



Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University



## FINAL HOME INTERVIEW

Date: \_\_\_ / \_\_\_ / \_\_\_  
Mo./Day/Year

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

(SUBJ) SUBJECT IDENTIFICATION

1. Date	____/____/____ (mo/day/year)
2. Date of 1 <sup>st</sup> interview	____/____/____ (mo/day/year)
3. Interviewer	a. Name _____ b. Identification (ID) _____
4. Participant's Name	a. First name _____ b. Last name _____
5. Address	a. Street _____ b. City _____ c. State _____ d. Zip Code _____
6. Telephone Number	____-____-____ ____-____-____
7. Birth Date	____/____/____ (mo/day/year)
8. In case we need to contact you and we have difficulty reaching you at the phone number and address you have provided, which two persons would know where you are? Codes: 2. Spouse 3. Son/Stepson 4. Daughter/Stepdaughter 5. Brother/Brother-in-law 6. Sister/Sister-in-law 7. Grandson 8. Granddaughter 9. Other	A. NAME: _____ 1. First name 2. Last name B. RELATION: _____ (code) C. ADDRESS _____ 1. Street _____ 2. City _____ 3. State _____ 4. Zip Code _____ D. PHONE: _____ ----- A. NAME: _____ 1. First name 2. Last name B. RELATION: _____ (code) C. ADDRESS _____ 1. Street _____ 2. City _____ 3. State _____ 4. Zip Code _____ D. PHONE: _____
9. If a proxy was used, please indicate the proxy's contact and identifying information. Codes: 2. Spouse 3. Son/Stepson 4. Daughter/Stepdaughter 5. Brother/Brother-in-law 6. Sister/Sister-in-law 7. Grandson 8. Granddaughter 9. Other	A. NAME: _____ 1. First name 2. Last name B. RELATION: _____ (code) C. ADDRESS _____ 1. Street _____ 2. City _____ 3. State _____ 4. Zip Code _____ D. PHONE _____



## **Neuropsychological Exams**

The following 21 (7 tests) contain a battery of Neuropsychological testing. Be sure to carefully follow the instructions during the administration of each test. In addition, if a proxy is involved in the interview they should not be present during the testing. The testing should be administered in a quiet area to assure participant concentration.

**(MMS) MINI-MENTAL STATE EXAMINATION**

*You will need: a pencil, a watch, a sheet of paper and the paper that reads close your eyes.*

*Instructions: I would like to ask you some questions to check your concentration and your memory. Most of them will be easy.*

QUESTIONS	RESPONSES	SCORE
<p><b>ORIENTATION</b>                      1. What year is it?                      2. What month is it?                      3. What is today's date?                        (Score 1 point for each correct answer)</p>	<p>Year: _____                      Month: _____                      Date: _____</p>	<p>0 1 2 3</p>
<p>2. What is the season?                        (Score 1 point if correct)</p>	<p>Winter ____ Spring ____                      Summer ____ Fall ____</p>	<p>0 1</p>
<p>3. What day of the week is it?                        (Score 1 point if correct)</p>	<p>Day: _____                      (record answer)</p>	<p>0 1</p>
<p>4. What city are we in?                      What part/neighborhood of the city are we in?                      What state are we in?                        (Score 1 point for each correct answer)</p>	<p>City: _____                      Part of city: _____                      State: _____</p>	<p>0 1 2 3</p>
<p>5. What is the address of this place?                        (Score 1 point for any appropriate answer)</p>	<p>_____ (record answer)</p>	<p>0 1</p>
<p>6. What floor of the building/house are we on?                      (Score 1 point if correct)</p>	<p>_____ (record answer)</p>	<p>0 1</p>
<p><b>REGISTRATION</b>                      7. I am going to name 3 objects. After I have said them I want you to repeat them back to me.</p>	<p>___ APPLE                      ___ TABLE                      ___ PENNY                        Check correct answers</p>	<p>0 1 2 3</p>
<p><b>ATTENTION AND CALCULATION</b>                      8. Please subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop?                        (1 point for each correct. Stop at five answers)</p>	<p>Record: _ _ _ _ _                        Write in numbers. Scoring can be done later.                      Score 1 point when difference between numbers is 7.</p>	<p>0 1 2 3 4 5</p>
<p><b>RECALL</b>                      9. What are the 3 objects I asked you to remember a few moments ago?</p>	<p>___ APPLE                      ___ TABLE                      ___ PENNY                        Check correct answers</p>	<p>0 1 2 3</p>

<p><b>LANGUAGE TESTS</b></p> <p><i>Show wristwatch:</i> 10. What is this called?  (Score 1 point if correct)</p>	<p>WATCH (Score 1 if correct response)</p>	<p>0      1</p>
<p><i>Show pencil:</i> 11. What is this called?  (Score 1 point if correct)</p>	<p>PENCIL (Score 1 if correct response)</p>	<p>0      1</p>
<p>12. Please repeat the following: "NO IFS, ANDS, or BUTS."  (Allow only one try)</p>	<p>Score 1 if correct</p>	<p>0      1</p>
<p><i>Hand "close your eyes" sheet:</i> 13. Please read the following and do what it says:  (Score 1 point if correct)</p>	<p>Score 1 if respondent closes eyes.  ____ Check here if low vision/illiteracy and score 0</p>	<p>0      1</p>
<p><i>Read full statement and then hand over the paper:</i>  14. "I'm going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap."</p>	<p>Score 1 for each correctly performed act.  ____ Check here if low vision and score 0</p>	<p>0    1    2    3</p>
<p>15. Please write any complete sentence on this page for me (hand next page and a pencil).</p>	<p>Sentence should have a subject and a verb, and make sense. Spelling and grammar errors are okay. ____ Check here if low vision/illiteracy and score 0</p>	<p>0      1</p>
<p>16. Here is a drawing. Please copy the drawing on this same page.  (Hand "drawing" sheet in next page)</p>	<p>Check if the two-sided figures intersect so that their juncture forms a four-sided figure, and if all angles in the five-sided figures are preserved.</p>	<p>0      1</p>
<p>17. TOTAL POINTS:</p>	<p>Add scores. Can be done later. (Maximum possible: 30 points)</p>	<p>_____</p>

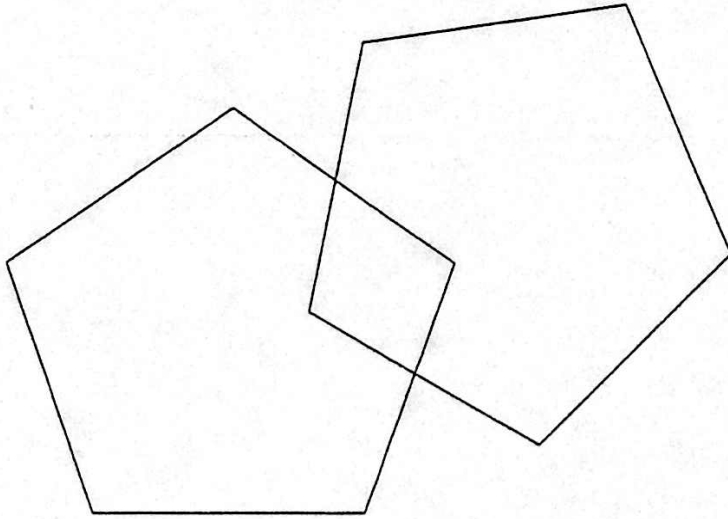
SUBJECT ID: \_\_\_\_\_

**Sentence:**

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## Neuropsychological Battery in English Word List Learning

Instrument developed by L. Artiola y Fortuny, PhD © 1999 as a part of the "California Verbal Learning Test"  
from D. Delis y Cols. Copyright 1993.

**LIST A**

**First Try:** "I am going to read from a list of words. Please listen attentively. Once I have finished I would like for you to repeat the list as best as you can. The order in which you repeat the words does not matter. The most important thing is that you remember as many as you can. Are you ready?"

**Second Try:** "I am going to repeat the list of words. Once again, I would like for you to repeat as many words as you can in whatever order. Please remember to repeat the words you already said the first time."

**Third Try:** "I am going to repeat once again the same list of words. Once again, I would like for you to repeat all the words that you can in whatever order, including the ones you have said before."

1. grandfather	5. hippopotamus	9. couch	13. dresser
2. giraffe	6. sofa	10. zebra	14. panther
3. leg	7. eye	11. uncle	15. cousin
4. bed	8. mother	12. hand	16. nose

LIST A	1st Attempt	2nd Attempt	3rd Attempt	4th Attempt	5th Attempt
1. bed					
2. couch					
3. cousin					
4. dresser					
5. eye					
6. giraffe					
7. grandfather					
8. hand					
9. hippopotamus					
10. leg					
11. mother					
12. nose					
13. panther					
14. sofa					
15. uncle					
16. zebra					
17.					
18.					
19.					
20.					
<b>CORRECT</b>	_____	_____	_____	_____	_____



**LIST B.**

*Instructions: "Now I am going to read a totally different list. Pay attention and repeat it in the order in which you please."*

1. piano	9. finger
2. elephant	10. bear
3. shirt	11. dress
4. head	12. trumpet
5. leopard	13. rhinoceros
6. violin	14. coat
7. foot	15. ear
8. skirt	16. drum

<b>LIST B</b>	
1. bear	
2. coat	
3. dress	
4. drum	
5. ear	
6. elephant	
7. finger	
8. foot	
9. head	
10. leopard	
11. piano	
12. rhinoceros	
13. skirt	
14. shirt	
15. trumpet	
16. violin	
17.	
18.	
19.	
20.	
<b>CORRECT</b>	_____

### SHORT TERM RECALL

**Instructions:**

*"Now I would like you to repeat the words from the first list that I read 5 times"*

SHORT TERM RECALL
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
<b>CORRECT</b>

### SHORT TERM RECALL FACILITATED BY CLUES

**Instructions:**

*"Please tell me all of the words from the first list that I read you that include animals, family members, etc."*

SHORT TERM RECALL FACILITATED BY CLUES
<b>1. ANIMALS</b>
2.
3.
4.
5.
<b>6. FAMILY MEMBERS</b>
7.
8.
9.
10.
<b>11. FURNITURE</b>
12.
13.
14.
15.
<b>16. BODY PARTS</b>
17.
18.
19.
20.
<b>CORRECT</b>

STOP TIME \_\_\_\_ : \_\_\_\_

**LONG TERM RECALL**

20 minutes after Short Term Recall  
Facilitated by Clues

START TIME: \_\_\_:\_\_\_

**Instructions:**

*"A little while ago I read you a list of words. I would like you to repeat all the words from the first list, the one I read five times. Please begin."*

LONG TERM RECALL
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
CORRECT

**LONG TERM RECALL FACILITATED BY CLUES**

**Instructions:**

*"Please tell me all of the words from the first list that are family members, etc."*

LONG TERM RECALL FACILITATED BY CLUES
I. FAMILY MEMBERS
2.
3.
4.
5.
6. BODY PARTS
7.
8.
9.
10.
II. ANIMALS
12.
13.
14.
15.
16. FURNITURE
17.
18.
19.
20.
CORRECT

**RECOGNITION**

**Instructions:**

*"Now let's try this in a different way. I am going to read a list of words. After each word, I would like for you to indicate whether that word was included in the first list or not."*

**Interviewer:** Mark the correct responses in the space provided to the right of the word. Do not mark any incorrect responses.

	Items	Yes
1	piano	
2	ear	
3	violin	
4	soap	
5	word	
6	father	
7	dresser	
8	tree	
9	cousin	
10	eye	
11	giraffe	
12	coat	
13	elephant	
14	coma	
15	grandfather	
16	book	
17	hippopotamus	
18	movie	
19	garlic	
20	leg	
21	spoon	
22	arm	
23	couch	
24	drum	
25	mother	
26	hall	
27	foot	
28	zebra	
29	aspirin	
30	hand	
31	bed	
32	tiger	
33	racetrack	
34	uncle	
35	panther	
36	bear	
37	rock	
38	pepper	
39	nose	
40	shirt	
41	table	
42	sofa	
43	jam	
44	handsaw	
	<b>TOTAL</b>	
	Possible	16

**Naming Words-** This test is to see the speed with which you can read these words. You will read these words as fast as you can, by column. I will tell you when you should start. Read the first, second, third, fourth and fifth column until I say "STOP". Remember, continue reading in a loud voice, as fast as possible until I say "STOP". If you make a mistake I will say "No", correct the error and continue reading without stopping, until I say "STOP". Ready? Begin! (After 45 seconds): "STOP!"  
 [Interviewer: Keep the test page on the table so that it will be easier to correct the subject if there is a mistake.]

1. RED	21. BLUE	41. GREEN	61. RED	81. BLUE
2. GREEN	22. GREEN	42. RED	62. BLUE	82. GREEN
3. BLUE	23. RED	43. BLUE	63. GREEN	83. RED
4. GREEN	24. BLUE	44. RED	64. RED	84. BLUE
5. RED	25. RED	45. GREEN	65. BLUE	85. GREEN
6. BLUE	26. GREEN	46. BLUE	66. GREEN	86. RED
7. RED	27. BLUE	47. GREEN	67. BLUE	87. GREEN
8. BLUE	28. GREEN	48. RED	68. GREEN	88. RED
9. GREEN	29. RED	49. BLUE	69. RED	89. BLUE
10. BLUE	30. GREEN	50. GREEN	70. BLUE	90. GREEN
11. GREEN	31. RED	51. BLUE	71. RED	91. RED
12. RED	32. BLUE	52. RED	72. GREEN	92. BLUE
13. GREEN	33. RED	53. BLUE	73. RED	93. GREEN
14. BLUE	34. BLUE	54. RED	74. GREEN	94. RED
15. RED	35. GREEN	55. GREEN	75. BLUE	95. BLUE
16. BLUE	36. BLUE	56. RED	76. GREEN	96. RED
17. RED	37. GREEN	57. BLUE	77. RED	97. GREEN
18. GREEN	38. RED	58. GREEN	78. BLUE	98. BLUE
19. RED	39. BLUE	59. RED	79. GREEN	99. RED
20. GREEN	40. RED	60. GREEN	80. BLUE	100. GREEN

Score: Number Correct \_\_\_\_\_

**Naming Colors-** *This part of the test is to see how quickly you can name these colors. I am going to tell you when to start. Name the colors in a loud voice, as fast as you can. Start with the first column, then the second, etc., just like in the previous task, until I say "STOP". When you finish the fifth column continue with the first column until I say "STOP". If you make a mistake, I will let you know. Correct your mistake and continue naming colors in a loud voice as fast as possible. Ready? "Begin" (After 45 seconds): "STOP!" [Interviewer: Keep the test page on the table so that it will be easier to correct the subject if there is a mistake.]*

1. RED	22. RED	41. BLUE	61. GREEN	81. BLUE
2. BLUE	22. BLUE	42. GREEN	62. RED	82. GREEN
3. GREEN	23. RED	43. BLUE	63. BLUE	83. RED
4. RED	24. GREEN	44. RED	64. RED	84. BLUE
5. BLUE	25. BLUE	45. GREEN	65. GREEN	85. GREEN
6. RED	26. GREEN	46. BLUE	66. RED	86. BLUE
7. GREEN	27. RED	47. GREEN	67. GREEN	87. GREEN
8. BLUE	28. BLUE	48. RED	68. BLUE	88. RED
9. RED	29. RED	49. BLUE	69. GREEN	89. GREEN
10. GREEN	30. BLUE	50. GREEN	70. BLUE	90. BLUE
11. BLUE	31. GREEN	51. RED	71. RED	91. RED
12. GREEN	32. BLUE	52. GREEN	72. BLUE	92. BLUE
13. BLUE	33. RED	53. BLUE	73. RED	93. RED
14. RED	34. GREEN	54. RED	74. GREEN	94. GREEN
15. GREEN	35. BLUE	55. GREEN	75. BLUE	95. RED
16. BLUE	36. RED	56. RED	76. GREEN	96. GREEN
17. RED	37. GREEN	57. BLUE	77. RED	97. BLUE
18. GREEN	38. BLUE	58. RED	78. GREEN	98. GREEN
19. BLUE	39. RED	59. GREEN	79. BLUE	99. RED
20. RED	40. GREEN	60. BLUE	80. RED	100. BLUE

Score: Number Correct \_\_\_\_\_

**Naming Colors/Ignoring Words-** *This part of the test is very similar to the one you have just finished. I am going to ask that you name the color of the ink in which the words are written, and ignore the word that it says. Do not read the words. Only name the color of the ink in which it is written. For example, what will you say here? (Point to the first word of the first column; show another example if necessary). Remember, name the color of the ink in a loud voice, as fast as you can, following the order of the columns. I am going to tell you when to start. I will also indicate when you have made a mistake. Correct yourself and continue as fast as you can. Ready? Begin. (After 45 seconds): "STOP!" [Interviewer: Keep the test page on the table so that it will be easier to correct the subject if there is a mistake.]*

1. BLUE	21. RED	41. BLUE	61. GREEN	81. RED
2. RED	22. BLUE	42. GREEN	62. RED	82. BLUE
3. GREEN	23. GREEN	43. RED	63. BLUE	83. GREEN
4. BLUE	24. RED	44. BLUE	64. GREEN	84. RED
5. GREEN	25. GREEN	45. RED	65. RED	85. BLUE
6. RED	26. BLUE	46. GREEN	66. BLUE	86. GREEN
7. GREEN	27. GREEN	47. RED	67. GREEN	87. RED
8. RED	28. RED	48. BLUE	68. RED	88. BLUE
9. BLUE	29. BLUE	49. GREEN	69. BLUE	89. GREEN
10. RED	30. RED	50. RED	70. GREEN	90. BLUE
11. BLUE	31. BLUE	51. GREEN	71. BLUE	91. GREEN
12. GREEN	32. GREEN	52. BLUE	72. RED	92. RED
13. RED	33. BLUE	53. RED	73. BLUE	93. BLUE
14. GREEN	34. GREEN	54. GREEN	74. RED	94. GREEN
15. BLUE	35. RED	55. BLUE	75. GREEN	95. RED
16. GREEN	36. GREEN	56. GREEN	76. BLUE	96. BLUE
17. BLUE	37. RED	57. RED	77. GREEN	97. RED
18. RED	38. BLUE	58. BLUE	78. RED	98. GREEN
19. GREEN	39. RED	59. GREEN	79. BLUE	99. BLUE
20. BLUE	40. GREEN	60. BLUE	80. RED	100. RED

Score: Number Correct \_\_\_\_\_

Neuropsychological Test Battery

**LETTER FLUENCY**

L. ARTIOLA i FORTUN Y D. HERMOSILLO ROMO © 1999

**Instructions:**

"I am going to say a letter of the alphabet and I want you to say as quickly as you can all the words that you can think of which begin with that letter. You may say any words at all, except proper names such as the names of people or places. So you would not say Rochester or Robert. Also do not use the same word again with a different ending such as eat and eating. For example, if I say S, you could say son, sit, strong, or state. Can you think of other words beginning with the letter S? If the subject has succeeded in giving two appropriate words beginning with the demonstration letter, say, "That is fine. Now I am going to give you another letter and again you say all the words beginning with that letter that you can think of. Remember, no names of people or places, just ordinary words. Also, if you draw a blank, I want you to keep on trying until the time limit is up. You will have one minute for each letter. The first letter is C (The second letter is F; the third letter is L)." [Interviewer: For each letter, you are allowed to remind the subject of the rules one time, i.e. word endings, proper nouns, and the letter that they are on]

	C	F	L
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

Score: \_\_\_\_\_



**DIGIT SPAN**

L. ARTIOLA I FORTUNY Y D. HERMOSILLO ROMO ©1999  
**INSTRUCTIONS FOR ADMINISTRATION OF THE DIGIT SPAN**

**I. Digits Forward**

**Instructions:** "I am going to say some numbers. Listen carefully, and when I am through, I want you to say them right after me. Just say exactly what I say. So for example, if I say 1-2-3, you would say... The sets of numbers will grow longer as I go." **Interviewer:** Read the number sequences at a slow pace. Say one number at a time. Stop when the subject has both sequences incorrect in the same section.

	Sequence 1	Correct y/n	Sequence 2	Correct y/n
1.	9-3		1-5	
2.	5-8-2		6-9-4	
3.	6-4-3-9		7-2-8-6	
4.	4-2-7-3-1		7-5-8-3-6	
5.	6-1-9-4-7-3		3-9-2-4-8-7	
6.	5-9-1-7-4-2-8		4-1-7-9-3-8-6	
7.	5-8-1-9-2-6-4-7		3-8-2-9-5-1-7-4	
8.	2-7-5-8-6-2-5-8-4		7-1-3-9-4-2-5-6-8	

Digits Forward (AtVerIde) = \_\_\_\_\_

**II. Digits Backward**

**Instructions:** "Now I am going to say some more numbers. But this time when I stop, I want you to say them backward. For example, if I say 1-2-3, now you would say..." [3-2-1]

**Interviewer:** Wait for the subject to respond. If the subjects response is correct, say "Correct"; then begin. If the subject does not respond or the reponse is incorrect; tell them the correct response and give another example.

	Sequence 1	Correct y/n	Sequence 2	Correct y/n
1.	2-4		5-8	
2.	6-2-9		4-1-5	
3.	3-2-7-9		4-9-6-8	
4.	1-5-2-8-6		6-1-8-4-3	
5.	5-3-9-4-1-8		7-2-4-8-5-6	
6.	8-1-2-9-3-6-5		4-7-3-7-1-2-8	
7.	9-4-3-7-6-2-5-8		7-2-8-1-9-6-5-3	

Digits Backward (AtVerInv)= \_\_\_\_\_

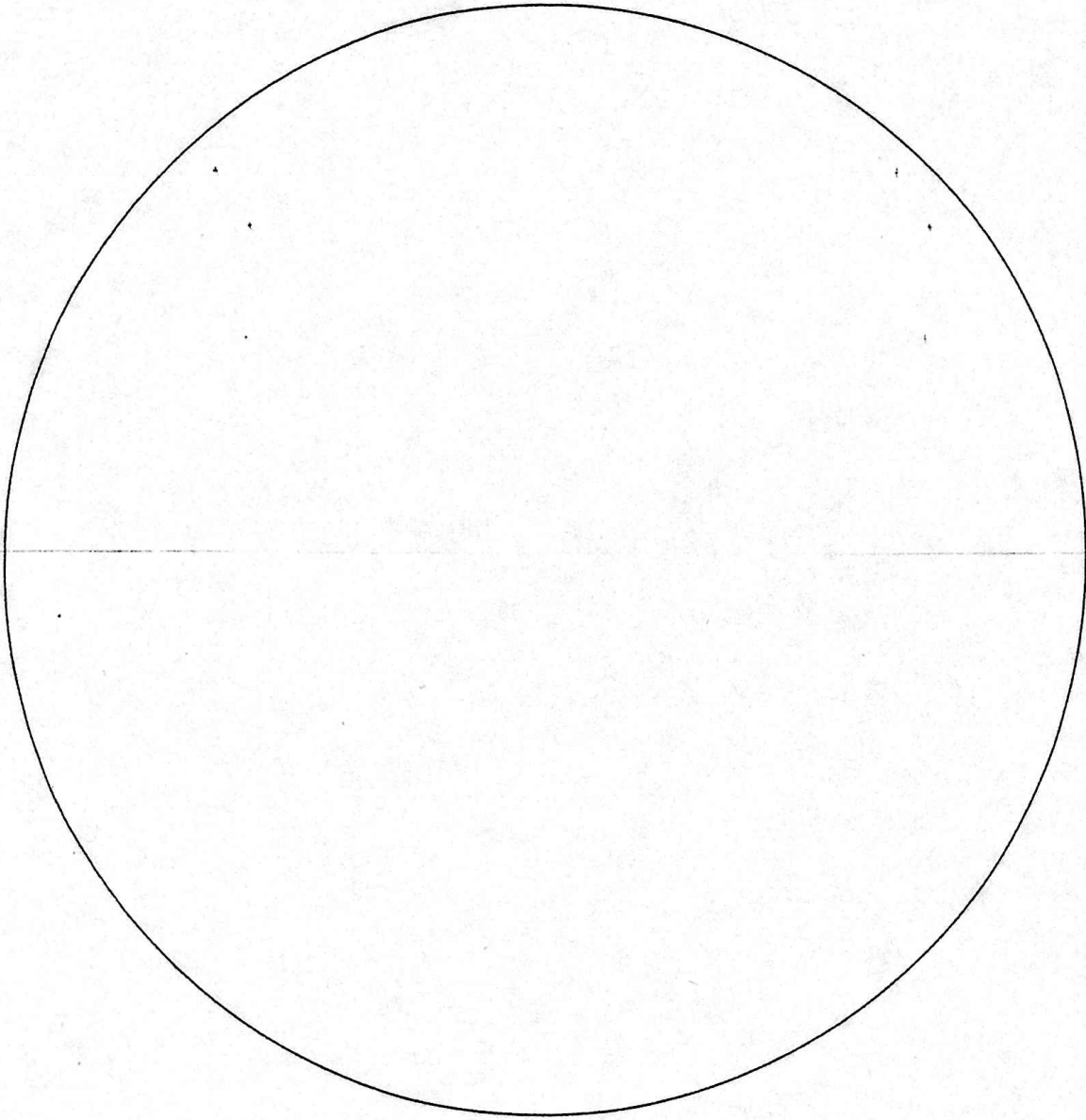
**CLOCK DRAWING INSTRUCTIONS**

*Instructions: "Pretend this is the face of a clock. Draw a picture of a clock, with numbers and hands that show the time is ten after eleven."*

**Interviewer:** The circle is provided on the answer sheet. Only use this circle, since the results of the test are affected by the size of the circle (i.e. the smaller the circle, the easier the task). Give one point for the numbers 1 through 12, one point for each correct positioning of the numbers, and one point for two hands of the clock.

<b>Score</b>	<b>Points</b>	
12 numbers (1-12)	0	1
12 numbers in the correct position	0	1
2 hands are on the clock	0	1

SUBJECT ID: \_\_\_\_\_



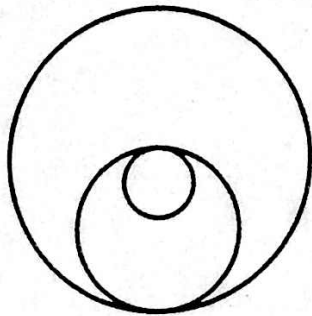
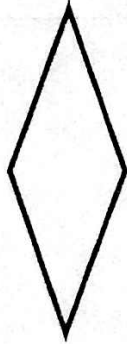
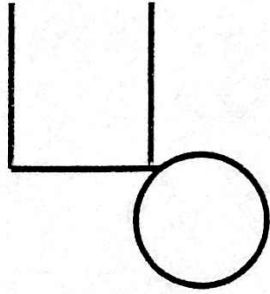
## Figure Copying

**Instructions:** *"I'm going to give you some pages with designs on them. I'd like you to copy these designs. Copy them here (hold the pages on the long side, and point to the bottom half of the first page). There are 3 pages of designs for you to copy."*

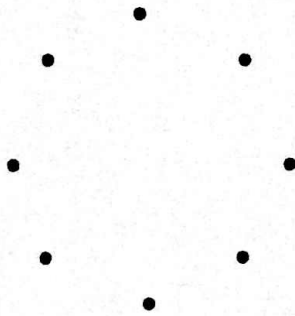
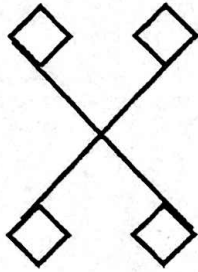
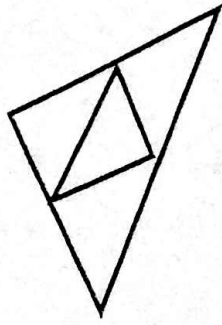
**Interviewer:**

1. Give the subject a pencil (or a pen). Allow the subject to erase if he/she desires; however, if he/she continues to erase, assure the subject that the figure looks fine and continue with the examination. If the subject wishes to try a drawing again, ask him to make a second drawing to the side of the first. In this case, score the second drawing.
2. If the subject stops after the first page, prompt him to continue to the other pages.
3. Give the subject one or two minutes to complete the drawing of each figure. If the subject has not started to draw the figure in one minute, reassure him, and turn to the next one. If the subject cannot draw 3 figures in a row, discontinue the test.



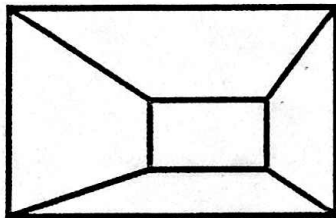
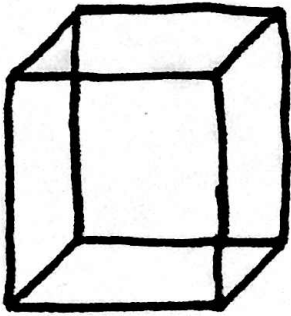














- 3. Stroop
  - c. Stroop 1 \_\_\_\_\_
  - d. Stroop 2 \_\_\_\_\_
  - e. Stroop 3 \_\_\_\_\_
  
- 4. Letter Fluency
  - f. 1<sup>st</sup> Letter \_\_\_\_\_
  - g. 2<sup>nd</sup> Letter \_\_\_\_\_
  - h. 3<sup>rd</sup> Letter \_\_\_\_\_
  
- 5. Digit Span
  - a. Digits Forward
    - i. Highest # digits attained \_\_\_\_\_/9
    - ii. Total Score Forward \_\_\_\_\_
  
  - b. Digits Backward
    - i. Highest # digits attained \_\_\_\_\_/9
    - ii. Total Score Backward \_\_\_\_\_
  
- 6. Clock Drawing
  - a. Score \_\_\_\_\_/3
  
- 7. Figure Copying
  - a. Figure 1 \_\_\_\_\_/1
  - b. Figure 2 \_\_\_\_\_/1
  - c. Figure 3 \_\_\_\_\_/1
  - d. Figure 4 \_\_\_\_\_/1
  - e. Figure 5 \_\_\_\_\_/1
  - f. Figure 6 \_\_\_\_\_/1
  - g. Figure 7 \_\_\_\_\_/1
  - h. Figure 8 \_\_\_\_\_/1
  - i. Figure 9- MMSE \_\_\_\_\_/1

## Neuropsychological Examination Scoring Sheet

**Instructions:** Score subject's neuropsychological examination after completion of interview.

### 1. Mini-mental State Examination (MMSE)

#### a. Orientation

Question 1	___/3
Question 2	___/1
Question 3	___/1
Question 4	___/3
Question 5	___/1
Question 6	___/1

#### b. Registration

Question 7	___/3
Question 8	___/5

#### c. Recall

Question 9	___/3
------------	-------

#### d. Language Tests

Question 10	___/1
Question 11	___/1
Question 12	___/1
Question 13	___/1
Question 14	___/3
Question 15	___/1
Question 16	___/1

### 2. Word List Learning

#### a. List A

1 <sup>st</sup> Attempt	___/16
2 <sup>nd</sup> Attempt	___/16
3 <sup>rd</sup> Attempt	___/16
4 <sup>th</sup> Attempt	___/16
5 <sup>th</sup> Attempt	___/16

b. List B	___/16
-----------	--------

c. Short-term Recall	___/16
----------------------	--------

d. Short-term Recall facilitated	___/16
----------------------------------	--------

e. Long-term Recall	___/16
---------------------	--------

f. Long-term facilitated	___/16
--------------------------	--------

g. Recognition	___/16
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**(DS) DEPRESSION SCALE**

*Instructions: I will now read out loud a series of comments made by different people. After I read each one of them, I would like for you to tell me if you have felt in such a way during the past week. Please use the following categories: [READ CATEGORIES].*

<i>During the past week, that would be from (date) through today:</i>	<i>Rarely or Never</i>	<i>Some or few times</i>	<i>Occasionally or a moderate amount</i>	<i>Most of the time or all of the time</i>
1. I was bothered by things that usually don't bother me	0	1	2	3
2. I did not feel like eating: my appetite was poor	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
4. I felt that I was just as good as other people *	3	2	1	0
5. I had trouble keeping my mind on what I was doing	0	1	2	3
6. I felt depressed	0	1	2	3
7. I felt that everything I did was an effort	0	1	2	3
8. I felt hopeful about the future *	3	2	1	0
9. I thought my life had been a failure	0	1	2	3
10. I felt fearful	0	1	2	3
11. My sleep was restless	0	1	2	3
12. I was happy *	3	2	1	0
13. I talked less than usual	0	1	2	3
14. I felt lonely	0	1	2	3
15. People were unfriendly	0	1	2	3
16. I enjoyed life *	3	2	1	0
17. I had crying spells	0	1	2	3
18. I felt sad	0	1	2	3
19. I felt that people disliked me	0	1	2	3
20. I could not get "going"	0	1	2	3

\*scored in reverse

**(BPA) BLOOD PRESSURE**

	1. SYSTOLIC	2. DIASTOLIC	3. PULSE	4. TIME
A. MEAS. 1				___ : ___ a.m./p.m.
B. MEAS. 2				___ : ___ a.m./p.m.

**(PAS) PSYCHOLOGICAL ACCULTURATION SCALE**

*Instructions: The purpose of the following ten questions is to understand your cultural preferences. We are interested in learning which group – either Puerto Ricans or Americans – you feel most comfortable with and can best identify with.*

	Only w/PR	More w/PR than Americans	Same among PR and Americans	More w/Americans than PR	Only w/Americans
1. With which group of people do you feel you share most of your <b>beliefs and values</b> ?	1-----	2-----	3-----	4-----	5
2. With which group of people do you feel you <b>have the most in common</b> ?	1-----	2-----	3-----	4-----	5
3. With which group of people do you feel most <b>comfortable</b> ?	1-----	2-----	3-----	4-----	5
4. In your opinion, which group of people best <b>understands your ideas</b> (your way of thinking)?	1-----	2-----	3-----	4-----	5
5. Which culture do you feel <b>proud</b> to be a part of?	1-----	2-----	3-----	4-----	5
6. In what culture do you know <b>how things are done</b> and feel that you can do them easily?	1-----	2-----	3-----	4-----	5
7. In what culture do you feel confident that you <b>know how to act</b> ?	1-----	2-----	3-----	4-----	5
8. In your opinion, which group of people do you understand best?	1-----	2-----	3-----	4-----	5
9. In what culture do you know <b>what is expected</b> of a person in various situations?	1-----	2-----	3-----	4-----	5
10. Which culture do you <b>know the most about</b> (for example: its history, traditions, and customs)?	1-----	2-----	3-----	4-----	5



**(ANT) ANTHROPOMETRY SECTION**

*Instructions: Now I will take measurements of your Weight, Height, Waist and Hip Circumferences.*

1. Have you lost or gained weight in the last 6 months?	1. Yes                      0. No                      98. Don't know (dk) <i>(If NO or Don't Know, GO TO #5)</i>
2. If YES: How many pounds have you lost or gained?	a) _____ lbs.                      (Enter 998 if dk) b) 1. Lost 2. Gained
3. Was the weight loss/gain intentional?	1. Yes                      0. No                      98. Don't know (dk) <i>(If YES, GO TO #5)</i>
4. If NO: Why do you think you lost or gained weight?	_____ _____ _____
5. Weight: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ lbs. b) _____ lbs.
6. Standing Height: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ cm. b) _____ cm.
7. Posture: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	1. Straight 2. Slightly stooped - (between straight and 45° angle) 3. Very stooped - (45° angle)
8. Knee height: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ cm. b) _____ cm.
9. Waist: Measurement at point of bellybutton 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ cm. b) _____ cm.
10. Hip: Measurement at highest point 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ cm. b) _____ cm.

**(PPT) PHYSICAL PERFORMANCE TESTS**

**1. Handgrip Measurements**

*Instructions: To assess the strength of your hands, please stand up and grip this device, one hand at a time, with as much strength as possible. We will do this three times with each hand. If you have had any recent arm or hand surgery, we will skip this test. [If subject refuses to do the test, please put 99.9 in the corresponding cells (Questions B thru D). If subject cannot do it, or starts to feel pain or discomfort during the test, please put 0 in the corresponding cells.]*

1A. Setting: <i>INTERVIEWER: set the dynamometer to the size of the hand of the subject and record that size here.</i>	_____ Kg	
<b>Measurements</b>	<b>1. Right Hand (Force in Kg)</b>	<b>2. Left Hand (Force in Kg)</b>
1B. Trial 1	_____ Kg	_____ Kg
1C. Trial 2	_____ Kg	_____ Kg
1D. Trial 3	_____ Kg	_____ Kg

**2. Foot Tapping**

*Instructions: To observe your foot-eye coordination, place your right foot here on the mat between these circles. Tap the ball of your foot on one circle and then the other, back and forth ten times, as fast as you can. First, we'll do the right foot and then the left foot.*

	<b>1. Right Foot</b>	<b>2. Left Foot</b>
2A. Number of Taps 96. Tried, Unable 97. Refused 98. Not performed, safety reasons 99. NA	_____ taps	_____ taps
2B. Time for taps (30 seconds maximum):	_____ sec.	_____ sec.

**3. Stand Up from Chair 5 Times**

*Instructions: The purpose of this next exercise is to measure the strength in your legs. Beginning from a sitting position, please stand up and then sit down five times in a row, as fast as you can, without using your arms to help.*

3A. Chair Height: From floor to lowest point of chair	_____ cm.
3B. Chair stands  <i>Instructions: You must go from sitting to standing as fast as you can 5 times <u>without using your arms for help.</u></i>	3B1. _____ # completed 97. Refused 98. Tried, But Unable  3B2. 1. Not attempted, safety reasons 2. Not attempted, chair bound 3. Not attempted, no suitable chair 4. Not attempted, other: Specify _____ (code)
3C. Time: If five stands done successfully	_____ sec.

**4. Semi-Tandem Stand**

**Instructions:** To assess your balance, 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 ten seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Use whichever foot is more comfortable for you. [If subject needs a walking aid to perform this test, code 0 and skip PPT tests 4-6.]

<p>4A. Total time</p> <p><i>Instructions: Try to hold this position until I say "stop".</i></p>	<p>_____ sec. <b>(maximum 10 sec.)</b></p> <p>996. Tried but unable            997. Refused            998. Not performed for safety reasons            999. NA            0. Walking aid needed to perform test</p> <p><i>(If coded as 0, or 996-999, skip tests 4, 5, 6)</i></p>
<p>4B. Compensatory Movements</p>	<p>a. Moves arms            0. No            1. Yes            b. Trunk swaying        0. No            1. Yes</p>

**5. Tandem Stand – Eyes Open**

**Instructions:** Again, to assess your balance with your eyes open, I would like you to try to stand with the heel of one foot in front of and touching the toes of your other foot. Use whichever foot is comfortable for you.

<p>5A. Total time</p> <p><i>Instructions: Try to hold this position until I say "stop".</i></p>	<p>_____ sec. <b>(maximum 10 sec.)</b></p> <p>996. Tried but unable            997. Refused            998. Not performed for safety reasons            999. NA</p> <p><i>(If coded as 996-999, go to NEXT SECTION)</i></p>
<p>5B. Compensatory Movements</p>	<p>a. Moves arms            0. No            1. Yes            b. Trunk swaying        0. No            1. Yes</p>

**6. Tandem Stand – Eyes Closed**

**Instructions:** Now, I would like you to try standing just like you did before (with one foot in front of the other), but with your eyes closed this time. Try to hold this position with your eyes closed until I say stop.

<p>6A. Total time</p> <p><i>Instructions: Try to hold this position until I say "stop".</i></p>	<p>_____ sec. <b>(maximum 10 sec.)</b></p> <p>996. Tried but unable            997. Refused            998. Not performed for safety reasons            999. NA</p> <p><i>(If coded as 996-999, go to NEXT SECTION)</i></p>
<p>6B. Compensatory Movements</p>	<p>a. Moves arms            0. No            1. Yes            b. Trunk swaying        0. No            1. Yes</p>

**7. Ten-Foot Walk**

*Instructions: For this next exercise, I am going to observe how you normally walk. Please walk down past the end of the course and then turn around and walk back to the starting point.*

7A. Step Continuity	<p align="center"><i>(If NO 10ft. area available, OBSERVE and record 7A-7C, then go to NEXT SECTION)</i></p> <p>0. No          1. 1A. Yes: observed during 10ft. walk          1B. Yes: observed during interview session (no 10ft. walk area)          996. Tried, Unable OR Holds onto object          997. Refused          998. Not performed for safety reasons</p> <p align="center"><i>(If coded as 996-998, go to NEXT SECTION)</i></p>
7B. Turn	<p>a. Continuous with walking/pivots    0. No    1. Yes          b. Stagger, Unsteady                    0. No    1. Yes</p>
7C. Walking aid	<p>1. Yes                    0. No                    99. NA</p>

*Instructions: Now, I would like you to do the same thing again. Just walk at your usual pace.*

7D. Time 1	<p>_____ sec.</p> <p>996. Tried, Unable OR Holds onto object          997. Refused</p> <p align="center"><i>(If coded as 996-997, go to NEXT SECTION)</i></p>
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*Instructions: Now, I would like you to walk down and back as fast as it feels safe and comfortable to you.*

7E. Time 2	<p>_____ sec.</p> <p>996. Tried, Unable OR Holds onto object          997. Refused</p> <p align="center"><i>(If coded as 996-997, go to NEXT SECTION)</i></p>
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**INTERVIEWER:** Record the setting for the 10 ft walk.

7F. Difficulty finding 10-12 ft for the walking course?	<p>a) 1. Yes                    0. No          b) If YES, explain: _____ (code)</p>
7G. Type of walking surface	<p>1. Uncarpeted          2. Low carpet          3. Other: _____ (code)</p>

**(PSS) PERCEIVED STRESS SCALE**

**Instructions:** The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate. —For each question, choose from the following alternatives: [READ CATEGORIES]

In the last month...	Never	Almost Never	Every now and then	Often	Very Often
1. ...how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. ...how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. ...how often have you felt nervous and "stressed"?	0	1	2	3	4
4. ...how often have you dealt successfully with irritating life hassles? *	4	3	2	1	0
5. ...how often have you felt that you were effectively coping with important changes that were occurring in your life? *	4	3	2	1	0
6. ...how often have you felt confident about your ability to handle your personal problems? *	4	3	2	1	0
7. ...how often have you felt that things were going your way? *	4	3	2	1	0
8. ...how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
9. ...how often have you been able to control irritations in your life? *	4	3	2	1	0
10. ...how often have you felt that you were on top of things? *	4	3	2	1	0
11. ...how often have you been angered because of things that happened or were outside of your control?	0	1	2	3	4
12. ...how often have you found yourself thinking about things that you have to accomplish?	0	1	2	3	4
13. ...how often have you been able to control the way you spend your time? *	4	3	2	1	0
14. ...how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

\* scored in the reverse direction

**(MSS)MAHES STRESS SCALE**

*Instructions: The questions that follow explore how you have felt with regards to certain things during the past month. Please answer the question using the following options.*

<i>In the last month...</i>	<i>Never</i>	<i>Almost Never</i>	<i>Every now and then</i>	<i>Often</i>	<i>Very Often</i>
1. How often have you worried about your health?	0	1	2	3	4
2. How often have you found yourself thinking about the problems of others?	0	1	2	3	4
3. How often have you thought that your money does not go far enough?	0	1	2	3	4
4. How often have you thought that there is nobody to turn to?	0	1	2	3	4
5. How often have you worried about losing family and friends?	0	1	2	3	4
6. How often have you worried about your safety?	0	1	2	3	4
7. How often have you worried about your future?	0	1	2	3	4
8. How often have you thought that others do not understand your concerns?	0	1	2	3	4
9. How often have you worried that you cannot do everything you have to do?	0	1	2	3	4
10. How often have you worried about unanticipated problems or situations?	0	1	2	3	4
11. How often have you felt nervous because of problems in your life?	0	1	2	3	4
12. How often have you worried that you do not have access to needed help?	0	1	2	3	4

**(COPE) Brief COPE**

*Instructions: The following are some ways of coping with difficult situations. Think of a difficult situation you had to face during the past year. We want to know how you coped with that difficult situation. Please use the following answer options (READ ANSWER OPTIONS)*

	<i>I didn't do this at all</i>	<i>I did this a little bit</i>	<i>I did this a medium amount</i>	<i>I did this a lot</i>
1. I turned to work or other activities to take my mind off things.	1	2	3	4
2. I concentrated my efforts on doing something about the situation I'm in.	1	2	3	4
3. I said to myself "this isn't real."	1	2	3	4
4. I used alcohol or other drugs to make myself feel better.	1	2	3	4
5. I got emotional support from others.	1	2	3	4
6. I gave up trying to deal with it.	1	2	3	4
7. I took action to try to make the situation better.	1	2	3	4
8. I refused to believe that it has happened.	1	2	3	4
9. I said things to let my unpleasant feelings escape.	1	2	3	4
10. I used alcohol or other drugs to help me get through it.	1	2	3	4
11. I tried to see it in a different light, to make it seem more positive.	1	2	3	4
12. I tried to come up with a strategy about what to do.	1	2	3	4
13. I got comfort and understanding from someone.	1	2	3	4
14. I gave up the attempt to cope.	1	2	3	4
15. I looked for something good in what is happening.	1	2	3	4
16. I made jokes about it.	1	2	3	4
17. I did something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4
18. I accepted the reality of the fact that it has happened.	1	2	3	4
19. I expressed my negative feelings.	1	2	3	4
20. I tried to find comfort in my religion or spiritual beliefs.	1	2	3	4
21. I learned to live with it.	1	2	3	4
22. I thought hard about what steps to take.	1	2	3	4
23. I prayed or meditated.	1	2	3	4
24. I made fun of the situation.	1	2	3	4

**(HHC) HEALTH AND HEALTH CARE**

*Instructions: To continue, I will ask you a series of questions regarding your health status and health care since your last interview.*

CO-INFORMANT: YES _____ NO _____			
1. Would you say that since your last interview your health, in general, has been excellent, very good, good, fair, or poor?	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor		
2. Since your last interview, where have you most often gone for health care?	1. Primary care doctor 2. Neighborhood clinic 3. Emergency room 4. Other _____	0. No 0. No 0. No 0. No	1. Yes 1. Yes 1. Yes 1. Yes
3. How long has it been since your most recent visit for health advice or care?	1. Less than 1 month 2. 1 month, less than 6 months 3. 6 months, less than 1 year 4. 1 year, less than 5 years 5. 5 or more years 98. Don't know (dk)		
4. In general, how satisfied were you with the care you received at your last visit? Would you say you were very satisfied, satisfied, somewhat satisfied, or not at all satisfied?	1. Very satisfied 2. Satisfied 3. Somewhat satisfied 4. Not at all satisfied		
5. Sometimes people have problems in getting medical care. Since your last interview, have you had any problems getting medical care?	1. Yes      0. No <i>(If NO, go to NEXT SECTION)</i>		
<p>5A. If YES: Why?</p> <p><b>DO NOT READ ANSWERS.</b></p> <p><b>USE THEM TO CODIFY SUBJECTS' RESPONSE.</b></p> <p><b>CIRCLE UP TO 3 CHOICES THAT APPLY.</b></p>	<p>0. None</p> <p>1. Care was unavailable when needed</p> <p>2. Monetary cost</p> <p>3. Did not know where to go</p> <p>4. Did not have a way to get there</p> <p>5. Clinic hours were not convenient</p> <p>6. Waitlist was too long</p> <p>7. S would lose pay from work</p> <p>8. Waiting time in the clinic was too long</p> <p>9. Office/clinic staff was disrespectful</p> <p>10. S had no confidence in the staff</p> <p>11. Personnel did not speak Spanish</p> <p>12. There were no Hispanic staff members at the office/clinic</p> <p>13. Other reason: _____</p>		



**(MED) MEDICAL DIAGNOSES**

*Instructions: Next, I will ask you a series of questions regarding a variety of medical diagnoses that you might have received since your last interview. INTERVIEWER: Please refer to report of past responses and probe whether each diagnoses has occurred within the last two years.*

CO-INFORMANT: YES ___ NO ___							
Has your DOCTOR ever told you that you have any of the following illnesses or conditions?	NO	YES	Taking medication for this?		Is this condition bothering you currently?		Within the last 2 years?
1. Diabetes?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
2. High blood pressure/Hypertension?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
3. Overweight/obesity?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
4. Arthritis?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
5. Osteoporosis (hip fracture)?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
6. Heart Attack?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
7. Heart Disease (other than heart attack)?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
8. Stroke?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
9. Respiratory disease (such as emphysema, chronic bronchitis, asthma?)	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
10. Liver or gallbladder disease?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
11. Kidney disease?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
12. Stomach/ Intestinal Disorder, Stomach Ulcer (bowel elimination problems)?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
13. Parkinson's Disease?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
14. Skin Cancer?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
15. Other type of Cancer? _____	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
16. Eye Disease: Cataract or Glaucoma?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
17. Anxiety?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
18. Depression?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
19. Seizures, Convulsions?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
20. Tuberculosis?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
21. Hepatitis (Type A, B, or C)?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
22. AIDS/HIV positive?	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
23. Other _____	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes
24. Other _____	0	1	0. No	1. Yes	0. No	1. Yes	0. No 1. Yes

**MENOPAUSE (FEMALES ONLY)**

*INTERVIEWER: Please look at report with past responses and if Subject had experienced menopause before or during first interview, skip to the next section.*

1. After your last interview, did you go through or are you currently going through menopause?	1. Yes (If NO, go to NEXT SECTION)      0. No
2. Have you had a hysterectomy? 2A. If YES to #2, in what age or year?	1. Yes      0.No Age _____ or Year _____ (Go to NEXT SECTION)
3. How old were you when you had your last menstrual period?	Age _____ or Year _____

**(PMED) PRESCRIPTION MEDICATIONS**

**INTERVIEWER:** List all prescription medications participant is currently taking or has taken within the past year including insulin.

CO-INFORMANT: YES _____ NO _____			
Medication Name	How long using?		
	Codes: 1. Less than 1 year (<1yr) 2. Between 1 and 5 years (1-5yrs) 3. More than 5 years (>5yrs)		
1.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
2.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
3.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
4.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
5.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
6.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
7.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
8.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
9.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
10.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
11.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
12.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
13.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
14.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
15.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
16.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
17.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
18.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
19.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
20.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
21.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
22.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
23.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
24.	1. <1 yr	2. 1-5 yrs	3. >5 yrs
25.	1. <1 yr	2. 1-5 yrs	3. >5 yrs

**(OCMED) OVER-THE-COUNTER MEDICATIONS**

*INTERVIEWER: List all over-the-counter medications the Subject takes on a weekly basis.*

Medication Name
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.

**(BPB) BLOOD PRESSURE**

	1. SYSTOLIC	2. DIASTOLIC	3. PULSE	4. TIME
A. MEAS. 1				___ : ___ a.m./p.m.
B. MEAS. 2				___ : ___ a.m./p.m.

**(INS) HEALTH INSURANCE**

*Instructions: In this following section, I will ask you a series of questions regarding your health insurance.*  
**INSTRUCTIONS FOR INTERVIEWERS:** Please insert in question 1 the insurance plan reported by subject during the first interview

CO-INFORMANT: YES _____ NO _____			
1. In your last interview, you mentioned that your health insurance plan was _____. Do you still have the same health insurance plan?	0. No	1. Yes (If YES go to #3)	
2. What type of health insurance do you have now?  (CIRCLE ALL THAT APPLY)	1. Medicare	0. No	1. Yes
	2. MASS Health	0. No	1. Yes
	3. Boston Health Net	0. No	1. Yes
	4. NHP	0. No	1. Yes
	5. Fallon	0. No	1. Yes
	6. Tufts	0. No	1. Yes
	7. HPHC	0. No	1. Yes
	8. HMO Blue	0. No	1. Yes
	9. Travelers	0. No	1. Yes
	10. Other _____	0. No	1. Yes
	11. Other _____	0. No	1. Yes
	12. None	0. No	1. Yes
3. Is the cost of healthcare a barrier to your seeking treatment?	0. No	1. Yes	
4. Does the cost of healthcare ever delay or prevent you from adhering to treatment recommendations?	0. No	1. Yes	
5. During the past 2 years, was there a period when you were without health insurance for a period of six months or more?	0. No	1. Yes	

**(TOB) HEALTH BEHAVIORS: TOBACCO USE**

*Instructions: Now I would like to ask you about the use of tobacco*

CO-INFORMANT: YES _____ NO _____			
1. Do you currently smoke?	0. No (If NO, go to NEXT SECTION)	1. Yes	
2. How many cigarettes, cigars, or pipes do you smoke regularly during one day? (pack=20 cigarettes)	1. Cigarettes _____	2. Cigars _____	3. Pipes _____

**(ALC) HEALTH BEHAVIORS: ALCOHOL USE**

*Instructions: The following questions refer to alcohol consumption, including wine, spirits, liquors like whiskey, gin, rum or vodka, cocktails, and mixed alcoholic beverages.*

CO-INFORMANT: YES _____ NO _____			
1. Presently, do you drink alcohol?	0. No (If NO go to NEXT SECTION) 1. Yes		
2. On average, how often do you drink <u>any</u> type of alcohol?	A. _____ # days per:	B.	1. Week 2. Month 3. Year
3. What do you usually drink?  (CIRCLE ALL THAT APPLY)	1. Beer	2. Rum	
	3. Wine	4. Gin	
	5. Whiskey	6. Other _____	_____ (code)
4. On average, on the days that you drink alcohol, how many drinks do you have a day? By a drink, I mean a 12 oz beer, 4 oz glass of wine, or an ounce of liquor.	_____ drinks		

**(ACT) PHYSICAL ACTIVITY**

*Instructions: Now, I would like to ask you about the different activities you do every day. I will read out loud a list of daily activities, and I would like for you to tell me how many hours, approximately, you spend every day on each given activity. Let's think about this past week as an example.*

CO-INFORMANT: YES _____ NO _____		
<b>Last week, on a USUAL WEEKDAY (we will do the same for a WEEKEND DAY afterwards), how much time did you spend...:</b>	<b>Hours per day for a usual WEEKDAY: A</b>	<b>Hours per day for a usual WEEKEND day: B</b>
<b>1. SLEEPING AND LYING DOWN</b> (even if not sleeping: night-time sleep, naps and reclining) <b>ASK EACH SEPARATELY, THEN SUM.</b>		
<b>2. VIGOROUS ACTIVITY:</b> (brisk walking, digging in the garden, strenuous sports, jogging, sustained swimming, chopping wood, heavy carpentry, bicycling on hills, etc.)		
<b>3. MODERATE ACTIVITY:</b> (heavy housework, light sports, regular walking, dancing, yard work, painting, repairing, light carpentry, bicycling on level ground, etc.)		
<b>4. LIGHT ACTIVITY:</b> (office work, light housework, driving a car, strolling, personal care, standing with little motion etc.)		
<b>5. SITTING ACTIVITY:</b> (eating, reading, watching TV, listening to the radio etc.)		
<b>REPEAT QUESTIONS ABOVE FOR COLUMN B ANSWERS</b>		
<b>6. TOTAL:</b> (NOTE: Total for each day should add up to 24 hours).		
<b>7. Would you say that during the past week you were less active than usual, more active, or about as active as usual?</b>	1. Less active than usual 2. More active than usual 3. As active as usual	
<b>8. How many <u>flights</u> of stairs do you climb up each day?</b>	_____ flights	
<b>9. How many city blocks or their equivalent do you walk each day?</b>	_____ blocks _____ minutes <b>OR</b>	
<b>10. How much time do you spend watching TV each day?</b>	_____ hours	



**(IADL) INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

**Instructions:** Next I will ask about some other activities. This card specifies answers about how difficult certain activities can be for people. I'm going to ask you about certain activities and ask you to tell me how difficult they are for you to do by yourself, without the use of special equipment. The answers I'll ask you to use are [READ CATEGORIES].

CO-INFORMANT: YES _____ NO _____				
<b>Activity:</b>	<i>With no difficulty</i>	<i>With some difficulty</i>	<i>With a lot of difficulty</i>	<i>Impossible to do</i>
1. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)?	0	1	2	3
2. Preparing your own meals?	0	1	2	3
3. Managing your money (such as keeping track of your expenses or paying bills)?	0	1	2	3
4. Shopping for personal items (such as toiletry items or medications)?	0	1	2	3
5. Food shopping?	0	1	2	3
6. Using the telephone?	0	1	2	3
<b><i>If NO DIFFICULTY with IADL 1-6 above, go to NEXT SECTION</i></b>				
7. Do you usually need help from another person in doing any of these activities that are difficult for you to do or that you are unable to do by yourself?	1. No <i>(If NO, skip to NEXT SECTION)</i> 2. Yes			
8A. <b>If YES:</b> Is there someone to help you?  8B. <b>If YES:</b> Is this person living in the household?	A. 1. Yes 0. No <i>(If NO, skip to NEXT SECTION)</i>  B. 1. HH member 2. Non-HH member 3. Both HH and non-HH members			
9. Is this help paid for?	1. No 2. Yes: paid by S 3. Yes: paid by other than S Specify: _____			

**(SOC) SOCIAL AND COMMUNITY SUPPORT & ASSISTANCE**

*Instructions: Let's now talk about your family life and social activities within your community.*

CO-INFORMANT: YES _____ NO _____	
1. How many LIVING children do you have including step and adopted children?	_____ children (If NONE, enter 00 and GO TO #6)
2. How quickly can (any one of your children/ your son/ your daughter who does not live with you) get here?	A. _____ # of B. 1. Minutes 2. Hours 3. Days (If all children live with Subject, enter 00 and GO TO #6)
3. How often do you see (any of your children/ your son/ your daughter who does not live with you)?	A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never
4. How often do you talk on the telephone with (any of your children/ your son/ your daughter who does not live with you)?	A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never
5. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)?	A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never
6. How many LIVING brothers and sisters do you have, including step and adopted brothers and sisters?	_____ siblings
7. Do you make use of special services for older persons, provided by health or governmental agencies, like Meals on Wheels, a home nurse, special transportation, donated foodstuffs, etc?	1. Yes (GO TO #8) 0. No (Go to BPC)



**During the last 2 years, how many times did you make use of the following services?**

<i>Elder Services</i>	<i>Number of Times</i>	<i>Frequency</i> (1) per day (2) per week (3) per month (4) per year (5) less than once per year (97) don't remember (98) don't know
8. Senior center	___	___
9. Special transportation for older persons (Do not include special subway or bus passes)	___	___
10. Meals delivered to your home by an agency like Meals on Wheels	___	___
11. Receive food from a Commodity Food Program (Department of Agriculture's Food Distribution Program)	___	___
12. Homemaker service for older persons that provide cleaning and cooking at home	___	___
13. Service which makes telephone calls to check on the health of older people	___	___
14. A visiting nurse who comes to your home	___	___
15. A health aide that comes to your home	___	___
16. Day care program for older people	___	___

**(BPC) BLOOD PRESSURE**

	<b>1. SYSTOLIC</b>	<b>2. DIASTOLIC</b>	<b>3. PULSE</b>	<b>4. TIME</b>
<b>A. MEAS. 1</b>				___ : ___ a.m./p.m.
<b>B. MEAS. 2</b>				___ : ___ a.m./p.m.

**(NSSQ) NORBECK SOCIAL SUPPORT  
QUESTIONNAIRE**

**INTERVIEWER:** Please read all of the instructions on this page prior to starting with this section.

**Instructions:** Please list each significant person in your life on the right. Consider all the persons who provide personal support for you or who are important to you.

When making your list, use only the first name or the initials of the person, and then indicate the relationship that you have with each one of them.

**Example:**

First Name or Initials	Relationship
1. <u>    Mary T    </u>	<u>    friend    </u>
2. <u>    Bob    </u>	<u>    brother    </u>
3. <u>    MT    </u>	<u>    mother    </u>
4. <u>    Sam    </u>	<u>    friend    </u>
5. <u>    Mrs. R    </u>	<u>    neighbor    </u>
etc.	

Use the following list as a guide. Think about the people that are important to you and give the names of as many people as apply in your case.

- spouse or partner
- family members or relatives
- friends
- work or school associates
- neighbors
- health care providers
- counselor or therapist
- minister/priest/rabbi
- other

You do not have to name 16 people. Only name the important people in your life.

**WHEN YOU HAVE FINISHED YOUR LIST, PLEASE  
TURN TO PAGE 32.**

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University of California, San Francisco  
Revised 1982, 1995

**Note: Before use, pages 22-25 should be cut along the dashed center line to allow the response lines for questions 1-16 to align with the Personal Network list on page 26.**

For each person you included in your list, please answer the following questions by using the number that corresponds to your response.

- |                |                  |
|----------------|------------------|
| 0 = not at all | 3 = quite a bit  |
| 1 = a little   | 4 = a great deal |
| 2 = moderately |                  |

**[EMO1]**

Question 1:  
How much does this person make you feel liked or loved?

**[EMO2]**

Question 2:  
How much does this person make you feel respected or admired?

1	1
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.

**Note: Before use, pages 22-25 should be cut along the dashed center line to allow the response lines for questions 1-16 to align with the Personal Network list on page 26.**

For each person you included in your list, please answer the following questions by using the number that corresponds to your response.

0 = not at all                      3 = quite a bit  
 1 = a little                        4 = a great deal  
 2 = moderately

**[EMO3]**

Question 3:  
 How much can you confide  
 in this person?

**[EMO4]**

Question 4:  
 How much does this  
 person agree with or  
 support your actions or  
 thoughts?

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.

**Note: Before use, pages 22-25 should be cut along the dashed center line to allow the response lines for questions 1-16 to align with the Personal Network list on page 26.**



For each person you included in your list, please answer the following questions by using the number that corresponds to your response.

0 = not at all                      3 = quite a bit  
 1 = a little                        4 = a great deal  
 2 = moderately

[AID5]

Question 5:  
 If you need to borrow \$10, a ride to the doctor, or some other immediate help, how much could this person usually help?

[AID6]

Question 6:  
 If you were confined to bed for several weeks, how much could this person help you?

**Note: Before use, pages 22-25 should be cut along the dashed center line to allow the response lines for questions 1-16 to align with the Personal Network list on page 26.**

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.



**PERSONAL NETWORK**

[DURATION]	[FREQCON]	First Name or Initials	Relationship
<p>Question 7: How long have you known this person?</p> <p>1 = less than 6 months 2 = 6 to 12 months 3 = 1 to 2 years 4 = 2 to 5 years 5 = more than 5 years</p>	<p>Question 8: How frequently do you usually have contact with this person? (Phone calls, visits, or letters)</p> <p>5 = daily 4 = weekly 3 = monthly 2 = a few times a year 1 = once a year or less</p>		
1.	1.	1.	
2.	2.	2.	
3.	3.	3.	
4.	4.	4.	
5.	5.	5.	
6.	6.	6.	
7.	7.	7.	
8.	8.	8.	
9.	9.	9.	
10.	10.	10.	
11.	11.	11.	
12.	12.	12.	
13.	13.	13.	
14.	14.	14.	
15.	15.	15.	
16.	16.	16.	





9. During the past year, have you lost any important relationships due to moving, a job change, divorce or separation, death or some other reason?

- \_\_\_\_\_ 0. No (If NO, go to NEXT SECTION)
- \_\_\_\_\_ 1. Yes (If YES, GO TO #9A)

If you have lost an important relationship during the past year:

9A. Please indicate the number of persons from each category who are *no longer available* to you.

- \_\_\_\_\_ Spouse or partner  
[LOSS1]
- \_\_\_\_\_ Family members or relatives  
[LOSS2]
- \_\_\_\_\_ Friends  
[LOSS3]
- \_\_\_\_\_ Work or school associates  
[LOSS4]
- \_\_\_\_\_ Neighbors  
[LOSS5]
- \_\_\_\_\_ Health care providers  
[LOSS6]
- \_\_\_\_\_ Counselor or therapist  
[LOSS7]
- \_\_\_\_\_ Minister/Priest/Rabbi  
[LOSS8]
- \_\_\_\_\_ Other (specify) \_\_\_\_\_  
[LOSS9]

9B. Overall, how much of your support was provided by these people who are no longer available to you?

- [LOSSAMT]
- \_\_\_\_\_ 0. None
  - \_\_\_\_\_ 1. A little
  - \_\_\_\_\_ 2. A moderate amount
  - \_\_\_\_\_ 3. A considerable amount
  - \_\_\_\_\_ 4. A lot

**(ACC) ACCULTURATION**

*Instructions: The following questions have the purpose of exploring acculturation and assimilation to this country.*

1. What language do you use:	Only Spanish	More Spanish than English	Both equally	More English than Spanish	Only English	NA
1A...for watching TV?	A. 1	2	3	4	5	6
1B...for reading newspapers/books?	B. 1	2	3	4	5	6
1C...for speaking with neighbors?	C. 1	2	3	4	5	6
1D...at work?	D. 1	2	3	4	5	6
1E...for listening to the radio?	E. 1	2	3	4	5	6
1F...with friends?	F. 1	2	3	4	5	6
1G...with family?	G. 1	2	3	4	5	6

**(WH) WORK HISTORY AND INCOME**

*Instructions: The following questions will refer to your work history and income.*

<b>CO-INFORMANT: YES _____ NO _____</b>			
1. Since your last interview, have you held a paid job for more than three months?	1. Yes      0. No <i>(If NO, GO TO #8)</i>		
<p><b>For the following questions where a CODE for TYPE of JOB is required, use these job categories:</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">                     1. Executive administrative and managerial                      2. Civil Service                      3. Healthcare                      4. Teaching/Education                      5. Technicians and support                      6. Sales; Administrative support, including clerical                      7. Private household business                      8. Armed services                 </td> <td style="width:50%; border:none;">                     9. Farming, forestry, and fishing occupations                      10. Production, craft, and repair                      11. Machine operators, assemblers, and inspectors                      12. Transportation and material moving occupations                      13. Handlers, equipment cleaners, helpers, and labor                      14. Other                      96. Refused                      98. Don't know                      99. Not applicable                 </td> </tr> </table>		1. Executive administrative and managerial 2. Civil Service 3. Healthcare 4. Teaching/Education 5. Technicians and support 6. Sales; Administrative support, including clerical 7. Private household business 8. Armed services	9. Farming, forestry, and fishing occupations 10. Production, craft, and repair 11. Machine operators, assemblers, and inspectors 12. Transportation and material moving occupations 13. Handlers, equipment cleaners, helpers, and labor 14. Other 96. Refused 98. Don't know 99. Not applicable
1. Executive administrative and managerial 2. Civil Service 3. Healthcare 4. Teaching/Education 5. Technicians and support 6. Sales; Administrative support, including clerical 7. Private household business 8. Armed services	9. Farming, forestry, and fishing occupations 10. Production, craft, and repair 11. Machine operators, assemblers, and inspectors 12. Transportation and material moving occupations 13. Handlers, equipment cleaners, helpers, and labor 14. Other 96. Refused 98. Don't know 99. Not applicable		
2. Are you currently working?	1. Yes      0. No <i>(If NO, GO TO #6)</i>		
3. What is your current job?	_____ (code) Type of job		
4. How many hours per week do you work?	___ hours per week		
5. When do you plan to stop working?	Year: _____ <i>(Enter 9998 if dk)</i> <i>(Answer and skip to #7)</i>		
6. Why did you stop working? (PROBE: For health reasons?)	Reason: _____ _____		
7. Who manages the household money?	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">                     1. Yourself (Study subject)                      2. Spouse                      3. Son/Stepson                      4. Daughter/Stepdaughter                      5. Brother/Brother-in-law                 </td> <td style="width:50%; border:none;">                     6. Sister/Sister-in-Law                      7. Grandson                      8. Granddaughter                      9. Other                      10. Both Subject &amp; Spouse                 </td> </tr> </table>	1. Yourself (Study subject) 2. Spouse 3. Son/Stepson 4. Daughter/Stepdaughter 5. Brother/Brother-in-law	6. Sister/Sister-in-Law 7. Grandson 8. Granddaughter 9. Other 10. Both Subject & Spouse
1. Yourself (Study subject) 2. Spouse 3. Son/Stepson 4. Daughter/Stepdaughter 5. Brother/Brother-in-law	6. Sister/Sister-in-Law 7. Grandson 8. Granddaughter 9. Other 10. Both Subject & Spouse		

8. Next, I would like for you to tell me about your household income: who contributes to the necessary expenses, and in what way, and how often does each contributor help out? You have no obligation to share this information with me, but remember that all of the information you share with me will be kept completely confidential.

CO-INFORMANT: YES _____ NO _____					
Relationship to Subject <i>(Specify contributor's relationship to the Subject)</i>	Source of Income <i>CIRCLE ALL THAT APPLY</i>	NO	YES	Amount <i>CODES: (-)997 Refused (-)998 Don't know</i>	Frequency <i>CODES: 1. Weekly 2. Bi-weekly 3. Monthly 4. Yearly</i>
1. Subject/Self	0. Employment 1. TANF 2. SSI 3. SSDI 4. Child Support 5. Pension 6. Retirement 7. Food Stamps (ATDP) 8. Other _____ 9. Other _____	0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00	_____ _____ _____ _____ _____ _____ _____ _____ _____
2. _____	0. Employment 1. TANF 2. SSI 3. SSDI 4. Child Support 5. Pension 6. Retirement 7. Food Stamps (ATDP) 8. Other _____ 9. Other _____	0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00	_____ _____ _____ _____ _____ _____ _____ _____ _____
3. _____	0. Employment 1. TANF 2. SSI 3. SSDI 4. Child Support 5. Pension 6. Retirement 7. Food Stamps (ATDP) 8. Other _____ 9. Other _____	0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00	_____ _____ _____ _____ _____ _____ _____ _____ _____
4. _____	0. Employment 1. TANF 2. SSI 3. SSDI 4. Child Support 5. Pension 6. Retirement 7. Food Stamps (ATDP) 8. Other _____ 9. Other _____	0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00	_____ _____ _____ _____ _____ _____ _____ _____ _____

## LIFE EVENTS QUESTIONNAIRE

*Instructions: The following list includes events that can change the life of those who experience them. Please tell me which of the following events occurred in your life during the past six months only. If you have not experienced an event, we will skip that number. For each event which you have experienced, please tell me if such an event was Good or Bad, and if the effect had: [READ CATEGORIES].*

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Big effect
<b>A. Health</b>						
1. Major personal illness or injury	Good	Bad	0	1	2	3
2. Major change in eating habits	Good	Bad	0	1	2	3
3. Major change in sleeping habits	Good	Bad	0	1	2	3
4. Major change in usual type and/or amount of recreation	Good	Bad	0	1	2	3
5. Major dental work	Good	Bad	0	1	2	3
6. FEMALE: Started menopause	Good	Bad	0	1	2	3
<b>B. Work</b>						
7. Difficulty finding a job	Good	Bad	0	1	2	3
8. Beginning work outside the home	Good	Bad	0	1	2	3
9. Changing to a new type of work	Good	Bad	0	1	2	3
10. Changing your work hours or conditions	Good	Bad	0	1	2	3
11. Change in your responsibilities at work	Good	Bad	0	1	2	3
12. Troubles at work with your employer or co-workers	Good	Bad	0	1	2	3
13. Major business readjustment	Good	Bad	0	1	2	3
14. Being fired or laid off from work	Good	Bad	0	1	2	3
15. Retirement from work	Good	Bad	0	1	2	3
16. Taking courses by mail or studying at home to help you in your work	Good	Bad	0	1	2	3
<b>C. School</b>						
17. Beginning or ceasing school, college or training program	Good	Bad	0	1	2	3
18. Change of school, college or training program	Good	Bad	0	1	2	3
19. Change in career goal or academic major	Good	Bad	0	1	2	3
20. Problem in school, college, or training program	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Big effect
<b>D. Residence</b>						
21. Difficulty finding housing	Good	Bad	0	1	2	3
22. Changing residence within the same town or city	Good	Bad	0	1	2	3
23. Moving to a different town, city, state, or country	Good	Bad	0	1	2	3
24. Major change in your life conditions (home improvements or a decline in your home or neighborhood)	Good	Bad	0	1	2	3
<b>E. Love and Marriage</b>						
25. Began a new, close, personal relationship	Good	Bad	0	1	2	3
26. Became engaged	Good	Bad	0	1	2	3
27. Girlfriend or boyfriend problems	Good	Bad	0	1	2	3
28. Breaking up with a girlfriend or boyfriend or breaking an engagement	Good	Bad	0	1	2	3
29. MALE: Wife or girlfriend's pregnancy	Good	Bad	0	1	2	3
30. MALE: Wife or girlfriend's having a miscarriage or abortion	Good	Bad	0	1	2	3
31. Getting married (or beginning to live with someone)	Good	Bad	0	1	2	3
32. A change in closeness with your partner	Good	Bad	0	1	2	3
33. Infidelity	Good	Bad	0	1	2	3
34. Trouble with in-laws	Good	Bad	0	1	2	3
35. Separation from spouse or partner due to conflict	Good	Bad	0	1	2	3
36. Separation from spouse or partner due to work, travel, etc.	Good	Bad	0	1	2	3
37. Reconciliation with spouse or partner	Good	Bad	0	1	2	3
38. Divorce	Good	Bad	0	1	2	3
39. Change in your spouse or partner's work outside the home (beginning to work, ceasing work, changing jobs, retirement, etc).	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Big effect
<b>F. Family and Close Friends</b>						
40. Gain of a new family member (through birth, adoption, relative moving in, etc.)	Good	Bad	0	1	2	3
41. Child or family member leaving home (due to marriage, to attend college, or for some other reason)	Good	Bad	0	1	2	3
42. Major change in the health or behavior of a family member or close friend (illness, accidents, drug or disciplinary problems, etc.)	Good	Bad	0	1	2	3
43. Death of spouse or partner	Good	Bad	0	1	2	3
44. Death of a child	Good	Bad	0	1	2	3
45. Death of family member or close friend	Good	Bad	0	1	2	3
46. Birth of a grandchild	Good	Bad	0	1	2	3
47. Change in marital status of your parents	Good	Bad	0	1	2	3
<b>G. Parenting</b>						
48. Change in child care arrangements	Good	Bad	0	1	2	3
49. Caring for a grandchild	Good	Bad	0	1	2	3
50. Conflicts with spouse or partner about parenting	Good	Bad	0	1	2	3
51. Conflicts with child's grandparents (or other important person) about parenting	Good	Bad	0	1	2	3
52. Taking on full responsibility for parenting as a single parent	Good	Bad	0	1	2	3
53. Custody battles with former spouse or partner	Good	Bad	0	1	2	3
<b>H. Personal or Social</b>						
54. Major personal achievement	Good	Bad	0	1	2	3
55. Major decision regarding your immediate future	Good	Bad	0	1	2	3
56. Change in your personal habits (your dress, lifestyle, hobbies, etc.)	Good	Bad	0	1	2	3
57. Change in your religious beliefs	Good	Bad	0	1	2	3
58. Change in your political beliefs	Good	Bad	0	1	2	3
59. Loss or damage of personal property	Good	Bad	0	1	2	3
60. Took a vacation	Good	Bad	0	1	2	3
61. Took a trip other than a vacation	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Big effect
<b>H. Personal or Social (Cont.)</b>						
62. Change in family get-togethers	Good	Bad	0	1	2	3
63. Change in your social activities (clubs, movies, visiting, etc)	Good	Bad	0	1	2	3
64. Made new friends	Good	Bad	0	1	2	3
65. Broke up with a friend	Good	Bad	0	1	2	3
66. Acquired or lost a pet	Good	Bad	0	1	2	3
67. Major change in finances (increased or decreased income)	Good	Bad	0	1	2	3
68. Took on a moderate purchase, such as TV, car, freezer, etc.	Good	Bad	0	1	2	3
69. Took on a major purchase or a mortgage loan, such as a home, business, property, etc.	Good	Bad	0	1	2	3
70. Experienced a foreclosure on a mortgage or loan	Good	Bad	0	1	2	3
71. Credit rating difficulties	Good	Bad	0	1	2	3
<b>I. Crime and Legal Matters</b>						
72. Being robbed or a victim of identity theft	Good	Bad	0	1	2	3
73. Being a victim of a violent act (rape, assault, etc.)	Good	Bad	0	1	2	3
74. Involved in an accident	Good	Bad	0	1	2	3
75. Involved in a law suit	Good	Bad	0	1	2	3
76. Involved in a minor violation of the law (traffic ticket, disturbing the peace, etc.)	Good	Bad	0	1	2	3
77. Legal troubles resulting in your being arrested or held in jail	Good	Bad	0	1	2	3
<b>J. Other:</b> Other recent experiences that had an impact on your life. List and rate.						
78. _____	Good	Bad	0	1	2	3
79. _____	Good	Bad	0	1	2	3
80. _____	Good	Bad	0	1	2	3



**(HC) HOUSEHOLD COMPOSITION**

*Instructions: In this section, I will ask you some questions regarding the composition of your household.*

CO-INFORMANT: YES _____ NO _____			
1. How many persons live here, including yourself?	_____ (Total)	_____ (0-5y)	_____ (6-12y)
2. Who are the members of your household?	A. Relationship	B. Code	C. Age
<p>Codes:</p> <p>1. Subject</p> <p>2. Spouse</p> <p>3. Son/Stepson</p> <p>4. Daughter/Stepdaughter</p> <p>5. Brother/Brother-in-law</p> <p>6. Sister/Sister-in-law</p> <p>7. Grandson</p> <p>8. Granddaughter</p> <p>9. Other</p> <p><i>Indicate sex; use 1= Female; 2= Male</i></p>	<p>1. Self _____ 1 _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>		
3. Who is the person who rents or owns this house or apartment?	Relationship _____ <i>(Enter corresponding # from column B above; if S is HH head, enter 1)</i>		
4. Do you or your family own or rent this home?	1. Owned _____ 2. Rented _____		
5. How many years have you been living here in this (house/ apartment)?	_____ years _____ months		
6. If S is NOT the HOUSEHOLD HEAD: What was the highest grade completed by _____ (HH head)?	<p>1. No schooling</p> <p>2. Kindergarten to 4th. grade</p> <p>3. 5th. to 6th. grade</p> <p>4. 7th. to 8th. grade</p> <p>5. 9th. grade</p> <p>6. 10th. grade</p> <p>7. 11th. grade</p> <p>8. 12th. Grade</p> <p>9. High school graduate; HS diploma or equivalent/GED</p> <p>10. Some college credit, but less than 1 year</p> <p>11. 1 or more years of college; no degree</p> <p>12. Associate degree; i.e. AA, AS</p> <p>13. Bachelor's degree, i.e. BA, BS, AB</p> <p>14. Masters (i.e. MS, MA, MEng, MBA)</p> <p>15. Professional degree, (i.e. MD, JD, DDS)</p> <p>16. Doctorate degree, (i.e. PhD, EdD)</p> <p>96. Refused</p> <p>97. Don't remember (dr)</p> <p>98. Don't know (dk)</p>		
7. CURRENT MARITAL STATUS: Which of the following categories best describes your current marital status? (READ ALL CATEGORIES)	<p>1. Married/ living as married, spouse in HH</p> <p>2. Married, spouse not in HH</p> <p>3. Divorced/ separated</p> <p>4. Widowed</p> <p>5. Never married</p>		

**(OBS) INTERVIEWER'S OBSERVATIONS AND COMMENTS**

*INTERVIEWER: Please complete this section after concluding the interview.*

1. Language of Interview	1. English 2. Spanish 3. Both, English and Spanish
2. Sample Person Status	1. Normally mobile 2. Only seen in bed 3. Only seen in a wheelchair
3. Mental Condition	1. Confused at times 2. Cognitive deficit (retarded or demented) 3. Not noted 4. Normal
4. Sight.  <i>With or without glasses? Ask if S is wearing contact lenses.</i>	A. 1. Blind 2. Visually impaired 3. Not noted 4. Normal  B. 1. With glasses/contacts 2. Without glasses/contacts
5. Hearing	A. 1. Deaf 2. Severely hearing impaired 3. Slightly hearing impaired 4. Not noted 5. Normal  B. Using hearing aid? 1. Yes 0. No
6. Gait	1. Normal 2. Shuffling 3. Difficulty keeping their balance Other: _____ Codes: _____
7. Other problems?	Describe, part of body:
7a. Amputations	1. Upper body 2. Lower body 3. Normal
7b. Tremor	1. Upper body 2. Lower body 3. Normal
7c. Deformity	1. Upper body 2. Lower body 3. Normal
7d. Loss of Function; can't use	1. Upper body 2. Lower body 3. Normal
7e. Other.	1. Upper body 2. Lower body 3. Normal

(Observations Continued...)

<p>8. Skin tone:</p>	<ol style="list-style-type: none"> <li>1. Dark</li> <li>2. Medium</li> <li>3. Light</li> <li>4. White</li> </ol>
<p>9. How would you rate Subject's ability to understand English?</p>	<ol style="list-style-type: none"> <li>1. Excellent</li> <li>2. Very Good</li> <li>3. Good</li> <li>4. Fair</li> <li>5. Poor</li> </ol>
<p>10. How would you rate the Subject's ability to speak clearly in Spanish?</p>	<ol style="list-style-type: none"> <li>1. Excellent</li> <li>2. Very Good</li> <li>3. Good</li> <li>4. Fair</li> <li>5. Poor</li> <li>6. NA: Spanish was not spoken during the interview</li> </ol>
<p>11. Type of structure in which Subject lives:</p>	<ol style="list-style-type: none"> <li>1. Trailer</li> <li>2. Detached, single family house</li> <li>3. Duplex/Two family house</li> <li>4. House converted to apartments</li> <li>5. Rowhouse or townhouse with 3 or more units, 3 stories or less</li> <li>6. Apartment building with 5 or more units, 3 stories or less</li> <li>7. Apartment building with 5 or more units, 4 stories or more</li> <li>8. Apartment in a partly commercial structure</li> <li>9. Rooming or boarding house; structure not specified</li> <li>97. Other</li> </ol>
<p>12. Additional comments</p>	

### END OF INTERVIEW



<p><b>Date &amp; Duration of First Interview Session:</b> <i>Time interview started and ended</i></p>	<p style="text-align: center;">DATE: ____ / ____ / ____</p> <p><b>1. START TIME:</b> 1a. ____ : ____                      1b. 1. a.m. 2. p.m.</p> <p><b>2. END TIME:</b> 2a. ____ : ____                      2b. 1. a.m. 2. p.m.</p> <p><b>3. DURATION:</b> 3a. ____ HR(S)                      3b. ____ MIN(S)</p>
<p><b>Date &amp; Duration of Second Interview Session:</b> <i>Time interview started and ended</i></p>	<p style="text-align: center;">DATE: ____ / ____ / ____</p> <p><b>4. START TIME:</b> 4a. ____ : ____                      4b. 1. a.m. 2. p.m.</p> <p><b>5. END TIME:</b> 5a. ____ : ____                      5b. 1. a.m. 2. p.m.</p> <p><b>6. DURATION:</b> 6a. ____ HR(S)                      6b. ____ MIN(S)</p>
<p><b>Date &amp; Duration of Third Interview Session:</b> <i>Time interview started and ended</i></p>	<p style="text-align: center;">DATE: ____ / ____ / ____</p> <p><b>7. START TIME:</b> 7a. ____ : ____                      7b. 1. a.m. 2. p.m.</p> <p><b>8. END TIME:</b> 8a. ____ : ____                      8b. 1. a.m. 2. p.m.</p> <p><b>9. DURATION:</b> 9a. ____ HR(S)                      9b. ____ MIN(S)</p>
<p><b><u>Data entry after completion of interview.</u></b></p> <p>1 First Entry: _____                      _____                      _____  <span style="margin-left: 20px;">Name</span>    <span style="margin-left: 20px;">Code</span>    <span style="margin-left: 20px;">Date</span></p> <p>2 Verification: _____                      _____                      _____  <span style="margin-left: 20px;">Name</span>    <span style="margin-left: 20px;">Code</span>    <span style="margin-left: 20px;">Date</span></p>	

