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**SARA CATARINA  
DUARTE MATOS  
DO COUTO**

**ESCALA DE OCUPAÇÃO DE TEMPO  
*SCALE OF TIME OCCUPATION***



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Dissertação apresenta à Universidade de Aveiro para cumprimento dos requisitos necessários à obtenção do grau de Mestre em Psicologia da Saúde e Reabilitação Neuropsicológica, realizada sob a orientação científica do Professor Doutor José Ignacio Martín, Professor Auxiliar do Departamento de Educação e Psicologia da Universidade de Aveiro

*“Devemos promover a coragem onde há medo, promover o acordo onde  
existe conflito, e inspirar esperança onde há desespero”  
Nelson Mandela*

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**palavras-chave**

Ocupação de Tempo; Qualidade de Vida; Idosos; Género.

**resumo**

Através da análise da Escala de Ocupação de Tempo (TOS) este estudo teve como objetivo identificar e caracterizar a utilização de tempo por parte das pessoas com idades superiores a 50 anos, seguindo-se do reconhecimento das diferenças entre diversas atividades na relação com a qualidade de vida. A sua finalidade permitirá, então, estruturar medidas preventivas, no sentido de melhorar a qualidade de vida por meio da promoção de determinadas atividades.

**keywords**

Time occupation; Quality of life; Older people; Gender.

**abstract**

Through the analysis of the Time Occupancy Scale (TOS) this study aimed to identify and characterize the use of time by people over 50 years of age, following the recognition of the differences between different activities in the perspective of the ability to predict the quality of life. Its purpose will then be to structure preventive measures in order to improve the quality of life through the promotion of certain activities.

## **Index**

Introduction .....	10
Methodology.....	12
Sample.....	12
Instruments .....	13
Procedure.....	14
Results .....	15
Descriptive Analysis of Time Occupation Scale and Quality of Life Scale .....	15
Predictive Validity per Item on the Time Occupation Scale.....	19
Discussion.....	23
References .....	26
Appendices .....	30
Appendix 1 .....	30
Appendix 2 .....	31
Appendix 3 .....	32



## **Index of Tables**

<b>Table 1</b> - Sample Stratification .....	12
<b>Table 2</b> - Distribution of socio-demographic variables .....	13
<b>Table 3</b> – Distribution and frequency of the items on the Time Occupation Scale .....	16
<b>Table 4</b> - Distribution of the WHOQOL dimensions - Quality of Life .....	17
<b>Table 5</b> - WHOQOL - Quality of Life dimensions comparison test between sex.....	17
<b>Table 6</b> - Correlation coefficient between age, education and the domains of the Quality of Life Scale.....	18
<b>Table 7</b> - Correlation coefficient between WHOQOL and Time Occupation Scale .....	21
<b>Table 8</b> - Analysis by global external validity item and by gender .....	22

## **Introduction**

The occupation of time has been highlighted in the literature because it allows direct preventive measures concerning healthy and unhealthy activities. The time occupancy varies according to the moment of human development, namely, the interest in different activities keeps varying throughout the stages of life, personality development and social changes (García, 2010; Papalia, Feldman & Martorell, 2013). Middle age and old age are the stage where major restructuring of social roles often takes place: separation of children, the stage in life where they become a grandfather or a grandmother, a change of job or career, and, eventually, the phase of retirement (Papalia, et al., 2013).

Studies show that engaging in activities in late adulthood is an essential component for a healthy aging (Silverstein & Parker, 2002, as cited in Adams, et al., 2011). According to the theory of activities, the greater the participation in various occupations, i.e adopting a more active lifestyle, the better the adaptation to the loss of productive activities at the time of retirement (Havighurst, et al., 1968, as cited in Silverstein & Parker, 2002; Bakhurst, 2009). While some older individuals take advantage of the opportunity to explore new activities, others tend to feel lost after practicing a long-term profession (Nimrod & Adoni, 2006).

Although there isn't an universal description of what these activities comprise, cultural and political issues lead to considering paid work, agricultural activities or raising animals, domestic work, social activities, cultural and leisure activities, sports activities, educational and formative activities, volunteer work, and informal caring, as the activities more commonly engaged.

According to this study, paid work is defined as a productive economic activity for which a monetary amount is received. Several authors have pointed out that there is an association between paid work and quality of life in all areas, such as satisfactory work is related to quality of life, thus avoiding early retirement (Tavakoli-Fard, Mortazavi, Kuhpayehzadeh & Nojomi, 2016).

Agricultural activities or animal husbandry are the processes that are carried out by subjects who aim at the development of agriculture and livestock. Domestic work is the activity of cleaning and organizing the home for family welfare. Social activities are a set of interactions of a social nature. Cultural and leisure activities are actions that aim at involving the older people with the surrounding environment. Also it is imperative to

emphasize that leisure is a personal and subjective activity, and by practicing these activities, people improve their quality of life because they socialize, feel positive emotions and get extra skills and knowledge (Brajša-Žganec, Merkaš, & Šverko, 2011; Doimo, Derntl & Lago, 2008).

Sports activities are motor development practices. At least 30 minutes of moderate intensity physical activity, preferably every day of the week, is recommended for the adult population (Vuillemin et al., 2005). According to Balboa-Castillo, León-Muñoz, Graciani, Rodríguez-Artalejo and Guallar-Castillón (2011), older people who engage in daily physical activity have been found to be associated with a better quality of life in the long term, and this could reduce the decline in age. In addition, men perform more physical activity than women.

The educational and formative activities are characterized as a means to ensure the accompaniment of the older people in the process of learning new skills. Volunteer work is a set of actions of social and community interest without remuneration. In Portugal, as like several countries, the volunteer work performed by older people is becoming more and more relevant (Marques, Sánchez & Vicario, 2014). Finally, an informal caregiver is considered to be a family member who provides assistance, on a permanent basis, to a family member who is in a situation of dependency due to disability or incapacity.

Adherence to these activities may be related to several factors, including social network, health status, marital status, schooling, professional situation, age and gender (Cabral, Ferreira, Silva, Jerónimo & Marques, 2013; Silverstein & Parker, 2002). Healthy aging presumes an adaptive response capacity to the obstacles created by advancing age (Oliveira et al., 2010). In view of the increase in the number of older people and the decrease in the birth rate, ageing has been playing an extremely important role in several countries, including Portugal (INE, 2011). However, thanks to the advancement of science, an improvement in the quality of life of the older people is truly possible (Rodrigues et al., 2018).

In addition to ageing, this research also separates genders. Gender differences i.e., psychological or behavioral differences between men and women. Besides biological and physiological differences, these vary according to the society in which people are interleaved as well as their environment and their culture (Avital, 2015; Papalia et al., 2013; WHO, 2020). The selection of the activities between gender varies according to

cultural stereotype (Avital, 2015). With regard to quality of life and gender differences, it is women who report more health problems over the years (Chen, Liu, Shi, Sun, Zhang, Wang, Jia, Zhao & Yao, 2020).

In 1982, Moss and Lawton stated that the study of the occupation of time as a characteristic of the daily flow was an approach rarely used to understand the lifestyles of the olders. Currently, the existence of literature on theme combined with gender differences is scarce mainly in the national context.

The aim of this study is to identify and characterize the use of time by people over 50 years old, followed by the recognition of the differences between various activities in the perspective of the ability to predict the quality of life. It has, as specific goals, the realization of the descriptive analysis of the data, understand the influence of age, schooling, and gender in different activities and the predictive validity of each item of the Time Occupation Scale.

The result of this study will allow the structuring of preventive measures in order to improve the quality of life through the promotion of certain activities.

## **Methodology**

### **Sample**

The total sample included 339 participants over 50 years old who were not institutionalized. There were no exclusion criteria.

A stratified random sampling was used. The percentages of each stratum were prepared according to the 2001 Census (INE, 2002) of this municipality (Table 1).

**Table 1 - Sample Stratification**

Age group	N	%
50 – 59 years	134	39,5
60 – 69 years	107	31,6
70 – 79 years	67	19,8
≥ 80 years	31	9,1
Total	339	100

As shown in Table 2, the sample consists of a total of 339 participants, out of which 158 (46.6%) are men and 181 (53.4%) are women. The mean age is 64.4 years (sd= 9.25);

mostly married or non-marital partnership (n = 278; 82.3%), with the presence of singles, widowed, separated, or divorced relatively small (n = 60; 17.7%). Low educational levels are really high. 11.5% are illiterates, and 24.8% attended elementary school but did not complete it, and the remain 63.7% completed at least primary school.

**Table 2** - Distribution of socio-demographic variables

	Min/Max	Avg/sd
Age	50-91	64.4 (9.3)
	n	%
Gender		
Male	158	46.6
Female	181	53.4
Educational Levels		
Illiterates	38	11,5
Did not complete elementary school	82	24.8
Primary School	188	56.8
Preparatory School	15	4.5
High School	3	0.9
Professional School	4	1.2
University Teaching	1	0.3
Civil Status		
Single	16	4.7
Married	277	82.0
Widower	40	11.8
Separated/divorced	4	1.2
Nonmarital partnership	1	0.3

## Instruments

As previously mentioned, this analysis is the result of a previous research from which quality of life and social development data were used, namely time occupation scales and quality of life, as well as identification and context items.

The Quality of Life Scale [WHOQOL - Bref] (WHOQOL Group, 1998; Canavarro, 2006) aims at evaluating the quality of life, and recognizing the multidimensional nature of this concept. This is a version consisting of 26 questions of the reduced version that obtained the best psychometric performances extracted from the

WHOQOL - 100. This instrument evaluates four domains related to physical, psychological, social, and environmental extension concerning the quality of life (Appendix 3).

The Time Occupation Scale (Duarte & Martín, 2008) evaluates the accomplishment of 9 activities of occupation of time that were perceived to be the most produced; paid work, agricultural activities or animal breeding, domestic work, social activities, cultural and leisure activities, sports activities, educational and formative activities, volunteer work, and the provision of care at informal level. The activities were selected with the purpose of covering productive activities as well as social and recreational activities, in order to be able to evaluate a greater number of occupations of time. This scale is composed of dichotomous yes/no questions; if the answer is yes, there are gradation answer questions that vary between rarely, sometimes, ½ times per year and every day (Appendix 1).

## **Procedure**

This study uses the database of another more wide-ranging research scheme called *Needs Profile and Quality of Life of People in the Ageing Process of Guimarães Council* (Martín, Duarte, Póvoa & Duarte, 2009).

The data was collected through personal contact at home. Before the delivery of the questionnaire, the goals of the study and the circumstances regarding the collection of information were explained. The reservation and confidentiality of the collected data were also guaranteed. Each questionnaire was accompanied by a declaration of informed consent in accordance with the Declaration of Helsinki (World Medical Assembly, 1964). This protocol was administered in a unique moment with the duration of 45 minutes.

This study used linear regression models as a method of analysis of time occupation items in their capacity of predicting external validity. The analyses were realized with aggregated data as well as through gender disaggregation.

The statistical analysis was performed by the SPSS - Statistical Package for the Social Sciences 24.0 software.

## **Results**

### **Descriptive Analysis of Time Occupation Scale and Quality of Life Scale**

Regarding the distribution of the items on the Time Occupation Scale (Table 3), most participants occupied their time in social activities (96.1%), domestic work (63%), and agricultural activities (52.5%). It was also verified that only a small part of the participants were involved in a paid job (21.4%) and approximately half of the participants practiced sports activities (41.2%). Regarding the distribution of informal support, we found that out of the participants who practiced the informal support (n=40), the majority provided informal support to to the husband (22.2%), son (22.2%) and parents (22.2%).

The activities that occurred most frequently (Table 3) were Social Activities, Informal Support, Domestic Work, Paid Work, and Agricultural Activities (avg $\approx$ 4).

There are statistically significant associations between gender and the performance of Time Occupation Scale activities. Gender is associated with the performance of domestic work ( $p = .000$ ), most of it being done by women (90.0%), and agricultural activities ( $p = .022$ ), most of it being done by men (59.4%) (Table 3).

The age group is associated to paid work ( $p = .000$ ), being practiced mostly from 50 to 64 years of age (83.3%), and domestic work ( $p = .001$ ), being practiced mostly from 50 to 64 years of age (57%). It is also associated to volunteer work ( $p = .017$ ), being practiced mostly from 50 to 64 years of age (83.3%), and informal support ( $p = .035$ ), being practiced mostly from 50 to 64 years of age (75%).

**Table 3** – Distribution and frequency of the items on the Time Occupation Scale

	Total N= 339								Male Gender N= 158								Female Gender N= 181							
	Yes		Frequency						Yes		Frequency						Yes		Frequency					
	n	%	n	Avg	sd	Min	Max	n	%	n	Avg	dp	Min	Max	n	%	n	Avg	dp	Min	Max			
Paid work	72	21.4	68	3.7	0.9	0	4	38	24.4	26	3.9	0.6	1	4	34	18.8	32	3.7	1.1	0	4			
Agricultural activities	176	52.5	164	3.6	0.9	0	4	92	59.4	85	3.6	0.8	0	4	84	46.7	79	3.7	0.9	0	4			
House work	211	63	203	3.7	0.8	1	4	49	31.6	48	2.9	1.3	1	4	162	90.0	155	3.9	0.4	1	4			
Social activities	320	96.1	303	3.8	0.6	0	4	148	96.1	141	3.7	1.3	0	4	172	96.1	162	3.8	0.6	0	4			
Cultural and leisure activities	67	20.1	66	1.4	1.0	0	4	33	21.4	33	1.4	0.6	0	4	34	18.9	33	1.3	1.0	0	4			
Sports activities	138	41.2	134	3.1	1.0	0	4	62	40.3	60	3.2	1.1	0	4	76	42.0	74	3.0	1.1	0	4			
Educational and formative activities	10	3	10	1.4	0.8	1	3	2	1.3	2	2.0	1.4	1	3	8	4.4	8	1.3	0.7	1	3			
Volunteer work	21	6.3	21	2.4	1.3	0	4	11	7.1	11	2.6	1.3	0	4	10	5.6	10	2.2	1.3	0	4			
Informal support	40	11.9	40	3.8	0.6	1	4	15	9.7	15	4.0	0.0	4	4	25	13.8	25	3.7	0.8	1	4			



From the distribution of the dimensions of the Quality of Life Scale (WHOQOL), the Perception of Quality of Life (avg  $\approx 3$ ) indicates that it is neither good nor bad, and the Satisfaction with Health (avg  $\approx 3$ ) indicates that it is neither satisfied nor dissatisfied. The Physical Domain, the Psychological Domain and the Social Relations Domain present (avg  $\approx 4$ ), which indicates a degree of considerable domain and the Environmental Domain presents (avg  $\approx 3$ ) that indicates a degree of moderate domain (Table 4).

**Table 4** - Distribution of the WHOQOL dimensions - Quality of Life

<b>WHOQOL – Quality of Life</b>					
	N	Avg	sd	Min	Máx
Perception of Quality of Life	333	3.4	0.6	1	5
Health Satisfaction	326	3.3	0.9	1	5
Physical Domain	317	3.5	0.7	1	5
Psychological Domain	321	3.7	0.5	2	5
Environment Domain	316	3.0	0.4	1	4
Social Relations Domain	293	3.8	0.4	2	5

The comparison of the WHOQOL domains - Quality of Life reveals that there are statistically significant differences between gender, whose averages were higher in men, namely Health Satisfaction ( $p=0.003$ ), Physical Domain ( $p=0.000$ ), and Psychological Domain ( $p=0.000$ ).

**Table 5**- WHOQOL - Quality of Life dimensions comparison test between sex

<b>WHOQOL – Quality of Life</b>								
	Female Gender			Male Gender			dif.	p
	n	avg	sp	n	avg	sp		
Perception of Quality of Life	179	3,4	0,6	154	3,4	0,6	0,0	0,686
Health Satisfaction	176	3,2	0,9	150	3,4	0,9	-0,3	0,003
Physical Domain	169	3,3	0,7	148	3,6	0,7	-0,4	0,000
Psychological Domain	172	3,6	0,5	149	3,8	0,5	-0,2	0,000
Social Relations Domain	148	3,8	0,3	145	3,8	0,4	0,0	0,603
Environment Domain	166	3,0	0,3	150	3,0	0,4	0,0	0,807

The statistically significant correlation has been verified between age and dimensions of the WHOQOL - Quality of Life, where age, is negatively correlated with all dimensions of the Quality of Life Scale. The most strongly correlated dimension is the Physical Domain, followed by the Social Relations Domain, and the Psychological Domain. On the other hand, schooling is positively correlated with all the dimensions of the WHOQOL - Quality of Life with the exception of the Perception of the Quality of Life and the Environment Domain. The most strongly correlated dimension is the Physical Domain, followed by the Psychological Domain, and the Social Relations Domain (Table 5).

**Table 6** - Correlation coefficient between age, education and the domains of the Quality of Life Scale

	Age	Schooling
Perception of Quality of Life	-.135*	.105
Health Satisfaction	-.188**	.204**
Physical Domain	-.338**	.338**
Psychological Domain	-.249**	.271**
Social Relations Domain	-.264**	.250**
Environment Domain	-.181**	.074

This sample contains representative values for the Portuguese population, since they do not diverge when compared with other studies, and the quality of life levels are lower than other samples, since the demographic context pointed out by the aging population highlights a significant increase in people with multiple pathologies, as well as chronic diseases (Martin, et al., 2009; SNS,2018).

## **Predictive Validity per Item on the Time Occupation Scale**

From the correlation of the Quality of Life Scale domains and the frequency of the Time Occupancy Scale activities (Table 7), there are statistically significant correlations.

The Quality of Life in the Physical Domain is linked to paid work ( $r = .323$ ;  $r = .144$ ). Paid work is almost always practiced between 50 and 65 years old as it is the approximate retirement age in Portugal (Table 7; Table 8).

There is an apparently strange effect on the influence of agricultural work on Quality of Life. Agricultural work is correlated positively to the Physical ( $r = .261$ ), Psychological ( $r = .169$ ) and Social Relations ( $r = .164$ ) Domains, especially in men in the Physical ( $r = .451$ ) and Psychological ( $r = .303$ ) Domains. The correlation effect almost doubles between the overall sample and that of men (Table 7). In the regression model, agricultural activities present a negative result ( $r = -.017$ ). It does not appear in men because its variance is almost zero (Table 8).

This can mean that the younger men benefit from quality of physical life while doing paid work, where as the older men benefit from quality of physical life while doing agricultural activities. This would also explain the high frequency of agricultural activities among men that may not only be associated with social issues of survival but also with a coping strategy to protect the quality of physical and psychological life.

In the male gender, the educational and formative activities correlate ( $r = -1.000$ ) negatively with the Physical, Psychological, and Social Relations Domains (Table 7). The regression model also shows negative values ( $r = -.286$ ;  $r = -.333$ ;  $r = -.333$ ) (Table 8). After a bootstrap analysis to check the profile of these men, it was found that they belonged to a very specific minority; younger, married, with low education and possible development of depression. However, many older people wish to develop formative skills and abilities as they did not have the opportunity to develop them in the past. So, formative and educational activities can play an important role in giving more meaning to this stage of life, improving it. (García, 2010).

As far as the female gender is concerned, social activities have a positive impact on the Social Relations Domain, either in the correlation ( $r = .229$ ) or in the regression model ( $r = .229$ ); 85.2% female practice this activity daily (Table 7; Table 8). Most women have carried out their life projects in the family sphere, playing an important role as caregivers, which means that when they reach old age, they have a reduced social network (García,

2010). It is believed that women relate more within the family and their social activities are activities as caregivers.

Cultural and leisure activities ( $r=.276$ ) positively predict the Environmental Domain in terms of aggregate data (Table 7). It is also practiced by men ( $n=34$ ) and women ( $n=33$ ) although infrequently ( $avg\approx 1.4$ ). After a bootstrap analysis, it appears that these activities are carried out by younger people with higher educational qualifications. Considering that these activities are necessarily related to the involvement and well-being in the environment, it is assumed that when practiced by a minority, they did not have an impact when the data were disaggregate.

**Table 7 - Correlation coefficient between WHOQOL and Time Occupation Scale**

Frequency of TOS activities	WHOQOL Domain					WHOQOL Domain					WHOQOL Domain			
	Physical	Psychological	Social Relations	Environment		Physical	Psychological	Social Relations	Environment		Physical	Psychological	Social Relations	Environment
Paid work	.323*	.217	.158	.102	Male Gender N = 158	.162	-.174	.020	-.074	Female Gender N = 181	.353	.321	.222	.195
Agricultural activities	.261*	.169*	.164*	.092		.451*	.303*	.162	.128		.089	.032	.173	.047
House work	-.070	-.020	-.058	.089		.143	.160	-.061	.178		.102	.117	.005	.109
Social activities	.056	-.003	.064	.107		.132	.084	-.040	.122		.020	-.047	.229*	.081
Cultural and leisure activities	.142	.008	.171	.276*		.231	.118	.219	.329		-.063	-.158	.062	.193
Sports activities	.170	.057	.118	.129		.204	.177	.030	.190		.136	-.048	.237	.074
Educational and formative activities	.332	-.224	-.104	.261		-1.000*	-1.000*	-1.000*	b		.373	-.074	.447	.303
Volunteer work	.026	.313	.167	.015		.194	.010	.309	.134		-.165	.570	-.077	-.211
Informal support	.122	.005	-.159	-.136		b	b	b	b		.068	-.123	-.221	-.150

**Table 8 - Analysis by global external validity item and by gender**

		Variables	R	F/t (gl)		Variables	R	F/t (gl)		Variables	R	F/t (gl)
WHOQOL – Physical Domain	Total N= 339	Paid work	.144	1.253	Male Gender N= 158	Educational and	-.286	.	Female Gender N= 181			
		Agricultural activities	-.017	-.094		formative activities	5.143	.				
		Constant	3.568	4.130		Constant	1.000	. (1)				
WHOQOL – Psychological Domain	Total N= 339	Paid work	.144	1.253	Male Gender N= 158	Educational and	-.333	.	Female Gender N= 181			
		Agricultural activities	-.017	-.094		formative activities	4.667	.				
		Constant	3.568	4.130		Constant	1.000	. (1)				
WHOQOL – Social Relations Domain	Total N= 339	Paid work	.144	1.253	Male Gender N= 158	Educational and	-.333	.	Female Gender N= 181	Social activities	.130	2.677
		Agricultural activities	-.017	-.094		formative activities	4.667	.		Constant	3.257	17.461
		Constant	3.568	4.130		Constant	1.000	. (1)			.229	7.165 (1)
WHOQOL - Environment Domain	Total N= 339	Paid work	.144	1.253	Male Gender N= 158				Female Gender N= 181			
		Agricultural activities	-.017	-.094								
		Constant	3.568	4.130								
			.243	.819 (2)								

## **Discussion**

In this sample, only 10 participants performed educational and training activities, being, as mentioned, belonging to a very specific minority, which did not allow us to reach a conclusion. Garcia (2010) states that the higher the educational level of individuals, the greater their interest and participation in educational and training activities. In this context, it is estimated that the participation of the elderly in these activities will increase exponentially in the coming years, as schooling has been increasing.

In the present study, only 5.6% of women do volunteer work on a weekly basis. According to Schalock and Verdugo (2003), voluntary work is an activity of greater importance for women, with leisure activities, paid and voluntary work being indicators of quality of life (Schalock & Verdugo, 2003). That said, the same result was possible to be reported in this study.

Silverstein and Parker (2002) stated that participation in leisure, sports, volunteer and social activities can compensate for deficits in other aspects of the lives of the older people. Therefore, significant involvement in these activities leads to successful aging (Silverstein & Parker, 2002; Hebestreit, 2008).

Only 20.1% of the sample performed cultural and leisure activities, and when the data disaggregated, it had no impact. According to Agahi and Parker (2008, as cited in Papalia et al., 2013), leisure activities can be as beneficial to health and well-being as participation in productive activities although this effect is greater for women. According to Martínez e Marroquín (2005, as cited in Marques, Sánchez & Vicario, 2014; Jeong & Park, 2020), stimulating culture and leisure has proven to be an important factor in the quality of life and a resource of first magnitude to stimulate lifelong development. Davim, Dantas, Lima and Lima (2003) considered this activity essential to the conservation of health and self-esteem of the individuals. They also affirmed that the daily practice of leisure activities arouses more motivation, pleasure, optimism, and hope (Davim, et al., 2003; Yoon, Lee, Kim & Moon 2020). This statement supports the results that respect to male gender but contradicts the conclusions of this study.

It should be noted that especially in men, the variables of paid work and agricultural activities behave in a dichotomous manner, since before retirement, men perform professional duties, and after retirement, they practice agriculture. In men, educational and formative activities also correlate. That being said, it can be concluded that men are

identified with more productive activities that influence their quality of life. This idea of productive activities linked to the male gender is very much evidenced in the Portuguese population since the man is more valued for what he produces.

On the contrary, the female gender feels better through the social relationships they create. By practicing social activities, they positively influence the domain of social relations. Depression in older women can be explained by this association, as the loss of social contacts leads to social isolation. In a study of older people, the author stated that social activities related to mental health are more important than physical health aspects (Toepoel, 2013). On the study Naud et al., (2019) was compared the participation of social activities between men and women, being that the female gender the had a greater participation in this activities once the men reported having "personal barriers" or being too busy. This study leads to the conclusion that social activities are more valued by the female gender. According to Sepúlveda-Loyola et al., (2020) participation in social activities by women is associated to a better functionality, health status and educational level.

Currently, the most important thing in aging is not the longevity, but the quality of life of the older individuals (Vega & Martínez, 2000). It is extremely important to encourage the practice of activities that provide well-being, namely social activities for the female gender and productive type activities for the male gender, as has been proved by the research already carried out.

One of the limitations of this study was the lack of universality of the concept of these activities, which led to a difficulty in searching for literature. This coupled with differences in gender made the task even more complicated. On the other hand, the scarcity of literature provides an innovative character to the present study.

The fact that the sample collected belongs to 2009 became another limitation of this study, since with the technological and cultural advances the interests of the elderly may have changed. Like retirement age imposes a big difference over the years, in 2009 the retirement age would be 62 years (according law n.º 60/2005) and in 2020 it would be 66 years and 6 months (according ordinance n.º 50/2019), this fact can influence the choice of activities. Updating this information would make it possible to compare the conclusions of this study with a more recent one.

This study used sample analysis by analyzing the behavior of variables, taking into account their heterogeneity in relation to age and gender, including mutual nullification of



results. For further studies, it is recommended to analyze different profiles of older people, wherein the quality of life can be influenced by the activities, instead of analyzing how the variables influence the quality of life.

It would also be interesting to study marital status, namely widowhood related to the occupation of time and quality of life, this is because widowhood has the worst level of quality of life. According to Umberson, et al., (1992, as cited in Silverstein & Parker, 2002) this marital status increases vulnerability to depression and, through the literature, social interaction and the practice of significant activities has been considered an effective strategy to decrease negative psychological effects (Silverman, 1985, as cited in Silverstein & Parker, 2002).

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## Appendices

### Appendix 1

Q	Escala de Ocupação do Tempo			
<b>Q1. Trabalho remunerado</b>				
	Desenvolve algum tipo de trabalho remunerado?			Sim *      Não *
	Se <b>Sim</b> , com que frequência:			
	Raram/nunca *	Algumas vezes/ano *	½ vezes mês *	Semanal/t _____ todos os dias *
<b>Q2. Atividades agrícolas ou criação de animais</b>				
	Desenvolve algum tipo de trabalho agrícola ou de animais?			Sim *      Não *
	Se <b>Sim</b> , com que frequência:			
	Raram/nunca *	Algumas vezes/ano *	½ vezes mês *	Semanal/t _____ todos os dias *
<b>Q3. Trabalho doméstico</b>				
	Desenvolve algum tipo de trabalho doméstico, como lavar roupa, coser roupa, e limpar a casa?			Sim * Não *
	Se <b>Sim</b> , com que frequência:			
	Raram/nunca *	Algumas vezes/ano *	½ vezes mês *	Semanal/t _____ todos os dias *
<b>Q4. Atividades sociais</b>				
	Costuma conversar com familiares, vizinhos ou amigos?			Sim *      Não *
	Se <b>Sim</b> , com que frequência:			
	Raram/nunca *	Algumas vezes/ano *	½ vezes mês *	Semanal/t _____ todos os dias *
<b>Q5. Atividades culturais e de lazer</b>				
	Costuma ir a espetáculos culturais (cinema, teatro, conferências, concertos, exposições)?			Sim *      Não *
	Se <b>Sim</b> , com que frequência:			
	Raram/nunca *	Algumas vezes/ano *	½ vezes mês *	Semanal/t _____ todos os dias *
<b>Q6. Atividades desportivas</b>				
	Costuma praticar atividades desportivas (natação, fitness, ginástica, ciclismo, caminhar)?			Sim *      Não *
	Se <b>Sim</b> , com que frequência:			
	Raram/nunca *	Algumas vezes/ano *	½ vezes mês *	Semanal/t _____ todos os dias *
<b>Q7. Atividades educativas e formativas</b>				
	Desenvolve algum tipo de formação contínua, como por exemplo, no âmbito da informática, da formação artística, da costura, da cozinha ou ao nível de outros idiomas?			Sim *      Não *
	Se <b>Sim</b> , com que frequência:			
	Raram/nunca *	Algumas vezes/ano *	½ vezes mês *	Semanal/t _____ todos os dias *
<b>Q8. Trabalho de voluntariado</b>				
	Desenvolve algum tipo de atividades ao serviço de alguma instituição, organização?			Sim *      Não *
	Se <b>Sim</b> , com que frequência:			
	Raram/nunca *	Algumas vezes/ano *	½ vezes mês *	Semanal/t _____ todos os dias *
<b>Q9. Apoio informal</b>				
	Atualmente cuida de alguém dependente?			Sim *      Não *
	Se <b>Sim</b> , com que frequência:			
	Raram/nunca *	Algumas vezes/ano *	½ vezes mês *	Semanal/t _____ todos os dias *

## Appendix 2

Q	SCALE OF TIME OCCUPATION			
<b>Q1. Paid work</b>				
Do you develop any kind of paid work?				Yes *      No *
If Yes, how often:				
Rarely/never *	Sometimes/year *	½ times a month *	Weekly _____	Every day *
<b>Q2. Agricultural activities or animal production</b>				
Do you develop any kind of agricultural or animal work?				Yes *      No *
If Yes, how often:				
Rarely/never *	Sometimes/year *	½ times a month *	Weekly _____	Every day *
<b>Q3. Domestic work</b>				
Do you do any kind of domestic work, such as washing clothes, sewing clothes, and cleaning the house?				Yes *      No *
If Yes, how often:				
Rarely/never *	Sometimes/year *	½ times a month *	Weekly _____	Every _____
<b>Q4. Social activities</b>				
Do you ever talk to family, neighbors or friends?				Yes *      No *
If Yes, how often:				
Rarely/never *	Sometimes/year *	½ times a month *	Weekly _____	Every day *
<b>Q5. Cultural and entertainment Activities</b>				
Do you go to cultural shows (cinema, theater, conferences, concerts, exhibitions)?				Yes *      No *
If Yes, how often:				
Rarely/never *	Sometimes/year *	½ times a month *	Weekly _____	Every day *
<b>Q6. Sports activities</b>				
Do you usually practice sports activities (swimming, fitness, gymnastics, cycling, walking)?				Yes *      No *
If Yes, how often:				
Rarely/never *	Sometimes/year *	½ times a month *	Weekly _____	Every day *
<b>Q7. Educational and educational activities</b>				
Develops some kind of continuous formation, such as, for example, in the area of information technology, artistic, sewing, kitchen or other language level?				Yes *      No *
If Yes, how often:				
Rarely/never *	Sometimes/year *	½ times a month *	Weekly _____	Every day *
<b>Q8. Volunteer work</b>				
Do you develop any kind of activities at the service of any institution, organization?				Yes *      No *
If Yes, how often:				
Rarely/never *	Sometimes/year *	½ times a month *	Weekly _____	Every day *
<b>Q9. Informal support</b>				
Do you actually take care of someone dependent?				Yes *      No *
If Yes, how often:				
Rarely/never *	Sometimes/year *	½ times a month *	Weekly _____	Every day *

## Appendix 3

<b>R</b>	<b>Escala de Qualidade de Vida (WHOQOL)</b>
<b>Instruções</b>	
<p>Este questionário procura conhecer a sua qualidade de vida, saúde e outras áreas da sua vida.</p> <p>Por favor, responda a todas as perguntas. Se não tiver a certeza da resposta a dar a uma pergunta, escolha a que lhe parecer mais apropriada. Esta pode muitas vezes ser a resposta que lhe vier primeiro à cabeça.</p> <p>Por favor tenha presente os seus padrões, expectativas, alegrias e preocupações. Pedimos-lhe que tenha em conta a sua vida nas duas últimas semanas.</p> <p>Por exemplo se pensar nestas duas últimas semanas, pode ter que responder à seguinte pergunta:</p> <p><b>Recebe das outras pessoas o tipo de apoio que necessita?</b></p> <p>Nada (1)      Pouco (2)      Moderadamente (3)      Bastante (4)      Completamente (5)</p> <p>Deve por um círculo à volta do número que melhor descreve o apoio que recebeu das outras pessoas nas duas últimas semanas. Assim, marcaria o número 4 se tivesse recebido bastante apoio, ou o número 1 se não tivesse tido nenhum apoio dos outros nas duas últimas semanas.</p>	
<b>R1</b>	<p>Por favor leia cada pergunta, veja como se sente a respeito dela, e ponha um círculo à volta do número da escala para cada pergunta que lhe parece que dá a melhor resposta.</p> <p><b>(G1) Como avalia a qualidade de vida?</b></p> <p>Muito má (1)      Má (2)      Nem boa nem má (3)      Boa (4)      Muito boa (5)</p>
<b>R2</b>	<p>Por exemplo se pensar nestas duas últimas semanas, pode ter que responder à seguinte pergunta:</p> <p><b>(G4) Até que ponto está satisfeito(a) com a sua saúde?</b></p> <p>Muito insatisfeito (1)      Insatisfeito (2)      Nem satisfeito nem insatisfeito (3)      Satisfeito (4)      Muito satisfeito (5)</p>
<b>R3 à R9</b>	<p>As perguntas seguintes são para ver até que ponto sentiu certas coisas nas últimas duas semanas.</p> <p><b>(F1.4) Em que medida as suas dores (físicas) o (a) impedem de fazer o que precisa de fazer?</b></p> <p>Nada (1)      Pouco (2)      Nem pouco nem muito (3)      Muito (4)      Muitíssimo(5)</p> <p><b>(F11.3) Em que medida precisa de cuidados médicos para fazer a sua vida diária?</b></p> <p>Nada (1)      Pouco (2)      Nem pouco nem muito (3)      Muito (4)      Muitíssimo(5)</p> <p><b>(F4.1) Até que ponto gosta da vida?</b></p> <p>Nada (1)      Pouco (2)      Nem pouco nem muito (3)      Muito (4)      Muitíssimo(5)</p> <p><b>(F24.2) Em que medida sente que a sua vida tem sentido?</b></p> <p>Nada (1)      Pouco (2)      Nem pouco nem muito (3)      Muito (4)      Muitíssimo(5)</p> <p><b>(F5.3) Até que ponto se consegue concentrar?</b></p> <p>Nada (1)      Pouco (2)      Nem pouco nem muito (3)      Muito (4)      Muitíssimo(5)</p> <p><b>(F16.1) Em que medida se sente em segurança no seu dia-a-dia?</b></p> <p>Nada (1)      Pouco (2)      Nem pouco nem muito (3)      Muito (4)      Muitíssimo(5)</p> <p><b>(F22.1) Em que medida é saudável o seu ambiente físico?</b></p> <p>Nada (1)      Pouco (2)      Nem pouco nem muito (3)      Muito (4)      Muitíssimo(5)</p>



**R****Escala de Qualidade de Vida (WHOQOL)**

continuação

**R10 à R15**

As seguintes perguntas são para ver até que ponto experimentou ou foi capaz de fazer certas coisas nas duas últimas semanas.

**(F2.1) Tem energia suficiente para a sua vida diária?**

Nada (1) Pouco (2) Moderadamente (3) Bastante (4) Completamente (5)

**(F7.1) É capaz de aceitar a sua aparência física?**

Nada (1) Pouco (2) Moderadamente (3) Bastante (4) Completamente (5)

**(F18.1) Tem dinheiro suficiente para satisfazer as suas necessidades?**

Nada (1) Pouco (2) Moderadamente (3) Bastante (4) Completamente (5)

**(F20.1) Até que ponto tem fácil acesso às informações necessárias para organizar a sua vida diária?**

Nada (1) Pouco (2) Moderadamente (3) Bastante (4) Completamente (5)

**(F21.1) Em que medida tem oportunidade para realizar actividades de lazer?**

Nada (1) Pouco (2) Moderadamente (3) Bastante (4) Completamente (5)

**(F9.1) Como avaliaria a sua mobilidade [capacidade para se movimentar e deslocar por si próprio (a)]?**

Muito má (1) Má (2) Nem boa nem má (3) Boa (4) Muito boa (5)

**R16 à R25**

As perguntas que se seguem destinam-se a avaliar se se sentiu bem ou satisfeito (a) em relação a vários aspectos sua da vida na últimas duas semanas.

**(F3.3) Até que ponto está satisfeito (a) com o seu sono?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**(F10.3) Até que ponto está satisfeito (a) com a sua capacidade para desempenhar as actividades do seu dia-a-dia?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**(F12.4) Até que ponto está satisfeito (a) com a sua capacidade de trabalho?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**(F6.3) Até que ponto está satisfeito (a) consigo próprio (a)?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**(F13.3) Até que ponto está satisfeito (a) com as suas relações pessoais?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**(F15.3) Até que ponto está satisfeito (a) com a sua vida sexual?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**(F14.4) Até que ponto está satisfeito (a) com o apoio que recebe dos seus amigos?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**(F17.3) Até que ponto está satisfeito (a) com as condições do lugar em que vive?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**(F19.3) Até que ponto está satisfeito (a) com o acesso que tem aos serviços de saúde?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**(F23.3) Até que ponto está satisfeito (a) com os transportes que utiliza?**

Muito satisfeito (1) Insatisfeito (2) Nem satisfeito nem insatisfeito (3) Satisfeito (4) Muito satisfeito (5)

**R****Escala de Qualidade de Vida (WHOQOL)**

continuação

**R26**

A pergunta que se segue refere-se à **frequência** com que sentiu ou experimentou certas coisas nas duas últimas semanas.

**(F8.1) Com que frequência tem sentimentos negativos, tais como tristeza, desespero, ansiedade ou depressão?**

Nunca (1) Poucas vezes (2) Algumas vezes (3) Frequentemente (4) Sempre (5)