STRIDE FOUR-MONTH FOLLOW-UP TELEPHONE QUESTIONNAIRE

(Including Quality of Life SUB-SET Variables)

STUDY ID: ▭ ▭ ▭ ▭ ▭ ▭ ▭ **[participant]**

DATE OF INTERVIEW:

M M D D Y Y Y Y
☐☐ ☐☐ 2 0 ☐☐ **[fu_intdate]**

TYPE OF INTERVIEW:
▭₁ Participant **[fu_inttype]**
▭₂ Surrogate

START TIME OF INTERVIEW: ▭▭ : ▭▭ am pm **[fu_int_starttime]**

Administrative variables:

Variable	Description	Notes
[which_fuint]	Follow-up Interval	4, 8, …, 44
[item_index]	Index number	1, 2, …
[fu_intdate]	Follow-up interview date	redacted to # of days after enrollment
[prevfu_intdate]	Previous follow-up interview	redacted to # of days after enrollment

DATE REDACTIONS AND IMPUTATIONS

All dates modified to the number of days after study enrollment.

For respondent-provided dates, respondents were sometimes only able to provide the year or month; in other cases, the dates are completely missing. For these cases, the earliest and latest possible dates were determined as follows:

- The earliest possible date [the date variable with **_min** appended] was the latest of the enrollment date, the date of the previous follow-up interview, or the first date consistent with information provided by the respondent.
- The latest possible date [the date variable with **_max** appended] was the earliest of the date of the current follow-up interview, the date of death (if applicable), or the last date consistent with information provided by the respondent.
- For these data, if the respondent was unable to provide a complete date, the date variable contains the midpoint of the possible range. The date variable with **_known** appended takes the value 0 when the date is completely missing, 1 when only the year is known, 2 when the year and month are known, and 3 when the date is completely known.
- **Dates included:** fall_injurydate, fall_er_date, fall_doctor_date, fall_otherfacility_date, fall_overnighthop_date, hosp_onight_admdate, hosp_onight_dscdate, nurseconvrehab_admdate, and nurseconvrehab_dscdate

INTERVIEW DISPOSITION: **[fup_outcome]**

☐₁ Complete

☐₄ Partial Interview: Participant refusal end at question number ☐

☐₅ Partial Interview: Surrogate refusal end at question number ☐

☐₆ Partial Interview: Unable to re-contact for completion ☐

☐₃₀ Interview not completed: Participant refusal
☐₃₁ Interview not completed:-Surrogate refusal
☐₃₂ Interview not completed:-Too ill
☐₃₃ Interview not completed:-No Surrogate Interview
☐₃₄ Interview not completed:-Unable to contact within 5 attempts
☐₃₅ Interview not completed:-Unable to contact due to incorrect contact information
☐₃₆ Interview not completed:-Administrative reasons (e.g.,window)
☐₃₇ Interview not completed:-Request change in participation
☐₃₈ Interview not completed:-Other _____
☐₃₉ Interview not completed:-Contact made, but no interview

SURROGATE SCRIPTS IF NEEDED:

1. Established SURROGATE

Hello, may I please speak with _____.

Hello, my name is _____. I am with the STRIDE Study. You may recall that you assisted _____ [PATIENT's NAME when s/he enrolled in the study about 4months ago. At this time, we are calling to see how _____ [PATIENT's NAME] has been.

I have a few questions to ask you over the phone. Is this a good time for you?

2. New surrogate (complete a surrogate information sheet)

Hello, may I please speak with _____.

Hello, my name is _____. I am with the STRIDE Study, working with _____ [PRACTICE NAME] . Mr/s. _____ is a participant in the study and s/he had given us your name as a person to call if we were not able to reach him/her (or if s/he were not able to answer for him/herself).

At this time, we are calling to see how _____ [PATIENT's NAME] has been.

I have a few questions to ask you over the phone. Is this a good time for you?

Hello, my name is **[INTERVIEWER NAME]** from the STRIDE Study. How are you today?

I am calling to ask you some questions about your(his/her) activities during the past 4 months (since enrollment date or last contact).

I would like you to refer to your (his/her) responses on the fall calendars from the past four months. Can you please try to locate these calendars?

Do you have fall calendars to review?	☐₁ Yes
[calendars]	☐₂ No
If YES, have you (he/she) been recording information about falls (daily yes/no and end of the month questions)?	☐₁ Yes
[calendars_yes]	☐₂ No

Calendar Usage: **[calendars_usage]:**
☐₁ Daily
☐₂ Intermittently
☐₃ For Falls Only
☐₄ Not used – Don't need it/like it
☐₅ Not used – Never fall
☐₆ I use my own calendar
☐₇ Other
Internal coding field added **12/17/2015**

FALLS

Have you (he/she) fallen in the past 4 months (or since last contact)? **[fall_past4m]** ☐₁ Yes ☐₂ No

↓   ↓   **GO TO PAGE 14**

1a. How many times have you (he/she) fallen? **[fall_past4m_times]**				
☐	☐	☐	☐	☐
1	2	3	4	5 or more

1b. Were you (he/she) injured in any fall in the past 4 months (or since last contact)? **[fall_past4m_injured]**	☐₁ Yes	☐₂ No

↓ GO TO PAGE 14

1c. IF YES, How many falls did you (he/she) have that led to an injury: **[fall_number]** ☐

[IF ONLY ONE FALL INJURY EPISODE:]

I am going to ask you some questions about your (his/her) fall injury. **[GO TO PAGE 6, QUESTION 1.]**

[IF MORE THAN ONE FALL INJURY EPISODE:]

I am going to ask you a series of questions about <u>each</u> fall injury that you (he/she) reported. First, I would like to ask you some questions about your (his/her) most recent injury. **[GO TO PAGE 6, QUESTION 1.]**

FALL INJURY #: _____[item_index]

	M M D D Y Y Y Y
1. What was the date of this fall injury? **[fall_injurydate]** **[fall_injurydate_known]** **[fall_injurydate_min]** **[fall_injurydate_max]**	☐☐ ☐☐ **2 0** ☐☐
Could you please describe to me what happened when you (he/she) fell on **[RECORD R'S RESPONSE VERBATIM –** *redacted***]**	

Next, I'd like to ask you a few more specific questions about your (his/her) fall and injury. You may already have told me some of this, but I need to make sure that I have everything.

2. Did you (he/she) land on the floor, ground or other lower level when you (he/she) fell? **[fall_injurylevel]**	☐1 Yes Participant landed on the ground, floor or other lower level
	☐2 No Participant did not land on the ground, floor or other lower level
	☐7 Refused
	☐8 DK
3. Did you (he/she) faint, pass out, blackout or lose consciousness? **[fall_injuryloc]**	☐1 Yes
	☐2 No
	☐7 Refused
	☐8 DK

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4. Were you (he/she) knocked down by someone or something? **[fall_injuryknockout]**	☐ ₁Yes
	☐ ₂ No
	☐ ₇ Refused
	☐ ₈ DK
5. When you (he/she) fell, did you break or fracture a bone? **[IF NOT SURE, PROBE: "WERE YOU TOLD BY A DOCTOR, OR OTHER HEALTH PROFESSIONAL, THAT YOU FRACTURED A BONE?]** **[fall_injurybonebreak]**	☐ ₁Yes
	☐ ₂ No **[GO TO Q6 OTHER INJURY]**
	☐ ₇ Refused **[GO TO Q6 OTHER INJURY]**
	☐ ₈ DK **[GO TO Q6 OTHER INJURY]**
5a. [IF YES] What bone(s) did you (he/she) break or fracture? **[DO NOT READ LIST, BUT CHECK ALL THAT PARTICIPANT MENTIONS THAT DOCTOR SAID FRACTURED]**	

☐ Head/skull **[fall_bonebreak_1]**	☐ Shoulder/Upper arm **[fall_bonebreak_8]**	☐ Hip **[fall_bonebreak_15]**	
☐ Face **[fall_bonebreak_2]**	☐ Shoulder blade **[fall_bonebreak_9]**	☐ Upper leg/femur **[fall_bonebreak_16]**	
☐ Neck **[fall_bonebreak_3]**	☐ Elbow **[fall_bonebreak_10]**	☐ Knee **[fall_bonebreak_17]**	
☐ Collar bone **[fall_bonebreak_4]**	☐ Lower arm **[fall_bonebreak_11]**	☐ Lower leg **[fall_bonebreak_18]**	
☐ Ribs **[fall_bonebreak_5]**	☐ Wrist **[fall_bonebreak_12]**	☐ Foot/toes **[fall_bonebreak_19]**	
☐ Tailbone **[fall_bonebreak_6]**	☐ Hand/fingers **[fall_bonebreak_13]**	☐ Ankle **[fall_bonebreak_20]**	
☐ Back/Spine Vertebrae (non-neck and non-tailbone) **[fall_bonebreak_7]**	☐ Pelvis **[fall_bonebreak_14]**		
☐ Other (specify): **[fall_bonebreak_21]**			

6. Now I am going to read a list of some injuries you (he/she) may have had from your (his/her) fall. Can you tell me, yes or no, if you (he/she) had a....?				
[READ ALL RESPONSES AND CHECK ANY THAT R RESPONDS YES]				
Dislocated joint? **[fall_dislocatedjoint]**	☐1Yes	☐2 No	☐7 Refused	☐8 DK
Injury to your head? **[fall_injuryhead]**	☐1Yes	☐2 No	☐7 Refused	☐8 DK
Cut with bleeding? **[fall_cutbleeding]**	☐1Yes	☐2 No	☐7 Refused	☐8 DK
	If yes, were stitches, staples or some type of glue used to close the cut? **[fall_cutbleeding_close]**	☐1 Yes ☐2 No ☐7 Refused ☐8 DK ☐9 NA		
Sprain or a strain? Includes a pulled or torn muscle, tendon or ligament **[fall_sprainstrain]**	☐1Yes	☐2 No	☐7 Refused	☐8 DK
Bruising or swelling? **[fall_bruiseswell]**	☐1Yes	☐2 No	☐7 Refused	☐8 DK
Other injury [SPECIFY BELOW]? **[fall_otherinjury]**	☐1Yes	☐2 No	☐7 Refused	☐8 DK

6a. Can you describe the injury (circumstances of fall/injury and location of injury)?
[RECORD VERBATIM – *redacted*]

7. Did you (he/she) see a doctor or other health care professional for the injury?	☐ 1 Yes
[fall_healthcare]	☐ 2 No **[GO TO Q9)**
	☐ 7 Refused **[GO TO Q9)**
	☐ 8 DK **[GO TO Q9)**

7a. **[IF YES, PROBE:]** Did you (he/she) go to the emergency room, doctor's office or other facility? [IF YES, ASK: What was the name and location of the (emergency room / doctor's office / other facility) you (he/she) went to? What was the date you (he/she) went there?]		
☐ 1 Yes, Emergency Room ☐ 2 No ☐ 7 Refused ☐ 8 DK [fall_er] [fall_er_date] [fall_er_date_known] [fall_er_date_min] [fall_er_date_max]	M M D D Y Y Y Y ☐☐ ☐☐ 2 0 ☐☐	Name and location of facility:
☐ 1 Yes, Doctor's Office ☐ 2 No ☐ 7 Refused ☐ 8 DK [fall_doctor] [fall_ doctor _date] [fall_ doctor _date_known] [fall_ doctor _date_min] [fall_ doctor _date_max]	M M D D Y Y Y Y ☐☐ ☐☐ 2 0 ☐☐	Name and location of doctor:
☐ 1 Yes, Other facility ☐ 2 No ☐ 7 Refused ☐ 8 DK [fall_otherfacility] [fall_ otherfacility _date] [fall_ otherfacility _date_known] [fall_ otherfacility _date_min] [fall_ otherfacility _date_max]	M M D D Y Y Y Y ☐☐ ☐☐ 2 0 ☐☐	Name and location of facility:

8. Were you (he/she) admitted for an overnight stay, or longer, in the hospital following your injury? [IF YES, ASK: What was the name and location of the hospital where you (he/she) stayed overnight? What was the date you (he/she) were admitted to the hospital?] **[fall_overnighthosp]**		☐ 1Yes
[IF YES]:	M M D D Y Y Y Y ☐ ☐ ☐ ☐ [2][0] ☐ ☐ **[fall_overnighthosp_date]** **[fall_overnighthosp_date_known]** **[fall_overnighthosp_date_min]** **[fall_overnighthosp_date_max]**	☐ 2 No
	Name and location of facility:	☐ 7 Refused
		☐ 8 DK
9. Did the injury from your (his/her) fall cause you (him/her) to stay in bed for a least half a day or to cut down on your (his/her) usual activities?		☐ 1Yes
[fall_limitactivities]		☐ 2 No
		☐ 7 Refused
		☐ 8 DK
10. Did the injury from your (his/her) fall lead to pain that lasted for more than a day?		☐ 1Yes
[fall_painmore1day]		☐ 2 No
		☐ 7 Refused
		☐ 8 DK

**[IF MULTIPLE FALL INJURY EPISODES REPORTED,
REPEAT QUESTIONS 1 THROUGH 10 FOR UNDERLINE EACH EPISODE]**

We are now finished with the questions for this most recent fall injury...
You indicated that you (he/she) had more than one fall that led to an injury ....

[IF ONLY 1 FALL INJURY REPORTED OR LAST FALL INJURY]

We are now finished with the questions related to your (his/her) fall injury(ies).

ADDITIONAL FALL INJURY VARIABLES

Computed self-report variables

Variable	Label	Format
event_fall	Self-report satisfied fall defintion	0, No | 1, Yes
event_inj	Self-report satisfied injury definition	0, No | 1, Yes
event_type1	Self-reported Type 1 event	0, No | 1, Yes
event_type2a	Self-reported Type 2a event	0, No | 1, Yes
event_type2b	Self-reported Type 2b event	0, No | 1, Yes
event_type2c	Self-reported Type 2c event	0, No | 1, Yes
event_olddef	Self-reported serious fall injury per original protocol definition (Type 1/2a/2b)	0, No | 1, Yes
event_newdef	Self-reported serious fall injury per revised definition (Type 1 or 2a)	0, No | 1, Yes

Adjudicated variables

Variable	Label	Format
adj_injurydate	Injury date determined in adjudication	redacted to # of days after enrollment
adj_unconfirmable	Couldn't obtain records to confirm or reject (treated as rejection in analyses)	0, No | 1, Yes
adj_unconfirmable_reason	Reason case was unconfirmable	1, Full study withdrawal prior to obtaining confirmatory data| 2, Unable to obtain patient/surrogate consent to obtain out-of-network records | 3, Self-report and administrative data provide insufficient detail to determine where to seek out-of-network records | 4, Logistical factors (unable to obtain out-of-network records from targeted facility; international location of facility)
adj_injury_1	First confirmed injury	1, fracture | 2, joint dislocation | 3, cut requiring closure | 5, head injury | 6, sprain or strain | 7, bruising or swelling | 8, other
adj_bodysite_1	First confirmed injury body site	0, none | 1, head/skull | 2, face | 3, neck | 4, clavicle | 5, ribs | 6, tailbone | 8, shoulder or upper arm | 9, shoulder blade | 10, elbow | 11, lower arm | 12, wrist | 13, hand or fingers | 14, pelvis | 15, hip | 16, upper leg/femur | 17, knee | 18, lower leg | 19, foot or toes | 20, ankle | 21, other
adj_injurytype_1	First confirmed injury type (Type 1 or Type 2)	1, 2

Variable	Label	Format
adj_highest_healthcare_1	First confirmed injury – highest level of healthcare obtained	1, overnight care in acute care hospital | 2, other medical care
adj_injury_2	Second confirmed injury	1, fracture | 2, joint dislocation | 3, cut requiring closure | 5, head injury | 6, sprain or strain | 7, bruising or swelling | 8, other
adj_bodysite_2	Second confirmed injury body site	0, none | 1, head/skull | 2, face | 3, neck | 4, clavicle | 5, ribs | 6, tailbone | 8, shoulder or upper arm | 9, shoulder blade | 10, elbow | 11, lower arm | 12, wrist | 13, hand or fingers | 14, pelvis | 15, hip | 16, upper leg/femur | 17, knee | 18, lower leg | 19, foot or toes | 20, ankle | 21, other
adj_injurytype_2	Second confirmed injury type (Type 1 or Type 2)	1, 2
adj_highest_healthcare_2	Second confirmed injury – highest level of healthcare obtained	1, overnight care in acute care hospital | 2, other medical care
adj_injury_3	Third confirmed injury	1, fracture | 2, joint dislocation | 3, cut requiring closure | 5, head injury | 6, sprain or strain | 7, bruising or swelling | 8, other
adj_bodysite_3	Third confirmed injury body site	0, none | 1, head/skull | 2, face | 3, neck | 4, clavicle | 5, ribs | 6, tailbone | 8, shoulder or upper arm | 9, shoulder blade | 10, elbow | 11, lower arm | 12, wrist | 13, hand or fingers | 14, pelvis | 15, hip | 16, upper leg/femur | 17, knee | 18, lower leg | 19, foot or toes | 20, ankle | 21, other
adj_injurytype_3	Third confirmed injury type (Type 1 or Type 2)	1, 2
adj_highest_healthcare_3	Third confirmed injury – highest level of healthcare obtained	1, overnight care in acute care hospital | 2, other medical care
adj_injury_4	Fourth confirmed injury	1, fracture | 2, joint dislocation | 3, cut requiring closure | 5, head injury | 6, sprain or strain | 7, bruising or swelling | 8, other

Variable	Label	Format
adj_bodysite_4	Fourth confirmed injury body site	0, none | 1, head/skull | 2, face | 3, neck | 4, clavicle | 5, ribs | 6, tailbone | 8, shoulder or upper arm | 9, shoulder blade | 10, elbow | 11, lower arm | 12, wrist | 13, hand or fingers | 14, pelvis | 15, hip | 16, upper leg/femur | 17, knee | 18, lower leg | 19, foot or toes | 20, ankle | 21, other
adj_injurytype_4	Fourth confirmed injury type (Type 1 or Type 2)	1, 2
adj_highest_healthcare_4	Fourth confirmed injury – highest level of healthcare obtained	1, overnight care in acute care hospital | 2, other medical care
adj_event	Adjudicated serious fall injury	0, No | 1, Yes | missing, didn't qualify for adjudication
adj_event_type1	Adjudicated SFI, Type 1	0, No | 1, Yes
adj_event_type2	Adjudicated SFI, Type 2a	0, No | 1, Yes

Health Care Utilization and Administrative Questions

Before we end, I have a few additional questions that I would like to ask you.

1. IF PARTICIPANT WAS HOSPITALIZED FOR A FALL INJURY, ASK: **[hosp_overnight]**
Other than for a fall injury, were you (he/she) admitted for an overnight stay, or longer, in the hospital for any other reason in the past 4 months (since enrollment date or last contact)?

☐₁ Yes   ☐₂ No

IF PARTICIPANT WAS NOT HOSPITALIZED FOR A FALL INJURY, ASK:

Were you (he/she) admitted for an overnight stay, or longer, in the hospital for any reason in the past 4 months (since enrollment date or last contact)?

If Yes, number of times: ☐ **[hosp_overnight_times]**	**GO TO PAGE 15**

Hospitalization #1:

If Yes, where were you (he/she) hospitalized:

Name of hospital: _____

Location of hospital: _____

If Yes, what dates were you (he/she):

Admitted: ___ ___ / ___ ___ / ___ ___ ___ ___

Discharged: ___ ___ / ___ ___ / ___ ___ ___ ___

If Yes, what was the major reason you (he/she) were hospitalized?

Redacted variables

[hosp_onight_admdate_#]
[hosp_onight_admdate_known _#]
[hosp_onight_admdate_min _#]
[hosp_onight_admdate_max _#]
[hosp_onight_dscdate_#]
[hosp_onight_dcsdate_known _#]
[hosp_onight_dcsdate_min _#]
[hosp_onight_dcsdate_max _#]

2. Have you (he/she) stayed overnight in a nursing home, convalescent home or rehab facility in the past 4 months (since enrollment date or last contact)? **[nrscnvrhb]**

☐₁ Yes   ☐₂ No

If Yes, number of times: ☐ **[nrscnvrhb_number]**

Facility #1:

If Yes, specify facility name, location, and dates:

Name of facility: _____

Location of facility: _____

If Yes, what dates were you (he/she) in the facility:

Admitted: ___ ___ / ___ ___ / ___ ___ ___ ___

Discharged: ___ ___ / ___ ___ / ___ ___ ___ ___

If Yes, what was the major reason for being in the facility?

_____

Redacted variables

[nrscnvrhb _admdate_#]
[nrscnvrhb _admdate_known _#]
[nrscnvrhb _admdate_min _#]
[nrscnvrhb _admdate_max _#]
[nrscnvrhb _dscdate_#]
[nrscnvrhb _dcsdate_known _#]
[nrscnvrhb _dcsdate_min _#]
[nrscnvrhb _dcsdate_max _#]

QUALITY OF LIFE SUB-SET

Indicator variable for sub-set: [trk_secondary]=1

1. Falls Efficacy
2. PROMISE
3. Late Life Function and Disability Instrument (LLFDI)

Administered to sub-set at Baseline, 12-Month Interview, and 24-Month Interview

EUROQOL

Administered annually to all study participants.

SCORING

See calculated variables document for scoring information

Variable	Label
scored_FES	Scored FES (at most 3 missing items)
scored_PROMISanx	Scored PROMISanx (at most 2 missing items)
scored_PROMISdep	Scored PROMISdep (at most 2 missing items)
scored_LLFDIfn	Scored LLFDIfn
scored_LLFDIfnSE	LLFDIfn standard error
scored_LLFDIdis	Scored LLFDIdis
scored_LLFDIdisSE	LLFDIdis standard error
EQoL_index	EuroQol EQ-5L-5L index score (per Pickard et al)
EQoL_state	EuroQol EQ-5L-5L state
EQoL_VAS	EuroQol EQ VAS

MODIFIED FALLS EFFICACY – 10 ITEM

- **QUALITY OF LIFE SUB-SET ONLY**

- **SURROGATE INTERVIEWS: SKIP Modified Falls Efficacy**

I have some questions about common daily activities. For each of the following activities, please tell me how concerned you are about the possibility of falling.

FIRST PROBE IF RESPONDENT SAYS "I DON'T DO THAT": I know you don't (are unable to)...but think about if you did (could), how concerned are you that you might fall while...?
SECOND PROBE IF RESPONDENT AGAIN SAYS "I DON'T DO THAT": I understand that you don't (can't) do that but please try to think about if you did (could), how concerned are you that you might fall while...?
DO NOT PROBE A THIRD TIME FOR AN ITEM, INSTEAD SELECT "DK" FOR DON'T KNOW NEXT TO THE ITEM.

NOTE: RESPONSES ONLY REPEATED AS THE CALLER FEELS THE PARTICIPANT NEEDS TO BE REMINDED.

How concerned are you that you might fall while .....? Are you:

	Not at all concerned	Somewhat concerned	Fairly concerned	Very concerned	REF	DK
cleaning the house (doing things like sweeping or dusting)? **[fu_fallseff_cleaning]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$
getting dressed or undressed? **[fu_fallseff_dress]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$
preparing simple meals? **[fu_fallseff_meals]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$
taking a bath or shower? **[fu_fallseff_bath]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$
doing simple shopping? **[fu_fallseff_shop]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$
getting in and out of a chair? **[fu_fallseff_chair]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$
going up and down stairs? **[fu_fallseff_stairs]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$
walking around in your neighborhood? **[fu_fallseff_walkneighborhood]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$
reaching into cabinets or closets? **[fu_fallseff_reachcabinet]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$
going to answer the telephone before it stops ringing? **[fu_fallseff_phone]**	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_7$	$\square_8$

PROMISE: EMOTIONAL DISTRESS - DEPRESSION – ANXIETY - SHORT FORM B

- **QUALITY OF LIFE SUB-SET ONLY**

- **SURROGATE INTERVIEWS: SKIP PROMISE**

Please respond to each item by marking one box per row.
NOTE: RESPONSES ONLY REPEATED AS THE CALLER FEELS THE PARTICIPANT NEEDS TO BE REMINDED.

Now I'd like to ask you some questions about how you have been feeling over the last week.
In the past 7 days.....

	Never	Rarely	Sometimes	Often	Always	REF	DK
I felt worthless **[fu_eddep_worthless]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt that I had nothing to look forward to **[fu_eddep_lookforward]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt helpless **[fu_eddep_helpless]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt sad **[fu_eddep_sad]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt like a failure **[fu_eddep_failure]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt depressed **[fu_eddep_depressed]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt unhappy **[fu_eddep_unhappy]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt hopeless **[fu_eddep_hopeless]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt fearful **[fu_eddep_fearful]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I found it hard to focus on anything other than my anxiety **[fu_eddep_anxiety]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
My worries overwhelmed me **[fu_eddep_overwhelm]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt uneasy **[fu_eddep_uneasy]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt nervous **[fu_eddep_nervous]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt like I needed help for my anxiety **[fu_eddep_helpanxiety]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt anxious **[fu_eddep_anxious]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8
I felt tense **[fu_eddep_tense]**	☐1	☐2	☐3	☐4	☐5	☐7	☐8

EUROQOL EQ-5D DESCRIPTIVE SYSTEM

We are trying to find out what you think about your health. I will first ask you some simple questions about your health TODAY. I will then ask you to rate your health on a measuring scale. I will explain what to do as I go along but please interrupt me if you do not understand something or if things are not clear to you. Please also remember that there are no right or wrong answers. We are interested here only in your personal view.

FOR SURROGATE:

Please indicate which statements (insert name of person whose health is being assessed, e.g. Mr. Smith or John) would choose to describe his/her health state TODAY if he/she were able to tell us.

First I am going to read out some questions. Each question has a choice of five answers. Please tell me which answer best describes your (his/her) health TODAY. Do not choose more than one answer in each group of questions.

(NOTE TO INTERVIEWER: IT MAY BE NECESSARY TO REMIND THE RESPONDENT REGULARLY THAT THE TIMEFRAME IS TODAY. IT MAY ALSO BE NECESSARY TO REPEAT THE QUESTIONS VERBATIM)

First I'd like to ask you about mobility. Would you say that:

[fu_euroqol_mobility]

You have (He/she has) no problems walking? ☐$_1$

You have (He/she has) slight problems walking? ☐$_2$

You have (He/she has) moderate problems walking? ☐$_3$

You have (He/she has) severe problems walking? ☐$_4$

You (He/she has) are unable to walk? ☐$_5$

Refused ☐$_7$

DK ☐$_8$

Next I'd like to ask you about (his/her) self-care. Would you say that:

[fu_euroqol_selfcare]   You have (He/she has) no problems washing or dressing yourself? ☐$_1$

You have (He/she has) slight problems washing or dressing yourself? ☐$_2$

You have (He/she has) moderate problems washing or dressing yourself? ☐$_3$

You have (He/she has) severe problems washing or dressing yourself? ☐$_4$

You (He/she has) are unable to wash or dress yourself? ☐$_5$

Refused ☐$_7$

DK ☐$_8$

Next I'd like to ask you about your (his/her) usual activities, for example work, study, housework, family or leisure activities. Would you say that:

[fu_euroqol_usualactivity] You have (He/she has) no problems doing your usual activities? $\square_1$

You have (He/she has) slight problems doing your usual activities? $\square_2$

You have(He/she has) moderate problems doing your usual activities? $\square_3$

You have (He/she has) severe problems doing your usual activities? $\square_4$

You are (He/she is) unable to do your usual activities? $\square_5$

Refused $\square_7$

DK $\square_8$

Next I'd like to ask you about pain or discomfort. Would you say that:

[fu_euroqol_pain] You have (He/she has) no pain or discomfort? $\square_1$

You have (He/she has) slight pain or discomfort? $\square_2$

You have (He/she has) moderate pain or discomfort? $\square_3$

You have(He/she has) severe pain or discomfort? $\square_4$

You have (He/she has) extreme pain or discomfort? $\square_5$

Refused $\square_7$

DK $\square_8$

Finally I'd like to ask you about anxiety or depression. Would you say that:
[fu_euroqol_anxiety_dep]

You are (He/she is) not anxious or depressed? $\square_1$

You are (He/she is) slightly anxious or depressed? $\square_2$

You are (He/she is) moderately anxious or depressed? $\square_3$

You are (He/she is) severely anxious or depressed? $\square_4$

You are (He/she is) extremely anxious or depressed? $\square_5$

Refused $\square_7$

DK $\square_8$

EQ VAS: INTRODUCTION

Now, I would like to ask you to say how good or bad your health is TODAY.

(Surrogate: I would like to know how good or bad you think (insert name of person whose health is being assessed, e.g. Mr. Smith or John) would say his/her health is TODAY, if he/she were able to tell us)

I'd like you to try to picture in your mind a scale that looks a bit like a thermometer. Can you do that? The best health you can imagine is marked 100 (one hundred) at the top of the scale and the worst health you can imagine is marked 0 (zero) at the bottom.

EQ VAS: TASK

I would now like you to tell me the point on this scale where you would put your (his/her) health today.

[fu_euroqol_eqvastask]   ____ ____ ____

(0 to 100)

IF REFUSED, ENTER 997

IF UNKNOWN, ENTER 998

LATE LIFE FUNCTION AND DISABILITY INSTRUMENT

- **QUALITY OF LIFE SUB-SET ONLY**

- **PARTICIPANT OR PROXY**

Was the Late Life Function and Disability Instrument administered?
[fu_llfd_completed]: Yes ☐₁, No ☐₂

SURROGATE: What surrogate thinks patient would say

TIMEFRAME: NO SPECIFIC TIME FRAME. THE BACKGROUND TO THE INSTRUMENT SAYS THAT THEY WOULD LIKE PEOPLE TO THINK ABOUT "A TYPICAL DAY".

"When answering questions about limitations in activities, you (he/she) might feel limited because of (his/her) your health or because it takes a lot of physical or mental energy. you (he/she) may also feel limited by factors outside of yourself (his/herself). your environment could restrict you from doing things, for instance you might feel limited due to transportation issues or physical accessibility. think of all these factors when you answer the questions."

PERSON DOESN'T DO SOMETHING (WORK AS A VOLUNTEER, TAKE THE BUS): IF POSSIBLE, YOU SHOULD TRY TO PROBE FOR THEM TO THINK ABOUT HOW MUCH DIFFICULTY THEY WOULD HAVE IF THEY DID IT.
PLEASE NOTE: The Late Life Disability and Late Life Function Instrument questions will be asked using a computer adaptive program. Only 10 of the items listed for each of the measures will be asked. The 10 items each person are asked will depend on the individual person's responses to each previous item. The full set of potential items are listed here.

Late-Life FDI: Disability Component (10 items will be asked)
[fu_llfd_disability]
[fu_llfd_disability_se]

Response options:
- Not at All
- A Little
- Somewhat
- A Lot
- Completely

To what extent do you feel (do you think he/she feels) limited in...?
D1. Keeping in touch with others through letters, phone, or email.
D2. Visiting friends and family in their homes.
D3. Providing care or assistance to others.
D4. Taking care of the inside of your home.
D5. Working at a volunteer job outside your home.
D6. Taking part in active recreation.
D7. Taking care of household business and finances.
D8. Taking care of your own health.
D9. Traveling out of town for at least an overnight stay.
D10.Taking part in a regular fitness program.
D11. Inviting people into your home for a meal or entertainment.
D12. Going out with others to public places such as restaurants or movies.
D13. Taking care of your own personal care needs.

D14. Taking part in organized social activities.
D15. Taking care of local errands.
D16. Preparing meals for yourself.

Late-Life FDI: Function Component (10 items will be asked)
[fu_llfd_function]
[fu_llfd_function_se]

Response options:
•   None
•   A Little
•   Some
•   Quite a Lot
•   Cannot do

How much difficulty do you have...?
F1. Unscrewing the lid off a previously unopened jar without using any devices
F2. Going up and down a flight of stairs inside, using a handrail
F3. Putting on and taking off long pants (including managing fasteners)
F4. Running 1/2 mile or more
F5. Using common utensils for preparing meals (e.g., can opener, potato peeler, or sharp knife)
F6. Holding a full glass of water in one hand
F7. Walking a mile, taking rests as necessary
F8. Going up & down a flight of stairs outside, without using a handrail
F9. Running a short distance, such as to catch a bus
F10. Reaching overhead while standing, as if to pull a light cord
F11. Sitting down in and standing up from a low, soft couch
F12. Putting on and taking off a coat or jacket
F13. Reaching behind your back as if to put a belt through a belt loop
F14. Stepping up and down from a curb
F15. Opening a heavy, outside door
F16. Rip open a package of snack food (e.g. cellophane wrapping on crackers) using only your hands
F17. Pouring from a large pitcher
F18. Getting into and out of a car/taxi (sedan)
F19. Hiking a couple of miles on uneven surfaces, including hills
F20. Going up and down 3 flights of stairs inside, using a handrail
F21. Picking up a kitchen chair and moving it, in order to clean
F22. Using a step stool to reach into a high cabinet
F23. Making a bed, including spreading and tucking in bed sheets
F24. Carrying something in both arms while climbing a flight of stairs (e.g. laundry basket)
F25. Bending over from a standing position to pick up a piece of clothing from the floor
F26. Walking around one floor of your home, taking into consideration thresholds, doors, furniture, and a variety of floor coverings
F27. Getting up from the floor (as if you were laying on the ground)
F28. Washing dishes, pots, and utensils by hand while standing at sink
F29. Walking several blocks
F30. Taking a 1 mile, brisk walk without stopping to rest
F31. Stepping on and off a bus
F32. Walking on a slippery surface outdoors

MORTALITY INTERVIEW

Administered to designated surrogate or other surrogate

Telephone follow-up questions plus additional questions below administered to Surrogates, if possible, in the event of death.

Death Outcome Narrative *"Please provide a description of what happened during the end of life of your _____. We would like you to include symptoms, treatment, decision-making to treat or not to treat, his/her activity level prior to death, and anything else you would like to share with us."*

Complete the Death Outcome Narrative, return to the following questions if not indicated by the surrogate.

1. If death occurred in hospital: When was s/he admitted to the hospital?
Admission Date: _____

[death1]
[death1_known]
[death1_min]
[death1_max]

2. Was someone with your (relationship) when (he/she) died?

Yes ☐₁, No ☐₂,
[death2]

2a. If No, how long was it between when (participant) was last seen alive and when (he/she) died? _____
[death2a]

3. Did (participant) complain of any symptoms, such as chest pain, headache, extreme tiredness, or lack of appetite any time before (his/her) death?
[death3]

If Yes, Please describe. _____ *redacted*

4. What action, if any were taken for the symptom(s), such as taking medications, CPR, or going to the doctor? _____
[death4]

Who provided the answers for this questionnaire? (please select the best option)

[fu_respondent]

☐₁ Participant

☐₂ Surrogate (provided consent for STRIDE participation)

☐₃ Other (complete next page before ending interview):

> That was our last question. Thank you for answering these important questions for the STRIDE study.
>
> Do you have any questions before we hang-up?
> Great, be well, and thank you for participating in this important study.

OTHER SURROGATE INFORMATION

1. What is your relationship to the participant?

    Spouse ☐1
    Son or Daughter ☐2
[furesp_othrel_relation]   Niece or Nephew ☐3

    Grandchild ☐4
    Brother or Sister ☐5
    Friend/Neighbor ☐6
    Brother or Sister ☐7
    _____ Other relative (please specify): ☐8

2. How long have you known the participant?   ____

[furesp_othrel_months]
[furesp_othrel_categ]

3. How many days per week (0-7) do you see and/or talk with
    [PATIENT'S NAME]?

    Face-to-Face contacts: _____   Telephone contacts: _____
[furesp_othrel_facecontacts] **[furesp_othrel_telecontacts]**

4. Gender   Male ☐1
    Female ☐2

[furesp_othrel_gender]

5 . Race of Surrogate
[furesp_othrel_race]
*NOTE: recoded, see codebook or format

Do you consider yourself to be: White ☐1

    Black/ African American ☐2

    American Indian/Alaskan Native ☐3

    Asian ☐4

    Native Hawaiian/ Other Pacific Islander ☐5

    More than 1 race ☐6

    _____Other ☐7

    Refused ☐97

    DK ☐98

6. Ethnicity of Surrogate

[furesp_othrel_ethnicity]

Do you consider yourself to be:

Hispanic/Latino	☐₁
Non-Hispanic/Latino	☐₂
Refused	☐₇
DK	☐₈

IF HEALTH CARE PROVIDER – END HERE

7. How old are you?   Years ___

[furesp_othrel_age]

8. What was the last grade you completed in school?   Grade ___

No formal education = 00   High School = 09-12
Elementary school   = 01-08   College   = 13-17

[furesp_othrel_education]

NOTE: re-coded 1 = high school or less, 2 = college or more

END TIME OF INTERVIEW: ___ ___ : ___ ___ am pm **[fu_int_endtime]**