

Diagnostic Assessment Of Dementia for LASI

WAVE 1. GERIATRIC ASSESSMENT (2018 – 2020)

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SECTION DM-Demography [Only in Phase 3]

GA700

Now I have few questions about you. What is your sub-caste or jati?

1. Caste (specify from the list) _____
2. Tribe (specify from the list) _____
3. No caste/tribe

GA701

Now I would like to know the color of your eyes. I will use this torch to check it.

IWER: Observe the Respondent eyes in light and note the eye color. Use the showcard to determine the correct eye color.

1. Brown
2. Hazel
3. Blue
4. Green
5. Gray
6. Amber
7. Other: Specify

GA702

Now I would like to know the color of your skin. For this, I would like to use this Instrument (IWER: Show Colormeter). I will take three reading from your left, Right inner part of arms and back of wrist. To complete this measurement, please remove bulky clothing, if any. Please sit in a relaxed position and rest your arms comfortably.

Do you understand this and are willing?

1. Yes
2. No
3. Cannot be done (skip to GA800)

IWER: Please use the Colormeter for measuring the Skin color.

GA703. Left forearm

(IWER: Note the readings for Melanin Index and Erythema Index up to 2 decimal points)

| Reading | Melanin Index | Erythema Index |
|---------|---------------|----------------|
| 1 | a. --.--- | b. ---.--- |
| 2 | a. --.--- | b. ---.--- |
| 3 | a. --.--- | b. ---.--- |

GA704. Right forearm

(IWER: Note the readings for Melanin Index and Erythema Index up to 2 decimal points)

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| Reading | Melanin Index | Erythema Index |
|---------|---------------|----------------|
| 1 | a. --.--- | b. ---.--- |
| 2 | a. --.--- | b. ---.--- |
| 3 | a. --.--- | b. ---.--- |

GA705. Back of wrist

(IWER: Note the readings for Melanin Index and Erythema Index up to 2 decimal points)

| Reading | Melanin Index | Erythema Index |
|---------|---------------|----------------|
| 1 | a. --.--- | b. ---.--- |
| 2 | a. --.--- | b. ---.--- |
| 3 | a. --.--- | b. ---.--- |

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, Lancet, 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]

Instructions for IWER:

Step 1. Scan the barcode.

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

LASI-DAD Phase 3

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
- 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, height and weight. We will be also asking you a few questions on your daily routine, mobility, mood, nutritional intake and hearing abilities. 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 HEM-780N Monitor, Batteries, Stopwatch

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](#)]

LASI-DAD Phase 3

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.

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
2. No [CAPI: Go to GA105]

GA104. [CAPI: If GA103=1]

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

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.

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]

LASI-DAD Phase 3

GA107. Diastolic Reading 1

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

GA108. Pulse 1

___ Beats/min [CAPI Soft Check: Pulse GA108 =>60 or <=150]

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 =>60 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 =>60 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

LASI-DAD Phase 3

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

GA123. Height

IWER: Equipment needed is Stadiometer.

IWER: CAN THE RESPONDENT STAND?

1. Yes
2. No [CAPI: Skip to GA130]

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 a wall. 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).

___._ cm [CAPI Hard check: 50>=GA123>250]

GA124.

IWER: WAS R WEARING ANY ARTIFICIAL LIMBS OR ORTHOSIS DURING THE MEASUREMENT?

1. Yes
2. No

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.

LASI-DAD Phase 3

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

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

GA128.

IWER: WAS R WEARING AN ARTIFICIAL LIMB OR ORTHOSIS DURING THE MEASUREMENT?

1. Yes, then record the weight of the artificial limb ___._
2. No

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

GA 130. 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

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
___ MAC in cm [CAPI Soft check: 10<=GA130<=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

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.

LASI-DAD Phase 3

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

GA136. Lower Leg Length

Next I will measure your knee height. Please sit on a chair with bare right foot.

CAPI Pop-up for Instruction

MAKE THE RESPONDENT SIT ON THE CHAIR, REQUEST THEM TO REMOVE ANY FOOTWEAR, WITH THE RIGHT KNEE BENT AT A 90-DEGREE ANGLE. THE INTERVIEWER NEEDS TO SQUAT AT THE RIGHT SIDE, PUT THE FIXED END OF MARTIN CALIPER UNDER ANKLE OF THE HEEL AND SLIDE THE SLIDER UP TO THE PROXIMAL BORDER OF PATELLA AND GET THE READING. WHILE IT IS PREFERRED TO MEASURE RIGHT KNEE, MEASURE LEFT KNEE HEIGHT ONLY IF THE RESPONDENT HAS ANY DIFFICULTY WITH THE RIGHT LEG.

GA137. IWER: Record measurement below

_____ LL in cm [CAPI Soft check: $10 \leq GA137 \leq 200$]

GA138. IWER: Which leg was used to conduct the measurements?

1. Right
2. Left

GA139. 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 Phase 3

GA140. Head Circumference measurement

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.

CAP: The largest reading recorded in centimeters

GA140a

Reading 1:--.-cm

Reading 2:--.-cm

GA140b

Was there any interference with the accurate measurement?

1. Yes
2. No

GA141. 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 FS- Functional Status

GA200.

Now, I will ask you about 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 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
2 = No

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GA202. Walking across a room

1 = Yes

2 = No

GA203. Bathing

1 = Yes

2 = No

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

1 = Yes

2 = No

GA205. Getting in or out of bed

1 = Yes

2 = No

GA206. Using the toilet, including getting up and down

1 = Yes

2 = No

GA207. Preparing a meal

1 = Yes

2 = No

GA208. Shopping for groceries

1 = Yes

2 = No

GA209. Making telephone calls

1 = Yes

2 = No

GA210. Taking medications

1 = Yes

2 = No

GA211. Doing work around the house or garden

1 = Yes

2 = No

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

1 = Yes

2 = No

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GA213 Getting around or finding address in unfamiliar place

1 = Yes

2 = 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?

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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)

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?

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

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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.

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

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.

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

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
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 MD- Medication [Asked only in Phase 3]

GA608a.

Now I would like to ask about the medications that you take daily.

[IWER: If R doesn't take any medications then mark option a, if R takes any medications then further ask to list the medicines]

Can you please show me the medicines that you take daily?

IWER: Please ask the R to show all the medicines that they consume every day. Note down the generic name of all the medicines consumed by R.

a. None

b. Number of Medicines :

[CAPI will provide empty rows to write the names of Medicines as per the number entered]

GA608b. How long have you been taking this medicine?

..... days OR months OR years

IWER: Ask how long they have been taking the medicine, for each of the medicine named by the Respondent

[CAPI: Provide same number of empty rows as GA608a]

GA608c. Do you take any of the following spices for medicinal/therapeutic purposes (other than cooking)?

| | | Regional Name | Never or less than once/ month | 1-3 per month | Once per week | 2-4 per week | 5-6 per week | No. of Standard Portion |
|-----------------------|----|---------------|--------------------------------|---------------|---------------|--------------|--------------|-------------------------|
| Ginger powder/ sonth | 1t | | | | | | | |
| Turmeric powder | 1t | | | | | | | |
| Cumin powder | 1t | | | | | | | |
| Coriander powder | 1t | | | | | | | |
| Ajwain | 1t | | | | | | | |
| Cinnamon powder | 1t | | | | | | | |
| Basil leaves | 1t | | | | | | | |
| Saffron | 1t | | | | | | | |
| Tamarind | 1t | | | | | | | |
| Fenugreek seed powder | 1t | | | | | | | |
| Flax seeds | 1t | | | | | | | |

SECTION HT- Hearing Test

GA701. Hearing test introduction

We would like to conduct a brief hearing test. Do you have any of the following:

1= cochlear implant [CAPI: Skip Section]

2= ear infection in **either** ear [CAPI: Skip Section]

5=No

GA702 Are you wearing any hearing aids?

1=Yes

5=No

GA703 [CAPI: ask if GA702=1]

Would you be willing to remove any hearing aids you are wearing for this test?

1=Yes

5=No [CAPI: Skip Section]

With this test, we don't know if there are any problems with your hearing. If you have any concerns about your hearing, please consult your doctor.

I will place this device over each of your ears. The device will play a series of tones, and I will ask you to raise your finger each time you hear a sound.

CAPI Pop-up

1. Remove any obstructions from your ears (long hair, glasses, jewelry, etc.)
2. Insert a new disposable ear-cup into the HearCheck device
2. Gently place device against your ear
3. Explain that you will say "Ready, begin" to begin the test
4. You will ask the R to raise their finger when they hear EACH sound; demonstrate by lifting your finger 2-3 times
5. Press the start button within 20 seconds of the end of tes1 to begin test 2

GA704.

IWER: We will begin the test on your right ear. I will say "Ready, begin" and you will listen for the tones played by the device, raising your finger when you hear a sound.

Please let me know at any point if you feel uncomfortable.

Left Ear

Test 1: _____ 0-3

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Test 2: _____ 0-3

GA705.

IWER: Now we will test on your Right ear.

Right Ear

Test 1: _____ 0-3

Test 2: _____ 0-3

GA706.

IWER: Which of the following occurred during the hearing test? (choose all that apply)

1. None
2. Background noise interfered with the hearing test
3. Problem with equipment or supplies
4. Had to restart the test
5. Respondent removed obstructions (glasses, earrings, etc.)
6. Respondent removed hearing aid
7. Respondent raised their finger more than three times for a single test
97. Other (specify)

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