



# BLOOD PRESSURE, HEART RATE, HEIGHT, WEIGHT AND WAIST CIRCUMFERENCE

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## Blood Pressure:

7. First Reading:

Systolic

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|  |  |  |
|--|--|--|

Diastolic

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|--|--|--|
|  |  |  |
|--|--|--|

- Attempted/Unable to Obtain  
 Refused

8. Second Reading:

Systolic

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|  |  |  |
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Diastolic

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|--|--|--|

- Attempted/Unable to Obtain  
 Refused

9. Average Seated Blood Pressure:

Systolic

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|  |  |  |
|--|--|--|

Diastolic

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## Height:

10. Standing Height:

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|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

cm

- Attempted/Unable to Obtain  
 Refused

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## Weight:

11. Weight:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

lb

- Attempted/Unable to Obtain  
 Refused
-

# MARITAL STATUS, LIVING SITUATION, & TRACKING INFORMATION

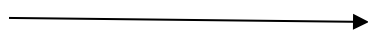
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1 What is your marital status? Are you...?

- Married
- Widowed
- Divorced
- Separated
- Never Married
- Other
- Don't Know
- Refused

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2 Do you live alone or with other people?

- Alone 

Skip to Question 3.
- With other people
- |  |  |
|--|--|
|  |  |
|--|--|

 Other People in household
- Don't know
- Refused

A. Who do you live with (for example, with your spouse, relatives or friends)?

**Interviewer Note: Read response options. Mark all that apply.)**

- Spouse
- Other relatives, in-laws, or friends
- Unrelated individuals (e.g., paid help)
- Don't know
- Refused

## **MARITAL STATUS, LIVING SITUATION & TRACKING INFORMATION**

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**3** In what type of home or residence do you live?

- <sup>1</sup>Community-dwelling single family home or apartment
- <sup>2</sup>Home, apartment or other unit where optional services are provided such as meal or housekeeping, but **NO staff dispensing of medication.**
- <sup>3</sup>Apartment or other unit where there are **staff dispensing and watching you take your medication.**
- <sup>4</sup>Facility where you are provided with assistance in most or all of your daily needs including **staff dispensing and watching you take your medications**, meals, bathing, etc.
- <sup>5</sup>Other (specify)
- <sup>9</sup> Don't know/refused

# MARITAL STATUS, LIVING SITUATION & TRACKING INFORMATION

4 Do you plan to be out of the area 6 months from now?

Yes       No       Don't Know       Refused

If NO, DON'T KNOW or REFUSED, Skip to Question 4.

A. Are you moving out of the area permanently or will you only be gone temporarily?

i.  Permanently

a. Do you know what your new address and telephone number will be?

Yes       No

Do you know which general area you will be moving to?  
Area: \_\_\_\_\_

Please call us to let us know your new address and phone number. You are welcome to call collect if you wish.

\_\_\_\_\_ Street  
\_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code  
( \_\_\_\_ - \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Telephone Number

ii.  Temporarily Out of the Area (vacation, business, etc)

When will you return?  
\_\_\_\_ / \_\_\_\_ Year  
Month      Year

When you come back, please call us.

## **MARITAL STATUS, LIVING SITUATION, & TRACKING INFORMATION**

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- 5** You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer for yourself. Please tell me if the information I have is still correct.

Go to the *Participant Tracking Information Sheet, Proxy* for the hard copy.

- 6** You previously provided us with information about friends or relatives who you are likely to keep in touch with, but who do not live with you, and who are not planning to move any time soon. Please tell me if the information I have is still correct.

Go to the *Participant Tracking Information Sheet, Contact 1 and Contact 2*, for the hard copy.

# EuroQoL (EQ-5D)

**Instructions:** *“I’m going to read you some statements about the state of your health. Please indicate which statements best describe your own health state today.”*

**Instructions:** Place a checkmark in one box in each group below.

1. Mobility [INTERVIEWER: GIVE PARTICIPANT CARD W1]

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

2. Self-Care [INTERVIEWER: GIVE PARTICIPANT CARD W2]

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

3. Usual Activities (e.g. work, study, housework, family or leisure activities) [INTERVIEWER: GIVE PARTICIPANT CARD W3]

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

4. Pain/Discomfort [INTERVIEWER: GIVE PARTICIPANT CARD W4]

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

5. Anxiety/Depression [INTERVIEWER: GIVE PARTICIPANT CARD W5]

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

**Instructions:** *“To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.*

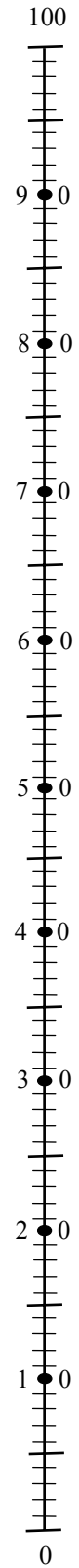
*We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.”*

# EuroQol (EQ-5D)

## 6. Your own health state today

**Note:** If administering EuroQol over the phone, ask participant: "On a scale of 0-100 with 100 being the best imaginable health state, how would you rank your own health state today?"

Best imaginable health state



Worst imaginable health state



# Health Status

1. Would you say your health is Excellent, Very Good, Good, Fair, or Poor?

- Excellent
- Very Good
- Good
- Fair
- Poor

2. Since the age of 50, have you ever seen a doctor for emotional, nervous or psychiatric problems? Yes/No

3. How is your appetite?

- Excellent
- Very good
- Good
- Fair
- Poor

4. Please indicate how true this statement has been for you during the past 7 days:  
I have problems with my memory.

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

**In the last 3 months, did you have any of the following illnesses?**

5. A cold? Yes/No

8a. If YES, did you see a doctor for 1 or more visits as a result of this illness?

- Yes
- No

8b. If YES, Did you take 1 or more prescription medications as a result of this illness?

- Yes
- No

# Health Status

## 6. The Flu? Yes/No

9a. If YES, did you see a doctor for 1 or more visits as a result of this illness?

- Yes
- No

9b. If YES, Did you take 1 or more prescription medications as a result of this illness?

- Yes
- No

## 7. Bronchitis? Yes/No

10a. If YES, did you see a doctor for 1 or more visits as a result of this illness?

- Yes
- No

10b. If YES, Did you take 1 or more prescription medications as a result of this illness?

- Yes
- No

## 8. Sinusitis? Yes/No

11a. If YES, did you see a doctor for 1 or more visits as a result of this illness?

- Yes
- No

11b. If YES, Did you take 1 or more prescription medications as a result of this illness?

- Yes
- No

## 9. Pneumonia? Yes/No

12a. If YES, did you see a doctor for 1 or more visits as a result of this illness?

- Yes
- No

12b. If YES, did you take 1 or more prescription medications as a result of this illness?

- Yes
- No

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## Sleep

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**25** Does (name of participant) take sleeping pills or other medication to help him/her sleep?

Yes     No     Don't Know     Refused

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**26** In a usual 24-hour period, how many hours does (name of participant) spend sleeping during the day?

*Interviewer note: Write in "0" if participant does not sleep during the day.*

Hours     Don't Know     Refused

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**27** During a usual week, how many times does (name of participant) nap for 5 minutes or more?

*Interviewer note: Write in "0" if participant does not take any naps.*

Naps     Don't Know     Refused

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**28** In a usual 24-hour period, how many hours does (name of participant) spend sleeping during the night?

Hours     Don't Know     Refused

## Lubben Social Network Scale

**About:** This scale is a self-report measure of social engagement including family and friends. There are two versions of this scale included; the short, 6 item scale and the 12 item scale.

**Items:** 12 / 6

### Reliability:

Internal reliability for the 12 item scale = .70

Internal reliability for the 6 item scale = .83

Reliability of the family questions = .84 - .89

Reliability of the non-kin questions = .80 - .82

### Validity:

The Lubben Social Network Scale is correlated with mortality, all case hospitalization, health behaviors, depressive symptoms, and overall physical health.

### Scoring:

|               | Less Social Engagement |   |   | More Social Engagement |   |   |
|---------------|------------------------|---|---|------------------------|---|---|
| All questions | 0                      | 1 | 2 | 3                      | 4 | 5 |

The total score is calculated by finding the sum of the all items. For the LSNS-R, the score ranges between 0 and 60, with a higher score indicating more social engagement. For the LSNS-6, the score ranges between 0 and 30, with a higher score indicating more social engagement.

### References:

Lubben, J. (1988). [Assessing social networks among elderly populations.](#) *Family & Community Health: The Journal of Health Promotion & Maintenance*, 11, 42-52.

Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). [Performance of an abbreviated version of the Lubben Social Network Scale among three European Community-dwelling older adult populations.](#) *Gerontologist*, 46(4), 503–513.

## LUBBEN SOCIAL NETWORK SCALE – REVISED (LSNS-R)

*FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc...*

1. How many relatives do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

2. How often do you see or hear from the relative with whom you have the most contact?

0 = less than monthly 1 = monthly 2 = few times a month 3 = weekly 4 = few times a week 5 = daily

3. How many relatives do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

4. How many relatives do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

5. When one of your relatives has an important decision to make, how often do they talk to you about it?

0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

6. How often is one of your relatives available for you to talk to when you have an important decision to make?

0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

*FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood...*

7. How many of your friends do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

8. How often do you see or hear from the friend with whom you have the most contact?

0 = less than monthly 1 = monthly 2 = few times a month 3 = weekly 4 = few times a week 5 = daily

9. How many friends do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

10. How many friends do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

11. When one of your friends has an important decision to make, how often do they talk to you about it?

0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

12. How often is one of your friends available for you to talk to when you have an important decision to make?

0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

## LUBBEN SOCIAL NETWORK SCALE – 6 (LSNS-6)

*FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc...*

1. How many relatives do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

2. How many relatives do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

3. How many relatives do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

*FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood*

4. How many of your friends do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

5. How many friends do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

6. How many friends do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

# 3MSE Cognitive Function

I would like to ask you a few questions that require concentration and memory. Some are a little bit more difficult than others. Some questions will be asked more than once.

**1** When were you born?

A. Month: \_\_\_\_\_

B. Day: \_\_\_\_\_

C. Year: \_\_\_\_\_

Record responses. Code "99" if no response.

Where were you born?

Record responses.

D. City/Town: \_\_\_\_\_

E. State/Country: \_\_\_\_\_

Answer  
given

1

Can't do/  
Refused

0

Not Att/  
Disabled

9

1

0

9

You will ask again in Question 18.

**2** I am going to say three words for you to remember. Repeat them after I have said all three words: *penny, blue, modesty*.

Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned.

First trial only:

A. Penny

Answer  
given

1

Can't do/  
Refused

0

Not Att/  
Disabled

9

B. Blue

C. Modesty

1

0

9

D. Number of presentations necessary for the participant to repeat the sequence (1-7):



## 3MSE Cognitive Function

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**3** I would like you to count from 1 to 5:

<sub>1</sub> Able to count forward

Unable to count forward →

<sub>0</sub> Say:  
1, 2, 3, 4, 5

Now I would like you to count backward from 5 to 1.

Record the responses in the order given:

(Enter "XXXXX" if no response)

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**4** Spell: "world"

<sub>1</sub> Able to spell

Unable to spell →

<sub>0</sub> It's spelled:  
W - O - R - L - D

Now spell "world" backward.

Record the letters in the order given:

(Enter "XXXXX" if no response)

## 3MSE Cognitive Function

### 5 What three words did I ask you to remember earlier?

The words may be repeated in any order. If the participant cannot give the correct answer after a category cue, provide the three choices listed. If the participant still cannot give the correct answer from the three choices, score 0 and provide the correct answer.

- A. Penny
- <sub>3</sub> Spontaneous recall
  - <sub>2</sub> Correct word/Incorrect form
  - <sub>2</sub> After, "A type of coin."
  - <sub>1</sub> After, "Was it penny, nickel, or quarter?"
  - <sub>0</sub> Unable to Recall/Refused (provide the correct answer)
  - <sub>9</sub> Not Attempted/Disabled
- B. Blue
- <sub>3</sub> Spontaneous recall
  - <sub>2</sub> Correct word/Incorrect form
  - <sub>2</sub> After, "A color."
  - <sub>1</sub> After, "Was it brown, black, or blue?"
  - <sub>0</sub> Unable to Recall/Refused (provide the correct answer)
  - <sub>9</sub> Not Attempted/Disabled
- C. Modesty
- <sub>3</sub> Spontaneous recall
  - <sub>2</sub> Correct word/Incorrect form
  - <sub>2</sub> After, "A good personal quality."
  - <sub>1</sub> After, "Was it honesty, charity, modesty?"
  - <sub>0</sub> Unable to Recall/Refused (provide the correct answer)
  - <sub>9</sub> Not Attempted/Disabled

## 3MSE Cognitive Function

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**6 a** What is today's date?

Probe for the month, day, or year if not volunteered. Enter "99" if no response.

Month

Day

Year

---

**6 b** What is the day of the week?

Record answer in error. Enter "X" if no response

\_\_\_\_\_  
Day of week

- <sub>1</sub> Correct
- <sub>0</sub> Error/Refused
- <sub>9</sub> Not Attempted/Disabled
- 

**6 c** What season of the year is it?

Record answer in error. Enter "X" if no response

\_\_\_\_\_  
Season

- <sub>1</sub> Correct
- <sub>0</sub> Error/Refused
- <sub>9</sub> Not Attempted/Disabled

## 3MSE Cognitive Function

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**7 a** What state are we in?

Record answer in error. Enter "X" if no response

\_\_\_\_\_ State

- <sub>1</sub> Correct
- <sub>0</sub> Error/Refused
- <sub>9</sub> Not Attempted/Disabled
- 

**7 b** What county are we in?

Record answer in error. Enter "X" if no response

\_\_\_\_\_ County

- <sub>1</sub> Correct
- <sub>0</sub> Error/Refused
- <sub>9</sub> Not Attempted/Disabled
- 

**7 c** What (city/town) are we in?

Record answer in error. Enter "X" if no response

\_\_\_\_\_ City/town

- <sub>1</sub> Correct
- <sub>0</sub> Error/Refused
- <sub>9</sub> Not Attempted/Disabled
- 

**7 d** Are we in a clinic, store, or home?

If the correct answer is not among the three alternatives, (e.g., hospital or nursing home), substitute it for the middle alternative (store). If the participant states that none are correct ask them to make the best choice of the three options.

- <sub>1</sub> Correct
- <sub>0</sub> Error/Refused
- <sub>9</sub> Not Attempted/Disabled
-

## 3MSE Cognitive Function

**8**

Point to the object or a part of your own body and ask the participant to name it. Score 0 if the participant cannot name it within 2 seconds or gives an incorrect name. Do not wait for the participant to mentally search for the name.

|   | Correct | Error /<br>Refused | Not<br>Attempted<br>/ Disabled |   |
|---|---------|--------------------|--------------------------------|---|
| A. Pencil: <i>What is this?</i>                             | 1       | 0                  | 0                              | 9 |
| B. Watch: <i>What is this?</i>                              | 1       | 0                  | 0                              | 9 |
| C. Forehead: <i>What do you call this part of the face?</i> | 1       | 0                  | 0                              | 9 |
| D. Chin: <i>...And this part?</i>                           | 1       | 0                  | 0                              | 9 |
| E. Shoulder: <i>...And this part of the body?</i>           | 1       | 0                  | 0                              | 9 |
| F. Elbow: <i>...And this part?</i>                          | 1       | 0                  | 0                              | 9 |
| G. Knuckle: <i>...And this part of the hand?</i>            | 1       | 0                  | 0                              | 9 |

**9**

What animals have four legs? Tell me as many as you can.

Discontinue after 30 seconds or 10 correct answers. If the participant gives no response in 10 seconds, and there are at least 10 seconds of remaining time, gently remind (once only) "*What (other) animals have four legs?*" The first time an incorrect answer is provided, say, "*I want four-legged animals.*" Do not correct for subsequent errors.

Score (0-10)

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|  |  |
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|  |  |

## 3MSE Cognitive Function

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**10 a** In what way are arms and legs alike?

If the participant fails to give an answer that is worth 2 points, assign the appropriate score of 1 or 0. If the answer is not worth 2 points, coach the participant by saying, “*An arm and a leg are both extremities.*” Do not coach for questions 10b and 10c.

- <sub>2</sub> Limbs, Extremities
- <sub>1</sub> Lesser correct answer (e.g., body parts, both bend, have joints)
- <sub>0</sub> Error (e.g., states differences, gives unrelated answer)/Refused
- <sub>9</sub> Not Attempted/Disabled

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**10 b** In what way are laughing and crying alike?

- <sub>2</sub> Expressions of feelings, emotions
- <sub>1</sub> Lesser correct answer (e.g., sounds, expressions)
- <sub>0</sub> Error (e.g., states differences, gives unrelated answer)/Refused
- <sub>9</sub> Not Attempted/Disabled

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**10 c** In what way are eating and sleeping alike?

- <sub>2</sub> Necessary body functions, essential for life
- <sub>1</sub> Lesser correct answer (e.g., bodily functions, relaxing, “good for you”)
- <sub>0</sub> Error (e.g., states differences, gives unrelated answer)/Refused
- <sub>9</sub> Not Attempted/Disabled

## 3MSE Cognitive Function

**11** Repeat what I say: *I would like to go out.*

Pronounce the individual words clearly, but with normal tempo of a spoken sentence.

- <sub>2</sub> Correct
- <sub>1</sub> 1 or 2 words missed
- <sub>0</sub> 3 or more words missed/ Refused
- <sub>9</sub> Not Attempted/Disabled

**12** Now repeat: *No ifs ands or buts.*

Pronounce the individual words clearly, but with normal tempo of a spoken sentence.  
Give no credit if the participant misses the "s".

|            | Correct                            | Error/<br>Refused                  | Not Att/<br>Disabled               |
|------------|------------------------------------|------------------------------------|------------------------------------|
| A. No ifs  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |
| B. ands    | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |
| C. or buts | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |

## 3MSE Cognitive Function

**13** Hold up card 1.3MSE.13 and say: *Please do this.*

If the participant does not close his or her eyes within 5 seconds, prompt by pointing to the sentence and saying “*Read and do what this says.*” If the participant has already read the sentence aloud spontaneously, simply say, “*Do what this says.*”

Allow 5 seconds for the response. Assign a score of 1 if the participant reads the sentence aloud, either spontaneously or after the examiner’s request, but does not close his or her eyes. As soon as the participant closes his or her eyes, say, “*Open.*”

- <sub>3</sub> Closes eyes without prompting
- <sub>2</sub> Closes eyes after prompting
- <sub>1</sub> Reads aloud, but does not close eyes
- <sub>0</sub> Does not read aloud or close eyes/Refused
- <sub>9</sub> Not Attempted/Disabled



## 3MSE Cognitive Function

**14** I would like to have a sample of your handwriting. Please write: I would like to go out.

Hand the participant a piece of blank paper and a #2 pencil with eraser. If necessary, repeat the sentence word by word as the participant writes. Allow a maximum of 1 minute at the first reading of the sentence for the scored response.

Either printing or cursive writing is allowed. Assign 1 point for each correct word, but no credit for "I". For each word, score 0 if there are spelling errors or incorrect mixed capitalization (all letters printed in uppercase is permissible.) Do not penalize self-corrected errors.

|          | Correct                            | Error/<br>Refused                  | Not Att/<br>Disabled               |
|----------|------------------------------------|------------------------------------|------------------------------------|
| A. Would | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |
| B. Like  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |
| C. To    | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |
| D. Go    | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |
| E. Out   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |

Note which hand the participant uses to write. If this task is not done, ask the participant if she/he is right or left-handed.

(For use in Question 16)

<sub>1</sub> Right

<sub>2</sub> Left

## 3MSE Cognitive Function

**15** Here is a drawing. Please copy the drawing onto this piece of paper.

Hand the participant a piece of paper and card 2.3MSE.15. For right-handed participants, present the sample on their left side. For left-handed participants, present the sample on their right side. Allow one minute for copying. In scoring do not penalize for self-corrected errors, tremors, minor gaps, or overshoots.

A. Pentagon 1

- <sub>4</sub> 5 approximately equal size
- <sub>3</sub> 5 sides, but longest : shortest side is >2:1
- <sub>2</sub> Nonpentagon enclosed figure
- <sub>1</sub> 2 or more lines, not an enclosure
- <sub>0</sub> Less than 2 lines/Refused
- <sub>9</sub> Not attempted/Disabled

B. Pentagon 2

- <sub>4</sub> 5 approximately equal size
- <sub>3</sub> 5 sides, but longest : shortest side is >2:1
- <sub>2</sub> Nonpentagon enclosed figure
- <sub>1</sub> 2 or more lines, not an enclosure
- <sub>0</sub> Less than 2 lines/Refused
- <sub>9</sub> Not attempted/Disabled

C. Intersection

- <sub>2</sub> 4-cornered enclosure
- <sub>1</sub> Other than 4-cornered enclosure
- <sub>0</sub> No enclosure/Refused
- <sub>9</sub> Not attempted/Disabled

## 3MSE Cognitive Function

16

Refer back to Question 14 to determine the participant's dominant hand. Hold up a piece of white paper in plain view of the participant, but out of his or her reach, and say:

*Take this paper with your left (right for left-handed person) hand, fold it in half, and hand it back to me.*

After saying the whole command, hold the paper within reach of the participant. Do not repeat any part of the command. Do not give visual cues for the subject to take or return the paper. They may hand it back with either hand.

|                                | Correct                 | Error/<br>Refused       | Not Att/<br>Disabled    |
|--------------------------------|-------------------------|-------------------------|-------------------------|
| A. Takes paper in correct hand | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="radio"/> 9 |
| B. Folds paper in Half         | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="radio"/> 9 |
| C. Hands paper back            | <input type="radio"/> 1 | <input type="radio"/> 0 | <input type="radio"/> 9 |

## 3MSE Cognitive Function

### 17 What three words did I ask you to remember earlier?

The words may be repeated in any order. Administer even if the score = 0 on Question 5. If the participant cannot give the correct answer after a category cue, provide the three choices listed. If the participant still cannot give the correct answer from the three choices, score "0" and provide the correct answer.

- A. Penny
- <sub>3</sub> Spontaneous recall
  - <sub>2</sub> Correct word/Incorrect form
  - <sub>2</sub> After, "A type of coin."
  - <sub>1</sub> After, "Was it penny, nickel, or quarter?"
  - <sub>0</sub> Unable to Recall/Refused (provide the correct answer)
  - <sub>9</sub> Not Attempted/Disabled
- B. Blue
- <sub>3</sub> Spontaneous recall
  - <sub>2</sub> Correct word/Incorrect form
  - <sub>2</sub> After, "A color."
  - <sub>1</sub> After, "Was it brown, black, or blue?"
  - <sub>0</sub> Unable to Recall/Refused (provide the correct answer)
  - <sub>9</sub> Not Attempted/Disabled
- C. Modesty
- <sub>3</sub> Spontaneous recall
  - <sub>2</sub> Correct word/Incorrect form
  - <sub>2</sub> After, "A good personal quality."
  - <sub>1</sub> After, "Was it honesty, charity, modesty?"
  - <sub>0</sub> Unable to Recall/Refused (provide the correct answer)
  - <sub>9</sub> Not Attempted/Disabled

## 3MSE Cognitive Function

**18** Would you please tell me again where you were born?

Ask only when a response was given in Question 1d and 1e.  
Record the response. Score the responses by checking the match with the responses in Question 1d and 1e.

|                         | Matches                            | Does not match/<br>Refused         | Not Att/<br>Disabled               |
|-------------------------|------------------------------------|------------------------------------|------------------------------------|
| A. City/Town: _____     | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |
| B. State/Country: _____ | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>9</sub> |

**19** Special problems?

Yes                       No

Primary Problem:

- <sub>1</sub> Vision
- <sub>2</sub> Hearing
- <sub>3</sub> Inability to write due to injury/illness
- <sub>4</sub> Illiteracy/Lack of Education
- <sub>5</sub> Language (difficulty speaking/understanding English)
- <sub>6</sub> Other, Specify: \_\_\_\_\_

Secondary Problem, Specify: \_\_\_\_\_

## 3MSE Cognitive Function

---

**20** Please tell me which hand you would normally use to throw a ball to hit a target.

- <sub>1</sub> Always left
- <sub>2</sub> Usually left
- <sub>3</sub> No preference
- <sub>4</sub> Usually right
- <sub>5</sub> Always right
- <sub>9</sub> Unknown/Refused
- <sub>0</sub> Not Attempted/Disabled

---

**21** Please tell me which hand you would normally use to hold a toothbrush while cleaning teeth.

- <sub>1</sub> Always left
- <sub>2</sub> Usually left
- <sub>3</sub> No preference
- <sub>4</sub> Usually right
- <sub>5</sub> Always right
- <sub>9</sub> Unknown/Refused
- <sub>0</sub> Not Attempted/Disabled

# DSST

## Digit-Symbol Substitution Task

---

### 22 Place the task sheet before the participant.

**Point to the task sheet and say:** *Look at these boxed across the top of the page. On the top of each box are numbers from one through nine. On the bottom part of each box there is a symbol. Each symbol is paired with a number.*

**Point to the four rows of boxes.** *Down here are boxes with numbers on the top, but the bottom part is blank. I want you to put the correct symbol in each box like this: **Fill in the first three sample boxes.***

*Now I want you to fill in all boxes up to this line. **Point to the line separating the samples from the test proportion***

If the participant has difficulty completing the ten sample items or does not grasp the task, help him complete the sample items. If the participant still has difficulty, discontinue the task and score “0” in items 22b and 22c. Participants with visual limitations should be given the opportunity to complete the sample. If the participant cannot complete the sample due to visual impairment code “0—not done.”

**After the demonstration and practice is complete, point to the first box following the sample items and say:** *When I tell you to begin, start here and fill in the boxes in these four rows. Do them in order and don't skip any. Please try to work as quickly as possible. Let's begin.*

**Stop the participant after 90 seconds. Say:** *That's good. That completes this set of tasks.*

A. Test items:

<sub>1</sub> Done      <sub>0</sub> Not done/Refused      <sub>9</sub> Not Attempted/Disabled

B. Number of symbols correctly coded:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

C. Number of symbols incorrectly coded:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|        |   |   |   |   |   |   |   |   |   |                      |
|--------|---|---|---|---|---|---|---|---|---|----------------------|
| DIGIT  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | SCORE                |
| SYMBOL | — | └ | ┐ | L | U | 0 | ∧ | X | = | <input type="text"/> |

SAMPLES

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 2 | 1 | 3 | 7 | 2 | 4 | 8 | 1 | 5 | 4 | 2 | 1 | 3 | 2 | 1 | 4 | 2 | 3 | 5 | 2 | 3 | 1 | 4 | 6 | 3 |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 1 | 5 | 4 | 2 | 7 | 6 | 3 | 5 | 7 | 2 | 8 | 5 | 4 | 6 | 3 | 7 | 2 | 8 | 1 | 9 | 5 | 8 | 4 | 7 | 3 |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 6 | 2 | 5 | 1 | 9 | 2 | 8 | 3 | 7 | 4 | 6 | 5 | 9 | 4 | 8 | 3 | 7 | 2 | 6 | 1 | 5 | 4 | 6 | 3 | 7 |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 9 | 2 | 8 | 1 | 7 | 9 | 4 | 6 | 8 | 5 | 9 | 7 | 1 | 8 | 5 | 2 | 9 | 4 | 8 | 6 | 3 | 7 | 9 | 8 | 6 |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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### Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE)

Now we want you to remember what your friend or relative was like 10 years ago and to compare it with what he/she is like now. 10 years ago was in 19\_\_\_. Below are situations where this person has to use his/her memory or intelligence and we want you to indicate whether this has improved, stayed the same, or got worse in that situation over the past 10 years. Note the importance of comparing his/her present performance *with 10 years ago*. So if 10 years ago this person always forgot where he/she had left things, and he/she still does, then this would be considered 'Hasn't changed much'. Please indicate the changes you have observed by *circling the appropriate answer*.

*Compared with 10 years ago* how is this person at:

|  | 1             | 2              | 3               | 4           | 5          |
|--|---------------|----------------|-----------------|-------------|------------|
| 1. Recognizing the faces of family and friends   | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 2. Remembering the names of family and friends   | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 3. Remembering things about family and friends e.g. occupations, birthdays, addresses    | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 4. Remembering things that have happened recently  | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 5. Recalling conversations a few days later  | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 6. Forgetting what he/she wanted to say in the middle of a conversation                  | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 7. Remembering his/her address and telephone number                                      | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 8. Remembering what day and month it is  | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 9. Remembering where things are usually kept   | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 10. Remembering where to find things which have been put in a different place from usual | Much improved | A bit improved | Not much change | A bit worse | Much worse |

|   |               |                |                 |             |            |
|---|---------------|----------------|-----------------|-------------|------------|
| 11. Adjusting to any change in his/her day-to-day routine               | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 12. Knowing how to work familiar machines around the house              | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 13. Learning to use a new gadget or machine around the house            | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 14. Learning new things in general                                      | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 15. Remembering things that happened to him/her when he/she was young   | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 16. Remembering things he/she learned when he/she was young             | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 17. Understanding the meaning of unusual words                          | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 18. Understanding magazine or newspaper articles                        | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 19. Following a story in a book or on TV                                | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 20. Composing a letter to friends or for business purposes              | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 21. Knowing about important historical events of the past               | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 22. Making decisions on everyday matters                                | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 23. Handling money for shopping   | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 24. Handling financial matters, e.g. the pension, dealing with the bank | Much improved | A bit improved | Not much change | A bit worse | Much worse |

|  |               |                |                 |             |            |
|--|---------------|----------------|-----------------|-------------|------------|
| 25. Handling other everyday arithmetic problems, e.g. knowing how much food to buy, knowing how long between visits from family or friends | Much improved | A bit improved | Not much change | A bit worse | Much worse |
| 26. Using his/her intelligence to understand what's going on and to reason things through  | Much improved | A bit improved | Not much change | A bit worse | Much worse |

# Pattern Comparison

**Instructions:** *“In this task, you will be asked to decide whether two patterns are the same or different. Each pattern will consist of 3 or 6 lines. If the two patterns are the same, write an S on the line between them. If the two patterns are different, write a D on the line. Please give an answer for each set of patterns. Do them as quickly as possible, and try not to make any mistakes. Let’s start with the following examples:”*

(Do the three examples aloud, allowing the participant to choose which letter to place in the space, but correct him/her as you go along)

Interviewer say the following:

**“Are these 2 patterns the same or different?”** (Allow the participant to answer)

**“So what letter would you put on the line?”** (Allow the participant to choose which letter to place in the space, but correct him/her as you go along. Repeat for the following two examples.)

**“There are two parts to this task. You will have just 30 seconds for each part.”**

**“Ready? Begin.”**

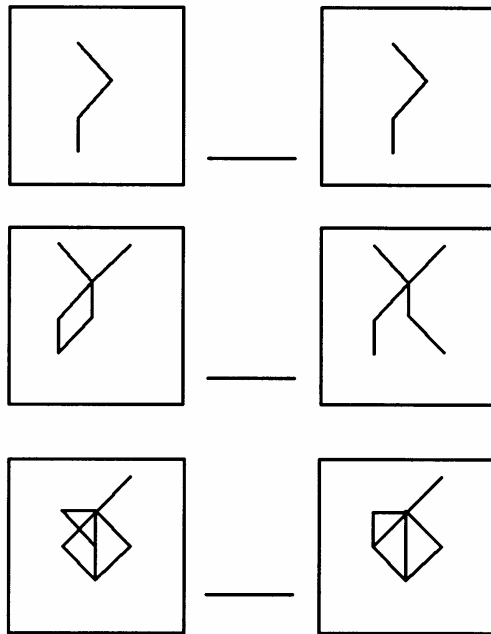
START TIMING on Begin.

| SECTION 1 |                       |                       |                      | SECTION 2             |                       |                      |                       | TOTAL                 |                       |
|-----------|-----------------------|-----------------------|----------------------|-----------------------|-----------------------|----------------------|-----------------------|-----------------------|-----------------------|
| # Correct |                       | # Errors              |                      | # Correct             |                       | # Errors             |                       | # Correct             |                       |
|           | <input type="text"/>  | <input type="text"/>  | <input type="text"/> | <input type="text"/>  | <input type="text"/>  | <input type="text"/> | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| 0         | <input type="radio"/> | <input type="radio"/> | 0                    | <input type="radio"/> | <input type="radio"/> | 0                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1         | <input type="radio"/> | <input type="radio"/> | 1                    | <input type="radio"/> | <input type="radio"/> | 1                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2         | <input type="radio"/> | <input type="radio"/> | 2                    | <input type="radio"/> | <input type="radio"/> | 2                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3         | <input type="radio"/> | <input type="radio"/> | 3                    | <input type="radio"/> | <input type="radio"/> | 3                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4         | <input type="radio"/> | <input type="radio"/> | 4                    | <input type="radio"/> | <input type="radio"/> | 4                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5         | <input type="radio"/> | <input type="radio"/> | 5                    | <input type="radio"/> | <input type="radio"/> | 5                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6         | <input type="radio"/> | <input type="radio"/> | 6                    | <input type="radio"/> | <input type="radio"/> | 6                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7         | <input type="radio"/> | <input type="radio"/> | 7                    | <input type="radio"/> | <input type="radio"/> | 7                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8         | <input type="radio"/> | <input type="radio"/> | 8                    | <input type="radio"/> | <input type="radio"/> | 8                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9         | <input type="radio"/> | <input type="radio"/> | 9                    | <input type="radio"/> | <input type="radio"/> | 9                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|           | [foPATSC1]            |                       | [foPATER1]           |                       | [foPATSC2]            |                      | [foPATER2]            |                       | [foPATSC1]            |

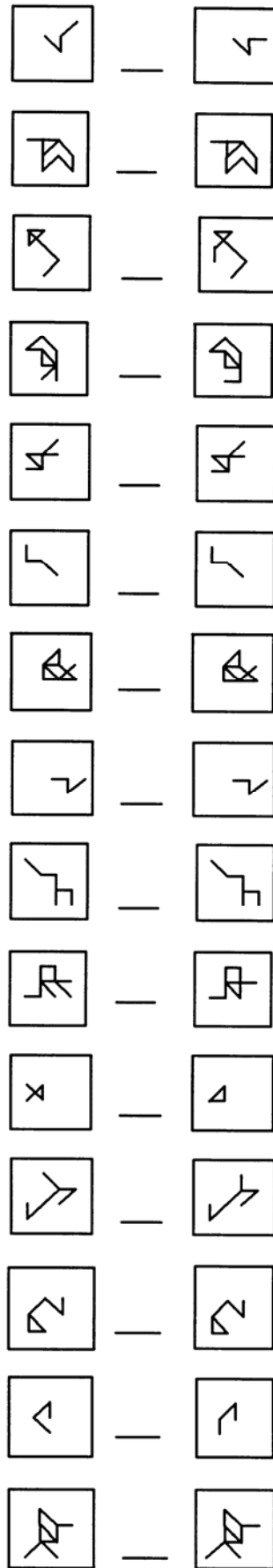
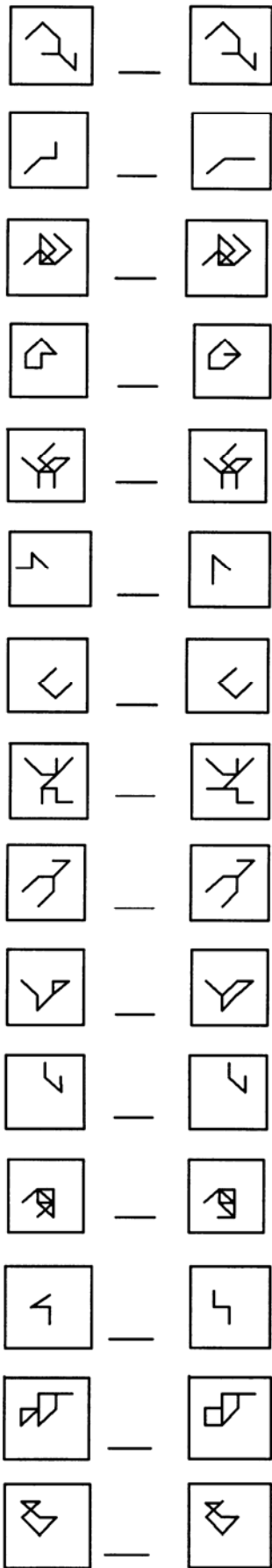
## Pattern Comparison

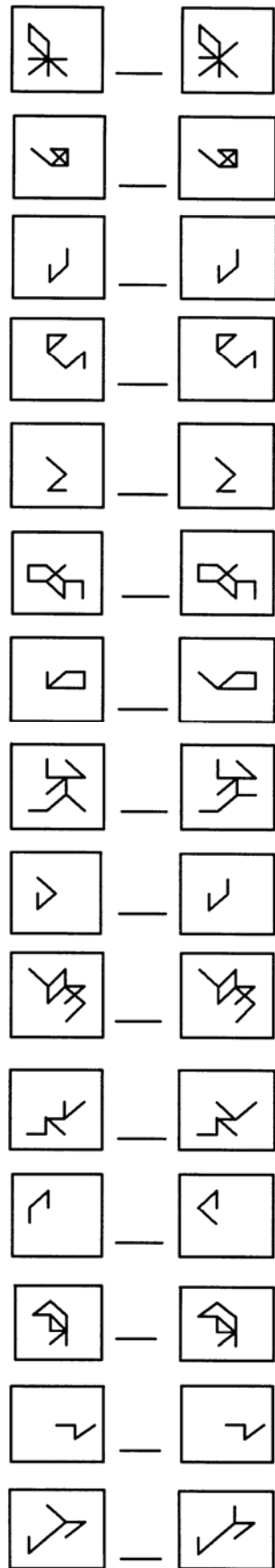
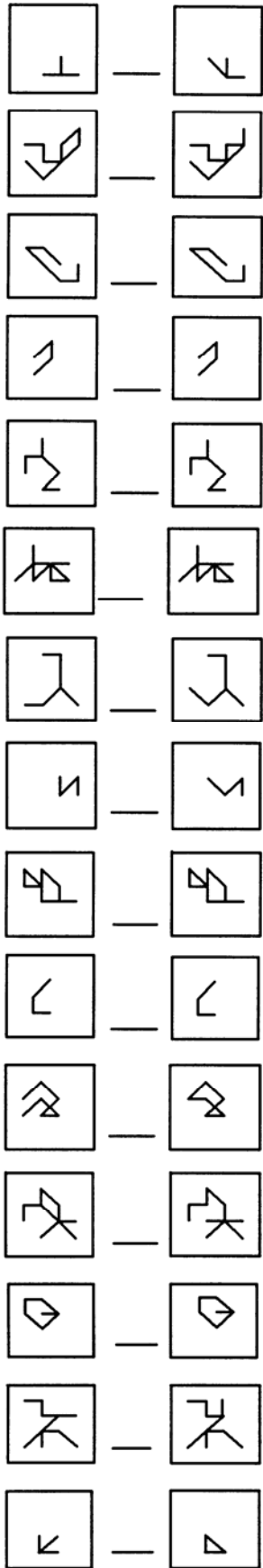
In this test you will be asked to determine whether two patterns of lines are the same or different. If the two patterns are the SAME, write an S on the line between them. If they are DIFFERENT, write a D on the line. Please try to work as rapidly as you can, writing an answer to each pair of line patterns.

Try the following examples.



**Please do not turn the page until instructed to do so.**



















# Stroop Task

**1. Open Stroop Practice:** To locate file, on the desktop double click EC Stroop Task / Practice / Practice. Press F7 to Run. Press C, V, B, N, or M to start Practice.

**2. Read Practice Script:**

*Today you will be playing a computer game using this keypad.  
(Point to the keypad).*

*First, you will see a line of X's presented on the computer screen in 1 of 3 different colors. You will decide what color the X's are and then press either the Red, Green, or Blue buttons on the keypad as quickly and accurately as you can (point to each button as you read). It does not matter which red, green, or blue button you choose to press. The multiple choices are there for you to accommodate where you would like to place your hand. Does that sound okay?*

*We will do a short practice so you can get used to the game. If you miss one, it is ok and expected. Just move on to the next one. If you make two mistakes in a row, a reminder will appear on the screen to prompt you to remember what the instructions are for the game. If this appears, continue with the game, keeping in mind the directions.*

*Before each word or line of X's, you will see a small plus-sign appear on the screen preparing you to look there. You do not have to respond to this plus sign but just focus your eyes there. Do you have any questions? Are you ready to start the practice?*

**3. Open Stroop Task Experimental File:** To locate file, on the desktop double click the file EC Stroop Task / Stroop Task / Stroop Task. Press F7 to run. Press C, V, B, N, or M to start Stroop Experiment.

**4. Read Stroop Task Script:**

*During the game, you will see X's, colors, and other words typed on the screen presented one at a time. You will look at the color ink that the word has been typed in and then press the "red" "green" or "blue" button on the keypad. For example, if you saw the word "green" appear on the screen and it is typed in BLUE ink, you would press the "blue" button. Pay attention only to the color of the ink; do not read the word. Do you have any questions?*

*Remember when the word or line of X's appear on the screen, you will have a brief amount of time to press a button. Try to make your response as quickly and as accurately as you can. If you make a mistake, it's okay; just keep going on to the next one. Are you ready to begin?*

- |  |
|--|
| <ol style="list-style-type: none"><li>1. Was the Stroop Test completed?<ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input type="radio"/> No. (If no, go to question 2.)</li></ul></li><br/><li>2. Reason not completed:<ul style="list-style-type: none"><li><input type="radio"/> Could not perform task (e.g. cognitive impairment)</li><li><input type="radio"/> Sensory Impaired (e.g. vision problems)</li><li><input type="radio"/> Refused / Quit</li><li><input type="radio"/> Technical problems</li><li><input type="radio"/> Reasons other than above _____</li></ul></li></ol> |
|--|

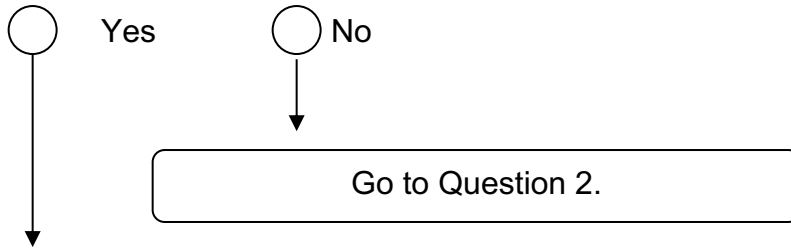
# PERFORMANCE MEASURES

---

## MEASURED WALK

---

**1** OBSERVE: Is the participant using an assistive device for walking?



What type of device?

- Standard Cane
- Quad Cane
- Walker
- White Cane
- Crutches (1 or 2)
- Other, Specify: \_\_\_\_\_

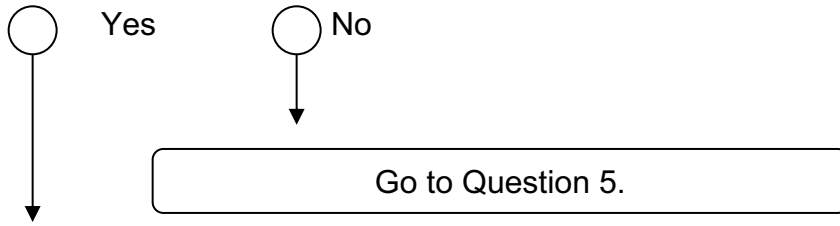
**2** OBSERVE: Does the participant use a lower extremity orthosis (plastic or metal leg brace at or above the ankle)?

- Yes       No

## PERFORMANCE MEASURES

---

**3** OBSERVE: Is the participant missing any limbs?



Which Limbs?

**Left Arm**

- Yes
- No

**Right Arm**

- Yes
- No

**Left Leg**

- Yes
- No

**Right Leg**

- Yes
- No





To do this test, place your feet with your toes behind, but touching the line where we start. I will time you. When I say "Ready, go!" walk at your usual pace to the line at the end of the hall. I will walk with you.

When the participant is properly at the line, say "Ready, go!"

## PERFORMANCE MEASURE

---

**6** Did the participant complete the walk?

Yes

Attempted, but unable physically →

No – Cognitive Impairment →

No – Other Reason, →

Go to Question 10.

Specify: \_\_\_\_\_

---

**7** What is the distance of the walking course?

3 Meters

15 Feet

Other (Specify): \_\_\_\_\_

---

**8** Time, in seconds, to complete walk:

Seconds

---

**9** Number of steps taken:

Steps

# PERFORMANCE MEASURE

## Grip Strength

**10** OBSERVE: Can the participant lift his/her arm to the table independently?

**Left Arm**

- Yes
- No
- Refused

**Right Arm**

- Yes
- No
- Refused

**Grip Strength Script:**

In this exercise, I am going to use this instrument to measure the strength in your hands.

**11** ASK: Have you had a recent worsening of pain in your wrist?

- Yes
- No
- Don't Know
- Refused

A. Do you think you could safely squeeze this as hard as you can?

- Yes
- No

DO NOT do Grip Strength.  
Skip to Question 13.

**12** ASK: Have you had any surgery on your hands or arms during the last 13 weeks?

- Yes
- No
- Don't Know
- Refused

DO NOT do Grip Strength.  
Skip to Question 13.

## PERFORMANCE MEASURE

---

I'd like you to take your dominant arm, place your forearm on the table, and grab the two pieces of metal together like this. (*Examiner should demonstrate at this point.*) When I say "squeeze," squeeze as hard as you can. The two pieces of metal will not move, but I will be able to read the force of your grip on the dial. I will ask you to do this 3 times.

If you feel any pain or discomfort, tell me and we will stop. (*Demonstrate*)

Now you should place your arm on the table at right angles to your body. Grip the two pieces of metal with your dominant hand. Your wrists should be straight. Ready? Go! (*Be sure to coach: "Squeeze, squeeze, squeeze!"*) (*Do dominant hand only.*)

---

**13** Was grip strength test done?

Yes

Attempted, but unable physically →

No – Cognitive Impairment →

No – Other Reason, →

Go to Question 18.

Specify: \_\_\_\_\_

---

**14** Code which hand is being tested. (Test dominant hand only.)

Right

Left

Unable/Discontinued

---

**15** First Try:

KG

Unable/Discontinued

## PERFORMANCE MEASURE

---

**16** Second Try:

|  |  |
|--|--|
|  |  |
|--|--|

 KG

Unable/Discontinued

---

**17** Third Try:

|  |  |
|--|--|
|  |  |
|--|--|

 KG

Unable/Discontinued

## PERFORMANCE MEASURE

---

### *Balance Stands*

---

#### **Introductory Script:**

Now let's move on to a more active part of the exam. I would like you to try to do different movements of your body that involve your arms and legs.

I will first describe and show each movement to you. Then I would like you to try to do it. If you cannot do a particular movement or if you feel it would be unsafe to try to do it, tell me, and we will move on to the next one. Let me emphasize that I do not want you to try to do any exercise that makes you feel unsafe.

Do you have any questions before we begin? Okay, let's begin.

#### **Side-by-side Stand (Eyes Open) Script:**

I want you to try to stand with your feet together, side by side, for about 10 seconds. Please watch while I demonstrate. *While demonstrating, say:* You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop.

*Allow the participant to hold onto your arm to get balanced. Say:* "When you are ready, let go of my arm." *Say "Stop" after 10 seconds.*

#### **Semi-Tandem Stand (Eyes Open) Script:**

Now I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you. Please watch while I demonstrate. *(Demonstrate)*

You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold the position until I say "Stop."

*Allow the participant to hold onto your arm to get balanced. Say:* "When you are ready, let go of my arm." *Say "Stop" after 10 seconds.*

#### **Tandem Stand (Eyes Open) Script:**

Now I would like you to try to stand with the heel of one foot in front of and touching the toes of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you. Please watch while I demonstrate. *(Demonstrate)*

You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold the position until I say "Stop."

Allow the participant to hold onto your arm to get balanced. Say: "When you are ready, let go of my arm." Say "Stop" after 10 seconds.

## PERFORMANCE MEASURE

---

**27** Is the participant able to do a side-by-side stand (balance unaided) for 10 seconds?

Yes       No      (Code "0" if attempted, but unable)

↓

Number of Seconds if less than 10:

---

**28** Is the participant able to do a semi-tandem (balance unaided) for 10 seconds?

Yes       No      (Code "0" if attempted, but unable)

↓

Number of Seconds if less than 10:

---

**29** Is the participant able to do a tandem (balance unaided) for 10 seconds?

Yes       No      (Code "0" if attempted, but unable)

↓

Number of Seconds if less than 10:



















# Lifestyle Activity Questionnaire (LAQ)

## LAQ

Instructions: There are two parts to this questionnaire. Part I contains questions about media and reading. Part II is a questionnaire about the frequency of certain activities you may or may not perform.

Interviewer directions: Please fill in the circle that best reflects your answer using a dark pen. If you need to write out an answer, please print as neatly as you can using block capital letters. Please mark only one answer for each question unless otherwise instructed in the question.

| Reading & Media Activities  |   |
|---|---|
| <b>1. How many hours do you watch TV in a usual day?</b>            | <b>2. About how many books gave you read &amp; finished in the last year?</b> |
| Write the # of hours: → <input type="text"/> <input type="text"/>   | <input type="radio"/> 0-10 Books  |
| If you do not watch TV: <input type="radio"/> <input type="radio"/> | <input type="radio"/> 11-25 Books   |
|   | <input type="radio"/> 26-50 Books   |
|   | <input type="radio"/> 51-100 Books  |
|   | <input type="radio"/> 101-150 Books   |
|   | <b>3. Do you regularly read the newspaper at least once a week?</b>           |
|   | <input type="radio"/> Yes   |
|   | <input type="radio"/> No  |



# Lifestyle Activity Questionnaire (LAQ)

## LAQ

Instructions: In this section, we will be asking about activities you may or may not do. Please tell us how often you have done each activity in the past year.

### Frequency of Activities

#### 4. In the past year, how often have you spent time:

**a. Doing things like sewing, mending, decorating, fixing things, or building?**

- Once a month or more
- Never, or less often than once a month

**b. Cooking, baking, or barbecuing?**

- Once a month or more
- Never, or less often than once a month

**c. Working in your garden, as permitted by the weather?**

- Once a month or more
- Never, or less often than once a month

**d. Looking at paintings or other art?**

- Once a month or more
- Never, or less often than once a month

**e. Singing or playing a musical instrument?**

- Once a month or more
- Never, or less often than once a month

**f. Listening to music?**

- Once a month or more
- Never, or less often than once a month

**g. Listening to the radio?**

- Once a month or more
- Never, or less often than once a month

**h. Watching TV?**

- Once a month or more
- Never, or less often than once a month

**i. Drawing or painting?**

- Once a month or more
- Never, or less often than once a month

**j. Going to the movies?**

- Once a month or more
- Never, or less often than once a month

**k. Going to plays or concerts?**

- Once a month or more
- Never, or less often than once a month

**l. Reading a newspaper?**

- Once a month or more
- Never, or less often than once a month

**m. Reading a book?**

- Once a month or more
- Never, or less often than once a month

In the past year, how often have you spent time:

- |  |   |
|--|---|
| <p><b>n. Talking about local or national problems or issues?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>o. Attending church or other religious services?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>p. Participating in a church, social, or civic club or organization?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>q. Having people visit at your home, or visiting at someone else's home?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>r. Working for pay?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>s. Assisting family members or friends on a regular basis (ex: caring for them or doing errands)?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>t. Doing crossword puzzles?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>u. Playing cards or games with others?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> | <p><b>v. Balancing your checkbook?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>w. Taking courses or classes (credit or non-credit)?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>x. Using a computer for word processing or e-mail and Internet?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>y. Hunting, fishing, or camping?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>z. Driving or using public transportation?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>aa. Baby-sitting grandchildren or others?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> <p><b>bb. Shopping at a grocery store, hardware store, mall, or outlets?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Once a month or more</li> <li><input type="radio"/> Never, or less often than once a month</li> </ul> |
|--|---|

## Early Life Activities Questionnaire

Instructions: The following questions ask about your childhood activities. We would like for you to remember activities that you participated in **before the age of 13 years old**.

|                                    | YES                      | NO                       | DON'T KNOW               |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Played a musical instrument     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Learned a foreign language      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Played team sports              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Volunteered                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Scouting                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Took lessons (ex: Dance, Choir) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Took vacations with family      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Participated in school clubs    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Painted or drew                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Had a summer job               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **CHS Year 31: Super-Agers Follow-Up Specific Medications**

For Examiner: Ask participant if he/she is currently taking any of the following medications. If they cannot recall, ask if you can see their current medication bottles to see whether they are on the following medications:

Aricept

Namenda

Exelon

Razadyne

## CHS Year 31: Super-Agers Brain Donation Interest Form

Brain donation can help us understand the cardiovascular and lifestyle factors that are related to healthy aging. This donation process is completely voluntary and you are not required to decide right now whether you want to donate. We are simply seeing whether you would be interested in brain donation. This can be an emotional topic to discuss, but there are several benefits to consider with brain donation including but not limited to:

- Contribution to aging research on lifestyle, cardiovascular, and other health factors related to healthy brain aging
- A definitive diagnosis of any brain diseases to eliminate unnecessary concern or wondering each time your family/medical history is discussed
- Sense of closure

On a scale of 1 to 5 with 1 being 'Very Interested' and 5 being 'Very Uninterested', how interested are you in brain donation?

|                       |                       |                                 |                       |                       |
|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|
| <b>1</b>              | <b>2</b>              | <b>3</b>                        | <b>4</b>              | <b>5</b>              |
| Very Interested       | Somewhat Interested   | Neither Interested/Uninterested | Somewhat Uninterested | Very Uninterested     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> |

## **Home Environment Questions for CHS Year 31: Super Agers Telephone Contact**

Thank you for setting up an in-home visit! In order to prepare for the visit to your home, we have a few questions about your home environment:

1. Do you live in a nursing home or assisted living facility? Yes or No
  - a. If yes, what is the name and contact information of the manager there?

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

2. Is there a passcode we need to enter your place of residence? Yes or No

a. If Yes, what is the passcode?: \_\_\_\_\_

3. Do you have any dogs in your home? Yes or No
4. Do you smoke inside of your home? Yes or No
5. Do you use a wheelchair inside of your home? Yes or No
6. Do you use a walker or cane inside of your home? Yes or No
7. Do you have vision impairments? Yes or No
8. Do you have hearing impairments? Yes or No
9. Can you walk around the rooms in your home? Yes or No

**Script for CHS Year 31: Super Agers Telephone Contact to Schedule Visit:**

Hello \_\_\_\_\_, my name is \_\_\_\_\_ and I am calling from the Cardiovascular Health Study. CHS has been very successful, and you have been such an important part of that success as a super ager living well into your 90's. We need your help to continue to understand how your healthy aging can help us to help others age better. We would like to see you in person and find out how you are doing.

All CHS participants are being asked to be part of this important visit. We are going to be doing something a little different this time. We would like to come see you at your home, or you can come to our clinic if you prefer, in order to better assess your cognition, physical activity, cardiovascular and other lifestyle factors that might contribute to healthy aging. During this visit, we will repeat many questionnaires you have been given in the past about your health as well as some measurements we can only collect in person, like blood pressure, weight, strength, and ability to move around.

Do you think you would be interested in participating in this brief visit?

***If No:***

Thank you very much for your time and for all that you contribute to CHS.

***If Yes:***

We are now scheduling visits for the week of \_\_\_\_\_. Are you available on \_\_\_\_\_? (work with subject to schedule a time).

We will call you the day before your visit to confirm the date and time. The visit will take about one and a half hours to complete.

Do you have any questions at this time?

We are very excited about seeing you again 'in person' on \_\_\_\_\_ (day, date) at \_\_\_\_\_ o'clock. If you have any questions or something comes up and you need to reschedule, please call me at **xxx-xxx-xxxx**.

Thank you and good-bye.

## CHS Year 31: Super-Agers Protocol Manual Protocol for Salivary Cortisol Testing

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### **A. Background and Purpose**

Ample evidence suggests that augmentations in the stress response component of the hypothalamic-pituitary-adrenal axis (HPA axis) increases with age. Cortisol, an end-product of HPA axis response to stress, is an important hormone that affects almost all other physiologic systems including neuroendocrine, immunologic, cardiovascular, and musculoskeletal. Both increases and decreases in basal cortisol secretion have been implicated in a number of adverse health outcomes including depression, anxiety, chronic fatigue syndrome, and post-traumatic stress disorder.

We will measure cortisol using a non-invasive saliva collection. The samples will be collected at the homes of the participants. We hypothesize that super aging older adults in the CHS cohort will have lower levels of cortisol relative to less healthy older adults.

Samples collected: The saliva will be collected on small cotton swabs housed in plastic vials (Salivettes, Sardstedt, Numbrecht, Germany) by asking the subject to place the swab in their mouth until saturated. Swabs are then inserted into the vials which are then stored frozen at  $-80^{\circ}\text{C}$  until laboratory analysis takes place. The freezing process is necessary to precipitate mucins in saliva.

### **B. Level of participant burden and risk:**

There are no risks associated with this test.

### **C. Benefits:**

There are no clinical benefits of the salivary cortisol testing to the participant.

### **D. Use of data:**

The data will be used to analyze cortisol levels in super agers versus less healthy older adults.

### **E. Planned site:**

The interviewer will collect this sample from the participant during the visit and take it back to the study site to store in the freezer until batched and analyzed.

### **F. Exclusion Criteria:**

No known exclusion criteria.

### **G. Participant Requirements:**

This test will be performed by the participant during their visit in their homes or at the clinic, according to preference.



## CHS Year 31: Super-Agers Protocol Manual Protocol for Salivary Cortisol Testing

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### H. Script for the Participant

#### **Background information on salivary cortisol for evaluator:**

Cortisol is an important hormone in your body that goes up when you are under stress. New research shows that cortisol is **important to memory and health**. People who are chronically under stress have higher levels of cortisol and their levels do not go back down to normal as fast. We will measure cortisol in saliva. We will take a sample by asking the participant to chew on a cotton swab for 45 seconds; the participant can simply chew lightly on the swab and push it to the side of the mouth for 10-15 seconds so that it will become soaked with saliva. We will instruct them **NOT** to drink water to make the salivette moist, since this would dilute the saliva sample and lower the cortisol concentration. Why use salivettes rather than spitting? A saliva sample collected by spitting can be viscous, poor quality and contain mucus, food particles and cellular debris. The salivette provides a standardized method for the easy and safe collection of saliva, because it stimulates the release of fresh saliva from the saliva glands in the mouth.

#### **Participant Script:**

*Now we will be collecting your saliva for the cortisol testing. This saliva will be used to measure the level of the hormone cortisol in your body. This information will give us clues as to how your body reacts when under daily stress.*

*I will demonstrate to you how to do this test. Please look carefully after which I will ask you to show it to me. Please feel free to interrupt me if you have any doubts.*

*Take the sterile cotton swab from the appropriate plastic tube and put it into your mouth. Please chew on it for about 45 seconds in order to make your glands secrete more saliva. After 45 seconds, you should push it to the side of your mouth for 10-15 seconds and let it soak up as much saliva as possible. **Don't chew on it at all near the end of the time as that will squeeze the saliva out of it.** Try to get the swab as wet as possible so that we have enough saliva for cortisol measurement. Then take the swab from your mouth and place it in the plastic tube. I will record the time that we collected the sample.*

### **I. Material**

Prior to visit, label 1 plastic tube which will contain the salivette.

### **J. Methods**

Prepare the salivette before the patient visit.

### **K. Storage & Processing**

The salivette swabs are to be batched and mailed each week to Dr. Russ Tracy's lab at the University of Vermont Laboratory for Clinical Biochemistry Research (360 South Park Dr. Colchester, VT 05446) where they will be:

**CHS Year 31: Super-Agers Protocol Manual**  
**Protocol for Salivary Cortisol Testing**

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1. centrifuged at 1500xg for 15 minutes.
2. aliquotted 1 cc into 2 cryovials for each sample labeled with id & sequence number
3. cryovials are then stored frozen at -80C for analysis.

**L. Data**

Laboratory personnel from the University of Vermont CHS Biorepository will measure the amount of cortisol in the sample, and enter the data in a database provided by Dr. Carlson. This Database will be periodically updated and the results incorporated into the general CHS data.

## Smart Logger Protocol

Dear study volunteer,

Thank you for your participation today!

Because a healthy brain is so important for successful aging, you can be an important part of helping us help other older adults as well as yourself with your participation with us. We believe, and hope you do too, that you are providing a valuable service to your community for years to follow.

We've sent you home with some activities to do for the next 7 days:

Wearing the **Logger** for the next **7 days** (see page 2-4 in this packet)

**If at any point you have any questions, please give us a call at : (XXXXXX)**

Participant ID \_\_\_\_\_

Date Logger given: \_\_\_\_\_

Time Logger given: \_\_\_\_\_

Thank you for agreeing to wear the **Logger**. Many older adults have commented how fun it is to participate in an exciting project such as this. We hope you have as much fun as they did, and if we can be of any help, please don't hesitate to contact us!

These devices will allow us to measure the amount of activity in your daily routine, as well as travel outside of the home. Please remember to keep in mind the following for the next 7 days:

1. Please try not to get either device wet. **\*Before bathing or showering, be sure to take off the logger to avoid any potential water damage\***
2. When putting on the **logger**, they can go on either of your arms.

**If at any point you have any questions, please give us a call at : (XXXXXX)**

## Commitment Sheet

It is important for us to give you the best possible experience while participating in the study and we're asking for you to help us in that process.

Please return the items we are sending home with you today back to us in **7 days** on \_\_\_\_\_ in this postage paid envelope.

All you need to do is place all of the below items in the envelope, seal it and drop it at any FedEx drop box location. We've included all the stamps the envelope will need.

\_\_\_\_\_ Date collected

\_\_\_\_\_ signed by SWIM Volunteer

\_\_\_\_\_ signed by SWIM Staff

## CHS Year 31 Activities of Daily Living

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**12** Do you have any difficulty walking around your home?

Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 14.

**13a** How much difficulty do you have?

Some    A lot    Unable to do    Don't Know/Refused

---

**13** Do you have any difficulty getting out of bed or a chair?

Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 15.

**14a** How much difficulty do you have?

Some    A lot    Unable to do    Don't Know/Refused

## CHS Year 31 Activities of Daily Living

**14** Do you have any difficulty walking up 10 steps?

Yes  
↓

No  
↓

Could do it,  
but don't for  
other reason  
↓

Don't Know  
/ Refused  
↓

**15a** How much difficulty do you have?

Some

A lot

Unable to do

Don't Know

**15** How easy is it for you to walk up 10 steps without resting? (**Examiner note: Read response options.**)

Very Easy

Not that easy

Somewhat Easy

Don't Know  
/Refused  
/Don't do

**15c** Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

Yes

Skip to Question 16.

No

Skip to Question 15d.

Don't Know  
/Refused

Skip to Question 15d.

**15d** How easy is it for you to walk up 20 steps, that is about 2 flights, without resting? (**Examiner note: Read response options.**)

Very Easy

Not that easy

Somewhat Easy

Don't Know  
/Refused  
/Don't do

## CHS Year 31 Activities of Daily Living

---

**15** Because of health or physical problems, do you have any difficulty or are you unable to do heavy housework, like scrubbing floors or washing windows; or yard work, like raking leaves or mowing?

Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 17.

**16a** How much difficulty do you have?

Some    A lot    Unable to do    Don't Know/Refused

---

**16** Because of health or physical problems, do you have any difficulty or are you unable to do light housework?

Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 18.

**17a** How much difficulty do you have?

Some    A lot    Unable to do    Don't Know/Refused

---

**17** Because of health or physical problems, do you have any difficulty or are you unable to shop for personal items?

Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 19.

**18a** How much difficulty do you have?

Some    A lot    Unable to do    Don't Know/Refused



## CHS Year 31 Activities of Daily Living

---

**18** Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals?

- Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 20.

**19a** How much difficulty do you have?

- Some    A lot    Unable to do    Don't Know/Refused

---

**19** Because of health or physical problems, do you have any difficulty or are you unable to manage your money, such as paying bills?

- Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 21.

**20a** How much difficulty do you have?

- Some    A lot    Unable to do    Don't Know/Refused

---

**20** Because of health or physical problems, do you have any difficulty or are you unable to use the telephone?

- Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 22.

**21a** How much difficulty do you have?

- Some    A lot    Unable to do    Don't Know/Refused

## CHS Year 31 Activities of Daily Living

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**21** Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself?

Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 23.

**22a** How much difficulty do you have?

Some    A lot    Unable to do    Don't Know/Refused

---

**22** Because of health or physical problems, do you have any difficulty or are you unable to dress yourself?

Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 24.

**23a** How much difficulty do you have?

Some    A lot    Unable to do    Don't Know/Refused

---

**23** Because of health or physical problems, do you have any difficulty or are you unable to bathe or shower?

Yes    No    Could do it, but don't for other reason    Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 25.

**24a** How much difficulty do you have?

Some    A lot    Unable to do    Don't Know/Refused

## CHS Year 31 Activities of Daily Living

---

**24** Because of health or physical problems, do you have any difficulty or are you unable to use the toilet, including getting to the toilet?

- Yes     No     Could do it, but don't for other reason     Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 26.

**25a** How much difficulty do you have?

- Some     A lot     Unable to do     Don't Know/Refused

## CHS Year 31 Activities of Daily Living

**25** Do you have any difficulty lifting or carrying something as heavy as 10 pounds, such as a bag of groceries?

Yes



No



Could do it,  
but don't for  
other reason



Don't Know  
/ Refused



**26a** How much difficulty do you have?

Some

A lot

Unable to do

Don't Know

**26b** How easy is it for you to lift or carry something as heavy as a bag of groceries? *(Examiner note: Read response options.)*

Very Easy

Not that easy

Somewhat Easy

Don't Know  
/Refused  
/Don't do

**26c** Because of a health or physical problem, do you have any difficulty lifting or carrying something as heavy as 20 pounds?

Yes → Skip to Question 27.

No → Skip to Question 26d.

Don't Know / Refused → Skip to Question 26d.

**26d** How easy is it for you to lift or carry something as heavy as 20 pounds? *(Examiner note: Read response options.)*

Very Easy

Not that easy

Somewhat Easy

Don't Know  
/Refused  
/Don't do