



SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW WITH PROXY

ID NUMBER:

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FORM CODE:

G	L	X
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DATE: 01/21/2026
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

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Month Day Year

0b. Staff ID:

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Instructions: This form is completed during the six-month follow up to the participant's annual follow-up interview. It is the proxy version of the GNL form and should be completed only if the participant is living and the interview is conducted with a proxy, informant, or other respondent instead of the participant. The date is the day the contact is made, or is the date the status determination is made. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.

A. Falls

"Next, I will ask you about falls [name] may have experienced during the past 12 months."

6. In the past 12 months did [name] fall?

Yes A
No B
Don't know C

B. Traumatic Brain Injury

"Next, I will ask you about any head injuries [name] may have experienced in the past 12 months which led him/her to seek medical care. A head injury may also be referred to as a concussion or traumatic brain injury. Head injuries may happen from a fall, motor vehicle crash, or being hit by something or someone."

8. In the past 12 months, did [name] have a head injury which led him/her to seek medical care?

Yes Y
No N → **GO TO QUESTION 12a**
Don't know D → **GO TO QUESTION 12a**

8a. In the past 12 months, how many times did [name] have a head injury which led him/her to seek medical care?

1 A
2 B
3 C
4 D
5 E
6 or more F
Don't know G

C. Digital Access

“Next, I will ask you about [name’s] internet use in the past month and year.”

12a. In the last month, has [name] used the Internet for household activities (e.g., shopping, paying bills)?

Yes Y
No N
Don’t know D

12b. In the last month, has [name] used the Internet to connect with others (e.g., social networking, video calls with family or friends)?

Yes Y
No N
Don’t know D

12c. In the last year, has [name] used the Internet to manage health-related tasks, such as having a telehealth visit, refilling prescriptions, or learning about a health condition?

Yes Y
No N
Don’t know D

D. Alcohol Consumption

“Next, I am going to ask you about [name’s] consumption of wine, beer and drinks made with hard liquor.”

13. Does [name] presently drink alcoholic beverages?

Yes Y
No N
Don’t know D

[If the proxy or contact asks, or if the answer is not explicit, “presently” is defined as within the last 6 months.]

E. Arthritis

“The next questions are about arthritis.”

15. Has a doctor or healthcare professional ever said that [name] has arthritis or osteoarthritis?

Yes Y
No N → **GO TO QUESTION 16a**
Don’t know D → **GO TO QUESTION 16a**

15h. In which areas of the body does [name] have arthritis?

F. Unintentional Weight Loss

"I would like to ask you a few questions about [name's] weight loss to track potential changes."

16a. Over the past year, has [name] lost more than 10 pounds?

Yes	<input type="checkbox"/> 1
No	<input checked="" type="checkbox"/> 0 → GO TO QUESTION 20
Unknown	<input type="checkbox"/> 2

16c. Was [name] trying to lose weight?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 0
Unknown	<input type="checkbox"/> 2

G. Physical Ability

"These next few questions ask about how well [name] typically functions on his/her own. Do not include difficulties due to a temporary condition like a broken limb. Can [name] do the following activities without help from another person or special equipment, such as a cane or walker?"

20. Is [name] able to walk for a quarter of a mile (about 2 or 3 blocks)?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N
Does not do	<input type="checkbox"/> D
Don't know	<input type="checkbox"/> E

21. Is [name] able to walk from one room to another on the same level?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N
Does not do	<input type="checkbox"/> D
Don't know	<input type="checkbox"/> E

22. Is [name] able to get in or out of bed?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N
Does not do	<input type="checkbox"/> D
Don't know	<input type="checkbox"/> E

23. Is [name] able to walk up 10 steps without resting?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N
Does not do	<input type="checkbox"/> D
Don't know	<input type="checkbox"/> E

24. Is [name] able to do chores around the house (like vacuuming, sweeping, dusting, or straightening up)?

Yes Y
No N
Does not do D
Don't know E

25. Is [name] able to prepare his/her own meals?

Yes Y
No N
Does not do D
Don't know E

26. Is [name] able to manage his/her money (such as keeping track of his/her expenses or paying bills)?

Yes Y
No N
Does not do D
Don't know E

27. Is [name] able to eat, including holding a fork, cutting food, or drinking from a glass?

Yes Y
No N
Does not do D
Don't know E

28. Is [name] able to dress himself/herself, including tying shoes, working zippers, or doing buttons?

Yes Y
No N
Does not do D
Don't know E

29. Is [name] able to lift or carry something as heavy as 10 pounds?

Yes Y
No N
Does not do D
Don't know E

30. Is [name] able to stand up from an armless chair?

Yes Y
No N
Does not do D
Don't know E

31. Is [name] able to stoop, crouch, or kneel?

Yes Y
No N
Does not do D
Don't know E

"The following three questions are about bathing, using the toilet, and incontinence. Although these are normal, everyday activities and functions, we understand these may be sensitive topics."

32. Is [name] able to bathe himself/herself?

Yes Y
No N
Does not do D
Don't know E

33. Is [name] able to use the toilet and clean himself/herself?

Yes Y
No N
Does not do D
Don't know E

H. Incontinence Question

34. Typically, does [name] have any difficulty with bladder or bowel control?

Yes Y
No N
Don't know E

I. Administration Information

35. sAF General Interview Questions Completion Status:

A. Complete A
B. Partially complete; contact again within window (interruptions) ... B
C. Partially complete; unable to complete within window (done) C