

SUPPLEMENTARY MATERIALS

File S1: Questionnaire

SOCIODEMOGRAPHIC DATA

Date of the enrollment: dd/mm/yy

Sex: Female ☐; male ☐

Birth date: dd/mm/yy

Nationality: Italian ☐; Other (specify): _____

Educational level (choose the highest obtained): Primary school or less ☐; Lower secondary school ☐; High school ☐; Bachelor or higher ☐

Do you have any other job in addition to those in the voluntary association/institution? Yes ☐; no ☐

If yes, what kind of job is it? Health worker ☐; social-health worker ☐; Public employment ☐; non-public employment ☐.

HEALTH LITERACY

Ranging from very easy to very difficult, in your opinion, how much is difficult to:

- Understand the information disseminated by media (such as radio, television, newspapers, and internet) about how to improve your health? Very difficult ☐; quite difficult ☐; I do not know; ☐ quite easy ☐; very easy ☐
- Assess whether information about health risks referred by media is reliable? Very difficult ☐; quite difficult ☐; I do not know; ☐ quite easy ☐; very easy ☐
- Finding information on how manage health problems such as stress or depression? Very difficult ☐; quite difficult ☐; I do not know; ☐ quite easy ☐; very easy ☐
- Identify activities which are good for mental health? Very difficult ☐; quite difficult ☐; I do not know; ☐ quite easy ☐; very easy ☐
- Use the information referred by the physician to decide about your disease condition? Very difficult ☐; quite difficult ☐; I do not know; ☐ quite easy ☐; very easy ☐
- Evaluate when you need to get a second opinion by another physician? Very difficult ☐; quite difficult ☐; I do not know; ☐ quite easy ☐; very easy ☐

LIVING CONDITION

Number of cohabitants (including himself/herself):

Number of rooms in the house (excluding bathrooms and secondary rooms)

Among your cohabitants, is there people aged >64 years old and/or affected by chronic diseases or immunodeficiency? yes ☐; no ☐

RISK CONDITIONS OR DISEASES

Do you have one or more of the following risk conditions or diseases?

- Diabetes: yes ☐; no ☐; I do not know/I do not remember ☐

- Obesity: yes ☐; no ☐, I do not know/I do not remember ☐
- heart disease (for example ischemic heart disease): yes ☐; no ☐, I do not know/I do not remember ☐
- pulmonary diseases (for example asthma, chronic obstructive pulmonary disease): yes ☐; no ☐, I do not know/I do not remember ☐
- diseases of the immune system: yes ☐; no ☐, I do not know/I do not remember ☐
- chronic kidney diseases: yes ☐; no ☐, I do not know/I do not remember ☐
- chronic liver disease: yes ☐; no ☐, I do not know/I do not remember ☐
- organ or bone marrow transplant: yes ☐; no ☐, I do not know/I do not remember ☐
- chronic neurological diseases: yes ☐; no ☐, I do not know/I do not remember ☐
- oncological diseases (last 5 years): yes ☐; no ☐, I do not know/I do not remember ☐
- hematological diseases: yes ☐; no ☐, I do not know/I do not remember ☐
- pregnancy: yes ☐; no ☐, I do not know/I do not remember ☐
- surgery under general anesthesia (last year): yes ☐; no ☐, I do not know/I do not remember ☐

SMOKING HABITS

Do you smoke? I have never smoke (less than 100 cigarettes during your life) ☐; I am a former smoker ☐; Yes, less than 10 cigarettes/die ☐; Yes, 10-20 cigarettes/die ☐; Yes, more than 20 cigarettes/die ☐

FLU VACCINATION

Did you get the flu vaccination last fall? yes ☐; no ☐, I do not know/I do not remember ☐