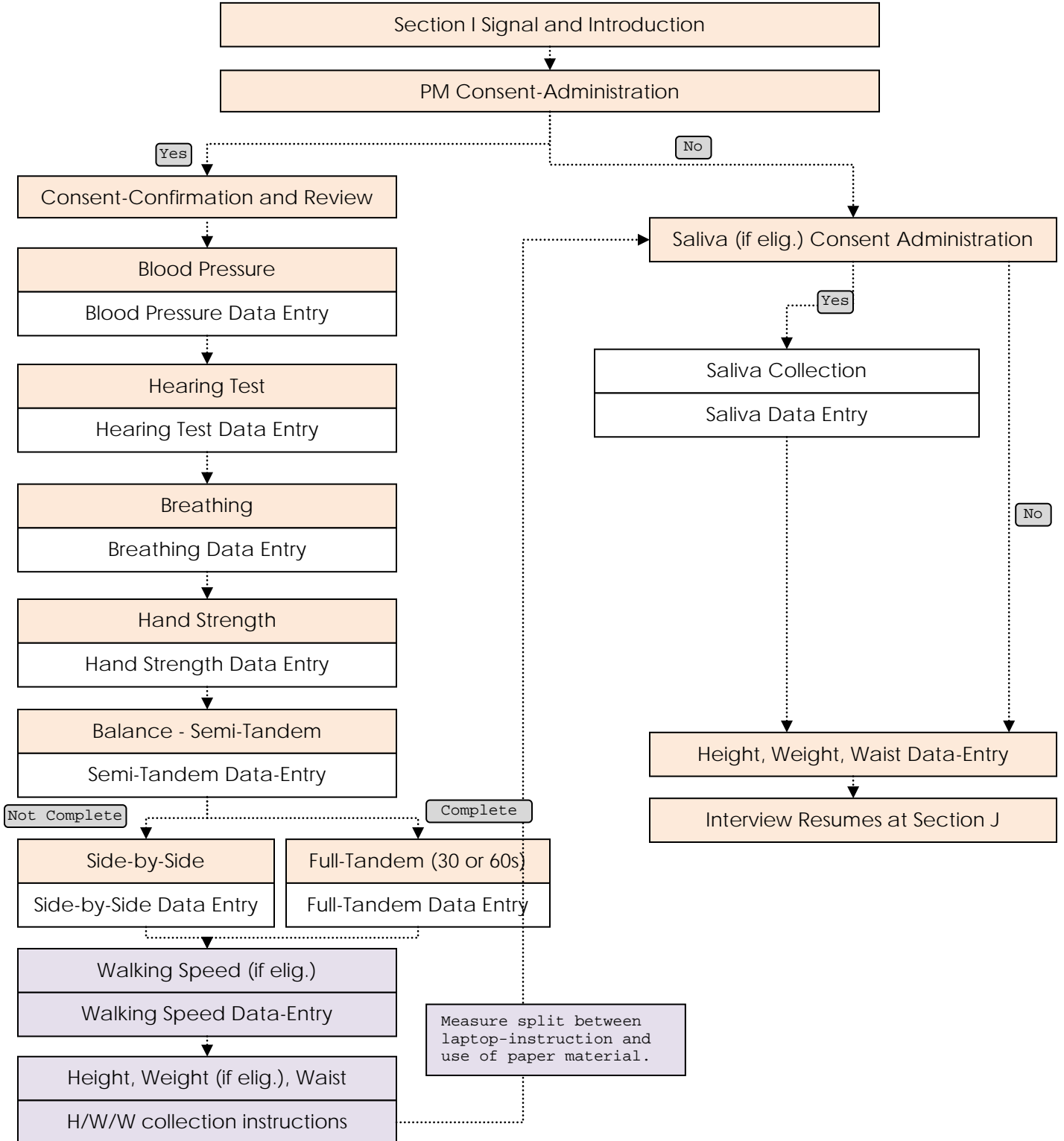


HRS 2018 Production
SECTION I: PHYSICAL MEASURES AND BIOMARKERS

SECTION I FLOW



SECTION I SPECIFICATION

INTRODUCTION

I800_FTF

ENTER CURRENT MODE OF INTERVIEW

1. TELEPHONE
2. FACE-TO-FACE

I846 BRANCHPOINT: IF I800=2 AND X090 PREFMODE_V=3(ENHANCED-FTF) AND A007T=1
(R IS LIVING) AND A009=1 (SELF-R) AND A028= 1, CONTINUE

ELSE, 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 hearing test, 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

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, select the [Launch consent form] button below 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.
- Once the consent process is completed, enter [1] to continue.

1. Continue [Launch consent form]
REF.....Go to I954

I802_PmconsentIntro

Did R sign the physical measures consent form?

If no, please return to the previous question by selecting [Ctrl] + [Up] and re-launch the consent form.

1. Yes.....Go to I601
5. No

I954_WhyNoConsentPhysMeas¹

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
6. 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

I803 BRANCHPOINT: GO 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
- @/ hearing test
- @/ breathing
- @/ hand strength
- @/ balance tests (with ^FLV803TanStand second full-tandem)
- @/ walking test ^flv803
- @/ height
- @/ weight ^FLweight
- @/ waist
- @/ saliva ^FLsaliva

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.

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

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

1. Continue

BLOOD PRESSURE INTRODUCTION

I601_BP_Intro

Equipment needed: Omron BP 760N 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 $\frac{1}{2}$ inch above the elbow with pneumatic tube centered in middle of arm (as shown in diagram printed on cuff).
- 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 and middle fingers between the cuff and the arm).
- 6) R instructed to rest their arm comfortably in position.
- 7) Monitor body positioned so that readings are not visible to the respondent.
- ◆ 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

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.

I860 BRANCHPOINT: IF I859 = {993 OR 999}, GO 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.

Before proceeding, check the Respondent's position to ensure:

- ◆ they are sitting comfortably with their feet flat on the floor
- ◆ their palm is facing up
- ◆ the center of their upper arm is at the same height as their heart

Please do not comment on the respondent's results between measurements. You may let the R know that you will share their readings once all three have been taken.

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.

I865 BRANCHPOINT: IF I864= {993 OR 999}, GO TO I963

I865_BloodPressure2_Diastolic

BLOOD PRESSURE MEASUREMENT

Second Reading - DIASTOLIC

I866_BloodPressure2_Pulse

BLOOD PRESSURE

Second Reading - PULSE

I605 BRANCHPOINT: IF {I859 >= 210 and I864 >= 210} or {I860 >= 120 and I865 >= 120}, GO TO I668

I605_BP_Timer_3

BLOOD PRESSURE MEASUREMENT

Enter [1] to continue upon completion of countdown.

Before proceeding, check the Respondent's position to ensure:

- ◆ they are sitting comfortably with their feet flat on the floor
- ◆ their palm is facing up
- ◆ the center of their upper arm is at the same height as their heart

Please do not comment on the respondent's results between measurements. You may let the R know that you will share their readings once all three have been taken.

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.

I870 BRANCHPOINT: IF I869= {993 OR 999}, GO TO I963

I870_BloodPressure3_Diastolic

BLOOD PRESSURE MEASUREMENT

Third Reading - DIASTOLIC

I871_BloodPressure3_Pulse

BLOOD PRESSURE MEASUREMENT

Third Reading -PULSE

I668 BRANCHPOINT: IF {I859 >= 210 AND I869 >= 210} OR {I864 >= 210 AND I869 >= 210} OR {I860 >= 120 AND I870 >= 120} OR {I865 >= 120 AND I870 >= 120},
CONTINUE

ELSE, GO TO I963

SecI.I668_BP_HypCrs

This respondent's blood pressure is severely high. Please read the following to determine whether the respondent feels comfortable continuing the interview.

According to our measurements, your blood pressure today is severely high.

If you are not feeling well, a doctor might recommend that you seek medical care to evaluate your high blood pressure.

Do you feel well enough to continue the interview or would you like to stop and continue at a later date?

- ◆ Even if the R prefers to stop the interview, you must answer this question. You will be prompted to provide the R's results and complete the BP observations before suspending.

1. R feels well enough to continue
5. R prefers to stop the interview

I963_BP_Card

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

Give the pamphlet to the respondent.

Measure	Time	Systolic	Diastolic	Pulse
1	I857	I859	I860	I861
2	I862	I864	I865	I866
3	I867	I869	I870	I871

[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
2. Sitting
3. Lying down

I669 BRANCHPOINT: If I668 NOT 5, GO TO I606

I669_BP_HypCrs_Susp

Please suspend the interview at this time.

I855 BRANCHPOINT: GO TO I606

I855_BPWhyNotComplete

BLOOD PRESSURE MEASUREMENT

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

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

I856_BPNotComplete_Specify

BLOOD PRESSURE MEASUREMENT

What other reason?

EXPLAIN:

Open End

I670 BRANCHPOINT: GO TO I606

HEARING TEST INTRODUCTION

I670_HrIntro

Equipment needed: HearCheck Device, Disposable Ear Cup

We would like to conduct a brief hearing test.

If necessary: On its own this test can't tell me if there are any problems with your hearing. If you have any concerns about your hearing, please consult your doctor.

1. Continue

I671_HrDemo

Demonstrate using the HearCheck device:

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

- ◆ Remove any obstructions from your ears (long hair, glasses, jewelry, etc.)
- ◆ Press device against your ear
- ◆ Explain that you will say "Ready, begin" to begin the test
- ◆ You will ask the R to raise their finger when they hear each sound; demonstrate by lifting your finger 2-3 times

1. Continue

I672_HrImplant

Do you have a cochlear implant?

1. YES.....→ Go to I685
 5. NO
-

I673_HrInfection

Do you have an ear infection in either ear at the moment?

1. YES.....→ Go to I685
 5. NO
-
-

I946_HrHrAid_Ask

[In Section C, the respondent reported that they may sometimes wear a hearing aid.]

If necessary: Are you currently wearing a hearing aid in one or both ears?

1. YES
5. NO.....→ Go to I675

I674_HrHrAid

Would you be willing to remove your hearing aid(s) for the purposes of this test?

Respondent should not remove hearing aid(s) until directed in a few moments.

1. YES
5. NO.....→ Go to I685

I675_HrDir

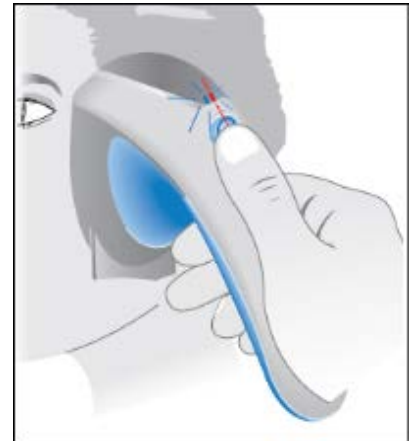
Do you understand these directions and feel it would be safe for you to do this measurement?

1. YES
5. NO.....→ Go to I685

I676_HrLInstruct1

- 1) Ask the respondent to ensure both of their ears are free of obstructions that would prevent the ear-cup from fully enclosing the ear (R should remove glasses, earrings, headwear, etc. and pull hair away from ear)
- 2) Ensure the hearing test is being conducted in a quiet environment (no noise from radio, television, pets or other sources)
- 3) Insert a new disposable ear-cup into the HearCheck device

1. Continue



I947_HrInitiate

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

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

1. Continue

I677_HrLInstruct2

LEFT EAR -TESTS 1 AND 2

[F1 - Help]

- 1) Ask the respondent to remove any hearing aid(s) they are currently wearing. Make sure they will be able to see or hear you signaling the start and end of the tests.
- 2) Gently place the cup of the device over the respondent's left ear
- 3) Say "Ready, begin."
- 4) Press the Start button to initiate test 1 (1000 Hz).
- 5) Count the number of times the respondent raises their finger during test 1.
- 6) Press Start button within 20 seconds to continue with test 2 (3000 Hz).
- 7) Count the number of times the respondent raises their finger during test 2.

Press [F1] if the device turns off between test 1 and test 2.

1. Continue

I678_HrLTest1

LEFT EAR - TEST 1, 1000 Hz

Enter the number of times the R raised their finger during test 1 (1000 Hz)

Enter 993 if you were unable to complete this test

Enter 999 if R chose not to do it

1. Continue

I679 BRANCHPOINT: IF I678= {993 OR 999}, GO TO I682

I679_HrLTest2

LEFT EAR - TEST 2, 3000 Hz

Enter the number of times the R raised their finger during test 2 (3000 Hz)

Enter 993 if you were unable to complete this test

Enter 999 if R chose not to do it

I948_HrRInstruct1

RIGHT EAR - TESTS 1 AND 2

[F1 - Help]

- 1) Move the device to the R's right ear
- 2) Press Start button to start test 1 (1000 Hz) on the right ear
- 3) Count the number of times the respondent raises their finger during test 1
- 4) Press Start button within 20 seconds to continue with test 2 (3000 Hz)
- 5) Count the number of times the respondent raises their finger during test 2

Press [F1] if the device turns off between test 1 and test 2.

1. Continue

I680_HrRTest1

RIGHT EAR - TEST 1, 1000 Hz

Enter the number of times the R raised their finger during test 1 (1000 Hz)

Enter 993 if you were unable to complete this test

Enter 999 if R chose not to do it

1. Continue

I681_HrRTest2

RIGHT EAR - TEST 2, 3000 Hz

- 1) Enter the number of times the respondent raised their finger during test 2 (3000 Hz)
- 2) Remove the disposable ear cup

Enter 993 if you were unable to complete this test

Enter 999 if R chose not to do it

1. Continue

I682_HearingTest

Did R complete at least one of the four hearing tests?

1. YES
 5. NO.....→ Go to I685
-

I683_HrProblems

Which of the following occurred during the hearing test?
Select all that apply

1. None
2. Background noise interfered with the hearing test
3. Problem with equipment or supplies
4. Had to restart the test
5. Respondent removed obstructions (glasses, earrings, etc.)
6. Respondent removed hearing aid
7. Respondent took action to reduce background noise (turned down television, asked HH members for quiet, etc.)
8. Respondent raised their finger more than three times for a single test
97. Other (specify)

I684 BRANCHPOINT: IF I683 NOT 97, GO TO I606

I684_HrProblems_Other

Hearing Test

What other problems?

Explain:

Open-End

I685 BRANCHPOINT: GO TO I606

I685_HrWhyNoComplete

Why didn't R complete the hearing tests? (Enter all that apply)

1. R felt it would not be safe.....→ Go to I606_BR_Intro
2. IWER felt it would not be safe.....→ Go to I606_BR_Intro
3. R refused or was not willing to complete the test.....→ Go to I606_BR_Intro
4. R tried but was unable to complete test.....→ Go to I606_BR_Intro
5. R did not understand the instructions.....→ Go to I606_BR_Intro
6. Background noise prevented execution of the hearing test.....→ Go to I606_BR_Intro
7. Problem with equipment or supplies.....→ Go to I606_BR_Intro
8. R unwilling to remove glasses, earrings, headwear, etc..... → Go to I606_BR_Intro
97. Other (specify)

I686_HrWhyNoComplete_Other

Hearing Test

What other reason?

Explain:

Open End

1. Continue

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

In a moment 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 firmly 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.

I609 BRANCHPOINT: IF I807= {993 OR 999}, GO 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 → Continue 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.

I610 BRANCHPOINT: IF I808= {993 OR 999}, GO TO I804

I610_BR_Instruct4

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.

I804 BRANCHPOINT: IF I809= {993 OR 999}, CONTINUE

ELSE, 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)

I806_

BREATHING TEST

WHAT OTHER REASON?

EXPLAIN:

Open End

I810 BRANCHPOINT: 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

I612 BRANCHPOINT: GO TO I977 BRANCHPOINT

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
-
-

[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
- ◆ Hold your forearm parallel to the floor (elbow at a right angle; see image above)
- ◆ Squeeze the handle for a few seconds
- ◆ Enter [1] to continue

1. Continue



I966_HSPain

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

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 on your hands or wrists 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_gripdominanthand

[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_Instrct_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]

Setup Checklist:

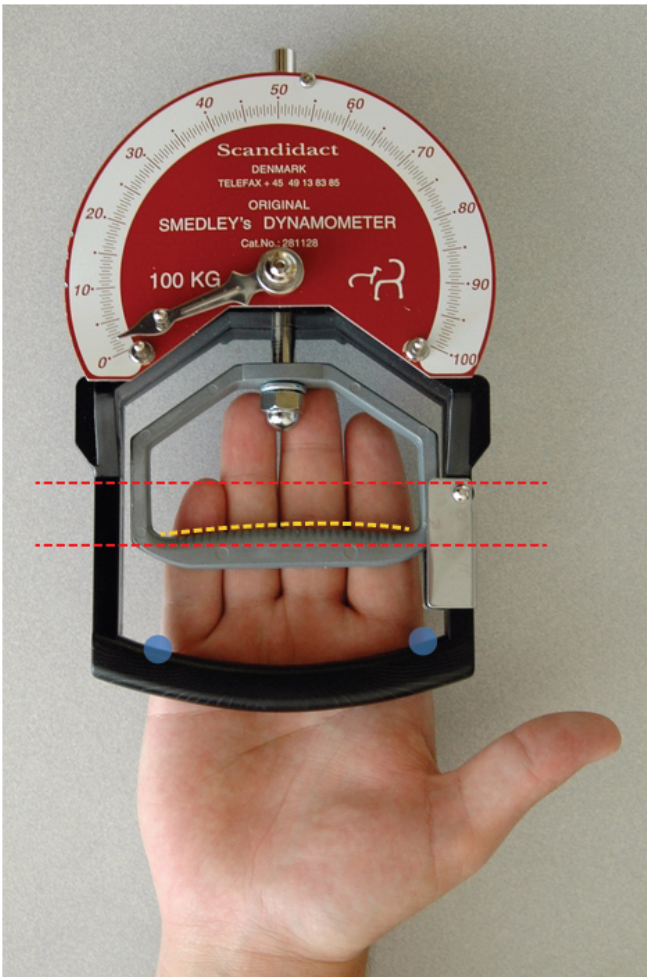
- 1) Rings or hand jewelry removed
- 2) Dynamometer adjusted to the [right/left] hand (see image)
- 3) R standing up, forearm parallel to the floor (elbow held at a right angle)
- 4) Gauge facing away from R's body
- 5) Arrow set at "0"

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



1. Continue

I816_LeftFirst
HAND STRENGTH TEST

[Introduction]---[Demonstration]---[Safety]---[Setup]---[Measure (1 of X)]---
[Observations]
[Intro]---[Demo]---[Sfty]---[Stp]---[Measure (1 of X)]---[Obs]
[I]---[D]---[E]---[S]---[Measure (1 of X)]---[O]

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

I851_RightFirst
HAND STRENGTH TEST

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

Remember: Reset the gauge between measures.

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

I852_LeftSecond
HAND STRENGTH TEST

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

Remember: Reset the gauge between measures.

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

I853_RightSecond
HAND STRENGTH TEST

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

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
5. No

SEMI-TANDEM INTRODUCTION

I614_ST_Intro

Equipment needed: Stopwatch, Show Card

The next measure involves standing 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.

1. Continue

I615_ST_Intro2

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

1. Continue

I970_STNoBa

Before we begin, do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing up from a chair and balancing?

- 1. YES
 - 5. No.....Go to **I971**
-
-

I616_STDisc

Discuss with him/her whether s/he should attempt each measurement given his/her physical problems after describing each measurement. Do not assume a respondent is too physically limited to attempt a measurement without discussing it with him/her.

Would the respondent like to proceed with this balance measurement?

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

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 ASSIGN "10.00" TO I880 AND 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

I877 BRANCHPOINT: GO TO I619 BRANCHPOINT

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

1. Continue
-
-

I973_SBS_DIR

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

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

I621_SBS_Instruct1

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
-
-

I622_SBS_Instruct2

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
-

I886_SideBySideHoldFullTime

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 ASSIGN "10.00" TO I887, AND GO TO I888
 5. No
-

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

I884 BRANCHPOINT: GO TO I977 BRANCHPOINT

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)

I885 BRANCHPOINT: IF I884 NOT 97, GO TO I977 BRANCHPOINT

I885_SideBySideNotComplete_Specify

BALANCE TEST - SIDE-BY-SIDE STAND

What other reason?

EXPLAIN:

Open End

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
- 5. No

I893 BRANCHPOINT: IF I896 = 1 AND R >= 70 YEARS OF AGE, ASSIGN "30.00" TO I897 AND GO TO I898

IF I896 = 1 AND R < 70 YEARS OF AGE, ASSIGN "60.00" TO I897 AND GO TO I898

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?

- 1. Yes
 - 5. No
 - 8. DK
-
-

I894 BRANCHPOINT: GO TO I977 BRANCHPOINT

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)

I895 BRANCHPOINT: IF I894 NOT 97, GO TO I977 BRANCHPOINT

I895_FullTandemNotComplete_Specify

BALANCE TEST - FULL TANDEM STAND

What other reason?

EXPLAIN:

Open End

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)

I895 BRANCHPOINT: IF I894 NOT 97, GO TO I977 BRANCHPOINT

I895_FullTandemNotComplete_Specify

BALANCE TEST - FULL TANDEM STAND

What other reason?

EXPLAIN:

Open End

I977 BRANCHPOINT: IF ELIGIBLE FOR WALKING SPEED (A019_RAge >= 65), CONTINUE
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

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?

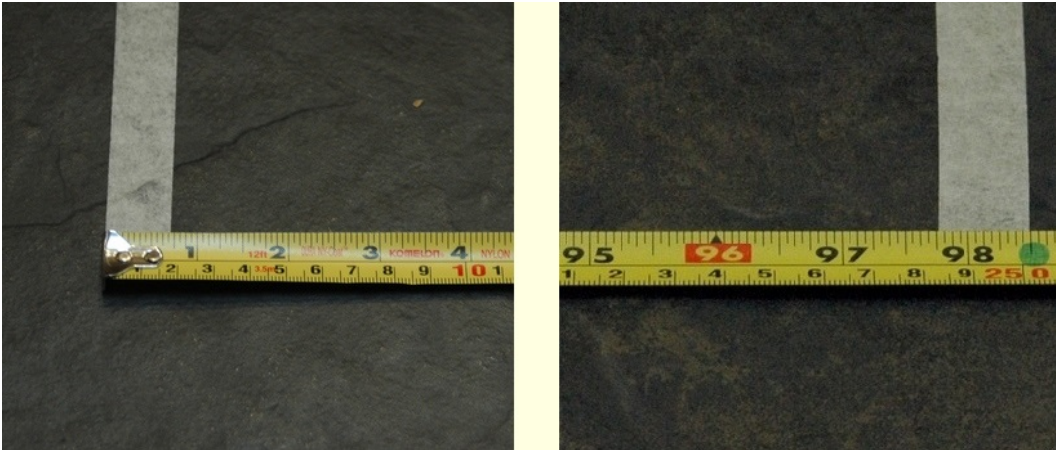
1. YES
 5. NO..... Go to I821
-
-

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.

- ◆ Ask the respondent if you may place several pieces of masking tape on their floor.
- ◆ Set up the course (98.5 Inches)

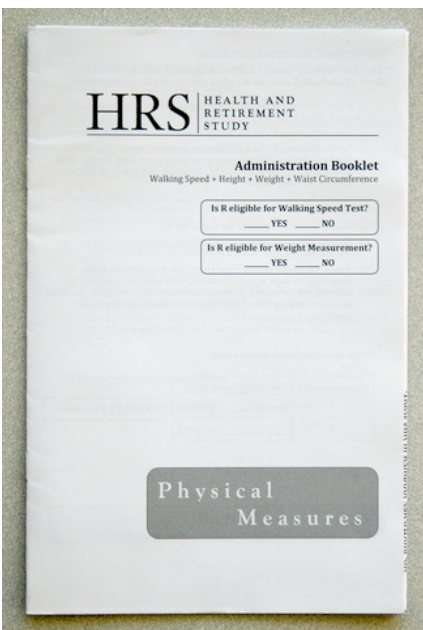
1. Continue



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



[Scripted items read via the paper Administration Booklet]

This is our walking course. I will be asking you to walk the course two times. I'll walk alongside you the whole time during the measurement."

I'd like you to stand here with your feet lined up. Start walking at your usual pace when I say 'Begin'. Walk all the way past the other end of the tape before you stop. Are you ready to go now? Begin.

Now I want you to repeat the walk. Remember to walk at your usual pace and go all the way past the other end of the course. I'd like you to stand here with your feet lined up. Start walking when I say 'Begin'. Are you ready to go now? Begin.

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.

I820 BRANCHPOINT: IF BOTH I823 AND I824 CONTAIN EITHER A 993 OR 999 VALUE, ASSIGN I820=5, AND GO TO I821
--

I820_

WALKING SPEED TEST

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

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

I828_Twalktypeofaid

WALKING SPEED TEST

What type of aid was used?

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

I829 BRANCHPOINT: IF I828 NOT 7, GO TO I660

I829_Twalktypeofaid_S
WALKING SPEED TEST

What other type of aid?

Specify:

Open End

I660_TwalkRdirect
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
97. Other 97

I661_TwalkRdirect_S
WALKING SPEED TEST

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

Specify:

Open End

I821 BRANCHPOINT: GO TO I630

I821_
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
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 [two/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



I632 BRANCHPOINT: IF ELIGIBLE FOR WEIGHT (C139_ < 300), CONTINUE

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
-
-

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



I687_HWWDir

Height[, Weight] and Waist Circumference Measurements

Do you understand these directions and feel it would be safe for you to do the height[, weight] and waist-circumference measurements?

Select all that apply

1. Height
2. Weight
3. Waist-Circumference
4. All
5. None

I637_HWW_PaperBk

This respondent will be completing:

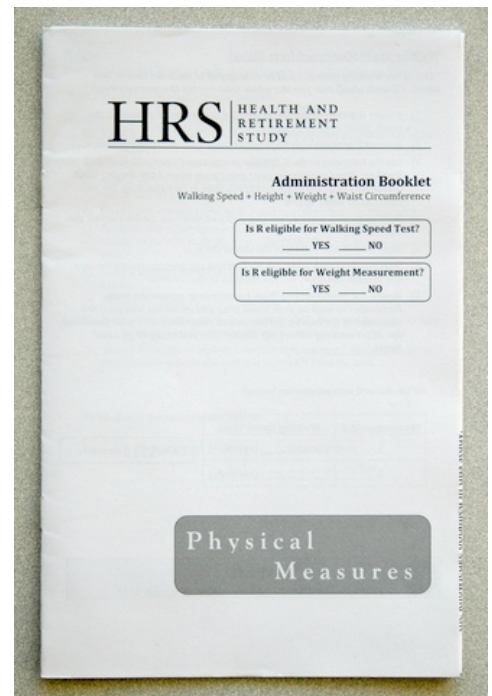
- ◆ HEIGHT[will not be conducted]
- ◆ WEIGHT[will not be conducted]
- ◆ WAIST[will not be conducted]

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



[Scripted items read via the paper Administration Booklet]

Next, I would like to measure your height.

Now, I'd like to measure your weight.

Next I'm going to ask you to perform a simple measurement of your waist circumference. I will ask you to stand and identify where on your body your navel (belly button) is located. I will then ask you to place this soft measuring tape around your waist, over your clothing, holding it securely at the level of your navel. 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.

SALIVA INTRODUCTION

I638_Salcnst

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, select the [Launch consent form] button below 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.
- Once the consent process is completed, enter [1] to continue.

1. Continue [Launch saliva consent form]

I913_SalivaConsent

SALIVA SAMPLE

Did R sign the saliva consent form?

If no, please return to the previous question by selecting [Ctrl] + [Up] and re-launch the 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 I658_PMThank
2. Iwer felt it would not be safe..... Go to I658_PMThank
3. R refused or was not willing to complete the measurement..... Go to I658_PMThank
5. R did not understand the instructions..... Go to I658_PMThank
6. R could not complete the measurement due to health reasons..... Go to I658_PMThank
7. No suitable space..... Go to I658_PMThank
8. R ate, drank, smoked, or brushed teeth in last 30 minutes..... Go to I658_PMThank
9. Problem with equipment or supplies..... Go to I658_PMThank
97. Other (Specify)

I942_NoConsentSaliva_Specify

SALIVA SAMPLE

What other reason?

EXPLAIN:

Open End

I667 BRANCHPOINT: GO TO I658_PMThank

SecI.I667_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



1. Continue

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 case and the plastic bag with the absorbent sheet (do not touch the clear container until step 8).
- 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

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.

- o Enter 999 if a saliva sample will not be collected..... Go to I916
 - o Enter 993 if barcode scanner is unavailable
-
-

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.

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 [5] to finish the saliva collection
- If yes, enter [1] to allow more time. You will finish the saliva collection (shipping and observations) After you have completed the data entry for Height, Weight and Waist.

1. Continue

5. No -> Go to I658_DeferSaliva

I646_Sal_Instruct3

SALIVA SAMPLE

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

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

1. Continue

I647_Sal_Instruct4

SALIVA SAMPLE

- 12) Record the date and time the saliva collection was finished on the Saliva Authorization Form.
- 13) Place the bag containing the collection container and the completed Authorization Form in the padded envelope.
- 14) 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 -> ASSIGN "1" TO I915 AND GO TO I919
 5. No
-
-

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

I920 BRANCHPOINT: IF I919 NOT 97, GO TO I658_PMThank

I920_SalivaProblem_Specify

SALIVA SAMPLE

What other problem?

Open End

I916 BRANCHPOINT: GO TO I658_PMThank

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 I658_PMThank
2. IWER felt it would not be safe Go to I658_PMThank
3. R refused or was not willing to complete the measurement Go to I658_PMThank
5. R did not understand the instructions Go to I658_PMThank
8. Problem with equipment or supplies..... Go to I658_PMThank
97. Other (specify)

I917_SalivaNotComplete_Specify

SALIVA 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.

[I have a few things I need to enter into the computer so this would be a good time for you to review the pamphlet I gave you earlier. We'll continue the interview in about one minute.]

1. Continue

I658_DeferSaliva

I have a few things I need to enter into the computer and we'll continue the interview once I have finished.

Please continue to fill the sample collection container.

1. Continue

H/W/W DATA-ENTRY MODULE

I659_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

HEIGHT DATA-ENTRY

I831_

HEIGHT 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 BRANCHPOINT: GO TO I838 BRANCHPOINT

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)

I833 BRANCHPOINT: IF I832 NOT 97, GO TO I838 BRANCHPOINT

I833_

HEIGHT MEASUREMENT

WHAT OTHER REASON?

EXPLAIN:

Open End

I838 BRANCHPOINT: IF R REPORTED WEIGHT 300 OR MORE LBS (C139>= 300), GO TO I904 (WAIST MEASUREMENT)

WEIGHT DATA-ENTRY

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

□□□.□

I842 BRANCHPOINT: IF I841=993 or 999, GO 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/woodGo to I844
2. Low-pile carpetGo to I666
3. High-pile carpet.....Go to I666
4. Concrete.....Go to I844
5. Not sure.....Go to I666
7. Other (specify)

I843_WeightFlooring_SP
WEIGHT MEASUREMENT

What other type of floor surface?

Open End

I666_SupportTile
WEIGHT MEASUREMENT

Did you use the scale-support tile?

1. Yes
5. No

I844_
WEIGHT MEASUREMENT

Was R wearing shoes during measurement?

1. Yes
5. No

I839 BRANCHPOINT: GO TO I904 (WAIST MEASUREMENT)

I839_

WEIGHT MEASUREMENT

WHY WEREN'T YOU ABLE TO MEASURE R'S WEIGHT? (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 was too heavy; did not attempt
7. No suitable space available
8. Scale did not work
97. Other (specify)

I840 BRANCHPOINT: IF I839 NOT 97, GO TO I904 (WAIST MEASUREMENT)

I840_

WEIGHT MEASUREMENT

WHAT OTHER REASON?

EXPLAIN:

Open End

WAIST DATA-ENTRY

I904_WaistComplete

WAIST CIRCUMFERENCE

Were you able to measure R's waist circumference?

1. Yes
5. No Go to I905

I907_WaistMeasurement

WAIST CIRCUMFERENCE

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

□□.□□

I908 BRANCHPOINT: IF I907 = 993 OR 999, GO TO I905

I908_WaistDifficulties
WAIST CIRCUMFERENCE

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)

I909 BRANCHPOINT: IF I908 NOT 97, GO TO I911

I909_WaistDifficulty_Specify
WAIST CIRCUMFERENCE

WHAT OTHER DIFFICULTY?

EXPLAIN:

Open End

I911_WaistWhoMeasured
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

I905 BRANCHPOINT: IF I639=5 THEN GO TO SALIVA PACKAGING AND OBS
ELSE, GO 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

I906 BRANCHPOINT: IF I639=5 THEN GO TO SALIVA PACKAGING AND OBS (I646)
IF I905 NOT 97, GO TO I845

I906_WaistNotComplete_Specify
WAIST CIRCUMFERENCE

What other reason?

EXPLAIN:

Open End

I646_Sal_Instruct3 BRANCHPOINT: IF I639=5, CONTINUE
ELSE, GO TO I845

I646_Sal_Instruct3

SALIVA SAMPLE

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

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

1. Continue

I647_Sal_Instruct4

SALIVA SAMPLE

- 12) Record the date and time the saliva collection was finished on the Saliva Authorization Form.
- 13) Place the bag containing the collection container and the completed Authorization Form in the padded envelope.
- 14) 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 -> ASSIGN "1" TO I915 AND GO TO I919
 5. No
-
-

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

I920 BRANCHPOINT: IF I919 NOT 97, GO TO I658_PMThank

I920_SalivaProblem_Specify

SALIVA SAMPLE

What other problem?

Open End

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 I658_PMThank
 2. IWER felt it would not be safe Go to I658_PMThank
 3. R refused or was not willing to complete the measurement Go to I658_PMThank
 5. R did not understand the instructions Go to I658_PMThank
 8. Problem with equipment or supplies..... Go to I658_PMThank
 97. Other (specify)
-

I917_SalivaNotComplete_Specify

SALIVA SAMPLE

What other reason?

EXPLAIN:

Open End

I658_PMThankDeferSaliva

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.]

1. Continue

I845_

If 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_PhysMeasBio_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