

Additional file 2: Measurement Tools

Frailty assessment Scale

1. Body Frailty

1.1 Do you feel that your health is significantly worse than last year?

- ① Obvious ② Less obvious ③ Not obvious

1.2 Have you been eating a lot less recently?

- ① Obvious ② Less obvious ③ Not obvious

1.3 Have you lost any sudden, noticeable weight recently? (“Significant weight loss” means a weight loss of at least 6kg in the last six months or at least 3 kg in the last one month)

- ① Obvious ② Less obvious ③ Not obvious

1.4 Do you have difficulty moving your limbs because of the inconvenience in your daily life?

- ① Yes ② Occasionally ③ No

1.5 Do you have difficulty maintaining your balance in your daily life?

- ① Yes ② Occasionally ③ No

1.6 Do you have a language barrier that makes your daily life difficult?

- ① Yes ② Occasionally ③ No

1.7 Do you have physical fatigue that makes your daily life difficult?

- ① Yes ② Occasionally ③ No

1.8 Do you often feel tightness in your chest?

- ① Yes ② Occasionally ③ No

1.9 Do you often feel physical pain? (pain in the limbs, head, neck, back, muscles, etc.)

- ① Yes ② Occasionally ③ No

2. Mental Frailty

2.1 Have you been feeling down (unhappy) in the last month?

- ① Yes ② Occasionally ③ No

2.2 Do you have physical fatigue that makes your daily life difficult?

- ① Yes ② Occasionally ③ No

2.3 Have you been able to deal with the problems in your life in the last month?

- ① Able ② Can sometimes ③ Unable

2.4 Have you been able to enlighten yourself on the problems you have encountered in the last month?

- ① Able ② Can sometimes ③ Unable

2.5 Overall, are you satisfied with your current life or job?

- ① Satisfaction ② Partial satisfaction ③ Dissatisfaction

3. Social Frailty

3.1 Do you live alone?

- ① Yes ② No

3.2 Do you often invite people to your home? (including friends, relatives, neighbors, etc.)

- ① Yes ② Sometimes ③ No

3.3 Do you often visit other people's homes? (including friends, relatives, neighbors, etc.)

- ① Yes ② Sometimes ③ No

3.4 Do you think there are a lot of friends and relatives you can meet and confide in at any time? (including children, relatives, neighbors and friends)

- ① More ② Sometimes ③ No

3.5 Do you often feel lonely?

- ① Yes ② Sometimes ③ No

4. Environmental Frailty

4.1 Do you think your house is in bad condition?

- ① Bad ② Not too bad ③ Not bad

4.2 Do you think your accommodation is not comfortable enough?

- ① Uncomfortable ② Not feel well ③ Comfortable

4.3 Don't you like the surroundings of the house?

① Dislike ② Not too like ③ Like

4.4 Do you think the transportation around your house is not easy?

① Yes ② Sometimes ③ No

Social Capital Scale

Social Capital

1. Social Participation

1.1 In the past 12 months, how often would you participate in formal groups (party or democratic parties' elections, etc.)?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

1.2 In the past 12 months, how often would you participate in informal groups (square dance, interest clubs, etc.)?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

1.3 In the past 12 months, how often would you be a community volunteer (coordinator, corridor manager, etc.)?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

1.4 In the past 12 months, how often would you take part in community services (health lecture, cultural activities etc.)?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

2. Social Support

2.1 When you are in trouble, is there someone that provides you with mental support (i.e., comfort you)?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

2.2 When you are in trouble, is there someone that provides you with material support (i.e., lend you money)?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

2.3 When you are in trouble, are there any formal or informal groups that provide you with mental support (i.e., comfort you)?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

2.4 When you are in trouble, are there any formal or informal groups that provide you with material support (i.e., lend you money)?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

3. Social Connection

3.1 How often do you contact your children?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

3.2 How often do you contact your relatives?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

3.3 How often do you contact your friends?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

3.4 How often do you contact your neighbors?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

3.5 How often do you contact your community/village staff?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

4. Trust

4.1 Do you trust your family members?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

4.2 Do you trust your relatives?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

4.3 Do you trust your friends?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

4.4 Do you trust in someone who lives within one community/ village?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

5. Cohesion

5.1 Do you care about what happened in your community/village?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

5.2 Do you think the community/village is more harmonious?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

5.3 Do you like the community/village you live now?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

5.4 You have a feeling of being in the community/village?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

5.5 Do you feel reluctant, if you have to move away from the community lived now?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

6. Reciprocity

6.1 When your relatives are in trouble, will you provide help to them?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

6.2 When your friends/ neighbors are in trouble, will you provide help to them?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

6.3 When somebody in your community/village is in trouble, will you provide help to them?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

6.4 When some strangers are in trouble, will you provide help to them?

① Never ② Seldom ③ Usually ④ Often ⑤ More Often

Morisky Medication Adherence Scale

1. Do you ever forget to take your medicine?

- ① Yes ② No

2. Are you careless at times about taking your medicine?

- ① Yes ② No

3. When you feel better, do you sometimes stop taking your medicine?

- ① Yes ② No

4. Sometimes if you feel worse when you take the medicine, do you stop taking it?

- ① Yes ② No

Zung Self-rating Depression Scale (SDS)

Questions	A Little Of The Time= 1	Some Of The Time= 2	Good Part Of The Time= 3	Most Of The Time= 4
1. I feel down hearted and blue.				
2. Morning is when I feel the best.				
3. I have crying spells or feel like it.				
4. I have trouble sleeping at night.				
5. I eat as much as I used to.				
6. I still enjoy sex.				
7. I notice that I am losing weight.				
8. I have trouble with constipation.				
9. My heart beats faster than usual.				
10. I get tired for no reason.				
11. My mind is as clear as it used to be.				
12. I find it easy to do the things I used to.				
13. I am restless and can't keep still.				
14. I feel hopeful about the future.				
15. I am more irritable than usual.				
16. I find it easy to make decisions.				
17. I feel that I am useful and needed.				
18. My life is pretty full.				
19. I feel that others would be better off if I were dead.				
20. I still enjoy the things I used to do.				

Self-rated Functional Ability Scale

1 Eating

① Independently Finish ② Partially Limited ③ Dependent

2 Bathing

① Independently Finish ② Partially Limited ③ Dependent

3 Grooming

① Independently Finish ② Partially Limited ③ Dependent

4 Clothing

① Independently Finish ② Partially Limited ③ Dependent

5 Toileting

① Independently Finish ② Partially Limited ③ Dependent

6 Indoor Activities

① Independently Finish ② Partially Limited ③ Dependent

7 Walking (about 50m)

① Independently Finish ② Partially Limited ③ Dependent

8 Ascending and Descending Stairs

① Independently Finish ② Partially Limited ③ Dependent

9 Using phone calls

① Independently Finish ② Partially Limited ③ Dependent

10 Shopping

① Independently Finish ② Partially Limited ③ Dependent

11 Doing laundry

① Independently Finish ② Partially Limited ③ Dependent

12 Using vehicles

① Independently Finish ② Partially Limited ③ Dependent

13 Taking Pills

① Independently Finish ② Partially Limited ③ Dependent

14 Saving or withdrawing money

① Independently Finish ② Partially Limited ③ Dependent