

IDEAL-Screening Examination

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by Public Law 93-296. Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be held in professional confidence. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and reported as statistical summaries.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 90 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 burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974 ATTN:PRA (0925-xxxx). Do not return the completed form to this address.

Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

B. HEENT

1. Jaeger Vision Test

(*Examiner's note: Hold the Jaeger card approximately 14 - 16 inches from the participant's eyes, and point to paragraph number 10.)

Say: "I am going to hold up this card a bit more than a foot away from you. When I say 'Go', I want you to read aloud the lines that I point to. Ready? I want you to read this paragraph (point to paragraph 10). Go!"

Pass Fail Unknown → 555 666 777 888 999

2. Whisper Hearing Test

(*Examiner's note: Eliminate as much area noise as possible.)

Ask: "Which of your ears has better hearing?" (Note response on a Post-it, as needed.)

Say: "Starting with your good side, I'm going to stand on that side about an arm's length back from you, like this (demonstrate positioning). Then I will whisper a combination of letters and numbers. For example, I might say '4-K-2.' I want you to listen carefully and try to repeat back the sequence I say to you. If you miss the first time, I will repeat the test one more time using a different combination of letters and numbers. We will test the ear with better hearing first and then the other ear. Do you have any questions?"

(*Examiner's note: Stand an arm's length to the side and slightly behind the participant (out of line-of-sight). If participant doesn't know which ear has better hearing and which has worse, start by standing to the participant's right ear.)

Say (normal voice): "Ready? Here is the first combination."

(*Examiner's note: Gently exhale. At the end of your exhalation, whisper the first sequence of letters and numbers. If the patient responds incorrectly, repeat the test one more time using the second sequence of letters and numbers. After one ear has been tested, repeat this procedure using the third and fourth sequences with the participant covering his/her other ear.)

Right Ear: Pass Fail Unknown → 555 666 777 888 999

Left Ear: Pass Fail Unknown → 555 666 777 888 999

555 = Could not do due to physical problems
666 = Could not do due to mental problems
777 = Could not do due to both physical and mental problems
888 = Refused, but theoretically could do
999 = Did not do due to technical problems

59451



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 20 [][][]

IDEAL — Screening Examination

C. Chest Auscultation

1. Loud Heart Murmurs (grade 3 or greater)

Yes

No

Unknown →

555 777 999

666 888

2. Clicks

Yes

No

Unknown →

555 777 999

666 888

3. Rubs

Yes

No

Unknown →

555 777 999

666 888

4. Lungs

a. Rales

No Rales

Rales at bases

Unknown →

555 777 999

666 888

b. Wheezing

No Wheezing

Wheezing

Unknown →

555 777 999

666 888

D. Upper & Lower Extremities

1. Extremities Inspection

(*Examiner's Note: If amputation involves only fingers (other than the thumb) or toes (other than the big toe), do not check.)

Normal

Amputation

Paralysis

Paresis

Unknown →

555 777 999

666 888

555 = Could not do due to physical problems
666 = Could not do due to mental problems
777 = Could not do due to both physical and mental problems
888 = Refused, but theoretically could do
999 = Did not do due to technical problems

Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 20 [][][]

IDEAL — Screening Examination

PARTICIPANT LYING DOWN

2. Motor Testing

Leg Lift

(*Examiner's note: This test is done with the participant in a supine position.)

Demonstrate and Say: "I want you to lift up your legs by bending your knees at a right angle. When I say 'Go', I want you hold that position until I tell you to stop."

"Ready? Go!"

- Unable to attain position or hold for 1 second
- Holds position for less than 5 seconds
- Hold position for 5 seconds
- Unknown

555 777 999
 666 888

3. Sensory Testing

(*Examiner's note: Test one foot at a time while the participant is in a supine position.)

Show Filament and Say: "I am going to use this plastic filament to touch different areas on the inside of your ankle. I want you to tell me as soon as you feel the contact. First, I will test your right ankle, and then your left."

"Ready? Please close your eyes."

(*Examiner's note: using the monofilament administer at least 3 touches and a couple of fakes of the participant's internal ankle (e.g., the internal or medial malleolus)

a. Probing Touch

Right Ankle: Pass Fail Unknown → 555 666 777 888 999

Left Ankle: Pass Fail Unknown → 555 666 777 888 999

555 = Could not do due to physical problems
666 = Could not do due to mental problems
777 = Could not do due to both physical and mental problems
888 = Refused, but theoretically could do
999 = Did not do due to technical problems



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

b. Paresthesia

Say: "Do you have any feelings of tingling, pricking, or numbness in your legs, ankles, or feet?"

Absent Present Unknown → 555 666 777 888 999

4. Sensory Proprioception

(*Examiner's note: Continue with the participant in a supine position. This test is done on one foot at a time with the participant in a seated position with their eyes closed. Grasp the big toe on one of the participant's feet, and move it upwards while informing the participant of the direction of motion. Then move the toe downwards while informing the participant of the direction of motion. Then, to test, move the toe in either direction without providing a verbal cue.)

Say: "I am going to hold your big toe and move it up and down. Then I will tell you what direction I am moving your toe the first couple of times. Then I will ask you to tell me which direction I am moving it. First, I will test your right foot, and then your left. Ready? Please close your eyes."

Demonstrate and Say: "This is up. This is down."

(*Examiner's note: Complete demonstration. Then, begin test sequence. Conduct five tests with each toe.)

Ask: "What direction am I bending your toe?"

Toe Test

Right Foot: Pass Fail Unknown → 555 666 777 888 999

Left Foot: Pass Fail Unknown → 555 666 777 888 999

555 = Could not do due to physical problems
666 = Could not do due to mental problems
777 = Could not do due to both physical and mental problems
888 = Refused, but theoretically could do
999 = Did not do due to technical problems

59451



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

PARTICIPANT STANDING

Examiner Note: Participant must wear shoes

E. Neurological Tests

1. Romberg Sign

Demonstrate and say: "Stand with your feet together, but not touching, and without touching anything for support, like this. Now close your eyes."

(*Examiner's note: Be prepared to catch the participant if they are unstable.)

Romberg sign in 10 seconds:

Trial 1

<input type="checkbox"/> Absent	→	Skip to Pronator Drift
<input type="checkbox"/> Present	→	Skip to Trial 2
<input type="checkbox"/> Unknown	→	<input type="checkbox"/> 555 <input type="checkbox"/> 666 <input type="checkbox"/> 777 <input type="checkbox"/> 888 <input type="checkbox"/> 999

Romberg sign in 10 seconds:

Trial 2

<input type="checkbox"/> Absent	→	Skip to Pronator Drift
<input type="checkbox"/> Present	→	Go to General Appearance
<input type="checkbox"/> Unknown	→	<input type="checkbox"/> 555 <input type="checkbox"/> 666 <input type="checkbox"/> 777 <input type="checkbox"/> 888 <input type="checkbox"/> 999

2. Pronator Drift

Demonstrate and say: "Stand and hold your arms stretched out straight in front of you with your palms up and eyes closed, like this, until I tell you to stop."

Pronator drift in 30 seconds:

<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Unknown	→	<input type="checkbox"/> 555 <input type="checkbox"/> 666 <input type="checkbox"/> 777 <input type="checkbox"/> 888 <input type="checkbox"/> 999
---------------------------------	----------------------------------	----------------------------------	---	--------------------------------------------------------------------------------------------------------------------------------------------------

F. General Appearance

<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Unknown	→	<input type="checkbox"/> 555 <input type="checkbox"/> 666 <input type="checkbox"/> 777 <input type="checkbox"/> 888 <input type="checkbox"/> 999
---------------------------------	-----------------------------------	----------------------------------	---	--------------------------------------------------------------------------------------------------------------------------------------------------

→ Comments _____



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

Physical Performance Tests

(*Examiner note: Participant must wear shoes)

G. SINGLE CHAIR STAND

Describe: "This is a test of strength and stability in your legs in which you stand up from a chair without using your arms."

Demonstrate and say: "Fold your arms across your chest, like this, and stand when I say GO, keeping your arms in this position and sit back down again. Any questions?"

Test: "Ready, Go!"

<input type="checkbox"/> Participant refused (Includes no time/no tester)	→	Go to standing balance
<input type="checkbox"/> Not attempted, unable	→	Go to standing balance
<input type="checkbox"/> Attempted, unable to stand	→	Go to standing balance
<input type="checkbox"/> Rises using arms	→	Go to standing balance
<input type="checkbox"/> Stands without using arms	→	Go to repeated chair stands

H. REPEATED CHAIR STANDS

Describe: "This time I want you to stand up 5 times as quickly as you can keeping your arms folded across your chest."

Demonstrate and say: "When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time. I will demonstrate two chair stands to show you how it is done."

(*Examiner note: Rise two times as quickly as you can, counting as you sit down each time.)

Test: "When I say GO stand five times in a row, as quickly as you can, without stopping. Stand up all the way and sit all the way down each time.
Ready, Go!"

(*Examiner note: Start timing as soon as you say "GO." Count: "1, 2, 3, 4, 5" as the participant sits down each time.)

<input type="checkbox"/> Participant refused (Includes no time/no tester)	→	Go to standing balance
<input type="checkbox"/> Not attempted, unable	→	Go to standing balance
<input type="checkbox"/> Attempted, unable to complete 5 stands	→	Number completed ① ② ③ ④
<input type="checkbox"/> Completes 5 stands	→	Enter time for 5 stands
	→	[][] . [][] Seconds Hundredths



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 20 [][][]

IDEAL — Screening Examination

INTRODUCTION: "I'm going to ask you to stand in several different positions that test your balance. I'll demonstrate each position and then ask you to try to stand in each position for up to 10 seconds. I'll stand next to you to provide support if you lose your balance. Do you have any questions?"

I. SIDE-BY-SIDE STAND

Describe: "First I would like you to try to stand with your feet together, side-by-side, for 10 seconds."

Demonstrate and say: You can 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.

(*Examiner Note: Allow the participant to hold onto your arm to get balanced.)

Test: "Hold onto my arm while you get in position. When you are ready, let go."

(*Examiner Note: Start timing when the participant lets go or when they are in position.)

<input type="checkbox"/> Participant refused (Includes no time/no tester)	→	Go to 4 meter walks
<input type="checkbox"/> Not attempted, unable	→	Go to 4 meter walks
<input type="checkbox"/> Unable to attain position or hold for one second	→	Go to 4 meter walks
<input type="checkbox"/> Holds for less than 10 seconds	→	Go to 4 meter walks
<input type="checkbox"/> Holds for 10 seconds	→	Go to semi-tandem stand

J. SEMI-TANDEM STAND

Describe: "Now I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for 10 seconds. Please watch while I demonstrate."

Demonstrate and say: "You may put either foot in front. You can use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step like this."

(*Examiner Note: Allow the participant to hold onto your arm to get balanced.)

Test: "Hold onto my arm while you get in position. When you are ready, let go."

(*Examiner Note: Start timing when the participant lets go or when they are in position.)

<input type="checkbox"/> Participant refused (Includes no time/no tester)	→	Go to 4 meter walks
<input type="checkbox"/> Not attempted, unable	→	Go to 4 meter walks
<input type="checkbox"/> Unable to attain position or hold for one second	→	Go to 4 meter walks
<input type="checkbox"/> Holds position less than 10 seconds	→	[][] . [][] Seconds Hundredths Go to 4 meter walks
<input type="checkbox"/> Holds position for 10 seconds	→	Go to tandem stand



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][]

IDEAL — Screening Examination

STANDING BALANCE

K. TANDEM STAND

Describe: "Now I would like you to try to stand with the heel of one foot in front of and touching the toes of the other foot for 10 seconds. Please watch while I demonstrate."

Demonstrate and say: "You may put either foot in front. You can use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step like this."

(*Examiner Note: Allow the participant to hold onto your arm to get balanced.)

Test: "Hold onto my arm while you get in position. When you are ready, let go."

(*Examiner Note: Start timing when the participant lets go or when they are in position.)

Trial 1

<input type="checkbox"/> Participant refused (Includes no time/no tester)	→	Go to 4 meter walks
<input type="checkbox"/> Not attempted, unable	→	Go to 4 meter walks
<input type="checkbox"/> Unable to attain position or hold for one second	→	Go to 4 meter walks
<input type="checkbox"/> Holds position less than 10 seconds	→	[][] . [][] Seconds Hundredths Go to trial 2
<input type="checkbox"/> Holds position for 10 seconds	→	Go to 4 meter walks

Say: "Let's try this one more time."

Trial 2

<input type="checkbox"/> Participant refused	→	Go to 4 meter walks
<input type="checkbox"/> Not attempted, unable	→	Go to 4 meter walks
<input type="checkbox"/> Unable to attain position or hold for one second	→	Go to 4 meter walks
<input type="checkbox"/> Holds position less than 10 seconds	→	[][] . [][] Seconds Hundredths Go to 4 meter walks
<input type="checkbox"/> Holds position for 10 seconds	→	Go to 4 meter walks



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

4 METER WALKS

M. FAST PACE

Describe: "Now let's do the fast pace walk."

Demonstrate and say: "Place your feet with your toes behind, but just touching the starting line. When I say, "Go", please walk as fast as you can. Remember to walk a few steps past the finish line. Any questions?"

(*Examiner note: To start the test help the participant into position then drop your arm.)

Say: "Ready? Go."

Trial 1

<input type="checkbox"/> Participant refused (Includes no time/no tester)	→	End performance testing
<input type="checkbox"/> Not attempted, unable to walk	→	End performance testing
<input type="checkbox"/> Completes with walking aid	→	[][] . [][] Seconds Hundredths
	→	Go to trial 2
<input type="checkbox"/> Completes without walking aid	→	[][] . [][] Seconds Hundredths
	→	Go to trial 2

Trial 2

<input type="checkbox"/> Participant refused	→	End performance testing
<input type="checkbox"/> Not attempted, unable to walk	→	End performance testing
<input type="checkbox"/> Completes with walking aid	→	[][] . [][] Seconds Hundredths
	→	End testing
<input type="checkbox"/> Completes without walking aid	→	[][] . [][] Seconds Hundredths
	→	End testing



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

COGNITIVE EXAM

BLESSED MENTAL STATUS

INTRODUCTION: "Now I would like to give you a short memory test that will take about 5 minutes. Some questions will be easy and some will be more difficult. Are you ready?" (*Examiner note: For rapid scoring, fill-in the correct answer for all items marked with an "*", prior to test administration. Read all questions as written. If clarification is required, read the alternate text (Alt:)).

N. *1. What is your name (correct name: _____)?

Correct Incorrect

Participant response _____

***2. Can you tell me your age** (correct age: _____)? (Alt: Please tell me your age.)

Correct Incorrect

Participant response _____

***3. When were you born** (correct month, year: _____)? (Alt: In what month (year) were you born?)

Correct Incorrect

Participant response _____

4. Where were you born (accept: city/town and state or country, if foreign born)? (Alt: In what city (state) were you born?)

Correct Incorrect

Participant response _____

5. Where are you right now? (Alt: What is the name of this place, hospital, study, unit?)

Correct Incorrect

Participant response _____

6. What is the name of the street that we are on?

Correct Incorrect

Participant response _____

***7. How long have you lived here** (correct number of years (+/- 1) _____)?

Correct Incorrect

Participant response _____



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

BLESSED MENTAL STATUS

8. What city are we in (correct response: Baltimore)?

Correct Incorrect

Participant response

9. What state are we in?

(Examiner Note: Record answer in error. Enter 'X' if no response. Omit question if interview is taking place in Washington, DC.)

Correct Incorrect

Participant response

10. What county are we in?

(Examiner Note: Record answer in error. Enter 'X' if no response. Omit question if interview is taking place in Baltimore City or Washington, DC.)

Correct Incorrect

Participant response

*11. What is today's date (correct day of the month (e.g., 16th)

within a day): _____)?

Correct Incorrect

Participant response

*12. What is the current month (correct month: _____)?

Correct Incorrect

Participant response

*13. What is the current year (correct year: _____)?

Correct Incorrect

Participant response

*14. What day of the week is today (correct day of the week: _____)?

Correct Incorrect

Participant response

*15. What part of the day is it (correct time of day (e.g., morning, afternoon, evening,

night): _____)?

Correct Incorrect

Participant response



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

BLESSED MENTAL STATUS

***16. Without looking at a watch or clock, give me your best guess about what time it is (correct time within one hour of start time: _____).**

Correct Incorrect

Participant response

***17. What season is this (correct season[‡] (e.g., spring, summer, fall, winter) within a day: _____)?**

Correct Incorrect

Participant response

[‡] note: The "official" dates of the change of seasons vary from year to year. We have indicated what the dates of the change of seasons tend to be. Accept one day on either side of the actual change of the season. For example, if the first day of winter is December 21st, a participant will get that item correct if s/he says either fall or winter on December 20th, 21st or 22nd.

Spring: begins March 20 (accept either winter or spring from March 19 to March 21)

Summer: begins June 21 (accept either spring or summer from June 20 to June 22)

Fall: begins September 23 (accept either summer or fall from September 22 to September 24)

Winter: begins December 21 (accept either fall or winter from December 20 to December 22)

INTRODUCTION: "Now I'm going to tell you a name and address that I would like you to remember for later. After I give you the name and address, I want you to repeat it right back to me to make sure you heard it correctly. Ready? Here it is: (*speak clearly and slowly*) **John Brown, 42 Market Street, Chicago.**" *If the participant does not voluntarily repeat the name and address, say: "What did I just say?" If the participant cannot repeat the full name and address, say "Let's try that again.*

"Repeat after me:

"**John Brown.** Your turn."

"Repeat after me:

"**42 Market Street.** Your turn."

"**Chicago.** Your turn." *If the participant cannot repeat each component correctly, provide the name and address again, one word at a time. Record outcome below.*

18. When did the participant correctly repeat John Brown, 42 Market Street, Chicago?

- First time
- When given in 3 phrases
- When given in single words
- Could not repeat



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][]

IDEAL — Screening Examination

BLESSED MENTAL STATUS

19. What is your mother's first name (accept: anything resembling a first name)?

Correct Incorrect

Participant response _____

20. How much schooling did you have (accept: number of years or number or type of degrees)?

Correct Incorrect

Participant response _____

21. What is the name of one specific school that you attended (accept: anything reasonable)?

Correct Incorrect

Participant response _____

22. What kind of work have you done (accept: anything reasonable)?

Correct Incorrect

Participant response _____

23. Can you tell me who the president of the United States is right now (correct president: _____)?

Correct Incorrect

Participant response _____

24. Who was the president before (Mr. Obama) (correct previous president: _____)?

Correct Incorrect

Participant response _____

25. Can you tell me one of the years of World War I (accept: any year from 1914 to 1918)?

Correct Incorrect

Participant response _____

26. Can you tell me one of the years of World War II (accept: any year from 1938 to 1945)?

Correct Incorrect

Participant response _____



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

BLESSED MENTAL STATUS

(*Examiner note: For questions N27 to N29, indicate errors by putting a line through the month/number and self-corrections by darkening the box above the month/number. If participant self-corrects two or more times, then score as incorrect.)

27. Now, I would like you to recite the months of the year backwards (in reverse order), starting with December. Start with December, begin ...

[] [] [] [] [] [] [] [] [] [] [] []
DEC NOV OCT SEP AUG JUL JUN MAY APR MAR FEB JAN

[] Correct [] Self-corrected error [] Incorrect

28. Now, I would like you to count from 1 to 20.

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

[] Correct [] Self-corrected error [] Incorrect

29. Now, I would like you to count backwards from 20 to 1.

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

[] Correct [] Self-corrected error [] Incorrect

30. Now, can you recall that name and address you learned a little while ago?

(*Examiner Note: If the participant cannot recall the name and address spontaneously, cue with "John Brown," one time only and score John and Brown as incorrect. No additional prompts are allowed. Score the other 3 units (42, Market Street, Chicago) based on participant response.)

John [] Correct [] Incorrect/Omitted
Brown [] Correct [] Incorrect/Omitted
42 [] Correct [] Incorrect/Omitted
Market Street [] Correct [] Incorrect/Omitted
Chicago [] Correct [] Incorrect/Omitted



Screening Protocol ID:

S C R - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 2 0 [][][]

IDEAL — Screening Examination

(*Examiner Note: Compute a preliminary total score as the number of errors or incorrect responses. For questions N1 through N26 and question N30, count up the number of darkened boxes to the far right. For questions N27 to N29, add one point for a self-corrected error and 2 points for incorrect.)

Validated total: * [][]

Preliminary error total: [][]

* If not done for technical reasons (no time, no tester), please assign "99"; if refused, "88".

MINI MENTAL EXAM

31. "I am going to say three words for you to remember. Repeat them after I have said all three words: shirt, blue, honesty."

(*Examiner Note: Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned."

- a. **Shirt** Correct Error/Refused Not attempted/disabled
- b. **Blue** Correct Error/Refused Not attempted/disabled
- c. **Honesty** Correct Error/Refused Not attempted/disabled
- d. **Number of presentations necessary for the participant to repeat the sequence:**

[]

32. "Spell 'world'"

- Able to spell Unable to spell

If unable to spell: "It's spelled W-O-R-L-D."

"Now spell 'world' **backwards**."

(*Examiner Note: Record letters in order given. Enter "xxxxx" if no response.)

[][][][][]



Screening Protocol ID:

S	C	R	-				
---	---	---	---	--	--	--	--

Tester ID:

--	--	--

Date Completed:

		/			/	2	0		
--	--	---	--	--	---	---	---	--	--

IDEAL — Screening Examination

33. "What three words did I ask you to remember earlier?"

a. Shirt

- Spontaneous recall
- Correct word/incorrect form
- After "Something to wear."
- After "Was it shirt, shoes, or socks?"
- Unable to recall/refused (*provide the correct answer*)
- Not attempted/disabled

b. Blue

- Spontaneous recall
- Correct word/incorrect form
- After "Something to wear."
- After "Was it shirt, shoes, or socks?"
- Unable to recall/refused (*provide the correct answer*)
- Not attempted/disabled

c. Honesty

- Spontaneous recall
- Correct word/incorrect form
- After "Something to wear."
- After "Was it shirt, shoes, or socks?"
- Unable to recall/refused (*provide the correct answer*)
- Not attempted/disabled

34. (**Examiner Note: Point to the object and ask the participant to name it. Score "Error/Refused" if the participant cannot name it within 2 seconds or gives an incorrect name. Do not wait for the participant to mentally search for the name.*)

a. Pencil: "What is this?"

- Correct Error/Refused Not attempted/disabled

b. Wristwatch: "What is this?"

- Correct Error/Refused Not attempted/disabled



Screening Protocol ID:

S C R - [] [] [] []

Tester ID:

[] [] []

Date Completed:

[] [] / [] [] / 2 0 [] []

IDEAL — Screening Examination

35. "Now repeat: **No ifs, ands, or buts"**

(Examiner Note: Pronounce the individual words distinctly but with normal tempo of a spoken sentence. Give no credit if the participant misses the "s.")

- a. **No ifs:** Correct Error/Refused Not attempted/disabled
- b. **ands:** Correct Error/Refused Not attempted/disabled
- c. **or buts:** Correct Error/Refused Not attempted/disabled

36. (*Examiner Note: Hold up Card B and say, "Please do this.**"**

*If the participant does not close their eyes within 5 seconds, prompt by pointing to the sentence and saying, "**Read and do what this says.**"*

*If the participant has already read the sentence aloud spontaneously, simply say, "**Do what this says.**"*

*Allow 5 seconds for the response. Assign the appropriate score (see below). As soon as the participant closes their eyes, say, "**Open.**"*

- Closes their eyes without prompting
- Closes their eyes after prompting
- Reads aloud, but does not close eyes
- Does not read aloud or close eyes/refused
- Not attempted/disabled

37. "Please write the following sentence: **I would like to go out."**

*(*Examiner Note: Hand participant a piece of blank paper and a #2 pencil with eraser. If necessary, repeat the sentence word by word as the participant writes. Allow a maximum of 1 minute after the first reading of the sentence for scoring the task.*

Either printing or cursive is allowed. Score "Correct" for each correct word, but no credit for "I." For each word, score "Error/Refused" if there are spelling errors or incorrect mixed capitalizations (all letter printed in uppercase are permissible). Self-corrected errors are acceptable.)

- a. **Would:** Correct Error/Refused Not attempted/disabled
- b. **Like:** Correct Error/Refused Not attempted/disabled
- c. **To:** Correct Error/Refused Not attempted/disabled
- d. **Go:** Correct Error/Refused Not attempted/disabled
- e. **Out:** Correct Error/Refused Not attempted/disabled



Screening Protocol ID:

S	C	R	-				
---	---	---	---	--	--	--	--

Tester ID:

--	--	--

Date Completed:

		/			/	2	0		
--	--	---	--	--	---	---	---	--	--

IDEAL — Screening Examination

38. "Here is a drawing. Please copy the drawing onto this piece of paper."

(*Examiner Note: Hand participant Card C. Allow 1 minute for copying. For right-handed participants, present the sample on the left side; for the left-handed participants, present the sample on the right side. Allow a maximum of 1 minute for response. Do not penalize for self-corrected errors, tremors, minor gaps, or overshoots.)

a. Pentagon 1

- 5 approximately equal sized
- 5 sides, but longest:shortest side is $>2:1$
- Nonpentagon enclosed figure
- 2 or more lines, but it is not an enclosed figure
- Less than 2 lines/refused
- Not attempted/disabled

b. Pentagon 2

- 5 approximately equal sized
- 5 sides, but longest:shortest side is $>2:1$
- Nonpentagon enclosed figure
- 2 or more lines, but it is not an enclosed figure
- Less than 2 lines/refused
- Not attempted/disabled

c. Intersection

- 4-cornered enclosure
- Not a 4-cornered enclosure
- No enclosure/refused
- Not attempted/disabled

39. (*Examiner Note: Refer to Question N38 to check whether the participant is right- or left-handed. Ask them to take the paper in their non-dominant hand.)

"Take this paper with your left (*right for left-handed person*) hand, fold it in half using both hands, and hand it back to me."

(*Examiner Note: After saying the whole command, hold the paper within reach of the participant. Do not repeat any part of the command. Do not move the paper toward the participant. The participant may hand back the paper with either hand.)



Screening Protocol ID:

S	C	R	-				
---	---	---	---	--	--	--	--

Tester ID:

--	--	--

Date Completed:

		/			/	2	0		
--	--	---	--	--	---	---	---	--	--

IDEAL — Screening Examination

a. Takes paper in correct hand

Correct Error/Refused Not attempted/disabled

b. Folds paper in half

Correct Error/Refused Not attempted/disabled

c. Hands paper back

Correct Error/Refused Not attempted/disabled



Screening Protocol ID:

SCR - [][][][]

Tester ID:

[][][]

Date Completed:

[][] / [][] / 20[][]

IDEAL — Screening Examination

O. Electrocardiogram

Was EKG done? Yes No →

<input type="checkbox"/> Physical	<input type="checkbox"/> Refused
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Technical problems
<input type="checkbox"/> Physical and cognitive	
<input type="checkbox"/> Other	[]

Comments: _____

P. Blood Draw

Lab testing:

- (1) 3ml lavender top
- (1) 3.5ml SST top

(see order sheet for distribution)

Fasting except water since:

[][] : [][] am pm

10 hour fast? Yes No

Blood draw: # attempts

Location:

<input type="checkbox"/> 1 - Right
<input type="checkbox"/> 2 - Left
<input type="checkbox"/> 3 - Both

<input type="checkbox"/> 1 - Antecubital
<input type="checkbox"/> 2 - Upper arm
<input type="checkbox"/> 3 - Lower arm
<input type="checkbox"/> 4 - Hand

Comment? _____

time drawn [][] : [][]

