

5TH BIENNIAL VISIT



The ACT Project
BIENNIAL
Vision, Hearing, & Olfaction
 University of Washington
 April 11, 2001

SUBJECT ACT No.: 4 5 6 7 8 9
CHARSUB Char ID: 10 11 12
 Date: 13 14 / 15 16 / 17 18 DATE_MO
VISIT Visit No.: 0 1 DATE_DAY, DATE_YR
VTYPE 19Type: **2 - In-Person**
6 - Remote
INT Interviewer No.: 20 21 22

VISION TEST

	NO	ALWAYS	SOMETIMES	DON'T KNOW	
1. Do you wear eyeglasses or contact lenses? If "1" or "2", answer 1a and 1b below.	0	1	2	9	23 VISI
1a. Do you use (your) eyeglasses/contact lenses for reading and other close work?	0	1	2	9	24 VISIA
1b. Do you use (your) eyeglasses/contact lenses for seeing distant objects?	0	1	2	9	25 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	26 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	27 VISID

HEARING

1. Have you ever worn a hearing aid? HEAR1 28	NO	0	1a. If "YES" How often do you wear a hearing aid these days? HEAR1A 29	Never or almost never	1
	YES	1		Occasionally	2
	DON'T KNOW	9		Often or nearly always	3
				Don't know	9
<hr/>					
1b. If YES" Which ear? HEAR1B 30			Left		1
			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	SOME-TIMES	YES	DON'T KNOW REFUSED
2a. Do you have difficulty in hearing that causes you to feel embarrassed when you meet new people? HEAR2A 31	0	2	4	9
2b. Do you have difficulty in hearing that causes you to feel frustrated when talking to members of your family? HEAR2B 32	0	2	4	9

Continued on back of form
 HHIE – S, continued

			NO	SOME-TIMES	YES	DON'T KNOW REFUSED
2c.	Do you have a difficulty hearing when someone speaks in a whisper? <i>HEAR2C</i>	33	0	2	4	9
2d.	Do you feel handicapped by a hearing problem? <i>HEAR2D</i>	34	0	2	4	9
2e.	Do you have a difficulty in hearing that causes you difficulty when visiting friends, relatives, or neighbors? <i>HEAR2E</i>	35	0	2	4	9
2f.	Do you have a difficulty in hearing that causes you to attend religious services less often than you would like? <i>HEAR2F</i>	36	0	2	4	9
2g.	Do you have difficulty in hearing that causes you to have arguments with family members? <i>HEAR2G</i>	37	0	2	4	9
2h.	Do you a difficulty in hearing that causes you difficulty when listening to television or radio? <i>HEAR2H</i>	38	0	2	4	9
2i.	Do you feel that any difficulty with your hearing limits or hampers your personal or social life? <i>HEAR2I</i>	39	0	2	4	9
2j.	Do you have a difficulty in hearing that causes you difficulty when in a restaurant with relatives or friends? <i>HEAR2J</i>	40	0	2	4	9

TOTAL HHIE – S SCORES RANGE FROM 0 TO 40 *HEARTOT* 41 42 SCORE

3. If a person talks to you in a normal voice, can you usually understand what he says without watching his mouth? *HEAR3* 43 0 2 4 9

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)

OLF1 44

NO	0
YES	1
UNKNOWN	9

2. Has your sense of smell permanently deteriorated **since your last visit?**

OLF2 45

IF YES, complete question 2c.

NO	0
YES	1
UNKNOWN	9

<p>2c. Do you know why you cannot smell things as well as before? (Choose one answer.)</p> <p style="text-align: right;"><i>OLF2C</i> 46</p>	<p>Senses of smell deteriorated..... 1</p> <p>Getting older..... 2</p> <p>Smoking..... 3</p> <p>Broken nose..... 4</p> <p>Hay fever/colds..... 5</p> <p>Oven spray exposure..... 6</p> <p>Other, specify: _____ 7</p> <p>Don't know/refuse..... 9</p>
---	---

3. Has your ability to taste permanently deteriorated **since your last visit?**

OLF3_96 47

NO	0
YES	1
UNKNOWN	9