I800_FTF

ENTER CURRENT MODE OF INTERVIEW
TELEPHONE........................1
FACE-TO-FACE............2

IF
I800 = 2 AND
X090_PtrMode_V = 3 (ENHANCED-FTF) AND
A007T = 1 (R is living) AND
A009 = 1 (self-R) AND
A028 != 1,
THEN
1 -> I846_testnumber
ELSE
5 -> Go to I845.

I846_testnumber
Now I am going to ask you to do a few simple activities for me. Researchers are interested in how performance on these activities relates to some of the other factors I have asked you about in the interview.

I will ask you to do these activities: a breathing test, a test of hand strength, [a walking test,] a balance test, and blood pressure, height, [weight,] and waist measurements.

My primary concern is for your safety, so I will ask you if you feel it would be safe for you to complete each activity. If you have any concerns about the activity, please let me know and we will skip it.

Please do not eat, drink, smoke, or brush your teeth while we are conducting the measurements. I will also be asking you to remove bulky clothing and to take off your shoes during some of the measurements.

1. Continue

CONSENT-ADMINISTRATION (PHYSICAL MEASURES)

I600_PmconsentIntro
Before we begin, I’d like to have you read and sign a form explaining your rights as a participant in this part of the study.

If R refuses to view or sign the consent form, enter CTRL-R. Otherwise, enter [1] to administer the consent form.

While the R is reviewing the form, sign a paper copy which can be left with them for their records.

1. Continue [Launch consent form]
REF........Go to I954
I802_PmconsentIntro
Did R sign the physical measures consent form?

- If yes, provide R with a signed copy of the Physical Measures Consent Form for their records
  1. Yes..............Go to I601
  5. No

I954_WhyNoConsentPhysMeas

Why didn't R sign the physical measures consent form? (Enter all that apply)

1. R felt it would not be safe.............Go to I638
2. Iwer felt it would not be safe.............Go to I638
3. R refused or was not willing to complete the measurements.............Go to I638
4. R could not complete the measurement due to health reasons.............Go to I638
7. No suitable space.............Go to I638
97. Other (Specify)

I955_WhyNoConsentPhysMeas_Specify

What other reason?

EXPLAIN:

Open End

Programming: All skip to I638

SECTION I ELIGIBILITY RULES

I803_eligible

PHYSICAL MEASURES AND BIOMARKERS ELIGIBILITY

This respondent is eligible for these measurements unless noted otherwise:

@/ blood pressure
@/ breathing
@/ hand strength
@/ balance tests (with [30/60] second full-tandem)
@/ walking test: eligible if 65 or older
@/ height
@/ weight: eligible if weight is under 300 pounds
@/ waist
@/ saliva: eligible if saliva invalid previous wave or no saliva collection previous wave
@/ blood spot assays

On the front cover of the Walking-Height-Weight-Waist-Administration Booklet, mark whether the respondent is eligible to complete the walking test and weight measurement.

The booklet may then be set aside until needed during the walking speed test.

Continue........1

1 This variable is at the end of the PhysMeas section and before the Saliva section in the Blaise instrument.
BLOOD PRESSURE INTRODUCTION

“Emergency” blood pressure protocol (in English):
If any 2 of the 3 systolic blood pressure readings are >=210 OR if any 2 of the 3
diastolic blood pressure readings are >=120, a signal will be presented to the user
instructing them to suspend the interview so the respondent may seek medical
attention immediately.

Upon resuming the interview, the “emergency” data should be maintained. The
interviewer should once again encounter the signal. The interviewer will suppress
the signal and should be skipped to I606 BR Intro, regardless of whether the signal
was triggered during the second BP trial or the third.

I601_BP_Intro

Equipment needed: Omron HEM-780N Monitor, Batteries or AC Adapter, Health Assessment Pamphlet

Now let’s talk about the first activity. I’d like to measure your blood pressure using a
monitor and cuff which I will secure around your left arm. I will ask you to relax and
remain seated and quiet during the measurements.

1. Continue

I602_BP_Demo

BLOOD PRESSURE MEASUREMENT
Demonstration: Use your left arm to demonstrate

First, I will place the cuff on your left arm approximately one half inch above the
elbow.

I will ask you to:
• Sit comfortably with your feet flat on the floor
• Lay your arm on a flat surface
• Palm facing up
• With the center of your upper arm at the same height as your heart.

I will then press the Start button. The cuff will inflate and deflate.

After we have completed three measures, I will give you your results.

1. Continue

I662_BP_Rash_L

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

1. YES
5. NO....Go to I961

**I663_BP_Rash_R**

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

1. YES....Go to I855
5. NO

**I961_BP_DIR**

Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO....Go to I855

**I603_BP_Instruct**

**BLOOD PRESSURE MEASUREMENT**

**Setup Checklist:**

1) Bulky clothing removed from upper arm.
2) R sitting, feet flat on the floor. Legs not crossed, arm on surface.
3) Cuff placed ½ inches 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).
6) R instructed to rest their arm comfortably in position.

Enter [1] to continue

1. Continue
I857_BloodPressure1_time

BLOOD PRESSURE MEASUREMENT

♦ Instruct the R to remain still.
♦ Press the START/STOP button and record measurements

First Reading - TIME of reading

□:□□ AM/PM

I859_BloodPressure1_Systolic

BLOOD PRESSURE MEASUREMENT

Updated 05/19/2014
5/51
First Reading – SYSTOLIC

♦ Enter 993 if R tried but was unable to do it or if an unresolvable equipment problem occurs.
♦ Enter 999 if R chose not to do it.

Programming: If I859 = {993 or 999}, skip to I854.

---

I860_BloodPressure1_Diastolic

BLOOD PRESSURE MEASUREMENT

First Reading – DIASTOLIC

---

I861_BloodPressure1_Pulse

BLOOD PRESSURE MEASUREMENT

First Reading – PULSE

---

I604_BP_Timer_2

BLOOD PRESSURE MEASUREMENT

Enter [1] to continue upon completion of countdown.

1. Continue

---

I862_BloodPressure2_Time

BLOOD PRESSURE MEASUREMENT

Ensure that you’ve allowed 45 seconds to elapse since first measurement.

Second Reading – TIME of reading

□□:□□ AM/PM

---

I864_BloodPressure2_Systolic

BLOOD PRESSURE MEASUREMENT

Second Reading – SYSTOLIC

♦ Enter 993 if R tried but was unable to do it or if an unresolvable equipment problem occurs.
♦ Enter 999 if R chose not to do it.
Programming: If I864= {993 or 999}, skip to I963.

I865_BloodPressure2_Diastolic
BLOOD PRESSURE MEASUREMENT
Second Reading – DIASTOLIC

I866_BloodPressure2_Pulse
BLOOD PRESSURE
Second Reading – PULSE

I605_BP_Timer_3
BLOOD PRESSURE MEASUREMENT
Enter [1] to continue upon completion of countdown.

1. Continue

I867_BloodPressure3_Time
BLOOD PRESSURE MEASUREMENT
Third Reading – TIME of reading

□□:□□ AM/PM

I869_BloodPressure3_Systolic
BLOOD PRESSURE MEASUREMENT
Third Reading – SYSTOLIC

♦ Enter 993 if R tried but was unable to do it or if an unresolvable equipment problem occurs.
♦ Enter 999 if R chose not to do it.

Programming: If I869= {993 or 999}, skip to I963.

I870_BloodPressure3_Diastolic
BLOOD PRESSURE MEASUREMENT
Third Reading – DIASTOLIC

I871_BloodPressure3_Pulse
BLOOD PRESSURE MEASUREMENT

Third Reading – PULSE

I963_BP_Card
Record the respondent's measurements on the inside cover of the Health Assessment Pamphlet.

Give the pamphlet to the respondent.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time</th>
<th>Systolic</th>
<th>Diastolic</th>
<th>Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I857</td>
<td>I859</td>
<td>I860</td>
<td>I861</td>
</tr>
<tr>
<td>2</td>
<td>I862</td>
<td>I864</td>
<td>I865</td>
<td>I866</td>
</tr>
<tr>
<td>3</td>
<td>I867</td>
<td>I869</td>
<td>I870</td>
<td>I871</td>
</tr>
</tbody>
</table>

[Because these readings fall outside what national organizations consider normal, refer the respondent to the recommendation in the pamphlet about seeing a physician to have their blood pressure checked again]

1. Continue

I854_BloodPressureComplete
BLOOD PRESSURE MEASUREMENT

Did R complete at least one blood pressure measurement?

1. YES
5. NO........Go to I855

I872_BloodPressureArm
BLOOD PRESSURE MEASUREMENT

Which arm was used to conduct the measurements?

1. Left arm
2. Right arm

I874_BloodPressurePosition
BLOOD PRESSURE MEASUREMENT

What was R’s position for this test?

1. Standing

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8/51
2. Sitting
3. Lying down

PROGRAMMING: All skip to I606

I855_BFWhyNotComplete
BLOOD PRESSURE MEASUREMENT

Why didn’t R complete the blood pressure measurement? (Enter all that apply)

R felt it would not be safe............1 -> Go to I606
IWER felt it would not be safe............2 -> Go to I606
R refused or was not willing to complete the test............3 -> Go to I606
R tried but was unable to complete test............4 -> Go to I606
R did not understand the instructions............5 -> Go to I606
R had a rash, a cast, edema, open sores or wounds, or significant bruise where the
blood cuff would contact R’s arm............6 -> Go to I606
No suitable space............7 -> Go to I606
Problem with equipment or supplies............8 -> Go to I606
Other (specify)............97 -> I856

I856_BPNotComplete_Specify
BLOOD PRESSURE MEASUREMENT

What other reason?

EXPLAIN:

Open End

BREATHING INTRODUCTION

I606_BR_Intro

Equipment needed: Peak flow meter, Disposable mouthpiece packaged in plastic bag

Next I’m going to ask you to perform a simple measurement that will measure how fast you
can expel air from your lungs. It is important that you blow as hard and as fast
as you can. I would like you to perform the measurement three times.

1. Continue

I607_BR_Demo
Demonstration

I’ll ask you to stand up. Take as deep a breath as possible. Open your mouth and close
your lips firmly around the outside of the mouthpiece, and then blow as hard and as fast
as you can into the mouthpiece. Like this…”

- Stand up, holding the meter in both hands
- Do not obstruct the sliding gauge
- Take a deep breath and then place lips around the outside of the plastic
mouthpiece.
• Blow as hard and as fast as you can.
• Remove plastic mouthpiece.

1. Continue

I964_BR_DIR

Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO..........Go to I805

I608_BR_Instruct2

BREATHING TEST

Setup Checklist:

♦ R given the disposable mouthpiece
♦ R firmly inserted the disposable mouthpiece
♦ Gauge facing away from R’s hand
♦ R’s hands do not obstruct the gauge

Instructions to R
When you are ready please stand up and take a deep breath. Place your lips around the outside of the mouthpiece. Remember to blow as hard and fast as you can.

Enter [1] to continue

1. Continue

I807_Puff1

BREATHING TEST

Measurement

**First** Reading - Record to the nearest 10 L/min

Enter 30 if reading is less than 60.
Enter 890 if reading is past last tick mark.
Enter 993 if R tried but was unable to do it.
Enter 999 if R chose not to do it.

Programming: If I807 = {993 or 999}, skip to I804.

I609_BR_Instruct3

BREATHING TEST

- Reset the gauge
- After 30 seconds, ask R to complete a second reading, blowing as hard and as fast as he/she can
- Enter [1] to continue upon completion of countdown.

1. Continue......Go to I808 after 30 second timer

I808_Puff2

BREATHING TEST

Measurement

**Second** Reading - Record to the nearest 10 L/min

Enter 30 if reading is less than 60.
Enter 890 if reading is past last tick mark.
Enter 993 if R tried but was unable to do it.
Enter 999 if R chose not to do it.

Programming: If I808 = {993 or 999}, skip to I804.

I610_BR_Instruct4

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BREATHING TEST

♦ Reset the gauge
♦ After 30 seconds, ask R to complete a third reading, blowing as hard and as fast as he/she can
♦ Enter [1] to continue upon completion of countdown.

1. Continue......Go to I809 after 30 second timer

I809_Puff3

BREATHING TEST

Measurement

Third Reading - Record to the nearest 10 L/min

Enter 30 if reading is less than 60.
Enter 890 if reading is past last tick mark.
Enter 993 if R tried but was unable to do it.
Enter 999 if R chose not to do it.

Programming: If I809 = {993 or 999}, skip to I804.

→ Go to I810

I804_BreathTest

BREATHING TEST

Did R complete at least one trial of the breathing test?

1. YES......Go to I810
5. NO

I805_

BREATHING TEST

WHY DIDN’T R COMPLETE THE BREATHING TEST?  (Enter all that apply)

1. R felt it would not be safe..........Go to I612
2. IWER felt it would not be safe..........Go to I612
3. R refused or was not willing to complete the test........Go to I612
4. R tried but was unable to complete test........Go to I612
5. R did not understand the instructions........Go to I612
97. Other (specify)
WHAT OTHER REASON?

EXPLAIN:

Open End

→ Go to I612

I810_Reffort

BREATHING TEST

HOW MUCH EFFORT DID R GIVE TO THIS TEST?

1. R gave full effort
2. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
3. R did not appear to give full effort, but no obvious reason for this

I811_Rposition

BREATHING TEST

WHAT WAS R’S POSITION FOR THIS TEST?

1. Standing
2. Sitting
3. Lying down

→ Go to I977

HAND-STRENGTH INTRODUCTION

I612_HS_Intro

Equipment needed: Dynamometer

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure]---[Observations]
[Introduction]---[Demo]---[Sfty]---[Stp]---[Msr]---[Obs]
[Introduction]---[D]---[E]---[S]---[M]---[O]

Now I would like to assess the strength of your hand in a gripping action.

1. Continue

I611_HS_Demo

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure]---[Observations]
[Intro]---[Demonstration]---[Sfty]---[Stp]---[Msr]---[Obs]
[I]---[Demonstration]---[E]---[S]---[M]---[O]

I will ask you to squeeze this handle as hard as you can, just for a couple of seconds and then let go. I will take alternately two measurements from your right and your left hands.

♦ Stand, holding the dynamometer with the gauge facing outward

Updated 05/19/2014
Hold your forearm parallel to the floor (elbow at a right angle; see image at right)

- Squeeze the handle for a few seconds
- Enter [1] to continue

1. Continue

---

Before we begin, I’d like to make sure it is safe for you to do this measurement. Have you experienced any severe swelling, inflammation, pain, or injury in one or both hands within the last month or had surgery in the last 6 months?

1. YES
5. NO........Go to I968
I967_HSHand

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure]---[Observations]
[Intro]---[Demo]---[Safety]---[Stp]---[Msr]---[Obs]
[I]---[D]---[Eligibility]---[S]---[M]---[O]

In which hand (have you experienced severe swelling, inflammation, pain or injury in the last month or had surgery in the last six months)?

If the R has had surgery or experienced any swelling, inflammation, pain or injury in either hand, do not conduct the measurement on that hand.

1. BOTH HANDS.......Go to I813
2. LEFT HAND ONLY
3. RIGHT HAND ONLY

I968_HS_DIR

[Introduction]---[Demonstration]---[Safety (2 of 2)]---[Setup]---[Measure]---[Observations]
[Intro]---[Demo]---[Safety (2 of 2)]---[Stp]---[Msr]---[Obs]
[I]---[D]---[Eligibility (2 of 2)]---[S]---[M]---[O]

Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO...........Go to I813

I815_gripdominanthonhand

[Introduction]---[Demonstration]---[Safety]---[Setup (1 of 2)]---[Measure]---[Observations]
[Intro]---[Demo]---[Sfty]---[Setup (1 of 2)]---[Msr]---[Obs]
[I]---[D]---[E]---[Setup (1 of 2)]---[M]---[O]

Which is your dominant hand?

1. Right hand
2. Left hand
3. Both hands equally dominant

I613_HS_Instruct_Adjust

HAND STRENGTH TEST

[Introduction]---[Demonstration]---[Safety]---[Setup (2 of 2)]---[Measure]---[Observations]
[Intro]---[Demo]---[Sfty]---[Setup (2 of 2)]---[Msr]---[Obs]
[I]---[D]---[E]---[Setup (2 of 2)]---[M]---[O]

Updated 05/19/2014
Setup Checklist:
1) Rings or hand jewelry removed
2) Dynamometer adjusted to the [right/left] hand (see image)
3) R standing up, forearm parallel to the floor (elbow held at a right angle)
4) Gauge facing away from R’s body
5) Arrow set at “0”

Note: Conduct one practice with R’s [right/left] hand:
We can practice with your [right/left] hand

Squeeze the handle as hard as you can for a couple of seconds then let go.

♦ Enter [1] to continue
Remember: Reset the gauge between measures.

**Left Hand, First Measure:**

Enter the result to the nearest 0.5 kilogram.

Enter 993 if R was unable to perform this measurement
Enter 999 if R chose not to do it

---

**Right Hand, First Measure:**

Enter the result to the nearest 0.5 kilogram.

Enter 993 if R was unable to perform this measurement
Enter 999 if R chose not to do it

---

**Left Hand, Second Measure:**

Enter the result to the nearest 0.5 kilogram.

Enter 993 if R was unable to perform this measurement
Enter 999 if R chose not to do it

---

**Right Hand, Second Measure:**

Enter the result to the nearest 0.5 kilogram.

Enter 993 if R was unable to perform this measurement
Enter 999 if R chose not to do it

---

Updated 05/19/2014

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Remember: Reset the gauge between measures.

Right Hand, Second Measure:

Enter the result to the nearest 0.5 kilogram.

Enter 993 if R was unable to perform this measurement
Enter 999 if R chose not to do it

I813
HAND STRENGTH TEST

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure]---[Observations (1 of 5)]
[Intro]---[Demo]---[Sfty]---[Stp]---[Msr]---[Observations (1 of 5)]
[I]---[D]---[E]---[S]---[Measure (4 of 4)]---[Observations (1 of 5)]

WHY DIDN’T R COMPLETE THE HAND STRENGTH TEST? (Enter all that apply)

1. R felt it would not be safe........Go to I614
2. IWER felt it would not be safe........Go to I614
3. R refused or was not willing to complete the test........Go to I614
4. R tried but was unable to complete test........Go to I614
5. R did not understand the instructions........Go to I614
6. R had surgery, injury, swelling, etc. on both hands........Go to I614
97. Other (specify)

I814
HAND STRENGTH TEST

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure]---[Observations]
[Intro]---[Demo]---[Sfty]---[Stp]---[Msr]---[Observations]
[I]---[D]---[E]---[S]---[Measure (4 of 4)]---[Observations]

WHAT OTHER REASON?

EXPLAIN:

Open End

1. Continue........Go to I614

I812
HAND STRENGTH TEST

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure]---[Observations (2 of 5)]
[Intro]---[Demo]---[Sfty]---[Stp]---[Msr]---[Observations (2 of 5)]
[I]---[D]---[E]---[S]---[Measure (4 of 4)]---[Observations (2 of 5)]

Did R complete at least one trial of the hand strength test?

1. YES
5. NO........Go to I813
I817_GripREffort
HAND STRENGTH TEST

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure]---[Observations (3 of 5)]
[Intro]---[Demo]---[Sfty]---[Stp]---[Msr]---[Observations (3 of 5)]
[I]---[D]---[E]---[S]---[Measure (4 of 4)]---[Observations (3 of 5)]

How much effort did the R give to this test?

1. R gave full effort
2. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
3. R did not appear to give full effort, but no obvious reason for this

I818_Rposition
HAND STRENGTH TEST

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure]---[Observations (4 of 5)]
[Intro]---[Demo]---[Sfty]---[Stp]---[Msr]---[Observations (4 of 5)]
[I]---[D]---[E]---[S]---[Measure (4 of 4)]---[Observations (4 of 5)]

What was the R’s position for this test?

1. Standing
2. Sitting
3. Lying down

I819
HAND STRENGTH TEST

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure]---[Observations (5 of 5)]
[Intro]---[Demo]---[Sfty]---[Stp]---[Msr]---[Observations (5 of 5)]
[I]---[D]---[E]---[S]---[Measure (4 of 4)]---[Observations (5 of 5)]

Did the R rest their arm on a support while performing this test?

1. Both hands
2. Left hand only
3. Right hand only
4. No

SEMI-TANDEM INTRODUCTION

I614_ST Intro

Equipment needed: Stopwatch, Show Card

I would now like you to try to stand in different positions. I will first describe and show each position to you. Then I’d like you to try to do it. If you cannot do a particular position, or if you feel it would be unsafe to try to do it, tell me and we’ll move on to the next one. Let me emphasize that I do not want you to try to do any activity that you feel might be unsafe.
For the first one, I want you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 10 seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. You may put either foot in front, whichever is more comfortable for you. Like this...

Demonstrate the semi-tandem balance test

- Stand and place the heel of one foot touching the big toe of the other foot
- Show Balance Test Card to the Respondent

Would the respondent like to proceed with this balance measurement?

1. YES
5. NO ....... Go to I971

I971_ST_DIR

Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO ....... Go to I877

I617_ST_Instruct1

BALANCE TEST - SEMI-TANDEM STAND

1) Ensure R is wearing appropriate footwear (shoes with very low or no heel).
2) Ensure floor is level, preferably has no carpet or low-pile carpet.
3) Ask the R to stand up.
1. Continue

I618_ST_Instruct2

BALANCE TEST - SEMI-TANDEM STAND

4) Stand to the side of the respondent.
5) Instruct the R to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 10 seconds.
6) Instruct the R that they may put either foot in front, whichever is more comfortable for them.
7) Instruct the R that they may use their arms, bend their knees or move their body to maintain balance, but they should try not to move their feet.
8) If necessary, provide gentle support to the respondent’s arm to help them get into the semi-tandem position.
9) Instruct the R to try to hold this position until you tell them to stop.
10) Let go of R’s arm. Say “Ready, begin.” and start the stopwatch immediately.
11) Stop the stopwatch and say “Stop” after 10 seconds or when the participant steps out of position or grabs your arm.

1. Continue

I879_SemiTandemHoldFullTime

BALANCE TEST - SEMI-TANDEM STAND

Did R hold semi-tandem stand for full 10 seconds without stepping out of place or grabbing hold of anything?

1. Yes ……… Go to I881
5. No

I876_STSTAND

BALANCE TEST - SEMI-TANDEM STAND

Did R attempt to complete the semi-tandem stand?

1. Yes
5. No……… Go to I877

I880_SemiTandemTime

BALANCE TEST - SEMI-TANDEM STAND

Record time in seconds to two decimal places

□□.□□
I881_SemiTandemCompensatory

BALANCE TEST – SEMI-TANDEM STAND

Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during semi-tandem stand?

1. Yes
5. No
8. DK

PROGRAMMING: All skip to I619 if eligible, ELSE go to I620

I877_STSTAND_WhyNotComplete

BALANCE TEST – SEMI-TANDEM STAND

Why didn’t R attempt to complete the semi-tandem stand? (Enter all that apply)

1. R felt it would not be safe........ Go to I620
2. IWER felt it would not be safe........ Go to I620
3. R refused or was not willing to complete the test........ Go to I620
5. R did not understand the instructions........ Go to I620
6. R had surgery, injury, or other health condition that prevented R from standing........ Go to I620
97. Other (specify

I878_STSTAND_WhyNotCompleteSPC

BALANCE TEST – SEMI-TANDEM STAND

What other reason?

EXPLAIN:

Open End

SIDE-BY-SIDE INTRODUCTION

I620_SBS_Intro

Equipment needed: Stopwatch, Show Card

Now I will show you the next movement. I want you to try to stand with your feet together, side-by-side for about 10 seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Like this...

Demonstrate the measurement

♦ Stand with feet together

Enter [1] to continue

Continue.....1
Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO........ Go to I884

BALANCE TEST – SIDE-BY-SIDE STAND

1) Ensure R is wearing appropriate footwear (shoes with very low or no heel).
2) Ensure floor is level, preferably has no carpet or low-pile carpet.
3) Ask the R to stand up.

Enter [1] to continue

1. Continue

BALANCE TEST – SIDE-BY-SIDE STAND

4) Stand to the side of the respondent.
5) Instruct the R to try to stand with feet together, side-by-side for about 10 seconds.
6) Instruct the R that they may use their arms, bend their knees or move their body to maintain balance, but they should try not to move their feet.
7) If necessary, provide gentle support to the respondent’s arm to help them get into the side-by-side position.
8) Instruct the R to try to hold this position until you tell them to stop.
9) Let go of R’s arm. Say “Ready, begin.” and start the stopwatch immediately.
10) Stop the stopwatch and say “Stop” after 10 seconds or when the participant steps out of position or grabs your arm.

Enter [1] to continue

1. Continue

BALANCE TEST – SIDE-BY-SIDE STAND

Did R hold side-by-side stand for full 10 seconds without stepping out of place or grabbing hold of anything?

1. Yes ........ Go to I888
5. No
PROGRAMMING: If I886 = 1, assign “10.00” in I887 and skip to I888 as specified above.

I883_SideBySideComplete

BALANCE TEST - SIDE-BY-SIDE STAND

Did R attempt to complete the side-by-side stand?

1. Yes
5. No......... Go to I884

I887_SideBySideTime

BALANCE TEST - SIDE-BY-SIDE STAND

Record time in seconds to two decimal places

□□□□

I888_SideBySideCompensatory

BALANCE TEST - SIDE-BY-SIDE STAND

Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during side-by-side stand?

1. Yes
5. No
8. DK

PROGRAMMING: All skip to I977 if eligible; ELSE all skip to I630.

I884_SideBySideWhyNotComplete

BALANCE TEST - SIDE-BY-SIDE STAND

Why didn’t R attempt to complete the side-by-side stand? (Enter all that apply)

1. R felt it would not be safe
2. IWER felt it would not be safe
3. R refused or was not willing to complete the test
5. R did not understand the instructions
6. R had surgery, injury, or other health condition that prevented R from standing
97. Other (specify)

PROGRAMMING: Unless otherwise specified, all skip to I977, if eligible; else skip to I630.

I885_SideBySideNotComplete_Specify

BALANCE TEST - SIDE-BY-SIDE STAND

Updated 05/19/2014

24/51
What other reason?

EXPLAIN:

Open End

PROGRAMMING: All skip to I977 if eligible; else skip to I630.

FULL-TANDEM INTRODUCTION

I619_FT_intro

Equipment needed: Stopwatch, Show Card

Now I want you to try to stand with the heel of one foot in front of and touching the toes of the other foot for about [30/60] seconds. You may put either foot in front, whichever is more comfortable for you. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Like this...

Demonstrate the measurement

♦ Stand and place the heel of one foot touching the toes of the other foot.

1. Continue

I975_FT_DIR

Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO ........ Go to I894

I623_FT_Instruct1

BALANCE TEST - FULL TANDEM STAND

1) Ensure R is wearing appropriate footwear (shoes with very low or no heel).
2) Ensure floor is level, preferably has no carpet or low-pile carpet.
3) Ask the R to stand up

1. Continue

I624_FT_Instruct2

BALANCE TEST - FULL TANDEM STAND

4) Stand to the side of the respondent.
5) Instruct the R to try to stand with the heel of one foot in front of and touching the toes of the other foot for about [30/60] seconds.
6) Instruct the R that they may use their arms, bend their knees or move their body to maintain balance, but they should try not to move their feet.
7) If necessary, provide gentle support to the respondent’s arm to help them get into the full-tandem position.
8) Instruct the R to try to hold this position until you tell them to stop.
9) Let go of R’s arm. Say “Ready, begin.” and start the stopwatch immediately.
10) Stop the stopwatch and say “Stop” after [30/60] seconds or when the participant steps out of position or grabs your arm.

1. Continue

---

**I896_FullTandemHoldFullTime**

BALANCE TEST – FULL TANDEM STAND

Did R hold full tandem stand for full [30/60] seconds without stepping out of place or grabbing hold of anything?

   1. Yes……… Go to I898
   5. No

IF I896 = 1 AND R >= 70 years of age, assign “30.00” in I897 and skip to I898 as specified above.
IF I896 = 1 AND R < 70 years of age, assign “60.00” in I897 and skip to I898 as specified above.

---

**I893_FullTandemComplete**

BALANCE TEST – FULL TANDEM STAND

Did R attempt to complete the full tandem stand?

   1. Yes
   5. No……… Go to I894

---

**I897_FullTandemTime**

BALANCE TEST – FULL TANDEM STAND

Record time in seconds to two decimal places

□□□□

---

**I898_FullTandemCompensatory**

BALANCE TEST – FULL TANDEM STAND

Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during full tandem stand?

Updated 05/19/2014
26/51
I894_FullTandemWhyNotComplete

BALANCE TEST – FULL TANDEM STAND

Why didn’t R attempt to complete the full tandem stand? (Enter all that apply)

1. R felt it would not be safe
2. IWER felt it would not be safe
3. R refused or was not willing to complete the test
5. R did not understand the instructions
6. R had surgery, injury, or other health condition that prevented R from standing
97. Other (specify)

PROGRAMMING: Unless otherwise specified, all skip to I977, if eligible; else skip to I630.

I895_FullTandemNotComplete_Specify

BALANCE TEST – FULL TANDEM STAND

What other reason?

EXPLAIN:

Open End

→ Go to I977 if eligible; else go to I630

WALKING SPEED INTRODUCTION

I977_WS_Intro

Equipment Needed: Tape measure, Stopwatch, Masking Tape, Administration Booklet

Next, I would like to assess whether you can walk a very short distance comfortably (using a walking stick or other aid if necessary). Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from walking?

1. No apparent restriction
2. Yes, recent surgery……… Go to I821
3. Yes, injury……… Go to I821
4. Yes, other health condition……… Go to I821

I625_WS_DemoIntro

Updated 05/19/2014
On the next screen is a demonstration video to be shared with the respondent. Once you reach the next screen, please turn your screen/laptop so the respondent is able to see this video.

Please review this brief video which demonstrates how this measure will be conducted.

Press [1] to play demonstration video.

I626_WS_DemoVideo

I will set up a short course with masking tape. I will then ask you to walk the course at your normal pace. We will conduct this measurement once in each direction.

Enter [1] to continue
Press [F10] to replay video

1. Continue

I978_WS_DIR

Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO......... Go to I821

I627_WS_Instruct1

Now let’s find a place where we can conduct the measurement. We will need a clear space about 12 feet long in a non-carpeted area, if possible.

Set up the course (98.5 Inches)

1. Continue
I628_WS_Instruct2

♦ Please rely on Paper Administration Booklet for instructions to complete this measure.

♦ **Remain on this screen** until you have recorded all data for this measure in the Administration Booklet. Once the measurement has been completed, press [1] to continue.

1. Continue

---

**I823_Twalk1sttrialtime**

WALKING SPEED TEST

Time from first trial

Record time in seconds to two decimal places

Enter 993 if R tried but was unable to do it.
Enter 999 if R chose not to do it.

---

**I824_Twalk2ndtrialtime**

WALKING SPEED TEST

Time from second trial

Record time in seconds to two decimal places

Enter 993 if R tried but was unable to do it.
Enter 999 if R chose not to do it.

If both I823 AND I824 contain either a 993 or 999 value, auto-fill I820 as “5” and skip to I821.

---

**I820**

WALKING SPEED TEST

Did R complete at least one trial of the walking test?

1. YES
5. NO........ Go to I821
**WALKING SPEED TEST**

What type of aid was used?

1. None
2. Walking stick or cane
3. Elbow crutches
4. Walking frame
5. Other (specify)

PROGRAMMING: Unless otherwise specified above, all skip to **I660**

**WALKING SPEED TEST**

What other type of aid?

Specify:

*Open End*

**WALKING SPEED TEST**

Did the respondent complete this measurement according to the stated directions?

1. R followed directions……… Go to **I630**
2. R did not appear to walk at their normal pace……… Go to **I630**
3. R did not continue walking beyond the end of the course……… Go to **I630**
4. Other 97

**WALKING SPEED TEST**

In what other way was this test not completed according to stated instructions?

Specify:

*Open End*

→ Go to **I630**

**WALKING SPEED TEST**

Why didn’t R complete the walking test? (Enter All that apply)

1. R felt it would not be safe……… Go to **I630**
2. IWER felt it would not be safe……… Go to **I630**
3. R refused or was not willing to complete the test……… Go to **I630**
4. R tried but was unable to complete test……… Go to **I630**
5. R did not understand the instructions……… Go to **I630**

Updated 05/19/2014
6. R had surgery, injury, or other health condition that prevented R from walking. Go to I630
7. No suitable space available. Go to I630
97. Other (specify)

I822_ WALKING SPEED TEST

WHAT OTHER REASON?

EXPLAIN:

Open End

HEIGHT INTRODUCTION

I630_HWW_Preface

Next, I would like to take three simple measures including your height, [weight] and waist circumference. First, I will describe these measurements and ask if you would feel comfortable and safe completing each of the measurements. We will then complete the measurements one after the other.

1. Continue

I631_HT_Intro

To complete the height measurement, I’ll be asking you to take off your shoes and stand up against a wall. I will then place a rafter square on top of your head and mark your height on a post-it note.

On the next screen is an image demonstrating how this measurement will be conducted. Please turn your screen/laptop so the respondent is able to see this image.

1. Continue

I629_HT_Img

Height Measurement Demonstration
**I980_HT_Dir**

Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES........ Go to I632 if elig., ELSE go to I633
5. NO......... Go to I632 if elig., ELSE go to I633

---

**WEIGHT INTRODUCTION**

**I632_WT_Intro**

Then I would like to measure your weight. To measure your weight, I will ask you to stand on a scale, with your shoes off, while I read the display.

1. Continue

---

**I982_WT_Dir**

Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO

---

**WAIST INTRODUCTION**

**I633_WA_Intro**

Then I will ask you to perform a simple measurement of your waist circumference. I will ask you to place a soft measuring tape around your waist, holding it securely at the level of your navel.

I will then ask you to take a normal breath and exhale, holding your breath at the end of the exhale. I will then record the measurement.
On the next screen is an image demonstrating how this measurement will be conducted. Please turn your screen/laptop so the respondent is able to see this image.

1. Continue

**I635_WA_DemoVid**

**Waist Measurement**

1. Continue

![Image of waist measurement](image_url)

**I636_WA_Stnd**

Ask if necessary: (Before we consider this measurement, do you feel you are able to stand while we do this measurement?)

1. Yes
5. No ........ Go to I637

**I985_WA_Dir**

Do you understand these directions and feel it would be safe for you to do this measurement?

1. Yes
5. No
This respondent will be completing:

- **HEIGHT** [will not be conducted]
- **WEIGHT** [will not be conducted]
- **WAIST** [will not be conducted]

<table>
<thead>
<tr>
<th>Measure</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIGHT</td>
<td>IF HTDir = 5, display “will not be conducted” next to “HEIGHT”</td>
</tr>
<tr>
<td>WEIGHT</td>
<td>IF R is ineligible OR IF WTDir = 5, display “will not be conducted” next to “WEIGHT”</td>
</tr>
<tr>
<td>WAIST</td>
<td>IF WASTd = 5 OR IF WADir = 5, display “will not be conducted” next to “WAIST”</td>
</tr>
</tbody>
</table>

Please note in the administration booklet any of these three measures which the R has not understood or has felt would be unsafe. These measures should not be conducted.

The collection of the appropriate measures should be done using the administration booklet. Remain on this screen until you have recorded all necessary measurements and observations.

Once all data and observations have been recorded in the booklet, please set it aside. You will be prompted to enter the data at the end of the Physical Measures and Biomarkers section.

1. Continue

The next measure involves collecting a saliva sample. This simply involves depositing a small amount of saliva into a collection container. Before we begin, I would like to have you read and sign this consent form.

If R refuses to view or sign the consent form, enter CTRL-R. Otherwise, enter [1] to administer the consent form.

While the R is reviewing the form, sign a paper copy which can be left with them for their records.
I913_SalivaConsent

SALIVA SAMPLE

Did R sign the saliva consent form?

♦ If yes, provide R with a signed copy of the Saliva Consent Form

1. Yes............. Go to I667
5. No

I941_WhyNoConsentSaliva

SALIVA SAMPLE

Why didn't R sign the saliva consent form? (Enter all that apply)

1. R felt it would not be safe......... Go to I648
2. Iwer felt it would not be safe......... Go to I648
3. R refused or was not willing to complete the measurement......... Go to I648
5. R did not understand the instructions............ Go to I648
6. R could not complete the measurement due to health reasons............. Go to I648
7. No suitable space............ Go to I648
8. R ate, drank, smoked, or brushed teeth in last 30 minutes............. Go to I648
9. Problem with equipment or supplies............. Go to I648
97. Other (Specify)

I942_NoConsentSaliva_Specify

SALIVA SAMPLE

What other reason?

EXPLAIN:

Open End

PROGRAMMING: All skip to I648.

SecI.V[XXX]_SalDemo

Saliva Sample

Intro -- Demo -- Safety -- Setup -- Measure -- Obs

Equipment Needed: “Sample” Container, Administration Booklet, Small Placemat, Complete Saliva Collection Kit, Barcode Scanner, Gloves, Tissues

1. Share the “Sample” saliva kit with the respondent
2. Point out the marked line to which the respondent should fill the container
I987_Sal_DIR

Do you understand these directions and feel it would be safe for you to do this measurement?

1. Yes
5. No .......... Go to I916

I914_SalivaEatDrankEtc

SALIVA SAMPLE

Did the R eat, drink, smoke or brush his/her teeth after starting the physical measures?

1. Yes
5. No

I640_Sal_Instruct1

SALIVA SAMPLE

1) Ask the respondent to begin preparing to fill the saliva container (rubbing cheeks, etc.)
2) Place the small placemat on the surface where you will be collecting the saliva. Open the saliva collection kit.
3) Remove the Oragene collection container and the plastic bag with the absorbent sheet.
4) Open the Oragene collection case and place a saliva barcode label on the blue cap of the collection container.
5) Confirm that the barcode label matches the ID printed on the saliva lab authorization form
6) Tear the Saliva Authorization Form from the booklet, setting the booklet aside.

1. Continue

I644_Sal_Instruct2

Updated 05/19/2014
36/51
SALIVA SAMPLE

7) Put on a pair of vinyl gloves.
8) Remove the Oragene saliva collection container from the plastic case and hand the clear portion to the Respondent.
9) Instruct them to spit into the container until the bottom portion is full.
10) Allow about 3 minutes for the R to fill the vial.

Enter [1] to scan the Respondent’s saliva barcode ID.

1. Continue

I933_SalivaBarCodeID

SALIVA BARCODE ID ENTRY

Equipment Needed: Barcode Scanner

Using barcode scanner, scan ID from the Saliva barcode label in this field. Press [ENTER] to continue to the saliva collection tips, which may be shared with the respondent.

- Enter 999 if a saliva sample will not be collected
- Enter 993 if barcode scanner is unavailable

If 993 is entered, go to I641
If 999 is entered, go to Go to I916

I641_SalBarCodeIDMan1

SALIVA BARCODE ID MANUAL ENTRY

Record first three digits of Saliva ID without dashes or spaces

I642_SalBarCodeIDMan2

SALIVA BARCODE ID MANUAL ENTRY

Record the five letters in the Saliva ID without dashes or spaces

I643_SalBarCodeIDMan3

SALIVA BARCODE ID MANUAL ENTRY

Record last three digits of Saliva ID without dashes or spaces

Press [ENTER] to continue to the saliva collection tips, which may be shared with the respondent.

Updated 05/19/2014
**I645_SalTips**

**SALIVA COLLECTION**

**Fill Collection Container to Desired Level**

- Close your mouth and wiggle your tongue or rub your cheeks.
- Place a few grains of sugar/artificial sweetener on the tip of your tongue.
- Think of your favorite foods.

1. Continue

---

**SecI.I639_SalDefer**

**Saliva Sample – Completion Checkpoint**

Would you like to allow additional time for the respondent to fill the saliva collection vial?

If no, enter [1] to finish the saliva collection.

If yes, enter [4] to allow more time. You will finish the saliva collection (shipping and observations) after the blood-spot observations.

1. Continue
4. Skip to I648

---

**I646_Sal_Instruct3**

**SALIVA SAMPLE**

Be sure that you are wearing gloves before proceeding with these steps.

11) When the Respondent has reached the level necessary, put the container on a flat surface.
12) Screw the cap onto the container. Make sure the cap is closed securely.
13) Once the cap is on tightly, gently mix for 10 seconds.
14) Place collection container in the plastic bag with the absorbent material.
15) Remove gloves.

1. Continue

---

**I647_Sal_Instruct4**

**SALIVA SAMPLE**

Updated 05/19/2014
16) Record the date and time the saliva collection was finished on the Saliva Authorization Form.
17) Place the bag containing the collection container and the completed Authorization Form in the padded envelope.
18) Mail the specimen to the lab as soon as possible (if not the same day as the collection, store sample at room temperature).

1. Continue

---

**I918_SalivaFillVial**

SALIVA SAMPLE

Did R fill the vial to the desired level?

1. Yes  
   Go to I919
5. No

**PROGRAMMING:** If I918=1, assign “1” to I915 and skip to I919 as specified above.

---

**I915_SalivaComplete**

SALIVA SAMPLE

Did R attempt to complete the saliva sample?

1. Yes
5. No  
   Go to I916

---

**I919_SalivaProblems**

SALIVA SAMPLE

What, if any, problems occurred? (Enter all that apply)

1. None
2. Solution in cover leaked before vial was sealed
3. Saliva spilled
4. R was unable to produce enough saliva
97. Other (specify

**PROGRAMMING:** Unless otherwise specified above, all skip to I648

---

**I920_SalivaProblem_Specify**

SALIVA SAMPLE

What other problem?

Open End

**PROGRAMMING:** All skip to I648
I916_SalivaWhyNotComplete

SALIVA SAMPLE

Why didn’t R complete the saliva sample?  (Enter all that apply)

1. R felt it would not be safe....... Go to I648
2. IWER felt it would not be safe ....... Go to I648
3. R refused or was not willing to complete the measurement ....... Go to I648
5. R did not understand the instructions ....... Go to I648
8. Problem with equipment or supplies........... Go to I648
97. Other (specify)

I917_SalivaNotComplete_Specify

SALIVA SAMPLE

What other reason?

EXPLAIN:

Open End

BLOOD INTRODUCTION

I648_BLDIntro

I’d like to collect a small sample of your blood using just a finger prick. 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 have you read and sign this consent form.

If R refuses to view or sign the consent form, enter CTRL-R. Otherwise, enter [1] to administer the consent form.

While the R is reviewing the form, sign a paper copy which can be left with them for their records.

1. Continue [Launch blood consent form]

I922_BloodConsent

BLOOD SAMPLE

Did R sign the blood spot consent form?

♦ If yes, provide R with a signed copy of the Blood Consent Form

1. Yes............... Go to I649
5. No

I943_WhyNoConsentBlood

Updated 05/19/2014

40/51
BLOOD SAMPLE

Why didn't R sign the blood consent form? (Enter all that apply)

1. R felt it would not be safe ........... Go to I658
2. R felt it would not be safe ........... Go to I658
3. R refused or was not willing to complete the measurement ........ Go to I658
5. R did not understand the instructions ........ Go to I658
6. R has hemophilia or is on medication that thins the blood (anticoagulant); other health reason ........ Go to I658
7. No suitable space ........ Go to I658
9. Problem with equipment or supplies .......... Go to I658
97. Other (Specify)

I944_NoConsentBlood_Specify

BLOOD SAMPLE

What other reason?

EXPLAIN:

Open End

PROGRAMMING: All skip to I658.

I649_BldIntro_2

Blood Sample

Equipment Needed: Administration Booklet, Small Placemat, Complete Blood Collection Kit, Gloves, Small Biohazard Container, Barcode Scanner, Drying Box

As I mentioned, I’d like to collect a small sample of your blood. I will clean your finger with an alcohol wipe, then using a small instrument I will prick your finger and collect enough blood to fill up to ten small circles on two collection cards.

1. Continue

I989_Bld_DIR

Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO ........ Go to I924

I650_Bld_Instruct1

BLOOD SAMPLE

1) Ask R to rub hands together or massage them so blood is flowing to finger tips.

2) Place the small placemat on the surface where you will be collecting the sample (if not already present).
3) Open the Blood Collection Kit, remove the contents and place on a hard, clean, and dry surface (If any item is opened or broken, do not use).
4) Write the date and time of the blood collection on the lab authorization form.
5) Tear the Blood Authorization Form from the booklet.
6) Confirm that adhesive barcode labels match printed ID on the lab authorization form.
7) Place one barcode ID label on each of the Whatman blood collection cards
   o Do not write the respondent’s name on the sample collection cards.
8) Indicate temperature by drawing a horizontal line through the temperature tag.

1. Continue

I934_BloodBarCodeID1

BLOOD BARCODE ID 1 ENTRY

Equipment Needed: Barcode Scanner

Using barcode scanner, scan ID from the 1st blood card.

   o Enter 999 if a blood sample will not be collected
   o Enter 993 if barcode scanner is unavailable

If 993 is entered, CONTINUE
If 999 is entered, Go to I924

I651_BldBarCodeID1Man1

BLOOD BARCODE ID 1 MANUAL ENTRY

Record first three digits of Blood ID 1 without dashes or spaces

I652_BldBarCodeID1Man2

BLOOD BARCODE ID 1 MANUAL ENTRY

Record the five letters in the Blood ID 1 without dashes or spaces

I653_BldBarCodeID1Man3

BLOOD BARCODE ID 1 MANUAL ENTRY

Record last three digits of Blood ID 1

I935_BloodBarCodeID2

BLOOD BARCODE ID 2 ENTRY
Equipment Needed: Barcode Scanner

Using barcode scanner, scan ID from the 2nd blood card.

- Enter 999 if a blood sample will not be collected
- Enter 993 if barcode scanner is unavailable

If 993 is entered, CONTINUE
If 999 is entered, Go to I924

I654_BldBarCodeID2Man1

BLOOD BARCODE ID 2 MANUAL ENTRY

Record first three digits of Blood ID 1 without dashes or spaces

I655_BldBarCodeID2Man2

BLOOD BARCODE ID 2 MANUAL ENTRY

Record the five letters in the Blood ID 1 without dashes or spaces

I656_BldBarCodeID2Man3

BLOOD BARCODE ID MANUAL ENTRY

Record last three digits of Blood ID 1

I657_Bld_Instruct2

BLOOD SAMPLE

1) Put on a pair of vinyl gloves.
2) Clean the R’s finger with the alcohol prep pad and make sure the R’s finger is dry before proceeding.
3) Remove blue tip from lancet in order to activate it. While holding the R’s hand firmly, place the lancet on the side of the pad of the R’s middle or ring finger or the R’s thumb.
4) Prick the finger with the lancet. If necessary, instruct the R to gently squeeze his/her finger from the base several times to form a large drop of blood.
5) With the sterile gauze pad, wipe away the first drop of blood.
6) When the next large drop of blood is formed, allow the blood to drop onto the center of the left-most circle on the first blood collection card.
7) Once the R completely fills one of the circles, assist the R with filling the other two circles on the collection card and then fill the three spots on the second card for storage.
8) If the R is able and willing, fill the remaining two spots on the first card and then continue to fill the remaining two spots on the second card.
9) Provide the R with a bandage.

Updated 05/19/2014
10) Place the used gauze pad, alcohol wipe and wrappers in the plastic bag.
11) Place used lancet into the small biohazard container.
12) Place both blood spot cards into the cardboard box with flaps tucked behind and spots facing outward. Allow a minimum of two hours of drying time.
13) Remove gloves and put in same plastic bag, then take home to discard.
14) Keep bag of shipment materials, loaded drying box and completed lab-authorization form together. After cards have dried, you will then prepare the samples for shipment.
15) Refer to the Blood Sample Packing and Shipment Instructions sheet for shipment instructions.

1. Continue

**I929_BloodSpotCard1**

BLOOD SAMPLE

How many circles were filled on the first card?

Zero................................0
One .................................1
Two.................................2
Three..............................3
Four..............................4
Five..............................5

**I945_BloodSpotCard2**

BLOOD SAMPLE

How many circles were filled on the storage card?

Zero.................................0
One .................................1
Two.................................2
Three..............................3
Four..............................4
Five..............................5

If both I929 AND I945 = 0, DK or RF, CONTINUE to I923; ELSE assign “1” to I923 and skip to I926

**I923_BloodComplete**

BLOOD SAMPLE

Did R attempt to complete the blood sample?

1. Yes
5. No .......Go to I924

Updated 05/19/2014
I926_BloodWhatProblems

BLOOD SAMPLE

What, if any, problems occurred during the collection of the blood sample? (Enter all that apply)

1. None………Go to I930
2. R became lightheaded, fainted, or became nauseous………Go to I930
3. R had difficulty getting finger to stop bleeding………Go to I930
97. Other (specify)

I927_BloodProblem_Specify

BLOOD SAMPLE

What other problem?

Open End

→ Go to I930

I924_BloodWhyNotComplete

BLOOD SAMPLE

Why didn’t R complete the blood sample? (Enter all that apply)

1. R felt it would not be safe………Go to I658
2. IWER felt it would not be safe ………Go to I658
3. R refused or was not willing to complete the measurement ………Go to I658
5. R did not understand the instructions ………Go to I658
6. R has hemophilia or is on medication that thins the blood (anticoagulant); other health reason ………Go to I658
8. Problem with equipment or supplies………Go to I658
97. Other (specify)

I925_BloodNotComplete_Specify

BLOOD SAMPLE

What other reason?

EXPLAIN:

Open End

I658_PMThank

Thank you for your cooperation. This concludes the physical measures and biomarkers portion.

Provide respondent with a supplemental document to review.
[Please review this pamphlet which details the measures we’ve just collected. I have a few things I need to enter into the computer and we’ll continue the interview in about one minute.]

1. Continue

H/W/W DATA-ENTRY MODULE
I660_DataEntryIntro

HEIGHT/WEIGHT/WAIST DATA ENTRY

After recording Height, Weight (if eligible) and Waist measurements and observations in the administration booklet, you will now be prompted to enter these data.

1. Continue

I831HEIGHT MEASUREMENT

WERE YOU ABLE TO MEASURE R’S HEIGHT?

1. Yes
5. No……Go to I832

I834_Heightinches

HEIGHT MEASUREMENT

Enter respondent's height in inches. Round to the nearest quarter inch.

□□□□

I837_HEIGHT MEASUREMENT

Was R wearing shoes during measurement?

1. Yes
5. No

I832_HEIGHT MEASUREMENT

WHY WEREN’T YOU ABLE TO MEASURE R’S HEIGHT? (ENTER ALL THAT APPLY)

1. R felt it would not be safe
2. IWER felt it would not be safe
3. R refused or was not willing to complete the measurement
4. R tried but was unable to complete the measurement
5. R did not understand the instructions
6. Respondent too tall, interviewer could not reach
7. No suitable space available
97. Other (specify)

PROGRAMMING: Unless otherwise specified above, if I832 = 1, 2, 3 4, 5, 6, or 7 go to I838 if eligible; ELSE go to I904

I833
HEIGHT MEASUREMENT
WHAT OTHER REASON?
EXPLAIN:

Open End
→ Go to I838 if elig.; ELSE go to I904

I838 Branchpoint:
If R reported weight >= 300 lbs (SecC.Weigh.C139_), skip to I904 (waist measurement).

I838
WEIGHT MEASUREMENT
WERE YOU ABLE TO MEASURE R’S WEIGHT?

1. Yes
5. No........Go to I839

I841_Weightpounds
WEIGHT MEASUREMENT
Enter respondent's weight in pounds as recorded on scale (to the nearest 0.5 pound).

♦ ENTER [993] if R tried but received an error message
♦ ENTER [999] if R chose not to do it

If I841 = 993 or 999, skip to I839

I842_WeightFlooring
WEIGHT MEASUREMENT
Record type of floor surface
If you used the support tile, please record the surface on which the tile was placed.
1. Linoleum/tile/wood ......Go to I844
2. Low-pile carpet ......Go to I666
3. High-pile carpet........Go to I666
4. Concrete........Go to I844
5. Not sure........Go to I666
7. Other (specify)
Were you able to measure R’s waist circumference?

1. Yes
5. No ....... Go to I905

Enter respondent's waist measurement to the nearest quarter inch.

♦ ENTER [993] if R tried but was unable to do it
♦ ENTER [999] if R chose not to do it

□□□.□□

If I907 = 993 OR 999, skip to I905

What difficulties occurred during this measurement?

1. None
2. R had breathing difficulties
3. R was unable to hold breath at end of exhale
4. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
5. R did not appear to give full effort, but no obvious reason for this
97. Other (specify)

PROGRAMMING: Unless otherwise specified above, all skip to I911.
WAIST CIRCUMFERENCE

Who completed the measurement?

1. R completed the measurement
2. IWER completed the measurement

I912_WaistBulkyClothes

WAIST CIRCUMFERENCE

Was R wearing bulky clothing during this measurement?

1. Yes
5. No

PROGRAMMING: All skip to I845

I905_WaistWhyNotComplete

WAIST CIRCUMFERENCE

Why weren’t you able to measure R’s waist? (Enter all that apply)

1. R felt it would not be safe
2. IWER felt it would not be safe
3. R refused or was not willing to complete the measurement
4. R tried but was unable to complete the measurement
5. R did not understand the instructions
6. R is not able to stand
97. Other (specify)

PROGRAMMING: If I905 = 1, 2, 3, 4, 5 or 6, go to I845

I906_WaistNotComplete_Specify

WAIST CIRCUMFERENCE

What other reason?

EXPLAIN:

Open End

I845_

IF R SIGNED THE PHYSICAL MEASURES CONSENT FORM (I802 = 1):
You have completed entering the physical measurements and biomarkers. Enter [1] to continue and complete this interview.

ELSE:
This respondent will not be asked to complete physical measures. Enter [1] to continue with the interview.

1. Continue
I936_PhyMeasBio_CompletionFlag

1 = Completed at least one measurements
5 = Did not complete any measurements
. = Not in enhanced FTF sample or not asked to complete any measures