| NICOLA STU | JDY | | Version 1.9 270515 | Wave 1 |
|------------|-------------|---|--------------------|--------|
| NICOLA ID: | | | | |
| Exclusi | on Criteria | 1 | | |

Has the participant:

| Question | | If Yes Answered Exclude from : |
|--|----------|-------------------------------------|
| Had recent eye surgery or detached retina | | Spirometry/ IOP/ Pupil dilation, AF |
| in the past 4 weeks? | Yes / No | images Optos & Spectralis |
| Had retinal/ subconjunctival haemorrage | Yes / No | Spirometry |
| in past 3 months | | |
| Photo-sensitive epilepsy? | Yes / No | Pupil dilation/ Canon/ |
| | | Optus/Spectralis |
| Ever had a reaction to Tropicamide | Yes / No | Tropicamide eye drops, AF images |
| eye drops? | | Optos & Spectralis |
| Had hand/wrist surgery in past 6 months? | Yes / No | Grip strength |
| Hand/wrist: swelling, inflammation, severe | Yes / No | Grip strength |
| pain, recent injury? | | |
| A pace-maker or electrical implantable | Yes / No | Bodystat |
| device? | | |
| Possibility of Pregnancy? | Yes / No | Bodystat |
| Currently on medication for TB? | Yes / No | Spirometry |
| Had a chest infection/severe cold in the | Yes / No | Spirometry |
| past 4 weeks? | | |
| Had a heart attack in the past 3 months? | Yes / No | Spirometry |
| History of cerebral, abdominal or aortic | Yes / No | Spirometry |
| aneuryism? | | |
| Had a pneumothorax in the past 1 year? | Yes / No | Spirometry |
| Had a pulmonary embolism in past 3 | Yes / No | Spirometry |
| months | | |
| Had any abdominal or chest surgery in | Yes / No | Spirometry |
| last 3 months | | - |

| Pre Health Assessment check list | | | | | | |
|-----------------------------------|---------|----------------|---------------------|--|--|--|
| Are you Diabetic | | Yes / No | | | | |
| Any Allergies | | Yes / No | If Yes Record Here: | | | |
| | Pre d | ischarge check | k list | | | |
| Warwick Edinburgh Questionaire | | Yes / No | | | | |
| Travel Expenses Form | | Yes / No | | | | |
| Nutrition Self Completion Booklet | | Yes / No | | | | |
| Self Completion Questionaire Re | turned | Yes / No | | | | |
| Copy Consent Form | | Yes / No | | | | |
| COMMENTS: | | | | | | |
| Recorded By: | Signatu | ıre: | Date:// | | | |

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| | COMMENTS | | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|
| 1 | Refused Test | 4 | Test Incomplete | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | |

| NICOLA STUDY | Version 1.9 270515 | Wave 1 |
|--------------|--------------------|--------|

| NICOLA ID: | | | | | | |
|------------|--|--|--|--|--|--|
|------------|--|--|--|--|--|--|

| Age | Years | Gender | M/F | Comments (Insert Code) |
|--------------------------------|---------------|------------------------------|-----|---|
| Start Time | : | Finish Time | : | |
| | | Hearing | | Comments (Insert Code) |
| Do you use any of the | ne following | Hearing aid all of the time | Y/N | (************************************** |
| aids or appliances to | o help with | Hearing aid some of the time | Y/N | |
| your hearing? | | Amplifier | Y/N | |
| | | None of above | Y/N | |
| | | Don't know | Y/N | |
| | | Refused | Y/N | |
| Is your hearing (with | n or without | Excellent | Y/N | |
| a hearing aid)? | | Very good | Y/N | |
| | | Good | Y/N | |
| | | Fair | Y/N | |
| | | Poor | Y/N | |
| | | Don't know | Y/N | |
| | | Refused | Y/N | |
| Can you follow a co | nversation | With no difficulty | Y/N | |
| with one person (with | | With some difficulty | Y/N | |
| a hearing aid)? If pa | | With much difficulty | Y/N | |
| asks, clarify that the | | No I cannot | Y/N | |
| environment to thin | | Don't know | Y/N | |
| be non-noisy, i.e. the | eir nome | Refused | Y/N | |
| Can you follow a co | nversation | With no difficulty | Y/N | |
| with four people (wi | th or without | With some difficulty | Y/N | |
| a hearing aid)? If pa | - | With much difficulty | Y/N | |
| asks, clarify that the | | No I cannot | Y/N | |
| environment to think of should | | Don't know | Y/N | |
| be non-noisy, i.e. the | eir nome | Refused | Y/N | |
| Can you use a norm | al | With no difficulty | Y/N | |
| telephone? (A 'normal | | With some difficulty | Y/N | |
| telephone' means a | | With much difficulty | Y/N | |
| has not been adapte | | No I cannot | Y/N | |
| hearing impairment) | | Don't know | Y/N | |
| | | Refused | Y/N | |

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| | | | 1 agc 2 or 10 | | | | |
|---|-------------------|---|-----------------------------|--|--|--|--|
| | COMMENTS | | | | | | |
| 1 | Refused Test | 4 | Test Incomplete | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | |

| NICOLA ID: | | | | | | |
|------------|--|--|--|--|--|--|
|------------|--|--|--|--|--|--|

| Do you get or have you had | Yes, now a lot of the time | Y/N |
|----------------------------------|-------------------------------|-----|
| noises (such as ringing or | Yes, now most or all of the | Y/N |
| buzzing) in your head or in one | time | |
| or both ears that lasts for more | Yes, now some of the time | Y/N |
| than five minutes at a time? | Yes, but not now, but have in | Y/N |
| | the past | |
| | No, never | Y/N |
| | Don't know | Y/N |
| | Refused | Y/N |
| How much do these noises | Severely | Y/N |
| worry, annoy or upset you when | Moderately | Y/N |
| they are at their worst? | Slightly | Y/N |
| | Not at all | Y/N |
| | Don't know | Y/N |
| | Refused | Y/N |
| Have you ever worked in a | More than 5 years | Y/N |
| noisy place where you had to | Less than 5 years | Y/N |
| shout to be heard | Less than year | Y/N |
| | Never | Y/N |
| | Don't know | Y/N |
| | Refused | Y/N |
| Have you ever listened to music | More than 5 years | Y/N |
| for more than 3 hours per week | Less than 5 years | Y/N |
| at a volume which you would | Less than year | Y/N |
| need to shout to be heard or, if | Never | Y/N |
| wearing headphones, someone | Don't know | Y/N |
| else would need to shout for you | Refused | Y/N |
| to hear them? | | |

| Recorded By: | Signature: | Date: / / |
|--------------|------------|-----------|

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| | COMMENTS | | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|
| 1 | Refused Test | 4 | Test Incomplete | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | |

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Version 1.9 270515

Wave 1

| NICOLA ID: | | | | | | |
|------------|--|--|--|--|--|--|
|------------|--|--|--|--|--|--|

| | Comments | | |
|-----------------------------------|------------------|------|--|
| | (Insert Code) | | |
| Do you usually wear glasses or | | Y/N | |
| contact lenses? | | | |
| i.e. usually means most of time | | | |
| Do you usually wear | Ordinary glasses | Y/N | |
| (choose the item worn most | | | |
| often) | | | |
| | Bifocals | Y/N | |
| | Contact lenses | Y/N | |
| | Varifocals | Y/N | |
| | Don't know | Y/N | |
| | Refused | Y/N | |
| How long have you had bifocals | Less than 1 year | Y/N | |
| | More than 1 year | Y/N | |
| | N/A | Y/N | |
| | Don't know | Y/N | |
| | Refused | | |
| Is your eyesight (using glasses | Excellent | Y/N | |
| or contact lens if you use them) | | | |
| , | Very good | Y/N | |
| | Good | Y/N | |
| | Fair | Y/N | |
| | Poor | Y/N | |
| | Registered or | Y/N | |
| | legally blind | | |
| | Don't know | Y/N | |
| | Refused | Y/N | |
| How good is your eyesight for | Excellent | Y/N | |
| seeing things at a distance, like | Exocuone | 1/10 | |
| recognising a friend across the | | | |
| street (using glasses or contact | | | |
| lens if you use them) | | | |
| | Very good | Y/N | |
| | Good | Y/N | |
| | Fair | Y/N | |
| | Poor | Y/N | |
| | Don't know | Y/N | |
| | Refused | Y/N | |
| | 11010300 | 1/14 | |

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| | | | Page 4 of 16 | | | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|--|--|--|
| | COMMENTS | | | | | | | | | |
| 1 | Refused Test | 4 | Test Incomplete | | | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | | | |
| 3 | Best Attempt | 9 | Other (please State) | | | | | | | |

| NICOLA STUDY | Version 1.9 270515 | Wave 1 |
|--------------|--------------------|--------|

| NICOLA ID: | | | | | | |
|------------|--|--|--|--|--|--|
|------------|--|--|--|--|--|--|

| How good is your eyesight for seeing things up close, like reading ordinary newspaper print (using glasses or contact lens if you use them) | Excellent | Y/N | |
|---|---------------|-----|-----------|
| | Very good | Y/N | |
| | Good | Y/N | |
| | Fair | Y/N | |
| | Poor | Y/N | |
| | Don't know | Y/N | |
| | Refused | Y/N | |
| Has a doctor ever told you that | Cataracts | Y/N | |
| you have any of the following eye diseases? | | | |
| | Glaucoma | Y/N | |
| | Age Related | Y/N | |
| | Macular | | |
| | Degeneration | | |
| | Diabetic | | |
| | Retinopathy | | |
| | Other: please | Y/N | |
| | state: | | |
| Have you had cataract surgery | Rt. eye | | |
| | Lt. eye | Y/N | |
| | Never | Y/N | |
| | Don't know | Y/N | |
| | Refused | Y/N | |
| In the last 12 months, how often did you visit your optician? | days ago | | |
| | weeks ago | | |
| | months ago | | |
| About how much did you pay | | | |
| out- of-pocket for visiting | £ : | | |
| opticians, buying glasses or | | | |
| contact lenses in the last 12 | | | |
| months?(Amount of money on | | | |
| top of benefit which would | | | |
| cover some costs) | | | |
| | | | |
| Recorded By: | Signature: | | Date: / / |

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| | | | rage 3 or 16 | | | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|--|--|--|
| | COMMENTS | | | | | | | | | |
| 1 | Refused Test | 4 | Test Incomplete | | | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | | | | |

| NICOLA STUDY | | | Version 1.9 270515 | Wav | e 1 |
|------------------------------|---------------|--------------|---------------------------|----------|---------------------------|
| NICOLA ID: | | | | | |
| | V | isual Acuit | у | | Comments (Insert Code) |
| | (35), (3045) | | | | |
| Distance glasses we for test | orn | Y/N | Y/N | | |
| Corrective lens wor for test | n | Y/N | Y/N | | |
| | | 100 | | | 0 |
| | | IOP | | | Comments (Insert Code) |
| No IOP measureme | nts to be tal | ken if eve s | urgery in last 4 weeks | | |
| IOP | Results | Rt Eye | Results | Lt Eye | |
| | IOPg1 | | IOPg1 | | |
| | IOPg2 | | IOPg2 | | |
| | IOPg3 | | IOPg3 | | |
| IOI | Pg Average | | IOPg Average | | |
| | | | | | |
| | Α | utoRefract | or | | Comments |
| | | | | | (Insert Code) |
| Printout | | | Y/N | | |
| | | | | | |
| | | Eye Drops | | | Comments |
| | | Eye Drops | | | (Insert Code) |
| Do not Dilate or | undertal | ke Retina | al Imaging if Partic | inant ha | |
| Epilepsy | unacita | NO INCLINE | ii iiilagiiig ii i ai tio | | |
| Eye Drops | Right Eye | Y/N | Left Eye | Y/N | Comments |
| _,0 2.000 | g, c | ., | 2011 2,0 | 1,11 | (Insert Code) |
| | | | | | |
| Time: : | | | | | |
| Administens d Dv. | | | | | |
| Administered By: | | | | | |
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| Recorded By: | | Signatu | Iro: | D. | nte: / / |
| Necolueu by: | | Signatu | II C. | Da | |
| | | | | | Page 6 of |
| | | | COMMENTS | | |
| 1 Refused Test | | | 4 Test Incomplete |) | |

5 Test Abandoned

6 Other (please State)

Physically Unable

Best Attempt

| NICOLA CTUDY | Version 4.0.070545 | 14/01/0 4 |
|--------------|--------------------|-----------|
| NICOLA STUDY | Version 1.9 270515 | Wave 1 |

| NICOLA ID: | | | | | |
|------------|--|--|--|--|--|
|------------|--|--|--|--|--|

| 1 | | | | | | | NF | P/H | NF | P/H | | | | | | |
|---------------------------------|---|---|------|--------|---|-----|------------------------------------|-----|----|-----|-----|---|---|---|----------|---|
| М | С | 0 | Н | Z | V | 5 | | | | | 5 | Z | R | K | D | С |
| E | S | Z | N | D | С | 10 | | | | | 10 | D | N | С | Н | V |
| Т | V | К | С | N | R | 15 | | | | | 15 | С | D | Н | N | R |
| R | K | С | R | Н | N | 20 | | | | | 20 | R | V | Z | 0 | S |
| E | Z | K | D | V | С | 25 | | | | | 25 | 0 | S | D | ٧ | Z |
| | Н | V | 0 | R | K | 30 | | | | | 30 | N | 0 | Z | С | D |
| 4 | С | 0 | Н | Z | V | 35 | | | | | 35 | Z | R | K | D | С |
| М | S | Z | Ν | D | С | 40 | | | | | 40 | D | N | С | Η | V |
| E | > | K | C | Ν | R | 45 | | | | | 45 | С | D | Н | Ν | R |
| Т | K | С | R | Η | N | 50 | | | | | 50 | R | V | Z | 0 | S |
| R | Z | K | D | ٧ | С | 55 | | | | | 55 | 0 | S | D | V | Z |
| E | Η | V | 0 | R | K | 60 | | | | | 60 | N | 0 | Z | С | D |
| | R | Н | S | 0 | N | 65 | | | | | 65 | R | D | N | S | К |
| | K | S | ٧ | R | Н | 70 | | | | | 70 | 0 | K | S | V | Z |
| | Н | N | K | С | D | 75 | | | | | 75 | K | S | N | Н | 0 |
| | N | D | ٧ | K | 0 | 80 | | | | | 80 | Н | 0 | V | S | N |
| | D | Н | 0 | S | Z | 85 | | | | | 85 | V | С | S | Z | Н |
| | ٧ | R | N | D | 0 | 90 | | | | | 90 | С | Z | D | R | V |
| | С | Z | Η | K | S | 95 | | | | | 95 | S | Н | R | Z | С |
| | 0 | R | Z | S | K | 100 | | | | | 100 | D | N | 0 | K | R |
| Total: RE (tick) CF HM LP NO LP | | | COMM | 1ENTS: | | | LE (tic CF HM LP NO LP | | | | | | | | | |
| D I D | | | | | | | | | | | | | | | | |

Recorded By: Signature: Date:

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| | | | . aga . a | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|--|
| | COMMENTS | | | | | | | |
| 1 | Refused Test | 4 | Test Incomplete | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | | |

| NICOLA STUDY | | | | | | | Version 1.9 270515 | Wave 1 |
|--------------|--|--|--|--|--|--|--------------------|--------|
| NICOL A ID- | | | | | | | | |

| Anthropometric | | | | | | | | | |
|----------------|-----------------------------------|-------------------------|---------------------------------|--|--|--|--|--|--|
| 1st | 2nd | 3 rd if req. | | | | | | | |
| | | | | | | | | | |
| • _ | • _ | | | | | | | | |
| | | | | | | | | | |
| • - | • - | • _ | | | | | | | |
| cm | Weight (to 1 decimal place) | kg | | | | | | | |
| _ | 1st | 1st 2nd | 1st 2nd 3 rd if req. | | | | | | |

| | Cardiovascular | | | | | | | | | |
|---|---------------------|-----------|--------------|------------------------|--|--|--|--|--|--|
| Blood Pressure | Systolic | Diastolic | Pulse | Room Temp: _ °C | | | | | | |
| BP 1 | | | | | | | | | | |
| BP 2 | | | | | | | | | | |
| BP 3 | | | | | | | | | | |
| On Standing: Circle Response | Dizzy Y/N | | eaded //N | Unsteady Y/N | | | | | | |
| BP Interpretation: Circle Interpretation | Low | Normal | | Elevated | | | | | | |
| Nurse Action/ Comments | | | | | | | | | | |

| Gait & Balance | | | | | | | | | | Comments (Insert Code) | |
|---------------------------------------|---|-----------|------|----|----|----------|------|--|-----------|---------------------------|---------|
| Step Test | | om Sid | | t | | | , | | | | |
| | R | ight | / Le | ft | | Right | foot | | Left foot | | |
| | | | | | | _ | _ | | | | |
| Time Up & Go (to 2 dec places) | | | | : | | | | | | | |
| Recorded By: | | | | | Si | ignature |): | | | Dat | te: / / |

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| | | | 1 3.9 5 5 1 5 | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|--|
| | COMMENTS | | | | | | | |
| 1 | Refused Test | 4 | Test Incomplete | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | | |

| NICOLA STUDY | | | | | | Version 1.9 270515 | Wave 1 | |
|--------------|--|--|--|--|--|--------------------|--------|--|
| NICOLA ID: | | | | | | | | |

| | Comments (Insert Code) | | | |
|------------------------|---------------------------|------------|--------|--|
| (nearest whole number) | Non-Dom. Hand | Right/Left | KG | |
| · | Dominant Hand | Right/Left | KG | |
| | Non-Dom. Hand | Right/Left | KG | |
| | Dominant Hand | Right/Left | KG | |

| Bloods | | Comments |
|---|---------|---------------|
| | | (Insert Code) |
| Both Arms Suitable for Venepuncture | Y/N | |
| Have you been diagnosed with a clotting or bleeding disorder? | Y/N | |
| Time of last meal | : | |
| Venepuncture Time | : | |
| Yellow Top 4 | Y/N | |
| PAXgene RNA 1 | Y/N | |
| Purple Top 4 | Y/N | |
| Grey Top 1 | Y/N | |

| Other Tests | | | | Comments (Insert Code) |
|--------------|----------|-------|-----|---------------------------|
| Bodystat | Printout | Y/N | | |
| Urine | | Y/N | | |
| Photograph | | Y/N | | |
| Spirometry | | Y/N | | |
| Recorded By: | Signa | ture: | Dat | te:// |

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| | | | : «go o o: 10 | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|--|
| | COMMENTS | | | | | | | |
| 1 | Refused Test | 4 | Test Incomplete | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | | |

| NICOLA STUDY | Version 1.9 270515 | Wave 1 |
|--------------|--------------------|--------|
| NICOLA STUDY | Version 1.9 270515 | Wave 1 |

| | Comments (Insert Code) | | | | | | | | | |
|------------|--------------------------------------|-----|--------------------------------------|-----|--|--|--|--|--|--|
| | Rt Eye Lt Eye | | | | | | | | | |
| | Fundus Reflex | Y/N | Fundus Reflex | Y/N | | | | | | |
| | Field 1M (Optic) | Y/N | Field 1M (Optic) | Y/N | | | | | | |
| Canon | Field 2M (Macula) | Y/N | Field 2M (Macula) | Y/N | | | | | | |
| CX-1 | Stereoscopic Optic Disc | Y/N | Stereoscopic Optic Disc | Y/N | | | | | | |
| | Stereoscopic Macula | Y/N | Stereoscopic Macula | Y/N | | | | | | |
| | | | | | | | | | | |
| | Colour Optomap Plus Images 2 on Axes | Y/N | Colour Optomap Plus Images 2 on Axes | Y/N | | | | | | |
| OPTOS | AF Optomap Plus 1 on Axes | Y/N | AF Optomap Plus 1 on Axes | Y/N | | | | | | |
| | | | | | | | | | | |
| | P Pole | Y/N | P Pole | Y/N | | | | | | |
| Spectralis | RNFL | Y/N | RNFL | Y/N | | | | | | |
| | Line EDI | Y/N | Line EDI | Y/N | | | | | | |
| | Multi | Y/N | Multi | Y/N | | | | | | |
| | qAF | Y/N | qAF | Y/N | | | | | | |
| | Blue AF Movie | Y/N | Blue AF Movie | Y/N | | | | | | |

| Recorded By: | Signature: | Date: / / |
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| itoooraca by. | - Oigilataio. | Dato: / / |

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| COMMENTS | | | | | | | | | | | |
|----------|-------------------|---|----------------------|--|--|--|--|--|--|--|--|
| 1 | Refused Test | 4 | Test Incomplete | | | | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | | | | | |

| NICOLA STUDY | Version 1.9 270515 W | ave 1 |
|-----------------------------|----------------------|-----------|
| NICOLA ID: | | |
| MINI MENTAL STATE EXAMINATI | ON (MMSE) | |
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| Recorded By: | Signature: | Date:// |

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| | COMMENTS | | | | | | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|--|--|--|--|
| 1 | Refused Test | 4 | Test Incomplete | | | | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | | | | | |

| NICOLA STUDY | Version 1.9 27 | 0515 W | ave 1 | |
|-----------------|-----------------------|--------|---------|----|
| NICOLA ID: | | | | |
| Colour Trails 2 | | | | |
| Time : | Total | Score: | | |
| Colour Errors : | | | | |
| Number Errors : | | | | |
| Prompts : | | | | |
| Near misses : | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| COMMENTS: | | | | |
| Recorded By: | Signature: | | Date: / | _/ |
| | | | | |

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| | COMMENTS | | | | | | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|--|--|--|--|
| 1 | Refused Test | 4 | Test Incomplete | | | | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | | | | |
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| NICOLA STUDY | Version 1.9 270515 | Wave 1 |
|----------------|--------------------|-----------------------------|
| NICOLA ID: | | |
| MoCA Test: | | |
| Animal Recall: | | |
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| Score: | | |
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| COMMENTS: | | |
| COMMENTO. | | |
| | | Page 13 of 18 |

COMMENTS

4 Test Incomplete5 Test Abandoned

6 Other (please State)

Refused Test Physically Unable

Best Attempt

| NICOLA ST | UDY | | | | | Version 1.9 270515 | | | | V | Vave 1 | | | | | |
|--|----------|---------|-------|---------|--------|--------------------|----------------|------------|----------|-----------|---------|----------|----------------|------------|-----------|-----------------------|
| NICOLA ID: | | | | | | | | | | | | | | | | |
| MOCA and | | al Red | call | | | Sian | oturo: | | | | | Date | <u> </u> | , | , | |
| Recorded E | 5y: | | | | | Sign | ature: | | | | | Date | 3 : | _/ | /_ | |
| | | | | | | 0: | | ES-D | | | | | | | | |
| 1) I was bo | therec | l by tl | hinas | s tha | t usu | | <u>cle Ans</u> | | | <u>er</u> | | | | | | |
| 'WOULD YO | | | | | | | | | | Y YOU | FELT D | URIN | з тн | E P | AST W | EEK |
| 1. Rarel | • | | | | • | | 1 day). | | | | | | | | | |
| 2. Some | | | | | | | of time (| 2 4 da | ,, (a) | | | | | | | |
| Occa All of | | | | | amo | ount o | or time (| 3-4 da | iys). | | | | | | | |
| 5. Don't | | | , aa | y O) . | | | | | | | | | | | | |
| 6. Refus | | | | | | | | | | | | | | | | |
| 2) I did not | | | | | | | | | - 14/41 | v voli | | | ~ T II | | A C T \A/ | FFV |
| 'WOULD YO 1. Rarel | | | | | | | | 2 I HI | EWA | 1 100 | FELIL | UKING | <i>5</i> 1H | EPA | 451 W | EEN |
| 2. Some | • | | | | ` | | i day). | | | | | | | | | |
| 3. Occa | | | | | | | of time (| 3-4 da | ıys). | | | | | | | |
| 4. All of | | | 7 day | ys). | | | | | | | | | | | | |
| 5. Don't | | | | | | | | | | | | | | | | |
| 6. Refus | | ld no | t sha | ike o | ff the | blue | es even | with | heln f | rom m | v famil | v or fri | ends | 3 _ | | |
| 'WOULD YO | | | | | | | | | | | | | | | AST W | EEK |
| 1. Rarel | • | | | | • | | 1 day). | | | | | | | | | |
| 2. Some | | | | • | | • . | £ 4: // | 2 4 -1- | | | | | | | | |
| Occa All of | | | | | amo | ount o | or time (| 3-4 da | ıys). | | | | | | | |
| 5. Don't | | • | , aa | y O) . | | | | | | | | | | | | |
| 6. Refus | | | | | | | | | | | | | | | | |
| 4) I felt that | | | | | | | | ~ - | | | | | | | | |
| 'WOULD YO 1. Rarel | | | | | | | | SIHI | E WA | Y YOU | FELIL | UKING | HI ز | IE PA | ASI W | EEK |
| 2. Some | | | | | | | i day). | | | | | | | | | |
| 3. Occa | | | | | | | of time (| 3-4 da | ıys). | | | | | | | |
| 4. All of | | • | 7 day | ys). | | | • | | • , | | | | | | | |
| 5. Don't | | | | | | | | | | | | | | | | |
| 6. Refus | | eenin | na m | v mir | nd or | wha | ıt I was | doing | | | | | | | | |
| 'WOULD YO | | | | | | | | | | Y YOU | FELT D | URIN | 3 TH | E P | AST W | EEK |
| 1. Rare | ly or no | one of | f the | time (| (less | than | 1 day). | | | | | | | | | |
| 2. Some | | | | | | | | | , | | | | | | | |
| 3. Occa | | - | | | amo | ount o | of time (| 3-4 da | ıys). | | | | | | | |
| 4. All of 5. Don't | | | 7 day | ys). | | | | | | | | | | | | |
| 6. Refus | | | | | | | | | | | | | | | | |
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| | | | | | | | CON | /IMEN | ITS | | | | | | | |
| 1 Refused | | | | | | | 4 | | | mplete | | | | | | |
| 2 Physicall | J | ole | | | | | | _ | | ndone | | | | | | |
| 3 Best Atte | empt | | | | | | (| 6 Oth | ner (ple | ease S | tate) | | | | | |

| NICOLA STUDY | | | | | | | Version 1.9 270515 | | | | | | Wave 1 | | | | | |
|---|---|---|--|---------------------------------|----------------------|-----------------------------------|--------------------|------|------|---|-----|------|--------|--------|-----|------|--------------|----------------------|
| NICOLA II | | | | | | |] | | | | | | | | | | | |
| Commen | ts: | | | | | | | | | | | | | | | | | |
| Recorde | d By: | | | | , | Signat | ure: | | | | | | Da | ate: _ | / | | _/ | |
| Soi Oci All | YOU SA rely or n me or litt casional of the tir n't Know | NY THI one of tle of t ly or a me (5- | f the he ti | time me (1 derate | (les 1-2 (| s than days). | 1 day | y). | | | YOU | FELT | DUF | RING | тні | EΡA | ST V | VEEK |
| Soi Oci All | YOU SA rely or n me or litt casional of the tir n't Know | NY THI one of tle of t ly or a me (5- | IS S ⁻ f the he ting a mod | TATE time me (1 derate | (les | NT DEsthandays). | SCR 1 day | y). | | | YOU | FELT | DUF | RING | тні | Ē PA | ST V | VEEK |
| Soi Oci All | YOU SA rely or n me or litt casional of the tir n't Know | NY THI one of tle of t ly or a me (5- | IS S ⁻ f the he tin a mod | TATE time me (1 derate | (les | s than days). | 1 day | y). | | | YOU | FELT | DUF | RING | ТНІ | E PA | ST V | VEEK |
| Soi Oci All | YOU SA rely or n me or litt casional of the tir n't Know | Y THIS one of tle of t ly or a me (5- | S ST f the he tin a mod | time me (1 derate | MEI (les I-2 (| NT DE ss than days). | 1 day | y). | | | YOU | FELT | DUR | ING ' | THE | PAS | ST W | EEK |
| Soi Oci All | YOU SA rely or n me or litt casional of the tir n't Know | one of tle of t ly or a ne (5- | f the he ti | time me (1 derate | (les | s than days). | 1 day | y). | | | YOU | FELT | DUR | ING | THE | PAS | ST W | /EEK |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | :OMM | /FNT | S | | | | | | Pa | ige 1 | 5 of 1 |

| | COMMENTS | | | | | | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|--|--|--|--|
| 1 | Refused Test | 4 | Test Incomplete | | | | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | | | | | |

| NICOLA S | STUDY | | | | | | Version 1.9 270515 | V | Vave 1 | | | |
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| NICOLA I | D: | | | | | | | | | | | |
| Comme | nts: | | | | ı | | | | 1 | | | |
| Recorde | ed By: | | | | S | ignat | ure: | | Date: _ | / | / | |
| Ra Sc Oc All | arely or rome or litecasional of the tion't Know | AY TH none of ttle of lly or me (5 | IIS Something the second the seco | time me (1 derate | (less -2 da | than ays). | SCRIBES THE WAY YO 1 day). of time (3-4 days). | OU FELT I | DURING | THE P | AST WEE | ΞK |
| Ra Sc Oc All | YOU SA arely or rome or lite ecasional of the ti on't Know | none of the of Ily or me (5 | of the the ti a mo | time me (1 derate | (less -2 da | than ays). | SCRIBES THE WAY YO 1 day). of time (3-4 days). | OU FELT I | DURING | THE P | AST WEE | ΞK |
| 1. Ra 2. So 3. Oo 4. All | YOU SA arely or rome or lite ecasional of the tion't Know | YTH none of the of lly or me (5 | IS ST of the the ti a mo | time me (1 derate | (less -2 da | than ays). | SCRIBES THE WAY YOU 1 day). of time (3-4 days). | U FELT C | OURING 1 | ΓΗΕ PA | AST WEE | K |
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| | COMMENTS | | | | | | | | |
|---|-------------------|---|----------------------|--|--|--|--|--|--|
| 1 | Refused Test | 4 | Test Incomplete | | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | | |
| 3 | Best Attempt | 6 | Other (please State) | | | | | | |

| NICOL | .A STUD | Υ | | | | | Vers | sion 1.9 | 270515 | | Wave 1 | | | | |
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| NICOL | .A ID: | | | | | | | | | | | | | | |
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| Reco | rded By | ' - | | | | Signa | ture: | | | | Date | : | _/ | _/ | |
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| 'WOUL 1. 2. 3. 4. 5. | Rarely of Some of | SAY or non or little onally e time now | THIS e of the of the or a n | STAT he time time nodera | EME e (le: (1-2 ate a | ss thar days). | n 1 day). | | | U FELT | DURING | G T⊦ | IE PA | ST WEEK | |
| 'WOUL 1. 2. 3. 4. 5. | Rarely of Some of | SAY or non or little onally e time now | THIS e of the of the or a n | STAT he time time nodera | e (le: (1-2 ate a | ss thar days). | n 1 day). | | | U FELT | DURING | G TH | IE PA | ST WEEK | |
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| | COMMENTS | | | | | | | |
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| 1 | Refused Test | 4 | Test Incomplete | | | | | |
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| 3 | Best Attempt | 6 | Other (please State) | | | | | |

| NICOLA STUDY | | version 1.9 2/0515 | wave 1 | wave 1 | | |
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| NICOLA ID: | | | | | | |
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| | COMMENTS | | | | | | | | |
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| 1 | Refused Test | 4 | Test Incomplete | | | | | | |
| 2 | Physically Unable | 5 | Test Abandoned | | | | | | |
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