



H.E.A.R.T.S 2012-1-PT1-GRU06-12113



Questionnaire HEARTS

HERITAGE EMPOWERING AFFECTIVITY, REVALUING TRADITIONS AND SOLIDARITY

Do you have anything interesting experiences to share with young/elderly people? If so, what are they?.....

.....

Would you like to talk about some of these experiences? YES NO

Are there any things that you can do very well or in which you have experience? What, for example?

.....

Could you demonstrate or teach any of them? YES NO Would you like to do so? YES NO

Is there anything in particular that you would like to learn how to do?

.....

Do you have you any hobbies? If so, what are they?

.....

Are you involved in any voluntary activities? If so, what kind?

.....

Which values from your traditions or from your generation do you consider to be the most important ?

.....

.....

.....

What do you think about intergenerational communication? In your opinion, is it:

A) easy difficult neither easy nor difficult non-existent

B) rare occasional frequent continuous

Please list at least 2 factors/ activities hindering this communication:

1.....

2.....


And 2 factors/activities facilitating it:

1.....

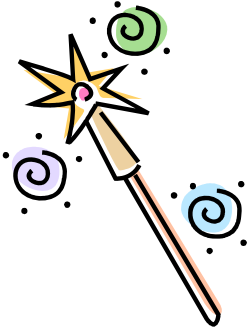
2.....



Do you have dreams or aspirations?
Which?



If you had a magic wand, what would you change?



Are you interested in learning or improving your skills with computers or electronic equipment?

NO YES, I'd like

Are you interested in learning craft or traditional skills?

Please, Indicate if male female

Your age group: under 20 years 21 to 30 years 31 to 40 years 41 to 50 years 51 to 60 years
 61 to 70 years 71 to 80 years more than 80 years

Your living conditions:

alone with a spouse / partner with sons, daughters with relatives with other people

How would you rate your personal autonomy, on a scale from 0 (minimum) to 10 (maximum)?

0 1 2 3 4 5 6 7 8 9 10

The following questions refer to different aspects of your life within the last three months. Please note, there are no right or wrong answers. Please answer the questions by putting a mark or a cross in the box next to the answer that you consider the most appropriate.



1. How would you rate your quality of life?

very poor poor neither poor nor good good very good

2. How satisfied are you with your health?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied

3. To what extent do you feel that physical pain prevents you from doing what you need to do?

not at all a little a moderate amount very much an extreme amount

4. How much medical treatment, if any, do you need in your daily life?

not at all a little a moderate amount very much an extreme amount

5. How much do you enjoy life?

not at all a little a moderate amount very much an extreme amount

6. To what extent do you feel your life to be meaningful?

not at all a little a moderate amount very much an extreme amount

7. How well are you able to concentrate?

not at all a little a moderate amount very much extremely

8. How safe do you feel in your daily life?

not at all a little a moderate amount very much extremely

9. How healthy is your physical environment?

not at all a little a moderate amount very much extremely

10. Do you have enough energy for everyday life?

not at all a little moderately mostly completely

11. Are you able to accept your bodily appearance?

not at all a little a moderate amount very much extremely

12. Have you enough money to meet your needs?

not at all a little a moderate amount very much extremely

13. How available to you is the information that you need in your day-to-day life?

not at all a little a moderate amount very much extremely

14. To what extent do you have the opportunity for leisure activities?

not at all a little a moderate amount very much extremely

15. How well are you able to get around?

very poor poor neither poor nor good good very good

16. How satisfied are you with your sleep?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied

17. How satisfied are you with your ability to perform your daily living activities?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied



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18. How satisfied are you with your capacity for work?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied

19. How satisfied are you with yourself?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied

20. How satisfied are you with your personal relationships?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied

21. How satisfied are you with the support you get from your friends?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied

22. How satisfied are you with the conditions of your living place?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied

23. How satisfied are you with your access to health services?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied

24. How satisfied are you with your transport?

very dissatisfied dissatisfied neither satisfied nor dissatisfied satisfied very satisfied

25. How often do you have negative feelings such as blue mood, despair, anxiety, depression?

never seldom quite often very often always

Thank you for your willingness!