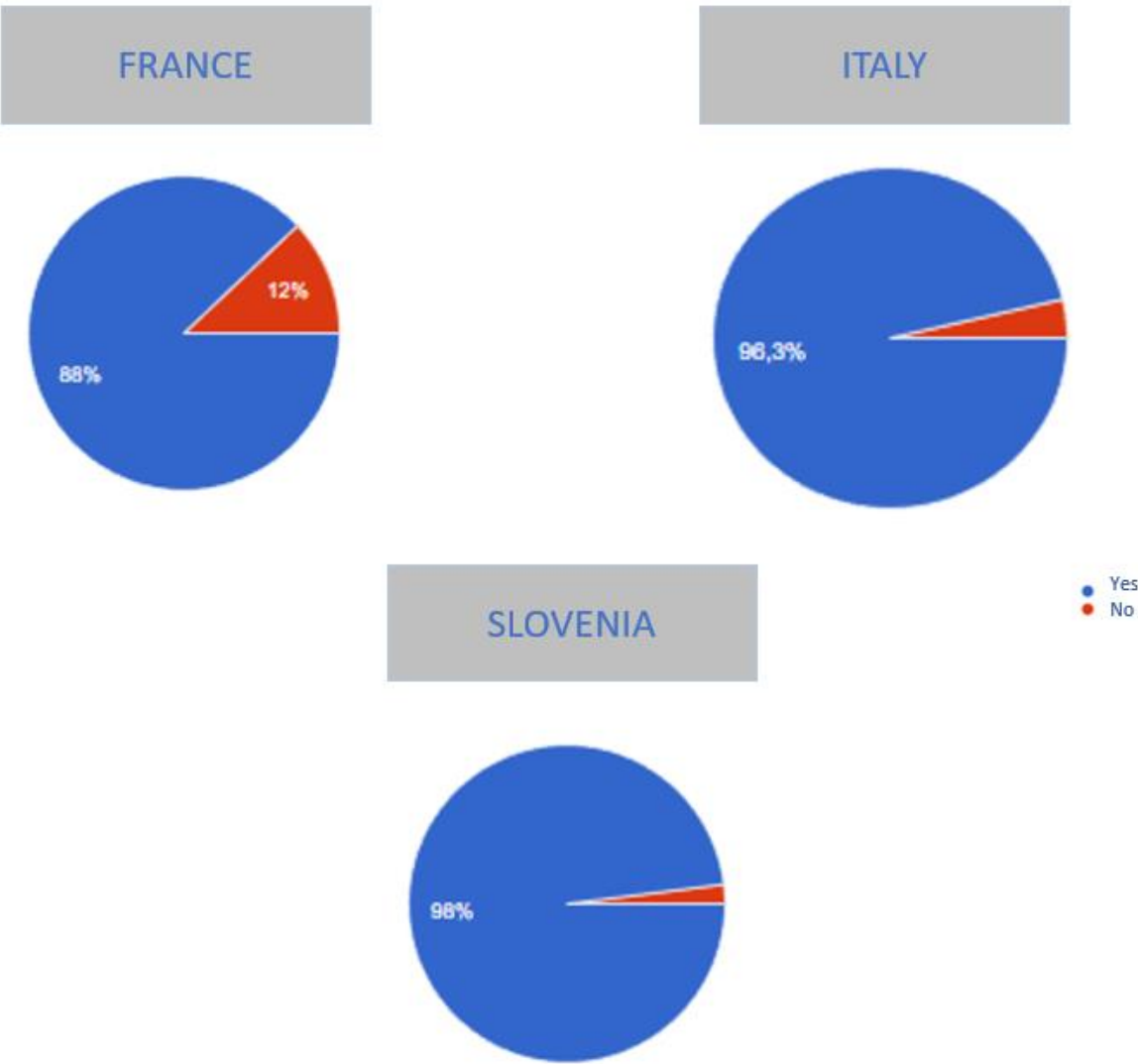
Regarding the question n. 23 the results are summarized in the following Figure n. 19. Here, we have the majority of people (>89% or equal to 89%) that household have access to at least one of following devices - computer, laptop, tablet, netbook.



*Fig. 19 – Question n. n. 23. Do you or anyone in your household have access to at least one of following devices - computer, laptop, tablet, netbook?*

In this case, Italians and Slovenians are the ones that present the higher percentages followed by the French sample. This an interesting result meaning that there is a similar trend in the countries investigated in terms of accessibilities to ICT.

Moreover, concerning the question n. 24 the results are summarized in the following Figure n. 20.



*Fig. 20 – Question n. 24. Do you or anyone in your household have access to the internet at home?*

Based on the results achieved in Fig. 20, therefore, looking at the access to the internet, the samples studied in each country present similar findings. Specifically, on the one hand, the majority of people in Slovenia and Italy have more than 96% of respondent with access to internet at home. On the other hand, in France, still a very important percentage of people (88%) have access to Internet.

Finally, the question n. 25 the results are summarized in the following Figure n. 21. Here, we have the majority of people (>90%) have access to a smartphone at home. With Slovenia presenting the higher percentage, followed by Italy and France.

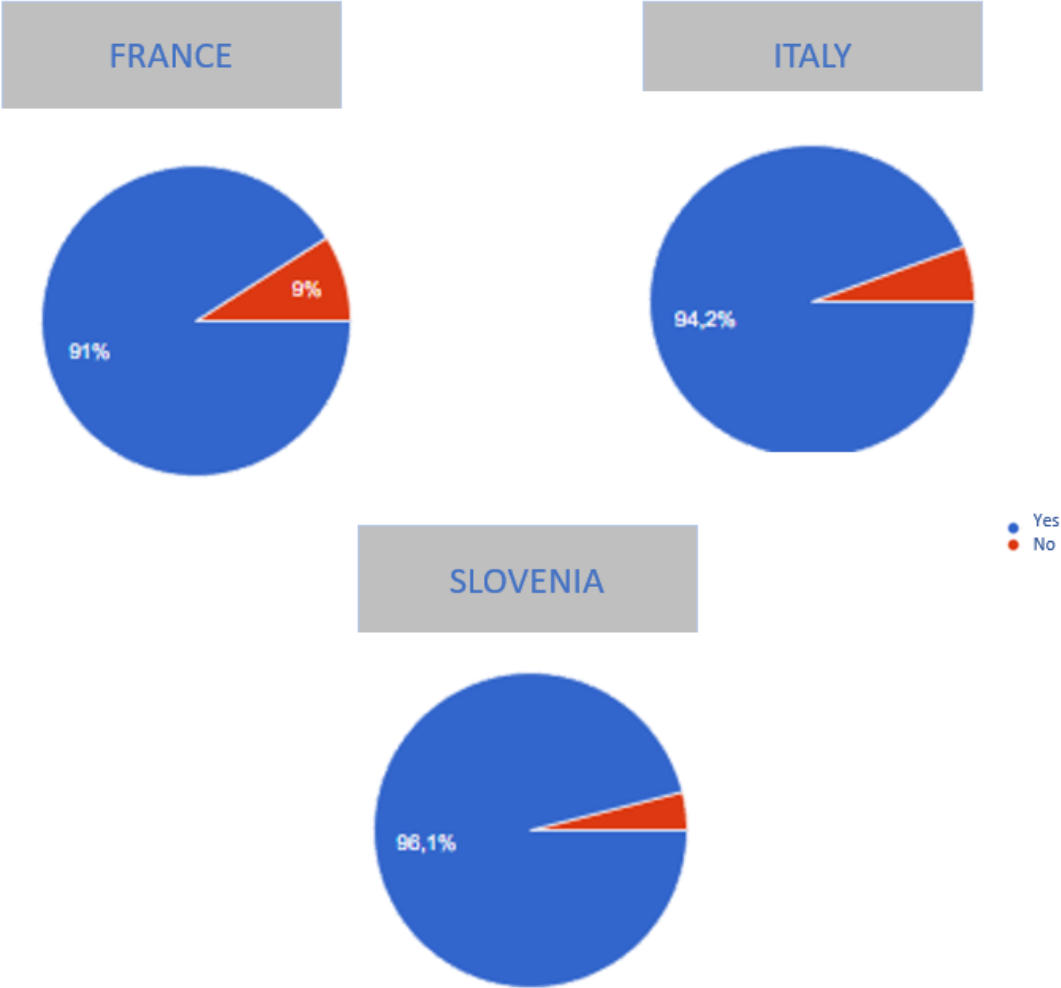


Fig. 21 – Question n. 25. Do you or anyone in your household have access to a smartphone at home?

## SECTION 8 – METHODOLOGY AND RESULTS OF THE QUESTIONNAIRE-PART 2

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Population ageing is both a triumph and a challenge for society (World Health Organization, WHO, 2002). The widespread increase in life expectancy is in fact an important achievement linked to the improvement of social conditions and technological advances, but "more years of life" does not always correspond to a better quality of life.

Due to an aging population, the number of people with a minor neurocognitive disorder or dementia is expected to increase (Alzheimer's Disease International, 2015). Currently, there are approximately 10 million new dementia diagnoses reported each year, a number that will increase to approximately 131.5 million by 2050 (Alzheimer's Disease International, 2015). These rapidly growing figures will have a large economic and care impact (Alzheimer's Disease International, 2015; Winblad et al., 2016; Karssemeijer et al., 2019).

Experimental studies in patients with dementia have failed to change the course of the disease (Sugino et al. 2015), in contrast, data from epidemiological and clinical studies suggest that primary prevention can delay the onset of the disease (Norton et al.; 2014; Ngandu 2015). Therefore, the World Health Organization (WHO) recommends global action that can address cognitive decline and dementia, encouraging governments around the world to focus on prevention (WHO, 2015; Dhana et al.; 2020).

Current epidemiological studies suggest that Alzheimer's disease (AD) shares many risk factors with vascular dementia, including cerebrovascular disease, type 2 diabetes, obesity, hypertension, smoking, and physical inactivity (World Alzheimer Report, 2015).

Delaying the onset of AD by 5 years is estimated to reduce its prevalence by up to 50% over 50 years (Brookmeyer et al., 1998). Approximately one-third to one-half of the world's AD cases could be attributable to modifiable risk factors, such as poor education, physical inactivity (the highest risk attributable to populations in the United States, Europe, and the United Kingdom), obesity, hypertension, diabetes, smoking, and depression (Barnes and Yaffe, 2011; Norton et al., 2014; Livingston et al., 2017; Edwards et al; 2019). The worldwide prevalence of AD could be reduced by 8.3% by 2050 through relative reductions of 10% per decade in the prevalence of each of the factors mentioned (Norton et al., 2014; Ngandu et al; 2015). Since dementia is the leading cause of disability and institutionalization in the elderly, this decrease is highly relevant to both individuals and the resulting social implications (Barnes and Yaffe, 2011).

Active Ageing is defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002). Considering the fundamental importance of this concept, efforts to increase its empirical evidence in terms of operational definition and criteria have received increasing attention worldwide (Bélanger et al., 2017, Haque 2016; Marsillas et al., 2017).

There is therefore a substantial conceptual difference between active ageing and healthy ageing, since the former is a means (among other preventive tools, such as proper nutrition, etc.) to aspire to the latter, which is the end.

Currently, active aging is based on several determinants that should help practitioners and researchers recognize particular profiles that are more at risk or, conversely, are more conducive to active aging.

An attempt has recently been made to build on and expand the WHO's classic definition of active aging, proposing a set of principles as the basis for a broad strategy on active aging that incorporate, among others, the need to include all older people, including frail and dependent older people, i.e., those who are more likely to be older and experience significant losses in cognitive and physical potential.

On this specific topic, a report by Age UK entitled *Improving later life: Understanding the oldest old* (Walker 2013), had highlighted the critical need to integrate the older population into a lifelong active aging strategy, and rapid corrective action when autonomy is threatened.

However, the concept of active ageing does not only concern the individual aspects, since its benefits are also evident for society as a whole: it is a useful tool to help solve some of the main challenges related to the ageing of the population. Among the many reasons why active ageing should be promoted at the macro level, one of the main ones is demographic. Europe, in fact, is getting older and longer-lived. Active aging is rooted in different environmental contexts to clarify the ways in which a person reacts and interacts with the environment in which they live (Bronfenbrenner, 1977; Paul et al., 2017).

## OBJECTIVES

Based on the definition of Lak et al., 2020, active aging is a process through which an individual seeks to maintain components of health by participating in activities consistent with their goals, abilities, and opportunities in the community, which can be described as what they want and can do, and opportunities to do activities they enjoy (Lak et al., 2020), we analyzed in the Italian, Slovenian, and French populations, the performance of the main aspects listed, in order to identify strategies and best practices.

In view of its positive effects on individuals, active ageing can be considered a preventive tool to aspire as much as possible to healthy ageing.

The goal is to facilitate the shift from policies based on the needs of older people considered as passive subjects, to policies that recognize the right and responsibility of each person to play an active role and participate in the life of the community at every stage of life, including old age.

As people are living longer become important understand how can the quality of life in old age be improved. So that Policymakers have to consider many fundamental questions like: how can we help people remain independent, active and healthy as they age? How can we promote prevention policy directed to older people? Health can be created and sustained through the participation of multiple factors and considering that the goal of healthy older people is a resource for their families, communities and economies.

Policies and programs should be based on the rights, need, preference and capacities of older people.

This work aims to present qualitative research data on active aging on the basis of which we intend to design, build and distribute a digital platform aimed at supporting the assumption of habits that help to maintain health and autonomy in aging. We have analyzed differences in the structural weights of health, psychological component, cognitive performance, social relationships, biological component, and personality factors. No direct causality can be attributed to any determinant; further research will be needed to clarify and specify the role of each determinant, as well as the interaction among determinants, in the active aging process. It would also be valuable to understand the pathways that explain how these broad determinants actually influence health and well-being.

## METHODS

Different groups of determinants of active aging were assessed by means of an extensive protocol that was developed considering literature review of most common tests used in European Survey of Aging Protocol (ESAP) (Fernández-Ballesteros et al., 2004).



Along with socio-demographic characteristics (gender, age, education, and income) information was obtained on body mass index, calculated as weight (kg)/height (m<sup>2</sup>); on smoking habit, collected asking about current and previous smoking; on nutrition habit, asking about dietary style; on family history for chronic diseases. Other measures taken into consideration were cognitive activity, physical activity, and the practice of disciplines like meditation, mindfulness, yoga.

**Sleep quality was assessed with the 19-item Pittsburgh Sleep Quality Index (PSQI)** (Curcio et al., 2013), probably the most commonly used retrospective self-report questionnaire that measures sleep quality over the previous month. Seven clinically derived domains of sleep difficulties (sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medications, and daytime dysfunction) are assessed by the questionnaire. Taken together, these sleep domains are scored as a single factor of global sleep quality.

**Cognitive Reserve Index questionnaire (CRIq)** is a reliable tool for measuring Cognitive Reserve (CR) (Nucci et al., 2011). CRIq includes some demographic data and 20 items grouped into three sections (education, working activity and leisure time), each of which returns a sub score. The CR hypothesis assumes that the fuller the life a person has had in terms of intellect, abilities and experiences, the more that person will be able to cope with difficult cognitive tasks and social events in life. The CRIq is the tool to quantify this cognitive, social, cultural and human capital.

**The 12-item Short Form Survey (SF-12)** (Ware et al, 1996), calibrated to reproduce the original SF-36 scales, is a general measure of health status that reported two summary scores: a mental component score (MCS-12) and a physical component score (PCS-12). The SF-12 uses two items each to estimate scores for four of the eight health concepts (physical functioning, role-physical, role-emotional, and mental health). Scores for the remaining four health concepts (bodily pain, general health, vitality, and social functioning) are estimated using one item each.

**The TechPH questionnaire** was used to assess technophilia (Guzman-Parra et al., 2021). This questionnaire includes 6 items assessed on a 5-point Likert scale from 1 (fully disagree) to 5 (fully agree), which was designed to specifically assess technophilia in the older population. The scale has two factors: technology enthusiasm and technology anxiety. The TechPH index is a score derived from the 6 items (the sum of items divided by 6) ranging from 1 to 5. Interestingly, technophilia was also strongly associated with health status and depression after adjusting for possible confounders such as gender, age, education level, and cognitive function.

## RESULTS

Below are the results of part 2 of the questionnaire, of optional completion by participants in part.

### SAMPLE

This work analysed the data of 341 subjects, 136 male and 205 females aged between 65 and 98 years, 162 (48%) Italian, 130 (38%) Slovenian and 49 (14%) French (table 1). 92% of the sample were retired.

	N	mean	sd	min	max
ITA	162	70.87654	6.036911	65	92
SLO	130	72.18462	6.369482	65	98
FRA	49	72.32653	5.745969	65	93
Total	341	71.58358	6.145507	65	98

**Table 1**

Among sociodemographic characteristics, 53% of the sample had a normal weight, 32% were overweight, and 14% were obese. It also emerges that 55% of the sample had never smoked, with some differences between the 3 countries. 93% of the sample had a varied diet. Importantly, 47% of the total sample had chronic diseases.

	Tot		ITA		SLO		FRA	
	N	%	N	%	N	%	N	%
<b>N</b>	341		162		130		49	
<b>Body Mass Index</b>								
Unweight	5	1.5	3	1.9	1	0.8	1	2.0
Normal weight	181	53.1	87	53.7	66	51.2	28	57.1
Overweight	108	31.7	55	34.0	42	32.6	11	22.4
Obese	46	13.5	17	10.5	20	15.5	9	18.4
<b>Smoke</b>								
No	187	54.8	83	51.2	73	56.2	31	63.3
Yes	29	8.5	18	11.1	9	6.9	2	4.1
ex	125	36.7	61	37.7	48	36.9	16	32.7
<b>Diet</b>								
Omnivorous	316	92.7	150	92.6	119	91.5	47	95.9
Vegan	5	1.5	1	0.6	3	2.3	1	2.0
Vegetarian	10	2.9	8	4.9	2	1.5	0	0.0
Other	10	2.9	3	1.9	6	4.6	1	2.0
<b>Chronic diseases</b>	148	46.8	75	46.3	53	50.5	20	40.8

**Table 2**

The behavioral determinants investigated pertaining to exercise and cognitive activities and sleep quality showed two hundred and sixty-three subjects (77%) engaged in physical activity and the most frequent activity is walking (n=145, 55% of those engaged in physical activity and the 43% of the total sample). Two hundred and sixty two subjects (77%) did Cognitive activity and the most popular activity is reading (n=160 61% of those did Cognitive activity and the 47% of the total sample). Meditation and/or yoga were made from 15%. The quality of sleep is good or very good for 79.1% of subjects.

	Tot		Ita		SLO		FRA	
	N	%	N	%	N	%	N	%
<b>N</b>	<b>341</b>		<b>162</b>		<b>130</b>		<b>49</b>	
<b>Physical activity</b>	263	77.1	119	73.5	105	80.8	39	79.6
<b>Cognitive activity</b>	262	76.8	102	63.0	119	91.5	41	83.7
<b>Meditation/Yoga</b>	50	14.7	18	11.1	26	20.0	6	12.2
<b>Sleep quality</b>								
Very good	69	20.2	26	16.0	36	27.7	7	14.3
Quite good	201	58.9	97	59.9	75	57.7	29	59.2
Quite bad	59	17.3	32	19.8	15	11.5	12	24.5
Very bad	12	3.8	7	4.3	4	3.8	1	2.0

**Table 3** shows the mean and median scores for the entire sample and for specific Country.

Demographic characteristics do not appear to differ among nations but there are differences in scores: CRI education, CRI total, mental score, tech enthusiasm and tech Anxiety. 43% of the sample has an high cognitive reserve index.

		N	Mean	SD	Median	Q1	Q3	min	max
<b>ITA</b>									
	CRI-Education	162	118	20	114	104	131	76	188
	CRI-WorkingActivity	162	113	18	116	101	124	72	193
	CRI-LeisureTime	162	114	31	113	91	137	44	178
	CRI total	162	120	23	119	104	136	66	185
	PCS12PhysicalScore	162	45	10	47	37	53	17	62
	MCS12MentalScore	162	49	10	53	42	57	20	64
	techEnthusiasm	162	9	2	8	7	10	3	15
	techAnxiety	162	8	2	8	7	10	3	15
<b>SLO</b>									
	CRI-Education	130	132	22	125	117	146	95	205
	CRI-WorkingActivity	130	116	15	116	106	129	74	148
	CRI-LeisureTime	130	117	23	116	99	130	71	183
	CRI total	130	129	22	128	112	144	69	199
	PCS12PhysicalScore	130	44	10	46	37	53	20	59
	MCS12MentalScore	130	53	8	55	49	58	23	67
	techEnthusiasm	130	11	2	11	9	13	5	15
	techAnxiety	130	11	2	11	10	12	6	15
<b>FRA</b>									
	CRI-Education	49	125	21	121	110	140	83	171
	CRI-WorkingActivity	49	114	18	117	99	131	81	146
	CRI-LeisureTime	49	114	27	115	101	132	52	168
	CRI total	49	123	22	126	110	142	74	174
	PCS12PhysicalScore	49	46	10	48	40	54	14	60
	MCS12MentalScore	49	46	10	48	39	55	28	58
	techEnthusiasm	49	8	3	9	7	10	3	14
	techAnxiety	49	7	3	7	5	10	3	15
<b>Tot</b>									
	CRI-Education	341	124	22	121	109	137	76	205
	CRI-WorkingActivity	341	114	17	116	102	128	72	193
	CRI-LeisureTime	341	115	27	114	97	132	44	183
	CRI total	341	124	23	124	108	139	66	199
	PCS12PhysicalScore	341	45	10	47	38	53	14	62
	MCS12MentalScore	341	50	9	53	45	57	20	67
	techEnthusiasm	341	9	3	9	8	11	3	15
	techAnxiety	341	9	3	9	7	11	3	15

	Tot		Ita		SLO		FRA	
	N	%	N	%	N	%	N	%
<b>N</b>	341		162		130		49	
<b>CRI-total</b>								
Low	2	0.6	1	0.6	1	0.8	0	0.0
Medium-low	14	4.1	12	7.4	0	0.0	2	4.1
Medium	110	32.3	57	35.2	36	27.7	17	34.7
Medium-high	79	23.2	36	22.2	32	24.6	11	22.4
High	136	43.0	56	34.6	61	58.1	19	38.8

Legend: CRI, cognitive reserve index; PCS, physical component score; MCS, mental component score.

## CONCLUSION

It has also been shown that across the lifespan, cognitively stimulating experiences, including education, employment, and involvement in social activities, are linked to improved cognitive efficiency in later life, reduced risk of cognitive decline, and lower incidence of AD (Marioni et al.; 2011; 2015; Barnes and Yaffe, 2011). In contrast, a low level of education has been shown to be a particularly strong predictor of dementia (Beydoun, 2014). In addition, prospective studies indicate that cognitive stimulation carried out at an older age may also elicit positive effects, reducing rates of decline and incidence of dementia (Dhana et al., 2020).

In fact, in line with the so-called cognitive reserve hypothesis, it is possible to protect oneself from age-related changes by resisting neurological damage longer and manifesting clinical symptoms only at a late stage of the disease (Stern, 2009 Nucci et al., 2011).

Recent meta-analyses show that exercise can help preserve or even improve cognitive function in healthy older adults (Karssemeijer et al 2017; Voss et al., 2013). Exercise has been shown to increase the volumes of the prefrontal cortex (Colcombe et al., 2006) and anterior hippocampus (Dietrich et al., 2008; Erickson et al., 2011) and may improve neurogenesis (Nokia et al., 2016) and angiogenesis (Lange-Asschenfeldt and Kojda, 2008). In addition, exercise reduces cardiovascular risk factors (Rovio et al., 2005).

Therefore, a proper lifestyle can be an important protective factor from the risk of dementia (Karp, 2006), producing benefits on cognitive (Fratiglioni and Qiu, 2011) and physical abilities (Colcombe and Kramer, 2003; Smith et al., 2010).

The 2014 World Alzheimer Report found that physical and cognitive stimulation activities can be beneficial in improving and maintaining good levels of independence and functioning, preventing skill decline. In recent years there has been a wide diffusion of commercial products for cognitive stimulation and monitoring of certain physical parameters, used by the elderly who, motivated by the fear of developing mental and physical decline, engage in the performance of preventive activities. However, the development of such programs is often not based on a thorough study inherent in the benefits and goals to be centered (Lampit and Valenzuela, 2015; Hill et al.; 2017; Gavelin et al., 2020).

The main pillars of the model are participation, health, safety, and lifelong learning (WHO, 2002). Based on these principles, the fundamental elements of active aging are autonomy and independence. Our data are in line with the active aging model presented by the WHO. The key elements to be encouraged inherent to health

promotion and prevention aim at changing behavioral determinants (exercise and physical activity; drinking and smoking habits; diet); personal determinants (psychological characteristics); social determinants (education); and culture.

Considering that the ultimate goal of the study and intervention in old age is to optimize the aging process and quality of life, we focused on the individual by examining the contributions of the factors that modify the course in order to design the subsequent trajectories to be promoted in the second phase of the project.

## SECTION 9 – MULTIPLIER EVENTS

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In addition, to the questionnaire collection, some multiplier events were organized. Specifically, the following three events. Below is provided a brief description. Further details can be achieved in the dedicated reports.

### 1. 1 June 2021, Trieste, Italy - Multiplier Event

The first ActivAge Multiplier Event took place in the Bruno Bianchi swimming pool in Trieste (Italy) on the 1st of June 2021. The event was organized by Lunga Vita Attiva in collaboration with FinPlus Trieste and took place outdoors, in compliance with anti-Covid-19 health and hygiene regulations.

The aim of the event was to explore The Art of Ageing Well: citizens over 60, representatives of local authorities, the University of the Third Age and cultural and sports associations that promote the value of an active lifestyle were invited.

The numerous participants effectively contributed with their ideas and first-hand experience to the lively discussion that was organised around three main questions:

- What factors contribute to ageing well?
- Which public interventions could support a positive ageing of the population?
- How much does the “digital divide” affect ageing?

The results will contribute to the construction of the personalized Online Recommendation Tool” which will offer advice aimed at active and healthy ageing, and to the ActivAge Digital Knowledge Center on the sample under investigation.

### 2. 30 June 2021 Multiplier Event in Koper, Slovenia

The second ActivAge Multiplier Event in Koper aimed at discussing how to maintain functional capacity and independence as long as possible. The event focused on three main areas of active and healthy ageing: cognitive activities, dietary habits, physical activity/inactivity. The event was conducted with the main objective of providing information on the above areas from the participants’ (older adults) perspective: What do they do? What do they eat? How much are they active? and What are they missing/what problems do they have? And

on the opposite side – the providers of services for the elderly (representatives of centres, associations of pensioners) were asked to present some of their best practices and the main problems they have.

After discussing the problems, they were presented with the latest guidelines on cognitive health (activities useful for maintaining cognitive health), healthy eating, and exercise. The consequences of inactivity were highlighted and to get more information, an active break was taken where first-hand tips were given on how to successfully break prolonged inactivity/sitting.

The final part was to discuss the use of ICT by the elderly population. An active discussion on what are the positive sides of ICT, where are still problems in using it, and how to approach knowledge acquisition.

This lively and open exchange contributed to answering the question “What can we use and what do we still need?” from the two sides: older adults and centers/associations (providers) that can actively move towards in supporting older adults to stay active.

#### 1. 27 September 2021 Multiplier event in Lille, France

The third ActivAge Multiplier Event in Lille was organized by Université Catholique de Lille (UC LILLE) in collaboration with EHPAD NOTRE DAME in Lille with the purpose of involving a group of senior citizens in the activities of ActivAge project and collecting the input of target users in the development of the tools that could foster a pro-active approach to ageing.

Moderators facilitated a discussion about the following topics:

- which features can help to age well?
- what type of support should be provided by public and private institutions?
- what is the role of that could be played by digital tools?

The role of the institutions, particularly at the local level, is considered crucial to create the conditions for a positive ageing experience: examples of this are the elimination of physical barriers on public transport, the promotion of more efficient services in the field of healthcare, the creation of “social environments” where seniors can meet and exercise or get involved in other activities.



## CONCLUSION

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As previously mentioned, Europe is facing unprecedented demographic change. The population aging in Europe is an important phenomenon that acquire a growing interest among scholars, politicians at national and European level. This provides the opportunity for rethinking not just what older age is but also how our whole lives might unfold (Decade of Healthy Ageing 2020–2030).

In this scenario, new challenges to our societies comes out and additional responses are needed to manage it and to figure out opportunities to older people and to the overall population as well.

The active ageing issue was fitted in the World Health Organization agenda and not only. Several frameworks are considered to better understand the active ageing. In the perspective of active aging, there is a shift from the traditional vision of old age which is associated with a passive phase, characterized by the need for assistance and social marginality, toward a view of elderly human being as protagonist of social life (Walker, 2012).

Building a positive scenario of aging life is a prior and important factor in our society especially due to the growth of elderly population great attention should be paid to the engagement of the elderly in their own well-being. In order to flourish, older people need to have a constant and moderate physical activity that should be linked to each individual effort and possibilities. It is needed to have more accessible, and affordable opportunities to be active at local level. This kind of support is closely linked to the role of staying active also in the community of reference which avoid exclusion.

All these elements are in line with the health that is physical, mental and social. In this area, having a healthy lifestyle is highly crucial which means also the provision of information about nutrition elements and foods characteristics.

The transformation toward a more active ageing society is also a matter of long-life learning. The latter started since the childhood and should continue all lifelong. Extending the training and education activities also in the old adult period allows several benefits such as better integration in the society, a more active approach to daily life and a strong stimulus on meeting the functional demands of our era.

The long-life learning can come, as described previously, from various sources and it is strictly connected with the other factors of the framework. For instance, it is impacted by the culture and creativity features as the

participation of older people in activities such as going to the cinema is a way to foster critical thinking and to feel included.

Moreover, in the current scenario, ICT is gaining a predominant role in fostering a better quality of life also among older adults. With higher level of digital literacy and lower level of digital divide and ageism, individuals can live their older period in a more conformable way in terms of access to services as well as in terms of being more included. Indeed, some scholars suggest that in older adults the internet use improves mental health (Lam et al., 2020).

As discussed, the framework is composed by factors that have the same relevance in the active aging phenomenon. The six factors presented - physical activity, health, social inclusion, lifelong learning, culture and creativity and Information and Communication technology (ICT) – are all related together and help to build the framework of active ageing.

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- EUROSTAT: [https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population\\_structure\\_and\\_ageing](https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population_structure_and_ageing)
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## ANNEX 1 – QUESTIONNAIRE IN ENGLISH

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ACTIVAGE

SUPPORTING AGEING ADULTS TO STAY ACTIVE

Project 2020-1-IT02-KA204-080018

SURVEY

IO1

**FINAL - 22/06/2021**



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**ActivAge – Supporting ageing adults to stay active** is a project funded by the Erasmus+ Programme of the European Commission and implemented by Università Telematica Internazionale UNINETTUNO (Italy), Znanstveno-Rasiskovalno Sredisce Koper (Slovenia), FIN Plus Trieste (Italy), Lunga Vita Attiva (Italy), Université Catholique de Lille (France), and Univerza v Mariboru (Slovenia).

ActivAge is aimed at the **population of over 65s**, and proposes a pro-active approach aimed at preventing psycho-physical decay and social exclusion and at ensuring the **general well-being of the ageing population**.

ActivAge will develop an **online recommendation tool** that will allow end users to receive personalised advice on active and healthy ageing. Moreover, the **ActivAge Digital Knowledge Centre** for the silver age will provide information about available facilities and services targeting the silver age population, and will provide access to open e-learning resources.

**This questionnaire** is aimed at collecting information about the current and past lifestyle and habits of the over 65's in order to understand which factors (physical, cognitive, social, etc) mostly impact on the well-being of the ageing population.

The questionnaire is composed of 2 parts:

**Part 1:** general data and main questionnaire: it will take approximately 10 minutes to complete.

**Part 2 (optional):** additional questions that will help to describe your situation more in depth. You can decide at the end of Part 1 whether to continue to Part 2 or to stop there. Part 2 will take approximately 12-15 minutes to complete.

The information provided in the questionnaire is **anonymous and strictly confidential**, and will be aggregated and analysed as a whole. No personal data will be collected that permits your identification. Data will be used for research purposes and specifically for the purposes of the research carried out in the framework of the ActivAge project, and may be published in reports, academic journals or in other public contexts. The data collected will be processed in accordance with the European (GDPR: General Data Protection Regulation n.2016 / 679).

You may withdraw at any time. Your answers will be recorded in the database only after the final submission.

For any clarification please contact [activage@uninettunouniversity.net](mailto:activage@uninettunouniversity.net)

We **thank you** very much for your contribution to this study, and for supporting an active and healthy ageing for our population!

## Part 1

**Instructions:** This questionnaire is intended to assess what you think about your health and, especially to study how you remain active. In answering some sections of this questionnaire please consider your activity **before the COVID-19 pandemic**.

Please answer each question on the questionnaire. If you are not sure of your answer, make the choice that still seems best to you.

To answer to this questionnaire, you need approximately 10 minutes.

### SECTION 1: SOCIO-DEMOGRAPHIC BACKGROUND INFORMATION

1. Please indicate your Country of residence:

- [1] France
- [2] Italy
- [3] Slovenia
- [4] Other

2. Please indicate your age:

- [1] 65-68
- [2] 69-72
- [3] 73 -76
- [4] 77 -80
- [5] over 80

3. Please indicate your gender:

- [1] Man
- [2] Woman

4. Please indicate your relation status:

- [1] Single
- [2] Married/in cohabitation
- [3] Divorced
- [4] Widowed
- [5] Other

5. Please indicate your education attainment level:

- [1] Primary education or less
- [2] Secondary Education
- [3] Bachelor or 2-year higher edu. program
- [4] Master, 4-year univ prog., or PhD

6. Please indicate if you are retired:

- [1] Yes
- [2] No

7. Please indicate your employment before your retirement, or if not retired yet:

- [1] Employee-full time
- [2] Employee part time
- [3] Self-employed
- [4] Other not in the labour force (inactive, etc.)

8. Please indicate the number of members in the household:

- [1] 1-2
- [2] 3-4
- [3] more than 4

## SECTION 2: CURRENT PHYSICAL CONDITIONS

9. In general, your health status is in line with your age?

[1] Disagree

[2] Neither agree nor disagree

[3] Agree

10. Now, do you have a moderate physical effort activity (i.e., use the vacuum cleaner, ride on a bicycle, gardening, work around the house)?

[1] Disagree

[2] Neither agree nor disagree

[3] Agree

11. Today, can you go up a few floors of stairs?

[1] Disagree

[2] Neither agree nor disagree

[3] Agree

12. How worried are you about your health condition?

[1] Not worried at all

[2] Neither worried nor not worried

[3] Worried

### SECTION 3: ACTIVITIES DONE WEEKLY (before the COVID- 19 Pandemic)

13. Do you read books, journals often in a week (at least 2 days a week)?

[1] Disagree

[2] Neither agree nor disagree

[3] Agree

14. Are you autonomous in your daily activities (i.e., Shopping, cleaning home, cooking)?

[1] Disagree

[2] Neither agree nor disagree

[3] Agree

15. In your free time, do you spend at least 3 days per week playing any sports (i.e., hiking, swimming)?

- [1] Disagree
- [2] Neither agree nor disagree
- [3] Agree

16. Do you use at least 2 days per week technologies such as Computer, Internet?

- [1] Disagree
- [2] Neither agree nor disagree
- [3] Agree

17. Do you spend at least 2 days per week in activities such as enigmas, playing with cards etc.?

- [1] Disagree
- [2] Neither agree nor disagree
- [3] Agree

#### SECTION 4: ACTIVITIES DONE MONTHLY (before the COVID- 19 Pandemic)

18. Do you spend at least 4 days per month in social activities such as going out with friends, meet them in senior centres/clubs, etc.?

- [1] Disagree
- [2] Neither agree nor disagree
- [3] Agree

19. Do you go at least 2 days per month into cinema or theatres?

- [1] Disagree
- [2] Neither agree nor disagree
- [3] Agree

20. Do you spend at least 4 days per month taking care of family's members such as Grandchildren or elderly parents?

- [1] Disagree



[2] Neither agree nor disagree

[3] Agree

21. Do you spend at least 4 days per month in artistic activities (playing an instrument, painting, writing etc.)?

[1] Disagree

[2] Neither agree nor disagree

[3] Agree

22. Are you involved at least 2 days per month in voluntary activities?

[1] Disagree

[2] Neither agree nor disagree

[3] Agree

## SECTION 5: ACCESS TO INFORMATION AND COMMUNICATION TECHNOLOGIES

23. Do you or anyone in your household have access to at least one of following devices - computer, laptop, tablet, netbook?

[1] Yes

[2] No

24. Do you or anyone in your household have access to the internet at home?

[1] Yes

[2] No

25. Do you or anyone in your household have access to a smartphone at home?

[1] Yes

[2] No

---

**Thank you for your time!**

Now, if you agree to provide some additional data, please proceed to **Part 2** of the questionnaire.

Otherwise, you can stop here.

## Part 2

26. Your age: \_\_\_\_\_

27. Your weight: \_\_\_\_\_

28. Your Height: \_\_\_\_\_

29. Do you smoke?

☐ YES

☐ NO

30. If YES, for how many years have you been smoking? \_\_\_\_\_

31. If NO, are you an ex-smoker?

☐ YES

For how many years did you smoke? \_\_\_\_\_

When did you quit? \_\_\_\_\_

☐ NO

32. Your diet is:

☐ Omnivorous

☐ Vegan For how many years? \_\_\_\_\_

☐ Vegetarian For how many years? \_\_\_\_\_

☐ Other (please specify) \_\_\_\_\_ For how many years? \_\_\_\_\_

33. Do you have any chronic illness?

☐ YES Please specify

\_\_\_\_\_

☐ NO

34. Do you currently exercise?

☐ YES Please specify

\_\_\_\_\_

How many hours per week?

\_\_\_\_\_

☐ NO

35. In your adult life (starting from age 18), did you exercise regularly?

☐ YES                      How many hours per week? \_\_\_\_\_

For how many years? \_\_\_\_\_

☐ NO

36. Do you engage in cognitive activities? (crosswords, reading, playing chess, cognitive stimulation, literary circles, singing, playing an instrument, etc.)

☐ YES                      Please specify \_\_\_\_\_

How many hours per week? \_\_\_\_\_

☐ NO

37. Do you practice meditation, mindfulness, yoga?

☐ YES

☐ NO

38. How would you describe the quality of your sleep during the last month?

☐ Very good

☐ Rather good

☐ Rather bad

☐ Very bad

39. Starting from age 6, how many years of education did you attend? (including school, university, postgraduate, vocational education) \_\_\_\_\_

40. Did you attend any vocational training?

☐ YES                      Please specify \_\_\_\_\_

For how many years? \_\_\_\_\_

☐ NO

41. What was your job and for how many years did you do it? (please list all professions, even when done simultaneously with others)

Profession	Duration in years

During your adult life (from 18 years on) did you carry out any of the following activities on a regular basis, and for how many years?

If the frequency has changed over the years, please answer taking into consideration the highest frequency (for example, if you used to drive every day but during the last 15 years you have been driving only once or twice per week, you should answer “3 times a week or more”

When answering “how many years”, please indicate the longest period you have carried out the activity, even if you haven’t been doing it for long time now (if there are significant interruptions, indicate for how many years you carried out the activity on a regular basis)

### **WEEKLY FREQUENCY**

42. Reading newspapers and magazines

☐ 2 times a week or less

☐ 3 times a week or more      For how many years? \_\_\_\_\_

43. Taking care of domestic chores (cooking, washing, grocery shopping, ironing, etc.)

☐ 2 times a week or less

☐ 3 times a week or more      For how many years? \_\_\_\_\_

44. Driving (not riding a bike)

☐ 2 times a week or less

☐ 3 times a week or more      For how many years? \_\_\_\_\_

45. Leisure activities (sports, hunting, dancing, chess, coin collecting, etc.)

☐ 2 times a week or less

☐ 3 times a week or more For how many years? \_\_\_\_\_

46. Using IT devices (digital cameras, computer, Internet etc.)

☐ 2 times a week or less

☐ 3 times a week or more For how many years? \_\_\_\_\_

### **MONTHLY FREQUENCY**

47. Social activities (recreational clubs, associations, etc.)

☐ 2 times a month or less

☐ 3 times a month or more For how many years? \_\_\_\_\_

48. Cinema, theatre

☐ 2 times a month or less

☐ 3 times a month or more For how many years? \_\_\_\_\_

49. Gardening, DIY, handwork, needlework, etc

☐ 2 times a month or less

☐ 3 times a month or more For how many years? \_\_\_\_\_

50. Looking after grandchildren or elderly parents

☐ 2 times a month or less

☐ 3 times a month or more For how many years? \_\_\_\_\_

51. Voluntary work

☐ 2 times a month or less

☐ 3 times a month or more For how many years? \_\_\_\_\_

52. Artistic activities (music, singing, painting, writing, etc.)

☐ 2 times a month or less

☐ 3 times a month or more For how many years? \_\_\_\_\_

### **ANNUAL FREQUENCY**

53. Exhibitions, concerts, conferences

☐ 2 times a year or less

☐ 3 times a year or more For how many years? \_\_\_\_\_

54. Journeys lasting several days

☐ 2 times a year or less

☐ 3 times a year or more For how many years? \_\_\_\_\_

55. Reading books

☐ 2 times a year or less

☐ 3 times a year or more For how many years? \_\_\_\_\_

### **CONTINUOUS**

56. Pet care

☐ Never/rarely

☐ Often/always For how many years? \_\_\_\_\_

57. Managing your own finances

☐ Never/rarely

☐ Often/always For how many years? \_\_\_\_\_

58. Do you have children?

☐ NO

☐ YES                      How many? \_\_\_\_\_

The following questions will ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer each question by choosing just one answer. If you are unsure how to answer a question, please give the best answer you can.

59. In general, how would you describe your health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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?

60. **Moderate activities** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- ☐ YES, limited a lot
- ☐ YES, limited a little
- ☐ NO, not limited at all

61. Climbing **several** flights of stairs

- ☐ YES, limited a lot
- ☐ YES, limited a little
- ☐ NO, not limited at all

During the last **4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

62. **Accomplished less** than you would like

- ☐ YES
- ☐ NO

63. Were limited in **certain types** of work or other activities

- ☐ YES



☐ NO

During the **Last 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

64. **Accomplished less** than you would like

☐ YES

☐ NO

65. Did work or activities **less carefully than usual**

☐ YES

☐ NO

66. During the past 4 weeks, how much did pain interfere with your normal activities (including work outside the home and housework)?

☐ Not at all

☐ A little bit

☐ Moderately

☐ Quite a bit

☐ Extremeley

These questions are about how you have been feeling during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**.

67. Have you felt calm and peaceful?

☐ Always

☐ Most of the time

☐ Often

☐ Sometimes

☐ Almost never

☐ Never

68. Did you have a lot of energy?

- ☐ Always
- ☐ Most of the time
- ☐ Often
- ☐ Sometimes
- ☐ Almost never
- ☐ Never

69. Have you felt down-hearted and blue?

- ☐ Always
- ☐ Most of the time
- ☐ Often
- ☐ Sometimes
- ☐ Almost never
- ☐ Never

70. During the past 4 weeks, how much of the time has your **physical health or emotional problems** interfered with your social activities among friends, relatives, etc?

- ☐ Always
- ☐ Most of the time
- ☐ Often
- ☐ Sometimes
- ☐ Never

### YOUR ATTITUDE TOWARDS TECHNOLOGY

The following questions will ask for your views and feelings about technology, whether you are enthusiast or not about new technologies, internet and the progressive digitalisation. Please, tell us how much you agree or disagree with each statement.

71. I think it's fun with new technological gadgets

- ☐ Completely disagree
- ☐ Disagree
- ☐ Unsure

- ☐ Agree
- ☐ Certainly agree

72. Using technology makes life easier for me

- ☐ Completely disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Certainly agree

73. I like to acquire the latest models or updates

- ☐ Completely disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Certainly agree

74. I am sometimes afraid of not being able to use the new technological devices

- ☐ Completely disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Certainly agree

75. Today, the technological progress is so fast that it's hard to keep up

- ☐ Completely disagree
- ☐ Disagree
- ☐ Unsure
- ☐ Agree
- ☐ Certainly agree

76. I would have dared to try new technical gadgets to a greater extent if I had had more support and help than I have today

☐ Completely disagree

☐ Disagree

☐ Unsure

☐ Agree

☐ Certainly agree

77. People who do not have access to the internet have a real disadvantage because of all that they are missing out on

☐ Completely disagree

☐ Disagree

☐ Unsure

☐ Agree

☐ Certainly agree

78. Too much technology makes society vulnerable

☐ Completely disagree

☐ Disagree

☐ Unsure

☐ Agree

☐ Certainly agree

---

**Thank you for your time!**

## ANNEX 2 – QUESTIONNAIRE IN FRENCH

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### ACTIVAGE

SUPPORTING AGEING ADULTS TO STAY ACTIVE  
Project 2020-1-IT02-KA204-080018



### Enquête

IO1

VERSION FINALE 22.06.2021



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ActivAge s'adresse à la population de **plus de 65 ans**, et propose une approche proactive visant à prévenir la dégradation psychophysique et l'exclusion sociale, et à **assurer le bien-être général de la population âgée**.

ActivAge développera un **Outil de recommandation personnalisé en ligne** qui offrira des conseils visant un vieillissement actif et en bonne santé. En outre, le **Centre de connaissances numériques ActivAge** fournira des informations sur les installations et services spécifiquement destinés aux personnes âgées et donnera accès à des ressources gratuites de formation continue.

**Cette enquête** vise à recueillir des informations sur le mode de vie et les habitudes actuels et passés des plus de 65 ans afin de comprendre quels facteurs (physiques, cognitifs, sociaux, etc.) ont le plus d'impact sur le bien-être de la population vieillissante.

L'enquête est divisée en deux parties:

- **Partie 1:** données générales et questionnaire de base (il faudra environ 10 minutes à remplir).
- **Partie 2 (facultative):** Questions supplémentaires qui approfondissent les modes de vie actuels et passés. À la fin de la partie 1, vous pouvez décider de continuer avec la partie 2 ou de mettre fin à l'enquête. La partie 2 prendra environ 12 à 15 minutes supplémentaires.

Les informations fournies dans le questionnaire sont **anonymes et strictement confidentielles** et seront agrégées et analysées dans leur ensemble. Aucune donnée personnelle permettant une identification ne sera collectée. Les données seront utilisées à des fins de recherche et spécifiquement à des fins de recherche menée dans le cadre du projet ActivAge, et pourront être publiées dans des rapports, des revues académiques ou d'autres contextes publics.

Les données collectées seront traitées conformément au règlement européen (RGPD: Règlement général sur la protection des données n ° 2016/679).

Vous pouvez arrêter l'enquête à tout moment. Vos réponses ne seront enregistrées qu'après la soumission finale.

Pour toute clarification, veuillez contacter [activage@uninettunouniversity.net](mailto:activage@uninettunouniversity.net)

**Merci** pour votre contribution à cette initiative en faveur du vieillissement sain et actif de notre population!

### Instructions:

Ce questionnaire vise à évaluer ce que vous pensez de votre santé et en particulier, à étudier comment vous restez actif. En répondant à certaines sections de ce questionnaire, veuillez considérer votre activité avant **la pandémie COVID-19**.

Veuillez répondre à chaque question du questionnaire en indiquant votre réponse. Si vous n'êtes pas sûr de la réponse, faites le choix qui vous semble le mieux.

Pour répondre à ce questionnaire, vous avez besoin d'environ 10 minutes.

### SECTION 1: INFORMATIONS GÉNÉRALES SOCIO-DÉMOGRAPHIQUES

1. Veuillez indiquer votre Pays de résidence:

- [1] France
- [2] Italie
- [3] Slovénie
- [4] autres

2. Veuillez indiquer votre âge:

- [1] 65-68
- [2] 69-72
- [3] 73 -76
- [4] 77 -80
- [5] plus de 80

3. Veuillez indiquer votre sexe:

- [1] Homme
- [2] Femme

4. Veuillez indiquer l'état de votre relation:

- [1] Célibataire
- [2] Marié(e) / en cohabitation
- [3] Divorcé(e)
- [4] Veuf/Veuve
- [5] autres

5. Veuillez indiquer votre niveau de scolarité:

[1] Enseignement primaire ou moins

[2] Enseignement secondaire

[3] Licence ou enseignement supérieur de 2 ans.

[4] Master, programme universitaire de 4 ans ou doctorat

6. Veuillez indiquer si vous êtes retraité:

[1] Oui

[2] Non

7. Veuillez indiquer votre emploi avant votre retraite, ou si vous n'êtes pas encore à la retraite:

[1] Employé(e) à temps plein

[2] Employé(e) à temps partiel

[3] Indépendant(e)

[4] Autres (inactifs, etc.)

8. Veuillez indiquer le nombre de membres du ménage (foyer):

[1] 1-2

[2] 3-4

[3] plus de 4

## SECTION 2: CONDITIONS PHYSIQUES ACTUELLES

9. En général, votre état de santé correspond à votre âge?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord



10. Maintenant, faites-vous un effort physique modéré (c.-à-d. Utiliser l'aspirateur, faire du vélo, jardiner, travailler dans la maison)?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

11. Aujourd'hui, pouvez-vous monter quelques étages d'escaliers?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

12. Dans quelle mesure êtes-vous préoccupé par votre état de santé?

[1] Pas du tout inquiet

[2] Ni inquiet ni pas inquiet

[3] Inquiet

### **SECTION 3: ACTIVITÉS EFFECTUÉES HEBDOMADAIRES (avant la pandémie COVID-19)**

13. Lisez-vous des livres, des revues au cours de la semaine (au moins 2 jours par semaine)?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

14. Êtes-vous autonome dans vos activités quotidiennes (c.-à-d., Faire les courses, faire les ménages, cuisiner)?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

15. Pendant votre temps libre, passez-vous au moins 3 jours par semaine à pratiquer des sports (c'est-à-dire marcher, nager)?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

16. Utilisez-vous au moins 2 jours par semaine des technologies telles que l'informatique, Internet?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

17. Passez-vous au moins 2 jours par semaine à des activités telles que des énigmes, jouer aux cartes, etc.?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

#### **SECTION 4: ACTIVITÉS RÉALISÉES MENSUELLEMENT (avant la pandémie COVID-19)**

18. Passez-vous au moins 4 jours par mois à des activités sociales telles que sortir avec des amis, les rencontrer dans des centres / clubs pour personnes âgées, etc.?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

19. Allez-vous au moins 2 jours par mois dans le cinéma ou les théâtres?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

20. Passez-vous au moins 4 jours par mois à vous occuper des membres de votre famille tels que les petits-enfants où les parents âgés?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

21. Passez-vous au moins 4 jours par mois à des activités artistiques (jouer d'un instrument, peindre, écrire, etc.)?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

22. Participez-vous au moins 2 jours par mois à des activités bénévoles?

[1] Pas d'accord

[2] Ni d'accord ni en désaccord

[3] D'accord

## SECTION 5: ACCÈS AUX TECHNOLOGIES DE L'INFORMATION ET DE LA COMMUNICATION

23. Est-ce que vous ou un membre de votre foyer avez accès à au moins un des appareils suivants  
- ordinateur, ordinateur portable, tablette, netbook?

[1] Oui

[2] Non

24. Est-ce que vous ou un membre de votre ménage avez accès à Internet à la maison?

[1] Oui

[2] Non

25. Est-ce que vous ou un membre de votre ménage avez accès à un smartphone à la maison?

[1] Oui

[2] Non

---

**Merci pour votre temps!**

Si vous acceptez de fournir des informations supplémentaires, veuillez passer à la **Partie 2** du questionnaire.

Sinon, vous pouvez vous arrêter ici.

## Parte 2

26. Votre âge: \_\_\_\_\_

27. Votre poids: \_\_\_\_\_

28. Votre taille: \_\_\_\_\_

29. Fumez-vous?

☐ Oui

☐ Non

30. Si oui, depuis combien d'années fumez-vous? \_\_\_\_\_

31. Si NON, êtes -vous un ancien fumeur?

☐ Oui                      Combien d'années avez-vous fumé ? \_\_\_\_\_

Depuis combien d'années avez-vous arrêté? \_\_\_\_\_

☐ Non

32. Votre régime alimentaire est:

☐ Omnivore

☐ Végétalien                      Depuis combien d'années? \_\_\_\_\_

☐ Végétarien                      Depuis combien d'années? \_\_\_\_\_

☐ Autre (spécifier) \_\_\_\_\_ Depuis combien d'années? \_\_\_\_\_

33. Souffrez-vous de maladies chroniques?

☐ Oui                      Veuillez préciser \_\_\_\_\_

☐ Non

34. Pratiquez-vous actuellement une activité physique?

☐ Oui                      Veuillez préciser laquelle \_\_\_\_\_

Combien d'heures par semaine? \_\_\_\_\_

☐ Non

35. Dans votre vie d'adulte (depuis vos 18 ans) avez-vous pratiqué une activité physique dans le passé?

☐ Oui Combien d'heures par semaine? \_\_\_\_\_

Pour combien d'années? \_\_\_\_\_

☐ Non

36. Menez-vous des activités cognitives? (mots croisés, lecture, échecs, stimulation cognitive, cercles littéraires, chant, jouer d'un instrument, etc.)

☐ Oui Veuillez préciser lesquelles \_\_\_\_\_

Combien d'heures par semaine? \_\_\_\_\_

☐ Non

37. Faites-vous de la méditation, de la pleine conscience, du yoga??

☐ Oui

☐ Non

38. Au cours du dernier mois, comment décririez-vous la qualité de votre sommeil?

☐ Très bonne

☐ Assez bonne

☐ Plutôt mauvaise

☐ Très mauvaise

39. Depuis l'âge de 6 ans, combien d'années de scolarisation avez-vous? \_\_\_\_\_

40. Avez-vous suivi des cours de formation??

☐ Oui Veuillez préciser quel type \_\_\_\_\_

Pour combien d'années?? \_\_\_\_\_

☐ Non

41. Quel travail avez-vous fait? Combien de temps? (signaler toute profession exercée, même si elle est exercée simultanément avec d'autres)

Profession	Durée en années

Au cours de votre vie adulte (**à partir de 18 ans**), avez-vous exercé régulièrement l'une des activités énumérées ci-dessous, et pendant combien d'années?

Si les fréquences ont beaucoup changé au fil des ans, veuillez indiquer la plus élevée (par exemple si une personne conduit depuis environ 30 ans chaque jour, mais n'a conduit qu'une fois par semaine au cours des 15 dernières années, répondez « 3 fois ou plus »).

Dans la colonne «depuis combien d'années», indiquez le nombre d'années au cours desquelles l'activité a été exercée, même si elle n'a pas été exercée depuis des années.

S'il y a eu des interruptions significatives, indiquez la période la plus longue pendant laquelle l'activité a été exercée en continu.

### **ACTIVITÉS À FRÉQUENCE HEBDOMADAIRE**

42. Lecture de journaux et de revues

☐ 2 fois par semaine ou moins

☐ 3 fois par semaine ou plus. Pour combien d'années? \_\_\_\_\_

43. Activités domestiques (cuisiner, faire lalessive, repasser, faire le ménage, etc.)

☐ 2 fois par semaine ou moins

☐ 3 fois par semaine ou plus. Pour combien d'années? \_\_\_\_\_

44. Conduite (exclure la bicyclette)

☐ 2 fois par semaine ou moins

☐ 3 fois par semaine ou plus. Pour combien d'années? \_\_\_\_\_

45. Loisirs (sports, danse, billard, échecs, jouer aux cartes, numismatique, etc.)

☐ 2 fois par semaine ou moins

☐ 3 fois par semaine ou plus. Pour combien d'années? \_\_\_\_\_

46. Utilisation de nouvelles technologie (computer, navigateurs satellitaires, etc.)

☐ 2 fois par semaine ou moins

☐ 3 fois par semaine ou plus. Pour combien d'années? \_\_\_\_\_

### **ACTIVITÉS À FRÉQUENCE MENSUELLE**

47. Activités sociales (fréquentation de cercles, paroisse, associations culturelles, etc.)

☐ 2 fois par mois ou moins

☐ 3 fois par mois ou plus. Pour combien d'années? \_\_\_\_\_

48. Cinéma, théâtre

☐ 2 fois par mois ou moins

☐ 3 fois par mois ou plus. Pour combien d'années? \_\_\_\_\_

49. Jardinage, bricolage, tricotage, broderie, etc.

☐ 2 fois par mois ou moins

☐ 3 fois par mois ou plus. Pour combien d'années? \_\_\_\_\_

50. S'occuper des petits enfants ou de parents âgés

☐ 2 fois par mois ou moins

☐ 3 fois par mois ou plus. Pour combien d'années? \_\_\_\_\_

51. Activités de bénévolat

☐ 2 fois par mois ou moins

☐ 3 fois par mois ou plus. Pour combien d'années? \_\_\_\_\_

52. Activités artistiques (écrire, faire de la peinture, jouer d'un instrument, etc.)

☐ 2 fois par mois ou moins

☐ 3 fois par mois ou plus. Pour combien d'années? \_\_\_\_\_

**ACTIVITÉS À FRÉQUENCE ANNUELLE**

53. Expositions, concerts, conférences

☐ 2 fois par année ou moins

☐ 3 fois par année ou plus. Pour combien d'années? \_\_\_\_\_

54. Voyages de plusieurs jours

☐ 2 fois par année ou moins

☐ 3 fois par année ou plus. Pour combien d'années? \_\_\_\_\_

55. Lecture de livres

☐ 2 fois par année ou moins

☐ 3 fois par année ou plus. Pour combien d'années? \_\_\_\_\_

**ACTIVITÉS À FRÉQUENCE FIXE**

56. Soins des animaux domestiques

☐ Jamais/Rarement

☐ Souvent/Toujours. Pour combien d'années? \_\_\_\_\_

57. Gestion du compte courant bancaire

☐ Jamais/Rarement

☐ Souvent/Toujours Pour combien d'années? \_\_\_\_\_

58. Avez-vous des enfants?

☐ Non

☐ Oui Combien? \_\_\_\_\_



**CES QUESTIONS SONT VISÉES À ÉVALUER CE QUE VOUS PENSEZ DE VOTRE SANTÉ. SI VOUS NE VOUS SENTEZ PAS SÛR DE LA RÉPONSE, FAITES LE CHOIX QUI VOUS CONVIENT LE MIEUX.**

59. Dans l'ensemble, pensez-vous que votre santé est:

- ☐ Excellente
- ☐ Très bonne
- ☐ Bonne
- ☐ Médiocre
- ☐ Mauvaise

Les questions suivantes concernent certaines des activités que vous pourriez faire un jour donné. En raison de votre état de santé actuel, êtes-vous limité dans la réalisation des activités suivantes ?

60. Des efforts physiques modérés (déplacer une table, passer l'aspirateur, jouer aux boules...)?

- ☐ Oui, beaucoup limité
- ☐ Oui, un peu limité
- ☐ Non, pas du tout limité

61. Monter plusieurs étages par l'escalier

- ☐ Oui, beaucoup limité
- ☐ Oui, un peu limité
- ☐ Non, pas du tout limité

Au cours de ces 4 dernières semaines, et en raison de votre état physique :

62. avez-vous accompli moins de choses que vous auriez souhaité

- ☐ Oui
- ☐ Non

63. avez-vous été limité pour faire certaines choses

- ☐ Oui
- ☐ Non

Au cours de ces 4 dernières semaines, et en raison de votre état émotionnel (comme vous sentir triste, nerveux ou déprimé) :

64. avez-vous accompli moins de choses que vous auriez souhaité ?

☐ Oui

☐ Non

65. avez-vous eu des difficultés à faire ce que vous aviez à faire avec autant de soin et d'attention que d'habitude ?

☐ Oui

☐ Non

66. Au cours de ces 4 dernières semaines, dans quelle mesure vos douleurs physiques vous ont-elles limité dans votre travail ou vos activités domestiques ?

☐ Pas du tout

☐ Un petit peu

☐ Moyennement

☐ Beaucoup

☐ Enormément

Les questions qui suivent portent sur comment vous vous êtes senti au cours de ces 4 dernières semaines. Pour chaque question, indiquez la réponse qui vous semble la plus appropriée.

67. Y a-t-il eu des moments où vous vous êtes senti calme et détendu?

☐ Toujours

☐ La plupart du temps

☐ Souvent

☐ Parfois

☐ Presque jamais

☐ Jamais

68. Y a t-il eu des moments où vous vous êtes senti débordant d'énergie?

- ☐ Toujours
- ☐ La plupart du temps
- ☐ Souvent
- ☐ Parfois
- ☐ Presque jamais
- ☐ Jamais

69. Y a t-il eu des moments où vous vous êtes senti triste et abattu?

- ☐ Toujours
- ☐ La plupart du temps
- ☐ Souvent
- ☐ Parfois
- ☐ Presque jamais
- ☐ Jamais

70. Au cours de ces 4 dernières semaines, y a t-il eu des moments où votre état de santé physique ou émotionnel vous a gêné dans votre vie sociale et vos relations avec les autres, votre famille, vos amis, vos connaissances?

- ☐ Toujours
- ☐ La plupart du temps
- ☐ Souvent
- ☐ Parfois
- ☐ Jamais

### ATTITUDES ET CONVICTIONS SUR LES TECHNOLOGIES

Les questions suivantes visent à sonder votre point de vue sur la technologie et à déterminer si vous êtes ou non enthousiasmé par les nouvelles technologies, Internet et la numérisation progressive. Veuillez indiquer dans quelle mesure vous êtes d'accord ou en désaccord avec chacun des énoncés suivants.

71. Je pense que les nouveaux gadgets technologiques sont amusants

- ☐ Pas du tout d'accord
- ☐ Pas d'accord
- ☐ Pas sur
- ☐ D'accord
- ☐ Tout à fait d'accord

72. L'utilisation des technologies me facilite la vie

- ☐ Pas du tout d'accord
- ☐ Pas d'accord
- ☐ Pas sur
- ☐ D'accord
- ☐ Tout à fait d'accord

73. J'aime avoir toujours les derniers modèles sur le marché

- ☐ Pas du tout d'accord
- ☐ Pas d'accord
- ☐ Pas sur
- ☐ D'accord
- ☐ Tout à fait d'accord

74. Je crains parfois de ne pas pouvoir utiliser les nouvelles technologies

- ☐ Pas du tout d'accord
- ☐ Pas d'accord
- ☐ Pas sur
- ☐ D'accord
- ☐ Tout à fait d'accord

75. Aujourd'hui le progrès technologique est si rapide qu'il est difficile de de suivre le rythme

- ☐ Pas du tout d'accord
- ☐ Pas d'accord
- ☐ Pas sur
- ☐ D'accord
- ☐ Tout à fait d'accord

76. J'aimerais essayer encore plus de nouveaux gadgets technologiques, si seulement j'avais plus de soutien et d'aide

- ☐ Pas du tout d'accord
- ☐ Pas d'accord
- ☐ Pas sur
- ☐ D'accord
- ☐ Tout à fait d'accord

77. Les personnes qui n'ont pas accès à Internet sont vraiment désavantagées car elles doivent renoncer à tout ce qu'offre Internet

- ☐ Pas du tout d'accord
- ☐ Pas d'accord
- ☐ Pas sur
- ☐ D'accord
- ☐ Tout à fait d'accord

78. La présence d'une trop grande quantité de technologie rend la société vulnérable

- ☐ Pas du tout d'accord
- ☐ Pas d'accord
- ☐ Pas sur
- ☐ D'accord
- ☐ Tout à fait d'accord

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**Merci pour votre temps!**

## ANNEX 3 – QUESTIONNAIRE IN ITALIAN

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ACTIVAGE

SUPPORTING AGEING ADULTS TO STAY ACTIVE

Project 2020-1-IT02-KA204-080018

SONDAGGIO

IO1

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**ActivAge – Sostegno per un invecchiamento attivo** è un progetto finanziato dal Programma Erasmus+ della Commissione Europea e realizzato da Università Telematica Internazionale UNINETTUNO (Italia), Znanstveno-Rasiskovalno Sredisce Koper (Slovenia), FIN Plus Trieste (Italia), Lunga Vita Attiva (Italia), Università Cattolica di Lille (Francia) e Università di Maribor (Slovenia).

ActivAge si rivolge alla **popolazione ultrasessantacinquenne**, e propone un approccio proattivo volto a prevenire il degrado psicofisico e l'esclusione sociale, e ad assicurare il **benessere generale della popolazione in età avanzata**.

ActivAge svilupperà uno **strumento online di raccomandazione personalizzata** che offrirà consigli finalizzati ad un invecchiamento attivo e in buona salute. Inoltre, l'**ActivAge Digital Knowledge Center** (Centro digitale del Sapere ActivAge) fornirà informazioni sulle strutture e sui servizi rivolti specificatamente alla popolazione in età avanzata, e fornirà l'accesso a risorse gratuite di educazione permanente.

**Questo sondaggio** ha lo scopo di raccogliere informazioni sullo stile di vita e sulle abitudini attuali e passate degli ultrasessantacinquenni al fine di comprendere quali fattori (fisici, cognitivi, sociali, ecc.) incidono maggiormente sul benessere della popolazione che invecchia.

Il sondaggio è diviso in due parti:

- **Parte 1:** dati generali e questionario base (il completamento richiederà circa 10 minuti).
- **Parte 2 (facoltativa):** domande aggiuntive che sondano in modo più approfondito gli stili di vita attuali e passati. Al termine della Parte 1 è possibile decidere se continuare con la Parte 2 o terminare il sondaggio. Il completamento della parte 2 richiederà circa altri 12-15 minuti.

Le informazioni fornite nel questionario sono **anonime e strettamente riservate** e verranno aggregate e analizzate nel loro insieme. Non verranno raccolti dati personali che consentono l'identificazione. I dati verranno utilizzati per scopi di ricerca e specificamente per gli scopi della ricerca svolta nell'ambito del progetto ActivAge, e potranno essere pubblicati in rapporti, riviste accademiche o in altri contesti pubblici.

I dati raccolti verranno trattati nel rispetto delle leggi europee (GDPR: General Data Protection Regulation n.2016 / 679) e italiane (Decreto Legislativo 30 giugno 2003 n. 196 testo integrato con le modifiche introdotte dal Decreto Legislativo 10 agosto 2018, n. 101).

Può interrompere il sondaggio a qualsiasi momento. Le Sue risposte saranno registrate soltanto dopo l'invio finale.

Per qualsiasi chiarimento contattare [activage@uninettunouniversity.net](mailto:activage@uninettunouniversity.net)

**Grazie** per il suo contributo a questa iniziativa a sostegno dell'invecchiamento sano e attivo della nostra popolazione!

## Parte 1

**Istruzioni:** Questo questionario ha lo scopo di valutare ciò che pensa del Suo stato di salute e, soprattutto, di studiare la modalità attraverso cui si mantiene attivo. Per le risposte presenti in alcune sezioni di questo questionario La preghiamo di considerare il Suo livello di attività **prima della pandemia di COVID-19**.

Per favore, risponda a tutte le domande del questionario. Se non è sicuro della risposta, faccia la scelta che Le sembra migliore.

Per rispondere a questo questionario occorreranno circa 10 minuti.

### SEZIONE 1: INFORMAZIONI SOCIO-DEMOGRAFICHE DI BASE

1. Per favore, indichi la Sua Nazione di residenza:

- [1] Francia
- [2] Italia
- [3] Slovenia
- [4] Altro

2. Per favore, indichi la Sua fascia d'età:

- [1] 65-68
- [2] 69-72
- [3] 73 -76
- [4] 77 -80
- [5] più di 80

3. Per favore, indichi il Suo genere:

- [1] Uomo
- [2] Donna

4. Per favore, indichi il Suo stato civile:

- [1] Single
- [2] Sposato/convivente
- [3] Divorziato/a



[4] Vedovo/a

[5] Altro

5. Per favore, indichi il Suo titolo di studio:

[1] Licenza media inferiore o meno

[2] Licenza media superiore

[3] Laurea

[4] Specializzazione, Master o Dottorato di Ricerca

6. Per favore indichi se è in pensione:

[1] Sì

[2] No

7. Per favore, indichi il tipo di lavoro che ha svolto prima di andare in pensione, o che attualmente svolge se non è ancora in pensione:

[1] Impiegato a tempo pieno

[2] Impiegato a tempo parziale

[3] Lavoratore autonomo

[4] Altro, (inattivo, non incluso nella forza lavoro, ecc)

8. Per favore, indichi il numero di componenti del Suo nucleo familiare:

[1] 1-2

[2] 3-4

[3] più di 4

## **SEZIONE 2: CONDIZIONI FISICHE ATTUALI**

9. In generale, il Suo stato di salute è in linea con la sua età?

[1] In disaccordo

[2] Né in accordo né in disaccordo

[3] D'accordo

10. Attualmente, svolge attività fisiche che prevedono uno sforzo moderato (per es., usare l'aspirapolvere, andare in bicicletta, fare giardinaggio, attività domestiche)?

[1] In disaccordo

[2] Né in accordo né in disaccordo

[3] D'accordo

11. Oggi, potrebbe salire qualche piano di scale?

[1] In disaccordo

[2] Né in accordo né in disaccordo

[3] D'accordo

12. Quanto è preoccupato per le Sue condizioni di salute?

[1] Per niente preoccupato

[2] Né preoccupato né non preoccupato

[3] Preoccupato

### SEZIONE 3: ATTIVITA' SVOLTE SETTIMANALMENTE (prima della pandemia COVID- 19)

13. In una settimana, legge spesso libri e riviste (almeno 2 volte a settimana)?

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

14. E' autonomo nelle Sue attività quotidiane (es. fare la spesa, pulire la casa, cucinare)?

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

15. Nel tempo libero, pratica sport almeno 3 volte a settimana (es. camminare, nuotare)?

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

16. Utilizza tecnologie come Computer, Internet almeno 2 volte a settimana?

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

17. Pratica almeno 2 volte a settimana attività come l'enigmistica, giochi di carte ecc.

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

#### **SEZIONE 4: ATTIVITÀ SVOLTE MENSILMENTE (prima della pandemia COVID-19)**

18. Svolge attività sociali come uscire con gli amici, incontrarli in centri/club per anziani, ecc. almeno 4 volte al mese?

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

19. Va al cinema o a teatro almeno 2 volte al mese?

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

20. Trascorre almeno 4 giorni al mese a prendersi cura di familiari, ad esempio nipoti o genitori anziani?

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

21. Svolge attività artistiche (suonare uno strumento, dipingere, scrivere, ecc.) almeno 4 volte al mese?

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

22. Pratica attività di volontariato almeno 2 giorni al mese?

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

## **SEZIONE 5: ACCESSO ALLE TECNOLOGIE DELL'INFORMAZIONE E DELLA COMUNICAZIONE**

23. Lei o un membro della Sua famiglia ha accesso ad almeno uno dei seguenti dispositivi: computer, laptop, tablet, netbook?

[1] Sì

[2] No

24. Lei o un membro della Sua famiglia ha accesso a Internet a casa?

[1] Sì

[2] No

25. Lei o un membro della Sua famiglia ha accesso a uno smartphone a casa?

[1] Sì

[2] No

**Grazie per il Suo tempo!**

Se accetta di fornire alcuni dati aggiuntivi, proceda alla **Parte 2** del questionario.

Altrimenti, può fermarsi qui.

## Parte 2

26. La Sua età: \_\_\_\_\_

27. Il Suo peso: \_\_\_\_\_

28. La Sua altezza: \_\_\_\_\_

29. Fuma?

☐ Sì

☐ No

30. Se Sì', da quanti anni fuma? \_\_\_\_\_

31. Se NO, è un ex fumatore?

☐ Sì

Per quanti anni ha fumato \_\_\_\_\_

Da quanti anni ha smesso? \_\_\_\_\_

☐ No

32. La Sua alimentazione è:

☐ Onnivora

☐ Vegana. Da quanti anni? \_\_\_\_\_

☐ Vegetariana. Da quanti anni? \_\_\_\_\_

☐ Altro (specificare) \_\_\_\_\_. Da quanti anni? \_\_\_\_\_

33. E' affetto da patologie croniche?

☐ Sì Per favore specifichi \_\_\_\_\_

☐ No

34. Attualmente fa attività fisica?

☐ Sì Per favore specifichi quale \_\_\_\_\_

Per quante ore a settimana? \_\_\_\_\_

☐ No

35. Nella sua vita adulta (a partire dai 18 anni) ha svolto attività fisica?

☐ Sì                      Quante ore a settimana? \_\_\_\_\_

Per quanti anni? \_\_\_\_\_

☐ No

36. Svolge attività cognitive (cruciverba, lettura, scacchi, stimolazioni cognitive, circoli letterari, canto, suona uno strumento, ecc.)

☐ Sì                      Per favore specifichi quale: \_\_\_\_\_

Quante ore a settimana? \_\_\_\_\_

☐ No

37. Fa meditazione, mindfulness, yoga?

☐ Sì

☐ No

38. Durante l'ultimo mese come descriverebbe la qualità del Suo sonno?

☐ Molto buona

☐ Abbastanza buona

☐ Abbastanza cattiva

☐ Molto cattiva

39. A partire dai 6 anni, quanti anni di scuola ha completato? (non calcolare le bocciature):

\_\_\_\_\_

40. Ha frequentato corsi di formazione?

☐ Sì.                      Per favore specifichi di che tipo \_\_\_\_\_

Per quanti anni? \_\_\_\_\_

☐ No

41. Che lavoro/i ha svolto? Per quanto tempo? (riportare ogni professione esercitata, anche se svolta in contemporanea con altre)

Professione	Durata in anni

Durante la sua vita adulta (**dai 18 anni in seguito**), ha svolto con regolarità qualcuna delle attività elencate sotto, e per quanti anni?

Se le frequenze sono molto cambiate negli anni, risponda secondo quella più alta (ad esempio se una persona ha guidato per circa 30 anni tutti i giorni, ma negli ultimi 15 anni ha guidato solo una due volte alla settimana, allora si risponda 3 volte o più).

Nella colonna “per quanti anni” riportare il numero di anni in cui l'attività è stata esercitata, anche se non svolta più da anni.

Se ci sono state interruzioni significative, indicare il periodo più lungo durante il quale ha svolto l'attività in modo continuativo.

#### **FREQUENZA SETTIMANALE**

42. Lettura di giornali e settimanali

☐ 2 volte a settimana o meno

☐ 3 volte a settimana o più. Per quanti anni? \_\_\_\_\_

43. Attività domestiche (cucinare, lavare, stirare, fare la spesa ecc.)

☐ 2 volte a settimana o meno

☐ 3 volte a settimana o più. Per quanti anni? \_\_\_\_\_

44. Guida (escluse biciclette)

☐ 2 volte a settimana o meno

☐ 3 volte a settimana o più. Per quanti anni? \_\_\_\_\_



45. Attività di tempo libero (sport, caccia, scacchi, ballo, carte, bocce, enigmistica ecc.)

☐ 2 volte a settimana o meno

☐ 3 volte a settimana o più. Per quanti anni? \_\_\_\_\_

46. Uso di nuove tecnologie (smartphone, computer, internet ecc.)

☐ 2 volte a settimana o meno

☐ 3 volte a settimana o più. Per quanti anni? \_\_\_\_\_

### **FREQUENZA MENSILE**

47. Attività sociali (cene con amici, circoli, pro loco, dopolavoro ecc.)

☐ 2 volte al mese o meno

☐ 3 volte al mese o più. Per quanti anni? \_\_\_\_\_

48. Cinema, teatro

☐ 2 volte al mese o meno

☐ 3 volte al mese o più. Per quanti anni? \_\_\_\_\_

49. Cura dell'orto, giardinaggio, tinta alle pareti, lavori di idraulica, maglia, ricamo ecc.

☐ 2 volte al mese o meno

☐ 3 volte al mese o più. Per quanti anni? \_\_\_\_\_

50. Provvedere ai nipoti o ai genitori anziani

☐ 2 volte al mese o meno

☐ 3 volte al mese o più. Per quanti anni? \_\_\_\_\_

51. Attività di volontariato

☐ 2 volte al mese o meno

☐ 3 volte al mese o più. Per quanti anni? \_\_\_\_\_

52. Attività artistiche (suonare uno strumento, cantare, recitare, dipingere, scrivere, ecc...)

☐ 2 volte al mese o meno

☐ 3 volte al mese o più. Per quanti anni? \_\_\_\_\_

### **FREQUENZA ANNUALE**

53. Mostre, concerti, conferenze

☐ 2 volte all'anno o meno

☐ 3 volte all'anno o più.

Per quanti anni? \_\_\_\_\_

54. Viaggi di più giorni

☐ 2 volte all'anno o meno

☐ 3 volte all'anno o più.

Per quanti anni? \_\_\_\_\_

55. Lettura di libri

☐ 2 volte all'anno o meno

☐ 3 volte all'anno o più.

Per quanti anni? \_\_\_\_\_

### **ATTIVITA' CON FREQUENZA FISSA**

56. Cura di animali domestici

☐ Mai/Raramente

☐ Spesso/Sempre.

Per quanti anni? \_\_\_\_\_

57. Gestione del conto corrente in banca

☐ Mai/Raramente

☐ Spesso/Sempre.

Per quanti anni? \_\_\_\_\_

58. Ha figli?

☐ No

☐ Sì.

Quanti? \_\_\_\_\_

**QUESTE DOMANDE INTENDONO VALUTARE COSA LEI PENSA DELLA SUA SALUTE. SE NON SI SENTE CERTO DELLA RISPOSTA, EFFETTUI LA SCELTA CHE COMUNQUE LE SEMBRA MIGLIORE.**

59. In generale, direbbe che la Sua salute è:

☐ Eccellente

☐ Molto buona

- ☐ Buona
- ☐ Passabile
- ☐ Scadente

Le seguenti domande riguardano alcune attività che potrebbe svolgere nel corso di una qualsiasi giornata. La **Sua salute** La limita **attualmente** nello svolgimento di queste attività?

60. Attività di **moderato impegno fisico** come spostare un tavolo, usare l'aspirapolvere, giocare a bocce o fare un giro in bicicletta

- ☐ Sì, mi limita parecchio
- ☐ Sì, mi limita parzialmente
- ☐ No, non mi limita per nulla

61. Salire **qualche** piano di scale

- ☐ Sì, mi limita parecchio
- ☐ Sì, mi limita parzialmente
- ☐ No, non mi limita per nulla

Nelle **ultime 4 settimane**, ha riscontrato i seguenti problemi nelle attività quotidiane o sul lavoro, **a causa della Sua salute fisica**:

62. Ha **reso** meno di quanto avrebbe voluto

- ☐ Sì
- ☐ No

63. Ha dovuto limitare alcuni **tipi** di lavoro o di altre attività

- ☐ Sì
- ☐ No

Nelle **ultime 4 settimane**, ha riscontrato i seguenti problemi nelle altre attività quotidiane o sul lavoro, **a causa del Suo stato emotivo** (quale il sentirsi depresso o ansioso)?

64. Ha **reso** meno di quanto avrebbe voluto

☐ SÌ

☐ No

65. Ha avuto un calo di **concentrazione** nelle attività

☐ SÌ

☐ No

66. Nelle ultime 4 settimane, in che misura il **dolore** l'ha ostacolata nelle attività che svolge abitualmente (sia in casa sia fuori casa)?

☐ Per nulla

☐ Molto poco

☐ Un po'

☐ Molto

☐ Moltissimo

Le seguenti domande si riferiscono a come si è sentito nelle **ultime 4 settimane**. Risponda a ciascuna domanda scegliendo la risposta che più si avvicina al Suo caso. Per quanto tempo nelle **ultime 4 settimane** si è sentito ...

67. Calmo e sereno?

☐ Sempre

☐ Quasi sempre

☐ Spesso

☐ Una parte del tempo

☐ Quasi mai

☐ Mai

68. Pieno di energia

- ☐ Sempre
- ☐ Quasi sempre
- ☐ Spesso
- ☐ Una parte del tempo
- ☐ Quasi mai
- ☐ Mai

69. Scoraggiato e triste

- ☐ Sempre
- ☐ Quasi sempre
- ☐ Spesso
- ☐ Una parte del tempo
- ☐ Quasi mai
- ☐ Mai

70. Nelle ultime 4 settimane, per quanto tempo la Sua **salute fisica o il Suo stato emotivo** hanno interferito nelle sue attività sociali, in famiglia, con gli amici?

- ☐ Sempre
- ☐ Quasi sempre
- ☐ Una parte del tempo
- ☐ Quasi mai
- ☐ Mai

#### **ATTEGGIAMENTI E CONVINZIONI SULLE TECNOLOGIE**

Le seguenti domande hanno lo scopo di sondare le Sue opinioni a proposito della tecnologia, e se Lei è entusiasta o meno delle nuove tecnologie, di internet e della progressiva digitalizzazione. Per favore, indichi quanto è d'accordo o in disaccordo con ognuna delle seguenti affermazioni.

71. Penso che i nuovi gadget tecnologici siano divertenti

- ☐ In completo disaccordo
- ☐ In disaccordo
- ☐ Incerto
- ☐ D'accordo

☐ Certamente d'accordo

72. L'utilizzo delle tecnologie rende la mia vita più semplice

☐ In completo disaccordo

☐ In disaccordo

☐ Incerto

☐ D'accordo

☐ Certamente d'accordo

73. Mi piace avere sempre gli ultimi modelli usciti sul mercato

☐ In completo disaccordo

☐ In disaccordo

☐ Incerto

☐ D'accordo

☐ Certamente d'accordo

74. Qualche volta sono preoccupato di non essere in grado di utilizzare le nuove tecnologie

☐ In completo disaccordo

☐ In disaccordo

☐ Incerto

☐ D'accordo

☐ Certamente d'accordo

75. Al giorno d'oggi, il progresso tecnologico è così veloce che è difficile stargli dietro

☐ In completo disaccordo

☐ In disaccordo

☐ Incerto

☐ D'accordo

☐ Certamente d'accordo

76. Vorrei provare nuovi gadget tecnologici ancora di più di quanto faccio, se solo avessi più supporto e aiuto di quello che ho oggi

☐ In completo disaccordo

☐ In disaccordo

☐ Incerto

- ☐ D'accordo
- ☐ Certamente d'accordo

77. Le persone che non hanno accesso a internet sono realmente svantaggiate perché si perdono tutto ciò che la rete offre

- ☐ In complete disaccordo
- ☐ In disaccordo
- ☐ Incerto
- ☐ D'accordo
- ☐ Certamente d'accordo

78. La presenza di così tanta tecnologia rende la società vulnerabile

- ☐ In complete disaccordo
- ☐ In disaccordo
- ☐ Incerto
- ☐ D'accordo
- ☐ Certamente d'accordo

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**Grazie per il Suo tempo!**

## ANNEX 4 – QUESTIONNAIRE IN SLOVENIAN

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ACTIVAGE

PODPORA STARAJOČEMU SE PREBIVALSTVU, DA OSTANE AKTIVNO

Projekt 2020-1-IT02-KA204-080018

VPRAŠALNIK

IO1

Različica 27. 5. 2021



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Podpora Evropske komisije za izdajo te publikacije ne pomeni podpore njeni vsebini, ki odseva izključno poglede avtorjev.



**ActivAge – Podpora starajočemu se prebivalstvu, da ostane aktivno**, je projekt, ki ga financira program Evropske komisije Erasmus+, izvajajo pa ga Univerza UNINETTUNO (Italija), Znanstveno-raziskovalno središče Koper (Slovenija), FIN Plus Trieste (Italija), Lunga Vita Attiva (Italija), Katoliška univerza v Lillu (Francija) in Univerza v Mariboru (Slovenija).

Ciljna skupina projekta ActivAge so osebe, stare **nad 65 let**, ki so še vedno **aktivne**. Projekt razvija proaktiven pristop za preprečevanje psihofizičnega nazadovanja in socialne izključitve ter zagotavljanje splošnega dobrega počutja starajočega se prebivalstva.

V sklopu projekta ActivAge bomo razvili **spletno orodje z naborom priporočil** za končne uporabnike, ki bodo tako prejeli svojim potrebam prilagojene nasvete za aktivno in zdravo staranje. Poleg tega bo **Digitalni center znanja ActivAge** nudil informacije o razpoložljivih kapacitetah in storitvah, namenjenih srebrni generaciji, ter dostop do digitalnih virov za e-učenje.

**Vprašalnik** je namenjen zbiranju informacij o trenutnem in preteklem življenjskem slogu ter navadah oseb, starih nad 65 let, ki nam bodo pomagale razumeti, kateri dejavniki (fizični, kognitivni, socialni itd.) imajo največji vpliv na dobro počutje starajočega se prebivalstva.

Vprašalnik je sestavljen iz dveh delov:

**1. del:** glavni vprašalnik s splošnimi vprašanji; izpolnjevanja traja približno 10 minut.

**2. del (neobvezen):** dodatna vprašanja, ki bodo pripomogla h globljemu razumevanju vašega stanja. Ko boste izpolnili 1. del vprašalnika, se lahko odločite, ali želite nadaljevati z 2. delom ali ne. Izpolnjevanje 2. dela traja med 12 in 15 minut.

Informacije, ki jih boste podali v vprašalniku, so **anonimne in strogo zaupne narave** ter bodo obdelane kot celota. Podatki, ki jih bomo od vas pridobili, ne bodo omogočali vaše identifikacije. Podatke bomo uporabili za namene raziskave, ki jo bomo izvedli v okviru projekta ActiveAge, in bodo lahko objavljeni v poročilih, znanstvenih revijah in drugih javnih kontekstih. Vsi podatki, ki jih bomo pridobili, bodo obdelani v skladu z Uredbo (EU) 2016/679 o varstvu posameznikov pri obdelavi osebnih podatkov.

Z izpolnjevanjem vprašalnika lahko kadar koli prenehate. Vaši odgovori se bodo zabeležili šele po oddaji zadnjega odgovora.

Za dodatna pojasnila, prosimo, pišite na e-naslov [activage@uninettunouniversity.net](mailto:activage@uninettunouniversity.net)

**Zahvaljujemo se vam** za vaš prispevek k tej raziskavi in za vašo podporo aktivnemu in zdravemu staranju.

## 1. del

**Navodila:** Vprašalnik preverja, kaj menite o svojem zdravstvenem stanju in na kakšen način ohranjate svojo aktivnost. V nekaterih delih vprašalnika vas prosimo za odgovor, ki se nanaša na vašo aktivnost **pred pandemijo COVIDa 19**.

Prosimo, odgovorite na vsa vprašanje, tako da označite svoj odgovor. Če niste prepričani, kateri odgovor bi izbrali, označite tistega, ki se vam zdi najustreznejši.

Izpolnjevanje vprašalnika traja približno 10 minut.

### 1. DEL: SOCIODEMOGRAFSKA VPRAŠANJA

1. Prosimo, označite, v kateri državi živite.

- [1] Francija
- [2] Italija
- [3] Slovenija
- [4] drugo

2. Prosimo, označite svojo starost.

- [1] 65 – 68
- [2] 69-72
- [3] 73 -76
- [4] 77 -80
- [5] nad 80

3. Prosimo, označite, katerega spola ste.

- [3] moški
- [4] ženski

4. Prosimo, označite svoj status.

- [6] samski/-a
- [7] poročen/-a oz. v zunajzakonski zvezi
- [8] ločen/-a
- [9] vdovec/vdova

[10] drugo

5. Prosimo, označite svojo stopnjo izobrazbe.

[1] osnovna šola ali manj

[2] srednja šola

[3] višja šola oz. 1. stopnja univ. programa

[4] 4-letni visokošolski oz. univerzitetni program, magisterij, doktorat

6. Ali ste upokojeni?

[3] da

[4] ne

7. Prosimo, označite obliko svoje zaposlitve (če ste že upokojeni, označite, kakšna je bila vaša zaposlitev pred upokojitvijo).

[5] zaposlitev za polni delovni čas

[6] zaposlitev za krajši delovni čas od polnega

[7] samozaposlitev

[8] nisem zaposlen/-a (sem upokojen/-a oz. neaktiven/-na trgu dela)

8. Koliko članov šteje vaše gospodinjstvo?

[1] 1-2

[2] 3-4

[3] več kot 4

## 2. DEL: TRENUTNA TELESNA KONDICIJA

9. Na splošno je moje zdravstveno stanje primerno za mojo starost.

[1] Ne strinjam se.

[2] Ne morem se opredeliti.

[3] Strinjam se.

10. Sem zmerno telesno aktiven/-na (npr. uporabljam sesalnik za prah, vozim se s kolesom, vrtnarim, opravljam hišna opravila).

[1] Ne strinjam se.

[2] Ne morem se opredeliti.

[3] Strinjam se.

11. Lahko se vzpnem po stopnicam nekaj nadstropij.

[1] Ne strinjam se.

[2] Ne morem se opredeliti.

[3] Strinjam se.

12. Kako zaskrbljeni ste glede svoje telesne kondicije?

[1] Sploh nisem zaskrbljen/-a.

[2] Ne morem se opredeliti.

[3] Sem zaskrbljen/-a.

### 3. DEL: TEDENSKE AKTIVNOSTI (pred pandemijo COVIDa 19)

13. Vsak teden redno berem knjige in časopise (vsaj dva dni v tednu).

[1] Ne strinjam se.

[2] Ne morem se opredeliti.

[3] Strinjam se.

14. Pri vsakodnevnih aktivnostih (npr. nakupovanje, čiščenje, kuhanje) sem samostojen/-na.

[1] Ne strinjam se.

[2] Ne morem se opredeliti.

[3] Strinjam se.

15. V prostem času se vsaj tri dni v tednu ukvarjam s športom (npr. hoja, plavanje).

[1] Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

16. Najmanj dva dni v tednu uporabljam tehnologijo, kot je računalnik, internet.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

17. Najmanj dva dni v tednu se ukvarjam z aktivnostmi, kot so reševanje križank ali igre s kartami.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

#### 4. DEL: MESEČNE AKTIVNOSTI (pred pandemijo COVIDa 19)

18. Najmanj štirikrat na mesec se udeležujem družabnih aktivnosti, npr. grem kam s prijatelji, se srečujem z njimi v raznih društvih.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

19. Najmanj dvakrat na mesec grem v kino ali gledališče.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

20. Najmanj štiri dni na mesec skrbim za družinske člane, npr. vnuke ali ostarele starše.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

21. Najmanj štiri dni na mesec se ukvarjam z aktivnostmi s področja umetnosti (npr. igranje glasbila, slikam, pišem).

[1] Ne strinjam se.

[2] Ne morem se opredeliti.

[3] Strinjam se.

22. Najmanj štiri dni na mesec sodelujem v prostovoljnih aktivnostih.

[1] Ne strinjam se.

[2] Ne morem se opredeliti.

[3] Strinjam se.

## 5. DEL: DOSTOP DO INFORMACIJSKE IN KOMUNIKACIJSKE TEHNOLOGIJE

23. Ali imate vi ali kdo drug v vašem gospodinjstvu dostop do naslednjih naprav: namizni računalnik, prenosni računalnik, tablica, netbook (preprostejša različica prenosnega računalnika)?

[1] Da

[2] Ne

24. Ali imate vi ali kdo drug v vašem gospodinjstvu doma dostop do interneta?

[1] Da

[2] Ne

25. Ali imate vi ali kdo drug v vašem gospodinjstvu doma pametni telefon?

[1] Da

[2] Ne

**Hvala za vaš čas!**

Če se strinjate s tem, da nam podate dodatne informacije, prosimo, da izpolnite še **2. del vprašalnika**. V nasprotnem primeru ste zaključili z izpolnjevanjem.



## 2. DEL

26. Starost: \_\_\_\_\_

27. Teža: \_\_\_\_\_

28. Višina: \_\_\_\_\_

29. Ali kadite?

☐ Da.

☐ Ne.

30. Če ste označili Da, koliko let že kadite? \_\_\_\_\_

31. Če ste označili Ne, ali ste kdaj kadili?

☐ Da.

Koliko let ste kadili? \_\_\_\_\_

Kdaj ste prenehali? \_\_\_\_\_

☐ Ne.

32. Kakšna je vaša prehrana?

☐ jem vse

☐ sem vegan/-ka

Koliko let? \_\_\_\_\_

☐ sem vegetarijanec/-ka

Koliko let? \_\_\_\_\_

☐ drugo (prosim, navedite) \_\_\_\_\_ Koliko let? \_\_\_\_\_

33. Ali imate kako kronično bolezen?

☐ Da.

Prosim, navedite, katero: \_\_\_\_\_

☐ Ne.

34. Ali se ukvarjate s telesno aktivnostjo?

☐ Da.

Prosim, navedite, katero:

\_\_\_\_\_

Koliko ur tedensko? \_\_\_\_\_

☐ Ne.

35. Ali ste se v preteklosti (po 18. letu starosti) redno ukvarjali s telesno aktivnostjo?  
[ ] Da.                      Koliko ur tedensko? \_\_\_\_\_  
                                    Koliko let? \_\_\_\_\_  
[ ] Ne.
36. Ali se ukvarjate z umskimi aktivnostmi? (križanke, branje, šah, literarni krožek, petje, igranje glasbila itn.)  
[ ] Da.                      Prosimo, navedite, katerimi: \_\_\_\_\_  
                                    Koliko ur tedensko? \_\_\_\_\_  
[ ] Ne.
37. Ali se ukvarjate z meditacijo, čuječnostjo, jogo?  
[ ] Da.  
[ ] Ne.
38. Kako bi ocenili kakovost svojega spanja v zadnjem mesecu?  
[ ] zelo dobro  
[ ] še kar dobro  
[ ] bolj slabo  
[ ] zelo slabo
39. Koliko let ste se izobraževali? (vključno z osnovno in srednjo šolo, univerzo, podiplomskim študijem, poklicnim izobraževanjem) \_\_\_\_\_
40. Ste se udeležili takega poklicnega usposabljanja?  
[ ] Da.                      Prosimo, navedite, katerega: \_\_\_\_\_  
                                    Koliko let? \_\_\_\_\_  
[ ] Ne.

41. Katere poklice ste opravljali in koliko let? (prosimo, navedite vse poklice, tudi take, ki ste jih morda opravljali sočasno z drugimi)

Poklic	Trajanje v letih

Ali ste v svojem odraslem življenju (od 18. leta naprej) katere od spodaj navedenih aktivnosti opravljali redno, in če ste jih, koliko let?

Če se je pogostost spreminjala skozi leta, prosimo, navedite največjo pogostost (npr. če ste navadno vsak dan vozili avto, zadnjih 15 let pa vozite avto enkrat ali dvakrat tedensko, odgovorite "trikrat tedensko ali pogosteje").

Pri odgovoru na vprašanje, koliko let izvajate določeno aktivnost, prosimo, navedite najdaljše trajanje izvajanja aktivnosti, čeprav je v zadnjem času morda niste izvajali (če gre za dolge prekinitve, navedite, koliko let ste aktivnost redno izvajali).

### **TEDENSKE AKTIVNOSTI**

42. Branje časopisov ali revij

☐ dvakrat tedensko ali redkeje

☐ trikrat tedensko ali pogosteje      Koliko let? \_\_\_\_\_

43. Opravljanje gospodinjskih del (kuhanje, pranje, nakupovanje, likanje itd.)

☐ dvakrat tedensko ali redkeje

☐ trikrat tedensko ali pogosteje      Koliko let? \_\_\_\_\_

44. Vožnja motornega vozila

☐ dvakrat tedensko ali redkeje

☐ trikrat tedensko ali pogosteje      Koliko let? \_\_\_\_\_

45. Prostočasne aktivnosti (šport, lov, ples, šah, zbirateljstvo itd.)

☐ dvakrat tedensko ali redkeje

☐ trikrat tedensko ali pogosteje                      Koliko let? \_\_\_\_\_

46. Uporaba digitalnih naprav (digitalni fotoaparat, računalnik, internet itd.)

☐ dvakrat tedensko ali redkeje

☐ trikrat tedensko ali pogosteje                      Koliko let? \_\_\_\_\_

### **MESEČNE AKTIVNOSTI**

47. Družabne aktivnosti (rekreacijski klubi, združenja itd.)

☐ dvakrat mesečno ali redkeje

☐ trikrat mesečno ali pogosteje                      Koliko let? \_\_\_\_\_

48. Kino, gledališče

☐ dvakrat mesečno ali redkeje

☐ trikrat mesečno ali pogosteje                      Koliko let? \_\_\_\_\_

49. Vrtnarjenje, »naredi sam«, ročna dela, šivanje itd.

☐ dvakrat mesečno ali redkeje

☐ trikrat mesečno ali pogosteje                      Koliko let? \_\_\_\_\_

50. Skrb za vnuke ali ostarele starše

☐ dvakrat mesečno ali redkeje

☐ trikrat mesečno ali pogosteje                      Koliko let? \_\_\_\_\_

51. Prostovoljno delo

☐ dvakrat mesečno ali redkeje

☐ trikrat mesečno ali pogosteje                      Koliko let? \_\_\_\_\_

52. Umetnostne dejavnosti (glasba, petje, slikanje, pisanje itd.)

☐ dvakrat mesečno ali redkeje

☐ trikrat mesečno ali pogosteje                      Koliko let? \_\_\_\_\_

**LETNE AKTIVNOSTI**

53. Razstave, koncerti, konference

☐ dvakrat letno ali redkeje

☐ trikrat letno ali pogosteje                      Koliko let? \_\_\_\_\_

54. Večdnevna potovanja

☐ dvakrat letno ali redkeje

☐ trikrat letno ali pogosteje                      Koliko let? \_\_\_\_\_

55. Branje knjig

☐ dvakrat letno ali redkeje (2 knjigi letno ali manj)

☐ trikrat letno ali pogosteje (tri knjige letno ali več)    Koliko let? \_\_\_\_\_

**STALNE AKTIVNOSTI**

56. Skrb za hišnega ljubljence

☐ Nikoli/redko

☐ Pogosto/vedno                      Koliko let? \_\_\_\_\_

57. Upravljanje svojih financ

☐ Nikoli/redko

☐ Pogosto/vedno                      Koliko let? \_\_\_\_\_

58. Skrb za otroke (lastne otroke, vnuke, nečake)

☐ Ne.

☐ Da.                      Koliko? \_\_\_\_\_

V nadaljevanju vas prosimo, da odgovorite na vprašanja o svojem zdravju. Z vprašanji bomo preverili, kako se počutite in kako dobro lahko opravljate svoje običajne aktivnosti. Za vsako vprašanje izberite samo en odgovor. Če ne veste, kako bi odgovorili, izberite odgovor, ki se vam zdi najustreznejši.

59. Kako bi na splošno opisali svoje zdravje?

- ☐ odlično
- ☐ zelo dobro
- ☐ dobro
- ☐ srednje dobro
- ☐ slabo

Naslednja vprašanja se nanašajo na aktivnosti, ki jih običajno opravljate tekom dneva. Ali vas vaše zdravje omejuje pri teh aktivnostih? Če vas, v kolikšni meri?

60. **Zmerne aktivnosti**, kot so premikanje mize, potiskanje sesalnika, kegljanje, igranje golfa

- ☐ DA, zelo me omejuje
- ☐ DA, nekoliko me omejuje
- ☐ NE, sploh me ne omejuje

61. Vzpenjanje po stopnicah **več** nadstropij

- ☐ DA, zelo me omejuje
- ☐ DA, nekoliko me omejuje
- ☐ NE, sploh me ne omejuje

Ali ste V ZADNJIH 4 TEDNIH imeli katero od spodaj navedenih težav pri svojem delu ali drugih običajnih aktivnostih **kot posledico svojega FIZIČNEGA ZDRAVJA?**

62. **Naredili ste manj**, kot bi si želeli.

- ☐ Da.
- ☐ Ne.

63. Bili ste omejeni pri **nekaterih vrstah** dela ali aktivnostih.

- ☐ Da.
- ☐ Ne.

Ali ste V ZADNJIH **4 TEDNIH** imeli katero od spodaj navedenih težav pri svojem delu ali drugih običajnih aktivnostih **kot posledico ČUSTVENIH PROBLEMOV** (npr. potrtosti ali tesnobe)?

64. **Naredili ste manj**, kot bi si želeli.

☐ Da.

☐ Ne.

65. Delo ali aktivnost ste opravili **manj pozorno kot navadno**.

☐ Da.

☐ Ne.

66. V kolikšni meri vas je v zadnjih 4 tednih bolečina ovirala pri običajnih aktivnostih (vključujoč delo zunaj doma in hišna opravila)?

☐ Sploh ne.

☐ Malo.

☐ Zmerno.

☐ Kar precej.

☐ Zelo.

Naslednja vprašanja se nanašajo na vaše počutje **v preteklih 4 tednih**. Pri vsakem vprašanju označite odgovor, ki najbolj ustreza temu, kako ste se počutili.

67. Kako pogosto ste se počutili mirno in pomirjeno?

☐ ves čas

☐ večino časa

☐ pogosto

☐ občasno

☐ skoraj nikoli

☐ nikoli

68. Kako pogosto ste imeli veliko energije?

- ☐ ves čas
- ☐ večino časa
- ☐ pogosto
- ☐ občasno
- ☐ skoraj nikoli
- ☐ nikoli

69. Kako pogosto ste se počutili potrto?

- ☐ ves čas
- ☐ večino časa
- ☐ pogosto
- ☐ občasno
- ☐ skoraj nikoli
- ☐ nikoli

70. Kako pogosto so vas v zadnjih 4 tednih vaše **fizično zdravje ali čustveni problemi** ovirali pri družabnih aktivnostih s prijatelji ali sorodniki?

- ☐ vedno
- ☐ večino časa
- ☐ pogosto
- ☐ včasih
- ☐ nikoli

#### **ODNOS DO DIGITALNE TEHNOLOGIJE**

Naslednja vprašanja se nanašajo na vaš odnos do digitalne tehnologije. Navedite, v kolikšni meri se strinjate s trditvami.

71. Nove digitalne naprave so zabavne.

- ☐ sploh se ne strinjam
- ☐ ne strinjam se
- ☐ ne morem se opredeliti
- ☐ strinjam se
- ☐ povsem se strinjam

72. Uporaba digitalne tehnologije mi olajša življenje.



- ☐ sploh se ne strinjam
- ☐ ne strinjam se
- ☐ ne morem se opredeliti
- ☐ strinjam se
- ☐ povsem se strinjam

73. Rad/-a imam najnovejše modele in posodobitve.

- ☐ sploh se ne strinjam
- ☐ ne strinjam se
- ☐ ne morem se opredeliti
- ☐ strinjam se
- ☐ povsem se strinjam

74. Včasih me je strah, da ne bom znal/-a uporabljati novih digitalnih naprav.

- ☐ sploh se ne strinjam
- ☐ ne strinjam se
- ☐ ne morem se opredeliti
- ☐ strinjam se
- ☐ povsem se strinjam

75. Dandanes je tehnološki napredek tako hiter, da mu je težko slediti.

- ☐ sploh se ne strinjam
- ☐ ne strinjam se
- ☐ ne morem se opredeliti
- ☐ strinjam se
- ☐ povsem se strinjam

76. Če bi imel/-a več podpore in pomoči, bi si bolj upal/-a preskusiti nove digitalne naprave.

- ☐ sploh se ne strinjam
- ☐ ne strinjam se
- ☐ ne morem se opredeliti
- ☐ strinjam se
- ☐ povsem se strinjam

77. Ljudje, ki nimajo dostopa do interneta, so v slabšem položaju, ker veliko zamujajo.

- ☐ sploh se ne strinjam
- ☐ ne strinjam se
- ☐ ne morem se opredeliti
- ☐ strinjam se
- ☐ povsem se strinjam

78. Zaradi preveč tehnologije postaja družba bolj ranljiva.

- ☐ sploh se ne strinjam
- ☐ ne strinjam se
- ☐ ne morem se opredeliti
- ☐ strinjam se
- ☐ povsem se strinjam

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Hvala za vaš čas