**Attachment 1b**

**National Health and Nutrition Examination Survey (NHANES)**

**Balance / Vestibular/ Visual Function Pilot Study**

**Data Collection Forms**

Form Approved

OMB No. 0920-0950

Expires: 12/31/2019

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**NHANES Balance / Vestibular / Visual Function**

**(ages 40 years and older)**

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| --- |
| SP ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SAFETY EXCLUSION QUESTIONS1. Can you stand on your own? \_\_\_YES \_\_\_NO
2. Do you have amputations of your legs or feet, other than toes? \_\_\_YES \_\_\_NO
3. Where is the amputation? RIGHT LEG LEFT LEG RIGHT FOOT LEFT FOOT
4. Do you have a leg brace? \_\_\_YES \_\_\_NO
5. How much do you weight without shoes or clothes? \_\_\_\_\_ LBS
6. Have you had a problem in the last 24 hours with dizziness, lightheadedness, feeling as if you are going to pass out or fainting? \_\_\_YES \_\_\_NO
7. Have you fallen in the past 12 months due to a problem with dizziness or balance \_\_\_YES \_\_\_NO

If a person says “Yes” to questions 1, 2, or 3 above or “Yes” to both 5 and 6 above then s/he is ineligible.BALANCE TEST RESULTSTest 1 complete \_\_\_ Yes \_\_\_No Result for (eyes open, stand on firm surface) \_\_\_Passed \_\_\_Failed (not still 20 seconds)  Accelerometer vector magnitude score (for swaying) \_\_\_\_ Test 2 complete \_\_\_ Yes \_\_\_No Result for (eyes closed, stand on firm surface) \_\_\_Passed \_\_\_Failed (not still 20 seconds)  Accelerometer vector magnitude score (for swaying) \_\_\_\_Test 3 complete \_\_\_ Yes \_\_\_No Result for (eyes open, stand on soft surface) \_\_\_Passed \_\_\_Failed (not still 20 seconds)  Accelerometer vector magnitude score (for swaying) \_\_\_\_Test 4 complete \_\_\_ Yes \_\_\_No Result for (eyes closed, stand on soft surface) \_\_\_Passed \_\_\_Failed (not still 20 seconds)  Accelerometer vector magnitude score (for swaying) \_\_\_\_Test 5 complete \_\_\_ Yes \_\_\_No Result for (eyes closed, stand on soft surface, head moving) \_\_\_Passed \_\_\_Failed (not still 20 seconds)  Accelerometer vector magnitude score (for swaying) \_\_\_\_ REASONS BALANCE TEST INCOMPLETE OR NOT DONE ⁪Physical limitation ⁪Participant refusal ⁪Participant ill/emergency ⁪Out of time ⁪Equipment failure ⁪Communication problemDYNAMIC VISUAL ACUITY TEST RESULTS Test 1 complete \_\_\_ Yes \_\_\_No Corrected bioptic visual acuity (while head is still) \_\_\_/\_\_\_ (for example 20/20 vision)  Test 2 complete \_\_\_ Yes \_\_\_No Corrected bioptic visual acuity (while head is moving side to side) \_\_\_/\_\_\_ (for example 20/80 vision) REASONS DYNAMIC VISUAL ACUITY TEST INCOMPLETE OR NOT DONE ⁪Physical limitation ⁪Participant refusal ⁪Participant ill/emergency ⁪Out of time ⁪Equipment failure ⁪Communication problem |
|   |
|  |

QUESTIONS ABOUT CORRECTIVE LENSES

If the participant is wearing glasses, the health technician will ask the following questions:

1. Are the glasses you are wearing single vision or multi-vision?

 single vision

 multi-vision

 IF YES TO QUESTION 1,

1a) what type of multi-vision glasses are they?

 bi-focals

 tri-focals

 progressives

 1b) Do you usually wear those glasses during the day?

 yes

 no

1c) Have you been wearing the glasses continually for the past hour or more??

 yes

 no

If the participant is not wearing glasses, the health technician will ask the following questions instead:

1) Are you currently wearing contact lenses?

 yes

 no

 IF YES TO QUESTION 1,

 1a) Are the contacts you are wearing single vision or multi-vision?

 single vision

 multi-vision

 1b) Do you usually wear contacts during the day?

 yes

 no

1c) Have you been wearing the contacts continually for the past hour or more?

 yes

 no

Example Contrast Senstivity form

