



4. SALIVA SPONGE NOTES: (SPONGE1\_NOTES)



**WAIST CIRCUMFERENCE**

Next let's measure your waist. (WAIST\_INTRO)

- CONTINUE
- REFUSED (SKIP TO WAIST\_NOTES)

- HAVE R STAND WITH FEET TOGETHER
- HAVE R RELAX ARMS AND STOMACH AND BREATHE NORMALLY
- ASK R TO POINT TO NAVEL
- ESTIMATE THE NATURAL WAIST AT THE NARROWEST PART OF THE TORSO JUST ABOVE THE NAVEL. IN OVERWEIGHT INDIVIDUALS MEASURE JUST ABOVE THE NAVEL, EVEN WHEN THEIR WAIST IS THE WIDEST PART OF THE TORSO.
- PLACE MEASURING TAPE EVENLY AROUND THE WAIST
- MAKE SURE THE TAPE IS STRAIGHT AND NOT TWISTED

1. RECORD WAIST TO THE NEAREST HALF INCH (##.#) (WAIST)

|\_|\_|.|\_|\_| INCHES (WAIST\_INCH)

- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO

2. WAIST NOTES: (WAIST\_NOTES)



## HEIGHT

Now let's measure your height.

- HAVE R STAND STRAIGHT AGAINST WALL, FEET TOGETHER, EYES LOOKING FORWARD
- PLACE CLIPBOARD ON TOP OF R'S HEAD WITH SHORTER EDGE VERTICAL AND FLAT AGAINST THE WALL
- PLACE POST-IT DIRECTLY BELOW THE CLIPBOARD ON THE WALL
- R STEP AWAY FROM WALL
- SET MEASURING TAPE AGAINST WALL AND MEASURE HEIGHT

### 1. RECORD HEIGHT TO THE NEAREST HALF INCH (HEIGHT\_INTRO)

- |\_|\_|\_|\_|. |\_|\_| INCHES (HEIGHT)
- R IN WHEELCHAIR
- R REFUSED TO BE MEASURED
- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO

### 2. HEIGHT NOTES: (HEIGHT\_NOTES)



## BLOOD PRESSURE AND PULSE #2

- WAIT ONE MINUTE BETWEEN FIRST AND SECOND READING

Let's take your final blood pressure reading. (BP\_INTRO\_2)

- CONTINUE
- REFUSED (SKIP TO BP\_TIMEH)

5. ATTEMPT #2: (BP\_2)

- |\_|\_|\_| SYSTOLIC (SYSTOLIC\_2)
- |\_|\_|\_| DIASTOLIC (DIASTOLIC\_2)
- EQUIPMENT PROBLEM (SKIP TO BP\_TIMEH)
- TRIED, UNABLE TO DO (SKIP TO BP\_TIMEH)

6. IS THE HEARTBEAT IRREGULAR? (IRREGLR\_2)

- YES
- NO

7. PULSE #2 (BOTTOM LINE): (PULSE2)

- |\_|\_|\_| (PULSE\_2)
- PULSE ERROR READING

8. WHAT ARM WAS USED FOR THE READING? (BP\_ARM\_2)

- LEFT ARM
- RIGHT ARM

9. RECORD CURRENT TIME FROM YOUR WATCH

|\_|\_| HOUR (BP\_TIMEH)

|\_|\_|\_| MINUTES (BP\_TIMEM)

- AM (BP\_TIME)
- PM



**IF EITHER OF THE READINGS WERE 200/120 OR HIGHER, DISPLAY THE FOLLOWING STATEMENT**

Your reading today was (AVERAGE SYSTOLIC READING) over (AVERAGE DIASTOLIC READING). According to American Heart Association guidelines, this is a very high blood pressure reading. Please contact your physician about this reading.

10. BLOOD PRESSURE NOTES: (BP\_NOTES)

## TIMED WALK

Now I am going to observe how you normally walk. If you use a cane or other walking aid and you feel you need it to walk a short distance, then you may use it. Let me first demonstrate this measure. (WALK\_INTRO)

- CONTINUE
- R IN WHEELCHAIR (SKIP TO Q4)
- REFUSED (SKIP TO Q4)
- USE PRE-CUT STRING TO MEASURE DISTANCE ON THE FLOOR
- DEMONSTRATE THE WALK WHILE PROVIDING INSRUCTIONS
  - STAND WITH TOES TOUCHING THE BEGINNING OF THE STRING
  - START WALKING WHEN I SAY BEGIN
  - WALK AT YOUR USUAL PACE
  - WALK PAST THE END OF THE STRING BEFORE YOU STOP
- ALLOW R TO USE HIS/HER WALKING AID (CANE OR WALKER)
- ASK R TO STAND AT BEGINNING OF STRING

### 1. TIMED WALK #1 (WALK\_1)

When I say “Begin” you may start walking.

PUSH ‘START/STOP’ ON STOPWATCH AND SAY ‘Begin’

PUSH ‘START/STOP’ ON STOPWATCH WHEN ONE OF R’S FEET IS COMPLETELY ACROSS THE OTHER END OF THE STRING

- ABLE TO DO (SPECIFY SECONDS): \_\_\_\_\_
- EQUIPMENT PROBLEM (SKIP TO Q4)
- TRIED, UNABLE TO DO (SKIP TO Q4)
- R COULD NOT WALK UNASSISTED (SKIP TO Q4)
- NOT ATTEMPTED, FI FELT UNSAFE (SKIP TO Q4)
- NOT ATTEMPTED, R FELT UNSAFE (SKIP TO Q4)
- R UNABLE TO UNDERSTAND INSTRUCTIONS (SKIP TO Q4)
- OTHER (SPECIFY): \_\_\_\_\_ (SKIP TO Q4)

### 2. TIMED WALKED #2 (WALK\_2)

- ASK RESPONDENT TO REPEAT WALK, FROM THE END OF THE STRING BACK TO THE BEGINNING OF THE STRING
- PUSH ‘CLEAR’ ON STOPWATCH

When I say “Begin” you may start walking.

PUSH 'START/STOP' ON STOPWATCH AND SAY 'Begin'

PUSH 'START/STOP' ON STOPWATCH WHEN ONE OF R'S FEET IS COMPLETELY ACROSS THE OTHER END OF THE STRING

- ABLE TO DO (SPECIFY SECONDS): \_\_\_\_\_
- EQUIPMENT PROBLEM
- TRIED, UNABLE TO DO
- R COULD NOT WALK UNASSISTED
- NOT ATTEMPTED, FI FELT UNSAFE
- NOT ATTEMPTED, R FELT UNSAFE
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- OTHER (SPECIFY): \_\_\_\_\_

3. CHECK ALL THAT APPLY (**WALK\_PROB**)

- R WALKED UNSTEADILY
- R LIMPED, SHUFFLED OR DRAGGED A LEG
- R USED A CANE OR WALKER
- R STATED IT'S PAINFUL
- NOTHING APPLIES

4. TIMED WALK NOTES: (**WALK\_NOTES**)

## CHAIR STANDS

Now I am going to ask you to stand up from a chair without using your arms. Let me first demonstrate this measure. After I demonstrate the measure, please tell me if you cannot do this movement or if you feel it would be unsafe to try it. ([CHAIR\\_INTRO](#))

- CONTINUE
- R IN WHEELCHAIR (SKIP TO Q3)
- REFUSED (SKIP TO Q3)

### 1. SINGLE CHAIR STAND ([CHAIR\\_1](#))

- DEMONSTRATE CHAIR STAND WHILE PROVIDING INSTRUCTIONS
  - SIT IN CHAIR WITH YOUR FEET ON THE FLOOR. SIT SO THAT YOU CAN PLACE THE WIDTH OF YOUR HANDS BETWEEN THE CHAIR AND YOUR KNEES.
  - FOLD YOUR ARMS ACROSS YOUR CHEST
  - STAND UP, KEEPING YOUR ARMS FOLDED ACROSS YOUR CHEST

When I say 'Begin' you may stand up straight from the chair.

- IF R CANNOT RISE WITHOUT USING ARMS, ASK R TO TRY TO STAND UP USING ARMS
  - R STOOD WITHOUT USING ARMS
  - R USED ARMS TO STAND (SKIP TO Q3)
  - EQUIPMENT PROBLEM (SKIP TO Q3)
  - TRIED, UNABLE TO DO (SKIP TO Q3)
  - R COULD NOT STAND UNASSISTED (SKIP TO Q3)
  - NOT ATTEMPTED, FI FELT UNSAFE (SKIP TO Q3)
  - NOT ATTEMPTED, R FELT UNSAFE (SKIP TO Q3)
  - R UNABLE TO UNDERSTAND INSTRUCTIONS (SKIP TO Q3)
  - OTHER (SPECIFY): \_\_\_\_\_ (SKIP TO Q3)

### 2. REPEATED CHAIR STAND ([CHAIR\\_2](#))

Now I'm going to ask you to stand up and sit down as quickly as you can five times, keeping your arms folded across your chest. I'm going to demonstrate one for you.

- DEMONSTRATE 1 CHAIR STAND WHILE PROVIDING INSTRUCTIONS
  - SIT IN CHAIR WITH YOUR FEET ON THE FLOOR
  - FOLD YOUR ARMS ACROSS YOUR CHEST
  - STAND UP AND SIT DOWN ONCE
  - TELL R TO REPEAT THAT 4 MORE TIMES

When I say “Begin” you may stand up.

- PUSH ‘START/STOP’ ON STOPWATCH AND SAY ‘Begin’
  - COUNT OUT LOUD AS RESPONDENT ARISES EACH TIME
  - PUSH ‘START/STOP’ ON STOPWATCH WHEN R HAS COMPLETELY STOOD UP FROM THE CHAIR FOR THE 5<sup>TH</sup> TIME
    - STOP THE EXERCISE EARLY IF R CANNOT RISE WITHOUT USING ARMS, R IS TOO TIRED TO CONTINUE, OR R IS UNABLE TO COMPLETE AFTER 1 MINUTE
- 
- TIME TO COMPLETE FIVE STANDS (SPECIFY SECONDS): \_\_\_\_\_
  - EQUIPMENT PROBLEM
  - TRIED, UNABLE TO DO
  - R COULD NOT STAND UNASSISTED
  - NOT ATTEMPTED, FI FELT UNSAFE
  - NOT ATTEMPTED, R FELT UNSAFE
  - R UNABLE TO UNDERSTAND INSTRUCTIONS
  - OTHER (SPECIFY): \_\_\_\_\_

3. CHAIR STAND NOTES: (CHAIR\_NOTES)

**SALIVA AND MEDICATION LOG**

- WEAR VINYL GLOVES

Now we are going to collect a sample of your saliva. (SLV\_INTRO)

- CONTINUE
  - REFUSED (**SKIP TO DRUG\_INTRO1**)
- R 'SAVE' OR 'POOL' A SMALL AMOUNT OF SALIVA IN MOUTH
  - R SHOULD NOT STRAIN SELF OR COUGH WHEN GENERATING SALIVA
  - R USE STRAW TO GET SALIVA IN TUBE
  - R CANNOT EAT ANYTHING TO STIMULATE SALIVA
  - TO STIMULATE SALIVA, R CAN IMAGINE EATING SOMETHING SOUR OR DELICIOUS, CHEW ON A STRAW, RUB HIS/HER TONGUE AGAINST INSIDE CHEEK/BELOW BOTTOM LIP, OR MASSAGE FACE JUST BELOW THE EARLOBE.

FILL UP TUBE AS MUCH AS POSSIBLE WITH LIQUID SALIVA (NOT FOAM AND BUBBLES)

**MEDICATION LOG**

1. While you fill the saliva tube, I can give you some privacy by working on a record of your medications. I'd like to record all medications that you take on a regular schedule, like every day or every week. This will include prescription and non-prescription medications, over-the-counter medicines, vitamins, and herbal and alternative medicines. Do I have all of your medications here? (DRUG\_INTRO1)

- (PROMPT: Items not taken by mouth such as injections, inhalers, sprays, creams, patches, suppositories, or eye or ear drops **should be** included.)
  - ASK RESPONDENT TO OBTAIN ALL OF HIS/HER MEDICATIONS, IF NOT ALREADY PROVIDED
  - IT IS VERY IMPORTANT TO HAVE THE ACTUAL BOTTLES/ CONTAINERS/ PACKAGES
  - ONLY ENTER MEDICATION NAME. DO NOT ENTER DETAILS SUCH AS DOSAGE, FREQUENCY, ETC.
- ENTER MEDICATIONS
  - RESPONDENT DOES NOT HAVE ANY MEDICATIONS (**SKIP TO SLVVIAL1 INSTRUCTION**)
  - REFUSED (**SKIP TO SLVVIAL1 INSTRUCTION**)

ENTER NAME DRUG 1: (DRUG_1)
ENTER NAME DRUG 2: (DRUG_2)
ENTER NAME DRUG 3: (DRUG_3)

ENTER NAME DRUG 4: (DRUG_4)
ENTER NAME DRUG 5: (DRUG_5)
ENTER NAME DRUG 6: (DRUG_6)
ENTER NAME DRUG 7: (DRUG_7)
ENTER NAME DRUG 8: (DRUG_8)
ENTER NAME DRUG 9: (DRUG_9)
ENTER NAME DRUG 10: (DRUG_10)
ENTER NAME DRUG 11: (DRUG_11)
ENTER NAME DRUG 12: (DRUG_12)
ENTER NAME DRUG 13: (DRUG_13)
ENTER NAME DRUG 14: (DRUG_14)
ENTER NAME DRUG 15: (DRUG_15)
ENTER NAME DRUG 16: (DRUG_16)
ENTER NAME DRUG 17: (DRUG_17)
ENTER NAME DRUG 18: (DRUG_18)
ENTER NAME DRUG 19: (DRUG_19)
ENTER NAME DRUG 20: (DRUG_20)
ENTER NAME DRUG 21: (DRUG_21)
ENTER NAME DRUG 22: (DRUG_22)
ENTER NAME DRUG 23: (DRUG_23)
ENTER NAME DRUG 24: (DRUG_24)
ENTER NAME DRUG 25: (DRUG_25)

2. [SKIP IF NO MEDICATIONS RECORDED] WERE THE MEDICATIONS YOU RECORDED: (INFO\_MED)

- ALL OR MOSTLY COPIED DIRECTLY FROM THE BOTTLES, CONTAINERS, OR ORIGINAL PACKAGING
- ALL OR MOSTLY COPIED FROM A PRINTED OR WRITTEN LIST OF MEDICATIONS
- ALL OR MOSTLY BASED ON THE RESPONDENT’S VERBAL REPORT
- NONE OF THE ABOVE

(IF SLV\_INTRO=REFUSED, SKIP TO SLV\_NOTES)

3. I will package the sample and then we will ask you some questions about your medication.

- FILL OUT SALIVA SHIPPING FORM
- FIRMLY PRESS CAP INTO TOP OF TUBE
- PUT TUBE IN INSULATED BAG

SALIVA TUBE (SLVVIAL1)

- COMPLETE SAMPLE (TUBE HAS 1.0 OR MORE)
- PARTIAL SAMPLE (TUBE HAS LESS THAN 1.0)
- EQUIPMENT PROBLEM (**SKIP TO SLV\_NOTES**)
- TRIED, UNABLE TO DO (**SKIP TO SLV\_NOTES**)

4. ENTER SALIVA ID (SLVVIAL\_ID)

|\_|\_|\_|\_|\_|\_|

5. RECORD CURRENT TIME FROM YOUR WATCH

|\_|\_| HOUR (SLTIMEH)

|\_|\_|\_| MINUTES (SLTIMEM)

- AM (SLTIMEA)
- PM

6. SALIVA NOTES: (SLV\_NOTES)

7. **ALL RESPONDENTS:** In the past two weeks, have you taken any medications or used other treatments to help you sleep? (MEDSLEEP)

- Yes
- No (**SKIP TO NEXT BIOMEASURE**)
- DON'T KNOW
- REFUSED

8. Were these medications or other treatments recommended to you by a doctor? (MEDREC)

- Yes
- No
- DON'T KNOW
- REFUSED



**SALIVA SPONGE #2 (BIOMEASURE SUBSTUDY)**

- WEAR VINYL GLOVES

Next we will collect a sample of your saliva using a small chewable sponge.

- CONTINUE
- REFUSED (**SKIP TO Q4**) (SPONGE2\_INTRO)

- REMOVE CAP FROM SALIVA SPONGE TUBE
- HAND R SALIVA SPONGE COLLECTION TUBE
- ASK R TO PLACE SPONGE IN MOUTH AND CHEW SPONGE GENTLY
- USE STOPWATCH TO TIME R FOR 1 MINUTE
- FILL OUT SALIVA SPONGE SHIPPING FORM

[PROMPT IF NEEDED: If the sponge is hard to chew, just let it sit in your mouth for a bit between chews.]

IF IN BIOMEASURE PATH 5 OR 6: WHILE R IS CHEWING SET-UP SMELL PENS)

AFTER 1 MINUTE: Thank you. You may remove the saliva sponge from your mouth and insert the sponge into the tube.

- TAKE TUBE FROM R
- REPLACE CAP AND SNAP DOWN SECURELY ONTO TUBE
- MAKE SURE THE INNER TUBE (THE ONE THAT HOLDS THE SPONGE) REMAINS IN THE OUTER TUBE. THE LAB MUST HAVE BOTH TUBES.

1. SALIVA SPONGE (SPONGE\_2)

- CHEWED FOR 1 MINUTE
- CHEWED FOR LESS THAN 1 MINUTE
- EQUIPMENT PROBLEM (**SKIP TO Q4**)
- TRIED, UNABLE TO DO (**SKIP TO Q4**)

2. ENTER SALIVA SPONGE ID (SPONGEID\_2)

- |\_|\_|\_|\_|\_|\_|\_|\_|

3. RECORD CURRENT TIME FROM YOUR WATCH (SPONGE2\_TIME)

|\_|\_|\_|\_|\_| : |\_|\_|\_|\_|\_|

- AM
- PM

4. SALIVA SPONGE NOTES: (SPONGE2\_NOTES)

**URINE (MEN AND WOMEN) AND VAGINAL SWAB (FEMALES ONLY)**

**MEN AND WOMEN:** We are asking respondents to provide a urine sample. I have instructions for you to do this on your own, in the privacy of your bathroom.

(URINE\_INTRO)

- CONTINUE
- REFUSED (SKIP TO Q2 IF FEMALE, SKIP TO Q10 IF MALE)

When was the last time you emptied your bladder?

1. RECORD TIME (URINE\_BLDR)

| | | | : | | | |

- AM
- PM

- **WEAR VINYL GLOVES**
- USE WRITTEN INSTRUCTIONS TO EXPLAIN STEPS
  - R STARTS URINATING INTO TOILET, THEN MOVES CONTAINER INTO THE URINE STREAM
  - R FILLS CONTAINER MOST OF THE WAY
  - R SCREWS THE LID TIGHTLY ON CONTAINER
  - R WIPES OUTSIDE OF CONTAINER WITH PAPER TOWEL
  - R PLACES CONTAINER INSIDE BAG

2. **FEMALES ONLY:** We are also asking women in our study to provide a vaginal sample to help doctors better understand and treat conditions that can cause vaginal irritation or infections in older women. This is not a Pap smear. Most women we've interviewed have found that it goes very smoothly. I have instructions for you to do this on your own, in the privacy of your bathroom. (VS\_INTRO)

[PROMPT IF NEEDED: A Pap smear is a routine medical test in which the doctor examines the cervix (internal female organ) and sends a cell sample to the lab.]

- CONTINUE
- REFUSED (SKIP TO Q9 IF URINE=REFUSED OR SKIP TO Q3 IF URINE=CONTINUE)

To collect the vaginal sample you will be using a swab in your vagina. This is a simple and sanitary process

- **WEAR VINYL GLOVES**
- USE DIAGRAM TO EXPLAIN STEPS
  - R HOLDS SWAB WITH TIP UP

- R INSERTS SWAB INTO VAGINA, ANGLED TOWARDS THE SMALL OF HER BACK (TAILBONE)
  - AS R COUNTS TO 'TEN', TURN SWAB INSIDE VAGINA AND MOVE IT GENTLY TO ONE SIDE OF THE VAGINA.
  - R REMOVES SWAB
  - R TIGHTLY INSERTS SWAB INTO TRANSPORT TUBE
  - R REPEATS COLLECTION WITH SECOND SWAB
  - R PLACES TUBES INSIDE BAG
  - PARTIALLY OPEN SWAB PACKAGES
  - **LOOSEN RED CAP FROM RED SWAB (TWIST COUNTER-CLOCKWISE) AND PLACE RED STICKER ON RED TUBE**
  - **REMOVE CLEAR CAP FROM BLUE SWAB TRANSPORT TUBE**
  - GIVE R COPY OF INSTRUCTIONS, RED SWAB, AND BLUE SWAB
3. **(IF IN BIOMEASURE PATH 1 OR 3, DISPLAY THIS TEXT)**
- WHILE R IS IN BATHROOM, SET-UP SMELL PENS

WHEN RESPONDENT RETURNS:

**(IF IN BIOMEASURE PATH 2 OR 4, DISPLAY THIS TEXT):** Could you please hold this hand warmer in your non-dominant hand for an upcoming measure?

- **ASK R TO HOLD HAND WARMER IN NON-DOMINANT HAND**

**SKIP TO URINE INSTRUCTIONS IF MALE**

- PLACE VR VAGINAL SWAB LABEL ON RED TUBE
- PLACE VB VAGINAL SWAB LABEL ON BLUE TUBE
- FILL OUT RED SWAB SHIPPING FORM
- FILL OUT BLUE SWAB SHIPPING FORM
  
- PEEL BACK PROTECTIVE STICKER ON THE CAP OF URINE CUP
- TAKE URINE SAMPLE TUBE. WITH YELLOW TOP FACING DOWN, PUSH TUBE INTO TRANSFER PORT OF CUP
- COUNT THE SECONDS, THEN REMOVE FROM CUP
  - URINE TUBE 1 = COUNT TO 2
  - URINE TUBE 2 = COUNT TO 4
  - URINE TUBE 3 = COUNT TO 8
- FILL OUT URINE SHIPPING FORM
  
- PLACE SAMPLES IN INSULATED BAG

**RED SWAB**

- COMPLETE SAMPLE
- EQUIPMENT PROBLEM **(SKIP TO Q4)**
- TRIED, UNABLE TO DO **(SKIP TO Q4)**

ENTER RED SWAB ID

|\_|\_|\_|\_|\_|\_|\_|\_|

4. BLUE SWAB

- COMPLETE SAMPLE
- EQUIPMENT PROBLEM (SKIP TO Q5 INSTRUCTION)
- TRIED, UNABLE TO DO (SKIP TO Q5 INSTRUCTION)

ENTER BLUE SWAB ID

|\_|\_|\_|\_|\_|\_|\_|\_|

**(IF URINE=REFUSED, THEN SKIP TO Q9)**

5. URINE SAMPLE (URINE)

- NUMBER OF URINE SAMPLE TUBES: \_\_\_\_\_ (URINE\_NUM)
- EQUIPMENT PROBLEM (SKIP TO Q9 INSTRUCTION)
- TRIED, UNABLE TO DO (SKIP TO Q9 INSTRUCTION)

6. ENTER URINE ID FOR TUBE 1 (URINE\_ID1)

|\_|\_|\_|\_|\_|\_|\_|\_|

**(IF URINE\_NUM=1, THEN SKIP TO Q9 INSTRUCTION)**

7. ENTER URINE ID FOR TUBE 2 (URINE\_ID2)

|\_|\_|\_|\_|\_|\_|\_|\_|

**(IF URINE\_NUM=2, THEN SKIP TO Q9 INSTRUCTION)**

8. ENTER URINE ID FOR TUBE 3 (URINE\_ID3)

|\_|\_|\_|\_|\_|\_|\_|\_|

**(IF MALE, SKIP TO Q10)**

9. SWAB NOTES: (VS\_NOTES)

10. URINE NOTES: (URINE\_NOTES)

**SMELL (BIOMEASURE SUBSTUDY)**

Could you please hold this hand warmer in your non-dominant hand for an upcoming measure?

- **ASK R TO HOLD HAND WARMER IN NON-DOMINANT HAND**

Now we are going to use pens to identify odors. (SML\_INTRO)

- CONTINUE
- REFUSED (SKIP TO Q18)

**1. PRACTICE PEN FOR RED PENS (BLUE PEN #1) (PRACTICE\_1)**

First, I am going to give you a pen to smell. This pen has the odor we want you to identify. I will place the pen near your nose like this (DEMONSTRATE ON YOURSELF) and ask you to breathe in slowly through your nose. Are you ready to try?

- PUT ON ONE COTTON GLOVE
- HAVE R HOLD HEAD STILL
- WAVE PEN UNDER R'S NOSE FROM SIDE TO SIDE AND HAVE R BREATHE IN SLOWLY
- RECAP PEN IMMEDIATELY

Did you smell the odor?

- YES
- NO
- DON'T KNOW
- REFUSED

**2. RED PEN #1, RED PEN #2, AND RED PEN #3 (RED\_1)**

Let's continue. I will offer you three pens to smell, one after the other. One of the three pens has the odor you already smelled and the other two do not. I will ask you to tell me which pen has the odor.

Some of the pens are strong and some of the pens are weak, so do not be discouraged if you cannot smell the odor in some of the pens because this is part of the measure. Just try your best to decide which pen has the odor.

- MAKE SURE 30 SECONDS HAS PASSED SINCE THE PRACTICE PEN
- PRESENT RED PEN #1 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #2 AND SAY: Number 2
- RECAP PEN

- PRESENT RED PEN #3 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

**3. RED PEN #4, RED PEN #5, AND RED PEN #6 (RED\_2)**

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #4 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #5 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #6 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

**4. RED PEN #7, RED PEN #8, AND RED PEN #9 (RED\_3)**

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #7 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #8 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #9 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW

REFUSED

**5. RED PEN #10, RED PEN #11, AND RED PEN #12 (RED\_4)**

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #10 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #11 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #12 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

**6. RED PEN #13, RED PEN #14, AND RED PEN #15 (RED\_5)**

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #13 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #14 AND SAY: Number 2
- RECAP PEN
- PRESENT RED PEN #15 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

**7. RED PEN #16, RED PEN #17, AND RED PEN #18 (RED\_6)**

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT RED PEN #16 AND SAY: Number 1
- RECAP PEN
- PRESENT RED PEN #17 AND SAY: Number 2

- RECAP PEN
- PRESENT RED PEN #18 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

**8. PRACTICE PEN FOR GREEN PENS (BLUE PEN #2) (PRACTICE\_2)**

Now, I am going to give you another pen to smell. This pen has a different odor we want you to identify.

- HAVE R HOLD HEAD STILL
- WAVE PEN UNDER R'S NOSE FROM SIDE TO SIDE AND HAVE R BREATHE IN SLOWLY
- RECAP PEN IMMEDIATELY

Did you smell the odor?

- YES
- NO (GO TO Q13)
- DON'T KNOW
- REFUSED

**9. GREEN PEN #1, GREEN PEN #2, GREEN PEN #3 (GREEN\_1)**

Let's continue. We are going to do the same task, but this time you will be looking for the odor you just smelled. We will perform this in the same way.

- MAKE SURE 30 SECONDS HAS PASSED SINCE THE PRACTICE PEN
- PRESENT GREEN PEN #1 AND SAY: Number 1
- RECAP PEN
- PRESENT GREEN PEN #2 AND SAY: Number 2
- RECAP PEN
- PRESENT GREEN PEN #3 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)



- DON'T KNOW
- REFUSED

**10. GREEN PEN #4, GREEN PEN #5, GREEN PEN #6 (GREEN\_2)**

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT GREEN PEN #4 AND SAY: Number 1
- RECAP PEN
- PRESENT GREEN PEN #5 AND SAY: Number 2
- RECAP PEN
- PRESENT GREEN PEN #6 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

**11. GREEN PEN #7, GREEN PEN #8, GREEN PEN #9 (GREEN\_3)**

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT GREEN PEN #7 AND SAY: Number 1
- RECAP PEN
- PRESENT GREEN PEN #8 AND SAY: Number 2
- RECAP PEN
- PRESENT GREEN PEN #9 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

**12. GREEN PEN #10, GREEN PEN #11, GREEN PEN #12 (GREEN\_4)**

- MAKE SURE 20 SECONDS HAS PASSED SINCE THE LAST SERIES
- PRESENT GREEN PEN #10 AND SAY: Number 1

- RECAP PEN
- PRESENT GREEN PEN #11 AND SAY: Number 2
- RECAP PEN
- PRESENT GREEN PEN #12 AND SAY: Number 3
- RECAP PEN

Which pen has the odor?

- ONE
- TWO
- THREE
- NONE OF THE PENS HAVE THE ODOR (IF VOLUNTEERED)
- DON'T KNOW
- REFUSED

**13. BLACK PEN #1 (BLUE\_1)**

I have five last pens that contain a smell of something familiar. For each pen, identify the smell using the four answer choices on this card (HAND CARD X).

- PRESENT BLACK PEN #1

Is it...

- Chamomile
- Raspberry
- Rose
- Cherry
- DON'T KNOW
- REFUSED

**14. BLACK PEN #2 (BLUE\_2)**

- HAND CARD X
- PRESENT BLACK PEN #2

Is it...

- Smoke
- Glue
- Leather
- Grass
- DON'T KNOW
- REFUSED

**15. BLACK PEN #3 (BLUE\_3)**

- HAND CARD X
- PRESENT BLACK PEN #3

Is it...

- Orange
- Blueberry
- Strawberry
- Onion
- DON'T KNOW
- REFUSED

**16. BLACK PEN #4 (BLUE\_4)**

- HAND CARD X
- PRESENT BLACK PEN #4

Is it...

- Bread
- Fish
- Cheese
- Ham
- DON'T KNOW
- REFUSED

**17. BLACK PEN #5 (BLUE\_5)**

- HAND CARD X
- PRESENT BLACK PEN #5

Is it...

- Chive
- Peppermint
- Pine
- Onion
- DON'T KNOW
- REFUSED

**18. SMELL NOTES: (SML\_NOTES)**

## BLOOD SPOTS

- **DOUBLE-CHECK THAT RESPONDENT IS HOLDING HAND WARMER IN NON-DOMINANT HAND**
- **WEAR VINYL GLOVES**

Now I'm going to use a device called a lancet to quickly prick your finger. This device is commonly used by children and adults to check their blood sugar at home. It is sterile and made for one-time use. Most people tell us this feels like a small pin prick. (BS\_INTRO)

- CONTINUE
- REFUSED (**SKIP TO BS\_NOTES**)

- USE MIDDLE FINGER ON NON-DOMINANT HAND. IF NOT AVAILABLE, USE MIDDLE FINGER ON DOMINANT HAND.
- ANGLE R'S HAND BELOW THEIR LAP
- WIPE FINGER WITH ALCOHOL SWAB AND LET AIR DRY
- GENTLY KNEAD AND SQUEEZE THE PALM UP TO THE FINGERTIP
- SQUEEZE FINGER ABOVE PRICK SITE
- FIRMLY PRICK FINGER IN THE SIDE OF FLESHY PART OF THE PAD – PRICK THE SIDE CLOSER TO PINKY
- **IMMEDIATELY** DISPOSE LANCET IN SHARPS CONTAINER
- PLACE FIRST DROP OF BLOOD IN DISCARD SPOT OUTSIDE OF CIRCLES
- COLLECT 5 ADDITIONAL BLOOD SPOTS ON FILTER PAPER
- WHEN FILTER PAPER FULL, FILL BLOOD TUBE UP TO 250 UL OR AS MUCH AS POSSIBLE

WHEN FINISHED COLLECTING SAMPLES

- GENTLY TURN/FLIP BLOOD TUBE UPSIDE DOWN AND BACK UP AGAIN 10 TIMES.
- FILL OUT BLOOD FILTER PAPER SHIPPING FORM
- FILL OUT BLOOD TUBE SHIPPING FORM
- **AT END OF INTERVIEW**, PLACE FILTER PAPER AND DESICCANT PACK IN ZIPLOCK BAG
- PLACE BLOOD TUBE IN INSULATED BAG

### 1. BLOOD FILTER PAPER (BLDSPOT)

- NUMBER OF SPOTS COLLECTED | \_\_\_\_ | (NUM\_BS)
- EQUIPMENT PROBLEM (**SKIP TO BLDTUBE**)
- TRIED, UNABLE TO DO (0 SPOTS) (**SKIP TO BLDTUBE**)

### 2. ENTER BLOOD FILTER PAPER ID (BLDSPOT\_ID1)

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

3. BLOOD TUBE (BLDTUBE)

- SAMPLE COLLECTED (GOAL IS 250)
- EQUIPMENT PROBLEM (SKIP TO BS\_NOTES)
- TRIED, UNABLE TO DO (NO BLOOD IN TUBE) (SKIP TO BS\_NOTES)

4. ENTER BLOOD TUBE ID (BLDTUBE\_ID1)

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

5. RECORD THE NUMBER OF FINGER PRICKS: (BLDPRICK)

- ONE
- TWO
- THREE

6. BLOOD SPOT NOTES: (BS\_NOTES)

**ORAGENE (BIOMEASURE SUBSTUDY)**

1. Next, we're asking you to provide a saliva sample for DNA. I have a consent form that I would like to read to you or you may read it to yourself. (DNA\_CONSENT)

FI TO READ FORM TO R OR R TO READ FORM TO THEMSELVES

**WHEN R IS FINISHED, CHECK THE CONSENT FORM CAREFULLY. MAKE SURE R INITIALS YES OR NO BOX AND SIGNS THE FORM**

- CONTINUE (RESPONDENT INITIALS YES ON CONSENT FOR DNA)
- REFUSED (RESPONDENT INITIALS NO ON CONSENT FOR DNA) (SKIP TO Q5)

- WEAR VINYL GLOVES

2. Let's collect the saliva sample. (ORAG)

- CONTINUE WITH ORAGENE COLLECTION
- REFUSED ORAGENE COLLECTION (SKIP TO Q5)

- R 'SAVE' OR 'POOL' A SMALL AMOUNT OF SALIVA IN MOUTH, THEN RELEASE SALIVA INTO CONTAINER
- HAND R CLEAR ORAGENE CONTAINER
- R COLLECTS SAMPLE
- WHEN R IS FINISHED, SCREW BLUE CAP ON CONTAINER (**IMPORTANT:** LINE UP THE CONTAINER AND CAP LINES BEFORE TURNING THE CAP SO CONTAINER WILL NOT LEAK)
- MIX GENTLY FOR 10 SECONDS
- FILL OUT ORAGENE SHIPPING FORM
- PLACE ORAGENE IN INSULATED BAG

3. ORAGENE SAMPLE (DO\_ORAG)

- COMPLETE SAMPLE
- PARTIAL SAMPLE
- EQUIPMENT PROBLEM (SKIP TO Q5)
- TRIED, UNABLE TO DO (SKIP TO Q5)

4. ENTER ORAGENE ID (DNA\_ID)

- |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

5. ORAGENE NOTES: (DNA\_NOTES)

## ACTIGRAPHY (BIOMEASURE SUBSTUDY AND LEAVE-BEHIND)

In addition, we're asking you to wear and return a small wristwatch that will collect information about your activity and sleep over a three day period. The data you provide will permit us to explore how sleep and activity affect our physical and mental health as we get older.

1. The watch and instructions will be mailed to you. I have a copy of the instructions that describe the procedures. I would like to walk through the instructions with you and then you can ask me questions. (ACT\_INTRO)
  - VERBALLY EXPLAIN INSTRUCTIONS USING THE ACTIVITY AND SLEEP BOOKLET
    - WEAR THE WATCH FOR 3 FULL DAYS (72 HOURS TOTAL) INCLUDING WHILE BATHING OR SHOWERING
    - ON DAY YOU RECEIVE THE PACKAGE IN THE MAIL, SECURELY STRAP THE WATCH TO YOUR NON-DOMINANT WRIST. IT IS JUST LIKE PUTTING ON A WRISTWATCH (POINT TO PICTURE).
    - EACH DAY RECORD IN THE BOOKLET:
      - TODAY'S DATE
      - TIME YOU WAKE UP
      - NUMBER OF MINUTES NAPPED
      - TIME YOU GO TO BED
    - WHEN YOU GO TO BED, PRESS THE BUTTON ON THE FRONT OF THE WATCH. WHEN YOU WAKE UP, PRESS THE BUTTON ON THE FRONT OF THE WATCH (POINT TO PICTURE)
    - AFTER YOU WAKE UP ON DAY 4, FILL OUT THE TIME YOU TOOK THE WATCH OFF AND THEN MAIL THE WATCH AND BOOKLET TO NSHAP IN THE PRE-PAID MAILING BOX

After you mail back the watch, we will mail you a summary of your sleep results. (SHOW R SLEEP RESULTS LETTER)

- CONTINUE (RESPONDENT AGREES TO PARTICIPATE AND RECEIVE WATCH IN THE MAIL)
- REFUSED (**SKIP TO Q4**)

2. We would like to confirm your mailing address for sending you the watch. Is your mailing address (INSERT RESPONDENT'S HOME ADDRESS FROM DEBRIEFING SECTION)?

An NSHAP staff member will **call** you to arrange a date to receive the watch and sleep booklet in the mail.

- Yes (**SKIP TO Q4**)
- No

- DON'T KNOW
- REFUSED

3. Please tell us your correct mailing address.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

4. ACTIGRAPHY NOTES: (ACT\_NOTES)



**SALIVA SPONGE #3 (BIOMEASURE SUBSTUDY)**

- **WEAR VINYL GLOVES**

Let's collect the last sample of your saliva using a small chewable sponge.

(SPONGE3\_INTRO)

- CONTINUE
- REFUSED **(SKIP TO Q4)**

- REMOVE CAP FROM SALIVA SPONGE TUBE
- HAND R SALIVA SPONGE COLLECTION TUBE
- ASK R TO PLACE SPONGE IN MOUTH AND CHEW SPONGE GENTLY
- USE STOPWATCH TO TIME R FOR 1 MINUTE

AFTER 1 MINUTE: Thank you. You may remove the saliva sponge from your mouth and insert the sponge into the tube.

- TAKE TUBE FROM R
- REPLACE CAP AND SNAP DOWN SECURELY ONTO TUBE
- FILL OUT SALIVA SPONGE SHIPPING FORM
- MAKE SURE THE INNER TUBE (THE ONE THAT HOLDS THE SPONGE) REMAINS IN THE OUTER TUBE. THE LAB MUST HAVE BOTH TUBES.

1. SALIVA SPONGE (SPONGE\_3)

- CHEWED FOR 1 MINUTE
- CHEWED FOR LESS THAN 1 MINUTE
- EQUIPMENT PROBLEM **(SKIP TO Q4)**
- TRIED, UNABLE TO DO **(SKIP TO Q4)**

2. SALIVA SPONGE LAB ID (SPONGEID\_3)

- |\_|\_|\_|\_|\_|\_|\_|\_|

3. RECORD CURRENT TIME FROM YOUR WATCH (SPONGE3\_TIME)

|\_|\_|\_|\_|\_| : |\_|\_|\_|\_|\_|\_|

- AM
- PM

4. SALIVA SPONGE NOTES: (SPONGE3\_NOTES)

## MoCA

- IN PREPARATION FOR BLOOD SPOTS ACTIVATE THE HAND WARMER BY SHAKING IT VIGOROUSLY FOR A FEW SECONDS.

The next questions are about problem solving and memory. The questions may seem unusual, but they are routine questions we ask everyone. Some of the questions are very easy and some are difficult, so don't be surprised if you have trouble with some of them. Try your best to answer all of the questions without using clues from around the room. If you wear glasses for reading, please use them.

1. Tell me the date today. First, tell me the month.

MONTH

- JANUARY
- FEBRUARY
- MARCH
- APRIL
- MAY
- JUNE
- JULY
- AUGUST
- SEPTEMBER
- OCTOBER
- NOVEMBER
- DECEMBER
- OTHER (SPECIFY): \_\_\_\_\_
- DON'T KNOW
- REFUSED

RESPONDENT'S ANSWER IS...

(NOTE: TODAY'S MONTH IS [TEXT FILL])

- CORRECT
- INCORRECT/ HAD ERRORS
- DON'T KNOW

Now, tell me the exact date.

DATE

- \_\_\_\_\_ (2 DIGITS)
- DON'T KNOW
- REFUSED

RESPONDENT'S ANSWER IS...

(NOTE: TODAY'S EXACT DATE IS [TEXT FILL])

- CORRECT
- INCORRECT/ HAD ERRORS

DON'T KNOW

2. Now, I want you to name this animal.

SHOW PICTURE #1 IN ALL-IN-ONE BOOKLET

- RHINO (OR RHINOCEROS)
- OTHER (SPECIFY): \_\_\_\_\_
- DON'T KNOW
- REFUSED

3. The next few things I will ask you to do are pencil and paper tasks. PLACE BLANK CLOCK PAPER FROM ALL-IN-ONE BOOKLET AND PEN BEFORE RESPONDENT.

Now, I'd like you to draw a clock. Put in all the numbers and set the time to 10 after 11. (PROMPT IF NECESSARY: Try your best to complete this task without using clues from around the room, such as a clock or a watch.)

- COMPLETED TASK
- COMPLETED TASK, BUT LOOKED AT CLOCK OR WATCH
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

4. PLACE TRAIL PAPER FROM ALL-IN-ONE BOOKLET AND PEN BEFORE RESPONDENT

Take a minute to look over the paper. Notice, there are both numbers and letters. Please draw a line, going from a number to a letter in increasing order. Begin here (POINT TO 1), and draw a line from 1 to A, then from A to 2, and so on. End here (POINT TO E). The first two lines have been drawn for you.

- COMPLETED TASK
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

5. This next section tests your memory. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn't matter in what order you say them. Ready?

READ SLOWLY (AT A RATE OF 1 WORD PER SECOND) AND PRONOUNCE CLEARLY: Face, Velvet, Church, Daisy, Red

INSTRUCT RESPONDENT TO REPEAT LIST

RECORD WHICH WORDS THE RESPONDENT REPEATS. THE ORDER DOES NOT MATTER.

	REPEATED	DID NOT REPEAT
FACE	<input type="checkbox"/>	<input type="checkbox"/>
VELVET	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH	<input type="checkbox"/>	<input type="checkbox"/>
DAISY	<input type="checkbox"/>	<input type="checkbox"/>
RED	<input type="checkbox"/>	<input type="checkbox"/>

6. I'm going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.

READ SLOWLY (AT A RATE OF 1 WORD PER SECOND) AND PRONOUNCE CLEARLY: Face, Velvet, Church, Daisy, Red

INSTRUCT RESPONDENT TO REPEAT LIST

RECORD WHICH WORDS THE RESPONDENT REPEATS. THE ORDER DOES NOT MATTER.

	REPEATED	DID NOT REPEAT
FACE	<input type="checkbox"/>	<input type="checkbox"/>
VELVET	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH	<input type="checkbox"/>	<input type="checkbox"/>
DAISY	<input type="checkbox"/>	<input type="checkbox"/>
RED	<input type="checkbox"/>	<input type="checkbox"/>

I will ask you to recall these words again later on.

7. Now, I am going to say some numbers and when I am through, repeat them to me exactly as I said them.

READ THE FIVE NUMBER SEQUENCE TO THE RESPONDENT AT A RATE OF ONE DIGIT PER SECOND.

**2, 1, 8, 5, 4**

HAVE R REPEAT DIGITS

- CORRECT ANSWER (2, 1, 8, 5, 4)
- INCORRECT ANSWER
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

8. Now I am going to say some more numbers, but when I am through, I want you to repeat them to me in the backwards order.

READ THE THREE NUMBER SEQUENCE TO THE RESPONDENT AT A RATE OF ONE DIGIT PER SECOND.

7, 4, 2

HAVE R REPEAT DIGITS IN THE BACKWARDS ORDER

- CORRECT ANSWER (2, 4, 7)
- INCORRECT ANSWER
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

9. GET STOPWATCH READY.

Now, starting with 100, I would like you to subtract 7 and then keep counting down by 7. (YOU CAN REPEAT THESE INSTRUCTIONS IF NECESSARY.)

PRESS 'START/STOP' ON STOPWATCH.  
RECORD UP TO 6 NUMBERS.

RECORD FIRST NUMBER

- \_\_\_\_\_
- DON'T KNOW
- REFUSED

RECORD SECOND NUMBER

- \_\_\_\_\_
- DON'T KNOW
- REFUSED

RECORD THIRD NUMBER

- \_\_\_\_\_
- DON'T KNOW
- REFUSED

RECORD FOURTH NUMBER

- \_\_\_\_\_
- DON'T KNOW
- REFUSED

RECORD FIFTH NUMBER

- \_\_\_\_\_
- DON'T KNOW

REFUSED

RECORD SIXTH NUMBER

DON'T KNOW

REFUSED

WHEN R FINISHED, PRESS 'STOP/START' ON STOPWATCH.

RECORD TIME FROM STOPWATCH (MINUTES AND SECONDS):  :

10. I am going to read you a sentence. Repeat it after me, exactly as I say it. (PAUSE)

READ SENTENCE: The cat always hid under the couch when dogs were in the room.

HAVE R REPEAT SENTENCE.

REPETITION MUST BE EXACT. BE ALERT FOR ERRORS THAT ARE OMISSIONS (FOR EXAMPLE, OMITTING "ALWAYS"). BE ALERT FOR ERRORS THAT ARE SUBSTITUTIONS OR ADDITIONS. BE ALERT FOR ERRORS THAT ALTER PLURALS (FOR EXAMPLE, SUBSTITUTING "HIDES" FOR "HID").

- CORRECT ANSWER (The cat always hid under the couch when dogs were in the room.)
- INCORRECT ANSWER
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

11. HAVE WORD ANSWER SHEET IN ALL-IN-ONE BOOKLET, PEN, AND STOPWATCH READY.

Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns and names like Bob or Boston, and numbers or words that begin with the same sound, but have a different ending, for example, love, lover, loving. I will tell you to stop after 1 minute. I will record your answers in this booklet. Are you ready?

WHEN R IS READY: Now, tell me as many words as you can think of that begin with the letter F.

PRESS 'START/STOP' ON STOPWATCH.

RECORD WORDS ON WORD ANSWER SHEET. RECORD ALL WORDS (EVEN IF PROPER NOUNS OR WORDS THAT BEGIN WITH SAME SOUND). STOP TEST WHEN STOPWATCH SAYS 1 MINUTE (0:01<sub>00</sub>).

- COMPLETED TASK
- STOPPED BEFORE 60 SECONDS IS UP
- TRIED, UNABLE TO DO
- R UNABLE TO UNDERSTAND INSTRUCTIONS
- REFUSED

For this exercise, tell me what this pair of words has in common.

12. Tell me how a ruler and a watch are alike?

- MEASURING INSTRUMENTS
- USED TO MEASURE
- THEY HAVE NUMBERS
- OTHER (SPECIFY): \_\_\_\_\_
- DON'T KNOW
- REFUSED

13. I read a list of words to you earlier, which I asked you to repeat and remember. Tell me as many of those words as you can remember. It doesn't matter in what order you say them.

RECORD WHICH WORDS THE RESPONDENT REPEATS. THE ORDER DOES NOT MATTER.

	REPEATED	DID NOT REPEAT
FACE	<input type="checkbox"/>	<input type="checkbox"/>
VELVET	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH	<input type="checkbox"/>	<input type="checkbox"/>
DAISY	<input type="checkbox"/>	<input type="checkbox"/>
RED	<input type="checkbox"/>	<input type="checkbox"/>

14. COGNITIVE ASSESSMENT NOTES: