

Diagnostic Assessment Of Dementia for LASI

WAVE 2 GERIATRIC ASSESSMENT

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Table of Contents

SECTION BD- Blood Draw	2
SECTION INTRO – Introducing Geriatric Assessment	3
SECTION AP- Anthropometry and Physical Biomarkers.....	3
SECTION CS- Repeated Chair Stands.....	9
SECTION FS- Functional Status.....	11
SECTION SA- Social Activities.....	14
SECTION FR- Fall Risk.....	14
SECTION MH- Mental Health	15
SECTION MNA- Mini Nutritional Assessment	17
SECTION HH- Health History	19
SECTION AT – Audiometry Test.....	20

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SECTION BD- Blood Draw

GA800

I would like to collect a sample of your blood using a syringe. We would be very grateful if you would agree to provide us with a sample of blood. This is an important part of the study, as the analysis of blood samples will tell us a lot about the health of the population. Before we begin, I would like to read this consent form.

IWER: IF R DID NOT GIVE THE CONSENT, DO NOT COMPLETE THIS MEASURE. THANK THE R AND END THE SESSION.

1. R provided signed consent
2. R provided oral consent but did not to sign
3. R did not provide the consent [CAPI: End session]

GA801_intro.

IWER: Equipment needed are Vacutainers, needle, alcohol wipe, band-aid, Gloves, Sample requisition form, Vacutainer holder, Small Biohazard Container, Barcode Scanner and Barcode label.

GA802. Date

__ / __ / __ date(dd/mm/yyyy) [CAPI shows calendar]

GA803. Time

__:__ am/pm(12hour clock) [CAPI shows clock]

Is R Fasting?

1. Yes
2. No

Instructions for IWER:

Step 1. Scan the barcode.

Step 2. Enter the Barcode number twice: GA804a & GA804b. CAPI will check

GA804a=GA804b. If not, re-enter.

GA804a Sample Barcode number:

GA804b Sample Barcode number:

GA805.What, if any, problems occurred during the collection of the blood sample? [Multiple answers are allowed] [Instruction for CAPI: GA805=a then freeze other options]

- a. None
- b. R became light-headed, fainted, or nauseous

LASI-DAD Wave 2

Geriatric Assessment

- c. Difficult for R to stop bleeding
- d. Unable to obtain enough blood
- e. Problem with equipment or supplies
- f. Other, please specify: _____

SECTION INTRO – Introducing Geriatric Assessment

INTRO SCRIPT

GA100 Now we would like to measure a few physical markers such as your blood pressure, pulse rate, weight, height, head circumference, mid-arm circumference, waist circumference, and calf circumference. We will be also asking you a few questions on your daily routine, mood, and nutritional intake. Please feel free to answer at your will and let me know any time you are feeling any discomfort. Shall we begin?

1 = Continue

5 = No consent, Discontinue

SECTION AP- Anthropometry and Physical Biomarkers

GA101 Blood pressure

IWER: Equipment needed are Omron Monitor, Batteries,

I would like to measure your blood pressure and pulse using this monitor and cuff which I will secure around your left arm. I would like to take three blood pressure measures. I will ask you to relax and remain seated and quiet, with legs uncrossed and feet flat on the floor, during the measurements. First, I will place the cuff on your left arm. Once the cuff is placed appropriately on your arm and we are ready to begin, I will ask you to lay your arm on a flat surface, palm facing up, so that the center of your upper arm is at the same height as your heart. I will then press the start button. The cuff will inflate and deflate automatically. It will squeeze your arm a bit, but won't hurt. After we have completed all three measures, I will give you your results.

Do you understand these directions and are you willing to provide this measurement?

- 1. Yes
- 2. No [[CAPI: Go to GA123](#)]

GA102.

Did you smoke, exercise, or consume alcohol or food within the 30 minutes prior to the blood pressure test?

- 1. Yes
- 2. No

GA103.

LASI-DAD Wave 2

Geriatric Assessment

Do you have a rash, a cast, edema (swelling) in the left arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact?

1. Yes [CAPI: Go to GA104]
2. No [CAPI: Go to GA105]

GA104.

Do you have a rash, a cast, edema (swelling) in the right arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact?

1. Yes [CAPI: Go to GA123]
2. No [CAPI: Go to GA105]

GA105_intro. To complete this measurement, please remove bulky clothing, if any. Please sit in a relaxed position and rest arm comfortably.

Checklist for BP Measurement:

- 1) Bulky clothing removed from upper arm.
- 2) R sitting, feet flat on the floor. Legs not crossed, arm on surface.
- 3) Cuff placed 1 cm above the elbow with pneumatic tube running down arm. Blue marker over the brachial artery / inside of the arm.
- 4) Palm facing upward; cuff at the level of the heart.
- 5) Cuff secured (Sewn hook material pressed firmly against the cuff; cuff makes direct contact with the R's skin if possible. You can fit your index finger between the cuff and the arm).

IWER: When the device is in the correct position and the R is relaxed, press the button to Start. Measure blood pressure and pulse three times with one-minute gap between each of the measurements. No need to remove the cuffs and the device between the measurements. Click on the timer on the next page after the measurement is complete and before you record the measurements. Do not go to the next screen until the timer reaches zero.

Record measurements: (Enter 993 in first systolic reading if R tried but was unable to do it/if an unresolvable equipment problem occurs. Enter 999 if R chose not to do it.)

GA105. Time of Reading 1

___:___ am/pm [CAPI fills this]

GA106. Systolic Reading 1

___ mmHg [CAPI Soft Check: Systolic GA106=>90 or =<250]

GA107. Diastolic Reading 1

___ mmHg [CAPI Soft Check: Diastolic GA107=>40 or =<150]

GA108. Pulse 1

___ Beats/min [CAPI Soft Check: Pulse GA108 =>55 or <=150]

LASI-DAD Wave 2

Geriatric Assessment

GA109. Time of Reading 2

__ __: __ __ am/pm [CAPI fills this]

GA110. Systolic Reading 2

__ mmHg [CAPI Soft Check: Systolic GA110=>90 or <=250]

GA111. Diastolic Reading 2

__ mmHg [CAPI Soft Check: Diastolic GA111=>40 or <=150]

GA112. Pulse 2

__ Beats/min [CAPI Soft Check: Pulse GA112 =>55 or <=150]

GA113. Time of Reading 3

__ __: __ __ am/pm [CAPI fills this]

GA114. Systolic Reading 3

__ mmHg [CAPI Soft Check: Systolic GA114=>90 or <=250]

GA115. Diastolic Reading 3

__ mmHg [CAPI Soft Check: Diastolic GA115=>40 or <=150]

GA116. Pulse 3

__ Beats/min [CAPI Soft Check: Pulse GA116 =>55 or <=150]

[CAPI Check: GA105, GA109 & GA113 should have 1 min gap in between]

GA120.

IWER: WHICH ARM WAS USED TO CONDUCT THE MEASUREMENTS?

1. Left arm
2. Right arm

GA121.

IWER: WHAT WAS R'S POSITION FOR THIS TEST?

1. Sitting
2. Lying down

GA122.

IWER: HOW COMPLIANT WAS R DURING THIS MEASUREMENT?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomfort
3. R was not fully compliant, but no obvious reason for this

LASI-DAD Wave 2
Geriatric Assessment

GA123. Height

IWER: Equipment needed is Stadiometer.

IWER: CAN THE RESPONDENT STAND?

1. Yes
2. No [CAPI: Skip to GA140]

Next, I would like to measure your height. To complete this measurement, I will be asking you to take off your shoes and stand up against stadiometer ruler. Please stand straight and sturdy, and keep step onto the base of the stadiometer, feet together, knees straight, look straight ahead, chin tucked to chest slightly, and do not look up.

IWER: DEMONSTRATE THE MEASUREMENT. RECORD R'S HEIGHT IN CENTIMETERS (ROUNDED TO THE NEAREST 0.1 CM).

GA 123A. __. __ cm [CAPI Hard check: 250>=GA123>50]

GA125.

IWER: HOW COMPLIANT WAS R DURING THIS MEASUREMENT?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

GA126. Weight

IWER: EQUIPMENT NEEDED IS WEIGHING SCALE

Next, I would like to measure your weight. To complete this measurement, I will be asking you to remove bulky clothing, take off your shoes, and remove items from your pocket during weight measurements. Stand up and look straight ahead.

IWER: DEMONSTRATE THE MEASUREMENT

GA127.

IWER: RECORD R'S WEIGHT UP TO 2 DIGITS AFTER DECIMAL POINT, ENTER 993 IF R TRIED BUT RECEIVED AN ERROR MESSAGE.

__ . __ kg [CAPI Soft check: 25<=GA127<=250]

GA129.

IWER: HOW COMPLIANT WAS R DURING THIS MEASUREMENT?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

LASI-DAD Wave 2
Geriatric Assessment

GA140. Head Circumference measurement
[CAPI: only measure for new respondents]

IWER: EQUIPMENT NEEDED IS MEASURING TAPE.

Now, I would like to measure the girth of your head. To complete this measurement, I will ask you to sit. Please remove anything that may interfere with the correct measurement for example your glasses, hair clips or any accessories. I will do the measurement using this tape by wrapping it around your head. Please look straight.

IWER: Ask respondent to remove headwear and placed the tape measure snugly around the respondent's head. The tape should be placed just above the eyebrows outwards to the most posterior occipital protuberance (most prominent projection on the back of head) so as to measure the maximum circumference. The measurement should be made with firm but not strong pressure to the nearest one decimal. Two measurements should be taken.

CAPI: The largest reading recorded in centimeters

GA141.
Reading 1:--.-cm

GA142.
Reading 2:--.-cm

GA143.
Was there any interference with the accurate measurement?
1. Yes
2. No

GA144. IWER: How compliant was R during this measurement?
1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

GA130. Mid arm circumference

IWER: EQUIPMENT NEEDED IS MEASURING TAPE

Next, I would like to measure the girth of your right upper arm. To complete this measurement, I will be asking you to roll up your sleeves or remove bulky clothing, if any.

CAPI Pop-Up for instruction

LASI-DAD Wave 2
Geriatric Assessment

IWER: MAKE THE RESPONDENT SIT ON THE EDGE OF CHAIR AND BEND HIS RIGHT ARM AT RIGHT ANGLE. LOCATE THE TIP OF THE SHOULDER AND THE TIP OF THE ELBOW. STRETCH THE MEASURING TAPE JOINING THESE TWO TIPS AND MARK THE MIDPOINT ON THE ARM WITH FINGER. MEASURE THE CIRCUMFERENCE OF THE ARM AROUND THE MIDPOINT. BE CAREFUL TO PUT THE RIGHT AMOUNT OF PRESSURE, NEITHER TOO TIGHT SO THAT THE SKIN GETS PINCHED NOR TOO LOOSE THAT THERE IS GAP BETWEEN THE TAPE AND SKIN.

IWER: RECORD THE MEASUREMENT. Record R's Mid arm Circumference to the nearest 0.1 cm
GA131. ___ MAC in cm [CAPI Soft check: $10 \leq GA130 \leq 60$]

GA132.

IWER: HOW COMPLIANT WAS R DURING THIS MEASUREMENT?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

BM075. Waist Circumference

[Equipment needed: Soft measuring tape (SecaTape)]

Next, I am going to perform a simple measurement of your waist circumference. For this measurement it is important for you to be standing. I will ask you to identify where on your body your navel (belly button) is located. I will then ask you to place this soft measuring tape around your waist, over your clothing, holding it securely at the level of your navel. Once the tape measure is placed appropriately around your waist then we are ready to begin. I will ask you to take a normal breath and exhale, holding your breath at the end of the exhale. I will then record the measurement.

BM076_intro.

Record measurement in table below: Record R's waist circumference to the nearest 0.1 cm

Measurement #	Waist Measurement
BM076	---

[Soft check: **BM076 ≥ 50 or < 150**]

BM077. Was R wearing bulky clothing during this measurement?

1. Yes
2. No

GA133. Calf circumference (CC)

IWER: EQUIPMENT NEEDED IS MEASURING TAPE.

Next, I would like to measure the girth of your right leg. To complete this measurement, I will be asking you to roll up your trousers/sari or bottom wear.

CAPI Pop-Up for instruction

IWER: MAKE THE RESPONDENT SIT IN STRAIGHT ON THE EDGE OF CHAIR IN RELAXED POSITION WITH FEET FLAT ON FLOOR, MAKING RIGHT ANGLE AT KNEE, TELL THEM TO PULL UP THEIR TROUSER/BOTTOM WEAR OR SAREE. LOCATE THE WIDEST PART OF THE RIGHT LEG AND MEASURE WITH A FLEXIBLE TAPE. BE CAREFUL TO PUT THE RIGHT AMOUNT OF PRESSURE, NEITHER TOO TIGHT SO THAT THE SKIN GETS PINCHED NOR TOO LOOSE THAT THERE IS GAP BETWEEN THE TAPE AND SKIN.

GA134.

IWER: RECORD MEASUREMENT. Record R's Calf Circumference to the nearest 0.1 cm
____. _ CC in cm [CAPI Soft check: $10 \leq GA134 \leq 80$]

GA135.

IWER: HOW COMPLIANT WAS R DURING THIS MEASUREMENT?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R was not fully compliant, but no obvious reason for this

SECTION CS- Repeated Chair Stands

[Equipment needed: suitable chair]

The next test measures the strength in your legs.

IWER: FIRST EXPLAIN AND THEN DEMONSTRATE THE PROCEDURE:

I want you to try to stand up from a firm straight-backed chair. First, fold your arms across your chest and sit so that your feet are on the floor; then stand up keeping your arms folded across your chest.

CS101 Do you feel it would be safe to do this?

IWER: If the participant cannot rise without using arms, SAY: 'Okay, try to stand up using your arms.'

1 = Yes

2 = No [CAPI: skip to GA200]

CS102 [Ask if CS101==1] Record the outcome of single chair rise measure.

1 = Participant stood without using arms

2 = Participant used arms to stand

3 = Test not completed

LASI-DAD Wave 2

Geriatric Assessment

CS103. [Ask if CS102==3] Record the reason why the test was not completed.

- 1 = Tried but unable
- 2 = Participant could not hold position unassisted
- 3 = Not attempted, you felt unsafe
- 4 = Not attempted, participant felt unsafe
- 5 = Participant unable to understand instructions
- 6 = Participant refused
- 7 = Other reason

CS104_intro. [Ask if CS102==1] IWER: Use the same chair and the same place as the single chair rise. Explain to the respondent:

‘Now I would like you to repeat the procedure but this time I want you to stand up straight and sit down as quickly as you can for five times, without stopping in between and without using your arms to push off.

After standing up each time, sit down and then stand up again.

Keep your arms folded across your chest. I’ll be timing you.;

IWER: DEMONSTRATE.

CS104 [Ask if CS102==1] Do you feel safe to do that?

- 1 = Yes
- 2 = No

CS105_intro. [Ask if CS104==1]

IWER: Ask the respondent to resume the sitting position they were in just before standing up, with feet resting on the floor and arms folded across the chest. When the participant is properly seated, say ‘Ready? Begin!’

Start the timer as soon as you say ‘Ready? Begin!’

Count out loud as they rise each time, up to five times.

A rise is complete when the respondent is fully standing with their back straight.

When the respondent has straightened up for completely for the fifth time, stop the timer.

CS105. [Ask if CS104==1] Record the total number of rises completed.

____ Number of rises completed [CAPI Soft Check: Range 0 – 5]

CS106. [Ask if CS104==1] Record the time in seconds to complete five chair rises.

____ time (seconds)

CS107 [Ask if CS104==2 | CS105<5] Record reason why participant did not attempt or failed to complete all five chair rises.

- 1 = Tried but unable
- 2 = Participant could not hold position unassisted
- 3 = Not attempted, you felt unsafe
- 4 = Not attempted, participant felt unsafe
- 5 = Participant unable to understand instructions

LASI-DAD Wave 2

Geriatric Assessment

6 = Participant refused

7 = Other reason

SECTION FS- Functional Status

GA200.

Now, I will ask you about a few of your everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional, or memory problem. Please exclude any difficulties you expect to last for less than three months.

Because of a health or memory problem, do you have any difficulty with...?

GA201. Dressing, including putting on chappals, shoes, etc.

1 = Yes. → GA201a. Does anyone help you with dressing? 1=Yes, 2=No

2 = No

GA202. Walking across a room

1 = Yes → GA202a. Does anyone help you with walking across a room? 1=Yes, 2=No

2 = No

GA203. Bathing

1 = Yes → GA203a. Does anyone help you with bathing? 1=Yes, 2=No

2 = No

GA204. Eating, breaking chapatti, mixing rice, etc.

1 = Yes → GA204a. Does anyone help you with eating? 1=Yes, 2=No

2 = No

GA205. Getting in or out of bed

1 = Yes → GA205a. Does anyone help you with getting in or out of bed? 1=Yes, 2=No

2 = No

GA206. Using the toilet, including getting up and down

1 = Yes → GA206a. Does anyone help you with using a toilet? 1=Yes, 2=No

2 = No

GA219 Grooming, such as combing hair, cleaning teeth, shaving

1 = Yes → GA214a. Does anyone help you with grooming? 1=Yes, 2=No

2 = No

GA207. Preparing a meal

1 = Yes → GA207a. Does anyone help you with preparing a meal? 1=Yes, 2=No

LASI-DAD Wave 2

Geriatric Assessment

2 = No

GA208. Shopping for groceries

1 = Yes → [GA208a. Does anyone help you with shopping for groceries?](#) 1=Yes, 2=No

2 = No

GA209. Making telephone calls

1 = Yes → [GA209a. Does anyone help you with making telephone calls?](#) 1=Yes, 2=No

2 = No

GA210. Managing medications

1 = Yes → [GA210a. Does anyone help you with managing medication?](#) 1=Yes, 2=No

2 = No

GA211. Doing work around the house or garden

1 = Yes → [GA211a. Does anyone help you with work around the house or garden?](#) 1=Yes, 2=No

2 = No

GA212. Managing money, such as paying bills and keeping track of expenses

1 = Yes → [GA212a. Does anyone help you with managing money?](#) 1=Yes, 2=No

2 = No

GA213 Getting around or finding address in unfamiliar place

1 = Yes → [GA213a. Does anyone help you with getting around?](#) 1=Yes, 2=No

2 = No

GA220 Washing clothes

1 = Yes → [GA215a. Does anyone help you with washing clothes?](#) 1=Yes, 2=No

2 = No

Mobility

HT303 – HT311. Because of physical or health problems, do you have difficulty doing any of these activities? Exclude any difficulties that you expect to last less than three months.

Do you have difficulty with...?		
HT303	Walking 100 yards	1. Yes 2. No
HT304	Sitting for 2 hours or more	1. Yes 2. No
HT305	Getting up from a chair after sitting for a long period	1. Yes 2. No
HT306	Climbing one flight of stairs without resting	1. Yes

LASI-DAD Wave 2

Geriatric Assessment

		2. No
HT307	Stooping, kneeling, or crouching	1. Yes 2. No
HT308	Reaching or extending arms above shoulder level (either arm)	1. Yes 2. No
HT309	Pulling or pushing large objects	1. Yes 2. No
HT310	Lifting or carrying weights over 5 kilos, like a heavy bag of groceries	1. Yes 2. No
HT311	Picking up a coin from a table	1. Yes 2. No

Walkability

GA230_intro. Now I will ask you some questions about how much time you spend walking daily.

GA230. How many days per week do you walk outside?

Days per week _____ [CAPI CHECK: Range 0-7]

GA231. [Skip if GA230==0] How much time do you spend per day walking as transportation for non-work activities such as, visiting friends and family, taking grandchildren to school, going to the temple, going grocery shopping, etc.?

1. None
2. 1 – 15 minutes
3. 16 – 30 minutes
4. 31 minutes – 1 hour
5. More than 1 hour

GA232. [Skip if GA230==0] How much time do you spend per day walking recreationally (for exercise)?

1. None
2. 1 – 15 minutes
3. 16 – 30 minutes
4. 31 minutes – 1 hour
5. More than 1 hour

GA233. [Skip if GA230==0] How much time do you spend per day walking for work (commuting or as part of your activities at work)?

1. None
2. 1 – 15 minutes
3. 16 – 30 minutes
4. 31 minutes – 1 hour

LASI-DAD Wave 2
Geriatric Assessment

5. More than 1 hour

SECTION SA- Social Activities

FS504_intro. Now I will ask some questions about your social activities.

Do you do any of the following activities?	Scale: 1 = Yes 5 = No
FS504. Eat out of the house (Restaurant/Hotel)	
FS505. Go to park/beach for relaxing/entertainment	
FS506. Play cards or indoor games	
FS507. Play outdoor games/sports/exercise/jog/yoga	
FS508. Visit relatives /friends	
FS509. Attend cultural performances /shows/Cinema	
FS510. Attend religious functions /events such as bhajan/satsang/prayer	
FS511. Attend political/community/organization group meetings	
FS512. Read books/newspapers/magazines	
FS513. Watch television/listen to radio	
FS514. Use a computer for e-mail/net surfing etc.	

FS515. Did you vote in the last panchayat/municipal/assembly/parliament elections?

1 = Yes

2 = No

SECTION FR- Fall Risk

FR100. Have you fallen at any time in the past 12 months?

1 = Yes

5 = No

FR101. [Ask if FR100==1] How many times have you fallen?

_____ Number of times

FR102. [Ask if FR100==1] Were you injured?

1 = Yes

5 = No

FR103. Do you feel unsteady when standing or walking?

1 = Yes

5 = No

FR104. Do you worry about falling?

LASI-DAD Wave 2

Geriatric Assessment

1 = Yes

5 = No

SECTION MH- Mental Health

GA401_intro.

Now think about the past week and the feelings you have experienced. Please tell me if each of the following was true for you much of the time during the past week.

GA402. During the past week, how often did you have trouble concentrating?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA403. During the past week, how often did you feel depressed?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA404. During the past week, how often did you feel tired or low in energy?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA405. During the past week, how often were you afraid of something?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA406. During the past week, how often did you feel you were overall satisfied?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA407. During the past week, how often did you feel alone?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)

LASI-DAD Wave 2

Geriatric Assessment

4. Most or all of the time (5-7 days)

GA408. During the past week, how often were you bothered by things that don't usually bother you?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA409. During the past week, how often did you feel that everything you did was an effort?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA410. During the past week, how often did you feel hopeful about the future?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA411. During the past week, how often did you feel happy?

1. Rarely or never (less than 1 day)
2. Sometimes (1 or 2 days)
3. Often (3 or 4 days)
4. Most or all of the time (5-7 days)

GA421. Beck's anxiety inventory (BAI)

Please listen carefully to the statements next. How often did you feel that way DURING THE PAST WEEK? The best answer is usually the one that comes to your mind first.

GA422. How often did you feel this way during the past week- I had fear of the worst happening?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

GA423. How often did you feel this way during the past week- I was nervous?

1. Never
2. Hardly ever
3. Some of the time

LASI-DAD Wave 2

Geriatric Assessment

4. Most of the time

GA424. How often did you feel this way during the past week- I felt my hands trembling?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

GA425. How often did you feel this way during the past week- I had a fear of dying?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

GA426. How often did you feel this way during the past week- I felt faint?

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

SECTION MNA- Mini Nutritional Assessment

GA601.

I will ask you few questions regarding changes in your appetite and eating habits. Please answer to your best possible knowledge.

GA602.

Has your food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties? Would you say severe decrease, moderate decrease or no decrease in food intake?

1. severe decrease in food intake
2. moderate decrease in food intake
3. no decrease in food intake

GA603.

Have you experienced weight loss during the last 3 months? Would you say greater than 3kg, 1-3kg or no weight loss?

1. weight loss greater than 3kg (6.6lbs)
2. does not know
3. weight loss between 1 and 3kg (2.2 and 6.6 lbs)
4. no weight loss

GA604.

LASI-DAD Wave 2

Geriatric Assessment

What about mobility- are you [IWER: READ OPTIONS]

1. bed or chair bound
2. able to get out of bed/chair but does not go out
3. goes out

GA605.

Have you suffered psychological stress or acute disease in the past 3 months?

1. yes
2. no

GA606.

Have you suffered Neuropsychological problems?

1. severe Neuropsychological problems
2. mild Neuropsychological problems
3. no Neuropsychological problems

GA607.

Do you live independently, that is not in nursing home or hospital?

1. yes
2. no

GA608.

Do you take more than 3 prescription drugs per day?

1. Yes
2. No

GA609.

Do you have pressure sores or skin ulcers?

1. yes
2. no

GA610.

How many full meals do you eat daily?

1. 1 meal
2. 2 meals
3. 3 meals

GA611.

Do you eat at least one serving of dairy products (milk, cheese, yoghurt) per day?

1. Yes
2. No

GA612.

Do you eat two or more servings of legumes or eggs per week?

LASI-DAD Wave 2

Geriatric Assessment

1. Yes
2. No

GA613.

Do you eat meat, fish or poultry every day?

1. Yes
2. No

GA614.

Do you consume two or more servings of fruit or vegetables per day?

1. Yes
2. No

GA615.

How much fluid, that is water, juice, coffee, tea, milk etc., do you consume per day?

1. less than 3 cups
2. 3 to 5 cups
3. more than 5 cups

GA616.

Please select your mode of feeding from the following [IWER READ OUT THE OPTIONS]

1. unable to eat without assistance
2. self-fed with some difficulty
3. self-fed without any problem

GA617.

What is your self-view of own nutritional status? [IWER READ OUT THE OPTIONS]

1. views self as being malnourished (under nutrition)
2. views self as being malnourished (over nutrition)
2. is uncertain of nutritional state
3. views self as having no nutritional problem

GA618.

In comparison with other people of the same age, how do you consider your health status?
[IWER READ OUT THE OPTIONS]

1. not as good
2. does not know
3. as good
4. better

SECTION HH- Health History

LASI-DAD Wave 2

Geriatric Assessment

HT002 – HT009. Has any health professional ever diagnosed you with the following chronic conditions or diseases?

	Has any health professional ever told you that you have...?	1.Yes 5.No
HT002	Hypertension or high blood pressure	1.Yes 5.No
HT003	Diabetes or high blood sugar	1.Yes 5.No
HT006	Chronic heart diseases such as Coronary heart disease (heart attack or Myocardial Infarction), congestive heart failure, or other chronic heart problems	1.Yes 5.No
HT007	Stroke	1.Yes 5.No
HT009	Any neurological, or psychiatric problems such as depression, Alzheimer's/Dementia, bipolar disorders, convulsions, Parkinson's etc.	1.Yes 5.No

HT009a. [Ask only if HT009==1] Which type of neurological or psychiatric problem(s) have you been diagnosed with [Multiple answers are allowed]?

- a. Depression
- b. Alzheimer's disease, Dementia
- c. Psychiatric problems such as bipolar disorder, schizophrenia etc.
- d. Neurological problems such as neuropathy, convulsions, migraine, Parkinson's etc.
- e. Other, please specify _____

HT500. Have you ever had a blow to the head, a head injury, or head trauma that was severe enough to require medical attention, to cause loss of consciousness or memory loss for a period of time?

1 = Yes

2 = No

HT501. Since the start of the pandemic in March 2020, have you been infected with COVID-19? Consider cases that were suspected and those where you tested positive.

1 = Yes, my own suspicion

2 = Yes, tested positive

3 = No, not to my knowledge

SECTION AT – Audiometry Test

LASI-DAD Wave 2

Geriatric Assessment

AT001. We would like to conduct a brief hearing test. Before we start, I would like to know if you have any of the following:

- 1= cochlear implant [CAPI: Skip Section]
- 2= ear infection or drainage from **either** ear [CAPI: Skip Section]
- 3= Acute dizziness or vertigo [CAPI: Skip Section]
- 4= Reported pain or discomfort [CAPI: Skip Section]
- 5=No

AT002. Do you have any known hearing impairment?

1. Unsure
2. Yes
3. No

AT_intro

“Today we will complete a hearing test. In a moment, I will ask you to remove any items on or around your ears, such as glasses, jewelry, or hearing aids, and I will place these headphones over your ears and stand behind you during testing. You will hear tones and beeps that will vary in pitch, getting softer and louder over time. Whenever you hear the tone, please raise your hand, and then lower your hand to wait for the next tone. If you cannot raise your hand, please say ‘yes’ when you hear the tone. Please raise your hand even if you think you hear the tone as we are looking for the softest level at which you can hear sounds.”

(IWER: Add the Barcode assigned to the R in the Medical Record Number of hearX app. Place the headphones and conduct a practice test)

AT003. Audiometry Testing

IWER: Whether testing was completed?

1. Yes
2. No

AT004. Audiometry Test Results

	dB	Hearing loss
PTA Left		
PTA Right		

AT_A. Does the room meet ambient noise standards for testing per hearX app prior to testing?

1. Yes
2. No

LASI-DAD Wave 2
Geriatric Assessment

GA_End. *Thank you for your cooperation. This concludes the geriatric assessment of the survey.*