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NSHAP W2 BIOMEASURE QUESTIONNAIRE

SALIVA SPONGE #1 (BIOMEASURE SUBSTUDY)

WEAR VINYL GLOVES

Now we are	going to colle	ct a sample	of your saliva	using a small	chewable sponge.
(SPONGE1	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
- 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.]

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	A SPONGE (SPONGE_1) 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_1)
3.	RECOR	D CURRENT TIME FROM YOUR WATCH (SPONGE1_TIME)
		_ :
		AM PM

4. SALIVA SPONGE NOTES: (SPONGE1_NOTES)

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WEIGHT

(IF RESPONDENT HASN'T ALREADY BROUGHT YOU THE MEDICATIONS: While I'm setting up for the next physical measures, please go get 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. I'll be recording them later.)

- IT IS VERY IMPORTANT TO HAVE THE ACTUAL BOTTLES/ CONTAINERS/ PACKAGES
- (PROMPT: Items not taken by mouth such as injections, inhalers, sprays, creams, patches, suppositories, or eye or ear drops **should be** included.)

Now let's measure your weight.

- DOUBLE CHECK SCALE IS SWITCHED TO POUNDS
- ALLOW THE SCALE TO ZERO

2. WEIGHT NOTES: (WEIGHT NOTES)

- ASK R TO STAND ON SCALE (PLACE FEET ON GRAY MARKS)
- WHEN READOUT IS STABLE, RECORD WEIGHT

1. RECOI	RD WEIGHT IN POUNDS:	(WEIGHT_INTRO
	L POUR IN WHEELCHAIR	JNDS (WEIGHT)
	R REFUSED TO STAND ON	N SCALE
	R OVER SCALE MAXIMUN	M
	EQUIPMENT PROBLEM	
	TRIED, UNABLE TO DO	

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WAIST			

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)

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Now let's measure your hips. (HIP_INTRO)

- ☐ CONTINUE
- ☐ R IN WHEELCHAIR (SKIP TO HIP NOTES)
- ☐ REFUSED (SKIP TO HIP_NOTES)
- HAVE R STAND WITH FEET TOGETHER
- HAVE R RELAX ARMS, STOMACH AND BUTTOCKS AND BREATHE NORMALLY
- STAND AT SIDE OF R
- ESTIMATE THE POSITION OF THE HIP AT THE LARGEST PROTRUSION OF THE BUTTOCKS. FOR MOST PEOPLE THIS IS JUST ABOVE THE PUBIC BONE. MAKE SURE YOU DO NOT MEASURE BELOW THE PUBIC BONE (DO NOT MEASURE AROUND THIGHS)
- PLACE MEASURING TAPE EVENLY AROUND THE HIPS
- MAKE SURE THE TAPE IS STRAIGHT AND NOT TWISTED
- 1. RECORD HIP TO THE NEAREST HALF INCH (##.#) (HIP)
 - □ | | INCHES (HIP INCH)
 - EQUIPMENT PROBLEM
 - ☐ TRIED, UNABLE TO DO
- 2. HIP NOTES: (HIP 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)
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- □ R IN WHEELCHAIR
- ☐ R REFUSED TO BE MEASURED
- ☐ EQUIPMENT PROBLEM
- ☐ TRIED, UNABLE TO DO
- 2. HEIGHT NOTES: (HEIGHT NOTES)

BLOOD PRESSURE AND PULSE #1

Now let's take two blood pressure readings and measure your pulse. While I am setting up, please get a glass of water and drink it. It is necessary for upcoming measures. (BP_INTRO)

- ☐ CONTINUE
- ☐ REFUSED (SKIP TO BP NOTES)
- IF R IS WEARING SHIRT WITH SLEEVES, ASK TO PUSH SLEEVE UP
- HAVE R PLACE BOTH FEET ON THE FLOOR
- HAVE R LAY LEFT ARM ON THE [SURFACE] PALM FACING UP
- PUT CUFF ON R, JUST ABOVE ELBOW WITH TUBE TOWARD INNER SIDE OF ARM
- ADJUST TIGHTNESS WITH ROOM FOR TWO FINGERS
- LOOK AT INDEX MARK ARROW ON CUFF
 - IF▲ POINTS WITHIN THE PROPER FIT RANGE, YOU ARE USING THE CORRECT CUFF SIZE
 - IF▲ POINTS AT ANOTHER CUFF SIZE, YOU ARE USING THE INCORRECT CUFF SIZE AND SHOULD ATTACH THE RECOMMENDED CUFF
- PRESS START

1.	ATTEMPT #1: (BP1)					
		SYSTOLIC (SYSTOLIC_1)				
		DIASTOLIC (DIASTOLIC_1)				
		EQUIPMENT PROBLEM (SKIP TO BP_INTRO_2) TRIED, UNABLE TO DO (SKIP TO BP_NOTES)				
2.	IS THE	HEARTBEAT IRREGULAR? (IRREGLR_1)				
		YES NO				
3.	PULSE	#1 (BOTTOM LINE): (PULSE1)				
		(PULSE_1) PULSE ERROR READING				
4.	WHAT	ARM WAS USED FOR THE READING? (BP_ARM_1)				
		LEFT ARM RIGHT ARM				

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BLOOD PRESSURE AND PULSE #2

• WAIT ONE MINUTE BETWEEN FIRST AND SECOND READING

Le	et's take y	your final blood pressure reading. (BP_INTRO_2)
		CONTINUE REFUSED (SKIP TO BP_TIMEH)
5.	ATTEM	MPT #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)
		'''
8.	WHAT	ARM WAS USED FOR THE READING? (BP_ARM_2)
		LEFT ARM RIGHT ARM
9.	RECOR	RD CURRENT TIME FROM YOUR WATCH
		_ HOUR (BP_TIMEH)
		MINUTES (BP_TIMEM)
		AM (BP_TIME)

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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)

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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 O4)

- 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
 - o 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

7	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)
1	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)

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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.
 - o 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 O3)

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
 - o STAND UP AND SIT DOWN ONCE
 - O TELL R TO REPEAT THAT 4 MORE TIMES

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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^{TH} TIME
 - o 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)

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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.	RECOR	ED CURRENT TIME FROM YOUR WATCH
		_ HOUR (SLTIMEH)
		MINUTES (SLTIMEM)
		AM (SLTIMEA) PM
6.	SALIV	A NOTES: (SLV_NOTES)
		ESPONDENTS : In the past two weeks, have you taken any medications or treatments to help you sleep? (MEDSLEEP)
	□ N □ D	es o (SKIP TO NEXT BIOMEASURE) ON'T KNOW EFUSED
		ese medications or other treatments recommended to you by a EDREC)
	□ N □ D	es o ON'T KNOW EFUSED

SALIVA SPONGE #2 (BIOMEASURE SUBSTUDY)

• WEAR VINYL GLOVES

Next we will collect a sa	ample of your	saliva using a	small chewable s	ponge.

- □ 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	A 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.	RECOR	D CURRENT TIME FROM YOUR WATCH (SPONGE2_TIME)
		_ :
		AM PM
4.	SALIVA	A SPONGE NOTES: (SPONGE2 NOTES)

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
 - o R HOLDS SWAB WITH TIP UP

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- o 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.
- o R REMOVES SWAB
- R TIGHTLY INSERTS SWAB INTO TRANSPORT TUBE
- o R REPEATS COLLECTION WITH SECOND SWAB
- o 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)
П	TRIED LINABLE TO DO (SKIP TO O4)

(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

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• PRESENT RED PEN #17 AND SAY: Number 2

RECAP PEN

 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 <u>different</u> odor we wan 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
 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)

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П	DON'T KNOW								
	REFUSED								
	REFUSED								
10. G	REEN PEN #4, GREEN PEN #5, GRE	EN PEN	#6 (GR	REEN	N_2)				
•	MAKE SURE 20 SECONDS HAS PAS		_	E L	AST	SEF	RIES	5	
•	PRESENT GREEN PEN #4 AND SAY RECAP PEN	: Number	1						
•	PRESENT GREEN PEN #5 AND SAY	: Number	2						
•	RECAP PEN PRESENT GREEN PEN #6 AND SAY	· Number	3						
	RECAP PEN	. Ivallibei	3						
Which	pen has the odor?								
	ONE								
	TWO THREE								
	NONE OF THE PENS HAVE THE OD	OR (IF V	OLUN	TEE	REL))			
	DON'T KNOW	on (n ,	o Lor		TCLL	,			
	REFUSED								
11. G	REEN PEN #7, GREEN PEN #8, GRE	EN PEN	# 9 (GF	REEN	N_3)				
•	MAKE SURE 20 SECONDS HAS PAS			E L	AST	SEF	RIES	5	
•	PRESENT GREEN PEN #7 AND SAY RECAP PEN	: Number	1						
•	PRESENT GREEN PEN #8 AND SAY	: Number	2						
•	RECAP PEN	NT 1	2						
•	PRESENT GREEN PEN #9 AND SAY RECAP PEN	: Number	3						
	pen has the odor?								
	ONE								
	TWO THREE								
	NONE OF THE PENS HAVE THE OI	OD (IE V		JTEI	EDEI))			
	DON'T KNOW	JOK (II' V	OLUI	11121	21(121)			
	REFUSED								
12. G	REEN PEN #10, GREEN PEN #11, GI	REEN PE	N #12	(GR	EEN	_4)			
•	MAKE SURE 20 SECONDS HAS PAS			E L	AST	SEF	RIES	5	
•	PRESENT GREEN PEN #10 AND SA	i . Mullide	1 1						

☐ 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)

SUID: _ _

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)
_	EQUIDATENT DE ODI EM (CIME TO DI DITUDE)

- ☐ EQUIPMENT PROBLEM (**SKIP TO BLDTUBE**)
- ☐ TRIED, UNABLE TO DO (0 SPOTS) (SKIP TO BLDTUBE)
- 2. ENTER BLOOD FILTER PAPER ID (BLDSPOT ID1)

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3. BLOOD	TUBE (BLDTUBE)				
	SAMPLE COLLECTED (GOAL IS EQUIPMENT PROBLEM (SKIP I TRIED, UNABLE TO DO (NO BI BS_NOTES)	TO BS_NOT	,	Р ТО	
4. ENTER □	BLOOD TUBE ID (BLDTUBE_ID	01)			
5. RECOR	D THE NUMBER OF FINGER PR ONE TWO THREE	ICKS: (BLDF	'RICK)		
6. BLOOD	SPOT NOTES: (BS_NOTES)				

5. ORAGENE NOTES: (DNA NOTES)

4. ENTER ORAGENE ID (DNA_ID)

TRIED, UNABLE TO DO (SKIP TO Q5)

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).
 - O 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.	mail	would like to confirm your mailing address for sending you the watch. Is your ing address (INSERT RESPONDENT'S HOME ADDRESS FROM RIEFING SECTION)?
		ISHAP staff member will call you to arrange a date to receive the watch and booklet in the mail.
		Yes (SKIP TO Q4) No

DRAFT: 4	SUID:	_	_	_			
2 Place	DON'T KNOW REFUSED						
Street A	se tell us your correct mailing address.						
City:	udicss						
State:							
Zip Cod							

4. ACTIGRAPHY NOTES: (ACT_NOTES)

SALIVA SPONGE #3 (BIOMEASURE SUBSTUDY)

• WEAR VINYL GLOVES

Let's collect	the last sample	e of your saliva	ı using a smal	l 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. S		A 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. S	SALIV	A SPONGE LAB ID (SPONGEID_3)
3. F	RECOR	RD CURRENT TIME FROM YOUR WATCH (SPONGE3_TIME)
		_ :
		AM PM
4. \$	SALIV	A 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.

MON	TH
	JANUARY
	FEBRUARY
	MARCH
	APRIL
	MAY
	JUNE
	JULY
	AUGUST
	SEPTEMBER
	OCTOBER
	NOVEMBER
	DECEMBER
	OTHER (SPECIFY):
	DON'T KNOW
	REFUSED
(NOTI	ONDENT'S ANSWER IS E: TODAY'S MONTH IS [TEXT FILL]) CORRECT INCORRECT/ HAD ERRORS DON'T KNOW
DATE	ell me the exact date. (2 DIGITS) DON'T KNOW REFUSED
(NOTI	ONDENT'S ANSWER IS E: TODAY'S EXACT DATE IS [TEXT FILL]) CORRECT INCORRECT/ HAD ERRORS

	□ DON'T KNOW
2.	Now, I want you to name this animal.
SF	HOW 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.
(P	ow, I'd like you to draw a clock. Put in all the numbers and set the time to 10 after 11. ROMPT IF NECESSARY: Try your best to complete this task without using clues from ound 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
lin lin	ake a minute to look over the paper. Notice, there are both numbers and letters. Please draw a ne, going from a number to a letter in increasing order. Begin here (POINT TO 1), and draw a ne from 1 to A, then from A to 2, and so on. End here (POINT TO E). The first two lines have then 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		
VELVET		
CHURCH		
DAISY		
RED		

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		
VELVET		
CHURCH		
DAISY		
RED		

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 UNDERST	AND	INS	TRU	JCT:	IONS	3
\Box	REFLISED						

8.			am going to say some more numbers, but when I am through, I want you to repeat ome in the <u>backwards order</u> .
			THE THREE NUMBER SEQUENCE TO THE RESPONDENT AT A RATE OF DIGIT PER SECOND.
	7,	4,	2
	НА	VE	R REPEAT DIGITS IN THE BACKWARDS ORDER
		INC TRI R U	RRECT ANSWER CORRECT ANSWER IED, UNABLE TO DO UNABLE TO UNDERSTAND INSTRUCTIONS FUSED
9.	No	w, s1	TOPWATCH READY. tarting with 100, I would like you to subtract 7 and then keep counting down by 7. CAN REPEAT THESE INSTRUCTIONS IF NECESSARY.)
			TART/STOP' ON STOPWATCH. UP TO 6 NUMBERS.
RE	_	RD]	FIRST NUMBER
			N'T KNOW FUSED
RE		RD :	SECOND NUMBER
			N'T KNOW FUSED
RE	_	RD	THIRD NUMBER
			N'T KNOW FUSED
RE		RD]	FOURTH NUMBER
			N'T KNOW FUSED
RE	CO	RD I	FIFTH NUMBER
		DO	N'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 ₀₀).
☐ 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

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		
VELVET		
CHURCH		
DAISY		
RED		

14. COGNITIVE ASSESSMENT NOTES:

□ REFUSED