

# **OCTO Twin**

**Main Protocols  
in  
Wave 1 - 5**

# Protocol for Wave 1

Twinle

OCTO-TWIN I

Tw.pair / Tw.no.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_

Age/Year of birth: \_\_\_\_\_ / \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B1 Particip. status: ( )1

Next of kin

109 Date of examination: \_\_\_\_\_  
year month day

XZ ( ) Blood test

Blood test done: No ( ) due to ..... Yes ( )

Nurse: \_\_\_\_\_

I. BACKGROUND INFORMATION

Twinle

Tw.pair / Tw.no.

110 **Nurse?** ( ) 1 ( ) 2 ( ) 3 ( ) 4 \*

111 **Where is Subject living/staying at the time of investigation? \***

- Ordinary living
- apartment in apartment house ( ) 01
- apartment in two-apartment house ( ) 02
- single-family house/small house, row house, etc. ( ) 03
- other ..... ( ) 04
- ..... ( ) 04
- presently staying with someone else in ordinary living ( ) 05

- .....
- Service apartment/service house ( ) 06
- Old people's home ( ) 07
- Nursing home ( ) 08
- Geriatric rehabilitation clinic ( ) 09
- Psychiatric long-term care ( ) 10
- .....

- Hospital care ( ) 11
- Other form of care/institution ..... ( ) 12
- .....

112 **Do you (subject) live with someone? \***

- Lives alone ( ) 0
- Lives with someone ..... ( ) 1-
- Lives with twin-partner ..... ( ) 6
- Lives in institution (alt. 8 - above) ( ) 7

113 **What is your full name? \***

- Does not know ( ) 0
- Wrong/Does not know ( ) 1
- First name correct ( ) 2
- Last name correct ( ) 3
- First and last names correct ( ) 4

114 **What year were you born? \***

- Wrong/Does not know ( ) 1
- Correct ( ) 2

115 **Then, how old are you/will you be during this year? \***

- Wrong/Does not know ( ) 1
- Correct ( ) 2

**Where were you born/in what parish?**

\*

Parish: \_\_\_\_\_ Does not know ( )  
County: \_\_\_\_\_ Does not know ( )  
(not coded)

**116-117 What is your marital status?**

\*

Married ( ) 1  
Unmarried ( ) 2  
Widowed ( ) 3 When? ..... years of age  
Divorced ( ) 4 When? ..... years of age

**118-121 How long did your (biological) father and mother live?**

Father was .... years (ca. .... years) Does not know ( ) 9  
Mother was .... years (ca. .... years) Does not know ( ) 9

**122-125 What were your mother's/father's health conditions "before they died" regarding B**

.....memory and thinking-ability	Mother	Father
Bad	( ) 1	( ) 1
Rather bad	( ) 2	( ) 2
Neither bad/nor good	( ) 3	( ) 3
Rather good	( ) 4	( ) 4
Good	( ) 5	( ) 5
Does not know	( ) 9	( ) 9

  

...physical health	Mother	Father
Good	( ) 1	( ) 1
Rather good	( ) 2	( ) 2
Neither bad/nor good	( ) 3	( ) 3
Rather good	( ) 4	( ) 4
Good	( ) 5	( ) 5
Does not know	( ) 9	( ) 9

**126-127 ...Cause of death:**Father: \_\_\_\_\_ Does not know ( ) 99  
Mother: \_\_\_\_\_ Does not know ( ) 99

128 **When you grew up, how - well or badly - did money cover your family's needs? A**

- Badly ( ) 1
- Rather badly ( ) 2
- Rather well ( ) 3
- Well ( ) 4

129 **What was your family's economical situation when you grew up compared to others at that time?**

- Worse ( ) 1
- About the same as other people's ( ) 2
- Better ( ) 3

130-131 **For how many years did you go to school? ..... years**

- Less than elementary school ( ) 1
- Elementary school ( ) 2
- More than elementary school (no secondary school) ( ) 3
- Vocational school ( ) 4
- Folk high school ( ) 5
- Secondary school (no high school) ( ) 6
- High school (no college) ( ) 7
- Graduated (college) ( ) 8

**EDU New education variable from Twin Registry**

132-136 **Do you have/have you had any siblings (except your twin-partner)?**

- No ( ) 0
- Yes ( ) 1 ..... boys who are ..... living?  
..... girls who are ..... living?

137-138 **Number of siblings prior .... respectively following .... twin-pair?**

139 **Which one of you was born first?**  
Subject ( ) 1 Brother/sister ( ) 2 Does not know ( ) 9

140-141 Do you keep in touch with your twin-partner (nowadays)? If so: How often do you meet/have contact by telephone?

	Meets	Contact by teleph.
Every day	( ) 1	( ) 1
Several times/week	( ) 2	( ) 2
Every week	( ) 3	( ) 3
Every month	( ) 4	( ) 4
Every year	( ) 5	( ) 5
Infrequently/hardly ever	( ) 6	( ) 6
Never/No contact	( ) 7	( ) 7

Do you have/have you had children and grandchildren?

142 No ( ) 0 Yes ( ) 1

143- Own children, ..... who are ..... living?

150 Foster children, ..... who are ..... living?

Grandchildren, ..... who are ..... living?

Great grandchildren, .....who are ..... living?

151-152 Miscarriages ..... Stillbirths .....

What has been your main occupation (during the longest period)? \*

.....  
Housewife ( )

What was your spouse's main occupation? \*

.....  
Housewife ( ) \* Code above into social group and SES below

153 Social group. ....

154 SES-code .....

155 **When you (your spouse) were working, what was your/your family's economical situation compared to that of others of the same age?**

- Worse ( ) 1
- About the same ( ) 2
- Better ( ) 3

156 **How well did your money cover your/your family's need?**

- Badly ( ) 1
- Rather badly ( ) 2 **A**
- Rather well ( ) 3
- Very well ( ) 4

157- **How old were you when you finished working?** (ask for age)

..... **age in years**, because of:

- 158
- never worked ( ) 1
  - retirement (regular age) ( ) 2
  - early retirement (or the like) ( ) 3
  - illness/handicap ( ) 4
  - became a housewife (or the like) ( ) 5
  - otherwise ..... ( ) 6

159 **How is your economical situation now compared to that of others of the same age?**

- Worse ( ) 1
- About the same ( ) 2
- Better ( ) 3

160 **How well does your money cover your needs?**

- Badly ( ) 1
- Rather badly ( ) 2 **A**
- Rather well ( ) 3
- Very well ( ) 4

161 **Is your present economical situation preventing you from doing what you like to do?**

- Yes, to a great extent ( ) 1
- Yes, to some extent ( ) 2
- No ( ) 3

II. HEALTH

Twin2Ae

Tw.pair / Tw.no.

201 How do you evaluate your overall health condition ?

- Good ( ) 1
- About average ( ) 2
- Bad ( ) 3

202 How do you rate your health compared to what it was two years ago?

- Better ( ) 1
- About the same ( ) 2
- Worse ( ) 3

203 How do you rate your health compared to others of your own age?

- Better ( ) 1
- About the same ( ) 2
- Worse ( ) 3

204 Do you think that your health-condition is preventing you from doing the things you would like to do?

- Not at all ( ) 1
- Partly ( ) 2
- To a great extent ( ) 3

205 Do you think that you have taken good care of your body/health during life ("had a healthy way of living")?

- Badly ( ) 1
  - Rather badly ( ) 2
  - Neither well nor badly ( ) 3
  - Rather well ( ) 4
  - Well ( ) 5
- B

207 Are you presently doing or have you previously done anything special to train your body or "keep your body fit"?

- |                            | Earlier | Presently |
|----------------------------|---------|-----------|
| No                         | ( ) 0   | ( ) 0     |
| Yes, to some extent        | ( ) 1   | ( ) 1     |
| Yes, to a great extent by: | ( ) 2   | ( ) 2     |

.....

.....



**208- Do you wear glasses/a hearing aid?**

209

	Glasses	Hearing aid
No	( ) 0	( ) 0
Yes, always	( ) 1	( ) 1
Yes, sometimes	( ) 2	( ) 2

**210- How do you rate your eye-sight and hearing?**

211

	Sight	Hearing	
Excellent	( ) 1	( ) 1	
Good	( ) 2	( ) 2	
Rather good	( ) 3	( ) 3	
Rather bad	( ) 4	( ) 4	<b>B</b>
Bad	( ) 5	( ) 5	
Blind or nearly blind	( ) 6		
Deaf or nearly deaf		( ) 6	

**212- How do you rate your senses of smell, taste and touch?**

214

	Smell	Taste	Touch	
Good	( ) 1	( ) 1	( ) 1	
Rather good	( ) 2	( ) 2	( ) 2	<b>A</b>
Rather bad	( ) 3	( ) 3	( ) 3	
Bad	( ) 4	( ) 4	( ) 4	

**Vision test**

**\***

**215** Not performed ( ) 9 .....

**216 Does Subject use vision aid?**

No	( ) 0	Magnifying glass etc.	( ) 2
Glasses/contact lenses	( ) 1	Other	( ) 3

**217- Small text**

218

		Incorrect	Correct
		1	2
- 1st try	2 6 5 9 1 0 4	( )	( )
- 2nd try	5 4 4 0 2 0 9	( )	( )

**219- Medium text**

220

- 1st try	9 1 9 0 5 8 7	( )	( )
- 2nd try	3 1 0 6 3 1 0	( )	( )

**221- Large text**

222

- 1st try	8 2 6 4 1 3 3	( )	( )
- 2nd try	2 2 4 0 0 6 8	( )	( )

Contacts with the medical care system

Have you during the last .... 2 months/.... 2 years (incl. the 2 months)

	No	Yes	No	Yes
	00	01-	00	01-
223- been hospitalized	( )	.....times	( )	.....times
224				
225- had surgery	( )	.....times	( )	.....times
226				
227- consulted a	( )	.....times	( )	.....times
228 doctor				
(excl. hospital care)				
229- contacted the	( )	.....times	( )	.....times
230 district nurse				

Blood pressure/pulse

231 Have a doctor or a nurse checked your blood pressure during the last six months? \*

- Do not know ( ) 9
- No ( ) 0
- Yes,
- it was too low ( ) 1
- it was normal ( ) 2
- it was slightly increased ( ) 3
- it was much increased ( ) 4
- does not know the result ( ) 5

232-233 Supine: \_\_\_\_\_ sys./ \_\_\_\_\_ dia.

234 Pulse: \_\_\_\_\_

	No	Yes
	0	1
235- Weak pulse:	( )	( )
236 Irregular pulse:	( )	( )

237-238 Standing: \_\_\_\_\_ sys./ \_\_\_\_\_ dia.

239 Pulse: \_\_\_\_\_

240-241 Time before: \_\_\_\_\_ min. \_\_\_\_\_ sec.

242 (Gauge no: ..... )

Status of teeth

\*

243 How many of his/her own teeth does Subject still have?

....(00-) DO NOT USE - NOT RELIABLE !!

Height/Weight

\*

244-245 Weight: ..... kg Waist: ..... cm

246-247 Height: ..... cm Hip: ..... cm

248-250 Bottom: ..... cm

\* corset ( ) No 0 Yes 1

251 (Scale no.: .....)

\* slacks, skirt ( ) No 0 Yes 1

Diseases and disorders I

Twin2A

Do you have or did you ever have any of the following diseases or disorders? If yes, to what extent does this bring about difficulties to your daily life (presently)?

<u>Disease/disorder</u>	No		Yes		
	0	1	Not at all 0	Little 1	Much 2
<u>252-Heart - circulation - blood</u>					
<u>269</u>					
- Heart insufficiency .....	( )	( )	( )	( )	( )
- Heart attack, st.p. ....	( )	( )	( )	( )	( )
- High blood pressure/hyp. ....	( )	( )	( )	( )	( )
- Angina (pectoris) .....	( )	( )	( )	( )	( )
- Vascular spasm in leg(s) .... (intermittent claudication)	( )	( )	( )	( )	( )
- Circulation disturbances in arms, legs (varicose veins) .....	( )	( )	( )	( )	( )
- Thrombosis in leg, varicose ulcer in leg .....	( )	( )	( )	( )	( )
- Cerebral hemorrhage or cerebral thrombosis (stroke), st.p. ...	( )	( )	( )	( )	( )
- Iron deficiency (anemia) .....	( )	( )	( )	( )	( )
<u>270- Lungs - respiration</u>					
<u>275</u>					
- Chronic bronchitis .....	( )	( )	( )	( )	( )
- Emphysema .....	( )	( )	( )	( )	( )
- Asthma .....	( )	( )	( )	( )	( )

cont

276-

287 Infections - metabolism

- Tuberculosis ..... ( ) ( ) ( ) ( ) ( )
- Polio, st. p. .... ( ) ( ) ( ) ( ) ( )
- Herpes zoster ..... ( ) ( ) ( ) ( ) ( )
- Goiter or any other glandular disease ..... ( ) ( ) ( ) ( ) ( )
- Diabetes ..... ( ) ( ) ( ) ( ) ( )
- Gout ..... ( ) ( ) ( ) ( ) ( )

288-

299 Nervous system

- M.S. Multiple sclerosis ..... ( ) ( ) ( ) ( ) ( )
- Parkinson's disease ..... ( ) ( ) ( ) ( ) ( )
- Epilepsy ..... ( ) ( ) ( ) ( ) ( )
- Migraine ..... ( ) ( ) ( ) ( ) ( )
- (Nervous) paralysis ..... ( ) ( ) ( ) ( ) ( )
- Sciatica ..... ( ) ( ) ( ) ( ) ( )

300- Sensory organs - speech

309

- Cataract ..... ( ) ( ) ( ) ( ) ( )
- Glaucoma ..... ( ) ( ) ( ) ( ) ( )
- Other disorders of the eye ... ( ) ( ) ( ) ( ) ( )
- Hearing impairment ..... ( ) ( ) ( ) ( ) ( )
- Speech impairment ..... ( ) ( ) ( ) ( ) ( )

cont

310- Skin  
313

- Eczema ..... ( ) ( ) ( ) ( ) ( )
- Psoriasis ..... ( ) ( ) ( ) ( ) ( )

314- skeleton - muscles  
329

- Rheumatoid arthritis ..... ( ) ( ) ( ) ( ) ( )
- Arthritis ..... ( ) ( ) ( ) ( ) ( )
- Osteoporosis ..... ( ) ( ) ( ) ( ) ( )
- Hip-joint impairment ..... ( ) ( ) ( ) ( ) ( )
- Disability, joints,  
muscles, skeleton ..... ( ) ( ) ( ) ( ) ( )
- Back pain ..... ( ) ( ) ( ) ( ) ( )
- Neck pain ..... ( ) ( ) ( ) ( ) ( )
- Shoulder pain ..... ( ) ( ) ( ) ( ) ( )

330- Abdomen - intestine  
337

- Gastric Ulcer ..... ( ) ( ) ( ) ( ) ( )
- Other gastro-intestinal ..... ( ) ( ) ( ) ( ) ( )
- Gall bladder disorder ..... ( ) ( ) ( ) ( ) ( )
- Liver disease ..... ( ) ( ) ( ) ( ) ( )

338- Kidneys - lower abdomen  
347

- Kidney disease ..... ( ) ( ) ( ) ( ) ( )
- Prostate disorder ..... ( ) ( ) ( ) ( ) ( )
- Urinary tract disorder ..... ( ) ( ) ( ) ( ) ( )
- Women's disease/surgery ..... ( ) ( ) ( ) ( ) ( )
- Incontinence ..... ( ) ( ) ( ) ( ) ( ) cont

348- Cancer - tumors

354

- Prostate\* ..... ( ) ( ) ( ) ( ) ( )
  - Breast cancer ..... ( ) ( ) ( ) ( ) ( )
  - Other cancer ..... ( ) ( ) ( ) ( ) ( )
- \* Are there siblings with cancer?( ) ( )

.....  
.....

355- Other symptoms and disorders

398

- Dizziness (vertigo) ..... ( ) ( ) ( ) ( ) ( )
- Allergies ..... ( ) ( ) ( ) ( ) ( )
- Insomnia ..... ( ) ( ) ( ) ( ) ( )
- Psychological problems ..... ( ) ( ) ( ) ( ) ( )
- Other According to list
- ..... ( ) ( ) ( ) ( )
- ..... ( ) ( ) ( ) ( )
- ..... ( ) ( ) ( ) ( )
- ..... ( ) ( ) ( ) ( )

399 Do you have any disability or chronic condition which is not directly connected with a disease?

- No ( ) 0
- Yes ( ) 1 Give what: .....
- .....

Medication

Twin2Be

401-460

What medicines/drugs do you/subject take at present? \*

If 0, mark x ( )

Why are you taking this medicine? For how long have you been using this medicine? (according to Subject him/herself).

401, 406, 411, 416, 421, 426, 431, 436, 441, 446, 451, 456 refer to name of drugs in ATC codes

	<u>Medicine</u>	<u>Concentration</u>	<u>Unit</u>	<u>Dosage/day</u>
401-405	1 .....	/...../...../.....		
	Cause: .....		Duration: .....	
406-410	2 .....	/...../...../.....		
	Cause: .....		Duration: .....	
411-415	3. ....	/...../...../.....		
	Cause: .....		Duration: .....	
416-420	4. ....	/...../...../.....		
	Cause: .....		Duration:.....	
421-425	5. ....	/...../...../.....		
	Cause: .....		Duration:.....	
426-430	6. ....	/...../...../.....		
	Cause: .....		Duration:.....	



**431-** 7. .... / ..... / ..... / .....  
**435**

Cause: ..... / Duration: .....

**436-** 8. .... / ..... / ..... / .....  
**440**

Cause: ..... Duration:.....

**441-** 9. .... / ..... / ..... / .....  
**445**

Cause: ..... Duration: .....

**446-** 10. .... / ..... / ..... / .....  
**450**

Cause: ..... Duration:.....

**451-** 11. .... / ..... / ..... / .....  
**455**

Cause: ..... Duration:.....

**456-** 12. .... / ..... / ..... / .....  
**460**

Cause: ..... Duration: .....

**461-** **Additional (not registered/) medication?**  
**468**

.....  
.....  
.....  
.....

**469** **Any other (not registered) medication?** ( ) 0 -

**Comments:** .....

**470 Can you/Subject/ manage the medication yourself? \***

- Not relevant/does not take medicine ( ) 8
- No, gets help by ..... ( ) 0
- Yes, dosage box/correspondingly filled by ..... ( ) 1
- Yes, by myself with dosage box (fill myself) ( ) 2
- Yes, quite on my own ( ) 3
- Does not know ( ) 9

**471 Do you take your medicine as prescribed?**

- Not relevant/does not take medicine ( ) 8
- No ( ) 0
- Yes ( ) 1
- Does not know ( ) 9

**472 Does Subject seem to take his/her medicine as prescribed?**

- Not relevant/does not take medicine ( ) 8
- Others help Subject/administrate medicine ( ) 2
- No problems ( ) 3
- Does not know/cannot be judged ( ) 9

**Some questions about tobacco and drinking habits**

**473- Have you ever smoked?**

- 475**
- No, never tried ( ) 0
  - Yes, now and then (e.g., socially) ( ) 1
  - Yes, but has quit\* ( ) 2
  - Yes, still smokes ( ) 3

\*> Started (age)..... Quit (age).....

**476- How much now?**

- 479**
- Cigarettes/day ..... (00- )
  - Cigars/day ..... (00- )
  - Cigarillos/day ..... (00- )
  - Pipe tobacco grams/day ..... (00- )

**480- Have you ever used snuff?**

- 483**
- No, never tried ( ) 0
  - Yes, now and then ( ) 1
  - Yes, but has quit\* ( ) 2
  - Yes, still uses \* ( ) 3

\* Started (age)..... Quit (age).....  
How many boxes/week now? .....(00- )

484- How often do you drink beer, "light" wine, "strong" wine 487487 or hard liquor nowadays?\*

	Beer	Light wine	Strong wine	Hard liquor
Never	( ) 0	( ) 0	( ) 0	( ) 0
Once a year or less	( ) 1	( ) 1	( ) 1	( ) 1
Two to six times a year	( ) 2	( ) 2	( ) 2	( ) 2
Once a month	( ) 3	( ) 3	( ) 3	( ) 3
Twice a month	( ) 4	( ) 4	( ) 4	( ) 4
Once a week	( ) 5	( ) 5	( ) 5	( ) 5
Twice a week	( ) 6	( ) 6	( ) 6	( ) 6
Every other day	( ) 7	( ) 7	( ) 7	( ) 7
Every day	( ) 8	( ) 8	( ) 8	( ) 8

\* "Light" beer excluded. By hard liquor is meant e.g. aquavit, whiskey, gin, brandy, punch, etc. Also liquor in cocktails and long drinks.

488 How much beer do you usually drink at a time?

Not relevant/Does not drink ( ) 00  
..... glass  
..... bottle (33 cl)

489 How much wine do you usually drink at a time?

Not relevant/Does not drink ( ) 00  
..... glass (15 cl)

490 How much strong wine do you usually drink at a time?

Not relevant/Does not drink ( ) 00  
..... glass (8 cl)

491 How much hard liquor do you usually drink at a time?

Not relevant/Does not drink ( ) 00  
..... cl

**492- Do you drink/have you ever drunk coffee?**

**493**

- No, never tried ( ) 0
- No, but did earlier ( ) 1 ..... cups a day
- Yes, nowadays ( ) 2 ..... cups a day
- Yes, always did ( ) 3 ..... cups a day

**494- Do you/did you drink brewed or boiled coffee?**

**495**

- |        | Earlier | Nowadays |
|--------|---------|----------|
| Boiled | ( ) 1   | ( ) 1    |
| Brewed | ( ) 2   | ( ) 2    |
| Both   | ( ) 3   | ( ) 3    |

**496- Do you/did you drink tea?**

**497**

- No, never tried ( ) 0
- No, but did earlier ( ) 1 ..... cups a day
- Yes, nowadays ( ) 2 ..... cups a day
- Yes, always did ( ) 3 ..... cups a day

III. MEMORY AND COGNITIVE ABILITY

Twin3e

Tw.pair / Tw.no

501 Do you think (on the whole) that you have a good or a bad memory?

- Very good ( ) 1
- Good ( ) 2
- Rather good ( ) 3
- Neither good nor bad ( ) 4 **B**
- Rather bad ( ) 5
- Bad ( ) 6
- Very bad ( ) 7

502 Do you think that you have any problems with your memory which make daily living more difficult?

- No, not at all ( ) 1
- No, hardly ( ) 2
- Hard to take a stand on ( ) 3 **F**
- Yes, to a certain degree ( ) 4
- Yes, definitely ( ) 5

503 Do you think that your memory has changed during the last 2 years?

- Improved ( ) 1
- Somewhat improved ( ) 2
- Neither better nor worse ( ) 3 **C**
- Somewhat impaired ( ) 4
- Impaired ( ) 5

504 Do you think (on the whole) that you have good or bad cognitive ability ("presence of mind")?

- Very good ( ) 1
- Good ( ) 2
- Rather good ( ) 3
- Neither good nor bad ( ) 4 **B**
- Rather bad ( ) 5
- Bad ( ) 6
- Very bad ( ) 7

505-Do you/did you do anything in particular to "train your memory or keep your mind active"?

- |                          |            |            |
|--------------------------|------------|------------|
|                          | Previously | At present |
| No                       | ( ) 0      | ( ) 0      |
| Yes, to a certain degree | ( ) 1      | ( ) 1      |
| Yes, definitely          | ( ) 2      | ( ) 2      |

507-Do you occupy yourself with any of the following activities?

512

	No	Yes
	0	1
Games, e.g., chess, bridge	( )	( )
Crosswords and alike	( )	( )
Literature	( )	( )
Writing, genealogical research or any other documentation	( )	( )
Studies	( )	( )
Something else that demands mental activity, e.g., handicraft .....	( )	( )

513-MMS: Mini-Mental State

517

	Correct	Incorrect	Not performed Sens. Mot. difficulties	*
	1	0	8	
- What is the date?	( )	( )	( )	
- What is the day?	( )	( )	( )	
- What is the month?	( )	( )	( )	
- What is the season?	( )	( )	( )	
- What is the year?	( )	( )	( )	

518-What is your complete  
522 address/Where do you live?

	Correct	Incorrect	Not performed Sens. Mot. difficulties
	1	0	8
- Street/ward	( )	( )	( )
- District/institution	( )	( )	( )
- Place/Town	( )	( )	( )
- County	( )	( )	( )
- Country	( )	( )	( )

523-Name the following 3 objects: "Key, Toothbrush, Lamp."

525 What were the 3 objects?

	Correct	Incorrect	Not performed Sens. Mot. difficulties
	1	0	8
- Key	( )	( )	( )
- Toothbrush	( )	( )	( )
- Lamp	( )	( )	( )

526 (Repeat until all have been registered; max. 6 times)

Times: \_\_\_\_\_

527- What is .... 100 - 7, etc..

	Correct	Incorrect	Not performed Sens. Mot. difficulties
	1	0	8
531 = 93	( )	( )	( )
= 86	( )	( )	( )
= 79	( )	( )	( )

= 72	( )	( )	( )
= 65	( )	( )	( )

532- What were the 3 objects?

534	Correct recollection	Incorrect recognition		Not performed Sens. Mot. difficulties
	2	1	0	8
- Key	( )	( )	( )	( )
- Toothbrush	( )	( )	( )	( )
- Lamp	( )	( )	( )	( )

535 Please copy this design! (Pattern is shown)

Correct	Incorrect	Not performed Sens. Mot. difficulties
1	0	8
( )	( )	( )

536-What is this object?

537	Correct	Incorrect	Not performed Sens. Mot. difficulties
	1	0	8
- Watch	( )	( )	( )
- Pencil	( )	( )	( )

538 Please repeat: "Burnt down two-family house" ("no ifs, ands or buts")

Correct	Incorrect	Not performed Sens. Mot. difficulties
1	0	8
( )	( )	( )

3-stage command:  
Instructions

Correct	Incorrect	Not performed Sens. Mot. difficulties
1	0	8

539 "Take this piece of paper in your hand, . ( ) ( ) ( )

540 ..fold it in half and ... ( ) ( ) ( )

541 ... put it on ..." ( ) ( ) ( )

542 "Follow the instruction on this paper"!	Correct	Incorrect	Not performed Sens. Mot. difficulties
	1	0	8
	( )	( )	( )

543 "Write a sentence"!	Correct	Incorrect	Not performed Sens. Mot. difficulties
-------------------------	---------	-----------	---



(complete)

1  
( )

0  
( )

8  
( )

**Information Test**

**544**-Part 1 (20 sec./item)

Part 2 (20 sec./item)

**545** Not performed ( ) 9

Not performed ( ) 9

11 items

11 items

**546**-Score: \_\_\_\_\_ (0-22)

Score: \_\_\_\_\_ (0-22)

**547**

Finish test if 0 points in part 1. Score 0 on part 2 and note Not performed.

**SRB2 Test/Reasoning/Figure logic**

**548** Not performed ( ) 9 .....

Correct Incorrect

Exercise 1. ( ) E ( )

Exercise 2. ( ) C ( )

Exercise 3. ( ) B ( )

**549** Exercise 4. ( ) A ( ) Finish test if score is 0 \_\_\_\_\_ (0-4)

Part 1 (4 min.)

Part 2 (4 min.)

Item: Corr./Incorr.

Item: Corr./Incorr.

- 1 = (C) .....
- 2 = (A) .....
- 3 = (E) .....
- 4 = (E) .....
- 5 = (E) .....
- 6 = (C) .....
- 7 = (B) .....
- 8 = (C) .....
- 9 = (B) .....
- 10 = (C) .....
- 11 = (E) .....
- 12 = (B) .....
- 13 = (C) .....
- 14 = (E) .....
- 15 = (A) .....

- 1 = (D) .....
- 2 = (D) .....
- 3 = (C) .....
- 4 = (B) .....
- 5 = (D) .....
- 6 = (B) .....
- 7 = (C) .....
- 8 = (A) .....
- 9 = (C) .....
- 10 = (B) .....
- 11 = (D) .....
- 12 = (B) .....
- 13 = (B) .....
- 14 = (D) .....
- 15 = (B) .....

**550-51** Correct: \_\_\_\_\_ (0-15)

Correct: \_\_\_\_\_ (0-15)

**552-53** Performed: \_\_\_\_\_ (0-15)

Performed: \_\_\_\_\_ (0-15)

*Finish test if score is 0 on part 1. Then score 0 on part 2*

**SRB 3 Test / Block design**

554 Not performed ( ) 9  
.....

		Correct	Incorrect	
	<b>Exercise 1.</b>	( )	( )	
555	<b>Exercise 2.</b>	( )	( )	Finish test if score is 0 _____ (0-2)

Scores= correct for time intervals

		No	Yes
		0	1
556-	Anxiety	( )	( )
561	Self-criticism	( )	( )
	Several tries		
	per item	( )	( )
	Strategy	( )	( )
	Rotation	( )	( )
	Perseverance	( )	( )

562- Score: \_\_\_\_\_ Performed: \_\_\_\_\_ (0-7)  
563

**SRB1 Test Verbal meaning/Synonyms**

564 Not performed ( ) 9 .....

565 2 exercises (score 2). Finish test if score is 0.  
Part 1. (3 1/2 min.) Part 2. (3 1/2 min.)

Part 1: 15 items Part 2: 15 items

566-	Correct:	_____ (0-15)	Correct:	_____ (0-15)
569	Performed:	_____ (0-15)	Performed:	_____ (0-15)

Finish test if score 0 on part 1  
Score 0 on part 2

B R E A K (---> IV)

**Symbol Digit Test**

570 Not performed ( ) 9 .....

571 Correct Incorrect

Example	( ) 6	( )	
Example	( ) 3	( )	
Example	( ) 4	( )	
Example	( ) 2	( )	_____ (0-4)

Finish test if score is 0. Score 0 for remaining tasks.

Page 1 (45 sec.)		Performed	Correct
------------------	--	-----------	---------

572- 581	<b>Line A</b>	_____	_____
		(2,1,3,1,2,3,1,4,2,6)	
	<b>Line B</b>	_____	_____
		(7,4,6,9,2,5,8,4,7,6)	
	<b>Line C</b>	_____	_____
	(1,8,2,9,7,6,2,5,4,7)		
<b>Line D</b>	_____	_____	
	(3,7,5,1,4,9,1,5,8,7)		
<b>Line E</b>	_____	_____	
	(7,1,9,4,3,6,2,7,9,3)		

Page 2 (45 sec.)		Performed	Correct
------------------	--	-----------	---------

582- 591	<b>Line A</b>	_____	_____
		(2,1,4,6,3,5,2,1,3,4)	
	<b>Line B</b>	_____	_____
		(3,1,2,5,1,3,1,5,4,2)	
	<b>Line C</b>	_____	_____
	(1,8,7,5,4,8,6,9,4,3)		
<b>Line D</b>	_____	_____	
	(3,6,8,5,9,4,1,6,8,9)		
<b>Line E</b>	_____	_____	
	(6,9,7,8,2,4,8,3,5,6)		

**Digit Span Memory Test**

\*

**Forwards**

**Backwards**

592-  
593

Not performed ( ) 9 ..... Not performed ( ) 9.....

3 5 8 2  
3 6 9 4

4 6 4 3 9  
4 7 2 8 3

5 4 2 7 3 1  
5 7 5 8 2 9

6 6 1 9 4 7 3  
6 3 9 2 4 8 7

7 5 9 1 7 4 2 8  
7 4 1 7 9 3 8 6

8 3 1 8 9 2 6 4 7  
8 3 8 2 9 5 1 7 4

9 2 7 5 8 6 2 8 5 3  
9 7 1 3 9 4 2 5 6 8

3 6 2 9  
3 4 1 5

4 3 2 9 7  
4 4 9 6 8

5 8 3 2 9 4  
5 6 1 8 4 3

6 5 3 9 4 7 2  
6 3 2 4 8 5 6

7 8 1 2 9 3 6 5  
7 4 7 3 9 1 2 8

8 9 4 3 7 6 2 5 8  
8 7 2 8 1 6 5 3 9

594-  
595

Correct: \_\_\_\_\_

Correct: \_\_\_\_\_

**PSIF / Perceptual Speed Test**

596 Not performed ( ) 9 .....

		Correct	Incorrect	
	<b>Exercise ex. 3</b>	D ( )	( )	_____
	<b>Exercise ex. 4</b>	B ( )	( )	_____
597	<b>Exercise ex. 5</b>	E ( )	( )	_____

\_\_\_(0-3)

Finish test if score is 0. Note Not performed for remaining tasks and score 0.

2 minutes

Corr.	Incorr.		Corr.	Incorr.		Corr.	Incorr.	
1.	( ) B	_____	11.	( ) D	_____	21.	( ) A	_____
2.	( ) D	_____	12.	( ) A	_____	22.	( ) C	_____
3.	( ) E	_____	13.	( ) E	_____	23.	( ) B	_____
4.	( ) D	_____	14.	( ) B	_____	24.	( ) D	_____
5.	( ) B	_____	15.	( ) C	_____	25.	( ) E	_____
6.	( ) C	_____	16.	( ) C	_____	26.	( ) A	_____
7.	( ) E	_____	17.	( ) E	_____	27.	( ) C	_____
8.	( ) A	_____	18.	( ) A	_____	28.	( ) E	_____
9.	( ) B	_____	19.	( ) C	_____	29.	( ) B	_____

10. ( ) D \_\_\_\_\_

20. ( ) B \_\_\_\_\_

30. ( ) C \_\_\_\_\_

598  
599

Correct: \_\_\_\_\_ (0-30)  
Performed: \_\_\_\_\_ (0-30)

**Non-verbal Memory / Thurstone Picture Memory Test**

**Exercises**

600 Not performed ( ) 9 .....

		Corr.	Incorr.		Corr.	Incorr.
<b>Exercise 1.</b>	( )	3	_____	<b>4.</b>	( )	3 _____
<b>Exercise 2.</b>	( )	2	_____	<b>5.</b>	( )	1 _____
<b>Exercise 3.</b>	( )	3	_____	<b>6.</b>	( )	1 _____

601 \_\_\_\_\_ (0-6)

Finish test if score is 0. Note Not performed for remaining tasks and score 0.

	Corr.	Incorr.		Corr.	Incorr.
<b>1.</b>	( )	1 _____	<b>15.</b>	( )	2 _____
<b>2.</b>	( )	4 _____	<b>16.</b>	( )	3 _____
<b>3.</b>	( )	1 _____	<b>17.</b>	( )	4 _____
<b>4.</b>	( )	4 _____	<b>18.</b>	( )	3 _____
<b>5.</b>	( )	4 _____	<b>19.</b>	( )	1 _____
<b>6.</b>	( )	2 _____	<b>20.</b>	( )	3 _____
<b>7.</b>	( )	4 _____	<b>21.</b>	( )	3 _____

Finish test if score is 0.  
(page 1).

<b>8.</b>	( )	1 _____	<b>22.</b>	( )	2 _____
<b>9.</b>	( )	1 _____	<b>23.</b>	( )	1 _____
<b>10.</b>	( )	2 _____	<b>24.</b>	( )	3 _____
<b>11.</b>	( )	1 _____	<b>25.</b>	( )	4 _____
<b>12.</b>	( )	1 _____	<b>26.</b>	( )	3 _____
<b>13.</b>	( )	3 _____	<b>27.</b>	( )	2 _____
<b>14.</b>	( )	4 _____	<b>28.</b>	( )	4 _____

602 Correct: \_\_\_\_\_ (0-28)

603 Performed: \_\_\_\_\_ (0, 7, 28)

Logical Memory / Verbal Memory / Prose Recall Test

\*

604 Not performed ( ) 9 .....

"The story"

605 Correct: \_\_\_\_\_ (Score 0-16)

606 Apprehension of "the point": No ( ) 0  
possibly: ("How did you like it"?) Yes ( ) 1  
Unable to assess ( ) 9

MIR Memory Test / Johansson Apartment Test

\*

607 Not performed ( ) 9 .....

Object	Naming	Recall*	(L. prio.) Recognition	Correspond
1. Match box	( )	( )	( )	( )
2. Keys	( )	( )	( )	( )
3. Pill box	( )	( )	( )	( )
4. Watch	( )	( )	( )	( )
5. Comb	( )	( )	( )	( )
6. Pencil	( )	( )	( )	( )
7. Glass	( )	( )	( )	( )
8. Ring	( )	( )	( )	( )
9. Glasses	( )	( )	( )	( )
10. Scissors	( )	( )	( )	( )

608- Correct: \_\_\_\_\_(0-10) \_\_\_\_\_(0-10) \_\_\_\_\_(0-10) \_\_\_\_\_(0-10)  
611

	No 0	Yes 1	Not performed 9
612- Apprehension of apartment	( )	( )	( )
615 Hesitation, 1st outset	( )	( )	( )
Adequate 1st outset	( )	( )	( )
*Use of imagery strategy	( )	( )	( )

Time at 1st outset \_\_\_\_\_  
Recall at: \_\_\_\_\_

MIR continuation --->





The Clock Test

\*

**I. Clock drawing**

616 Not performed ( ) 9 .....

	Corr.	Some errors	Incorr.
1. clock face	( ) 2	( ) 1	( ) 0
2. set digits(numbers?)	( ) 2	( ) 1	( ) 0
3. "twenty past eight"	( ) 1		( ) 0

617 Score: \_\_\_\_ (0-5)

*If OK score maximum on II and III. Note Not performed.*

**II. Setting clock**

618 Not performed ( ) 9

	Correct	Incorrect
	1	0
1. 03.00	( )	( )
2. 09.00	( )	( )
3. 07.55	( )	( )
4. 01.20	( )	( )
5. 10.10	( )	( )
6. 04.40	( )	( )

619 Score: \_\_\_\_ (0-6)

**III. What time is it?**

620 Not performed ( ) 9

	Correct	Incorrect
	1	0
1. Five to eight	( )	( )
2. Ten past eleven	( )	( )
3. Twenty past one	( )	( )
4. Twenty past eight	( )	( )

621 Score: \_\_\_\_ (0-4)

The Coin Test

\*

622 Not performed ( ) 9

	Correct	In part	Incorrect
	2	1	0
1. 60 öre	( )	( )	( )
2. 3 kr 20 öre	( )	( )	( )
3. 5 kr 50 öre	( )	( )	( )

4. 8 kr 70 öre ( ) ( ) ( )

623

Score: \_\_\_\_ (0-8)

IV. FUNCTIONAL CAPACITY

Twin4e

Tw.pair / Tw.no.

Balance and gait (Several alternatives may be used); Yes=1/No=0)

- 1. Normal gait and turn, 3 m
  - 701 ..... sec
    - Walks unsteadily ( )
    - Limps ( )
    - Has a stiff leg ( )
    - Foot to foot ( )
  - 702 With difficulty No ( )0 Yes --->
    - Drags a leg ( )
    - An unsteady turn ( )
    - Uses a walk. stick ( )
    - Pain ( )
    - Other ..... ( )
- 2. Side by side, looking, 10 sec
  - 703 ..... sec
    - Loses the balance ( )
    - Moves the arms ( )
    - Moves the body ( )
  - 704 With difficulty No ( )0 Yes --->
    - Other ..... ( )

3. Romberg's Test, without looking, 10 sec

- 705 ..... sec
  - Loses the balance ( )
  - Moves the arms ( )
  - Moves the body ( )
- 706 With difficulty No ( )0 Yes --->
  - Other ..... ( )

4. Semi-tandem, with looking, 10 sec

- 707 ..... sec
  - Loses the balance ( )
  - Moves the arms ( )
  - Moves the body ( )
- 708 With difficulty No ( )0 Yes --->
  - Other ..... ( )

\* If the Subject cannot do the test do not do 5, 6, 7.

5. Tandem stand, looking, 10 sec

- 709 Not performed ( )9
  - Loses the balance ( )
  - Moves the arms ( )
  - Moves the body ( )
- 710 ..... sec
  - Other ..... ( )
- 711 With difficulty No ( )0 Yes --->

\* If the Subject cannot do the test do not do 6 and 7.

6. Tandem stand, without looking, 10 sec

- 712 Not performed ( )9
  - Loses the balance ( )
  - Moves the arms ( )
  - Moves the body ( )
- 713 ..... sec
  - Safety reasons ( )

**714** With difficulty No ( )0 Yes --->

Other .....

( )

**7. Tandem walk, looking, 10 steps**

		Loses the balance	( )
<b>715-</b>	Not performed ( )9	Moves the arms	( )
<b>718</b>	..... sec ..... steps	Moves the body	( )
		Safety reasons	( )
	With difficulty No ( )0 Yes --->	Other .....	( )

**719 Are you right- or left-handed?**

Right ( )1 Left ( )2 Ambidextrous ( )3

**719 Have you been forced (have attempts been made to force you) into right-handedness)?**

No	( ) 0
Yes, but without success	( ) 1
Yes, writing with right hand, but otherwise left-handed	( ) 2

**720- 8. Lifting a glass**

<b>721</b>	..... sec	The hand is shaking	( )
		Pain	( )
		Stiff	( )
		Injury/sickness	( )
	With difficulty No ( )0 Yes --->	Can't do with dominant hand	( )
		Other .....	( )

**722- 9. Lifting a one kg packet**

<b>723</b>	..... sec	The hand is shaking	( )
		Pain	( )
		Stiff	( )
		Injury/sickness	( )
	With difficulty No ( )0 Yes --->	Can't do with dominant hand	( )
		Other .....	( )

**724- 10. Pick up a pen, max 30 sec**

<b>725</b>	..... sec	Pain	( )
		Moving difficulty	( )
		The stomach is in the way	( )
		Can't reach down to the floor	( )
	With difficulty No ( )0 Yes --->	Can't pick up the pen	( )
		Help to get up	( )
		Safety reasons	( )
		Other .....	( )

**726- 11. Right hand, left earlobe**

<b>727</b>	..... sec	Pain	( )
		Moving difficulty	( )
		Stiff	( )
		Can't reach	( )
	With difficulty No ( )0 Yes --->	Can't raise the arm	( )

Difficuly to	( )
underst. instr.	
Other .....	( )

<b>728-12. Left hand, right earlobe</b>	Pain	( )
<b>729</b>	Moving difficulty	( )
..... sec	Stiff	( )
	Can't reach	( )
With difficulty No ( )0 Yes --->	Can't raise the arm	( )
	Difficulty to underst. instr.	( )
	Other .....	( )
<b>730 13. Slant hands forw. and backw.</b>	Not turning the palms properly	( )
With difficulty No ( )0 Yes --->	Difficulty only with one hand	( )
	Other .....	( )
<b>731 14. Right thumb, right little finger</b>	Can't reach	( )
With difficulty No ( )0 Yes --->	Wrong finger	( )
	Misses the little finger	( )
	Other .....	( )
<b>732 Left thumb, left little finger</b>	Can't reach	( )
With difficulty No ( )0 Yes --->	Wrong finger	( )
	Misses the little finger	( )
	Other .....	( )
<b>733 15. Hands between bottom and seat</b>	Strenuous	( )
With difficulty No ( )0 Yes --->	Uses one hand only	( )
	Other .....	( )



**734-16. Right finger, left toe** Pain ( )  
**735** Moving difficulties ( )  
 ..... sec The stomach is ( )  
 in the way ( )  
 Can't reach down ( )  
 With difficulty No ( ) 0 Yes ---> Wrong foot ( )  
 Help to get up ( )  
 Difficulties to ( )  
 understand instr. ( )  
 ther ..... ( )

**736-17. Left finger, right toe**  
**737** Pain ( )  
 ..... sec Moving difficulties ( )  
 The stomach is ( )  
 in the way ( )  
 Can't reach down ( )  
 With difficulty No ( ) 0 Yes ---> Wrong foot ( )  
 Help to get up ( )  
 Difficulties to ( )  
 understand instr. ( )  
 Other ..... ( )

**738-18. Chair stand with arms crossed in front**  
**739** Uses the arms ( )  
 ..... sec ..... hight cm Rocks and gets up ( )  
 Success after sever- ( )  
 al attempts  
**740** With difficulty No ( ) 0 Yes ---> Pain ( )  
 Tries but can't ( )  
 Other ..... ( )

\* If the Subject can't do the test do not do 19

**19. Repeat chair stand, 5 times, with arms crossed in front**

Uses arms ( )  
**741** Not performed ( ) 9 Rocks and gets up ( )  
**742-** ..... sec ..... no. of sit ups Breaks off the test ( )  
**743** Safety reasons ( )  
**744** With difficulty No ( ) 0 Yes ---> Other ..... ( )

**20. Pour water from a jug into a glass with dominant hand**

		Shakes	( )
		Trembles	( )
			( )
<b>745</b>	..... sec	Can't use the dominant hand	( )
<b>746</b>	With difficulty No ( )0 Yes --->	Other .....	( )

**21. Pour water from one glass into another with dominant hand**

		Trembles	( )
		Shakes	( )
			( )
<b>747</b>	..... sec	Can't use the the dominant hand	( )
<b>748</b>	With difficulty No ( )0 Yes --->	Other .....	( )

**22. Pour water from one glass into another with nondominant hand**

		Trembles	( )
		Shakes	( )
			( )
<b>749</b>	..... sec	Can't use the nondominant hand	( )
<b>750</b>	With difficulty No ( )0 Yes ---	Other .....	( )

**Fingeragnosia**

\*

		Manages		Impossible
		No	Yes	
		0	1	9
<b>751</b>	<b>1.Put your right hand up</b>	( )	( )	( )
<b>752</b>	<b>2.... with palm upwards!</b>	( )	( )	( )

  

		Indicating sensitivity		Able to name	Not performed
		No	Yes		
<b>753-</b>	<b>3.Which finger?</b>	0	1	2	9
<b>758</b>	Thumb (right)	( )	( )	( )	( )
	Middle finger (right)	( )	( )	( )	( )
	Ring finger (right)	( )	( )	( )	( )
	Ring finger (left)	( )	( )	( )	( )
	Middle finger (left)	( )	( )	( )	( )
	Thumb (left)	( )	( )	( )	( )

**Sensitivity**

<b>1.Match right arm and hand</b>	Partial reduction of sensitivity	( ) 1
<b>759</b> With difficulty No ( ) 0 Yes --->	Impaired sensitivity	( ) 2
	No sensitivity	( ) 3
	Other .....	( ) 4
	Impossible	( ) 9
<b>2.Match left arm and hand</b>	Partial reduction of sensitivity	( ) 1
<b>760</b> With difficulty No ( ) 0 Yes --->	Impaired sensitivity	( ) 2
	No sensitivity	( ) 3
	Other .....	( ) 4
	Impossible	( ) 9
<b>3.Match right lower leg and foot</b>	Partial reduction of sensitivity	( ) 1
<b>761</b> With difficulty No ( ) 0 Yes --->	Impaired sensitivity	( ) 2
	No sensitivity	( ) 3
	Other .....	( ) 4
	Impossible	( ) 9
<b>4.Match left lower leg and foot</b>	Partial reduction of sensitivity	( ) 1
<b>762</b> With difficulty No ( ) 0 Yes --->	Impaired sensitivity	( ) 2

No sensitivity	( ) 3
Other .....	( ) 4
Impossible	( ) 9

**Muscle strength** (Several alternatives might be marked; Yes=1/No=0)

**1.Stretch down your right foot tight (resistance)**

763 With difficulty No ( )0 Yes ---> Makes a big effort ( )  
Stiff ( )  
Pain ( )  
Can't do it ( )  
Other ..... ( )

**2.Stretch down your left foot tight (resistance)**

764 With difficulty No ( )0 Yes ---> Makes a big effort ( )  
Stiff ( )  
Pain ( )  
Can't do it ( )  
Other ..... ( )

**3.Stretch up your right foot tight (resistance)**

765 With difficulty No ( )0 Yes ---> Makes a big effort ( )  
Stiff ( )  
Pain ( )  
Can't do it ( )  
Other ..... ( )

**4. Stretch up your left foot tight (resistance)**

766 With difficulty No ( )0 Yes ---> Makes a big effort ( )  
Stiff ( )  
Pain ( )  
Can't do it ( )  
Other ..... ( )

**Vigorimeter-Test**

\*

(Elbow against table, ca. 45 degrees' angle of lower arm: black scale)

767 Impossible ( )9 .....

Right Left

768-769 Attempt 1. \_\_\_\_\_ Attempt 1. \_\_\_\_\_

770-771 Attempt 2. \_\_\_\_\_ Attempt 2. \_\_\_\_\_

772-773 Attempt 3. \_\_\_\_\_ Attempt 3. \_\_\_\_\_

774 (Vigorimeter no.: .....)

**Lung function/PEF-meter**

\*

775 Impossible ( )9 .....

776 Attempt 1. \_\_\_\_\_ l/minute

777 Attempt 2. \_\_\_\_\_ l/minute

778 Attempt 3. \_\_\_\_\_ l/minute

779 (PEF no.: .....)

**ADL-apparatus**

\*

	Time/sec	Without difficulty	With difficulty	Impossible
780-781 1.insert and turn key ....		1 ( )	2 ( )	9 ( )
782-783 2.put in plug in socket....		( )	( )	( )
784-785 3.skrew in light bulb ....		( )	( )	( )
786-787 4.put coins in slot ....		( )	( )	( )
788-789 5.dial a number ....		( )	( )	( )

**790** (ADL-app. no.: .....)

(-- > Count money, CES-D, III)

V. CONTACTS AND FRIENDS

Tin5Ae

Tw.pair / Tw.no.

Does it happen that you get troubled by feelings of loneliness? Did you have such feelings earlier in life?

		Presently	Earlier	
801-	Nearly always/Always	( ) 1	( ) 1	
802	Often	( ) 2	( ) 2	<b>E</b>
	Seldom	( ) 3	( ) 3	
	Hardly ever/never	( ) 4	( ) 4	

	No, not all	No hardly	Yes, to a certain degree	Yes, to a high degree	
803 Have you got friends with whom you can talk?	0 ( )	1 ( )	2 ( )	3 ( )	
804 Do you feel you are part of a set of friends?	( )	( )	( )	( )	<b>F</b>
805 Do you lack company?	( )	( )	( )	( )	
806 Do you feel abandoned?	( )	( )	( )	( )	

807 How many people do you see?

None	( ) 0
1-2	( ) 1
3-5	( ) 2
6-10	( ) 3
11 or more	( ) 4

808 Do you consider this satisfying or would you prefer more or fewer friends/contacts?

More	( ) 1
Satisfying	( ) 2
Fewer	( ) 3



**If children/grandchildren: How often do you usually see or phone your children/grandchildren?**

		Sees	Phones
809-	Every day	( ) 1	( ) 1
810	Several times/week	( ) 2	( ) 2
	Every week	( ) 3	( ) 3
	Every month	( ) 4	( ) 4
	Every year	( ) 5	( ) 5
	Less frequent/hardly ever	( ) 6	( ) 6
	Never	( ) 7	( ) 7
	No childr./grandchildr.	( ) 8	( ) 8

**How often do you usually see or phone other siblings, relatives, friends and acquaintances?**

		Sees	Phones
811-	Every day	( ) 1	( ) 1
812	Several times/week	( ) 2	( ) 2
	Every week	( ) 3	( ) 3
	Every month	( ) 4	( ) 4
	Every year	( ) 5	( ) 5
	Less frequent/hardly ever	( ) 6	( ) 6
	Never	( ) 7	( ) 7

**How many people do you know with whom you share your inner thoughts and feelings (confide in)?**

813	None	( ) 0
	1-2	( ) 1
	3 or more	( ) 2

**How many people are there to whom you can turn in case of difficulties?**

814	None	( ) 0
	1-2	( ) 1
	3-5	( ) 2
	6-10	( ) 3
	11 or more	( ) 4

**VI. ADL-CAPACITY**

**Twin5Ae  
(Twin5ABe)**

TW.pair / Tw.no.

**ADL**

**Do you have any difficulties with .... , in that case do you need \* help with that?** (Need of personal assistance 1; No 0) (Corresponding rating by investigator).

		Capacity					Need of help
		Can't at all 0	Big probl 1	Some probl. 2	No Probl 3	Doesn't know/do 9	
<b>815- 818</b>	Walk indoors	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )
<b>819- 822</b>	Walk outdoors	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )
<b>823- 826</b>	Walk stairs	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )
<b>827-830</b>	Bend down and pick something up from the floor	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )
<b>831-834</b>	Get up from and go to bed	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )
<b>835-838</b>	Move from bed to chair	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )
<b>839-842</b>	Stand up from chair without arm-rest	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )
<b>843-846</b>	Reach above shoulders	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )
<b>847-850</b>	Handle small things with fingers, e.g. write or take hold of	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )
<b>851-854</b>	Take a bath/shower						

- rating      ( )      ( )      ( )      ( )      ( )      ( )  
                 ( )      ( )      ( )      ( )      ( )      ( )

- *Cont.*

		Capacity					Need of help	
		Can't at all	Big probl	Some probl.	No Probl	Doesn't know/do	3	9
		0	1	2	3	4	5	6
<b>855-858</b>	Keep clean and tidy,combing, shaving etc	( )	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )	( )
<b>859-862</b>	Dress and undress	( )	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )	( )
<b>863-866</b>	Use/go to toilet	( )	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )	( )
<b>867-870</b>	Eat	( )	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )	( )

**IADL**

**Do you have any difficulties with ..., in that case do you need \* help with that?**

		Capacity					Need of help	
		Can't at all	Big probl.	Some probl.	No probl.	Doesn't/ know/do	3	9
		0	1	2	3	4	5	6
<b>871-874</b>	Housework incl. cleaning and laundry	( )	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )	( )
<b>875-878</b>	Make the bed	( )	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )	( )
<b>879-882</b>	Cooking	( )	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )	( )
<b>883-886</b>	Shopping food etc.	( )	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )	( )
<b>887-890</b>	Transports/Go to places that can't be reached by foot	( )	( )	( )	( )	( )	( )	( )
	- rating	( )	( )	( )	( )	( )	( )	( )
<b>891-894</b>	Handle economy, post-and bankbusiness	( )	( )	( )	( )	( )	( )	( )

- rating ( ) ( ) ( ) ( ) ( ) ( )  
**895-898** Use the telephone  
( ) ( ) ( ) ( ) ( ) ( )  
- rating ( ) ( ) ( ) ( ) ( ) ( )

**899 Do you/Subject have home making service?**

Stays at institution ( ) 8  
No ( ) 0  
Yes ( ) 1

**900 Do you (Subject) have any technical aids?**

No ( ) 0  
Yes ( ) 1 -- >      Wheel chair ( )      Aids for hygiene/  
Walker ( )      bath and shower ( )  
Walking-stick/  
trestle/crutch      Gripping tool/house-  
hold tools adjusted  
to handicapped people ( )

( -- > MIR )

**Twin comparisons**

**Compared to your twin-partner:**

- **How is your physical health?**
- **How is are? your memory and thinking ability?**
- **How is your psychological well-being?**

<b>911-913</b>	Phys. health	Memory and thinking	Well-being
----------------	--------------	---------------------	------------

Worse	( ) 1	( ) 1	( ) 1
Somewhat worse	( ) 2	( ) 2	( ) 2
About the same	( ) 3	( ) 3	( ) 3
Somewhat better	( ) 4	( ) 4	( ) 4
Better	( ) 5	( ) 5	( ) 5
Does not know	( ) 9	( ) 9	( ) 9

**C**

**Are you and yor twin-partner:**

- **Like or unlike each other in appearance?**
- **Like or unlike each other as personalities?**

<b>914-915</b>	Appearance	Personality
----------------	------------	-------------

Unlike	( ) 1	( ) 1
No more like than siblings in general	( ) 2	( ) 2
Like as two peas"	( ) 3	( ) 3
Does not know	( ) 4	( ) 4

**Finally**

**Is there anything, which (more than anything else), has troubled you in growing old?**

**916** Not asked ( ) 9 No answer ( ) 8 No ( ) 0 Yes ( ) 1

.....

.....

.....





If you would point out what has had the most importance in your life, what would that be?

917 Not asked ( ) 9 No answer ( ) 8 Nothing ( ) 0

.....  
.....  
.....

Finally, is there anything which you think is important for this investigation that we have not asked about?

918 No ( ) 0 Yes ( ) 1 No answer ( ) 8 Not asked ( ) 9

.....  
.....  
.....

Comments: .....

.....  
.....  
.....  
.....  
.....

FIN

**VIII. RATINGS AND ASSESSMENTS**

**Twin5B**

**Tw.pair / Tw.no**

**Reliability in responses at interviews:** \_\_\_\_\_

1601	low	( )	1
	uncertain	( )	2
	high	( )	3

		Big	Certain	No	Impossible
		problems	problems	problems	to rate
	0	1	2	3	9

1602 **Vision** ( ) blind ( ) ( ) ( ) ( )

1603 **Hearing** ( ) deaf ( ) ( ) ( ) ( )

**Language**

1604 dysphasia/understanding ( ) ( ) ( ) ( )

1605 dysphasia/spontaneous ( ) ( ) ( ) ( )  
speech

1606 dysarthria ( ) ( ) ( ) ( )

1607 **FAST - GDS Scale:** ..... (1-8)

1608 **Berger Scale:** ..... (1-8)

.....

1609 **Cognitive status CR):** \_..... (1-5)

1610 <b>Dementia Syndrom (accord. to DSM-III-R):</b>	No	( )	0
	Uncertain	( )	1
	Yes	( )	2

1611 <b>Severity of Dementia accord. to DSM-III-R):</b>	None	( )	0
	Mild	( )	1
	Moderate	( )	2
	Severe	( )	3

**Comments:**.....

.....

INVENTORIES FOR SUBJECT TO FILL OUT, RESPONSE RATE

Twin5B

—  
—————  
Tw.pair / Tw.no.

999 Form given/received:

- |   |      |
|---|------|
| Not given due to senso-motoric problems                 | ( )1 |
| Not given due to cognitive impairment<br>e.g., dementia | ( )2 |
| Not given, refuses/does not want to                     | ( )3 |
| Not given/other cause                                   | ( )4 |
| Given, not received due to refusal                      | ( )5 |
| Given, not received, other cause                        | ( )6 |
| Received, filled in                                     | ( )7 |
| Received, partly filled in                              | ( )8 |
| Received, not filled in                                 | ( )9 |

**How often during last week did you feel like this?**

For each statement one of the 4 alternatives should be marked.

During the past week ....	Rarely or none of the time	Some of the time	Occasio- nally	Most of the time
<b>1001</b> I was bothered by things that don't usually bother me .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1002</b> I did not feel like eating; my appetite was poor..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1003</b> I felt that I could not shake off the blues even with help from my family or friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1004</b> I felt that I was just as good as other people .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1005</b> I had trouble keeping my mind on what I was doing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1006</b> I felt depressed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1007</b> I felt that everything I did was an effort.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1008</b> I felt hopeful about the future .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1009</b> I thought my life had been a failure .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1010</b> I felt fearful .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1011</b> My sleep was restless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1012</b> I was happy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1013</b> I talked less than usual .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1014</b> I felt lonely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1015</b> People were unfriendly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1016</b> I enjoyed life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1017</b> I had crying spells .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1018</b> I felt sad .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1019</b> I felt that people disliked me .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1020</b> I could not get "going" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What do you say to these questions?** Each question should be answered by yes or no.

	Yes	No
1101 Do you like a lot of activity around you? .....	<input type="checkbox"/>	<input type="checkbox"/>
1102 Are you often anxious and feel that you want something but you don't know what?.....	<input type="checkbox"/>	<input type="checkbox"/>
1103 Do you nearly always have a quick answer when people speak to you?	<input type="checkbox"/>	<input type="checkbox"/>
1104 Are you sometimes happy or sometimes sad without any particular reason?	<input type="checkbox"/>	<input type="checkbox"/>
1105 Do you prefer to keep in the background, When you are with others?	<input type="checkbox"/>	<input type="checkbox"/>
1106 Do you consider yourself cheerful and easygoing? .....	<input type="checkbox"/>	<input type="checkbox"/>
1107 Do you often make decisions too late? .....	<input type="checkbox"/>	<input type="checkbox"/>
1108 Do you often feel tired and ill at ease without particular reason?	<input type="checkbox"/>	<input type="checkbox"/>
1109 Do you have a lively manner?.....	<input type="checkbox"/>	<input type="checkbox"/>
1110 Can you quickly express in words what you are thinking?.....	<input type="checkbox"/>	<input type="checkbox"/>
1111 Do you often find yourself deep in thoughts?.....	<input type="checkbox"/>	<input type="checkbox"/>
1112 Do you have any reservations about selling things or asking people for money for charity? .....	<input type="checkbox"/>	<input type="checkbox"/>
1113 Are you extra sensitive in certain situations? .....	<input type="checkbox"/>	<input type="checkbox"/>
1114 Are you sometimes so restless, that you cannot sit still?.....	<input type="checkbox"/>	<input type="checkbox"/>
1115 Do you have difficulty in going to sleep when you have .gone to bed?	<input type="checkbox"/>	<input type="checkbox"/>
1116 Do you keep things to yourself except in the company of good friends?	<input type="checkbox"/>	<input type="checkbox"/>
1117 Do you have nervous troubles?.....	<input type="checkbox"/>	<input type="checkbox"/>
1118 Do you like to joke and tell funny stories to your friends?.....	<input type="checkbox"/>	<input type="checkbox"/>
1119 Do you usually worry too long after a very embarrassing experience?	<input type="checkbox"/>	<input type="checkbox"/>

**What do you say to these statements?** In each statements one of the 5 alternatives should be marked.

	Strongly agree	Moderatly agree	Neither agree nor disagree	Moderatly disagree	Strongly disagree
1201 As I grow older, things seem better than I thought they would.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1202 I have gotten more of the breaks in life than most of the people I know .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1203 This is the dreariest time of my life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1204 I am just as happy as when I was younger .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1205 These are the best years of my life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1206 Most of the things I do are boring or monotonous.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1207 The things I do are as interesting to me as they ever were .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1208 As I look back on my life, I am fairly well satisfied.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1209 I have made plans for things I'll be doing a month or a year from now. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1210 When I think back over my life, I didn't get most of the important things I wanted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1211 Compared to other people I get down in the dumps too often.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1212 I've gotten pretty much what I expected out of life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1213 In spite of what people say, the lot of the average man is getting worse, not better .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Locus of control - general*

**What do you say to these statements?** For each statement one of the 5 alternatives should be marked.

	Strongly agree	Moderately agree	Neither agree nor	Moderately disagree disagree	Strongly disagree
1301 Much of what happens to people is due to bad luck. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1302 Capable people who don't become leaders made use of their potential .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1303 People who are disliked don't know how to get on with others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1304 When I make up plans I'm almost certain that I can follow them through .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1305 That my expectations have been fulfilled is not entirely due to luck .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1306 In order to become a boss is it important to be at the right place at the right time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1307 Most people don't realize to what extent their lives are ruled by coincidences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1308 It is difficult to know if a person really likes you .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1309 People's misfortunes are mainly due to ignorance, laziness, or stupidity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1310 I often feel as though I have no control over what happens to me .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1311 People get lonely because they don't try to be friendly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1312 Sometimes I feel as though I don't have					

enough control over my own life.....



Read each statement carefully. Indicate how you feel about each statement by entering the appropriate number below.

	Strongly agree	Moderately agree	Neither agree nor	Moderately disagree disagree	Strongly disagree
1401 If I get sick, it is my own behavior which determines how soon I get well again .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1402 No matter what I do, if I am going to get sick, I will get sick.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1403 Having regular contacts with my physician is the best way for me to avoid illness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1404 Most things that affect my health happen to me by accident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1405 Whenever I don't feel well, I should consult a medically trained professional .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1406 I am in control of my health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1407 My family has a lot to do with my becoming sick or staying healthy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1408 When I get sick, I am to blame .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1409 Luck plays a big part in determining how soon I will recover from an illness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1410 Health professionals control my health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1411 My good health is largely a matter of good fortune .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*cont*

- 1412 The main thing which affects my health is  
what I myself do .....
- 1413 If I take care of myself, I can avoid illness
- 1414 When I recover from an illness, it's usually  
because other people (for example, doctors, nurses,  
family, friends) have been taking good care of me
- 1415 No matter what I do, I'm likely to get sick
- 1416 If it's meant to be, I will stay healthy .....
- 1417 If I take the right actions, I can stay healthy
- 1418 Regarding my health, I can only do  
what my doctor tells me to do .....

*Seasonal variations protocol*

**What do you say to these questions?**

Below we ask you to mark at least one alternative for each statement. You may also mark more than one season for each line.

At what time of the year do you .....	Spring	Summer	Fall	Winter
1501 feel best .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1502 tend to gain most weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1503 socialize most with friends and acquaintances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1504 sleep least .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1505 eat most .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1506 lose most weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1507 socialize least with friends and acquaintances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1508 feel worst.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1509 eat least .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1510 sleep most .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximately how many hours of each 24 hour day you sleep during the different seasons (including naps)? Give an answer for each season.

- 1510 \_\_\_\_\_ Winter:            hours
- 1510 \_\_\_\_\_ Spring:            hours
- 1510 \_\_\_\_\_ Summer: hours
- 1510 \_\_\_\_\_ Fall:            hours



# Protocol for Wave 2, 3, 4 and 5

NOTE: New questions/items at follow-ups in blue

Twin1e  
OCTO-TWIN II

\_\_\_\_\_

Tw.pair / Tw.no.

Name:

Address:

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_

Age/Year of birth: \_\_\_\_\_ / \_\_\_\_\_

Notes: \_\_\_\_\_

B1 Particip./status: ( )

Next of kin: .....  
\_\_\_\_\_

Date of examination 1: \_\_\_\_\_ year month day

109 Date of previous examinations ..  
\_\_\_\_\_ year month day  
\_\_\_\_\_ year month day

Current inf. about  
twin partner:  
\_\_\_\_\_  
\_\_\_\_\_

Nurse: \_\_\_\_\_

I.BACKGROUND INFORMATION II/III/IV

TwinI

Tw.pair / Tw.no.

110 Nurse: .....

111 Where is Subject living/staying at the time of investigation?

- Ordinary living
- apartment in apartment house ( ) 01
- apartment in two-apartment house ( ) 02
- single-family house/small house, row house, etc. ( ) 03
- other ..... ( ) 04

.....

- presently staying with someone else in ordinary living ( ) 05

.....

- Service apartment/service house ( ) 06
- Old people's home ( ) 07
- Nursing home ( ) 08
- Geriatric rehabilitation clinic ( ) 09
- Psychiatric long-term care ( ) 10

.....

- Hospital care ( ) 11
- Other form of care/institution ..... ( ) 12

.....

112 Do you (subject) live with someone?

- Lives alone ( ) 0
- Lives with someone ..... ( ) 1-
- Lives with twin-partner ..... ( ) 6
- Lives in institution (alt. 8 - above) ( ) 7

113 What is your full name?

- Does not know ( ) 0
- Wrong/Does not know ( ) 1
- First name correct ( ) 2
- Last name correct ( ) 3
- First and last names correct ( ) 4

114 What year were you born?

- Wrong/Does not know ( ) 1
- Correct ( ) 2

115 Then, how old are you/will you be during this year?

- Wrong/Does not know ( ) 1
- Correct ( ) 2

116- What is your marital status?

117

- Married ( ) 1
- Unmarried ( ) 2 *If change since last investig.*
- Widowed ( ) 3 When? ..... years of age
- Divorced ( ) 4 When? ..... years of age

Are there any siblings (alive, except twin-partner)?

- No ( ) 0
- 132 Yes ( ) 1

134 Brothers .....

136 Sisters .....

140- Do you keep in touch with your twin-partner (nowadays)?

141 If so: How often do you meet/have contact by telephone?

	Meets	Contact by teleph.
Every day	( ) 1	( ) 1
Several times/week	( ) 2	( ) 2
Every week	( ) 3	( ) 3
Every month	( ) 4	( ) 4
Every year	( ) 5	( ) 5
Infrequently/hardly ever	( ) 6	( ) 6
Never/No contact	( ) 7	( ) 7

Are there any children and grandchildren (alive)?

- No ( ) 0
- 142 Yes ( ) 1

- 144 ..... own children
- 146 ..... foster children
- 148 ..... grandchildren
- 150 ..... great grandchildren

159 **How is your economical situation now compared to that of others of the same age?**

Worse	( )	1
About the same	( )	2
Better	( )	3

160 **How well does your money cover your needs?**

	Badly	( )	1
	Rather badly	( )	2
<b>A</b>	Rather well	( )	3
	Very well	( )	4

161 **Is your present economical situation preventing you from doing what you like to do?**

	Yes, to a great extent	( )	1
	Yes, to some extent	( )	2
	No	( )	3



II. HEALTH II

Twin2A

Tw.pair / Tw.no.

201 How do you rate your overall health condition ?

- Good ( ) 1
- About average ( ) 2
- Bad ( ) 3

202 How do you rate your health compared to what it was two years ago?

- Better ( ) 1
- About the same ( ) 2
- Worse ( ) 3

203 How do you rate your health compared to others of your own age?

- Better ( ) 1
- About the same ( ) 2
- Worse ( ) 3

204 Do you think that your health-condition is preventing you from doing the things you would like to do?

- Not at all ( ) 1
- Partly ( ) 2
- To a great extent ( ) 3

207 Are you presently doing or have you previously done anything special to train your body or "keep your body fit"?

- |                            | Earlier | Presently |
|----------------------------|---------|-----------|
| No                         | ( ) 0   | ( ) 0     |
| Yes, to some extent        | ( ) 1   | ( ) 1     |
| Yes, to a great extent by: | ( ) 2   | ( ) 2     |

.....

.....

.....

208-209 Do you wear glasses/a hearing aid?

	Glasses	Hearing aid
No	( ) 0	( ) 0
Yes, always	( ) 1	( ) 1
Yes, sometimes	( ) 2	( ) 2

210-211 How do you rate your eye-sight and hearing?

	Sight	Hearing	
Excellent	( ) 1	( ) 1	
Good	( ) 2	( ) 2	
Rather good	( ) 3	( ) 3	
Rather bad	( ) 4	( ) 4	<b>B</b>
Bad	( ) 5	( ) 5	
Blind or nearly blind	( ) 6		
Deaf or nearly deaf		( ) 6	

212-214 How do you rate your senses of smell, taste and touch?

	Smell	Taste	Touch	
Good	( ) 1	( ) 1	( ) 1	
Rather good	( ) 2	( ) 2	( ) 2	<b>A</b>
Rather bad	( ) 3	( ) 3	( ) 3	
Bad	( ) 4	( ) 4	( ) 4	

Vision test

\*

215 Not performed ( ) 9 .....

216 Does Subject use vision aid?

- No ( ) 0
- Magnifying glass etc. ( ) 2
- Glasses/contact lenses ( ) 1
- Other ( ) 3

<b>217-218</b>	Small text	Incorrect	Correct
		1	2
	- 1st try	( )	( )
	2 6 5 9 1 0 4 - -		
	- 2nd try	( )	( )
	5 4 4 0 2 0 9 - -		
<b>219-220</b>	Medium text		
	- 1st try	( )	( )
	9 1 9 0 5 8 7 - - - -		
	- 2nd try	( )	( )
	3 1 0 6 3 1 0 - - - -		
<b>221-222</b>	Large text		
	- 1st try	( )	( )
	8 2 6 4 1 3 3 - -		
	- 2nd try	( )	( )
	2 2 4 0 0 6 8 - -		

Contacts with the medical care system

Have you during the last .... 2 months /.... 2 years  
(incl. the 2 months)

No Yes No Yes  
00 01- 00 01-

223- been hospitalized  
224 ( ) .....times ( ) .....times

225- had surgery ( ) .....times ( ) .....times  
226

227- consulted a ( ) .....times ( ) .....times  
228 doctor (excl. hospital care)

229- contacted a ( ) .....times ( ) .....times  
230 district nurse (or  
corresponding)

Blood pressure/pulse

Have a doctor or a nurse checked your blood pressure  
during the last six months?

\*

231 Do not know ( ) 9  
No ( ) 0  
Yes,  
- it was too low ( ) 1  
- it was normal ( ) 2  
- it was slightly increased ( ) 3  
- it was much increased ( ) 4  
- does not know the result ( ) 5

232- Supine: \_\_\_\_\_ sys./ \_\_\_\_\_ dia.

233

234 Pulse: \_\_\_\_\_

No Yes  
0 1

235- Weak pulse: ( ) ( )

236 Irregular pulse ( ) ( )

237- Standing: \_\_\_\_\_ sys./ \_\_\_\_\_ dia.

238

239 Pulse: \_\_\_\_\_

240- Time before: \_\_\_\_\_ min. \_\_\_\_\_ sec.

241

242 (Gauge no: ..... )

Status of teeth

\*

243 How many of his/her own teeth does Subject still have?

.....(00-) DO NOT USE - NOT Reliable!

Height/Weight

\*

244- Weight: ..... kg Waist: ..... cm

245

246- Height: ..... cm Hip: ..... cm

247

248- Bottom: ..... cm

250

\* corset ( ) No 0 Yes 1

\* slacks, skirt ( ) No 0 Yes 1

251 (Scale no.: .....)

Diseases and disorders

Twin2A

Do you have or did you ever have any of the following diseases or disorders? If yes, to what extent does this bring about difficulties to your daily life (presently)?

<u>Disease/disorder</u>	No		Yes		
	0	1	Not at all 0	Little 1	Much 2
<u>252-Heart - circulation - blood</u>					
<u>269</u>					
- Heart insufficiency .....	( )	( )	( )	( )	( )
- Heart attack, st.p. ....	( )	( )	( )	( )	( )
- High blood pressure/hyp. ....	( )	( )	( )	( )	( )
- Angina (pectoris) .....	( )	( )	( )	( )	( )
- Vascular spasm in leg(s) .... (intermittent claudication)	( )	( )	( )	( )	( )
- Circulation disturbances in arms, legs (varicose veins) .....	( )	( )	( )	( )	( )
- Thrombosis in leg, varicose ulcer in leg .....	( )	( )	( )	( )	( )
- Cerebral hemorrhage or cerebral thrombosis (stroke), st.p. ...	( )	( )	( )	( )	( )
- Iron deficiency (anemia) .....	( )	( )	( )	( )	( )
<u>270- Lungs - respiration</u>					
<u>275</u>					
- Chronic bronchitis .....	( )	( )	( )	( )	( )
- Emphysema .....	( )	( )	( )	( )	( )
- Asthma .....	( )	( )	( )	( )	( )

cont

276-

287 Infections - metabolism

- Tuberculosis ..... ( ) ( ) ( ) ( ) ( )
- Polio, st. p. .... ( ) ( ) ( ) ( ) ( )
- Herpes zoster ..... ( ) ( ) ( ) ( ) ( )
- Goiter or any other glandular disease ..... ( ) ( ) ( ) ( ) ( )
- Diabetes ..... ( ) ( ) ( ) ( ) ( )
- Gout ..... ( ) ( ) ( ) ( ) ( )

288-

299 Nervous system

- M.S. Multiple sclerosis ..... ( ) ( ) ( ) ( ) ( )
- Parkinson's disease ..... ( ) ( ) ( ) ( ) ( )
- Epilepsy ..... ( ) ( ) ( ) ( ) ( )
- Migraine ..... ( ) ( ) ( ) ( ) ( )
- (Nervous) paralysis ..... ( ) ( ) ( ) ( ) ( )
- Sciatica ..... ( ) ( ) ( ) ( ) ( )

300- Sensory organs - speech

309

- Cataract ..... ( ) ( ) ( ) ( ) ( )
- Glaucoma ..... ( ) ( ) ( ) ( ) ( )
- Other disorders of the eye ... ( ) ( ) ( ) ( ) ( )
- Hearing impairment ..... ( ) ( ) ( ) ( ) ( )
- Speech impairment ..... ( ) ( ) ( ) ( ) ( )

cont

310- Skin  
313

- Eczema ..... ( ) ( ) ( ) ( ) ( )
- Psoriasis ..... ( ) ( ) ( ) ( ) ( )

314- skeleton - muscles  
329

- Rheumatoid arthritis ..... ( ) ( ) ( ) ( ) ( )
- Arthritis ..... ( ) ( ) ( ) ( ) ( )
- Osteoporosis ..... ( ) ( ) ( ) ( ) ( )
- Hip-joint impairment ..... ( ) ( ) ( ) ( ) ( )
- Disability, joints,  
muscles, skeleton ..... ( ) ( ) ( ) ( ) ( )
- Back pain ..... ( ) ( ) ( ) ( ) ( )
- Neck pain ..... ( ) ( ) ( ) ( ) ( )
- Shoulder pain ..... ( ) ( ) ( ) ( ) ( )

330- Abdomen - intestine  
337

- Gastric Ulcer ..... ( ) ( ) ( ) ( ) ( )
- Other gastro-intestinal ..... ( ) ( ) ( ) ( ) ( )
- Gall bladder disorder ..... ( ) ( ) ( ) ( ) ( )
- Liver disease ..... ( ) ( ) ( ) ( ) ( )

338- Kidneys - lower abdomen  
347

- Kidney disease ..... ( ) ( ) ( ) ( ) ( )
- Prostate disorder ..... ( ) ( ) ( ) ( ) ( )
- Urinary tract disorder ..... ( ) ( ) ( ) ( ) ( )
- Women's disease/surgery ..... ( ) ( ) ( ) ( ) ( )
- Incontinence ..... ( ) ( ) ( ) ( ) ( ) cont

348- Cancer - tumors

354

- Prostate\* ..... ( ) ( ) ( ) ( ) ( )
  - Breast cancer ..... ( ) ( ) ( ) ( ) ( )
  - Other cancer ..... ( ) ( ) ( ) ( ) ( )
- \* Are there siblings with cancer?( ) ( )

.....

.....

355- Other syptoms and disorders

398

- Dizziness (vertigo) ..... ( ) ( ) ( ) ( ) ( )
- Allergies ..... ( ) ( ) ( ) ( ) ( )
- Insomnia ..... ( ) ( ) ( ) ( ) ( )
- Psychological problems ..... ( ) ( ) ( ) ( ) ( )
- Other                                      According to list
- ..... ( ) ( ) ( ) ( )
- ..... ( ) ( ) ( ) ( )
- ..... ( ) ( ) ( ) ( )
- ..... ( ) ( ) ( ) ( )

399 Do you have any disability or chronic condition which is not directly connected with a disease?

- No        ( ) 0
- Yes      ( ) 1    Give what: .....
- .....



Medication

Twin 2B

What medicines/drugs do you/(subject)/ take at present? \*

Why are you taking this medicine? For how long have you been using this medicine? (according to Subject him/herself).

<u>Medicine</u>	<u>Concentration</u>	<u>Unit</u>	<u>Dosage/day</u>
-----------------	----------------------	-------------	-------------------

401- 1.  
 ...../...../...../.....  
 405  
 Cause: ..... Duration: .....

406- 2.  
 ...../...../...../.....  
 410  
 Cause: ..... Duration: .....

411- 3.  
 ...../...../...../.....  
 415  
 Cause: ..... Duration: .....

416- 4.  
 ...../...../...../.....  
 420  
 Cause: ..... Duration: .....

421- 5.  
 ...../...../...../.....  
 425  
 Cause: ..... Duration: .....

426- 6.  
 ...../...../...../.....  
 430  
 Cause: ..... Duration: .....

431- 7.  
 ...../...../...../.....  
 435  
 Cause: ..... Duration:.....

436- 8.  
...../...../...../.....  
440  
Cause: ..... Duration: .....

441- 9.  
...../...../...../.....  
445  
Cause: ..... Duration: .....

446- 10.  
...../...../...../.....  
450  
Cause: ..... Duration: .....

451- 11.  
...../...../...../.....  
455  
Cause: ..... Duration: .....

456- 12.  
...../...../...../.....  
460  
Cause: ..... Duration: .....

461- Additional (not registered/) medication?

468

.....  
.....  
.....  
.....

469 Any other (not registered) medication? ( ) 0 -

Comments:

.....

**470 Can you (Subject) manage your medication yourself? \***

- Not relevant/does not take medicine ( ) 8
- No, gets help by ..... ( ) 0
- Yes, dosage box/correspondingly filled by  
..... ( ) 1
- Yes, by myself with dosage box (fill myself) ( ) 2
- Yes, quite on my own ( ) 3
- Does not know ( ) 9

**471 Do you take your medicine as prescribed?**

- Not relevant/does not take medicine ( ) 8
- No ( ) 0
- Yes ( ) 1
- Does not know ( ) 9

**472 Does Subject seem to take his/her medicine as prescribed?**

- Not relevant/does not take medicine ( ) 8
- Others help Subject/administrate medicine ( ) 2
- No problems ( ) 3
- Does not know/cannot be judged ( ) 9

Some questions about tobacco and drinking habits

Do you smoke? (No = 00)

476- How much?

479

- Cigarettes/day ..... (00- )
- Cigars/day ..... (00- )
- Cigarillos/day ..... (00- )
- Pipe tobacco grams/day ..... (00- )

483 Do you use snuff?

(No = 00) .....boxes/week

484- How often do you drink beer, "light"wine, "strong"wine or  
487 hard liquor nowadays?\*

	Beer	Light wine	Strong wine	Hard liquor
Never	( ) 0	( ) 0	( ) 0	( ) 0
Once a year or less	( ) 1	( ) 1	( ) 1	( ) 1
Two to six times/year	( ) 2	( ) 2	( ) 2	( ) 2
Once a month	( ) 3	( ) 3	( ) 3	( ) 3
Twice a month	( ) 4	( ) 4	( ) 4	( ) 4
Once a week	( ) 5	( ) 5	( ) 5	( ) 5
Twice a week	( ) 6	( ) 6	( ) 6	( ) 6
Every other day	( ) 7	( ) 7	( ) 7	( ) 7
Every day	( ) 8	( ) 8	( ) 8	( ) 8

\* "Light" beer excluded. By hard liquor is meant e.g. aquavit, whiskey, gin, brandy, punch, etc. Also liquor in cocktails and long drinks.

492- Do you drink coffee?

493

No ( ) 0  
Yes ( ) 2 .....cups/day

496- Do you drink tea?

497

No ( ) 0  
Yes ( ) 2 .....cups/day

III. MEMORY AND COGNITIVE ABILITY

Twin3

Tw.pair / Tw.no

501 Do you think (on the whole) that you have a good or a bad memory?

- Very good ( ) 1
- Good ( ) 2
- Rather good ( ) 3
- Neither good nor bad ( ) 4 **B**
- Rather bad ( ) 5
- Bad ( ) 6
- Very bad ( ) 7

Do you think that you have any problems with your memory which make daily living more difficult?

502

- No, not at all ( ) 1
- No, hardly ( ) 2
- Hard to take a stand on ( ) 3 **F**
- Yes, to a certain degree ( ) 4
- Yes, definitely ( ) 5

Do you think that your memory has changed during the last 2 years?

503

- Improved ( ) 1
- Somewhat improved ( ) 2
- Neither better nor worse ( ) 3 **C**
- Somewhat impaired ( ) 4
- Impaired ( ) 5

Do you think (on the whole) that you have good or bad cognitive ability ("presence of mind")?

504

- Very good ( ) 1
- Good ( ) 2
- Rather good ( ) 3
- Neither good nor bad ( ) 4 **B**
- Rather bad ( ) 5
- Bad ( ) 6
- Very bad ( ) 7

**N504 Do you think that your "thinking ability" has changed during the 2 last years?**

- Grown better ( )1
- Neither better nor worse ( )2
- Grown worse ( )3

**Do you/did you do anything in particular to "train your memory" or keep your mind active?**

506

- |                          | Previously | Presently |
|--------------------------|------------|-----------|
| No                       | ( )0       | ( )0      |
| Yes, to a certain degree | ( )1       | ( )1      |
| Yes, definitely          | ( )2       | ( )2      |

**Do you occupy yourself with any of the following activities?**

507

512

- |  |     | No  | Yes |
|--|-----|-----|-----|
|  |     | 0   | 1   |
| Games, e.g., chess, bridge   | ( ) | ( ) |     |
| Crosswords and alike   | ( ) | ( ) |     |
| Literature   |     | ( ) | ( ) |
| Writing, genealogical research<br>or any other documentation           | ( ) | ( ) |     |
| Studies  | ( ) | ( ) |     |
| Something else that demands mental<br>activity, e.g., handicraft ..... |     | ( ) | ( ) |

513- MMS: Mini-Mental State  
517

Not performed\*  
Sens. Mot.  
difficulties

	Correct 1	Incorr 0	difficulties 8
- What is the date?	( )	( )	( )
- What is the day?	( )	( )	( )
- What is the month?	( )	( )	( )
- What is the season?	( )	( )	( )
- What is the year?	( )	( )	( )

518- What is your complete  
522 address/Where do you live?

Not performed  
Sens. Mot.

	Correct 1	Incorr 0	difficulties 8
- Street/ward	( )	( )	( )
- District/institution	( )	( )	( )
- Place	( )	( )	( )
- County	( )	( )	( )
- Country	( )	( )	( )

523- Name the following 3 objects: "Key, Toothbrush, Lamp."  
525 What were the 3 objects?

Not performed  
Sens. Mot.

	Correct 1	Incorr 0	difficulties 8
- Key	( )	( )	( )
- Toothbrush	( )	( )	( )
- Lamp	( )	( )	( )

526 (Repeat until all have been registered; max. 6 times)  
Times: \_\_\_\_\_

Not performed  
Sens. Mot.

527- What is .... 100 - 7, etc.	Correct 1	Incorr. 0	difficulties 8
531			
= 93	( )	( )	( )
= 86	( )	( )	( )
= 79	( )	( )	( )
= 72	( )	( )	( )

= 65

( )

( )

( )



532- What were the 3 objects? Not performed  
 534 Correct Incorrect Sens. Mot.  
 recall recognition difficulties  
 2 1 0 8  
 - Key ( ) ( ) ( ) ( )  
 - Toothbrush ( ) ( ) ( ) ( )  
 - Lamp ( ) ( ) ( ) ( )

535 Copy this design! Not performed  
 (Pattern is shown) Correct Incorrect Sens. Mot.  
 difficulties  
 1 0 8  
 ( ) ( ) ( )

536- What is this object? Not performed  
 537 Correct Incorrect Sens. Mot.  
 difficulties  
 1 0 8  
 - Watch ( ) ( ) ( )  
 - Pencil ( ) ( ) ( )

538 Repeat: "Burnt down two-family house" ("no ifs, ands or  
 buts") Not performed  
 Correct Incorrect Sens. Mot.  
 difficulties  
 1 0 8  
 ( ) ( ) ( )

**Instructions** Correct Incorrect Sens. Mot.  
 difficulties  
 539- "Take this piece of paper 1 0 8  
 541 in your hand,.... ( ) ( ) ( )  
 Fold it in half and ... ( ) ( ) ( )  
 ... put it on ..." ( ) ( ) ( )

542 "Follow the instruction Correct Incorrect Not performed  
 on this paper" ! Sens. Mot.  
 difficulties  
 1 0 8  
 ( ) ( ) ( )

Not performed

<b>543 3.</b> "Write any sentence"!	Correct	Incorrect	Sens. Mot. difficulties
	1	0	8
	( )	( )	( )

**Information Test**

544- Part 1 (20 sec./item)

Part 2 (20 sec./item)

545 Not performed ( ) 9

Not performed ( ) 9

11 items

11 items

546- Score: \_\_\_\_\_ (0-22)  
547

Score: \_\_\_\_\_ (0-22)

Finish test if 0 points in part 1. Score 0 on part 2 and note Not performed.

548 **SRB2 Test/Reasoning**

Not performed ( ) 9

.....

	Correct	Incorrect
Exercise 1.	( ) E	( )
Exercise 2.	( ) C	( )
Exercise 3.	( ) B	( )
Exercise 4.	( ) A	( )

549 Finish test if score is 0 \_\_\_\_\_ (0-4)

Part 1 (4 min.)

Part 2 (4 min.)

Item: Corr./Incorr.

Item: Corr./Incorr.

- 1 = (C) .....
- 2 = (A) .....
- 3 = (E) .....
- 4 = (E) .....
- 5 = (E) .....
- 6 = (C) .....
- 7 = (B) .....
- 8 = (C) .....
- 9 = (B) .....
- 10 = (C) .....
- 11 = (E) .....
- 12 = (B) .....
- 13 = (C) .....
- 14 = (E) .....
- 15 = (A) .....

- 1 = (D) .....
- 2 = (D) .....
- 3 = (C) .....
- 4 = (B) .....
- 5 = (D) .....
- 6 = (B) .....
- 7 = (C) .....
- 8 = (A) .....
- 9 = (C) .....
- 10 = (B) .....
- 11 = (D) .....
- 12 = (B) .....
- 13 = (B) .....
- 14 = (D) .....
- 15 = (B) .....

Correct: \_\_\_\_\_ (0-15)

Correct: \_\_\_\_\_ (0-15)

550- Performed: \_\_\_\_\_ (0-15)

Performed: \_\_\_\_\_ (0-15)

553 Finish test if score is 0 on part 1

Score 0 on part 2

**SRB 3 Test / Block design**

554 Not performed ( ) 9

.....  
Correct Incorrect

**Exercise 1.** ( ) ( )  
555 **Exercise 2.** ( ) ( ) Finish test if score is 0 \_\_\_\_\_ (0-2)

556-		No	Yes
561		0	1
	Anxiety	( )	( )
	Self-criticism	( )	( )
	Several tries		
	per item	( )	( )
	Strategy	( )	( )
	Rotation	( )	( )
	Perseverance	( )	( )

562- Score: \_\_\_\_\_ Performed: \_\_\_\_\_ (0-7)  
563

SRB1 **Test Verbal meaning/Synonyms**

564 Not performed ( ) 9

.....

2 exercises (score 2). Finish test if score is 0.  
565 Part 1. (3 1/2 min.) Part 2. (3 1/2 min.)

Part 1: 15 items Part 2: 15 items

566- Correct: \_\_\_\_\_ (0-15) Correct: \_\_\_\_\_ (0-15)  
569 Performed: \_\_\_\_\_ (0-15) Performed: \_\_\_\_\_ (0-15)

Finish test if score 0 on part 1  
Score 0 on part 2

B R E A K (---> IV)

**Symbol Digit Test**

570 Not performed ( ) 9 .....  
   Correct    Incorrect  
 Example                   ( ) 6       ( )  
 Example                   ( ) 3       ( )  
 Example                   ( ) 4       ( )  
 571    Example               ( ) 2       ( )       \_\_\_\_\_ (0-4)

Finish test if score is 0. Score 0 for remaining tasks.

Page 1 (45 sec.)		Performed	Correct
572- <b>Line A</b>	_____	_____	_____
581 <b>Line B</b>	(2, 1, 3, 1, 2, 3, 1, 4, 2, 6)	_____	_____
<b>Line C</b>	(7, 4, 6, 9, 2, 5, 8, 4, 7, 6)	_____	_____
<b>Line D</b>	(1, 8, 2, 9, 7, 6, 2, 5, 4, 7)	_____	_____
<b>Line E</b>	(3, 7, 5, 1, 4, 9, 1, 5, 8, 7)	_____	_____
<b>Line E</b>	(7, 1, 9, 4, 3, 6, 2, 7, 9, 3)	_____	_____

Page 2 (45 sec.)		Performed	Correct
582- <b>Line A</b>	_____	_____	_____
591 <b>Line B</b>	(2, 1, 4, 6, 3, 5, 2, 1, 3, 4)	_____	_____
<b>Line C</b>	(3, 1, 2, 5, 1, 3, 1, 5, 4, 2)	_____	_____
<b>Line D</b>	(1, 8, 7, 5, 4, 8, 6, 9, 4, 3)	_____	_____
<b>Line E</b>	(3, 6, 8, 5, 9, 4, 1, 6, 8, 9)	_____	_____
<b>Line E</b>	(6, 9, 7, 8, 2, 4, 8, 3, 5, 6)	_____	_____

**Digit Span Memory Test**

**\***

**Forwards**

**Backwards**

**592-593**

Not performed ( ) 9 .....

Not performed ( ) 9 .....

**3** 5 8 2

**3** 6 9 4

**4** 6 4 3 9

**4** 7 2 8 3

**5** 4 2 7 3 1

**5** 7 5 8 2 9

**6** 6 1 9 4 7 3

**6** 3 9 2 4 8 7

**7** 5 9 1 7 4 2 8

**7** 4 1 7 9 3 8 6

**8** 3 1 8 9 2 6 4 7

**8** 3 8 2 9 5 1 7 4

**9** 2 7 5 8 6 2 8 5 3

**9** 7 1 3 9 4 2 5 6 8

**3** 6 2 9

**3** 4 1 5

**4** 3 2 9 7

**4** 4 9 6 8

**5** 8 3 2 9 4

**5** 6 1 8 4 3

**6** 5 3 9 4 7 2

**6** 3 2 4 8 5 6

**7** 8 1 2 9 3 6 5

**7** 4 7 3 9 1 2 8

**8** 9 4 3 7 6 2 5 8

**8** 7 2 8 1 6 5 3 9

**594-595**

Correct: \_\_\_\_\_

Correct: \_\_\_\_\_

**PSIF / Perceptual Speed Test**

596

Not performed ( ) 9

.....

	Correct	Incorrect	
<b>Exercise ex. 3</b>	D ( )	( )	_____
<b>Exercise ex. 4</b>	B ( )	( )	_____

597

<b>Exercise ex. 5</b>	E ( )	( )	_____	_____ (0-3)
-----------------------	-------	-----	-------	-------------

Finish test if score is 0. Note Not performed for remaining tasks and score 0.

**2 minutes**

Corr.	Incrr.		Corr.	Incrr.		Corr.	Incrr.				
1.	( )	B	_____	11.	( )	D	_____	21.	( )	A	_____
2.	( )	D	_____	12.	( )	A	_____	22.	( )	C	_____
3.	( )	E	_____	13.	( )	E	_____	23.	( )	B	_____
4.	( )	D	_____	14.	( )	B	_____	24.	( )	D	_____
5.	( )	B	_____	15.	( )	C	_____	25.	( )	E	_____
6.	( )	C	_____	16.	( )	C	_____	26.	( )	A	_____
7.	( )	E	_____	17.	( )	E	_____	27.	( )	C	_____
8.	( )	A	_____	18.	( )	A	_____	28.	( )	E	_____
9.	( )	B	_____	19.	( )	C	_____	29.	( )	B	_____
10.	( )	D	_____	20.	( )	B	_____	30.	( )	C	_____

598

Correct: \_\_\_\_\_ (0-30)

599

Performed: \_\_\_\_\_ (0-30)



**Non-verbal Memory / Thurstone Picture Memory Test**

**Exercises**

600

Not performed ( ) 9 .....

	Corr.	Incorr.		Corr.	Incorr.
<b>Exercise 1.</b>	( ) 3	_____	<b>4.</b>	( ) 3	_____
<b>Exercise 2.</b>	( ) 2	_____	<b>5.</b>	( ) 1	_____
<b>Exercise 3.</b>	( ) 3	_____	<b>6.</b>	( ) 1	_____

601 \_\_\_\_\_ (0-6)

Finish test if score is 0. Note Not performed for remaining tasks.  
and score 0.

	Corr.	Incorr.		Corr.	Incorr.
<b>1.</b>	( ) 1	_____	<b>15.</b>	( ) 2	_____
<b>2.</b>	( ) 4	_____	<b>16.</b>	( ) 3	_____
<b>3.</b>	( ) 1	_____	<b>17.</b>	( ) 4	_____
<b>4.</b>	( ) 4	_____	<b>18.</b>	( ) 3	_____
<b>5.</b>	( ) 4	_____	<b>19.</b>	( ) 1	_____
<b>6.</b>	( ) 2	_____	<b>20.</b>	( ) 3	_____
<b>7.</b>	( ) 4	_____	<b>21.</b>	( ) 3	_____

Finish test if score is 0.  
(page 1).

<b>8.</b>	( ) 1	_____	<b>22.</b>	( ) 2	_____
<b>9.</b>	( ) 1	_____	<b>23.</b>	( ) 1	_____
<b>10.</b>	( ) 2	_____	<b>24.</b>	( ) 3	_____
<b>11.</b>	( ) 1	_____	<b>25.</b>	( ) 4	_____
<b>12.</b>	( ) 1	_____	<b>26.</b>	( ) 3	_____
<b>13.</b>	( ) 3	_____	<b>27.</b>	( ) 2	_____
<b>14.</b>	( ) 4	_____	<b>28.</b>	( ) 4	_____

602  
603

Correct: \_\_\_\_\_ (0-28)  
Performed: \_\_\_\_\_ (0, 7, 28)

**Logical Memory / Verbal Memory / Prose Recall Test**

\*

604 Not performed ( ) 9 .....

**"The story"**

605 Correct: \_\_\_\_\_ (Score 0-16)

606 Apprehension point: No ( ) 0  
 (possibly: "How did you like it"?) Yes ( )  
 ) 1  
 Unassessable ( ) 9

N606 **Do you remember the story**  
**from last time?** No ( ) 0  
 Yes ( ) 1

**MIR Memory Test / Johansson Apartment Test**

\*

607 Not performed ( ) 9 .....

(L. prio.)

Object	Naming	Recall*	Recognition	Correspond
--------	--------	---------	-------------	------------

- |                 |     |     |     |     |
|-----------------|-----|-----|-----|-----|
| 1. Matchbox( )  | ( ) | ( ) | ( ) | ( ) |
| 2. Keys ( )     | ( ) | ( ) | ( ) | ( ) |
| 3. Pill box( )  | ( ) | ( ) | ( ) | ( ) |
| 4. Watch ( )    | ( ) | ( ) | ( ) | ( ) |
| 5. Comb ( )     | ( ) | ( ) | ( ) | ( ) |
| 6. Pencil ( )   | ( ) | ( ) | ( ) | ( ) |
| 7. Glass ( )    | ( ) | ( ) | ( ) | ( ) |
| 8. Ring ( )     | ( ) | ( ) | ( ) | ( ) |
| 9. Glasses ( )  | ( ) | ( ) | ( ) | ( ) |
| 10. Scissors( ) | ( ) | ( ) | ( ) | ( ) |

608 correct: \_\_\_\_\_ (0-10) \_\_\_\_\_ (0-10) \_\_\_\_\_ (0-10) \_\_\_\_\_ (0-10)

611

Not performed ( ) 99 ( ) 99 ( ) 99 ( ) 99

	No	Yes	Not performed	
612-615	0	1	9	Time:
<b>Apprehension of apartment</b>	( )	( )	( )	
<b>Hesitation, 1st outset</b>	( )	( )	( )	1st outset _____
<b>Adequate 1st outset</b>	( )	( )	( )	

\***Use of imagery strategy** ( ) ( ) ( ) Recall \_\_\_\_\_

*MIR continuation --->*

The Clock Test

\*

**I. Clock drawing**

616 Not performed ( ) 9 .....

	Corr.	Some errors	Incorr.
1. clock face	( ) 2	( ) 1	( ) 0
2. set digits(numbers?)	( ) 2	( ) 1	( ) 0
3. "twenty past eight"	( ) 1		( ) 0

617 Score: \_\_\_\_ (0-5)  
If o.k. score maximum on II and III. Note Not performed.

**II. Setting clock**

618 Not performed ( ) 9

	Correct	Incorrect
	1	0

1. 03.00	( )	( )
2. 09.00	( )	( )
3. 07.55	( )	( )
4. 01.20	( )	( )
5. 10.10	( )	( )
6. 04.40	( )	( )

619 Score: \_\_\_\_ (0-6)

**III. What time is it?**

620 Not performed ( ) 9

	Correct	Incorrect
	1	0

1. Five to eight	( )	( )
2. Ten past eleven	( )	( )
3. Twenty past one	( )	( )
4. Twenty past eight	( )	( )

621 Score: \_\_\_\_ (0-4)

The Coin Test

\*

622 Not performed ( ) 9

	Correct	In part	Incorrect
	2	1	0

1. 60 öre	( )	( )	( )
2. 3 kr 20 öre	( )	( )	( )
3. 5 kr 50 öre	( )	( )	( )
4. 8 kr 70 öre	( )	( )	( )

623 Score: \_\_\_\_ (0-8)

**N623 Subject remarks on/notices changed denominations?**  
No ( )0 Yes ( )1

**IV. FUNCTIONAL CAPACITY**

**TWIN4**

Tw.pair/Tw.no.

**Balance and gait** (Several alternatives may be used); Yes=1/No=0)

**1. Normal gait and turn, 3 m** Walks unsteadily ( )  
 Limp(s) ( )  
 701 ..... sec Has a stiff leg ( )  
 Foot to foot ( )  
 702 With difficulty No ( ) 0 Yes ---> Drags a leg ( )  
 An unsteady turn ( )  
 Uses a walk.stick ( )  
 Pain ( )  
 Other/unassessable ( )

**2. Side by side, looking, 10 sec** Loses the balance ( )  
 Moves the arms ( )  
 703 ..... sec Moves the body ( )  
 704 With difficulty No ( ) 0 Yes ---> Other/unassessable ( )

**3. Romberg's Test, without looking, 10 sec** Loses the balance ( )  
 Moves the arms ( )  
 705 ..... sec Moves the body ( )  
 706 With difficulty No ( ) 0 Yes ---> Other/unassessable ( )

**4. Semi-tandem, with looking, 10 sec** Loses the balance ( )  
 Moves the arms ( )  
 707 ..... sec Moves the body ( )  
 708 With difficulty No ( ) 0 Yes ---> Other/unassessable ( )

\* If the Subject cannot do the test do not do 5, 6, 7.

**5. Tandem stand, looking, 10 sec** Loses the balance ( )  
 Moves the arms ( )  
 709 Not performed ( ) 9 Moves the body ( )  
 710 ..... sec Other/unassessable ( )  
 711 With difficulty No ( ) 0 Yes --->

\* If the Subject cannot do the test do not do 6 and 7.

**6. Tandem stand, without looking, 10 sec** Loses the balance ( )  
 Moves the arms ( )  
 712 Not performed ( ) 9 Moves the body ( )  
 713 ..... sec Safety reasons ( )  
 Other/unassessable ( )  
 714 With difficulty No ( ) 0 Yes --->



- 13. Slant hands forw. and backw.** Not turning the ( )  
 palms properly ( )  
 730 With difficulty No ( )0 Yes ---> Difficulty only ( )  
 with one hand ( )  
 Other/unassessable ( )
- 14. Right thumb, right little finger** Can't reach ( )  
 Wrong finger ( )  
 731 With difficulty No ( )0 Yes ---> Misses the little ( )  
 finger ( )  
 Other/unssessable ( )
- Left thumb, left little finger** Can't reach ( )  
 Wrong finger ( )  
 732 With difficulty No ( )0 Yes ---> Misses the little ( )  
 finger ( )  
 Other/unssessable ( )
- 15. Hands between bottom and seat** Strenuous ( )  
 Uses one hand only ( )  
 733 With difficulty No ( )0 Yes ---> Other/unssessable ( )
- 16. Right finger, left toe** Pain ( )  
 Moving difficulties ( )  
 734 ..... sec The stomach is ( )  
 in the way ( )  
 Can't reach down ( )  
 735 With difficulty No ( )0 Yes ---> Wrong foot ( )  
 Help to get up ( )  
 Difficulties to ( )  
 understand instr ( )  
 Other/unssessable ( )
- 17. Left finger, right toe** Pain ( )  
 Moving difficulties ( )  
 736 ..... sec The stomach is ( )  
 in the way ( )  
 Can't reach down ( )  
 737 With difficulty No ( )0 Yes ---> Wrong foot ( )  
 Help to get up ( )  
 Difficulties to ( )  
 understand instr. ( )  
 Other/unssessable ( )



**18. Chair stand with arms crossed in front**

- Uses the arms ( )
- Rocks and gets up ( )
- 738- ..... sec ..... hight cm Success after se- ( )
- 739 veral attempts ( )
- 740 With difficulty No ( )0 Yes ---> Pain ( )
- Tries but can't ( )
- Other/unssessable ( )
- \* If the Subject can't do the test do not do 19

**19. Repeat chair stand, 5 times, with arms crossed in front**

- Uses arms ( )
- 741 Not performed ( ) 9 Rocks and gets up ( )
- 742- ..... sec ..... no. of sit ups Breaks off the test ( )
- 743 Safety reasons ( )
- 744 With difficulty No ( )0 Yes ---> Other/unssessable ( )

**20. Pour water from a jug into a glass with dominant hand**

- Trembles ( )
- Shakes ( )
- 745 ..... sec Can't use the ( )
- dominant hand ( )
- 746 With difficulty No ( )0 Yes ---> Other/unssessable ( )

**21. Pour water from one glass into another with dominant hand**

- Trembles ( )
- Shakes ( )
- 747 ..... sec Can't use the ( )
- the dominant hand ( )
- 748 With difficulty No ( )0 Yes ---> Other/unssessable ( )

**22. Pour water from one glass into another with nondominant hand**

- Trembles ( )
- Shakes ( )
- 749 ..... sec Can't use the ( )
- nondominant hand ( )
- 750 With difficulty No ( )0 Yes ---> Other/unssessable ( )

**23. Do you think that your ability to move has changed during the last 2 years?**

- Become better ( )1
- N750 Neither better nor worse ( )2
- Become worse ( )3

**Fingeragnosia**

\*

		Manages		Impossible
		No	Yes	
751	<b>1. Put your right hand up</b>	0	1	9
		( )	( )	( )
752	<b>2....with palm upwards!</b>	( )	( )	( )

  

		Indicating sensitivity		Able to name	Not performed
		No	Yes		
753-	<b>3.Which finger?</b>	0	1	2	9
758	Thumb (right)	( )	( )	( )	( )
	Middle finger (right)	( )	( )	( )	( )
	Ring finger (right)	( )	( )	( )	( )
	Ring finger (left)	( )	( )	( )	( )
	Middle finger (left)	( )	( )	( )	( )
	Thumb (left)	( )	( )	( )	( )

**Sensitivity**

<b>1. Match right arm and hand</b>	Partial reduction of sensitivity	( )	1
759 With difficulty No ( ) 0 Yes --->	Impaired sensitivity	( )	2
	No sensitivity	( )	3
	Other	( )	4
	Impossible	( )	9
<b>2. Match left arm and hand</b>	Partial reduction of sensitivity	( )	1
760 With difficulty No ( ) 0 Yes --->	Impaired sensitivity	( )	2
	No sensitivity	( )	3
	Other	( )	4
	Impossible	( )	9
<b>3. Match right lower leg and foot</b>	Partial reduction of sensitivity	( )	1
761 With difficulty No ( ) 0 Yes --->	Impaired sensitivity	( )	2
	No sensitivity	( )	3
	Other	( )	4
	Impossible	( )	9
<b>4. Match left lower leg and foot</b>	Partial reduction of sensitivity	( )	1
762 With difficulty No ( ) 0 Yes --->	Impaired sensitivity	( )	2
	No sensitivity	( )	3
	Other	( )	4
	Impossible	( )	9

**Muscle strength** (Several alternatives might be marked; Yes=1/No=0)

**1. Stretch down your right foot tight (resistance)**

763 With difficulty No ( )0 Yes ---> Makes a big effort ( )  
 Stiff ( )  
 Pain ( )  
 Can't do it ( )  
 Other ( )

**2. Stretch down your left foot tight (resistance)**

764 With difficulty No ( )0 Yes ---> Makes a big effort ( )  
 Stiff ( )  
 Pain ( )  
 Can't do it ( )  
 Other ( )

**3. Stretch up your right foot tight (resistance)**

765 With difficulty No ( )0 Yes ---> Makes a big effort ( )  
 Stiff ( )  
 Pain ( )  
 Can't do it ( )  
 Other ( )

**4. Stretch up your left foot tight (resistance)**

766 With difficulty No ( )0 Yes ---> Makes a big effort ( )  
 Stiff ( )  
 Pain ( )  
 Can't do it ( )  
 Other ( )

**Vigorimeter-Test**

\*

(Elbow against table, ca. 45 degrees' angle of lower arm: black scale)

767 Impossible ( )9

Right

Left

768-769 Attempt 1. \_\_\_\_\_ Attempt 1.  
 \_\_\_\_\_

770-771 Attempt 2. \_\_\_\_\_ Attempt 2.  
 \_\_\_\_\_

772-773 Attempt 3. \_\_\_\_\_ Attempt 3.  
 \_\_\_\_\_

774 \_\_\_\_\_ (Vigorimeter no.: .....)

**Lung function/PEF-meter**

\*

775 Impossible ( ) 9  
 776 Attempt 1. \_\_\_\_\_ l/minute  
 777 Attempt 2. \_\_\_\_\_ l/minute  
 778 Attempt 3. \_\_\_\_\_ l/minute  
 779 (PEF no.: .....)

**ADL-apparatus**

\*

	Time/sec	Without	With
Impossible		difficulty	difficulty
	1	2	9
780-781 1.insert and turn key.....	( )	( )	( )
782-783 2.put in plug in socket.....	( )	( )	( )
784-785 3. skrew in light bulb.....	( )	( )	( )
786-787 4. put coins in slot.....	( )	( )	( )
788-789 5. dial a number .....	( )	( )	( )
790 (ADL-app. no.: .....)			

(-- > Count money, CES-D, III)

V. CONTACTS AND FRIENDS

TWIN5

Tw.pair/Tw.no.

Does it happen that you get troubled by feelings of loneliness?  
801

- Nearly always/Always ( ) 1
- Often ( ) 2 **E**
- Seldom ( ) 3
- Hardly ever/never ( ) 4

- |  | No, not<br>all | No<br>hardly | Yes, to a<br>certain degree | Yes, to<br>a high |
|--|----------------|--------------|-----------------------------|-------------------|
|  | 0              | 1            | 2                           | 3                 |
| 803 Have you got friends<br>with whom you can talk?  | ( ) 0          | ( ) 1        | ( ) 2                       | ( ) 3             |
| 804 Do you feel you are part<br>of a set of friends? | ( ) 0          | ( ) 1        | ( ) 2                       | ( ) 3 <b>F</b>    |
| 805 Do you lack company?                             | ( ) 0          | ( ) 1        | ( ) 2                       | ( ) 3             |
| 806 Do you feel abandoned?                           | ( ) 0          | ( ) 1        | ( ) 2                       | ( ) 3             |

807 How many people do you see?

- None ( ) 0
- 1-2 ( ) 1
- 3-5 ( ) 2
- 6-10 ( ) 3
- 11 or more ( ) 4

808 Do you consider this satisfying or would you prefer more or  
fewer friends/contacts?

- More ( ) 1
- Satisfying ( ) 2
- Fewer ( ) 3

**If children/grandchildren: How often do you usually see or phone your children/grandchildren?**

809-

810	Sees	Phones
Every day	( ) 1	( ) 1
Several times/week	( ) 2	( ) 2
Every week	( ) 3	( ) 3
Every month	( ) 4	( ) 4
Every year	( ) 5	( ) 5
Less frequent	( ) 6	( ) 6
hardly ever		
Never	( ) 7	( ) 7
No childr./grandchildr.	( ) 8	( ) 8

**How often do you usually see or phone other siblings, relatives, friends and acquaintances?**

811-

812	Sees	Phones
Every day	( ) 1	( ) 1
Several times/week	( ) 2	( ) 2
Every week	( ) 3	( ) 3
Every month	( ) 4	( ) 4
Every year	( ) 5	( ) 5
Less frequent/	( ) 6	( ) 6
hardly ever		
Never	( ) 7	( ) 7

**How many people do you know with whom you share your inner thoughts and feelings (confide in)?**

813

- None ( ) 0
- 1-2 ( ) 1
- 3 or more ( ) 2

**How many people are there to whom you can turn in case of difficulties?**

814

- None ( ) 0
- 1-2 ( ) 1
- 3-5 ( ) 2
- 6-10 ( ) 3
- 11 or more ( ) 4

**N814 Do you think that your contacts/seeing your friends have changed during the last two years?**

- More contacts ( ) 1
- About the same ( ) 2
- Fewer contacts ( ) 3

**VI. ADL-CAPACITY**

**Twin5Ae - (Twin5ABe)**

           /             
**TW.pair / Tw.no.**

**Do you have any difficulties with .... , In that case do you help with that?** (Need of personal assistance 1; No 0) (Corresponding need \* rating by investigator).

	<b>Capacity</b>					<b>Need of help</b>
	Can't at all	Big probl	Some probl.	No Probl	Doesn't know/do	
	0	1	2	3	9	
<b>815</b> Walk indoors	( )	( )	( )	( )	( )	( )
<b>818</b> - rating -	( )	( )	( )	( )	( )	( )
<b>819</b> Walk outdoors	( )	( )	( )	( )	( )	( )
<b>822</b> - rating -	( )	( )	( )	( )	( )	( )
<b>823-</b> Walk stairs	( )	( )	( )	( )	( )	( )
<b>826</b> - rating -	( )	( )	( )	( )	( )	( )
<b>827-</b> Bend down and pick						
<b>830</b> something up from						
the floor	( )	( )	( )	( )	( )	( )
- rating -	( )	( )	( )	( )	( )	( )
<b>831-</b> Get up from and						
<b>834</b> go to bed	( )	( )	( )	( )	( )	( )
- rating -	( )	( )	( )	( )	( )	( )
<b>835-</b> Move from bed						
<b>838</b> to chair	( )	( )	( )	( )	( )	( )
- rating -	( )	( )	( )	( )	( )	( )
<b>839-</b> Stand up from chair						
<b>842</b> without arm-rest	( )	( )	( )	( )	( )	( )
- rating -	( )	( )	( )	( )	( )	( )
<b>843-</b> Reach above						
shoulders	( )	( )	( )	( )	( )	( )
<b>846</b> - rating -	( )	( )	( )	( )	( )	( )
<b>847-</b> Handle small things						
<b>850</b> with fingers, e.g.						
write or take hold of( )	( )	( )	( )	( )	( )	( )
- rating -	( )	( )	( )	( )	( )	( )
<b>851-</b> Take a bath/shower	( )	( )	( )	( )	( )	( )
<b>854</b> - rating -	( )	( )	( )	( )	( )	( )
<b>855-</b> Keep clean and tidy,						
<b>858</b> combing, shaving etc( )	( )	( )	( )	( )	( )	( )
- rating -	( )	( )	( )	( )	( )	( )
<b>859-</b> Dress and undress	( )	( )	( )	( )	( )	( )
<b>862</b> - rating -	( )	( )	( )	( )	( )	( )





	Can't at all 0	Big probl. 1	Capacity			Doesn't/ know/do 9	Need of help
			Some probl. 2	No probl. 3			
863- Go to the toilet	( )	( )	( )	( )	( )	( )	
866 - rating -	( )	( )	( )	( )	( )	( )	
867- Eat	( )	( )	( )	( )	( )	( )	
870 - rating -	( )	( )	( )	( )	( )	( )	

**N870 Do you think that your capacity in performing these activities (PADL) has changed during the last 2 years?**

- Improved capacity ( )
- Neither better nor worse ( )
- Worse capacity ( )

**Do you have any difficulties with ..., in that case do you need \* help with that?**

	Can't at all 0	Big probl. 1	Capacity			Doesn't/ know/do 9	Need of help
			Some probl. 2	No probl. 3			
871- Housework incl.							
874 cleaning and laundry	( )	( )	( )	( )	( )	( )	
- rating -	( )	( )	( )	( )	( )	( )	
875- Make the bed	( )	( )	( )	( )	( )	( )	
878 - rating -	( )	( )	( )	( )	( )	( )	
879- Cooking	( )	( )	( )	( )	( )	( )	
882 - rating -	( )	( )	( )	( )	( )	( )	
883- Shopping food etc.	( )	( )	( )	( )	( )	( )	
886 - rating -	( )	( )	( )	( )	( )	( )	
887- Go to places that 890 can't be reached by foot	( )	( )	( )	( )	( )	( )	
- rating -	( )	( )	( )	( )	( )	( )	
891- Handle economy, post- 894 and bankbusiness	( )	( )	( )	( )	( )	( )	
- rating -	( )	( )	( )	( )	( )	( )	
895- Use the telephone	( )	( )	( )	( )	( )	( )	
898 - rating -	( )	( )	( )	( )	( )	( )	

**N898 Do you think that your capacity in performing these activities (IADL) has changed during the last 2 years?**

- Improved capacity ( )

Neither better nor worse ( )  
Worse capacity ( )

**Do you (Subject) have home making service?**

899 Stays at institution ( ) 8  
No ( ) 0  
Yes ( ) 1

**Do you (Subject) have any technical aids?**

900 No ( ) 0  
Yes ( ) 1 -- > Wheel chair ( ) Aids for hygiene/  
Walker ( ) bath and shower ( )  
Walking-stick/  
/trestle/crutch ( ) Gripping tool/house-  
hold tools adjusted  
to handicapped people ( )

( -- > MIR )

Twin comparisons

Compared to your twin-partner:

- How is your physical health?
- How is are? your memory and thinking ability?
- How is your psychological well-being?

911-		Phys. health	Memory and thinking	Well-being	
<b>913</b>	Worse	( ) 1	( ) 1	( ) 1	
	Somewhat worse	( ) 2	( ) 2	( ) 2	
	About the same	( ) 3	( ) 3	( ) 3	<b>C</b>
	Somewhat better	( ) 4	( ) 4	( ) 4	
	Better	( ) 5	( ) 5	( ) 5	
	Does not know	( ) 9	( ) 9	( ) 9	

Finally

Is there anything, which (more than anything else), has troubled you in growing old?

916 Not asked ( ) 9 No answer ( ) 8 No ( ) 0 Yes ( ) 1

.....

.....

.....

If you would point out what has had the most importance in your life, what would that be?

917 Not asked ( ) 9 No answer ( ) 8 Nothing ( ) 0

.....  
.....  
.....

Finally, is there anything which you think is important for this investigation that we have not asked about?

918 No ( ) 0 Yes ( ) 1 No answer ( ) 8 Not asked ( ) 9

.....  
.....  
.....

Comments: .....

.....  
.....  
.....  
.....  
.....

FIN

**VIII. RATINGS AND ASSESSMENTS**

**Twin5B**

**Tw.pair / Tw.no**

**Reliability in responses at interviews:**

1601 low ( ) 1  
uncertain ( ) 2  
high ( ) 3

		Big problems 0	Certain problems 1	No problems 2	Impossible to rate 3 9
1602 <b>Vision</b>	( ) blind	( )	( )	( )	( )
1603 <b>Hearing</b>	( ) deaf	( )	( )	( )	( )

**Language**

1604- dysphasia/understanding ( ) ( ) ( ) ( )

1605 -dysphasia/spontaneous speech ( ) ( ) ( ) ( )

1606 - dysarthria ( ) ( ) ( ) ( )

1607 **FAST - GDS Scale:** ..... (1-8)

1608 **Berger Scale:** ..... (1-8)

.....

1609 **Cognitive status/CR:** .....\_ (1-5)

1610 **Dementia Syndrom (accord. to DSM-III-R):**

No ( ) 0 Uncertain ( ) 1 Yes ( ) 2

1611 **Severity of Dementia (accord. to DSM-III-R):** None ( ) 0  
Mild ( ) 1  
Moderate ( ) 2  
Severe ( ) 3

**Comments:** .....

.....

INVENTORIES FOR SUBJECT TO FILL OUT, RESPONSE RATE

Twin5B

—  
—————  
Tw.pair / Tw.no.

999 Form given/received:

- Not given due to senso-motoric problems ( )1
- Not given due to cognitive impairment  
e.g., dementia ( )2
- Not given, refuses/does not want to ( )3
- Not given/other cause ( )4
- Given, not received due to refusal ( )5
- Given, not received, other cause ( )6
- Received, filled in ( )7
- Received, partly filled in ( )8
- Received, not filled in ( )9

### How often during last week did you feel like this?

For each statement one of the 4 alternatives should be marked.

During the past week ....	Rarely or none of the time	Some of the time	Occasio- nally	Most of the time
<b>1001</b> I was bothered by things that don't usually bother me .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1002</b> I did not feel like eating; my appetite was poor..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1003</b> I felt that I could not shake off the blues even with help from my family or friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1004</b> I felt that I was just as good as other people .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1005</b> I had trouble keeping my mind on what I was doing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1006</b> I felt depressed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1007</b> I felt that everything I did was an effort .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1008</b> I felt hopeful about the future .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1009</b> I thought my life had been a failure .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1010</b> I felt fearful .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1011</b> My sleep was restless .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1012</b> I was happy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1013</b> I talked less than usual .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1014</b> I felt lonely .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1015</b> People were unfriendly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1016</b> I enjoyed life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1017</b> I had crying spells .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1018</b> I felt sad .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1019</b> I felt that people disliked me .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1020</b> I could not get "going" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**What do you say to these questions?** Each question should be answered by yes or no.  
Not in Wave 5

	Yes	No
1101 Do you like a lot of activity around you? .....	<input type="checkbox"/>	<input type="checkbox"/>
1102 Are you often anxious and feel that you want something but you don't know what?.....	<input type="checkbox"/>	<input type="checkbox"/>
1103 Do you nearly always have a quick answer when people speak to you?	<input type="checkbox"/>	<input type="checkbox"/>
1104 Are you sometimes happy or sometimes sad without any particular reason?	<input type="checkbox"/>	<input type="checkbox"/>
1105 Do you prefer to keep in the background, When you are with others?	<input type="checkbox"/>	<input type="checkbox"/>
1106 Do you consider yourself cheerful and easygoing? .....	<input type="checkbox"/>	<input type="checkbox"/>
1107 Do you often make decisions too late? .....	<input type="checkbox"/>	<input type="checkbox"/>
1108 Do you often feel tired and ill at ease without particular reason?	<input type="checkbox"/>	<input type="checkbox"/>
1109 Do you have a lively manner?.....	<input type="checkbox"/>	<input type="checkbox"/>
1110 Can you quickly express in words what you are thinking?.....	<input type="checkbox"/>	<input type="checkbox"/>
1111 Do you often find yourself deep in thoughts?.....	<input type="checkbox"/>	<input type="checkbox"/>
1112 Do you have any reservations about selling things or asking people for money for charity? .....	<input type="checkbox"/>	<input type="checkbox"/>
1113 Are you extra sensitive in certain situations? .....	<input type="checkbox"/>	<input type="checkbox"/>
1114 Are you sometimes so restless, that you cannot sit still? .....	<input type="checkbox"/>	<input type="checkbox"/>
1115 Do you have difficulty in going to sleep when you have .gone to bed?	<input type="checkbox"/>	<input type="checkbox"/>
1116 Do you keep things to yourself except in the company of good friends?	<input type="checkbox"/>	<input type="checkbox"/>
1117 Do you have nervous troubles?.....	<input type="checkbox"/>	<input type="checkbox"/>
1118 Do you like to joke and tell funny stories to your friends? .....	<input type="checkbox"/>	<input type="checkbox"/>
1119 Do you usually worry too long after a very embarrassing experience?	<input type="checkbox"/>	<input type="checkbox"/>

**What do you say to these statements?** In each statements one of the 5 alternatives should be marked.

Not in Wave 5

	Strongly agree	Moderatly agree	Neither agree nor disagree	Moderatly disagree	Strongly disagree
1201 As I grow older, things seem better than I thought they would.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1202 I have gotten more of the breaks in life than most of the people I know .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1203 This is the dreariest time of my life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1204 I am just as happy as when I was younger .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1205 These are the best years of my life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1206 Most of the things I do are boring or monotonous.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1207 The things I do are as interesting to me as they ever were .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1208 As I look back on my life, I am fairly well satisfied.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1209 I have made plans for things I'll be doing a month or a year from now. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1210 When I think back over my life, I didn't get most of the important things I wanted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1211 Compared to other people I get down in the dumps too often.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1212 I've gotten pretty much what I expected out of life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1213 In spite of what people say, the lot of the average man is getting worse, not better .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Locus of control - general***

**What do you say to these statements?** For each statement one of the 5 alternatives should be marked.

Not in Wave 5

	Strongly agree	Moderately agree	Neither agree nor	Moderately disagree disagree	Strongly disagree
<b>1301</b> Much of what happens to people is due to bad luck. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1302</b> Capable people who don't become leaders made use of their potential .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1303</b> People who are disliked don't know how to get on with others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1304</b> When I make up plans I'm almost certain that I can follow them through .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1305</b> That my expectations have been fulfilled is not entirely due to luck .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1306</b> In order to become a boss is it important to be at the right place at the right time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1307</b> Most people don't realize to what extent their lives are ruled by coincidences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1308</b> It is difficult to know if a person really likes you .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1309</b> People's misfortunes are mainly due to ignorance, laziness, or stupidity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1310</b> I often feel as though I have no control over what happens to me .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1311</b> People get lonely because they don't try to be friendly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1312</b> Sometimes I feel as though I don't have					

enough control over my own life.....

Not in Wave 5

Read each statement carefully. Indicate how you feel about each statement by entering the appropriate number below.

	Strongly agree	Moderately agree	Neither agree nor	Moderately disagree disagree	Strongly disagree
1401 If I get sick, it is my own behavior which determines how soon I get well again .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1402 No matter what I do, if I am going to get sick, I will get sick.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1403 Having regular contacts with my physician is the best way for me to avoid illness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1404 Most things that affect my health happen to me by accident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1405 Whenever I don't feel well, I should consult a medically trained professional .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1406 I am in control of my health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1407 My family has a lot to do with my becoming sick or staying healthy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1408 When I get sick, I am to blame .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1409 Luck plays a big part in determining how soon I will recover from an illness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1410 Health professionals control my health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1411 My good health is largely a matter of good fortune .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*cont*

- 1412** The main thing which affects my health is  
what I myself do .....
- 1413** If I take care of myself, I can avoid illness
- 1414** When I recover from an illness, it's usually  
because other people (for example, doctors, nurses,  
family, friends) have been taking good care of me
- 1415** No matter what I do, I'm likely to get sick
- 1416** If it's meant to be, I will stay healthy .....
- 1417** If I take the right actions, I can stay healthy
- 1418** Regarding my health, I can only do  
what my doctor tells me to do .....

