



IMCA - RHSE Optional Questionnaire

OA - Consent Form

1. The candidate accepts to participate in the study? Yes No
- 1.1 The questionnaire and all described measurements?
[If "NO" answer the question 1.2] Yes No
- 1.2 Only the questionnaire? Yes No [If "NO" answer question 1.3]
- 1.2 The questionnaire and all measurements marked below :
- Strength measurement
 - Physical function test (SPBB)
 - Blood sample
 - Arm and calf circumference

OB - Physical Activity Questionnaire (LAPAQ)

- OB The field worker initiates the interview? Yes No (If No, scape to first measurement)
1. Do you walk outside?
Explanation: With walking outside we mean walking to go shopping or doing other daily activities, like visiting someone.
We do not mean: a walking tour.
 Yes No - If No, go to question 5
2. Did you walk during the past two weeks?
 Yes No - If No, go to question 5
3. How many times did you walk during the past two weeks? Times
4. How long did you usually walk each time? Hours Minutes
5. Do you cycle?
Explanation: With cycling we mean cycling to go shopping or doing other daily activities, like visiting someone. With cycling we do not mean: a cycling tour.
 Yes No - If 'No', go to question 9
6. Did you cycle during the past two weeks?
 Yes No - If No, go to question 9
7. How many times did you cycle the past two weeks?
Times
8. How long did you usually cycle each time?
Hours Minutes
9. Do you have a garden (including allotment)?
 Yes No - If 'No', go to question 15



10. During how many months per year do you work regularly in your garden?
Explanation: by regularly we mean at least once a week.

Months

11. Did you work in the garden during the past two weeks?
 Yes No - If 'No', go to question 15

12. How many times did you work in the garden during the past two weeks?

Times

13. How long did you usually work in your garden each time?

Hours Minutes

14. Did you dig in the earth in your garden during the past two weeks?
 Yes No

15. Do you do sports?
Explanation: with sports we mean the activities on the list (see question 16).

Yes No - If 'No', go to question 24

16. Which sport did you do most time during the past two weeks?
Sometimes it happens that a respondent does a sport, which is not on the list. This should be recorded:

- Distance walking
- Distance cycling
- Gymnastics
- Cycling on hometrainer
- Swimming
- Dancing
- Bowling
- Tennis, badminton
- Running, fast walking
- Rowing
- Sailing
- Playing billiards
- Fishing
- Playing soccer/basketball/hockey
- Playing volleyball/baseball
- Skiing
- Others

17. How many times did you do this sport during the past two weeks?

Times

18. How long did you usually do this sport each time?

Hours Minutes

19. Do you do another sport?
 Yes No - If 'No', go to question 24

20. Which other sport did you do during the past two weeks?

- Distance walking
- Distance cycling
- Gymnastics
- Cycling on hometrainer
- Swimming
- Dancing
- Bowling
- Tennis, badminton
- Running, fast walking
- Rowing
- Sailing
- Playing billiards
- Fishing
- Playing soccer/basketball/hockey
- Playing volleyball/baseball
- Skiing
- Others

21. How many times did you do this sport during the past two weeks? Times

22. How long did you usually do this sport each time? Hours Minutes



23. How many times did you perspire while sporting during the past two weeks?

Times

24. Do you do light household tasks?

Explanation: With light household tasks we mean washing the dishes, dusting, making the bed, doing the laundry, hanging out the laundry, ironing, tidying up, and cooking meals.

Yes No - If 'No', go to question 27

25. How many days did you do light household tasks during the past two weeks?

Days

26. How long per day did you usually do light household tasks?

Hours Minutes

27. Do you do heavy household tasks?

Explanation: With heavy household tasks we mean window cleaning, changing the bed, beating the mat, vacuuming, washing or scrubbing the floor, and chores with sawing, carpeting, repairing or painting.

Yes No - If 'No', go to question 27

28. How many days did you do heavy household tasks during the past two weeks?

Days

29. How long per day did you usually do heavy household tasks?

Hours Minutes

30. You just told me about your usual activities of the past two weeks.

Were the past two weeks normal as compared to the rest of the past year?

Yes (end of questionnaire) No - (answer question 31)

31. Why were the past two weeks not normal?

Disease Depression Bad weather Family occasion Holiday Others

32. Compared to other people, how do you assess your physical activity during your life?

- Above average active
 Quite active, rather more than others
 Moderate active, on average
 Little active, rather below average
 Very little active, clearly below average

OC - Activity Daily Living - BARTHEL Index

1. Feeding

- Unable
 Needs help cutting, spreading butter, etc., or requires modified diet.
 Independent

2. Bathing

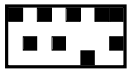
- Dependent
 Independent (or in shower)

3. Grooming

- Need help with personal care
 Independent face/hair/teeth/shaving (implements provided)

4. Dressing

- Dependent
 Needs help but can do about half unaided
 Independent (including buttons, zips, laces, etc)



5. Bowels

- Incontinent
- Occasional accident
- Continent

6. Bladder

- Incontinent, or catheterized and unable to manage alone
- Occasional accident
- Continent

7. Toilet Use

- Dependent
- Needs some help, but can do something alone
- Independent (on and off, dressing, wiping)

8. Transfers (bed to chair, and back)

- Unable, no sitting balance
- Major help (one or two people, physical), can sit
- Minor help (vertical or physical)
- Independent

9. Mobility (on level surfaces)

- Immobile or < 50 yards
- Wheelchair independent, including corners, > 50 yards
- Wlks with help od one person (verbal or physical) > 50 yards
- Independent

10. Stairs

- Unable
- Needs help (verbal, physical, carrying aid)
- Independent

OD - Aditonal questions on Activity Daily Living

1. How much difficulty do you have to walk up and down a staircase of 15 steps without resting?

- None A little Some Quite a lot Cannot do, need help

2. How much difficulty do you have to cut your own toenails?

- None A little Some Quite a lot Cannot do, need help

3. How much difficulty do you have to dress and undress yourself?

- None A little Some Quite a lot Cannot do, need help

4. How much difficulty do you have to sit down and stand up from a chair?

- None A little Some Quite a lot Cannot do, need help

5. How much difficulty do you have to walk outside during five minutes without stopping?

- None A little Some Quite a lot Cannot do, need help

6. How much difficulty do you have to take a shower or bathe?

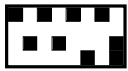
- None A little Some Quite a lot Cannot do, need help

7. How much difficulty do you have to use your own or public transportation?

- None A little Some Quite a lot Cannot do, need help

8. How much difficulty do you have to go out shopping by yourself?

- None A little Some Quite a lot Cannot do, need help



9. How much difficulty do you have to handle and take your medication by yourself?

- None A little Some Quite a lot Cannot do, need help

10. How much difficulty do you have to do light housework by yourself (bed making)?

- None A little Some Quite a lot Cannot do, need help

OE - Hospital Anxiety and Depression Scale (HADS)

1. I feel tense or "wound up".

- Most of the time A lot of the time From time to time No, not at all

2. I still enjoy the things I used to enjoy.

- Definitely as much Not quite so much Only a little Hardly at all

3. I get a sort of frightened feeling as if something awful is about to happen.

- Very definitely and quite badly Yes, but not too badly A little, but it doesn't worry me Not at all

4. I can laugh and see the funny side of things.

- As much as I always could Not quite so much now Definitely not so much now Not at all

5. Worrying thoughts go through my mind.

- A great deal of time A lot of the time From time to time, but not too often Only occasionally

6. I feel cheerful.

- Not at all Not often Sometimes Most of the time

7. I can sit at ease and feel relaxed.

- Definitely Usually Not often Not at all

8. I feel as if I am slowed down.

- Nearly all the time Very often Sometimes Not at all

9. I get a sort of frightened feeling like "butterflies" in stomach.

- Not at all Occasionally Quite often Very often

10. I have lost interest in my appearance.

- Definitely
 I don't take as much care as I should
 I may not take quite as much care
 I take just as much care as ever

11. I feel restless as I have to be on the move.

- Very much indeed Quite a lot Not very much Not at all

12. I look forward with enjoyment to things.

- As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all

13. I get sudden feelings of panic.

- Very often indeed Quite often Not very often Not at all

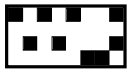
14. I can enjoy a good book or radio or TV program.

- Often Sometimes Not often Very seldom

Psychological Distress Thermometer

15. Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

- 1 2 3 4 5 6 7 8 9 10



OF - Mini-Mental State Examination (MMSE)

Orientation

1. What is the (year) (season) (date) (day) (month)?

Score 0 1 2 3 4 5

2. Where are we (state) (country) (town or city) (hospital) (floor)?

Score 0 1 2 3 4 5

Registration

3. Name 3 common objects (eg. "apple", "table", "penny"). Take 1 second to say each. Then ask the patient to repeat all 3 after you have said them . Give 1 point for each correct answer. Then repeat them until he/she learns all 3. count trials and record.

Score 0 1 2 3

3.1 Trials 1 2 3 4 5 6

Attention and calculation

4. Ask the participant to count backwards from 100 in blocks of 7 (i.e., 93, 86, 79, 72, 65). Stop after 5 subtractions.

Score 0 1 2 3 4 5

[If participant can not do the calculations, y ask question 4B]

4B. Spell "WORLD" backwards. The score is the number of letters in correct order (D_L_R_O_W)?

Score 0 1 2 3 4 5

Recall

5. Ask for the three objects repeated above. Give 1 point for each correct answer. NOte: recall cannot be treated if all 3 objects were not remembered during registration?

Score 0 1 2 3

Language

6. Name a "pencil" and "watch".

Score 0 1 2

7. Repeat the following, "no ifs, ands, or buts".

Score 0 1

8. Follow a three stages command:

"Take a paper in your right hand,
fold in a half, and
put it on the floor"

Score 0 1 2 3

9. Read and obey the following: lose your eyes.

Score 0 1

10. Write a sentence.

Score 0 1

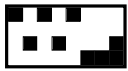
11. Copy the following design

Score 0 1



12. Has the participant answered the questionnaire alone without any help from any of his/her relatives?

Yes No



OG - SF-12

1. In general, would you say your health is excellent, very good, good, fair, or poor?

- Excellent Very Good Good Fair Poor

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

2A. First, moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all.

- Limited a lot Limited a little Not limited at all

2B. Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?

- Limited a lot Limited a little Not limited at all

During the past four weeks, have you accomplished less than you would like as a result of your physical health?

3A. Did you do less than you wanted to do?

- All of the time Most of the time A good bit of the time Some of the time Never

3B. Did you have to leave some work or usual activities activities?

- All of the time Most of the time A good bit of the time Some of the time Never

During the past four weeks, have you accomplished less than you would like to as a result of any emotional problems, such as feeling depressed or anxious?

4A Did you do less than you wanted to do due to an emotional problem?

- All of the time Most of the time A good bit of the time Some of the time Never

4B Did you do your usual activities less carefully than usual due to an emotional problem?

- All of the time Most of the time A good bit of the time Some of the time Never

5. During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework?

- Not at all Slightly Moderately Quite a bit Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

6A How much time during the past 4 weeks have you felt calm and peaceful?

- All of the time Most of the time A good bit of the time Some of the time Never

6B How much time during the past 4 weeks have you felt calm and peaceful?

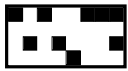
- All of the time Most of the time A good bit of the time Some of the time Never

6C How much time during the past 4 weeks have you felt down?

- All of the time Most of the time A good bit of the time Some of the time Never

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

- All of the time Most of the time A good bit of the time Some of the time Never



OH - Lubben Social Network Scale

FAMILY Considering the people to whom you are related either by birth or marriage...

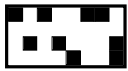
- 1. How many relatives do you see or hear from at least once a month?
 None One Two Three or four Five to eight Nine or more
- 2. How many relatives do you feel at ease with that you can talk about private matters?
 None One Two Three or four Five to eight Nine or more
- 3. How many relatives do you feel close to such that you could call on them for help?
 None One Two Three or four Five to eight Nine or more

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood...

- 4. How many of your friends do you see or hear from at least once a month?
 None One Two Three or four Five to eight Nine or more
- 5. How many friends do you feel at ease with that you can talk about private matters?
 None One Two Three or four Five to eight Nine or more
- 6. How many friends do you feel close to such that you could call on them for help?
 None One Two Three or four Five to eight Nine or more
- 7. Sometimes you feel lonely, even if it doesn't seem to be like that because you have many relatives or family members e. g. How lonely do you feel on a scale form 0 to 10?
 Not at all lonely 1 2 3 4 5 6 7 8 9 10 Very lonely

OI - Fall History

- 1. Have you fallen in the past 3 months? Falling includes falling on the ground or at some other level, such as a chair.
 Yes No Refused Don't know
- 2. How many times have you fallen in the last 3 months? Times
- 3. Have you fallen in the past 12 months? Falling includes falling on the ground or at some other level, such as a chair.
 Yes No Refused Don't know
- 4. How many times have you fallen in the last 12 months? Times
- 5. Do you suffer from dizziness? Permanently Often Occasionally Infrequently Never
- 6. How the patient can hear? Very good Good Moderate Bad
- 7. How concerned about the possibility of falling in the following places or circumstances?
 - 7.1 Getting dressed or undressed
 Not at all concerned Somewhat concerned Fairly concerned Very concerned
 - 7.2 Taking a bath or shower
 Not at all concerned Somewhat concerned Fairly concerned Very concerned
 - 7.3 Getting in or out of a chair
 Not at all concerned Somewhat concerned Fairly concerned Very concerned
 - 7.4 Going up or down stairs
 Not at all concerned Somewhat concerned Fairly concerned Very concerned
 - 7.5 Reaching for something above your head or on the ground
 Not at all concerned Somewhat concerned Fairly concerned Very concerned
 - 7.6 Walking up or down a slope
 Not at all concerned Somewhat concerned Fairly concerned Very concerned
 - 7.7 Going out to a social event (e.g. family gathering, club meeting)
 Not at all concerned Somewhat concerned Fairly concerned Very concerned



OJ - Visual Analogue Pain Scale

1. Did you have any pain during the last 7 days? No Yes

2. If "Yes" to the previous questions, how severe is your pain?

No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain imaginable

OK - Mini Nutritional Assessment (MNA)

Screening

1. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

Severe loss of appetite Moderate loss of appetite No loss of appetite

2. Weight loss during the last 3 months

Weight loss greater than 3 Kg Does not know Weight loss between 1 and 3 Kg No weight loss

3. Mobility

Bed or chair bound Able to get out of bed/chair but does not go out Goes out

4. Has suffered psychological stress or acute disease in the past 3 months

Yes No

5. Neuropsychological problems

Severe dementia or depression Mild dementia No psychological problems

Assessment

6. Lives independently (not in a nursing home or hospital)

Yes No

7. Takes more than 3 prescription drugs per day

Yes No

8. Pressure sores or skin ulcers

Yes No

9. How many full meals does the patient eat daily?

1 Meal 2 Meals 3 Meals

10. Selected consumption markers for protein intake

10.1 At least one serving of dairy products (milk, cheese, yogurt) per day Yes No

10.2 Two or more servings of legumes or eggs per week Yes No

10.3 Meat, fish or poultry every day yes no Yes No

10.4 Total 0.0 = if 0 or 1 yes
0.5 = if 2 yes
1.0 = if 3 yes

| | |
|--|--|
| | |
|--|--|

11. Consumes two or more servings of fruits or vegetables per day? Yes No

12. How much fluid (water, juice, coffee, tea, milk...) is consumed per day?

Less than 3 cups 3 to 5 cups more than 5 cups

13. Mode of feeding

Unable to eat without assistance Self-fed with some difficulty Self-fed without any problem

14. Self view of nutritional status

Views self as being malnourished Is uncertain of nutritional state Views self as having no nutritional problem



15. In comparison with other people of the same age, how does the patient consider his/her health status?

- Not as good
- Does not know
- As good
- Better

16. Mid-arm circumference (MAC) in cm

17. Calf circumference (CC) in cm

OL - Handgrip Measurement



1. The handgrip measurement is going to be performed? Yes No

| | First attempt | Second attempt |
|-----------|--|--|
| Right Arm | 2.1 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | 2.2 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Left Arm | 2.3 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | 2.4 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |

3. Has the handgrip measurement been performed? Yes No

4. If NO, why was not performed?

- Swelling or inflammation on both hands
- Severe pain or injury in both hands
- Surgery to both hands in the last 6 months
- Arthritis or rheumatology

OM - Blood sample

1. The blood sample is going to be extracted? Yes No 2. Has the blood sample been extracted? Yes No

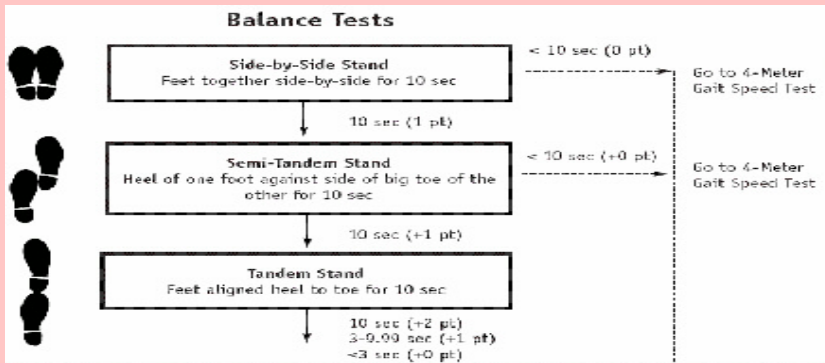
3. If 'YES', arm used for blood extraction? Left Right 4. Total number of blood tubs collected?

5. Number of EDTA tubs filled in? 6. Number of Li-Heparin filled in?

7. If 'NO' reasons for missing blood samples? Vein could not be found Refusal Other

ON - Short Physical Performance Test

1. The "Balance test" is going to be performed? Yes No If "NO" go to question 3



1.

1.1 .

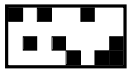
1.2 .

1.3 .

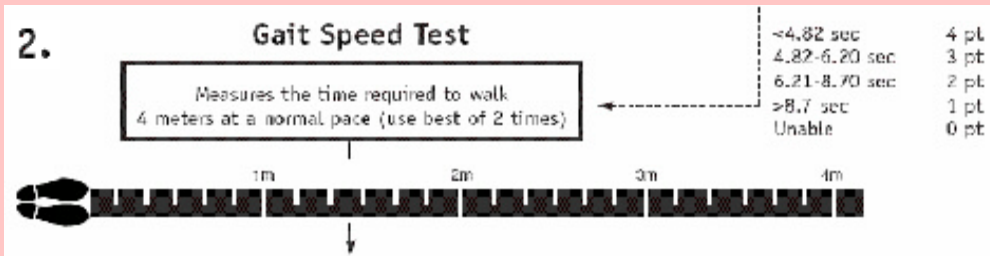
2. Has the "Balance test" been completed? Yes No

3. If the "Balance Test" was NOT completed or initiated, why?

- Wheelchair bound
- Difficult to stand
- Bed driven
- Other, specify:



- 1. The "Gait Speed Test" is going to be performed? Yes No If "No" go to question 5
- 2. Length of walk test course: Four meters Three meters
- 3. Walking aid: None Cane(s) Crutches Wheeled walker



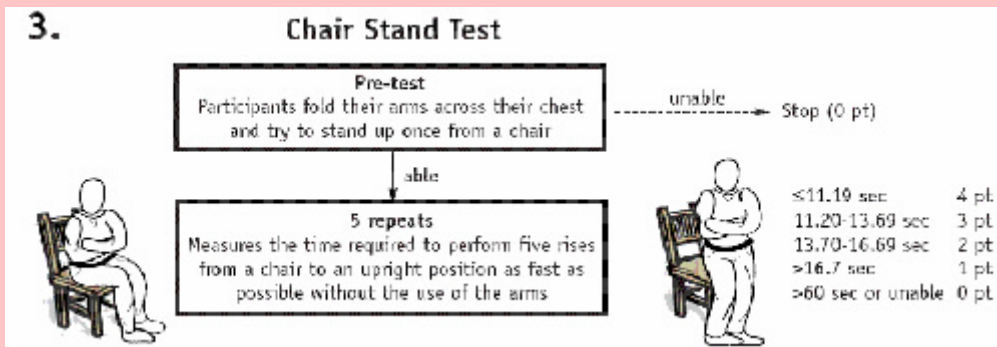
3.1 First walk [] [] . [] []

3.2 Second walk [] [] . [] []

- 4. Has the "Gait Speed Test" been completed? Yes No
- 5. How would you (study nurse) rate the walking balance of the individual?
 Very good Good Fair Bad
- 6. If the "Gait Speed Test" was NOT completed or initiated, why?

Wheelchair bound Difficult to stand Bed driven Other, specify: [] [] [] [] [] [] [] []

- 1. The "Chair Stand Test" is going to be performed? Yes No If "NO" go to question 3



1.1 [] [] . [] []

1.2 [] [] . [] []

- 2. Has the "Chair Stand Test" been completed? Yes No
- 3. If the "Chair Stand Test" was NOT completed or initiated, why?

Wheelchair bound Difficult to stand Bed driven Other, specify: [] [] [] [] [] [] [] []

OO - Measurements results and follow-up

- 1. Would you like to receive the results to discuss them with your general practitioner? Yes No

NOTE: The results will not be immediately available and may take some time until the coordinating centre can mail them to each participating individual.

The questionnaire and measurements of this study are finished now. However, we may be interested in contacting you again 1 or 2 years later to monitor some health issues of this study. This would involve the performance of a new questionnaire and perhaps some measurements.

- 2. Do you accept to participate in the follow-up study? Yes No
- 3. Could you give us one/ two telephone numbers to contact you?

Home telephone [] [] [] [] [] [] [] [] [] []

Mobile [] [] [] [] [] [] [] [] [] []