**Supplementary Materials**

**Title**:

**Identification of determinants of healthy ageing in Italy: results from the national survey**

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**Materials and Methods**

*Study design, sample size and participants*

The stratification was performed by geographical area (North, Central, South), age group (18-49 and 50+), residential context (urban and rural) and gender. According to the OECD definitions (Storti 2000), rural areas are municipalities with population density <150 inhabitants per km², while urban areas are cities with population density ≥ 150 inhabitants per km².

The selected Italian regions for the North, the Center and the South of Italy involved in the study were Veneto, Marche and Puglia. In order to pick out the municipalities, it was took into account the number of inhabitants (population aged over 18 years old) and the residential context (urban and rural). For each region, 1 medium-large city (population aged 18+ > 85,000 inhabitants) and 3 small municipalities (population aged 18+ > 4,000 inhabitants) were selected. The adopted reference population was the Italian resident population at 01/01/2014 (ISTAT). At the end, the selected municipalities for the Veneto region were Padova (urban context, large municipality), Piazzola sul Brenta (urban context, small municipality), Codevigo (rural context, small municipality), Correzzola (rural context, small municipality). For the Marche region: Ancona (urban context, large municipality), Chiaravalle (urban context, small municipality), Ostra (rural context, small municipality), Filottrano (rural context, small municipality). Finally, the selected municipalities for the Puglia region were Bari (urban context, large municipality), Rutigliano (urban context, small municipality), Toritto (rural context, small municipality), Ruvo di Puglia (rural context, small municipality).

*Procedures*

Face-to-face interviews were conducted by trained interviewer using a tailored Computer-Assisted Personal Interview (CAPI) at respondent’s homes (Üstün 2005) between November 2015 and October 2017.

An invitation letter was sent to the sampled inhabitants by mail, containing the presentation of the survey, the name and the telephone number of the interviewer, the date and the time of the scheduled interview. Moreover, a continuous training activity was followed by the coordinating center during the whole data collection phase.

*IDAGIT Questionnaire*

The IDAGIT questionnaire consists of the following main parts. Each part contains multiple sections and instruments addressing different aspects of health, environment, social networks and quality of life in adult populations.

*Individual Questionnaire*

The list below shows all the sections included in the Individual Questionnaire.

Section Title

0000 Coversheet

0100 Sampling Information

0300 Re-contact Information

0350 Contact Record-Household

0400 Household Roster

0450 Consent

0400 Household

1000 Socio-Demographic Characteristics

1500 Work History and Benefits

2000 Health State Descriptions

2500 Anthropometrics and Performance Tests

3000 Risk Factors and Preventive Health Behaviours

4000 Chronic Conditions and Health Services Coverage

5000 Health Care Utilization

6000 and Social Network Questionnaire (CSN)

7000 Subjective Well-Being and Quality of Life (CQoL)

8000 Built Environment Self-Reported Questionnaire (CBE-SR)

9000 Interviewer Assessment

*Built Environment Outdoor Checklist*

The list below shows all the sections included in the Built Environment Outdoor Checklist CBE-OUT

Section Title

10000 General Information

11000 Streetscape

12000 Walkways

13000 Bikeways

14000 Street Crossing/Intersections

15000 Parking Facilities

16000 Public Facilities and Features of the street

17000 Land-Use visible along the street/road

18000 Site Decay/Urban Blight

19000 Street Activity

**References**

Üstün, T. Quality assurance in surveys: standards, guidelines and procedures. In: *Household Sample Surveys in Developing and Transition Countries.* 2005: New York