



HCHS/SOL INCA 1 Ancillary Study (AS#2013.07) Forms

NIA grant: Ancillary to HCHS/SOL: Study of Latinos-Investigation of Neurocognitive Aging
([R01 AG048642](#), H Gonzalez)

English

- CGE** - Everyday Cognition
- DLE** - Instrumental Activities of Daily Living
- IER** - Eligibility and Recruitment
- NEE** - Neurocognitive Assessment Booklet
- NEE** - Neurocognitive Scoring Summary
- SIX** - Six Item Cognitive Screener Bilingual

Spanish

- CGS** - Everyday Cognition Spanish
- DLS** - Instrumental Activities of Daily Living Spanish
- NES** - Neurocognitive Assessment Booklet Spanish



SOL-INCA Activities of Daily Living

ID NUMBER:									
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FORM CODE: DLE
VERSION: 1 12/10/15

Contact
Occasion

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ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
Month			Day			Year			

0b. Staff ID:

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Instructions: BE SURE TO READ ALL ANSWER CHOICES IF APPLICABLE IN QUESTIONS 1 THROUGH 7 TO RESPONDENT. Check the box that best represents the participant's answer. When entering into CDART2, use the field status "No response" to indicate "Not Answered" responses. Skip question 8 if all of the questions 1-7 were answered as 2='Without Help'.

Introductory Script: "Now I'd like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all."

1. Can you use the telephone ...
 - without help, including looking up numbers and dialing; 2
 - with some help (can answer phone or dial operator in an emergency, but need a special phone or help in getting the number or dialing); or 1
 - are you completely unable to use the telephone? 0
 - Not answered N
2. Can you get to places out of walking distance ...
 - without help (drive your own car, or travel alone on buses, or taxis); 2
 - with some help (need someone to help you or go with you when traveling); or 1
 - are you unable to travel unless emergency arrangements are made for a specialized vehicle like an ambulance? 0
 - Not answered N
3. Can you go shopping for groceries or clothes [ASSUMING S HAS TRANSPORTATION] ...
 - without help (taking care of all shopping needs yourself, assuming you had transportation); 2
 - with some help (need someone to go with you on all shopping trips); or 1
 - are you completely unable to do any shopping? 0
 - Not answered N
4. Can you prepare your own meals ...
 - without help (plan and cook full meals yourself); 2
 - with some help (can prepare some things but unable to cook full meals yourself); or 1
 - are you completely unable to prepare any meals? 0
 - Not answered N
5. Can you do your housework ...
 - without help (can clean floors, etc.); 2
 - with some help (can do light housework but need help with heavy work); or 1
 - are you completely unable to do any housework? 0
 - Not answered N

ID NUMBER:								
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6. Can you take your own medicine ...
- without help (in the right doses at the right time); 2
 - with some help (able to take medicine if someone prepares it for you and/or reminds you to take it); or 1
 - are you completely unable to take your medicines? 0
 - Not answered N

7. Can you handle your own money ...
- without help (write checks, pay bills, etc.); 2
 - with some help (manage day-to-day buying but need help with managing your checkbook and paying your bills); or 1
 - are you completely unable to handle money? 0
 - Not answered N

If all questions 1-7 were answered 2="Without help"

→ **Go to Item 9**

If the participant has reported any lack of independence (any of questions 1-7 were answered as 1="Need for Some Help" or 0="Unable to Perform a Task"), ask the additional question 8 starting with:

"You mentioned that you needed help with one or more tasks..."

8. Is that because of
- Problems with attention, concentration or remembering? 1
 - Physical problems? 2
 - Don't know (do not read DK response) 3

9. Questionnaire discontinued?

Yes 1
No 0

→ **Go to End**

- 9a. Reason for discontinuation:

Refused 1
Task Difficulty 2
(i.e., could not understand)
Impairment 3
(i.e., visual, hearing, limb/motor problem)



SOL-INCA Eligibility and Recruitment Form

ID NUMBER:

FORM CODE: IER
VERSION: A 12/10/2015

Contact Occasion

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): / /

0b. Staff ID:

0c. Enrollment Status in Ancillary Study

- Ineligible 0
 - Eligible but refused to participate 1
 - Eligible and agreed 2 → **Continue to section A**
- End form, save**

Instructions: This eligibility and recruitment form for the SOL-INCA ancillary study must be completed to link the HCHS/SOL participant ID to the SOL-INCA participant ID used for the Picture Vocabulary test. Collect one form per person participating in this ancillary study. Enter this screening form after the main study eligibility checklist, consent and demographics forms are keyed. Record the time of start and end of the SOL-INCA test battery to allow verifying the correct link to the PVT data.

A. Ancillary Study Exam

1. Neurocognitive exam information: 1a. Exam Date (mm/dd/yyyy): / /

1b. Exam Start Time: : (24hr format)

1c. Exam End Time: : (24hr format)

2. Picture Vocabulary Test administered: Yes 1 No 0

2a. Questionnaire discontinued? Yes 1 No 0 **Go to End**

2b. Reason for discontinuation:

- Refusal 1
- Task difficulty (i.e., could not understand) 2
- Impairment (i.e., visual, hearing, limb/motor problem) 3
- Unintentional 4

B. ADMINISTRATIVE USE ONLY (Information Pre-filled by HCHS/SOL Data Management System)

3. At least one neurocognitive score present at Visit 1, from VIN: Yes 1 No 0

4. Age at Visit 2, from DEM: years

5. Gender, from DEM: (Male=1, Female=2)

6. Years of education at Visit 1, from VIN years

7. Language preference at Visit 2, from VIN (Spanish=1, English=2)

8. Hispanic/Latino background, from VIN

- | | | | |
|--|---|--|---|
| Dominican or Dominican Descent | 0 | Puerto - Rican or Puerto Rican descent | 4 |
| Central American or Central American descent | 1 | South American or South American descent | 5 |
| Cuban or Cuban descent | 2 | More than one heritage | 6 |
| Mexican or Mexican descent | 3 | Other | 7 |

9. SOL-INCA participant ID to use for the Picture Vocabulary Test, from VIN:



SOL-INCA Neurocognitive Assessment Booklet

ID NUMBER:									
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FORM CODE: NEE
VERSION: 1 12/10/2015

Contact Occasion			SEQ #		
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Administrative Information

0a. Completion Date:

		/			/				
Month			Day			Year			

0b. Staff ID:

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Instructions: Read and follow instructions given for each section.

PART A. SIX-ITEM SCREENER

“In this part of the exam I will ask you some questions and give you a couple of short tasks that will require memory and concentration. First, I will ask you some questions that ask you to use your memory.

I am going to say three words. Please wait until I have said all three words; then repeat them. Remember what they are, because I am going to ask you to name them again in a few minutes.

Please repeat these words for me:

BLUE - PEAR – SOFA.”

Interviewer may repeat the words up to 3 times if necessary.

1. Was the task attempted? No 0 Yes 1 → **Go to Question 2**

a. If no, reason:

- Hearing loss 1
- Participant unable to comprehend instructions (cognitive impairment) 2
- Refusal 3
- Other: 4

a1. Specify: _____

Go to Question 9

2. Were the words repeated correctly?

No 0 → Go to Questions 3, 4, and 5.
Then, record 6, 7, and 8 as *“Not Attempted / Refusal”*.
Then, Go to Question 9.

Yes 1

	Correct or Self- corrected	Incorrect / Don't know	Not Attempted / Refusal
3. “Thank you, now, without looking at a calendar or watch: What year is this?”	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. “Without looking at a calendar or watch: What month is this?”	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. “Without looking at a calendar or watch: What is the day of the week?” (If participant states the date, say: “Good, and what day of the week is it?”)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

“Now, what were those three words I asked you to remember?”

- 6. Blue 1 2 3
- 7. Pear 1 2 3
- 8. Sofa 1 2 3

9. Scoring Result:

PART B. SEVLT

10. “Next, I am going to read a list of words. I want you to listen carefully and try to remember the words as I read them.

When I stop, I would like you to recall as many of the words as you can. You may know some of the words by a different name, but I want you to try to remember the exact words I say.

You will not be able to remember all of the words so just do the best you can. You do not have to recall the words in the same order that I read them.

The words are...”

	10. (Trial 1)	11. (Trial 2)	12. (Trial 3)
Cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocoa.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asparagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Words should be read at a steady pace of 1.5 seconds per word (~ 23 seconds per trial).

After reading the list say:

10.1 “Now tell me all of the words you can remember.”

Allow 60 seconds per trial.

After the participant's response, provide one prompt for additional words before going to the next trial.

Check off all words recalled for Trial 1.

11. “I am going to read the same list of words to you again. I want you to try to remember as many of the words as you can, including those you have recalled before. When I stop I want you to tell me as many of the words as you can remember.”

After reading the list say:

11.1 “Now tell me all of the words you can remember.”

After the participant's response, provide one prompt for additional words before going to the next trial.

Check off all words recalled for Trial 2.

12. “I will read the same words once more. Listen carefully and when I finish tell me as many of the words as you can remember.”

After reading the list say:

12.1 “Now tell me all of the words you can remember.”

After the participant's response, provide one prompt for additional words before going to the next trial.

Check off all words recalled for Trial 3.

15. "That was great. Now, tell me as many words as you can that start with the letter A. I will tell you when to stop. Ready, go."

Begin timing. Allow 60 seconds.

If the participant pauses for more than 10 seconds, encourage more words and remind him/her that both English and Spanish words are acceptable. Say: "Can you think of any more words that start with the letter A? Remember you can tell me words in English or Spanish."

Record all words produced (use the back of this page if more space is needed). Place a single strike mark through inadmissible words, i.e., proper nouns (names and places), simple variations (adding "ed" or "ly"), plurals, and repetitions.

Letter A

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

PART D. DIGIT-SYMBOL SUBSTITUTION (DSS)

Place Digit-Symbol form in front of the participant.

16. "This last task is the digit-symbol task. Look at these boxes across the top of the page. On the top of each box are numbers from one through nine. On the bottom of each box there is a special mark. Each number has its own mark."

Point to 1 and its mark, then to 2 and its mark.

"Down here are boxes with numbers in the top part, but the bottom part is empty." Point to the four rows.

"I want you to put the correct mark in each box like this."

"Here is a 2; the 2 has this mark." Point to the first sample item, then to the mark below the 2 in the key. **"So I put it in this box, like this."** Write in the symbol.

"Here is a 1; the 1 has this mark." Point to the second sample item, then to the mark below the 1 in the key. **"So I put it in this box."** Write in the symbol.

"Here is a 3; the 3 has this mark." Point to the third sample item, then to the mark below the 3 in the key. **"So I put it in this box."** Write in the symbol.

"Now, you fill in all the boxes up to this heavy line."

If the subject makes an error on a sample item, correct the error immediately and review the use of the key. Continue to help (if necessary) until the seven sample items have been filled in correctly. Do not proceed with the test until the participant clearly understands the task.

Look to see if a left-handed participant blocks the key when filling in the marks. If so, fold a separate template in half, exposing only the key, for the participant to use.

"Yes, now you know how to do them."

"When I tell you to begin, start here (point to the first test item) **and fill in as many boxes as you can, one after the other, without skipping any. Work as quickly as you can. When you finish one line** (sweep finger across the first row), **go on to the next one** (sweep finger across the second row). **Keep working until I tell you to stop."**

"Ready, go ahead." Begin timing.

At the end of 90 seconds, say: **"Stop. That's good, thank you. That completes this set of tasks."**

If the participant omits an item or starts doing only one type (e.g., only the 1's), say, "Do them in order. Don't skip any."

Point to the first item skipped and say, "Do this one next." Note that items done out of sequence should not be counted.

If the participant stops working, encourage him/her to continue until instructed to stop.

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DIGIT- SYMBOL

1	2	3	4	5	6	7	8	9
—	⊥	⊐	⊌	⊏	○	^	×	=

SAMPLES

2	1	3	7	2	4	8	2	1	3	2	1	4	2	3	5	2	3	1	4	5	6	3	1	4	

1	5	4	2	7	6	3	5	7	2	8	5	4	6	3	7	2	8	1	9	5	8	4	7	3	

6	2	5	1	9	2	8	3	7	4	6	5	9	4	8	3	7	2	6	1	5	4	6	3	7	

9	2	8	1	7	9	4	6	8	5	9	7	1	8	5	2	9	4	8	6	3	7	9	8	6	

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PART E. TRAILS MAKING TEST A

Materials: Black pen, Trails A tracing sheet, pencil, stopwatch.

SAMPLE

On this page (point) are some numbers. Begin at number 1 (point to 1) and draw a line from 1 to 2 (point to 2), 2 to 3 (point to 3), 3 to 4 (point to 4), and so on, in order, until you reach the end (point to the circle marked "end"). Draw the lines as fast as you can. Ready? Go ahead.

Good. Let's try the next one.

(If the participant makes a mistake, point out the error and explain it..) **Now you try it, (and repeat the original directions, starting with Begin at number 1...)**

TEST A

On this page are numbers from 1 to 25. Do this the same way: Begin at number 1 (point to 1) and draw a line from 1 to 2, (point to 2), 2 to 3 (point to 3), 3 to 4 (point to 4), and so on, in order, until you reach the end (point to end). Remember, work as fast as you can. Ready? Go ahead.

Call all errors to the participant's attention immediately (draw a small dash through the incorrect line) and have the participant proceed from the point the mistake occurred. Do not stop timing.

If the participant makes 5 errors or exceeds 4 minutes, stop the test. Record errors and time.

At the end, say, "That's fine," or "very good."

Administrative Use Only:

17a. Total time to complete: ____ : ____ ____ (Max = 4:00)
 m s s

17b. Total number of errors: ____ (Max = 5)

ID NUMBER:									
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Occasion

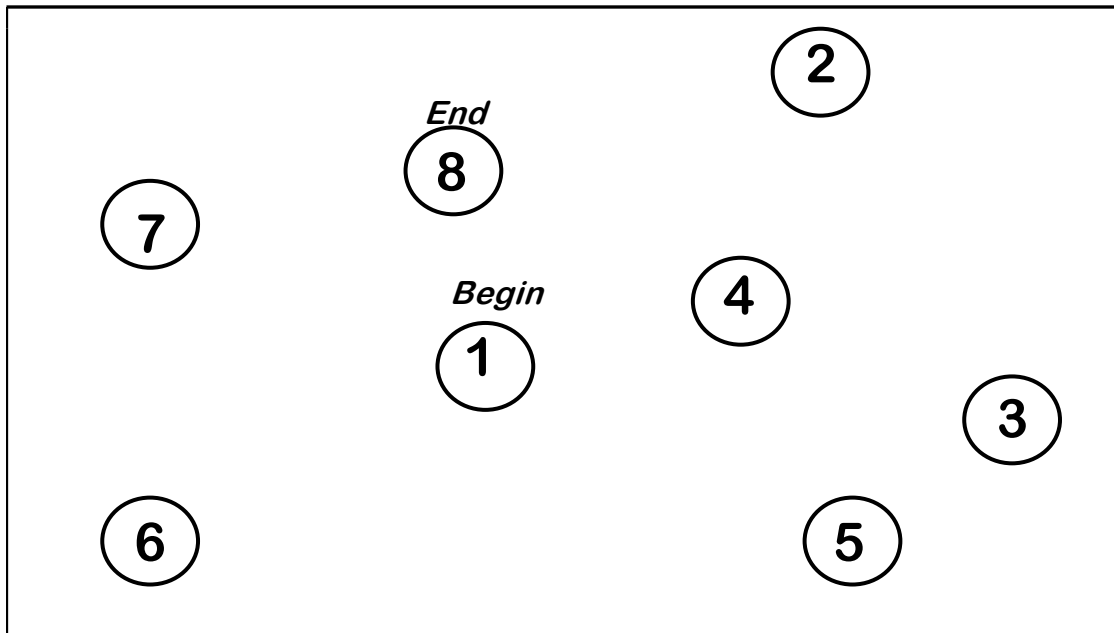
0	2
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TRAIL MAKING

Part A

SAMPLE



ID NUMBER:									
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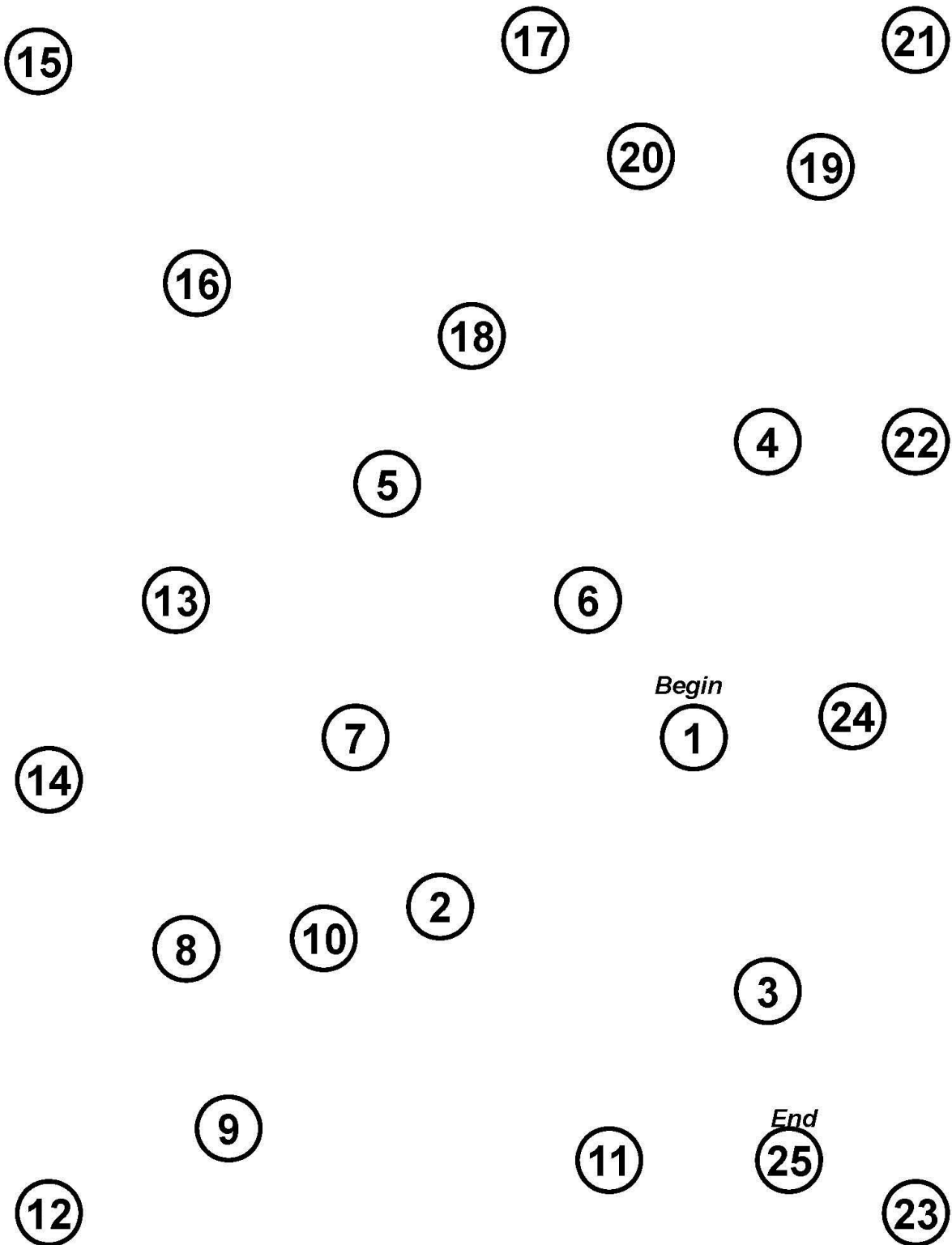
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PART F. TRAILS MAKING TEST B

Materials: Black pen, Trails B tracing sheet, pencil, stopwatch.

SAMPLE

On this page are some numbers and letters. Begin at number 1 (point) and draw a line from 1 to A (point to A), A to 2 (point to 2), 2 to B (point to B), B to 3 (point to 3), 3 to C (point to C) and so on in order until you reach the end (point to end). Remember, first you have a number, then a letter, then a number, then a letter, and so on. Do not skip around, but go from one circle to the next in the proper order. Draw the lines as fast as you can. Ready? Go ahead.

If there are any mistakes on the sample, review the instructions.

TEST B

Good. Let's try the next one. On this page are some numbers and letters. Begin at number 1 (point) and draw a line from 1 to A (point to A), A to 2 (point to 2), 2 to B (point to B), B to 3 (point to 3), 3 to C (point to C) and so on in order until you reach the end (point to end). Remember: first you have a number, then a letter, then a number, then a letter, and so on. Do not skip around, but go from one circle to the next in the proper order. Draw the lines as fast as you can. Ready? Go ahead.

Call all errors to the participant's attention immediately (draw a small dash through the incorrect line) and have the participant proceed from the point the mistake occurred. Do not stop timing.

If the participant makes 5 errors or exceeds 4 minutes, stop the test. Record errors and time.

At the end, say, "That's fine," or, "very good."

Administrative Use Only:

18a. Total time to complete: ____ : ____ ____ (Max = 4:00)
 m s s

18b. Total number of errors: ____ (Max = 5)

ID NUMBER:									
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Occasion

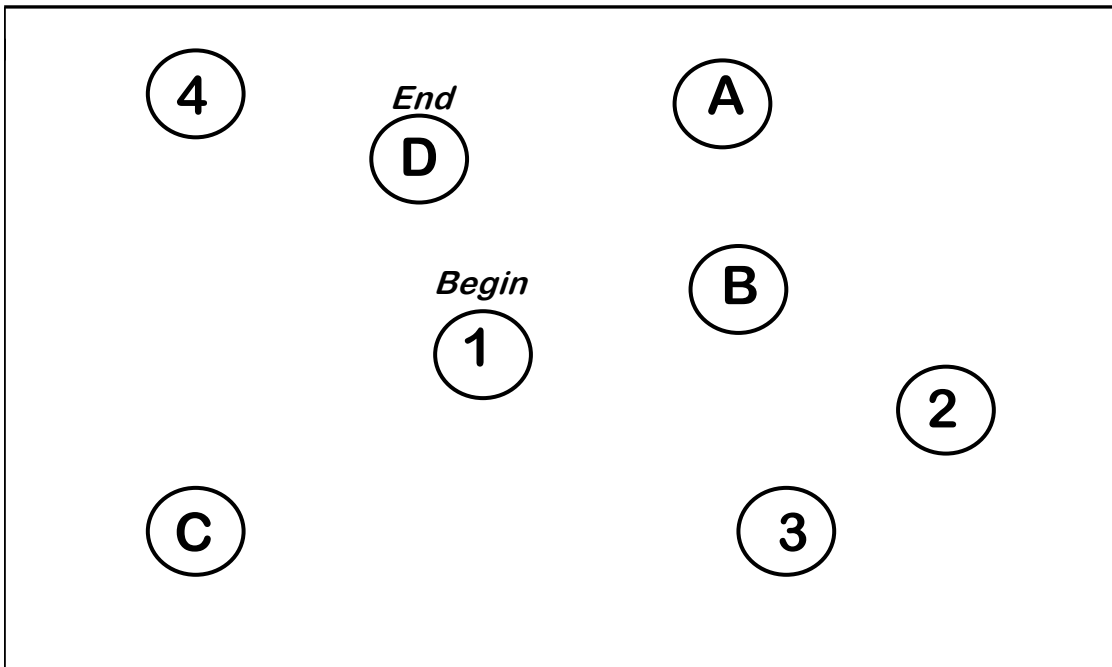
0	2
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SEQ #		
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TRAIL MAKING

Part B

SAMPLE



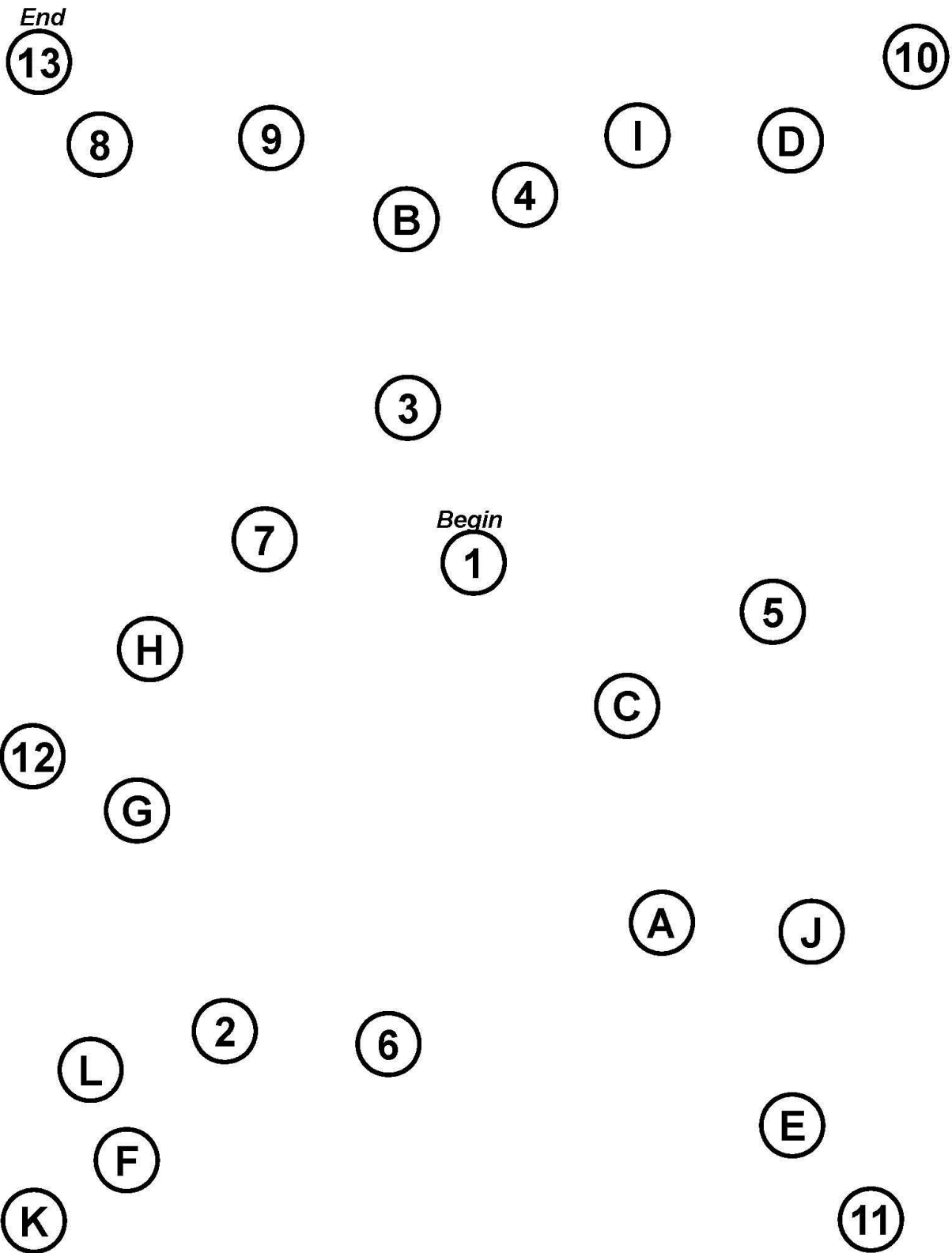
ID NUMBER:

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0 2

SEQ #



ID NUMBER:								
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SEQ #

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20c. If yes, test(s) discontinued due to (record the appropriate letter for each test that was discontinued):

Refusal = 1

Task Difficulty (i.e., could not understand) = 2

Impairment (i.e., Visual, Hearing, Limb/Motor Problem) = 3

20c1. Reason for discontinued SEVLT

20c2. Reason for discontinued Word Fluency

20c3. Reason for discontinued Digit Symbol Substitution ..

20c4. Reason for discontinued Trails A

20c5. Reason for discontinued Trails B

20c5. Reason for discontinued PVT



SOL-INCA Neurocognitive Scoring Summary

ID NUMBER:

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Administrative Information

0a. Completion Date: /

0b. Staff ID:

PART A: SIX ITEM SCREENER

For Questions 1 – 9 see Page 1, Section A of the Neurocognitive Assessment Booklet. ENTER results as they appear on the form.

PART B: SEVLT

Record the number of correct words recalled for each trial on Part B. Enter “=” as the score for any trials that were skipped or discontinued.

Words Recalled from Part B:

10. (Trial 1).....
11. (Trial 2).....
12. (Trial 3).....
13. (Trial 5).....

PART C: WORD FLUENCY

Record the number of acceptable words produced for each letter (F and A) on Part C. Enter “=” as the score for any letters that were skipped or discontinued.

Words Produced on Part C:

14. Letter F.....
15. Letter A.....

PART D: DIGIT SYMBOL SUBSTITUTION

Apply the DSST scoring template to the responses on Part D and enter the number of **correct** symbols. Enter “=” as the score if the DSST was skipped or discontinued.

16. Total Correct Symbols on Part D:

PART E: TRAILS A

Record (a) the total time to complete the test in minutes and seconds, and (b) the total number of errors committed by the participant.

17a. Total time to complete: : (Max = 4:00)

17b. Total number of errors: (Max = 5)

PART F: TRAILS B

Record (a) the total time to complete the test in minutes and seconds, and (b) the total number of errors committed by the participant.

18a. Total time to complete: : (Max = 4:00)

18b. Total number of errors: (Max = 5)

19. What language were tests administered in?

English.....1 Spanish2

20a. Were any of the cognitive function test discontinued (from Parts B-F)?

No..... → **END FORM**

Yes 1

20b. Which test(s) was discontinued: No Yes

20b.1. SEVLT 0 1

20b.2. Word Fluency.....0 1

20b.3. Digit Symbol Substitution...0 1

20b.4. Trails A0 1

20b.5. Trails B0 1

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20c. If yes, test(s) discontinued due to (record the appropriate letter for each test that was discontinued):

Refusal = 1

Task Difficulty (i.e., could not understand) = 2

Impairment (i.e., Visual, Hearing, Limb/Motor Problem) = 3

20c1. Reason for discontinued SEVLT

20c2. Reason for discontinued Word Fluency.....

20c3. Reason for discontinued Digit Symbol Substitution ..

20c4. Reason for discontinued Trails A.....

20c5. Reason for discontinued Trails B.....



Public reporting burden for this collection of information is estimated to average 03 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.

OMB#: 0925-0584
Exp. 8/31/2017

HCHS/SOL INCA- Six Item Screener (Bilingual)

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FORM CODE: SIX	Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
								VERSION: 1, 1/19/16		0	2		0	1

ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.

Introduction: "In this part of the exam I will ask you some questions and give you a couple of short tasks that will require memory and concentration. First, I will ask you some questions that ask you to use your memory.

I am going to say three words. Please wait until I have said all three words; then repeat them. Remember what they are, because I am going to ask you to name them again in a few minutes.

Please repeat these words for me: **BLUE - PEAR - SOFA.**"

Introducción: "En esta parte del examen le voy a hacer algunas preguntas y le voy a dar un par de actividades cortas que requerirán de su memoria y concentración. Primero, le voy a hacer algunas preguntas que requieren del uso de su memoria.

Voy a decir tres palabras. Por favor, espere hasta que yo diga esas tres palabras. Después de eso, repítalas usted. Recuerde cuáles son, porque le voy a pedir que me las nombre de nuevo en unos minutos.

Por favor, repítame estas palabras: **AZUL - PERA - SOFA.**"

Note: Interviewer may repeat names 3 times if necessary. The interview then continues with items 3-5 ("What year is this?"; "What month is this?"; "What is the day of the week?") and proceeds to ask: "What were those three words I asked you to remember?"

1. Was the task attempted? No Yes → **Go to Question 2**

a. If no, reason:

- Hearing loss
- Participant unable to comprehend instructions (cognitive impairment)
- Refusal
- Other:

a1. Specify: _____

Go to Question 9

2. Were the words repeated correctly?

No → Go to Questions 3, 4, and 5.
Then, record 6, 7, and 8 as "Not Attempted / Refusal".
Then, Go to Question 9.

Yes

ID NUMBER:								
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Contact Occasion		
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SEQ #	0	1
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	Correct or Self- corrected	Incorrect / Don't know	Not Attempted / Refusal
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3. "Thank you, now, without looking at a calendar or watch:
What year is this?"

*["Gracias, ahora, sin consultar un calendario o un reloj:
¿En qué año estamos?"]*

1 2 3

4. "Without looking at a calendar or watch: What month is this?"

["Sin consultar un calendario o un reloj: ¿En qué mes estamos?"]

1 2 3

5. "Without looking at a calendar or watch: What is the day of the week?"
(If participant states the date, say: "Good, and what day of the week is it?")

*["Sin consultar un calendario o un reloj: ¿Qué día de la semana es hoy?"]
(If participant states the date, say: "Muy bien, ¿y qué día de la semana es?")*

1 2 3

"Now, what were those three words I asked you to remember?"

["Ahora, ¿cuáles fueron las tres palabras que le pedí que recordara?"]

6. Blue [*Azul*]

1 2 3

7. Pear [*Pera*]

1 2 3

8. Sofa [*Sofá*]

1 2 3

9. Scoring Result:

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SOL-INCA Everyday Cognition-12

ID NUMBER:

FORM CODE: CGS
VERSION: A 12/10/2015

Contact Occasion

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Check the box that best represents the participant's answer. When entering into CDART2, use the field status "Doesn't know" or "Not applicable" to indicate DK or N/A responses.

Guión introductorio: "Por favor califique su capacidad ACTUAL para realizar las actividades diarias en comparación con su capacidad para hacer las mismas tareas hace 10 años. En otras palabras, intente recordar cómo era usted hace 10 años y dígame qué cambios ha observado en su capacidad para hacer cada tarea. Califique los cambios usando esta escala de cuatro puntos: 1) mejor o mi capacidad para hacer esta actividad no ha cambiado en comparación con hace 10 años. 2) En ocasiones realizo la actividad peor que hace 10 años, pero no todo el tiempo. 3) Constantemente realizo la actividad un poco peor que hace 10 años. 4) Constantemente realizo la actividad mucho peor que hace 10 años."

Antes de empezar, pregunte al participante....

0c. ¿Le preocupa o cree que tiene problemas con su atención, concentración o memoria? Sí 1
No 0

En comparación con hace 10 años, ha habido algún cambio en su capacidad para...	Mejor o no hay cambio	Discutible o peor en ocasiones	Constantemente un poco peor	Constantemente mucho peor	DK o N/A
1. Recordar dónde ha colocado cosas (como las gafas, las llaves).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
2. Recordar la fecha de hoy o el día de la semana.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
3. Comunicar sus pensamientos en una conversación.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
4. Entender direcciones o instrucciones verbales.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
5. Leer un mapa y ayudar con direcciones cuando alguien más está conduciendo.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
6. Encontrar la manera de desplazarse en una casa/edificio que ha visitado muchas veces.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
7. Anticipar los cambios climáticos y hacer planes de manera acorde.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
8. Pensar anticipadamente.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
9. Mantener organizada el área donde vive y trabaja.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
10. Reconciliar la chequera/cuenta sin errores.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
11. Hacer dos cosas a la vez.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>
12. Cocinar o trabajar, y hablar al mismo tiempo.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DK <input type="checkbox"/>

13. Questionnaire discontinued? Yes 1 No 0 **Go to End**

13a. Reason for discontinuation: Refusal 1
Task difficulty (i.e., could not understand) 2
Impairment (i.e., visual, hearing, limb/motor problem) 3

ID NUMBER:								
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FORM CODE: DLS
VERSION: 1 12/10/2015

Contact
Occasion

0	2
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SEQ #

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6. ¿Puede tomar su propia medicina...
sin ayuda (en las dosis correctas en el momento correcto); 2
con un poco de ayuda (puede tomar las medicinas si alguien se las prepara por usted y/o le recuerda 1
que las tome); o
no puede tomar sus medicinas en absoluto? 0
No respondió N
7. ¿Puede manejar su propio dinero...
sin ayuda (escribe cheques, paga facturas, etc.); 2
con un poco de ayuda (maneja las compras del día a día pero necesita ayuda para manejar su 1
chequera y pagar sus facturas); o
no puede manejar dinero en absoluto? 0
No respondió N

If all questions 1-7 were answered 2="Without help"



Go to Item 9

If the participant has reported any lack of independence (any of questions 1-7 were answered as 1="Need for Some Help" or 0="Unable to Perform a Task"), ask the additional question 8 starting with:

"Usted mencionó que necesitaba ayuda con una o más tareas..."

8. ¿Esto se debe a
Problemas con su atención, concentración o problemas para recordarse ? 1
Problemas Físicos? 2
No sabe (no lea la respuesta No sabe) 3

9. Questionnaire discontinued?
Yes 1
No 0 → **Go to End**

- 9a. Reason for discontinuation:
Refused 1
Task Difficulty 2
(i.e., could not understand)
Impairment 3
(i.e., visual, hearing, limb/motor problem)



SOL-INCA Neurocognitive Assessment Booklet

ID NUMBER:							
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FORM CODE: NES
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Contact
Occasion

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SEQ #

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Administrative Information

0a. Completion Date:

		/			/				
Month			Day			Year			

0b. Staff ID:

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Instructions: Read and follow instructions given for each section.

PART B. SEVLT

10. “A continuación, voy a leer una lista de palabras.

Quiero que escuche cuidadosamente y que trate de recordar las palabras a medida que las leo.

Cuando me detenga, me gustaría que recordara tantas de las palabras como usted pueda. Puede que usted conozca algunas de las palabras con diferente nombre, pero quiero que trate de recordar las palabras exactas que yo diga.

Usted no podrá acordarse de todas las palabras, así que simplemente haga lo más que pueda. No tiene que recordar las palabras en el mismo orden que yo las leo.

Las palabras son ...”

	10. (Trial 1)	11. (Trial 2)	12. (Trial 3)
Repollo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cucharón	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Café.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remolachas...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diccionario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cacao.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frijoles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coladera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naranjas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maíz.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periódico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jugo.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Espárrago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olla.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Té	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Words should be read at a steady pace of 1.5 seconds per word (~ 23 seconds per trial).

After reading the list say:

10.1 “Ahora dígame todas las palabras que usted pueda recordar.

Allow 60 seconds per trial.

After the participant's response, provide one prompt for additional words before going to the next trial.

Check off all words recalled for Trial 1.

11. “Voy a leerle la misma lista de palabras de nuevo. Quiero que trate de recordar tantas de las palabras como usted pueda, incluyendo aquellas que haya recordado antes. Cuando me detenga, quiero que me diga tantas de las palabras como usted pueda recordar.”

After reading the list say:

11.1 “Ahora dígame todas las palabras que usted pueda recordar.”

After the participant's response, provide one prompt for additional words before going to the next trial.

Check off all words recalled for Trial 2.

12. “Voy a leer las mismas palabras una vez más. Escuche cuidadosamente y cuando yo termine dígame tantas de las palabras como usted pueda recordar.”

After reading the list say:

12.1 “Ahora dígame todas las palabras que usted pueda recordar.”

After the participant's response, provide one prompt for additional words before going to the next trial.

Check off all words recalled for Trial 3.

Distracter

13. "Voy a leerle una lista diferente de palabras. Esta vez, quiero que repita cada palabra en voz alta después de que yo la lea."

Immediately after the participant repeats the last word from the distracter list say:

13.1 "Ahora, quiero que me diga tantas de las palabras de la primera lista que yo le leí como usted pueda recordar."

Do not repeat the first list. After the participant's response, provide one prompt for additional words.

Check off all words recalled for Trial 5.

<u>Distracter</u>	<u>Words</u>	11. (Trial 5)
Huevos	Repollo <input type="checkbox"/>
Pan	Cucharón <input type="checkbox"/>
Leche	Café <input type="checkbox"/>
Cerezas	Remolachas <input type="checkbox"/>
Tazón	Diccionario <input type="checkbox"/>
Queso	Cacao <input type="checkbox"/>
Lechuga	Frijoles <input type="checkbox"/>
Cuchara	Coladera <input type="checkbox"/>
Agua	Naranjas <input type="checkbox"/>
Pescado	Maíz <input type="checkbox"/>
Pluma	Periódico <input type="checkbox"/>
Durazno	Jugo <input type="checkbox"/>
Galletas	Espárragos <input type="checkbox"/>
Libreta	Olla <input type="checkbox"/>
Cebollas	Té <input type="checkbox"/>

PART C. WORD FLUENCY: LETTERS F AND A

"En la siguiente actividad, voy a decir una letra. Luego, quiero que me diga tantas palabras, que sean diferentes, como usted pueda imaginarse, tan rápido como pueda, y que comiencen con esa letra.

Usted puede decirme palabras en español o en inglés en tanto sean palabras diferentes. Excluya los nombres de personas, los nombres de lugares y los números. Por tanto, si yo dijera "T," usted no podría decir palabras como 'Tomás', 'Texas' o el número 'Tres.' Pero sí puede decir palabras como 'tabla', 'tomar' o 'tortuga'."

"Tampoco use la misma palabra otra vez con diferente final. Por ejemplo, si usted dice 'tomar', entonces no puede decir 'toma' o 'tomando'. Todas ellas se considerarían como la misma palabra. ¿Está listo/a?"

14. "Dígame tantas palabras como pueda que comiencen con la letra F. Yo le diré cuándo puede detenerse. Listo/a, empiece."

Begin timing. Allow 60 seconds.

If the participant pauses for more than 10 seconds, encourage more words and remind him/her that both English and Spanish words are acceptable. Say: "¿Puede pensar en más palabras que empiecen con la letra F? Recuerde que usted puede decirme palabras en español o inglés."

Record all words produced (use the back of this page if more space is needed). Place a single strike mark through inadmissible words, i.e., proper nouns (names or places), simple variations (adding "ed" or "ly"), plurals, and repetitions..

Letter F

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

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Contact Occasion		
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SEQ #		
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DIGIT- SYMBOL

1	2	3	4	5	6	7	8	9
—	⊥	⊐	⊌	⊍	○	^	×	=

SAMPLES

2	1	3	7	2	4	8	2	1	3	2	1	4	2	3	5	2	3	1	4	5	6	3	1	4	

1	5	4	2	7	6	3	5	7	2	8	5	4	6	3	7	2	8	1	9	5	8	4	7	3	

6	2	5	1	9	2	8	3	7	4	6	5	9	4	8	3	7	2	6	1	5	4	6	3	7	

9	2	8	1	7	9	4	6	8	5	9	7	1	8	5	2	9	4	8	6	3	7	9	8	6	

ID NUMBER:

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Occasion

0	2
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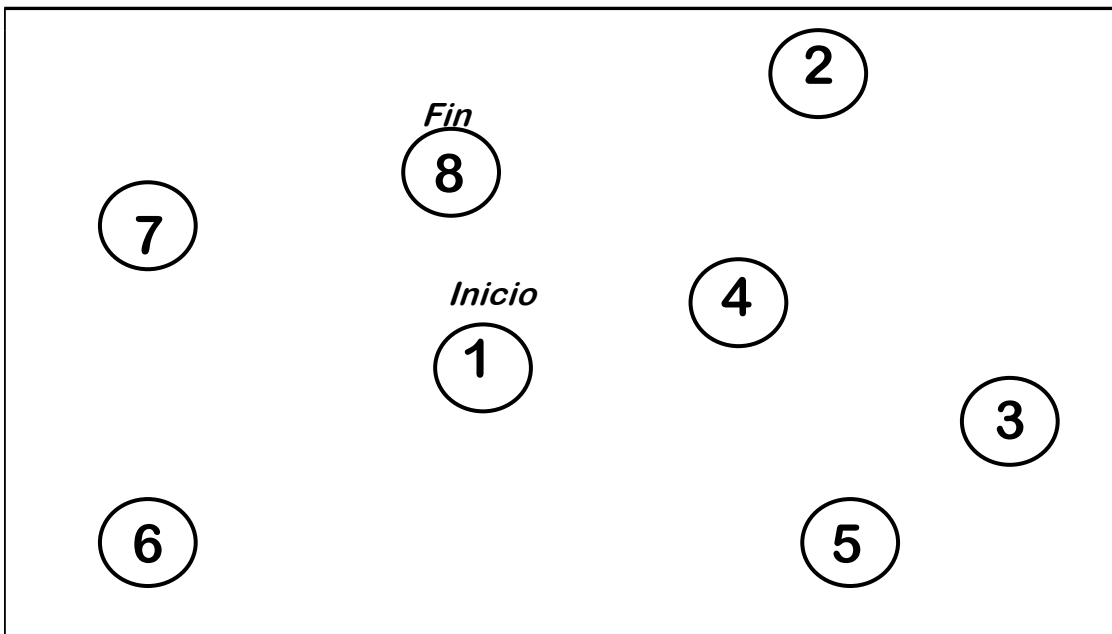
SEQ #

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TRAZO

Parte A

MUESTRA



ID NUMBER:									
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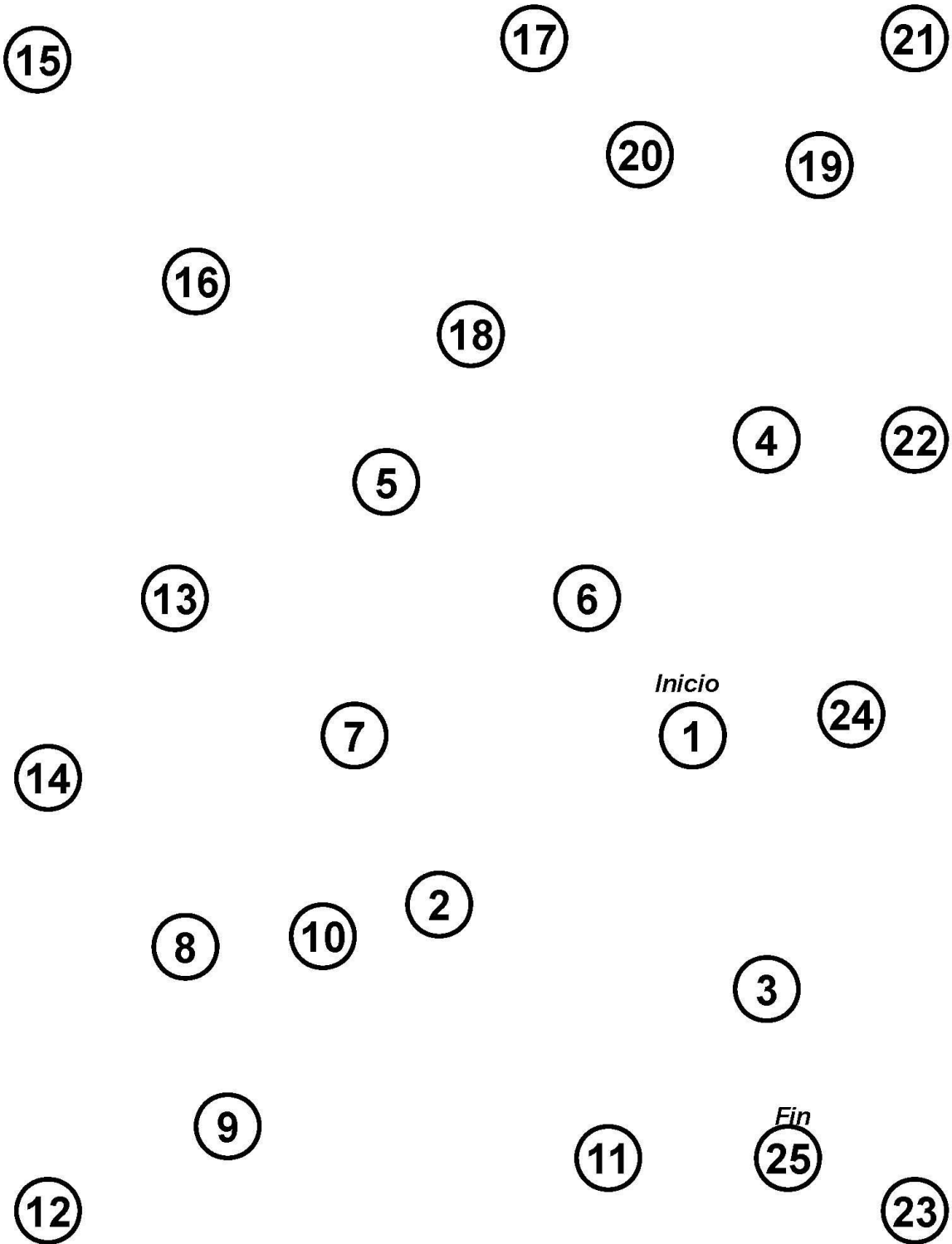
FORM CODE: NES
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Occasion

0	2
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Occasion

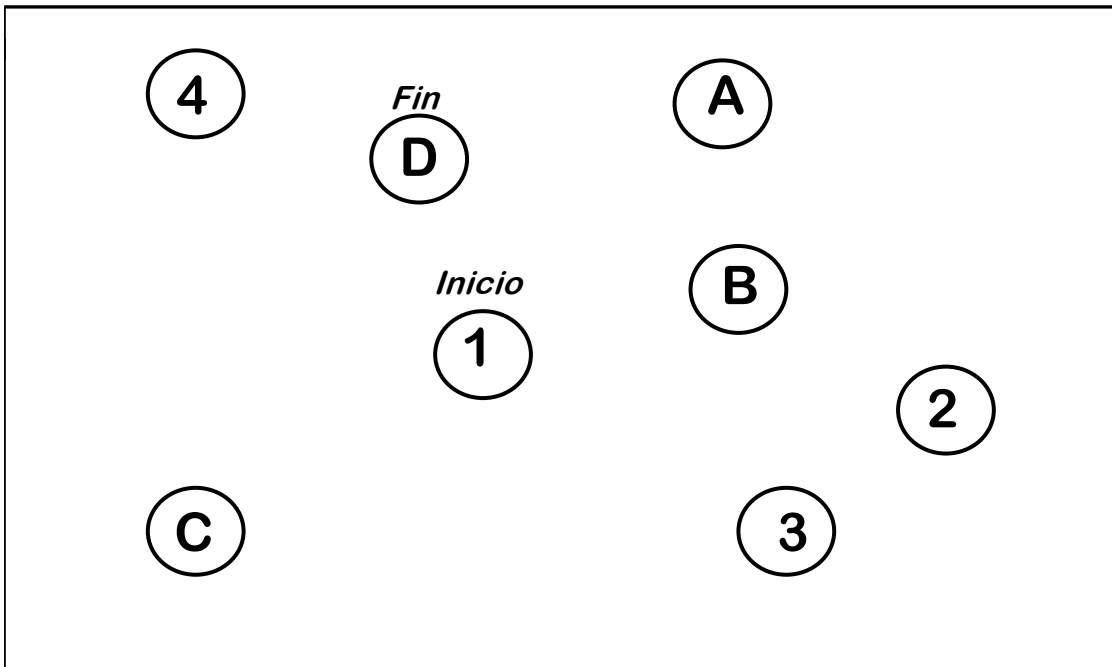
0	2
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TRAZO

Parte B

MUESTRA



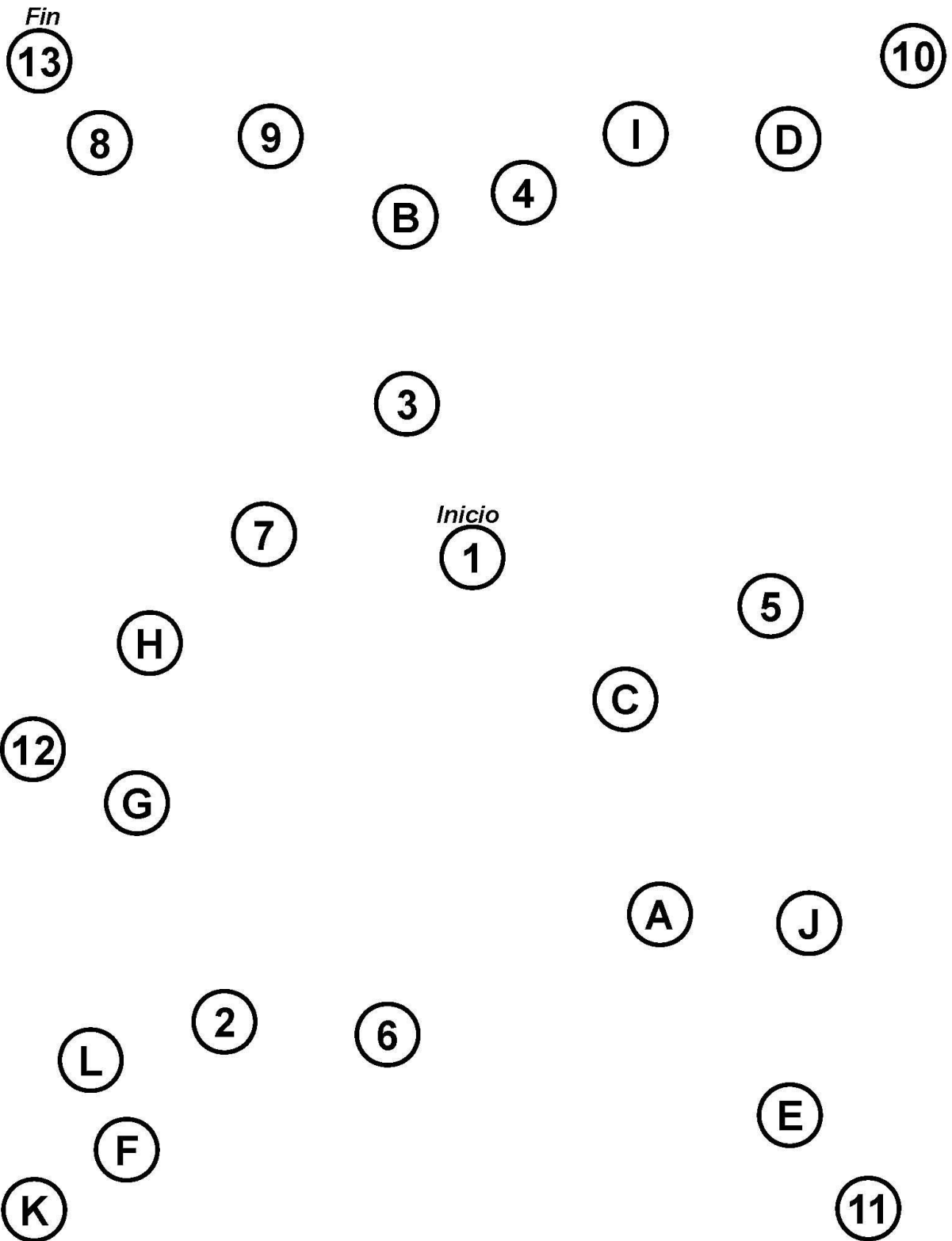
ID NUMBER:

FORM CODE: NES
VERSION: 1 01/19/2016

Contact
Occasion

0 2

SEQ #



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Contact
Occasion

0	2
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SEQ #

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20c. If yes, test(s) discontinued due to (record the appropriate letter for each test that was discontinued):

Refusal = 1

Task Difficulty (i.e., could not understand) = 2

Impairment (i.e., Visual, Hearing, Limb/Motor Problem) = 3

20c1. Reason for discontinued SEVLT

20c2. Reason for discontinued Word Fluency.....

20c3. Reason for discontinued Digit Symbol Substitution ..

20c4. Reason for discontinued Trails A.....

20c5. Reason for discontinued Trails B.....