CrossRef DOI of original article:

Questionnaire Survey Results on Lifestyle Habits (Drinking, Smoking, Suppliant Intake, Exercise Habits, Sleep Time) of 20 Elderly People

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Received: 1 January 1970 Accepted: 1 January 1970 Published: 1 January 1970

Abstract

Du to COVID-19, which started in 2020, Japanese people have continued to live in self-restraint until today. As a result, lifestyle habits have drastically changed. There are concerns about living indoors rather than going out, lack of exercise, increased alcohol consumption, irregular eating habits, and lack of sleep or excess sleep. In June 2022, we were finally able to hold a small number of health classes, and we conducted a questionnaire survey on the current living situation so that we will report the results. Participants were 20 elderly females who had been informed about the study and agreed to a consent form. Participants measured their height, weight, blood pressure, and completed a self-reported questionnaire. The content of the self-reported questionnaire survey was the smoking habit, drinking habit, exercise habit, sleeping time, and supplement intake. Participants were also asked about co-habitation.

Index terms— questionnaire survey, drinking, smoking, exercise habits, sleep time.

1 Introduction

ue to the COVID-19 epidemic, which has continued for three years since 2022, Japanese people are live self-restraint at home. Due to COVID-19, by staying at home, this influences the diet, exercise habits, sleep times, etc., in Japanese life. Therefore, in this study, we conducted a questionnaire survey on the lifestyle habits of 20 elderly females in a small-group health class for the first time in three years.

2 II.

3 Material and Methode

Participants signed and sealed a research consent form after receiving an explanation of the research. Participants sanitized their hands with alcohol, wore masks, and measured their body temperature in a ventilated room. In addition, the participants answered a self-reported questionnaire while sitting in seats separated by acrylic panels with a seating distance of 1 m or more. The items of the questionnaire survey for the participants were whether or not they lived together, whether or not they had support or nursing care, whether or not they quit smoking, whether they used alcohol, whether they took supplements, their exercise habits, and their sleep times. Participants also had their height, weight, and blood pressure measured.

This research has been approved after an ethical review at Nagoya Women's University (Hitowomochi-itakennkyunikansuruiinkai No. 2020-9)

There are no companies, etc., with COI relationships in this research.

4 III.

5 Results

Table 1 shows the ling conditions of the participants (the number of co-habitants and the presence or absence of support or nursing care), and Table 2 shows the participant's height, weight, and blood pressure. Most of the participants (60%) lived as married couples. Twenty percent of the participants lived alone. There were 20 female participants with an average age ± Standard deviation of 78.5 ±18.6 years. Participant's mean blood pressure was within the normal range.

Author Sixty percent of the participants answered that they do not smoke. Thirty-five percent of participants said they had quit smoking. Thirty-five percent of participants responded that they do not drink(Table 3). Of the participants, 60 % were alcohol drinkers, mainly drinking beer and wine (Table 4.) Among the participants, 40% took supplements such as calcium, iron, vitamin B, vitamin C, cod liver oil, chlorella, and green juice (Table 5).

Of the participants, 20% had no exercise habits, and 35% took walks (Table **??**). Among the participants, 30% had 6 hours of sleep, followed by 20% with 8 hours and 20% with 7 hours (Table 7).

6 Age

IV.

7 Discussion

In this study, the participants lived independently (few people needed care or support), smoked less (only 20%), and drink less. Drinkers were mostly beer, around 350ml.

Among the participants, 40% used supplements, mainly used calcium (Osteoporosis prevention), Iron (anemia prevention), chlorella (nutrition supply), and green juice (vegetable shortage prevention). Most participants slept for 6 hours (30%), and 45% of participants slept for 7 hours or more (45%). Most participants went to bed at 23:00 (40%) and woke up at 6:00 (55%). Many participants had a regular life time in the city. On the other hand, since 10-15% of the participants lead an irregular lifestyle, we believe that it is necessary to encourage early to bed and early rise and light exercise (walking, etc.) that allows exposure to sunlight during the day time. It is conceivable that by confining such participants at home, their internal clocks would go out of whack without being exposed to sunlight, and their life rhythms would become irregular due to the inability to get good quality sleep. In this survey, 20% of participants did not get enough exercise, and 30% did not even walk. In the future, to increase the number of people who exercise regularly, we would like to hold more events such as health classes while checking the situation of COVID-19. Through these results, we would like to encourage more participants to go out of their homes, walk, meet people, and help maintain a regular life.

V.

8 Conclusions

A self-administered questionnaire survey in a small group of 20 elderly females in a health class revealed their lack of exercise. It is possible that the COVID-19 stay-at-home policy that has continued since 2020 has had a significant impact. In the future, while assessing the situation of COVID-19, we think that it is necessary to hold more events, recruit participants, and make efforts to get people out and restore their exercise habits. The US Physical Activity Guidelines recommend that all adults do at least 150 minutes of moderate-tovigorous physical activity per week. It has become clear that inactive people are more likely to become severely ill than active people when contracting the coronavirus 1) . Under COVID-19, as a result of measuring the number of steps using a mobile phone step counting application, it is reported that it is 3000 fewer steps per day in 1-2 weeks than before COVID-19 2) . But on the other hand, from the UK around COVID-19, people have met 150 minutes or more of moderate-to-vigorous physical activity 3) . It appears that the impact of CIVID-19 on exercise habits varies considerably form country to country. This may be differences in lifestyle habits, exercise habits, and national countermeasures in each country. From now on, we think it is necessary to obtain reports from many countries and cities and compare them.

9 hours

1

Number of people living together	Alone 4	2 people 12	3 people 3	4 people 0	5 people 0	6 people 1
Status of support and nursing care	none 19	support 1 1	support 2 0	nursing care 1 0	nursing care 2 0	nursiing care 3 or high 0

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Figure 1: Table 1 .

2

		Hight	Weight	Systolic blood pressure	Diastolic blood pressure	
Average value	78.5	152.3	60	118.6	78.4	
Standard division	18.6	25.6	19.4	19.7	7.3	
Smoking	No smoking 12		Stop to smoking 7	Smoking 0		No answer 1
Drinking	No drinking 7		Stop to drinking 1	Drinking 12	No answer 0	

Figure 2: Table 2 .

3

Frequency	Every day 4	5~6/week 3	3~4/week 1	1~2/week 2	1~2/month 2
Content	Japanese Sake 1	Cocktails 1	Beer 7	Wine 3	other 0

Figure 3: Table 3

4

Frequency	Do not take 11	sometimes 2	every day 6	no answer 1
Type	Ca 1	Fe 1	Vitamin ? 1	Vitamin ? 1
Type	Chlorella 1	Cod liver oil 1	Green juice 1	Others

Figure 4: Table 4

5

Year	2022
10	

Figure 5: Table 5

7

Sleep		5 hours	6 hours	7 hours	8 hours	No answer		
houres	2	2	6	4	5	1		
Bedtaime	21 o'clock	22 o'clock	23 o'clock	24 o'clock	Irregular	2	6	8
	2	2				No answer		
						0		
Wake up taime	4 o'clock	5 o'clock	6 o'clock	7 o'clock	Irregular	1	3	11
	2	3				No answer	Year	
						0	2022	
							11	

Figure 6: Table 7

.1 Acknowledgements

This study was supported by the Japanese Society of Taste Technology, 2022 and this research was partially supported by the research aid of Chojuiryo-kenkyu-kaihatsuhi, 2022 (30-14, Hirokazu Suzuki)

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