



Six Item Screener for Odd Years (SISO)

ID NUMBER:

FORM CODE:

S	I	S	O
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DATE 01/01/2021
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

0b. Staff ID:

Instructions: This form is completed during Annual Follow-Up for all interviews with living participants. See the detailed QxQ instructions for completion of the SISO form. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.

INTRODUCTION SCRIPT: "Next, I will ask you a few questions that ask you to use your memory and attention. These questions are similar to ones that you have done in the ARIC clinic, but now we are asking them over the phone. I am going to say three words. After I've said all three words, I would like you to say them back to me. Try to remember what the words are, because I am going to ask you to name them again in a few minutes. Please do not write the words down. Ready?"

"Please repeat these words for me: NOSE - CHURCH - GREEN." (Interviewer may repeat words 3 times, if necessary)

If the participant begins to say each word immediately after it has been read, say: "Let's try it again. This time wait until I have said all three words, and then say them back to me."

After a failed attempt, say: "Let's try it again."

1. Was the task attempted? Yes → **GO TO QUESTION 2**
 No

1a. If no, reason:
H = Hearing loss
P = Participant unable to comprehend instructions (cognitive impairment)
R = Refusal
O = Other 1a1. _____

SAVE AND CLOSE FORM

2. Were the words repeated correctly? Yes
 No → **ANSWER QUESTIONS 3, 4, and 5.**
SKIP 6, 7 and 8. SAVE AND CLOSE FORM

	Correct	Incorrect	Not Attempted/ Refusal
3. Thank you, now, without looking at a calendar or watch: What year is this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Without looking at a calendar or watch: What month is this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Without looking at a calendar or watch: What is the day of the week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If participant gives the date, say: "Good, and what day of the week is it?"

"Now, what were those three words I asked you to remember?"

	Correct	Incorrect	Not Attempted/ Refusal
6. NOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. CHURCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. GREEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: A response of "I don't know" is scored as 'Incorrect'. A self-corrected response is scored as 'Correct'.
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