**Summary of the Elderly Persons in the Risk Zone (EPRZ) assessment form**

Each group of questions/statements and instruments/tests have different answering alternatives (not shown). Also, some questions/statements have follow-up questions (not shown). Table 1 presents a condensed summary with the study time line for follow-ups.

**Demographic questions**

* Year of birth, sex, marital status?
* How and with whom do you live?
* What education do you have?
* What was your profession before retirement?

**Environmental/accessibility questions**

* Can you get in and out of your home without having to climb stairs?
* Do you experience difficulties to get in and out of your home due to obstacles in the environment?
* Do you experience difficulties in the area of your residence due to obstacles in the environment?
* Is your home adapted to your needs?

**Instruments/tests**

* The Mobility-Tiredness scale
* Hand strength
* The Berg balance scale
* Time to walk 4 meters
* The CIRS-G
* The Geriatric Depression Scale
* The MMSE
* The KM visual acuity chart
* How is your hearing?
* The FES-I
* Have you fallen sometimes in the last three months?

**Lifestyle questions**

* Do you smoke and/or use snus/snuff?
* How often do you drink alcohol?
* Specify how often you walk or engage in other similar physical activity?
* How long does the walk/physical activity usually last?

**Quality of life and health**

* The Göteborg quality of life instrument
* The EQ-5D
* Self-rated health
* The Fugl-Meyer life satisfaction scale

**Medications**

**Daily activities, participation and assistive technology**

* The ADL-staircase
* Technical aids?
* The Activity checklist

**Meal habits**

* Do you usually have breakfast, lunch and/or dinner?
* Do you usually have snacks in between meals?
* How often do you have vegetables for your meals?

**Social network and support**

* Do you have children?
* How often do you have contact with your children and/or grandchildren?
* Do you have someone to trust and confide in?
* Who do you turn to first to ask for help if you fall ill and bedridden?
* Sometimes you need help and support from someone. Do you have a relative, friend
or another person you can turn to if you needed practical help?
* Do you feel alone?
* Do you feel more or less alone now than 10 years ago?
* Are you giving help to/assist someone in daily life activities?

**Health care consumption**

*Table 1.* Outcome measurements and follow-ups in EPRZ.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcomes** | **Measurement** | **TO** | **T1** | **T2** | **T3** |
|  |  |  | **3 month** | **1 year** | **2 year** |
| Fatigue | Questionnaire/tiredness scale | X | X | X | X |
| Grip strength | North Coast dynamometer | X |   | X | X |
| Endurance/physical activity | Questionnaire/physical and | X | X | X | X |
|   | activity scale | X | X | X | X |
| Balance | The Berg Balance Scale | X | X | X | X |
| Gait speed | Gait speed four-meter walking test | X | X | X | X |
| Weight loss | The Göteborg Quality of Life Instrument | X | X | X | X |
| Cognition | Mini Mental State Exam (MMSE) | X |   | X | X |
| Visual impairment | KM visual acuity chart | X |   | X | X |
| Self-rated health | SF 36 (a single question) | X | X | X | X |
| Illness | CIRS-G | X |   | X | X |
| Symptoms | The Göteborg Quality of Life Instrument | X | X | X | X |
| Depression | GDS 20 | X | X | X | X |
| Activities of daily living | The ADL staircase | X | X | X | X |
| Health-related quality of life | EQ5D | X | X | X | X |
| Life satisfaction | Fugl-Meyer - LiSat | X | X | X | X |
| Assistive technology and accessibility | Questionnaire | X | X | X | X |
| Participation/Leisure activities | Questionnaire | X | X | X | X |
| Social support | Questionnaire | X | X | X | X |
| Social network | Questionnaire | X |   | X | X |
| Falls | Questionnaire | X | X | X | X |
| Fear of falling | FES-I | X | X | X | X |
| Health care Consumption | Register data |   |   |   |   |