Table S1. FIND-NEEDS screening questionnaire.

1. F: Function, Falls, Frailty		
Function		
1.1 Do you need assistance, supervision, or reminding with toileting or bathing?	☐ 0. No	☐ 1. Yes
Falls		
1.2.1 Have you experienced two or more falls or any falls with injury in the past year?	☐ 0. No	☐ 1. Yes
1.2.2 Do you have difficulty with gait or balance or worry about falling?	☐ 0. No	☐ 1. Yes
Frailty		
1.3.1 CSHA Clinical Frailty Scale (CFS)	☐ 0. ≦3	☐ 1. ≧4
1.3.2 Study of Osteoporotic Fracture (SOF)	☐ 0. ≦1	☐ 1. ≧2
1.3.2.1 In the past year, have you ever lost 5% of your weight without trying to do so?	☐ 0. No	☐ 1. Yes
1.3.2.2 Without support, are you able to complete five chair rises?	☐ 0. Yes	☐ 1. No
2. I: Incontinence		
2.1 In the past year, have you had involuntary urination and gotten wet for at least six separate days?	☐ 0. No	☐ 1. Yes
3. N: Nutrition		
3.1 Have you lost weight 2–3 kg (5%) in the past 3 months without trying to do so?	☐ 0. No	☐ 1. Yes
3.2 Height: _____ cm; Weight: _____ kg; BMI_____, Is BMI ≦18.5?	☐ 0. No	☐ 1. Yes
4. D: Dementia		
4.1 Do you or any family or friends think you have a problem with your memory?	☐ 0. No	☐ 1. Yes
4.2 I'm going to name three unrelated items (red, happy, bicycle) clearly and slowly, please repeat them once then remember them. We will ask you to recall all three of them after three minutes.	☐ 0. Remember all three	☐ 1. Can't Remember all three
5. N: Number of medications		
5.1 Do you take 8 or more long-term (≥ 3 months) medications (excluding vitamins and other supplements)?	☐ 0. No	☐ 1. Yes
5.2 Are you using high-risk medications (sedatives, antidepressants, muscle relaxants, or pain relievers)?	☐ 0. No	☐ 1. Yes
5.3 Did you not adhere to the doctor's orders, or feel discomfort after taking medications?	☐ 0. No	☐ 1. Yes
6. E: Eyes		
6.1 Do you have difficulty reading or watching TV, or performing any other daily activity (with glasses if used)?	☐ 0. No	☐ 1. Yes
7. E: Ears		
7.1 Do you have difficulty hearing conversation (with aide if used)?	☐ 0. No	☐ 1. Yes
8. D: Depression		
8.1 Patient Health Questionnaire (PHQ-2)	☐ 0. =0	☐ 1. ≧1
8.1.1 Do you feel sad or depressed over the past 2 weeks?	☐ 0. No	☐ 1. Yes
8.1.2 Have you lost pleasure in doing things over the past 2 weeks?	☐ 0. No	☐ 1. Yes
9. S: Social interaction		
9.1 Do you live alone or often feel lonely?	☐ 0. No	☐ 1. Yes
9.2 Not often participate in activities that interact with people, such as gathering and chatting with friends, attending church/temple/neighborhood activities, courses, volunteering, etc.?	☐ 0. No	☐ 1. Yes