CARES STUDY INSTRUMENTS
Annex 1: Screening Interview
Annex 1: Screening Interview

MATERIALS NEEDED FOR SCREENING:
(1) sheet of paper with a circle drawn in the paper

A. Screening Information
A1. Date of screening: ____/____/____ (yyyy/mm/dd)

A2. Interviewer Name: ___________

A2a. Interviewer Code: __ __ __

A3. Recruitment City:
- Suzhou
- Yancheng

A4. Recruitment Location or Situation:
- Community health center
- Other medical setting
- Retirement home
- Recruiting event in the community
- Potential participant’s home
- Direct contact from recruitment list
- Direct contact based on referral from participant
- Potential participant contacted study directly
- Other, specify: ___________________

A5. Potential participant sex:
[INTERVIEWER NOTE: SEX CAN BE ENTERED BASED ON VISUAL CONFIRMATION PRIOR TO APPROACH]
- Male
- Female

B. Interview
B1. We are conducting a study on the health of older adults. We want to find out how many older adults get sick each year with the influenza virus. May I ask you a few questions to see if you are eligible to participate?
- YES ➔ GO TO QUESTION B2
- NO ➔ RECORD REASON IN B1a THEN STOP.

B1a. RECORD REASON, THEN STOP.
- Too busy
- Timing is inconvenient for other reason
- Person is not feeling well
- Person has hearing impairment
- Person has other communication impairment
- Family member objects
- Local recruitment facility staff objects
Not interested
☐ Other reason, specify: ___________________

STOP. PERSON NOT ELIGIBLE FOR STUDY. SAY: Thank you for your time. We wish you well.

B2. What is your date of birth? _____/____/____ (yyyy/mm/dd)

B2_calc. Age in years (automatically calculated)

If 60 ≤ Age ≤ 89 → CONTINUE
If Age < 60 or Age > 89 → STOP. PERSON NOT ELIGIBLE FOR STUDY. SAY: Thank you for your time. We are looking for adults between the ages of 60 and 89. We wish you well.

B3. What is your sex?
☐ Male
☐ Female

B4. Do you live in [INSERT STUDY SITE SPECIFIC LOCATION]?
☐ Yes → CONTINUE
☐ No → STOP. PERSON NOT ELIGIBLE FOR STUDY. SAY: Thank you for your time. We are looking for adults who live in this city.

B4a. Do you plan to live here for the next two years?
☐ Yes → CONTINUE
☐ No → STOP. PERSON NOT ELIGIBLE FOR STUDY. SAY: Thank you for your time. We are looking for adults who plan to live in [location] for the next two years.

B5. Thinking back over the past month, would you say your overall health is…? [READ OPTIONS ALOUD]
☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

B6. Have you heard of the influenza vaccine? It’s a vaccine that adults can receive every year to reduce their chances of getting sick with the influenza virus.
☐ Yes → Go to Question B6a
☐ No → Go to Question B7

B6a. Have you ever received the influenza vaccine?
☐ Yes → Go to Question B6b
☐ No → Go to Question B7
☐ Unknown → Go to Question B7

B6b. In the past five years, how many times have you received the influenza vaccine?
☐ 0 times in past 5 years
☐ 1
B6c_yr. When was the most recent year you received the influenza vaccine?
[Note: Select from dropdown menu]
Year: ____ [Options: 2000-2015]
☐ More than 15 years ago
☐ Unknown
☐ Refused

B6c_mo. When was the most recent year you received the influenza vaccine?
[Note: Select from dropdown menu]
Month: ________
☐ Unknown
☐ Refused

(interviewer: If B6c is “unknown” or date is within 7 months, ask question B6d. Otherwise, continue to B6e.)

B6d. Did you receive the influenza vaccine within the past 6 months?
☐ Yes
☐ No

B6e. Although it is very rare, some people have a poor reaction to the influenza vaccine. Has this ever happened to you?
☐ Yes → Go to Question B6f
☐ No → Go to Question B7

B6f. Was that poor reaction serious enough to require you to see a doctor or seek medical care?
☐ Yes → Go to Question B6g
☐ No → Go to Question B7

B6g. Can you describe this poor reaction and what caused you to seek medical care?

RECORD TEXT:

_____________________________________

B6h. [interviewer code (do not read): was this a serious reaction that was life threatening or required emergency medical care?]
☐ Yes ➔ GO TO EXCLUSION STATEMENT
☐ No ➔ Continue interview and consent. Consult with study coordinator to confirm conclusion of B6h.
B7. I am going to name 3 things. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.  

Say: [slowly at 1-second intervals]: “Ball, car, man”

Say: “Please repeat the 3 words.”

[INTERVIEWER: DID THE OLDER ADULT CORRECTLY REPEAT THE 3 WORDS?]  
☐ Yes → Go to Question B8  
☐ No → Go to Question B7a

B7a. [INTERVIEWER NOTE: IF NO, REPEAT 3 WORDS]

Say: “Let’s try again. The words are: Ball, car, man.”

Then say: “Please repeat the 3 words.”

[INTERVIEWER: DID THE OLDER ADULT CORRECTLY REPEAT THE 3 WORDS?]  
☐ Yes → Go to Question B8  
☐ No → Go to Question B7b

B7b. INTERVIEWER: [IF NO, REPEAT 3 WORDS].

Say: “Let’s try again. The words are: Ball, car, man.”

Then say: “Please repeat the 3 words.”

[INTERVIEWER: DID THE OLDER ADULT CORRECTLY REPEAT THE 3 WORDS?]  
☐ Yes → Go to Question B8  
☐ No → GO TO EXCLUSION STATEMENT

B8. Are you allergic to eggs?  
☐ Yes → Go to Question B8a  
☐ No → Go to Question B9  
☐ Unknown → Go to Question B8a

B8a. Have you ever had a serious allergic reaction to eggs that required you to go see a doctor or seek medical care?  
☐ Yes ➔ GO TO EXCLUSION STATEMENT  
☐ No ➔ CONTINUE

B9. Do you have a medical condition that makes it difficult for you to stop bleeding, like when you are cut or get an injection?  
☐ Yes → Go to Question B9a  
☐ No → Go to Question B10  
☐ Unknown → Go to Question B9a

---

B9a. Has a doctor ever told you that you inherited a disease called hemophilia or that you have developed a coagulation or hemorrhagic disorder?

☐ Yes  ➔ GO TO EXCLUSION STATEMENT

☐ No  ➔ CONTINUE

B10. Did you ever have stroke, pulmonary embolism and deep vein thrombosis, and need to take a “blood thinner” or anticoagulant medication like Warfarin?

[INTERVIEWER NOTE: IF ASKED, YOU CAN SAY: “These medications are used to reduce blood clotting and are used to prevent the risk of stroke, pulmonary embolism, and deep vein thrombosis.”]

Also Note: Warfarin is the most common drug, but other anticoagulants include dabigatran, apixaban, rivaroxaban.]

☐ Yes  ➔ GO TO EXCLUSION STATEMENT

☐ No  ➔ CONTINUE

B11. Do you remember those 3 words you repeated earlier? Can you repeat them now?

[INTERVIEWER: HOW MANY WORDS DID THE OLDER ADULT RECALL CORRECTLY?]

☐ 0  ➔ GO TO EXCLUSION STATEMENT

☐ 1 ➔ Go to Question B12 (Clock Drawing Test)

☐ 2 ➔ Go to Question B12 (Clock Drawing Test)

☐ 3 ➔ Go to Question B13

B12. [INTERVIEWER NOTE: HAND PAPER AND PENCIL WITH A CIRCLE DRAWN IN THE MIDDLE TO PARTICIPANT FOR THE CLOCK DRAWING TEST.]

Say: “Please draw the face of a clock by adding numbers.”

[INTERVIEWER: ALL NUMBERS ON CLOCK AND INSIDE CIRCLE?]

☐ Yes  ➔ CONTINUE

☐ No  ➔ GO TO EXCLUSION STATEMENT

B12a. Say: Now, please draw the hands of the clock to represent the time 11:10.

[INTERVIEWER: ARE HANDS POINTING AT 11 AND 2?]

[ADDITIONAL INTERVIEWER NOTE: SIZE OF HANDS DO NOT MATTER.]

☐ Yes  ➔ CONTINUE

☐ No  ➔ GO TO EXCLUSION STATEMENT

B13. Do you have a landline or cellular/mobile that we can use to contact you?

☐ Yes  ➔ CONTINUE

☐ No  ➔ GO TO EXCLUSION STATEMENT

B14. Thank you for answering these questions. We have determined that you are eligible for this study. Would you like to learn more about participating in the study?

☐ Yes  ➔ PROCEED TO CONSENT FORM
☐ No ➔ RECORD REASON IN B14a THEN STOP.

B14a. RECORD REASON, THEN STOP.

☐ Too busy
☐ Timing is inconvenient for other reason
☐ Person is not feeling well
☐ Person has hearing impairment
☐ Person has other communication impairment
☐ Family member objects
☐ Not interested
☐ Other reason, specify: ____________________

**SAY: Thank you for your time. We wish you well.**

**EXCLUSION STATEMENT: STOP. PERSON NOT ELIGIBLE FOR STUDY.**

**SAY: Thank you for answering these questions. Unfortunately, the computer only selects a few older adults for our study, and did not select you for this study. But I appreciate you taking the time to talk with me today.**
Annex 2: Enrolment Interview 1
Annex 2: Enrolment Interview 1

A. Administrative Information

A1. Date of Enrollment Interview 1: ____/____/____ (yyyymmdd)

A2. Interviewer Name: ________________

A2a. Interviewer Code: __ __ __

A2b. [INTERVIEWER NOTE: DO NOT READ: Is completion of the enrollment interview in the same location as completion of screening interview?]

☐ Yes
☐ No

A2c. Enrollment location:

☐ Community health center
☐ Other medical setting
☐ Retirement home
☐ Recruiting event in the community
☐ Potential participant’s home
☐ Other, specify: ______

**Participant Contact Information:**

First, we need to get information so we will know how to contact you. This information will not be shared with others.

**NAME AND ADDRESS**

A3a. Your whole name: ________________

A3b. Address/place where you are living now:

________________________________________________
________________________________________________
________________________________________________

A3c. Neighborhood of Residence [Note: Customized based on screening city.]

(Suzhou): [Note: Select from dropdown menu]

☐ [Site Specific Option]
☐ Other, specify: ______
☐ Unknown
☐ Refused

(Yancheng): [Note: Select from dropdown menu]
PHONE

A4. Please tell me your land line or cellular/mobile phone that is most often used:

_______________________________________
(Enter full 11-digit phone number including area code)

A5. Please tell me another phone number we can call (either yourself or your relatives):

_______________________________________
(Enter full 11-digit phone number including area code)

A5a. Who does this telephone number belong to? ________________________________

A5b. What is this person’s relationship to you? ________________________________

A6. What are the best times to contact you? [CHECK ALL THAT APPLY]

☐ 8:30 - 11:30
☐ 11:30 - 14:30
☐ 14:30 - 17:30
☐ Other, specify: ________________________________

INTERNET AND EMAIL

A7. Have you used the internet in the past 30 days? 2

☐ Yes → Go to Question A7a
☐ No → Go to Question A8

A7a. Do you use the internet for email?

☐ Yes → Go to Question A7b
☐ No → Go to Question A8

A7b. Email address: ________________________________
(Enter full email address, e.g., joe@user.com)

☐ Unknown
☐ Refused

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2 US BRFSS 2014 Questionnaire
B. Demographic Information

B1. Which of these groups do you belong to? [READ OPTIONS ALOUD]
   - Han
   - Non-Han
   - Unknown
   - Refused

B2. What is the highest grade of schooling you completed?
   - No schooling
   - Primary school
   - Junior secondary school
   - Senior/technical secondary school
   - Junior college
   - University or above
   - Unknown
   - Refused

B3. Are you currently….? [READ OPTIONS ALOUD]
   - Married
   - Separated/divorced
   - Widowed
   - Never married
   - Unknown
   - Refused

C. Household Information

I would like to ask some questions about your household and other people who live within your household.

C1. Not including you, how many members stay with you in your house or apartment? This includes anyone who stays at your home overnight and has stayed there for at least a month.  
   ____________________________ Number of people

   (Programming note: Automatically populate the number of rows for this table equal to C1 minus 1)

I would like to now ask you for the age and relationship of each person living in the household.

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3 Adapted from “Background_Que_new design” Word document from Celine.
<table>
<thead>
<tr>
<th>C1a.</th>
<th>i. Age</th>
<th>If age is unknown or refused:</th>
<th>ii. Relationship to participant</th>
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</thead>
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<tr>
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<td>Son (including son in-law)</td>
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<td></td>
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<td>Daughter (including daughter in-law)</td>
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<td>Grandson</td>
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<td>Granddaughter</td>
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<td></td>
<td></td>
<td></td>
<td>Cousin</td>
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<td></td>
<td></td>
<td></td>
<td>Other family member</td>
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<td></td>
<td></td>
<td></td>
<td>Domestic helper</td>
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<td></td>
<td></td>
<td></td>
<td>Tenant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other non-family member</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Other not listed above, specify: _____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C1b.</th>
<th>i. Age</th>
<th>If age is unknown or refused:</th>
<th>ii. Relationship to participant</th>
</tr>
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<td>Daughter (including daughter in-law)</td>
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<td>Other non-family member</td>
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<td>Other not listed above, specify: _____________</td>
</tr>
</tbody>
</table>

C1c – C1l: Additional fields to record up to 12 household members

C2. How many sleeping rooms does your home have?
- [ ] One
- [ ] Two
- [ ] Three
- [ ] Four or more

C3. How many people do you share your sleeping room with?
- [ ] Zero
- [ ] One
- [ ] Two
- [ ] Three or more
D. Health and Mobility

Now, I would like to ask some questions about your current health and social activities.

D1. Do you have a medical problem diagnosed by a doctor or other health care provider that requires long term medication and/or management, such as diabetes, asthma, heart disease, or cancer?
   - [ ] Yes
   - [ ] No

D2. Do you ever use a cane, walker, or wheelchair to help you move around?
   - [ ] Yes
   - [ ] No

D3. Do you experience problems in your daily life because of poor vision?
   - [ ] Yes → Go to Question D3a
   - [ ] No → Go to Question D4

   D3a. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
   - [ ] Yes
   - [ ] No

D4. Do you experience problems in your daily life because of being hard of hearing?
   - [ ] Yes → Go to Question D4a
   - [ ] No → Go to Question D5

   D4a. Do you wear a hearing aid?
   - [ ] Yes
   - [ ] No

D5. How often do you usually speak to someone on the telephone? [READ OPTIONS ALOUD]
   - [ ] Every day
   - [ ] Several times a week
   - [ ] Once a week
   - [ ] Several times a month
   - [ ] At least once a month
   - [ ] Less than once a month → Go to Question D5a

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4 Groningen Frailty Indicator
5 US BRFSS 2014 Questionnaire
6 Groningen Frailty Indicator
7 Responses can be translated into “ability to use telephone” item from Lawton IADL Scale
D5a. Do you use your telephone to make or answer calls, or do you not use your telephone at all?

☐ Uses phone → Go to Question D5b
☐ Does not use phone → Go to Question D5d

D5b. Do you make outgoing calls?

☐ Yes
☐ No

D5c. Do you answer calls?

☐ Yes
☐ No → Go to Question D5d

D5d. Do you have a spouse or family member that would be willing to answer our telephone calls?

☐ Yes
☐ No

D6. As part of this study, we will ask you to write symptoms, such as fever and cough, in a diary when you are sick. Are you able to write?

☐ Yes → Go to Question D7
☐ No → Go to Question D6a

D6a. Do you have a spouse or family member that can write your symptoms for you?

☐ Yes → Go to Question 6b
☐ No → Go to Question D7

D6b. What is the name of the person who can write your symptoms for you? _____________

D6c. What is this person’s relationship to you? _____________

D7. How many days per week do you usually leave your house at any time of the day?

☐ 0 days
☐ 1 day
☐ 2 days
☐ 3 days
☐ 4 days
☐ 5 days
☐ 6 days
☐ 7 days
D8. Which of these forms of transportation do you use regularly to go on appointments or to other activities? [CHECK ALL THAT APPLY]

[INTERVIEWER NOTE: Show Response Card D1]
- I drive a car
- A family member drives me in a car
- A friend drives me in a car
- I take a taxi ride → Ask Question 8a
- I take the bus or other public transit → Ask Question 8b
- I walk several blocks to go places
- I ride a bicycle
- I ride an electric bicycle
- I use another type of transportation

D8a. [IF YES] Can you arrange your own taxi or do you need someone’s help to schedule the taxi ride?
- Can arrange alone
- Can arrange alone, but sometimes gets help
- Can arrange alone, but usually gets help
- Always needs assistance

D8b. [IF YES] Can you take public transit alone or do you need to do this with assistance or accompanied by someone else?
- Travels alone
- Can travel alone, but sometimes accompanied by other
- Can travel alone, but usually accompanied by other
- Always needs assistance

D9. [INTERVIEWER NOTE: Can interviewer measure height and weight?]
- Yes → Go to Question D9a
- No → Go to Question D10

D9a. Record total measured height (cm): _______

D9b. Record measured lower leg length, from the right knee joint to the ground (cm): \(^9\)

D9c. Record measured weight (kg): _______ → Go to Section E

D10. How tall are you without your shoes on (cm)? _______

---

8 Responses can be translated into “mode of transportation” item from Lawton IADL Scale
9 Lower leg length does not shrink with age; hence, it is a better proxy for pre-shrinkage height. See Huang et al. J Appl Econ 5 (2013) 86-121.
D11. How much do you weigh (kg)? ______

E. Closing

E1. Please verify the following information: □ Confirmed

   Whole Name: [automatically populated]
   Address: [automatically populated]
   Phone #1: [automatically populated]
   Backup Phone #1: [automatically populated]

E2. Additional Contact Information 1:
   E2a. Name: ________________
   E2b. Phone Number: ________________
   E2c. Email Address: ________________
   E2d. Relationship to participant: ________________

   Additional Contact Information 2:
   E3a. Name: ________________
   E3b. Phone Number: ________________
   E3c. Email Address: ________________
   E3d. Relationship to participant: ________________

E4. [INTERVIEWER NOTE: Decide whether to continue to Enrollment Part 2 or schedule
Enrollment Part 2 for another time.]

   Continue to Enrollment Part 2
   □ Schedule a time for the Enrollment Part 2 below

   E4a. INTERVIEWER: CLICK 'RANDOMIZE' TO DETERMINE IF PARTICIPANT RECEIVES ENROLLMENT 2A OR ENROLLMENT 2B
   □ Enrollment 2A
   □ Enrollment 2B

E4c. Time for Enrollment 2: _____:______ (24 hour clock)

   [INTERVIEWER NOTE: IF SCHEDULING ENROLLMENT PART 2 AT A LATER DATE say: “This finishes our first set of questions. Thank you for taking time to talk with me. We will contact you in [X] days to remind you about your next appointment.”]

Response Cards

Response Card D1: Forms of Transportation Options
Annex 3: Enrolment Interview 2 (Version A & B)
Annex 3: Enrolment Interview 2 (Version A & B)

Flow of Sections
Each participant is randomly assigned to receive one of two versions of the enrollment interview part 2. There are common elements to both versions. Each version also includes expanded content on specific topics. In general, version 1 has an expanded focus on life history, SES, and health. Version 2 has an expanded focus on functional status and frailty.

<table>
<thead>
<tr>
<th>Section</th>
<th>Enrollment 2A</th>
<th>Enrollment 2B</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Administrative Info.</td>
<td>Administrative Info.</td>
</tr>
<tr>
<td>I</td>
<td>Functional Status Brief</td>
<td>Functional Status Extended</td>
</tr>
<tr>
<td>J</td>
<td>SMMSE</td>
<td>SMMSE</td>
</tr>
<tr>
<td>B</td>
<td>Life History Child to Adult</td>
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<tr>
<td>C</td>
<td>Life History Older Adult</td>
<td>Life History Older Adult</td>
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<tr>
<td>D</td>
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<tr>
<td>E</td>
<td>SES Extended</td>
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<td>F</td>
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<tr>
<td>L</td>
<td>KAP</td>
<td>KAP</td>
</tr>
</tbody>
</table>

MATERIALS NEEDED FOR ENROLLMENT 2
All response cards
Pencil
Wrist watch
Button
Sheet of paper with RAISE YOUR HANDS written on it
Sheet of paper with “4-sided figure between two 5-sided figures” design
Eraser
A. Administrative Information (All Participants)

A1. Date of Enrollment Interview 2A/B: _____/____/_____ (yyyy/mm/dd)

A2. Interviewer name: ____________________

A2a. Interviewer code: ___ __ __

A3. Enrollment City:
- Suzhou
- Yancheng

A4. Interview Setting:
- Community health center
- Other medical setting
- Retirement home
- Participant’s home
- Other, specify: ______________________

I. Functional Status Brief (Enrollment 2A Only) 

Next, I’d like to talk about activities that people do to take care of themselves and their home. I want you to think about your life during the past month. For each of these, I’d like you to tell me whether this is something you can do alone without help or whether there are times when you need help doing this. This help could come from family, a friend, or a nurse or caregiver. If you have needed help doing this in the past month, I’d like you to tell me whether you needed help sometimes, often, very often, or all the time.

[SHOW RESPONSE CARD I1]

<table>
<thead>
<tr>
<th>Can do alone without help</th>
<th>Sometimes need help</th>
<th>Often need help</th>
<th>Very often need help</th>
<th>All the time need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>I1a. Get around from room to room in my house</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I1b. Stand up from sitting in a chair</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I1c. Get on and off a toilet</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

10 The functional status items in the following grid and featured on cards 1-3 are the same for both versions; version 2 includes an additional rating scale for all items. Taken together with other items in screening and enrollment part 1, we include items that cover those featured in the GARS and GFI. Sample references: GARS: Groningen Activity Restriction Scale. Saumeijer et al. The Groningen Activity Restriction Scale for Measuring Disability: Its utility in International Comparisons. Am J Public Health 1994, 84 (8) 1270-1273. GFI: Groningen Frailty Indicator. Bielderman et al.: Multidimensional structure of the Groningen Frailty Indicator in community-dwelling older people. BMC Geriatrics 2013 13:86.
I1d. Get in and out of bed
   ○ ○ ○ ○ ○ ○
I1e. Walking around outdoors or in my neighborhood
   ○ ○ ○ ○ ○ ○
I1f. Shopping for groceries
   ○ ○ ○ ○ ○ ○
I1g. Climb a flight of stairs
   ○ ○ ○ ○ ○ ○
I1h. Bathe myself in a shower or bath tub
   ○ ○ ○ ○ ○ ○

[SHOW RESPONSE CARD I2]

<table>
<thead>
<tr>
<th>Can do alone without help</th>
<th>Sometimes need help</th>
<th>Often need help</th>
<th>Very often need help</th>
<th>All the time need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2a. Dressing and undressing</td>
<td>○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I2b. Prepare my breakfast or lunch</td>
<td>○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I2c. Feed myself</td>
<td>○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I2d. Wash my face and hands</td>
<td>○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I2e. Wash my whole body by taking a shower or bath</td>
<td>○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I2f. Take care of my feet and toenails</td>
<td>○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I2g. Make it to the toilet without an accident, like losing control of urination or bowel movement</td>
<td>○ ○ ○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I2g.i. [IF I2g = Sometimes need help, often need help, very often need help, all the
time need help] Do you occasionally lose control of your bladder, your bowels, or
both?
☐ Bladder only
☐ Bowels only
☐ Both

[SHOW RESPONSE CARD I3]

<table>
<thead>
<tr>
<th></th>
<th>Can do alone without help</th>
<th>Sometimes need help</th>
<th>Often need help</th>
<th>Very often need help</th>
<th>All the time need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>I3a.</td>
<td>Wash and iron my clothes</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
</tr>
<tr>
<td>I3b.</td>
<td>Make the beds or change sheets</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
</tr>
<tr>
<td>I3c.</td>
<td>Do “light” housework like dusting or tidying up</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
</tr>
<tr>
<td>I3d.</td>
<td>Do “heavy” housework like mopping or vacuuming the floor</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
</tr>
<tr>
<td>I3e.</td>
<td>Taking medication on schedule</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
</tr>
<tr>
<td>I3f.</td>
<td>Pay bills and manage my money</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
</tr>
<tr>
<td>I3g.</td>
<td>Prepare dinner</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
<td>☐☐☐☐</td>
</tr>
</tbody>
</table>

J. Functional Status Extended (Enrollment 2B Only)

J1. Now I want you to think about your physical health overall. During the past month, so the
last 30 days, on how many days were you physically sick, injured, or not in good physical
health? 11
  __ __ days [If >0, continue to J1a]

J1a. On how many of these days, did you need to stay in bed for at least half the day?
  __ __ days

J2. During the past 30 days, for about how many days have you felt sad, depressed, worried,
or anxious? 12
  __ __ days

---

11 From US BRFSS 2014 Questionnaire
12 From US BRFSS 2014 Questionnaire, but combines two mental health items.
J3. During the past 30 days, for about how many days have you felt very healthy and full of energy?  

__ __ days

Next, I’d like to talk about activities that people do to take care of themselves and their home. I want you to think about your life during the past month. For each of these, I’d like you to tell me whether this is something you can do alone without help or whether there are times when you need help doing this. This help could come from family, a friend, or a nurse or caregiver. If you can do the activity alone, I will ask if you can do it alone without difficulty, with some difficulty, or with great difficulty. If you have needed help doing this in the past month, I’d like you to tell me whether you needed help sometimes, often, very often, or all the time.  

[SHOW RESPONSE CARD J4]

<table>
<thead>
<tr>
<th>Activity</th>
<th>Can do alone without help with no difficulty</th>
<th>Can do alone without help with some difficulty</th>
<th>Can do alone without help with great difficulty</th>
<th>Some times need help</th>
<th>Often need help</th>
<th>Very often need help</th>
<th>All the time need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>J4a. Get around from room to room in my house</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J4b. Stand up from sitting in a chair</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J4c. Get on and off a toilet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J4d. Get in and out of bed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J4e. Walking around outdoors or in my neighborhood</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J4f. Shopping for groceries</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J4g. Climb a flight of stairs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J4h. Bathe myself in a shower or bath tub</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

13 From US BRFSS 2014 Questionnaire  
14 This extended version incorporates scaling of difficulty for activities that can be done independently but still may be a challenge for the older person. This reflects scaling by Groningen Activity Restriction Scale (GARS) and includes all the items in this scale plus overlapping items with other prioritized indices.
### SHOW RESPONSE CARD J5

<table>
<thead>
<tr>
<th></th>
<th>Can do alone without help</th>
<th>Can do alone without help with some difficulty</th>
<th>Can do alone without help with great difficulty</th>
<th>Sometimes need help</th>
<th>Often need help</th>
<th>Very often need help</th>
<th>All the time need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>J5a. Dressing and undressing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J5b. Prepare my breakfast or lunch</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J5c. Feed myself</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J5d. Wash my face and hands</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J5e. Wash my whole body by taking a shower or bath</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J5f. Take care of my feet and toenails</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J5g. Make it to the toilet without an accident, like losing control of urination or bowel movement</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J5g.i. [IF J5g = Sometimes need help, often need help, very often need help, all the time need help] Do you occasionally lose control of your bladder, your bowels, or both?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Bladder only</td>
<td>☐ Bowels only</td>
<td>☐ Both</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SHOW RESPONSE CARD J6

<table>
<thead>
<tr>
<th></th>
<th>Can do alone without help</th>
<th>Can do alone without help with some difficulty</th>
<th>Can do alone without help with great difficulty</th>
<th>Sometimes need help</th>
<th>Often need help</th>
<th>Very often need help</th>
<th>All the time need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>J6a. Wash and iron my clothes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
J6b. Make the beds or change sheets  
J6c. Do “light” housework like dusting or tidying up  
J6d. Do “heavy” housework like mopping or vacuuming the floor  
J6e. Taking medication on schedule  
J6f. Pay bills and manage my money  
J6g. Prepare dinner

Now, I want you to think back to how you have felt and behaved in the last two weeks. For each of these, tell me how often you have felt or done this.\(^{15}\)

**[SHOW RESPONSE CARD J7]**

<table>
<thead>
<tr>
<th></th>
<th>Not at all or less than 1 day</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
<th>Nearly every day for 2 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7a.</td>
<td>I was bothered by things that usually don’t bother me. (^\infty)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>J7b.</td>
<td>I did not feel like eating; my appetite was poor. (^\infty)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>J7c.</td>
<td>I had difficulty stooping, crouching, or kneeling.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>J7d.</td>
<td>I had difficulty maintaining my balance.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>J7e.</td>
<td>I had trouble keeping my mind on what I was doing. (^\infty)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>J7f.</td>
<td>My sleep was restless. (^\infty)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>J7g.</td>
<td>I talked less than usual. (^\infty)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>J7h.</td>
<td>I felt happy.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>J7i.</td>
<td>I felt like everything I did was an effort. (^\infty)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

\(^{15}\) Items marked with \(^\infty\) are from Center for Epidemiologic Studies Depression Scale (CES-D); these are from Radloff’s original somatic symptoms scale; Chinese translation is available.
J7j. I had problems with my memory.

J7k. I felt emptiness around me. *

J7l. I missed having people around me. *

J7m. I felt abandoned. *

J7n. I felt downhearted or sad. *

J7o. I felt nervous or anxious. *

J7p. I was able to lift or carry something that weight at least 5 kilograms.

J7q. I could reach or extend my arms above my shoulder.

J7r. I could not get going. ∞

J7s. I did not have energy to do things I wanted to do.

L. Standardized Mini-Mental State Examination (SMMSE) 17

I am going to ask you some questions that are easy and some questions that are hard, please try to answer as best as you can. I appreciate your patience with this.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>TIME ALLOWED</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1. a. What year is this?</td>
<td>10 seconds</td>
<td>□ Answered correctly □ Answered incorrectly</td>
</tr>
<tr>
<td>b. Which season is this?</td>
<td>10 seconds</td>
<td>□ Answered correctly</td>
</tr>
</tbody>
</table>

16 Items marked with * are psychological items are from the GFI: Groningen Frailty Indicator. Bielderman et al.: Multidimensional structure of the Groningen Frailty Indicator in community-dwelling older people. BMC Geriatrics 2013 13:86.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>c. What month is this?</td>
<td>10 seconds</td>
<td></td>
</tr>
<tr>
<td>d. What is today’s date?</td>
<td>10 seconds</td>
<td></td>
</tr>
<tr>
<td>e. What day of the week is this?</td>
<td>10 seconds</td>
<td></td>
</tr>
<tr>
<td>a. What country are we in?</td>
<td>10 seconds</td>
<td></td>
</tr>
<tr>
<td>b. What province are we in?</td>
<td>10 seconds</td>
<td></td>
</tr>
<tr>
<td>c. What city/town are we in?</td>
<td>10 seconds</td>
<td></td>
</tr>
<tr>
<td>d. [IF IN PARTICIPANT/RETIREMENT HOME] What is the street address of this house? [IF IN COMMUNITY HEALTH CENTER/MEDICAL FACILITY/STUDY OFFICES] What is the name of this building?</td>
<td>10 seconds</td>
<td></td>
</tr>
<tr>
<td>e. [IF IN PARTICIPANT/RETIREMENT HOME] What room are we in? [IF IN COMMUNITY HEALTH CENTER/MEDICAL FACILITY/STUDY OFFICES] What floor are we on?</td>
<td>10 seconds</td>
<td></td>
</tr>
<tr>
<td>L3.</td>
<td>I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. [INTERVIEWER: Say the following words slowly at 1-second intervals:] Apple. Newspaper. Train</td>
<td>20 seconds</td>
</tr>
<tr>
<td>L4.</td>
<td>Repeat after me: 4, 2, 7, 3, 1. Now please say those digits in reverse order.</td>
<td>30 seconds</td>
</tr>
<tr>
<td>L5.</td>
<td>Now what were the three objects I asked you to remember?</td>
<td>10 seconds</td>
</tr>
<tr>
<td>L6.</td>
<td>[INTERVIEWER: Show wristwatch.] ASK: What is this called?</td>
<td>10 seconds</td>
</tr>
<tr>
<td>L7.</td>
<td>[INTERVIEWER: Show button.] ASK: What is this called?</td>
<td>10 seconds</td>
</tr>
<tr>
<td>L8.</td>
<td>I would like you to repeat this phrase after me: “Forty-four stone lions.”</td>
<td>10 seconds</td>
</tr>
<tr>
<td>L9.</td>
<td>Read the words on the page and then do what it says. [INTERVIEWER: Hand the person the sheet with “RAISE YOUR HANDS” on it. If the subject reads and does not raise their hands, repeat up to three times.]</td>
<td>10 seconds</td>
</tr>
<tr>
<td>L9a</td>
<td>[Interviewer]: Is the person able to read the sheet of paper</td>
<td></td>
</tr>
</tbody>
</table>
### L10. Say any complete sentence.

**INTERVIEWER:** Place design, eraser and pencil in front of the person.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Say complete sentence</td>
<td>Did not say complete sentence</td>
</tr>
<tr>
<td>30 seconds</td>
<td></td>
</tr>
</tbody>
</table>

### L11. Copy this design please.

**INTERVIEWER:** Place design, eraser and pencil in front of the person.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Say:</td>
<td></td>
</tr>
</tbody>
</table>

**INTERVIEWER:** Allow multiple tries. Wait until person is finished and hands it back. Score only for correctly copied diagram with a 4-sided figure between two 5-sided figures.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant correctly copied diagram (4-sided figure between two 5-sided figures)</td>
<td>Participant incorrectly copied diagram (4-sided figure between two 5-sided figures)</td>
</tr>
<tr>
<td>1 minute</td>
<td></td>
</tr>
</tbody>
</table>

**INTERVIEWER:** Ask the person if he is right or left-handed. Take a piece of paper and hold it up in front of the person.

**SAY:** Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the floor.

**INTERVIEWER:** Allow 30 seconds to complete this task.

### L12.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Takes paper correctly in hand</td>
<td></td>
</tr>
<tr>
<td>30 seconds</td>
<td></td>
</tr>
</tbody>
</table>

**INTERVIEWER:** Ask the person if he is right or left-handed. Take a piece of paper and hold it up in front of the person.

**SAY:** Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the floor.

**INTERVIEWER:** Allow 30 seconds to complete this task.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Folds it in half</td>
<td></td>
</tr>
<tr>
<td>Put paper on floor</td>
<td></td>
</tr>
</tbody>
</table>

### L13. Total Test Score ________________

**INTERVIEWER:** If test score is less than 24, notify study coordinator and follow procedure described in training manual.
B. Life History Child to Adult (Enrollment 2A Only)
I would like to start by learning more about your life, starting with when you were a child.

B1 Were you born in [study city]?
☐ Yes → Go to Question B2
☐ No → Go to Question B1a

B1a. What province were you born in? [Select from dropdown menu]
- Beijing
- Shanghai
- Hubei
- Yunnan
- Tianjin
- Jiangsu
- Hunan
- Tibet Autonomous Region
- Hebei
- Zhejiang
- Guangdong
- Shaanxi
- Shanxi
- Anhui
- Guangxi Zhuang Autonomous Region
- Gansu
- Inner Mongolia Autonomous Region
- Fujian
- Hainan
- Qinghai
- Liaoning
- Jiangxi
- Chongqing
- Ningxia Hui Autonomous Region
- Jilin
- Shandong
- Sichuan
- Xinjiang Uyghur Autonomous Region
- Heilongjiang
- Henan
- Guizhou
☐ Other (not mainland China), specify: __________
☐ Unknown/Refused
B1b. What city or town were you born in?

Unknown/Refused (Enter 99 if unknown/refused)

B2. When you were growing up, so till you were 17 years old, did you live in one place or did you move to a different area while you were a child?

Grew up in one area (birthplace)
Moved at least once → Go to Question B2a

B2a. (If B2= moved at least once) In addition to the place you were born, how many different places did you live while growing up?

1
2
3
4
5 or more

IF B2a<3 → Go to B2b
IF B2a≥3, ASK: Which 2 places did you live the longest when you were a child till age 17?

Place #1

B2b. Name of province (child): [Select from dropdown menu]
Beijing
Shanghai
Hubei
Yunnan
Tianjin
Jiangsu
Hunan
Tibet Autonomous Region
Hebei
Zhejiang
Guangdong
Shaanxi
Shanxi
Anhui
Guangxi Zhuang Autonomous Region
Gansu
Inner Mongolia Autonomous Region
Fujian
Hainan
Qinghai
Liaoning
Jiangxi
Chongqing
Ningxia Hui Autonomous Region
Jilin
Shandong
Sichuan
Xinjiang Uyghur Autonomous Region
Heilongjiang
Henan
Guizhou
☐ Other (not mainland China), specify: __________
☐ Unknown/Refused

B2b_i. Name of city/town (child):
________________________
☐ Unknown/Refused (Enter 99 if unknown/refused)

Place #2

B2c. Name of province (child): [Select from dropdown menu]
Beijing
Shanghai
Hubei
Yunnan
Tianjin
Jiangsu
Hunan
Tibet Autonomous Region
Hebei
Zhejiang
Guangdong
Shaanxi
Shanxi
Anhui
Guangxi Zhuang Autonomous Region
Gansu
Inner Mongolia Autonomous Region
Fujian
Hainan
Qinghai
Liaoning
Jiangxi
Chongqing
Ningxia Hui Autonomous Region
Jilin
Shandong
Sichuan
Xinjiang Uyghur Autonomous Region
Heilongjiang
Henan
Guizhou
☐ Other (not mainland China), specify: __________
☐ Unknown/Refused

B2c_i. Name of city/town (child):

☐ Unknown/Refused (Enter 99 if unknown/refused)

C1. Thinking back to when you were a child, so until you were about 17 years old, would you say your overall health as a child was...? [READ OPTIONS ALOUD]¹⁸
☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

C2. When you were a child or till you were 17 years old, what was your father’s occupation or what type of work did he do? [INTERVIEWER: Code answers; check all that apply]
☐ Professional and technical staff
☐ Administrator/manager
☐ Sales and services workers
☐ Building, machinery, production, transportation and related workers
☐ Farming, forestry, animal husbandry and fishery workers
☐ Military, police, security
☐ Other skilled manual labor
☐ Other unskilled manual labor
☐ Home-maker
☐ Student
☐ Unemployment
☐ Other, specify: ____________________

REFERENCE POP-UP FOR INTERVIEWERS

<table>
<thead>
<tr>
<th>Professional and technical staff</th>
<th>Healthcare professionals, teachers, laboratory technicians, computer technicians, lawyers, government workers, clerical workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator/manager</td>
<td>Managers, school principals</td>
</tr>
<tr>
<td>Sales and services workers</td>
<td>Retail store salesperson, cooks, shopkeepers, hairdressers</td>
</tr>
<tr>
<td>Building, machinery, production,</td>
<td>Factory workers, truck drivers</td>
</tr>
<tr>
<td>transportation and related</td>
<td></td>
</tr>
<tr>
<td>industrial workers</td>
<td></td>
</tr>
<tr>
<td>Farming, forestry, animal</td>
<td>Farmers, hunters, aquaculture workers, forest workers</td>
</tr>
<tr>
<td>husbandry and fishery workers</td>
<td></td>
</tr>
<tr>
<td>Military, police, security</td>
<td>Armed forces, police officers, security guards</td>
</tr>
<tr>
<td>Other skilled manual labor</td>
<td>Mason, tiler (bricklayer), blacksmiths, butchers, tailors, or handicraft makers</td>
</tr>
<tr>
<td>Other unskilled manual labor</td>
<td>Rickshaw puller, miners, cleaners, street vendors, garbage collectors, firewood/water collectors</td>
</tr>
<tr>
<td>Homemaker</td>
<td>Full time homemaker, caregiver</td>
</tr>
<tr>
<td>Student</td>
<td>Full or part-time student</td>
</tr>
</tbody>
</table>

Life History Young Adult

Now, let’s talk about your life when you were a young adult, between the ages of 18-34.

Where did you live during this time (in chronological order)?

Place #1

B5a. Name of province (young adult): [Select from dropdown menu]
Beijing
Shanghai
Hubei
Yunnan
Tianjin
Jiangsu
Hunan
Tibet Autonomous Region
Hebei
Zhejiang
Guangdong
Shaanxi
Shanxi
Anhui
B5a_i. Name of city/town (young adult): __________
   □ Unknown/Refused (Enter 99 if unknown/refused)

Place #2

B5b. Name of province (young adult): [Select from dropdown menu]
   Beijing
   Shanghai
   Hubei
   Yunnan
   Tianjin
   Jiangsu
   Hunan
   Tibet Autonomous Region
   Hebei
   Zhejiang
   Guangdong
   Shaanxi
   Shanxi
   Anhui
   Guangxi Zhuang Autonomous Region
   Gansu
Inner Mongolia Autonomous Region
Fujian
Hainan
Qinghai
Liaoning
Jiangxi
Chongqing
Ningxia Hui Autonomous Region
Jilin
Shandong
Sichuan
Xinjiang Uyghur Autonomous Region
Heilongjiang
Henan
Guizhou
☐ Other (not mainland China), specify: __________
☐ Unknown/Refused

B5b_i. Name of city/town (young adult): __________
☐ Unknown/Refused (Enter 99 if unknown/refused)

Place #3

B5c. Name of province (young adult): [Select from dropdown menu]
Beijing
Shanghai
Hubei
Yunnan
Tianjin
Jiangsu
Hunan
Tibet Autonomous Region
Hebei
Zhejiang
Guangdong
Shaanxi
Shanxi
Anhui
Guangxi Zhuang Autonomous Region
Gansu
Inner Mongolia Autonomous Region
B5c_i. Name of city/town (young adult): __________
  □ Unknown/Refused (Enter 99 if unknown/refused)

Place #4

B5d. Name of province (young adult): [Select from dropdown menu]
  Beijing
  Shanghai
  Hubei
  Yunnan
  Tianjin
  Jiangsu
  Hunan
  Tibet Autonomous Region
  Hebei
  Zhejiang
  Guangdong
  Shaanxi
  Shanxi
  Anhui
  Guangxi Zhuang Autonomous Region
  Gansu
  Inner Mongolia Autonomous Region
  Fujian
B5d_i. Name of city/town (young adult): __________
☐ Unknown/Refused (Enter 99 if unknown/refused)

Place #5

B5e. Name of province (young adult): [Select from dropdown menu]
Beijing
Shanghai
Hubei
Yunnan
Tianjin
Jiangsu
Hunan
Tibet Autonomous Region
Hebei
Zhejiang
Guangdong
Shaanxi
Shanxi
Anhui
Guangxi Zhuang Autonomous Region
Gansu
Inner Mongolia Autonomous Region
Fujian
Hainan
Qinghai
Hainan
Qinghai
Liaoning
Jiangxi
Chongqing
Ningxia Hui Autonomous Region
Jilin
Shandong
Sichuan
Xinjiang Uyghur Autonomous Region
Heilongjiang
Henan
Guizhou
☐ Other (not mainland China), specify: __________
Liaoning
Jiangxi
Chongqing
Ningxia Hui Autonomous Region
Jilin
Shandong
Sichuan
Xinjiang Uyghur Autonomous Region
Heilongjiang
Henan
Guizhou
☐ Other (not mainland China), specify: __________
☐ Unknown/Refused

B5e_i. Name of city/town (young adult): __________
☐ Unknown/Refused (Enter 99 if unknown/refused)

B5f. [INTERVIEWER: How many places did the participant list?]
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

IF B5f≥3 → Go to B6a.

B6a. Which 2 places did you live the longest when you were a young adult, between the ages of 18-34?
[PLACE 1 OF 2]: ____________ [Select from dropdown menu]

B6b. Which 2 places did you live the longest when you were a young adult, between the ages of 18-34?
[PLACE 2 OF 2]: ____________ [Select from dropdown menu]

B7. When you were a young adult, from age 18 to 34 years old, what was your occupation or what type of work did you do? [INTERVIEWER: Code answers; check all that apply]
☐ Professional and technical staff
☐ Administrator/manager
☐ Sales and services workers
☐ Building, machinery, production, transportation and related workers
☐ Farming, forestry, animal husbandry and fishery workers
☐ Military, police, security
☐ Other skilled manual labor
☐ Other unskilled manual labor
☐ Home-maker
☐ Unemployment
☐ Student
☐ Other, specify: ___________________

Now, let’s talk about your life when you were a middle-aged adult, between the ages of 35-59.

Where did you live during this time (in chronological order)?

Place #1

B8a. Name of province (middle-aged adult): [Select from dropdown menu]
   Beijing
   Shanghai
   Hubei
   Yunnan
   Tianjin
   Jiangsu
   Hunan
   Tibet Autonomous Region
   Hebei
   Zhejiang
   Guangdong
   Shaanxi
   Shanxi
   Anhui
   Guangxi Zhuang Autonomous Region
   Gansu
   Inner Mongolia Autonomous Region
   Fujian
   Hainan
   Qinghai
   Liaoning
   Jiangxi
   Chongqing
   Ningxia Hui Autonomous Region
   Jilin
   Shandong
   Sichuan
   Xinjiang Uyghur Autonomous Region
Heilongjiang
Henan
Guizhou
☐ Other (not mainland China), specify: __________
☐ Unknown/Refused

B8a_i. Name of city/town (middle-aged adult): __________
☐ Unknown/Refused (Enter 99 if unknown/refused)

Place #2

B8b. Name of province (middle-aged adult): [Select from dropdown menu]
Beijing
Shanghai
Hubei
Yunnan
Tianjin
Jiangsu
Hunan
Tibet Autonomous Region
Hebei
Zhejiang
Guangdong
Shaanxi
Shanxi
Anhui
Guangxi Zhuang Autonomous Region
Gansu
Inner Mongolia Autonomous Region
Fujian
Hainan
Qinghai
Liaoning
Jiangxi
Chongqing
Ningxia Hui Autonomous Region
Jilin
Shandong
Sichuan
Xinjiang Uyghur Autonomous Region
Heilongjiang
Henan
Guizhou
☐ Other (not mainland China), specify: __________
☐ Unknown/Refused

B8b_i. Name of city/town (middle-aged adult): __________
☐ Unknown/Refused (Enter 99 if unknown/refused)

Place #3

B8c. Name of province (middle-aged adult): [Select from dropdown menu]
Beijing
Shanghai
Hubei
Yunnan
Tianjin
Jiangsu
Hunan
Tibet Autonomous Region
Hebei
Zhejiang
Guangdong
Shaanxi
Shanxi
Anhui
Guangxi Zhuang Autonomous Region
Gansu
Inner Mongolia Autonomous Region
Fujian
Hainan
Qinghai
Liaoning
Jiangxi
Chongqing
Ningxia Hui Autonomous Region
Jilin
Shandong
Sichuan
Xinjiang Uyghur Autonomous Region
Heilongjiang
Henan
Guizhou
☐ Other (not mainland China), specify: __________
Unknown/Refused

B8c_i. Name of city/town (middle-aged adult): ____________
□ Unknown/Refused (Enter 99 if unknown/refused)

Place #4

B8d. Name of province (middle-aged adult): [Select from dropdown menu]
- Beijing
- Shanghai
- Hubei
- Yunnan
- Tianjin
- Jiangsu
- Hunan
- Tibet Autonomous Region
- Hebei
- Zhejiang
- Guangdong
- Shaanxi
- Shanxi
- Anhui
- Guangxi Zhuang Autonomous Region
- Gansu
- Inner Mongolia Autonomous Region
- Fujian
- Hainan
- Qinghai
- Liaoning
- Jiangxi
- Chongqing
- Ningxia Hui Autonomous Region
- Jilin
- Shandong
- Sichuan
- Xinjiang Uygur Autonomous Region
- Heilongjiang
- Henan
- Guizhou
□ Other (not mainland China), specify: ____________
□ Unknown/Refused
B8d_i. Name of city/town (middle-aged adult): __________
□ Unknown/Refused (Enter 99 if unknown/refused)

Place #5

B8e. Name of province (middle-aged adult): [Select from dropdown menu]
Beijing
Shanghai
Hubei
Yunnan
Tianjin
Jiangsu
Hunan
Tibet Autonomous Region
Hebei
Zhejiang
Guangdong
Shaanxi
Shanxi
Anhui
Guangxi Zhuang Autonomous Region
Gansu
Inner Mongolia Autonomous Region
Fujian
Hainan
Qinghai
Liaoning
Jiangxi
Chongqing
Ningxia Hui Autonomous Region
Jilin
Shandong
Sichuan
Xinjiang Uyghur Autonomous Region
Heilongjiang
Henan
Guizhou
□ Other (not mainland China), specify: __________
□ Unknown/Refused

B8e_i. Name of city/town (middle-aged adult): __________
□ Unknown/Refused (Enter 99 if unknown/refused)
B8f. [INTERVIEWER: How many places did the participant list?]

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

IF B8f \( \geq 3 \) → Go to B9a.

B9a. Which 2 places did you live the longest when you were a middle-aged adult, between the ages of 35-59?

[PLACE 1 OF 2]: ____________ [Select from dropdown menu]

B9b. Which 2 places did you live the longest when you were a middle-aged adult, between the ages of 35-59?

[PLACE 2 OF 2]: ____________ [Select from dropdown menu]

B10. When you were a middle-aged adult, from age 35-59 years old, what was your occupation or what type of work did you do? [INTERVIEWER: Code answers; check all that apply]

☐ Professional and technical staff
☐ Administrator/manager
☐ Sales and services workers
☐ Building, machinery, production, transportation and related workers
☐ Farming, forestry, animal husbandry and fishery workers
☐ Military, police, security
☐ Other skilled manual labor
☐ Other unskilled manual labor
☐ Home-maker
☐ Unemployment
☐ Student
☐ Other, specify: ___________________
Other than where you live now, where else have you lived since turning 60 years old (in chronological order)?

**Place #1**

C1a. Name of province (older-aged adult): [Select from dropdown menu]
- Beijing
- Shanghai
- Hubei
- Yunnan
- Tianjin
- Jiangsu
- Hunan
- Tibet Autonomous Region
- Hebei
- Zhejiang
- Guangdong
- Shaanxi
- Shanxi
- Anhui
- Guangxi Zhuang Autonomous Region
- Gansu
- Inner Mongolia Autonomous Region
- Fujian
- Hainan
- Qinghai
- Liaoning
- Jiangxi
- Chongqing
- Ningxia Hui Autonomous Region
- Jilin
- Shandong
- Sichuan
- Xinjiang Uyghur Autonomous Region
- Heilongjiang
- Henan
- Guizhou
- [ ] Other (not mainland China), specify: __________
- [ ] Unknown/Refused

C1a_i. Name of city/town (older-aged adult): __________
- [ ] Unknown/Refused (Enter 99 if unknown/refused)
Place #2

C1b. Name of province (older-aged adult): [Select from dropdown menu]
   Beijing
   Shanghai
   Hubei
   Yunnan
   Tianjin
   Jiangsu
   Hunan
   Tibet Autonomous Region
   Hebei
   Zhejiang
   Guangdong
   Shaanxi
   Shanxi
   Anhui
   Guangxi Zhuang Autonomous Region
   Gansu
   Inner Mongolia Autonomous Region
   Fujian
   Hainan
   Qinghai
   Liaoning
   Jiangxi
   Chongqing
   Ningxia Hui Autonomous Region
   Jilin
   Shandong
   Sichuan
   Xinjiang Uyghur Autonomous Region
   Heilongjiang
   Henan
   Guizhou
   □ Other (not mainland China), specify: __________
   □ Unknown/Refused

C1b_i. Name of city/town (older-aged adult): __________
   □ Unknown/Refused (Enter 99 if unknown/refused)
Place #3

C1c. Name of province (older-aged adult): [Select from dropdown menu]
  Beijing
  Shanghai
  Hubei
  Yunnan
  Tianjin
  Jiangsu
  Hunan
  Tibet Autonomous Region
  Hebei
  Zhejiang
  Guangdong
  Shaanxi
  Shanxi
  Anhui
  Guangxi Zhuang Autonomous Region
  Gansu
  Inner Mongolia Autonomous Region
  Fujian
  Hainan
  Qinghai
  Liaoning
  Jiangxi
  Chongqing
  Ningxia Hui Autonomous Region
  Jilin
  Shandong
  Sichuan
  Xinjiang Uyghur Autonomous Region
  Heilongjiang
  Henan
  Guizhou
  ☐ Other (not mainland China), specify: __________
  ☐ Unknown/Refused

C1c_i. Name of city/town (older-aged adult): __________
  ☐ Unknown/Refused (Enter 99 if unknown/refused)
Place #4

C1d. Name of province (older-aged adult): [Select from dropdown menu]
- Beijing
- Shanghai
- Hubei
- Yunnan
- Tianjin
- Jiangsu
- Hunan
- Tibet Autonomous Region
- Hebei
- Zhejiang
- Guangdong
- Shaanxi
- Shanxi
- Anhui
- Guangxi Zhuang Autonomous Region
- Gansu
- Inner Mongolia Autonomous Region
- Fujian
- Hainan
- Qinghai
- Liaoning
- Jiangxi
- Chongqing
- Ningxia Hui Autonomous Region
- Jilin
- Shandong
- Sichuan
- Xinjiang Uyghur Autonomous Region
- Heilongjiang
- Henan
- Guizhou
- Other (not mainland China), specify: __________
- Unknown/Refused

C1d_i. Name of city/town (older-aged adult): __________
- Unknown/Refused (Enter 99 if unknown/refused)
Place #5

C1e. Name of province (older-aged adult): [Select from dropdown menu]
   Beijing
   Shanghai
   Hubei
   Yunnan
   Tianjin
   Jiangsu
   Hunan
   Tibet Autonomous Region
   Hebei
   Zhejiang
   Guangdong
   Shaanxi
   Shanxi
   Anhui
   Guangxi Zhuang Autonomous Region
   Gansu
   Inner Mongolia Autonomous Region
   Fujian
   Hainan
   Qinghai
   Liaoning
   Jiangxi
   Chongqing
   Ningxia Hui Autonomous Region
   Jilin
   Shandong
   Sichuan
   Xinjiang Uyghur Autonomous Region
   Heilongjiang
   Henan
   Guizhou
   ☐ Other (not mainland China), specify: __________
   ☐ Unknown/Refused

C1e_i. Name of city/town (older-aged adult): __________
   ☐ Unknown/Refused (Enter 99 if unknown/refused)

C1f. [INTERVIEWER: How many places did the participant list?]
   ☐ 1
IF C1f\(\geq 3\) → Go to C2a.

C2a. Which 2 places did you live the longest since you turned 60?

[PLACE 1 OF 2]: ____________ [Select from dropdown menu]

C2b. Which 2 places did you live the longest since you turned 60?

[PLACE 2 OF 2]: ____________ [Select from dropdown menu]

[PROGRAMING NOTE: Interviewers will have access to formal definitions of each of these categories within the survey interface.]

[PROGRAMING NOTE: Interviewers will have access to formal definitions of each of these categories within the survey interface.]

C3. Do you currently have a full- or part-time job or are you retired?

☐ Retired → Go to Question C4
☐ Not working and not applicable for retirement → Go to Question C4
☐ Work part time → Go to Question C3a
☐ Work full time → Go to Question C3a

C3a. What type of work do you do for your current job? [INTERVIEWER: Code answers; check all that apply].

☐ Professional and technical staff
☐ Administrator/manager
☐ Sales and services workers
☐ Building, machinery, production, transportation and related workers
☐ Farming, forestry, animal husbandry and fishery workers
☐ Military, police, security
☐ Other skilled manual labor
☐ Other unskilled manual labor
☐ Home-maker
☐ Student
☐ Other, specify: ________________

C3b. How many hours a week do you currently work in your job? ____

C4. Do you have any living children?

☐ Yes → Go to Question C4a
☐ No → Go to Question C5
C4a. How many living children do you have?
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

C4b. How many of your children live in this city?
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

C5. Do you have family members (such as siblings, children, nieces or nephews) in this city that you talk with face-to-face at least once a week?
- Yes → Go to Question C5a
- No → Go to Question C6

C5a. How many family members do you talk with face-to-face at least once a week?
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

C6. Do you have friends in this city that you talk with face-to-face at least once a week?
- Yes → Go to Question C6a
No → Go to Question C7

C6a. How many friends do you talk with face-to-face at least once a week?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

C7. These next questions have to do with activities in your life right now. For each of these, tell me if this is something you’ve done in the past 12 months.  

[SHOW RESPONSE CARD C7]  

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, in last 12 months</th>
<th>No, not in last 12 months</th>
<th>Every day</th>
<th>Several times a week</th>
<th>Once a week</th>
<th>Several times a month</th>
<th>At least once a month</th>
<th>Less than once a month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babysit or take care of a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play mahjong or cards with friends or family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do a physical activity or exercise such as</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tai chi, gardening, or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19 Unless otherwise noted, all of these activities and the response options are from NIA Health Retirement Study; some wording changes were made to make them culturally appropriate.

20 Unless otherwise noted, all of these activities and the response options are from NIA Health Retirement Study; some wording changes were made to make them culturally appropriate.

21 Similar group social activity items are within US BRFSS 2014 Questionnaire. Responses can also be translated into Frailty Phenotype item.
walking for at least 20 minutes 22

<table>
<thead>
<tr>
<th>C7d. Bake or cook something special</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C7e. Take care of a sick or disabled family member or friend</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C7f. Do an activity with grandchildren or other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C7g. Go to a market that sells live chickens or other birds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Socioeconomic Status Brief (All Participants)

D12. Using these categories, what was your total personal annual income in the last 12 months?

[SHOW RESPONSE CARD D1]

- [ ] <10,000 RMB
- [ ] 10,000-29,000 RMB
- [ ] 30,000-39,000 RMB
- [ ] 40,000-49,000 RMB
- [ ] 50,000-100,000 RMB
- [ ] >100,000 RMB
- [ ] Unknown
- [ ] Refused

E. Socioeconomic Status (Extended) (Enrollment 2A Only)

E1. Which of these categories describes the total income for everyone in your house combined during the last 12 months?

[SHOW RESPONSE CARD E1]

22 Adapted from exercise item from US BRFSS 2014 Questionnaire. Responses can be translated into Frailty Phenotype item.
<10,000 RMB
10,000-29,000 RMB
30,000-39,000 RMB
40,000-49,000 RMB
50,000-100,000 RMB
>100,000 RMB
Unknown
Refused

E2. Do you and your household own or rent your current house or apartment?
☐ Own → Go to Question E2a
☐ Rent or lease → Go to Question E3
☐ Unknown → Go to Question E3
☐ Refused → Go to Question E3

E2a. Do you and your household own another home or apartment in addition to the one you live in?
☐ Yes
☐ No
☐ Unknown
☐ Refused

E3. Within the past 12 months was there a time you needed to see a doctor or receive medical care but couldn’t because of cost?  23
☐ Yes
☐ No
☐ Refused

E4. How difficult is it for you to have enough money to pay for your home, food, and other monthly bills? Would you say…?  24 [READ OPTIONS ALOUD]
☐ Not at all difficult
☐ Not very difficult
☐ Somewhat difficult
☐ Very difficult
☐ Extremely difficult

E5. Which of the following does your household have?  25

---

23 US CDC’s BRFSS survey
25 Assessment of higher end appliance from International Wealth Index survey; customized to apply to middle- and high-income countries.
[SHOW RESPONSE CARD E5]  
☐ A television  
☐ A refrigerator  
☐ A clothes washing machine  
☐ A dishwasher machine  
☐ A telephone  
☐ A car  
☐ A bicycle  
☐ An electric bicycle  
☐ A radio  
☐ A computer  
☐ An air conditioner  
☐ A fan  
☐ Other appliance, specify: ____________________  
☐ None of the above  
☐ Unknown  
☐ Refused  

E6. I want you to picture a ladder with 9 steps on it. [Show Response Card E6] At the top of the ladder at step 9 are the households in your city who are best off—those who have the most money, the most education, and the most respected jobs. At the bottom at step 1 are the households who are the worst off—who have the least money, the least education, and the least respected jobs or no job. Pick a number from 1 to 9 to represent which step you would place your household on this ladder with 1 being the worst off and 9 being the best off.  
☐ 9  
☐ 8  
☐ 7  
☐ 6  
☐ 5  
☐ 4  
☐ 3  
☐ 2  
☐ 1  
☐ Unknown  
☐ Refused  

---

26 Assessment of higher end appliance from International Wealth Index survey; customized to apply to middle- and high-income countries.  
27 Standardized single-item subjective social status (SSS) measure. MacArthur Scale of Subjective Social Status. (1999)
F. General Health Brief (Enrollment 2B Only)

Next, I would like to ask some questions about your health.

F1. Thinking back over the past month, would you say your overall health is…? [READ OPTIONS ALOUD]
   - [ ] Excellent
   - [ ] Very good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

F2. Do you currently smoke tobacco such as cigarettes or cigars?  
   - [ ] Yes → Go to Question F2a
   - [ ] No → Go to Question F3
   - [ ] Refused

   F2a. How many years have you smoked?
   - __ __ years

   F2b. How many cigarettes do you smoke per day?  
   - __ __ cigarettes per day

F3. Have you ever smoked?  
   - [ ] Yes → Go to F3a
   - [ ] No → Go to Section H
   - [ ] Refused

   F3a. What year did you stop smoking?
   - __ __ __ __ year

   F3b. How many years did you smoke?
   - __ __ years

   F3c. How many cigarettes did you usually smoke per day?
   - __ __ cigarettes per day

---


G. General Health Extended (Enrollment 2A Only)
Next, I would like to ask some questions about your health.

G1. Thinking back over the past month, would you say your overall health is…? [READ OPTIONS ALOUD]
- Excellent
- Very good
- Good
- Fair
- Poor

G2. Now, think about your health today. Using this ruler [SHOW RESPONSE CARD G2] where 100 means the best health you can imagine and 0 means the worst health you can imagine. Please put an X on the scale to indicate how your health has been during the past 24 hours. 30

30 Visual analogue scale adapted from EQ-5D.
G3. Do you currently smoke tobacco such as cigarettes or cigars?  
☐ Yes → Go to Question G3a  
☐ No → Go to Question G4  
☐ Refused

G3a. How many years have you smoked?  
___ ___ years

G3b. How many cigarettes do you smoke per day?  
___ ___ cigarettes per day

G4. Have you ever smoked?  
☐ Yes → Go to Question G4a  
☐ No → Go to Question G5  
☐ Refused

G4a. What year did you stop smoking?  
___ ___ year

G4b. How many years did you smoke?  
___ ___ years

G4c. How many cigarettes did you usually smoke per day?  
___ ___ cigarettes per day

G5. Does anyone ever smoke inside your home?  
☐ Yes → Go to Question G5a  
☐ No → Go to Question G6  
☐ Refused

[INTERVIEWER NOTE: This includes the participant if he or she smokes and anyone else in the household, and any visitors.]

G5a. How often does someone smoke inside your home? Would you say…?  
☐ Daily  
☐ Weekly  
☐ Monthly  
☐ Less than monthly

---


G6. Next, I want to ask you about the pneumonia shot or pneumococcal vaccine. It is usually given once or twice after an adult turns 50 or 60 years old. This vaccine is different from the influenza vaccine. Have you heard of the pneumonia shot?

☐ Yes → Go to Question G6a
☐ No → Go to Question H1

G6a. Have you received a pneumonia shot from your doctor or healthcare provider?

☐ Yes
☐ No
☐ Unknown

---

H. Chronic Disease (All Participants) ³³

Now I would like to ask you some questions about general health conditions. Has a doctor ever told you that you had any of the following health problems? For each tell me “yes,” “no,” or you’re “not sure.”

H1. Heart problems, like a heart attack, congestive failure, angina, or coronary heart disease?

☐ Yes → Go to Question H1a
☐ No
☐ Unknown

H1a. Specify heart problem(s) [CHECK ALL THAT APPLY]

☐ Heart attack/myocardial infarction
☐ Angina → Go to Question H1b
☐ Coronary heart disease/coronary artery disease/atherosclerosis
☐ Heart failure or congestive heart failure → Go to Question H1c
☐ Other heart or cardiovascular problem, specify: _____ → Go to Question H1d

H1b. Do you still have angina?

☐ Yes
☐ No
☐ Unknown

H1c. Do you still have heart failure or congestive heart failure?

☐ Yes
☐ No
☐ Unknown

---

³³ Assessment approach parallels US BRFSS 2015 with supplemental follow-up questions.
H1d. Do you still have [OTHER]?
   - Yes
   - No
   - Unknown

H2. Hypertension
   - Yes → Go to Question H2a
   - No
   - Unknown

H2a. Do you still have hypertension?
   - Yes
   - No
   - Unknown

H3. A stroke
   - Yes
   - No
   - Unknown

H4. Asthma, Chronic Obstructive Pulmonary Disease (COPD), emphysema, chronic bronchitis, or any other chronic lung disease?
   - Yes → Go to Question H4a
   - No → Go to Question H5
   - Unknown → Go to Question H5

H4a. Which chronic lung diseases? [CHECK ALL THAT APPLY]
   - Asthma → Go to Question H4a.i
   - Chronic obstructive pulmonary disease (COPD) → Go to Question H4a.ii
   - Chronic bronchitis → Go to Question H4a.iii
   - Other chronic lung disease, specify: _____ → Go to Question H4a.iv

H4a.i. Do you still have asthma?
   - Yes → Go to Question H4b and H4c
   - No → Go to Question H5
   - Unknown → Go to Question H4b and H4c

H4a.ii. Do you still have chronic obstructive pulmonary disease (COPD)?
   - Yes → Go to Question H4b and H4c
   - No → Go to Question H5
   - Unknown → Go to Question H4b and H4c

H4a.iii. Do you still have chronic bronchitis?
   - Yes → Go to Question H4b and H4c
No → Go to Question H5
Unknown → Go to Question H4b and H4c

H4a.iv. Do you still have [other chronic lung disease]?
Yes → Go to Question H4b and H4c
No → Go to Question H5
Unknown → Go to Question H4b and H4c

H4b. Symptoms of chronic lung diseases can include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don’t have a cold or respiratory infection. During the past 30 days, how often did you have any of these? Would you say…?34 [READ OPTIONS ALOUD]
- Every day
- Several times a week
- Once a week
- Several times a month
- At least once in the past month
- Not at any time during the past month
- Unknown

H4c. Do you regularly (at least once a week) use oxygen in a tank to help you breathe?
- Yes, regularly (at least once a week)
- No
- Unknown

H5. Kidney disease
[INTERVIEWER NOTE: Do NOT include kidney stones, bladder infection or incontinence.]
Yes → Go to Question H5a
No
Unknown

H5a. Do you still have kidney disease?
Yes → Go to Question H5b
No → Go to Question H6
Unknown → Go to Question H5b

H5b. Do you require dialysis?
- Yes
- No

34 From US BRFSS 2014 Questionnaire; response options were expanded to fit standard format
H6. Liver disease, including chronic hepatitis
   □ Yes → Go to Question H6a
   □ No
   □ Unknown

H6a. What kind of liver disease?
   □ Chronic Hepatitis B
   □ Chronic Hepatitis C
   □ Cirrhosis
   □ Other, specify: _______________________

H6b. Do you currently still have liver disease?
   □ Yes
   □ No
   □ Unknown

H7. Cancer
   □ Yes → Go to Question H7a
   □ No → Go to Question H8
   □ Unknown → Go to Question H8

H7a. What kind of cancer have you had?
   □ Breast → Go to Question H7b
   □ Cervical → Go to Question H7c
   □ Colorectal → Go to Question H7d
   □ Liver → Go to Question H7e
   □ Lung → Go to Question H7f
   □ Skin → Go to Question H7g
   □ Prostate → Go to Question H7h
   □ Other, specify: ___________ → Go to Question H7i

[PROGRAMMING NOTE: Survey will automatically populate follow-up questions depending on which items are selected as relevant.]

H7b. Do you currently still have breast cancer?
   □ Yes
   □ No
   □ Unknown
H7c. Do you currently still have cervical cancer?
   □ Yes
   □ No
   □ Unknown

H7d. Do you currently still have colorectal cancer?
   □ Yes
   □ No
   □ Unknown

H7e. Do you currently still have liver cancer?
   □ Yes
   □ No
   □ Unknown

H7f. Do you currently still have lung cancer?
   □ Yes
   □ No
   □ Unknown

H7g. Do you currently still have skin cancer?
   □ Yes
   □ No
   □ Unknown

H7h. Do you currently still have prostate cancer?
   □ Yes
   □ No
   □ Unknown

H7i. Do you currently still have [OTHER] cancer?
   □ Yes
   □ No
   □ Unknown

[PROGRAMMING NOTE: H7j question about treatment is asked of any participant reporting one or more cancers.]
H7j. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- Yes → Go to Question H7j.i
- No, I’ve completed treatment
- No, I’ve refused treatment
- No, I haven’t started treatment
- Unknown

H7j.i. Which types of treatments? [CHECK ALL THAT APPLY]

- Surgery
- Radiation therapy
- Chemotherapy
- Chemotherapy pills
- Other, specify: __________

H8. Depression or anxiety disorder

- Yes → Go to Question H8a
- No
- Unknown

H8a. Do you currently still have depression or anxiety disorder?

- Yes
- No
- Unknown

H9. Diabetes

- Yes → Go to Question H9a
- No → Go to Question H10
- Unknown

H9a. How old were you when you were told you had diabetes?
[INTERVIEWER NOTE: If older adult cannot remember exact age, ask for an approximate age.]

   — —

H9a.i. [IF FEMALE AND AGE OF DIAGNOSIS <45, ASK:] Did you ONLY have diabetes while you were pregnant?

- Yes
- No
- Unknown
H9b. Do you currently still have diabetes?
   - Yes → Go to Question H9c
   - No → Go to Question H10
   - Unknown → Go to Question H9c

H9c. Are you taking insulin for your diabetes?
   - Yes
   - No
   - Unknown

H10. Neurologic disorder, such as a epilepsy or any seizure disorder or Parkinson’s disease
   - Yes → Go to Question H10a
   - No
   - Unknown

H10a. Do you currently still have this condition?
   - Yes
   - No
   - Unknown

H11. Osteoarthritis
   - Yes
   - No
   - Unknown

H12. An autoimmune disease, such as lupus or rheumatoid arthritis
   - Yes → Go to Question H12a
   - No
   - Unknown

H12a. Autoimmune disease, specify: __________

H13. Do you currently have any of these or any other health problem or condition we have not discussed? [INTERVIEWER: READ OPTIONS ALOUD]
   [CHECK ALL THAT APPLY]
   - Disease of the digestive system (such as the esophagus, stomach, or intestines)
   - Hypothyroidism
   - Skin problems such as eczema
   - Other problem or condition, specify → Go to Question H13a
   - Unknown

H13a. Other problem or condition, specify: __________
H14. Do you take a medication prescribed by a doctor or healthcare professional?
☐ Yes → Go to Question H14a
☐ No → Go to Question H15
☐ Unknown

H14a. How many different types of medication prescribed by a doctor do you take every day? 35
[NOTE: This should be number of separate medications and not number of pills.]
__ __ number of medications

H14b. Are you currently taking prednisone or other steroid medications (excluding inhaled steroids and one-time injections) or any other medications that may suppress your body’s ability to fight infection?

[NOTE: Examples include drugs used to treat cancer or drugs for autoimmune diseases such as lupus.]
☐ Yes → Go to Question H14c
☐ No
☐ Unknown → Go to Question H14c

H14c. Specify medication(s): [INTERVIEWER NOTE: ask to see medication to confirm name]

H15. Have you lost a lot of weight recently without wishing to do so? 36
☐ Yes → Go to Question H15a
☐ No → Go to Question H16

H15a. How much weight have you lost during the last 12 months?
[INTERVIEWER NOTE: Encourage older adult to estimate weight lost.]
__ __ kg
☐ Unknown

H15b. How much weight have you lost during the last 6 months?
[INTERVIEWER NOTE: Encourage older adult to estimate weight lost.]
__ __ kg
☐ Unknown

35 Contributes to Groningen Frailty Indicator
36 Contributes to the Frailty Index, the Groningen Frailty Indicator (GFI) and Tilburg Frailty Indicator (Physical Subscale); each uses a different window of time for calculating significant weight loss.
H15c. How much weight have you lost during the past 1 month or 30 days?
[INTERVIEWER NOTE: Encourage older adult to estimate weight lost.]

___ ___ kg

☐ Unknown

H16. In the past 12 months, have you fallen? By that I mean, have you unintentionally went from standing, sitting, or leaning over to fall on the ground or floor? 37 38
☐ Yes → Go to Question H16a
☐ No → Go to Question H17

H16a. How often have you fallen in the last 12 months?
___ ___ number of falls

H16b. Did a fall in the last 12 months cause an injury? By an injury, I mean you had to go see a doctor or the fall caused you to limit your regular activities for at least a day.
☐ Yes → Go to Question H16b.i
☐ No → Go to Question H17

H16b.i. Did you go see a doctor because of an injury due to your fall in the last 12 months?
☐ Yes → Go to Question H16b.ii
☐ No → Go to Question H17

H16b.ii. Did a doctor tell you that you broke or fractured any bones due to your fall?
☐ Yes
☐ No
☐ Unknown

H17. 
(Programming Note: Customize to Sex)
[IF MALE:] Have you ever been hospitalized and stayed in the hospital for at least 1 night as a patient?
[IF FEMALE:] Other than delivering a child have you ever been hospitalized and stayed in the hospital for at least 1 night as a patient? [INTERVIEWER NOTE: This includes time spent in the hospital as a patient not as a caregiver.]
☐ Yes → Go to Question H17a
☐ No → Go to Question H18
☐ Refused

37 From US BRFSS 2014 with minor wording changes.
38 From US BRFSS 2014 with minor wording changes
H17a. How many times have you been hospitalized?
   ___ ___ times

H17b. Now, thinking back to just the past 2 years, how many times have you been hospitalized and stayed at least 1 night?
   - 0 times → Go to Question H18
   - 1 time
   - 2 times
   - 3 times
   - 4 times
   - 5 or more times

INTERVIEWER: Record 4 most recent hospitalizations in the space below.
(Programming note: Automatically populate the number of rows for hospitalizations in past 2 years equal to H17b)

<table>
<thead>
<tr>
<th>In what month and year were you hospitalized?</th>
<th>What was the reason you were hospitalized?</th>
</tr>
</thead>
<tbody>
<tr>
<td>H17c.i. Year of hospitalization 1:</td>
<td>H17c.i. i.</td>
</tr>
<tr>
<td>2013</td>
<td>Acute respiratory illness</td>
</tr>
<tr>
<td>2014</td>
<td>Acute non-respiratory illness</td>
</tr>
<tr>
<td>2015</td>
<td>Chronic disease</td>
</tr>
<tr>
<td>2016</td>
<td>Injury or trauma</td>
</tr>
<tr>
<td>Unknown</td>
<td>Other, specify: __________________________</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

H17c.ii. Month of hospitalization 1:
[Select from dropdown menu]
   - Unknown
   - Refused

H17d.i. Year of hospitalization 2:
   - 2013
   - 2014
   - 2015
   - 2016

H17d.ii. i. Chronic disease
   - Acute respiratory illness
   - Acute non-respiratory illness
   - Chronic disease
   - Injury or trauma

H17d.iii. Other, specify: __________________________
H17d.ii. Month of hospitalization 2: [Select from dropdown menu]

- Unknown
- Refused

□ Other, specify: ________________

H17e–f. Will automatically populate up to 4 recent hospitalizations

H18. During the past year, would you say your overall health has gotten worse, stayed the same, or improved?

- Worse → Go to Question H18a
- Same
- Better → Go to Question H18b

H18a. Would you say “much worse” or “somewhat worse”?

- Much worse
- Somewhat worse

H18b. Would you say “somewhat better” or “much better”?

- Somewhat better
- Much better

K. Knowledge, Attitudes, and Practices

K1. Have you heard about the influenza virus?

- Yes
- No → SAY: Influenza is a germ or virus that causes people to be sick with a cough, runny nose, body aches, or a fever. It comes to this area once or twice a year.

K2. How much do you know about the influenza virus and the illness it causes? Would you say…? [READ OPTIONS ALOUD]

- Nothing at all
- A little
- Some
- A lot
- A great deal
Influenza Virus Questions

I am going to read some statements about influenza. Please tell me if you agree or disagree with each of these using this scale.

[SHOW RESPONSE CARD K3]

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Mildly disagree</th>
<th>Neutral</th>
<th>Mildly Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>K3a. I am not at risk of getting seriously ill from the flu.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3b. If I get the flu, I could be seriously sick for a full week.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3c. I worry about getting the flu this season.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3d. I get sick with the flu more easily than other people my age.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3e. If I get the flu, I could get sick enough to be hospitalized.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3f. Influenza is more serious than a “bad cold.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3g. If I get the flu, there is a chance it could develop into pneumonia.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K4. How worried are you that you may get sick with influenza sometime this year? [SHOW CARD K4 and READ OPTIONS]

- [ ] Extremely worried
- [ ] Very worried
- [ ] Somewhat worried
- [ ] Not too worried
- [ ] Not at all worried

39 Reverse indicates an item to be scored in the reverse direction from other items within the associated scale or construct.
K5. Have you heard about the influenza vaccine?
   □ Yes
   □ No → SAY: It’s a vaccine that adults can receive every year to reduce their chances of getting sick with the influenza virus.

K6. How much do you know about the influenza vaccine? Would you say…? [READ OPTIONS]
   □ Nothing at all → Go to Question K7
   □ A little → Go to Question K6a
   □ Some → Go to Question K6a
   □ A lot → Go to Question K6a
   □ A great deal → Go to Question K6a

K6a. Have you ever received the influenza vaccine?
   □ Yes → Go to Question K6b
   □ No → Go to Question K6d
   □ Unknown

K6b. In the past five years, how many times have you received the influenza vaccine?
   □ 0 times in past 5 years → Go to Question K6d
   □ 1 time in past 5 years
   □ 2 times in past 5 years
   □ 3 times in past 5 years
   □ 4 times in past 5 years
   □ 5 times in past 5 years
   □ Unknown

K6c. What are the years in which you recall receiving the influenza vaccine?
   [CHECK ALL THAT APPLY]
   □ 2010
   □ 2011
   □ 2012
   □ 2013
   □ 2014
   □ 2015
   □ Unknown
K6d. What are the chances that you will get an influenza vaccination in the next 12 months? [SHOW RESPONSE CARD K6d]

- [ ] Almost zero chance
- [ ] Very small chance
- [ ] Small
- [ ] Moderate
- [ ] Large
- [ ] Very large chance
- [ ] Almost certain

**Influenza Vaccination Questions**

I am going to read some statements about the influenza vaccine. Please tell me if you agree or disagree with each of these using this scale.

[SHOW RESPONSE CARD K7]

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Mildly disagree</th>
<th>Neutral</th>
<th>Mildly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>K7a.</td>
<td>It is difficult for me to spare time to get flu vaccination.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>K7b.</td>
<td>I am concerned about side effects from the influenza vaccine.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>K7c.</td>
<td>I am not interested in getting vaccinated with the influenza vaccine.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>K7d.</td>
<td>I have planned where to get my flu vaccination this year.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>K7e.</td>
<td>I am concerned there may be something that I don’t know about the influenza vaccine.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>K7f.</td>
<td>The influenza vaccine does not always work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>K7g.</td>
<td>My doctor has recommended that I get an annual influenza vaccination.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>K7h.</td>
<td>A family member or friend has discouraged me from getting the flu vaccine.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>K7i.</td>
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<td>K7j.</td>
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<td>K7k.</td>
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<td>K7l.</td>
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<td>K7m.</td>
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<td>K7n.</td>
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<td>K7o.</td>
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<td>K7p.</td>
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<td>K7q.</td>
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<td>K7r.</td>
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<td>K7s.</td>
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<td>K7t.</td>
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<tr>
<td>K7u.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>K7v.</td>
<td></td>
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<tr>
<td>K7w.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
K7x. Getting an influenza vaccination is worth the time and expense.

K7y. I paid little attention to the information about flu vaccination in the media (like newspapers and television).

K7z. I feel that I have received all the information that I need to decide if I should get an influenza vaccine.

K7aa. If I don’t get a flu vaccination and end up getting the flu, I’d be mad at myself for not getting the vaccine.

K7bb. It is not convenient for me to obtain flu vaccination due to difficulties in transportation.

K7cc. There is not a convenient place for me to get vaccinated.

K7dd. If I don’t get a flu vaccination, I will regret it.

K7ee. I know where I can go to get flu vaccination.

K7ff. I can afford to get flu vaccination.

K7gg. With no flu vaccination, I would feel very vulnerable to the flu.

K7hh. I feel like I have to get vaccinated.

K7ii. If I got vaccinated, I could still get sick with influenza.

K7jj. I usually do not have time to get vaccinated with the flu vaccine.

K7kk. I trust what the government says about the influenza vaccine.

K8. How effective do you think the influenza vaccine is in preventing you from getting sick with influenza? [SHOW RESPONSE CARD K8]

☐ Extremely effective
K9. If you are unable to or don’t get a flu vaccination, what do you think your chance of getting sick with influenza this year will be? [SHOW RESPONSE CARD K9]

- ☐ Almost zero chance
- ☐ Very small chance
- ☐ Small
- ☐ Moderate
- ☐ Large
- ☐ Very large chance
- ☐ Almost certain

M. Closing

M1. Has participant acknowledged the receipt of incentives?

- ☐ Yes
- ☐ No

MARK FORM STATUS AS ‘COMPLETE’ AND SAVE RECORD

Response Cards
Response Card C7: Activities Options
Response Card D1: Personal Annual Income Options
Response Card E1: Household Annual Income Options
Response Card E5: Household Items
Response Card E6: Subjective Social Status Ladder Figure
Response Card G2: Health Ruler Scale
Response Cards I1 – I3: Functional Status Options 1
Response Cards J4-J7: Functional Status Options
Response Cards L3-L10: KAP Response Options
Annex 4: Half Year Follow-up Interview
Annex 4: Half Year Follow-up Interview

A. Initial Administration

A1. Date: ___/___/____ (yyyymmdd)

A2. Interviewer Name: __________

A2a. Interviewer Code: __ __ __

A3. Methods information was gathered:
- Telephone
- Face-to-face communication
- Other, specify: ___________________

B. Half Year Follow-up Interview

Hello, << Participant>>. My name is ___________________ and I am here from the elderly influenza study being conducted by [study site] to draw your blood and ask you a few questions about your recent health. As a reminder, you can opt out of this study at any time or refuse to answer any questions.

B1. Thinking back over the past month, would you say your overall health is [READ OPTIONS ALOUD]?
- Excellent
- Very good
- Good
- Fair
- Poor

B2. During the past 6 months, would you say your overall health has gotten worse, stayed the same, or improved?

- Worse → Go to B2a
  B2a. Would you say your health is “much worse” or “somewhat worse”?
    - Much Worse → Go to B3
    - Somewhat Worse → Go to B3

- Same → Go to B3
- Improved → Go to B2b
  B2b. Would you say your health is “somewhat better” or “much better”?
    - Somewhat Better → Go to B3
B3. Now I want you to think about your physical health overall. During the past month, so the last 30 days, on how many days were you physically sick, injured, or not in good physical health? 40

__ __ Number of days [If >0, continue to B3a]

B3a. On how many of these days, did you need to stay in bed for at least half the day?

__ __ Number of days

B4. During the past 30 days, for about how many days have you felt sad, depressed, worried, or anxious?

__ __ Number of days

B5. During the past 30 days, for about how many days have you felt very healthy and full of energy?

__ __ Number of days

---

40 From US BRFSS 2014 Questionnaire
Annex 5: Annual Reassessment
Annex 5: Annual Reassessment

MATERIALS NEEDED FOR ANNUAL REASSESSMENT

All response cards

A. Administrative Information

A1. Date of Annual Reassessment: ___/___/____ (yyyy/mm/dd)

A2. Interviewer Name: _______________

A2a. Interviewer Code: __ __ __

A3. Enrollment City:

☐ Suzhou
☐ Yancheng

A4 Has the re-consent with the participant’s signature been obtained?

☐ Yes
☐ No

Introduction

Hello, [Participant Name], My name is [Interviewer Name] and I am [calling/here] from the SVAX study being conducted by [City] to follow up with you on your recent status. You enrolled in our study around [Date], and I just have a few questions for you now. This [call/meeting] should take less than 20 minutes. Is this a good time to talk?

IF PARTICIPANT IS UNSURE ABOUT WHY YOU ARE CALLING/VISITING:
SAY: I am [calling/here] to ask you questions about your illness for a research study you enrolled in, beginning in [Date]. The study is researching influenza illness in adults over age 60 in [City].

IF PARTICIPANT INDICATES THIS IS NOT A GOOD TIME TO TALK:
SAY: Thank you. Is there a better time to [call/come] back?
[IF YES] Record date and time in study tracking system. Thank the participant, remind the participant that they can opt out of this study at any time and say you will [call/come] back at the scheduled time. 
[IF NO] Thank the participant and offer to call back at a later date. End the [call/meeting].

IF PARTICIPANT INDICATES THIS IS A GOOD TIME TO TALK, PROCEED:
SAY: Thank you. As a reminder, you can opt out of this study at any time or refuse to answer any questions.

B. Demographics

B1. Please confirm your phone number where we can reach you.

______________________________
FIELD NOTE: Enter full 11-digit phone number including area code)

B2. How much do you currently weigh (without shoes)?

____
FIELD NOTE: Enter up to one decimal place, e.g., 45.5kg
RANGE: 23-227

B3. During the past 12 months, would you say your finances, including your ability to pay for your home, food, and monthly bills, have gotten worse, stayed the same, or improved?

☐ Worse → Go to B3a

B3a. Would you say “much worse” or “somewhat worse”?

☐ Much Worse → Go to B3c
☐ Somewhat Worse → Go to B3c

☐ Same → Go to B3c
☐ Better → → Go to B3b

B3b. Would you say “somewhat better” or “much better”?

☐ Somewhat Better → Go to B3c
☐ Much Better → Go to B3c

B3c. During the past 12 months, has the total income for everyone in your house increased, decreased, or stayed the same?

☐ Increased
☐ Stayed same
☐ Decreased

B3d. How difficult is it for you to have enough money to pay for your home, food, and other monthly bills? Would you say…

B4. I want you to picture a ladder with 9 steps on it. [Show Response Card] At the top of the ladder at step 9 are the households in your city who are best off—those who have the most money, the most education, and the most respected jobs. At the bottom at step 1 are the households who are the worst off—who have the least money, the least education, and the least respected jobs or no job. Pick a number from 1 to 9 to represent which step you would place your household on this ladder with 1 being the worst off and 9 being the best off. 42

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

☐ Unknown
☐ Refused

B5. What kind of retirement wage or state pension do you have? 43
☐ Retired (worker/employee)
☐ Retired (government or public institution employee)
☐ State pension (including subsistence guarantee grant and pension for farmers, etc.)
☐ No

☐ Unknown
☐ Refused

B6. Are you still engaged in paid jobs now?
☐ Yes
☐ No

☐ Unknown

10. Includes minor wording change. Similar to US CDC BRFSS item that rates in terms of amount of worry with finances.
42 Standardized single-item subjective social status (SSS) measure. MacArthur Scale of Subjective Social Status. (1999)
43 Questions B5-B10 are adapted from Questionnaire for the 2008-9 Wave of Chinese Longitudinal Healthy Longevity Survey (CLHLS). Minor changes are adopted to reflect changes to China’s current pension system.
B7. What is your primary means of financial support? [Single choice]

- Retirement wages or state pension
- Spouse
- Child(ren) and grandchild(ren)
- Relatives
- Paid work (including part time and odd jobs)
- Other, please specify: ________________

- Unknown ➔ Go to B8
- Refused ➔ Go B8

B7a. How much do you get monthly from automatically populated field based on the answer to B7 (Interviewer note: if the primary means of financial support is spouse, please write down the spouse’s monthly income)

______________yuan

- Unknown
- Refused

B8. What are your other means of financial support? (Interviewer note: Check all that apply for a maximum of three choices)

- Retirement wages or state pension
- Spouse
- Child(ren) and grandchild(ren)
- Relatives
- Paid work (including part time and odd jobs)
- Other, please specify: ________________
- No other means ➔ Go to B10

- Unknown ➔ Go to B10
- Refused ➔ Go to B10

B9. How much do you get monthly from other means of financial support?

B9a. First item: ________________Yuan

- Unknown ➔ Go to B10
- Refused ➔ Go to B10

B9b. Second item: ________________Yuan

- Unknown ➔ Go to B10
- Refused ➔ Go to B10

B9c. Third item: ________________Yuan

- Unknown ➔ Go to B10
C. Household Information
I would like to ask some questions about your household and other people who live within your household.

C1. Has the number of people in your household changed in the past year?
☐ Yes → Go to C1a
☐ No → Go to C2

C1a. How many people currently live in your household? Please do not count yourself.

☐ 0 No other people in household → Go to C2
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 OR MORE

C1b. What are the ages of the other people in your household?
[NOTE: Survey will automatically populate the number of options corresponding to household members.]

____ age of person 1
____ age of person 2
____ age of person 3
____ age of person 4
____ age of person 5
C2. These next questions have to do with activities in your life right now. For each of these, tell me if this is something you’ve done in the past 12 months. (Show Response Card)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>Never</th>
<th>Every Day</th>
<th>Several Times a Week</th>
<th>Once a Week</th>
<th>Several Times a Month</th>
<th>At Least Once a Month</th>
<th>Less than Once a Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2a. Babysit or take care of a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2b. Play mahjong, cards or other board games (e.g. Chinese or international chess, Japanese go) with friends or family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2c. Do a physical activity or exercise such as tai chi, gardening, or walking for at least 20 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2d. Bake or cook something special</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2e. Take care of a sick or disabled family member or friend</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2f. Do an activity with grandchildren or other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

44 Unless otherwise noted, all of these activities and the response options are from NIA Health Retirement Study; some wording changes were made to make them culturally appropriate.
45 Similar group social activity items are within US BRFSS 2014 Questionnaire. Responses can also be translated into Frailty Phenotype item.
46 Adapted from exercise item from US BRFSS 2014 Questionnaire. Responses can be translated into Frailty Phenotype item.
C2g. Go to a market that sells live chickens or other birds

If C2g=yes and C2g_i answered the frequency, ask

C2g_ii. How much poultry did you buy in live poultry markets in the past year?\(^47\)

- [ ] 0 last year → Go to C3
- [ ] 1 to 2 last year
- [ ] 3 to 5 last year
- [ ] 6 to 11 last year
- [ ] 1 to 3 per month
- [ ] 1 to 2 per week
- [ ] 3 to 5 per week
- [ ] Almost every day

- [ ] Unknown
- [ ] Refused

C2g_iii. Did you usually handle live poultry for examination before buying it?

- [ ] Never
- [ ] Sometimes
- [ ] Often
- [ ] Very often
- [ ] All the time

- [ ] Unknown
- [ ] Refused

C2g_iv. Where was the live poultry butchered if you bought it?

- [ ] Always at the market where you bought it → Continue to C2g_iv-1
- [ ] Usually at the market where you bought it → Continue to C2g_iv-1
- [ ] Usually at home → Go to C3
- [ ] Always at home → Go to C3
- [ ] Other places, please specify __________ → Go to C3

\(^47\) Questions from C2g_ii downwards to the end of the section C are from the survey questionnaire of a study to investigate live poultry exposure and public response to influenza A (H7N9) in urban and rural China during two epidemic waves in 2013-2014. Minor wording changes are adopted to make the measurement scale consistent with the rest of the questionnaire.
C2g_iv-1. While the poultry was being slaughtered in a market, how often would you stand within 2 meters of where the poultry was being slaughtered to wait for it?

- Never
- Sometimes
- Often
- Very often
- All the time

- Unknown
- Refused

C3 Did you raise backyard poultry in the past year?

- Yes → Continue to C3a
- No → Go to Section D

- Unknown → Go to Section D
- Refused → Go to Section D

C3a What type of backyard poultry did you raise at home? (Multiple choice questions)

- Chicken
- Duck
- Goose
- Others, please specify ___________

- Unknown
- Refused

C3b How much backyard poultry did you have on average in the past year? (including chicken, duck, goose and others in total)? (number response)

- Unknown
- Refused
D. General Health/Chronic Disease

D1. Thinking back over the past month, would you say your overall health is [READ CHOICES]?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

D2. During the past 12 months, would you say your overall health has gotten worse, stayed the same, or improved?
   - Worse → Go to D2a
     D2a. Would you say “much worse” or “somewhat worse”?
       - Much Worse
       - Somewhat Worse
   - Same → Go to D3
   - Better → Go to D2b.
     D2b. Would you say “somewhat better” or “much better”?
       - Somewhat Better
       - Much Better

D3. Now, think about your health today. Using this ruler [Show Response Card] where 100 means the best health you can imagine and 0 means the worst health you can imagine. Please put an X on the scale to indicate how your health has been during the past 24 hours. 48

   Rating: __ __ __
   FIELD NOTE: Enter number 0 to 100

D4. In the past year, have you used a cane, walker, or wheelchair to help you move around?
   - Yes
   - No

D5. Do you experience problems in your daily life because of poor vision? 49
   - Yes → Go to D5a
   - No → Go to D6

48 Visual analogue scale adapted from EQ-5D.
49 Groningen Frailty Indicator
D5a. Are you blind or do you have serious difficulty seeing, even when wearing glasses? 50
   □ Yes
   □ No

D6. Do you experience problems in your daily life because of being hard of hearing? 51
   □ Yes → Go to D6a
   □ No → Go to D7

D6a. Do you wear a hearing aid?
   □ Yes
   □ No

D7. How many days per week do you usually leave your house?
   □ 0 days
   □ 1 day
   □ 2 days
   □ 3 days
   □ 4 days
   □ 5 days
   □ 6 days
   □ 7 days

D8. During the past year has a healthcare provider told you that you have a new medical condition or problem?
   □ Yes → Go to D8a
   □ No → Go to D9

D8a. Which medical conditions were diagnosed or worsened in the past year:
   □ Autoimmune disease, such as lupus or rheumatoid arthritis
   □ Asthma, Chronic Obstructive Pulmonary Disease (COPD), emphysema, chronic bronchitis, or any other chronic lung disease
   □ Cancer
   □ Depression or anxiety disorder
   □ Diabetes
   □ Disease of the digestive system (such as the esophagus, stomach, or intestines)
   □ High blood pressure
   □ Heart problems, like a heart attack, congestive failure, or angina
   □ Hypothyroidism

50 US BRFSS 2014 Questionnaire
51 Groningen Frailty Indicator
- Immunosuppression or a problem with your immune system
- Kidney disease
- Liver disease, including chronic hepatitis
- Neurologic disorder, such as an epilepsy or any seizure disorder or Parkinson’s disease
- Osteoarthritis
- Skin problems, such as eczema
- Stroke
- Another medical problem requiring clinical care, please specify: __________

D9. Do you take a daily medication prescribed by a doctor or healthcare professional?

☐ Yes  ➔ Go to D9a
☐ No  ➔ Go to D10

D9a. How many different types of medication prescribed by a doctor do you take every day?

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

D10. Have you been hospitalized or stayed overnight in a hospital in the past year?

☐ Yes  ➔ Go to D10a
☐ No  ➔ Go to D11
☐ Refused

D10a. How many times have you been hospitalized in the past year?

☐ 1 time
☐ 2 times
☐ 3 times
☐ 4 times
☐ 5 or more times

(Programming note: Automatically populate the number of rows for hospitalizations in past 2 years equal to D10a)

<table>
<thead>
<tr>
<th>In what month were you hospitalized?</th>
<th>ii. What was the reason you were hospitalized?</th>
</tr>
</thead>
</table>

International Influenza CARES
Annex 5: Annual Reassessment
**D10b.** __ Month [D10b1]  
__ Year [D10b2]

[D10b3]
- Acute respiratory illness
- Acute non-respiratory illness
- Chronic disease
- Injury or trauma
- Other, specify: ___________________

**D10c.** __ Month [D10c1]  
__ Year [D10c2]

[D10c3]
- Acute respiratory illness
- Acute non-respiratory illness
- Chronic disease
- Injury or trauma
- Other, specify: ___________________

**D10d – e.** Will automatically populate up to 4 recent hospitalizations

**D11.** Have you lost a lot of weight recently without wishing to do so?  
☐ Yes → Go to D11a  
☐ No → Go to D12

**D11a.** How much weight have you lost during the last 12 months?  
(INTERVIEWER NOTE: Encourage older adult to estimate weight lost.)

___ ___ kg

FIELD NOTE: Enter up to one decimal place, e.g. 45.5kg

☐ Unknown  
☐ Refused

**D11b.** How much weight have you lost during the last 6 months?  
(INTERVIEWER NOTE: Encourage older adult to estimate weight lost.)

___ ___ kg

☐ Unknown  
☐ Refused

---

52 Contributes to the Frailty Index, the Groningen Frailty Indicator (GFI) and Tilburg Frailty Indicator (Physical Subscale); each uses a different window of time for calculating significant weight loss.
D11c. How much weight have you lost during the past 1 month or 30 days? (INTERVIEWER NOTE: Encourage older adult to estimate weight lost.)

__ __ kg

☐ Unknown
☐ Refused

D12. In the past 12 months, have you fallen? By that I mean, have you unintentionally went from standing, sitting, or leaning over to fall on the ground or floor? 53 54
☐ Yes ➔ Go to D12a
☐ No ➔ Go to D13

D12a. How many falls have you had in the last 12 months?

__ __ number of falls

D12b. Did a fall in the last 12 months cause an injury? By an injury, I mean you had to go see a doctor or the fall caused you to limit your regular activities for at least a day?
☐ Yes ➔ Go to D12b.i
☐ No ➔ Go to D13

D12b.i. Did you go see a doctor because of an injury due to your fall in the last 12 months?
☐ Yes ➔ Go to D12b.ii
☐ No ➔ Go to D13

D12b.ii. Did a doctor tell you that you broke or fractured any bones due to your fall?
☐ Yes
☐ No

☐ Unsure/Don’t Know

D13. Next, I want to ask you about the pneumonia shot or pneumococcal vaccine. It is usually given once or twice after an adult turns 50 or 60 years old. This vaccine is different from the influenza vaccine. In the past year, have you received a pneumonia shot from your doctor or healthcare provider?

53 From US BRFSS 2014 with minor wording changes.
54 From US BRFSS 2014 with minor wording changes
□ Yes
□ No
□ Unsure/Don’t Know

E. **Functional Status Update**

E1. Now I want you to think about your physical health overall. During the past month, so the last 30 days, on how many days were you physically sick, injured, or not in good physical health?  

___ ___ Number of days [If >0, continue to E1a]

E1a. On how many of these days, did you need to stay in bed for at least half the day?

___ ___ Number of days

E2. During the past 30 days, for about how many days have you felt sad, depressed, worried, or anxious?  

___ ___ Number of days

E3. During the past 30 days, for about how many days have you felt very healthy and full of energy?

___ ___ Number of days

INSTRUCTIONS: Next, I’d like to talk about activities that people do to take care of themselves and their home. I want you to think about your life during the past month. For each of these, I’d like you to tell me whether this is something you can do alone without help or whether there are times when you need help doing this. This help could come from family, a friend, or a nurse or caregiver. If you can do the activity alone, I will ask if you can do it alone without difficulty, with some difficulty, or with great difficulty. If you have needed help doing this in the past month, I’d like you to tell me whether you needed help sometimes, often, very often, or all the time. [Show Response Cards]

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55 From US BRFSS 2014 Questionnaire
56 From US BRFSS 2014 Questionnaire, but combines two mental health items.
57 From US BRFSS 2014 Questionnaire
58 This extended version incorporates scaling of difficulty for activities that can be done independently but still may be a challenge for the older person. This reflects scaling by Groningen Activity Restriction Scale (GARS) and includes all the items in this scale plus overlapping items with other prioritized indices.
<table>
<thead>
<tr>
<th>E4 CARD</th>
<th>Can do Alone Without Help</th>
<th>Need Help</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without any difficulty</td>
<td>With some difficulty</td>
</tr>
<tr>
<td>E4a</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Get around from room to room in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>my house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4b</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Stand up from sitting in a chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4c</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Get on and off a toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4d</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Get in and out of bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4e</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Walking around outdoors or in my</td>
<td></td>
<td></td>
</tr>
<tr>
<td>neighborhood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4f</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Shopping for groceries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4g</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Climb a flight of stairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4h</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Bathe myself in a shower or bath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tub</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5 CARD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Without any difficulty</td>
<td>With some difficulty</td>
</tr>
<tr>
<td>E5a</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Dressing and undressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5b</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Prepare my breakfast or lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5c</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Feed myself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5d</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Wash my face and hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5e</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Wash my whole body by taking a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>shower or bath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5f</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Take care of my feet and toenails</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5g</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Make it to the toilet without an</td>
<td></td>
<td></td>
</tr>
<tr>
<td>accident, like losing control of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
urination or bowel movement

*IF* E5g NEEDS HELP, ask:

E5g.i. Do you occasionally lose control of your bladder, your bowels, or both?

- [ ] Bladder only
- [ ] Bowels only
- [ ] Both

<table>
<thead>
<tr>
<th>E6 CARD</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E6a Wash and iron my clothes</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>E6b Make the beds or change sheets</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>E6c Do “light” housework like dusting or tidying up</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>E6d Do “heavy” housework like mopping or vacuuming the floor</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>E6e Taking medication on schedule</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>E6f Pay bills and manage my money</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>E6g Prepare dinner</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

E(4-6)(a-h)_i. (IF NEED HELP) Who is helping you complete this activity? ___________ (Only ask in the 2017 Annual Reassessment Questionnaire)
INSTRUCTIONS: Now, I want you to think back to how you have felt and behaved in the last two weeks. For each of these, tell me how often you have felt or done this.  

<table>
<thead>
<tr>
<th>E7 CARD</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E7a</td>
<td>I was bothered by things that usually don’t bother me. ∞</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7b</td>
<td>I did not feel like eating; my appetite was poor. ∞</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7c</td>
<td>I had difficulty stooping, crouching, or kneeling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7d</td>
<td>I had difficulty maintaining my balance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7e</td>
<td>I had trouble keeping my mind on what I was doing. ∞</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7f</td>
<td>My sleep was restless. ∞</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7g</td>
<td>I talked less than usual. ∞</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7h</td>
<td>I felt happy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7i</td>
<td>I felt like everything I did was an effort. ∞</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7j</td>
<td>I had problems with my memory.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7k</td>
<td>I felt emptiness around me. *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7l</td>
<td>I missed having people around me. *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7m</td>
<td>I felt abandoned. *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7n</td>
<td>I felt downhearted or sad. *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7o</td>
<td>I felt nervous or anxious. *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Items marked with ∞ are from Center for Epidemiologic Studies Depression Scale (CES-D); these are from Radloff’s original somatic symptoms scale; Chinese translation is available.

Items marked with * are psychological items are from the GFI: Groningen Frailty Indicator. Bielderman et al.: Multidimensional structure of the Groningen Frailty Indicator in community-dwelling older people. BMC Geriatrics 2013 13:86.
F. Standardized Mini-Mental State Examination (SMMSE) 61 (Only ask in the 2017 Annual Reassessment Questionnaire)

I am going to ask you some questions and give you some problems to solve. Please try to answer as best as you can.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>TIME ALLOWED</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1 f. What year is this?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td>g. Which season is this?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td>h. What month is this?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td>i. What is today’s date?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td>j. What day of the week is this?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td>F2 a. What country are we in?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td>b. What province are we in?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td>c. What city/town are we in?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
</tbody>
</table>
| d. (Programming note: Customize to interview setting.)  
IN PARTICIPANT/RETIREMENT HOME – What is the street address of this house? 
IN COMMUNITY HEALTH CENTER/MEDICAL FACILITY/STUDY OFFICES – What is the name of this building? | 10 seconds   | /1    |

<table>
<thead>
<tr>
<th></th>
<th>Task Description</th>
<th>Time Limit</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>e. (Programming note: Customize to interview setting.)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN PARTICIPANT/RETIREMENT HOME – What room are we in?</td>
<td></td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td>IN COMMUNITY HEALTH CENTER/MEDICAL FACILITY/STUDY OFFICES – What floor are we on?</td>
<td></td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td><strong>F3</strong></td>
<td>SAY: I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Say the following words slowly at 1-second intervals – ball/car/man</td>
<td>20 seconds</td>
<td>/3</td>
</tr>
<tr>
<td><strong>F4</strong></td>
<td>SAY: Repeat after me: 4, 2, 7, 3, 1. Now please say those digits in reverse order.</td>
<td>30 seconds</td>
<td>/5</td>
</tr>
<tr>
<td><strong>F5</strong></td>
<td>Now what were the three objects I asked you to remember?</td>
<td>10 seconds</td>
<td>/3</td>
</tr>
<tr>
<td><strong>F6</strong></td>
<td>SHOW wristwatch. ASK: What is this called?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td><strong>F7</strong></td>
<td>SHOW button. ASK: What is this called?</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td><strong>F8</strong></td>
<td>SAY: I would like you to repeat this phrase after me: “Forty-fours stone lions.”</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td><strong>F9</strong></td>
<td>SAY: Read the words on the page and then do what it says. Then hand the person the sheet with RAISE YOUR HANDS on it. If the subject reads and does not raise their hands, repeat up to three times. Score only if subject raises hands.</td>
<td>10 seconds</td>
<td>/1</td>
</tr>
<tr>
<td><strong>L9a</strong></td>
<td>[Interviewer]: Is the person able to read the sheet of paper</td>
<td></td>
<td>/0</td>
</tr>
<tr>
<td><strong>F10</strong></td>
<td>SAY: Say any complete sentence.</td>
<td>30 seconds</td>
<td>/1</td>
</tr>
<tr>
<td><strong>F11</strong></td>
<td>PLACE design, eraser and pencil in front of the person. SAY: Copy this design please.</td>
<td>1 minute</td>
<td>/1</td>
</tr>
</tbody>
</table>

Allow multiple tries. Wait until person is finished and hands it back. Score only for correctly copied diagram with a 4-sided figure between two 5-sided figures.
F12 | ASK the person if he is right or left-handed. Take a piece of paper and hold it up in front of the person. SAY: Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the floor. Score 1 point for each instruction executed correctly.

<table>
<thead>
<tr>
<th>Score</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>/1</td>
<td>Takes paper correctly in hand</td>
</tr>
<tr>
<td></td>
<td>Folds it in half</td>
</tr>
<tr>
<td>/1</td>
<td>Puts it on the floor</td>
</tr>
</tbody>
</table>

30 seconds

F13 | TOTAL TEST SCORE | /30

G. Vaccinations

Next, I would like to ask about influenza vaccines.

G1. How much do you know about the influenza virus and the illness it causes? Would you say…

- [ ] Nothing at all
- [ ] A Little
- [ ] Some
- [ ] A Lot
- [ ] A Great Deal

G2. During the past 12 months, how worried were you that you would get sick with influenza? [SHOW CARD and READ OPTIONS]

- [ ] Extremely worried
- [ ] Very worried
- [ ] Somewhat worried
- [ ] Not too worried
- [ ] Not at all worried

G3. Influenza vaccine is a vaccine that adults can receive every year to reduce their chances of getting sick with the influenza virus. In the past 12 months, have you received the influenza vaccine?

- [ ] Yes  ➔ Go to G3a
- [ ] No  ➔ Go to G4

Record if necessary:

- [ ] Unknown
- [ ] Refused

G3a. What month did you receive the influenza vaccine? [Note: Specify month and/or year if possible.]
Month: ___
Year: _________

Record if necessary:
□ Unknown
□ Refused

G4. What are the chances that you will get an influenza vaccination during the next 12 months? [SHOW CARD]
□ Almost Zero Chance
□ Very Small Chance
□ Small
□ Moderate
□ Large
□ Very Large Chance
□ Almost Certain

H. Closing
H1. Please verify the following information:

Address: [automatically populated]
Backup Phone #1: [automatically populated]

□ Address changed → Go to H1a
□ Confirmed

H1a. Please note down the new address: _________________

H2. Additional Contact information:
Additional Contact 1:
H2a. Phone Number: _________________
H2b. Email Address: _________________
H2c. Relation: _________________

Additional Contact 2:
H3a. Phone Number: _________________
H3b. Email Address: _________________
H3c. Relation: _________________

Response Cards
Annex 6: Medical Chart Review
Annex 6: Medical Chart Review

A. Administrative Information

A1. Abstraction date: ____/____/____ (yyyy/mm/dd)

A2. Start time: __:___

A3. From where did you obtain this information? ________________

B. Demographic Information

B1. Patient’s Date of Birth: ____/____/____ (yyyy/mm/dd)

B2. Do you have a local [Yancheng/Suzhou] hukou? ______
    □ Yes □ No

    B2a. If yes, specify: ______________________________

B3. Sex:
    □ Male □ Female

B4. Address/place patient is living now: _____________________________

C. Past Medical History

Does the patient have a history of any of the following chronic medical conditions?

D1. Heart attack/myocardial infarction □ Yes □ No □ Not Available

D2. Angina □ Yes □ No □ Not Available

D3. Coronary heart disease/coronary artery disease/atherosclerosis □ Yes □ No □ Not Available

D4. Heart failure or congestive heart failure □ Yes □ No □ Not Available

D5. Other heart or cardiovascular problem, specify □ Yes □ No □ Not Available
    a. Specify other heart or cardiovascular problem: _________

D6. Hypertension □ Yes □ No □ Not Available

D7. Stroke □ Yes □ No □ Not Available
D8. Asthma □Yes □No □Not Available
   a. [IF YES] Does the patient currently have asthma? □Yes □No

D9. Chronic Obstructive Pulmonary Disease (COPD) □Yes □No □Not Available

D10. Emphysema □Yes □No □Not Available

D11. Chronic bronchitis □Yes □No □Not Available

D12. Other chronic lung disease, specify □Yes □No □Not Available
   a. Specify other chronic lung disease: ____________

D13. Use of oxygen at home (O2 therapy) □Yes □No □Not Available

D14. Kidney disease [NOTE: Do NOT include kidney stones, bladder infection, or incontinence] □Yes □No □Not Available
   a. [IF YES TO D14] Is dialysis required? □Yes □No
   b. [IF YES TO D14] Does the patient currently have kidney disease? □Yes □No

D15. Chronic Hepatitis B □Yes □No □Not Available

D16. Chronic Hepatitis C □Yes □No □Not Available

D17. Cirrhosis □Yes □No □Not Available

D18. Other chronic liver disease, specify □Yes □No □Not Available
   a. Specify other liver disease: ____________

D19. Breast cancer □Yes □No □Not Available

D20. Cervical cancer □Yes □No □Not Available

D21. Colorectal cancer □Yes □No □Not Available

D22. Liver cancer □Yes □No □Not Available

D23. Lung cancer □Yes □No □Not Available

D24. Skin cancer □Yes □No □Not Available

D25. Prostate cancer □Yes □No □Not Available

D26. Other cancer, specify □Yes □No □Not Available
a. Specify other cancer: __________

**Programming Note:** If C19-26 = YES then C26a-e below will automatically populate for each type of cancer.

a. Year patient was diagnosed: ____ (yyyy)
b. Year patient last received treatment: ____ (yyyy)
c. [If C26b. Year patient last received treatment is filled in] Month patient last received treatment: (dropdown)
   - o January
   - o February
   - o March
   - o April
   - o May
   - o June
   - o Unknown
   - o July
   - o August
   - o September
   - o October
   - o November
   - o December
   - o Refused
d. Is the patient currently receiving radiation? □ Yes □ No □ Not Available
e. Is the patient currently receiving chemotherapy? □ Yes □ No □ Not Available

D27. Depression or anxiety disorder □ Yes □ No □ Not Available

D28. Diabetes □ Yes □ No □ Not Available
   a. Age of onset: _____
   b. Is the patient taking insulin? □ Yes □ No □ Not Available
c. [IF FEMALE AND AGE OF DIAGNOSIS <45, ASK:] Did the patient ONLY have diabetes while pregnant (gestational diabetes)? □ Yes □ No □ Not Available

D29. Neurologic disorder □ Yes □ No □ Not Available
   a. Epilepsy □ Yes □ No □ Not Available
   b. Any seizure disorder □ Yes □ No □ Not Available
   c. Parkinson’s disease □ Yes □ No □ Not Available

D30. Osteoarthritis □ Yes □ No □ Not Available

D31. Lupus □ Yes □ No □ Not Available

D32. Rheumatoid arthritis □ Yes □ No □ Not Available

D33. Other autoimmune disease, specify □ Yes □ No □ Not Available
   a. Specify other autoimmune disease: __________

D34. Disease of the digestive system (such as the esophagus, stomach, or intestines)
☐ Yes ☐ No ☐ Not Available

D35. Hypothyroidism ☐ Yes ☐ No ☐ Not Available

D36. Skin problems such as eczema ☐ Yes ☐ No ☐ Not Available

D37. Other problem or condition, specify ☐ Yes ☐ No ☐ Not Available
   a. Specify other problem or condition: ___________

D38. Prior hospitalizations within the past 12 months prior to enrollment ☐ Yes ☐ No ☐ Not Available
   a. [IF YES] Were any for a respiratory complaint/illness? ☐ Yes ☐ No ☐ Not Available

D. Closing Administration

N1. Stop time: __:__
Annex 7: Hospital Case Report
Annex 7: Hospital Case Report

A. Administrative Information

A1. Abstraction date: ____/____/____ (yyyy/mm/dd)

A2. Start time: __:__

B. Demographic Information

B1. Patient’s Date of Birth: ____/____/____ (yyyymm/dd)

B2. Do you have a local [Yancheng/Suzhou] hukou?

☐ Yes ☐ No

B2a. If yes, specify: ________________________________

B3. Sex:

☐ Male ☐ Female

B4. Address/place patient is living now: ________________________________

C. History of Present Illness

C1. Chief complaint: ________________________________

C2. What date did symptoms associated with this illness start? ____/__/__ (yyyy/mm/dd)

C3. Date patient first presented to a health care provider for this illness: ____/____/____ (yyyy/mm/dd)

C4. During this illness, did the patient experience any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Fever or felt feverish</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>Chills</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>Sneezing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>Runny nose or congestion</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5.</td>
<td>Worsened shortness of breath or difficulty breathing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6.</td>
<td>Pain with breathing</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
7. Wheezing
8. Sputum/phlegm produced with cough
9. Sore throat
10. Cough
11. Body aches and pains
12. Fatigue
13. Headache
14. Difficulty concentrating
15. Feeling confused
16. Earache
17. Nausea
18. Vomiting
19. Diarrhea
20. Loss of appetite

D. Past Medical History

Does the patient have any of the following chronic medical conditions? Please specify ALL conditions that qualify.

D1. Heart attack/myocardial infarction □ Yes □ No □ Not Available

D2. Angina □ Yes □ No □ Not Available

D3. Coronary heart disease/coronary artery disease/atherosclerosis □ Yes □ No □ Not Available

D4. Heart failure or congestive heart failure □ Yes □ No □ Not Available

D5. Other heart or cardiovascular problem, specify □ Yes □ No □ Not Available
   a. Specify other heart or cardiovascular problem: 

D6. Hypertension □ Yes □ No □ Not Available
D7. Stroke ☐Yes ☐No ☐Not Available
D8. Asthma ☐Yes ☐No ☐Not Available
   a. [IF YES] Does the patient currently have asthma? ☐Yes ☐No
D9. Chronic Obstructive Pulmonary Disease (COPD) ☐Yes ☐No ☐Not Available
D10. Emphysema ☐Yes ☐No ☐Not Available
D11. Chronic bronchitis ☐Yes ☐No ☐Not Available
D12. Other chronic lung disease, specify ☐Yes ☐No ☐Not Available
   a. Specify other chronic lung disease: __________
D13. Use of oxygen at home (O2 therapy) ☐Yes ☐No ☐Not Available
D14. Kidney disease [NOTE: Do NOT include kidney stones, bladder infection, or incontinence] ☐Yes ☐No ☐Not Available
   a. [IF YES TO D14] Is dialysis required? ☐Yes ☐No
   b. [IF YES TO D14] Does the patient currently have kidney disease? ☐Yes ☐No
D15. Chronic Hepatitis B ☐Yes ☐No ☐Not Available
D16. Chronic Hepatitis C ☐Yes ☐No ☐Not Available
D17. Cirrhosis ☐Yes ☐No ☐Not Available
D18. Other chronic liver disease, specify ☐Yes ☐No ☐Not Available
   a. Specify other liver disease: __________
D19. Breast cancer ☐Yes ☐No ☐Not Available
D20. Cervical cancer ☐Yes ☐No ☐Not Available
D21. Colorectal cancer ☐Yes ☐No ☐Not Available
D22. Liver cancer ☐Yes ☐No ☐Not Available
D23. Lung cancer ☐Yes ☐No ☐Not Available
D24. Skin cancer ☐Yes ☐No ☐Not Available
D25. Prostate cancer ☐Yes ☐No ☐Not Available
D26. Other cancer, specify □Yes □ No □ Not Available  
   a. Specify other cancer: __________

Programming Note: If D19-26 = YES then D(19-26)(a-e) will automatically populate for each type of cancer.

f. Year patient was diagnosed: ____ (yyyy) □ Not Available  
g. Year patient last received treatment: ____ (yyyy) □ Not Available  
h. [If b. Year patient last received treatment is filled in] Month patient last received treatment: (dropdown)  
   o January    o July       
   o February  o August  
   o March    o September  
   o April    o October  
   o May      o November  
   o June     o December  
   o Unknown  o Refused   
i. Is the patient currently receiving radiation? □ Yes □ No □ Not Available  
j. Is the patient currently receiving chemotherapy? □ Yes □ No □ Not Available

D27. Depression or anxiety disorder □Yes □ No □ Not Available

D28. Diabetes □Yes □ No □ Not Available  
   a. Age of onset: _____  
   b. Is the patient taking insulin? □Yes □ No □ Not Available  
   c. [IF FEMALE AND AGE OF DIAGNOSIS <45, ASK:] Did the patient ONLY have diabetes while pregnant (gestational diabetes)? □Yes □ No □ Not Available

D29. Neurologic disorder □Yes □ No □ Not Available  
   a. Epilepsy □Yes □ No □ Not Available  
   b. Any seizure disorder □Yes □ No □ Not Available  
   c. Parkinson’s disease □Yes □ No □ Not Available

D30. Osteoarthritis □Yes □ No □ Not Available

D31. Lupus □Yes □ No □ Not Available

D32. Rheumatoid arthritis □Yes □ No □ Not Available

D33. Other autoimmune disease, specify □Yes □ No □ Not Available  
   a. Specify other autoimmune disease: __________
D34. Disease of the digestive system (such as the esophagus, stomach, or intestines)
☐ Yes ☐ No ☐ Not Available

D35. Hypothyroidism ☐ Yes ☐ No ☐ Not Available

D36. Skin problems such as eczema ☐ Yes ☐ No ☐ Not Available

D37. Other problem or condition, specify ☐ Yes ☐ No ☐ Not Available
   a. Specify other problem or condition: __________

D38. Prior hospitalizations within the past 12 months prior to enrollment ☐ Yes ☐ No ☐ Not Available
   a. [IF YES] Were any for a respiratory complaint/illness? ☐ Yes ☐ No ☐ Not Available

E. Vaccination History

E1. Is vaccination history known?
☐ Yes ☐ No ➔ SKIP TO SECTION F

Seasonal Influenza Vaccine

E2. Did the patient receive the seasonal influenza vaccine this year, from October 2015 to February 2016?
☐ Yes ☐ No ☐ Not Available ➔ SKIP TO E9

E3. Date: ____/__/__ (YYYY/MM/DD) ☐ Not Available

E4. Type of influenza vaccination? ☐ Inactivated (injection) ☐ Unknown
   Provide the name, address, phone, and e-mail of this seasonal flu vaccine provider if possible.
   E5. Provider name: ______________ ☐ Not Available
   E6. Provider address: ____________ ☐ Not Available
   E7. Provider phone: _____________ ☐ Not Available
   E8. Provider e-mail: _____________ ☐ Not Available

Seasonal Influenza Vaccine LAST YEAR

E9. Did the patient receive the seasonal influenza vaccine last year, from October 2014 to February 2015?
☐ Yes ☐ No ☐ Not Available ➔ SKIP TO SECTION F

E10. Date: ____/__/__ (YYYY/MM/DD) ☐ Not Available

E11. Type of influenza vaccination? ☐ Inactivated (injection) ☐ Unknown
Provide the name, address, phone, and e-mail of this seasonal flu vaccine provider if possible.

E12. Provider name: ______________ □ Not Available
E13. Provider address: ______________ □ Not Available
E14. Provider phone: ______________ □ Not Available
E15. Provider e-mail: ______________ □ Not Available

F. Treatment Prior to Hospitalization

F1. Did the patient receive outpatient treatment prior to hospitalization (not including the emergency department visit that resulted in hospitalization)?
  □ Yes □ No □ Not Available ➔ SKIP TO NEXT SECTION

F2. [IF YES] Did the patient take any influenza antivirals prior to hospitalization?
  □ Yes □ No □ Not Available
  a. Specify Antiviral:
     □ Oseltamivir
     □ Zanamivir
     □ Peramivir
     □ Amantadine
     □ Rimantadine
     □ Not Available
  b. Route of administration: _______ □ Not Available
  c. Start date: _____/____/____ (yyyy/mm/dd) □ Not Available
  d. End date: _____/____/____ (yyyy/mm/dd) □ Not Available

F3. [IF YES] Did the patient take any antibiotics prior to hospitalization?
  □ Yes □ No □ Not Available
  a. Specify Antibiotic 1: ___________ □ Not Available
  b. Route of administration: _______ □ Not Available
  c. Start date: _____/____/____ (yyyy/mm/dd) □ Not Available
  d. End date: _____/____/____ (yyyy/mm/dd) □ Not Available
  e. Specify Antibiotic 2: ___________ □ Not Available
  f. Route of administration: _______ □ Not Available
  g. Start date: _____/____/____ (yyyy/mm/dd) □ Not Available
  h. End date: _____/____/____ (yyyy/mm/dd) □ Not Available

F4. [IF YES] Did the patient take any statins prior to hospitalization? □ Yes □ No □ Not Available
  a. Specify Statin: ___________ □ Not Available
  b. Route of administration: _______ □ Not Available
  c. Start date: _____/____/____ (yyyy/mm/dd) □ Not Available
  d. End date: _____/____/____ (yyyy/mm/dd) □ Not Available

F5. [IF YES] Did the patient take steroids prior to hospitalization? □ Yes □ No □ Not Available
  a. Specify Steroid: ___________ □ Not Available
  b. Route of administration: _______ □ Not Available
G. Hospital and Admission Information

G1. Hospital Admission Date: ____/____/____ (yyyy/mm/dd)  □ Not Available

G2. Hospital Admission Time: ___:___ hr:min  □ Not Available

G3. Hospital Name: __________  □ Not Available

G4. Was patient admitted from another hospital or another emergency department? [DOES NOT INCLUDE SKILLED NURSING FACILITY (SNF OR SNIF)]  □ Yes  □ No  □ Not Available

a. [IF YES] Admission date (at other hospital): ____/____/____ (yyyy/mm/dd)  □ Not Available

H. Clinical Evaluation and Vital Signs at Triage

H1. Temperature (°C): _____  □ Not Available

H2. Heart rate (beats/min): _____  □ Not Available

H3. Systolic Blood pressure (SBP)/Diastolic Blood Pressure (DBP): ____/____  □ Not Available

H4. Was supplemental oxygen used?
□ Yes  Answer H4a-1 and H4a-2
□ No  Answer H4b

H4a-1. O2 Sat (%) ___  □ Not Available
H4a-2. FiO2 (L) ___  □ Not Available

H4b. Fi02 (% on Room Air) ____  □ Not Available

H5. Weight at hospital admission (kg): _____  □ Not Available

H6. Height at hospital admission (cm): _____  □ Not Available

I. Treatment During Hospitalization

I1. Was patient admitted to ICU? □ Yes  □ No  □ Not Available

a. [IF YES] Date of ICU admission: ____/____/____ (yyyy/mm/dd)  □ Not Available
b. [IF YES] Date of ICU discharge: ____/____/____ (yyyy/mm/dd) ☐ Not Available

12. Did the patient require mechanical ventilation? ☐ Yes ☐ No ☐ Not Available
   a. [IF YES] Date started/intubated: ____/____/____ (yyyy/mm/dd) ☐ Not Available
   b. [IF YES] Date stopped: ____/____/____ (yyyy/mm/dd) ☐ Not Available
   c. [IF NO] Is there a record of oxygen support? ☐ Yes ☐ No ☐ Not Available

13. Did the patient receive medications during hospitalization?
   ☐ Yes ☐ No ☐ Not Available ➔ SKIP TO NEXT SECTION

14. [IF YES] Did the patient take any influenza antivirals during hospitalization?
   ☐ Yes ☐ No ☐ Not Available
   a. Specify Antiviral:
      ☐ Oseltamivir
      ☐ Zanamivir
      ☐ Peramivir
      ☐ Amantadine
      ☐ Rimantadine
      ☐ Not Available
   b. Route of administration: _______ ☐ Not Available
   c. Start date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
   d. End date: ____/____/____ (yyyy/mm/dd) ☐ Not Available

15. [IF YES] Did the patient take any antibiotics during hospitalization?
   ☐ Yes ☐ No ☐ Not Available
   a. Specify Antibiotic 1: _________ ☐ Not Available
   b. Route of administration: _______ ☐ Not Available
   c. Start date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
   d. End date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
   e. Specify Antibiotic 2: _________ ☐ Not Available
   f. Route of administration: _______ ☐ Not Available
   g. Start date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
   h. End date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
   i. Specify Antibiotic 3: _________ ☐ Not Available
   j. Route of administration: _______ ☐ Not Available
   k. Start date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
   l. End date: ____/____/____ (yyyy/mm/dd) ☐ Not Available

16. [IF YES] Did the patient take any statins during hospitalization? ☐ Yes ☐ No ☐ Not Available
   a. Specify Statin: _________ ☐ Not Available
   b. Route of administration: _______ ☐ Not Available
   c. Start date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
   d. End date: ____/____/____ (yyyy/mm/dd) ☐ Not Available

17. [IF YES] Did the patient take steroids during hospitalization? ☐ Yes ☐ No ☐ Not Available
   a. Specify Steroid: _________ ☐ Not Available
   b. Route of administration: _______ ☐ Not Available
   c. Start date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
J. Influenza Testing

J1. Were samples taken for clinical purposes (either combined nasal and throat; nasal only; throat only; nasopharyngeal, BAL, ET [if patient intubated], nasal wash/aspirate, or multiplex samples)?
- Yes, samples taken for clinical purposes
- No samples taken for clinical purposes ➔ SKIP TO NEXT SECTION
- Not Available ➔ SKIP TO NEXT SECTION

[IF CLINICAL SAMPLES COLLECTED,] Provide influenza testing results from clinical samples.
[NOTE: Data on up to 4 influenza testing samples taken for clinical purposes will be collected.]

<table>
<thead>
<tr>
<th>Influenza Testing Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>J2. Test 1:</strong></td>
</tr>
<tr>
<td>☐ Nucleic acid detection/molecular, specify in K2a</td>
</tr>
<tr>
<td>☐ Viral Culture</td>
</tr>
<tr>
<td>☐ Rapid, specify in J2a</td>
</tr>
<tr>
<td>☐ Fluorescent Antibody</td>
</tr>
<tr>
<td>☐ Other test, specify in J2a</td>
</tr>
<tr>
<td>☐ Method Unknown/Note Only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>J3. Specify Px Code:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>J4. Result:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Flu A (not subtyped)</td>
</tr>
<tr>
<td>☐ Flu B</td>
</tr>
<tr>
<td>☐ Flu A &amp; B</td>
</tr>
<tr>
<td>☐ Flu A/B (Not Distinguished)</td>
</tr>
<tr>
<td>☐ 2009 H1N1</td>
</tr>
<tr>
<td>☐ H1, Seasonal</td>
</tr>
<tr>
<td>☐ H1, Unspecified</td>
</tr>
<tr>
<td>☐ H3</td>
</tr>
<tr>
<td>☐ H5</td>
</tr>
<tr>
<td>☐ H7N9</td>
</tr>
<tr>
<td>☐ Flu A, Unsubtypable</td>
</tr>
<tr>
<td>☐ Other, a. specify:</td>
</tr>
</tbody>
</table>

| **J5. Specimen collection date:** |
| ___/___/___ |

| **J6. Testing facility ID:** |
| ______________________ |

| **J7. Specimen ID:** |
| ______________________ |

| **J8. CT value:** |
| ________________ |

| **J9. Quantitative results:** |
| ______________________ |

(Programming Note: If J2. Test 1= Rapid, specify in J2a then only response options in J4 should be Flu A, Flu B, Flu A & B, and Flu A/B (Not Distinguished are available.)

K. Clinical Microbiology Results

K1. Collect all available bacterial and fungal culture test results from tests performed within 72 hours of admission (e.g: culture date, culture time, pathogens identified, site where pathogens identified, etc.) Were tests conducted for clinical purposes?
- Yes.
- No ➔ SKIP TO K2
- Not Available ➔ SKIP TO K2
<table>
<thead>
<tr>
<th>Culture</th>
<th>Site of Culture</th>
<th>All Available Data (including pathogen recovered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Culture 1</td>
<td>Sputum</td>
<td>K1a.i: ______________________</td>
</tr>
<tr>
<td></td>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CSF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pleural fluid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other normally sterile site, specify:____________________</td>
<td>□ Not Available ➔ SKIP TO K2</td>
</tr>
<tr>
<td>b. Culture 2</td>
<td>Sputum</td>
<td>K1b.i:______________________</td>
</tr>
<tr>
<td></td>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CSF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pleural fluid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other normally sterile site, specify:____________________</td>
<td>□ Not Available ➔ SKIP TO K2</td>
</tr>
<tr>
<td>c. Culture 3</td>
<td>Sputum</td>
<td>K1c.i: ______________________</td>
</tr>
<tr>
<td></td>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CSF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pleural fluid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other normally sterile site, specify:____________________</td>
<td>□ Not Available ➔ SKIP TO K2</td>
</tr>
</tbody>
</table>

K2. Collect all available virology test results from tests performed within 72 hours of admission (e.g.: viral pathogen [RSV, adenovirus, parainfluenza, human metapneumovirus, rhinovirus, coronavirus, cytomegalovirus, enterovirus, etc.], CT value, test result, date of test). Were virology tests conducted?

□ Yes.

□ No ➔ SKIP TO NEXT SECTION

□ Not Available ➔ SKIP TO NEXT SECTION

<table>
<thead>
<tr>
<th>Viral Pathogens</th>
<th>All Available Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. All available data on Pathogen 1</td>
<td>□ Not Available ➔ SKIP TO NEXT SECTION</td>
</tr>
<tr>
<td>b. All available data on Pathogen 2</td>
<td>□ Not Available ➔ SKIP TO NEXT SECTION</td>
</tr>
<tr>
<td>c. All available data on Pathogen 3</td>
<td>□ Not Available ➔ SKIP TO NEXT SECTION</td>
</tr>
</tbody>
</table>
d. All available data on Pathogen 4
   □ Not Available ➔ SKIP TO NEXT SECTION

e. All available data on Pathogen 5
   □ Not Available ➔ SKIP TO NEXT SECTION

L. Chest Radiography

<table>
<thead>
<tr>
<th>Chest Radiograph – Based on radiology report only</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1. Was a chest x-ray taken within 48 hours of admission?</td>
</tr>
<tr>
<td>L2. Were any of these chest x-rays abnormal?</td>
</tr>
<tr>
<td>L3. Date of first abnormal chest x-ray:</td>
</tr>
<tr>
<td>L4. For first abnormal chest x-ray, please check all that apply:</td>
</tr>
<tr>
<td>a. □ Report not available</td>
</tr>
<tr>
<td>d. □ Air space density/opacity</td>
</tr>
<tr>
<td>g. □ Bronchopneumonia/pneumonia</td>
</tr>
<tr>
<td>j. □ Cannot rule out pneumonia</td>
</tr>
<tr>
<td>L5. Please specify location for bronchopneumonia/pneumonia/consolidation/infiltrate:</td>
</tr>
<tr>
<td>□ Single lobar</td>
</tr>
</tbody>
</table>

L6. Was this confirmed by a radiologist? □ Yes □ No □ Unknown

M. Patient Discharge

M1. Outcome:
   □ Survived ➔ CONTINUE TO M2
   □ Died ➔ SKIP TO M6
   □ Unknown ➔ CONTINUE TO M2

M2. Location Discharged to:
   □ Home
   □ Nursing home
   □ Rehabilitation facility
   □ Home with home health services
☐ Hospice/Home hospice
☐ Another Hospital
☐ Other, specify a. SPECIFY: __________
☐ Still in hospital (not discharged)
☐ Data not available

M3. Hospital Discharge Date: ___/___/____ (yyyy/mm/dd)  ☐ Not Available


M5. Discharge diagnoses ([ICD-9/ICD-10] code) in order of appearance:

1. ____________ 2. ____________ 3. ____________ 4. ____________
5. ____________ 6. ____________ 7. ____________ 8. ____________
9. ____________ 10. ____________ 11. ____________ 12. ____________
13. ____________ 14. ____________ 15. ____________ 16. ____________
17. ____________ 18. ____________ 19. ____________ 20. ____________

M5a. If no ICD-9/ICD-10 codes, please write in principal then secondary discharge diagnoses.

Principal Discharge Diagnosis:

Secondary Discharge Diagnosis:

M6. If patient died during hospital stay: Date of death: ___/___/____ (yyyy/mm/dd)  ☐ Not Available

N. Closing Administration

N1. Stop time: __:__
Annex 8: Symptom Screening Log
Annex 8: Symptom Screening Log

A. Initial Administration

A1. Date: ____/____/____ (yyyy/mm/dd)

A2. Interviewer Name: ________________

A2a. Interviewer Code: __ __ __

A3. Enrollment City:
   □ Suzhou
   □ Yancheng

A4. Method information was gathered (check all that apply)
   □ Staff telephone call to participant
   □ Participant call to staff
   □ Face-to-face communication
   □ Other, please specify: ____________________________

A5. Is this form being completed directly following Active Surveillance with the same person giving information?
   □ No
   □ Yes

Introduction

A6. Hello, can I speak to [Participant Name]?
   □ Yes, participant is available ➔ SKIP TO B
   □ No, participant is not available and study staff should call participant back ➔ MAKE NOTE OF DATE TO CALL PARTICIPANT BACK IN YOUR CALENDAR
   □ No, participant is not available but family member is able to answer on the participant’s behalf

A6a. What is your relation to participant? __ __ __

A6b. Do you see participant every day?
   □ No
   □ Yes
B. **Symptom Screening Log**

B1. When did you start feeling sick?

_____/_____/_______ (year / month / day)

B1_calc. Days since onset: __________ (CALCULATED FIELD)

B2. Which of the following new symptoms have you had since then?

- [ ] Fever
  - B2a. Fever, specify:  
    - [ ] Subjective feverishness
    - [ ] Chills
    - [ ] Elevated measured temperature ≥37.8°C
  - [ ] Runny nose
  - [ ] Worsened shortness of breath
  - [ ] Sore throat
  - [ ] Cough
  - [ ] Body or muscle aches and pain
  - [ ] Headache

INTERVIEWER NOTE: Only acute or new symptoms should be recorded. For example, cough is intended to be a new onset cough and not a chronic cough that is not associated with acute illness. For patients with a chronic cough, cough would be recorded only if subjects had an acute worsening of their chronic cough.

PROGRAMMING NOTE: Survey will automatically calculate the following 4 possibilities…

- If illness onset is within 7 days and at least 2 symptom identified, go to B3
- If at least 2 symptoms are identified but illness onset is greater than 7 days, go to B4
- If illness onset is within 7 days but only 1 or none of the symptoms exist, say: “We are looking for illnesses with at least 2 of the symptoms of the list I read. Please call me if you start feeling sick with any of these symptoms. I will plan to give you a call tomorrow or the next day to see how you are feeling.”
- If no symptom was identified and illness onset is greater than 7 days, say: “We are specifically looking for illnesses with the types of symptoms I read and need to identify the illness within a week. Please call our office if you start to feel sick with any of these symptoms.”

B3. INTERVIEWER: Was a date and time set for home visit?
   □ No  ➔ Go to B3a   □ Yes  ➔ Go to B4

B3a. Was plan made to contact participant later today or tomorrow to confirm home visit?
   □ No  ➔ Note: Contact supervisor regarding next steps.
   □ Yes  ➔ Go to B4

B4. As of today, are you still feeling sick?
   □ No  ➔ Go to B4a   □ Yes

B4a. Date illness ended: _____/_____/_______ (year / month / day)

B4b. Note: Complete or schedule Acute Illness Survey (if within 9 days of illness onset) or Illness Follow-up Survey (if 10 or more days since illness onset)
Annex 9: Acute Illness Interview
Annex 9: Acute Illness Interview

A. **Initial Administration**

A1. Date: ____/____/____ (yyyymm/dd)

A2. Interviewer Name: ________________

   A2a. Interviewer Code: __ __ __

A3. Enrollment City:
   - [ ] Suzhou
   - [ ] Yancheng

A4. Method information was gathered (check all that apply)
   - [ ] Telephone
   - [ ] Face-to-face communication
   - [ ] Other, please specify: _____________________________

A5. Date of illness onset (from Symptom Screening Log data)

   A5_calc. Days since illness onset: ____________
   [Calculated Field]

Hello, << Participant >>. My name is __________________ and I am [calling/here] from the XXX study being conducted by [study site] to talk to you about your new illness. You enrolled in our study around [month and year enrolled], and I just have a few questions for you now. This [call/meeting] should take less than 10 minutes. Is this a good time to talk?

**IF PARTICIPANT IS UNSURE ABOUT WHY YOU ARE CALLING:**

SAY: I am [calling/here] to ask you questions about your illness for a research study you enrolled in, beginning in [month and year enrolled]. The study is researching influenza illness in adults over age 60 in [study area].

**IF PARTICIPANT INDICATES THIS IS NOT A GOOD TIME TO TALK:**

SAY: Thank you. Is there a better time to [call/come] back?

[IF YES] Record date and time in study tracking system. Thank the participant, remind the participant that they can opt out of this study at any time and say you will [call/come] back at the scheduled time.

[IF NO] Thank the participant and offer to call back at a later date. End the [call/meeting].

**IF PARTICIPANT INDICATES THIS IS A GOOD TIME TO TALK, PROCEED:**
SAY: Thank you. As a reminder, you can opt out of this study at any time or refuse to answer any questions.

GO TO QUESTION B1.

B. **Illness Background**

B1. As of today, are you still feeling sick?
   
   □ No → B1a
   □ Yes → B2

   B1a. Date illness ended: ___/___/____ (YYYY/MM/DD)

   [Programming note: The acute illness interview will accommodate reporting up to 9 days since illness onset. After 9 days, the follow-up interview is the more appropriate way to capture illness history.]

B2. Did anyone else in your household have a similar illness in the 7 days before your illness began?

   □ No □ Yes → B2a

   B2a. How many household members have had a similar illness in the 7 days before your illness began?

      □ 1
      □ 2
      □ 3
      □ 4
      □ 5 or more

   B2b. What is/are the age(s) of household member(s) who had a similar illness?

   [Programming note: Up to 5 household member options will be presented depending on the answer to B2a. If there are more than 5 sick household members, interviewer should record the ages of the youngest members.]

      Age household member 1: __ __ (years)
      Age household member 2: __ __ (years)
      Age household member 3: __ __ (years)
      Age household member 4: __ __ (years)
      Age household member 5: __ __ (years)
C. **Symptoms and Severity**

Interviewer: “Next, I am going to ask if you have had any of the following symptoms in the last 24 hours. If you have, I will ask how severe the symptom has been. Have you had…?” (Show Response Card C1-20)

<table>
<thead>
<tr>
<th>Symptom present?</th>
<th>How would you describe this symptom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No = 0</td>
<td>Yes = 1</td>
</tr>
<tr>
<td>Mild = 1</td>
<td>Moderate = 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever or felt feverish</td>
<td>C1.</td>
<td></td>
</tr>
<tr>
<td>Chills</td>
<td>C2.</td>
<td></td>
</tr>
<tr>
<td>Sneezing</td>
<td>C3.</td>
<td></td>
</tr>
<tr>
<td>Runny nose or congestion</td>
<td>C4.</td>
<td></td>
</tr>
<tr>
<td>Worsened shortness of breath or difficulty breathing</td>
<td>C5.</td>
<td></td>
</tr>
<tr>
<td>Pain with breathing</td>
<td>C6.</td>
<td></td>
</tr>
<tr>
<td>Wheezing</td>
<td>C7.</td>
<td></td>
</tr>
<tr>
<td>Sputum/phlegm produced with cough</td>
<td>C8.</td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td>C9.</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>C10.</td>
<td></td>
</tr>
<tr>
<td>Body aches and pains</td>
<td>C11.</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>C12.</td>
<td></td>
</tr>
</tbody>
</table>

(Show Response Card C1-20)
### Acute Illness Interview

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Checklist</th>
<th>Severity Checkboxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>C13</td>
<td>C13a.</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>C14</td>
<td>C14a.</td>
</tr>
<tr>
<td>Feeling Confused</td>
<td>C15</td>
<td>C15a.</td>
</tr>
<tr>
<td>Earache</td>
<td>C16</td>
<td>C16a.</td>
</tr>
<tr>
<td>Nausea</td>
<td>C17</td>
<td>C17a.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>C18</td>
<td>C18a.</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>C19</td>
<td>C19a.</td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>C20</td>
<td>C20a.</td>
</tr>
</tbody>
</table>

**[Programming note: Severity check boxes only appear when a symptom is noted as present.]**

C21. Say: “Since illnesses sometimes affect memory. I am going to name 3 things. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.”

Say: [slowly at 1-second intervals]: “Ball, car, man”

C21a. Say: “Please repeat the 3 words.”

**INTERVIEWER:** Did the older adult correctly repeat the 3 words?

- Yes \(\Rightarrow\) C22
- No \(\Rightarrow\) C21b

C21b. Say: “Let’s try again. The words are: Ball, car, man”. Then say: “Please repeat the 3 words.”

**INTERVIEWER:** Did the older adult correctly repeat the 3 words?

- Yes \(\Rightarrow\) C22
No $\rightarrow$ C21c

C21c. Say: “Let’s try one more time. The words are: Ball, car, man”. Then say: “Please repeat the 3 words.”

INTERVIEWER: Did the older adult correctly repeat the 3 words?
☐ Yes
☐ No

C22. [IF C1 (fever) = 1, continue; otherwise go to C22] When you felt feverish, did you take your temperature using a thermometer?
☐ No $\rightarrow$ C22b  ☐ Yes $\rightarrow$ C22a

C22a. What is the highest temperature you recorded for this illness?

___ ___ . ___ Celsius $\rightarrow$ continue to C22b
☐ Unknown $\rightarrow$ continue to C22b

C22b. Have you taken an anti-fever medication like aspirin or propanol?
☐ No  ☐ Yes

C23. To help you describe how you are feeling today, I have this scale [SHOW RESPONSE CARD C23], which is like a thermometer. The best health state you can imagine is marked 100 at the top and the worst health state you can imagine is 0 at the bottom. Please draw line on this scale to indicate where on this scale from 0 to 100 your health is today. 62 [GIVE PARTICIPANT RESPONSE CARD C23 AND PENCIL]

INTERVIEWER RECORD NUMBER: __ __ __

D. Medical Care

D1. Have you had a medical visit with a doctor or other medical professional for this illness?
☐ No  ☐ Yes $\rightarrow$ D1a

---

62 This visual analogue scale (VAS) is adapted from the EQ-5D VAS.
D1a.  Where did you go to receive medical care? [INTERVIEWER: Code open ended answer]

☐ Outpatient medical clinic or office
☐ Emergency room
☐ Hospitalized   Complete D1b
☐ Other, please specify: ________________________

D1b.  Hospital Name:

____________________________

Admission Date: ____/____/______
(yyyy / mm / dd)

Discharge Date: ____/____/______
(yyyy / mm / dd)

D2.  Have you taken a prescription medicine, like an antibiotic or antiviral medication, for this illness?

☐ No       ☐ Yes   D2a

D2a.  What prescription medications have you taken? [INTERVIEWER: Code open ended answer]

☐ Antibiotic
☐ Antiviral (Oseltamivir)
☐ Other prescription medication you have taken for this illness, specify:

____________________________

☐ Non-prescription or over-the-counter medication

D3.  Say: “Do you remember those 3 words you repeated earlier? Can you repeat them now?”

INTERVIEWER: How many words did the older adult recall correctly?

☐ 0
☐ 1
E. DAILY ACTIVITIES

E1. Next I am going to ask about how your illness has affected your life and activities. This is a scale [SHOW RESPONSE CARD E1] from 0 to 100% where 100% means you were able to do all your activities and responsibilities as you would normally and 0% means you were unable to do any of your activities or responsibilities. What percentage of your activities have you been able to do while you have been sick?

INTERVIEWER RECORD NUMBER: ___ ___ ___
(0% = No activities; 100% = All activities)

E2. While you have been sick, on how many days have you had to stay in bed for at least half the day?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

F. Closing Administration

SAY: “Thank you for your time. I hope you feel better soon. We will call to check on how you are feeling in the next few days.”

Interviewer to Complete without Asking Participant

F1 INTERVIEWER: Can the participant complete the daily symptom diary?

☐ No ➔ F2  ☐ Yes ➔ F3

F2. INTERVIEWER: Why can the participant not complete the daily symptom diary?

☐ Visually impaired
Unable to use hands
Unable to understand instructions
Refused because too ill
Refused for other reason: _____________________
Other, specify: _____________________

Demonstrate Symptom Diary.
Note: Scroll up to Section C to see symptoms selected and their severity to illustrate how to complete today’s symptom diary.

F3. INTERVIEWER: Did you complete instructions of how to complete daily diary, illustrate with today’s symptoms, and leave a packet with the day and dates entered?

☐ No → F3b  ☐ Yes → F3a

F3a. INTERVIEWER: In your opinion, how well did the older adult understand the symptom diary instructions?

☐ Excellent understanding
☐ Very good understanding → F3b
☐ Good understanding → F3b
☐ Somewhat poor understanding → F3b
☐ Very poor understanding → F3b

F3b. Specify any comments or concerns:
______________________________

[Note to Interviewer: Please complete the following questions about your interaction with the participant.]

F4. INTERVIEWER: Have you met with or interviewed this participant before?

☐ Yes → F4a
☐ No → F5

F4a. INTERVIEWER: Is there evidence of an acute change in mental status from the patient’s baseline?63

63 CAM Confusion Assessment Method Delirium Screen
F5. INTERVIEWER: Did the participant have difficulty focusing attention (for example, being easily distractible or having difficulty keeping track of what was being said)?

☐ Yes
☐ No
☐ Uncertain
☐ Not applicable

F5a. INTERVIEWER: Did this behavior fluctuate during the interview (that is, tend to come and go or increase and decrease in severity)?

☐ Yes
☐ No
☐ Uncertain
☐ Not applicable

F5b. INTERVIEWER: [If present or abnormal] Please describe this behavior:

______________________________________________________

F6. INTERVIEWER: Was the participant’s thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable, switching from subject to subject?

☐ Yes
☐ No
☐ Uncertain
☐ Not applicable

F7. INTERVIEWER: Overall, how would you rate this patient’s level of consciousness?

☐ Alert (normal)
☐ Vigilant (hyperalert, overly sensitive to environmental stimuli, startled very easily)
☐ Lethargic (drowsy, not easily aroused)
Stupor (difficult to arouse) → [INTERVIEWER: Consult with your supervisor or study coordinator if you have questions about how to address this symptom or any other possible medical needs of the participant.]
Coma (unarousable) → [INTERVIEWER: Consult with your supervisor or study coordinator if you have questions about how to address this symptom or any other possible medical needs of the participant.]
Uncertain

REFERENCE POP-UP FOR INTERVIEWERS

<table>
<thead>
<tr>
<th>Lethargic</th>
<th>Example: If someone is lethargic, the person is basically awake and talking, but zoning out. You may need to repeat a question several times before the participant answers. In general the interview would be slow-going and difficult, but may be doable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stupor</td>
<td>Example: If someone is in a state of stupor it is more difficult to arouse than someone who is lethargic. You wouldn’t really be able to get the participant to answer anything without shaking them, snapping fingers in their face, etc.</td>
</tr>
</tbody>
</table>

F8. Did you observe the symptoms that the participant reported?

☐ Yes
☐ No

Response Cards

Response Card C1-20: List of Symptoms
Response Card C23: Thermometer Health Scale
Response Card E1: Activities and Responsibilities Scale
Annex 10: Illness Follow-up Interview
Annex 10: Illness Follow-up Interview

A. Initial Administration (to be completed prior to interview)

A1. Date: ____/____/____ (yyyy/mm/dd)

A2. Interviewer Name: _______________

A3. Interviewer Code: __ __ __

A4. Did the participant complete the acute illness survey?
   □ No ➔ Go to A4a    □ Yes ➔ Go to A4b

   [Programming note: Participant who confirmed an illness end date as part of the acute illness survey will not be prompted to complete this follow-up since all relevant information is completed.]

A4a. What is the date of illness onset?
   _____/_____/_______ (year / month / day) ➔ Go to A5

A4b. What was the date of the acute illness survey?
   _____/_____/_______ (year / month / day)

A4c. Which of the following symptoms did the participant report in the acute illness survey?

   [Programming note: If survey automatically populates this from prior report, it will not be necessary to complete this verification.]

   A4c1. Fever or felt feverish  □
   A4c2. Chills  □
   A4c3. Sneezing  □
   A4c4. Runny nose or congestion  □
   A4c5. Worsened shortness of breath or difficulty breathing  □
A4c6. Pain with breathing  
A4c7. Wheezing  
A4c8. Sputum/phlegm produced with cough  
A4c9. Sore throat  
A4c10. Cough  
A4c11. Body aches and pains  
A4c12. Fatigue  
A4c13. Headache  
A4c14. Difficulty concentrating  
A4c15. Feeling confused  
A4c16. Earache  
A4c17. Nausea  
A4c18. Vomiting  
A4c19. Diarrhea  
A4c20. Loss of appetite

A5. Method information was gathered (check all that apply)  

☐ Telephone  
☐ Face-to-face communication  
☐ Other, please specify: ________________________________

A6. Has the participant already confirmed the illness has ended in a previous communication?  

☐ No  ➔ Read script, then Go to B1 for Start  
☐ Yes  ➔ Read script, then Go to B2 after saying: “We were glad to hear that you are no longer feeling sick.”
Hello, << Participant>>. My name is ___________________ and I am [calling/here] from the XXX study being conducted by [study site] to talk to you about your recent illness. You enrolled in our study around [month and year enrolled], and I just have a few follow-up questions for you now. This [call/meeting] should take less than 10 minutes. Is this a good time to talk?

IF PARTICIPANT IS UNSURE ABOUT WHY YOU ARE CALLING:
SAY: I am [calling/here] to ask you follow-up questions about your illness for a research study you enrolled in, beginning in [month and year enrolled]. The study is researching influenza illness in adults over age 60 in [study area].

IF PARTICIPANT INDICATES THIS IS NOT A GOOD TIME TO TALK:
SAY: Thank you. Is there a better time to [call/come] back?
[IF YES] Record date and time in study tracking system. Thank the participant, remind the participant that they can opt out of this study at any time and say you will [call/come] back at the scheduled time.
[IF NO] Thank the participant and offer to call back at a later date. End the [call/meeting].

IF PARTICIPANT INDICATES THIS IS A GOOD TIME TO TALK, PROCEED:
SAY: Thank you. As a reminder, you can opt out of this study at any time or refuse to answer any questions.

B. Illness Resolution

B1. We would like to know if you’ve recovered from your illness. Do you still feel sick?

☐ No  ➔ Go to B2
☐ Yes  ➔ Go to C1 after saying: “I’m sorry that you are still feeling sick. I would like to ask you a few questions about how you have been feeling.”

B2. What was the last date that you were sick?

_____/_____/'_______ (year / month / day)
C. **Symptoms and Severity**

C1. [IF A4=Yes, participant completed acute illness survey] During the interview you completed when you first got sick, you said you had the following symptoms. For each, please tell me how bad or severe the symptom was when you were most ill.

*Programming note: Survey will only list symptoms previously reported as listed in Section A.*

**How would you describe this symptom when you were most ill?**

<table>
<thead>
<tr>
<th>Mild = 1</th>
<th>Moderate = 2</th>
<th>Severe = 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever or felt feverish</td>
<td>C1a.</td>
<td></td>
</tr>
<tr>
<td>Chills</td>
<td>C1b.</td>
<td></td>
</tr>
<tr>
<td>Sneeze</td>
<td>C1c.</td>
<td></td>
</tr>
<tr>
<td>Runny nose or congestion</td>
<td>C1d.</td>
<td></td>
</tr>
<tr>
<td>Worsened shortness of breath or difficulty breathing</td>
<td>C1e.</td>
<td></td>
</tr>
<tr>
<td>Pain with breathing</td>
<td>C1f.</td>
<td></td>
</tr>
<tr>
<td>Wheezing</td>
<td>C1g.</td>
<td></td>
</tr>
<tr>
<td>Sputum/phlegm produced with cough</td>
<td>C1h.</td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td>C1i.</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>C1j.</td>
<td></td>
</tr>
<tr>
<td>Body aches and pains</td>
<td>C1k.</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>C1l.</td>
<td></td>
</tr>
</tbody>
</table>
C2. Did you have any of the following symptoms at any point during your illness? If so, I will ask how severe the symptom was.

*Programming note: Survey will only present symptoms not previously reported or listed in C1 for participants who completed acute illness survey.*

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Symptom present?</th>
<th>How would you describe this symptom?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No = 0</td>
<td>Yes = 1</td>
</tr>
<tr>
<td>Headache</td>
<td>C1m.</td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>C1n.</td>
<td></td>
</tr>
<tr>
<td>Feeling confused</td>
<td>C1o.</td>
<td></td>
</tr>
<tr>
<td>Earache</td>
<td>C1p.</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>C1q.</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>C1r.</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>C1s.</td>
<td></td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>C1t.</td>
<td></td>
</tr>
<tr>
<td>Fever or felt feverish</td>
<td>C2a.</td>
<td></td>
</tr>
<tr>
<td>Chills</td>
<td>C2b.</td>
<td></td>
</tr>
<tr>
<td>Sneezing</td>
<td>C2c.</td>
<td></td>
</tr>
<tr>
<td>Runny nose or congestion</td>
<td>C2d.</td>
<td></td>
</tr>
<tr>
<td>Worsened shortness of breath or difficulty breathing</td>
<td>C2e.</td>
<td></td>
</tr>
<tr>
<td>Symptom</td>
<td>Code 1</td>
<td>Code 2</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Pain with breathing</td>
<td>C2f</td>
<td></td>
</tr>
<tr>
<td>Wheezing</td>
<td>C2g</td>
<td></td>
</tr>
<tr>
<td>Sputum/phlegm produced with cough</td>
<td>C2h</td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td>C2i</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>C2j</td>
<td></td>
</tr>
<tr>
<td>Body aches and pains</td>
<td>C2k</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>C2l</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>C2m</td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>C2n</td>
<td></td>
</tr>
<tr>
<td>Feeling confused</td>
<td>C2o</td>
<td></td>
</tr>
<tr>
<td>Earache</td>
<td>C2p</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>C2q</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>C2r</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>C2s</td>
<td></td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>C2t</td>
<td></td>
</tr>
</tbody>
</table>

C3. [IF A4c1 OR C2a (feverish) = 1, continue; otherwise go to C4] When you felt feverish, did you take your temperature using a thermometer?

☐ No ➔ C3b ☐ Yes ➔ C3a

C3a. What is the highest temperature you recorded for this illness?

___ ___ . ___ Celsius ➔ continue to C3b

☐ Unknown
C3b. Have you taken an anti-fever medication like aspirin or paracetamol?

☐ No ☐ Yes

C4. To help you describe how you are feeling today, I have a scale, which is like a thermometer. The best health state you can imagine is marked 100 at the top and the worst health state you can imagine is 0 at the bottom. What is the number of this scale that indicates where on this scale from 0 to 100 your health is today?  

[NOTE: Scale can be given and a line can be drawn if interview is administered in person.]

INTERVIEWER RECORD NUMBER: __ __ __

D. Medical Care

D1. Did you have a medical visit with a doctor or other medical professional for this illness?

☐ No → D2 ☐ Yes → D1a

D1a. Where did you go to receive medical care? [INTERVIEWER: Code open ended answer; code all that apply]

☐ Outpatient medical clinic or office
☐ Emergency room
☐ Hospitalized → Complete D1b
☐ Other, please specify: ____________________

D1b. Hospital Name: _________________________

Admission Date: _____/_____/_______ (yyyy/mm/dd)

Discharge Date: _____/_____/_______ (yyyy/mm/dd)

D2. Did you take a prescription medicine, like an antibiotic or antiviral medication, for this illness?

☐ No ☐ Yes → D2a

---

64 This visual analogue scale (VAS) is adapted from the EQ-5D VAS.
D2a. What prescription medications have you taken? [INTERVIEWER: Code open ended answer; code all that apply]

- □ Antibiotic
- □ Antiviral (Oseltamivir)
- □ Other prescription medication taken for this illness, specify: ____________________________
- □ Non-prescription or over-the-counter medication

E. **DAILY ACTIVITIES**

E1. Next I am going to ask about how your illness has affected your life and activities. I want you to think about a scale from 0 to 100% where 100% means you were able to do all your activities and responsibilities as you would normally and 0% means you were unable to do any of your activities or responsibilities. What percentage of your activities have you been able to do while you were sick?

[NOTE: Show illustration of scale if administered in person.]

INTERVIEWER RECORD NUMBER: __ __ __
(0%=No activities; 100%=All activities)

E2. While you were sick, on how many days have you had to stay in bed for at least half the day?

- □ 0
- □ 1
- □ 2
- □ 3
- □ 4
- □ 5
- □ 6
- □ 7
- □ 8
- □ 9
- □ 10 or more

F. **Closing Administration**

F1. Noted by interviewer: Did the participant’s illness end prior to the date of this interview?

- □ No → F1a
- □ Yes → F1b
F1a: READ: “Thank you for your time. I hope you feel better soon. It is important for the study for us to know the number of days you felt ill. So, I will call you every three days to check to see when you no longer feel ill.”

F1b: READ: “Thank you for your time. I am glad you’re feeling better. Within a week you will start getting phone calls from the study again to check on whether you come down with any new illnesses.”
Annex 11: Symptom Diary
Annex 11: Symptom Diary

NOTE: The following page is an illustration of the symptom diary which will be professionally formatted and translated into Chinese. Study staff will fill in the day of the week and date for all the diary pages prior to leaving the packet with the participant. Study staff will also complete the diary page for the day of the interview as part of instructing the participant how to complete the diary. The variable names are not included in this illustration, but data will be entered to record occurrence and severity of each symptom separately.

| Day: _ _ _ _ _ _ | Date: _ _ _ _ / _ _ / _ _ | ID: _ _ |

What time did you record this? _ _:_ _

What was your highest temperature today? _ ___ °C

<table>
<thead>
<tr>
<th>Did you have this symptom today?</th>
<th>If so, how severe was it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever or felt feverish</td>
<td>No</td>
</tr>
<tr>
<td>Runny nose or congestion</td>
<td>No</td>
</tr>
<tr>
<td>Sneezing</td>
<td>No</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>No</td>
</tr>
<tr>
<td>Sore throat</td>
<td>No</td>
</tr>
<tr>
<td>Cough</td>
<td>No</td>
</tr>
<tr>
<td>Painful to breathe</td>
<td>No</td>
</tr>
<tr>
<td>Body aches and pains</td>
<td>No</td>
</tr>
<tr>
<td>Felt confused or had difficulty concentrating</td>
<td>No</td>
</tr>
<tr>
<td>Headache</td>
<td>No</td>
</tr>
<tr>
<td>Poor appetite</td>
<td>No</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>No</td>
</tr>
</tbody>
</table>
Annex 12: Death Record
Annex 12: Death Record

A. Administration Information

A1. Please verify the following information

☐ Confirmed

Whole name: [automatically populated]
DOB: [automatically populated]
Sex: [automatically populated]
MRN (if applicable): [automatically populated]

A2. Interviewer/abstracter name ________________

A3. Interviewer/abstracter code: ________________

A4. Date of form completion ___/___/____ (yyyy/mm/dd)

B. General Information

B1. Has coordinator confirmed death form should be completed?

☐ Yes → Continue to B2
☐ No → End form

B2. Are there indications that the older adult has died?

☐ Yes → Go to B3
☐ No → End form

B3. Source(s) of report:

☐ Attempt to follow up with participant
☐ Other discussion with family member
☐ Death certificate
☐ Hospital record
☐ Other, specify: __________________________ → Go to Section D

Go to Section C
Skip to Section D

C. Family Member Report

Hello, my name is [interviewer name]. Is this [family member name]?
I am calling to speak to you about [participant name]; I am so sorry to hear that [participant name] has died.

[Participant name] was participating in a research study with us about influenza infection in older adults. We will remove [participant name] from the study so that you will not be contacted again. Before we do that, we would like to help other older adults by learning a little more about what happened to [participant name]. Would you be willing to answer a few short questions about what happened? These questions will take about 5 minutes, and your answers will help our study understand and improve the health of older adults.

[INTERVIEWER: If family member refuses, say “Thank you for your time, and again, I am so sorry for your loss.” Go to Withdrawal Form.]

If family member is willing to continue, go to C1.

C1. What is your relationship to [participant name]?

☐ Spouse
☐ Son (including son in-law)
☐ Daughter (including daughter in-law)
☐ Grandson
☐ Granddaughter
☐ Cousin
☐ Other family member
☐ Other non-family member
☐ Other not listed above, specify: ____________________


☐ Home/community
☐ Clinic or health center
☐ Emergency room
☐ Other outpatient facility
☐ Study hospital
☐ Other hospital
☐ Other inpatient facility
☐ Other, specify: ____________________
☐ Unknown
☐ Refused

C3. When did [participant name] die? ____________________ (YYYY/MM/DD)

☐ Unknown
C4. Was [participant name] ill leading up to his/her death?

☐ Yes → Go to C4a
☐ No
☐ Unknown
☐ Refused

Skip to C5

C4a. How long was [participant name] ill prior to death?

_________________________ days

☐ Unknown

C4b. Was [participant name] hospitalized for the illness leading up to his/her death?

☐ Yes
☐ No
☐ Unknown
☐ Refused

C5. What caused [participant name]’s death?

Cause of death 1: ___________________ ☐ Unknown ☐ Refused
Cause of death 2: ___________________ ☐ Unknown ☐ Refused
Cause of death 3: ___________________ ☐ Unknown ☐ Refused
Cause of death 4: ___________________ ☐ Unknown ☐ Refused
Cause of death 5: ___________________ ☐ Unknown ☐ Refused

Thank you for answering these questions. I am so sorry for your loss. We will remove [participant name] from the study so that you will not be contacted again.

[Note: Remember to remove participant and family member(s) from any subsequent follow-up appointments or reminders and fill out Withdrawal Form upon learning of the older adult’s death.]
D. Official or Other Report

[NOTE: All information in this section will be extracted. There are no interview questions in this section. All dates recorded as yyyy/mm/dd. All times recorded as xx:xx in 24 hour format.]

D1. Date of death: ____/____/____ (yyyy/mm/dd)  □ Not recorded

D2. Time of death: ____:____ (24 hour format)  □ Not recorded

D3. Where did participant die?

□ Home/community → Skip to D4

□ Clinic or health center
□ Emergency room
□ Other outpatient facility
□ Study hospital
□ Other hospital
□ Other inpatient facility
□ Other, specify: ____________________  □ Not recorded  → Go to D3a

D3a. Specify name of facility where participant died:

__________________________  □ Not recorded  → Skip to D4

D4. Nature of death:

□ Natural
□ Accident
□ Homicide
□ Undetermined
□ Pending investigation
□ Not recorded

D5. Cause of death

Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT record terminal events such as cardiac arrest, respiratory arrest, or shock without showing the underlying causes. Do not abbreviate.

(Due to or as a consequence of:)

International Influenza CARES
Annex 12: Death Record
<table>
<thead>
<tr>
<th>IMMEDIATE CAUSE</th>
<th>D5a. ____________________________________________________</th>
</tr>
</thead>
</table>
| (Final disease or condition resulting in death) | (Due to or as a consequence of:)
| | D5b. ____________________________________________________ |
| | (Due to or as a consequence of:)
| | D5c. ____________________________________________________ |
| | (Due to or as a consequence of:)
| | D5d. ____________________________________________________ |

D6. List any other significant conditions contributing to death but not resulting in the underlying cause given above:

______________________________________________

☐ Not recorded

D7. Was an autopsy performed?

☐ Yes  ➔  Go to D7a
☐ No

☐ Not recorded  ➔  Go to D8

D7a. Were autopsy results available prior to completion of Cause of Death?

☐ Yes
☐ No
☐ Not recorded
D8. Physician who pronounced death: ________________________________

☐ Not recorded

D9. Date pronounced dead: ____/____/____ (yyyy/mm/dd)  ☐ Not recorded

D10. Hour pronounced dead: ____:____ (24 hour clock)  ☐ Not recorded

D11. Was case referred to medical examiner/coroner?

☐ Yes

☐ No

☐ Not recorded

D12. Person who certified death record: ________________________________

☐ Not recorded

D12a. Was this person:

☐ Certifying physician (person who certified cause of death, when another physician pronounced cause of death)

☐ Pronouncing and certifying physician (person who both pronounced and certified cause of death, listed above)

☐ Medical examiner/coroner (another person who conducted an investigation or examination to determine cause of death)

☐ Not recorded

[Note: Remove participant and family member(s) from any subsequent follow-up appointments or reminders and fill out Withdrawal Form upon learning of the older adult’s death.]
Annex 13: Participant Withdrawal Form
Annex 13: Participant Withdrawal Form

Note: This form is only to be completed if an older adult withdraws from the study or dies.

A. Administration Information

A1. Please verify the following information ☐ Confirmed

Whole name: [automatically populated]
DOB: [automatically populated]
Sex: [automatically populated]
MRN (if applicable): [automatically populated]

A2. Interviewer/abstracter name ________________

A3. Interviewer code ________________

A4. Date of form completion ____/____/____ (yyyy/mm/dd)

B. Confirmation of Withdrawal

B1. Type of withdrawal
☐ Participant requested withdrawal
☐ Family member requested withdrawal on participant’s behalf
☐ Drop out due to inability to contact → Go to B1a
☐ Other, specify: _______________________

B1a. What methods of contact were attempted prior to withdrawal?
☐ Multiple attempted contacts to primary phone
☐ Multiple attempted contacts to secondary phone
☐ Sent letter and received no reply
☐ Dropped by house to check on participant
☐ Other, specify: _______________________

B2. Date of withdrawal ____/____/____ (yyyy/mm/dd)
B3. Did withdrawal occur while attempting to schedule a specific follow-up interview?

☐ Yes  ➔ Go to B3a

☐ No

B3a. Which follow-up activity was the study attempting to schedule?

☐ Enrollment Part 1

☐ Enrollment Part 2

☐ Acute Illness Interview

☐ Illness Follow-up Interview

☐ Annual Reassessment

B4. Did withdrawal occur while attempting to schedule a specific follow-up blood collection?

☐ Yes  ➔ Go to B4a

☐ No

B4a. Which follow-up activity was the study attempting to schedule?

☐ Oct to Dec, 2015

☐ Apr to Jun, 2016

☐ Oct to Dec, 2016

☐ Apr to Jun, 2017

☐ Oct to Dec, 2017

☐ Apr to Jun, 2018

☐ Oct to Dec, 2018

☐ Apr to Jun, 2019

☐ Oct to Dec, 2019

☐ Apr to Jun, 2020

B5. Did participant withdraw because of worsening health or disability?

☐ Yes  ➔ Go to B5a

☐ No

B5a. Was withdrawal subsequent to…

☐ Acute Illness

☐ Chronic Illness

☐ Other, specify: _______________________

B5b. Was participant recently hospitalized?

☐ Yes

☐ No

<table>
<thead>
<tr>
<th>i. In what month and year was the participant hospitalized?</th>
<th>ii. What was the reason the participant was hospitalized?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Check all that apply]</td>
<td></td>
</tr>
</tbody>
</table>
### B5c.  
**Month [B5c1]**  
**Year [B5c2]**  

| Acute respiratory illness  
| Acute non-respiratory illness  
| Chronic disease  
| Injury or trauma  
| Other, specify: ___________________ |

### B5d.  
**Month [B5d1]**  
**Year [B5d2]**  

| Acute respiratory illness  
| Acute non-respiratory illness  
| Chronic disease  
| Injury or trauma  
| Other, specify: ___________________ |

### B5e – f.  
Will automatically populate up to 4 recent hospitalizations

### B6.  
**Reason for withdrawal:** [DO NOT READ TO RESPONDENT. SELECT ANSWER(S) THAT BEST MATCH(ES) RESPONSE. CHECK ALL THAT APPLY.]

- Don’t have time  
- Don’t want to provide respiratory specimen  
- Don’t want to provide blood specimen  
- No longer interested  
- Negative experience with the study  
- Older Adult is too sick  
- Family member objection  
- Moved  
- Unable to contact after repeated attempts  
- Died  
- Other, specify: ___________________  

### B6a.  
Notes on reason for withdrawal  

_______________________________________________
Annex 14: Monthly Hospitalization Surveillance Form
Annex 14: Monthly Hospitalization Surveillance Form

A. Administrative Information

A1. Date: _________ (yyyy/mm/dd)

A2. Time: __:__ (hh:mm)

A3. Interviewer Name: ______

A4. Interviewer Code: ______

A5. From whom did you obtain information?
- [ ] The participant himself
- [ ] The participant’s spouse
- [ ] Other family member who lives together with the participant
- [ ] Participant’s family member who does not live together with the participant
- [ ] Other, specify ____________

B. Hospitalization Questions

Hello, [Participant]. My name is ___________________ and I am here from the elderly influenza study being conducted by [study site] to ask a couple of questions about your health status in the past month.

B1. Have you been hospitalized or stayed overnight in a hospital as a patient in the past month?
- [ ] Yes. (Go to B2)
- [ ] No. (Exit the form)
- [ ] Unclear or refused (Exit the form)

B2. How many times have you been hospitalized in the past month?
- [ ] 1 Time
- [ ] 2 times
- [ ] 3 times
- [ ] 4 or more times

B2a. Admission Date: _________ (yyyy/mm/dd)
- [ ] Admission date unclear or refused

B2b. Discharge Date: _________ (yyyy/mm/dd)
- [ ] Still hospitalized
B2c. Which hospital did/do you stay: ____________ (Text)

B2d. Which department did/do you stay?
   □ Ward (General Medicine, Chinese Traditional Medicine, Infectious Disease, General Surgery, etc.)
   □ Emergency department
   □ Out-patient treatment (including village clinics)
   □ Other, specify: ____________________

B2e. What was the reason you were/are hospitalized?
   □ Acute respiratory illness (Please inform the project coordinator to start to arrange for extracting information for Hospital Case Report)
   □ Chronic respiratory disease
   □ Acute non-respiratory illness
   □ Chronic non-respiratory disease
   □ Injury or trauma
   □ Surgery, specify: _________________ (B2e_spec.i)
   □ Other, specify: _________________ (B2e_spec.ii)

Programmer Note: B2a to B2e will automatically populate to match the B2 answer up to 4 times. The question numbers follow the below sequence: B2a to B2e, B3a to B3e, B4a to B4e, and B5a to B5e.