Consumption of Harmful Substances and Quality Of Life in
Poland and Portugal

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Abstract

This study aims to compare relation between consumption of substances like coffee, alcohol and tobacco and the perception of quality of life in Poland and Portugal. The sample consisted of 70 participants divided by nationality (35 of portuguese nationality and 35 of polish nationality). This sample consisted of male and female participants of age from 21 to 79 in Portugal and from 19 to 60 in Poland.

The instrument used in this study was a questionnaire consisting of several questions concerning the characterization of the sample in analyzed dimensions. The questionnaire consisted of items intended to assess gender, age, consumption of harmful substances (tobacco, alcohol and coffee) and perceived quality of life. Results describe persons’ health and risky behavior in context of their nationality. All the hypotheses of this study were rejected but yet were found higher consumption of alcohol in persons with high QOL higher level of consumption of alcohol in Portugal and perception of QOL higher in Portugal.

Keywords: consumption, harmful substances, quality of life, Portugal, Poland.
Introduction

Quality of life

Although by now a large number of instruments have been developed to measure QOL (quality of life) or contributing factors, there is still no firm consensus on the exact definition of QOL (Martin, Schneider, Eicher & Moor, 2012). To Cramer (1994, as cited in Ribeiro, 2005) quality of life is a state of physical, mental and social wellbeing and not merely the absence of disease or disability. We can easily understand that the concepts of health and QOL are related with each other and sometimes defined in much approximated ways. According to the World Health Organization (1948, as cited in Ribeiro, 2005) the health concept can be defined as "a state of physical well-being, mental and social, complete, and not merely the absence of disease or disability". Therefore this concept is assumed as a spectrum that extends from no discomfort to the presence of total well-being approaching more to the definition of QOL. Although this definition is considered somewhat barren by some authors who understand that limits its practical application, this has remained more or less current up to today having become a reference for the study of health (Ribeiro, 2005). If QOL and health are closely related to "lifestyle", that can be seen as a dimension of these two concepts. Behaviors that each human being takes in day- to-day during his life represent one of the most important indicators of health and quality of life (Junior & Lopes, 2003).

The lifestyle is characterized by a set of behaviors adopted and represents one of the most important indicators of health and quality of life (Junior & Lopes, 2003). These behaviors are classified in the daily routine of people and can shorten or prolong life expectancy, as well as helping to extend the period lived with health, wellness and quality of life. Part thereof: nutrition, physical activity, consumption of substances considered harmful and even psychological variables such as anxiety, motivation to
work, among others. Seem to be no doubt that smoking, alcohol consumption, poor diet and coffee cause harmful consequences to the health of those who practice them (Kornitzer & Goldberg, 1993).

**Harmful substances consumption**

These habits are considered risk factors for a wide range of diseases such as hypertension, stroke, heart disease, cancer, among others (Ribeiro, 2005). Risk factor can be defined as the probability of occurrence of an event during a given period of time or age and establishes a causal link between a certain element and a disease. It turns out that, in most cases, the interactions between the factors are such that it becomes difficult to draw a conclusion related with one factor (Ribeiro, 2005).

**Portuguese and Polish lifestyle**

According to Walsh (2011), mental health professionals have significantly underestimated the importance of lifestyle factors (a) as contributors to treatments for multiple psychopathologies, (b) for fostering individual and social well-being, and (c) for preserving and optimizing cognitive function. Health professionals have significantly underestimated the importance of lifestyle for mental health. More specifically, mental health professionals have underestimated the importance of unhealthy lifestyle factors in contributing to multiple psychopathologies, as well as the importance of healthy lifestyles for treating multiple psychopathologies, for fostering psychological and social well-being, and for preserving and optimizing cognitive capacities and neural functions.

Greater awareness of lifestyle factors offers major advantages, yet few health professionals are likely to master the multiple burgeoning literatures. Lifestyle factors
can be potent in determining both physical and mental health. Differences in just four lifestyle factors—smoking, physical activity, alcohol intake, and diet—exert a major impact on mortality, and “even small differences in lifestyle can make a major difference in health status” (Khaw et al., 2008, as cited in Walsh, 2011).

Tobacco smoking is the cause of more than half million deaths/year in the European Union (EU). Monitoring smoking prevalence is an important tool to evaluate the epidemic and its evolution and to assess the effectiveness of preventive measures. Based on studies from the National Health Survey, it was found that 20.8% of the Portuguese population above 15 years smoke daily, being more prevalent in men (30.6%) than women (11.6%). It was also found that the prevalence of current smokers is particularly high in the age groups from 25 to 34 years (39% of men and 17.6% for women) and 35 to 44 years (44.6% men and 21.2% of women). We found that the prevalence of consumption in men is higher than among women in all age groups, especially for the age group from 35 to 44 years that nearly half of the male population is smoking, 44.6%, against 21.2% in women (Precioso et al., 2009).

According to Eurobarometer 2006, the prevalence of smoking over 15 years in European countries (EU25) in 2006 was 32%, and 37% in men and 27% women. It appears that the average prevalence of smoking in this group of countries is higher than in males. However, other studies show that this situation varies from country to country and in some European countries the prevalence of smoking women is very similar to that of male smokers. For Poland, based on studies it was found that 45% had never smoked, 35% were smokers and 19% were former smokers. Opposed to Portugal, where 64% had never smoked, 24% were smokers and 12% were former smokers (Precioso et al., 2009).
Regarding to alcohol, it is known like one of the oldest intoxicating substances, often abused, and that exerts over man a fascination to experiment it. The reasons for this demand are very diverse, going from personal reasons, to socializing, to economic development or even to the religion itself (Sousa, Abrão, Morgado, Conboy, Oliveira & Pires, 2008). In 1995 for the entire population consuming alcohol, Portugal occupied the 3rd place at global and European level with a consumption of 11 liters and got the same position for the variable with the average wine consumption of 58.4 liters per person/year (Aragon and Sacadura, 2002, as cited in Gonçalves, 2008).

According to the same authors in 1997, Portugal leaded the rankings at global and European level of alcohol consumption with 11.3 liters and the same position for wine consumption of 61 liters. Meanwhile, National Health Survey’s data conducted in 1998/99 reported that in Portugal, alcohol consumption is higher in males than in females and were higher in the age group of 35 - 44 years old (Draken, 2000; Dias Vieira and Neto, 2003 as cited in Gonçalves, 2008). Compared to data from the same study from 1995/96 recorded a decrease in all administrative regions (except Alentejo) and in both sexes. These data allow further noted the reduction of beverages wineries and an increase in beer consumption, the latter becoming the most consumed alcoholic beverage in Portugal with 63.5 liters per capita/ year (Dias Vieira and Neto, 2003; Matias, 2007 as cited in Gonçalves, 2008).

Finally, this study aims to make a comparison between Portuguese and Polish for consumption of substances like coffee, alcohol and tobacco and the perception of quality of life. Kornitzer & Goldberg (1993) generalize harmful consequences of consumption of coffee, tobacco and alcohol, but Ribeiro (2005) stresses inability of pointing one factor of poor quality of life. Taking into account differences between cited
authors and specificity of national context of substances use we decided to formulate following questions:

1. Is there a difference in consumption of harmful substances between people with different level of QOL?
   - Is the consumption of tobacco higher in persons with low quality of life than persons with high quality of life?
   - Is the consumption of coffee higher in persons with low quality of life than persons with high quality of life?
   - Is the consumption of alcohol higher in persons with low quality of life than persons with high quality of life?

2. Is there a difference in consumption of harmful substances between people of polish nationality and Portuguese nationality?
   - Is the consumption of tobacco higher in Poland than Portugal?
   - Is alcohol consumption higher in Poland than Portugal?
   - Is the consumption of coffee higher in Portugal than Poland?
   - Is the perception of QOL higher in Poland than Portugal?

3. Is there an interaction between nationality and quality of life as factors moderating consumption of harmful substances?

Hypothesis we decided to verify are as follows:

1. There is a difference in consumption of harmful substances between people with different level of QOL.
   - The consumption of tobacco is higher in persons with low quality of life than persons with high quality of life;
   - The consumption of coffee is higher in persons with low quality of life than persons with high quality of life;
   - The consumption of alcohol is higher in persons with low quality of life than persons with high quality of life.

2. There is a difference in consumption of harmful substances between people of polish nationality and Portuguese nationality.
   - The consumption of tobacco is higher in Poland than Portugal;
   - The alcohol consumption is higher in Poland than Portugal;
3. There is an interaction between nationality and quality of life as factors moderating consumption of harmful substances.

Method

Participants

The sample consisted of 70 participants divided by nationality (35 of Portuguese nationality and 35 of Polish nationality). This sample consisted of male and female elements and it is understood between ages 21 to 79 years of Portuguese nationality and 19 to 60 of Polish nationality. Participants also varied in educational level like primary, vocational, secondary or university. The Portuguese sample has 18 male and 17 female participants, while the Polish sample has 16 female and 19 male participants.

The Portuguese age was 36.37 years old (SD=17.45).

The Polish age was 28.91 years old (SD=10.74).

Thus the average age obtained in all the 70 participants was 32.64 years old (SD=14.87).

Sampling

The instrument used in this study was a questionnaire consisting on several questions concerning the characterization of the sample, namely gender and age. Also, the questionnaire consisted on questions intended to assess the consumption of harmful substances (tobacco, alcohol and coffee) and perceived QOL. The questionnaire was adapted from the Questionnaire Form Qualeffo41 to Polish and Portuguese versions,
having obtained permission from the authors to use it for academic purposes (in Annex X).

In this study were created some scales to be possible to translate it to levels of QOL, such as “Activities of daily living and mobility” (questions number 1 and 2), “Leisure and social activities” (questions from 3 to 7), “General health perception” (questions from 8 to 10) and “Mental function” (questions from 11 to 19).

We can observe that respondents while conducting the questionnaires expressed mixed reactions. Some of them proved curiosity while others simply made to help in this research. Questions like "What is the use?", "What is the purpose?", "Is it safe?", "Will someone else see my answers?" were made by the inquired, mainly the younger and older people.

**Research design**

Regardless of gender, we chose randomly participants from age 18 to 80 years of age. We carried out 35 questionnaires to polish persons and 35 for persons of portuguese nationality, altogether held 70 questionnaires for this study.

**Materials**

The instrument used in this study was a socio-demographic questionnaire consisting on several questions concerning the characterization of the sample. The socio-demographic questionnaire consisted on questions intended to assess gender, age, consumption of harmful substances (tobacco, alcohol and coffee) and perceived QOL.

The questionnaire (in Annex X) was adapted from the Questionnaire Form Qualeffo41 to polish and portuguese version, having obtained permission from the authors to use it for academic purposes.
Results

All analyses in this study were performed using SPSS Version 21 (edited in 2014 by IBM - SPSS). In this research was used three different tests: Student’s t-test, Mann-Whitney U, Chi-square and Spearman’s Rho. The first one (Student’s t-test) is used to compare the averages and standard deviations of two samples to see if there is a significant difference between them.

<table>
<thead>
<tr>
<th>Nationality</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>QOL Portuguese</td>
<td>35</td>
<td>52.7429</td>
<td>4.73624</td>
<td>.80057</td>
</tr>
<tr>
<td>QOL Polish</td>
<td>35</td>
<td>49.6571</td>
<td>4.53706</td>
<td>.76690</td>
</tr>
</tbody>
</table>

Levene's Test for Equality of Variances

<table>
<thead>
<tr>
<th></th>
<th>Equal variances assumed</th>
<th>Equal variances not assumed</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>.222</td>
<td>2.783</td>
</tr>
<tr>
<td>Sig.</td>
<td>.639</td>
<td>67.875</td>
</tr>
<tr>
<td>t</td>
<td>2.783</td>
<td>67.875</td>
</tr>
<tr>
<td>df</td>
<td>68</td>
<td>.007</td>
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<tr>
<td>Sig. (2-tailed)</td>
<td>.007</td>
<td>3.08571</td>
</tr>
<tr>
<td>Mean Difference</td>
<td>1.10863</td>
<td>.87341</td>
</tr>
<tr>
<td>Std. Error Difference</td>
<td>5.29794</td>
<td>5.29802</td>
</tr>
</tbody>
</table>

Table 1: Independent Samples Test
This one is used when we have a normal distribution (p < 0.01; p<0.05; p<0.001). To the second test (Mann-Whitney U) this test applies to determine whether two independent samples are drawn from populations with identical distributions. An alternative to t-test for two samples when assumptions of normality are violated or when the variables are ordinal level with two or three categories. The third one is Chi-square test that assesses whether paired observations on two variables, expressed in a contingency table, are independent of each other. This is used in nominal tests. The last one (Spearman’s Rho) is a non-parametric correlation test used to measure the strength of association between two variables. The scale of measurement must be ordinal (or interval, ratio).

1. There is a difference in consumption of harmful substances between people with different level of QOL.
   - The consumption of tobacco is higher in persons with low quality of life than persons with high quality of life - This hypothesis was rejected. A chi-square test of independence was performed to examine the relation between consumption of tobacco and level of QOL. The relation between these variables was not statistically significant [X² (1, N = 70)= 0.10, p= 0.75]. Was also used Mann-Whitney U test that proved too the inexistence of statistically significance (U=54.50, p< 0.59).
   - The consumption of coffee is higher in persons with low quality of life than persons with high quality of life – This hypothesis was rejected. A paired-samples t test revealed that there is no statistically significant difference between consumption of coffee and level of QOL [t (49)=1.61, p< 0.11]. Still there is statistically significant relation between drinking coffee and levels of QOL, so
that drinking coffee is associated with higher QOL \( \chi^2 (1, N=70)= 6.46, p=0.01 \).

- The consumption of alcohol is higher in persons with low quality of life than persons with high quality of life - This hypothesis is rejected. Tested in Mann Whitney-U \( U=293, p<0.30 \) and Chi-square \( \chi^2 (1, N=69)=2.78, p=0.1 \) showed that there is no significant relation between drinking alcohol and QOL and there is no statistically significant relation between higher consumption of alcohol and lower QOL. But found statistically significance in the opposite side, meaning that high QOL drink more alcohol (0.98 cup/day) than low QOL (0.46 cup/day).

2. There is a difference in consumption of harmful substances between people of Polish nationality and Portuguese nationality.

- The consumption of tobacco is higher in Poland than Portugal - This hypothesis is rejected. In this hypothesis was used Mann-Whitney U test that proved the inexistence of statistically significance \( U=53.5, p<0.87 \).

- The alcohol consumption is higher in Poland than Portugal - This hypothesis is rejected. Was used Mann-Whitney U test that proved that inexistence of statistically significance \( U=105, p<0.001 \). But found statistically significance in the opposite side, meaning that Portuguese drink more alcohol \( m=37.80\% \) than Polish \( m=18.62\% \).

Evidence that Portuguese drink more than Polish
Figure 1. Bar graph showing the Mean Rank of consumption of alcohol in Polish and Portuguese nationalities.

- The consumption of coffee is higher in Poland than Portugal - This hypothesis is rejected. A paired-samples t-test revealed that there is no statistically significant difference between consumption of coffee and level of QOL \[t (49)=0.37, p<0.72\].

- The perception of QOL is higher in Poland than Portugal - This hypothesis is rejected. A paired-samples t test revealed that there is no statistically significant difference between higher perception of QOL and Polish nationality \[t (68)=2.78, p<0.01\]. But found statistically significance in the opposite side, meaning that Portuguese have higher perception of QOL \(m=52.74\%) than Polish \(m=49.66\%).
3. There is an interaction between nationality and quality of life as factors moderating consumption of harmful substances - This hypothesis is rejected. Was used a Spearman’s Rho correlation test that proved that nationality and QOL aren’t moderating factors in consumption of tobacco, coffee and alcohol but there is a possibility of interaction visible during analyzing data of scale level what is violation of assumptions because there is not enough numbers of participants.

In this research we also found some other interesting results. Two of the measurement factors of QOL used in the questionnaires was leisure, created to assess
the level of social life of each participant, and self-perception of mental health. One of the findings was the relation between consumption of alcohol and level of leisure meaning that people with higher level of leisure (m=33,3%) drink more than lower level of leisure (m=24,34%). Another one was about the relation of consumption of coffee and level QOL meaning that drinking coffee is associated with higher QOL. Also found relation between self-perception of mental health and nationalities, so that perception of mental health is higher in Portugal (m=44,53%) than Poland (26,5%). Finally the last finding showed that there is relation between level of leisure and nationality meaning that Portugal has higher level of leisure (m=10.51%) than Poland (m=9.43%).

Discussion

Based on the results of this research can be said that all the hypothesis were rejected because all the results were contrary to the defined hypothesis. It can be explained because of the low sample (70 participants) that turned to be impossible to test the results on a larger scale. Finally, many of the inquired were young. During the research, specifically at the distribution of questionnaires, we found that there were some differences in behavior between people of Polish and Portuguese nationality. The majority of the inquired Polish people react in a suspicious and reluctant way hesitating to respond at first sight several times asking which the purpose of the questionnaire is while the Portuguese respondents were more receptive. For example, there were Polish people who refused to answer the questionnaire, what did not happen with Portuguese ones. This may also be a factor for the obtained results.
We can understand that there is a difference in behavior between two nationalities. After certain conclusions drawn from the fact that it was explained the true meaning of the study in terms of comparison of consumption of alcohol, tobacco and coffee, may also have been an influencing factor at the time of answering maybe because of shame or fear from the inquired ones.

With this study came a conclusion that for this type of research get real results first of all you have to work mentalities of people, in this case more specifically Polish nationality (since they have been more reluctant to participate). After working on the mentalities and overcome it perhaps you can achieve more reliable results because the ones obtained don’t seem to match to the observed reality about the consumption of alcohol in Poland.

According to similar studies or theorems presented at the beginning of this article in introduction and after all findings was possible to conclude that Portuguese people actually smoke less than Polish people as stated as Precioso et al., (2009) and Eurobarometer (2006) Poland presents higher percentage of smokers (35%) while Portugal features values of 24%, which amounts a difference of 11% between them. Despite this difference in this study no significant differences were found to prove it.

In 1995 according to Aragon and Sacadura (2002), as cited in Gonçalves (2008) for the entire population consuming alcohol, Portugal occupied the 3rd place at global and European level. Relative to alcohol consumption could be determined that there is indeed a difference between these nationalities so that Portugal gets higher consumption values meaning that Portuguese people drink more alcohol presenting consumption values of 37.80% and Polish people 18.62%.
It’s important to emphasize that this research was done thanks of support of Erasmus EU funds because without this help would not have been possible to finish the project by our hands. Finally, it’s important to recognize the support received from Robert Porzak, he has always been able to appreciate this project at the most difficult moments and show that it would be possible to accomplish it as students. Without his help this study wouldn’t be possible to realize. At last but not the least we want to thank Wieslaw Talik, Phd., for his help in this research and all the calculations that were needed.

References


Annex

Kwestionariusz “Twój styl życia”

Opracowany przez Maria Arezes, Joana Ferreira
Zaadaptowany w oparciu o kwestionariusz Qualeffo41 za zgodą autorów.

Ten kwestionariusz dotyczy Twojego zdrowia i niektórych nawyków konsumpcyjnych w odniesieniu do alkoholu, kawy czy papierosów. Proszę o udzielanie precyzyjnych odpowiedzi, które będą zgodne z rzeczywistością. Wszystkie odpowiedzi w tym kwestionariuszu są objęte tajemnicą zawodową.

Narodowość: Portugalska __ Polska __
Płeć: Kobieta __ Mężczyzna __

Wiek: ______

Wykształcenie: Podstawowe __ Zawodowe __ Średnie __ Wyższe__

Codzienna aktywność i mobilność
Te pytania będą odnosić się do obecnej sytuacji.

1. W jaki sposób śpiesz ?
Sen niezakłócony __ Czasami się budzę __ Często się budzę __ Czasami leżę przytomny godzinami __ Czasami mam bezsenne noce __

2. Czy możesz przejść 500 metrów?
Szybko bez zatrzymania __ Wolno bez zatrzymania __ Wolno z przynajmniej jednym zatrzymaniem __ Tylko z pomocą __ Niemożliwe __

Czas wolny, aktywność społeczna

3. Czy uprawiasz teraz jakiś sport?
Tak __ W ograniczony sposób __ W ogóle __

4. Czy masz obecnie jakieś zainteresowania?
Tak __ W ograniczony sposób __ W ogóle __

5. Jak często odwiedzasz kino, teatr itp. ?
Bardzo często __ Często __ W ogóle __ Żadne kino lub teatr nie znajduje się w rozsądnej odległości__

6. Jak często odwiedzałeś swoich przyjaciół i rodzinę w ciągu ostatnich trzech miesięcy?
Jeden raz na tydzień lub częściej __ Jeden raz lub dwa razy w ciągu miesiąca __
Mniej niż jeden raz na miesiąc __ Nigdy __

7. Jak często uczestniczyłeś w działalności społecznej? (kluby, spotkania, kościół, działalność charytatywna itp.) podczas ostatnich 3 miesięcy?
Jeden raz na tydzień lub częściej __       Jeden raz lub dwa razy w ciągu miesiąca __
Mniej niż jeden raz na miesiąc __       Nigdy __

Ogólne postrzeganie zdrowia
8. Ogólnie zwracając uwagę na Twój wiek, powiedziałbyś, że Twoje zdrowie jest:
Wspaniałe __       Dobre __       Satysfakcjonujące __       Godziwe __       W złym stanie __

9. Jakbyś ocenił Twoją ogólną jakość życia w ciągu ostatniego tygodnia?
Wspaniała __       Dobra __       Satysfakcjonująca __       Godziwa__       Uboga __

10. Jakbyś ocenił Twoją ogólną jakość życia w porównaniu do sytuacji sprzed 10 lat?
W tej chwili o wiele lepiej __       W tej chwili trochę lepiej __       Nie się nie zmieniło __       W tej chwili trochę gorzej __       W tej chwili o wiele gorzej __

Funkcje umysłowe – następne pytania będą dotyczyć sytuacji w ciągu ostatniego tygodnia.

11. Czy masz skłonności do bycia zmęczonym?
Rano __       Po południu __       Tylko wieczorem__       Po intensywnym wysiłku __       Prawie nigdy __

12. Czy czujesz się przygnębiony?
Prawie codziennie __       Od trzech do pięciu dni na tydzień __       Jeden lub dwa dni w ciągu tygodnia __       Raz na jakiś czas __       Prawie nigdy __

13. Czy czujesz się samotny?
Prawie codziennie __       Od trzech do pięciu dni na tydzień __       Jeden lub dwa dni w ciągu tygodnia __       Raz na jakiś czas __       Prawie nigdy __

14. Czy czujesz się pełen energii?
Prawie codziennie __  Od trzech do pieciu dni na tydzień __  Jeden lub dwa dni w ciągu tygodnia __  Raz na jakiś czas __  Prawie nigdy __

15. Czy patrzysz z nadzieją w przyszłość?
Nigdy __  Rzadko __  Czasami __  Często __  Zawsze __

16. Czy przejmujesz się drobnymi rzeczami?
Nigdy __  Rzadko __  Czasami __  Często __  Zawsze __

17. Czy łatwo nawiązujesz z innymi kontakty?
Nigdy __  Rzadko __  Czasami __  Często __  Zawsze __

18. Czy w ciągu dnia jesteś w dobrym nastroju?
Nigdy __  Rzadko __  Czasami __  Często __  Zawsze __

19. Czy boisz się, że zostaniesz załkowicie zależny?
Nigdy__  Rzadko __  Czasami __  Często __  Zawsze __

20. W odniesieniu do skali przedstawionej poniżej, oceń swoją jakość życia (z perspektywy psychicznej, fizycznej i społecznego zadowolenia z życia).
Bardzo zła __  Zła __  Przeciętna __  Dobra __  Bardzo dobra __

21. Czy palisz papierosy? Tak __  Nie__
Jesli tak, podaj ile razy w ciągu dnia: _____
Jaki rodzaj tytoniu palisz? : Papierosy __  Cygara __  Fajki __
Elektryczny papieros __  Inne _________________

22. Czy pijesz kawę? Tak __  Nie __
Jesli tak, podaj ile razy w ciągu dnia: _____
Jaki rodzaj kawy lubisz pić najbardziej?  Kawa z ekspresu __  Kawa Americana __
Inne: __________

23. Czy pijesz alkohol? Tak __  Nie __
Jesli tak, podaj ile razy w ciągu dnia: _____ tygodnia: _____ miesiąca: _____
(wypełnij w odpowiednich polach)

Jaki rodzaj alkoholu pijesz? Piwo __  Wino __  Wódka __  Inne: ____________

Dziękujemy za wypełnienie kwestionariusza!
Idade: ______

Nível educacional: Primário __  Curso profissional __  Secundário __  Universitário __

**Actividades do dia-a-dia e mobilidade**

As próximas questões referem-se à sua situação actual.

1. **Como é que dorme?**
   - Dorme sem problemas __
   - Acorda algumas vezes __
   - Acorda muitas vezes __
   - Por vezes fica acordado durante horas __
   - Por vezes tem uma noite sem dormir __

2. **Consegue andar 500 metros?**
   - Depressa e sem parar __
   - Devagar sem parar __
   - Devagar com pelo menos um período (paragem) de repouso __
   - Só com ajuda __
   - Impossível __

**Tempos livres, actividades sociais**

3. **Pratica algum desporto?**
   - Sim __
   - Sim com limitações __
   - Não __

4. **Tem algum passatempo?**
   - Sim __
   - Sim com limitações __
   - Não __

5. **Com que frequência vai ao cinema, teatro, etc?**
   - Muito frequentemente __
   - Frequentemente __
   - Esporadicamente __
   - Não tenho nenhum cinema ou teatro a curta distância __

6. **Com que frequência visitou amigos ou familiares durante os últimos 3 meses?**
7. Quantas vezes participou em actividades sociais (clubes, festas, actividades ligadas à igreja; trabalho voluntário, etc.) durante os últimos 3 meses?

Uma ou mais vezes por semana __ Uma ou duas vezes por mês __ Menos de uma vez por mês __ Nunca __

Percepção da saúde em geral

8. Para a sua idade, no geral, diria que a sua saúde é:

Excelente __ Boa __ Satisfatória __ Razoável __ Má __

9. Como classifica a sua qualidade de vida global na última semana?

Excelente __ Boa __ Satisfatória __ Razoável __ Má __

10. Como classifica a sua qualidade de vida global comparada com a que tinha há dez anos?

Muito melhor agora __ Um pouco melhor agora __ Na mesma __ Um pouco pior agora __ Muito pior agora __

Função mental

As próximas nove questões referem-se à sua situação na última semana.

11. Tem tendência para se sentir cansado?

De manhã __ De tarde __ Só à noite __ Após atividade muito cansativa __ Quase nunca __

12. Sente-se "em baixo"?
Quase todos os dias __ 3 a 5 dias por semana __ 1 a 2 dias por semana __ Por vezes __ Quase nunca __

13. Sente-se "sozinho"?

Quase todos os dias __ 3 a 5 dias por semana __ 1 a 2 dias por semana __ Por vezes __ Quase nunca __

14. Sente-se cheio de energia?

Quase todos os dias __ 3 a 5 dias por semana __ 1 a 2 dias por semana __ Por vezes __ Quase nunca __

15. Tem esperanças no seu futuro?

Nunca __ Raramente __ Por vezes __ Muitas vezes __ Sempre __

16. Preocupa-se com coisas sem importância?

Nunca __ Raramente __ Por vezes __ Muitas vezes __ Sempre __

17. Considera fácil contactar com outras pessoas?

Nunca __ Raramente __ Por vezes __ Muitas vezes __ Sempre __

18. Anda bem disposto a maior parte do dia?

Nunca __ Raramente __ Por vezes __ Muitas vezes __ Sempre __

19. Tem medo de ficar totalmente dependente?

Nunca __ Raramente __ Por vezes __ Muitas vezes __ Sempre __

20. De acordo com esta escala, classifique a sua qualidade de vida (a partir da sua própria perspectiva de bem-estar mental, físico e social).

Muito pobre __ Pobre __ Razoável __ Bom __ Muito bom __
21. Fuma? Sim __ Não __
Se sim, por favor indique a quantidade diária: _____
Que tipo de tabaco fuma: Cigarros __ Charutos __ Cachimbo __ Cigarro electrónico __ Outro: _________________

22. Bebe café? Sim __ Não __
Se sim, por favor indique a quantidade diária: _____
Que tipo de café bebe? Expresso __ Americano __ Outro: __________

23. Bebe álcool? Sim __ Não __
Se sim, por favor indique a quantidade diária: _____ ou semanal: _____ ou mensal: _____ (escreva no campo apropriado)
Que tipo de bebida alcoólica bebe? Cerveja __ Vinho __ Vodka __ Outro: __________

Obrigada por preencher este questionário!

Questionnaire “Your Lifestyle”

(Prepared by: Joana Ferreira, Maria Arezes
with adaptation of question form Qualeffe41 Questionnaire with permission of Authors)

This questionnaire is about your health and some habits of consumption of substances like alcohol, coffee or tobacco. Please answer as close as possible to reality. All answers of this questionnaire are confidential.

Nationality: Portuguese __ Polish __
Activities of Daily Living and Mobility
The next questions regard the situation at present.

1. How well do you sleep?
   Sleep undisturbed __  Wake up sometimes __  Wake up often __  Sometimes I lie awake for hours __  Sometimes I have a sleepless night __

2. Can you walk 500 meters?
   Fast without stopping __  Slowly without stopping __  Slowly with at least one stop __  Only with help __  Impossible __

Leisure, Social Activities
3. Do you play any sport now?
   Yes __  Yes with restrictions __  Not at all __

4. Do you perform any hobby now?
   Yes __  Yes with restrictions __  Not at all __

5. How often do you visit a cinema, theatre, etc.?
   Very often __  Often __  Not at all __  No cinema, or theatre within a reasonable distance __

6. How often did you visit friends or relatives during the last 3 months?
   Once a week or more __  Once or twice a month __  Less than once a month __  Never __

7. How often did you participate in social activities (clubs, social gatherings, church activities, charity etc.) during the last 3 months?
   Once a week or more __  Once or twice a month __  Less than once a month __  Never __
General Health Perception

8. For your age, in general, would you say your health is:
   Excellent __   Good __   Satisfactory __   Fair __   Poor __

9. How would you rate your overall quality of life during the last week?
   Excellent __   Good __   Satisfactory __   Fair __   Poor __

10. How would you rate your overall quality of life compared with 10 years ago?
    Much better now __   Slightly better now __   Unchanged __   Slightly worse now __   Much worse now __

Mental function - The next nine questions regard the situation in the last week.

11. Do you tend to feel tired?
    In the morning __   In the afternoon __   Only in the evening __   After strenuous activity __   Almost never __

12. Do you feel downhearted?
    Almost every day __   Three to five days a week __   One or two days a week __   Once in a while __   Almost never __

13. Do you feel lonely?
    Almost every day __   Three to five days a week __   One or two days a week __   Once in a while __   Almost never __

14. Do you feel full of energy?
    Almost every day __   Three to five days a week __   One or two days a week __   Once in a while __   Almost never __
15. Are you hopeful about your future?
   Never __  Rarely __  Sometimes __  Quite often __  Always __

16. Do you get upset over little things?
   Never __  Rarely __  Sometimes __  Quite often __  Always __

17. Do you find it easy to make contact with people?
   Never __  Rarely __  Sometimes __  Quite often __  Always __

18. Are you in good spirits most of the day?
   Never __  Rarely __  Sometimes __  Quite often __  Always __

19. Are you afraid of becoming totally dependent?
   Never __  Rarely __  Sometimes __  Quite often __  Always __

20. According to this scale, classify your Quality of Life (from your own perspective of mental, physical and social well-being).
   Very poor __  Poor __  Fair __  Good __  Very good __

21. Do you smoke? Yes __  No __
   If yes, please assess how many times daily: _____
   What type of tobacco do you smoke: Cigarettes __  Cigars __  Pipe __
   Electronic cigar __  Other __________________——
22. Do you drink coffee? Yes ___ No __
If yes, please assess how many times daily: ____

What kind do you prefer to drink? Express ___ American ___ Other: __________

23. Do you drink alcohol? Yes ___ No __
If yes, please assess how many times daily: _____ or weekly: _____ or monthly: _____ (write in one appropriate field)

What kind of alcoholic drink? Beer ___ Wine ___ Vodka ___ Other: __________

Thank you for filling the questionnaire!