



# SEMI-ANNUAL FOLLOW-UP GENERAL INTERVIEW WITH PARTICIPANT

ID NUMBER: 

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FORM CODE: 

G	N	L
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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 when the participant is interviewed during the six-month follow up to their annual follow-up interview. 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. Physical Activity

1. During leisure time, how often would you say you play sports or exercise?

A. Never .....  A  
B. Seldom .....  B  
C. Sometimes .....  C  
D. Often .....  D  
E. Very often .....  E

**[QUESTIONS 2, 3, 4 AND 5 DISCONTINUED IN GNL VERSION 1.0]**

## B. Falls

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

6. In the past 12 months did you fall?

Yes .....  A  
No .....  B  
Do not remember .....  C

**[QUESTION 7 DISCONTINUED IN GNL VERSION 1.0]**

## C. Traumatic Brain Injury

"Next, I will ask you about any head injuries you may have experienced in the past 12 months which led you 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 you have a head injury which led you to seek medical care?

Yes .....  Y  
No .....  N → **GO TO QUESTION 12a**

8a. In the past 12 months, how many times did you have a head injury which led you to seek medical care?

1 .....  A  
2 .....  B  
3 .....  C  
4 .....  D  
5 .....  E  
6 or more .....  F  
Do not remember .....  G

**[QUESTION 9 MOVED TO GNLA VERSION 1.0]**

**[QUESTION 10 DISCONTINUED IN GNL VERSION 1.0]**

#### **D. Digital Access**

**“Next, I will ask you a few questions about your internet use in the past month and year.”**

**[QUESTIONS 11a, 11b, 11c AND 12 DISCONTINUED IN GNL VERSION 1.0]**

12a. In the last month, have you used the Internet for household activities (e.g., shopping, paying bills)?

Yes .....  Y  
No .....  N

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

Yes .....  Y  
No .....  N

12c. In the last year, have you 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

#### **E. Alcohol Consumption**

**“Next, I am going to ask you about your consumption of wine, beer and drinks made with hard liquor.”**

13. Do you presently drink alcoholic beverages?

Yes .....  Y  
No .....  N

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

**[QUESTION 14 DISCONTINUED IN GNL VERSION 1.0]**

**F. Arthritis**

**“The next questions are about arthritis.”**

15. Has a doctor or healthcare professional ever told you that you have arthritis or osteoarthritis?

Yes .....  Y  
No .....  N → **GO TO QUESTION 16a**

In which of the following areas have you been told you have arthritis?

15a. Feet or ankles

Yes .....  Y  
No .....  N

15b. Knees

Yes .....  Y  
No .....  N

15c. Hips

Yes .....  Y  
No .....  N

15d. Back

Yes .....  Y  
No .....  N

15e. Neck

Yes .....  Y  
No .....  N

15f. Shoulders

Yes .....  Y  
No .....  N

15g. Hands or wrists

Yes .....  Y  
No .....  N

## G. Unintentional Weight Loss

**"I would like to ask you a few questions about weight loss to track potential changes."**

16a. Over the past year, have you lost more than 10 pounds?

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

**[QUESTION 16b DISCONTINUED IN GNL VERSION 1.0]**

16c. Were you trying to lose weight?

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

**[QUESTIONS 17, 18 AND 19 DISCONTINUED IN GNL VERSION 1.0]**

## H. Physical Ability

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

20. Are you able to walk for a quarter of a mile (about 2 or 3 blocks)?

Yes .....	<input type="checkbox"/> Y
No .....	<input type="checkbox"/> N
Do not do .....	<input type="checkbox"/> D

21. Are you able to walk from one room to another on the same level?

Yes .....	<input type="checkbox"/> Y
No .....	<input type="checkbox"/> N
Do not do .....	<input type="checkbox"/> D

22. Are you able to get in or out of bed?

Yes .....	<input type="checkbox"/> Y
No .....	<input type="checkbox"/> N
Do not do .....	<input type="checkbox"/> D

23. Are you able to walk up 10 steps without resting?

Yes .....	<input type="checkbox"/> Y
No .....	<input type="checkbox"/> N
Do not do .....	<input type="checkbox"/> D

24. Are you able to do chores around the house (like vacuuming, sweeping, dusting, or straightening up)?

Yes .....	<input type="checkbox"/> Y
No .....	<input type="checkbox"/> N
Do not do .....	<input type="checkbox"/> D

25. Are you able to prepare your own meals?

Yes .....  Y  
No .....  N  
Do not do .....  D

26. Are you able to manage your money (such as keeping track of your expenses or paying bills)?

Yes .....  Y  
No .....  N  
Do not do .....  D

27. Are you able to eat, including holding a fork, cutting food, or drinking from a glass?

Yes .....  Y  
No .....  N  
Do not do .....  D

28. Are you able to dress yourself, including tying shoes, working zippers, or doing buttons?

Yes .....  Y  
No .....  N  
Do not do .....  D

29. Are you able to lift or carry something as heavy as 10 pounds?

Yes .....  Y  
No .....  N  
Do not do .....  D

30. Are you able to stand up from an armless chair?

Yes .....  Y  
No .....  N  
Do not do .....  D

31. Are you able to stoop, crouch, or kneel?

Yes .....  Y  
No .....  N  
Do not do .....  D

**“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. Please let me know if you prefer not to answer any of these questions.”**

32. Are you able to bathe yourself?

Yes .....  Y  
No .....  N  
Do not do .....  D

33. Are you able to use the toilet and clean yourself?

Yes .....  Y  
No .....  N  
Do not do .....  D

**I. Incontinence Question**

34. Typically, do you have any difficulty with bladder or bowel control?

Yes .....  Y  
No .....  N

**J. 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