

EUPREVENT SOCIAL NORMS APPROACH PROJECT

Results Euroregional Health Survey (EHS)

Target Group: Senior Citizens (55+)



Results Euroregional Health Survey (EHS)

Contact & Colophon

This document contains the results of the Euroregional Health Survey (EHS) performed between September 2019 and January 2020 as part of the euPrevent Social Norms Approach Project

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Introduction

September 2018 saw the start of a 3-year project, the euPrevent Social Norms Approach (euPrevent SNA), a collaboration between 11 partners from the Euroregion Meuse-Rhine (EMR) and West Eifel (DE). The aim of the euPrevent SNA project is to strengthen the already existing quality prevention initiatives by using a new and growing ideology, "the Social Norms Approach", an ideology that has already proven its worth with some health problems and some target groups.

For many years, prevention workers/health promoters within the Euroregion Meuse-Rhine have been working on ways to delay and/or reduce the (ab)use of substances and unhealthy behaviours. For several years they have been using the most effective principles and methodologies. Many of these methods have demonstrated their value. However, it is essential that we look for different ways to complement our arsenal of possibilities.

Currently, defensive interventions are often used (rules, legislation, controls – such as those on alcohol and traffic) in association with structural measures (pricing policy, advertising regulations, etc.). These powers involving defensive and structural interventions belong mainly to legislators and supervisory bodies under the direction of the government; they are an indispensable element of prevention. Within the framework of these prevention approaches, prevention workers have no more than an advisory function.

However, the main mission and expertise of prevention workers lies in the field of offensive person-centred interventions: working alongside people, to give them more opportunities to live a healthy life! This can be achieved by raising awareness, informing, offering behavioural alternatives, early intervention and possible remediation. All these interventions use a mix of arguments that are all useful and valid, and which contribute to a healthier society or to slowing down negative developments. This takes time, a lot of time (cf. the change in attitude towards smoking from one generation to the next) and requires from prevention professionals that they renew and enrich their interventions. After all, the world does not come to a halt; the (negative) influence of advertising and social media continues, and defensive measures fail because control mechanisms prove unfeasible.

Social norms approach

According to Boot et al. (2012), the basis of social norm theory is that an individual's behaviour and attitudes are influenced by their perception of the attitudes and behaviour of their peers, i.e. the perception of norms. Helmer et al. (2014) differentiate social norms into two types: descriptive social norms which refer to an individual's perception of the amount and frequency of peers' consumption of a substance; and injunctive social norms, which are based on an individual's perception of peer approval of (use of) this substance.

Those perceptions are frequently erroneous, as individuals tend to overestimate peers' engagement in and approval of unhealthy behaviours and underestimate peers' engagement in and approval of healthy and protective behaviours, compared to their own (Dempsey et al., 2019). For instance, individuals are more likely to overestimate their peers' consumption of alcohol, cannabis and tobacco (Stock et al, 2014; McAlaney et al., 2015; Piske et al., 2015) and to underestimate their peers' consumption of fruits and vegetables (Lally et al., 2011) or use of sun protection (Reid & Aiken, 2013), compared to their own.

Misperception of these social norms may then misguide individuals into thinking those attitudes and behaviours are socially desirable, which in turn may lead them to adopt these behaviours and attitudes in a desire to conform with what is perceived as being the social norm of their group (Dempsey et al., 2019). This wish to conform to their group's social norms is enhanced because individuals strongly identify with other members of the social group to which they belong.

The aim of the Social Norms Approach is thus to correct these misperceptions by giving feedback and information about actual reported norms (Perkins, 1997, 2003; McAlaney et al., 2011). The SNA message emphasises positive and protective behaviours and attitudes that the target group is actually engaging in, with the aim of convincing others to make healthier choices by following these more positive social norms emanating from the social group to which they belong (Perkins, 2003).

To be effective, the message using SNA must be perceived by members of the target group as relevant and related to the norms of their group. To achieve this, the data must come from the target group (Dempsey et al., 2019). As Dempsey and colleagues clearly state, SNA messages "should be presented as coming from the wider social group associated with the target population, and not be perceived to come from an authority figure, to avoid changes in behaviour and attitude due to obedience pressure or fear." (Dempsey et al., 2019, p. 3).

In short, SNA is based on: (a) behaviours and attitudes are influenced by how norms are perceived and interpreted, (b) people frequently misperceive those norms (either overestimating or underestimating them), (c) these misperceived norms then increase unhealthy and decrease healthy choices and, (d) the need to develop actions promoting more protective and positive behaviours in order to rectify those erroneous perceptions (Perkins et al, 2003, Dempsey et al., 2019).

SNA-based interventions have yielded positive results in reducing drinking behaviour (Neighbors et al., 2009, 2010) and in reducing perceived peers' drinking-related norms (Neighbors et al., 2010; Lewis et al, 2014), and also in reducing cannabis use (Lee et al., 2013). These results come mainly from the US, especially from the American college system. With the exception of one study conducted in England (Bewick, Trusler, Mulhern, Barkham, & Hill, 2008), evidence of effective SNA intervention in Europe is scarce, with studies rarely implementing SNA intervention.

A large European study, the Norms Intervention for the prevention of Polydrug use (SNIFE), conducted in six European countries and Turkey, examined the feasibility of SNA intervention within a European cultural context, which differs from that of the USA. The results of this large study showed evidence of respondents' overestimation of peers' norms, compared to their own, in relation to alcohol (McAlaney et al., 2015), tobacco (Pischke et al., 2015), non-medical stimulants (Helmer et al., 2016) and cannabis (Dempsey et al., 2016). As the overestimation of peers' use has been proven to be present in Europe too, the next step is to implement actual SNA actions. It is within this context that the EMR project, the euPrevent SNA, is taking place.

The present research: euPrevent SNA – Euroregional Health Survey

The problematic consumption of addictive substances acts as a considerable impediment to functioning in society and to social integration, and affects the quality of life of people living in the EMR. Addiction is, however, only a small part of the problem, as the health gains of reduced consumption of alcohol, cannabis and medicine are much broader. Furthermore, demographic developments in the EMR are leading to a growing number of older persons with substance-related and alcohol-related health problems. This makes maintaining the productivity of young people all the more important. From a health–economic point of view, the assumption is that increasing costs due to alcohol-related diseases among the elderly will have an enormous impact on health care systems in the EMR. The main target group is people living in the EMR, specifically young people aged 12 to 26 years old and people aged 55+, since they make up half of the EMR population. This report focusses on the results for people aged 55+; the results for young people aged 12-26 years are presented in a separate report.

The euPrevent SNA project is the result of a partnership that has existed for 15 years. In 2014, discussions started about how useful the innovative social norms approach (SNA) could be in the EMR. It was clear at the time that current prevention activities, their existing content and the substance of the message often did not stroke with the perceptions and expectations of the target groups.

The partners involved in the project aim to use their experience and the SNA method to tackle the above-described challenge. The euPrevent SNA project aims to encourage people in the EMR to use alcohol and medicines responsibly. It does this based on the survey findings that not everyone uses alcohol and medicines excessively. The majority of people of a similar age make healthy choices and rarely or never make excessive use of alcohol and medicines.

With the ageing of the population, ensuring the quality of life and health of our senior citizens is a daily concern, and ensuring a good health quality is about making healthy choices.

A large part of the 'Social Norms Approach' consists in gathering information on the attitudes and behaviour of the target group. A large 'Euroregional Health Survey' was carried out in the Euroregion Meuse-Rhine and West-Eifel. This information will form the basis for SNA actions and for developing positive messages for the target group.

1. Method: Euroregional Health Survey

A large part of the 'Social Norms Approach' consists of gathering information on the attitudes and behaviour of the target group. Therefore, we conducted a quantitative cross-sectional study. This was necessary to ensure that the SNA method can be used for the target population. To this end, a standardised and structured questionnaire was developed and disseminated online in order to see whether the target group is indeed guilty of overestimation or underestimation. It aims to quantify attitudes and behaviours. The 'Euroregional Health Survey' (EHS) was carried out in the Euroregion Meuse-Rhine and West-Eifel. The information gleaned from the EHS forms the basis for the prevention campaign and for developing positive messages for the target group.

Study population

The population of interest is comprised of senior citizens aged 55 years or older living in the Euroregion Meuse-Rhine or West-Eifel. More specifically, those living in: South Limburg (NL), the Province of Limburg (BE), the Province of Liège, the French-speaking part (BE), the Province of Liège, Ostbelgien (BE), Städteregion Aachen (DE), Kreis Heinsberg (DE), Kreis Euskirchen (DE) and Landkreis Bitburg-Prüm (DE). People with visual or cognitive impairments were not included in this study.

Survey

Themes that were incorporated into the questionnaire were: background information on the respondents (demographics), identification (the more an individual identifies with a given group, the greater the likelihood that he or she will submit to the social norms of that group), alcohol and medicine use (sedatives, sleeping pills or painkillers). The questionnaire was drawn up by the various project partners and is based on the questionnaire used by the SNIPE project team for questions relating to social norms, but also on validated questions used in the Dutch "Health monitor" for questions on consumption. The questions were tested and checked with members of the Advisory Board. The full questionnaire can be found in [Appendix 1](#).

The questionnaire was made up of multiple themes and modality questions:

- Questions of Demographics
 - Postal code
 - Year of birth
 - Gender
 - Working situation
 - Marital status
 - Living together with

- Questions about identification
 - Identifying themselves with peers
 - Feeling strongly connected with peers
- Questions on actual behaviour/consumption:
 - Expenditure on alcohol and medicine
 - Alcohol use
 - Reasons for not drinking
 - Drinking on weekdays and at weekends
 - Number of drinks on a single occasion
 - Ever having been drunk
 - Experience of drinking alcohol
 - Use of prescribed medicine
 - Use of unprescribed medicine
 - Experience of medicine use
- Questions about personal approval:
 - Opinion about alcohol
 - Opinion about people who are drunk
 - Opinion about medicine
- Questions about descriptive social norms:
 - How often peers consume alcohol
 - How much peers drink per day
 - How often peers have been drunk
 - How often medicine is used excessively
- Questions about injunctive social norms:
 - What do peers think about alcohol
 - What do peers think about people who are drunk
 - What do peers think about medicine use

The questionnaire was translated into the languages of the regions and is therefore available in Dutch/Flemish, German, French and also in English. The questionnaires were all the same in the different languages, except a distinction was made between the work status options per country. This led to 5 versions of the questionnaire.

Sampling Method

The sample for this survey was drawn using a non-probability sampling method known as "snowball sampling", which allows a sample to be selected on the basis of a few distribution criteria in such a way that it constitutes a "good picture" of the population studied. A sample size calculation was made based on demographic information about the number of citizens. This is a practical, quick and economical method. With this method, the researcher asks the survey participant to

share the survey in some way with others who meet the study criteria. These people then do the same, so that the sample grows naturally. This is inexpensive and sometimes reaches people whose characteristics make them difficult to find.

The target group in the Euroregion Meuse Rhine and West-Eifel was approached by: spreading flyers; sharing posters and links to the questionnaire on social media; sharing the link in professional networks; sharing the link with Advisory Board members; advertising on social media and in local newspapers; approaching senior citizens' associations; visiting elderly care homes where senior citizens could fill in the questionnaire directly on paper or on an iPad. Furthermore, when approaching these primary targets, we also asked them to spread the link as much as possible among their own network, and to share it further.

Data collection

The 'Euroregional Health Survey' was carried out online between September 2019 and January 2020. We developed an online tool for the questionnaire which could be opened on the website www.healthsurvey.eu. Upon accessing the website, people could choose their region. This meant they received the questionnaire in their own language and with the right reply categories for work status. Furthermore, we also disseminated some questionnaires on paper for the elderly who are not familiar with using the internet. The questionnaire was fully anonymous and the GDPR rules were respected.

Potential biases of this study are :

- Sampling bias: some senior citizens may not have internet access and would not have been able to complete the questionnaire. However, in order to overcome this first bias, participants were offered the possibility of completing the questionnaire by using either a digital tablet or a pen and paper version (with or without the help of a project partner). The paper questionnaires were then entered manually into the database.
- Social desirability bias: respondents may wish to give a better image of themselves regarding questions about their personal consumption. Although this may have been the case for participants who completed their questionnaire in the presence of a project partner, the fact that the questionnaire was online and anonymous may have helped overcome this bias.

Analysis

The quality of the dataset was first checked using Excel software. The dataset was then analysed using the statistical program SPSS. First we cleaned up the dataset by filtering out the target group as living in specific regions of the EMR and West-Eifel, and according to year of

birth, retaining only participants aged 55 years or older in the dataset. Then the data was analysed using frequencies, custom tables and ONE-WAY ANOVA analysis.

The results are available at the level of the total project population and at a regional level. Regions are divided into: South-Limburg (NL), Province of Limburg (BE), the Province of Liège, including Ostbelgien (BE) and the German regions (Aachen, Heinsberg, Euskirchen, Bitburg-Prüm). Furthermore, analyses were presented per gender, age group, level of identification, working situation, living situation and vulnerable individuals. The age groups were divided into: 55–65, 65–75 and 75+ years. Additionally, we looked into risk groups within the target group. These risk groups were defined by using (standardized) norms for drinking and risk of problematic medicine use.

The alcohol risk group is defined as:

- Senior citizens who drink excessively (standardized norm of more than 21 (male) or 14 (female) glasses per week);
- Senior citizens who are heavy drinkers (standardized norm of at least once a week 6 (male) or 4 (female) glasses or more on one day).

The medicine risk group is defined as:

- Senior citizens who take prescribed medicines (sedatives, sleeping pills or painkillers) more than once a week or (almost) every day and have used this medicines more than as prescribed;
- Senior citizens who take unprescribed medicines (sedatives, sleeping pills or painkillers) more than once a week or (almost) every day.

The ANOVA analysis gave insight into what the respondent does on average and what he/she thinks others do on average, i.e. what do they feel is the 'social norm'? The answers to questions relating to the descriptive norm were compared with the answers to questions relating to personal consumption in order to determine whether the descriptive social norm has indeed been overestimated or underestimated. Similarly, the answers to questions relating to the injunctive norm were compared with the answers to questions relating to personal approval, in order to determine whether the injunctive social norm has been overestimated or underestimated. A negative 'mean of difference' indicates overestimation. A positive 'mean of difference' indicates underestimation. The ONE-WAY ANOVA analysis determined which differences were significant (P value of 0.05 or lower). These statistical findings about overestimation or underestimation form the outline for further development of the SNA approach and campaign.

2. Results

In total 3991 senior citizens questionnaires were completed on the website. First the dataset was cleaned up to retain only the results of the target group. Unfinished questionnaires were excluded. Furthermore, the dataset was specified further by filtering out the postal codes of the EMR regions Zuid-Limburg (NL), Provincie Limburg (BE), Province de Liège (BE), Ostbelgien (BE), Kreis Aachen (DE), Kreis Heinsberg (DE), Kreis Euskirchen (DE) and the West Eifel region: Eifelkreis Bitburg-Prüm (DE). Moreover, the data was specified further by filtering out the target group according to year of birth, retaining only respondents aged 55 years or older in the dataset. This led to a total of 3122 respondents.



The first results are about background variables of respondents to the Euroregional Health Survey. Furthermore, the results per theme (alcohol and medicine) are shown.

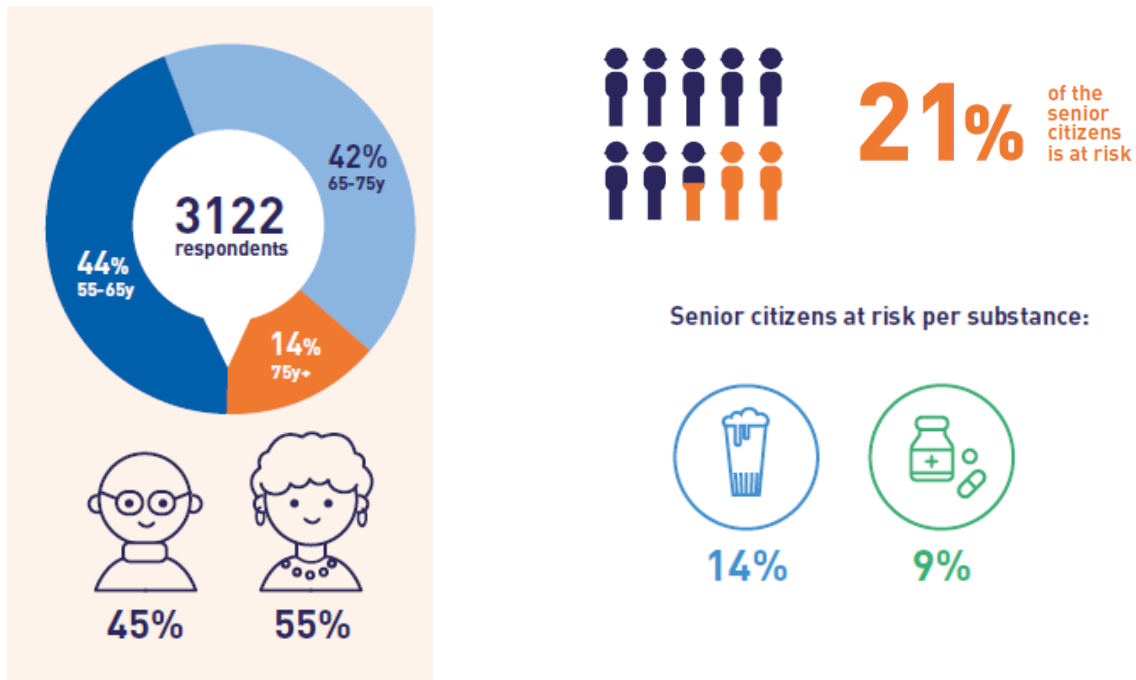
Table 1: Background of the respondents (N = 3122).

Region	South-Limburg (NL)	26.3%
	Province of Limburg (BE)	37.7%
	Province of Liège (BE)	15.1%
	Ostbelgien (BE)	5.3%
	Aachen (DE)	2.9%
	Euskirchen (DE)	4.8%
	Heinsberg (DE)	3.6%
	Bitburg-Prüm (DE)	4.1%
Age group	55 – 65	44.3%
	65 – 74	41.7%
	75+	14.0%
Gender	Male	44.5%
	Female	54.8%
	Other	0.1%
	Don't want to answer	0.6%
Working situation	Part-time	12.8%
	Fulltime	21.9%
	Retired	53.9%
	Unemployed/Job-seeking	1.1%
	Incapacitated/Social assistance	3.4%
	Housewife/Househusband	0.1%
	Other	2.8%
Underprivileged	Is underprivileged	4.5% ¹
Identification	Identification score	4.1
Risk group	Total risk group	21.0%
	Alcohol risk group	14.0%
	Medicine risk group	9.0%

¹ Low percentage due to:

- The fact that the questionnaire was not feasible to measure it correctly
- Possible sample bias (not reached the underprivileged group with the survey)

Figure 1: Background of respondents to the EHS 55+



13% of the senior citizens work part-time
22% of the senior citizens work fulltime
54% of the senior citizens are retired

72% of the senior citizens are married/partnership/living together
11% of the senior citizens are divorced
10% of the senior citizens are widowed

Living

- Together with their partner: **71%**
- Together with their kids: **14%**
- Alone: **20%**

4 out of 6
identification score

3.1 Backgrounds of respondents and regional differences

In several regions the number of respondents was higher than in others. This is mostly due to the fact that these regions are larger. However, because we used not a predetermined sample but a snowball sampling method by spreading the survey randomly among the target group, it was sometimes hard to reach the desired sample size in a region. The partners put a lot of effort into reaching the target group in all regions. Overall there is good coverage for the whole project area.

Most participants live in the Province of Limburg (BE), followed by South-Limburg, the Province of Liège and the German regions. The average age of the participants was 67 years. There is an overall coverage of all age groups, except for the 75 years or older group which is smaller. This applies particularly to South-Limburg and the German regions. The distribution between male and female is not equally divided in the Province of Liège. As to working situation, more participants are retired in the Province of Limburg, while in the other regions more participants work.

The majority of respondents were female and in the age group 55-64 years. Almost three-quarters live together with their partner, 35% work and 54% are retired. 5% of the participants are underprivileged. In this survey, underprivileged is based on the work situation: unemployed, job-seeking, incapacitated or social assistance. In a separate report, we will look further at underprivileged senior citizens and how to reach them with the SNA method. Three main determinants have been established as central in defining the underprivileged among senior citizens, namely: SES, gender and belonging to ethnic minorities. Being underprivileged relates to the important factors: income, education and occupation. Individuals with a lower income, less education, and who lack an occupation, tend to have a higher risk of being underprivileged, as individuals with a low SES have lower access to health care and social capital (Alter et al., 1999; Groot et al., 2007). Furthermore, women tend to have a lower income and tend to be more disadvantaged with regard to health care access (Halm et al., 1999; OECD, 2015). Lastly, diverse studies showed that ethnic minorities suffer more from discrimination, have a higher risk of poverty and reduced accessibility to care (Klein & Von Dem Knesebeck, 2018).

On the matter of identification with their peers, the average identification score was 4. Two questions were used to measure the level of identification: asking to what extent the respondents identify with their peers and how strongly connected they feel to their peers, on a scale from 1 (not at all) to 6 (totally). The results show that this score is highest in the Province of Limburg (4.2) and lowest in the German regions (3.6).

3.1.1 Risk groups

Risk groups were determined in order to establish how many senior citizens could develop problematic behaviour in drinking alcohol or using medicines (sedatives, sleeping pills or painkillers).

Of the senior citizens, 21% of the respondents are part of the total risk group (alcohol and medicine). 13.5% of the participants are in the alcohol risk group. 9% of the participants have a risk of problematic medicine use.

Although SNA focusses on the general public, it is important to bear in mind that 21% of senior citizens may be at risk of developing unhealthy behaviour in respect of alcohol use and medicine use.

See Appendix 2 for all background statistics in the tables.

3.2 Alcohol

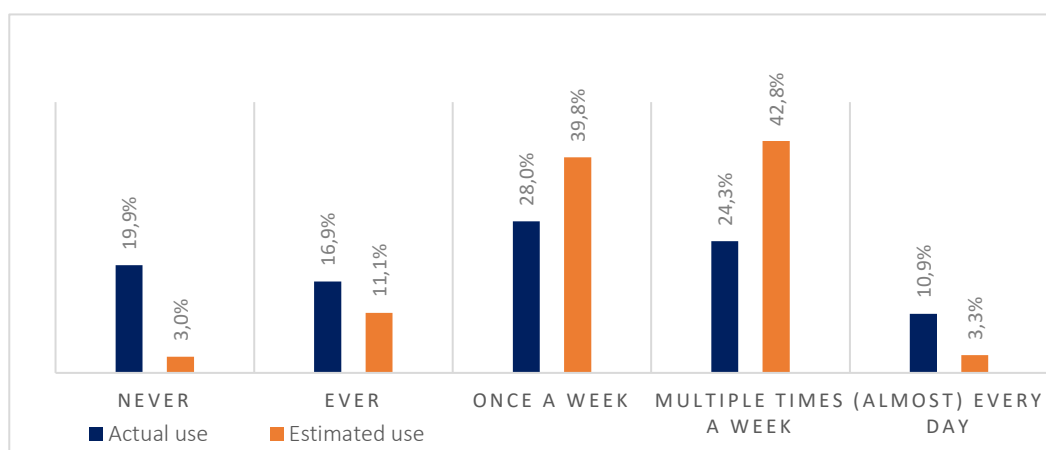
The statistics and tables for the results on alcohol use can be found in [Appendix 3](#).

3.2.1. Alcohol use

Alcohol use was measured by the question: “Do you ever drink alcohol (beer, wine, cocktails, etc.)?”. The reply categories were: I never drink alcohol; Ever, but not in the last month; Once a week in the last month; Multiple times a week in the last month; (Almost) every day in the last month.

As can be seen from figure 2, 37% of the participants do not drink alcohol, or sometimes drink alcohol but not in the last month. 28% drank once a week in the last month. In total about 35% drank multiple times a week (24%) or (almost) every day (11%) in the last month. This is highest in the Provinces of Liège and South-Limburg (both 41%), followed by the Province of Limburg (33%) and the German regions (24%). Males drink more often than females.

Figure 2: Frequency of actual and estimated alcohol use by peers in the last month.



By asking the question “How often do you think most of your peers drink alcohol?”, we established what they feel is the ‘social norm’. The reply categories were: Never; Ever, but not in the last month; Once a week in the last month; Multiple times a week in the last month; (Almost) every day in the last month.

14% of the participants estimate that their peers have never drunk alcohol in their life or sometimes drink alcohol, but not in the last month (see figure 2). They estimated that 40% drank once a week in the last month. Moreover, they think that 46% of their peers drank multiple times a week or (almost) every day in the last month.

People tend to overestimate the expected use of alcohol by others compared to actual use. On average, the German regions overestimate the use of alcohol by others (compared to their own

use) to a greater extent than the Dutch and Belgium regions where no significant differences between the regions were seen. Older senior citizens (75+) overestimate less than younger senior citizens (55-74). Females overestimate to a greater extent than males. The alcohol risk group moves in the opposite direction, indeed: they significantly underestimate the use of alcohol by their peers compared to their own use.

Table 2: Frequency of actual and estimated alcohol use by peers in the last month, per age group.

		Never	Ever	Once a week	Multiple times a week	(Almost) every day
Total	Actual use	19.9%	16.9%	28.0%	24.3%	10.9%
	Estimated use	3.0%	11.1%	39.8%	42.8%	3.3%
55y – 65y	Actual use	17.3%	19.0%	29.4%	25.3%	9.0%
	Estimated use	1.6%	9.6%	41.9%	43.9%	3.0%
65y – 75y	Actual use	21.5%	14.7%	27.2%	23.6%	12.9%
	Estimated use	3.3%	10.6%	37.7%	44.5%	3.9%
75y +	Actual use	22.9%	16.7%	26.1%	23.2%	11.0%
	Estimated use	6.1%	17.5%	39.6%	34.0%	2.8%

Table 3: Frequency of actual and estimated alcohol use by peers in the last month, per alcohol risk group.

		Never	Ever	Once a week	Multiple times a week	(Almost) every day
Total	Actual use	19.9%	16.9%	28.0%	24.3%	10.9%
	Estimated use	3.0%	11.1%	39.8%	42.8%	3.3%
Alcohol risk group	Actual use	0.0%	0.0%	22.1%	42.1%	35.7%
	Estimated use	0.2%	4.8%	31.4%	55.6%	8.0%
Non-risk group	Actual use	23.0%	19.5%	29.0%	21.5%	7.0%
	Estimated use	3.4%	12.1%	41.1%	40.8%	2.6%

3.2.2. Glasses of alcohol on weekdays and weekend days

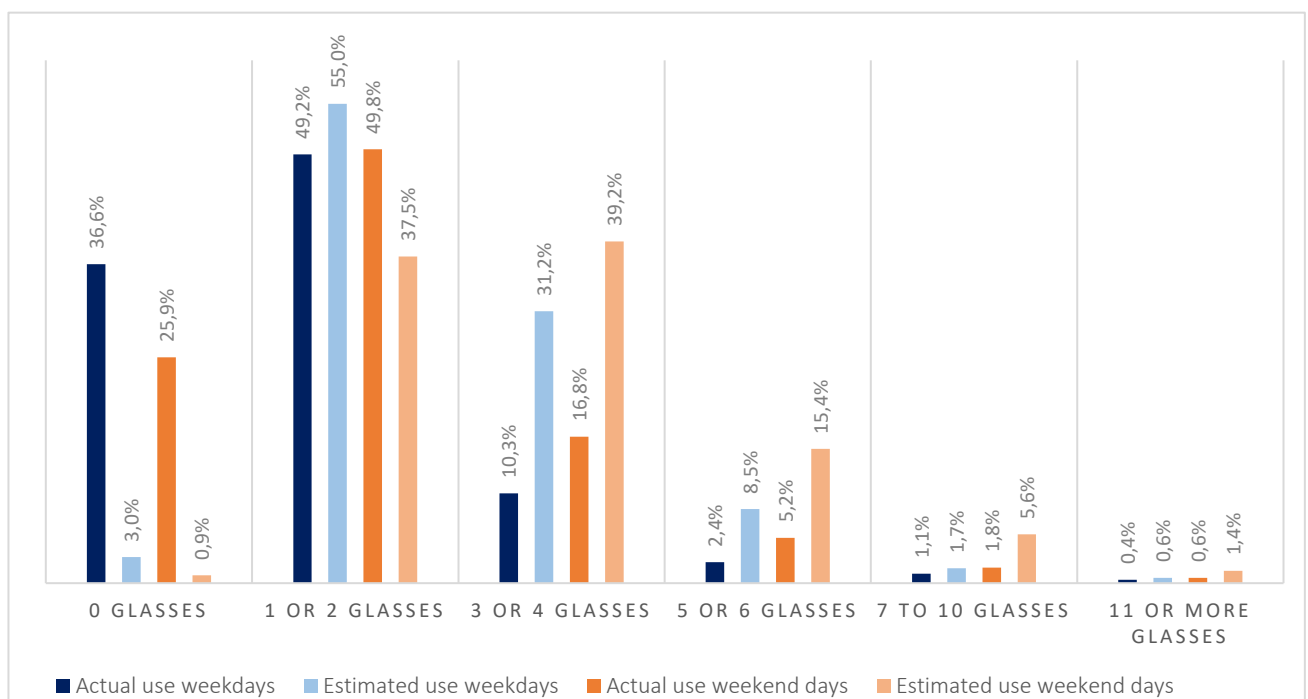
The number of drinks was measured by a matrix question: “How many drinks/glasses do you drink on average on a day that you drink alcohol?”. The question was divided into: weekdays (Monday–Thursday) and weekend days (Friday–Sunday). The reply categories per weekday and weekend day were: 0 glasses, 1 or 2 glasses, 3 or 4 glasses, 5 or 6 glasses, 7 to 10 glasses, 11 or more glasses.

As can be seen from figure 3, 37% drink zero glasses on weekdays and 49% drink 1 to 2 glasses on weekdays. 1.5% drink 7 or more glasses on a weekday. In the weekend (Friday–Sunday) only 26% drink 0 glasses and 50% drink 1 to 2 glasses. About 20% of senior citizens drink 3 to 6 glasses and 2.5% drink more than 7 glasses. On average, senior citizens drink 2 glasses per week.

By asking the question “How many drinks do you think most of your peers normally drink on a day that they drink alcohol?”, we established what they feel is the ‘social norm’? This question was divided into: weekdays (Monday–Thursday) and weekend days (Friday–Sunday). The reply categories were: 0 glasses, 1 or 2 glasses, 3 or 4 glasses, 5 or 6 glasses, 7 to 10 glasses, 11 or more glasses.

The participants estimated that 55% drink 1 to 2 glasses during weekdays and 38% during weekend days. They estimated a higher number of drinks on weekend days.

Figure 3: Frequency of actual and estimated glasses of alcohol consumed by peers on weekdays (blue) and weekend days (orange) in the last month.



On average, the respondents overestimate the number of drinks consumed by others on weekdays compared to their own consumption. There are significant differences between the regions. German regions overestimate to a greater extent, compared to all the other regions. Males overestimate to a greater extent than females the number of drinks consumed by their peers on weekdays compared to their own. Furthermore, significant differences were also found between the age groups. Younger senior citizens (55-64) overestimate more than older senior citizens (65+). The non-risk group overestimates to a greater extent the amount of their peers' drinks on weekdays compared to their own. The alcohol risk group underestimates the number of drinks consumed by their peers compared to their own consumption.

On average, the respondents also overestimate the number of drinks consumed by others on weekend days compared to their own consumption. There are significant differences between the regions. German regions overestimate to a greater extent, compared to all the other regions. Males overestimate to a greater extent than females the number of drinks consumed by their peers on weekend days compared to their own consumption. Younger senior citizens (55-64) overestimate more than older senior citizens (75+). The non-risk group overestimates to a greater extent the amount of their peers' drinks compared to their own. The alcohol risk group underestimates the number of drinks consumed by their peers (compared to their own consumption) more than respondents who are not in the alcohol risk group.

Table 4: Frequency of actual and estimated glasses of alcohol consumed by peers on weekdays in the last month, per age group.

		0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total	Actual use	36.6%	49.2%	10.3%	2.4%	1.1%	0.4%
	Estimated use	3.0%	55.0%	31.2%	8.5%	1.7%	0.6%
55y – 65y	Actual use	36.8%	47.1%	11.0%	3.0%	1.5%	0.5%
	Estimated use	3.1%	50.3%	33.3%	10.0%	2.6%	0.7%
65y – 75y	Actual use	36.9%	49.5%	10.2%	2.2%	0.9%	0.2%
	Estimated use	2.0%	57.9%	30.6%	7.8%	1.1%	0.6%
75y +	Actual use	35.3%	54.4%	8.7%	0.9%	0.5%	0.2%
	Estimated use	5.6%	61.1%	26.5%	5.9%	0.5%	0.5%

Table 5: Frequency of actual and estimated glasses of alcohol consumed by peers on weekend days in the last month, per age group.

		0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total	Actual use	25.9%	49.8%	16.8%	5.2%	1.8%	0.6%
	Estimated use	0.9%	37.5%	39.2%	15.4%	5.6%	1.4%
55y – 65y	Actual use	23.0%	48.4%	19.0%	6.3%	2.5%	0.8%
	Estimated use	0.4%	28.7%	42.1%	18.9%	7.9%	1.9%
65y – 75y	Actual use	27.9%	49.2%	16.2%	5.0%	1.3%	0.5%
	Estimated use	1.0%	40.6%	38.9%	14.0%	4.3%	1.3%
75y +	Actual use	29.0%	55.9%	12.0%	2.3%	0.7%	0.2%
	Estimated use	2.1%	56.7%	31.0%	8.0%	1.9%	0.2%

Table 6: Frequency of actual and estimated glasses of alcohol consumed on weekdays in the last month, per risk group.

		0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total	Actual use	36.6%	49.2%	10.3%	2.4%	1.1%	0.4%
	Estimated use	3.0%	55.0%	31.2%	8.5%	1.7%	0.6%
Alcohol risk group	Actual use	9.0%	40.5%	30.2%	11.2%	7.4%	1.7%
	Estimated use	0.7%	42.9%	38.5%	11.4%	4.8%	1.7%
Non-risk group	Actual use	40.9%	50.5%	7.2%	1.0%	0.1%	0.1%
	Estimated use	3.3%	56.8%	30.1%	8.1%	1.2%	0.5%

Table 7: Frequency of actual and estimated glasses of alcohol consumed on weekend days in the last month, per risk group.

		0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total	Actual use	25.9%	49.8%	16.8%	5.2%	1.8%	0.6%
	Estimated use	0.9%	37.5%	39.2%	15.4%	5.6%	1.4%
Alcohol risk group	Actual use	0.7%	15.5%	41.7%	26.9%	11.7%	3.6%
	Estimated use	0.2%	19.1%	40.9%	21.5%	13.1%	5.1%
Non-risk group	Actual use	29.8%	55.1%	12.9%	1.8%	0.2%	0.1%
	Estimated use	1.0%	40.4%	39.0%	14.4%	4.4%	0.9%

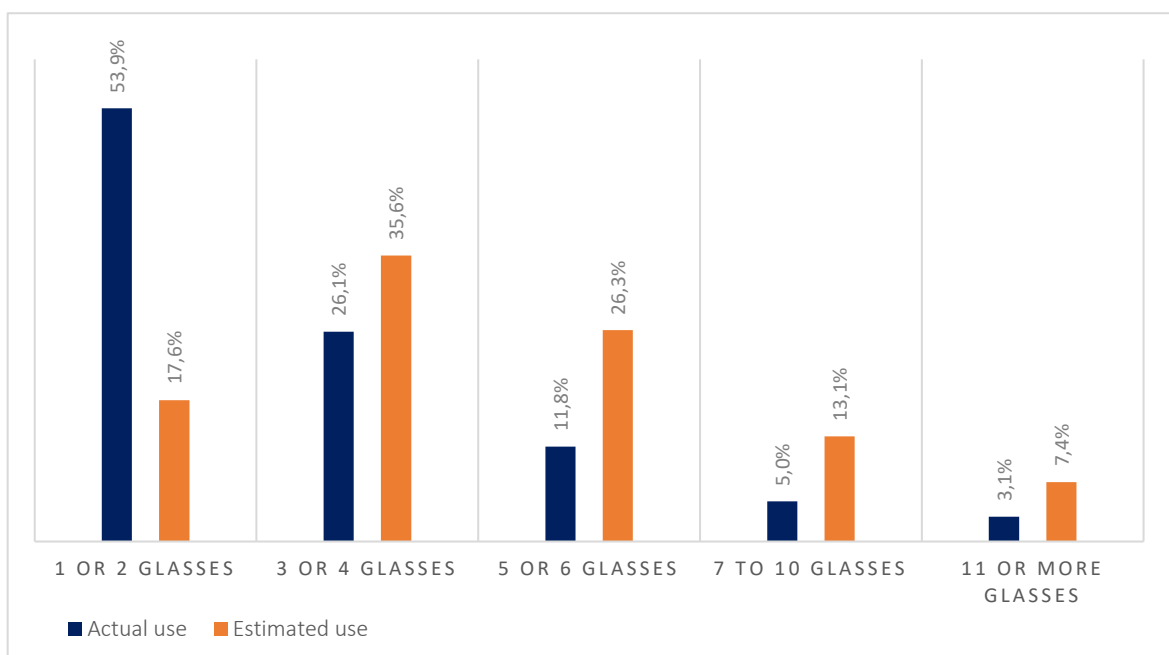
3.2.3. Most drinks on a single occasion

The most drinks on a single occasion was measured by asking the question: “What is the largest number of alcoholic drinks you have drunk on a single occasion in the last month?”. The reply categories were: 1 or 2 glasses, 3 or 4 glasses, 5 or 6 glasses, 7 to 10 glasses, 11 or more glasses.

By asking the question “What is the largest number of alcoholic drinks that most of your peers have drunk on one occasion in the last month?”, we established what they feel is the ‘social norm’. The reply categories were: 1 or 2 glasses, 3 or 4 glasses, 5 or 6 glasses, 7 to 10 glasses, 11 or more glasses.

As can be seen from figure 4 and table 8, 54% drank 1 or 2 glasses on a single occasion, while peers estimate this at 18%. Only 3% of the respondents drank 11 glasses or more on a single occasion. Peers estimate this as higher: 7%.

Figure 4: Frequency and estimated frequency with which peers consume the largest number of drinks on a single occasion in the last month.



On average the respondents overestimate the frequency with which their peers consume most drinks on a single occasion compared to themselves. The German regions overestimate to a greater extent than the other regions. Males also overestimate to a greater extent. Younger senior citizens (55-64) overestimate more than older senior citizens (65+). A statistically significant difference for the alcohol risk group has also been found; they underestimate more than the non-risk group.

Table 8: Frequency and estimated frequency with which peers consume the largest number of drinks on a single occasion in the last month, per age group.

		1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total	Actual use	53.9%	26.1%	11.8%	5.0%	3.1%
	Estimated use	17.6%	35.6%	26.3%	13.1%	7.4%
55y – 65y	Actual use	48.7%	26.5%	14.4%	6.3%	4.1%
	Estimated use	3.1%	50.3%	33.3%	10.0%	2.6%
65y – 75y	Actual use	55.8%	25.6%	11.1%	4.6%	2.9%
	Estimated use	2.0%	57.9%	30.6%	7.8%	1.1%
75y +	Actual use	64.9%	26.8%	6.0%	1.6%	0.7%
	Estimated use	5.6%	61.1%	26.5%	5.9%	0.5%

Table 9: Frequency and estimated frequency with which peers consume the largest number of drinks on a single occasion in the last month, per risk group.

		1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total	Actual use	53.9%	26.1%	11.8%	5.0%	3.1%
	Estimated use	17.6%	35.6%	26.3%	13.1%	7.4%
Alcohol risk group	Actual use	0.0%	6.7%	36.7%	35.2%	21.4%
	Estimated use	3.9%	22.1%	30.3%	24.0%	19.7%
Non-risk group	Actual use	62.4%	29.2%	8.0%	0.2%	0.3%
	Estimated use	19.7%	37.7%	25.6%	11.4%	5.5%

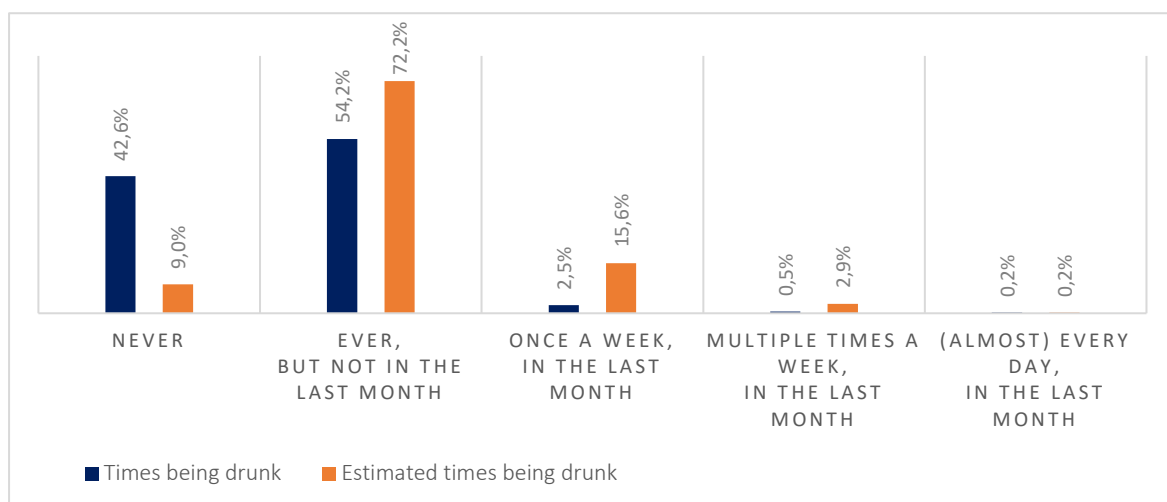
3.2.4. Being drunk

Being drunk was measured by asking the question: “Have you ever been drunk?”. The reply categories were: Never; Ever, but not in the last month; Once a week in the last month; Multiple times a week in the last month; (Almost) every day in the last month.

As can be seen from figure 5, almost all respondents (97%) have never been drunk or have been drunk in the past, but not in the last month.

By asking the question “How often do you think most of your peers have been drunk?”, we established what they feel is the ‘social norm’. The reply categories were: Never; Ever, but not in the last month; Once a week in the last month; Multiple times a week in the last month; (Almost) every day in the last month.

Figure 5: Frequency and estimated frequency of peers being drunk in the last month.



On average, the respondents overestimate the number of times their peers are drunk. No significant differences were found between the regions or genders. Younger (55-64) senior citizens overestimate more than older senior citizens (65+). The alcohol risk group overestimates less compared to the non-risk group (see tables 10 & 11).

Table 10: Frequency and estimated frequency of peers being drunk in the last month, per age group.

		Never	Ever	Once a week	Multiple times a week	(Almost) every day
Total	Times being drunk	42.6%	54.2%	2.5%	0.5%	0.2%
	Estimated times being drunk	9.0%	72.2%	15.6%	2.9%	0.2%
55y – 65y	Times being drunk	35.6%	60.3%	3.1%	0.8%	0.1%
	Estimated times being drunk	5.4%	71.3%	19.6%	3.4%	0.1%
65y – 75y	Times being drunk	45.4%	51.7%	2.4%	0.2%	0.2%
	Estimated times being drunk	10.2%	72.2%	14.7%	2.6%	0.2%
75+ y	Times being drunk	56.2%	42.2%	1.1%	0.2%	0.2%
	Estimated times being drunk	17.1%	74.9%	5.4%	2.3%	0.2%

Table 11: Frequency and estimated frequency of peers being drunk in the last month, per risk group.

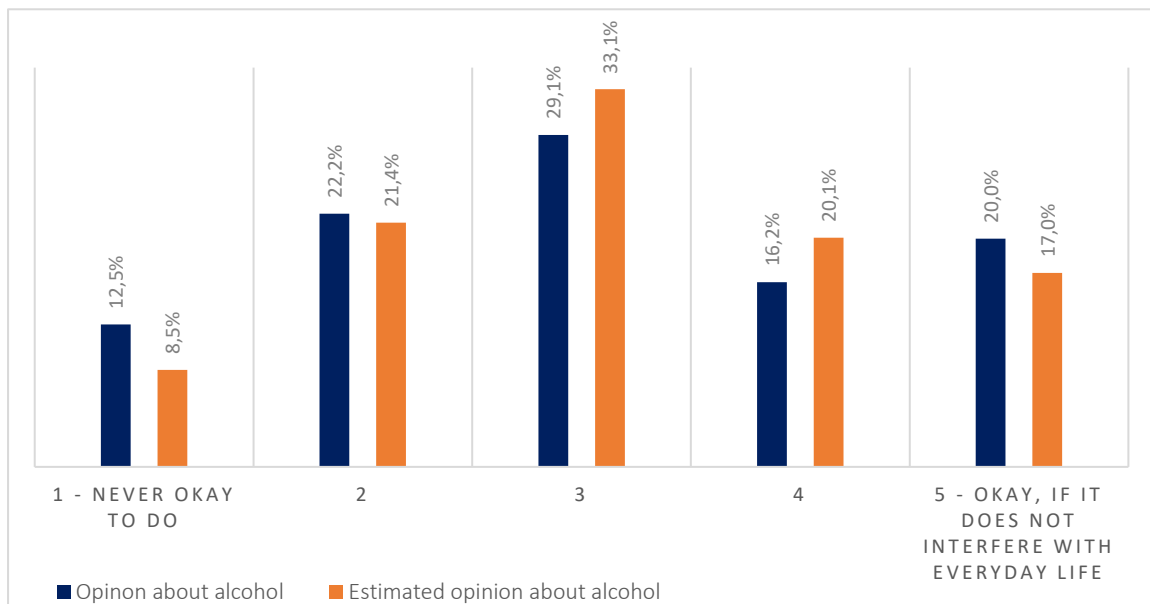
		Never	Ever	Once a week	Multiple times a week	(Almost) every day
Total	Times being drunk	42.6%	54.2%	2.5%	0.5%	0.2%
	Estimated times being drunk	9.0%	72.2%	15.6%	2.9%	0.2%
Alcohol risk group	Times being drunk	6.7%	75.7%	14.1%	2.9%	0.7%
	Estimated times being drunk	5.1%	67.5%	21.1%	5.8%	0.5%
Non-risk group	Times being drunk	48.2%	50.9%	0.7%	0.1%	0.1%
	Estimated times being drunk	9.7%	72.9%	14.8%	2.5%	0.2%

3.2.5. Opinion about alcohol use

The respondents' opinion about alcohol use is based on the question "What do you think about drinking alcohol?". On a scale of 1 to 5, people were asked what they think about alcohol. 1 means it is never okay to drink alcohol and 5 means it is okay to do so as long as it does not interfere with everyday life. The average score was 3.1. Only 12.5% think it is never okay to drink alcohol.

To determine what the respondents think their peers think about alcohol, we asked the question: "What do you think most of your peers think about the use of alcohol?". This was also a scale question, using a scale of 1 to 5. 1 means it is never okay to drink alcohol and 5 means it is okay to do so as long as it does not interfere with everyday life. The average score was 3.2. 9% think peers feel it is never okay to drink alcohol.

Figure 6: Frequency of opinion and estimated opinion of peers about alcohol use.



There are significant differences in the means of overestimating and underestimating their peers' opinion about alcohol use. The Province of Liège underestimates to a greater extent compared to the other regions. German regions overestimate to a greater extent compared to the other regions. Females overestimate more than males. Older senior citizens (75+) overestimate to a greater extent than younger senior citizens (55-64). The alcohol risk group overestimates more compared to the non-risk group.

Table 12: Frequency of opinion and estimated opinion of peers about alcohol use, per risk group.

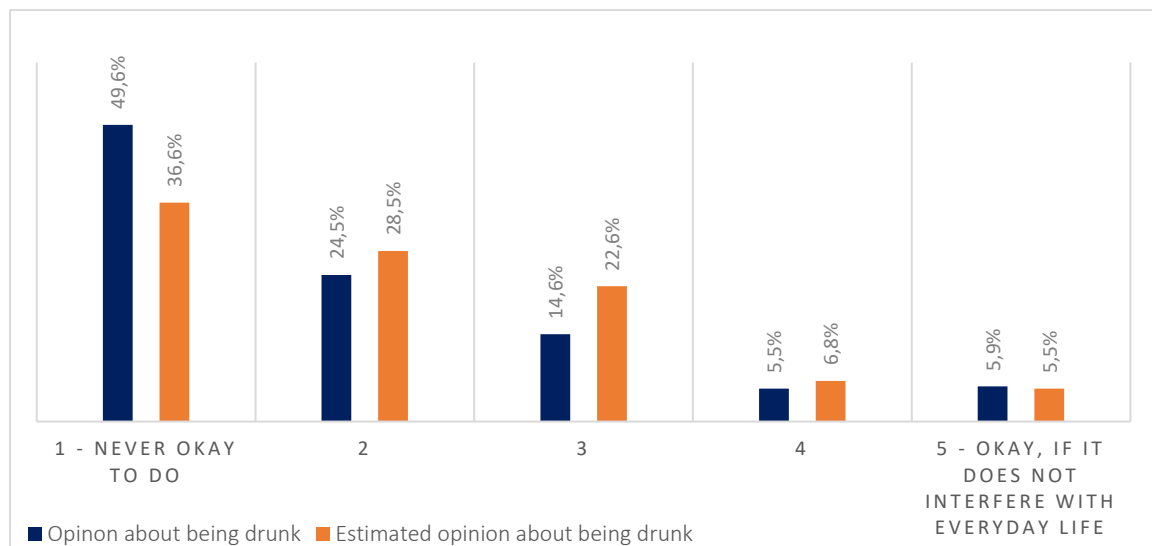
		1	2	3	4	5
Total	Opinion about alcohol	12.5%	22.2%	29.1%	16.2%	20.0%
	Estimated opinion about alcohol	8.5%	21.4%	33.1%	20.1%	17.0%
Alcohol risk group	Opinion about alcohol	1.2%	7.4%	27.2%	25.1%	39.1%
	Estimated opinion about alcohol	4.4%	13.1%	37.5%	22.0%	23.0%
Non-risk group	Opinion about alcohol	14.2%	24.5%	29.4%	14.9%	17.0%
	Estimated opinion about alcohol	9.1%	22.7%	32.4%	19.8%	16.1%

3.2.6. Opinion about being drunk

The opinion about being drunk is based on the question “What do you think about people who are drunk?”. On a scale of 1 to 5, people were asked what they think about being drunk. 1 means it is never okay to be drunk and 5 means it is okay to do so as long as it does not interfere with everyday life. The average score was 1.9. Almost half of the respondents think it is never okay to be drunk (see figure 7 and table 13).

To determine what the respondents think their peers think about being drunk, we asked the question: “What do you think most of your peers think about people who are drunk?”. This was also a scale question, using a scale of 1 to 5. 1 means it is never okay to be drunk and 5 means it is okay to do so as long as it does not interfere with everyday life. The average score was 2.1. 37% think their peers feel it is never okay to be drunk.

Figure 7: Frequency of opinion and estimated opinion of peers about being drunk.



In general, the respondents overestimate their peers’ opinion about being drunk. The differences between regions are significant for the Province of Limburg and the German regions compared to all other regions. The German regions overestimate and the Province of Limburg underestimates. No significant differences were found between genders. Younger senior citizens (55-64) overestimate to a greater extent than older senior citizens (65+). The general risk group and the alcohol risk group underestimate peers’ opinion about being drunk compared to the non-risk group.

Table 13: Frequency of opinion and estimated opinion of peers about alcohol use, per risk group.

		1	2	3	4	5
Total	Opinion about being drunk	49.6%	24.5%	14.6%	5.5%	5.9%
	Estimated opinion about being drunk	36.6%	28.5%	22.6%	6.8%	5.5%
Alcohol risk group	Opinion about being drunk	23.5%	23.7%	28.5%	13.7%	10.6%
	Estimated opinion about being drunk	26.8%	29.7%	25.8%	8.5%	9.2%
Non-risk group	Opinion about being drunk	53.6%	24.6%	12.4%	4.2%	5.1%
	Estimated opinion about being drunk	38.2%	28.3%	22.1%	6.5%	4.9%

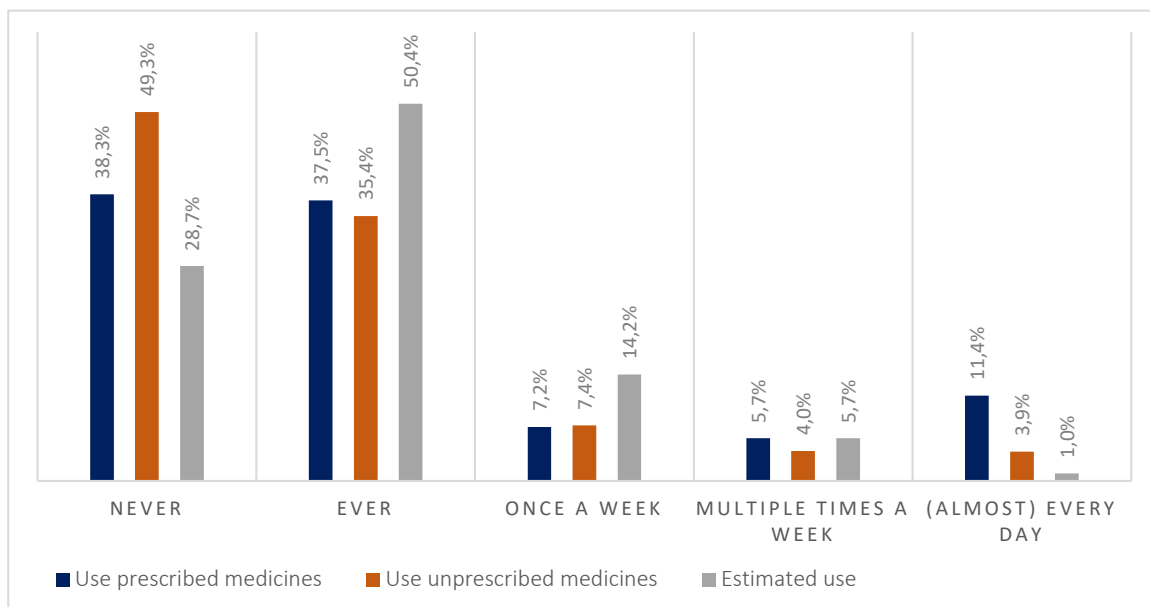
3.3 Medicine (sedatives, sleeping pills or painkillers)

The statistics and tables for the presented results on medicine use can be found in [Appendix 4](#).

3.3.1. Medicine use (sedatives, sleeping pills or painkillers)

Medicine use was measured by asking two questions: “How often have you taken prescribed sedatives, sleeping pills or painkillers?” and “How often have you taken unprescribed sedatives, sleeping pills or painkillers?”. The reply categories were: Never; Ever, but not in the last month; Once a week in the last month; Multiple times a week in the last month; (Almost) every day in the last month.

Figure 8: Frequency of prescribed and unprescribed medicine use and estimated medicine use by peers in the last month by the senior citizens, EHS.



Prescribed medications are never used by 38% of the senior citizens, and a further 38% have ever used them, but not in the last month. So 2 out of 3 senior citizens do not use prescribed sedatives, sleeping pills or painkillers. 17% of the senior citizens use these medications multiple times a week or (almost) every day. In the German regions most senior citizens do not use prescribed medications (85%), followed by South-Limburg (80%) and the Belgian regions (both 71%). Furthermore, females and older senior citizens (75+) use more prescribed medications.

Unprescribed medications are never used by 50% of the senior citizens, and 35% have ever used them, but not in the last month. So 6 out of 7 senior citizens do not use unprescribed sedatives, sleeping pills or painkillers. 8% of the senior citizens use these medications multiple times a week or (almost) every day. In the German regions and the Province of Limburg most senior citizens do not use unprescribed medicines (both 87%), followed by the Province of Liège (83%) and South-Limburg (81%). Furthermore, females and older senior citizens (75+) use more unprescribed medications.

In response to the question “Have you ever experienced the following in your life because you were on medication?”, only 3% of the senior citizens replied that they had taken more medicines than prescribed.

Table 14: Frequency of prescribed and unprescribed use of medicines (sedatives, sleeping pills or painkillers) in the last month, per region.

		Never	Ever	Once a week	Multiple times a week	(Almost) every day
Total	Prescribed	38.3%	37.5%	7.2%	5.7%	11.4%
	Unprescribed	49.3%	35.4%	7.4%	4.0%	3.9%
South-Limburg (NL)	Prescribed	44.0%	36.3%	7.0%	4.8%	7.9%
	Unprescribed	47.7%	33.4%	10.6%	5.0%	3.3%
Province of Limburg (BE)	Prescribed	32.5%	38.8%	8.5%	7.5%	12.7%
	Unprescribed	54.2%	32.8%	5.9%	3.2%	3.8%
Province of Liège (BE)	Prescribed	43.3%	27.6%	5.8%	6.0%	17.3%
	Unprescribed	57.5%	25.8%	5.7%	4.9%	6.2%
German regions (DE)	Prescribed	35.9%	49.1%	6.0%	2.9%	6.2%
	Unprescribed	29.5%	57.6%	7.9%	2.9%	2.1%

By asking the question "How often do you think most of your peers have taken excessive medication?", we established what the respondents think their peers do. The reply categories were: Never; Ever, but not in the last month; Once a week in the last month; Multiple times a week in the last month; (Almost) every day in the last month. Most senior citizens estimate that their peers have never or ever (but not in the last month) used medicines (excessively).

Figure 8: Frequency of estimated excessive medicine use by peers in the last month among senior citizens, EHS.

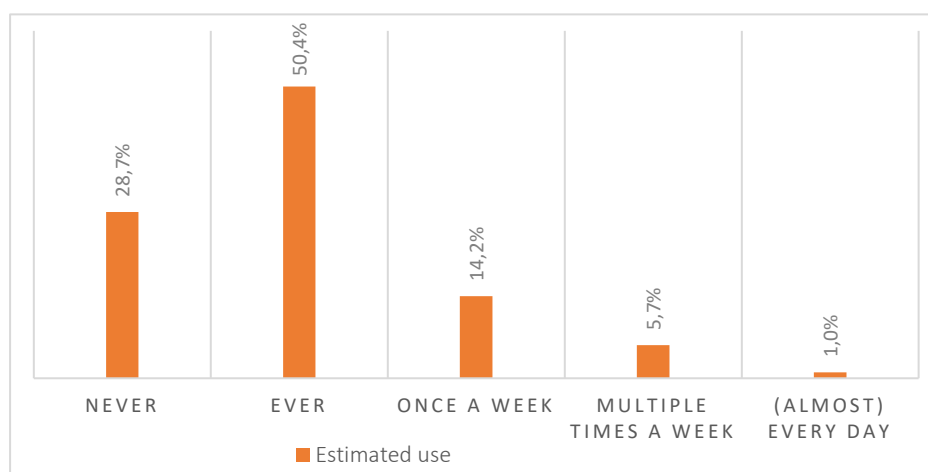


Table 14: Frequency of prescribed and unprescribed use of medicines (sedatives, sleeping pills or painkillers) in the last month, per region.

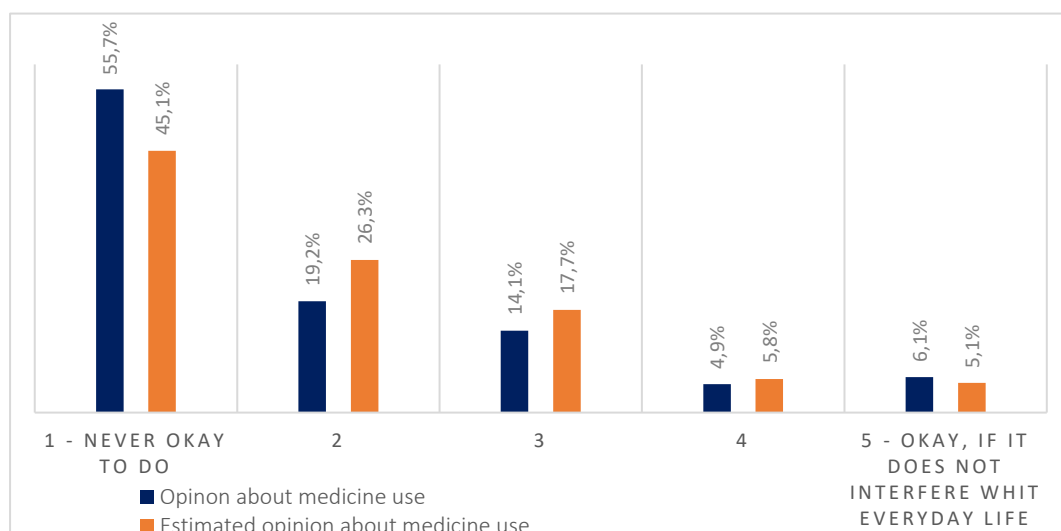
		Never	Ever	Once a week	Multiple times a week	(Almost) every day
Total	Estimated	28.7%	50.4%	14.2%	5.7%	1.0%
South-Limburg (NL)	Estimated	38.5%	43.0%	14.8%	3.3%	0.4%
Province of Limburg (BE)	Estimated	33.7%	48.0%	11.3%	6.0%	1.0%
Province of Liège (BE)	Estimated	15.7%	57.0%	16.7%	8.6%	2.0%
German regions (DE)	Estimated	15.7%	60.5%	17.4%	5.6%	0.9%

3.3.2. Opinion about medicine use

The opinion about medicine use is based on the question "What do you think of people who take medicines and are (heavily) under the influence?". On a scale of 1 to 5, people were asked what they think about medicine use and being under the influence. 1 means it is never okay to use medicines excessively and 5 means it is okay as long as it does not interfere with everyday life. The average score was 1.9. More than half think it is never okay to use medicines excessively (see figure 9 and table 15).

To determine what the respondents think that others feel about medicine use, we asked the question: "What do you think most of your peers think of people who take medicines and are (heavily) under the influence?". This was also a scale question, on a scale of 1 to 5. 1 means it is never okay to do and 5 means it is okay to do if it doesn't interfere with everyday life. The average score is 2.0. 45% think peers feel it is never okay to do.

Figure 9: Frequency of opinion about medicine use and estimated opinion of peers about medicine use.



In general, the use of medicines and being under the influence is overestimated. However, there were no significant differences between the regions or age groups. Females overestimate to a greater extent than males. The medicine risk group shows no significant differences.

Table 15: Frequency of opinion about medicine use and estimated opinion of peers about medicine use, by gender.

		1	2	3	4	5
Total	Opinion about medicine use	55.7%	19.2%	14.1%	4.9%	6.1%
	Estimated opinion about medicine use	45.1%	26.3%	17.7%	5.8%	5.1%
Male	Opinion about medicine use	53.5%	19.3%	15.4%	5.4%	6.3%
	Estimated opinion about medicine use	39.5%	27.9%	20.1%	7.1%	5.3%
Female	Opinion about medicine use	57.7%	19.2%	12.8%	4.5%	5.8%
	Estimated opinion about medicine use	49.6%	25.3%	15.7%	4.7%	4.8%

4 Social Norms Approach

Based on the results of the Euroregional Health Survey (EHS), we will develop several social norm messages for euPrevent SNA. These general messages for senior citizens will be disseminated by means of an intervention campaign in the EMR. Furthermore, we will conduct training for professionals to help them use the SNA method and the general SNA messages – as well as region-specific messages – in their work.

4.1 General SNA Messages

Based on the results on overestimation and/or underestimation, messages that can be used for the population of senior citizens are the following. In fact, the only overestimation found was on the general consumption of alcohol. As for medicines, since the modalities of replies to the questions did not allow us to make a direct comparison, we cannot form any conclusions on either an underestimation or an overestimation of peers' use. Therefore the message should be about the fact that the majority of our respondents reported not taking more medicines than prescribed.

The general SNA messages for the target group senior citizens (55+ years) are:

- **Alcohol:**
Do you know that the majority (64.8%) of people your age drink only once a week or less.
- **Medicine:**
The majority (97%) of people your age use medicines responsibly; they follow prescriptions strictly and never take more than prescribed.

Appendix 1: Senior citizens (55+) EHS questionnaire

Welcome to the Euroregional Health Survey (EHS) – senior citizens (55+)

This survey was designed to gain insight into the lifestyle and experience of people aged 55 years or older in using alcohol and medication and the accompanying attitudes. The aim of this research is to improve the quality of life of the inhabitants of the Meuse-Rhine Euroregion (EMR).

Completion of this questionnaire is voluntary. The survey is confidential and anonymous. This means that no name can be linked to your answers. No one will find out what you have filled in.

Important information when completing the questionnaire:

- There are no right or wrong answers. What matters is your opinion and your experiences.
- We ask you to answer as many questions as possible; read through the questions calmly and answer them as best you can.

We would like to take this opportunity to thank you in advance for your valuable contribution.

Good luck!

First of all, we will ask you some questions about your personal background and living conditions.

<p>1. Where do you live?</p> <p><input type="checkbox"/> België – Provincie Limburg</p> <p><input type="checkbox"/> Belgique – Province de Liège</p> <p><input type="checkbox"/> Belgien – Ostbelgien</p> <p><input type="checkbox"/> Nederland – Zuid-Limburg</p> <p><input type="checkbox"/> Deutschland – Nordrhein Westfalen (NRW)</p> <p><input type="checkbox"/> Deutschland – Rheinland Pfalz</p>
<p>2. What are the 4 digits of your postal code?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>3. What is your year of birth?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>4. Are you a ... ?</p> <p><input type="checkbox"/> Man [use the term male peers in follow-up questions]</p> <p><input type="checkbox"/> Woman [use the term female peers in follow-up questions]</p> <p><input type="checkbox"/> Otherwise [use the term peers in follow-up questions].</p> <p><input type="checkbox"/> I do not want to answer this question [use the term peers in follow-up questions].</p>

5. Please indicate to what extent you agree with the following statements.
Click one box on each line.

	Not at all					Totally agree	
I identify myself with my [male/female] peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a strong bond with my [male/female] peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What situation applies to you?

- I work part-time
- I work fulltime
- I am unemployed/looking for work
- I am incapacitated for work/receive social assistance benefit
- I am retired
- I am a housewife/househusband
- Otherwise
- I do not wish to answer this question

7. What is your marital status?

- Married/registered partnership
- Living together
- Unmarried, never been married
- Divorced, separated
- Widow, widower
- Otherwise
- I do not wish to answer this question

8. Who do you currently live with?

Multiple answer options are possible

- With a partner/husband or wife
- With child(ren) under 18 years old
- With child(ren) aged 18 years or older
- With my parent(s)
- With another adult/other adults
- I don't live with a partner, but I do have a relationship
- I live alone
- I live in a care centre/retirement home
- I do not wish to answer this question

We are now going to ask you a number of questions about your use of alcohol and/or medicines. And about things that might have happened when you had drunk alcohol or taken medicines. Remember that all this information is anonymous and will be treated confidentially.

9. How much money do you spend each month on ... ?
Click one box on each line.

	€0	€1.00– €25.00	€26.00– €50.00	€51.00– €75.00	€76.00– €100	More than €100	I do not wish to answer this question
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you drink alcohol (beer, wine, cocktails, etc.)?

- I do not drink alcohol [continue to question 15].
- Ever, but not in the last month
- Once a week in the last month
- Multiple times a week in the last month
- (Almost) every day in the last month

11. How many drinks do you drink on average on a day that you drink alcohol?
Tick one box on each line.

	0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 glasses or more
During weekdays (Monday to Thursday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During weekend days (Friday to Sunday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What is the largest number of alcoholic drinks you have drunk on a single occasion in the last month?

- 1 or 2 glasses
- 3 or 4 glasses
- 5 or 6 glasses
- 7 to 10 glasses
- 11 glasses or more

13. Have you ever been drunk?

- Never
- Ever, but not in the last month
- Once a week in the last month
- Multiple times a week in the last month
- (Almost) every day in the last month

14. Have you ever experienced the following in your life because of drinking alcohol?

Multiple answer options are possible. (Continue to question 16)

- Drank more than I had intended
- Regret my behaviour
- I had a hangover/felt bad the day after
- I hurt myself/had a fall
- Missed an appointment/missed a day's work
- Drove a car or motorbike when I had drunk too much
- Drove with someone who had drunk too much
- Memory loss/not being able to remember things
- Arguing or using force
- Never experienced any of the above

15. Why don't you drink alcohol?

- I do not like it
- For medical reasons
- From a religious conviction
- I am addicted
- Other

16. How often have you taken prescribed sedatives, sleeping pills or painkillers?

- Never
- Ever, but not in the last month
- Once a week in the last month
- Multiple times a week in the last month
- (Almost) every day in the last month

17. How often have you taken unprescribed sedatives, sleeping pills or painkillers?

- Never
- Ever, but not in the last month
- Once a week in the last month
- Multiple times a week in the last month
- (Almost) every day in the last month

18. Have you ever experienced the following in your life because you were on medication?

- Took more medicines than prescribed
- Regret my behaviour
- Felt badly due to the medicines
- I hurt myself/had a fall
- Missed an appointment/missed a day's work
- Drove a car or motorbike while I was on medication
- Memory loss/not being able to remember things
- Arguing or using force
- Never experienced any of the above

The following questions are about your attitude to the use of alcohol and medicines. Indicate on the scale what best suits your attitude.

19. What do you think about drinking alcohol?

Indicate your rating on this scale from 1 to 5, where 1 stands for "Never okay" and 5 stands for "Okay, if it does not interfere with everyday life".

- 1
- 2
- 3
- 4
- 5

20. What do you think of people who are drunk?

Indicate your rating on this scale from 1 to 5, where 1 stands for "Never okay" and 5 stands for "Okay, if it does not interfere with everyday life".

- 1
- 2
- 3
- 4
- 5

21. What do you think about people who take medicines and are (heavily) under the influence?

Indicate your rating on this scale from 1 to 5, where 1 stands for "Never okay" and 5 stands for "Okay, if it does not interfere with everyday life".

- 1
- 2
- 3
- 4
- 5

The following questions are about what you think about the use of alcohol and medicines by your peers.

22. How often do you think most of your [male/female] peers have drunk alcohol?

- Never
- Ever, but not in the last month
- Once a week in the last month
- Multiple times a week in the last month
- (Almost) every day in the last month

23. How many drinks do you think most of your [male/female] peers drink on a day that they drink alcohol?

Tick one box on each line.

	0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 glasses or more
During weekdays (Monday to Thursday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During weekend days (Friday to Sunday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. What is the largest number of alcoholic drinks that most of your [male/female] peers have drunk on a single occasion in the last month?

- 1 or 2 glasses
- 3 or 4 glasses
- 5 or 6 glasses
- 7 to 10 glasses
- 11 glasses or more

25. How often do you think most of your [male/female] peers have been drunk?

- Never
- Ever, but not in the last month
- Once a week in the last month
- Multiple times a week in the last month
- (Almost) every day in the last month

26. How often do you think most of your [male/female] peers have taken excessive medication?

- Never
- Ever, but not in the last month
- Once a week in the last month
- Multiple times a week in the last month
- (Almost) every day in the last month

The following questions are about your peers' attitude towards alcohol and medication. On the scale indicate what you think best suits the attitude of your peers.

27. What do you think most of your [male/female] peers think about the use of alcohol?

Indicate your rating on this scale from 1 to 5, where 1 stands for "Never okay" and 5 stands for "Okay, if it does not interfere with everyday life".

- 1
- 2
- 3
- 4
- 5

28. What do you think most of your [male/female] peers think of people who drink enough alcohol to get drunk?

Indicate your rating on this scale from 1 to 5, where 1 stands for "Never okay" and 5 stands for "Okay, if it does not interfere with everyday life".

- 1
- 2
- 3
- 4
- 5

29. What do you think most of your [male/female] peers think of people who take medication and are (heavily) under the influence?

Indicate your rating on this scale from 1 to 5, where 1 stands for "Never okay" and 5 stands for "Okay, if it does not interfere with everyday life".

- 1
- 2
- 3
- 4
- 5

Appendix 2: Background statistics, EHS 55+

Table 2.1: Participants, per region, EHS

Region	N	%
<i>Total</i>	3122	100.0
South-Limburg (NL)	820	26.3
Province of Limburg (BE)	1178	37.7
Province of Liège (BE)	471	15.1
Ostbelgien (BE)	164	5.3
Aachen (DE)	90	2.9
Euskirchen (DE)	150	4.8
Heinsberg (DE)	111	3.6
Bitburg-Prüm (DE)	11	0.4

Table 2.2: Participants per region, EHS

Region	N	%
<i>Total</i>	3122	100.0
South-Limburg (NL)	820	26.3
Province of Limburg (BE)	1178	37.7
Province of Liège (BE)	635	20.4
German regions (DE)	489	15.6

Table 2.3: Age groups per region, EHS

Region	55y-65y	65y-75y	75y +
<i>Total</i>	44.3%	41.7%	14.0%
South-Limburg (NL)	42.1%	50.7%	7.2%
Province of Limburg (BE)	32.4%	46.9%	20.6%
Province of Liège (BE)	51.7%	32.3%	16.1%
German regions (DE)	67.1%	26.0%	7.0%

Table 2.4: Gender per region, EHS

Region	Male	Female	Other	Don't want to answer
<i>Total</i>	44.5%	54.8%	0.1%	0.6%
South-Limburg (NL)	55.6%	43.9%	0.0%	0.5%
Province of Limburg (BE)	42.0%	57.6%	0.0%	0.4%
Province of Liège (BE)	37.8%	61.3%	0.3%	0.6%
German regions (DE)	40.7%	58.1%	0.0%	1.2%

Table 2.5: Working situation per region, EHS

Region	Part-time	Fulltime	Unemployed/ Job-seeking	Incapacitated/ Social assistance	Housewife/ Househusband
<i>Total</i>	12.8%	21.9%	1.1%	3.4%	3.6%
South-Limburg (NL)	16.1%	21.3%	1.0%	6.2%	4.4%
Province of Limburg (BE)	6.3%	11.1%	0.8%	2.5%	3.9%
Province of Liège (BE)	12.1%	28.7%	2.2%	2.7%	2.8%
German regions (DE)	23.7%	40.3%	0.4%	1.4%	2.5%

Table 2.6: Is working or retired, per region, EHS

Region	Working	Retired
<i>Total</i>	34.7%	53.9%
South-Limburg (NL)	37.4%	47.6%
Province of Limburg (BE)	17.4%	72.3%
Province of Liège (BE)	40.8%	48.0%
German regions (DE)	64.0%	28.0%

Table 2.7: Underprivileged, EHS

Region	Underprivileged
<i>Total</i>	4.5%
South-Limburg (NL)	7.2%
Province of Limburg (BE)	3.4%
Province of Liège (BE)	4.9%
German regions (DE)	1.8%

Table 2.8: Average identification score, per region, EHS

Region	Identification score
<i>Total</i>	4.1
South-Limburg (NL)	4.1
Province of Limburg (BE)	4.2
Province of Liège (BE)	4.1
German regions (DE)	3.6

Table 2.9: Risk groups, per region, EHS

Region	Total risk group	Alcohol risk group	Medicine risk group
<i>Total</i>	20.7%	13.5%	8.6%
South-Limburg (NL)	22.1%	14.4%	8.7%
Province of Limburg (BE)	16.3%	9.2%	7.8%
Province of Liège (BE)	30.4%	21.9%	12.6%
German regions (DE)	16.2%	11.2%	4.9%

Table 2.10: Risk groups, per age group, EHS

Region	Total risk group	Alcohol risk group	Medicine risk group
55y – 65y	25.5%	18.5%	7.9%
65y – 75y	18.3%	11.5%	8.8%
75y +	12.3%	3.2%	10.0%

Appendix 3: Alcohol statistics, EHS 55+

Table 3.1: Alcohol use among senior citizens, EHS

		Never	Ever, but not in the last month	Once a week in the last month	Multiple times a week in the last month	(Almost) every day in the last month
Total		19.9%	16.9%	28.0%	24.3%	10.9%
Regions	South-Limburg (NL)	18.2%	13.2%	27.6%	27.2%	13.9%
	Province of Limburg (BE)	20.9%	16.6%	29.8%	25.0%	7.7%
	Province of Liège (BE)	18.6%	15.6%	24.6%	24.6%	16.6%
	German regions (DE)	21.8%	25.7%	29.0%	17.2%	6.4%
Age groups	55-65 years	17.3%	19.0%	29.4%	25.3%	9.0%
	65-75 years	21.5%	14.7%	27.2%	23.6%	12.9%
	75+ years	22.9%	16.7%	26.1%	23.2%	11.0%
Gender	Male	15.5%	13.6%	27.6%	29.1%	14.3%
	Female	23.3%	19.7%	28.5%	20.5%	8.0%
	Other	50.0%	0.0%	0.0%	0.0%	50.0%
	Don't want to answer	21.1%	15.8%	21.1%	21.1%	21.1%
Identifies with peers	No	20.7%	18.1%	27.2%	23.8%	10.1%
	Yes	18.8%	15.3%	29.1%	24.9%	11.9%
Working	No	23.3%	15.6%	26.6%	23.1%	11.3%
	Yes	13.4%	19.3%	30.7%	26.4%	10.2%
Retired	No	17.8%	19.5%	28.8%	24.2%	9.6%
	Yes	21.6%	14.7%	27.4%	24.3%	12.0%
Under-privileged	No	19.4%	16.9%	28.2%	24.5%	11.0%
	Yes	29.5%	18.0%	23.7%	19.4%	9.4%
Living alone	No	18.8%	16.6%	28.6%	25.1%	11.0%
	Yes	24.4%	18.3%	25.6%	20.9%	10.7%
Alcohol risk group	No	23.0%	19.5%	29.0%	21.5%	7.0%
	Yes	0.0%	0.0%	22.1%	42.1%	35.7%

Table 3.2: Estimated alcohol use by peers, EHS

		Never	Ever, but not in the last month	Once a week in the last month	Multiple times a week in the last month	(Almost) every day in the last month
Total		3.0%	11.1%	39.8%	42.8%	3.3%
Regions	South-Limburg (NL)	3.5%	7.7%	32.7%	52.8%	3.3%
	Province of Limburg (BE)	3.6%	12.3%	43.0%	39.3%	1.8%
	Province of Liège (BE)	2.8%	10.5%	37.0%	42.6%	7.1%
	German regions (DE)	0.6%	14.8%	47.8%	34.5%	2.3%
Age groups	55-65 years	1.6%	9.6%	41.9%	43.9%	3.0%
	65-75 years	3.3%	10.6%	37.7%	44.5%	3.9%
	75+ years	6.1%	17.5%	39.6%	34.0%	2.8%
Gender	Male	2.5%	6.9%	33.2%	53.2%	4.2%
	Female	3.3%	14.6%	45.3%	34.4%	2.4%
	Other	0.0%	0.0%	0.0%	50.0%	50.0%
	Don't want to answer	5.6%	5.6%	33.3%	33.3%	22.2%
Identifies with peers	No	3.1%	11.6%	38.9%	42.6%	3.8%
	Yes	2.7%	10.6%	41.0%	42.9%	2.7%
Working	No	4.0%	12.5%	38.0%	42.2%	3.3%
	Yes	1.0%	8.6%	43.2%	43.9%	3.4%
Retired	No	2.0%	9.6%	40.9%	43.9%	3.6%
	Yes	3.8%	12.4%	38.9%	41.8%	3.1%
Under-privileged	No	2.9%	11.2%	40.0%	42.6%	3.4%
	Yes	5.1%	9.5%	35.0%	47.4%	2.9%
Living alone	No	2.5%	10.7%	39.7%	44.0%	3.2%
	Yes	4.9%	12.8%	40.5%	37.7%	4.1%
Alcohol risk group	No	3.4%	12.1%	41.1%	40.8%	2.6%
	Yes	0.2%	4.8%	31.4%	55.6%	8.0%

Table 3.3: Reasons why senior citizens do not drink alcohol, EHS

	Do not like alcohol	Medical reasons	Religious beliefs	Addictive	Other reason	Not applicable
<i>Total</i>	10.4%	3.5%	0.3%	2.4%	3.1%	80.3%

Table 3.4: Number of glasses of alcohol senior citizens consume during weekdays, EHS

		0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
<i>Total</i>		36.6%	49.2%	10.3%	2.4%	1.1%	0.4%
Regions	South-Limburg (NL)	37.6%	46.1%	11.1%	2.9%	1.8%	0.5%
	Province of Limburg (BE)	37.1%	51.1%	9.3%	2.0%	0.4%	0.1%
	Province of Liège (BE)	33.3%	50.1%	11.8%	2.5%	1.7%	0.5%
	German regions (DE)	38.3%	48.4%	9.4%	2.5%	0.8%	0.6%
Age groups	55-65 years	36.8%	47.1%	11.0%	3.0%	1.5%	0.5%
	65-75 years	36.9%	49.5%	10.2%	2.2%	0.9%	0.2%
	75+ years	35.3%	54.4%	8.7%	0.9%	0.5%	0.2%
Gender	Male	28.6%	49.8%	14.9%	4.4%	1.7%	0.6%
	Female	43.1%	49.0%	6.5%	0.8%	0.5%	0.0%
	Other	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%
	Don't want to answer	42.1%	15.8%	21.1%	0.0%	10.5%	10.5%
Identifies with peers	No	38.2%	47.0%	10.5%	2.7%	1.3%	0.4%
	Yes	34.6%	51.9%	10.1%	2.1%	1.0%	0.3%
Working	No	38.3%	48.8%	9.7%	2.3%	0.6%	0.3%
	Yes	33.6%	49.9%	11.4%	2.7%	2.0%	0.4%
Retired	No	37.4%	46.8%	10.9%	2.6%	1.8%	0.6%
	Yes	36.0%	51.2%	9.9%	2.2%	0.5%	0.2%
Under-privileged	No	36.2%	49.9%	10.2%	2.2%	1.1%	0.3%
	Yes	45.3%	33.8%	12.2%	5.8%	2.2%	0.7%
Living alone	No	35.8%	49.5%	10.9%	2.4%	1.1%	0.4%
	Yes	40.1%	47.9%	7.9%	2.4%	1.3%	0.3%
Alcohol risk group	No	40.9%	50.5%	7.2%	1.0%	0.1%	0.1%
	Yes	9.0%	40.5%	30.2%	11.2%	7.4%	1.7%

Table 3.5: Estimated number of glasses of alcohol senior citizens consume during weekdays, EHS

		0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total		3.0%	55.0%	31.2%	8.5%	1.7%	0.6%
Regions	South-Limburg (NL)	3.3%	52.3%	30.8%	10.4%	2.1%	1.1%
	Province of Limburg (BE)	2.4%	60.1%	30.5%	5.5%	1.3%	0.2%
	Province of Liège (BE)	3.7%	55.4%	30.1%	8.5%	1.6%	0.6%
	German regions (DE)	2.9%	46.3%	35.2%	12.6%	1.9%	1.0%
Age groups	55-65 years	3.1%	50.3%	33.3%	10.0%	2.6%	0.7%
	65-75 years	2.0%	57.9%	30.6%	7.8%	1.1%	0.6%
	75+ years	5.6%	61.1%	26.5%	5.9%	0.5%	0.5%
Gender	Male	1.1%	39.1%	40.9%	14.3%	3.5%	1.1%
	Female	4.4%	68.3%	23.2%	3.8%	0.2%	0.1%
	Other	0.0%	0.0%	50.0%	0.0%	0.0%	50.0%
	Don't want to answer	10.5%	21.1%	42.1%	10.5%	0.0%	15.8%
Identifies with peers	No	2.7%	52.2%	33.4%	9.0%	2.0%	0.8%
	Yes	3.4%	58.5%	28.4%	7.9%	1.3%	0.4%
Working	No	3.0%	57.3%	29.9%	7.9%	1.2%	0.7%
	Yes	3.0%	50.7%	33.7%	9.7%	2.5%	0.5%
Retired	No	3.4%	51.8%	32.1%	9.3%	2.4%	0.9%
	Yes	2.6%	57.7%	30.5%	7.8%	1.0%	0.4%
Under-privileged	No	2.9%	55.3%	31.4%	8.3%	1.6%	0.5%
	Yes	4.3%	48.6%	28.3%	12.3%	3.6%	2.9%
Living alone	No	3.0%	54.1%	32.0%	8.6%	1.7%	0.6%
	Yes	3.1%	58.5%	28.0%	8.0%	1.6%	0.7%
Alcohol risk group	No	3.3%	56.8%	30.1%	8.1%	1.2%	0.5%
	Yes	0.7%	42.9%	38.5%	11.4%	4.8%	1.7%

Table 3.6: Number of glasses of alcohol senior citizens consume during weekend days, EHS

		0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total		25.9%	49.8%	16.8%	5.2%	1.8%	0.6%
Regions	South-Limburg (NL)	23.5%	47.7%	18.9%	6.1%	2.7%	1.1%
	Province of Limburg (BE)	29.2%	53.4%	13.3%	3.1%	0.7%	0.3%
	Province of Liège (BE)	22.9%	45.2%	21.2%	7.6%	2.8%	0.3%
	German regions (DE)	25.6%	50.6%	16.0%	5.5%	1.4%	0.8%
Age groups	55-65 years	23.0%	48.4%	19.0%	6.3%	2.5%	0.8%
	65-75 years	27.9%	49.2%	16.2%	5.0%	1.3%	0.5%
	75+ years	29.0%	55.9%	12.0%	2.3%	0.7%	0.2%
Gender	Male	20.5%	45.1%	21.5%	8.6%	3.2%	1.0%
	Female	30.1%	53.9%	13.0%	2.4%	0.5%	0.1%
	Other	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%
	Don't want to answer	31.6%	26.3%	15.8%	5.3%	10.5%	10.5%
Identifies with peers	No	27.2%	47.5%	17.0%	5.5%	2.1%	0.7%
	Yes	24.1%	52.7%	16.6%	4.8%	1.3%	0.4%
Working	No	29.8%	49.1%	15.1%	4.3%	1.2%	0.5%
	Yes	18.5%	51.1%	20.1%	6.8%	2.8%	0.7%
Retired	No	23.5%	48.0%	18.5%	6.3%	2.8%	0.9%
	Yes	27.9%	51.3%	15.4%	4.3%	0.9%	0.3%
Under-privileged	No	25.4%	50.6%	16.8%	5.1%	1.7%	0.5%
	Yes	36.7%	31.7%	18.0%	7.9%	2.9%	2.9%
Living alone	No	24.3%	49.9%	17.8%	5.6%	1.8%	0.5%
	Yes	32.4%	49.1%	12.7%	3.4%	1.6%	0.8%
Alcohol risk group	No	29.8%	55.1%	12.9%	1.8%	0.2%	0.1%
	Yes	0.7%	15.5%	41.7%	26.9%	11.7%	3.6%

Table 3.7: Estimated number of glasses of alcohol senior citizens consume during weekend days, EHS

		0 glasses	1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total		0.9%	37.5%	39.2%	15.4%	5.6%	1.4%
Regions	South-Limburg (NL)	0.9%	33.9%	37.6%	19.6%	6.0%	2.0%
	Province of Limburg (BE)	1.3%	47.1%	37.3%	10.4%	3.2%	0.7%
	Province of Liège (BE)	0.7%	33.0%	42.0%	15.1%	7.8%	1.5%
	German regions (DE)	0.4%	25.9%	43.1%	20.5%	7.7%	2.3%
Age groups	55-65 years	0.4%	28.7%	42.1%	18.9%	7.9%	1.9%
	65-75 years	1.0%	40.6%	38.9%	14.0%	4.3%	1.3%
	75+ years	2.1%	56.7%	31.0%	8.0%	1.9%	0.2%
Gender	Male	0.5%	22.9%	41.6%	22.5%	9.7%	2.8%
	Female	1.1%	49.6%	37.4%	9.5%	2.2%	0.2%
	Other	0.0%	0.0%	0.0%	50.0%	0.0%	50.0%
	Don't want to answer	11.1%	22.2%	33.3%	16.7%	5.6%	11.1%
Identifies with peers	No	0.9%	33.0%	41.6%	16.7%	6.2%	1.7%
	Yes	1.0%	43.3%	36.2%	13.7%	4.8%	1.1%
Working	No	1.2%	43.2%	37.0%	12.6%	4.5%	1.4%
	Yes	0.4%	26.8%	43.4%	20.5%	7.5%	1.4%
Retired	No	0.9%	29.7%	41.4%	18.7%	7.4%	2.0%
	Yes	0.9%	44.2%	37.4%	12.5%	4.0%	1.0%
Under-privileged	No	0.9%	37.7%	39.5%	15.3%	5.3%	1.2%
	Yes	2.2%	32.6%	32.6%	16.7%	10.1%	5.8%
Living alone	No	0.9%	36.0%	40.4%	15.5%	5.7%	1.5%
	Yes	1.0%	43.6%	34.4%	14.9%	4.9%	1.1%
Alcohol risk group	No	1.0%	40.4%	39.0%	14.4%	4.4%	0.9%
	Yes	0.2%	19.1%	40.9%	21.5%	13.1%	5.1%

Table 3.8: Largest number of drinks senior citizens consume on a single occasion, EHS

		1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total		53.9%	26.1%	11.8%	5.0%	3.1%
Regions	South-Limburg (NL)	50.6%	26.0%	13.9%	5.4%	4.0%
	Province of Limburg (BE)	59.7%	26.0%	9.4%	3.3%	1.6%
	Province of Liège (BE)	45.7%	27.6%	14.5%	6.6%	5.5%
	German regions (DE)	56.4%	24.8%	10.7%	6.0%	2.1%
Age groups	55-65 years	48.7%	26.5%	14.4%	6.3%	4.1%
	65-75 years	55.8%	25.6%	11.1%	4.6%	2.9%
	75+ years	64.9%	26.8%	6.0%	1.6%	0.7%
Gender	Male	42.4%	28.0%	15.8%	8.0%	5.8%
	Female	63.4%	24.8%	8.6%	2.5%	0.7%
	Other	50.0%	0.0%	0.0%	0.0%	50.0%
	Don't want to answer	47.4%	15.8%	15.8%	5.3%	15.8%
Identifies with peers	No	53.8%	25.6%	12.5%	5.1%	3.0%
	Yes	54.1%	26.8%	11.0%	4.8%	3.2%
Working	No	58.2%	25.7%	9.8%	3.7%	2.6%
	Yes	45.8%	27.0%	15.7%	7.3%	4.2%
Retired	No	50.1%	24.9%	14.5%	6.4%	4.2%
	Yes	57.2%	27.2%	9.6%	3.8%	2.2%
Under-privileged	No	53.8%	26.6%	11.8%	4.9%	2.9%
	Yes	56.8%	16.5%	12.2%	5.8%	8.6%
Living alone	No	51.9%	26.7%	12.8%	5.4%	3.2%
	Yes	62.1%	23.9%	8.0%	3.1%	2.9%
Alcohol risk group	No	62.4%	29.2%	8.0%	0.2%	0.3%
	Yes	0.0%	6.7%	36.7%	35.2%	21.4%

Table 3.9: Estimated largest number of drinks peers consume on a single occasion, EHS

		1 or 2 glasses	3 or 4 glasses	5 or 6 glasses	7 to 10 glasses	11 or more glasses
Total		17.6%	35.6%	26.3%	13.1%	7.4%
Regions	South-Limburg (NL)	3.3%	52.3%	30.8%	10.4%	2.1%
	Province of Limburg (BE)	2.4%	60.1%	30.5%	5.5%	1.3%
	Province of Liège (BE)	3.7%	55.4%	30.1%	8.5%	1.6%
	German regions (DE)	2.9%	46.3%	35.2%	12.6%	1.9%
Age groups	55-65 years	3.1%	50.3%	33.3%	10.0%	2.6%
	65-75 years	2.0%	57.9%	30.6%	7.8%	1.1%
	75+ years	5.6%	61.1%	26.5%	5.9%	0.5%
Gender	Male	1.1%	39.1%	40.9%	14.3%	3.5%
	Female	4.4%	68.3%	23.2%	3.8%	0.2%
	Other	0.0%	0.0%	50.0%	0.0%	0.0%
	Don't want to answer	10.5%	21.1%	42.1%	10.5%	0.0%
Identifies with peers	No	2.7%	52.2%	33.4%	9.0%	2.0%
	Yes	3.4%	58.5%	28.4%	7.9%	1.3%
Working	No	3.0%	57.3%	29.9%	7.9%	1.2%
	Yes	3.0%	50.7%	33.7%	9.7%	2.5%
Retired	No	3.4%	51.8%	32.1%	9.3%	2.4%
	Yes	2.6%	57.7%	30.5%	7.8%	1.0%
Under-privileged	No	2.9%	55.3%	31.4%	8.3%	1.6%
	Yes	4.3%	48.6%	28.3%	12.3%	3.6%
Living alone	No	3.0%	54.1%	32.0%	8.6%	1.7%
	Yes	3.1%	58.5%	28.0%	8.0%	1.6%
Alcohol risk group	No	19.7%	37.7%	25.6%	11.4%	5.5%
	Yes	3.9%	22.1%	30.3%	24.0%	19.7%

Table 3.10: Times senior citizens were drunk, EHS

		Never	Ever, but not in the last month	Once a week in the last month	Multiple times a week in the last month	(Almost) every day in the last month
Total		42.6%	54.2%	2.5%	0.5%	0.2%
Regions	South-Limburg (NL)	41.7%	56.3%	1.6%	0.2%	0.1%
	Province of Limburg (BE)	45.3%	52.6%	1.9%	0.3%	0.0%
	Province of Liège (BE)	42.8%	50.2%	5.2%	1.3%	0.5%
	German regions (DE)	37.3%	59.6%	2.3%	0.4%	0.4%
Age groups	55-65 years	35.6%	60.3%	3.1%	0.8%	0.1%
	65-75 years	45.4%	51.7%	2.4%	0.2%	0.2%
	75+ years	56.2%	42.2%	1.1%	0.2%	0.2%
Gender	Male	31.2%	64.0%	3.8%	0.9%	0.1%
	Female	51.9%	46.5%	1.5%	0.1%	0.1%
	Other	50.0%	0.0%	0.0%	0.0%	50.0%
	Don't want to answer	36.8%	42.1%	5.3%	5.3%	10.5%
Identifies with peers	No	41.3%	55.3%	2.6%	0.6%	0.2%
	Yes	44.3%	52.7%	2.5%	0.4%	0.1%
Working	No	48.0%	49.2%	2.3%	0.2%	0.3%
	Yes	32.5%	63.5%	3.1%	0.9%	0.0%
Retired	No	37.4%	58.4%	3.1%	0.8%	0.3%
	Yes	47.0%	50.6%	2.1%	0.2%	0.1%
Under-privileged	No	42.6%	54.4%	2.4%	0.5%	0.1%
	Yes	43.2%	49.6%	5.0%	0.7%	1.4%
Living alone	No	41.3%	55.4%	2.6%	0.5%	0.2%
	Yes	47.9%	49.2%	2.1%	0.5%	0.3%
Alcohol risk group	No	48.2%	50.9%	0.7%	0.1%	0.1%
	Yes	6.7%	75.7%	14.1%	2.9%	0.7%

Table 3.11: Estimated times peers were drunk, EHS

		Never	Ever, but not in the last month	Once a week in the last month	Multiple times a week in the last month	(Almost) every day in the last month
Total		9.0%	72.2%	15.6%	2.9%	0.2%
Regions	South-Limburg (NL)	9.1%	72.1%	17.1%	1.7%	0.0%
	Province of Limburg (BE)	11.5%	73.2%	12.7%	2.6%	0.0%
	Province of Liège (BE)	8.0%	69.4%	16.4%	5.5%	0.7%
	German regions (DE)	4.4%	73.6%	19.2%	2.3%	0.4%
Age groups	55-65 years	5.4%	71.3%	19.6%	3.4%	0.1%
	65-75 years	10.2%	72.2%	14.7%	2.6%	0.2%
	75+ years	17.1%	74.9%	5.4%	2.3%	0.2%
Gender	Male	4.1%	70.2%	21.4%	4.2%	0.1%
	Female	13.1%	74.1%	10.8%	2.0%	0.1%
	Other	0.0%	50.0%	0.0%	0.0%	50.0%
	Don't want to answer	11.1%	50.0%	27.8%	0.0%	11.1%
Identifies with peers	No	7.7%	71.9%	16.8%	3.4%	0.2%
	Yes	10.8%	72.6%	14.1%	2.4%	0.1%
Working	No	11.9%	71.2%	13.4%	3.1%	0.3%
	Yes	3.6%	74.0%	19.7%	2.6%	0.0%
Retired	No	5.9%	71.3%	19.3%	3.2%	0.4%
	Yes	11.7%	73.0%	12.5%	2.7%	0.1%
Under-privileged	No	9.0%	72.7%	15.5%	2.7%	0.1%
	Yes	10.9%	60.9%	18.1%	8.7%	1.4%
Living alone	No	8.4%	72.8%	16.0%	2.5%	0.2%
	Yes	11.5%	69.6%	14.1%	4.6%	0.2%
Alcohol risk group	No	9.7%	72.9%	14.8%	2.5%	0.2%
	Yes	5.1%	67.5%	21.1%	5.8%	0.5%

Table 3.12: Opinion about alcohol use among senior citizens (on a scale of 1 to 5), EHS

		1	2	3	4	5
Total		12.5%	22.2%	29.1%	16.2%	20.0%
Regions	South-Limburg (NL)	9.6%	17.4%	30.2%	19.5%	23.2%
	Province of Limburg (BE)	18.3%	25.6%	25.5%	13.0%	17.7%
	Province of Liège (BE)	8.4%	19.6%	31.1%	17.5%	23.4%
	German regions (DE)	8.6%	25.7%	33.1%	16.8%	15.8%
Age groups	55-65 years	9.0%	21.2%	31.3%	18.8%	19.6%
	65-75 years	14.2%	22.2%	28.7%	15.1%	19.8%
	75+ years	18.5%	25.3%	23.1%	11.4%	21.7%
Gender	Male	12.0%	18.7%	28.1%	17.9%	23.3%
	Female	12.9%	25.2%	29.9%	15.0%	17.0%
	Other	0.0%	50.0%	0.0%	0.0%	50.0%
	Don't want to answer	10.5%	15.8%	31.6%	5.3%	36.8%
Identifies with peers	No	11.3%	23.1%	29.4%	16.9%	19.4%
	Yes	14.0%	21.2%	28.7%	15.4%	20.8%
Working	No	15.5%	23.2%	27.7%	14.2%	19.4%
	Yes	6.8%	20.3%	31.6%	20.1%	21.2%
Retired	No	8.8%	21.0%	31.0%	18.7%	20.5%
	Yes	15.6%	23.3%	27.4%	14.2%	19.6%
Under-privileged	No	12.4%	22.5%	28.9%	16.1%	20.0%
	Yes	14.4%	15.8%	31.7%	18.7%	19.4%
Living alone	No	11.8%	21.9%	29.7%	16.5%	20.2%
	Yes	15.4%	23.7%	26.6%	15.2%	19.1%
Alcohol risk group	No	14.2%	24.5%	29.4%	14.9%	17.0%
	Yes	1.2%	7.4%	27.2%	25.1%	39.1%

Table 3.13: Estimated peer opinion about alcohol use (on a scale of 1 to 5), EHS

		1	2	3	4	5
Total		8.5%	21.4%	33.1%	20.1%	17.0%
Regions	South-Limburg (NL)	5.3%	13.6%	34.6%	27.2%	19.4%
	Province of Limburg (BE)	14.1%	27.0%	29.9%	13.7%	15.3%
	Province of Liège (BE)	6.9%	23.2%	32.4%	21.1%	16.4%
	German regions (DE)	2.3%	18.8%	38.9%	22.2%	17.8%
Age groups	55-65 years	5.9%	17.9%	36.0%	22.5%	17.8%
	65-75 years	9.3%	21.6%	33.1%	19.2%	16.7%
	75+ years	14.2%	32.0%	23.7%	15.1%	15.1%
Gender	Male	5.6%	17.5%	31.1%	26.1%	19.7%
	Female	10.8%	24.7%	34.8%	15.2%	14.5%
	Other	0.0%	0.0%	0.0%	0.0%	100.0%
	Don't want to answer	10.5%	10.5%	21.1%	21.1%	36.8%
Identifies with peers	No	7.5%	20.4%	34.3%	20.8%	17.0%
	Yes	9.7%	22.7%	31.5%	19.1%	17.0%
Working	No	11.1%	23.7%	31.8%	17.3%	16.0%
	Yes	3.6%	17.1%	35.3%	25.3%	18.7%
Retired	No	6.0%	17.4%	34.9%	23.5%	18.1%
	Yes	10.6%	24.8%	31.4%	17.1%	16.0%
Under-privileged	No	8.2%	21.9%	32.8%	20.2%	17.0%
	Yes	13.9%	11.7%	39.4%	17.5%	17.5%
Living alone	No	8.0%	20.7%	33.4%	20.6%	17.3%
	Yes	10.3%	24.3%	31.8%	18.1%	15.5%
Alcohol risk group	No	9.1%	22.7%	32.4%	19.8%	16.1%
	Yes	4.4%	13.1%	37.5%	22.0%	23.0%

Table 3.14: Opinion about senior citizens being drunk (on a scale of 1 to 5), EHS

		1	2	3	4	5
Total		49.6%	24.5%	14.6%	5.5%	5.9%
Regions	South-Limburg (NL)	51.8%	22.4%	15.6%	5.7%	4.4%
	Province of Limburg (BE)	56.1%	20.7%	12.2%	4.8%	6.1%
	Province of Liège (BE)	44.5%	25.7%	14.7%	7.4%	7.6%
	German regions (DE)	36.5%	35.7%	18.4%	4.1%	5.3%
Age groups	55-65 years	43.9%	27.2%	18.9%	5.6%	4.4%
	65-75 years	52.7%	22.5%	11.7%	5.7%	7.3%
	75+ years	58.1%	22.0%	9.4%	4.3%	6.2%
Gender	Male	40.9%	26.3%	18.5%	7.3%	7.0%
	Female	56.6%	23.2%	11.6%	3.9%	4.8%
	Other	50.0%	0.0%	0.0%	0.0%	50.0%
	Don't want to answer	52.6%	15.8%	5.3%	10.5%	15.8%
Identifies with peers	No	47.9%	26.0%	15.2%	5.5%	5.4%
	Yes	51.7%	22.7%	13.8%	5.4%	6.5%
Working	No	53.8%	22.5%	12.0%	5.3%	6.5%
	Yes	41.7%	28.4%	19.5%	5.7%	4.7%
Retired	No	44.6%	26.5%	18.4%	5.4%	5.2%
	Yes	53.8%	22.8%	11.3%	5.5%	6.4%
Under-privileged	No	49.7%	24.5%	14.4%	5.4%	5.9%
	Yes	46.4%	24.6%	18.1%	5.8%	5.1%
Living alone	No	49.4%	24.4%	14.9%	5.7%	5.7%
	Yes	50.2%	25.2%	13.5%	4.7%	6.5%
Alcohol risk group	No	53.6%	24.6%	12.4%	4.2%	5.1%
	Yes	23.5%	23.7%	28.5%	13.7%	10.6%

Table 3.15: Estimated opinion of peers about being drunk (on a scale of 1 to 5), EHS

		1	2	3	4	5
Total		36.6%	28.5%	22.6%	6.8%	5.5%
Regions	South-Limburg (NL)	40.2%	26.0%	22.0%	7.5%	4.3%
	Province of Limburg (BE)	47.1%	26.1%	17.4%	4.6%	4.8%
	Province of Liège (BE)	28.8%	31.0%	23.1%	8.4%	8.7%
	German regions (DE)	15.4%	35.3%	35.6%	8.7%	5.0%
Age groups	55-65 years	27.8%	30.1%	28.7%	8.9%	4.5%
	65-75 years	41.1%	27.1%	20.1%	5.4%	6.3%
	75+ years	51.6%	27.7%	10.5%	4.0%	6.3%
Gender	Male	27.2%	30.6%	27.2%	9.1%	5.9%
	Female	44.3%	27.0%	18.9%	4.9%	4.9%
	Other	0.0%	0.0%	50.0%	0.0%	50.0%
	Don't want to answer	44.4%	11.1%	16.7%	5.6%	22.2%
Identifies with peers	No	33.9%	29.6%	24.1%	6.7%	5.7%
	Yes	40.2%	27.2%	20.7%	6.8%	5.2%
Working	No	42.9%	27.2%	19.1%	5.3%	5.6%
	Yes	25.0%	31.1%	29.0%	9.6%	5.3%
Retired	No	28.9%	29.7%	27.5%	8.7%	5.2%
	Yes	43.3%	27.5%	18.4%	5.1%	5.7%
Under-privileged	No	36.7%	28.5%	22.5%	6.8%	5.6%
	Yes	35.8%	29.2%	24.8%	6.6%	3.6%
Living alone	No	35.5%	29.2%	22.7%	6.9%	5.7%
	Yes	41.3%	25.9%	22.0%	6.1%	4.8%
Alcohol risk group	No	38.2%	28.3%	22.1%	6.5%	4.9%
	Yes	26.8%	29.7%	25.8%	8.5%	9.2%

Appendix 4: Medicine statistics, EHS 55+

Table 4.1: Prescribed medicine use among senior citizens, EHS

		Never	Ever, but not in the last month	Once a week in the last month	Multiple times a week in the last month	(Almost) every day in the last month
Total		38.3%	37.5%	7.2%	5.7%	11.4%
Regions	South-Limburg (NL)	44.0%	36.3%	7.0%	4.8%	7.9%
	Province of Limburg (BE)	32.5%	38.8%	8.5%	7.5%	12.7%
	Province of Liège (BE)	43.3%	27.6%	5.8%	6.0%	17.3%
	German regions (DE)	35.9%	49.1%	6.0%	2.9%	6.2%
Age groups	55-65 years	38.2%	39.8%	6.2%	5.0%	10.9%
	65-75 years	38.1%	36.6%	8.0%	6.1%	11.1%
	75+ years	39.0%	32.6%	7.8%	6.9%	13.8%
Gender	Male	44.9%	36.1%	5.6%	5.3%	8.1%
	Female	32.7%	38.9%	8.4%	6.1%	13.9%
	Other	50.0%	0.0%	0.0%	0.0%	50.0%
	Don't want to answer	47.4%	10.5%	10.5%	10.5%	21.1%
Identifies with peers	No	38.7%	36.8%	7.0%	5.2%	12.2%
	Yes	37.7%	38.3%	7.3%	6.4%	10.3%
Working	No	36.2%	36.0%	7.6%	6.5%	13.7%
	Yes	42.1%	40.2%	6.4%	4.3%	7.0%
Retired	No	38.4%	38.9%	6.9%	5.3%	10.4%
	Yes	38.1%	36.2%	7.4%	6.1%	12.2%
Under-privileged	No	39.1%	37.7%	7.0%	5.6%	10.6%
	Yes	20.9%	32.4%	9.4%	8.6%	28.8%
Living alone	No	40.0%	36.9%	6.8%	5.5%	10.8%
	Yes	31.3%	39.5%	8.8%	6.6%	13.8%
Medicine risk group	No	41.3%	40.0%	7.6%	3.5%	7.5%
	Yes	6.0%	10.1%	1.9%	29.2%	52.8%

Table 4.2: Unprescribed medicine use among senior citizens, EHS

		Never	Ever, but not in the last month	Once a week in the last month	Multiple times a week in the last month	(Almost) every day in the last month
Total		49.3%	35.4%	7.4%	4.0%	3.9%
Regions	South-Limburg (NL)	47.7%	33.4%	10.6%	5.0%	3.3%
	Province of Limburg (BE)	54.2%	32.8%	5.9%	3.2%	3.8%
	Province of Liège (BE)	57.5%	25.8%	5.7%	4.9%	6.2%
	German regions (DE)	29.5%	57.6%	7.9%	2.9%	2.1%
Age groups	55-65 years	44.1%	41.4%	7.3%	4.0%	3.3%
	65-75 years	52.6%	31.7%	7.7%	4.2%	3.8%
	75+ years	56.2%	27.5%	6.7%	3.4%	6.2%
Gender	Male	55.8%	31.7%	5.9%	4.0%	2.5%
	Female	44.1%	38.5%	8.6%	3.9%	4.8%
	Other	50.0%	0.0%	0.0%	0.0%	50.0%
	Don't want to answer	42.1%	26.3%	10.5%	5.3%	15.8%
Identifies with peers	No	49.1%	35.4%	7.6%	3.5%	4.3%
	Yes	49.6%	35.4%	7.2%	4.6%	3.3%
Working	No	52.2%	32.0%	6.9%	4.0%	4.9%
	Yes	43.8%	41.9%	8.4%	3.9%	2.0%
Retired	No	44.3%	39.7%	8.3%	4.3%	3.5%
	Yes	53.6%	31.8%	6.6%	3.8%	4.2%
Under-privileged	No	49.3%	35.7%	7.3%	3.9%	3.7%
	Yes	50.0%	28.3%	8.7%	5.8%	7.2%
Living alone	No	49.3%	35.6%	7.2%	4.0%	3.8%
	Yes	49.2%	34.5%	8.1%	4.1%	4.1%
Medicine risk group	No	53.6%	38.5%	7.9%	0.0%	0.0%
	Yes	3.4%	2.3%	2.3%	46.6%	45.5%

Table 4.3: Estimated medicine use by peers, EHS

		Never	Ever, but not in the last month	Once a week in the last month	Multiple times a week in the last month	(Almost) every day in the last month
Total		28.7%	50.4%	14.2%	5.7%	1.0%
Regions	South-Limburg (NL)	38.5%	43.0%	14.8%	3.3%	0.4%
	Province of Limburg (BE)	33.7%	48.0%	11.3%	6.0%	1.0%
	Province of Liège (BE)	15.7%	57.0%	16.7%	8.6%	2.0%
	German regions (DE)	15.7%	60.5%	17.4%	5.6%	0.9%
Age groups	55-65 years	25.0%	52.2%	16.7%	5.5%	0.7%
	65-75 years	31.6%	48.8%	12.6%	6.0%	1.1%
	75+ years	31.6%	49.4%	11.2%	5.9%	1.9%
Gender	Male	28.0%	52.1%	14.1%	5.1%	0.7%
	Female	28.9%	49.3%	14.4%	6.3%	1.1%
	Other	0.0%	0.0%	50.0%	0.0%	50.0%
	Don't want to answer	58.8%	29.4%	0.0%	5.9%	5.9%
Identifies with peers	No	27.0%	51.4%	14.1%	6.5%	0.9%
	Yes	30.7%	49.1%	14.3%	4.8%	1.1%
Working	No	32.0%	48.2%	12.8%	5.6%	1.4%
	Yes	22.5%	54.4%	16.9%	5.9%	0.3%
Retired	No	25.4%	52.0%	16.1%	5.9%	0.7%
	Yes	31.5%	49.0%	12.6%	5.6%	1.3%
Under-privileged	No	28.4%	50.6%	14.2%	5.8%	1.0%
	Yes	34.6%	45.6%	14.7%	3.7%	1.5%
Living alone	No	29.6%	50.6%	14.0%	5.0%	0.9%
	Yes	24.9%	49.6%	15.3%	9.0%	1.3%
Medicine risk group	No	28.9%	51.3%	14.2%	4.9%	0.7%
	Yes	26.2%	40.3%	14.4%	14.4%	4.6%

Table 4.4: Opinion about medicine use among senior citizens (on a scale of 1 to 5), EHS

		1	2	3	4	5
Total		55.7%	19.2%	14.1%	4.9%	6.1%
Regions	South-Limburg (NL)	67.7%	14.6%	9.4%	3.5%	4.8%
	Province of Limburg (BE)	70.2%	14.1%	8.3%	3.3%	4.2%
	Province of Liège (BE)	42.4%	25.6%	18.0%	6.6%	7.3%
	German regions (DE)	17.6%	31.2%	30.8%	8.7%	11.8%
Age groups	55-65 years	47.3%	22.6%	18.0%	5.7%	6.4%
	65-75 years	62.5%	15.7%	11.7%	4.2%	5.9%
	75+ years	61.9%	18.9%	8.4%	4.6%	6.2%
Gender	Male	53.5%	19.3%	15.4%	5.4%	6.3%
	Female	57.7%	19.2%	12.8%	4.5%	5.8%
	Other	0.0%	50.0%	0.0%	0.0%	50.0%
	Don't want to answer	42.1%	10.5%	26.3%	0.0%	21.1%
Identifies with peers	No	52.9%	20.0%	15.1%	5.6%	6.4%
	Yes	59.3%	18.2%	12.7%	4.0%	5.8%
Working	No	61.5%	16.8%	11.5%	4.3%	5.9%
	Yes	44.7%	23.8%	18.9%	5.9%	6.7%
Retired	No	48.2%	21.8%	17.6%	5.6%	6.8%
	Yes	62.1%	17.0%	11.0%	4.3%	5.5%
Under-privileged	No	55.6%	19.4%	13.9%	5.0%	6.1%
	Yes	58.0%	14.5%	17.4%	2.9%	7.2%
Living alone	No	55.6%	19.6%	14.1%	4.8%	5.9%
	Yes	56.1%	17.9%	13.7%	5.0%	7.3%
Medicine risk group	No	56.2%	19.6%	13.5%	4.8%	5.8%
	Yes	50.4%	15.0%	19.5%	5.6%	9.4%

Table 4.5: Estimated opinion of peers about medicine use among senior citizens (on a scale of 1 to 5), EHS

		1	2	3	4	5
Total		45.1%	26.3%	17.7%	5.8%	5.1%
Regions	South-Limburg (NL)	55.5%	23.9%	12.2%	4.7%	3.7%
	Province of Limburg (BE)	58.9%	23.4%	11.7%	3.3%	2.7%
	Province of Liège (BE)	30.6%	32.3%	20.4%	8.3%	8.4%
	German regions (DE)	12.5%	29.6%	37.9%	10.6%	9.4%
Age groups	55-65 years	37.6%	27.8%	22.4%	7.0%	5.2%
	65-75 years	49.2%	26.1%	15.1%	4.3%	5.3%
	75+ years	56.8%	22.0%	10.4%	6.3%	4.4%
Gender	Male	39.5%	27.9%	20.1%	7.1%	5.3%
	Female	49.6%	25.3%	15.7%	4.7%	4.8%
	Other	0.0%	50.0%	0.0%	0.0%	50.0%
	Don't want to answer	61.1%	0.0%	16.7%	5.6%	16.7%
Identifies with peers	No	41.1%	27.2%	20.1%	6.4%	5.2%
	Yes	50.3%	25.1%	14.6%	5.0%	5.0%
Working	No	51.1%	24.2%	15.1%	5.2%	4.5%
	Yes	34.0%	30.3%	22.5%	6.9%	6.3%
Retired	No	38.1%	28.4%	21.3%	6.5%	5.7%
	Yes	51.1%	24.5%	14.6%	5.2%	4.6%
Under-privileged	No	45.1%	26.2%	17.6%	5.8%	5.2%
	Yes	46.7%	27.0%	18.2%	5.1%	2.9%
Living alone	No	45.6%	26.3%	17.6%	5.6%	4.9%
	Yes	43.3%	26.3%	18.1%	6.4%	5.9%
Medicine risk group	No	45.4%	26.8%	17.6%	5.6%	4.6%
	Yes	42.3%	21.3%	18.0%	7.9%	10.5%



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