

### University of Gondar, College of Medicine and health Sciences, School of Nursing

Life satisfaction and its associated factors among elderly people living in metropolitan cities of the northwest Ethiopia,

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**Information sheet:** Read the statements to the respondent

Dear Participants,

Good Morning / Afternoon. My name is ————. I represent the research team from University of Gondar. We are conducting the study in the Metropolitan cities of Northwest Ethiopia, namely Bahir Dar and Gondar Cities. This survey is part of a Ph.D. dissertation at the University of Gondar, College of Medicine and Health Sciences, School of Nursing. The study is aimed to determine the life satisfaction and its associated factors among elderly people living in metropolitan cities of the northwest, Ethiopia. You have been chosen to participate in this study. Purpose of the research: The purpose of this questionnaire is to find out the information about life satisfaction and its associated factors.

Procedure: this study is a cross-sectional/validity quantitative study. To collect our data, we invite you to take part in our project. If you are willing, you need to understand and sign the consent form and then we will ask the questions.

Risk and /or discomfort: By participating in this research project you may feel some discomfort especially on sacrificing your time otherwise no risk in participating in this study.

Benefits: If you are participating in this research project, the output of the study will have both direct and indirect benefits to you, your family, as well as the elderly population and the community. By this research project the concerned bodies including the health professionals and other governmental and non-governmental and community leaders able to understand the level of life satisfaction among elderly people and its associated factors. Thus, it might be the baseline data for those concerned bodies working on elderly people like you. If any of the health problems identified during the study period you will get health education related to the health problems and you will be advised how to link the health facilities.

Incentives/payments for participating: You will not be provided any incentives or payment to take part in this project.

Confidentiality: The information collected from this research project will be kept confidential and information about you that will be collected by this study will be stored in a file, without your name, but a code number assigned to it. And it will not be revealed to anyone except the principal investigator and will be kept locked with a key.

Right to refuse or withdraw: You have the full right to refuse from participating in this research. Your refusal will not affect you from getting any kind of health-related service and any other facility from the administrative kebele of the city.

Time to complete the questionnaire: The estimated time to complete the questionnaire is 50-60 minutes.

Person to contact: If you want to know more information you can contact;

Mr. Habtamu Sewunet: by Tel: mobile 251-918026538

If you agree to participate in the study described above, please sign/put your fingerprint below. Please answer every question in the booklet. The data collector will tell you about the instructions for how to respond to the different questions.

I, the undersigned, have understood the objective of the project “to determine the life satisfaction and its associated factors among elderly people living in metropolitan cities of the northwest, Ethiopia”, and agreed to be included in the study as explained by the researchers. For this, I also agree to respond to the questionnaire.

#### Consent Form

With due understanding of the above-mentioned information, are you willing to participate in the study?

Yes

I have been requested to take part in the research and the foregoing information has been read to me. I have had the opportunity to ask questions about it and any questions have been answered. I consent voluntarily to participate in this study and understand that I have the right to withdraw from the interview and follow up at any time without in anyway affecting my right.

Signature/finger print of the participant

Signature/finger print \_\_\_\_\_ date \_\_\_\_\_

Subject Number: \_\_\_\_\_

(Proceed with the interview

No  (Terminate the interview)

Signature of the interviewer

Name \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_

#### Part 1: Socio-demographic characteristics

**Instruction 1: Encircle the participant's answer from the given option or write it in the space provided accordingly**

	Variables	Response
1.1.	City	1. Bahir Dar 2. Gondar
1.2.	Sub-city	
1.3.	Kebele	
1.4.	Ketena	
1.5.	House number	
1.6.	Sex	1. Male 2. Female
1.7.	What is your age?	_____ years
1.8.	Where is your place of birth?	1. Urban 2. Rural
1.9.	What is your marital status?	1. Single 2. Married 3. Widowed 4. Divorced
1.10.	Do you have children?	1. Yes 2. No If “No” pass to question number 1.12.
1.11.	If Yes for question numbe 1.10. how many lived children?	
1.12.	How much is your family size?	
1.13.	What is your ethnicity	1. Amara 2. Tigrie 3. Oromo 4. Other /specify/-----
1.14.	What is your educational status	1. Unable to read and write 2.No formal education but able to read and write 3. Grade 1-8 4. Grade 9-12

		<ul style="list-style-type: none"> <li>5. Certificate</li> <li>6. Diploma</li> <li>7. 1<sup>st</sup> degree and above</li> <li>8. Other_____</li> </ul>
1.15.	What is your religion?	<ul style="list-style-type: none"> <li>1. Orthodox Christian</li> <li>2. Muslim</li> <li>3. Protestant</li> <li>4. Catholic</li> <li>5. Other (specify)_____</li> </ul>
1.16.	Do you have religious practice?	<ul style="list-style-type: none"> <li>1. Yes, Always</li> <li>2. Yes, Sometimes</li> <li>3. Yes, Occasionally</li> <li>4. Never</li> </ul>
1.17.	What is your current occupation?	<ul style="list-style-type: none"> <li>1. Retired</li> <li>2. Governmental</li> <li>3. Non-governmental</li> <li>4. Housewife</li> <li>5. Merchant</li> <li>6. Private</li> <li>7. Farmer</li> <li>8. Other (specify) -----</li> </ul>
1.18.	What was your former occupation during retiring /just before age of 60 years/?	<ul style="list-style-type: none"> <li>1. Governmental</li> <li>2. Non-governmental</li> <li>3. Housewife</li> <li>4. Merchant</li> <li>5. Private</li> <li>6. Farmer</li> <li>7. Nonemployee</li> <li>8. Other (specify) -----</li> </ul>
1.19.	What is your current living condition	<ul style="list-style-type: none"> <li>1. Life alone</li> <li>2. Live with partner</li> <li>3. Live with children/grand children</li> <li>4. Live with partner and children/grandchildren</li> <li>5. Live with relatives</li> <li>6. Live with partner, children/grandchildren, and relatives</li> <li>7. Other (specify)-----</li> </ul>

**Part 2: Life Satisfaction Index for the Third Age (LSITA) Scale—Short Form****Instruction 2: Mark the participant's answer in the given alternative answer area (√)**

S.N.	Questions	Alternative Answers					
		Strongly disagreed /1/	Disagree d /2/	Slightly/partl y disagreed /3/	Slightly/p artly agree /4/	Agr ee /5/	Strongl y agree /6/
2.1.	Things are better and way different from what I expected them to be while I was a child.						
2.2.	I am now going through the worst time of my life.						
2.3.	I am happy as I was young/adult.						
2.4.	I would have been happier If my life had not been boring.						
2.5.	I could have been happier with my life than I am now.						
2.6.	The things I do now are uninteresting/boring.						
2.7.	I hope my next life would be better.						
2.8.	The things I do now are interesting as they were before.						
2.9.	I am happy with my life.						
2.10.	Everything is now interesting.						
2.11.	I am satisfied with my past life.						
2.12.	I am happy about everything I do.						

**Part 3: Health condition, nutritional status, and behavioral factors****Instruction 3: Encircle the participant's answer from the given option or write it in the space provided accordingly**

S.No	Variables	Response
3.1.	How would you estimate your health compared to your age mates?"	1. Very good 2. Good 3. Average 4. Bad 4. Very bad
3.2.	Do you have a known chronic disease/s?	1. Yes 2. No
3.3.	If yes for question number 3.2, what type? (you can select more than one option)	1. Hypertension 2. Diabetic mellitus 3. Heart disease 4. Kidney disease 5. Dementia/Alzheimer's disease 6. other (specify) _____

3.4.	Do you have disability?	1. Yes 2. No
3.5.	If yes for question number 3.4, what type of disability?	-----
3.6.	Do you wear eye glass or contact lenses?	1. Yes 2. No
3.7.	Do you use hearing aid?	1. Yes 2. No
3.8.	Do you have Health checkup?	1. Yes 2. No
3.9.	If yes for question number 3.8, what is the frequency?	1. Weekly 2. Monthly 3. Yearly 4. Any other .....
3.10.	Have you getting health education?	1. Yes 2. No
3.11.	If yes for question number 3.10, where from do you get? (you can select more than one option)	1. Health professionals 2. Mass media 3. Families 4. Friends 5. Other (specify)-----
3.12.	MUAC in centimeter /left arm/	
3.13.	What is your daily meal frequency?	1. Once per day 2. Two times per day 3. Three times per day 4. Four times per day 5. Other (specify)-----
3.14.	What is your living style?	1. I have sedentary behavior 2. Sometimes I do exercises/activities 3. Always I do exercises/activities
<b>Cigarettes use</b>		
3.15	Have you ever smoked any cigarettes?	1. Yes 2.No → <i>Skip to 3.18</i>
3.16	How old were you when you <b>first started</b> smoking?	____ Age (years)
3.17	For how long did you smoke cigarettes?	____ years ____ months
3.18	Do you currently smoke cigarettes?	1. Yes 2.No → <i>Skip to 3.21</i>
3.19	For how many days per week do you usually smoke cigarette?	____ days
3.20	On average, how many sticks of cigarette do you smoke a day?	____ number
3.21	Is there any family member who smokes cigarette in your home?	1. Yes 2.No
<b>Khat use</b>		

3.22	Have you ever chewed Khat?	1.Yes 2.No	If no skip to Q 3.26
3.23	Do you currently chew Khat?	1.Yes 2.No	
3.24	During the past 12 months, how frequently did you chew Khat?	1. Daily 2. 5-6 days per week 3. 3-4 days per week 4. 1-2 days per week 5. 1-3 days per month 6. Less than once a month	
3.25	When you chewed, on average, <b>how many</b> grams of Khat did you use?	_____grams	
<b>Alcohol consumption</b>			
3.26	Have you ever consumed any alcohol-containing drinks such as tella, tej, local areke, beer or others?	1.Yes 2.No →	Skip to Q 3.28
3.27	For how long did you drink alcohol?	_____year/s -----months	
3.28	Have you consumed any alcoholic drink within the <b>past 12 months</b> ?	1. Yes 2. No	
3.29	During the <b>past 12 months</b> , on how many <b>days</b> did you have at least one alcoholic drink?	1.Daily 2. 5-6 days per week 3. 3-4 days per week 4. 1-2 days per week 5. 1-3 days per month 6. Less than one a month	
3.30	During the <b>past 12 months</b> when you drunk an alcohol, <b>on average</b> , how many <b>drinks</b> did you have during one drinking occasion?	<b>Type</b>	<b>Amount</b>
		Tella	_____Tasa(ml) _____Bircheko (ml) _____Birlie(ml) ) _____Wancha( ml)
		Tej	_____Birlie
		Local Areki	_____melekia
		Beer	_____Bottle
		Other	_____
3.31	During the past 12 months, when you consumed an alcoholic drink, how often was it with meals?	1.Usually 2.Sometimes 3.Rarely 4.Never	

**Part 4: Psycho-social and environmental conditions**

**Instruction 4: Encircle the participant's answer from the given option or write it in the space provided accordingly**

S.No	Variables	Response
4.1.	What is your perception on your aging life?	1. Excellent 2. Very good 3. Good 4. Somewhat good 5. Bad 6. Very bad 7. Extremely bad
4.2.	What is your social relationship with family, friend, and neighborhood?	1. Excellent 2. Very good 3. Good 4. Somewhat good 5. Bad 6. Very bad 7. Extremely bad
4.3.	Do you have caregiver?	1. Yes 2. No
4.4.	What is your house condition?	1. Detached house made in soil and wood 2. Detached house made in cement/ ceramic 3. Built in connection with another house 4. Communal apartment 5. Apartment
4.5.	What is your perception on the quality of your residential facilities / living environment?	1. Excellent 2. Very good 3. Good 4. Somewhat good 5. Bad 6. Very bad 7. Extremely bad
4.6.	What is your financial source?	1. Private business 2. Pension/salary 3. From house rent 4. Help from others 5. Other /specify/-----
4.7.	Do you participate in social services?	1. Yes 2. No
4.8.	If yes for question number 4.7, what type of service?	1. Edir 2. Ekub 3. Mahiber 4. Member of children and elderly association 5. Member of religious community 6. Other (specify)-----

4.9.	How long is the most nearby health facility from your residential home?	————/Meter/Km, ————/Minute/hour
4.10.	Do you have health insurance?	1. Yes 2. No

### Part 5: Katz Index of Independence in Activities of Daily Living

**Instruction 5:** The following questions are about the activities of the daily living. Encircle the answer to the questions (1 or 2). Describe the criteria in the alternative answer as needed for the answer.

S.No	Daily activities	Alternative answers	
5.1.	Can you take a bath/shower?	1. Yes - Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	2. No - Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing.
5.2.	Can you take your clothes off and put them on?	1. Yes - Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	2. No - Needs help with dressing self or needs to be completely dressed
5.3.	Do you use feces or urine on your own?	1. Yes - Goes to toilet, gets on and off, arranges clothes, cleans genital area without help	2.No - Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
5.4.	Can you get in and out of bed without support?	2. Yes - Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable.	2. No - Needs help in moving from bed to chair or requires a complete transfer.
5.5.	Can you control your urine and feces?	1. Yes - Exercises complete self-control over urination and defecation	2. No - Is partially or totally incontinent of bowel or bladder.
5.6.	Can you feed without support?	1. Yes - Gets food from plate into mouth without help. Preparation of food may be done by another person	2. No - Needs partial or total help with feeding or requires parenteral feeding.

### Part 6: Participation in activities/physical activities

**Instruction 6:** Mark the participant's answer in the given alternative answer area (√)

S.No	Question Item	Possible responses				
		Never	Rarely	Someti mes	Usually	Alw ays
		1	2	3	4	5
<b>6.1.</b>	<b>Personal activities</b>					
6.1.1	Do you watch television?					

6.1.2	Do you listen to the radio?					
6.1.3	Do you read?					
<b>6.2</b>	<b>Physical activities</b>					
6.2.1	Do you walk?					
6.2.2	Do you jog?					
6.2.3	Do you play?					
6.2.4	Do you work-out?					
<b>6.3</b>	<b>Activities with informal support networks</b>					
<b>6.3.1</b>	<b>Activities with families and relatives</b>					
6.3.1.1	Do you have conversation with family members, children, grandchildren and relatives?					
6.3.1.2	Do you visit children, grandchildren or sick family members and relatives?					
6.3.1.3	Do you Attend movies with family members and relatives?					
<b>6.3.2</b>	<b>Activities with friends and neighbors</b>					
6.3.2.1	Do you visit, informal conversation, eating and drinking, playing, taking snacks and coffee?					
6.3.2.2	Do you attend movies with friends and neighbors?					
<b>6.4</b>	<b>Activities with the formal support networks</b>					
<b>6.4.1</b>	<b>Church and religious activities</b>					
6.4.1.1	Do you attend in church worship, prayer meetings, fellowships?					
6.4.1.2	Do you meet and home visit with the church members?					
<b>6.4.2</b>	<b>Community and organizational activities</b>					
6.4.2.1	Do you participate in electoral activities?					
6.4.2.2	Do you attend in the regular and special meetings and activities of the organizations?					
6.4.2.3	Do you participate in the activities and meetings of the barangay, and community work or service?					

### Part 7: Mental health: Kessler Psychological Distress Scale (K10)

**Instruction 7: Mark the participant's answer in the given alternative answer area (√)**

S. No	Question items	None of the time (score 1)	A little of the time (score 2)	Some of the time (score 3)	Most of the time (score 4)	All of the time (score 5)
7.1	In the past 30 days, about how often did you feel tired out for no good reason?					
7.2	In the past 30 days, about how often did you feel nervous?					
7.3	In the past 30 days, about how often did you feel so nervous that nothing could calm you down?					

7.4	In the past 30 days, about how often did you feel hopeless?						
7.5	In the past 30 days, about how often did you feel restless or fidgety?						
7.6	In the past 30 days, about how often did you feel so restless you could not sit still?						
7.7	In the past 30 days, about how often did you feel depressed?						
7.8	In the past 30 days, about how often did you feel that everything was an effort?						
7.9	In the past 30 days, about how often did you feel so sad that nothing could cheer you up?						
7.10	In the past 4 weeks, about how often did you feel worthless?						

#### Part 8. Sense of coherence (SOC) Scale

#### Part 8 : Mark the participant's answer in the given alternative answer area (√)

S.N.	Questions	Alternative Answers						
		Never 1	Rarely 2	Occasionally 3	Sometimes 4	Usually 5	Often 6	Always 7
8.1.	Do you not care about what is going on around you?							
8.2.	Have the people you know well ever acted strangely?							
8.3.	Have you ever felt upset with people you trust?							
8.4.	Did you have clearly set purpose and goal in life?							
8.5.	Do you feel being discriminated?							
8.6.	Have you ever felt strangely undecided about what to do?							
8.7.	Do you feel happy and satisfied with your everyday tasks?							
8.8.	Do you feel ambivalent?							
8.9.	Do you feel bad about yourself?							
8.10.	Most people, including the confident/strong-willed, consider themselves a failure/loser. How often have you felt the same?							
8.11.	Have you ever exaggerated or understated the importance of things?							

8.12.	How often do you feel that your everyday tasks are worthless?							
8.13.	How often do you feel you have lost control of your emotions?							

### Part 9: Social support

#### Part 9 : Mark the participant's answer in the given alternative answer area (√)

S.No	Variables	Responses				
		5	4	3	2	1
		As much as I would like	Almost as much as I would like	Some, but would like more	Less than I would like	Much less than I would like
9.1.	I have people who care what happens to me					
9.2.	I get love and affection					
9.3.	I get chances to talk to someone about problems at work or with my housework					
9.4.	I get chances to talk to someone I trust about my personal or family problems.					
9.5.	I get chances to talk about money matters.					
9.6.	I get invitations to go out and do things with other people.					
9.7.	I get useful advice about important things in life					
9.8.	I get help when I am sick in bed.					

### Part 10: Wealth Index for Urban

**Instruction 10:** Encircle the participant's answer from the given option or write it in the space provided accordingly

S.No	Questions	Answers
10.1	Who is the owner of the house?	1. Me 2. Rental 3. Family 4. Others.....
10.2	Main material of the roof?	1. Corrugated sheet 3. Plastic sheets 2. Grass 4. Corrugated iron 5. Others----
10.3	Main material of the dwelling floor?	1. Soil/Sand 4. Cement 2. Wood 5. Stone 3. Ceramic tiles 6. Others.....
10.4	Main material of the exterior walls?	1. Soil /Sand 4. Stone 2. Bricks 5. Wood 3. Cement blocks 6. Others.....

10.5	How many rooms are available in this house?	-----
10.6	How many rooms in this house are used for sleeping?	-----
10.7	What is the main source of drinking water for members of your household? (More than one answer is possible)	1. Piped 2. Open well 3. Rain water 4. Spring 5. River 6. Others.....
10.8	What kind of toilet facility does most members of your household use?	1. Ventilated improved pit latrine 2. Traditional latrine 3. No toilet 4. Others.....
10.9	Do you have a separate kitchen?	1. Yes 2. No
10.10	Does the household have electric power?	1. Yes 2. No
10.11	What type of fuel does your household mainly use for cooking? (More than one answer is possible )	1. Electricity 2. Wood 3. Charkol 4. Biogas 5. Natural gas 6. Others.....
10.12	Does your household have the following materials? (More than one answer is possible )	1. Fixed phone 2. Refrigerator 3. Radio 4. Television 5. Electric mitad 6. Modern bed 7. Others--
10.13	Does any member of the household have the following resources? (More than one answer is possible )	1. Bicycle--- 2. Bajaj--- 3. Motor cycle ---- 4. Car--- 5. Gari ---- 6. Others--
10.14	Does any member of the household have a mobile phone?	1. Smart--- 2. Not Smart ---- 3. No
10.15	What is the main source of income for the household?	1. Agriculture 2. Monthly Salary 3. Trade 4. Family support 5. Daily laborer 6. Others .....
10.16	Does any member of this household have a bank or microfinance saving account?	1. Yes <input type="checkbox"/> Number ----- 2. No

Thank you for your participation