# REPORT ON
# BEST PRACTICES

Activ
Age

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# ABSTRACT

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

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

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

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

# INTRODUCTION

*This section is edited by E. Veglianti and E. Magnaghi, Université Catholique de Lille*

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

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

This will be done through 3 main activities:

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

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

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

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

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[1] European Commission. European Commission Report on the Impact of Demographic Change.    Luxembourg (2020).
Available online at:  https://ec.europa.eu/info/sites/info/files/demography_report_2020_n.pdf

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

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

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

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

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

Therefore, not surprisingly, since the beginning of the new millennium there has been a progressive focus on the demographic ageing at the international level with the adoption of policies for active ageing and some indexes used to measure the active ageing. In this context, for example, there is the Active Aging Index (AAI) as well as a number of collaborations among different partners as the one between United Nations Economic Commission for Europe (UNECE) and the European Commission.

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

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

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

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

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

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

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[2] European Commission Active Ageing Index. Monitoring active and healthy ageing in the EU, 2019.
[3] UNECE, Active Ageing Index: analytical report, Geneva, 2019.
[4] Il Sole 24 ore :https://www.ilsole24ore.com/art/commissione-ue-campo-sull-invecchiamento-popolazione-AEUqlWC?refresh_ce=1

# SECTION 2 - BACKGROUND

*This section is edited by E. Veglianti and E. Magnaghi, Université Catholique de Lille*

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

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

In other words, the number of elders is increasing in European countries. For instance, Eurostat suggested that "the growth in the relative share of older people may be explained by increased longevity, a pattern that has been apparent for several decades as life expectancy has risen. However, consistently low levels of fertility over many years have contributed to population ageing, with fewer births leading to a decline in the proportion of young people in the total population. This process is known as ageing at the bottom of the population pyramid, and can be observed in the narrowing base of the EU population pyramids between 2005 and 2020" [5].
It is, therefore, clear that our society is changing and a greater attention is given to the topic of ageing and specifically of ageing well or actively.

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

Eurostat provides an interesting picture of the situation of the population ageing at the European level as well as it offers a detailed description of each countries. This is relevant to provide some background information that increases the role of the population ageing issues and the related active ageing concept.
The following table (Figure 1) shows the share of the population aged 65 years or over between 2010 and 2020. This means that the demographic ageing in European Union is getting importance as it will increase in the next years.

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[5] EUROSTAT:https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population_structure_and_ageing

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

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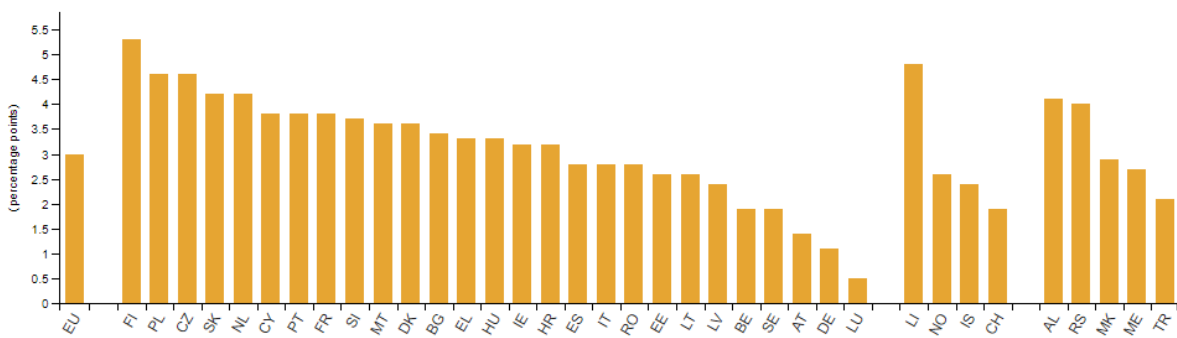


EU, BE, DE, EE, FR, LU, HU, PL, CH, RS: Break in time series in various years between 2010 and 2020.
EU, FR: Provisional.
Source: Eurostat (online data code: demo_pjanind)

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

Source: Eurostat

## POPULATION AGE STRUCTURE - 2010 AND 2020

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

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

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

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

| | 0–14 years old | | 15–64 years old | | 65 years old or over | |
|---|---|---|---|---|---|---|
| | 2010 | 2020 | 2010 | 2020 | 2010 | 2020 |
| EU (¹) | 15.4 | 15.1 | 67.0 | 64.3 | 17.6 | 20.6 |
| Belgium (¹) | 16.9 | 16.9 | 66.0 | 64.1 | 17.2 | 19.1 |
| Bulgaria | 13.2 | 14.4 | 68.7 | 63.9 | 18.2 | 21.6 |
| Czechia | 14.3 | 16.0 | 70.5 | 64.0 | 15.3 | 19.9 |
| Denmark | 18.1 | 16.4 | 65.5 | 63.9 | 16.3 | 19.9 |
| Germany (¹) | 13.5 | 13.7 | 65.9 | 64.6 | 20.7 | 21.8 |
| Estonia (¹) | 15.1 | 16.5 | 67.5 | 63.6 | 17.4 | 20.0 |
| Ireland | 21.0 | 20.3 | 67.8 | 65.2 | 11.2 | 14.4 |
| Greece | 14.6 | 14.3 | 66.3 | 63.6 | 19.0 | 22.3 |
| Spain | 14.9 | 14.5 | 68.3 | 65.9 | 16.8 | 19.6 |
| France (¹) | 18.6 | 17.9 | 64.8 | 61.8 | 16.6 | 20.4 |
| Croatia | 15.4 | 14.3 | 66.7 | 64.7 | 17.8 | 21.0 |
| Italy | 14.1 | 13.0 | 65.5 | 63.8 | 20.4 | 23.2 |
| Cyprus | 17.2 | 16.0 | 70.3 | 67.7 | 12.5 | 16.3 |
| Latvia | 14.2 | 16.0 | 67.6 | 63.4 | 18.1 | 20.5 |
| Lithuania | 15.0 | 15.1 | 67.7 | 64.8 | 17.3 | 19.9 |
| Luxembourg (¹) | 17.7 | 16.0 | 68.3 | 69.6 | 14.0 | 14.5 |
| Hungary (¹) | 14.7 | 14.5 | 68.6 | 65.7 | 16.6 | 19.9 |
| Malta | 15.3 | 13.4 | 69.9 | 68.1 | 14.9 | 18.5 |
| Netherlands | 17.6 | 15.7 | 67.0 | 64.8 | 15.3 | 19.5 |
| Austria | 14.9 | 14.4 | 67.5 | 66.6 | 17.6 | 19.0 |
| Poland (¹) | 15.3 | 15.4 | 70.9 | 66.4 | 13.6 | 18.2 |
| Portugal | 15.3 | 13.6 | 66.3 | 64.2 | 18.3 | 22.1 |
| Romania | 15.8 | 15.7 | 68.1 | 65.4 | 16.1 | 18.9 |
| Slovenia | 14.0 | 15.1 | 69.4 | 64.7 | 16.5 | 20.2 |
| Slovakia | 15.5 | 15.8 | 71.9 | 67.6 | 12.4 | 16.6 |
| Finland | 16.6 | 15.8 | 66.4 | 61.9 | 17.0 | 22.3 |
| Sweden | 16.6 | 17.8 | 65.3 | 62.3 | 18.1 | 20.0 |
| Iceland | 20.9 | 18.7 | 67.0 | 66.8 | 12.0 | 14.4 |
| Liechtenstein | 16.4 | 14.7 | 70.0 | 67.0 | 13.5 | 18.3 |
| Norway | 18.9 | 17.3 | 66.2 | 65.1 | 14.9 | 17.5 |
| Switzerland (¹) | 15.2 | 15.0 | 68.1 | 66.3 | 16.8 | 18.7 |
| Montenegro | 19.5 | 17.9 | 67.6 | 66.5 | 12.9 | 15.6 |
| North Macedonia | 17.7 | 16.2 | 70.6 | 69.1 | 11.6 | 14.5 |
| Albania | 22.5 | 16.8 | 66.7 | 68.3 | 10.7 | 14.8 |
| Serbia (¹) | 15.2 | 14.3 | 67.7 | 64.7 | 17.0 | 21.0 |
| Turkey | 26.0 | 23.1 | 67.0 | 68.0 | 7.0 | 9.1 |

(¹) Break in time series in various years between 2010 and 2020
Source: Eurostat (online data code: demo_pjanind)

eurostat ▣

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

Source: Eurostat

# MEDIAN AGE STRUCTURE - 2010 AND 2020

Moreover, regarding the median age of the population in Europe on 1 January 2020 the value is 43.9 years and Italy is the country with highest rate 47.2 years while France and Slovenia are confirming a better balanced population age structure as represented in the following figure (Figure 2).
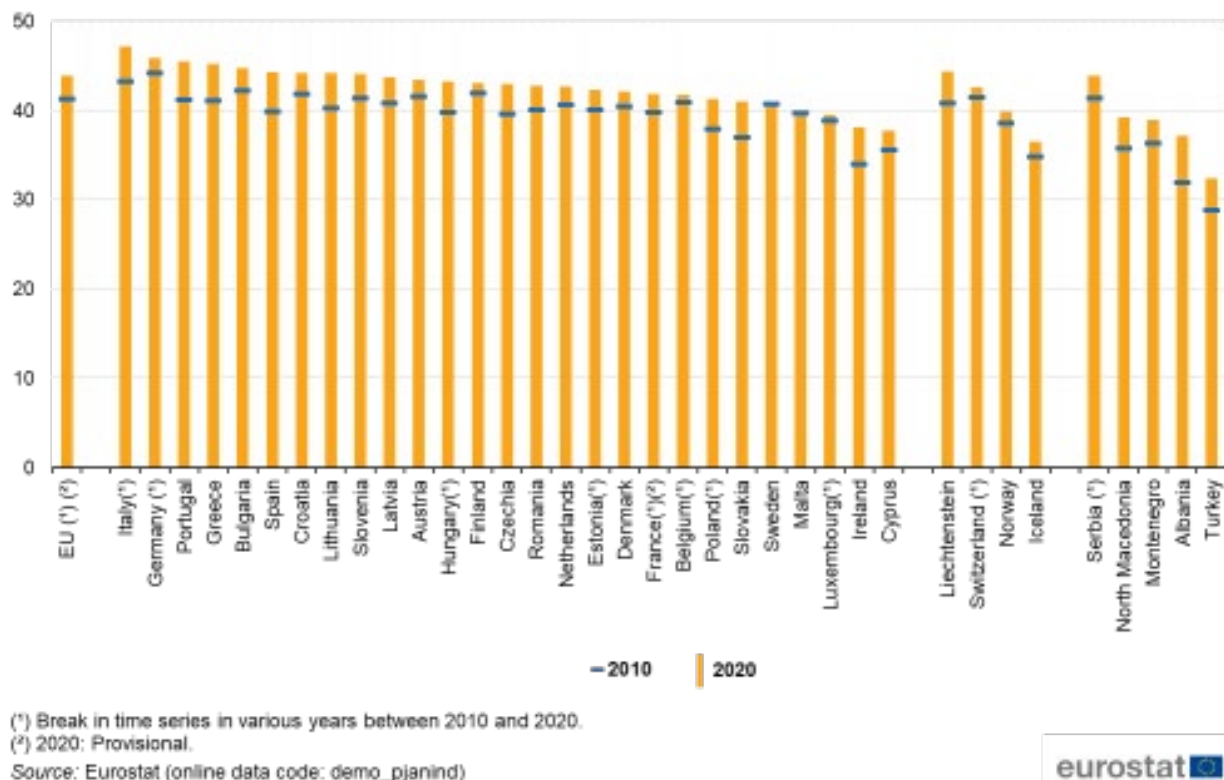
*Fig. 2: Median age of population, 2010 and 2020*
*(years)*

Source: Eurostat

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

## POPULATION AGE STRUCTURE – FUTURE PERSPECTIVE

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

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[6] EUROSTAT:https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population_structure_and_ageing

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

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

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

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

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

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[7] EUROSTAT :https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population_structure_and_ageing
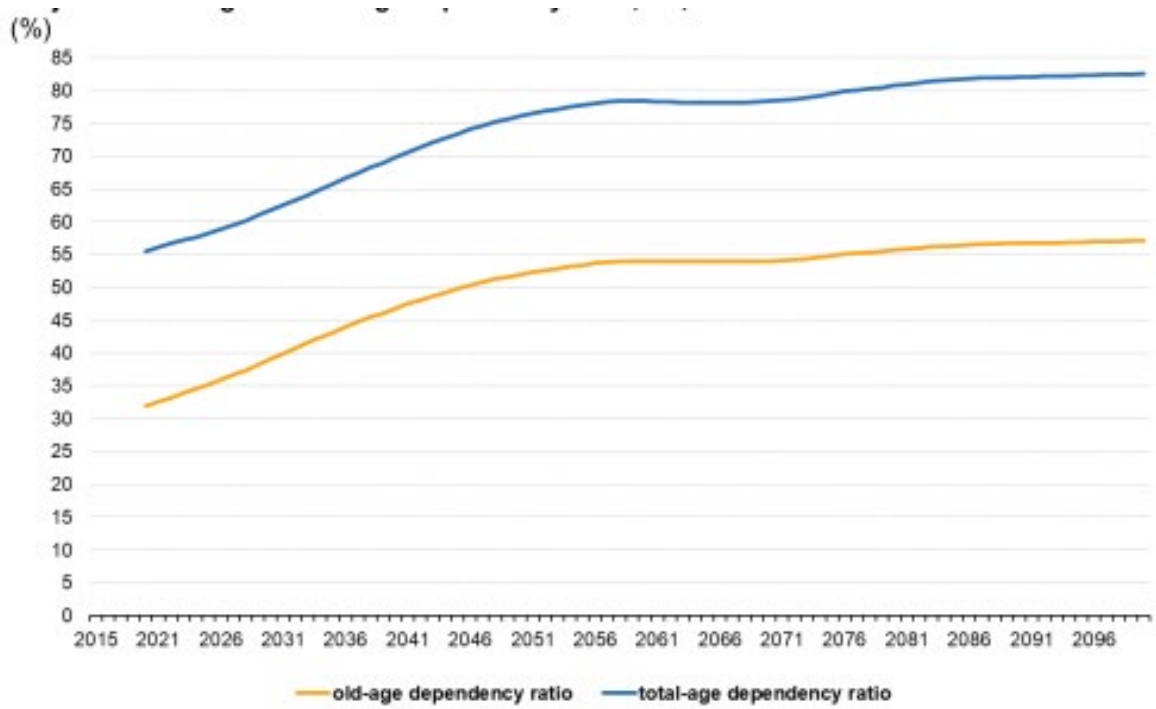
*Fig. 3: Projected total-age and old-age dependency ratio, 2020-2100*

Source: Eurostat

# SECTION 3 - DESCRIPTIONS

*This section is edited by E. Veglianti and E. Magnaghi, Université Catholique de Lille*
*With the contributions of:*
*L. Gilio and A.Pollini, International Telematic University Uninettuno*
*V. Mikolič, ZRS Koper*
*T. Onič, University of Maribor*

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

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

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

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

## IDENTIFICATION OF OLD PEOPLE

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

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

# IDENTIFICATION OF ACTIVE AGEING

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

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

This emerged as a new approach toward a more inclusive society that makes the elderly more active targets for their own life quality as well as to exercise their participation in the community of reference.
In other words, the World Health Organization has adopted the term active ageing to define the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing considered to both individuals and population groups (WHO, 2002).

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

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

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

# SECTION 4 - THE FRAMEWORK OF ACTIVE AGEING

*This section is edited by E. Veglianti and E. Magnaghi, Université Catholique de Lille*
*With the contributions of:*
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In the current era, our society is meeting a relevant and important transformation. This evolution is characterized by a change in the age structure of the population that highlight an increasing attention among different entities.

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

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

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

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

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

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

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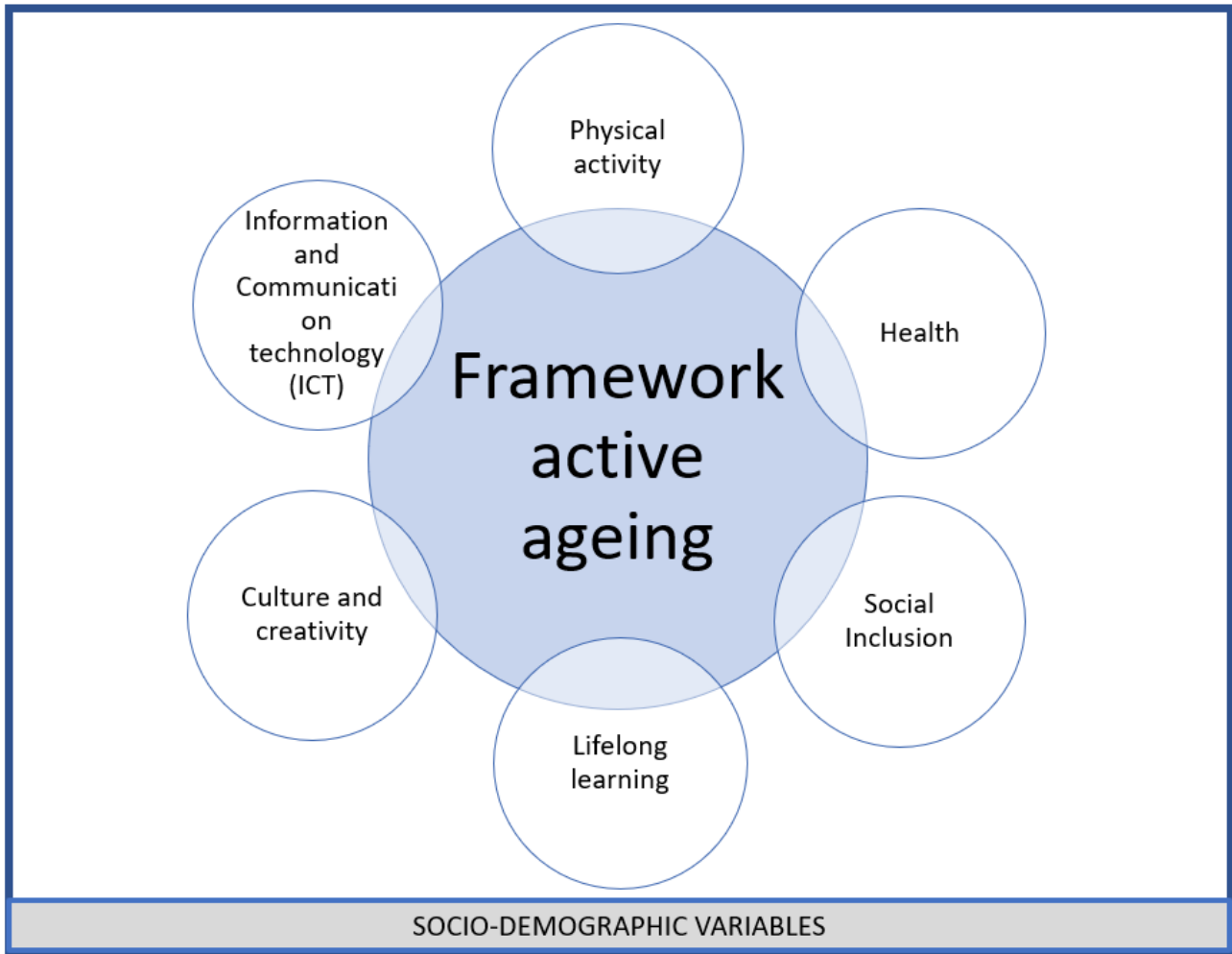
*Fig. 4: The Framework of active ageing*

Source: realized for the present report

## PHYSICAL ACTIVITIES

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

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

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

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

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

The physical activity done regularly should be seen as the tool to avoid sedentary situations that caused many diseases or push the emergence of several heath issues. Therefore, the promotion of an active life from a physical side helps a lot our wellbeing and encourage inactive people toward a better and long-lasting life standard.

For instance, Yoga for seniors (Association of Yoga in everyday life) is intended for those who want to strengthen their health in the third period of life. Regular yoga practice slows down the ageing process and maintains health and vitality. Regular yoga practice also has a beneficial effect on the heart and blood vessels, metabolism,

physical resistance and mental well-being. It helps prevent disease. It reinforces strength, improves mobility and maintains physical condition, which contributes to a more independent and quality life for seniors[8.]

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

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**NAME OF THE INITIATIVE:** SPORT 360

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

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

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

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

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

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

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[8] Source: https://www.joga-maribor.org/vrste-vadbe/joga-za-starejse

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

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

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

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

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

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

The project will also contribute to the development of professional standards for encouraging and maintaining memberships of fitness clubs for older people. The data which is produced during the project by the different National Fitness Associations on the practical effectiveness of the programme can thus be used by other fitness and sports centres around Europe in order to successfully market to older people. The aim of AAC is to build and strengthen active communities for older adults, it will address the behavioural, mental, and socioeconomics barriers to physical activity for older adults through establishing a community-based programme and highlighting the social and health relevance of fitness.

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

**ORGANIZATION OF REFERENCE:** BODIFIT

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

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

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

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

**ORGANIZATION OF REFERENCE:** 73 municipalities

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

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

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

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

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

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

**ORGANIZATION OF REFERENCE:** LUNGA VITA ATTIVA

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

**LINK:** www.lungavitattiva.it

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

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

## HEALTH

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

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

In addition, health is also identified with nutrition. Indeed, healthy eating is linked to food security issues and it is an important element at all ages and in particular among the elder population as they are often alone and some prefer not to consider this as an important element of their life since their growth is finished. Furthermore, health nutrition is connected to under-nutrition which is a problem also in developed economies among certain society groups of people as well, as it is also a problem related to malnutrition. Hence, health is seen as a resource for and an outcome of active ageing (Boudiny, 2013).

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

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

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

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

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

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**NAME OF THE INITIATIVE:** Stato di Salute e Qualità della vita della popolazione ultra 64enne in Friuli Venezia Giulia (State of health and quality of life of the population over 64 in Friuli Venezia Giulia)

**ORGANIZATION OF REFERENCE:** Friuli Venezia Giulia

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

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

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

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**NAME OF THE INITIATIVE:** Le politiche per l'invecchiamento attivo nella Regione Emilia Romagna (Policies for active ageing in the Emilia Romagna Region)

**ORGANIZATION OF REFERENCE:** Emilia Romagna

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

**LINK:**

http://informa.comune.bologna.it/iperbole/media/files/opuscolo_asl_promuovere_qualit_vita_e_invecchiare_bene.pdf

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

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

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

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

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

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

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

**ORGANIZATION OF REFERENCE:** Gentilly

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

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

Email: sante@ville-gentilly.fr

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

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

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

# SOCIAL INCLUSION

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

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

Social inclusion is a crucial determinant of the overall well-being of the older population as it represents the contrary side of loneliness and not interactions that result the most relevant sources of stress.
In other words, today it is very important that a person in the older stage of his life perceives his environment as a supportive environment which deletes barriers promoting social connections and inclusion. This would have a positive influence decreasing the level of stress of an individual and providing a strong vital element (Gironda and Lubben, 2002).

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

Consequently, as older people can lose people around them (i.e. family members, friends, etc), they represent the group of the population that is more vulnerable to isolation. This could create an important decline to old human beings both physically and mentally.
Therefore, it is necessary to avoid loneliness with the increase of social interactions and activities that delete isolation toward a higher level of inclusion.

In our technological and 4.0 Industry era, for instance, social networks help to increase the social inclusion and the contacts between people. This phenomenon applies also to older people, especially in some developed countries. However, technologies such as mobile phones provide some opportunities in term of social inclusion

as they give the chance to be easily in touch even with a message or a call. The latter in some cases help to decrease the social isolation and to be nearer to family members and friends. This happened also during the current COVID-19 pandemic as the overall world was "isolated" for safety reasons; however, the technology availability makes it easy to be in contact with our dears and to be less alone. For example, via video call many grandsons could see their grandparents and vice versa.

In some ways, technology results a fundamental tool to avoid loneliness during this worldwide pandemic event and it could be important as well in the future.
In addition, the community and culture of reference are critical feature to take into consideration in terms of social inclusion. In fact, for example, in some contexts, older ladies that are widowed could be excluded from the society.

Social inclusion is a relevant challenge that should be promoted in our modern society to help ageing people to feel part of an inclusive community with proper activities and services. Indeed, at the same time, older people can contribute to the community with the childcare or with voluntary activities that create benefits for the overall society as well as benefits for each single individual.
A number of best practices examples also in term of social inclusion are present below which highlight the importance of this element in the active ageing framework.

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**NAME OF THE INITIATIVE:** Progetti e iniziative per gli anziani (Projects and initiatives for the elderly)

**ORGANIZATION OF REFERENCE:** Municipality of Trento

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

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

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

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**NAME OF THE INITIATIVE:** URBACT Invecchiare in salute (URBACT Healthy ageing)

**ORGANIZATION OF REFERENCE:** Fondazione Giacomo  Brondolini

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**LINK:**https://alpine-space.eu/projects/taafe/deliverables/d.t1.2.1-methodology-booklet_eng-version.pdf

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

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## LIFELONG LEARNING

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

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

However, the age of an individual has a clear role on their possibility to take up or to access to a training and learning activity. Thus, learning should be a challenge at any age in general and, in particular, in the elder stage. Promoting lifelong learning is part of the Lisbon Strategy which sets targets for economic growth, competitiveness and social inclusion.
Moreover, given this scenario of interest among the political sphere, an interesting body of scientific scholars (i.e. Dolan, Fujiwara and Metcalfe 2012; Feinstein et al. 2008; Field 2011; Manninen et al. 2014) are also focusing on the role of learning in the well-being of older persons.

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

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

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

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**NAME OF THE INITIATIVE :** L'ASSOCIATION INTERNATIONALE DES UNIVERSITÉS DU TROISIÈME AGE (INTERNATIONAL ASSOCIATION OF UNIVERSITIES OF THE THIRD AGE)

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

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

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

**DESCRIPTION:** The ASSOCIATION INTERNATIONALE DES UNIVERSITÉS DU TROISIÈME AGE - A.I.U.T.A. brings together third-age universities. Its action for four decades has largely contributed to defending the cause of the lifelong training for the elderly through exchanges between universities but above all through innovations in terms of pedagogy and scientific research so that each of us can find its place in society.

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

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

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

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

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

## Culture and creativity

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

Culture is an important element: due to the steady increase in the elderly population in Europe, and given the danger of exclusion and marginalization of this group of people, several national and international projects have been developed with the aim of keeping the elderly active in society, fostering social inclusion, lifelong learning, physical activities etc (Borreani, 2020).
The promotion of active ageing takes place also trough films, arts and books, thus some best practices favour the integration of culture from different perspectives.

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

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

ICT is an aspect that old people should consider to stay in touch with friends as well as to receive assistance for their daily activities. In other words, the promotion of trainings connected to ICT technological applications and services can have multifaceted benefits for older people such as inclusiveness, better accessibility to several services and activities as well as it is a stimulus to learn and improve their knowledge and creativity.

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

**ORGANIZATION OF REFERENCE:** CINAGE

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

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

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

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**NAME OF THE INITIATIVE:** Canal U

**ORGANIZATION OF REFERENCE:** Canal U

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

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

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

# INFORMATION AND COMMUNICATION TECHNOLOGIES (ICT)

As previously said, the current era is characterized by an expanding level of digitalisation. Information and communications technologies (ICT) assist people, especially in older age, from several points of view such as in learning new skills, in improving social interaction and in increasing independency and autonomy (Gustafson et al, 2015).

In other words, digital technologies are becoming crucial in the present society. It is important to say that digital technologies identify different devices such as smartphones, tablets or services and applications such as the Internet.

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

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

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

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

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

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

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

These show the relevant role of ICT in the life of old people and for the purpose of keeping an active lifestyle. ICT, together with the other factors under consideration, is part of the framework and plays an equally important role in promoting active ageing.

**NAME OF THE INITIATIVE:** DomAssist

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

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

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

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

1. daily activities with monitoring of the performance of activities (eating meals, washing, dressing, getting up to bed, etc.), an appointment reminder and a personalized report of the activities carried out during the day;

2. safety of the person and of his home with, for example, the provision of a light path, monitoring of the stove, and an alert to a caregiver in the event of an unusual or worrying situation;

3. social participation through communication and leisure activities, by offering a simplified e-mail service, a videoconferencing call application and personalized leisure applications according to user preferences (cooking applications, multimedia library, solitary games or collaborative, etc.).

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

**ORGANIZATION OF REFERENCE:** EU commission

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

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

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

Internet offers various opportunities for keeping contact with family and friends, find useful information, pay bills online or do the shopping from home. The BESS platform offers assistance by providing useful tips and guides.

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

**ORGANIZATION OF REFERENCE:** Google

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

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

**DESCRIPTION:** The Senior Fitness app contains daily workout routines for seniors to get them to exercise.

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

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

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

For an overview of the best apps and devices useful for the well-being and health of the over 65s see Annex 0.

# SECTION 5 - SOCIO-DEMOGRAPHIC VARIABLES

*This section is edited by E. Veglianti and E. Magnaghi, Université Catholique de Lille*

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

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

For example, even if they work full-time, they are paid less and cannot achieve the same services than the male side. Therefore, the gender appears to be a crucial and relevant element to be taken into consideration for a deeper understanding of the active ageing phenomenon.

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

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

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

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

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

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

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

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

# SECTION 6 - METHODOLOGY - THE QUESTIONNAIRE- PART 1

*This section is edited by E. Veglianti and E. Magnaghi, Université Catholique de Lille*
*With the contributions of:*
*L. Gilio and A.Pollini, International Telematic University Uninettuno*
*V. Mikolič, ZRS Koper*
*D. Lahe and T. Onič, University of Maribor*

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

As explained at the beginning of each questionnaire, the questionnaire was intended to assess what the individuals in our target group think about their health and, especially to study how they remain active. In answering some sections of the questionnaire, respondents were asked to consider their activity before the COVID-19 pandemic.

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

## STRUCTURE OF THE QUESTIONNAIRE

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

## SECTION 1: SOCIO-DEMOGRAPHIC BACKGROUND INFORMATION

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

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

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


## SECTION 2: CURRENT PHYSICAL CONDITIONS

This session of the questionnaire is dedicated to the current health status and physical condition of the participant. These questions aimed at understanding the perception of the respondent regarding his/her health status and if this is in line with his/her age.

Moreover, this session measures the current activities requiring physical effort (i.e., using the vacuum cleaner, riding on a bicycle, gardening, working around the house) as well as the ability to climb stairs. This section also asks to the person how worried he/she is about his/her health condition.

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


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

This section is dedicated to the activities done weekly before the COVID- 19 Pandemic. The latter was important as we know that the COVID-19 pandemic is an aspect to be taken into consideration, as it changed our daily activities and our life in general. The pandemic increases the dysfunction and fragility in many systems (WHO, 2020), therefore it influenced a lot also the life of older people, representing worldwide a higher risk group that faces significant illness (Mueller et al., 2020). In this respect, we asked to think about their activities done weekly before the COVID- 19 Pandemic.

This section presents several activities that capture different aspects of the framework described in this report. Indeed, some questions are related to lifelong learning such as reading books or journals at least 2 days a week.

Other are looking at the level of their autonomy in daily activities (i.e., shopping, home-cleaning, cooking). Additional questions investigate if they practice sport activities (i.e., hiking, swimming) at least 3 days per week. Moreover, this section presents some inputs regarding the usage of technologies such as Computer, Internet on a weekly basis. Finally, a question defined the activity of our target group from a lifelong learning, creativity and social inclusion perspective such as puzzles, playing cards etc.

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

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

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

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

To conclude, this section also considered the engagement in voluntary activities, that represent a way to be included in the society as well as a way to be active from a lifelong learning perspective.

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

## SECTION 5: ACCESS TO INFORMATION AND COMMUNICATION TECHNOLOGIES

This part is the section about the access to ICT that is very relevant as stated previously in this report. Hence, here some questions are provided to understand if our target group has access to information and communication technologies, and more specifically if in the household the person has access to at least one of the following devices: computer, laptop, tablet, netbook. Moreover, the respondents were asked to give information regarding the availability of internet and of a smartphone in the household.

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

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

| Section | Framework factors | Questions |
|---|---|---|
| **SECTION 1:** SOCIO-DEMOGRAPHIC BACKGROUND INFORMATION | Socio-demographic variables | 1. Please indicate your Country of residence<br><br>2. Please indicate your age:<br><br>3. Please indicate your gender<br><br>4. Please indicate your relation status:<br><br>5. Please indicate your education attainment level:<br><br>6. Please indicate if you are retired:<br><br>7. Please indicate your employment before your retirement, or if not retired yet:<br><br>8. Please indicate the number of members in the household: |

| | | |
|---|---|---|
| **SECTION 2:** CURRENT PHYSICAL CONDITION | Physical activity | 10. Now, do you have a moderate physical effort activity (i.e., use the vacuum cleaner, ride on a bicycle, gardening, work around the house)? |
| | Health | 9. In general, your health status is in line with your age?<br><br>11.Today, can you go up a few floors of stairs?<br><br>12. How worried are you about your health condition? |
| **SECTION 3:** ACTIVITIES DONE WEEKLY (before the COVID- 19 Pandemic) | Long-life learning | 13. Do you read books, journals often in a week (at least 2 days a week)? |
| | Physical activity | 14. Are you autonomous in your daily activities (i.e., Shopping, cleaning home, cooking)?<br><br>15. In your free time, do you spend at least 3 days per week playing any sports (i.e., hiking, swimming)? |
| | Culture and creativity | 16. Do you use at least 2 days per week technologies such as Computer, Internet? |
| | Long-life learning | 17. Do you spend at least 2 days per week in activities such as enigmas, playing with cards etc.? |

| SECTION 4: ACTIVITIES DONE MONTHLY (before the COVID- 19 Pandemic) | Social Inclusion | 18. Do you spend at least 4 days per month in social activities such as going out with friends, meet them in senior centres/clubs, etc.? |
|---|---|---|
| | Culture and creativity | 19. Do you go at least 2 days per month into cinema or theatres? |
| | Social Inclusion | 20. Do you spend at least 4 days per month taking care of family's members such as Grandchildren or elderly parents? |
| | Long-life learning | 21. Do you spend at least 4 days per month in artistic activities (playing an instrument, painting, writing etc.)? |
| | Social Inclusion | 22. Are you involved at least 2 days per month in voluntary activities? |
| SECTION 5: ACCESS TO INFORMATION AND COMMUNICATION TECHNOLOGIES | Information and Communication technology (ICT) | 23. Do you or anyone in your household have access to at least one of following devices computer, laptop, tablet, netbook? |
| | | 24. Do you or anyone in your household have access to the internet at home? |
| | | 25. Do you or anyone in your household have access to a smartphone at home? |

*Table 2: Questionnaire structure -part 1*

# SECTION 7 - RESULTS OF THE QUESTIONNAIRE-PART 1

*This section is edited by E. Veglianti and E. Magnaghi, Université Catholique de Lille*

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

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

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

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

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

# Socio-demographic variables

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

| Country | Respondents |
|---------|-------------|
| France | 100 |
| Italy | 185 |
| Slovenia | 149 |
| **Total** | **434** |

*Table 3: Sample composition by country*

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

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

*Table 4: Age composition by country*
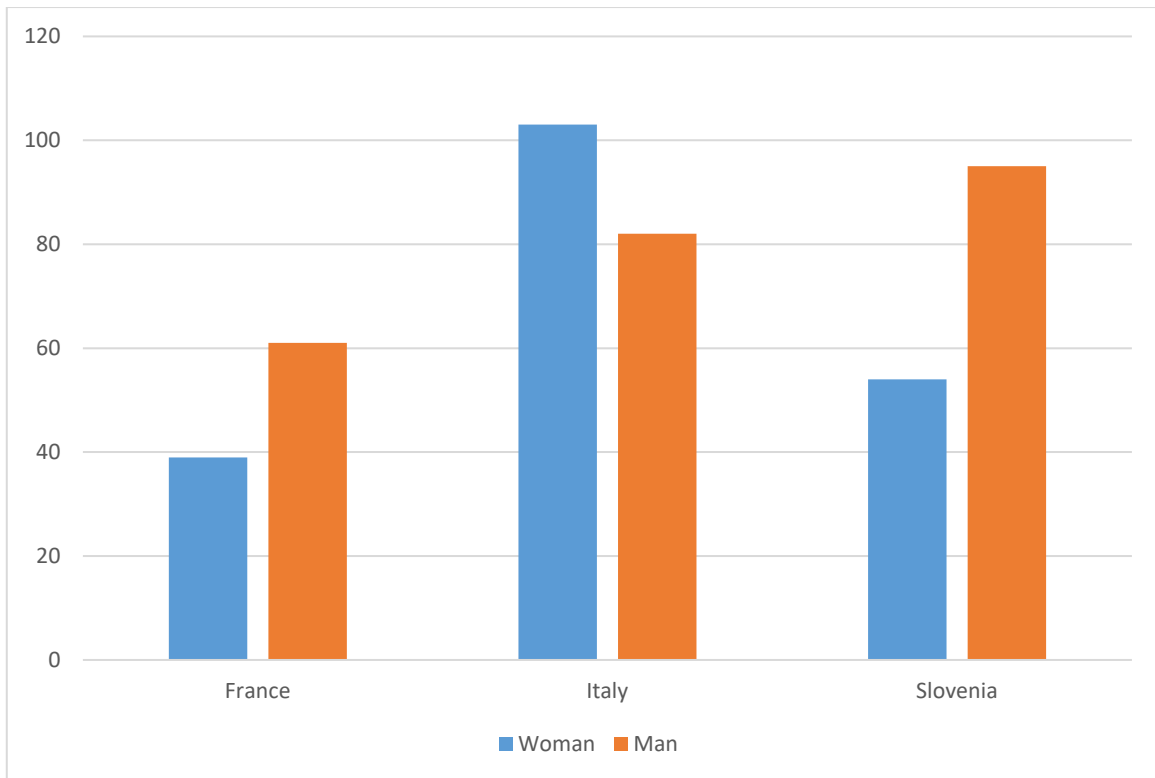
*Table 5: Gender composition by country*

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

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

*Table 6: Relation status by country*

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

*Table 7: Education level by country*

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

*Table 8: Retirement situation number by country*

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

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

*Table 9: Employment status by country*

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

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

## PHYSICAL ACTIVITY

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

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

The current physical conditions of the respondent are considered using the following question:

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

As shown in the following Figure (n. 5) among the three countries under consideration (France, Slovenia and Italy), the majority of the target group presents a moderate physical activity in their daily routine activities. This

means that in these countries the current old population is active and autonomous in their day by day activities, especially in Slovenia (90,2%) and in Italy (83,8%). While, in France our target seems less propense (76%) to do physical effort compared to the other two countries. In other words, it emerges that the current physical conditions of the respondents are good and gives them the possibility to do their daily activity in an independent manner.
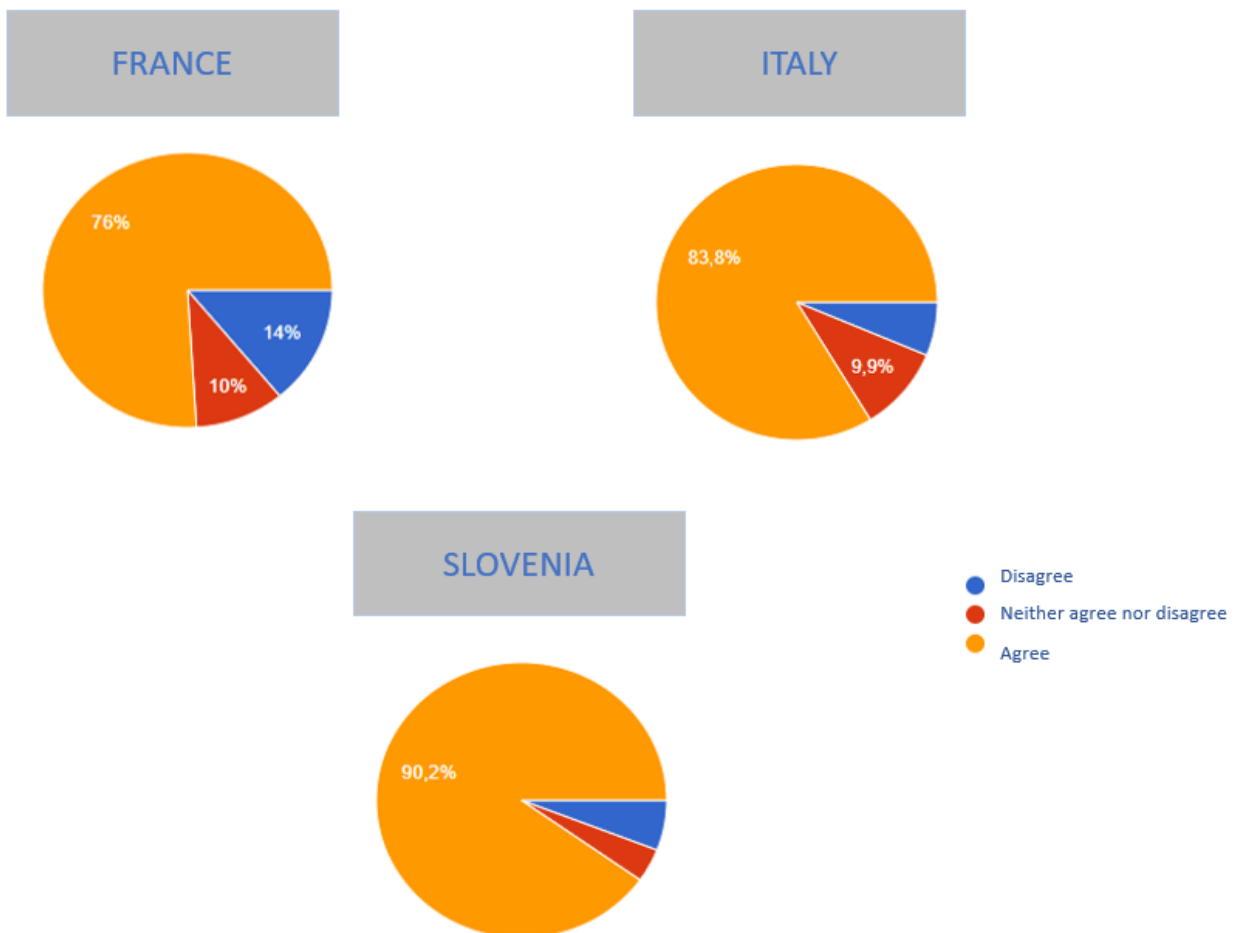


*Fig. 5 – Question 10 Now, do you have a moderate physical effort activity (i.e., use the vacuum cleaner, ride on a bicycle, gardening, work around the house)?*

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

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

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

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

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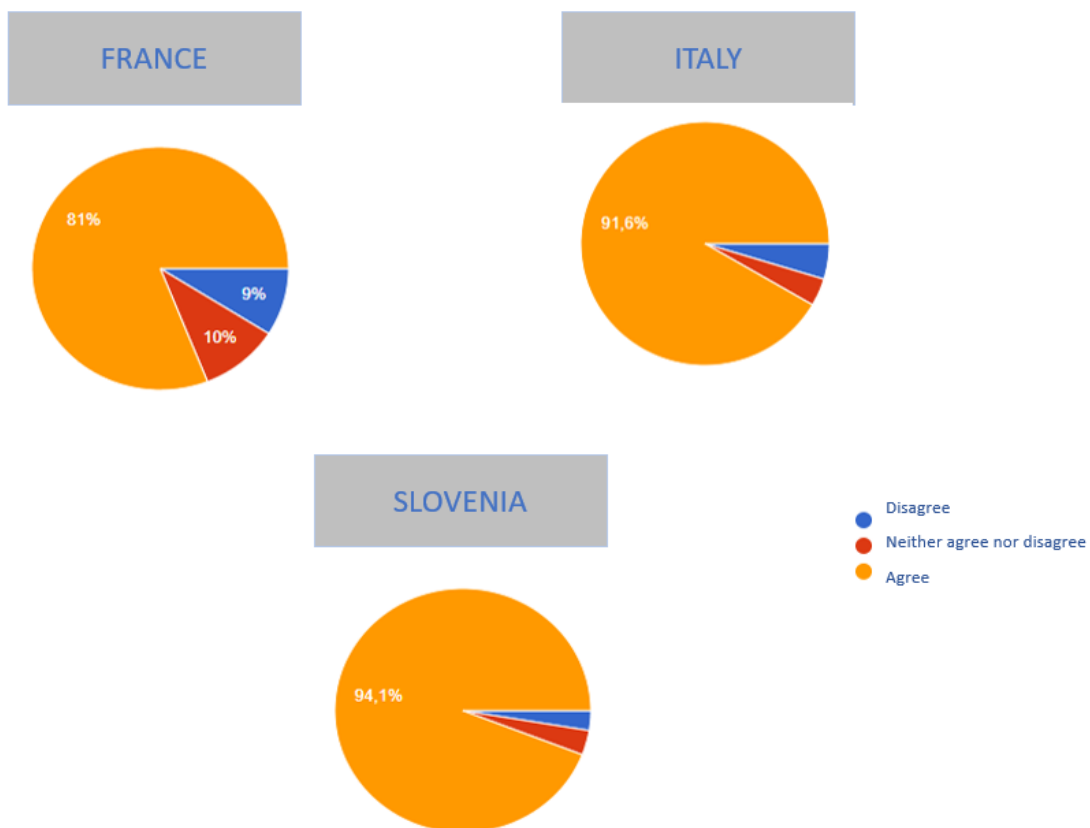


*Fig. 6 – Question 14 Are you autonomous in your daily activities (i.e., Shopping, cleaning home, cooking)?*

48

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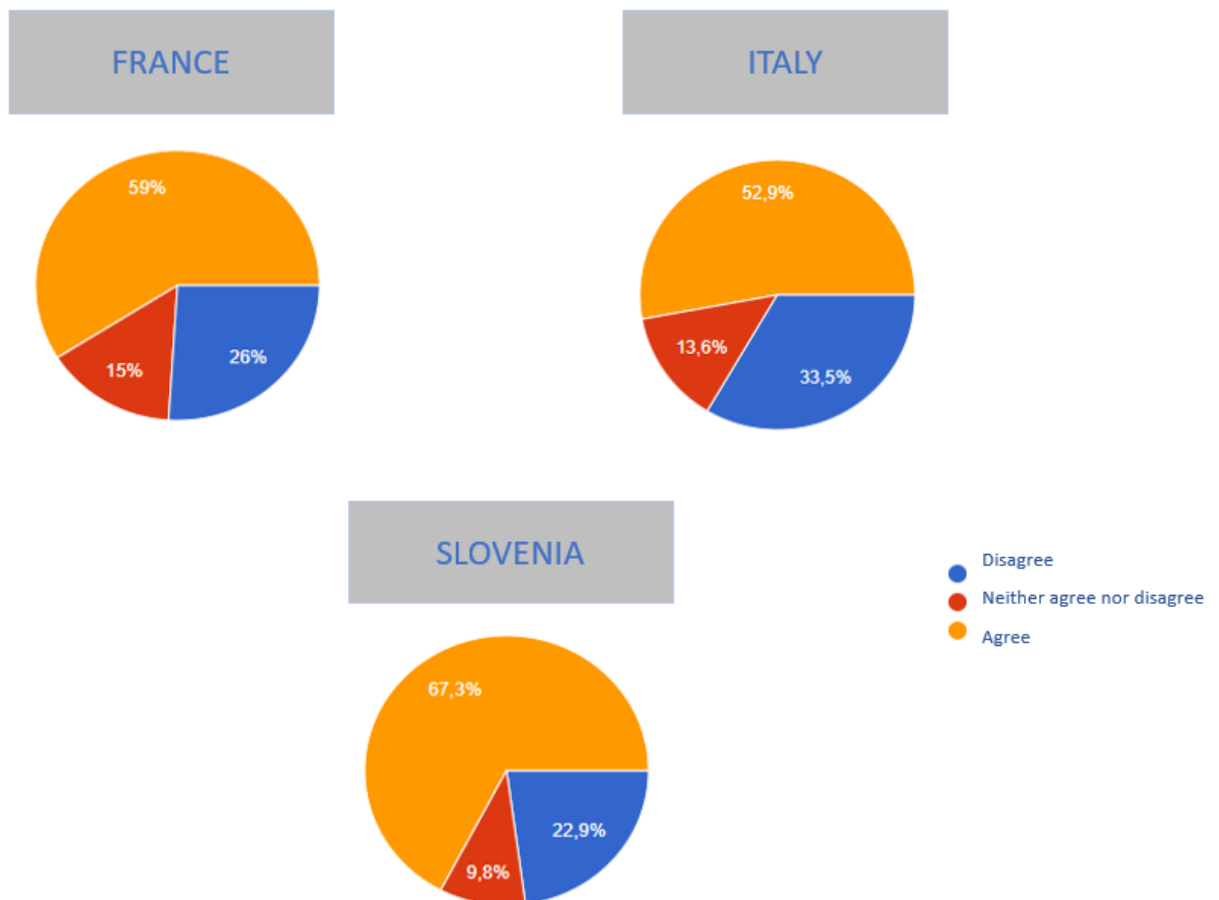


*Fig. 7 – Question 15 In your free time, do you spend at least 3 days per week playing any sports (i.e., hiking, swimming)?*

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

# HEALTH

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

Some questions inquired about this factor of the framework to understand the health status of the respondents as well as their own perception of their current condition. Moreover, a question was dedicated to capture how worried the participants are about their health condition.

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

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

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

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

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

It is interesting to say that, following the results obtained, the sample population in France, Italy and Slovenia is healthy enough to climb a few floors of stairs (see Fig. 9, below). This is in line with the several examples mentioned above, that demonstrate the growing attention of older people for health in active ageing as an issue of relevance from a national perspective.

FRANCE

59%

23% 18%

ITALY

73,3%

18,3% 8,4%

SLOVENIA

83,7%

9,8%
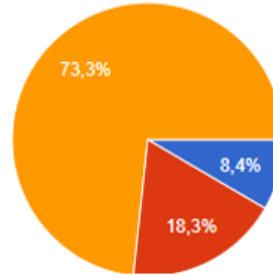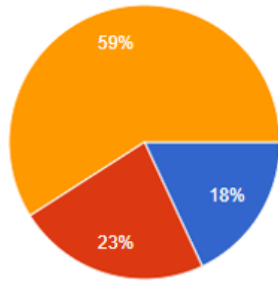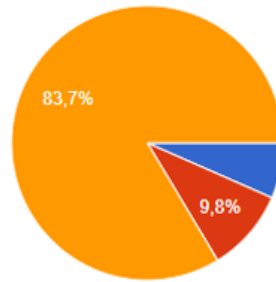
Disagree
Neither agree nor disagree
Agree

*Fig. 8 – Question 9 In general, your health status is in line with your age?*
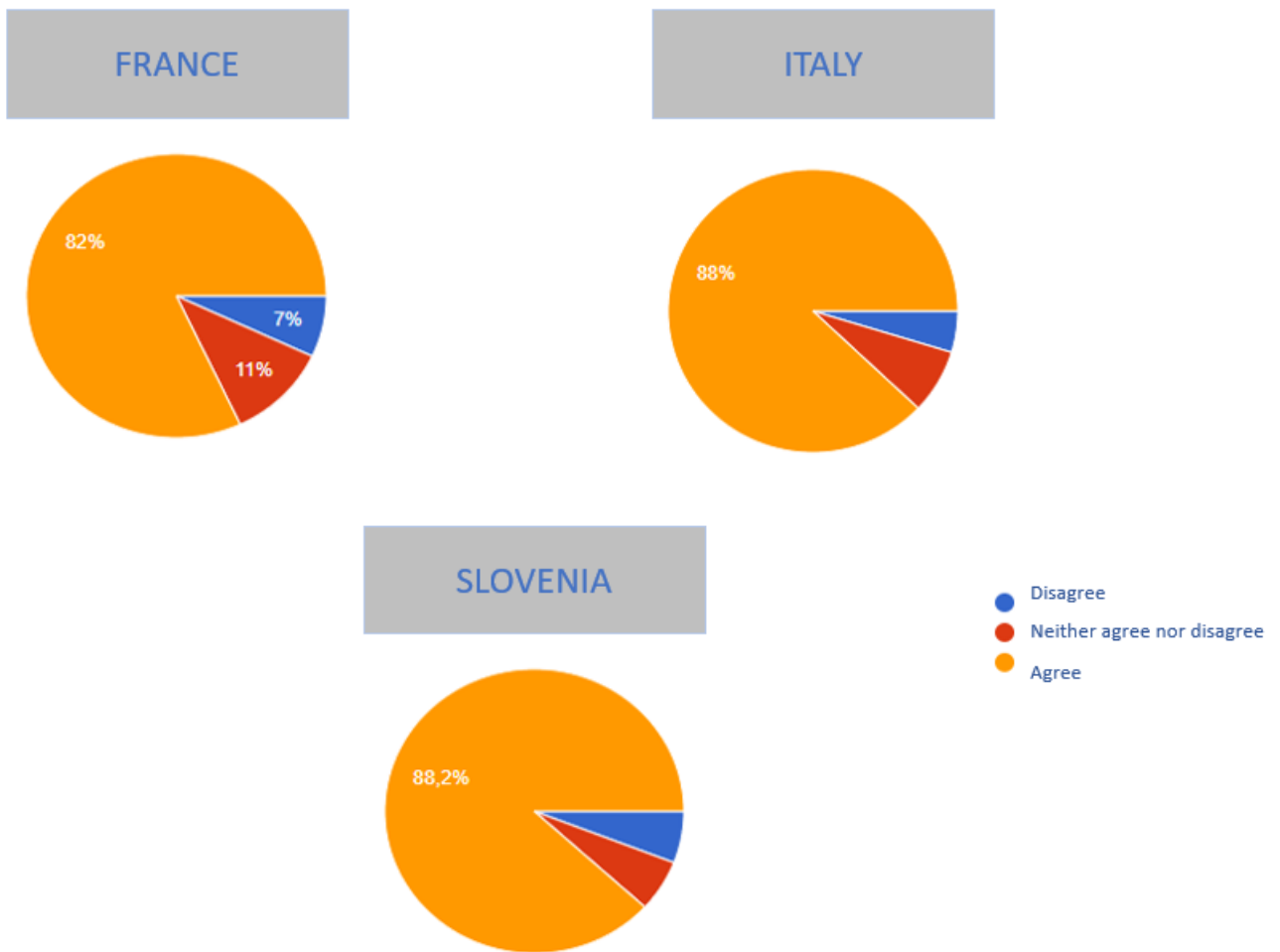
*Fig. 9 – Question 11 Today, can you go up a few floors of stairs?*

In addition, question 12 (see Figure 10 below) is intended to understand how worried is the respondent about his/her health condition. This question shows interesting findings especially looking at the three countries. In fact, in Slovenia the sample is mostly not worried at all (> 50%), while in France and in Italy most of the sample (> 50%) is neither worried nor not worried about the health condition. This could mean that Italian and French old adults do not express a straight answer because they might not be sure of their health condition.
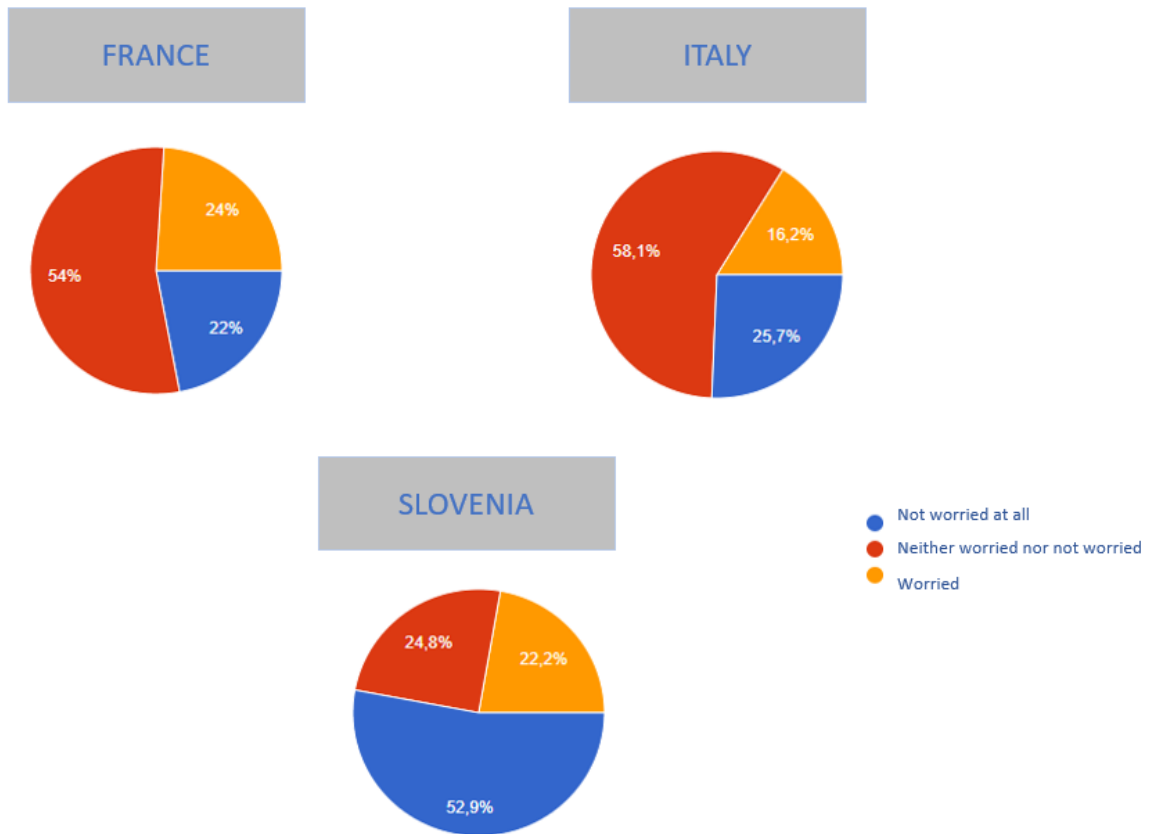
*Fig. 10 – Question 12 How worried are you about your health condition?*

Finally, regarding this topic, the outcomes highlight that less than 25% of respondents in each country under investigation has a positive perception of its health condition, and is not worried about it.

# SOCIAL INCLUSION

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

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

Therefore, the following questions were presented in the questionnaire:

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

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

Starting from question n. 18, this was aimed at understanding the number of days spent with friends and people of the same age on a monthly basis. The results obtained are presented in the Fig. 11 below: the sample under investigation shows a similar trend among the three countries analysed – France, Italy and Slovenia.

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

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

As mentioned before, being part of a community, having social contacts that enhance the feeling of inclusiveness emerge to be relevant to improve the emotional sphere.
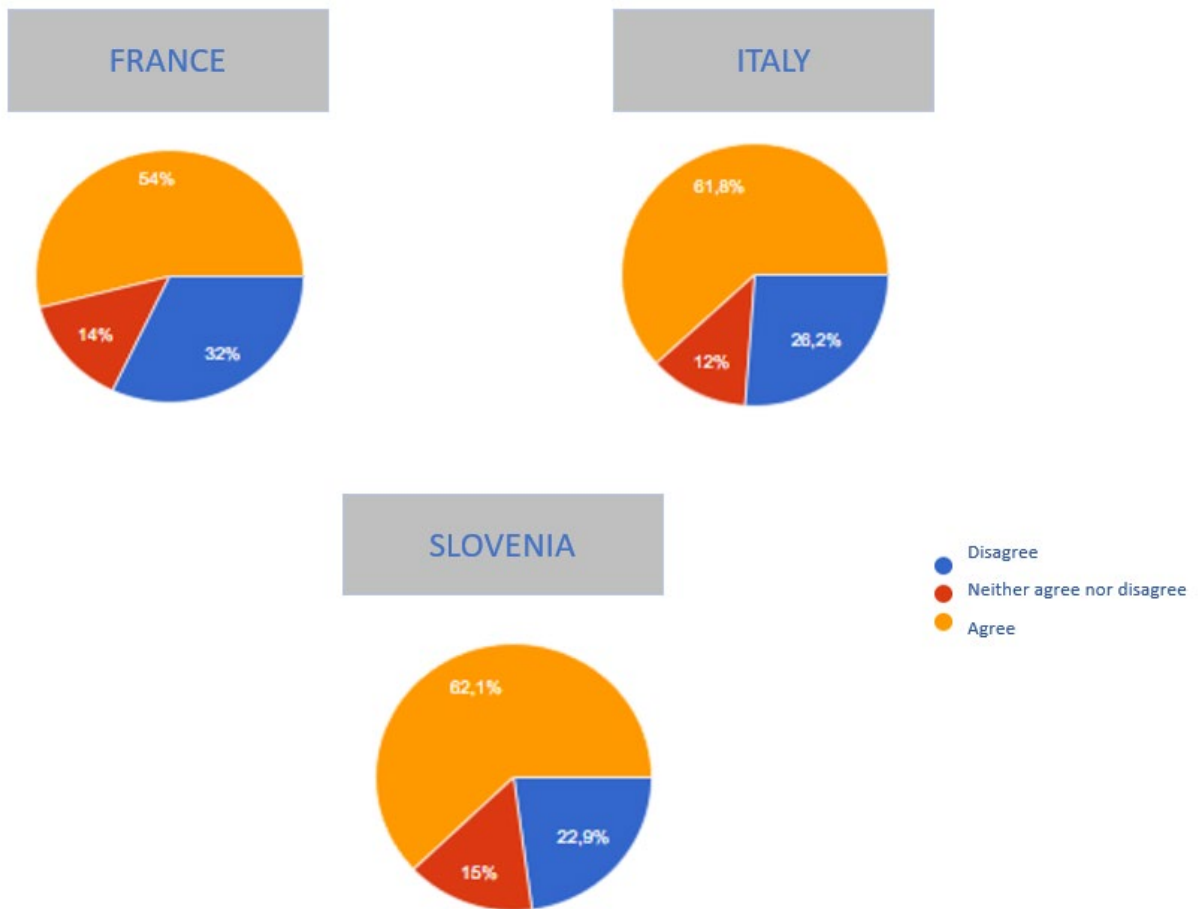
*Fig. 11 –Question n. 18. Do you spend at least 4 days per month in social activities such as going out with friends, meet them in senior centres/clubs, etc.?*

Going ahead, question n. 20 was aimed at understanding how many days are spent on a monthly basis in taking care of family members such as grandchildren or elderly parents. The results obtained are presented in the Fig. 12 below, and the sample under investigation shows a similar trend among the three countries, especially between France and Slovenia.

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

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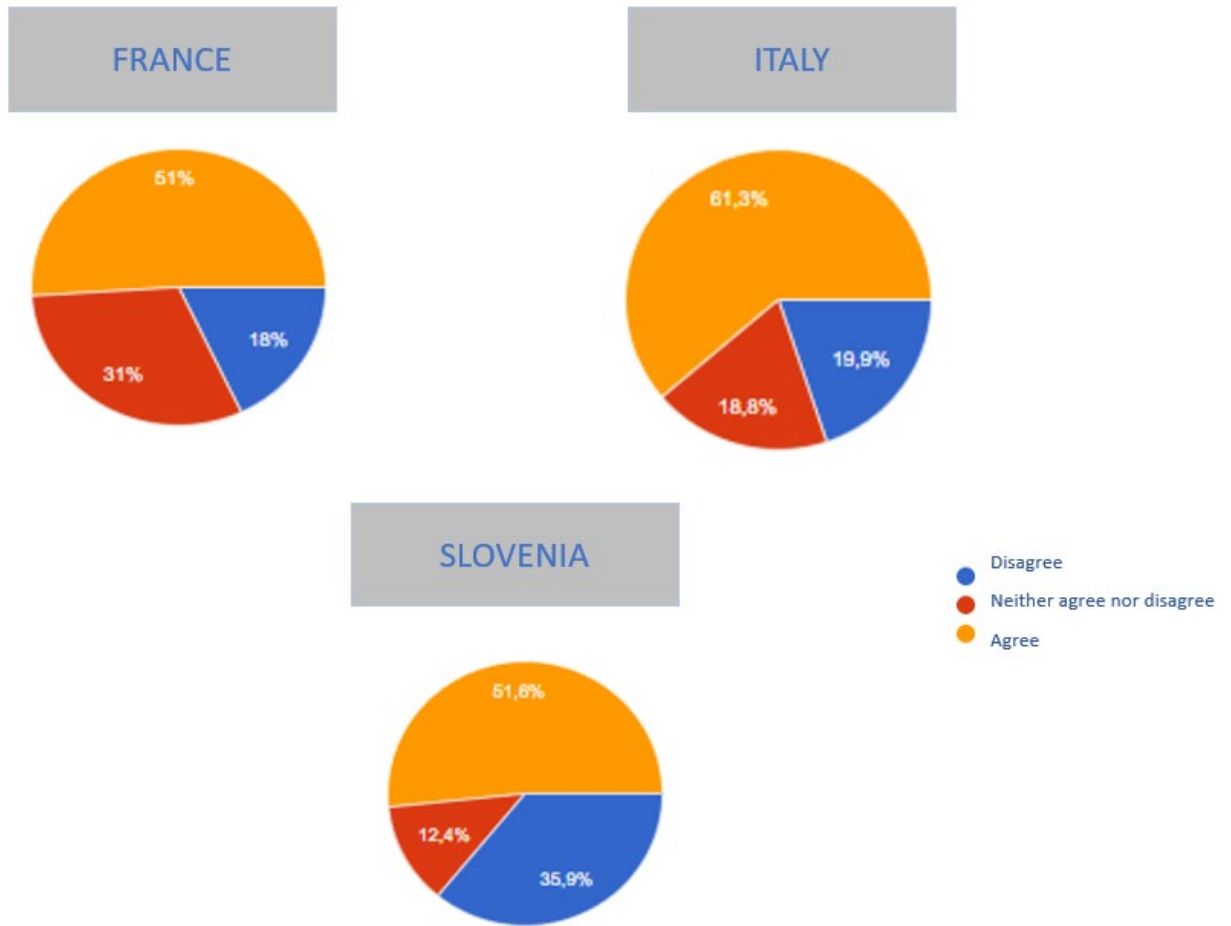


*Fig. 12 – Question n. 20. Do you spend at least 4 days per month taking care of family's members such as Grandchildren or elderly parents?*

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

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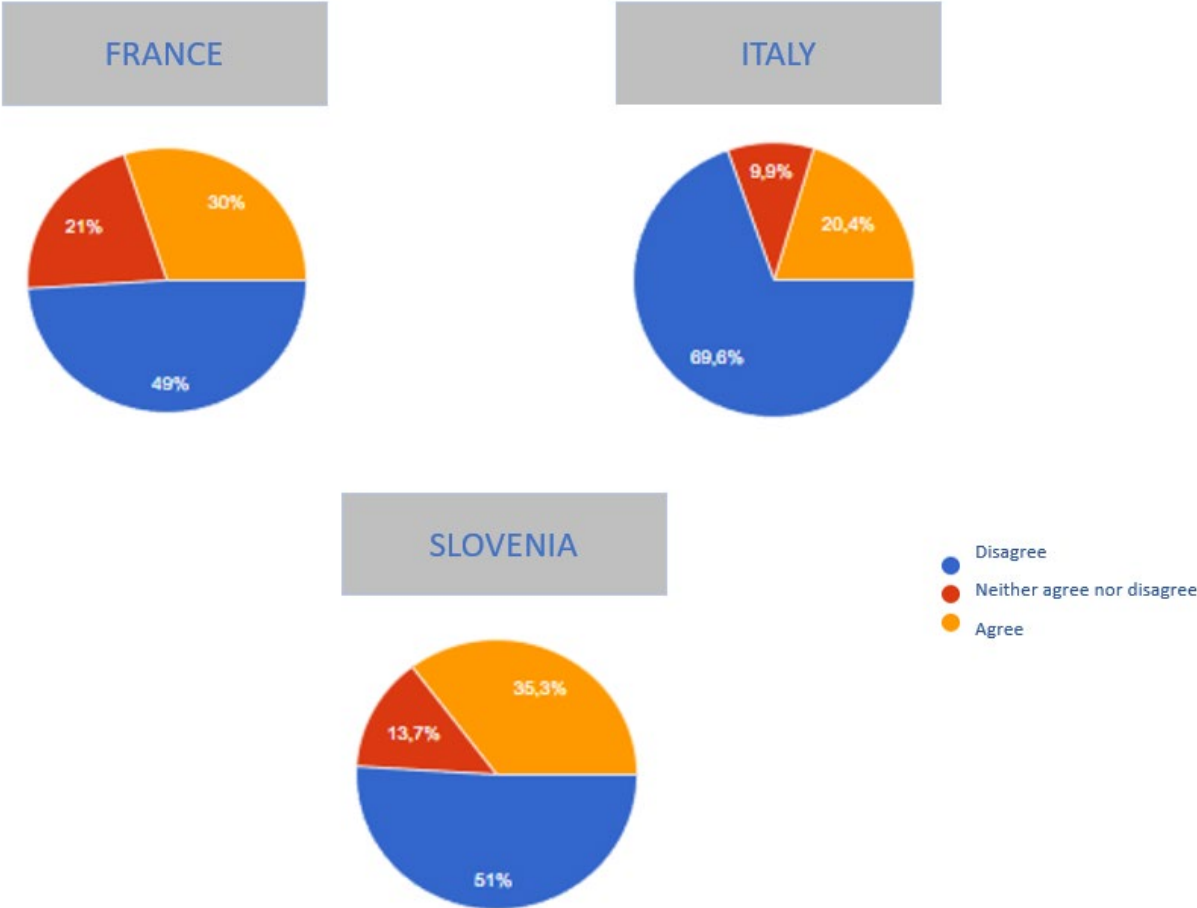


*Fig. 13 – Question n. 22. Are you involved at least 2 days per month in voluntary activities?*

## LIFELONG LEARNING

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

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

Therefore, the following questions were presented in the questionnaire:

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

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

It is clear that France, Italy and Slovenia have old people that spend time in reading a book frequently and regularly on a weekly basis (>70%). The numbers show that French old population is more "addicted" to reading; then, we find Slovenia and, finally, Italy, still with a high percentage of people that spend their time on this activity.

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

FRANCE — 82%, 10%, 8%

ITALY — 72,3%, 15,7%, 12%

SLOVENIA — 81,7%, 13,1%

Disagree
Neither agree nor disagree
Agree
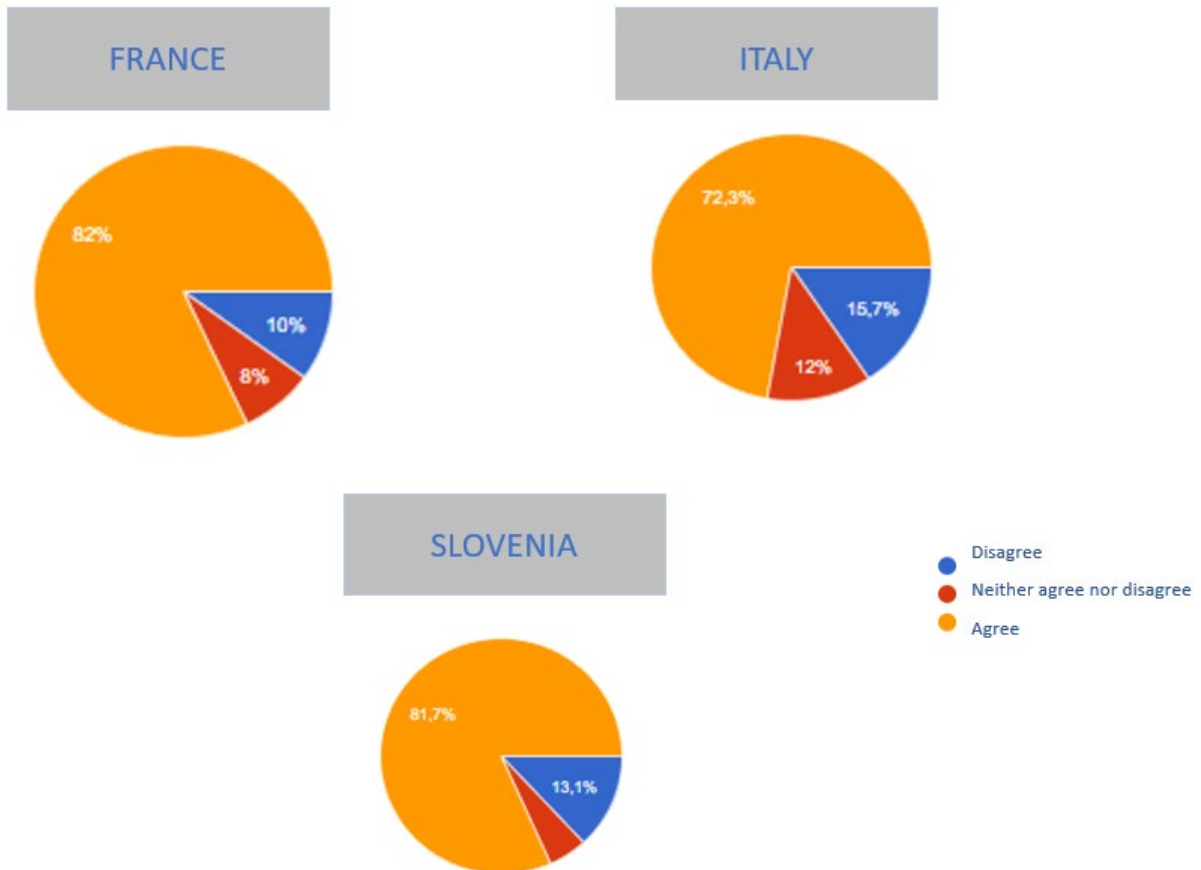
*Fig. 14 – Question n. 13. Do you read books, journals often in a week (at least 2 days a week)?*

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

In other words, the old population in each country analysed is divided quite equally among individuals that spend time in the activities mentioned in question n.17 and those who don't. For further details please see the following Figure n. 15.

FRANCE

ITALY

SLOVENIA

Disagree
Neither agree nor disagree
Agree
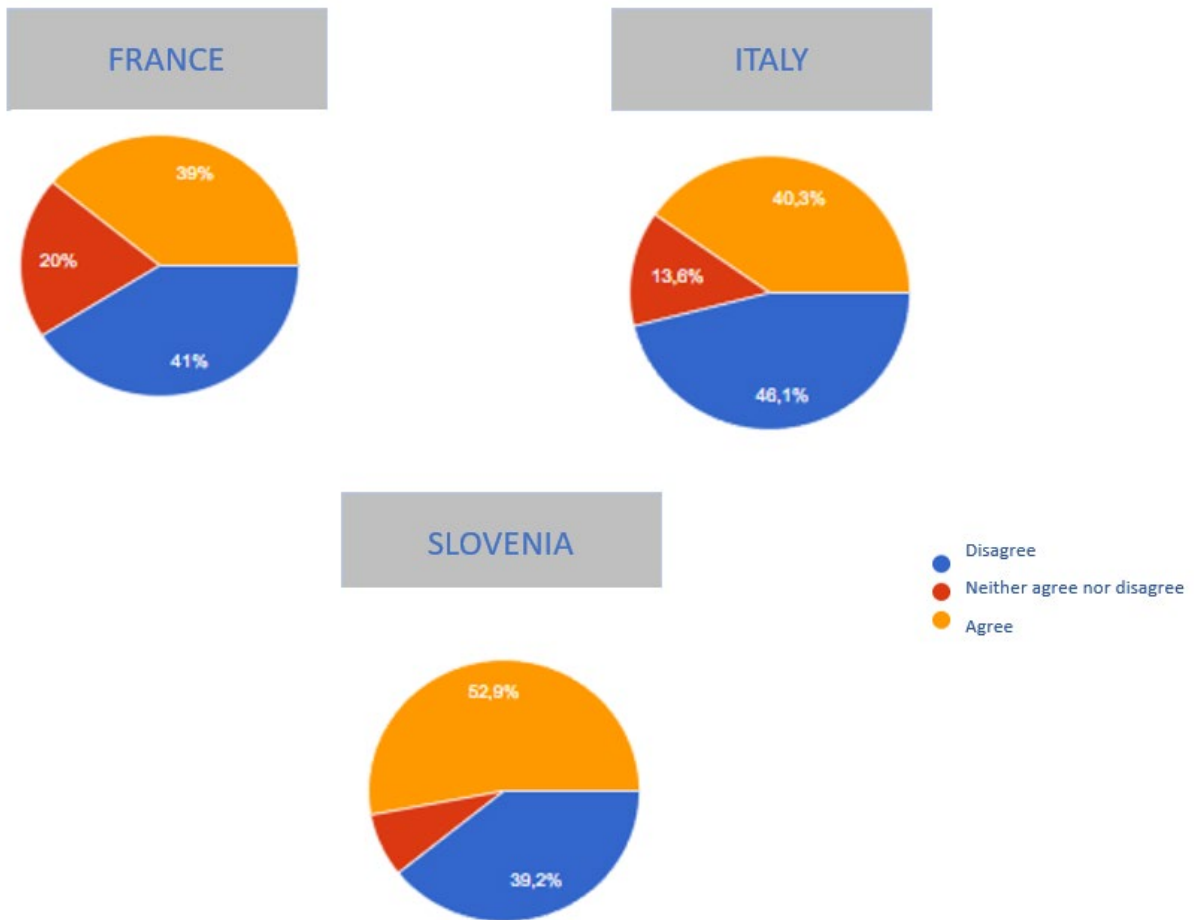
*Fig. 15 – Question n. 17. Do you spend at least 2 days per week in activities such as enigmas, playing with cards etc.?*

Therefore, while there is a homogeneous trend among the countries studied regarding reading activities, in the case of activities such as puzzles the trend differs depending on the country.

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

In fact, on the one hand, the majority of the old population in exam (>60%) in each country studied spends less than 4 days per month in artistic activities such as playing an instrument, painting, writing etc., on the other hand, around 20% percent in France and in Italy performs the above-mentioned activities, having Slovenia as a winner in such activities reaching a 27,5%.

FRANCE

ITALY

SLOVENIA

Disagree
Neither agree nor disagree
Agree
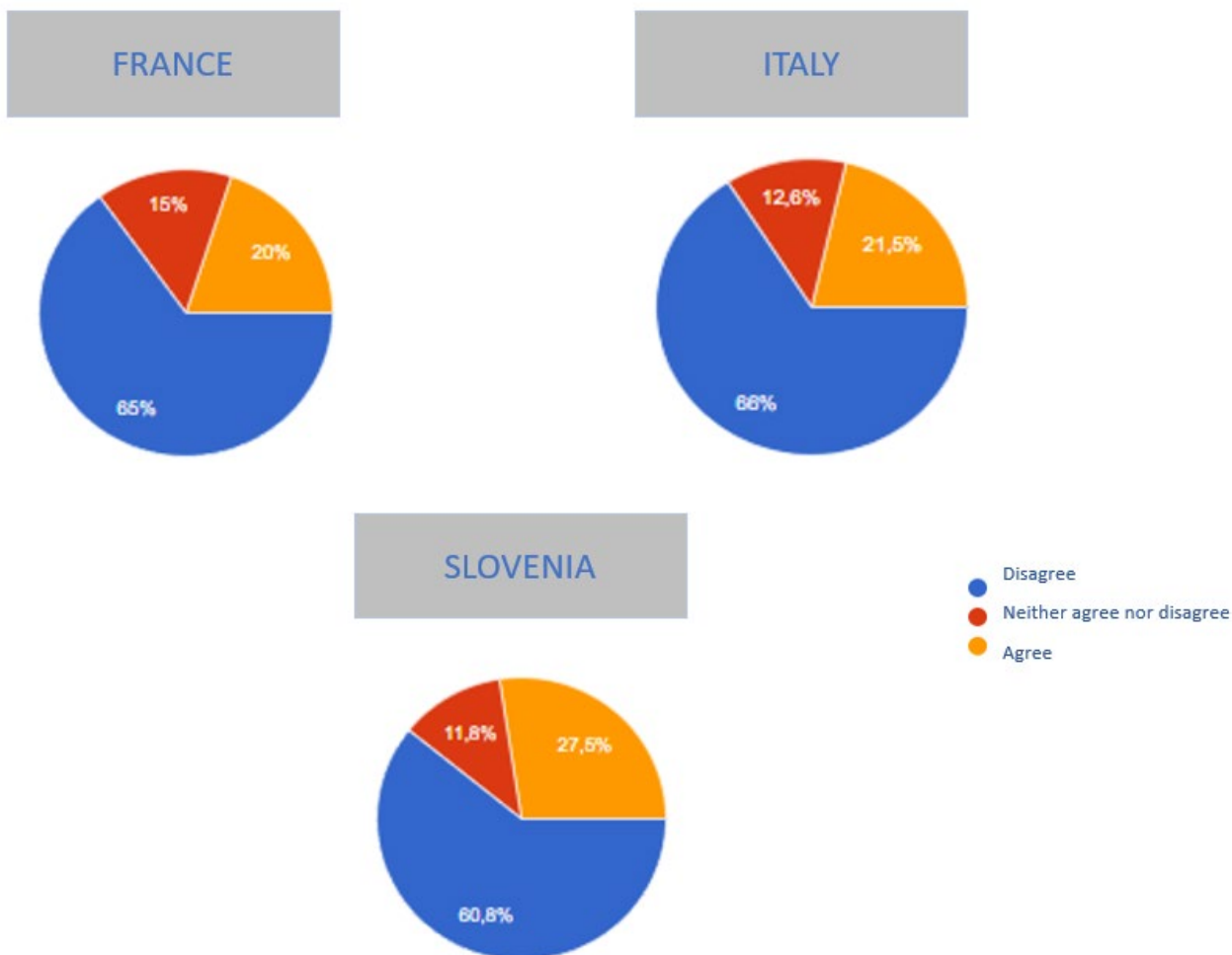
*Fig. 16 – Question n. 21. Do you spend at least 4 days per month in artistic activities (playing an instrument, painting, writing etc.)?*

## CULTURE AND CREATIVITY

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

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

The questionnaire distributed considered also this factor and some questions are dedicated to better understand this construct and the situation of the respondents.
Therefore, the following questions were presented in the questionnaire:

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

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

Specifically, on the one side, the pies show that each country sample presents a majority of people (>80%) that uses technologies such as computer and internet at least 2 days per week, with Italians being more prone toward these technologies, followed by Slovenians and French. On the other side, each country sample pie indicates that less than 15% of the respondents declares to use technologies less than 2 days per week, with Slovenia with the highest percentage, then France and, finally Italy.

This is a significant outcome that underlines that the target of reference is able to use technologies and, as a consequence, the digital divide is an issue that is less powerful than in the past. For further details, please see the following Figure n. 17.
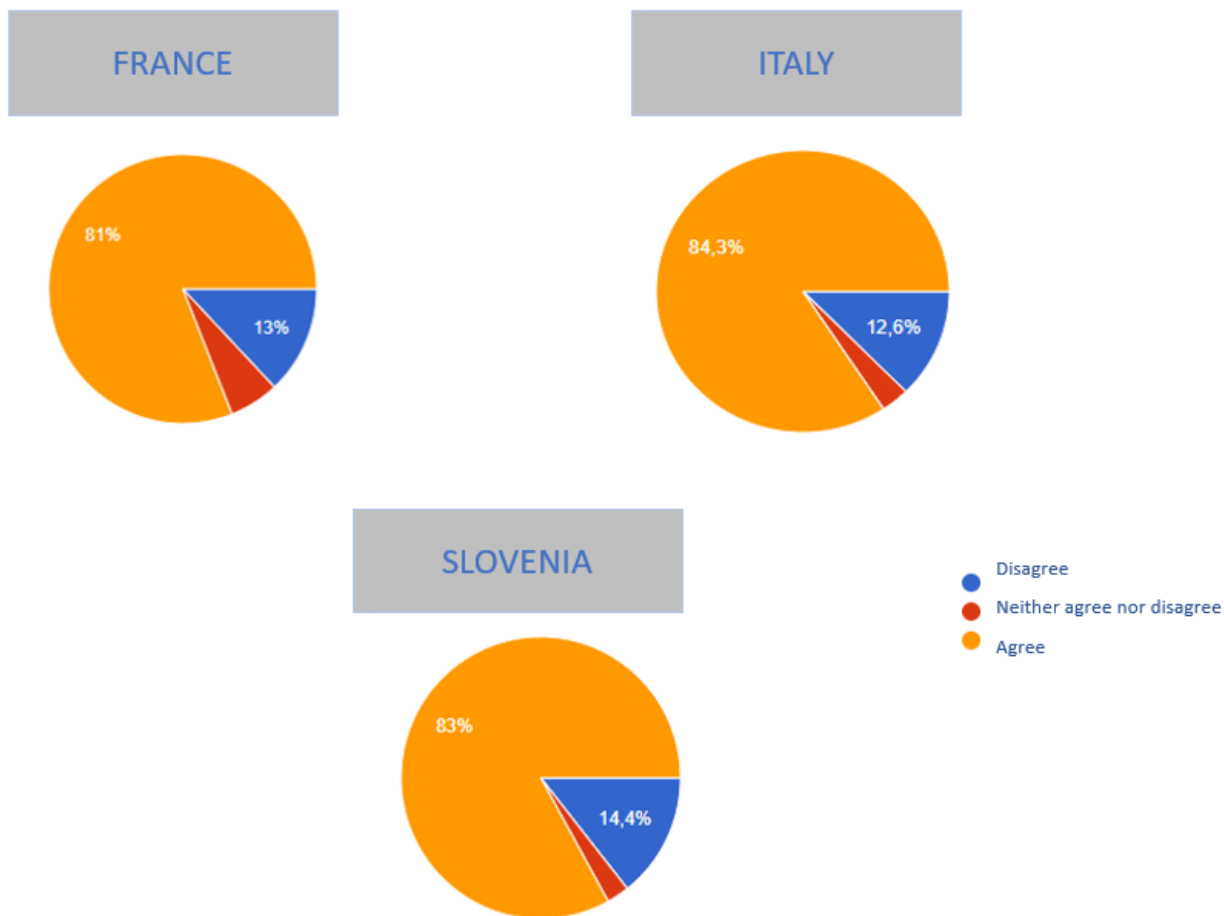
*Fig. 17 – Question n. 16. Do you use at least 2 days per week technologies such as Computer, Internet?*

Regarding question n. 19, the results are summarized in the following Figure n. 18. Here, we have the majority of people (>50%) declaring that they go to cinemas or theatres less than 2 days per month. In this case, Slovenians are the ones that attend events in cinemas and theatres less frequently, followed by French and Italians.

However, at least 15% of the respondents in each country sample declare going at least 2 days per month to cinemas or theatres.

FRANCE

ITALY

SLOVENIA

Disagree
Neither agree nor disagree
Agree
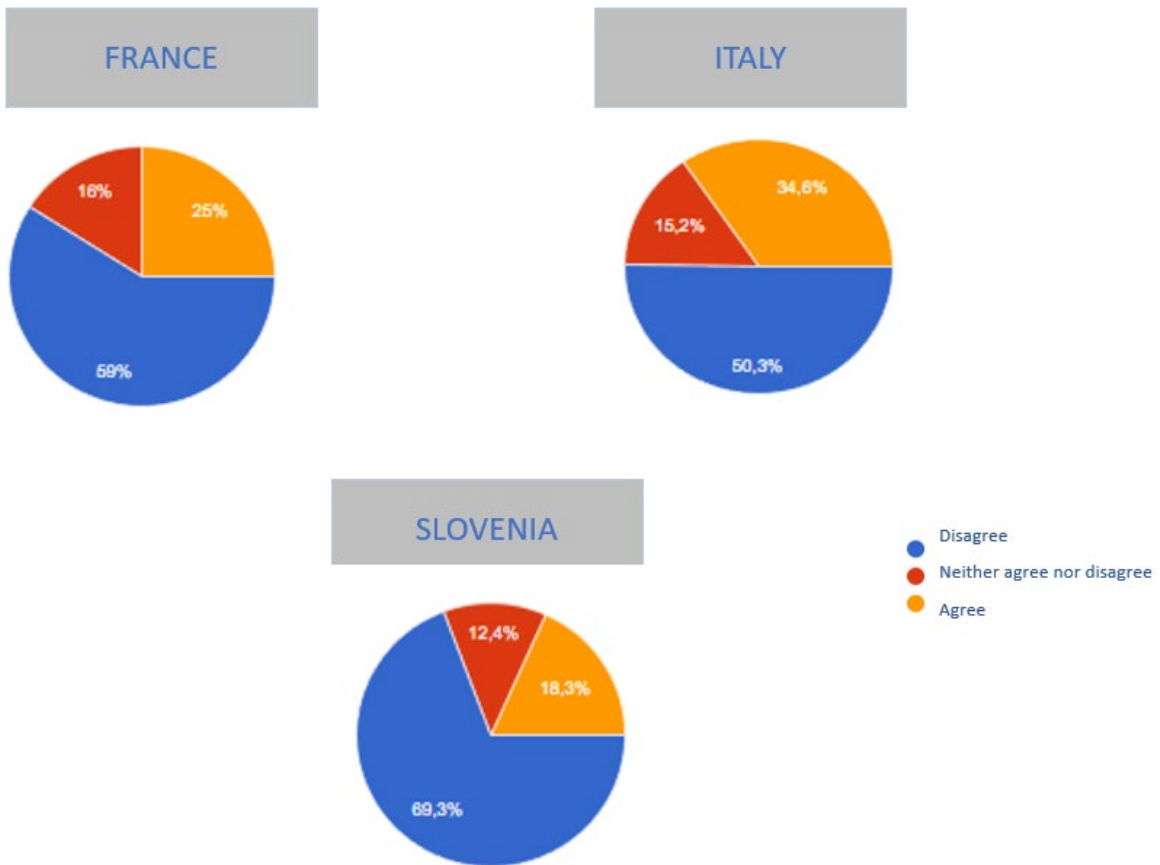
*Fig. 18 – Question n. 19. Do you go at least 2 days per month into cinema or theatres?*

# INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

Nowadays, in the current era characterized by the so-called digitalisation, Information and communication technology (ICT) is an important and relevant element to take into consideration also among older adults. As seen before, it can assist people from several points of view, like in terms of learning, culture, social interactions etc.

Given this scenario, the questionnaire distributed considered also this factor and some questions were dedicated to better understand this construct and the situation of the respondents.

Therefore, the following questions were presented in the questionnaire:

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

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

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

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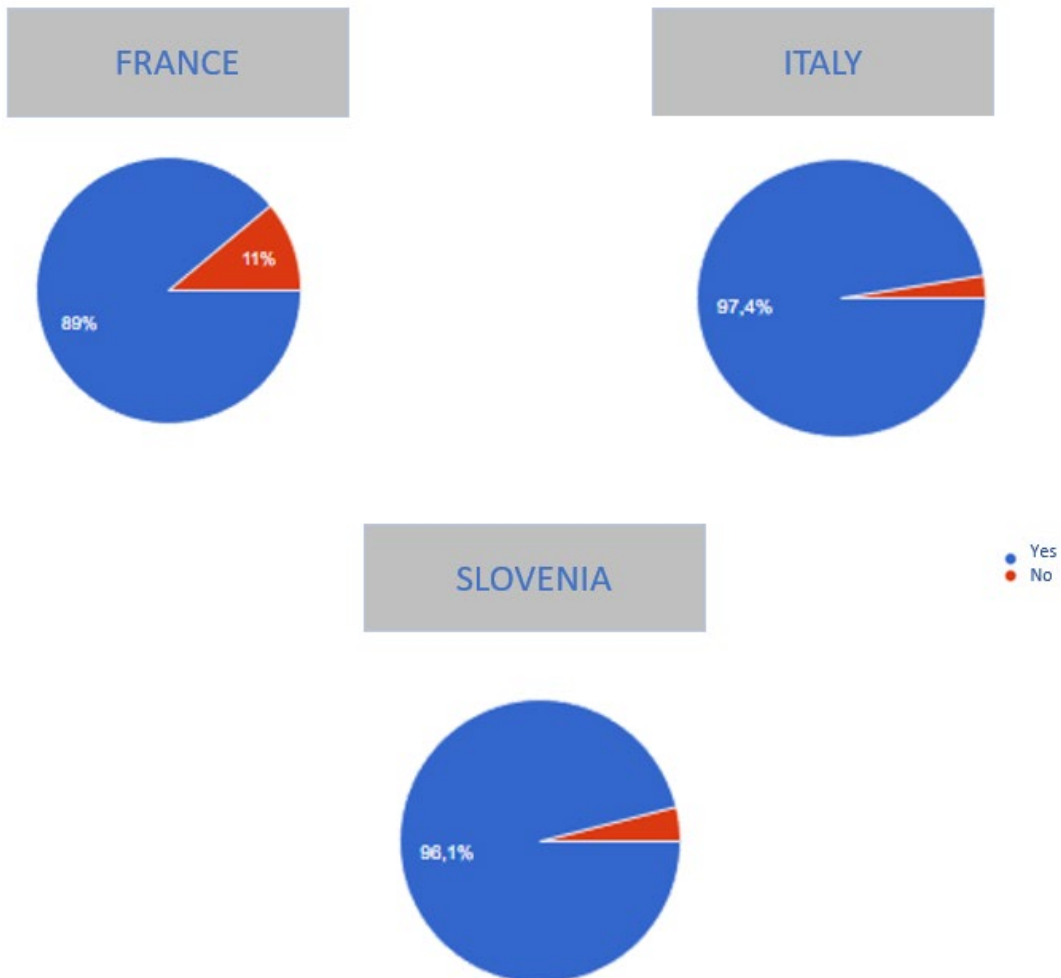


*Fig. 19 – Question n. n. 23. Do you or anyone in your household have access to at least one of following devices - computer, laptop, tablet, netbook?*

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

The results of question n. 24 are summarized in the following Figure n. 20.
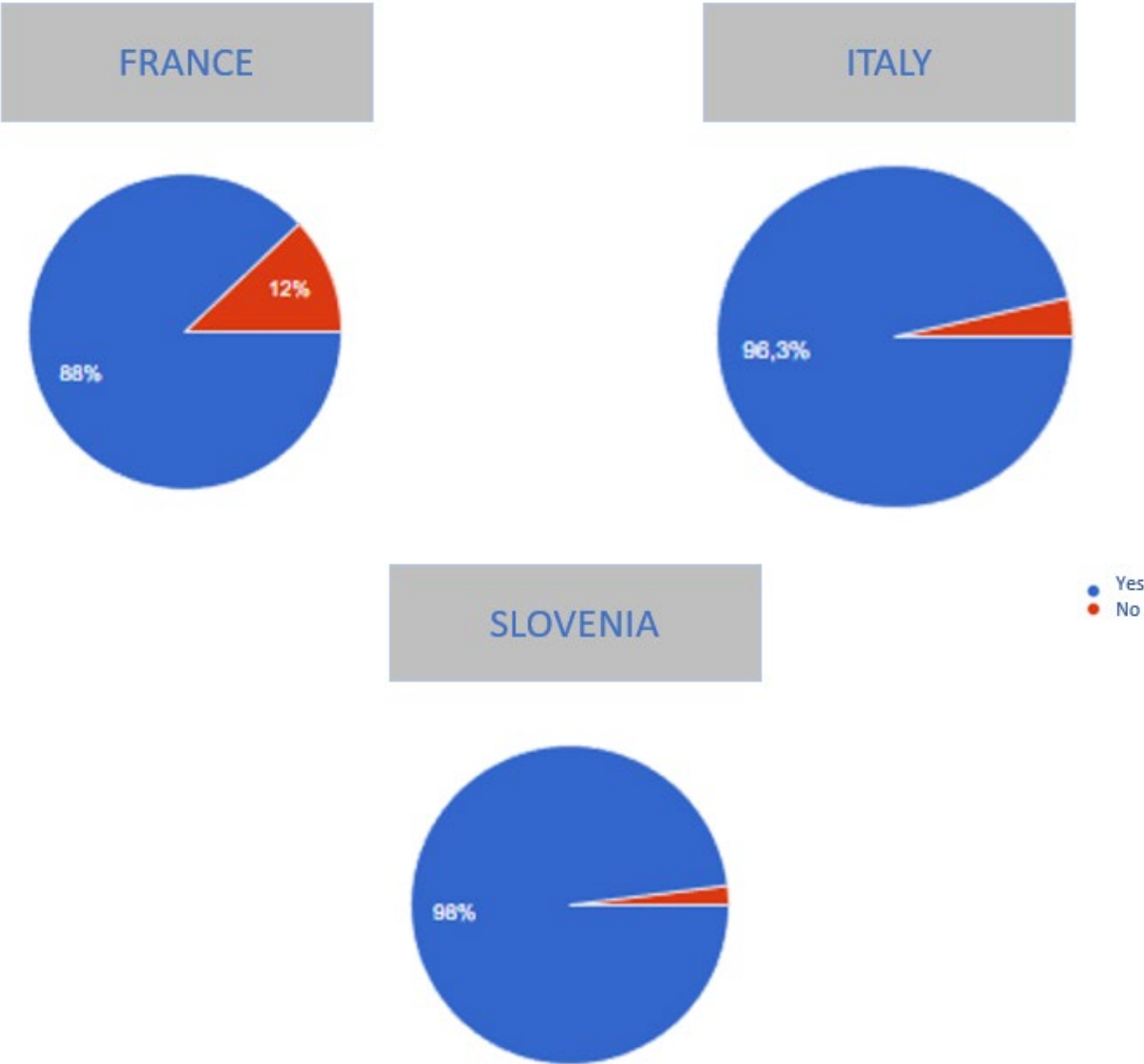


*Fig. 20 – Question n. 24. Do you or anyone in your household have access to the internet at home?*

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

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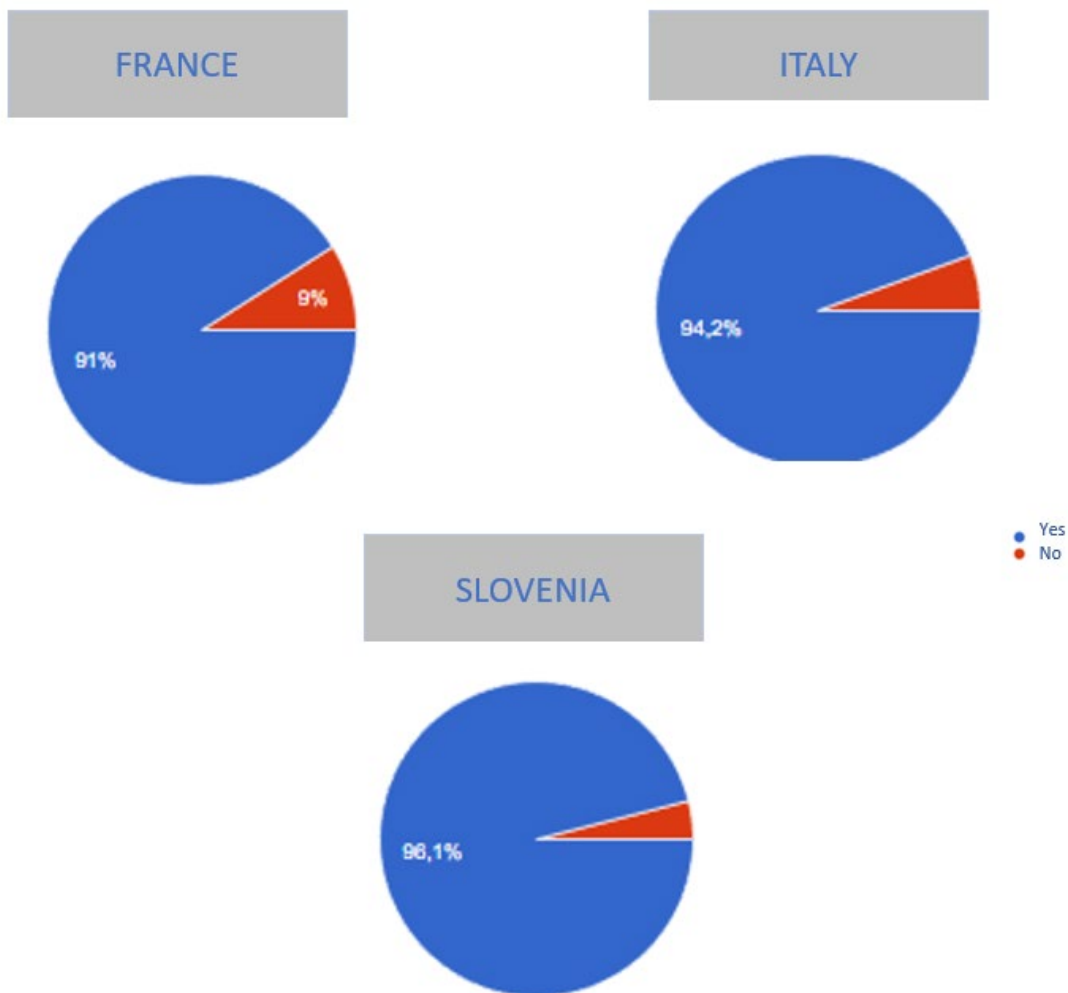


*Fig. 21 – Question n. 25.  Do you or anyone in your household have access to a smartphone at home?*

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

*This section is edited by L. Gilio and A. Pollini, International Telematic University Uninettuno*

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

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

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

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

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

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

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

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

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

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

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

## OBJECTIVES

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

In view of its positive effects on individuals, active ageing can be considered as a preventive tool to aspire as much as possible to healthy ageing.
The goal is to facilitate the shift from policies based on the needs of older people considered as passive subjects, to policies that recognize the right and responsibility of each person to play an active role and participate in the life of the community at every stage of life, including old age.

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

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

## METHODS

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

Along with socio-demographic characteristics (gender, age, education, and income) information was obtained on body mass index, calculated as weight (kg)/height (m2); on smoking habit, collected asking about current and previous smoking; on nutrition habit, asking about dietary style; on family history for chronic diseases. Other measures taken into consideration were cognitive activity, physical activity, and the practice of disciplines like meditation, mindfulness, yoga.

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

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

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

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

# RESULTS

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

**SAMPLE**

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

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

**Table 1**

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

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

**Table 2**

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

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

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

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

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

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

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


## CONCLUSION

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

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


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


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

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


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

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

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

# SECTION 9 – MULTIPLIER EVENTS

*This section is edited by:*
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*A. Cuk, Lunga Vita Attiva*
*V. Mikolič, ZRS Koper*
*E. Veglianti and E. Magnaghi, Université Catholique de Lille*

In addition, to the questionnaire collection, three multiplier events were organized. A brief description is provided below, while further details can be found in the dedicated reports.

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

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

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

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

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

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

2. 30 June 2021 Multiplier Event in Koper, Slovenia

The second ActivAge Multiplier Event, held in Koper, was aimed at discussing how to maintain functional capacity and independence as long as possible. The event focused on three main areas of active and healthy ageing: cognitive activities, dietary habits, physical activity/inactivity. The event was conducted with the main objective of providing information on the above areas from the participants' (older adults) perspective: What do they do? What do they eat? How much are they active? and What are they missing/what problems do they have? And on the opposite side – the providers of services for the elderly (representatives of centres, associations of pensioners) were asked to present some of their best practices and the main problems they have.

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

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

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

3. 27 September 2021 Multiplier event in Lille, France

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

Moderators facilitated a discussion about the following topics:

- which features can help to age well?

- what type of support should be provided by public and private institutions?

- what is the role of that could be played by digital tools?

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

# CONCLUSION

*This section is edited by E. Veglianti and E. Magnaghi, Université Catholique de Lille*

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

In this scenario, new challenges to our societies come out and additional responses are needed to manage them and to figure out opportunities for older people and for the overall population as well.
The active ageing issue was fitted in the World Health Organization agenda and not only. Several frameworks are considered to better understand the active ageing. In the perspective of active ageing, there is a shift from the traditional vision of old age which is associated with a passive phase, characterized by the need for assistance and social marginality, toward a view of elderly human being as protagonist of social life (Walker, 2012).

Building a positive scenario of aging life is a prior and important factor in our society especially due to the growth of elderly population: great attention should be paid to the engagement of the elderly in their own well-being. In order to flourish, older people need to have a constant and moderate physical activity that should be linked to each individual effort and possibilities. It is needed to have more accessible, and affordable opportunities to

be active at local level. This kind of support is closely linked to the role of staying active also in the community of reference which avoid exclusion.

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

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

The lifelong learning can come, as described previously, from various sources and it is strictly connected with the other factors of the framework. For instance, it is impacted by the culture and creativity features as the participation of older people in activities such as going to the cinema is a way to foster critical thinking and to feel included.

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

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

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- UNECE: https://unece.org/population/active-ageing-index

- UNECE: **https://unece.org/sites/default/files/2021-07/PB26-ECE-WG.1-38_0.pdf**

# ANNEX 0 – OVERVIEW OF THE BEST APPS AND DEVICES, USEFUL FOR THE WELL-BEING AND HEALTH OF PEOPLE OVER 65
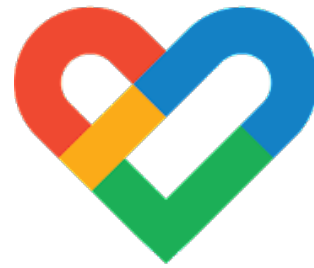
# ActivAge
# Supporting ageing adults to stay active
## 2020-1-IT02-KA204-080018

# Overview of the best apps and devices, useful for the well-being and health of people Over 65

*L. Laura, International Telematic University Uninettuno*

# Google Fit: health and activity tracking



*Description:*

Google Fit has partnered with the World Health Organization (WHO) and the American Heart Association (AHA) to offer Heart Points, an activity goal that can help improve your health; as it is difficult to understand how much activity or what types of activities are needed to keep fit.

Activities that increase your heart rate have tremendous benefits for heart and mind health. The user earns a cardio point for every minute of moderate activity, for example if he increases his pace when walking the dog, and double the points for more intense activities like running. It takes 30 minutes of brisk walking a day for five days a week to reach the amount of physical activity recommended by the AHA and WHO organizations which, as has been shown, reduces the risk of heart disease, improves sleep quality and general mental well-being.

Google Fit also helps to:

- MONITOR YOUR PHYSICAL ACTIVITY FROM YOUR PHONE OR WATCH:
The user receives instant information when exercising, and displays real-time statistics on runs, walks and bike rides. Fit will use your phone's sensors or smartwatch heart rate monitors, with Wear OS by Google, to record your speed, pace, route, and more.

- MONITOR THE OBJECTIVES:
The user can check the daily progress related to the Heart and Steps goals and update them.

- CONSIDER ALL MOVEMENTS:
If during the day the user takes a walk, a run or a bike ride, the phone or smartwatch, with Wear OS by Google, will automatically detect and add their activities to the Google Fit diary, to receive credit. for every movement. You can select from a list, activities (such as pilates, rowing or spinning), and Google Fit will keep track of all cardio points earned.

- CONNECT YOUR FAVORITE DEVICES AND APPS:
Fit can show information retrieved from many of the user's favourite devices and apps, to give a complete picture of their health. Included are: Lifesum, Wear OS by Google, Nike +, Runkeeper, Strava, MyFitnessPal, Basis, Sleep as Android, Withings, Xiaomi Mi Band and more.

- CHECK YOUR DATA EVERYWHERE:
The user can get a snapshot of the activity history on Fit and in the built-in apps, right from the diary.

# mySugr - App For Diabetes and Glycemic Control

*Description:*
Rated as the best diabetes app by Healthline 3 times. Mentioned in Forbes, TechCrunch, and The Washington Post.
mySugr is useful for receiving help in the daily management of diabetes (type 1, type 2 or gestational).
mySugr keeps all your clinical information on your smartphone, always at hand. The app helps you keep track of health, carbohydrates, medications, insulin (with Bolus Calculator, limited to mySugr PRO), and hypoglycemic or hyperglycemic episodes.

MySugr Diabetes App is the free, honest diabetes diary that keeps tabs on your diabetes data. With the app you can access:
- Intuitive and personalized home page (with information on diet, medications, carbohydrate intake, blood sugar levels and much more).
- Bolus calculator with precise insulin dose recommendations (functionality limited to mySugr PRO in some countries).
- Clear graphs on blood glucose levels.
- Estimated Hba1c.
- Daily, weekly and monthly reports, which can be shared directly with your doctor.
- Secure data backup (compliant with quality and safety regulations).

- APP FUNCTIONALITY:

The app automatically records user data, and allows you to collect information on your daily therapy such as meals, diet and carbohydrate intake. It also records the medications you are taking, your blood sugar levels, and your insulin.
Steps, activity, blood pressure, continuous glucose monitoring (CGM) data, weight and other features.

- PRO VERSION FEATURES:
mySugr PRO can be activated for free with some Accu-Chek® devices, or can be activated with a paid monthly or annual subscription. It allows:
- Smart search, which makes the most of user data on places, meals, activities, tags etc.
- Bolus calculator (only available in some countries): calculates your insulin dose, corrections and injections during meals.
- Report in PDF and Excel format, which saves or prints all data for the user or his doctor.
- Glucose reminder, to remind the user to check blood glucose, and record the values.
- Photos of meals, to photograph your own meals, and to improve your carbohydrate count.
- Basal insulin, for users who use the pump.

| | |
|---|---|
| *Statistics:*<br>+1,000,000 Downloads in Google Play | *Available in:*<br>Google Play (Android)<br>App Store (Apple) |

*Source:*
https://play.google.com/store/apps/details?id=com.mysugr.android.companion

# Calories counter - MyFitnessPal



*Description:*
MyFitnessPal is a calorie counter app, which aids in weight loss. With the app you can enter foods and exercises quickly, and you can reach your fitness goals.

- GENERAL FUNCTIONS OF THE APP:
- It has the largest food database of any other calorie-counting app (over 6,000,000 foods), and is constantly growing.

- Inserting the food is quick and easy; you can add favourites, add multiple foods at once, save and add entire meals.
- The app fully synchronizes with the web, to allow you to access from your computer or phone. In addition, the data is backed up online, so you never lose it.
- You can diet with friends, add friends and track their progress.
- Full set of features: Create custom foods and exercises, track all key nutrients, improvement reports, personalized goals based on diet profile and recipe calculator, which fully supports the metric and English system.

- FOODS:
For foods there is a database with over 6,000,000 foods from all backgrounds and cuisines, and it is updated every day. You can scan a food's barcode, and find its match in the database.
All major nutrients can be monitored, such as calories, fats, proteins, carbohydrates, sugars, fiber, cholesterol and more. Frequently used foods are automatically remembered by the app for easy access.
The app allows you to save and reuse entire meals.
By entering your own recipes, their nutritional content is calculated.
You can add multiple items at the same time, and create an unlimited number of customized foods.

- EXERCISES:
There are over 350 exercises in the app. The app tracks both cardio and strength training, including sets, reps, and weight / reps.
You can create an unlimited number of personalized exercises, and enter the personalized number of calories; for HRM or training equipment there are calorie reports.

- TARGETS:
Personalized goals can be obtained, based on the specific diet profile, given by: age, sex, activity level, etc; and enter objectives given by specific recommendations of a doctor, nutritionist, etc.

- REPORT:
The app allows you to: monitor weight, view progress graphs over time, have a daily nutritional summary with all the main nutritional elements.

| | |
|---|---|
| *Statistics:*<br>+50,000,000 Downloads in Google Play | *Available in:*<br>Google Play (Android)<br>App Store (Apple) |

*Source:*
https://play.google.com/store/apps/details?id=com.myfitnesspal.android

# MyTherapy - Reminder for medicines

*Description:*
MyTherapy - Reminder for medicines, drugs and pills is an app that allows: to have a reminder for your medicines, to have help in managing your medication intake, to keep track of your health status. The app remembers, documents and motivates the observance of your therapy, not to forget to take care of yourself, and to have all the information on your health in the form of a practical diary. The therapies are summarized in an ordered list of activities.
You can check the percentage of pills actually taken, and print your health history to share with your doctor.

App reminders (a simple notification) help you remember to take your medications, to record your values (such as your blood pressure), or to exercise regularly.
Each planned activity turns into an instantly understandable list of things to do throughout the day.

MOST IMPORTANT FEATURES OF THE APP:
- Medicines reminder, by entering your therapy (any medication for all patients and diseases), you are notified when it is time to take your medication.
- You can have a summary of blood pressure, blood glucose and other values.
- You can have and download the monthly reports in a convenient PDF file, to know how many drugs you are taking in a month, and then communicate it to your doctor.
- There are improvements in adherence to therapy, scientifically proven by the Charité University of Berlin.
- App registration is optional.
- For privacy, no personal data is provided to third parties.

Being developed in close collaboration with patients and doctors, MyTherapy is an app that is based on real research data from leading medical institutions. It is an app made for everyone; both for those who have to take antibiotics for a limited time, and for those suffering from chronic conditions such as: hypertension, diabetes, arthritis or depression, which are often difficult to manage.

*Statistics:*
+1,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

# Heart Rate Plus - Heart Rate Monitor

*Description:*
With Heart Rate Plus the user can check their heart rate anywhere and anytime. The app is one of the best for heart rate measurement.
Heart Rate Plus measures the heart rate with great precision, using the smartphone camera or the heart rate sensor of the smartphone or smartwatch, by processing the images of the pulse of the finger. The heart rate monitor ensures accuracy in measurement, and guarantees HR monitoring functions.

MAIN FEATURES OF THE APP:
- Fast and accurate measurements.
- Saving of results for subsequent accesses.
- Real-time pulse graph.
- Support for Android Wear, measure your pulse using the heart rate sensor of the smartwatch.
- Reminder, automatic notification to remind you to measure your heart rate every day.
- Export of the story to a CSV file (for a fee).

User guide: keep the tip of the index finger on the rear lens of the camera (or the heart rate sensor). Do not press too hard to avoid restricting circulation, resulting in an inaccurate reading.
After a second or two, you should see your heart rate graph.
For best results, hold your finger for 10 seconds to get an accurate heart rate reading.

*Statistics:*
+1,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

# Edo - Now you know what you eat



*Description:*

Edo helps the user to understand what is written on the labels of food products, to learn more about what he eats and to choose in an informed way.

The user just needs to scan the barcode present in any food product, and Edo will tell him how healthy it is for him, with a score from 0 to 10.

Not only that, Edo also communicates:

- if it is "Gluten Free".
- if it is "Lactose Free".
- the "Pros and Cons" of the ingredients and of the nutritional values.

- MAIN FEATURES OF EDO:

Edo adapts to the user's lifestyle, and personalizes the results according to their specific dietary needs, therefore adapts to the user intolerant to gluten or lactose or vegetarian or vegan, suggesting healthier food alternatives and excluding incompatible products ; but it is also useful for discovering the most suitable products for pregnant women.

Edo also uses the user's physical parameters and the level of their physical activity, to develop tailor-made results, which allow them to choose the most suitable for their diet.

Edo also allows you to exclude dyes, preservatives and more from what you eat.

The user can follow his own specific diet; in fact, Edo's evaluation algorithm adapts to one's habits and personal needs for sugars, fats and other nutrients.

The user can also specify their allergies: eggs, peanuts, milk, soy, nuts, sesame, lupins, molluscs and crustaceans, mustard, legumes, fish and celery. Edo will tell you if the product contains incompatible ingredients, and will suggest more suitable alternatives for the user!

Edo has information on thousands of products, added and updated daily; despite this, if a product is not present in the database, the user can send some photos to the support team, and will be notified with a notification when it has been analyzed.

- EDO OPERATION:
The sophisticated Edo algorithm, developed under the supervision of the Faculty of Food Science and Technology of the University of Bologna, elaborates a "tailor-made" score, taking into account the person's parameters, including age and sex, and analyzing the ingredients and nutritional values indicated on the label by the manufacturer.

With the Edo Premium subscription you can discover alternative products that are more suitable for the user, you can search for all the products in the database, you can stay updated on the world of nutrition thanks to specific articles, you can consult the table of nutritional values of each product.

| | |
|---|---|
| *Statistics:*<br>+100,000 Downloads in Google Play | *Available in:*<br>Google Play (Android)<br>App Store (Apple) |

*Source:*
https://play.google.com/store/apps/details?id=it.edo

# Lifesum: Diet with calories counts to lose weight
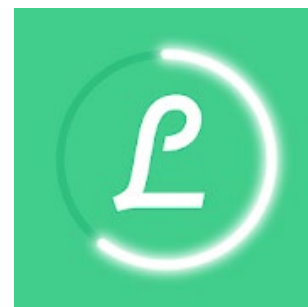


*Description:*
Lifesum allows in a single app to have a personalized diet, a food diary, recipes, a calories counting calculator and nutritional advice, to stay healthy and eat healthy.

LIFESUM MAIN FEATURES:
- Food plan with dietary advice.
- Keto, fasting, paleo, sugar detox diets and plans, and more.
- Count calories with barcode reading.
- Calculator for calorie intake.

- Meal planner to prepare recipes.
- Health check to stay fit.

You can lose weight with the personalized program. By taking the test, the user can find out which meal plan is right for them, based on their lifestyle.
You can make healthy recipes for all types of meal plans.
The calorie counter and food tracking functions provide an overview of the daily nutritional values.
Lifesum can be synchronized with training performed with FitBit, Runkeeper, Moves or other fitness apps.
The user can follow a balanced diet, which allows the right energy intake, by scanning the barcodes for macros and nutritional information, or by entering them manually.

Lifesum integrates with Google Fit and S Health: it is therefore possible to export water and food consumption to Google Fit and S Health, and import fitness data, such as step counts, exercises and weight, to Lifesum.
With the Lifesum Premium subscription you get advanced features such as special diets and detailed nutritional information, and can sync with fitness apps such as Moves, Withings, FitBit, Jawbone, Endomondo and Runkeeper.

| | |
|---|---|
| *Statistics:* <br> +10,000,000 Downloads in Google Play | *Available in:* <br> Google Play (Android) <br> App Store (Apple) |

*Source:*
https://play.google.com/store/apps/details?id=com.sillens.shapeupclub

# SkinVision - Detects skin cancer



*Description:*
SkinVision is a paid medical service that helps the user to evaluate skin blemishes and blemishes for the most common types of skin cancer.

- MAIN FEATURES OF SKINVISION:

The user takes a picture of the skin spot with their smartphone, and receives a risk indication (low, low (symptoms) or high) directly from the app, clinically validated, within 30 seconds.
In addition, the user can archive the photos in folders, to help him monitor skin changes over time, or to share them with the doctor more easily.
The user can also discover aspects of their skin thanks to the information generated by the app, and obtain advice based on the type of skin and their risk profile.

Recommendations are also provided on the next steps to take, including a possible visit to a healthcare professional. In fact, the SkinVision service is not intended to replace traditional methods of assessing the level of risk of skin cancer; it is not a diagnosis and does not replace visits by a healthcare professional.

The user can use some features of SkinVision for free including: risk profile, skin type quizzes, storage of skin spot images and access to UV information in your area.

The checks carried out with the clinically validated app technology are subject to a fee; the user can purchase a single evaluation or purchase unlimited controls for 3 or 12 months (no subscription).

Skin cancer is a global and growing problem. It is estimated that 1 in 5 people will develop skin cancer. Since skin cancer can appear and grow over time, it is important to monitor the skin and take pictures of the skin spots regularly. Signs of skin cancer can include irregular shapes, multiple colors, asymmetry, irregular size and edges.

SkinVision's skin checks use an algorithm to evaluate skin spots or moles for signs of skin cancer. The service is guaranteed by the quality of the team of experts.
Skin spot monitoring can help the user detect skin cancer, at an early stage when it is most likely to be curable.

The SkinVision app is a regulated medical device with the European CE mark. User privacy is guaranteed by ISO certification, for information security and the management of medical devices. SkinVision is trusted by insurance companies around the world for early detection of skin cancer. SkinVision has partnerships with leading health insurers, skin cancer clinics and research universities in the UK, Australia, Germany, the Netherlands and New Zealand.

*Statistics:*
+100,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=com.rubytribe.skinvision.ac

# QuitNow! - Stop smoking

*Description:*
QuitNow! it is the most comprehensive tool on the market to help the user quit smoking.
QuitNow! offers real-time progress statistics, at any time, to help you manage anxiety.

MAIN FEATURES:
- the time elapsed (days, hours, minutes) since the last cigarette smoked in one's life.
- the number of cigarettes not smoked.
- the amount of money and time saved.

Plus QuitNow! provides WHO (United Nations World Health Organization) based indicators related to the health improvement process, and a list of goals to be unlocked one by one, over time, motivating the user to achieve their goal.

By creating your own profile, you can start chatting with other people who have quit smoking. You can also get help, tips and tricks from others, make new friends and offer your support at any time in your own language (44 different options).
The app is available in English, Spanish, Italian, French, Estonian, German, Catalan, Portuguese, Hebrew, Polish, Czech, Galician, Simplified Chinese.

*Statistics:*
+1,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=com.EAGINsoftware.dejaloYa

# YAZIO Counter and Calories Counter: Diet and Weight Loss

*Description:*
With YAZIO's free Calorie Counter app you can manage your daily food diary, track activities, lose weight and calculate calories.
YAZIO is one of the best apps for diet, weight loss, and health.

MAIN FEATURES OF THE YAZIO APP:
- Personal program for losing weight or strengthening muscles.
- Calorie table with over 2 million foods.
- Nutritional tracker and food diary for all meals.
- Keep track of calories, carbohydrates, proteins and fats.
- Create meals, add favorites or insert new foods.
- Copy diary entries to other days easily.
- Integrated barcode scanner for quick search.
- Keep track of your sports, exercises and activities.
- Calorie calculator to keep track of calories burned.
- Calculate your daily steps to make the user more active.
- Document your weight with the weight tracker.

MAIN FEATURES OF YAZIO PRO:
- Nutritional plans for low carb, high protein, etc.
- Over 100 healthy and delicious recipes.
- Smart food evaluation.
- Greater possibility of analysis, including diet and body statistics.
- Keep track of other nutrients, such as sugar, fibers and salt.
- Recognize foods with a lot of carbohydrates or fats.
- Show progress over the previous 2 and a half years.
- Track body fat, blood pressure and blood sugar.
- Measure your chest, waist and hip circumference.
- Plan your diet and sports for the next few days.

The storage of user data is extremely secure.

All information received or sent through the app is always encrypted. All data is stored anonymously on German servers, and is not stored by third parties.

*Statistics:*
+10,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=com.yazio.android

# WaterMinder: reminder to always stay hydrated
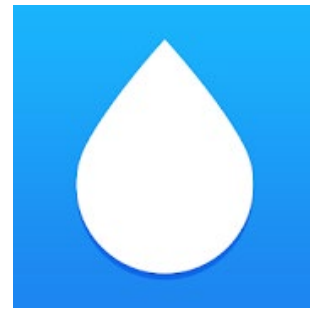
*Description:*
WaterMinder is an easy and intuitive application to monitor your water intake.
WaterMinder reminds the user to drink the necessary water, to achieve their daily goals, based on their body weight (or personal goal).

Thanks to the graphic display and as a percentage of their current fluid consumption, the user will be able to immediately know what their actual level of hydration is.
It only takes 21 days to create a healthy habit, and WaterMinder will remind you, with notifications, to drink water during the day, so you can reach your daily hydration goal.
Reminders can be customized by changing their size and their notification sound.

The user can keep track of their progress by viewing their water intake history.
In addition, the user can find out, by analyzing their data recorded at various times of the day, in which days you have reached your goal, and in which not.
The user can collect and collect all the WaterMinder badges, to keep the motivation in achieving the goal.

With increasingly hectic pace of life that punctuate the days, keeping an eye on your water needs and making sure your body is always well hydrated is not an easy task.

*Statistics:*
+100,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*

# Meditopia: Meditation, Sleep



*Description:*
Meditopia is an app designed to help you fall asleep and relieve stress.
Over 1000 deep meditations are offered to users, dedicated to the aspects that each of us is called to face every day as a person, regardless of age, background or experience.

The app is available in 9 languages, the meditations in the app span the full range of human experiences: relationships, expectations, acceptance, loneliness, body perception, sexuality, life purpose and feeling of inadequacy.
Meditopia aims to create a "sanctuary", in which anyone can draw on the necessary guidance and tools to develop mental resilience and find inner peace.

Sleep quality affects almost all aspects of daily life. The user can choose from over 30 sleep meditations to learn new breathing and visualization techniques and exercises, to be practiced continuously for the rest of his life and rediscover the pleasure of sleeping.

MAIN FEATURES OF THE APP:
- Contains over 250 guided meditations.
- Night mode, to reduce cell phone glare, and help the mind and eyes to relax.
- Daily quotes, to find motivation and inspiration.

- Ability to take personal notes, to keep track of your progress.
- Awareness barometer, for an immediate overview of your statistics.
- Challenges within the app, to test yourself and compare yourself with friends.
- Personalized reminders, to meditate and sleep.
- User-oriented and easy-to-understand interface.

*Statistics:*
+5,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=app.meditasyon

# Dottori.it - Book your visit

*Description:*
The Dottori.it app is easy, fast and free, and allows you to manage your health online.
The user will be able to find the healthcare professional he was looking for, and check its availability.
The user can then book an appointment directly from the smartphone or tablet, 24 hours a day, 7 days a week, wherever he is.

Dottori.it allows you to:
- Search for the doctor closest to the user, also through the map.
- Book your appointment in seconds.
- Read the opinions of patients.
- Consult the rates of services.
- Choose the venue, date and time you prefer.
- Manage bookings for the whole family.
- Save your trusted doctors as a favorite.
- Receive automatic notifications and reminders via email and SMS.
- Leave your review at the end of your visit.

- Log in quickly, with your Facebook or Google profile.

With Dottori.it the user can search for doctors and health professionals based on their specialization, their pathology, the service requested or even by name and surname.
You can then browse their curriculum, view the rates charged and the availability of their agenda.
Furthermore, the user can consult the comments left by other patients, and leave them in turn.
Thanks to geolocation, you can find the closest specialists.
Once the doctor has been chosen, the user selects the date and time he prefers and sets the appointment.
With one account, the user can manage and book for all family members.

*Statistics:*
+100,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=it.dottori.consumer

# NeuroNation - Train your mind



*Description:*
The NeuroNation app allows the user to perform brain science workouts to keep their neurons in shape. Whether it is a weak memory, or a drop in concentration, or rusty reasoning mechanisms, with only 15 minutes of training a day the user will be able to solve their problems, and will be able to give new impulses to the mind.

MAIN FEATURES OF THE APP:
- NeuroNation's mental training was awarded the AOK Leonardo, the digital health and prevention award sponsored by the German Federal Ministry of Health.
- Various scientific studies have shown that, thanks to brain training, the user can improve memory, significantly reduce stress and the consequent risk of falling into depression, increase the speed of reasoning and concentration, and reduce up to 48% the risk of dementia.

- NeuroNation performs in-depth analyzes of the user's strengths and potential to create a personal training plan based on their needs.
- With 27 exercises distributed in 250 levels, the user will have a varied and motivating workout, for a balanced brain improvement.
- A study conducted by NeuroNation in collaboration with the Department of General Psychology of the Free University of Berlin demonstrated the effectiveness of NeuroNation's memory training.
- Thanks to several years of experience and millions of users, the app can offer the user the opportunity to monitor their progress in detail, and interpret them according to their comparison group.
- The user can play with friends, to compare the results obtained, and train better while having fun.

NEURONATION PREMIUM FEATURES:
- Complete training program with 27 stimulating exercises.
- Customization possible according to preferences, strengths and personal potential.
- Constant release of new exercises and new courses.

*Statistics:*
+10,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=air.nn.mobile.app.main

# Lumosity - mental training
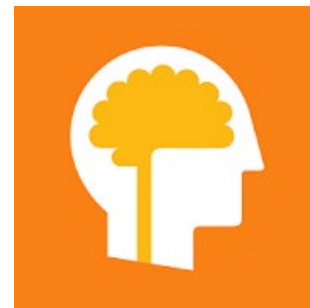


*Description:*
The Lumosity app allows you to test your memory, your attention level and much more. In fact, it combines more than 25 cognitive games, to offer the user a daily training program, designed to stimulate the brain. The games adapt according to the results obtained, offering continuous challenges thanks to a wide range of cognitive activities.

Lumosity is being developed by a team of scientists and developers looking for innovative ways to stimulate the human brain and make progress in the field of cognitive science.

To achieve this, scientists integrate common cognitive and neuropsychological activities with new experimental exercises of their own invention. Collaborating with expert developers, they turn these activities into fun games, which allow you to probe core cognitive skills.

Based on neuroplasticity studies, Lumosity's games are used for research, and have been incorporated into studies conducted by leading scientists around the world.
Lumosity also cooperates with more than 40 qualified university researchers worldwide, providing them with free access to Lumosity's tools and exercises, to help them explore new areas of cognition.

The app is available in English, German, Japanese, French, Spanish and Portuguese. English will be the default language for devices not set to one of the supported languages.

*Statistics:*
+10,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=com.lumoslabs.lumosity

# BIG Launcher



*Description:*
The app allows the user to use the smartphone from a single quick and easy home screen.
BIG Launcher makes the smartphone suitable for the elderly, children, and people with eye diseases and motor problems.
The app is available in 52 languages, and has been the winner of the Vodafone Smart Accessibility Awards.

MAIN FEATURES OF THE APP:
- It is equipped with the SOS button, useful in emergency situations to save lives.
- Replaces the user interface of almost any Android phone or tablet, with enlarged buttons and texts.
- It is designed for the elderly and the visually impaired to offer maximum readability and ease of use.
- Can be controlled with single touches, to avoid mistakes.

- It is easily customizable to your needs; in fact directly on the main screen of the app, the user can enter shortcuts for: applications, websites, contacts, widgets and more.
- User can quickly find applications with instant search, or with the recent applications list at the top of the screen.
- You can hide the applications you don't want to use, to avoid the user getting lost in the navigation of the screen.
- Has high contrast color schemes and three different font sizes.
- Has extended support for Talkback screen reader, which allows blind users to use their phone easily and safely.
- All applications can also be controlled via a physical keyboard, or via the Tecla wheelchair interface, allowing users with paralysis to have complete and precise control of the smartphone, without having to touch the screen.

BIG Apps Suite, or the collection of all apps perfectly compatible with BIG Launcher, contains:
- BIG Phone - app to make phone and contacts easy to use.
- BIG SMS - app to allow you to write messages with large characters.
- BIG Alarm - app to make alarm clock as simple as possible.
- BIG Notifications - app to make all android notifications very big.

Limitations of the free version of BIG Launcher:
- The user can only customize the key column on the right.
- Only 5 additional screens are allowed.
- A password cannot be used to protect configuration and preferences.

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|---|---|
| *Statistics:*<br>+1,000,000 Downloads in Google Play | *Available in:*<br>Google Play (Android) |

*Source:*
https://play.google.com/store/apps/details?id=name.kunes.android.launcher.demo

# ICE - In case of emergency - Contact card

*Description:*
ICE - In case of emergency - Contact card is a very useful application to save the user's life in case of emergency situations. On this application it is possible to store emergency contact details, and other information that could be very useful in case of any unfortunate accidents or other emergencies.

It is always advisable to prepare for emergency situations.
In the application "ICE - In case of emergency - Contact card" you can not only store your personal data, but also information relating to: medical conditions, blood group, contact number for emergencies, etc; thus creating an emergency contact card, always available in various types of situations.

These important details are accessible to the doctors who provide help, even in the phone lock mode, when you are unaware.
ICE immediately helps rescuers in an attempt to find up-to-date medical information, such as: the closest contact, blood type, name, residential address and photographic verification of the user, without however having to unlock the phone.
Plus, with just one tap on the Call button, you can let your loved ones know you need help.

| | |
|---|---|
| *Statistics:*<br>+50,000 Downloads in Google Play | *Available in:*<br>Google Play (Android) |

*Source:*
https://play.google.com/store/apps/details?id=tech.chitwansoft.emergencyinformation

# Speechnotes - Speech To Text

*Description:*
Speechnotes is a notes app, which transforms dictated voice notes into text.
The app allows with a single click on the microphone button to start dictating the note, and automatically the app will write everything that will be said in words. To use the app you do not need to register for the service.
Punctuation can be dictated by voice command, or entered with a single click from the keyboard.

Even if the user pauses longer than normal between sentences, the Speechnotes app will not stop, and will continue listening to the user without crashing; the user therefore does not have to click on the microphone several times to make long dictations.
The app's design is sleek and clean, and non-stop speech recognition allows the user to better focus on their content to dictate.
The app also uses Google's speech recognition engine.

Some additional features are automatic text spacing, and automatic insertion of capital letters in the sentences that need them.
The app also automatically saves any changes.
With just one click you can send the notes taken on your device, to other users and to other apps.
In addition, the app supports Bluetooth, so the user can speak via the microphone of the Bluetooth headset or headset, but also via the car's Bluetooth microphone.

A Premium feature of the app are the custom keys, which allow the user to use frequently used text directly from the keyboard, avoiding typing or dictating it.

The app is multilingual, and supports a variety of useful voice commands in numerous languages.
The app respects and protects the user's privacy, not storing data and not sharing them with third parties other than Google.

*Statistics:*
+1,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)

*Source:*
https://play.google.com/store/apps/details?id=co.speechnotes.speechnotes

# ParKing - Find my car, Automatic
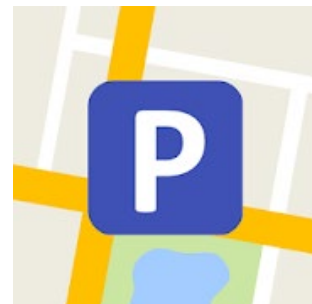
*Description:*
ParKing is the useful app to easily locate your parked car.

MAIN FEATURES OF THE APP:
- Save a new car park on the map with just one click.
- History of all your previous parking spaces.
- Automatic parking detection with your car's Bluetooth device.
- Setting up custom zones without automatic parking notifications (e.g. home, office).
- Parking reminder to avoid fines.
- More navigation options for your car.
- Add a photo or text note, for indoor or underground parking, even without GPS.
- Compatible with tablets.
- Compatible with smartwatches.

Parking with a click:
To save a new car park, the user simply has to click once on the map.
ParKing will automatically show the location and address of your car park and your current location.

Parking history:
ParKing saves all its previous parking spaces. The user can modify or delete any parking, or view all the parking made on the map.
In addition, it can set up an automatic cleaning of the parking history.

Automatic parking:
With automatic parking, there is no need to manually save where you have parked your car, ParKing will do it automatically for you.
When the user activates the automatic parking, ParKing detects when their mobile device disconnects from the Bluetooth device of their car, and automatically saves the parking.
Parking does not need to run in the background to detect automatic parking.

Custom zones:
In the event that the user parks in the same place several times, eg. at home or in the office, ParKing allows you to define zones where you will not receive automatic parking notifications.
ParKing will simply save your parking space, without notification. You will only be notified when you park in a new place.

Parking reminder:
In case your parking time is limited, you can add a parking reminder; with which you will be notified when the parking time is running out.

Navigation:
ParKing offers several options to navigate to your car:
- Use your favorite navigation app to find your car, like: Google Maps, Waze, etc.
- Use a built-in map with a parking indicator.
- Use a built-in compass to find your car.

Indoor or underground parking:
In case you park your car indoors or underground, the GPS signal may not be available, so in these cases, you can add a photo or a text note to help you find your car.

# Audiobooks - Audible

*Description:*
With Audible, an Amazon company, the user can enjoy the best audiobooks and podcasts wherever and whenever they want.
The user can access a vast catalog with over 50,000 titles, of different categories and types.
He can then listen to what he wants, when he is moving around the city or in a moment of relaxation, or when he is traveling for work or at home with the family.

The time dedicated to listening is always precious, the user can free their curiosity, listen to their emotions and be inspired with Audible.

MAIN FEATURES OF THE APP:
- Download and listen offline audiobooks and podcasts on your smartphone or tablet.
- Start listening already during the download.
- Navigate through the chapters, choose the narration speed and add bookmarks, and listen in button free mode.
- Earn badges based on your listening activities.
- Receive notifications and updates on news and new releases.
- Log into the app securely, with your Amazon account using an email address.

# Blood pressure

*Description:*

The app does not take measurements, but rather records, analyzes and allows you to share the data of those made. Furthermore this app does not replace professional medical advice.
In order to accurately measure blood pressure values, you need to use a precision automatic meter.

The application helps to keep blood pressure under control, allowing you to better monitor any hypertension problems.
With it, you can easily record and analyze infinite measurements of minimum and maximum pressure, including heart rate.

This app also produces ancillary information, necessary for the interpretation and correct treatment of hypertension, which can then be easily sent to the referring physician, thanks to specially generated reports.

MAIN FEATURES OF THE APP:
- Clear and intuitive user interface, with large and clearly visible graphics, for easy use.
- Saving and processing of blood pressure values.
- Possibility to modify and update the measurements made.
- For each measurement, there are:
 ● Tag for inserting short descriptions, for their repeated use.
 ● Automatic date and time of blood pressure measurement.
 ● Complete display of reference values, such as: systolic, diastolic, heart rate and weight values.
 ● Detailed descriptions of the values.
- Multi-user support.
- Interactive graphs for different blood pressure trends.
- Statistics on blood pressure and heart rate, with indication of the average (MAP).
- Export of data to files of different types of formats:
 ● CSV.
 ● XML.
 ● PDF - Detailed reports.

- Reminder to remind you to measure your blood pressure.
- Filters, with unlimited possibilities to decide which data will be shown, analyzed and exported.
- Customizable interface, the app will have the most pleasing aspect and closest to your needs.
- Complies with the guidelines of the standards: JNC7, JNC8, ESH / ESC (isolated hypertension, hypotonia).
- Automatic backup to Google Drive.

| | |
|---|---|
| *Statistics:*<br>+5,000,000 Downloads in Google Play | *Available in:*<br>Google Play (Android) |

*Source:*
https://play.google.com/store/apps/details?id=com.szyk.myheart

# Senior Games - Train your brain

*Description:*
The app allows the user to stimulate different cognitive skills while having fun.
With the "Train your brain" app the user will find a series of games, which will help him to stimulate different areas of the brain, and which will serve as daily mental training.
This app is suitable for people of all ages, both for the little ones and for the elderly.
The game is divided into five categories, each associated with a cognitive area: memory, attention, reasoning, coordination and visuospatial skills.

STIMULATION OF COGNITIVE SKILLS:
- Memory: stimulates short-term memory systems or working memory.
- Attention: stimulates concentration with exercises that act on sustained, selective and focused attention.
- Reasoning: logic exercises to stimulate the ability to think, process and use information, to acquire knowledge, understand the world and make appropriate decisions.
- Coordination: strengthens and optimizes hand-eye coordination and reaction time.
- Visual perception: stimulates the ability to represent, analyze and mentally manipulate objects.

Each game has different levels so that you can practice gradually. Furthermore, you can see the score obtained in each level and view your progress.

These games are ideal to help stimulate: the user's memory, reasoning, attention, coordination, and visual-spatial processing; but also to stimulate other areas such as: visual association, visual perception, visual memory, orientation, psychomotor skills, motor skills, or the processing speed of older people.

The design of these games was carried out in collaboration with experts in neuroscience and psychiatry, with the aim of creating playful contents, which also serve as a complement to the treatments carried out in health centers.

*Statistics:*
+100,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=com.tellmewow.senior.brain.training

# Blue Light Filter - Night mode and night light

*Description:*
Blue Light Filter - Night mode and night light is an app to adjust the night light of the device, optimized to offer a screen with a warm light, and to ensure the protection of the eyes from the blue wavelengths emitted by the screen.

It also allows a pleasant night reading and at the same time prevents insomnia.
Using the anti-glare Blue Light Filter reduces eye fatigue, and protects them from the flow of blue light, which could cause insomnia and restlessness, chronic migraines, chronic headaches and cataracts.

Blue light is a natural part of the light spectrum, which disturbs the circadian rhythm and causes insomnia.
Unlike red light, blue light blocks the secretion of melatonin, the hormone that facilitates sleep.
Retinal neurons are put at risk if an anti-glare blue light shield is not used after dusk.

The negative effects of blue light are:
- Eye fatigue and tiredness.
- High risk of macular degeneration, glaucoma and cataracts.
- Phase shift of the circadian rhythm, restlessness and suppression of melatonin.
- Intensification of migraines and activation of the trigeminal nerve, associated with chronic migraines.
- Frequent headaches and chronic nocturnal headaches.
- Insomnia and lack of sleep.

Blue Light Filter - Night mode and night light, when used as a soft light and anti-glare blue filter, helps the user by reducing eye stress and chronic headaches during night reading.
The blue light filters are already preset, the user can activate one of the 5 anti-glare blue light filters for the night mode, and thus activate the soft (red) light, which protects the eyes from natural blue light rays. The user can also create and edit their own night filter.

The app allows you to dim the brightness beyond the system limits, using the option to "dim" the brightness.
The user can choose his ideal light color temperature, to best set the brightness of his screen.
The user can also choose when the night mode should be turned on and off automatically.

*Statistics:*
+1,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)

*Source:*
https://play.google.com/store/apps/details?id=com.ascendik.eyeshield

# Free Pedometer - Pedometer, Km and Calories Burner
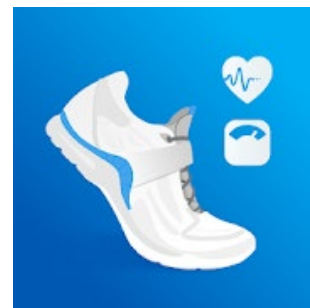
*Description:*
"Pedometer - Pedometer and Calories Burner" synchronizes steps and calories with MyFitnessPal.

MAIN FEATURES OF THE APP:
- The app counts the steps if the user brings their phone with them.
- The user can check his entire history on the "Trends" table.
- User can support and encourage friends from the "Groups" table.
- The user can check his weight from the "Io" table.

Some phones cannot count steps if the screen is locked.
The pedometer works entirely from the phone without any additional installation. No registration to the app is required.

The app records steps, calories, distance and activity time at any time of the day, and for physical activities such as a walk, jog or run.
Using GPS, you can follow your run or walk on the map.
The app fits perfectly with MyFitnessPal, synchronizing all the data of your activity on MyFitnessPal, so you can check your weight and BMI, to see all the essential information for the care of your health in one place. a data analysis.

The app allows you to create groups with your friends and family, to compare your daily progress. The app is a tool for building healthy daily habits.
The app was science based, developed following the standards provided by the World Health Organization and the Fitness Committee Chair.

*Statistics:*
+10,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=cc.pacer.androidapp

# Ada - your health companion

*Description:*
Ada helps users control symptoms and find out what might be causing them.
Whatever bothers the user, from stomach problems to headaches, Ada's free symptom checker can help them find the answers. However, Ada cannot give a medical diagnosis.
Ada therefore does not replace the opinion of your doctor. Service should be contacted immediately in case of an emergency.

Doctors have been training Ada for years, so she can get a preliminary diagnosis in minutes. The Ada app is a Class I medical device for the European Union.
Ada's AI evaluates user responses against the medical dictionary, which is made up of thousands of ailments and medical conditions.
The user will then receive a personalized assessment report, which will communicate what the problem may be, and then how to proceed.

The user from an Ada rating should expect:
- Privacy and data security: the strictest data regulations apply, to protect and keep user information private.
- Intelligent results: the central system connects medical knowledge with intelligent technology.
- Personalized health information: Your guide is personal based on your health profile.
- Ratings for loved ones: If the user rates someone else, their information remains separate from theirs.
- Health checks: Your assessments include information, which may be relevant and useful to your doctor.
- Access 24/7: you can use the free symptom control anytime, anywhere.

Ada answers medical questions of all kinds. Here are some of the most common searches:

Symptoms:
- Temperature
- Allergic rhinitis
- Loss of appetite
- Headache
- Abdominal pain and tenderness
- Nausea
- Tiredness
- He retched
- Dizziness

Medical conditions:
- Cold
- Influenza infection (flu)
- Viral sinusitis
- Diabetes
- Tension headache
- Migraine
- Chronic pain
- Fibromyalgia
- Arthritis
- Allergy
- Irritable bowel syndrome (IBS)
- Anxiety disorder

- Depression

Categories:
- Skin conditions such as rashes, acne, insect bites
- Pregnancy
- Children's health
- Sleep problems
- Indigestion problems, such as vomiting, diarrhea
- Eye infections

*Statistics:*
+5,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=com.ada.app

# Sleep Cycle alarm clock



*Description:*
Sleep Cycle has audio analysis, so there is no need to place the device in bed to monitor sleep.
Sleep Cycle is a smart alarm clock that tracks your sleep patterns, and wakes you up when you are in light sleep. The awakening occurs in a completely natural way, making the user feel rested, and full of energy.

While you sleep, you go through different stages of sleep, ranging from light to deep sleep and vice versa. The sleep phase you are in when the alarm goes off is important, because it determines your level of tiredness / rest when you wake up.
Furthermore, while you sleep, your movements vary according to the phase of sleep you are going through. Sleep Cycle's patented technology monitors the way you sleep, using sound and vibration analysis, i.e. by monitoring movements in the bed during the various stages of sleep.

Sleep Cycle will find the optimal time when the user will be in the light sleep phase, to wake him up in the morning, within a pre-set window of 30 minutes, which ends at the time the alarm was set. Waking up in the lightest sleep phase means waking up in a natural way as without the alarm, feeling refreshed and full of energy.

All the user has to do is activate the Sleep Cycle before going to sleep, and place the device on the bedside table or on a spot on the floor near the bed.

FREE APP FEATURES:
- Sleep analysis with Sleep Cycle's patented audio technology or accelerometer.
- Detailed sleep statistics and daily charts.
- Carefully selected alarm melodies.
- Snooze function activated by shaking the phone or lightly tapping it twice.
- Customizable wake up window. From instant (normal) alarm to a maximum of 90 minutes earlier.

FEATURES OF THE APP WITH A FEE:
- Long-term sleep trends.
- Compare your sleep data with those of world statistics.
- Snoring Trends, the user views the history of snoring trends data.
- Sleep aid, help you fall asleep easier.
- Notes on sleep, i.e. how coffee, stress, exercise or eating late at night affect the quality of sleep.
- Online backup, keep your sleep data safe online.
- Export sleep data to Excel for detailed analysis.

*Statistics:*
+5,000,000 Downloads in Google Play

*Available in:*
Google Play (Android)
App Store (Apple)

*Source:*
https://play.google.com/store/apps/details?id=com.northcube.sleepcycle

# Senior Fitness - Home workout
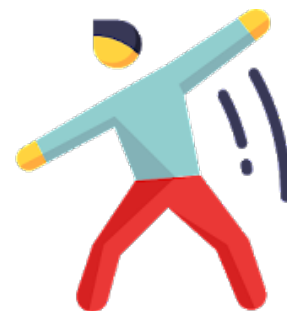
# for old and elderly

*Description:*
The Senior Fitness app contains daily workout routines for seniors to get seniors to exercise.
All the proposed exercises can be done from home, and there is no need to go to the gym.

This app is designed for those who cannot go to the gym, or who cannot do heavy physical exercises. Many exercises are done with the help of a chair, just to help older people.
The exercises are designed with a view to improving total body flexibility.

All workout routines were designed by a professional fitness instructor.
The app is accompanied by text and video instructions, very useful for the correct execution of the exercises.

The app keeps the user motivated, through some motivational quotes.
Finally, the user can simply start the workout he wants to do, and the app will guide him through all the exercises to be done.

*Statistics:*
+10,000 Downloads in Google Play

*Available in:*
Google Play (Android)

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

# Exercises for the elderly



*Description:*
The app allows you to do simple exercises for the elderly, physical activities and gymnastics, to control weight and stay healthy.
Practicing regular motor activity has a particularly positive influence for the elderly, improving both the physical and psychological conditions of the user.
Physical activity for an elderly person is important in order not to suffer from premature aging diseases, and to improve their health.

As the years progress, the body undergoes a progressive physiological decay, due to biological and environmental factors. Therefore the speed of deterioration of the organism's functions is individual, that is, it varies from person to person.
The term "gymnastics" has different meanings: from rehabilitation to corrective; from that aimed at muscle strengthening, to that for slimming.
However, gymnastics is always designed to favour the body and not overload it excessively.
Therefore in this app you will not find all those types of exercises, which can bring pain to the user.

*Statistics:*
+10,000 Downloads in Google Play

*Available in:*
Google Play (Android)

*Source:*
https://play.google.com/store/apps/details?id=senior.fitness.exercises.elderly

# Xiaomi Mi Smart Band 5



*Description:*
Main features of the Mi Smart Band 5:

Display:
- AMOLED display of: 1.1 "inches
- Display resolution: 126x294 pixels
- Display color depth: 16 bit
- Display backlight: Maximum brightness ≥ 450 nits, adjustable
- Display key: One touch key (activate, return)

Sensors:
- High precision 6-axis sensor
- PPG heart rate sensor
- Low power consumption 3-axis accelerometer and 3-axis gyroscope

Battery life:
- Charging mode: Magnetic charging
- Charging time: < 2 hours
- Battery life: ≥ 14 days

Sport:
11 professional sports modes, and the supported exercises are: outdoor running, brisk walking, cycling, treadmill, swimming, free activity, exercise bike, elliptical, skipping, yoga, rowing machine.
It supports automatic running or walking detection, and has: step alerts, kilometer completed alerts, high heart rate alerts.

Health:
Round-the-clock heart rate and sleep monitoring:
- Heart rate monitoring: continuous tracking, manual tracking, resting heart rate and heart rate curve.
- Sleep monitoring: deep sleep, light sleep, rapid eye movement (REM, which is an important stage of sleep, which allows the body to recover energy), naps.
- Female Health Tracking: To track and get reminders during your menstrual cycle and ovulation.
- Stress monitoring: breathing exercises, assessment of the PAI vitality index, sedentary alerts, pedometer, goal setting.

Other features:
Remote Photo Taking, Music Play, Find My Phone, Mute Phone, Unlock Phone, Incoming Call Notification, Do Not Disturb, WhatsApp Notifications, Messages, Calendar Reminder, Event Reminder, Weather

Forecast, Timer, Account countdown timer, alarm clock, Bluetooth, online dials, custom dials, preset dials, screen lock, charge status display, use location selection, OTA updates.

Dimensions and specifications:
- Model: XMSH10HM
- Net weight of the fitness tracker: 11.9 g
- Dimensions of the fitness tracker: 46.95 × 18.15 × 12.45 mm
- Degree of impermeability: 5 ATM
- Wireless connectivity: Bluetooth 5.0 BLE
- Haptic motor: Rotor motor
- RAM: 512 KB
- Flash memory: 16 MB
- Adjustable length: 155-219 mm
- Battery capacity: 125 mAh
- Battery type: Lithium polymer battery
- Band material: TPU
- Strap Buckle Material: Aluminium Alloy
- Display cover material: 2.5D strengthened glass and AF coating
- Lining material: PC plastic
- Operating temperature: 0 °C 〜 45 °C
- Possible system languages: English, Spanish, Russian, Italian, French, German, Ukrainian, Polish, Korean, Portuguese, Turkish, Japanese, Arabic, Czech, Thai, Indonesian, Greek, Vietnamese, Romanian, Chinese and Dutch.
- Smartphone operating systems supported: from Android 5.0 onwards or from iOS 10.0 onwards.

| | |
|---|---|
| *Statistics:*<br>27% of sales in the smartband market (Source: Canalys Wearable Band Analysis) | *Brand:*<br>Xiaomi |

*Source:*
https://www.mi.com/it/mi-smart-band-5

# Apple Watch Series 6

*Description:*
Main features of the Apple Watch Series 6:

With Apple Watch, you can check your health, right from your wrist.
The user can check the oxygen in their blood, with a sensor and an app; he can do an ECG at any time, wherever he is; can keep an eye on all parameters of their workouts on an always-on Retina display (always on).

Blood Oxygen Measurement:
The level of oxygen in the blood is a basic indicator of one's general well-being. It helps you understand how much oxygen your body is receiving, and if it absorbs it as it should. Apple Watch Series 6 has a new sensor and a new app, which allow you to check your blood oxygen levels, and allow you to periodically carry out measurements in the background, day and night.

The new $O_2$ Level Sensor consists of four groups of LEDs and four photodiodes.
It is integrated into the back crystal, and works in conjunction with the $O_2$ Levels app, to determine the amount of oxygen in the blood.
Green, red and infrared LEDs project their light onto the blood vessels of the wrist, while photodiodes measure the amount of reflected light. Evolved algorithms then calculate the color of the blood, which indicates the amount of oxygen inside it.

ECG measurement:
With the ECG app, Apple Watch Series 6 can generate a single-lead electrocardiogram.
It can therefore provide vital data to doctors, and give more peace of mind to those who use it.
Thanks to the ECG app, the electrodes in the Digital Crown and in the back crystal detect electrical impulses from the heart.
Just hold your finger on the Digital Crown to generate an EKG in just 30 seconds. The ECG app tells you if there are signs of atrial fibrillation (a serious form of altered heart rhythm) or if your heart is beating with a sinus rhythm, which is uniform and normal.

Sleep Measurement:
Getting the right amount of sleep is important to stay healthy. The new Sleep app helps you create a bedtime routine and also track your sleep, night after night. This will make it easier to set goals and achieve them.

Fitness:
If the goal is to stay fit, the more you know, the better. Apple Watch allows you to find the right push to move, and allows you to record data precisely, when you train in the water, in the gym or in the park.
Apple Watch has workouts for all tastes - running, swimming, yoga, biking, and more. By setting what you prefer, it records your every movement.

The always-on Retina display is 2.5 times brighter in daylight, even when you keep your wrist down. You can easily see all the information on the dial, without having to lift your hand to wake the watch.
You can therefore train in full sun and easily see your parameters, without lifting your hand, and without losing your pace.
As you move, the altimeter is always active and records elevation gain in real time, both indoors and outdoors. This means having precise parameters, especially when hiking or skiing.

Motivation:

- Activity sharing, you can share Activity rings with family or friends.
- Challenges, you can involve friends in the seven day activity challenge.

Other characteristics:
- Apple Watch Series 6 has the model with cellular connectivity, to stay in touch with the world, even without a phone.
- Phone and Messages, to make a call or send a message directly from your wrist.
- Apple Pay, to pay securely using only your watch.
- Siri, the voice assistant you can use when you need help with anything, like translations.
- Maps, to move around the world using the clock.

| | |
|---|---|
| *Statistics:*<br>15% of sales in the smartband market (Source: Canalys Wearable Band Analysis) | *Brand:*<br>Apple |

*Source:*
https://www.apple.com/it/apple-watch-series-6

# Samsung Galaxy Fit2



*Description:*
Main features of the Galaxy Fit2:

Galaxy Fit2 adapts to your style and pace. The 3D glass accentuates the elegance of the design, while the 1.1" inch AMOLED color display shows all the information you need at a glance.
Galaxy Fit2 accompanies the user in the busiest days without bothering; at only 11.1 mm thick it is slim and comfortable, and has a special groove along the strap that prevents the accumulation of sweat.

Galaxy Fit2 has 5ATM certification, which guarantees water resistance up to 50 m depth.
It has up to 21 days of autonomy to withstand the longest sessions.
It has up to 15 days of autonomy with standard use.
Galaxy Fit2 monitors daily activities, and also keeps the quality of sleep under control.

5 automatic functions to perfect physical activity:
Galaxy Fit2 monitors your training sessions. The system is able to recognize up to five different workouts (running, walking, dynamic workouts, ellipticals, rowing), and detects: rhythm, time, pulse, calories burned and many other parameters.
In general, hand washing is an important personal hygiene gesture. To not forget to do this, you can set reminders at regular intervals on your Galaxy Fit2, and start a timer to verify that you have done a good job.

Galaxy Fit2 advises the user how to improve rest, then good sleep, by measuring all the basic factors, and checking the overall score on the Samsung Health app.
By setting up the Galaxy Fit2 with the Samsung Health app, it can automatically detect your stress level, and you can practice breathing exercises when it is too high.
With Galaxy Fit2 connected to your smartphone you can: check notifications, get answers on the fly, manage music playback without picking up the phone.

Dimensions and specifications:
- Bluetooth version: v5.1
- Technology (Main Screen): AMOLED
- Size (Main Display): 1.1 "(27.8mm)
- Resolution (Main Display): 126 x 294 pixels
- Color depth (Main Display): 16M
- Sensors: Accelerometer, Gyroscope, Optical heart rate sensor
- Dimensions (HxWxD): 46.6 x 18.6 x 11.1 mm
- Weight: 21 g
- Operating System: FreeRTOS
- RAM memory size (MB): 2 MB
- ROM Memory Size (MB): 32 MB
- Battery Capacity (Typical): 159 mAh
- Typical use duration: Up to 15 days
- Low Usage Duration: Up to 21 days
- Notification type: Vibration

*Statistics:*
6% of sales in the smartband market (Source: Canalys Wearable Band Analysis)

*Brand:*
Samsung

*Source:*
https://www.samsung.com/en/watches/galaxy-fit/galaxy-fit2-black-sm-r220nzkaeub

# FitBit charge4

*Description:*
Main features of the FitBit charge4:

FitBit charge4 is built for fitness and wellness, is water resistant and offers built-in GPS, innovative heart rate features, FitBit Pay and more. It has a grayscale touchscreen, with a backlit OLED display, which responds naturally to touch and scroll.

● WELLNESS:
- Cardio activity score.
- Light, deep and REM sleep monitoring.
- Monitoring of the menstrual cycle.
- Guided breathing sessions based on heartbeat.
- Continuous detection of the heartbeat.
- All-day activity logging to track steps, distance travelled, calories burned, active minutes, hourly activity and idle time.
- Sleep score, to understand the quality of rest.
- Heart rate at rest.
- Sleep tracking.
- Calories burned during the day.

● FITNESS:
- Pace and distance in real time with built-in GPS.
- Minutes in Active Zone (cardio zones).
- Floors climbed, automatically tracks your walk on stairs or slopes.
- Reminder for movement.
- SmartTrack automatic training recognition, automatically records certain workouts, such as running, cycling and more; and view detailed information about your activity in the FitBit app.
- Water resistant up to 50 meters.
- 20+ goal-based training modes, such as: running, cycling, swimming, yoga and more; by setting a goal you get real-time statistics during training.
- Personalized reminders to stay in line with your goals, for example useful for: exercise, drink water, go to sleep and more.
- Training intensity map in the FitBit app, to track your heart rate changes.
- Cardio zones: Fat Burning, Peak and Cardio, of the heart rate, useful for optimizing efforts during training.

● INTELLIGENT DEVICE:
- App: With the main apps for everyday activities, the user simply swipes their finger on the screen to set a timer, check the weather before going out and use a stopwatch while exercising.

- Wireless Synchronization: Automatic synchronization with leading iOS and Android devices to show the user statistics, trends and progress in their FitBit dashboard.
- App panel: The user can set goals, record progress and get a more complete picture of their fitness and well-being, directly on the FitBit app panel.
- Sleep Mode: When using sleep mode, smartphone notifications are silenced and the display turns off during the night.
- Payments: You can load your credit and debit cards, to pay safely from your wrist, in all stores that accept contactless payments.
- Do not disturb mode: Using the do not disturb mode mutes notifications of calls, messages, calendar and apps during the day.
- Statistics on the wrist: You can check the statistics directly on your FitBit charge4, and you can receive extra motivation, necessary to achieve your goals.
- Smartphone notifications: Receive call alerts and calendar notifications, message notifications, quick replies and smartphone app notifications.

Dimensions and specifications:
- Sensors and components: 3-axis accelerometer, Optical heart rate monitor, GPS, Vibration motor, Near Field Communication (NFC), Altimeter.
- Battery: lasts up to 7 days or 5 hours with the use of continuous GPS. Battery life and charge cycles vary with use, settings, and other factors.
- Battery type: lithium polymer
- Charging time (0 to 100%): 2 hours
- Radio transceiver: Bluetooth 4.0
- Measure heartbeat data: at 1 second intervals during training detection and at 5 second intervals in all other situations.
- Water resistant: up to 50 meters.
- Operating temperature: -20 °C to 60 °C
- Maximum operating altitude: 8,535 m
- Synchronization: automatic with smartphone, using Bluetooth LE wireless technology.
- Synchronization range: up to 9 meters
- Dimensions (WxDxH): 35.8 mm x 22.7 mm x 12.5 mm

| | |
|---|---|
| *Statistics:*<br>8% of sales in the smartband market (Source: Canalys Wearable Band Analysis) | *Brand:*<br>FitBit |

*Source:*
https://www.fitbit.com/global/it/products/trackers/charge4

# HUAWEI Band 4 Pro

*Description:*

Main features of the Band 4 Pro:

The Band 4 Pro has built-in GPS, allows the user to follow training instructions, and monitors heart rate 24/7. It has a 0.95 inch AMOLED touchscreen, with excellent colors and contrast.

- Oxygen saturation detection:
Blood oxygen saturation ($SpO_2$) is one of the key vital signs, reflecting the oxygen supply to the body. Band 4 Pro supports single-time measurement of $SpO_2$ level, helping the user to know the level of oxygen in the blood.

- Smart heart rate monitoring:
Thanks to professional optical devices, processor chips and AI algorithm; The HUAWEI TruSeen™ 3.5 keeps the heart rate accurately monitored throughout the day, and provides an intelligent vibration to alert you when your heart exceeds the beat rate limit.

- Better attention to sleep:
While sleeping, the device monitors your sleep, but its invisible light will not disturb the user; The HUAWEI TruSleep™ 2.0 keeps track of your heart rate during sleep, to recognize the four stages of sleep (Deep Sleep, Light Sleep, REM Phase, Wake), and analyze the quality of your rest.
In addition, this device identifies 6 types of sleep problems, and provides science-based advice for better sleep.

- Integrated GPS:
With built-in GPS, Band 4 Pro offers fast and accurate location services. After completing your training (running, walking, cycling, swimming), you can check the GPS data on the map.

- Professional indoor / outdoor monitoring:
Band 4 Pro monitors all your sports activities, through different modes: Outdoor / Indoor Running, Outdoor / Indoor Cycling, Outdoor / Indoor Walking, Free Workout, Elliptical Machine Mode, Rowing Machine and Swimming in the pool or in open water.

- Professional guide information:
You will have a professional sports guide, who will use the data of the heart rate zone, the maximum oxygen consumption $VO_2Max$ and the recommended recovery times, evaluating the effect of your training.

Dimensions and specifications:

- Dimensions (L x W x H): 45 mm (band body length) x 19 mm (width) x 11 mm (maximum band body thickness)
- Materials: technopolymer + metal front cover
- Weight: about 25 g (including wrist strap)
- Compatible Operating System: Android 4.4 or higher or iOS 9.0 or higher
- Sensors: 6-axis IMU sensor (acceleration sensor, gyro sensor), Optical heart rate sensor, Wearable infrared sensor.
- Battery capacity: reference value at 100 mAh
- Charging time: about 100 minutes (with ambient temperatures below 25 °C)
- Screen type: AMOLED color
- Screen resolution: 240 x 120 pixels
- Screen Size: 0.95 inches (21.6 mm x 10.8 mm for AA area)
- Buttons: full touch screen + Home button
- GPS: supported
- Battery life: autonomy that can vary from 5 to 12 days depending on use.
- Bluetooth frequency: 2.4 GHz
- Bluetooth version: 4.2
- Water resistance: 5 ATM and/or 50 meters
- Operating ambient temperature: from -10 °C to +45 °C

| | |
|---|---|
| *Statistics:*<br>13% of sales in the smartband market (Source: Canalys Wearable Band Analysis) | *Brand:*<br>Huawei |

*Source:*
https://consumer.huawei.com/it/wearables/band4-pro

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# HONOR Band 5
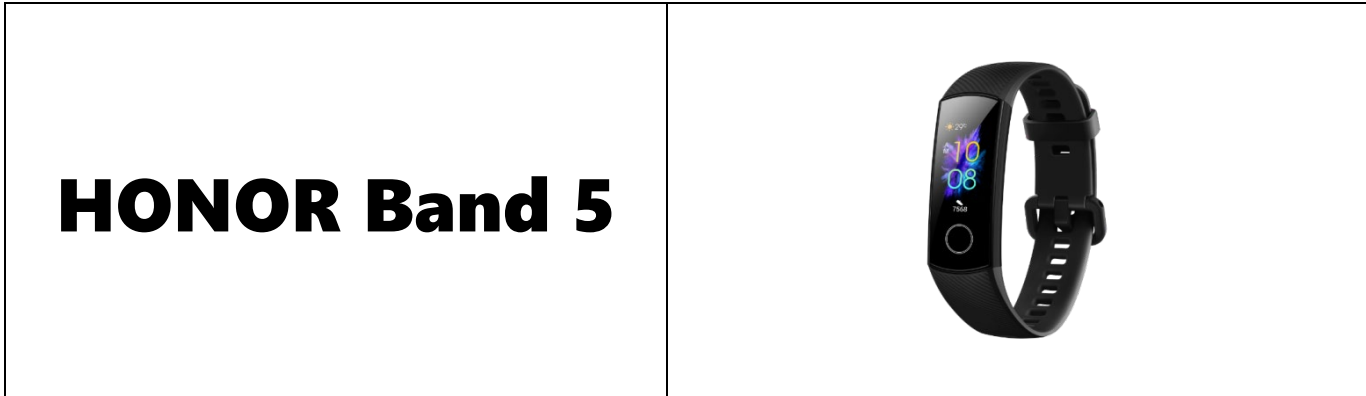


*Description:*
Main features of the Band 5:

The Band 5's AMOLED touch display shows colourful icons, for quick and easy communication.

- Continuous heart rate monitoring:
Thanks to the AI algorithm for high-precision readings, and thanks to infrared technology, HUAWEI's TruSeen 3.0 offers continuous heart rate monitoring, helping the user to stay longer in their fitness zone.

- SpO$_2$ monitoring for all:
Band 5's SpO$_2$ monitoring detects oxygen saturation levels in the bloodstream, so you can assess how your body is adapting to training or at high altitude.

- Personal trainer on the wrist:
Features an advanced running program for high-level fitness activity tracking and personalized recommendations, tracks and comprehensively displays data such as: heart rate, workout time, distance, pace rate, speed, calories and aerobic / anaerobic results , for a more in-depth training plan.
Supported workouts are: outdoor running, indoor running, outdoor walking, cycling, stationary bike, swimming, bodyweight training, treadmill walking, rowing machine, elliptical.

- Swimming training:
Band 5 is water resistant up to 50m deep, so it can be worn in the shower or used to track pool workouts. A six-axis sensor recognizes the four main swimming styles (freestyle, backstroke, breaststroke and butterfly), recording their speed, distance, calories and SWOLF score.

- Sleep quality:
HUAWEI's TruSleep technology allows the Band 5 to analyze sleep quality in real time, identifying daily sleep habits and providing over 200 personalized rating suggestions for a better night's sleep.

- Smart device:
With the phone search function you can instantly locate your smartphone.
You can also preview messages and reminders, take pictures, or check music.

- Battery life:
An energy-efficient, high-performance battery, backed by system-level optimization, means the AMOLED color display stays in standby for up to 14 days on a single charge.
The days of use become up to six, with active heart rate monitoring and sleep monitoring functions. Battery life varies with use and other factors.

Dimensions and specifications:
- Display type: 0.95 inch AMOLED touch, with 2.5D curved screen
- Display Resolution: up to 282 PPI
- Battery life: up to 14 days in standby mode
- Sensors: 24/7 Heart Rate Monitoring, Sleep Monitoring, SpO$_2$ Monitoring

| *Statistics:* -% of sales in the smartband market (Source: Canalys Wearable Band Analysis) | | *Brand:* Honor |
| --- | --- | --- |

# Garmin vívosmart 4

*Description:*
Main Features of vívosmart 4:

- Pulse Ox on the wrist:
The Pulse Ox sensor on the wrist allows you to obtain an estimate of the oxygen saturation in the blood (amount of oxygen absorbed by the body); even during the night, necessary for recording REM sleep phases, or to read one's oxygenation levels.

- Advanced sleep tracking:
To know the quality of your sleep, vívosmart 4 detects the light, deep and REM sleep phase, along with movements during the night. For more details, you can review and compare your stats in the Garmin Connect™ Mobile app.

- Optimization of the energy of your body:
The Body Battery function estimates the "energy" present in your body at any time of the day.
Body Battery energy monitoring uses a combination of stress, heart rate variability (HRV), activity and sleep data to measure the body's energy reserves at any given time; therefore it is possible to plan your day to optimize the times for activity and rest. A higher number indicates that you are ready to start an activity, while a lower number indicates that you need to relax and rest for a few minutes before practicing a workout.

- Daily stress detection:
The device monitors heart rate on the wrist and daily stress; when the latter is too high, it recommends breathing exercises to the user (with the Fourfold breathing technique) for physical and mental relaxation. vívosmart 4 also lets you know the progress of your day, so whether it was calm, balanced or stressful, and all the variations to which it is subject.
By detecting HRV (the time between heartbeats), vívosmart 4 calculates and displays your stress level.

- Active life tracking:

vívosmart 4 encourages you every day with a personalized step goal based on your daily movement. In addition to the steps, it counts the floors of stairs climbed, the calories burned since midnight, the minutes of physical intensity and much more.
Through the alert represented by the movement bar, you receive vibrated alerts, which remind you when it is time to get up to stretch your legs.

- Training Tracking:
Using the preloaded activity timers, you can keep track of exercise times.
When choosing your functional strength training activity, the device estimates your exercises, repetitions and sets along with the activity and rest time, without the need to write them down.
The Move IQ® feature on vívosmart 4 automatically detects exercises such as walking, running, swimming, biking and elliptical, allowing you to start the activity timer right away.
Connects to the GPS of your compatible smartphone for precise tracking during outdoor sports activities.
When finished, your activities will be transferred to the Garmin Connect app, where you can review data such as: time, pace and distance.

- Daily fitness level monitoring:
Using Elevate™ heart rate data collected from the wrist, vívosmart 4 can, with an estimate of VO$_2$max, provide the user with an overview of their current fitness level; in general, as aerobic activity improves, VO$_2$max increases.
Based on VO$_2$max, vívosmart 4 can also provide an estimate of your fitness age.

- Display:
The OLED touch display turns on only when needed, and adjusts to ambient light levels via a twilight sensor, so it is also visible against the sun.

- Main functions and Battery:
Shows the weather, social notifications, calls and SMS (Smart Notification), and allows you to respond with preset texts.
The battery lasts up to 7 days in watch mode (sleep detection via Pulse Ox excluded), and is also usable in the shower, thanks to its IPX7 waterproof rating.

Dimensions and specifications:
- Case dimensions (LxWxH): 15 x 10.5 x 197 mm
- Touchscreen: yes
- Screen resolution: 48 x 128 pixels
- Screen type: OLED
- Weight: 16.5 g
- Battery life: up to 7 days (Pulse Ox sleep tracking excluded)
- Water resistance classification: yes (swimming)
- Sensors: Garmin Elevate™ wrist heart rate monitor, Barometric altimeter, Accelerometer, Ambient light sensor, Pulse oximeter acclimatization.
- Connectivity: Bluetooth Smart and ANT+
- Compatible Smartphone Operating Systems: iOS, Android
- Health Tracking Function: Wrist Heart Rate (constant, every second), Daily Resting Heart Rate, Pulse Ox Blood Oxygen Saturation, Fitness Age, Body Battery ™ Energy Tracking, Daily Stress Tracking, Relaxation reminder.
- Activity Tracking Features: Pedometer, Movement bar, Activity level, Calories burned, Floors climbed, Distance travelled, Intensity minutes, TrueUp™, Move IQ™.

| | Statistics:<br>-% of sales in the smartband market (Source: Canalys Wearable Band Analysis) | | Brand:<br>Garmin |
| --- | --- | --- | --- |

# Comparison chart between smart bands

| | XIAOMI MI SMART BAND 5 | HUAWEI BAND 4 PRO | HONOR BAND 5 | FITBIT CHARGE 4 | GARMIN VIVOSMART 4 |
| --- | --- | --- | --- | --- | --- |
| Battery Life | 14 days | 12 days | 14 days | 7 days | 7 days |
| Weight | 21 g | 25 g | 22.7 g | 35 g | 16.5 g |
| GPS | GPS Smartphone | Integrated GPS | GPS Smartphone | Integrated GPS | GPS Smartphone |
| Display | AMOLED | AMOLED | AMOLED | OLED | OLED |
| Price | ~ € 33 | ~ € 50 | ~ € 31 | ~ € 100 | ~ € 95 |

ACTIVAGE

SUPPORTING AGEING ADULTS TO STAY ACTIVE

Project 2020-1-IT02-KA204-080018

# SURVEY

## IO1

**FINAL - 22/06/2021**

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

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

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

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

The questionnaire is composed of 2 parts:

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

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

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

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

For any clarification please contact activage@uninettunouniversity.net

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

**Part 1**

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

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

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

## SECTION 1: SOCIO-DEMOGRAPHIC BACKGROUND INFORMATION

1.  Please indicate your Country of residence:

    [1]  France

    [2]  Italy

    [3]  Slovenia

    [4]  Other

2.  Please indicate your age:

    [1] 65-68

    [2] 69-72

    [3] 73 -76

    [4] 77 -80

    [5] over 80

3.  Please indicate your gender:

    [1]Man

    [2]Woman

4. Please indicate your relation status:

[1]Single

[2]Married/in cohabitation

[3]Divorced

[4]Widowed

[5]Other

5. Please indicate your education attainment level:

[1]Primary education or less

[2]Secondary Education

[3]Bachelor or 2-year higher edu. program

[4]Master, 4-year univ prog., or PhD

6. Please indicate if you are retired:

[1]  Yes

[2] No

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

[1] Employee-full time

[2]Employee part time

[3]Self-employed

[4]Other not in the labour force (inactive, etc.)

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

[1] 1-2

[2] 3-4

[3] more than 4

## SECTION 2: CURRENT PHYSICAL CONDITIONS

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

   [1]Disagree

   [2]Neither agree nor disagree

   [3]Agree

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

    [1]Disagree

    [2]Neither agree nor disagree

    [3]Agree

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

    [1]Disagree

    [2]Neither agree nor disagree

    [3]Agree

12. How worried are you about your health condition?

    [1]Not worried at all

    [2]Neither worried nor not worried

    [3]Worried

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

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

    [1] Disagree

    [2]Neither agree nor disagree

    [3]Agree

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

    [1] Disagree

    [2]Neither agree nor disagree

    [3]Agree

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

    [1]  Disagree

    [2]Neither agree nor disagree

    [3]Agree

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

    [1] Disagree

    [2]Neither agree nor disagree

    [3]Agree

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

    [1] Disagree

    [2]Neither agree nor disagree

    [3]Agree

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

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

    [1]Disagree

    [2]Neither agree nor disagree

    [3]Agree

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

    [1]Disagree

    [2]Neither agree nor disagree

    [3]Agree

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

[1] Disagree

[2]Neither agree nor disagree

[3]Agree

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

[1]Disagree

[2]Neither agree nor disagree

[3]Agree

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

[1]Disagree

[2]Neither agree nor disagree

[3]Agree

# SECTION 5: ACCESS TO INFORMATION AND COMMUNICATION TECHNOLOGIES

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

[1]Yes

[2]No

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

[1]Yes

[2]No

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

[1]Yes

[2]No

**Thank you for your time!**

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

Otherwise, you can stop here.

**Thank you for your time!**

**Part 2**

26. Your age: _____

27. Your weight: _____

28. Your Height: _____

29. Do you smoke?

    [ ] YES

    [ ] NO

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

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

    [ ] YES           For how many years did you smoke? _____

                             When did you quit?              _____

    [ ] NO

32. Your diet is:

    [ ] Omnivorous

    [ ] Vegan                    For how many years? _____

    [ ] Vegetarian            For how many years? _____

    [ ] Other (please specify) _____       For how many years? _____

33. Do you have any chronical illness?

    [ ] YES           Please specify

    _____

    [ ] NO

34. Do you currently exercise?

    [ ] YES           Please specify

                           _____

                           How many hours per week?

                           _____

    [ ] NO

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

    [ ] YES        How many hours per week? _____

                     For how many years? _____

    [ ] NO

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

    [ ] YES        Please specify _____

                     How many hours per week? _____

    [ ] NO

37. Do you practice meditation, mindfulness, yoga?

    [ ] YES

    [ ] NO

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

    [ ] Very good

    [ ] Rather good

    [ ] Rather bad

    [ ] Very bad

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

40. Did you attend any vocational training?

    [ ] YES        Please specify _____

                     For how many years? _____

    [ ] NO

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

| Profession | Duration in years |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |

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

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

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

**WEEKLY FREQUENCY**

42. Reading newspapers and magazines

    [ ] 2 times a week or less

    [ ] 3 times a week or more      For how many years? _____

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

    [ ] 2 times a week or less

    [ ] 3 times a week or more      For how many years? _____

44. Driving (not riding a bike)

    [ ]  2 times a week or less

    [ ]  3 times a week or more       For how many years? _____

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

    [ ]  2 times a week or less

    [ ]  3 times a week or more       For how many years? _____

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

    [ ]  2 times a week or less

    [ ]  3 times a week or more       For how many years? _____


**MONTHLY FREQUENCY**

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

    [ ]  2 times a month or less

    [ ]  3 times a month or more      For how many years? _____

48. Cinema, theatre

    [ ]  2 times a month or less

    [ ]  3 times a month or more      For how many years? _____

49. Gardening, DIY, handwork, needlework, etc

    [ ]  2 times a month or less

    [ ]  3 times a month or more      For how many years? _____

50. Looking after grandchildren or elderly parents

    [ ]  2 times a month or less

    [ ]  3 times a month or more      For how many years? _____

51. Voluntary work

    [ ]  2 times a month or less

    [ ]  3 times a month or more      For how many years? _____

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

    [ ]  2 times a month or less

    [ ]  3 times a month or more      For how many years? _____

**ANNUAL FREQUENCY**

53. Exhibitions, concerts, conferences

    [ ]  2 times a year or less

    [ ]  3 times a year or more       For how many years? _____

54. Journeys lasting several days

    [ ]  2 times a year or less

    [ ]  3 times a year or more       For how many years? _____

55. Reading books

    [ ]  2 times a year or less

    [ ]  3 times a year or more       For how many years? _____

**CONTINUOUS**

56. Pet care

    [ ]  Never/rarely

    [ ]  Often/always          For how many years? _____

57. Managing your own finances

    [ ]  Never/rarely

    [ ]  Often/always          For how many years? _____

58. Do you have children?

    [ ]  NO

    [ ]  YES                How many? _____


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

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

    [ ]  Excellent

    [ ]  Very good

    [ ]  Good

    [ ]  Fair

    [ ]  Poor


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

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

    [ ]  YES, limited a lot

    [ ]  YES, limited a little

    [ ]  NO, not limited at all


61. Climbing **several** flights of stairs

    [ ]  YES, limited a lot

    [ ]  YES, limited a little

    [ ]  NO, not limited at all


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

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

    [ ]  YES

    [ ]  NO

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

    [ ]  YES

    [ ]  NO


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


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

    [ ]  YES

    [ ]  NO


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

    [ ]  YES

    [ ]  NO


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

    [ ]  Not at all

    [ ]  A little bit

    [ ]  Moderately

    [ ]  Quite a bit

    [ ]  Extremeley

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

67. Have you felt calm and peaceful?

    [ ] Always

    [ ] Most of the time

    [ ] Often

    [ ] Sometimes

    [ ] Almost never

    [ ] Never

68. Did you have a lot of energy?

    [ ] Always

    [ ] Most of the time

    [ ] Often

    [ ] Sometimes

    [ ] Almost never

    [ ] Never

69. Have you felt down-hearted and blue?

    [ ] Always

    [ ] Most of the time

    [ ] Often

    [ ] Sometimes

    [ ] Almost never

    [ ] Never

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

    [ ] Always

    [ ] Most of the time

    [ ] Often

    [ ] Sometimes

    [ ] Never

**YOUR ATTITUDE TOWARDS TECHNOLOGY**

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

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

    [ ]  Completely disagree

    [ ]  Disagree

    [ ]  Unsure

    [ ]  Agree

    [ ]  Certainly agree

72. Using technology makes life easier for me

    [ ]  Completely disagree

    [ ]  Disagree

    [ ]  Unsure

    [ ]  Agree

    [ ]  Certainly agree

73. I like to acquire the latest models or updates

    [ ]  Completely disagree

    [ ]  Disagree

    [ ]  Unsure

    [ ]  Agree

    [ ]  Certainly agree

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

    [ ]  Completely disagree

    [ ]  Disagree

    [ ]  Unsure

    [ ]  Agree

    [ ]  Certainly agree

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

    [ ]   Completely disagree

    [ ]   Disagree

    [ ]   Unsure

    [ ]   Agree

    [ ]   Certainly agree


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

    [ ]   Completely disagree

    [ ]   Disagree

    [ ]   Unsure

    [ ]   Agree

    [ ]   Certainly agree


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

    [ ]   Completely disagree

    [ ]   Disagree

    [ ]   Unsure

    [ ]   Agree

    [ ]   Certainly agree


78. Too much technology makes society vulnerable

    [ ]   Completely disagree

    [ ]   Disagree

    [ ]   Unsure

    [ ]   Agree

    [ ]   Certainly agree

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**Thank you for your time!**

# ANNEX 2 – QUESTIONNAIRE IN FRENCH

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



# Enquête

# IO1

**VERSION FINALE 22.06.2021**

**ActivAge - Soutien au vieillissement actif** est un projet financé par le programme Erasmus + de la Commission européenne et réalisé par l'Université télématique internationale UNINETTUNO (Italie), Znanstveno-Rasiskovalno Sredisce Koper (Slovénie), FIN Plus Trieste (Italie), Lunga Vita Attiva (Italie), Université Catholique de Lille (France) et Université de Maribor (Slovénie).

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

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

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

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

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

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

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

Pour toute clarification, veuillez contacter activage@uninettunouniversity.net

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

**Instructions:**

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

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

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

## SECTION 1: INFORMATIONS GÉNÉRALES SOCIO-DÉMOGRAPHIQUES

1. Veuillez indiquer votre Pays de résidence:
   [1]  France
   [2]  Italie
   [3]  Slovénie
   [4]  autres

2. Veuillez indiquer votre âge:
   [1]  65-68
   [2]  69-72
   [3]  73 -76
   [4]  77 -80
   [5]  plus de 80

3. Veuillez indiquer votre sexe:
   [1]  Homme
   [2]  Femme

4. Veuillez indiquer l'état de votre relation:
   [1] Célibataire
   [2] Marié(e) / en cohabitation
   [3] Divorcé(e)
   [4] Veuf/Veuve
   [5] autres

5.  Veuillez indiquer votre niveau de scolarité:

    [1] Enseignement primaire ou moins

    [2] Enseignement secondaire

    [3] Licence ou enseignement supérieur de 2 ans.

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

6.  Veuillez indiquer si vous êtes retraité:

    [1] Oui

    [2] Non

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

    [1] Employé(e) à temps plein

    [2] Employé(e) à temps partiel

    [3] Indépendant(e)

    [4] Autres (inactifs, etc.)

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

    [1] 1-2

    [2] 3-4

    [3] plus de 4

**SECTION 2: CONDITIONS PHYSIQUES ACTUELLES**

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

    [1] Pas d'accord

    [2] Ni d'accord ni en désaccord

    [3] D'accord

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

   [1] Pas d'accord

   [2] Ni d'accord ni en désaccord

   [3] D'accord

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

   [1] Pas d'accord

   [2] Ni d'accord ni en désaccord

   [3] D'accord

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

   [1] Pas du tout inquiet

   [2] Ni inquiet ni pas inquiet

   [3] Inquiet

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

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

   [1] Pas d'accord

   [2] Ni d'accord ni en désaccord

   [3] D'accord

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

   [1] Pas d'accord

   [2] Ni d'accord ni en désaccord

   [3] D'accord

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

   [1] Pas d'accord

   [2] Ni d'accord ni en désaccord

   [3] D'accord

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

    [1] Pas d'accord

    [2] Ni d'accord ni en désaccord

    [3] D'accord

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

    [1] Pas d'accord

    [2] Ni d'accord ni en désaccord

    [3] D'accord

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

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

    [1] Pas d'accord

    [2] Ni d'accord ni en désaccord

    [3] D'accord

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

    [1] Pas d'accord

    [2] Ni d'accord ni en désaccord

    [3] D'accord

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

    [1] Pas d'accord

    [2] Ni d'accord ni en désaccord

    [3] D'accord

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

    [1] Pas d'accord

    [2] Ni d'accord ni en désaccord

    [3] D'accord

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

    [1] Pas d'accord

    [2] Ni d'accord ni en désaccord

    [3] D'accord

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

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

    [1] Oui

    [2] Non

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

    [1] Oui

    [2] Non

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

    [1] Oui

    [2] Non

---

**Merci pour votre temps!**

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

Sinon, vous pouvez vous arrêter ici.

**Parte 2**

26. Votre âge: _____

27. Votre poids: _____

28. Votre taille: _____

29. Fumez-vous?

[ ] Oui

[ ] Non

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

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

[ ] Oui                Combien d'années avez-vous fumé ? _____

                  Depuis combien d'années avez-vous arrêté? _____

[ ] Non

32. Votre régime alimentaire est:

[ ] Omnivore

[ ] Végétalien         Depuis combien d'années? _____

[ ] Végétarien        Depuis combien d'années? _____

[ ] Autre (spécifier) _____    Depuis combien d'années? _____

33. Souffrez-vous de maladies chroniques?

[ ] Oui               Veuillez préciser _____

[ ] Non

34. Pratiquez-vous actuellement une activité physique?

[ ] Oui       Veuillez préciser laquelle _____

              Combien d'heures par semaine?_____

[ ] Non

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

[ ] Oui     Combien d'heures par semaine? _____

             Pour combien d'années? _____

[ ] Non

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

[ ] Oui           Veuillez préciser lesquelles _____

                  Combien d'heures par semaine?_____

[ ] Non

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

[ ] Oui

[ ] Non

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

[ ] Très bonne

[ ] Assez bonne

[ ] Plutôt mauvaise

[ ] Très mauvaise

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

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

[ ] Oui           Veuillez préciser quel type _____

                  Pour combien d'années?? _____

[ ] Non

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

| Profession | Durée en années |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |

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

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

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

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

**ACTIVITÉS À FRÉQUENCE HEBDOMADAIRE**

42. Lecture de journaux et de revues

[ ]  2 fois par semaine ou moins

[ ]  3 fois par semaine ou plus.    Pour combien d'années? _____

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

[ ]  2 fois par semaine ou moins

[ ]  3 fois par semaine ou plus.    Pour combien d'années? _____

44. Conduite (exclure la bicyclette)

[ ]  2 fois par semaine ou moins

[ ]  3 fois par semaine ou plus.    Pour combien d'années? _____

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

[ ]  2 fois par semaine ou moins

[ ]  3 fois par semaine ou plus.    Pour combien d'années? _____

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

[ ]  2 fois par semaine ou moins

[ ]  3 fois par semaine ou plus.    Pour combien d'années? _____

## ACTIVITÉS À FRÉQUENCE MENSUELLE

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

[ ]  2 fois par mois ou moins

[ ]  3 fois par mois ou plus.        Pour combien d'années? _____

48. Cinéma, théâtre

[ ]  2 fois par mois ou moins

[ ]  3 fois par mois ou plus.        Pour combien d'années? _____

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

[ ]  2 fois par mois ou moins

[ ]  3 fois par mois ou plus.        Pour combien d'années? _____

50. S'occuper des petits enfants ou deparents âgés

[ ]  2 fois par mois ou moins

[ ]  3 fois par mois ou plus.        Pour combien d'années? _____

51. Activités de bénévolat

[ ]  2 fois par mois ou moins

[ ]  3 fois par mois ou plus.        Pour combien d'années? _____

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

[ ] 2 fois par mois ou moins

[ ] 3 fois par mois ou plus.     Pour combien d'années? _____

## ACTIVITÉS À FRÉQUENCE ANNUELLE

53. Expositions, concerts, conferences

[ ] 2 fois par année ou moins

[ ] 3 fois par année ou plus.     Pour combien d'années? _____

54. Voyages de plusieurs jours

[ ] 2 fois par année ou moins

[ ] 3 fois par année ou plus.     Pour combien d'années? _____

55. Lecture de livres

[ ] 2 fois par année ou moins

[ ] 3 fois par année ou plus.     Pour combien d'années? _____

## ACTIVITÉS À FRÉQUENCE FIXE

56. Soin des animaux domestiques

[ ] Jamais/Rarement

[ ] Souvent/Toujours.     Pour combien d'années? _____

57. Gestion du compte courant bancaire

[ ] Jamais/Rarement

[ ] Souvent/Toujours     Pour combien d'années? _____

58. Avez vous des enfants?

[ ] Non

[ ] Oui     Combien? _____

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

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

[ ] Excellente

[ ] Très bonne

[ ] Bonne

[ ] Médiocre

[ ] Mauvaise


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


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

[ ]   Oui, beaucoup limité

[ ]   Oui, un peu limité

[ ]   Non, pas du tout limité


61. Monter plusieurs étages par l'escalier

[ ]   Oui, beaucoup limité

[ ]   Oui, un peu limité

[ ]   Non, pas du tout limité


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

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

[ ]   Oui

[ ]   Non


63. avez-vous été limité pour faire certaines choses

[ ]   Oui

[ ]   Non

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

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

[ ]  Oui

[ ]  Non


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

[ ]  Oui

[ ]  Non


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

[ ] Pas du tout

[ ] Un petit peu

[ ] Moyennement

[ ] Beaucoup

[ ] Enormément


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


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

[ ]  Toujours

[ ]  La plupart du temps

[ ]  Souvent

[ ]  Parfois

[ ]  Presque jamais

[ ]  Jamais

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

[ ] Toujours

[ ] La plupart du temps

[ ] Souvent

[ ] Parfois

[ ] Presque jamais

[ ] Jamais

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

[ ] Toujours

[ ] La plupart du temps

[ ] Souvent

[ ] Parfois

[ ] Presque jamais

[ ] Jamais

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

[ ] Toujours

[ ] La plupart du temps

[ ] Souvent

[ ] Parfois

[ ] Jamais

## ATTITUDES ET CONVICTIONS SUR LES TECHNOLOGIES

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

71. Je pense que les nouveaux gadgets technologiques sont amusants

[ ] Pas du tout d'accord

[ ] Pas d'accord

[ ] Pas sur

[ ] D'accord

[ ] Tout à fait d'accord

72. L'utilisation des technologies me facilite la vie

[ ]   Pas du tout d'accord

[ ]   Pas d'accord

[ ]   Pas sur

[ ]   D'accord

[ ]   Tout à fait d'accord

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

[ ]   Pas du tout d'accord

[ ]   Pas d'accord

[ ]   Pas sur

[ ]   D'accord

[ ]   Tout à fait d'accord

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

[ ]   Pas du tout d'accord

[ ]   Pas d'accord

[ ]   Pas sur

[ ]   D'accord

[ ]   Tout à fait d'accord

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

[ ]   Pas du tout d'accord

[ ]   Pas d'accord

[ ]   Pas sur

[ ]   D'accord

[ ]   Tout à fait d'accord

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

[ ]   Pas du tout d'accord

[ ]   Pas d'accord

[ ]   Pas sur

[ ]   D'accord

[ ]   Tout à fait d'accord

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

[ ]   Pas du tout d'accord

[ ]   Pas d'accord

[ ]   Pas sur

[ ]   D'accord

[ ]   Tout à fait d'accord


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

[ ]   Pas du tout d'accord

[ ]   Pas d'accord

[ ]   Pas sur

[ ]   D'accord

[ ]   Tout à fait d'accord

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**Merci pour votre temps!**

# Aɴɴᴇx 3 – Qᴜᴇsᴛɪᴏɴɴᴀɪʀᴇ ɪɴ Iᴛᴀʟɪᴀɴ

AᴄᴛɪᴠAɢᴇ

Sᴜᴘᴘᴏʀᴛɪɴɢ Aɢᴇɪɴɢ Aᴅᴜʟᴛs ᴛᴏ Sᴛᴀʏ Aᴄᴛɪᴠᴇ

Project 2020-1-IT02-KA204-080018

# SONDAGGIO

# IO1

**FINALE 22/06/2021**

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

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

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

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

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

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

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

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

Per qualsiasi chiarimento contattare activage@uninettunouniversity.net

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

**Parte 1**

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

Per favore, risponda a tutte le domande del questionario. Se non è sicuro della risposta, faccia la scelta che Le sembra migliore.
Per rispondere a questo questionario occorreranno circa 10 minuti.

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

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

[1]  Francia

[2]  Italia

[3]  Slovenia

[4]  Altro

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

[1] 65-68

[2] 69-72

[3] 73 -76

[4] 77 -80

[5] più di 80

3. Per favore, indichi il Suo genere:

[1] Uomo

[2] Donna

4. Per favore, indichi il Suo stato civile:

[1] Single

[2] Sposato/convivente

[3] Divorziato/a

[4] Vedovo/a

[5] Altro

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

[1]   Licenza media inferiore o meno

[2]   Licenza media superiore

[3]   Laurea

[4]   Specializzazione, Master o Dottorato di Ricerca

6. Per favore indichi se è in pensione:

[1]  Si

[2]  No

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

[1]   Impiegato a tempo pieno

[2]   Impiegato a tempo parziale

[3]   Lavoratore autonomo

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

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

[1] 1-2

[2] 3-4

[3]  più di 4

**SEZIONE 2: CONDIZIONI FISICHE ATTUALI**

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

[1]   In disaccordo

[2]   Né in accordo né in disaccordo

[3]   D'accordo

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

    [1] In disaccordo

    [2] Né in accordo né in disaccordo

    [3] D'accordo

11. Oggi, potrebbe salire qualche piano di scale?

    [1] In disaccordo

    [2] Né in accordo né in disaccordo

    [3] D'accordo

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

    [1] Per niente preoccupato

    [2] Né preoccupato né non preoccupato

    [3] Preoccupato

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

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

    [1] In disaccordo

    [2] Né d'accordo né in disaccordo

    [3] D'accordo

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

    [1] In disaccordo

    [2] Né d'accordo né in disaccordo

    [3] D'accordo

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

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo


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

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo


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

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo


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

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

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo


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

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo

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

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo


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

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo


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

[1] In disaccordo

[2] Né d'accordo né in disaccordo

[3] D'accordo


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


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

[1] Sì

[2] No


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

[1] Sì

[2] No


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

[1] Sì

[2] No

**Grazie per il Suo tempo!**

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


Altrimenti, può fermarsi qui.

**Parte 2**

26. La Sua età: _____

27. Il Suo peso: _____

28. La Sua altezza: _____

29. Fuma?

[  ] Sì

[  ] No

30.  Se SI', da quanti anni fuma? _____

31.  Se NO, è un ex fumatore?

[  ] Sì                             Per quanti anni ha fumato _____

                                   Da quanti anni ha smesso?_____

[  ] No

32.  La Sua alimentazione è:

[  ] Onnivora

[  ] Vegana.              Da quanti anni? _____

[  ] Vegetariana.        Da quanti anni? _____

[  ] Altro (specificare) _____ .        Da quanti anni? _____

33.  E' affetto da patologie croniche?

[  ] Sì                Per favore specifichi _____

[  ] No

34.  Attualmente fa attività fisica?

[  ] Sì                Per favore specifichi quale_____

                      Per quante ore a settimana?_____

[  ] No

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

[ ] Sì          Quante ore a settimana? _____

                   Per quanti anni? _____

[ ] No


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

[ ] Sì          Per favore specifichi quale: _____

                   Quante ore a settimana? _____

[ ] No


37. Fa meditazione, mindfulness, yoga?

[ ] Sì

[ ] No


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

[ ] Molto buona

[ ] Abbastanza buona

[ ] Abbastanza cattiva

[ ] Molto cattiva


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

_____


40. Ha frequentato corsi di formazione?

[ ] Sì.      Per favore specifichi di che tipo _____

            Per quanti anni? _____

[ ] No

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

| Professione | Durata in anni |
|---|---|
| | |
| | |
| | |
| | |

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

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

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

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

**FREQUENZA SETTIMANALE**

42. Lettura di giornali e settimanali

    [ ]   2 volte a settimana o meno

    [ ]   3 volte a settimana o più.     Per quanti anni? _____

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

    [ ]   2 volte a settimana o meno

    [ ]   3 volte a settimana o più.     Per quanti anni? _____

44. Guida (escluse biciclette)

    [ ]   2 volte a settimana o meno

    [ ]   3 volte a settimana o più.     Per quanti anni? _____

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

[ ] 2 volte a settimana o meno

[ ] 3 volte a settimana o più.     Per quanti anni? _____

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

[ ] 2 volte a settimana o meno

[ ] 3 volte a settimana o più.    Per quanti anni? _____

**FREQUENZA MENSILE**

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

[ ] 2 volte al mese o meno

[ ] 3 volte al mese o più.                Per quanti anni? _____

48.  Cinema, teatro

[ ] 2 volte al mese o meno

[ ] 3 volte al mese o più.                Per quanti anni? _____

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

[ ] 2 volte al mese o meno

[ ] 3 volte al mese o più.                Per quanti anni? _____

50.  Provvedere ai nipoti o ai genitori anziani

[ ] 2 volte al mese o meno

[ ] 3 volte al mese o più.                Per quanti anni? _____

51. Attività di volontariato

 [ ] 2 volte al mese o meno

 [ ] 3 volte al mese o più.                Per quanti anni? _____

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

[ ] 2 volte al mese o meno

[ ] 3 volte al mese o più.                Per quanti anni? _____

**FREQUENZA ANNUALE**

53. Mostre, concerti, conferenze

    [ ]   2 volte all'anno o meno

    [ ]  3 volte all'anno o più.           Per quanti anni? _____

54. Viaggi di più giorni

    [ ]  2 volte all'anno o meno

    [ ]  3 volte all'anno o più.           Per quanti anni? _____

55. Lettura di libri

    [ ]  2 volte all'anno o meno

    [ ]  3 volte all'anno o più.           Per quanti anni? _____

**ATTIVITA' CON FREQUENZA FISSA**

56. Cura di animali domestici

    [ ]  Mai/Raramente

    [ ]  Spesso/Sempre.        Per quanti anni? _____

57. Gestione del conto corrente in banca

    [ ]  Mai/Raramente

    [ ]  Spesso/Sempre.        Per quanti anni? _____

58. Ha figli?

    [ ]  No

    [ ]  Sì.               Quanti? _____

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

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

[ ] Eccellente

[ ] Molto buona

[ ] Buona

[ ] Passabile

[ ] Scadente

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

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

[ ] Sì, mi limita parecchio

[ ] Sì, mi limita parzialmente

[ ] No, non mi limita per nulla

61. Salire **qualche** piano di scale

[ ] Sì, mi limita parecchio

[ ] Sì, mi limita parzialmente

[ ] No, non mi limita per nulla

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

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

[ ] Sì

[ ] No

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

[ ] Sì

[ ] No

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

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

    [ ]  Sì

    [ ]  No

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

    [ ]  Sì

    [ ]  No

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

    [ ] Per nulla

    [ ] Molto poco

    [ ] Un po'

    [ ] Molto

    [ ] Moltissimo

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

67. Calmo e sereno?

    [ ]  Sempre

    [ ]  Quasi sempre

    [ ]  Spesso

    [ ]  Una parte del tempo

    [ ]  Quasi mai

    [ ]  Mai

68. Pieno di energia

    [ ]  Sempre

    [ ]  Quasi sempre

    [ ]  Spesso

    [ ]  Una parte del tempo

    [ ]  Quasi mai

    [ ]  Mai


69. Scoraggiato e triste

    [ ]  Sempre

    [ ]  Quasi sempre

    [ ]  Spesso

    [ ]  Una parte del tempo

    [ ]  Quasi mai

    [ ]  Mai


70. Nelle ultime 4 settimane, per quanto tempo la Sua **salute fisica o il Suo stato emotivo** hanno interferito nelle sue attività sociali, in famiglia, con gli amici?

    [ ]  Sempre

      [ ]      Quasi sempre

      [ ]      Una parte del tempo

      [ ]      Quasi mai

      [ ]      Mai

**ATTEGGIAMENTI E CONVINZIONI SULLE TECNOLOGIE**
Le seguenti domande hanno lo scopo di sondare le Sue opinioni a proposito della tecnologia, e se Lei è entusiasta o meno delle nuove tecnologie, di internet e della progressiva digitalizzazione. Per favore, indichi quanto è d'accordo o in disaccordo con ognuna delle seguenti affermazioni.

71. Penso che i nuovi gadget tecnologici siano divertenti

   [ ]   In completo disaccordo

   [ ]   In disaccordo

   [ ]   Incerto

   [ ]   D'accordo

   [ ]   Certamente d'accordo


72. L'utilizzo delle tecnologie rende la mia vita più semplice

   [ ]   In completo disaccordo

   [ ]   In disaccordo

   [ ]   Incerto

   [ ]   D'accordo

   [ ]   Certamente d'accordo


73. Mi piace avere sempre gli ultimi modelli usciti sul mercato

   [ ]   In completo disaccordo

   [ ]   In disaccordo

   [ ]   Incerto

   [ ]   D'accordo

   [ ]   Certamente d'accordo


74. Qualche volta sono preoccupato di non essere in grado di utilizzare le nuove tecnologie

   [ ]   In completo disaccordo

   [ ]   In disaccordo

   [ ]   Incerto

   [ ]   D'accordo

   [ ]   Certamente d'accordo

75. Al giorno d'oggi, il progresso tecnologico è così veloce che è difficile stargli dietro

    [ ]   In completo disaccordo

    [ ]   In disaccordo

    [ ]   Incerto

    [ ]   D'accordo

    [ ]   Certamente d'accordo

76. Vorrei provare nuovi gadget tecnologici ancora di più di quanto faccio, se solo avessi più supporto e aiuto di quello che ho oggi

    [ ]   In completo disaccordo

    [ ]   In disaccordo

    [ ]   Incerto

    [ ]   D'accordo

    [ ]   Certamente d'accordo

77. Le persone che non hanno accesso a internet sono realmente svantaggiate perché si perdono tutto ciò che  la rete offre

    [ ]   In complete disaccordo

    [ ]   In disaccordo

    [ ]   Incerto

    [ ]   D'accordo

    [ ]   Certamente d'accordo

78. La presenza di così tanta tecnologia rende la società vulnerabile

    [ ]   In complete disaccordo

    [ ]   In disaccordo

    [ ]   Incerto

    [ ]   D'accordo

    [ ]   Certamente d'accordo

---

**Grazie per il Suo tempo!**

## ActivAge

### PODPORA STARAJOČEMU SE PREBIVALSTVU, DA OSTANE AKTIVNO

### Projekt 2020-1-IT02-KA204-080018

# VPRAŠALNIK

# IO1

**Različica 27. 5. 2021**

**ActivAge – Podpora starajočemu se prebivalstvu, da ostane aktivno,** je projekt, ki ga financira program Evropske komisije Erasmus+, izvajajo pa ga Univerza UNINETTUNO (Italija), Znanstveno-raziskovalno središče Koper (Slovenija), FIN Plus Trieste (Italija), Lunga Vita Attiva (Italija), Katoliška univerza v Lillu (Francija) in Univerza v Mariboru (Slovenija).

Ciljna skupina projekta ActivAge so osebe, stare **nad 65 let**, ki so še vedno **aktivne**. Projekt razvija proaktiven pristop za preprečevanje psihofizičnega nazadovanja in socialne izključitve ter zagotavljanje splošnega dobrega počutja starajočega se prebivalstva.

V sklopu projekta ActivAge bomo razvili **spletno orodje z naborom priporočil** za končne uporabnike, ki bodo tako prejeli svojim potrebam prilagojene nasvete za aktivno in zdravo staranje.  Poleg teg bo **Digitalni center znanja ActivAge** nudil informacije o razpoložljivih kapacitetah in storitvah, namenjenih srebrni generaciji, ter dostop do digitalnih virov za e-učenje.

**Vprašalnik** je namenjen zbiranju informacij o trenutnem in preteklem življenjskem slogu ter navadah oseb, starih nad 65 let, ki nam bodo pomagale razumeti, kateri dejavniki (fizični, kognitivni, socialni itd.) imajo največji vpliv na dobro počutje starajočega se prebivalstva.

Vprašalnik je sestavljen iz dveh delov:

**1. del**: glavni vprašalnik s splošnimi vprašanji; izpolnjevanja traja približno 10 minut.

**2. del (neobvezen)**: dodatna vprašanja, ki bodo pripomogla h globljemu razumevanja vašega stanja. Ko boste izpolnili 1. del vprašalnika, se lahko odločite, ali želite nadaljevati z 2. delom ali ne. Izpolnjevanje 2. dela traja med 12 in 15 minut.

Informacije, ki jih boste podali v vprašalniku, so **anonimne in strogo zaupne narave** ter bodo obdelane kot celota. Podatki, ki jih bomo od vas pridobili, ne bodo omogočali vaše identifikacije. Podatke bomo uporabili za namene raziskave, ki jo bomo izvedli v okviru projekta ActiveAge, in bodo lahko objavljeni v poročilih, znanstvenih revijah in drugih javnih kontekstih. Vsi podatki, ki jih bomo pridobili, bodo obdelani v skladu z Uredbo (EU) 2016/679 o varstvu posameznikov pri obdelavi osebnih podatkov.

Z izpolnjevanjem vprašalnika lahko kadar koli prenehate. Vaši odgovori se bodo zabeležili šele po oddaji zadnjega odgovora.

Za dodatna pojasnila, prosimo, pišite na e-naslov activage@uninettunouniversity.net

**Zahvaljujemo se vam** za vaš prispevek k tej raziskavi in za vašo podporo aktivnemu in zdravemu staranju.

**1. del**

**Navodila:** Vprašalnik preverja, kaj menite o svojem zdravstvenem stanju in na kakšen način ohranjate svojo aktivnost. V nekaterih delih vprašalnika vas prosimo za odgovor, ki se nanaša na vašo aktivnost **pred pandemijo COVIDa 19.**

Prosimo, odgovorite na vsa vprašanje, tako da označite svoj odgovor. Če niste prepričani, kateri odgovor bi izbrali, označite tistega, ki se vam zdi najustreznejši.

Izpolnjevanje vprašalnika traja približno 10 minut.

## 1. DEL: SOCIODEMOGRAFSKA VPRAŠANJA

1. Prosimo, označite, v kateri državi živite.

   [1] Francija

   [2] Italija

   [3] Slovenija

   [4] drugo

2. Prosimo, označite svojo starost.

   [1] 65 – 68

   [2] 69-72

   [3] 73 -76

   [4] 77 -80

   [5] nad 80

3. Prosimo, označite, katerega spola ste.

   [1] moški

   [2] ženski

4. Prosimo, označite svoj status.

   [1] samski/-a

   [2] poročen/-a oz. v zunajzakonski zvezi

   [3] ločen/-a

   [4] vdovec/vdova

   [5] drugo

5. Prosimo, označite svojo stopnjo izobrazbe.

   [1]  osnovna šola ali manj

   [2]  srednja šola

   [3]  višja šola oz. 1. stopnja univ. programa

   [4]  4-letni visokošolski oz. univerzitetni program, magisterij, doktorat

6. Ali ste upokojeni?

   [1]  da

   [2]  ne

7. Prosimo, označite obliko svoje zaposlitve (če ste že upokojeni, označite, kakšna je bila vaša zaposlitev pred upokojitvijo).

   [1]  zaposlitev za polni delovni čas

   [2]  zaposlitev za krajši delovni čas od polnega

   [3]  samozaposlitev

   [4]  nisem zaposlen/-a (sem upokojen/-a oz. neaktiven/-na trgu dela)

8. Koliko članov šteje vaše gospodinjstvo?

   [1] 1-2

   [2] 3-4

   [3]  več kot 4

## 2. DEL: TRENUTNA TELESNA KONDICIJA

9. Na splošno je moje zdravstveno stanje primerno za mojo starost.

   [1]Ne strinjam se.

   [2]Ne morem se opredeliti.

   [3]Strinjam se.

10. Sem zmerno telesno aktiven/-na (npr. uporabljam sesalnik za prah, vozim se s kolesom, vrtnarim, opravljam hišna opravila).

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

11. Lahko se vzpnem po stopnicam nekaj nadstropij.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

12. Kako zaskrbljeni ste glede svoje telesne kondicije?

[1]Sploh nisem zaskrbljen/-a.

[2]Ne morem se opredeliti.

[3]Sem zaskrbljen/-a.

## 3. DEL: TEDENSKE AKTIVNOSTI (pred pandemijo COVIDa 19)

13. Vsak teden redno berem knjige in časopise (vsaj dva dni v tednu).

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

14. Pri vsakodnevnih aktivnostih (npr. nakupovanje, čiščenje, kuhanje) sem samostojen/-na.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

15. V prostem času se vsaj tri dni v tednu ukvarjam s športom (npr. hoja, plavanje).

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

16. Najmanj dva dni v tednu uporabljam tehnologijo, kot je računalnik, internet.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

17. Najmanj dva dni v tednu se ukvarjam z aktivnostmi, kot so reševanje križank ali igre s kartami.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

## 4. DEL: MESEČNE AKTIVNOSTI (pred pandemijo COVIDa 19)

18. Najmanj štirikrat na mesec se udeležujem družabnih aktivnosti, npr. grem kam s prijatelji, se srečujem z njimi v raznih društvih.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

19. Najmanj dvakrat na mesec grem v kino ali gledališče.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

20. Najmanj štiri dni na mesec skrbim za družinske člane, npr. vnuke ali ostarele starše.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

21. Najmanj štiri dni na mesec se ukvarjam z aktivnostmi s področja umetnosti (npr. igram glasbilo, slikam, pišem).

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

22. Najmanj štiri dni na mesec sodelujem v prostovoljnih aktivnostih.

[1]Ne strinjam se.

[2]Ne morem se opredeliti.

[3]Strinjam se.

## 5. DEL: DOSTOP DO INFORMACIJSKE IN KOMUNIKACIJSKE TEHNOLOGIJE

23. Ali imate vi ali kdo drug v vašem gospodinjstvu dostop do naslednjih naprav: namizni računalnik, prenosni računalnik, tablica, netbook (preprostejša različica prenosnega računalnika)?

[1]Da

[2]Ne

24. Ali imate vi ali kdo drug v vašem gospodinjstvu doma dostop do interneta?

[1]Da

[2]Ne

25. Ali imate vi ali kdo drug v vašem gospodinjstvu doma pametni telefon?

[1] Da

[2] Ne

---

**Hvala za vaš čas!**

Če se strinjate s tem, da nam podate dodatne informacije, prosimo, da izpolnite še **2. del vprašalnika**. V nasprotnem primeru ste zaključili z izpolnjevanjem.

26.  Starost: _____

27.  Teža: _____

28.  Višina: _____

29.  Ali kadite?

[ ] Da.

[ ] Ne.

30.  Če ste označili Da, koliko let že kadite? _____

31.  Če ste označili Ne, ali ste kdaj kadili?

[ ] Da.                    Koliko let ste kadili?                    _____

Kdaj ste prenehali?                    _____

[ ] Ne.

32.  Kakšna je vaša prehrana?

[ ] jem vse

[ ] sem vegan/-ka                              Koliko let? _____

[ ] sem vegetarijanec/-ka                  Koliko let?  _____

[ ] drugo (prosimo, navedite) _____  Koliko let?  _____

33.  Ali imate kako kronično bolezen?

[ ] Da.          Prosim, navedite, katero: _____

[ ] Ne.

34.  Ali se ukvarjate s telesno aktivnostjo?

[ ] Da.          Prosim, navedite, katero:
_____

Koliko ur tedensko?          _____

[ ] Ne.

35. Ali ste se v preteklosti (po 18. letu starosti) redno ukvarjali s telesno aktivnostjo?

[ ] Da.          Koliko ur tedensko? _____

          Koliko let? _____

[ ] Ne.


36. Ali se ukvarjate z umskimi aktivnostmi? (križanke, branje, šah, literarni krožek, petje, igranje glasbila itn.)

[ ] Da.          Prosimo, navedite, katerimi:_____

          Koliko ur tedensko? _____

[ ] Ne.


37. Ali se ukvarjate z meditacijo, čuječnostjo, jogo?

[ ] Da.

[ ] Ne.


38. Kako bi ocenili kakovost svojega spanja v zadnjem mesecu?

[ ] zelo dobro

[ ] še kar dobro

[ ] bolj slabo

[ ] zelo slabo


39. Koliko let ste se izobraževali? (vključno z osnovno in srednjo šolo, univerzo, podiplomskim študijem, poklicnim izobraževanjem) _____


40. Ste se udeležili kakega poklicnega usposabljanja?

[ ] Da.          Prosimo, navedite, katerega:_____

          Koliko let? _____

[ ] Ne.

41. Katere poklice ste opravljali in koliko let? (prosimo, navedite vse poklice, tudi take, ki ste jih morda opravljali sočasno z drugimi)

| Poklic | Trajanje v letih |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |

Ali ste v svojem odraslem življenju (od 18. leta naprej) katere od spodaj navedenih aktivnosti opravljali redno, in če ste jih, koliko let?

Če se je pogostost spreminjala skozi leta, prosimo, navedite največjo pogostost (npr. če ste navadno vsak dan vozili avto, zadnjih 15 let pa vozite avto enkrat ali dvakrat tedensko, odgovorite "trikrat tedensko ali pogosteje".

Pri odgovoru na vprašanje, koliko let izvajate določeno aktivnost, prosimo, navedite najdaljše trajanje izvajanja aktivnosti, čeprav je v zadnjem času morda niste izvajali (če gre za dolge prekinitve, navedite, koliko let ste aktivnost redno izvajali).

**TEDENSKE AKTIVNOSTI**

42. Branje časopisov ali revij

    [ ] dvakrat tedensko ali redkeje

    [ ] trikrat tedensko ali pogosteje       Koliko let? _____

43. Opravljanje gospodinjskih del (kuhanje, pranje, nakupovanje, likanje itd.)

    [ ] dvakrat tedensko ali redkeje

    [ ] trikrat tedensko ali pogosteje       Koliko let? _____

44. Vožnja motornega vozila

    [ ] dvakrat tedensko ali redkeje

    [ ] trikrat tedensko ali pogosteje       Koliko let? _____

45. Prostočasne aktivnosti (šport, lov, ples, šah, zbirateljstvo itd.)

[ ] dvakrat tedensko ali redkeje

[ ] trikrat tedensko ali pogosteje          Koliko let?_____

46. Uporaba digitalnih naprav (digitalni fotoaparat, računalnik, internet itd.)

[ ] dvakrat tedensko ali redkeje

[ ] trikrat tedensko ali pogosteje          Koliko let? _____

## MESEČNE AKTIVNOSTI

47. Družabne aktivnosti (rekreacijski klubi, združenja itd.)

[ ] dvakrat mesečno ali redkeje

[ ] trikrat mesečno ali pogosteje          Koliko let? _____

48. Kino, gledališče

[ ] dvakrat mesečno ali redkeje

[ ] trikrat mesečno ali pogosteje          Koliko let? _____

49. Vrtnarjenje, »naredi sam«, ročna dela, šivanje itd.

[ ] dvakrat mesečno ali redkeje

[ ] trikrat mesečno ali pogosteje          Koliko let? _____

50. Skrb za vnuke ali ostarele starše

[ ] dvakrat mesečno ali redkeje

[ ] trikrat mesečno ali pogosteje          Koliko let? _____

51. Prostovoljno delo

    [ ]  dvakrat mesečno ali redkeje

    [ ]  trikrat mesečno ali pogosteje        Koliko let? _____


52. Umetnostne dejavnosti (glasba, petje, slikanje, pisanje itd.)

    [ ]  dvakrat mesečno ali redkeje

    [ ]  trikrat mesečno ali pogosteje        Koliko let?_____


**LETNE AKTIVNOSTI**


53. Razstave, koncerti, konference

    [ ]  dvakrat letno ali redkeje

    [ ]  trikrat letno ali pogosteje        Koliko let? _____


54. Večdnevna potovanja

    [ ]  dvakrat letno ali redkeje

    [ ]  trikrat letno ali pogosteje        Koliko let? _____


55. Branje knjig

    [ ]  dvakrat letno ali redkeje (2 knjigi letno ali manj)

    [ ]  trikrat letno ali pogosteje (tri knjige letno ali več)   Koliko let? _____


**STALNE AKTIVNOSTI**


56. Skrb za hišnega ljubljenčka

    [ ]  Nikoli/redko

    [ ]  Pogosto/vedno        Koliko let? _____


57. Upravljanje svojih financ

    [ ]  Nikoli/redko

    [ ]  Pogosto/vedno        Koliko let? _____

58. Skrb za otroke (lastne otroke, vnuke, nečake)

[ ] Ne.

[ ] Da.                        Koliko? _____


V nadaljevanju vas prosimo, da odgovorite na vprašanja o svojem zdravju. Z vprašanji bomo preverili, kako se počutite in kako dobro lahko opravljate svoje običajne aktivnosti. Za vsako vprašanje izberite samo en odgovor. Če ne veste, kako bi odgovorili, izberite odgovor, ki se vam zdi najustreznejši.

59. Kako bi na splošno opisali svoje zdravje?

[ ] odlično

[ ] zelo dobro

[ ] dobro

[ ] srednje dobro

[ ] slabo


Naslednja vprašanja se nanašajo na aktivnosti, ki jih običajno opravljate tekom dneva. Ali vas vaše zdravje omejuje pri teh aktivnostih? Če vas, v kolikšni meri?

60. **Zmerne aktivnosti**, kot so premikanje mize, potiskanje sesalnika, kegljanje, igranje golfa

[ ] DA, zelo me omejuje

[ ] DA, nekoliko me omejuje

[ ] NE, sploh me ne omejuje


61. Vzpenjanje po stopnicah **več** nadstropij

[ ] DA, zelo me omejuje

[ ] DA, nekoliko me omejuje

[ ] NE, sploh me ne omejuje


Ali ste V ZADNJIH **4 TEDNIH** imeli katero od spodaj navedenih težav pri svojem delu ali drugih običajnih aktivnostih **kot posledico svojega FIZIČNEGA ZDRAVJA**?

62. **Naredili ste manj,** kot bi si želeli.

[ ] Da.

[ ] Ne.


63. Bili ste omejeni pri **nekaterih vrstah** dela ali aktivnostih.

[ ] Da.

[ ] Ne.

Ali ste V ZADNJIH **4 TEDNIH** imeli katero od spodaj navedenih težav pri svojem delu ali drugih običajnih aktivnostih **kot posledico ČUSTVENIH PROBLEMOV** (npr. potrtosti ali tesnobnosti)?

64. **Naredili ste manj,** kot bi si želeli.

    [ ]  Da.

    [ ]  Ne.

65. Delo ali aktivnost ste opravili **manj pozorno kot navadno**.

    [ ]  Da.

    [ ]  Ne.

66. V kolikšni meri vas je v zadnjih 4 tednih bolečina ovirala pri običajnih aktivnostih (vključujoč delo zunaj doma in hišna opravila)?

    [ ]  Sploh ne.

    [ ]  Malo.

    [ ]  Zmerno.

    [ ]  Kar precej.

    [ ]  Zelo.

Naslednja vprašanja se nanašajo na vaše počutje **v pretekih 4 tednih**. Pri vsakem vprašanju označite odgovor, ki najbolj ustreza temu, kako ste se počutili.

67. Kako pogosto ste se počutili mirno in pomirjeno?

    [ ]  ves čas

    [ ]  večino časa

    [ ]  pogosto

    [ ]  občasno

    [ ]  skoraj nikoli

    [ ]  nikoli

68. Kako pogosto ste imeli veliko energije?

[ ] ves čas

[ ] večino časa

[ ] pogosto

[ ] občasno

[ ] skoraj nikoli

[ ] nikoli

69. Kako pogosto ste se počutili potrto?

[ ] ves čas

[ ] večino časa

[ ] pogosto

[ ] občasno

[ ] skoraj nikoli

[ ] nikoli

70. Kako pogosto so vas v zadnjih 4 tednih vaše **fizično zdravje ali čustveni problemi** ovirali pri družabnih aktivnostih s prijatelji ali sorodniki?

[ ] vedno

[ ] večino časa

[ ] pogosto

[ ] včasih

[ ] nikoli

**ODNOS DO DIGITALNE TEHNOLOGIJE**

Naslednja vprašanja se nanašajo na vaš odnos do digitalne tehnologije. Navedite, v kolikšni meri se strinjate s trditvami.

71. Nove digitalne naprave so zabavne.

[ ] sploh se ne strinjam

[ ] ne strinjam se

[ ] ne morem se opredeliti

[ ] strinjam se

[ ] povsem se strinjam

72. Uporaba digitalne tehnologije mi olajša življenje.

[ ]   sploh se ne strinjam

[ ]   ne strinjam se

[ ]   ne morem se opredeliti

[ ]   strinjam se

[ ]   povsem se strinjam

73. Rad/-a imam najnovejše modele in posodobitve.

[ ]   sploh se ne strinjam

[ ]   ne strinjam se

[ ]   ne morem se opredeliti

[ ]   strinjam se

[ ]   povsem se strinjam

74. Včasih me je strah, da ne bom znal/-a uporabljati novih digitalnih naprav.

[ ]   sploh se ne strinjam

[ ]   ne strinjam se

[ ]   ne morem se opredeliti

[ ]   strinjam se

[ ]   povsem se strinjam

75. Dandanes je tehnološki napredek tako hiter, da mu je težko slediti.

[ ]   sploh se ne strinjam

[ ]   ne strinjam se

[ ]   ne morem se opredeliti

[ ]   strinjam se

[ ]   povsem se strinjam

76. Če bi imel/-a več podpore in pomoči, bi si bolj upal/-a preskusiti nove digitalne naprave.

[ ]   sploh se ne strinjam

[ ]   ne strinjam se

[ ]   ne morem se opredeliti

[ ]   strinjam se

[ ]   povsem se strinjam

77. Ljudje, ki nimajo dostopa do interneta, so v slabšem položaju, ker veliko zamujajo.

   [ ]   sploh se ne strinjam

   [ ]   ne strinjam se

   [ ]   ne morem se opredeliti

   [ ]   strinjam se

   [ ]   povsem se strinjam

78. Zaradi preveč tehnologije postaja družba bolj ranljiva.

   [ ]   sploh se ne strinjam

   [ ]   ne strinjam se

   [ ]   ne morem se opredeliti

   [ ]   strinjam se

   [ ]   povsem se strinjam

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**Hvala za vaš čas**