

VISIT 0 1

FORM 2 3

72



The ACT Project
Vision and Hearing
University of Washington
December 14, 2005

SUBJECT

ACT No.: 4 5 6 7 8 9

CHARSUB

Char ID: 10 11 12

DATE_MO

DATE_DAY,

DATE_YR

Date: 13 14 / 15 16 / 17 18

INT

Interviewer: 19 20 21

VISION TEST				
	No	Always	Sometimes	Don't Know
1. Do you wear eyeglasses or contact lenses? If "1" or "2", answer 1a and 1b.	0	1	2	9 22 VISI
1a. Do you use (your) eyeglasses/contact lenses for reading and other close work?	0	1	2	9 23 VISIA
1b. Do you use (your) eyeglasses/contact lenses for seeing distant objects?	0	1	2	9 24 VISIB
1c. Can you see well enough to recognize a friend across a street? (Wearing eyeglasses or contact lenses, if you need them.)	0	1	2	9 25 VISIC
1d. Can you see well enough to read ordinary newspaper print? (Wearing eyeglasses or contact lenses, if you need them.)	0	1	2	9 26 VISID
1e. Sometime in their middle years most people have to start wearing eyeglasses, bifocals, or change their prescriptions for reading or close work. About how old were you when that happened to you? (Encourage to make a best guess)				27 28 VISIE (Code 00 for did not occur) (Code 99 for don't remember)

HEARING							
1. Have you ever worn a hearing aid? <i>HEARI</i> 29	No	0	1a. → If “Yes”, how often do you wear a hearing aid these days? 1b. If “Yes” which ear?	Never or almost never	1	<i>HEARI A</i> 30	
	Yes	1		Occasionally	2		
	Don’t know	9		Often or nearly always	3		
				Don’t know	9		
				Left	1		<i>HEARI B</i> 31
				Right	2		
				Both	3		
		Don’t know/refused	9				
2. Hearing Handicap Inventory for the Elderly – Screening Version							
Now I’d like to ask you some more questions about your hearing. Please answer “no”, “Sometimes”, or “Yes”.							
			No	Sometimes	Yes	Don’t Know/Refused	
2a.	Do you have a difficulty in hearing that causes you to feel embarrassed when you meet new people?	0	2	4	9	32	<i>HEAR2 A</i>
2b.	Do you have a difficulty in hearing that causes you to feel frustrated when talking to members of your family?	0	2	4	9	33	<i>HEAR2 B</i>
2c.	Do you have difficulty hearing when someone speaks in a whisper?	0	2	4	9	34	<i>HEAR2 C</i>
2d.	Do you feel handicapped by a hearing problem?	0	2	4	9	35	<i>HEAR2 D</i>
2e.	Do you have a difficulty in hearing that causes you difficulty when visiting friends, relatives, or neighbors?	0	2	4	9	36	<i>HEAR2 E</i>
2f.	Do you have a difficulty in hearing that causes you to attend religious services less often than you would like?	0	2	4	9	37	<i>HEAR2 F</i>
2g.	Do you have a difficulty in hearing that causes you to have arguments with family members?	0	2	4	9	38	<i>HEAR2 G</i>
2h.	Do you have a difficulty in hearing that causes you difficulty when listening to television or radio?	0	2	4	9	39	<i>HEAR2 H</i>
2i.	Do you feel any difficulty with your hearing that limits or hampers your personal or social life?	0	2	4	9	40	<i>HEAR2 I</i>
2j.	Do you have a difficulty in hearing that causes you difficulty when in a restaurant with relatives or friends?	0	2	4	9	41	<i>HEAR2 J</i>
Total HHIE-S scores range from 0 to 40. Score					42	43	<i>HEARTOT</i>
3.	If a person talks to you in a normal voice, can you usually understand what he/she says without watching his/her mouth? (with a hearing aid if you use one.)	0	2	4	9	44	<i>HEAR3</i>

OLFACTION (Section removed 11/09/2005)			
I will now be asking you some questions about your sense of smell.			
1. Have you had congestion of your nose in the past 3 weeks? (e.g., due to an upper respiratory infection or allergies)	No	0	
	Yes	1	45
	Unknown	9	
2. Has your sense of smell deteriorated over the period of your adult life? If NO, skip to question 3.	No	0	
	Yes	1	46
	Unknown	9	
2a. Over what time period has your sense of smell gotten worse?	Within the past 6 months	1	
	Between 6 months and 1 year	2	
	Between 1 to 2 years	3	47
	Between 2 to 5 years	4	
	Between 5 to 10 years	5	
	More than 10 years	6	
	Don't know/refused	9	
2b. What was your age when you first noticed these problems? (code 999 = Unknown/refused)	48	49	50
2c. Do you know why you could not smell things as well as before?	Sense of smell deteriorated	1	
	Getting Older	2	
	Smoking	3	51
	Broken Nose	4	
	Hay Fever/Colds	5	
	Oven Spray Exposure	6	
	Other, specify:	7	
	Don't know/Refused	9	
3. Do you suffer from taste problems? If NO, you are finished with this form.	No	0	
	Yes	1	52
	Unknown	9	
3a. At what age did you first notice these problems? (code 999 = Unknown/refused)	53	54	55

OLF1

OLF2

OLF2A

OLF2B

OLF2C

OLF3

OLF3A