8. What is your current living situation?
- Never Married
- Divorced/Separated
- Widowed
- Married/Petitioner

7. What is the participant's marital status?
- 65+
- 60-64
- 55-59
- 50-54
- 45-49

6. What age category does the participant fall into?

5. What is the participant's age?
- Female
- Male

4. What is the participant's gender?

3. What is the participant's study identification number?
- Yes
- No

2. Has the consent form been signed?

1. Date of questionnaire completion
14. Have you ever been told by a doctor/nurse/other health professional that you have heart disease? (E.g., stroke, heart attack, heart failure)

Please specify:
- No
- Yes

13. Have you been hospitalized or visited your GP for a specific reason other than a checkup in the past three months? (I.e., is it an acute reason?)

Please specify:
- Excellent
- Good
- Average
- Poor

12. What statement best describes your current health?

Please specify:
- Low
- High

11. What is the participant's level of tangible social support? (Support from family, friends, faculty, services, community services)

Please specify:
- Completions level 1: felt unqualified
- Completions level 2: received some community support
- Completed secondary school
- Did not complete secondary school

10. What is the highest level of education the participant has reached?

Please specify:
- NZ Dip 1:2 (Level 3 or lower)
- NZ Dip 3:4
- NZ Dip 5:6
- NZ Dip 7:8
- NZ Dip 9:10 (most advanced)

9. What New Zealand Deprivation category does the participant live in?
20. Have you been told by your doctor, nurse or other health professional that you have a terminal illness?

NO  O  YES  O

No physical/mental problems  O  Mild dementia  O  Severe depression or dementia  O

depression or dementia, and if so how severe is it?

19. Have you been told by your doctor or other health professional that you have

Please specify type

NO  O  YES  O

18. Do you currently have or have previously had any type of cancer?

NO  O  YES  O

osteoporosis?

17. Have you been told by a doctor/nurse/health professional that you have

Please specify type

NO  O  YES  O

16. Have you ever been told by a doctor/nurse/health professional that you have

respiratory diseases (e.g., asthma, COPD)

15. Have you ever been told by a doctor/nurse/health professional that you have

diabetes
26. Which category best describes your alcohol consumption?

☐ Never
☐ Monthly or less
☐ Once a fortnight
☐ Once a week
☐ Three to four times per week
☐ Five or more times per week

25. Are you able to walk 400m independently (E.g., one lap around an athletics track or

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

24. Which statement best describes your mobility?

☐ Please specify

☐ Yes
☐ No

23. Do you have any disabilities? (E.g., Vision, hearing, mobility impairments)

☐ Please specify

☐ Yes
☐ No

22. Are you currently taking any dietary supplements? (E.g., Vitamins, minerals, fish oil)

☐ Please provide medication name

☐ Five or more
☐ Three to four
☐ One to two
☐ Zero

21. Which category best describes your prescription medication use, excluding dietary

INTERNATIONAL STUDY
33. In the past 3 months has your weight...

How much by?
I don't know
Decreased
Increased
Stayed the same

32. In the past month has your weight...

How much by?
I don't know
Decreased
Increased
Stayed the same

31. What is the participant's BMI?

30. What is the participant's weight?

* 29. What is the participant's height?

NO
YES

28. Do you currently smoke?

Five or more
Three to four
One to two
N/A

27. On the days you do drink alcohol, how many drinks would you typically have? (E.g.:

INTERAILHC Study
39. Do you think your weight is...

- Less than it should be
- Just right
- More than it should be

38. Have you been trying to change your weight in the past 6 months?

- No
- Yes

37. Has the patient lost 5% or more of their weight in the last 30 days (1 month), or 10% in the last 180 days (6 months)?

- No
- Yes

36b. Yes I gained/lost (over 6 months)

- No weight loss
- Less than 1 pound (0.5 kg)
- Between 1 and 5 pounds (0.5 to 2.5 kg)
- Greater than 5 pounds (2.5 kg)

35. Over three months, the participant's weight loss was...

[Blank]

34. In the past 6 months, has your weight...

- How much by?
- I don't know
- Decreased
- Increased
- Stayed the same

Interfrail+HC Study
43. When you eat a meal, how much food is left on your plate?

- Most days
- Often
- Sometimes
- Rarely

42. Do you skip meals?

- Exception
- Good
- Average
- Poor

41. How would you describe your appetite?

- No change
- Increase
- Decrease
- Other

40. Has your food intake decreased over the past 3 months?

- Yes
- No
- Other

44. Do you try to avoid certain foods? (due to personal preference?)

- Usually only have a few mouthfuls
- Leave bowl 1/2
- Leave bowl 1/4
- Usually eat it all

45. How many servings of fruit and vegetables do you eat each day? (Provide example)

[Blank space for input]
51. Do you cough, choke, or have pain when swallowing food or fluids?

- Never
- Rarely
- Sometimes
- Occasionally
- Frequently
- Always

50. Is biting or chewing food difficult for you?

- I feel some pain when I bite with my teeth
- I feel some discomfort when I bite with my teeth
- I have been advised to avoid biting with my teeth
- I have food stuck in my mouth
- I have food stuck in my teeth
- I have food stuck in my mouth and teeth

49. Which statement best describes your teeth?

- Never
- Sometimes
- Occasionally
- Frequently
- Frequently

48. Do you use meal replacements or supplements (e.g., Complan, Fortilip, Ensure)?

- Three or more times a day
- Twice a day
- Once a day
- Less than once a day

47. How often do you have milk or milk products each day (e.g., cheese, yoghurt, chickpeas, pulses, nuts)?

- More than twice
- Twice a day
- Once a day
- Less than once
66. Is the patient dehydrated? (use indicators such as recent vomiting or diarrhea)
   - No
   - Yes

   Coloured
   - Pale yellow
   - Yellow
   - Dark yellow
   - Another
   - Other

55. What is your usual urine colour?
   - Light or none
   - One to seven
   - Three to four
   - Five to six
   - More than six

54. How many cups (250ml) of fluids do you drink each day? (e.g. milk, water, tea, coffee, juice)
   - No fluid or oral intake
   - Parenteral feeding only: TPN
   - Enteral feeding
   - Nasogastric tube feeding
   - Intravenous fluid therapy
   - Enteral feeding via gastric tube with enteral feed
   - Enteral feeding via jejunostomy tube
   - Requires modification to swallow solid food because of mouth or oral issues
   - Requires modification to eat or drink
   - Speech therapist
   - Enteral nutrition
   - Other

53. What statement best describes the participant's food texture tolerance? (can pick more than one)
   - No
   - Yes

52. Do you suffer from dysphagia?
61. What risk category has the participant triggered for the nutrition domain of Inter-Act?

62. Do you have any problems getting groceries (e.g., due to health transport, financial, weather, assistance)?

63. Which statement best describes meal preparation for you?

64. How often do you eat one or more meals per day with someone?
65. What category does the participant's MNA-SF score fall into?

66. What is the participant's MNA-SF score?

67. What category does the participant's SCREEN II score fall into?

68. What is the participant's SCREEN II score for SCREEN II?

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Nutrition domain:

62. Has the participant triggered any other CAFs from questions assessed in the InterRAI HC Study?