

# Introduction to Cognitive Testing

PID:

Acrostic:

Visit:

Date Form Completed:

Administration Type:

Self-administered  
Mailed  
Telephone  
Interviewer-administered  
Home  
Administered to Proxy

Administered by:

Language:

English  
Spanish  
Navajo

---

Introductory script: **"Hello (name of participant). How are you today? Thank you for taking the time to participate in the Look AHEAD Study. Today we are going to do some cognitive tasks that involve memory, reading words, drawing, and other things. Each task has been designed to challenge you. That is, some tasks will be easy and others will be harder. You should not worry about how well you are doing. Just give each one your full attention and do the best you can. I will tell you what you need to do before each task, however, I cannot tell you how you did or offer any help. Also, some of the tests will be timed and it is important to go from one test to the next in a timely manner. If you have questions or conversation, they will have to wait until ALL the testing is complete. Before we begin, do you have any questions for me? Do you need to use the restroom or get a drink of water before we begin? Again, thank you for participating and let's get started."**

---

**1. I will be recording this session. This is being done to help us to record your answers more accurately. We will only use the recording to make sure I am conducting the testing in the correct way. Is that alright with you?**

---

{recordok} {int 4}

---

**2. Do you use a hearing aid?**

---

{hearingaid} {int 4}

---

**3. Did you bring your hearing aid with you?**

--  
 1 - Yes  
 2 - No  
 3 - Don't know

**4. Do you wear eyeglasses?**

--  
 1 - Yes  
 2 - No  
 3 - Don't know

**5. Did you bring your eyeglasses with you?**

--  
 1 - Yes  
 2 - No  
 3 - Don't know

**6. Are you colorblind or has a doctor ever told you that you are colorblind?**

--  
 1 - Yes  
 2 - No  
 3 - Don't know

**7. Show the participant the reading card and ask, "Can you read this for me? Read from left to right."  
(Sweep your finger left to right on card.)**

7a. Red  
 {red} {int 4} --  
 1 - Yes  
 2 - No

7b. Green  
 {green} {int 4} --  
 1 - Yes  
 2 - No

7c. Yellow  
 {yellow} {int 4} --  
 1 - Yes  
 2 - No

7d. Blue  
 {blue} {int 4} --  
 1 - Yes  
 2 - No

**8. Show the participant the color cards and ask, "Can you name the colors on this card for me? Read them left to right." (Sweep your finger left to right on card.)**

- 8a. Red - Green  
(1) 

--
1 - Yes
2 - No

 (2) 

--
1 - Yes
2 - No
- 8b. Green - Yellow  
(1) 

--
1 - Yes
2 - No

 (2) 

--
1 - Yes
2 - No
- 8c. Blue - Red (1)  
(1) 

--
1 - Yes
2 - No

 (2) 

--
1 - Yes
2 - No
- 8d. Yellow - Blue  
(1) 

--
1 - Yes
2 - No

 (2) 

--
1 - Yes
2 - No
- 8e. Green - Blue  
(1) 

--
1 - Yes
2 - No

 (2) 

--
1 - Yes
2 - No
- 8f. Red - Yellow  
(1) 

--
1 - Yes
2 - No

 (2) 

--
1 - Yes
2 - No

# Introduction to Cognitive Testing

Patient ID	[affix ID label here]	Date Form Completed	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		Month	Day	Year	
Administration Type	<input style="width: 30px; height: 20px;" type="text"/>	Visit Code	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Reviewed by	<input style="width: 30px; height: 20px;" type="text"/>	Language	<input style="width: 30px; height: 20px;" type="text" value="E"/>		

Introductory script: **"Hello (name of participant). How are you today? Thank you for taking the time to participate in the Look AHEAD Study. Today we are going to do some cognitive tasks that involve memory, reading words, drawing, and other things. Each task has been designed to challenge you. That is, some tasks will be easy and others will be harder. You should not worry about how well you are doing. Just give each one your full attention and do the best you can. I will tell you what you need to do before each task, however, I cannot tell you how you did or offer any help. Also, some of the tests will be timed and it is important to go from one test to the next in a timely manner. If you have questions or conversation, they will have to wait until ALL the testing is complete. Before we begin, do you have any questions for me? Do you need to use the restroom or get a drink of water before we begin? Again, thank you for participating and let's get started."**

	Yes	No	Don't Know		
1. I will be recording this session. This is being done to help us to record your answers more accurately. We will only use the recording to make sure I am conducting the testing in the correct way. Is that alright with you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
2. Do you use a hearing aid?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
3. Did you bring your hearing aid with you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
4. Do you wear eyeglasses?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
5. Did you bring your eyeglasses with you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
6. Are you colorblind or has a doctor ever told you that you are colorblind?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>		
7. Show the participant the reading card and ask, <b>"Can you read this for me? Read from left to right."</b> (Sweep your finger left to right on card.)	<b>Yes</b>		<b>No</b>		
	7a. Red	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
	7b. Green	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
	7c. Yellow	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
	7d. Blue	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
8. Show the participant the color cards and ask, <b>"Can you name the colors on this card for me? Read them left to right."</b> (Sweep your finger left to right on card.)	<b>1<sup>st</sup> color correct?</b>		<b>2<sup>nd</sup> color correct?</b>		
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
	8a. Red – Green	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	8b. Green – Yellow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	8c. Blue – Red	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	8d. Yellow – Blue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	8e. Green – Blue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	8f. Red – Yellow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>