APPENDIX 1: STUDY TOOL QUESTIONNAIRE

TITLE: Prevalence of Sarcopenia and associated factors among the Elderly in Mbarara District, Uganda.

Study number ……. Date ……/……. /……..

SOCIODEMOGRAPHIC DATA			
1	Sex 1=Male 2=Female	2	What is your age? ……. years
3	What is your marital status? 1=Single 2=Married 3=Separated/Divorced	4	What is your level of education? 1=No education 2=Primary education 3=Secondary education 4=Tertiary education
5	Where do you reside? 1=Urban 2=Rural	6	Do you own a home? 1=Rent 2=Belongs to them/partner 3=Belongs to the child/relatives
7	What is your occupation? 1=Not Employed 2=Employed by someone 3=Self employed	8	What is your income level monthly (UGX)? 1=Low (0-250,000) 2=Middle (250,001-1,000,000) 3=High (above 1,000,000)
9	Body Mass Index (kg/m^2) ……kg (weight) ……m (height) 1=obesity (≥30.0) 2=Overweight (25.0-29.9) 3=Normal weight (18.5-24.9) 4=Underweight (<18.5)	10	How many drugs do you take routinely? ……..
HEALTH SERVICE RELATED			
	How far is the nearest health facility from your residence? (kilometers) 1= less than 1km 2= 1-5km 3= 6-10km 4= more than 10km		Do you have access to physiotherapy services at the nearest health facility? 1= Yes 2= No
COMORBITIES			
11	Do you have a history of any chronic illness? (Diabetes mellitus, hypertension, cardiovascular disease, chronic obstructive pulmonary disease, cancer among others) ……		
LIFESTYLE FACTORS			

12	Smoking status 1=Non smoker 2=Ever Smoked 3=Current Smoker	13	Alcohol consumption 1=No alcohol consumption history 2=History of alcohol consumption 3=Current alcohol consumption

14 **MINI NUTRITIONAL ASSESSMENT**

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
0=Severe decrease in food intake
1=Moderate decrease in food intake
2=No decrease in food intake ☐

B. Weight loss during the last 3 months
0=Weight loss greater than 3kg
1=Does not know
2=Weight loss between 1 and 3kg
3=no weight loss ☐

C. Mobility
0=Bed or chair bound
1=Able to get out of bed / chair but does not go out
2=Goes out ☐

D. Has suffered psychological stress or acute disease in the past 3 months?
0=Yes 2=No ☐

E. Neuropsychological problems
0=Severe dementia or depression
1=Mild dementia
2=No psychological problems ☐

F. (i) Body Mass Index (BMI) (kg/m^2)
0=BMI less than 19
1=BMI 19 to less than 21
2=BMI 21 to less than 23
3=BMI 23 or greater ☐

If BMI is not Available, replace question F.(i) with F.(ii).
Do not answer F.(ii) if questions F(i) is already completed.

F.(ii) Calf circumference (CC) in cm
0=CC less than 31
3=CC 31 or greater ☐

	Screening Score (max. 14 points) 12-14 points: ☐ normal nutritional status 8-11 points: ☐ At risk of malnutrion ☐ 0-7 points: ☐ Malnourished
15	**INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE (IPAQ)** We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport. Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. 1. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? …….. days per week ☐ No vigorous physical activities >>>skip to question 3 2. How much time did you usually spend doing vigorous physical activities on one of those days? ……. Hours per day ……. Minutes per day ☐ Don't know/ Not Sure Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. 3. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking. …….. days per week ☐ No moderate physical activities >>> skip to question 5

	4. How much time did you usually spend doing moderate physical activities on one of those days? ……. Hours per day ……. minutes per day ☐ Don't know/ not sure Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure. 5. During the last 7 days, on how many days did you walk for at least 10 minutes at a time? ……... days per week ☐ No walking >>> skip to question 7 6. How much time did you usually spend walking on one of those days? ……. Hours per day ……. minutes per day ☐ Don't know/ not sure The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television. 7. During the last 7 days, how much time did you spend sitting on a week day? ……. Hours per day ……. minutes per day ☐ Don't know/ not sure This is the end of the questionnaire, thank you for participating.
16	**GERIATRIC DEPRESSION SCALE (short form)** **Instructions:** Circle the answer that best describes how you felt over the past week 1. Are you basically satisfied with your life? Yes no 2. Have you dropped many of your activities and interests? Yes no 3. Do you feel that your life is empty? Yes no 4. Do you often get bored? Yes no 5. Are you in good spirits most of the time? Yes. No 6. Are you afraid that something bad is going to happen to you? Yes no

7. Do you feel happy most of the time? Yes. No

8. Do you feel helpless? Yes no

9. Do you prefer to stay at home, rather than going out and doing things? Yes no

10. Do you feel that you have more problems with memory than most? Yes no

11. Do you think it is wonderful to be alive now? Yes no

12. Do you feel worthless the way you are now? Yes no

13. Do you feel full of energy? Yes no

14. Do you feel that your situation is hopeless? Yes no

15. Do you think that most people are better off than you are? Yes no

Total Score ……

Instructions: Score 1 point for each bolded answer. A score of 5 or more suggests depression.

1. Are you basically satisfied with your life? Yes **no**

2. Have you dropped many of your activities and interests? **Yes** no

3. Do you feel that your life is empty? **Yes** no

4. Do you often get bored? **Yes** no

5. Are you in good spirits most of the time? Yes **No**

6. Are you afraid that something bad is going to happen to you? **Yes** no

7. Do you feel happy most of the time? Yes. **No**

8. Do you feel helpless? **Yes** no

9. Do you prefer to stay at home, rather than going out and doing things? **Yes** no

	10. Do you feel that you have more problems with memory than most? **Yes** no 11. Do you think it is wonderful to be alive now? Yes **no** 12. Do you feel worthless the way you are now? **Yes** no 13. Do you feel full of energy? Yes **no** 14. Do you feel that your situation is hopeless? **Yes** no 15. Do you think that most people are better off than you are? **Yes** no ***Total Score*** **……** A score of ≥5 suggests depression
17	**ULCA LONELINESS SCALE (loneliness and social isolation)** **Instructions:** indicate how often each of the statements below is descriptive of you. O indicates "I often feel this way" S indicates "I sometimes feel this way" R indicates "I rarely feel this way" N indicates "I never feel this way" 1. I am unhappy doing so many things alone O S R N 2. I have no body to talk to O S R N 3. I cannot tolerate being so alone O S R N 4. I lack companionship O S R N 5. I feel as if nobody really understands me O S R N 6. I find myself waiting for people to call or write O S R N 7. There is no one I can turn to O S R N 8. I am no longer close to anyone O S R N 9. My interests and ideas are not shared by those around me O S R N 10. I feel left out O S R N 11. I feel completely alone O S R N 12. I am unable to reach out and communicate with those around me O S R N 13. My social relationships O S R N 14. I feel starved for company O S R N 15. No one really knows me well O S R N 16. I feel isolated from others O S R N 17. I am unhappy being so withdrawn O S R N 18. It is difficult for me to make friends O S R N 19. I feel shut out and excluded by others O S R N 20. People are around me but not with me O S R N **Scoring:** **Total:** ☐ make all O's =3, all S's =2, all R's =1, all N's =0. Keep scoring continuous. **Loneliness scale:** Low (20-29), Moderate (30-50), High (50-80)

18	**DIAGNOSTIC CRITERIA FOR SARCOPENIA** Gait speed …… Grip strength …… Muscle mass ……