QUESTIONNAIRE (English OLDER ADULT VERSION)

A. Socio-demographic variables

Questionnaire ID Number: _____

Date: _____**Time:** _____ **Location** AUBMC ☐

Full Name of person administering the questionnaire: _____

A1. Age of participant (in years): _____

A2. Gender: Male ☐ Female ☐

A3. Marital Status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

A4. Education: Illiterate ☐ Intermediate & below ☐ Secondary level ☐ University ☐

A5. Are you currently working? Yes ☐ No ☐

If YES then move to A6 and SKIP A7 and A8

If NO then move to A7

A6. How much do you earn per month? (Lebanese pounds) < 3 million ☐ 3-6 millions ☐ > 6 million ☐

A7. Do you get financial support?

Yes ☐ No ☐

If Yes, proceed to A8 and if No, proceed to A9

A8. How do you get financial support? Pension ☐ **Spouse** ☐ **Children** ☐ **Siblings** ☐

Friends ☐ **Others (free text):**_____

A9. Do you live in your own apartment, a family member or friend's apartment or is it a rental one? Living in own apartment ☐, Living in a family member or friend's apartment ☐ living in rental apartment ☐

A10. With whom do you currently live? Living alone ☐, living with 1 or 2 people ☐, living with >2 ☐

A11. Smoking: smoker ☐, non-smoker ☐, past-smoker ☐

A12. Alcohol intake: Never ☐, once a week or once a month ☐, every day drinking ☐

A13. Who takes care of you at home and helps you with your daily chores such as managing your medications, doing the grocery shopping and accompanying you to your doctor's appointments? (More than one option may apply): spouse ☐, daughter ☐, son ☐, daughter-in-law ☐ son-in-law ☐, friend ☐ paid helper at home ☐

B. Frailty Assessment

B1. Fatigue: How often during the past 4 weeks did you feel tired?

All or Most of the time ☐, None of the time or occasionally ☐

Responses of All or Most of the time are scored as 1 and all others as 0. **Score**_____

B2. Resistance: By yourself and not using mobility aids, do you have any difficulty walking a flight of stairs without resting?

1 = Yes ☐, 0 = No ☐. **Score**_____

B3. Ambulation: By yourself and not using mobility aids, do you have any difficulty walking around 50 meters.

1 = Yes ☐, 0 = No ☐. **Score**_____

B4. Number of prescribed medications: How many prescribed medications do you currently take? (Excluding vitamins or herbal supplements)

How many: _____

The total number of medications is recoded as 0–4 = 0 and greater than or equal to 5 = 1

Score_____

B5. Are you losing weight or are your clothes getting looser?

1 = Yes ☐, 0 = No ☐. **Score**_____

Total Score: _____

C. Cognitive Assessment

Verbal Fluency Test:

Ask the participant: "Tell me the names of as many animals or villages as you can think of, as quickly as possible. I will tell you to stop after one minute. Are you ready?" (Time for 60 seconds)

If the person says nothing for 15 seconds, say "A dog is an animal. Can you tell me more animals?" If the person stops before 60 seconds, say "Any more animals?"

If the person says nothing for 15 seconds, say "Jezzine is a village. Can you tell me more villages?" If the person stops before 60 seconds, say "Any more villages?"

Scoring:

Count all animals, including birds, fish, reptiles, insects, extinct animals, etc. Credit only one item when people name the same animal at different developmental stages (e.g., sheep, lamb).

Score: _____

X- INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (IADL) M.P. Lawton & E.M. Brody

A. Ability to use telephone

1. Operates telephone on own initiative; looks up and dials numbers, etc.	1
2. Dials a few well-known numbers 3.	1
Answers telephone but does not dial 4.	1
Does not use telephone at all.	0

B. Shopping

1. Takes care of all shopping needs independently	1
2. Shops independently for small purchases 3.	0
Needs to be accompanied on any shopping trip.	0
4. Completely unable to shop.	0

C. Food Preparation

1. Plans, prepares and serves adequate meals independently	1
2. Prepares adequate meals if supplied with ingredients	0
3. Heats, serves and prepares meals or prepares meals but does not maintain adequate diet.	0
4. Needs to have meals prepared and served.	0

D. Housekeeping

1. Maintains house alone or with occasional assistance (e.g. "heavy work domestic help") 2.	1
Performs light daily tasks such as dish-washing, bed making	1
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness.	1
4. Needs help with all home maintenance tasks.	1
5. Does not participate in any housekeeping tasks.	0

E. Laundry

1. Does personal laundry completely	1
2. Launders small items; rinses stockings, etc.	1
3. All laundry must be done by others.	0

F. Mode of Transportation

1. Travels independently on public transportation or drives own car.	1
2. Arranges own travel via taxi, but does not otherwise use public transportation.	1
3. Travels on public transportation when accompanied by another.	1
4. Travel limited to taxi or automobile with assistance of another.	0
5. Does not travel at all.	0

G. Responsibility for own medications

1. Is responsible for taking medication in correct dosages at correct time.	1
2. Takes responsibility if medication is prepared in advance in separate dosage.	0
3. Is not capable of dispensing own medication.	0

H. Ability to Handle Finances

1. Manages financial matters independently (budgets, writes checks, pays rent, bills goes to bank), collects and keeps track of income.	1
2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.	1
3. Incapable if handling money.	0

Women are scored on all 8 areas of function, but, for men, the areas of food preparation, housekeeping, laundering are excluded.

The final total score ranges from 0 (low function, dependent) to 8 (high function, independent) for women, and 0 through 5 for men.

D. Psychological Wellbeing Assessment

Over the past month, how frequently were you feeling?

	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
D1. I have felt cheerful in good spirits.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
D2. I have felt calm and relaxed	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
D3. I have felt active and vigorous.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
D4. I woke up feeling fresh and rested.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
D5. My daily life has been filled with things that interest me.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

D6. Total Score: _____

The total score is calculated by adding the scores from the five responses. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.

E. Elder Abuse Assessment

ACTUAL ABUSE TOOL

Instructions: How frequently over the past 6 months did you experience any of the following:

	(Check)
E1. Examples of Physical Abuse	
E1A. Hit, pushed, shoved, scratched, or restrained.	
E1B. Threatened with a knife.	
E1C. Sexually assaulted, harmed, or hurt.	
E1D. Physically harmed in some other way (specify):	
E2. Examples of Psychological Abuse	
E2A. Yelled at, called names, insulted.	
E2B. Threatened with physical injury.	
E2C. Locked in a room.	
E2D. Stalked or followed around.	
E3. Examples of Neglect by Others or Self	
E3A. Denied adequate care and supervision	

E3B. Not treated for physical health problems.	
E3C. Isolated from others.	
E3D. Inappropriately dressed for weather or environmental conditions.	
E3E. Lacking adequate shelter.	
E.4 Examples of Exploitation	
E4A. Money, property, or other assets used, taken, sold or transferred without consent.	
E4B. Signature forged on checks or other financial and legal documents.	
E4C. Large sums of money withdrawn from bank accounts (without his/her knowledge).	
E4D. Exploited in some other way (specify):	

For participants with accompanying persons, please ask the following question:

"Could you please tell me if the person accompanying you is the primary person who takes care of you by doing the following chores such as managing your medications, doing the grocery shopping, and taking you to doctor's appointments?"

Yes☐, No☐.

If the answer is YES, please proceed to consenting the caregiver and then administer the caregiver version of the questionnaire.

If the answer is NO, please read the following script to the participant: "Thank you again for participating in our study. Please rest assured that all information that you provided will be kept confidential."

QUESTIONNAIRE (English CAREGIVER VERSION)

Questionnaire ID Number: _____

Date: _____**Time:** _____ **Location** AUBMC ☐

Full Name of person administering the questionnaire: _____

F. Socio-demographic variables

F1. Age of caregiver or helper (in years): _____

F2. Gender: Male ☐ Female ☐

F3. Marital Status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

F4. Education: Illiterate ☐ Intermediate & below ☐ Secondary level ☐ University ☐

F5. Are you currently working? Yes ☐ No ☐

If answer is YES move to F6 and if answer is No then move to F7

F.6 How much do you earn per month? (Lebanese pounds) < 1 million☐ 1-2 millions☐ > 2 million☐

F7. Smoking: smoker ☐, non-smoker ☐, past-smoker ☐

F8. Alcohol intake: Never ☐, once a week or once a month ☐, every day drinking ☐

F9. Number of prescribed medications: less than 2 ☐ between 2 and 4 ☐ 5 or more ☐

F10. Relation to elder: spouse ☐, daughter ☐, son ☐, daughter-in-law ☐ son-in-law ☐, friend ☐ paid helper at home ☐

G- Please ask the caregiver the following questions: Over the past 3 months:

G1. Do you sometimes have trouble making (Name of elderly) control his/her temper or aggression?

YES ☐ NO ☐

G2. Do you often feel unhappy about things you have to do? YES ☐ NO ☐

G3. Do you find it difficult to manage (Name of elderly) behavior? YES ☐ NO ☐

G4. Do you sometimes feel that you are forced to be verbally or physically rough with (Name of elderly)?

YES ☐ NO ☐

G5. Do you sometimes feel you can't do what is really necessary or what should be done for (Name of elderly)?

YES ☐ NO ☐

G6. Do you often feel you have to reject or ignore (Name of elderly)? YES ☐ NO ☐

G7. Do you often feel so tired and exhausted that you cannot meet (Name of elderly) needs?

YES ☐ NO ☐

G8. Do you often feel you have to yell at (Name of elderly)?

YES ☐ NO ☐

H. Psychological Wellbeing Assessment

Over the past month, how frequently were you feeling?

	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
H1. I have felt cheerful in good spirits.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
H2. I have felt calm and relaxed	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
H3. I have felt active and vigorous.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
H4. I woke up feeling fresh and	☐	☐	☐	☐	☐	☐

rested.	**5**	**4**	**3**	**2**	**1**	**0**
H5. My daily life has been filled with things that interest me.	☐ **5**	☐ **4**	☐ **3**	☐ **2**	☐ **1**	☐ **0**

H6. Total Score: _____

The total score is calculated by adding the scores from the five responses. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.

Comments:

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