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 <u>STOP.</u>**

    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

☐ 2
☐ 3
☐ 4
☐ 5
☐ Unknown
☐ Refused

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. [1]

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*

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[1] Borson S. The mini-cog: a cognitive "vital signs" measure for dementia screening in multi-lingual elderly. Int J Geriatr Psychiatry 2000; 15(11):1021.

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?][1]

☐ 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." [1]

[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 <u>STOP.</u>**

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: _____

   <u>SAY:</u> *Thank you for your time. We wish you well.*

EXCLUSION STATEMENT: <u>STOP. PERSON NOT ELIGIBLE FOR STUDY.</u>
<u>SAY:</u> *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: _____/_____/_____ (yyyy/mm/dd)

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]

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

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. [3]

_____ 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.

	i. Age	If age is unknown or refused:	ii. Relationship to participant
C1a.	⎯⎯ **years**	☐ Unknown ☐ Refused	☐ Spouse ☐ Son (including son in-law) ☐ Daughter (including daughter in-law) ☐ Grandson ☐ Granddaughter ☐ Cousin ☐ Other family member ☐ Domestic helper ☐ Tenant ☐ Other non-family member ☐ Other not listed above, specify: ⎯⎯⎯⎯⎯⎯⎯
C1b.	⎯⎯ **years**	☐ Unknown ☐ Refused	☐ Spouse ☐ Son (including son in-law) ☐ Daughter (including daughter in-law) ☐ Grandson ☐ Granddaughter ☐ Cousin ☐ Other family member ☐ Domestic helper ☐ Tenant ☐ Other non-family member ☐ Other not listed above, specify: ⎯⎯⎯⎯⎯⎯⎯
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?[4]

    ☐ 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?[5]

        ☐ Yes
        ☐ No

D4. Do you experience problems in your daily life because of being hard of hearing?[6]

    ☐ 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?[7] [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? [8] [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)? _____

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[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.

Section	Enrollment 2A	Enrollment 2B
A	Administrative Info.	Administrative Info.
I	Functional Status Brief	
J		Functional Status Extended
L	SMMSE	SMMSE
B	Life History Child to Adult	
C	Life History Older Adult	Life History Older Adult
D	SES Brief	SES Brief
E	SES Extended	
F		General Health Brief
G	General Health Extended	
H	Chronic Disease	Chronic Disease
L	KAP	KAP

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) [10]

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]

		Can do alone without help	Sometimes need help	Often need help	Very often need help	All the time need help
I1a.	Get around from room to room in my house	O	O	O	O	O
I1b.	Stand up from sitting in a chair	O	O	O	O	O
I1c.	Get on and off a toilet	O	O	O	O	O

---

[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.

		Can do alone without help	Sometimes need help	Often need help	Very often need help	All the time need help
I1d.	Get in and out of bed	O	O	O	O	O
I1e.	Walking around outdoors or in my neighborhood	O	O	O	O	O
I1f.	Shopping for groceries	O	O	O	O	O
I1g.	Climb a flight of stairs	O	O	O	O	O
I1h.	Bathe myself in a shower or bath tub	O	O	O	O	O

[SHOW RESPONSE CARD I2]

		Can do alone without help	Sometimes need help	Often need help	Very often need help	All the time need help
I2a.	Dressing and undressing	O	O	O	O	O
I2b.	Prepare my breakfast or lunch	O	O	O	O	O
I2c.	Feed myself	O	O	O	O	O
I2d.	Wash my face and hands	O	O	O	O	O
I2e.	Wash my whole body by taking a shower or bath	O	O	O	O	O
I2f.	Take care of my feet and toenails	O	O	O	O	O
I2g.	Make it to the toilet without an accident, like losing control of urination or bowel movement	O	O	O	O	O

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]

		Can do alone without help	Sometimes need help	Often need help	Very often need help	All the time need help
I3a.	Wash and iron my clothes	O	O	O	O	O
I3b.	Make the beds or change sheets	O	O	O	O	O
I3c.	Do "light" housework like dusting or tidying up	O	O	O	O	O
I3d.	Do "heavy" housework like mopping or vacuuming the floor	O	O	O	O	O
I3e.	Taking medication on schedule	O	O	O	O	O
I3f.	Pay bills and manage my money	O	O	O	O	O
I3g.	Prepare dinner	O	O	O	O	O

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

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[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? [13]

__ __ 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.[14]

[SHOW RESPONSE CARD J4]

		Can do alone without help without any difficulty	Can do alone without help with some difficulty	Can do alone without help with great difficulty	Some times need help	Often need help	Very often need help	All the time need help
J4a.	Get around from room to room in my house	O	O	O	O	O	O	O
J4b.	Stand up from sitting in a chair	O	O	O	O	O	O	O
J4c.	Get on and off a toilet	O	O	O	O	O	O	O
J4d.	Get in and out of bed	O	O	O	O	O	O	O
J4e.	Walking around outdoors or in my neighborhood	O	O	O	O	O	O	O
J4f.	Shopping for groceries	O	O	O	O	O	O	O
J4g.	Climb a flight of stairs	O	O	O	O	O	O	O
J4h.	Bathe myself in a shower or bath tub	O	O	O	O	O	O	O

---

[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]

		Can do alone without help without any difficulty	Can do alone without help with some difficulty	Can do alone without help with great difficulty	Some times need help	Often need help	Very often need help	All the time need help
J5a.	Dressing and undressing	O	O	O	O	O	O	O
J5b.	Prepare my breakfast or lunch	O	O	O	O	O	O	O
J5c.	Feed myself	O	O	O	O	O	O	O
J5d.	Wash my face and hands	O	O	O	O	O	O	O
J5e.	Wash my whole body by taking a shower or bath	O	O	O	O	O	O	O
J5f.	Take care of my feet and toenails	O	O	O	O	O	O	O
J5g.	Make it to the toilet without an accident, like losing control of urination or bowel movement	O	O	O	O	O	O	O

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?

☐ Bladder only
☐ Bowels only
☐ Both

[SHOW RESPONSE CARD J6]

		Can do alone without help without any difficulty	Can do alone without help with some difficulty	Can do alone without help with great difficulty	Some times need help	Often need help	Very often need help	All the time need help
J6a.	Wash and iron my clothes	O	O	O	O	O	O	O

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]

		Not at all or less than 1 day	1-2 days	3-4 days	5-7 days	Nearly every day for 2 weeks
J7a.	I was bothered by things that usually don't bother me. ∞	○	○	○	○	○
J7b.	I did not feel like eating; my appetite was poor. ∞	○	○	○	○	○
J7c.	I had difficulty stooping, crouching, or kneeling.	○	○	○	○	○
J7d.	I had difficulty maintaining my balance.	○	○	○	○	○
J7e.	I had trouble keeping my mind on what I was doing. ∞	○	○	○	○	○
J7f.	My sleep was restless. ∞	○	○	○	○	○
J7g.	I talked less than usual. ∞	○	○	○	○	○
J7h.	I felt happy.	○	○	○	○	○
J7i.	I felt like everything I did was an effort. ∞	○	○	○	○	○

[15] 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.

J7j.	I had problems with my memory.	O	O	O	O	O
J7k.	I felt emptiness around me. * [16]	O	O	O	O	O
J7l.	I missed having people around me. *	O	O	O	O	O
J7m.	I felt abandoned. *	O	O	O	O	O
J7n.	I felt downhearted or sad. *	O	O	O	O	O
J7o.	I felt nervous or anxious. *	O	O	O	O	O
J7p.	I was able to lift or carry something that weight at least 5 kilograms.	O	O	O	O	O
J7q.	I could reach or extend my arms above my shoulder.	O	O	O	O	O
J7r.	I could not get going. ∞	O	O	O	O	O
J7s.	I did not have energy to do things I wanted to do.	O	O	O	O	O

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.

	QUESTION	TIME ALLOWED	ANSWER
L1.	a. What year is this?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
	b. Which season is this?	10 seconds	☐ Answered correctly

---

[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.

[17] Molloy DW, Alemayehu E, Roberts R. Reliability of a standardized Mini-Mental State Examination compared with the traditional Mini-Mental state Examination. American Journal of Psychiatry, Vol. 14, 1991a, pp.102-105

			☐ Answered incorrectly
	c. What month is this?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
	d. What is today's date?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
	e. What day of the week is this?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
L2.	a. What country are we in?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
	b. What province are we in?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
	c. What city/town are we in?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
	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?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
	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?	10 seconds	☐ Answered correctly ☐ Answered incorrectly

L3.	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	20 seconds	☐ 0 correct objects ☐ 1 correct objects ☐ 2 correct objects ☐ 3 correct objects
[INTERVIEWER NOTE: For this next question (L4), the participant receives 1 point per correct number listed in the correct order/placement. For example, if the participant says "1, 7, 3, 2, 4," the score would be 3.]			
L4.	Repeat after me: 4, 2, 7, 3, 1. Now please say those digits in reverse order.	30 seconds	☐ Score of 0 ☐ Score of 1 ☐ Score of 2 ☐ Score of 3 ☐ Score of 4 ☐ Score of 5
L5.	Now what were the three objects I asked you to remember?	10 seconds	☐ 0 correct objects ☐ 1 correct object ☐ 2 correct objects ☐ 3 correct objects
L6.	[INTERVIEWER: Show wristwatch.] ASK: What is this called?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
L7.	[INTERVIEWER: Show button.] ASK: What is this called?	10 seconds	☐ Answered correctly ☐ Answered incorrectly
L8.	I would like you to repeat this phrase after me: "Forty-four stone lions."	10 seconds	☐ Answered correctly ☐ Answered incorrectly
L9.	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.]	10 seconds	☐ Raised hands ☐ Did not raise hands
L9a	[Interviewer]: Is the person able to read the sheet of paper		☐ Yes ☐ No

| L10. | Say any complete sentence. | 30 seconds | ☐ Said complete sentence |
| | | | ☐ Did not say complete sentence |

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

| L11. | SAY: Copy this design please.

[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.] | 1 minute | ☐ Participant correctly copied diagram (4-sided figure between two 5-sided figures) |
| | | | ☐ Participant incorrectly copied diagram (4-sided figure between two 5-sided figures) |

[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.	a. Takes paper correctly in hand	30 seconds	☐ Took paper correctly in non-dominant hand
			☐ Did not take paper correctly in non-dominant hand
	b. Folds it in half		☐ Folded paper in half
			☐ Did not fold paper in half
	c. Puts it on the floor		☐ Put paper on floor
			☐ Did not put paper on floor

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: _____

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[18] Lie et al. Soc Sci Med 120 (2014): 224-232. China Health and Retirement Longitudinal Study

REFERENCE POP-UP FOR INTERVIEWERS

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

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

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

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

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

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

        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

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

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 Uyghur 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≥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: _____

C. Life History Older Age (All Participants)

Let's talk about your life since you turned 60 years old.

C1. Have you lived in [current study city] the whole time since you were 60 years old?

☐ Lived in [current study city] since age 60 → *Go to Question C2*
☐ Lived in more than one place → *Go to Question C1a*

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

☐ 2
☐ 3
☐ 4
☐ 5

IF C1f≥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. [19]

[SHOW RESPONSE CARD C7] [20]

			i. [If yes to activity] How often do you do this? [NOTE: Options should automatically populate only when YES is identified per activity]					
	Yes, in last 12 months	No, not in last 12 months	Every day	Several times a week	Once a week	Several times a month	At least once a month	Less than once a month
C7a. Babysit or take care of a child	○	○	○	○	○	○	○	○
C7b. Play mahjong or cards with friends or family [21]	○	○	○	○	○	○	○	○
C7c. Do a physical activity or exercise such as tai chi, gardening, or	○	○	○	○	○	○	○	○

---

[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]								
C7d. Bake or cook something special	O	O	O	O	O	O	O	O
C7e. Take care of a sick or disabled family member or friend	O	O	O	O	O	O	O	O
C7f. Do an activity with grandchildren or other children	O	O	O	O	O	O	O	O
C7g. Go to a market that sells live chickens or other birds	O	O	O	O	O	O	O	O

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
[24] From Campbell A., Converse, P. E., & Rodgers, W. L. (1976). *The quality of American life: Perceptions, evaluations, and satisfactions*. New York: Russell Sage Foundation. Also part of Health and Retirement Study 2006-10. Includes minor wording change. Similar to US CDC BRFSS item that rates in terms of amount of worry with finances.
[25] Assessment of higher end appliance from International Wealth Index survey; customized to apply to middle- and high-income countries.

[SHOW RESPONSE CARD E5] [26]

☐ 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. [27]
       ☐ 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? [28]

☐ 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? [29]
        __ __ cigarettes per day

F3.   Have you ever smoked? [9]

☐ 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

---

[28] Modified from Thompson et al. (2011). The Pregnancy and Influenza Project: design of an observational case-cohort study to evaluate influenza burden and vaccine effectiveness among pregnant women and their infants. American Journal of Obstetrics and Gynecology, 204(6 Suppl 1), S69-76.

[29] Modified from Thompson et al. (2011). The Pregnancy and Influenza Project: design of an observational case-cohort study to evaluate influenza burden and vaccine effectiveness among pregnant women and their infants. American Journal of Obstetrics and Gynecology, 204(6 Suppl 1), S69-76.

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.

The best health
you can imagine

100

95

90

85

80

75

70

65

60

55

50

45

40

35

30

25

20

15

10

5

0

The worst health
you can imagine
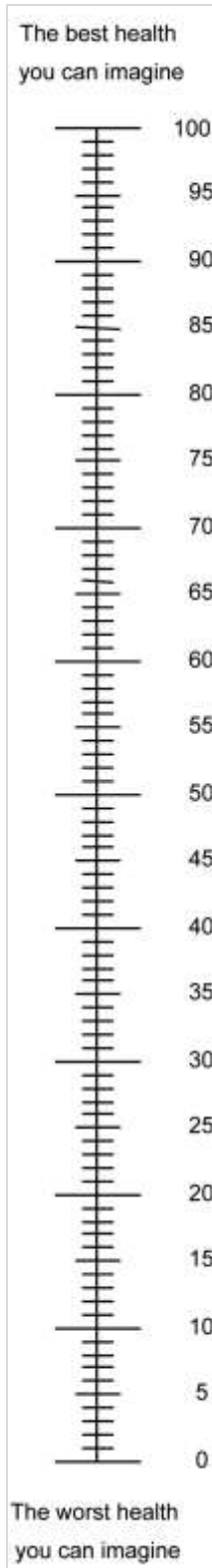
G3.   Do you currently smoke tobacco such as cigarettes or cigars? [31]
        ☐ Yes → *Go to Question G3a*
        ☐ No → *Go to Question G4*
        ☐ Refused

        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? [32]
        ☐ 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…? [READ
                OPTIONS ALOUD]
                ☐ Daily
                ☐ Weekly
                ☐ Monthly
                ☐ Less than monthly

---

[31] Modified from Thompson et al. (2011). The Pregnancy and Influenza Project: design of an observational case-cohort study to evaluate influenza burden and vaccine effectiveness among pregnant women and their infants. American Journal of Obstetrics and Gynecology, 204(6 Suppl 1), S69-76.
[32] Modified from Thompson et al. (2011). The Pregnancy and Influenza Project: design of an observational case-cohort study to evaluate influenza burden and vaccine effectiveness among pregnant women and their infants. American Journal of Obstetrics and Gynecology, 204(6 Suppl 1), S69-76.

☐ Refused

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

☐ Unknown

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)

	In what month and year were you hospitalized?	**What was the reason you were hospitalized?** [INTERVIEWER: DO NOT READ TO RESPONDENT. Complete this field based on response. Check all that apply]
H17c.	H17c.i. Year of hospitalization 1: ☐ 2013 ☐ 2014 ☐ 2015 ☐ 2016 ☐ Unknown ☐ Refused H17c.ii. Month of hospitalization 1: [Select from dropdown menu] ☐ Unknown ☐ Refused	H17c.iii. ☐ Acute respiratory illness ☐ Acute non-respiratory illness ☐ Chronic disease ☐ Injury or trauma ☐ Other, specify: _____
H17d.	H17d.i. Year of hospitalization 2: ☐ 2013 ☐ 2014 ☐ 2015 ☐ 2016	H17d.iii. ☐ Acute respiratory illness ☐ Acute non-respiratory illness ☐ Chronic disease ☐ Injury or trauma

☐ Unknown ☐ Refused 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]

		Strongly disagree	Mildly disagree	Neutral	Mildly Agree	Strongly Agree
K3a.	I am not at risk of getting seriously ill from the flu.[39]	O	O	O	O	O
K3b.	If I get the flu, I could be seriously sick for a full week.	O	O	O	O	O
K3c.	I worry about getting the flu this season.	O	O	O	O	O
K3d.	I get sick with the flu more easily than other people my age.	O	O	O	O	O
K3e.	If I get the flu, I could get sick enough to be hospitalized.	O	O	O	O	O
K3f.	Influenza is more serious than a "bad cold."	O	O	O	O	O
K3g.	If I get the flu, there is a chance it could develop into pneumonia.	O	O	O	O	O

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]

		Strongly disagree	Mildly disagree	Neutral	Mildly Agree	Strongly Agree
K7a.	It is difficult for me to spare time to get flu vaccination.	O	O	O	O	O
K7b.	I am concerned about side effects from the influenza vaccine.	O	O	O	O	O
K7c.	I am not interested in getting vaccinated with the influenza vaccine.	O	O	O	O	O
K7d.	I have planned where to get my flu vaccination this year.	O	O	O	O	O
K7e.	I am concerned there may be something that I don't know about the influenza vaccine.	O	O	O	O	O
K7f.	The influenza vaccine does not always work.	O	O	O	O	O
K7g.	My doctor has recommended that I get an annual influenza vaccination.	O	O	O	O	O
K7h.	A family member or friend has discouraged me from getting the flu vaccine.	O	O	O	O	O

K7i.	Influenza vaccination is safe.	○	○	○	○	○
K7j.	It is important for me to do what my family and friends think I should do.	○	○	○	○	○
K7k.	Hearing that other people go to take flu vaccination will encourage me to go.	○	○	○	○	○
K7l.	Influenza vaccine might make me feel sick.	○	○	○	○	○
K7m.	I don't think I need to get vaccinated with the influenza vaccine.	○	○	○	○	○
K7n.	I worry less about getting the flu if I get a flu vaccination.	○	○	○	○	○
K7o.	I believe what I read in the newspaper or saw on television about influenza.	○	○	○	○	○
K7p.	I am confident I know what needs to be done to prevent myself from getting sick with influenza.	○	○	○	○	○
K7q.	I am healthy enough and there is no need to get flu vaccination.	○	○	○	○	○
K7r.	I am confident that I can go independently to get an influenza vaccination.	○	○	○	○	○
K7s.	The influenza vaccine could give me the flu.	○	○	○	○	○
K7t.	Flu vaccination can protect me from getting the flu.	○	○	○	○	○
K7u.	With no flu vaccination, I would feel that I'm going to get the flu this year.	○	○	○	○	○
K7v.	Serious adverse effects from the influenza vaccine are very rare.	○	○	○	○	○
K7w.	I haven't thought much about whether I will get vaccinated with the influenza vaccine this year.	○	○	○	○	○

K7x.	Getting an influenza vaccination is worth the time and expense.	O	O	O	O	O
K7y.	I paid little attention to the information about flu vaccination in the media (like newspapers and television).	O	O	O	O	O
K7z.	I feel that I have received all the information that I need to decide if I should get an influenza vaccine.	O	O	O	O	O
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.	O	O	O	O	O
K7bb.	It is not convenient for me to obtain flu vaccination due to difficulties in transportation.	O	O	O	O	O
K7cc.	There is not a convenient place for me to get vaccinated.	O	O	O	O	O
K7dd.	If I don't get a flu vaccination, I will regret it.	O	O	O	O	O
K7ee.	I know where I can go to get flu vaccination.	O	O	O	O	O
K7ff.	I can afford to get flu vaccination.	O	O	O	O	O
K7gg.	With no flu vaccination, I would feel very vulnerable to the flu.	O	O	O	O	O
K7hh.	I feel like I have to get vaccinated.	O	O	O	O	O
K7ii.	If I got vaccinated, I could still get sick with influenza.	O	O	O	O	O
K7jj.	I usually do not have time to get vaccinated with the flu vaccine.	O	O	O	O	O
K7kk.	I trust what the government says about the influenza vaccine.	O	O	O	O	O

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

☐ Extremely effective

☐ Very effective

☐ Somewhat effective

☐ Not too effective

☐ Not at all 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: ____/____/____ (yyyy/mm/dd)

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

☐ Much 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

<p align="center">**Annex 5: Annual Reassessment**</p>

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… [41]

_____

[41] From Campbell A., Converse, P. E., & Rodgers, W. L. (1976). *The quality of American life: Perceptions, evaluations, and satisfactions*. New York: Russell Sage Foundation. Also part of Health and Retirement Study 2006-

☐ Not at all difficult
☐ Not very difficult
☐ Somewhat difficult
☐ Very difficult
☐ Extremely difficult

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.

☐ Refused

B7.   What is your <u>primary</u> 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 <u>automatically populated field based on the answer to B7</u> (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

☐ Refused → Go to B10

B10. What was the income of your household in August 2016?
_____Yuan

☐ Unknown
☐ Refused

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

___ ___ age of person 6

___ ___ age of person 7

___ ___ age of person 8

___ ___ age of person 9

___ ___ age of person 10

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) [44]

			[If yes to activity] i. How often do you do this? [NOTE: Options should automatically populate only when YES is identified per activity]					
	Yes	Never	Every day	Several times a week	Once a week	Several times a month	At least once a month	Less than once a month
C2a. Babysit or take care of a child	O	O	O	O	O	O	O	O
C2b. Play mahjong, cards or other board games (e.g. Chinese or international chess, Japanese go) with friends or family [45]	O	O	O	O	O	O	O	O
C2c. Do a physical activity or exercise such as tai chi, gardening, or walking for at least 20 minutes [46]	O	O	O	O	O	O	O	O
C2d. Bake or cook something special	O	O	O	O	O	O	O	O
C2e. Take care of a sick or disabled family member or friend	O	O	O	O	O	O	O	O
C2f. Do an activity with grandchildren or other children	O	O	O	O	O	O	O	O

---

[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	O	O	O	O	O	O	O	O

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.

☐ Unknown → Go to C3
☐ Refused → Go to C3

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 <u>daily</u> 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)

	In what month were you hospitalized?	ii. What was the reason you were hospitalized?

		[INTERVIEWER: DO NOT READ TO RESPONDENT. Complete this field based on response. Check all that apply]
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? [52]

☐ 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?

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[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? [55]

__ __ 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? [56]
__ __ Number of days

E3. During the past 30 days, for about how many days have you felt very healthy and full of energy? [57]
__ __ 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] [58]

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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.

		Can do Alone Without Help			Need Help			
		Without any difficulty	**With some difficulty**	**With great difficulty**	**Some-times**	**Often**	**Very Often**	**All the Time**
	E4 CARD							
E4a	Get around from room to room in my house	O	O	O	O	O	O	O
E4b	Stand up from sitting in a chair	O	O	O	O	O	O	O
E4c	Get on and off a toilet	O	O	O	O	O	O	O
E4d	Get in and out of bed	O	O	O	O	O	O	O
E4e	Walking around outdoors or in my neighborhood	O	O	O	O	O	O	O
E4f	Shopping for groceries	O	O	O	O	O	O	O
E4g	Climb a flight of stairs	O	O	O	O	O	O	O
E4h	Bathe myself in a shower or bath tub	O	O	O	O	O	O	O
	E5 CARD							
E5a	Dressing and undressing	O	O	O	O	O	O	O
E5b	Prepare my breakfast or lunch	O	O	O	O	O	O	O
E5c	Feed myself	O	O	O	O	O	O	O
E5d	Wash my face and hands	O	O	O	O	O	O	O
E5e	Wash my whole body by taking a shower or bath	O	O	O	O	O	O	O
E5f	Take care of my feet and toenails	O	O	O	O	O	O	O
E5g	Make it to the toilet without an accident, like losing control of	O	O	O	O	O	O	O

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

E6 CARD							
E6a	Wash and iron my clothes	O	O	O	O	O	O	O
E6b	Make the beds or change sheets	O	O	O	O	O	O	O
E6c	Do "light" housework like dusting or tidying up	O	O	O	O	O	O	O
E6d	Do "heavy" housework like mopping or vacuuming the floor	O	O	O	O	O	O	O
E6e	Taking medication on schedule	O	O	O	O	O	O	O
E6f	Pay bills and manage my money	O	O	O	O	O	O	O
E6g	Prepare dinner	O	O	O	O	O	O	O

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. [59]

		Not at all or less than 1 day	1-2 days	3-4 days	5-7 days	Nearly every day for 2 weeks
	E7 CARD					
E7a	I was bothered by things that usually don't bother me. ∞	O	O	O	O	O
E7b	I did not feel like eating; my appetite was poor. ∞	O	O	O	O	O
E7c	I had difficulty stooping, crouching, or kneeling	O	O	O	O	O
E7d	I had difficulty maintaining my balance.	O	O	O	O	O
E7e	I had trouble keeping my mind on what I was doing. ∞	O	O	O	O	O
E7f	My sleep was restless. ∞	O	O	O	O	O
E7g	I talked less than usual. ∞	O	O	O	O	O
E7h	I felt happy.	O	O	O	O	O
E7i	I felt like everything I did was an effort. ∞	O	O	O	O	O
E7j	I had problems with my memory.	O	O	O	O	O
E7k	I felt emptiness around me. * [60]	O	O	O	O	O
E7l	I missed having people around me. *	O	O	O	O	O
E7m	I felt abandoned. *	O	O	O	O	O
E7n	I felt downhearted or sad. *	O	O	O	O	O
E7o	I felt nervous or anxious. *	O	O	O	O	O

[59] 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.
[60] 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.

		E7p	I was able to lift or carry something that weight at least 5 kilograms.	○ ○ ○ ○ ○

E7p	I was able to lift or carry something that weight at least 5 kilograms.	○ ○ ○ ○ ○
E7q	I could reach or extend my arms above my shoulder.	○ ○ ○ ○ ○
E7r	I could not get going. ∞	○ ○ ○ ○ ○
E7s	I did not have energy to do things I wanted to do.	○ ○ ○ ○ ○

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.

	QUESTION	TIME ALLOWED	SCORE
F1	f. What year is this?	10 seconds	/1
	g. Which season is this?	10 seconds	/1
	h. What month is this?	10 seconds	/1
	i. What is today's date?	10 seconds	/1
	j. What day of the week is this?	10 seconds	/1
F2	a. What country are we in?	10 seconds	/1
	b. What province are we in?	10 seconds	/1
	c. What city/town are we in?	10 seconds	/1
	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

[61] Molloy DW, Alemayehu E, Roberts R. Reliability of a standardized Mini-Mental State Examination compared with the traditional Mini-Mental state Examination. American Journal of Psychiatry, Vol. 14, 1991a, pp.102-105

	e. (Programming note: Customize to interview setting.) IN PARTICIPANT/RETIREMENT HOME – What room are we in? IN COMMUNITY HEALTH CENTER/MEDICAL FACILITY/STUDY OFFICES – What floor are we on?	10 seconds	/1
F3	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	20 seconds	/3
F4	SAY: Repeat after me: 4, 2, 7, 3, 1. Now please say those digits in reverse order.	30 seconds	/5
F5	Now what were the three objects I asked you to remember?	10 seconds	/3
F6	SHOW wristwatch. ASK: What is this called?	10 seconds	/1
F7	SHOW button. ASK: What is this called?	10 seconds	/1
F8	SAY: I would like you to repeat this phrase after me: "Forty-fours stone lions."	10 seconds	/1
F9	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.	10 seconds	/1
L9a	[Interviewer]: Is the person able to read the sheet of paper		/0
F10	SAY: Say any complete sentence.	30 seconds	/1
F11	PLACE design, eraser and pencil in front of the person. SAY: Copy this design please. 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.	1 minute	/1

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.	30 seconds	
	Takes paper correctly in hand Folds it in half Puts in on the floor		/1 /1 /1
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 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

    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: ____/____/____ (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. 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?

		Yes	No	N/A
1.	Fever or felt feverish	☐	☐	☐
2.	Chills	☐	☐	☐
3.	Sneezing	☐	☐	☐
4.	Runny nose or congestion	☐	☐	☐
5.	Worsened shortness of breath or difficulty breathing	☐	☐	☐
6.	Pain with breathing	☐	☐	☐

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

c. Start date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
d. End date: ____/____/____ (yyyy/mm/dd) ☐ 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

I2. 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

I3. Did the patient receive medications during hospitalization?
☐Yes ☐ No ☐ Not Available ➜ **SKIP TO NEXT SECTION**

I4. [IF YES] Did the patient take any influenza antivirals during hospitalization?
☐Yes   ☐ No   ☐ Not Available
    a. Specify Antiviral:
        ☐ Oseltamivir
        ☐ Zanamivir
        ☐ Peramivir
        ☐ Amantadine
        ☐ Rimantdine
        ☐ Not Available
    b. Route of administration: _____ ☐ Not Available
    c. Start date: ____/____/____ (yyyy/mm/dd) ☐ Not Available
    d. End date: ____/____/____ (yyyy/mm/dd) ☐ Not Available

I5. [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

I6. [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

I7. [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

d. End date: ____/____/____ (yyyy/mm/dd) ☐ Not Available

J. Influenza Testing

J1.   Were samples taken <u>for clinical purposes</u> (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 <u>clinical samples</u>.

[NOTE: Data on up to 4 influenza testing samples taken for clinical purposes will be collected.]

Influenza Testing Results						
J2. Test 1:	☐ Nucleic acid detection/molecular, specify in K2a	☐ Viral Culture ☐ Multiplex	☐ Rapid, specify in J2a	☐ Fluorescent Antibody	☐ Other test, specify in J2a	☐ Method Unknown/Note Only
J3. Specify Px Code:	_____		J2a. Specify: _____			
J4. Result:	☐ Flu A (not subtyped)	☐ Flu B	☐ Flu A & B	☐ Flu A/B (Not Distinguished)		
	☐ 2009 H1N1	☐ H1, Seasonal	☐ H1, Unspecified	☐ H3	☐ H5	
	☐ H7N9	☐ Flu A, Unsubtypable				
	☐ Negative	☐ Other, a. specify: _____				
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 <u>within 72 hours of admission</u> (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**

	Bacterial and Fungal Pathogens – *Sterile or respiratory site only*	
Culture	**Site of Culture**	**All Available Data (including pathogen recovered)**
a. Culture 1	☐ Sputum ☐ Blood ☐ CSF ☐ Pleural fluid ☐ Other normally sterile site, specify:_____	K1a.i: _____
		☐ Not Available ➔ **SKIP TO K2**
b. Culture 2	☐ Sputum ☐ Blood ☐ CSF ☐ Pleural fluid ☐ Other normally sterile site, specify:_____	K1b.i:_____
		☐ Not Available ➔ **SKIP TO K2**
c. Culture 3	☐ Sputum ☐ Blood ☐ CSF ☐ Pleural fluid ☐ Other normally sterile site, specify:_____	K1c.i: _____
		☐ Not Available ➔ **SKIP TO K2**

K2. Collect **all available** virology test results from tests performed <u>within 72 hours of admission</u> (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**

Viral Pathogens	
Viral Pathogen	**All Available Data**
a. All available data on Pathogen 1	
	☐ Not Available ➔ **SKIP TO NEXT SECTION**
b. All available data on Pathogen 2	
	☐ Not Available ➔ **SKIP TO NEXT SECTION**
c. All available data on Pathogen 3	
	☐ Not Available ➔ **SKIP TO NEXT SECTION**

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>
<tr><td colspan="4" align="center">Chest Radiograph – <i>Based on radiology report only</i></td></tr>
<tr>
<td align="center">L1. Was a chest x-ray taken <i>within 48 hours</i> of admission?</td>
<td>☐ Yes</td>
<td>☐ No
SKIP TO NEXT SECTION</td>
</tr>
<tr>
<td align="center">L2. Were any of these chest x-rays abnormal?</td>
<td>☐ Yes</td>
<td>☐ No ➔ Skip to L6</td>
<td></td>
</tr>
<tr>
<td align="center">L3. Date of first abnormal chest x-ray:</td>
<td colspan="3">____/____/____</td>
</tr>
<tr>
<td colspan="4" align="center">L4. For first abnormal chest x-ray, please check all that apply:</td>
</tr>
<tr>
<td>a.   ☐ Report not available</td>
<td>b.   ☐ Consolidation</td>
<td colspan="2">c.   ☐ Interstitial infiltrate</td>
</tr>
<tr>
<td>d.   ☐ Air space density/opacity</td>
<td>e.   ☐ Atelectasis</td>
<td colspan="2">f.   ☐ Pleural effusion/empyema</td>
</tr>
<tr>
<td>g.   ☐ Bronchopneumonia/pneumonia</td>
<td>h.   ☐ Cavitation</td>
<td colspan="2">i.   ☐ Lobar (NOT interstitial) infiltrate</td>
</tr>
<tr>
<td>j.   ☐ Cannot rule out pneumonia</td>
<td>k.   ☐ Other:</td>
<td colspan="2">l.   Specify: _____</td>
</tr>
<tr>
<td colspan="4" align="center">L5. Please specify location for bronchopneumonia/pneumonia/consolidation/infiltrate:</td>
</tr>
<tr>
<td>☐ Single lobar</td>
<td>☐ Multiple lobar infiltrate (unilateral)</td>
<td>☐ Multiple lobar infiltrate (bilateral)</td>
<td></td>
</tr>
</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

M4. Primary [ICD-9/ICD-10] discharge diagnosis: ☐☐☐.☐☐☐   ☐ 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: ____/____/____ (yyyy/mm/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. <u>Symptoms and Severity</u>

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)

		Symptom present?			How would you describe this symptom?		
		No = 0	Yes = 1		Mild = 1	Moderate = 2	Severe = 3
Fever or felt feverish	C1.	☐	☐	C1a.	☐	☐	☐
Chills	C2.	☐	☐	C2a.	☐	☐	☐
Sneezing	C3.	☐	☐	C3a.	☐	☐	☐
Runny nose or congestion	C4.	☐	☐	C4a.	☐	☐	☐
Worsened shortness of breath or difficulty breathing	C5.	☐	☐	C5a.	☐	☐	☐
Pain with breathing	C6.	☐	☐	C6a.	☐	☐	☐
Wheezing	C7.	☐	☐	C7a.	☐	☐	☐
Sputum/phlegm produced with cough	C8.	☐	☐	C8a.	☐	☐	☐
Sore throat	C9.	☐	☐	C9a.	☐	☐	☐
Cough	C10.	☐	☐	C10a.	☐	☐	☐
Body aches and pains	C11.	☐	☐	C11a.	☐	☐	☐
Fatigue	C12.	☐	☐	C12a.	☐	☐	☐

Headache	C13.	☐	☐	C13a.	☐	☐	☐
Difficulty concentrating	C14.	☐	☐	C14a.	☐	☐	☐
Feeling Confused	C15.	☐	☐	C15a.	☐	☐	☐
Earache	C16.	☐	☐	C16a.	☐	☐	☐
Nausea	C17.	☐	☐	C17a.	☐	☐	☐
Vomiting	C18.	☐	☐	C18a.	☐	☐	☐
Diarrhea	C19.	☐	☐	C19a.	☐	☐	☐
Loss of appetite	C20.	☐	☐	C20a.	☐	☐	☐

[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 → *C22*

☐ No → *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 → *C22*

☐ No → *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 →C22b   ☐ Yes →C22a

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

> __ __ . __ Celsius → continue to C22b
>
> ☐ Unknown

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 → 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

☐ 2
☐ 3

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

☐ Yes
☐ No
☐ Uncertain
☐ Not applicable

F5.   INTERVIEWER: Did the participant have difficulty focusing attention (for example, being easily distractible or having difficulty keeping track of what was being said)?[i]

☐ Not present at any time during interview →F6
☐ Present at some time during interview, but in mild form →F5a
☐ Present at some time during interview, in marked form →F5a
☐ Uncertain →F6

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

☐ Yes
☐ No
☐ Uncertain
☐ Not applicable

F5b.   INTERVIWER: [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?[i]

☐ Yes
☐ No
☐ Uncertain
☐ Not applicable

F7.   INTERVIWER: Overall, how would you rate this patient's level of consciousness?[i]

☐ 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

Lethargic	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.
Stupor	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.

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?

		Mild = 1	Moderate = 2	Severe = 3
Fever or felt feverish	C1a.	☐	☐	☐
Chills	C1b.	☐	☐	☐
Sneezing	C1c.	☐	☐	☐
Runny nose or congestion	C1d.	☐	☐	☐
Worsened shortness of breath or difficulty breathing	C1e.	☐	☐	☐
Pain with breathing	C1f.	☐	☐	☐
Wheezing	C1g.	☐	☐	☐
Sputum/phlegm produced with cough	C1h.	☐	☐	☐
Sore throat	C1i.	☐	☐	☐
Cough	C1j.	☐	☐	☐
Body aches and pains	C1k.	☐	☐	☐
Fatigue	C1l.	☐	☐	☐

		Symptom present?			How severe was the symptom?		

Headache	C1m.	☐	☐	☐
Difficulty concentrating	C1n.	☐	☐	☐
Feeling confused	C1o.	☐	☐	☐
Earache	C1p.	☐	☐	☐
Nausea	C1q.	☐	☐	☐
Vomiting	C1r.	☐	☐	☐
Diarrhea	C1s.	☐	☐	☐
Loss of appetite	C1t.	☐	☐	☐

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.]

		Symptom present?			How would you describe this symptom?		
		No= 0	Yes = 1		Mild = 1	Moderate = 2	Severe = 3
Fever or felt feverish	C2a.	☐	☐	C2a1.	☐	☐	☐
Chills	C2b.	☐	☐	C2b1.	☐	☐	☐
Sneezing	C2c.	☐	☐	C2c1.	☐	☐	☐
Runny nose or congestion	C2d.	☐	☐	C2d1.	☐	☐	☐
Worsened shortness of breath or difficulty breathing	C2e.	☐	☐	C2e1.	☐	☐	☐

Pain with breathing	C2f.	☐	☐	C2f1.	☐	☐	☐
Wheezing	C2g.	☐	☐	C2g1.	☐	☐	☐
Sputum/phlegm produced with cough	C2h.	☐	☐	C2h1.	☐	☐	☐
Sore throat	C2i.	☐	☐	C2i1.	☐	☐	☐
Cough	C2j.	☐	☐	C2j1.	☐	☐	☐
Body aches and pains	C2k.	☐	☐	C2k1.	☐	☐	☐
Fatigue	C2l.	☐	☐	C2l1.	☐	☐	☐
Headache	C2m.	☐	☐	C2m1.	☐	☐	☐
Difficulty concentrating	C2n.	☐	☐	C2n1.	☐	☐	☐
Feeling confused	C2o.	☐	☐	C2o1.	☐	☐	☐
Earache	C2p.	☐	☐	C2p1.	☐	☐	☐
Nausea	C2q.	☐	☐	C2q1.	☐	☐	☐
Vomiting	C2r.	☐	☐	C2r1.	☐	☐	☐
Diarrhea	C2s.	☐	☐	C2s1.	☐	☐	☐
Loss of appetite	C2t.	☐	☐	C2t1.	☐	☐	☐

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? [64]

> *[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? _ _ _⁰C

Did you have this symptom today?			**If so, how severe was it?**		
Fever or felt feverish	No	Yes	*Mild*	*Moderate*	*Severe*
Runny nose or congestion	No	Yes	*Mild*	*Moderate*	*Severe*
Sneezing	No	Yes	*Mild*	*Moderate*	*Severe*
Shortness of breath	No	Yes	*Mild*	*Moderate*	*Severe*
Sore throat	No	Yes	*Mild*	*Moderate*	*Severe*
Cough	No	Yes	*Mild*	*Moderate*	*Severe*
Painful to breathe	No	Yes	*Mild*	*Moderate*	*Severe*
Body aches and pains	No	Yes	*Mild*	*Moderate*	*Severe*
Felt confused or had difficulty concentrating	No	Yes	*Mild*	*Moderate*	*Severe*
Headache	No	Yes	*Mild*	*Moderate*	*Severe*
Poor appetite	No	Yes	*Mild*	*Moderate*	*Severe*
Diarrhea	No	Yes	*Mild*	*Moderate*	*Severe*

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   } *Go to Section C*
        ☐ Death certificate
        ☐ Hospital record   } *Skip to Section D*
        ☐ Other, specify: _____ → *Go 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: _____

C2.   Where did [participant name] die? [INTERVIEWER: Code category that aligns with response.]
☐ 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

☐ Refused

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

☐ Yes → *Go to C4a*
☐ No
☐ Unknown   *Skip to C5*
☐ Refused

      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   *Go to D3a*
☐ Study hospital
☐ Other hospital
☐ Other inpatient facility

☐ Other, specify: _____
☐ Not recorded   *Skip to D4*

D3a.   Specify name of facility where participant died:

_____

☐ Not recorded

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:)

IMMEDIATE CAUSE (Final disease or condition resulting in death)	D5a. _____
Sequentially list conditions, if any, leading to immediate cause listed on line D5c. Enter UNDERLYING CAUSE (disease or injury that initiated events leading in death) LAST.	(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 <u>significant conditions contributing to death</u> 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

	i. In what month and year was the participant hospitalized?	ii. What was the reason the participant was hospitalized? [Check all that apply]

B5c.	_ _ **Month** [B5c1] _ _ **Year** [B5c2]	[B5c3] ☐ Acute respiratory illness ☐ Acute non-respiratory illness ☐ Chronic disease ☐ Injury or trauma ☐ Other, specify: _____
B5d.	_ _ **Month** [B5d1] _ _ **Year** [B5d2]	[B5d3] ☐ 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 Hospitaliztion 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

☐ Discharge date unclear or refused

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.