

Form

TEST YOUR VITALITY!



PANINI

Participant data

Name
Address
Phone number
Mobile number
E-mail address

Test supervisor checklist:

- Give summary research to participant
- Ask if everything is clear and if the participant would like to participate
- Sign consent form** (next page), save **1^e two pages** and put it in the folder.

Send **participant to first station** with questionnaire and score form.



Information letter

Dear Sir or Madam,

Thank you for your interest in participating in the survey on healthy ageing, vitality and, in particular, your knowledge of the subject. Research on healthy ageing has our full attention; for thorough research it is important to know what you already know!

What is measured?

You will be given a questionnaire with questions about your general health and knowledge of the existing dietary and exercise guidelines. We will also measure your vitality: we will do this by measuring your muscle strength and walking speed. All tests together will take about 30 minutes.

Is participation voluntary?

Your participation in the study is entirely voluntary and without obligation. If you participate in the study, you have the right to withdraw from further participation at any time without giving reasons.

What are the advantages and disadvantages?

- For about 20 minutes you will undergo a number of tests that will tell you something about your vitality and general health.
- You will receive a written report about this, which will be sent to you.
- Apart from providing insight into your own vitality, the research does not have any direct advantages for you. However, you will be helping science.

How is your data handled?

The data collected during this study will be treated with strict confidentiality. All your data will be given a code number and the data will be processed anonymously. We are obliged to keep this data for 15 years.



Participant Code:

Signature of consent form

If you decide to take part in the study, we will ask you to complete a consent form. This will confirm your intention to participate in the study. You will always be free to terminate your participation without giving any reason.

Further information

If you have any questions about the study now or later, or would like a verbal explanation, please contact the secretariat of Movement Sciences at T: (020) 59 82000.

Thank you very much for your

cooperation. Kind regards,

Prof. Dr. Andrea B. Maier

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Section Neuromechanics, Faculty of Behavioral and Physical Sciences Van der
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1081 BT Amsterdam
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Consent form (for participant)

To be filled in by the participant

- I declare that I have been informed in a clear manner, orally and in writing, of the nature, method, objective and risks and burden of the examination. My questions have been answered to my satisfaction.
- I know that the data and results of the research will only be disclosed to third parties anonymously and confidentially.
- I understand that my participation is voluntary and that I can stop at any time without giving a reason. If I stop prematurely, the data collected up to that point will be used to provide exercise advice.
- I agree to participate in this study.

Tick if applicable

- I give permission for the researchers to contact me again for similar research after this study is completed.

Name of participant:

Date:Signature of participant:

To be completed by the investigator-in-charge

I have provided oral and written explanations of the investigation. I will answer any remaining questions about the study to the best of my ability. The participant will not be adversely affected by any premature termination of participation in this study.

Researcher name:

Date: Signature of investigator:

Consent form (for researcher)

To be filled in by the participant

- I declare that I have been informed in a clear manner, orally and in writing, of the nature, method, objective and risks and burden of the examination. My questions have been answered to my satisfaction.
- I know that the data and results of the research will only be disclosed to third parties anonymously and confidentially.
- I understand that my participation is voluntary and that I can stop at any time without giving a reason. If I stop prematurely, the data collected up to that point will be used to provide exercise advice.
- I agree to participate in this study.

Tick if applicable

- I give permission for the researchers to contact me again for similar research after this study is completed.

Name of participant:

Date:Signature of participant:

To be completed by the investigator-in-charge

I have provided oral and written explanations of the investigation. I will answer any remaining questions about the study to the best of my ability. The participant will not be adversely affected by any premature termination of participation in this study.

Researcher name:

Date: Signature of investigator:

QUESTIONNAIRE	
1. What is your date of birth?	Day/month/year / /
2. You are?	1. Woman 2. Man
3. What is your current marital status?	1. Single 2. Married 3. Separated 4. Widow/Widower
4. What is your highest level of education?	1. Basic Education 2. Secondary education 3. MBO or vocational school 4. HBO/University
5. How many years did you go to school?	year
6. What do/did you do for work?
7. Who do you live with? <i>* You can tick more than one answer.</i>	1. I live alone 2. With a partner 3. With children 4. With brothers/sisters 5. Otherwise, namely.....
8. How do you live?	1. At home (independent) 2. At home (with informal care/home care) 3. Apartment for seniors 4. Nursing home 5. Nursing home 6. Otherwise, namely.....

13. Do you drink alcohol?	<input type="checkbox"/> 1. Yes, I drink glasses a week
	<input type="checkbox"/> 2. No

QUESTIONNAIRE - NUTRITION				
14. Do you know the five-slice rule?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No Then go to question 20.			
15. When you first heard of the 'Schijf van Vijf', you were able to see the difference. I changed my diet Hey, what did you do with your diet?	1. <input type="checkbox"/> significantly changed. 2. <input type="checkbox"/> I have changed my diet slightly. 3. <input type="checkbox"/> I haven't changed my diet.			
16. Do you think you keep to the Five-slice rule?	1. <input type="checkbox"/> Yes Then go to question 19. 2. <input type="checkbox"/> No			
17. Do you think it is possible for you to eat according to the Disk of Five?	1. <input type="checkbox"/> Yeah, right. 2. <input type="checkbox"/> Yes, but this takes effort 3. <input type="checkbox"/> No			
18. If you were to eat according to the 'Schijf van Vijf', do you think you would have health benefits? Go to question 20.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> I don't know.			
19. Do you benefit from a dietary pattern according to the 'Schijf van Vijf'?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
20. In general, what is it best for a person to eat more, the same amount, or less of, to pursue a healthy diet? Rate the following products: <i>Put one cross per product</i>				
	More	Same	Less	I don't know.
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating and drinking with added sugars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatty foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	More	Same	Less	I don't know.
Salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. What do dietitians recommend regarding the following types of fat?				
Saturated fats	<input type="checkbox"/> Eat less	<input type="checkbox"/> Do not eat less	<input type="checkbox"/> I don't know.	
Unsaturated fats	<input type="checkbox"/> Eat less	<input type="checkbox"/> Do not eat less	<input type="checkbox"/> I don't know.	
Trans fats	<input type="checkbox"/> Eat less	<input type="checkbox"/> Do not eat less	<input type="checkbox"/> I don't know.	
22. Which high-fat products are recommended by dieticians to pursue a healthy diet?* <i>*You may tick more than one answer.</i>		<input type="checkbox"/> Butter Vegetable <input type="checkbox"/> oil Hard <input type="checkbox"/> margarines <input type="checkbox"/> Soft margarines I don't <input type="checkbox"/> know		
23. Do you think the following products are a good source of protein?				
Poultry	<input type="checkbox"/> Good source	<input type="checkbox"/> Not a good source	<input type="checkbox"/> I don't know.	
Cheese	<input type="checkbox"/> Good source	<input type="checkbox"/> Not a good source	<input type="checkbox"/> I don't know.	
Fruit	<input type="checkbox"/> Good source	<input type="checkbox"/> Not a good source	<input type="checkbox"/> I don't know.	
Butter	<input type="checkbox"/> Good source	<input type="checkbox"/> Not a good source	<input type="checkbox"/> I don't know.	
Nuts	<input type="checkbox"/> Good source	<input type="checkbox"/> Not a good source	<input type="checkbox"/> I don't know.	
24. Eating protein-rich products is good for:		<input type="checkbox"/> Muscles Blood sugar <input type="checkbox"/> Good memory I don't <input type="checkbox"/> know		
25. How often do you think you should eat (oily) fish to maintain a healthy diet?		<input type="checkbox"/> 1 weekly <input type="checkbox"/> 2 weekly <input type="checkbox"/> 3 times a week <input type="checkbox"/>		

I don't know

<p>26. How many grams of vegetables do you think you should eat per day to pursue a healthy diet?</p>	<p><input type="checkbox"/> At least 100 grams per day</p> <p><input type="checkbox"/> At least 200 grams per day</p> <p><input type="checkbox"/> At least 300 grams per day</p> <p><input type="checkbox"/> I don't know.</p>
<p>27. How many pieces of fruit do you think you should eat per day to pursue a healthy diet?</p>	<p><input type="checkbox"/> 1 piece per day</p> <p><input type="checkbox"/> 2 pieces per day</p> <p><input type="checkbox"/> 3 pieces per day</p> <p><input type="checkbox"/> day I don't know</p>
<p>28. Eating fruits and vegetables is good for:</p>	<p><input type="checkbox"/> Reducing the risk of cardiovascular disease</p> <p><input type="checkbox"/> Reducing the risk of dementia Reducing the risk of joint wear</p> <p><input type="checkbox"/> I don't know.</p>
<p>29. How many grams of whole grain cereal do you think you should eat per day to pursue a healthy diet?</p>	<p><input type="checkbox"/> At least 50 grams per day At least 90 grams per day At least 200 grams per day</p> <p><input type="checkbox"/> I don't know.</p>
<p>30. What is the recommended maximum amount of salt per day to pursue a healthy diet?</p>	<p><input type="checkbox"/> 2 grams per day</p> <p><input type="checkbox"/> 4 grams per day</p> <p><input type="checkbox"/> 6 grams per day</p> <p><input type="checkbox"/> I don't know.</p>

QUESTIONNAIRE - EXERCISE	
31. Are you familiar with the Dutch Standard for Healthy Exercise?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <i>Then go to question 37.</i>
32. When you first heard of the Dutch Standard for Healthy Exercise, what did you do with your exercise pattern?	1. <input type="checkbox"/> I have changed my exercise pattern significantly. 2. <input type="checkbox"/> I have changed my exercise pattern somewhat. 3. <input type="checkbox"/> I have not changed my exercise pattern.
33. Do you think you meet the Dutch Standard of Healthy Exercise?	1. <input type="checkbox"/> Yes <i>Then go to question 36.</i> 2. <input type="checkbox"/> No
34. Do you think it is possible for you to meet the Dutch Standard of Healthy Exercise?	<input type="checkbox"/> Yeah, right. <input type="checkbox"/> Yes, but this requires effort No <input type="checkbox"/>
35. If you would keep more to the Dutch Standard for Healthy Exercise, do you think you would have health benefits? Go to question 37.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know.
36. Do you think you would benefit from an exercise pattern that meets the Dutch Standard for Healthy Exercise?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
37. What do you think the Dutch Standard of Healthy Exercise says about prolonged sitting?	<input type="checkbox"/> Prolonged sitting should be avoided <input type="checkbox"/> Reduce prolonged sitting by at least 10 minutes a day <input type="checkbox"/> Reduce prolonged sitting by at least 30 minutes a day <input type="checkbox"/> Prolonged sitting should be alternated with short periods of activity <input type="checkbox"/> I don't know.
38. Is the following statement true or false? Spreading physical activity throughout the week is better than doing it all in one day. <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> I don't know.	

<p>39. Which of the following activities requires moderate-intensity effort? More than one answer is possible</p>	<p><input type="checkbox"/> Sitting down to watch television</p> <p><input type="checkbox"/> Walking at a normal pace</p> <p><input type="checkbox"/> Washing the dishes</p> <p><input type="checkbox"/> Dancing</p> <p><input type="checkbox"/> Keep on riding, your heart rate will rise</p> <p><input type="checkbox"/> I don't know.</p>
<p>40. How many minutes per week should a person engage in moderate-intensity exercise to pursue a healthy exercise pattern?</p>	<p><input type="checkbox"/> At least 60 minutes per week</p> <p><input type="checkbox"/> At least 150 minutes per week</p> <p><input type="checkbox"/> At least 300 minutes per week</p> <p><input type="checkbox"/> I don't know.</p>
<p>41. How long do you think an activity should take to count as moderate-intensity activity?</p>	<p><input type="checkbox"/> No fixed duration</p> <p><input type="checkbox"/> At least 5 minutes</p> <p><input type="checkbox"/> At least 10 minutes</p> <p><input type="checkbox"/> I don't know.</p>
<p>42. How much additional activity do you think is needed to yield health benefits?</p>	<p><input type="checkbox"/> Any additional movement contributes</p> <p><input type="checkbox"/> At least 5 minutes of light activity</p> <p><input type="checkbox"/> At least 30 minutes of light activity</p> <p><input type="checkbox"/> At least 10 minutes of moderate-intensity activity</p> <p><input type="checkbox"/> I don't know.</p>
<p>43. In your opinion, is there a Dutch Standard of Healthy Exercise especially for the elderly?</p>	<p><input type="checkbox"/> Elderly people are advised to do more muscle strengthening exercises</p> <p><input type="checkbox"/> Elderly people are advised to do more exercises focused on balance</p> <p><input type="checkbox"/> Elderly people are advised to stand up more often if they are sitting for long periods of time</p> <p><input type="checkbox"/> Elderly people are advised to do an extra 30 minutes of moderate-intensity exercise.</p> <p><input type="checkbox"/> There isn't one</p> <p><input type="checkbox"/> I don't know</p>

44. Is the following statement true or false?

The following applies to the elderly: more exercise than necessary gives more health benefits (the more, the better).

- True
- False
- I don't know.

45. Which of the following forms of exercise, if done properly, is detrimental to the health of the elderly?

- Moderate-intensity physical exercise Power
- training
- Balance training
- None of the above

**QUESTIONNAIRE -
VITALITY**

46. Have you lost more than 4.5 (four and a half) kg of weight in the past year, unwittingly?

1. Yes
2. No

47. After each statement, circle the number that best represents your feelings or behavior over the past week.

	Rarely or never (less than 1 day)	Sometimes or rarely (1-2 days)	Regularly (3-4 days)	Usually or always (5-7 days)
I felt like everything I did was hard for me.	0	1	2	3
I just couldn't get going	0	1	2	3

Questionnaire - Activities

Activity List:

What activities have you undertaken in the last two weeks?

			How often did you do the activity in the in the last two weeks?	On average, how long did you spend doing this activity?	How many months a year do you do this activity?
	Ye s	No	Number of times	Average number of minutes	Number of months
Walking or Nordic Walking					
Household tasks					
Mowing the lawn					
Stretching exercises					
Gardening					
Hiking (walking tours)					
Jogging					
Bikes					
Road Bikes					
Dancing					
Aerobics					
Bowling					
Golf					
Tennis (single)					
Tennis (double)					
Squash					
Swimming					

Score sheet - TEST YOUR VITALITY!

1. Hand squeeze force

Adjust the dynamometer. Arms along the body. 3x maximal effort right and left alternately. Encourage with "harder, harder, harder".

Dominant hand	Right <input type="checkbox"/> Left <input type="checkbox"/>
<u>Right</u> 1st attempt <input type="text"/> <input type="text"/> , <input type="text"/> kg 2nd try <input type="text"/> <input type="text"/> , <input type="text"/> kg 3rd attempt <input type="text"/> <input type="text"/> , <input type="text"/> kg	<u>Links</u> 1st attempt <input type="text"/> <input type="text"/> , <input type="text"/> kg 2nd try <input type="text"/> <input type="text"/> , <input type="text"/> kg 3rd attempt <input type="text"/> <input type="text"/> , <input type="text"/> kg
Maximum value right <input type="text"/> <input type="text"/> , <input type="text"/> kg	Maximum value links <input type="text"/> <input type="text"/> , <input type="text"/> kg

2. Running speed

Note: Preferably perform the 4 meter walk without an aid. Fill in the CRF whether the measurement was possible and whether the participant used any walking aid during the measurement. Explain the measurement to the participant: "This is our career. I would like to ask you to walk to the other side of the room at your normal speed, like you would normally walk to the store, for example. Walk all the way to the other side of the room before you stop." Have the participant start with both feet touching the starting line: "If you are ready you may start running". Stand beyond the 4 meter line. When the participant walks very unsteady, then walk diagonally behind him or her during the measurement. Stop timing as soon as either foot crosses the finish line.

Was the measurement possible?	1. <input type="checkbox"/> Yes if not, why not?	2. <input type="checkbox"/> No
Use of walking aids	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
1 ^e measurement <input type="text"/> <input type="text"/> , seconds	2 ^e measurement <input type="text"/> <input type="text"/> , seconds	

3. Weight & Length

Shoes + socks off

Weight <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> kg	Length <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> cm
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Checklist participant:

- Questionnaire - General**
- Questionnaire - Nutrition**
- Questionnaire - Exercise**
- Questionnaire - Vitality**
- Questionnaire - Activities**
- Score sheet - TEST YOUR VITALITY!**
Weight & length / Hand squeeze force / Running speed

If there are any missing sections/unanswered questions, would you please go through them/answer them?

Thanks for your participation!