

Questionnaire no. _____ intkod

Date: _____ intdate

Israel Center
for Disease Control

Ministry of Health

Food and Nutrition Services
Public Health Services

Mabat Zahav

age 65+



MKR 1-Hebrew, 2-Arabic, 3-Russian, 4-English

Interviewer Name: _____ Interviewer Code _____

Sample-Person number: _____ patn
Year of birth: _____ newbyear Gender: M/F sex (1/2)
 Health Fund: kupan 1. Maccabi 2. Clalit 3. Meuhedet 4. Leumit

Classification of home: place 1. Private house 2. Apartment block 3. Sheltered housing
 City _____ yishuv Street _____ House number _____

Food recall on day recallday (circle appropriate day) 1 2 3 4 5 6 7

Commencement time: _____ starttime

סיכום המרכז

הגעה למרכז בתאריך: _____ קליטה ע"י: _____ כללי - נבדק ע"י _____ בתאריך _____
 בקרת שחזור מזון ע"י: _____ תאריך _____
 דורש תיקון כן/לא תיקון נשלח ב: _____ הוחזר בתאריך: _____
 הוקלד ע"י: _____ בתאריך _____ הוקלד שחזור מזון בתאריך: _____ ע"י: _____

Interviewer –after you are seated, and ready to begin, read: "Hello, my name is _____. Thank you for your willingness to answer some questions regarding your state of health and your eating habits. If, at any stage during the interview, any of the questions are not clear, please tell me. If you wear glasses for reading, please bring them. We will begin the interview with some questions about what you ate and drank yesterday.

1. 24-hour food recall

What did you eat from 4 a.m. yesterday _____ until 4 a.m. today _____? <i>If necessary, read</i> "Previous studies have shown that at 4:00 am. it is possible to distinguish between one day of 24 hours and the next." Specify everything you ate and drank, in the house and outside of the house, at mealtimes and in between, including sweets and snacks, coffee, tea soft drinks, alcoholic drinks etc. Interviewer: Write each item in a separate row		What time did you begin to eat /drink the item?
	The quick list	√
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
U		
V		
W		
X		
Y		
Z		

CARD 1
Where did you eat?
1. At home (home cooked food)
2. Home (ready made, /bought food)
3. Dining room (sheltered housing)
4. Restaurant
5. Day Care Center for the Elderly
6. At work (home-prepared food)
7. At work(ready made/bought Food)
8. At work (cafeteria, dining room)
9. Other, specify: _____

CARD 1
Which meal was it?
1. Before breakfast
2. Breakfast
3. Mid-morning snack
4. Lunch
5. Mid-afternoon snack
6. Dinner
7. Late night snack
8. Undefined meal/drink (snack)
9. Food/ consumed over several hours
10. Other ,specify: _____

To the interviewer - read: " There are foods which people forget they ate or drank, or they ate them without being aware. Try to remember if you forgot to mention one of these foods: hot drinks, cold drinks (including water), alcoholic drinks, sweets, salty snacks, fruits, vegetables, bread".

To the interviewer - read: "I would now like to ask you for additional details regarding the food and drinks you mentioned. I will ask where you ate and if this item was part of a meal. If you remember something else, tell me. When I ask you about the quantity you ate or drank, you can use the examples I suggest, the dishes in your house or the information on the wrapper/packet".

Food/Drink description.

To the interviewer – Transfer, from the Quick List the item letter and hour to columns 1 and 2, and item name to column 5. Mark ✓ on the Quick List in the column next to the item you've copied and go on to complete columns 3 and 4 using Card 1, and afterwards, complete columns 6 and 7, using the questions in the "Food and Food Quantities Guide".

Item Letter	Hour	Where did you eat/drink this item?	Which meal was it?	Item name	Food/drink description	What quantity did you eat/drink?
1	2	3	4	5	6	7
					1	
					2	
					3	
					4	
					5	
					6	
					7	
					8	
					9	
					10	
					11	
					12	
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					20	
					21	
					22	
					23	
					24	
					25	
					26	
					27	
					28	
					29	
					30	
					31	

Item Letter	Hour	Where did you eat/drink this item?	Which meal was it?	Item name	Food/drink description	What quantity did you eat/drink?
					32	
					33	
					34	
					35	
					36	
					37	
					38	
					39	
					40	
					41	
					42	
					43	
					44	
					45	

1. Was the amount you ate yesterday similar to the amount you usually eat? A1

1. Yes, the same *go to next section (Section 2)*
 2. No, yesterday I ate less than usual
 3. No, yesterday I ate more than usual
- } *go to question 2*

2. What is the main reason you ate a different amount yesterday to that you usually eat? A2

1. Diet
2. Vacation, trip, travel
3. Lack of time
4. Religious holiday, Shabbat
5. Family celebration, social occasion
6. Stress, boredom
7. Illness, feeling unwell
8. A fast day
9. Other, specify: _____ A2txt
10. Added: Change in appetite

2. HEALTH STATUS EVALUATION B

1. How is your health generally? B1

1. Very good
2. Good
3. Not so good
4. Not good at all, bad

2. How is your health today as compared to your health a year ago? B2

1. Better
2. The same
3. Not as good

3. Has a doctor ever told you that you have one or more of the following illnesses?

	Disease	1. Yes	2. No	3. Don't know
3.1	Heart Attack, Myocardial Infarct B3_1	1	2	3
3.2	Heart Failure B3_2	1	2	3
3.3	Other type of heart disease B3_3	1	2	3
3.4	Stroke B3_4	1	2	3
3.5	Cataract B3_5	1	2	3
3.6	Glaucoma B3_6	1	2	3
3.7	Renal Disease/high creatinine level B3_7	1	2	3
3.8	Neoplastic Disease, e.g., Cancer B3_8	1	2	3
3.9	Alzheimer's Disease B3_9	1	2	3
3.10	Parkinson's Disease B3_10	1	2	3
3.11	Asthma B3_11	1	2	3
3.12	Other Lung /Respiratory Airways Disease B3_12	1	2	3

Interviewer: For each part of Question 4, if answered, "yes" go to question 5.

4. Have you ever had	1. Yes	2. No	Q5. Which year ?		333. Don't know (added)
4.1 Bypass Surgery (CABG) B4_1	1	2	1. _____ B5_1_1	2. _____ B5_1_2	333
4.2 Catheterization (Angiogram) no balloon, no stent B4_2	1	2	1. _____ B5_2_1	2. _____ B5_2_2	333
4.3 Catheterization (Angiogram) with balloon B4_3	1	2	1. _____ B5_3_1	2. _____ B5_3_2	333
4.4 Catheterization (Angiogram) with stent B4_4	1	2	1. _____ B5_4_1_	2. _____ B5_4_2	333

6. Do you have an emergency call button? B6

1. Yes
2. No *go to question 8*

7. Have you ever used the emergency call button? B7

1. Yes
2. No

8. In the last 6 months have you lost or gained 5 kg weight without wanting to (Determine) ? B8

1. Yes
2. No

9. At what hour do you usually go to sleep in the evening? _____ B9

10. At what hour do you usually get up in the morning? _____ B10

11. Do you usually rest in the middle of the day? B11

1. Yes
2. No

3. QUESTIONS REGARDING DIABETES C

1. Has a doctor ever told you that you have diabetes? C1

1. Yes
2. No
3. Don't know

} *go to the next section (section 4)*

2. Do you know the results of your last blood sugar test? C2

1. Yes
2. It was checked but I don't know/don't remember
3. No
222. Added: Refuses

} *go to question 4*

3. What was your last blood sugar level? _____ C3

4. Do you know the result of your last Hemoglobin A1C test? C4

1. Yes
2. It was checked but I don't know/don't remember
3. No
222. Added: Refuses

} *go to question 6*

5. What was your last Hemoglobin A1C value? _____ C5

222. Added: Refuses

6. Has a doctor told you that you have damage to your eyes as a result of diabetes? C6

1. Yes
2. No
222. Added: Refuses

7. Has a doctor told you that you have changes to sensation in your feet as a result of diabetes? C7

1. Yes
2. No
222. Added: Refuses

4. QUESTIONS REGARDING OSTEOPOROSIS (CALCIUM DEPLETION OF BONES) D

1. Has a doctor ever told you that you have osteoporosis (calcium depletion of the bones)? D1

1. Yes
2. No
3. Don't know/ don't remember

Fracture site	5.1 Was there a fracture in this bone?	5.2 What were the circumstances of the fracture?	5.3 Were you operated on for the fracture?
1. Neck of femur, pelvis	<ol style="list-style-type: none"> 1. Yes D5_1_1 2. No 3. Don't know/ don't remember <p><i>to</i> } <i>go</i> <i>next</i> <i>row</i></p>	<ol style="list-style-type: none"> 1. Fall from standing height (slipped, lost footing, fell from bed) D5_2_1 2. Fall from a height (such as a ladder, stairs) 3. Road accident 4. Other 	<ol style="list-style-type: none"> 1. Yes 2. No D5_3_1
2. Wrist (Colles fracture)	<ol style="list-style-type: none"> 1. Yes D5_1_2 2. No 3. Don't know/ don't remember <p><i>to</i> } <i>go</i> <i>next</i> <i>row</i></p>	<ol style="list-style-type: none"> 1. Fall from standing height (slipped, lost footing, fell from bed) D5_2_2 2. Fall from a height (such as a ladder, stairs) 3. Road accident 4. Other 	<ol style="list-style-type: none"> 1. Yes 2. No D5_3_2

Fracture site	5.1 Was there a fracture in this bone?	5.2 What were the circumstances of the fracture?	5.3 Were you operated on for the fracture?
3. Vertebral disc/s	1. Yes <i>go to Q. 5.3</i> D5_1_3 2. No 3. Don't know/ <i>next</i> don't remember <i>row</i>		1. Yes 2. No D5_3_3
4. Other bone, specify: _____ D5_1_4txt	1. Yes <i>go to Q. 5.3</i> D5_1_4 2. No 3. Don't know/ <i>to Q.6</i> don't remember		1. Yes 2. No D5_3_4
5. Added: Leg/ankle/knee/thigh fracture	Variable added after analysis 1.Yes D5_1_5		1. Yes 2. No D5_3_5
6. Added: Hand/palm/finger/elbow/arm fracture	Variable added after analysis 1.Yes D5_1_6		1. Yes 2. No D5_3_6
7. Added: Ribs/chest/lower back/shoulder fracture	Variable added after analysis 1.Yes D5_1_7		1. Yes 2. No D5_3_7

2. In the last five years have you had a bone density test? D2

1. Yes
 2. No
 3. Don't know/ don't remember
- } *go to question 4*

3. Which method was used for the bone density test? D3

1. The DEXA method
2. Another method
3. Don't know/ don't remember

4. Did you have a bone fracture or crack over the age of 50? D4

1. Yes
2. No *go to question 6*

5. Have you had a bone fracture or crack in one of the following places?

6. Are you being treated with drugs or nutrition supplements (including vitamins and minerals) for osteoporosis? D6

1. Yes
2. No
3. Don't know

7. Do you take Calcium without or with Vitamin D? D7

1. Yes
2. No
3. Don't know

8. At what age did you go through menopause? (Interviewer: ask the women only) (CARD 1A –for questions 8,9) D8

1. _____
2. Don't know/ don't remember

9. Was your menopause natural or due to a hysterectomy or oophorectomy? (CARD 1A-for questions 8,9)
D9

1. Natural
2. Because of a hysterectomy/ removal of ovaries

5. QUESTIONS REGARDING CHOLESTEROL (BLOOD FATS) E

1. Has a doctor ever told you that you have a high cholesterol level? E1

1. Yes
2. No
3. Don't know/ don't remember

2. Has a doctor or other medical personnel ever told you to lower your fat or cholesterol intake? E2

1. Yes
2. No

3. Are you being treated with cholesterol-lowering drugs? E3

1. Yes
2. No
3. Don't know

6. QUESTIONS REGARDING HYPERTENSION F

1. When was the last time that a doctor or other medical personnel checked your blood pressure? F1

1. Less than a month ago
2. Between a month to less than 6 months ago
3. Between 6 months and a year
4. More than a year ago
5. Don't know/ wasn't checked *go to question 3*

2. Within which framework was your blood pressure last checked by a doctor or other medical personnel? F2

1. In a clinic
2. In hospital
3. Other, specify: _____ F2txt
5. Added: At home by a Doctor/nurse/myself

3. Has a doctor ever told you that you have high blood pressure or hypertension? F3

1. Yes
2. No
3. Don't know/ don't remember } *go to question 5*

4. At what age were you first told that you have high blood pressure or hypertension? F4

1. _____ years
2. Don't know/ don't remember

5. At about what frequency is your blood pressure checked by a doctor or other medical personnel? F5

1. At least once a week
2. Between once a fortnight to once a month
3. Once every two months to once every six months
4. Once a year
5. Once every two years
6. Not fixed/not regularly
7. Don't know/ don't remember

6. Do you know what your last blood pressure was as measured by a doctor or other medical staff? F6

1. Yes - Systolic F6_sys / Diastolic F6_dias
2. Don't know/ don't remember

7. Has the doctor ever advised you to take medications for treatment of your blood pressure? F7

1. Yes
2. No *go to question 11*
333. Added: Don't know/ don't remember

8. Are you now taking medications for blood pressure? F8

1. Yes, on a regular basis *go to question 11*
2. Yes, but not on a regular basis *go to question 9*
3. No *go to question 10*

9. What is the main reason that you do not take the medication on a regular basis? F9

1. I forget to take
 2. I take it when I don't feel well
 3. The medication gives a bad feeling
 4. The medication is too expensive
 5. Don't know
 6. Other, specify: _____ **F9txt**
- go to question 11*

10. What is the main reason that you are not taking your medication now? F10

1. The blood pressure has already gone down
2. The blood pressure is treated without medication
3. The medication gives a bad feeling
4. The medication is too expensive
5. Don't know
6. Other, specify: _____ **F10txt**

11. Do you check your blood pressure at home? F11

1. Yes
2. No *go to question 14*

12. At what frequency do you normally check your blood pressure at home (self-monitoring)? F12

1. At least once a day
2. 4-6 times a week
3. 1-3 times a week
4. Less than once a week
5. Not fixed/ not regularly
6. Don't know/ don't remember

13. What was the last blood pressure measurement at home (self-monitoring)? F13

1. Systolic _|_|_|_| **F13_sys** / Diastolic _|_|_|_| **F13_dias**
2. Don't know /don't remember

14. Have you ever done a blood pressure test with a 24-hour continuous monitor strapped to the body (Holter)? F14

1. Yes
2. No
333. Added: Don't know/ don't remember

15. Has a doctor or other medical personnel ever told you to do the following in order to lower blood pressure?

15.1 To watch your weight or lose weight? F15_1 <ol style="list-style-type: none"> 1. Yes <i>go to question 15.11</i> 2. No 3. Don't know/ don't remember } <i>go to the next row</i> 	15.11 Do you take care to monitor your weight or have you lost weight? F15_11 <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know/ don't remember
15.2 To reduce the salt or sodium intake in your foods? F15_2 <ol style="list-style-type: none"> 1. Yes <i>go to question 15.21</i> 2. No 3. Don't know/ don't remember } <i>go to the next row</i> 	15.21 Do you reduce your salt or sodium intake? F15_21 <ol style="list-style-type: none"> 1. Yes 2. No
15.3 To do more exercise? F15_3 <ol style="list-style-type: none"> 1. Yes <i>go to question 15.31</i> 2. No 3. Don't know/ don't remember } <i>go to the next row</i> 	15.31 Do you exercise? F15_31 <ol style="list-style-type: none"> 1. Yes 2. No
15.4 To take a nutrition supplement (such as multivitamin, vitamins, minerals, dietary fiber, homeopathic medication) as treatment to reduce high blood pressure? F15_4 <ol style="list-style-type: none"> 1. Yes <i>go to question 15.41</i> 2. No 3. Don't know/ don't remember } <i>go to the next section</i> 	15.41 Did you take this medication? F15_41 <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know /don't remember

7. QUESTIONS FOR ASSESSMENT OF FUNCTIONAL STATE (Katz ADL) G

1. Are you usually able to shop alone? G1

1. Yes
2. No

2. Are you usually able to prepare your meals alone? G2

1. Yes
2. No

3. Are you usually able to carry out the following activities? *Interviewer: If he answers "unable" or "is difficult" for question 3.1, then go to question 3.2 If answers "able without difficulty" go onto the next item in the table. For each answer 1= yes, 2= no*

	3.1 Are you able to <u>without help</u> ? (CARD 2)			3.2 Does someone help you? (CARD 3)		
	1. Can, with no difficulty	2. Can but difficult	3. Can't	1. Yes, always	2. Sometimes	3. No
1. Get dressed?	1 G3_1_1	2	3	1	2	3 G3_2_1
2. Have shower or bathe?	1 G3_1_2	2	3	1	2	3 G3_2_2
3. Sit down and get up from a chair?	1 G3_1_3	2	3	1	2	3 G3_2_3
4. Get in and out of bed?	1 G3_1_4	2	3	1	2	3 G3_2_4
5. Eat?	1 G3_1_5	2	3	1	2	3 G3_2_5
6. Go to the restroom/WC?	1 G3_1_6	2	3	1	2	3 G3_2_6

4. Do you have a caregiver who helps with bathing, getting dressed, eating, accompanying you outside the house? G4

1. Yes
2. No *go to question 6*

5. Who pays or participates in the payment for the caregiver? *Several answers may be given*

For each answer 1=yes, 2=no

1. National Insurance (under the "Long-term Care Insurance Law") G5_1
2. The welfare office (municipal) G5_2
3. The health fund G5_3
4. An insurance company G5_4
5. I and/or my family G5_5
6. Don't know G5_6
7. Other, G5_7specify: _____ G5txt

6. Are you sometimes physically not able to shop, cook and/or feed yourself? (Determine) G6

1. Yes
2. No

7. Has something happened recently which has temporarily changed your ability to function? G7

1. Yes
2. No

8. Does it happen that you have urinary incontinence or that you don't reach the bathroom in time? (CARD 4) G8

1. Yes
2. No

9. Is it usually hard for you to walk outside the home? G9

1. Difficult
2. Not difficult *go to question 11*

10. Are you usually able to move about the house? G10

1. Yes, able to without the help of anyone or an aid
 2. Yes, able with the help of an aid (stick, walker)
 3. Yes, with someone's help
 4. Yes, with the help of a wheelchair
 5. Am unable to move about the house (am wheelchair bound or bedridden)
- } **go to question 11**
- } **go to the next section (8)**

11. Are you usually able to go up and down stairs (at least one floor)? G11

1. Yes, able without the help of someone or an aid
2. Yes, able with the help of an aid (stick, walker)
3. Yes, with someone's help
4. Not able to go up or down stairs
23. Added: Answers 2+3

8. QUESTIONS ABOUT COGNITIVE STATE H

To the interviewer: read; "Now I will ask you another type of question. It is possible that some of the questions may be easy for you and some a bit more difficult. These are questions which we ask everyone to answer. I ask that you answer them to the best of your ability".

1-5 Time orientation (Interviewer: write down the interviewee's answers)

- | | | | | |
|---|-----------|-----------|-------------|------------------------|
| 1. What is today's date? ¹ _____ | H1 | 1 correct | 0 incorrect | |
| 2. What is the month? _____ | H2 | 1 correct | 0 incorrect | |
| 3. What is the year? _____ | H3 | 1 correct | 0 incorrect | |
| 4. What day of the week is today? _____ | H4 | 1 correct | 0 incorrect | |
| 5. What season is it? ² _____ | H5 | 1 correct | 0 incorrect | Total: ___ H1_5 |

6-10 Spatial orientation (Interviewer: write down the interviewee's answers)

- | | | | | |
|---|------------|-----------|-------------|-------------------------|
| 6. Which country are we in? _____ | H6 | 1 correct | 0 incorrect | |
| 7. Which town or city are we in? _____ | H7 | 1 correct | 0 incorrect | |
| 8. Which street are we in? ³ _____ | H8 | 1 correct | 0 incorrect | |
| 9. What number house are we in? _____ | H9 | 1 correct | 0 incorrect | |
| 10. Which floor are we on? _____ | H10 | 1 correct | 0 incorrect | Total: ___ H6_10 |

11-13 Immediate recall (Three words). Interviewer, read to the interviewee and record the answers.

"I will tell you three words and will ask you to remember them, as I will ask you to repeat them later on. Repeat the words only after I have said all three words:⁴ Apple _____ Table _____ Coin _____

- | | | | | |
|-----------------|------------|-----------|-------------|--------------------------|
| 11. Apple _____ | H11 | 1 correct | 0 incorrect | |
| 12. Table _____ | H12 | 1 correct | 0 incorrect | |
| 13. Coin _____ | H13 | 1 correct | 0 incorrect | Total: ___ H11_13 |

14-18 Attention and calculation

Interviewer: read to the interviewee "I will now ask you to deduct **3 from 20** and then deduct 3 from the remainder and then deduct 3 again until I ask you to stop". **To ask until the interviewee makes a mistake for the first time.**

	Answer	Correct	Not correct/does not answer
14. Subtract 3 from 20 H14	17	1	0
15. Now subtract 3 from the number you got H15	14	1	0
16. Now subtract 3 from the number you got H16	11	1	0
17. Now subtract 3 from the number you got H17	8	1	0
18. Now subtract 3 from the number you got H18	5	1	0

Total: ___ **H14_18**

To the interviewer: If the interviewee is unable to answer the arithmetic questions at all, you may ask the following question. "Now I will ask you to spell the word "GOLAN" backwards, from the end to the beginning".
For each answer 0= yes, 1= no

HH14	HH15	HH16	HH17	HH18
N	A	L	O	G
1	1	1	1	1
0	0	0	0	0

Total: ___ Hh14_18

19-21 RECALL

Interviewer: read to the interviewee: "What were the three words I asked you to remember?"

19. Apple _____ H19 1 correct 0 incorrect
 20. Table _____ H20 1 correct 0 incorrect
 21. Coin _____ H21 1 correct 0 incorrect Total: ___ H19_21

22. **Interviewer: show the interviewee a pencil and ask** – "What's this?" 1 correct 0 incorrect H22

23. **Interviewer: show the interviewee a watch and ask** – "What's this?" 1 correct 0 incorrect H23
 Total: ___ H22_23

24. REPETITION OF SENTENCES

Interviewer; read to the interviewee: "Please repeat after me: "Not all that glitters is gold" H24
 1 correct 0 incorrect Total: ___

25-27. COMPREHENSION: EXECUTION OF AN INSTRUCTION IN THREE STAGES. Interviewer, say to the interviewee: "I will ask you to do as I tell you"

25. Take this piece of paper in your right hand H24 1 correct 0 incorrect
 26. Fold the paper in half H25 1 correct 0 incorrect
 27. Place the paper on the floor H26 1 correct 0 incorrect Total: ___ H25_27

Interviewer: if not carried out – H25_27not

- 9 The elderly person is unable to carry out the instructions because of a physical problem with his hand/s – describe: _____ H25_27txt

28. READING: CARRYING OUT OF INSTRUCTIONS "Close your eyes" (Appendix A)

Interviewer: "tell the interviewee: "Please do what is written on the page (Appendix A)
 1 carries out 0 doesn't carries out

Total: ___ H28

Interviewer: if not carried out – H28not

- 6 The elderly person cannot read
 8 The elderly person is blind or has severe vision problems

29. Writing sentences – writing a sentence freely (Appendix B)

Interviewer: read to the interviewee:

"Now please write any sentence you wish on the piece of paper" (Appendix B)
 1 does correctly 0 doesn't do correctly/doesn't do at all H29

Interviewer: if not carried out – H29not

- 7 The elderly person cannot write
 8 The elderly person is blind or has severe vision problems
 9 The elderly person cannot write because of a physical limitation with his hand/s – describe: _____ H29txt

30. Copying of two pentagons (Appendix C)

Interviewer: Give the interviewee the drawing of the two pentagons and read: "There is a drawing before you, please copy it".

1 Does correctly 0 doesn't do correctly/doesn't do at all Total: ___ H30

Interviewer: Please assess how it was carried out:

If not carried out – H30not

8. The elderly person is blind or has severe vision problems
9. The elderly person cannot write because of a physical limitation with his hand/s describe: _____ **H30txt**
10. The elderly person claims that he cannot copy, because he doesn't know how to write

9. QUESTIONS REGARDING STATE OF MOOD (GHQ) I

Interviewer, read: "I will now ask you some questions about your mood".

1. Recently – (CARD 5)

	1. Not at all	2. Not more than usual	3. A bit more than usual	4. Much more than usual	5. Yes (added)
1. Do you feel stressed all the time? I1_1	1	2	3	4	5
2. Do you feel unhappy or depressed? I1_2	1	2	3	4	5
3. Do you feel that overall you do things well? I1_3	1	2	3	4	5
4. Do you feel that you are able to make decisions regarding your matters? I1_4	1	2	3	4	5
5. Are you able to enjoy your daily activities? I1_5	1	2	3	4	5
6. Are you able to cope with your problems? I1_6	1	2	3	4	5
7. On the whole do you feel reasonably happy? I1_7	1	2	3	4	5
8. Does it happen that you feel that there is no point in living? I1_8	1	2	3	4	5
9. Are you able to concentrate on the things you do? I1_9	1	2	3	4	5
10. Do you feel full of energy? I1_10	1	2	3	4	5
11. Do your worries disturb your sleep? I1_11	1	2	3	4	5
12. Do you feel that you are losing your self-confidence? I1_12	1	2	3	4	5

2. Do you feel lonely? **I2 (CARD 6)**

1. Often
 2. Sometimes
 3. Rarely
 4. Never
222. Added: Refuses

10. QUESTIONS ON DENTAL HEALTH J

1. How do you define the state of health of your mouth? **J1**

1. Very good
 2. Good
 3. Reasonable
 4. Bad
34. Added: Between reasonable and bad

2. When was the last time you visited a dentist? **J2**

1. In the past 6 months
2. In the past year
3. In the past two years
4. More than 2 years ago

3. Do you have dentures? **J3**

1. No **go to question 5**
2. Yes, one jaw
3. Yes, both jaws

4. Do you use your dentures? J4

1. Yes, while eating
2. Only in company
3. All the time
4. I don't use them at all
12. Added: While eating and in company

5. Do you have problems with chewing? J5

1. Yes, there are problems
2. No, there aren't problems *go to question 8*

6. Do you eat soft, pureed or grated foods because of problems with chewing? J6

1. Yes
2. No *go to question 8*

7. Which y do you eat? You can choose more than one answer

For each answer 1=yes, 2=no

1. Meat J7_1
2. Vegetables J7_2
3. Fruit J7_3
4. Other J7_4, specify: _____ J7txt

8. Interviewer: read " Now I will ask you to tell me how often, in the past 6 months, you had problems related to your mouth, your teeth or dentures. You can choose the most appropriate answer from the card I will show you."

	Oral problems (CARD 7)	1. Never	2. Very Rarely	3. Some-times	4. Often	5. Very Often
8.1	Have you had trouble pronouncing any words because of teeth, mouth or denture problems? J8_1	1	2	3	4	5
8.2	Have you felt that your sense of taste has worsened because of teeth, mouth or denture problems? J8_2	1	2	3	4	5
8.3	Have you had painful aching in your mouth? J8_3	1	2	3	4	5
8.4	Have you found it uncomfortable to eat any foods because of mouth problems? J8_4	1	2	3	4	5
8.5	Have you been self-conscious because of teeth, mouth or denture problems? J8_5	1	2	3	4	5
8.6	Have you felt tense, because of teeth, mouth or denture problems? J8_6	1	2	3	4	5
8.7	Has your diet been unsatisfactory because of teeth, mouth or denture problems? J8_7	1	2	3	4	5
8.8	Have you had to interrupt your meal because of teeth, mouth or denture problems? J8_8	1	2	3	4	5
8.9	Has it happened that it was hard for you to feel relaxed because of teeth, mouth or denture problems? J8_9	1	2	3	4	5
8.10	Have teeth, mouth or denture problems caused you to be a bit embarrassed? J8_10	1	2	3	4	5
8.11	Have teeth, mouth or denture problems caused you to be slightly irritable with other people? J8_11	1	2	3	4	5
8.12	Have you had difficulty carrying out your regular activities because of teeth, mouth or denture problems? J8_12	1	2	3	4	5
8.13	Have you felt that in general your life was less satisfying because of teeth, mouth or denture problems? J8_13	1	2	3	4	5
8.14	Have you been in a situation of generally being unable to function because of teeth, mouth or denture problems? J8_14	1	2	3	4	5

11. QUESTIONS ON BOWEL HABITS K (Self-completion questionnaire) SEE APPENDIX D

12. QUESTIONS TO IDENTIFY SWALLOWING PROBLEMS

1. Do you suffer from the following problems? (CARD 8)				2. State which foods cause the problem. <i>Interviewer: more than one option can be listed</i>
	1. Often	2. Sometimes	3. No	
1.1 Difficulty with swallowing solids L1_1	1 <i>Go to Q.2</i>	2 <i>Go to Q.2</i>	3 <i>Go to next row</i>	1. _____ L2_1txt1 2. _____ L2_1txt2 3. don't know
1.2. Difficulty with swallowing liquids L1_2	1 <i>Go to next row</i>	2 <i>Go to next row</i>	3 <i>Go to next row</i>	
1.3 Food gets "stuck" L1_3	1 <i>Go to Q.2</i>	2 <i>Go to Q.2</i>	3 <i>Go to next row</i>	1. _____ L2_3txt1 2. _____ L2_3txt2 3. don't know
1.4 Tendency to cough while eating L1_4	1 <i>Go to Q.2</i>	2 <i>Go to Q.2</i>	3 <i>Go to next row</i>	1. _____ L2_4txt1 2. _____ L2_4txt2 3. don't know
1.5 Tendency to cough while drinking L1_5	1 <i>Go to next row</i>	2 <i>Go to next row</i>	3 <i>Go to next row</i>	
1.6 Dryness of the mouth L1_6	1 <i>Go to Q.3</i>	2 <i>Go to Q.3</i>	3 <i>Go to the next section only if answered "no" to all of question 1 items</i>	

3. Because of the swallowing problems, food getting stuck or the tendency to cough, have you stopped eating certain foods? L3

1. Yes
2. No

4. Because of the swallowing problem, do you avoid drinking? L4

1. Yes
2. No

13. FOOD INTAKE AND DIETS M

1. Do you suffer from an illness or condition that makes you change the kind and/or amount of food you eat? (Determine) M1

1. Yes
2. No

2. Do you eat few fruits, vegetables or milk products? (Determine) M2

1. Yes
2. No

3. Have you changed your eating pattern in any way, such as: for losing weight, for maintaining weight, for weight gain or for a medical reason? M3

1. Yes
2. No *go to question 6*

4. What was the change in your diet? (Interviewer: more than one option can be marked)

For each question 1=yes, 2=no

1. For weight maintenance M4_1
2. For weight loss M4_2
3. For weight gain M4_3
4. Diet for cholesterol /fat reduction M4_4
5. Low salt (sodium) diet M4_5
6. Low sugar diet M4_6
7. Low protein diet M4_7
8. Low lactose diet (without milk) M4_8
9. Other diet, M4_9 specify: _____ M4_9txt

5. **What was the source of your dietary guidance? (*Interviewer: more than one option can be marked*)**

For each question 1=yes, 2=no

1. Doctor M5_1
2. Dietitian (individual advice or within a group) M5_2
3. Nurse M5_3
4. Organized program or support group (not necessarily led by a dietitian) M5_4
5. Alternative health practitioner M5_5
6. Books, professional literature M5_6
7. Internet M5_7
8. Own knowledge M5_8
9. Other source M5_9, specify: _____ M5_9txt

6. **Who mainly buys the food products? M6**

1. You
2. Spouse/partner
3. Husband/wife and yourself
4. Someone else who lives in the house
5. Son, daughter or other family member not living in the house
6. Friend or neighbor
7. A helper or caregiver (not living in the house)
8. No-one, because you live in sheltered housing *go to question 8*
9. Other, specify: _____ M6txt

7. **Where do you or someone else on your behalf mainly buy the food for food preparation?**

M7

1. Supermarket
2. Local store/ greengrocer
3. Market
4. Both at the supermarket and at the local store/greengrocer
5. Both the supermarket and the market
6. Other, specify: _____ M7txt

8. **Who mainly cooks your meals? M8**

1. You
2. Spouse/partner
3. Husband/wife and yourself
4. Someone else who lives in the house
5. Son, daughter or other family member not living in the house
6. Friend or neighbor
7. A helper or caregiver (not living in the house)
8. You eat ready cooked meals which are brought to the house (for payment or by a voluntary organization)
9. You eat outside the home (in a center/club, restaurant, with relatives or another place)
10. You eat uncooked foods
11. You eat at a soup kitchen
12. A food distribution center
13. Other, specify: _____ M8txt

9. **What cooking equipment do you have in the house? *Interviewer: more than one answer can be marked***

For each question 1=yes, 2=no

1. Oven M9_1
2. Gas/Electric cooking rings M9_2
3. Microwave oven M9_3
4. Toaster Oven M9_4

10. Where do you usually eat? (CARD 9)

	1. At home with spouse/family/caregiver	2. At home alone	3. Dining room of sheltered housing	4. Soup kitchen	5. Other place	6. Don't eat
10.1 Before breakfast	1 M10_1	2	3	4	5	6
10.2 Breakfast	1 M10_2	2	3	4	5	6
10.3 Mid-morning snack	1 M10_3	2	3	4	5	6
10.4 Lunch	1 M10_4	2	3	4	5	6
10.5 Mid-afternoon snack	1 M10_5	2	3	4	5	6
10.6 Dinner	1 M10_6	2	3	4	5	6
10.7 Supper	1 M10_7	2	3	4	5	6

11. Do you usually eat a hot meal every day? M11

1. Yes
2. No
- 3.

12. What is the usual amount you drink a day (including water, hot drinks, cold drinks)? Indicate the amount, in cups or liters. If he/she doesn't drink, write "0".

Liquid	12.1 Amount in cups	12.2 Amount in liters
1. Water M12_11	12.11 _____ cups	12.21 _____ liters
2. Hot drinks M12_12	12.12 _____ cups	12.22 _____ liters
3. Cold drinks (not including water) M12_13	12.13 _____ cups	12.23 _____ liters
4. Milk M12_14	12.14 _____ cups	12.24 _____ liters
5. Soup M12_15	12.15 _____ cups	12.25 _____ liters
6. Other M12_16 , specify: _____ M12txt	12.16 _____ cups	12.26 _____ liters

13. What motivates you to drink (alcohol not included)?

	1. Yes	2. No
1. Feeling of thirst M13_1	1	2
2. Presence of drink M13_2	1	2
3. Eating M13_3	1	2
4. Awareness of the importance of drinking M13_4	1	2
5. Habit/pleasure M13_5	1	2
6. Urine color M13_6	1	2
7. Other M13_7 , specify: _____ M13_7txt	1	2

14. Do you keep kosher? M14

1. Yes, always
2. Yes, only at home
3. Other, specify: _____ M14txt
4. No

14. QUESTIONS REGARDING HEALTH SERVICES UTILIZATION N

1. Over the past 6 months, have you <u>visited</u> these professionals at least once?		2. Why didn't you visit? Please indicate the reason. (Several answers can be marked, CARD 10. Go to question 3 only if there are mobility problems (answer 6))						3. Over the past 6 months, did any of these professionals make a <u>home visit</u> at least once?	4. What was the <u>main reason</u> they didn't come to your home? (CARD 11)
1. Yes	2. No	1. There wasn't a need/ it wasn't important to me	2. One has to wait too long	3. I didn't receive a doctor's referral	4. It costs too much money	5. There is no such service where I live	6. Hard for me to get there due to mobility problems	1. I didn't need it	2. I wasn't able to have the service though I needed it

1. Over the past 6 months, have you visited these professionals at least once?			2. Why didn't you visit? Please indicate the reason. (Several answers can be marked, CARD 10. Go to question 3 only if there are mobility problems (answer 6))						3. Over the past 6 months, did any of these professionals make a home visit at least once?		4. What was the main reason they didn't come to your home? (CARD 11)	
	1. Yes	2. No	1. There wasn't a need/ it wasn't important to me	2. One has to wait too long	3. I didn't receive a doctor's referral	4. It costs too much money	5. There is no such service where I live	6 hard for me to get there due to mobility problems				
1.1 Family doctor/general practitioner <i>N1_1</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_1</i>	2		4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_1</i>	2 No <i>Go to Q.4</i>	1 <i>N4_1</i>	2
1.2 Geriatrician <i>N1_2</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_2</i>	2	3	4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_2</i>	2 No <i>Go to Q.4</i>	1 <i>N4_2</i>	2
1.3 Dentist <i>N1_3</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_3</i>	2		4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_3</i>	2 No <i>Go to Q.4</i>	1 <i>N4_3</i>	2
1.4 Dietitian <i>N1_4</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_4</i>	2	3	4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_4</i>	2 No <i>Go to Q.4</i>	1 <i>N4_4</i>	2
1.5 Physiotherapist <i>N1_5</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_5</i>	2	3	4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_5</i>	2 No <i>Go to Q.4</i>	1 <i>N4_5</i>	2
1.6 Occupational therapist <i>N1_6</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_6</i>	2	3	4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_6</i>	2 No <i>Go to Q.4</i>	1 <i>N4_6</i>	2
1.7 Speech therapist <i>N1_7</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_7</i>	2	3	4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_7</i>	2 No <i>Go to Q.4</i>	1 <i>N4_7</i>	2
1.8 Nurse <i>N1_8</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_8</i>	2		4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_8</i>	2 No <i>Go to Q.4</i>	1 <i>N4_8</i>	2
1.9 Social worker <i>N1_9</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_9</i>	2		4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_9</i>	2 No <i>Go to Q.4</i>	1 <i>N4_9</i>	2
1.10 Psychologist/psychiatrist <i>N1_10</i>	1 <i>Go to next row</i>	2 <i>Go to Q.2</i>	1 <i>N2_10</i>	2		4	5	6 <i>Go to Q.3</i>	1 Yes <i>N3_10</i>	2 No <i>Go to next section</i>	1 <i>N4_10</i>	2

15. FOOD SECURITY O

Interviewer, read: " The following questions refer to the consumption of food in your home over the past year, and if there was enough money to buy the required food. Now, I am going to read you two statements, which describe the food situation at home. Please tell me if the statement is often true, sometimes true, or never true for you or other household members over the last 12 months".

1. The first statement: ""The food that I bought/we bought didn't last, and we didn't have money to buy more." (CARD 12) O1

1. Often true
2. Sometimes true
3. Never true
4. Don't know
5. Refuses to answer

2. The second statement: "I/we didn't have enough money to eat balanced meals." (CARD 12) O2

1. Often true
2. Sometimes true
3. Never true
4. Don't know
5. Refuses to answer

3. In the last 12 months, since _____ did you or other adults in your household ever reduce the size of your meals or skip meals because there wasn't enough money for food? O3

1. Yes
 2. No
 3. Don't know
 4. Refuses to answer
- } **go to question 5**

4. How often does this happen? (CARD 13) O4

1. Almost every month
2. Some months yes, some months not
3. Only one or two months a year
4. Don't know

5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? O5

1. Yes
2. No
3. Don't know
4. Refuses to answer

6. In the last 12 months, were you ever hungry but didn't eat because you didn't have enough money to buy food? O6

1. Yes
2. No
3. Don't know
4. Refuses to answer

16. ALCOHOL INTAKE P

Interviewer- read: " The following questions relate to alcohol intake".

1. During the past year, did you drink any alcoholic beverage? P1

1. Yes
2. No **go to the next section –section 17**
3. Yes, only for Kiddush and Havdala **go to the next section –section 17**

2. Has a doctor or other medical personnel ever recommended to you to decrease your alcohol intake? P2

1. Yes **go to question 3**
 2. No
 3. Don't know/don't remember
- } **go to question 4**

3. Did you reduce your alcohol intake? P3

1. Yes
2. No

4. During the past year, did you drink the drinks at least once (not including for Kiddush/Havdala)?	5. How often did you drink each drink? (CARD 14)	6. How much on average did you drink each time (not including Kiddush/Havdala)? (CARD 15)
4.1 White Beer P4_1	1. Yes <i>go to Q.5</i> 2. No <i>go to the next row</i> 3. 1-2 times/week } <i>go to Q.6</i> 4. 1-3 times/month } 5. less than once/month } <i>go to next row</i> 6. Don't know }	1. ___ sips P6_1M 2. ___ small glasses 3. ___ glasses 4. ___ cans 5. ___ bottles P6_1Q 6. don't know
4.2 Red wine P4_2	1. Yes <i>go to Q.5</i> 2. No <i>go to the next row</i> 3. 1-2 times/week } <i>go to Q.6</i> 4. 1-3 times/month } 5. less than once/month } <i>go to next row</i> 6. Don't know }	1. ___ sips P6_2M 2. ___ small glasses 3. ___ glasses 4. ___ cans 5. ___ bottles P6_2Q 6. don't know
4.3 White wine P4_3	1. Yes <i>go to Q.5</i> 2. No <i>go to the next row</i> 3. 1-2 times/week } <i>go to Q.6</i> 4. 1-3 times/month } 5. less than once/month } <i>go to next row</i> 6. Don't know }	1. ___ sips P6_3M 2. ___ small glasses 3. ___ glasses 4. ___ cans 5. ___ bottles P6_3Q 6. don't know
4.4 Liqueur P4_4	1. Yes <i>go to Q.5</i> 2. No <i>go to the next row</i> 3. 1-2 times/week } <i>go to Q.6</i> 4. 1-3 times/month } 5. less than once/month } <i>go to next row</i> 6. Don't know }	1. ___ sips P6_4M 2. ___ small glasses 3. ___ glasses 4. ___ cans 5. ___ bottles P6_4Q 6. don't know
4.5 Spirits (whiskey, cognac, vodka, arak) P4_5	1. Yes <i>go to Q.5</i> 2. No <i>go to the next row</i> 3. 1-2 times/week } <i>go to Q.6</i> 4. 1-3 times/month } 5. less than once/month } <i>go to next section</i> 6. Don't know }	1. ___ sips P6_5M 2. ___ small glasses 3. ___ glasses 4. ___ cans 5. ___ bottles P6_5Q 6. don't know

17. SMOKING HABITS Q

Interviewer – read: In the following questions I will ask about smoking.

1. Do you smoke now? Q1

1. Yes
2. No, I used to smoke
3. No, I have never smoked

go to question 3
go to question 2
go to the next section (section 18)

2. How many years ago did you stop smoking? Q2

1. _____ years
999. Don't know/don't remember

3. At what age did you start smoking? Q3

1. _____ years
2. Don't know/don't remember

4. What do you mainly smoke now or did you smoke? Q4

1. Cigarettes *go to question 5*
2. Cigars
3. Pipe
4. Hookah
5. Other, specify _____ Q4txt } *go to question 6*

5. How many cigarettes do you/did you smoke? _____ Q5

333. Added: Don't know/don't remember

6. Did a doctor or other medical personnel ever recommend that you stop smoking? Q6

1. Yes
2. No
3. Don't know/don't remember

18. YOUR BODY BUILD R

Interviewer: Read "In the next questions, I will ask you questions about your body build".

1. What is your height (without shoes) in cm? R1

1. _____
2. Don't know/don't remember
3. Refuses to answer

2. What is your weight (without shoes, in light clothing) in kg? R2

1. _____
2. Don't know/don't remember
3. Refuses to answer

3. Has your weight changed, not intentionally, in the past 3-6 months? R3

1. No **go to question 6**
2. There was a weight loss
3. There was a weight gain
4. Don't know **go to question 6**

4. What was the amount of weight loss or gain? Interviewer: ask according to answer to Q.3 R4

- | | |
|---|--|
| 1. Gain of less than 1 kg or no change | } for those who gained weight
go to question 6 |
| 2. Gain between 1 to less than 3 kg | |
| 3. Gain of 3 kg or more | |
| 4. Loss of less than 1 kg or no change (from the MNA) | } for those who lost weight |
| 5. Loss of between 1 to less than 3 kg (from the MNA) | |
| 6. Loss of more than 3 kg (from the MNA) | |
| 7. Don't know (from the MNA) | } go to question 6 |
| 8. Other, specify: _____ R4txt | |

4. What was your weight before the weight loss? _____ kg R5

222. Added: Refuses
333. Added: Don't know / Don't remember

6. Was your weight checked over the past year by a doctor or other medical personnel? R6

1. Yes
2. No
3. Don't know/don't remember

7. Over the past year, did a doctor or other medical personnel discuss a suitable diet for you, or instruct you as to what is suitable for you to eat? R7

1. Yes
2. No
3. Don't know/don't remember

8. When were you last weighed? R8

1. Today
 2. This week
 3. This month
 4. More than a month ago
- } **go to the next section, section 19**

9. If you were not weighed, do you feel, according to your clothing, that your weight has changed over the past year? R9

1. Yes, increased
2. Yes, decreased
3. Without change
4. Not relevant, I was weighed

19. ATTITUDES REGARDING NUTRITION S

Interviewer – read: “I’ll now ask you about your attitudes regarding nutrition”.

1. To what extent do you take an interest in the relationship between nutrition and health? (CARD 16) S1

1. A very large extent
2. A large extent
3. A small extent
4. Not at all **go to question 3**

2. What are your sources of information regarding the relationship between nutrition and health? Interviewer: Mark all the selected options For each question 1=yes, 2=no

- | | |
|--|---|
| 1. Doctor S2_1 | 8. Publications of hospitals, health funds S2_8 |
| 2. Dietitian S2_2 | 9. Studies, courses S2_9 |
| 3. Nurse S2_3 | 10. Internet S2_10 |
| 4. Television S2_4 | 11. Family and/or friends S2_11 |
| 5. Radio S2_5 | 12. I have no information sources S2_12 |
| 6. Newspapers S2_6 | 13. Other S2_13, specify: _____ S2_13txt |
| 7. Publications of the Ministry of Health S2_7 | |

3. Do you check the nutrition labeling (which lists the energy, carbohydrate and other content per 100 gram) of food at the time of food and drink purchase? (CARD 17) S3

1. Yes, very often
2. Yes, often
3. From time to time
4. No
5. I don't buy

4. When you buy food products, how important to you are each of the following factors? (CARD 18) Interviewer: If doesn't buy, mark "irrelevant-doesn't buy"	1. Very important	2. Important	3. Not too important	4. Not important at all	5. Not relevant
4.1 Price S4_1	1	2	3	4	5
4.2 Cleanliness of the product, shelf, store S4_2	1	2	3	4	5
4.3 Use-by-date S4_3	1	2	3	4	5
4.4 Nutrition information label S4_4	1	2	3	4	5
4.5 Ingredients list (such as eggs, sugar, salt, food colors, stabilizers) S4_5	1	2	3	4	5


20. PHYSICAL ACTIVITY T

Interviewer – read: “The next questions relate to physical activity”

1. Over the past year, have you, during leisure hours, regularly engaged in physical activity lasting for at least 20 minutes, which causes rapid breathing and perspiration? T1

1. Yes
2. No **go to question 3**

2. How often do you engage in this activity? T2

- | | | |
|--|---|-------------------------|
| <ol style="list-style-type: none"> 1. 4 times a week and more 2. 2-3 times a week 3. Once a week 4. 2-3 times a month 5. Once a month or less |  | go to question 5 |
|--|---|-------------------------|

3. Over the past year, have you, during leisure hours, regularly engaged in physical activity lasting for at least 10 minutes? T3

1. Yes
2. No **go to next section (section 21)**

4. How often do you engage in this activity? T4

1. 4 times a week and more
2. 2-3 times a week
3. Once a week
4. 2-3 times a month

5. Do you regularly engage in _____? If "yes" continue to Q. 6. If "no" go to next row.		6. How often do you engage in each activity? (CARD 19)	7. How long do you spend each time on the activity? (CARD 20)	8. How many years have you continuously engaged in the activity? (CARD 21)
5.1 Walking at a medium pace/quick pace (including on a treadmill) T5_1	1. Yes <i>Go to Q.6</i> 2. No <i>Go to next row</i>	1. 4 times a week or more 2. 2-3 times a week 3. Once a week 4. 2-3 times a month 5. once a month or less T6_1	1. Less than 20 minutes 2. 20 minutes, to less than 1 hour 3. 1 hour 4. More than 1 hour T7_1	1. Less than ½ a year 2. Between ½ year to less than 1 year 3. Between 1 to less than 5 years 4. 5 years or more T8_1
5.2 Jogging (including on treadmill) T5_2	1. Yes <i>Go to Q.6</i> 2. No <i>Go to next row</i>	1. 4 times a week or more 2. 2-3 times a week 3. Once a week 4. 2-3 times a month 5. once a month or less T6_2	1. Less than 20 minutes 2. 20 minutes, to less than 1 hour 3. 1 hour 4. More than 1 hour T7_2	1. Less than ½ a year 2. Between ½ year to less than 1 year 3. Between 1 to less than 5 years 4. 5 years or more T8_2
5.3 Cycling (including exercise bicycle) T5_3	1. Yes <i>Go to Q.6</i> 2. No <i>Go to next row</i>	1. 4 times a week or more 2. 2-3 times a week 3. Once a week 4. 2-3 times a month 5. once a month or less T6_3	1. Less than 20 minutes 2. 20 minutes, to less than 1 hour 3. 1 hour 4. More than 1 hour T7_3	1. Less than ½ a year 2. Between ½ year to less than 1 year 3. Between 1 to less than 5 years 4. 5 years or more T8_3
5.4 Swimming T5_4	1. Yes <i>Go to Q.6</i> 2. No <i>Go to next row</i>	1. 4 times a week or more 2. 2-3 times a week 3. Once a week 4. 2-3 times a month 5. once a month or less T6_4	1. Less than 20 minutes 2. 20 minutes, to less than 1 hour 3. 1 hour 4. More than 1 hour T7_4	1. Less than ½ a year 2. Between ½ year to less than 1 year 3. Between 1 to less than 5 years 4. 5 years or more T8_4
5.5 Aerobic exercise, including on equipment in gymnasium T5_5	1. Yes <i>Go to Q.6</i> 2. No <i>Go to next row</i>	1. 4 times a week or more 2. 2-3 times a week 3. Once a week 4. 2-3 times a month 5. once a month or less T6_5	1. Less than 20 minutes 2. 20 minutes, to less than 1 hour 3. 1 hour 4. More than 1 hour T7_5	1. Less than ½ a year 2. Between ½ year to less than 1 year 3. Between 1 to less than 5 years 4. 5 years or more T8_5
5.6 Exercise for body shaping, including muscle strengthening T5_6	1. Yes <i>Go to Q.6</i> 2. No <i>Go to next row</i>	1. 4 times a week or more 2. 2-3 times a week 3. Once a week 4. 2-3 times a month 5. once a month or less T6_6	1. Less than 20 minutes 2. 20 minutes, to less than 1 hour 3. 1 hour 4. More than 1 hour T7_6	1. Less than ½ a year 2. Between ½ year to less than 1 year 3. Between 1 to less than 5 years 4. 5 years or more T8_6
5.7 Light exercise: yoga, Feldenkrais, Alexander etc. T5_7	1. Yes <i>Go to Q.6</i> 2. No <i>Go to next row</i>	1. 4 times a week or more 2. 2-3 times a week 3. Once a week 4. 2-3 times a month 5. once a month or less T6_7	1. Less than 20 minutes 2. 20 minutes, to less than 1 hour 3. 1 hour 4. More than 1 hour T7_7	1. Less than ½ a year 2. Between ½ year to less than 1 year 3. Between 1 to less than 5 years 4. 5 years or more T8_7

5. Do you regularly engage in _____? <i>If "yes" continue to Q. 6. If "no" go to next row.</i>		6. How often do you engage in each activity? (CARD 19)	7. How long do you spend each time on the activity? (CARD 20)	8. How many years have you continuously engaged in the activity? (CARD 21)
5.8 Other exercise, T5_8 specify _____ T5_8txt	1. Yes Go to Q.6 2. No Go to next section	1. 4 times a week or more 2. 2-3 times a week 3. Once a week 4. 2-3 times a month 5. once a month or less T6_8	1. Less than 20 minutes 2. 20 minutes, to less than 1 hour 3. 1 hour 4. More than 1 hour T7_8	1. Less than ½ a year 2. Between ½ year to less than 1 year 3. Between 1 to less than 5 years 4. 5 years or more T8_8

21. DEMOGRAPHIC QUESTIONS U

Interviewer, read: "Now, I'd like to ask you some general questions about yourself".

1. How old are you? Interviewer: check that this matches date of birth newCALCAGE

1. _____
999. Don't know

2. Where were you born? U2

1. Israel **go to question 6**
2. Other country, specify: _____ country
222. Added: Refuses

3. What year did you immigrate to Israel? |_|_|_|_| U3

If immigrated after 1933, go to question 4

If immigrated up to 1933 (included), go to question 6

4. Were you ever under the Nazi regime, or in a country under the direct influence of the Nazi regime?

U4

1. Yes
2. No **go to question 6**

5. In the period between 1933 to 1945, were you in an area under German occupation in the following situations?

Situation	1. Yes	2. No
1. Ghetto U5_1	1	2
2. In hiding U5_2	1	2
3. Labor camp U5_3	1	2
4. Extermination camp, Concentration camp U5_4	1	2

6. Are you? relig

1. Jewish
2. Arab Moslem
3. Arab Christian
4. Christian (not Arab)
5. Druze
6. Other, specify: _____ religtxt

7. Do you define yourself as a: U7

1. Secular
2. Traditional
3. Religious
4. Ultra orthodox
5. Other, specify: _____ U7txt
12. Added: Between Secular and Traditional
222. Added: Refuses
333. Added: Don't know/ Don't remember

8. What is your personal status? U8

1. Single
2. Married or living with a partner
3. Divorced
4. Widowed
5. Separated
6. Other, specify: _____ U8txt
222. Added: Refuses

9. With whom do you live? Interviewer: More than one option can be marked

For each question 1=yes, 2=no

1. Spouse/partner U9_1
2. Son/daughter U9_2
3. Family member (not spouse or son/daughter) U9_3
4. Friend U9_4
5. Caregiver U9_5
6. Live alone U9_6
7. Other U9_7, specify _____ U9_7txt

10. How many rooms are there in the apartment/house you live in (including lounge and not including kitchen, bathrooms and rooms used solely for business purposes)? _____ U10

222. Added: Refuses

11. How many people live in the apartment (house) you live in? _____ U11**12. Do you have someone to turn to if you need? U12**

1. Yes
2. No **go to question 14**
3. Sometimes yes, sometimes not

13. To whom do you turn for help? Interviewer: Do not read the list of options, but mark according to the interviewee's answers. More than one option can be marked.

For each question 1=yes, 2=no

1. Spouse/partner U13_1
2. Children U13_2
3. Children's spouses (son-in law/daughter-in-law) U13_3
4. Grandchildren U13_4
5. Neighbors U13_5
6. Caregiver U13_6
7. Other U13_7, specify: _____ U13_7txt
- Added after analysis:
8. Added: Staff of sheltered housing/ Emergency call service U13_8
9. Added: Other member of the family U13_9

14. Over the past three months, have you worked for a salary, as unsalaried or as a volunteer? U14

1. Yes
2. No **go to question 19**

15. Over the past three months in what framework was your main employment ? U15

1. Salaried worker (employee)
2. Self-employed
3. Working on a non-paid basis in a family business
4. Volunteer
5. Other, specify: _____ U15txt

16. What are you currently or over the past three months working as? Specify: _____ U16txt**17. Do you work fulltime or part time? U17**

1. Full-time
2. Part-time
3. Don't know

18. How many hours a week do you usually work? U18

1. Up to 12 hours
2. 13-20 hours
3. 21-34 hours
4. 35 hours or more
5. Number of hours are not fixed

19. Did you work in the past? U19

1. Yes, as an employee
2. Yes, self-employed
3. I did not work in the past
4. Other, specify: _____ U19txt
12. Added: Both as an employee and self-employed

20. How many years in total have you studied in all schools, colleges? _____ U20

222. Added: Refuses
333. Added: Don't know/ Don't remember

21. What was the last type of school you attended? U21

1. Primary school or intermediate school
2. High school (including yeshiva high school)
3. Yeshiva
4. Non-academic technical college
5. Academic studies
6. Other, specify: _____ U21txt
333. Added: Don't know/ Don't remember

22. Which is the highest degree you have? U22

1. Matriculation/high school certificate
2. Professional /trade certificate
3. First academic degree
4. Second academic degree
5. Third academic degree
6. Other certificate, specify: _____ U22txt
7. None
8. Don't know/ don't remember
9. Refuses
10. Added: Diploma

23. What was the profession you learned/acquired? Specify: _____ U23txt1**24. What was your main occupation during your years of work? Specify: _____ U24txt****25. Do you currently have supplementary health insurance through your health fund? U25**

1. Yes
2. No
3. Don't know/ don't remember

26. Do you have private health insurance through an insurance company? U26

1. Yes
2. No
3. Don't know/don't remember

27. Do you have a long-term care insurance policy (for a situation where you need daily individual care whether at home or in an institution)? U27

1. Yes
2. No
3. Don't know/don't remember } *go to question 29*

28. Which long-term care insurance policy do you have? U28

1. Through the health fund
2. Through an insurance company
3. Through both the health fund and an insurance company
4. Don't know/ don't remember

29. Do you receive a pension (not including the old age pension)? U29

1. Yes
2. No
222. Added: Refuses
333. Added: Don't know/ Don't remember

30. Do you receive any type of payments (e.g. reparations from Germany)? U30

1. Yes
2. No
222. Added: Refuses

31. Do you have income from other sources (e.g. rental income)? Interviewer: explain to the interviewee that the intention is the source of the income and not the amount. U31

1. Yes
2. No
222. Added: Refuses

32. What is your total monthly income in NIS, (from all sources including old age pension)? (CARD 22) U32

1. Up to 1,744 NIS
2. 1,745 – 3,484 NIS
3. 3,485 – 5,254 NIS
4. 5,255 – 6,974 NIS
5. 6,975 – 8,719 NIS
6. 8,720 – 10,459 NIS
7. 10,460 – 12,204 NIS
8. 12,205 – 13,949 NIS
9. 13,950 NIS or more.
10. Don't know
11. Refuses

33. What is the nett monthly income, from all sources, of the whole household? (CARD 22) U33

1. Up to 1,744 NIS
2. 1,745 – 3,484 NIS
3. 3,485 – 5,254 NIS
4. 5,255 – 6,974 NIS
5. 6,975 – 8,719 NIS
6. 8,720 – 10,459 NIS
7. 10,460 – 12,204 NIS
8. 12,205 – 13,949 NIS
9. 13,950 NIS or more.
10. Don't know
11. Refuses

22. MEDICATIONS AND SUPPLEMENTS INTAKE V**1. Do you take medications or nutrition supplements (including vitamins) on a regular basis? V1**

1. Yes
2. No *go to section 23*

2. Could you please bring all the medications and/ or supplements (including vitamins) you take on a regular basis, including all taken by mouth, by injection or as suppositories? V2

1. Yes *Interviewer: go on to medications table*
2. No, someone else takes care of it } *go on to section 23*
3. No, I am not prepared to bring them }

Interviewer: List each medication and supplement- make sure to write in English in clear, block letters. It is preferable to copy the name from the packet or prescription. Write each one individually on a separate line and ask about reason and dose.

Drug/ supplement name (and manufacturer) drugname	Amount in a unit (mg) drugamt	Purpose	Dose			
		drugreason	Take daily		Take a few times a week	
			No. of times dailynum	No. of units dailydose	No. of times weeklynum	No. of units weeklydose
1.		1. _____ 2. Don't know				
2.		1. _____ 2. Don't know				
3.		1. _____ 2. Don't know				
4.		1. _____ 2. Don't know				
5.		1. _____ 2. Don't know				
6.		1. _____ 2. Don't know				
7.		1. _____ 2. Don't know				
8.		1. _____ 2. Don't know				
9.		1. _____ 2. Don't know				
10.		1. _____ 2. Don't know				
11.		1. _____ 2. Don't know				
12.		1. _____ 2. Don't know				
13.		1. _____ 2. Don't know				
14.		1. _____ 2. Don't know				
15.		1. _____ 2. Don't know				

23. BLOOD PRESSURE MEASUREMENTS **W**

Instructions to interviewer: Two consecutive blood pressure and pulse measurements should be carried out, with a wait of 1 minute between, according to the Protocol "Blood pressure and Pulse measurements - Mabat Elderly Survey".

Position	1. Systolic blood pressure	2. Diastolic blood pressure	3. Pulse	4. Reason for non-completion
Sitting W1_1	1.1 _____ 1.11 Not done <i>go to Q.4</i>	2.1 _____ W1_2 Not done <i>go to Q.4</i>	3.1 _____ W1_3 Not done <i>go to Q.4</i>	1. Refused W1_4 2. Instrument not working 3. Physical limitation
W2_1	1.2 _____ Not done <i>go to Q.4</i>	2.2 _____ W2_2 Not done <i>go to Q.4</i>	3.2 _____ W2_3 Not done <i>go to Q.4</i>	1. Refused W2_4 2. Instrument not working 3. Physical limitation
W3_1	1.3 _____ Not done <i>go to Q.4</i>	2.3 _____ W3_2 Not done <i>go to Q.4</i>	3.3 _____ W3_3 Not done <i>go to Q.4</i>	1. Refused W3_4 2. Instrument not working 3. Physical limitation
Standing W4_1	1.4 _____ Not done <i>go to Q.4</i>	2.4 _____ W4_2 Not done <i>go to Q.4</i>	3.4 _____ W4_3 Not done <i>go to Q.4</i>	1. Refused W4_4 2. Instrument not working 3. Physical limitation
W5_1	1.5 _____ Not done <i>go to Q.4</i>	2.5 _____ W5_2 Not done <i>go to Q.4</i>	3.5 _____ W5_3 Not done <i>go to Q.4</i>	1. Refused W5_4 2. Instrument not working 3. Physical limitation
W6_1	1.6 _____ Not done <i>go to Q.4</i>	2.6 _____ W6_2 Not done <i>go to Q.4</i>	3.6 _____ W6_3 Not done <i>go to Q.4</i>	1. Refused W6_4 2. Instrument not working 3. Physical limitation

24. ANTHROPOMETRIC MEASUREMENTS

To the interviewer – read: "With your permission, I would like to weigh you and carry out some measurements ". **Instructions to the interviewer :** In Question 2 specify the reason for non-completion

1. Measurement	2. Reasons for non-completion
1.1 Height (cm) 1. _____ mhgt1 <i>Measured with shoes</i> htshoes 1. Yes 2. No 2. _____ mhgt2 3. Not done/ not able to be measured <i>go to question 2</i>	1. Refused htnot 2. Unable to stand 3. Other, specify: _____ httxt
1.2 Weight (kg) 1. _____ mwtg1 <i>Measured with shoes</i> wtshoes 1. Yes 2. No 2. _____ mwtg2 3. Not done/ not able to be weighed <i>go to question 2</i>	1. Refused wtnot 2. Unable to stand 3. Other, specify: _____ wtxt
1.3 Waist circumference (cm) 1. _____ waist1 2. _____ waist2 3. Not done/ not able to be measured <i>go to question 2</i>	1. Refused waistnot 2. Unable to stand 3. Other, specify: _____ waisttxt
1.4 Mid Upper Arm circumference (MAC) (cm) 1. _____ mac1 2. _____ mac2 3. Not done/ not able to be measured <i>go to question 2</i>	1. Refused macnot 2. Amputated arm 3. Other, specify: _____ mactxt
1.5 Forearm length (ulna) (cm) 1. _____ arm1 2. _____ arm2 3. Not done/ not able to be measured <i>go to question 2</i>	1. Refused armnot 2. Amputated arm 3. Other, specify: _____ armtxt
1.6 Calf circumference (cm) 1. _____ calf1 2. _____ calf2 3. Not done/ not able to be measured <i>go to question 2</i>	1. Refused calfnot 2. Amputated leg 3. Other, specify: _____ calftxt
1.7 Knee Height (cm) 1. _____ knhgt1 <i>Measured with shoes</i> knshoes 1. Yes 2. No 2. _____ knhgt2 3. Not done/ not able to be measured <i>go to question 2</i>	1. Refused knhgtnot 2. Amputated leg 3. Other, specify: _____ knhgtxt

Interviewer: Complete all the details at the completion of the interviewer.

1=yes, 2=no

Time (at end): _____ Endtime

Were there language difficulties during the interview? Yes/No End1

Were there comprehension difficulties during the interview? Yes/No End2

Were there problems with compliance/cooperation? Yes/No End3

Was the questionnaire completed fully? Yes/No End4

If not, why not? _____ End5txt

Other comments _____ End6txt

Did someone else assist the interviewee in answering questions during the interview?

Yes/No End7 Who: _____ End7txt

Questions to be completed by the interviewer, according to his impression. clean1**1. General state of cleanliness of the house**

1. The house is clean and orderly
2. The state of the house is reasonable
3. The house is very dirty, and there is an unpleasant smell about the house

2. State of personal hygiene of the elderly person clean2

1. Clean and tidy
2. Clean, but neglected look about his clothing
3. Not clean
4. Clothes are stained, and he gives off an unpleasant smell

Questionnaire number

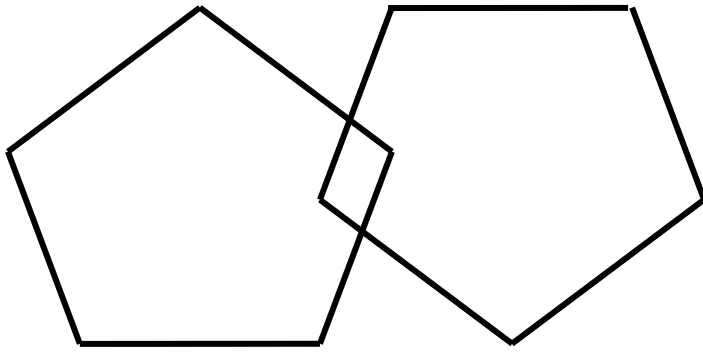
Sample number

Appendix B— for question 29. Writing sentences

Questionnaire number _____

Sample number _____

APPENDIX C: for question 30 copying of pentagons



Questionnaire number

Sample number

Appendix D:

11. QUESTIONS ON BOWEL HABITS (for self-completion): K

In order to assess possible associations between bowel habits, nutrition and health, you are asked to answer the following questions. If you wish to clarify a point, please ask the interviewer for assistance. For the purposes of the questionnaire, the term "bowel habits" is used.

1. Have you suffered from the following symptoms over the past 6 months?

	1. Yes, often	2. Yes, sometimes	3. No	
1.1 Constipation K1_1	1	2	3	
1.2 Diarrhea K1_2	1	2	3	
1.3 Watery bowel movements K1_3	1	2	3	
1.4 Flatulence K1_4	1	2	3	
1.5 Straining at time of bowel movements K1_5	1	2	3	222. Added: Refuses
1.6 Feeling of incomplete evacuation K1_6	1	2	3	
1.7 Red blood in bowel movement K1_7	1	2	3	
1.8 Black bowel movements K1_8	1	2	3	

2. What is the usual frequency of your bowel motions? *Mark only one answer* K2

1. more than 5 a day
2. between 3 - 5 a day
3. between 1 -2 a day
4. 5-6 a week
5. 3-4 a week
6. 1-2 a week

3. Do you take any medications (e.g. laxative), use other means (enema, special tea...) take nutrition supplements or eat special foods, which should affect your bowel habits? K3

1. Yes
2. No *Return the questionnaire to the interviewer*

4. Which medications, aids, foods, nutrition supplements do you use against constipation? Please specify the three most common

1. _____ K4_1txt
2. _____ K4_2txt
3. _____ K4_3txt