

1. **Age:**
2. **Gender:** ☐ Female ☐ Male
3. **Marital Status:** ☐ Married ☐ Single
4. **Who do you live with?** _
5. **Educational Status:** ☐ Illiterate ☐ Literate ☐ Primary Education ☐ Secondary Education ☐ University and above
6. **Occupation (Current or before retirement):**
7. **Income Status:** (1) Income equals expenses (2) Income is less than expenses (3) Income is more than expenses
8. **Smoking Status:** (1) Yes (2) No
9. **Perceived Health Status:** (1) Good (2) Fair (3) Poor
10. **What is your chronic disease?**
11. **Presence of physical disability:** ☐ Yes ☐ No
12. If there is a physical disability, what is it? _
13. **Do you use any assistive devices continuously?** ☐ Yes ☐ No
14. **Which assistive device(s) do you use continuously?** *(You can check more than one option)*
☐ Glasses ☐ Hearing aid ☐ Cane, crutches, walker, or wheelchair ☐ Inhalation device or oxygen cylinder ☐ Other:
15. **How do you spend your leisure time?** *(You can check more than one option)*
☐ Watching television ☐ Using phone ☐ Meetings with family members/neighbors ☐ Worship ☐ Reading books ☐ Lying down/resting ☐ Knitting/handicrafts

Section A: Life Satisfaction Scale for the Elderly (LSS-E)

Likert Scale: (1) Strongly Disagree, (2) Disagree, (3) Neither Agree nor Disagree, (4) Agree, (5) Strongly Agree

- **Statement 1:** I think that as life goes on, I will encounter interesting and beautiful things.
- **Statement 2:** I feel that all my life experiences so far have added value to me.
- **Statement 3:** I think there are more peaceful moments in my life.
- **Statement 4:** I find myself spiritually/mentally balanced.

- **Statement 5:** I can leave aside all the negative experiences I have had from the past to the present.
- **Statement 6:** I think being successful/useful in life is a social responsibility.
- **Statement 7:** I feel that I have no regrets brought from the past to the present.
- **Statement 8:** I believe that maintaining relationships with friends, family, neighbors, etc., keeps me strong.
- **Statement 9:** I think the things that used to upset me no longer do.
- **Statement 10:** I love myself.
- **Statement 11:** I feel that my self-confidence increases with aging.
- **Statement 12:** I believe that people around me value me.
- **Statement 13:** As an older individual, I love life.
- **Statement 14:** I can adapt to old age.

Section B: Active Aging Scale - 1. FUNCTIONAL CAPACITY (Ability)

Considering your health status and functional capacity, have you had difficulty performing the activities listed below in the past month? Options: (4) No difficulty at all, (3) Slightly difficult, (2) Very difficult, (1) Could do only with help, (0) Could not do even with help.

- **Item 1:** Manual skills requiring dexterity such as handicrafts, modification, or repair work.
- **Item 2:** Painting, music, playing a musical instrument, writing, or other artistic pursuits.
- **Item 3:** Participating in various activities and events through work, clubs, or associations.
- **Item 4:** Going out and enjoying nature.
- **Item 5:** Exercising/sports to stay physically fit.
- **Item 6:** Making an effort to exercise my mind or memory.
- **Item 7:** Using a computer or tablet.
- **Item 8:** Helping or supporting people who are close to me or others.
- **Item 9:** Doing things to maintain my social relationships.
- **Item 10:** Taking action to meet new people.
- **Item 11:** Taking responsibility for future tasks regarding my own life.
- **Item 12:** Taking responsibility to support social or public events.

- **Item 13:** Doing things to make my days more interesting and enjoyable.
- **Item 14:** Increasing or maintaining the peace of my home.
- **Item 15:** Paying attention to my physical appearance.
- **Item 16:** Ensuring that my financial affairs are organized.
- **Item 17:** Taking action against potential future problems according to my beliefs and worldview.

Section B: Active Aging Scale - 2. OPPORTUNITIES (Opportunity to Do)

When you look at your life in general, to what extent have you found the opportunity to perform the statements below in the past month? Options: (4) Very high, (3) Quite a lot, (2) Moderate, (1) Partially, (0) None.

- **Item 1:** Manual skills requiring dexterity such as handicrafts, modification, or repair work.
- **Item 2:** Painting, music, playing a musical instrument, writing, or other artistic pursuits.
- **Item 3:** Participating in various activities and events through work, clubs, or associations.
- **Item 4:** Going out and enjoying nature.
- **Item 5:** Exercising/sports to stay physically fit.
- **Item 6:** Making an effort to exercise my mind or memory.
- **Item 7:** Using a computer or tablet.
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- **Item 11:** Taking responsibility for future tasks regarding my own life.
- **Item 12:** Taking responsibility to support social or public events.
- **Item 13:** Doing things to make my days more interesting and enjoyable.
- **Item 14:** Increasing or maintaining the peace of my home.
- **Item 15:** Paying attention to my physical appearance.
- **Item 16:** Ensuring that my financial affairs are organized.

Item 17: Taking action against potential future problems according to my beliefs and worldview

Section B: Active Aging Scale - 3. ACTIVITY (Frequency of Doing)

How often did you perform the activities listed below in the past month? Options: (4) Every day or nearly every day, (3) 2-4 times a week, (2) About once a week, (1) Less than once a week, (0) Never.

- **Item 1:** Manual skills requiring dexterity such as handicrafts, modification, or repair work.
- **Item 2:** Painting, music, playing a musical instrument, writing, or other artistic pursuits.
- **Item 3:** Participating in various activities and events through work, clubs, or associations.
- **Item 4:** Going out and enjoying nature.
- **Item 5:** Exercising/sports to stay physically fit.
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