Additional file 1 Description of the items.

Items	Question	Answer	Dichotomised
Self-rated health (SRH)	In general, how would you describe your health and wellbeing?	Excellent, Very good, Good, Fair or Bad.	**Good** (the first three alternatives) =1 **Poor** (the last two alternatives)=0
Demographics			
Age	What year were you born?	Year	
Gender	Male or Female	**Male**=0 **Female**=1	
Settlement	Rural or Urban. (Definition of 'urban' is a town with more than 200 inhabitants)	**Urban**=0 **Rural**=1	
Cohabitation		Cohabitant, Alone or Living apart	**Yes** (the first alternative) =1 **No** (the two last alternatives) =0
Satisfied with accommodation	Are you satisfied with your accommodation?	**Yes**=1 **No**=0	
Safe neighbourhood	Do you feel safe in your neighbourhood?	**Yes**=1 **No**=0	
Enough money	Do you have enough money to pay your bills?	**Yes**=1 **No**=0	

Worried about finances	Are you worried about your finances?	**No**=1 **Yes**=0	
Mental factors			
Safe/serenity/harmony	How much of the time do you feel safe/serenity/harmony?	All the time, Sometimes or Never	**All the time** (The first alternative)= 1 **Sometimes** (the two last alternatives)=0
Good cognition	In general do you think that your memory is good in comparison to others of your age?	**Yes**= 1 **No**=0	
Sleep	Do you experience good sleep?	**Yes**=1 **No**=0	
Loneliness	Are you bothered about loneliness?	No, Sometimes or Yes	**No** (the first alternative) =1 **Yes** (the two last alternatives)=0
Sad/gloomy	How much of the time do you feel sad/gloomy?	Never, Sometimes or All the time	**Never** (the first alternative)=1 **Sometimes** (the two last alternatives)=0
Anxiety/worried	How much of the time do you feel worried/anxiety?	Never, Sometimes or All the time	**Never**(the first alternative)=1 **Sometimes** (The two last alternatives)=0

Future	When I think about the future I feel…	…not at all worried, …little worried, …very worried.	**Not worried** (the first alternative) =1 **Worried** (the two last alternatives) =0
Influence on own situation	Do you feel that you have the influence you wish over your own situation?	Yes, Partly or No	**Yes** (the first alternative)=1 **No** (the two last alternatives) =2
Influence on society	Do you feel that you have the influence you wish over society?	Yes, Partly or No	**Yes** (the first alternative)=1 **No** (the two last alternatives) =2
Satisfied with life	Do you feel satisfied with your life in general?	Yes, Fair or No	**Yes** (the first alternative) =1 **No** (the last two alternatives)=2
Ability to do things that make you feel valuable	Do you feel that you can do things that make you feel valuable?	I can do everything that makes me feel valuable, I can do a lot that makes me feel valuable, I can do little that makes me feel valuable, or	**Yes** (the two first alternatives)=1 **No** (the two last alternatives) =0

		I cannot do anything that makes me feel valuable	
Tiredness/reduced energy	Have you experienced tiredness/reduced energy in the last three months?	**No**=1 **Yes**=0	
Physical factors			
Impaired endurance	Have you experienced impaired endurance? (Do you get tired after a short walk of 15 minutes?)	**No**=1 **Yes**=0	
Good Activities of Daily Living (ADL)	Do you need help with shopping?	Yes, Partly or No	**No** (the last alternative)=1 **Yes** (the two first alternatives) = 0
Physical problems hindering social participation	Do you have any physical problem that is hindering you in social contexts?	**No**=1 **Yes**=0	
Pain	Are you bothered about pain?	**No**=1 **Yes**=0	
Urinary continence	Are you bothered about urinary incontinence?	**No**=1 **Yes**=0	
Digestive problems	Do you have problems with your tummy?	**No**=1 **Yes**=0	

Vision	Do you experience problems with you vision?	**No**=1 **Yes**=0	
Hearing	Do you experience problems with your hearing?	**No**=1 **Yes**=0	
Lifestyle factors			
Physical activity	Do you do any physical activity, for example walking, cycling, housekeeping or gardening?	Daily, Several times a week, Once a week, One to three times a month or Never/ almost never	**Several times per week** (two first alternatives) =1 **Rarely** (the three last alternatives)=0
Appetite	How is your appetite compared to before?	Better, The same or Worse	**Good** (the two first alternatives)=1 **Poor** (the last alternative) =0
Weight loss	Have you lost weight (unintentional)?	**No**=1 **Yes**=0	
Alcohol	Do you drink alcohol?	Never, Rarely, Sometimes or Frequently	**Rarely** (the two first alternatives)=1 **Frequently** (the two last alternatives) =0
Smoking/snuff	Do you smoke or use snuff?	No, snuff, Smoke or Both snuff and smoke.	**No** (the first alternative)=1 **Yes** (the last three alternatives)=0

Use of smartphone	Do you use a smartphone?	**Yes**=1 **No**=0	
Use of computer	Do you use a computer?	**Yes**=1 **No**=0	

Permission received from the project leader (Pia Petersson, Ph.D.) for 'Preventive home visits to seniors' to publish this part of the questionnaire in full version.