

Survey on awareness of geriatric syndromes

Case Report Form

Z1 Short spelling of subject's name:□□□□

Z2 Subject number:□□□□□□

Z3 Subject contact cell phone: _____

Z4 Center Code:□

Z5 Investigated units: _____

Z6 Evaluated date: _____

Case Screening

Inclusion criteria: Based on the medical history and physical examination, please confirm the following by ticking " <input type="checkbox"/> ".	Yes	No
1、 Age \geq 65 years old, gender is not limited; 2、 Voluntary signing of informed consent and participation in surveys; If the answer to any of the above is "no", the subject will not be allowed to enter the study.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Exclusion Criteria: Based on the medical history and physical examination, please confirm the following by ticking " <input type="checkbox"/> ".	Yes	No
1. A history of serious mental illness; 2. Severe visual, hearing or communication impairment; 3. Inability to cooperate in completing the evaluation of the full questionnaire; If the answer to any of the above is "yes", the subject will not be allowed to enter the study.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>According to the inclusion criteria for qualified subjects in clinical trials, subjects can be selected as qualified subjects for the current clinical trial if all 1-2 of the above inclusion criteria are "yes" and all 1-3 of the exclusion criteria are "no".</p> <p>Was the subject enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

A Basic information

A01 Gender: 1=Male 2=Female	<input type="checkbox"/> A1
A02 Date of Birth: _____	□□□□□A2
A03 Age: ____ years old	□□□ A3
A04 Ethnicity: 1=Han Chinese 2=Other	<input type="checkbox"/> A4
A05 Marital status: 1=Unmarried 2=Living together in marriage 3=Live apart in marriage 4=Divorced 5=Widowed 6=Other	<input type="checkbox"/> A5
A06 Living situation: 1=Living alone 2=Living with another person (spouse, relative or child, etc.) 3=Living with a caregiver who is not related in any way 4=Nursing home 5=Other	<input type="checkbox"/> A6
A07 Educational level: 1=Illiteracy 2=Primary school 3=Junior school 4=High school or three-year college 5=University 6=Graduate school and above	<input type="checkbox"/> A7
A08 Employment status: 1=Incumbency 2=Retirement	<input type="checkbox"/> A8
A09 Main medical payment methods: 1=Basic medical insurance for urban workers 2=Basic medical insurance for urban residents 3=Rural cooperative medical care 4=Commercial medical insurance 5=Indigent assistance 6=Fully publicly funded 7=Fully self-funded 8=Other social insurance	<input type="checkbox"/> A9
A10 Source of respondents: 1=Urban 2=Rural	<input type="checkbox"/> A10
A11 How would you say your income situation is compared to those around you: 1=High 2=Average 3=Low	<input type="checkbox"/> A11
A12 Smoking status: 1=Yes 2=No 3=Quit smoking	<input type="checkbox"/> A12
A13 Drinking status: 1=Yes 2=No 3=Quit drinking	<input type="checkbox"/> A13
A14 Height (cm)	□□□ A14
A15 Weight (kg)	□□□. □A15

B Disease Information

Diseases of the cardiovascular system coronary heart disease 1=Yes 2=No <input type="checkbox"/> B1 high blood pressure 1=Yes 2=No <input type="checkbox"/> B2 heart failure 1=Yes 2=No <input type="checkbox"/> B3 heart valve disease 1=Yes 2=No <input type="checkbox"/> B4 arrhythmia 1=Yes 2=No <input type="checkbox"/> B5 Respiratory diseases chronic obstructive pulmonary disease (COPD) 1=Yes 2=No <input type="checkbox"/> B6 bronchitis 1=Yes 2=No <input type="checkbox"/> B7 inflammation of the lungs 1=Yes 2=No <input type="checkbox"/> B8 pulmonary nodule 1=Yes 2=No <input type="checkbox"/> B9	Tumor Diseases benign tumor 1=Yes 2=No <input type="checkbox"/> B20 malignant tumor 1=Yes 2=No <input type="checkbox"/> B21 Endocrine system diseases diabetes 1=Yes 2=No <input type="checkbox"/> B22 Hyperthyroidism or hypothyroidism 1=Yes 2=No <input type="checkbox"/> B23 high blood fat disease 1=Yes 2=No <input type="checkbox"/> B24 gout 1=Yes 2=No <input type="checkbox"/> B25 Diseases of the blood system anemic 1=Yes 2=No <input type="checkbox"/> B26 Musculoskeletal
---	---

Survey on awareness of geriatric syndromes CRF

Diseases of the digestive system			system		
			osteoporosis	1=Yes 2=No	<input type="checkbox"/> B27
Gastrointestinal bleeding	1=Yes 2=No	<input type="checkbox"/> B10	osteoarthrosis	1=Yes 2=No	<input type="checkbox"/> B28
Liver Diseases	1=Yes 2=No	<input type="checkbox"/> B11	Psychosomatic diseases		
peptic ulcer	1=Yes 2=No	<input type="checkbox"/> B12	apprehensive	1=Yes 2=No	<input type="checkbox"/> B29
Pancreatic Diseases	1=Yes 2=No	<input type="checkbox"/> B13	despondent	1=Yes 2=No	<input type="checkbox"/> B30
Diseases of the urinary system			delirium	1=Yes 2=No	<input type="checkbox"/> B31
Chronic renal insufficiency	1=Yes 2=No	<input type="checkbox"/> B14			
prostate enlargement	1=Yes 2=No	<input type="checkbox"/> B15			
Diseases of the nervous system					
dementia	1=Yes 2=No	<input type="checkbox"/> B16			
cerebral hemorrhage	1=Yes 2=No	<input type="checkbox"/> B17			
Parkinson's disease	1=Yes 2=No	<input type="checkbox"/> B18			
seizures	1=Yes 2=No	<input type="checkbox"/> B19			

C Medication use

antihypertensive drug	1=Yes 2=No	<input type="checkbox"/> C1	sedative drug	1=Yes 2=No	<input type="checkbox"/> C14
antiarrhythmic drug	1=Yes 2=No	<input type="checkbox"/> C2	anti-dementia drug	1=Yes 2=No	<input type="checkbox"/> C15
digoxin	1=Yes 2=No	<input type="checkbox"/> C3	sleeping pill	1=Yes 2=No	<input type="checkbox"/> C16
nitrate	1=Yes 2=No	<input type="checkbox"/> C4	antiparkinsonian	1=Yes 2=No	<input type="checkbox"/> C17
statin (loanword)	1=Yes 2=No	<input type="checkbox"/> C5	Uric acid-lowering drugs	1=Yes 2=No	<input type="checkbox"/> C18
diuretic	1=Yes 2=No	<input type="checkbox"/> C6	Anti-renal insufficiency drugs	1=Yes 2=No	<input type="checkbox"/> C19
antiplatelet drug	1=Yes 2=No	<input type="checkbox"/> C7	Hepatoprotective drugs	1=Yes 2=No	<input type="checkbox"/> C20
anticoagulant	1=Yes 2=No	<input type="checkbox"/> C8	Anti-anemia drugs	1=Yes 2=No	<input type="checkbox"/> C21
antihyperglycemic drug	1=Yes 2=No	<input type="checkbox"/> C9	antiasthmatic drug	1=Yes 2=No	<input type="checkbox"/> C22
Anti Prostatic Hyperplasia Drugs	1=Yes 2=No	<input type="checkbox"/> C10	anti-infective drugs	1=Yes 2=No	<input type="checkbox"/> C23
proton pump inhibitor	1=Yes 2=No	<input type="checkbox"/> C11	Hematological preparations	1=Yes 2=No	<input type="checkbox"/> C24
Gastric mucous membrane protector	1=Yes 2=No	<input type="checkbox"/> C12	nutrient preparation	1=Yes 2=No	<input type="checkbox"/> C25
gastrointestinal stimulant	1=Yes 2=No	<input type="checkbox"/> C13			

D Dementia Knowledge Survey Scale

Please tick the appropriate option according to your understanding.

Did you know that dementia?	1=Yes	2 = No	<input type="checkbox"/> D1
If the older adult does not know or answers incorrectly, explain that dementia is a progressive degenerative degenerative disease of the brain, which is mainly characterized by memory impairment and decline in analytical and judgmental skills.			

dimension	entry	options			
symptomatic	1. Do people with dementia suffer from deterioration of speech or even loss of speech?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> D2
	2. Do people with dementia show symptoms of deterioration in executive ability (e.g., inability to dress, cook, etc.)?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> D3
risk factor	3. Are older adults who have had a cerebrovascular accident (e.g., stroke, etc.) more likely to develop dementia?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> D4
	4. Are older adults with depression more likely to develop dementia?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> D5
Prevention and control interventions	5. Can resistance exercises (e.g., elastic bands, dumbbells, sandbags, etc.) or finger exercises (e.g., massaging palms, rubbing fingertips, etc.) prevent dementia?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> D6
	6. Can more group-type activities in general prevent dementia?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> D7

E Frailty Knowledge Survey Scale

Please tick the appropriate option according to your understanding.

Are you aware of frailty?	1=Yes	2 = No	<input type="checkbox"/> E1
If the older person did not know or answered incorrectly, explain that frailty is a state in which the older person's physiological functioning declines and his or her health deteriorates, while becoming more susceptible to disease.			

dimension	entry	options			
symptomatic	1. Are frail older adults likely to have slower walking speeds?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> E2

Survey on awareness of geriatric syndromes CRF

	2. Is it possible that a frail older person may be unable to accomplish what he or she wants to do because of a lack of physical strength (e.g., not being able to walk continuously for 100 meters alone or climb up a flight of stairs in one breath, etc.)?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> E3
risk factor	3. Are older adults with somatic diseases (e.g., coronary heart disease, diabetes, stroke, malignant tumors, etc.) more prone to debility?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> E4
	4. Are older adults with adverse emotions such as anxiety and depression more prone to frailty?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> E5
Prevention and control interventions	5. Is it possible to prevent or ameliorate frailty by ensuring rational use of medication and avoiding polypharmacy as much as possible?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> E6
	6. Could better management of multimorbidity coexistence prevent or ameliorate age-related frailty?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> E7

F Sarcopenia Knowledge Survey Scale

Please tick the appropriate option according to your understanding.

Do you know about sarcopenia?	1=Yes	2 = No	<input type="checkbox"/> F1
If the older adult did not know or answered incorrectly, explain: Sarcopenia is a state of decreased muscle mass and reduced muscle strength throughout the body.			

dimension	entry	options			
symptomatic	1. Is it possible for a person with sarcopenia to have decreased grip strength?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> F2
	2. Is it possible for a person with sarcopenia to have symptoms of slowed walking speed?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> F3
risk factor	3. Are older adults more likely to develop sarcopenia?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> F4
	4. Are older adults with chronic diseases (e.g., diabetes, hyperlipidemia, etc.) more likely to develop sarcopenia?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> F5
Prevention and control interventions	5. Does appropriate resistance exercise (e.g., elastic bands, dumbbells, sandbags, etc.) prevent or improve sarcopenia?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> F6
	6. Does adequate protein intake prevent or improve sarcopenia?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> F7

G Urinary Incontinence Knowledge Survey Scale

Please tick the appropriate option according to your understanding.

Are you aware of urinary incontinence?	1=Yes	2 = No	<input type="checkbox"/> G1
If the older adult does not know or answers incorrectly, explain that urinary incontinence is the uncontrolled flow of urine.			

dimension	entry	options			
symptomatic	1. Is it a sign of urinary incontinence that you urinate so urgently that you can't get to the toilet in time?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> G2
	2. Is uncontrolled leakage of urine when coughing, sneezing, or exercising a sign of urinary incontinence?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> G3
risk factor	3. Are women who have more children more likely to have urinary incontinence?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> G4
	4. Are obese older adults more likely to have urinary incontinence?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> G5
Prevention and control interventions	5. Should heavy lifting be contraindicated until incontinence symptoms improve?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> G6
	6. Does surgery relieve or treat urinary incontinence?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> G7

H Malnutrition Knowledge Survey Scale

Please tick the appropriate option according to your understanding.

Are you aware of malnutrition?	1=Yes	2 = No	<input type="checkbox"/> H1
If the older adult did not know or answered incorrectly, explain that malnutrition refers to an abnormal state of nutrition, in this case primarily undernutrition.			

dimension	entry	options			
symptomatic	1. In the absence of deliberate weight loss, is significant weight loss over a period of time (more than 5% in 30 days or more than 10% in 6 months) a possible sign of malnutrition?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> H2
	2. Is a significant decrease in muscle mass over time (e.g., muscle atrophy) a possible sign of malnutrition?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> H3
risk factor	3. Are older adults with chronic diseases (e.g., diabetes, hyperlipidemia, etc.) or serious illnesses (e.g., malignant tumors, etc.) more susceptible to malnutrition?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> H4

Survey on awareness of geriatric syndromes CRF

	4. Are older adults with bad moods such as depression and anxiety more likely to be malnourished?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> H5
Prevention and control interventions	5. Does the daily intake of supplemental proteins such as meat, eggs, milk, beans and soy products prevent or improve malnutrition in the elderly?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> H6
	6. Is it necessary to use oral nutritional supplementation for malnourished older adults who still do not meet nutritional standards after an intensive diet?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> H7

I Falls Knowledge Awareness Survey Scale

Please tick the appropriate option according to your understanding.

Are you aware of falls?	1=Yes	2 = No	<input type="checkbox"/> I1
If the older adult did not know or answered incorrectly, explain that a fall is a sudden, unintentional fall.			

dimension	entry	options			
symptomatic	1. Are there symptoms such as dizziness, vertigo, and blurred vision that may precede a fall?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> I2
	2. Are there symptoms such as loss of balance, feeling of unsteadiness, palpitations, etc. that may precede a fall?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> I3
risk factor	3. Are older adults taking certain medications (e.g., sedatives, sleeping pills, hypoglycemics, antiarrhythmics, or antidepressants) more likely to fall than older adults in general?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> I4
	4. Are older adults who lack awareness of falls and overestimate their abilities more likely to fall?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> I5
Prevention and control interventions	5. Does the use of walkers and wheelchairs prevent falls?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> I6
	6. Does the installation of fall prevention signs prevent the occurrence of falls?	1=Yes	2 = Don't know	3 = No	<input type="checkbox"/> I7