# NATIONAL HEALTH AND AGING TRENDS STUDY (NHATS) VISION AND HEARING ACTIVITIES USER GUIDE

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# **Table of Contents**

Overview	3
Background	3
NHATS Vision and Hearing Activities 2019 Pilot Study	4
Data Collection Protocol	4
Variables	6
Derived Variables	7
Creating Categorical Vision and Hearing Indicators	8
Missing data	9
Using NHATS Weights and Design Variables in Analyses	9
References	11
Appendix A. Vision and Hearing Derived Variables	13
Appendix B. Vision and Hearing Activities Booklet	15

#### **Overview**

This User Guide describes the objective vision and hearing data collected in Round 11 (2021) of the National Health and Aging Trends Study (NHATS). In Round 11, all NHATS participants who were eligible for a Sample Person (SP) interview were eligible for four vision and hearing activities: distance and near vision acuity, contrast sensitivity, and pure tone audiometry. These tests were conducted with the aid of a tablet.

The NHATS Vision and Hearing Activity data has been included in the NHATS Tablet Activities File, available to registered users as a public release file from <a href="www.nhats.org">www.nhats.org</a>. This User Guide provides background on each of the tests, details on NHATS collection methodology, available variables (including scoring algorithms for derived variables), and a brief overview of how to conduct weighted analyses that account for NHATS' complex survey design.

## **Background**

The three vision activities (i.e., distance and near acuity and contrast sensitivity) included in NHATS were designed to measure presenting binocular vision, which assesses ability with glasses or contacts if worn. An NHATS Vision e-book developed by Ridgevue Vision: ridgevue.com (released 4/17/19) was used for each of the vision activities. The protocol was designed to replicate the conditions of standard visual function tests routinely used in eye clinics. The protocol was evaluated in a pilot study in NHATS in 2019 (Hu et al. 2021) and also validated against clinical gold-standard tests in clinical sample of older adults (Varadaraj et al. 2021).

- <u>Distance visual acuity</u> at 5 feet is the most commonly tested visual function. It assesses the spatial resolution of the visual system. Respondents are shown 5 letters per screen and are asked to read them aloud from left to right.
- <u>Contrast sensitivity</u> refers to the amount of contrast (the difference in luminance between an object and its background) needed for a respondent to identify a character. Respondents are shown 2 letters per screen at a distance of 5 feet. The letters become lighter in tone on each subsequent screen. Respondents are asked to read the letters out loud.
- Near visual acuity at usual reading distance is relevant to important daily function like reading. Near acuity may be influenced by spatial resolution of the visual system and by age-related physiologic changes of the crystalline lens that affects the ability to bring a near target into focus. Respondents are presented with five lower case letters per screen and asked to read these aloud from left to right.

Pure-tone audiometry is the clinical gold standard for assessment of peripheral hearing loss and is the foundation of clinical hearing assessments. Air-conduction pure-tone audiometry assesses the entire peripheral auditory system (outer, middle, and inner ear), rather than isolating contributions of the inner ear. Pure-tone thresholds represent the lowest volume, measured in decibels-hearing level (dB HL), at which a person can respond to a simple tone. In NHATS, air-

conduction pure-tone audiometry was assessed using an iPad-based portable audiometer (SHOEBOX Ltd., Ottawa, Canada). Procedures for using the SHOEBOX application were evaluated in a pilot study in NHATS in 2019 (Hu et al. 2021) and the application been validated against gold-standard sound booth audiometers (Saliba et al. 2016; Thompson et al. 2015).

The vision and hearing activities attempt to isolate sensory function; however the NHATS vision activities also require the ability to provide an accurate verbal response and the NHATS hearing activity also requires the ability to raise one's hand in response to a sound.

## **NHATS Vision and Hearing Activities 2019 Pilot Study**

NHATS incorporated a pilot study into its 2019 round (N=417 participants; N=9 interviewers) to evaluate the objective vision and hearing protocols (Hu et al. 2021). Key findings included: there were high rates of cooperation rates (about 90% for each activity) and low rates of missingness; vision and hearing scores from tests were significantly associated with age and self-reported items; and percentages with poor vision and poor hearing were consistent with prior population-based studies. In addition, objective measures were more likely than self-reported measures to classify participants as having visual and auditory impairments and had stronger relationships with demographic correlates.

#### **Data Collection Protocol**

**Equipment.** A generation 8 iPad running 13.0 iOS was loaded with the NHATS Vision e-book developed by Ridgevue Vision: ridgevue.com (released 4/17/19) and the automated SHOEBOX Ltd., application software (version 5.5.3 in the very early stage of the filed work, and version 5.5.4 for the majority of the R11 field work). The table was preset at 50% illumination prior to fieldwork.

Additional equipment included a portable table, a small stand for the tablet, antibacterial wipes, a flexible tape measure, calibrated headphones, audio wipes, and regular tissues (for hearing aid removal).

**Recording of results**. Interviewers were instructed to record vision activity results in a bounded paper Vision and Hearing Activities Booklet (VH Activities Booklet), designed for scanned data capture (see Appendix B). Hearing results were transmitted to a SHOEBOX Ltd. cloud-based server and then downloaded by Westat.

**Vision protocol**. Interviewers first introduced the vision activity to the respondent as part of the CAPI instrument (VH). They then followed the instructions in the VH Activities Booklet to set up the vision activity. For all three vision activities, respondents were asked to wear glasses or contacts if they normally wear them for seeing at the distance corresponding to each activity.

Interviewers seated the respondent in a location with at least 5 feet of unobstructed space to the front. They set up the portable table, tablet holder and tablet at 59 inches (approximately 5 feet) from the respondent, as measured from the center of the respondent's chair to the position of the tablet on the table. The table legs were adjusted as needed so that the tablet sat at eye level.

Setting the tablet on the small stand allowed the interviewer to adjust the angle of the tablet to eliminate glare, as needed.

Distance acuity. Respondents were shown 5 letters per screen. Letters became smaller with each successive screen. Respondents were asked to read the letters aloud from left to right, and were told once that they could guess if they were not sure. The interviewer marked each correct letter in the VH Activities Booklet and then recorded the number of correct letters on that screen to determine if they should swipe to the next screen or end. The interviewer stopped the activity once the respondent gave fewer than 3 correct answers on a given screen or when they completed the 12th screen.

Contrast sensitivity. Respondents were shown 2 letters per screen. Letters became lighter with each successive screen. Respondents were asked to read the letters out loud from left to right, and were told once that they could guess if they were not sure. The interviewer marked each correct letter in the VH Activities Booklet and then recorded the number of correct letters on that screen to determine if they should swipe to the next screen or end. The interviewer stopped the activity once the respondent gave no correct answers on a given screen or when they completed the 16th screen.

Near acuity. Interviewers handed the tablet to the respondent and asked them to hold it at their usual reading distance. Interviewers measured and recorded the distance between a respondent's eyes and the tablet (in inches) and asked the respondent to try not to move it closer or further away. The interviewer stood next to the respondent for this activity in order to see the letters and determine the number correct, as well as to help the respondent swipe to the next screen if needed. Respondents were shown 5 lower case letters per screen. Letters became smaller with each successive screen. Respondents were asked to read the letters out loud from left to right and were told once that they could guess if they were not sure. The interviewer marked each correct letter in the VH Activities Booklet and then recorded the number of correct letters on that screen to determine if they should swipe to the next screen or end. The interviewer stopped the activity once the respondent provided fewer than 3 correct answers on a given screen or when they completed the 12th screen.

After administering each test, the interviewers indicated in the booklet whether the activity was attempted and, if not, the reason(s) the activity was not attempted. After both the vision and hearing activities were completed, the interviewers also recorded in the CAPI instrument whether the vision activity was attempted (yes/no). Missing data indicators for each vision test are also provided in the data file (see Missing Data section and Appendix A).

**Hearing protocol** (**pure tone audiometry**). The portable audiometer uses active noise monitoring combined with noise-attenuated circumaural headphones (RADIOEAR, DD450) to ensure the test environment complies with clinical standards for adult hearing assessments. An automated algorithm presents tones in a threshold-seeking manner consistent with clinical best-practices to identify the lowest volume (in decibels hearing level [dB HL]) at which a participant can respond to a sound at six frequencies in each ear (250, 500, 1000, 2000, 4000, and 8000 Hz). The algorithm identifies likely false positive responses and potential interference from ambient noise.

If there were sources of noise such as a television or fan that were loud enough to interfere with the assessment, interviewers requested permission to minimize or eliminate the noise. Interviewers created a profile for respondent in SHOEBOX Ltd. application and then plugged the audiometer headset directly into the tablet. Interviewers tested the headphones for each ear before conducting the hearing activity with the respondent.

Interviewers introduced the hearing test to respondents using text from the VH Activities Booklet (see Appendix B). They described and demonstrated the process and asked respondents to raise a hand when they heard a tone in either ear. Respondents were asked to remove any hearing devices and/or glasses and earrings. Interviewers then place headphones on the respondent using a sweeping motion from front to back. The interviewer took a position behind the respondent. The interviewer then launched the SHOEBOX Ltd. application, which presents tones through the headset at six different frequencies (pitch, displayed as hertz [Hz]) and at different decibels (volume, displayed as decibel hearing level [dB HL]) for each ear separately. The algorithm was set to proceed automatically so that interviewers did not need to select frequency or intensity of stimuli. The interviewer entered responses indicating that the participant responded to the stimuli until the end of the test.

Interviewers recorded in the VH Activities Booklet whether the hearing activity was attempted and if not the reason(s) the activity was not attempted and also recorded in the CAPI instrument whether the hearing activity was attempted (yes/no).

The SHOEBOX Ltd. hearing results were saved on the tablet and interviewers transmitted results to a SHOEBOX Ltd. cloud-based server once they connected to WiFi. As the result of a software update that occurred during the fieldwork that changed the screen where results were saved, some interviewers did not properly save the hearing results. A missing data indicator identifying cases with missing hearing data is provided (see Missing Data section and Appendix A).

### **Variables**

Information about collection of the objective vision and hearing measures along with raw results from the tests are included in the Table Activities File. Variable names in this file follow NHATS' standard conventions. Variables from the VH CAPI section begin with vh, followed by the round number, and stem that briefly describes the item. Variables from the VH Activities Booklet start with "vb" if from the Vision section and "hb" from the Hearing section or from SHOEBOX.

The following table summarizes variables by source and type of activity. (Derived variables are described in the next section).

Source	Distance acuity	Contrast sensitivity	Near acuity	Pure tone audiometry
VH Activities Booklet				
Reading distance	-	-	vb#readdist (in	-
			inches)	

Results	vb#resulta1-	vb#resultb1-	vb#resultc1-	-
	vb#resulta12	vb#resultb16	vb#resultc12	
Attempted	vb#5ldistance	vb#2ldistance	vb#5lreading	hb#hear
Aid worn/used	vb#5lglasses, vb#5lcontacts, vb#5lothvisaid	vb#2lglasses, vb#2lcontacts, vb#2lothvisaid	vb#readglasses, vb#readcontacts, vb#readothvisaid	hb#heardev (worn), hb#heardevtype (type)
Reason not attempted	vb#5lvisrsn1- vb#5lvisrsn 6	vb#2lvisrsn- vb#2lvisrsn6	vb#readvisrsn1- vb#readvisrsn6	
VH CAPI	VOII OTVISISII O	VOII 21 VISI SITO	VonteacVISISHO	
Attempted		vh#vision		vh#hearing

In addition, the SHOEBOX application provides 12 of the following 4 indicators, one for each ear and each frequency (250, 500, 1000, 2000, 4000, 8000 Hz):

Source: Shoebox	Variable name
Threshold	hb#*+thresh
Excessive background noise	hb#*+noise
Test unreliable	hb#*+unreli
No response	hb#*+nores
#=round *l=left, r=right; +=frequence	ey 250, 500, 1000, 2000, 4000, 8000 Hz

Missing data indicators for each vision and hearing test are also provided in the data file (see Missing Data section and Appendix A).

#### **Derived Variables**

To facilitate analysis, NHATS provides derived variables for objective vision and hearing measures (see Appendix A for details). Derived variables include "d" after the round number.

For vision, three continuous variables (each on the log scale) were constructed:

- **Distance acuity vision test score (vb#ddistance)** is the logarithm of the minimum angle of resolution (logMAR; Bailey& Lovie-Kitchin 2013). The score was calculated using the formula  $0.02 * (55- S_D)$ , where  $S_D$ =sum of correct letters for distance acuity test. On this scale 0.0 corresponds to 20/20 vision and higher values indicate worse functioning.
- Near acuity vision test score (vb#dnear) is expressed in logMAR. The score was calculated as  $(0.02 * (55-S_N)) + \log_{10}(40/X)$ , where  $S_N = \text{sum of correct letters for near acuity test and } X = \text{reading distance in centimeters.}$  Higher values indicate worse functioning.
- Contrast sensitivity (vb#dcontrast) is expressed in log contrast sensitivity (logCS; Owsley 2003). The score was computed as  $0.40 + (0.05*S_C)$ , where  $S_C = \text{sum of correct letters for contrast sensitivity test. Higher values indicate better visual functioning.$

Three derived variables were included for pure tone audiometry. For each ear, pure tone averages were calculated as the average dB HL for four frequency measures most important for speech discrimination: 500Hz, 1,000Hz, 2,000Hz, and 4,000Hz. PTA was not calculated for an ear if one of the threshold measures was deemed unreliable or if there was no response.

- **Best pure tone average** (BPTA; hb#dbpta) was set equal to the PTA for the better hearing ear (i.e., lower value). If PTA could be calculated for only one ear, BPTA was set equal to PTA for that ear.
- Worse pure tone average (WPTA; hb#dwpta) was set equal to the PTA for the ear with the higher value. If PTA could be calculated for only one ear, WPTA was set equal to PTA for that ear.
- An indicator for the **better ear** (right, left) is also provided (hb#betterear), with values of right, left or same.

For each vision and hearing activity, we have also created a derived variable that indicates why data are missing (see Missing Data section and Appendix A).

# **Creating Categorical Vision and Hearing Indicators**

Users interested in classify respondents into categories based on the continuous scores may want to use the following guidelines:

- For **Distance vision impairment** use the World Health Organization (WHO 2019) definitions: any impairment (vb#ddistance >0.30 logMAR, where # is the round number, see also Appendix B); mild impairment (>0.3 to <0.48 logMAR); moderate impairment (≥0.48 to <1.0 logMAR); severe impairment (≥1.0 to <1.3 logMAR); blindness (logMAR ≥1.3).
- For **Near vision impairment** use the WHO (2019) definitions: worse than N6, which is approximately equivalent to 0.3 logMAR (i.e., vb#dnear > 0.3 logMAR).
- For **contrast sensitivity impairment**, there are no widely accepted definitions. Some investigators have used a cutoff of <1.55 logCS (i.e., vb#dcontrast <1.55) as an indicator of impairment (Varadaraj et al. 2021), since this was 2 SD below the sample mean in a prior study of normal contrast sensitivity values (Mäntyjärvi & Laitinen 2001). A similar approach could be used to derive an indicator of contrast sensitivity impairment based on deviation from the NHATS sample mean.
- For **hearing loss**, use the former WHO categories (Humes 2019; Olusanya et al. 2014; WHO 2001; WHO 2012) based on pure-tone average of the better ear (i.e., hb#dbpta): <26 dB HL = no hearing loss, 26-40 dB HL = mild hearing loss, 41-60 dB HL = moderate hearing loss, 61-80 dB HL = severe hearing loss, and >80 dB HL = profound hearing loss. The categories were recently realigned by the WHO Global Burden of Disease working group, which lowered the pure-tone average cutoff for hearing loss from 25 to 20 dB HL (Olusanya et al. 2019). However, at this time, the new categories have not been universally adopted in epidemiology research and surveillance.

## Missing data

For each vision and hearing activity, we have created a derived variable that indicates why data are missing (see Appendix A). The variable has 6 values:

```
1= Deceased, original nursing home (r#dresid=6, 8)
2=No SP interview (r#dresid=3,5,7)
3=No Part 2 SP interview
4=SP did not attempt any vision activities / SP refused or did not attempt the hearing activity
5= No VH booklet, this vision activity not attempted, SHOEBOX data missing, other
6=Not missing
```

# **Using NHATS Weights and Design Variables in Analyses**

The vision and hearing test data are designed to be nationally representative of Medicare beneficiaries (e.g. in 2021, ages 71 and older). In order to make statements that are generalizable to this population, the data must be weighted and design variables must also be used to account for NHATS' complex survey design. Details about accounting for NHATS' complex survey design features can be found in Freedman et al. (2022) available at <a href="www.nhats.org">www.nhats.org</a>.

The weights and design variables for the Tablet Activities File are found on the SP file from the same year. To perform weighted analysis, the Tablet Activities File needs to be **merged** with the NHATS SP file for the same year using the identifier on both files, "**spid**".

Using Round 11 as an example, SAS, Stata and R code for merging and running weighted analyses with vision and hearing data are shown below.

**Stata Commands.** In Stata, users should specify the following syyset command for Round 11.

```
*merge Tablet Activities file with NHATS SP file
use "[location]/NHATS_Round_11B_SP_File.dta", clear
merge 1:1 spid using "[location]/NHATS_Round_11B_Tab_Act_File.dta"

*specify survey design for weighted analysis
svyset w11varunit [pweight=w11anfinwgt0], strata(w11varstrat)
svy: [stata procedures]
```

#### SAS Commands.

```
libname nhats11 "[NHATS round 11 data file location]"; data newname;

merge nhats11.NHATS_Round_11B_SP_File

nhats11.NHATS_Round_11B_Tab_Act_File;
by spid;
run;
```

```
[sas survey procedure];
weight w11anfinwgt0;
cluster w11varunit;
strata w11varstrat;
[model or other statement];
run;
```

#### R Commands.

newname <- merge(data frame for NHATS\_Round\_11B\_SP\_File, data frame for NHATS\_Round\_11B\_Tab\_Act\_File, by="spid", all.x = TRUE) #all.x = TRUE keeps all observations from the Round 11 NHATS SP file

library(survey) #need this line only once per session nhats.dsgn <- svydesign(id=~w11varunit, strata=~w11varstrat, weights=~w11anfinwgt0, data = newname, nest=TRUE) [model or other statement]

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# **Appendix A. Vision and Hearing Derived Variables**

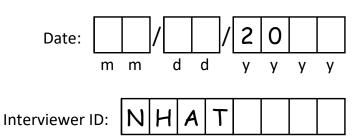
Variable Name	CODING SPECIFICATIONS/	VALUES and
VARIABLE LABEL	SOURCE	VALUE
		LABELS*
vb#ddistance	-1 if r#dresid = 6 or 8	-0.10-1.10
R# D DISTANCE	-9 if r#dresid = 3, 5, or 7 or if fl11pt2miss= 2 (Part 2	-9 Missing
ACUITY VISION	missing)	-1 Inapplicable
TEST SCORE	Else = $0.02 * (55 - \text{sum of (VB1\_A1 to VB1\_A12})$	
	Else = $-9$ if VH4 != 1 or VB2 = 2 or no data in VB1_A1 to	
	VB1_A12	
	Note: When calculating the sum, we filled in leading missing	
	before a valid answer with 5 and missing between valid	
	answers with the prior answer and treated other missing	
	values as 0 before summing.	
vb#dcontrast	-1 if r#dresid = 6 or 8	0.40-2.00
R# D CONTRAST	-9 if r#dresid = 3, 5, or 7 or if fl11pt2miss= 2	-9 Missing
SENSITIVITY VISION TEST SCORE	Else = $0.40 + (0.05*sum of (VB5\_B1 to VB5\_B16))$	-1 Inapplicable
	Else = $-9$ if VH4 != 1 or VB6 = 2 or no data in VB5_B1 to	
	VB5_B16	
	Note: When calculating the sum, we filled in leading missing	
	before a valid answer with 2 and missing between valid	
	answers with the prior answer and treated other missing	
	values as 0 before summing.	
vb#dnear	-1 if r#dresid = 6 or 8	-0.26-1.52
R# D NEAR	-9 if r#dresid = 3, 5, or 7 or if fl11pt2miss= 2	-9 Missing
ACUITY VISION TEST SCORE	Else = $(0.02 * (55 - \text{sum of (VB10_C1 to VB10_C12)})) +$	-1 Inapplicable
	$log10\left(\frac{40}{X}\right)$	
	Else = $-9$ if VH4 != 1 or VB11 = 2 or no data in VB10_C1 to	
	VB10_C12 or no data in VB9	
	where $X = reading \ distance \ in \ cm = VB9* 2.54$	
	Note: When calculating the sum, we filled in leading missing	
	before a valid answer with 2 and missing between valid	
	answers with the prior answer and treated other missing	
	values as 0 before summing.	
vb#ddistancem	=1 if vb#ddistance =-1 & r#dresid=6, 8	1= Deceased,
R# D DISTANCE	Else = 2 if vb#ddistance=-9 & r#dresid=3,5,7	original nursing
ACUITY VISION	Else = 3 if vb#ddistance=-9 & fl11pt2miss= 2	home
TEST SCORE	Else =4 if vb#ddistance=-9 & vh#vision~=1	2=No SP
MISSING RSN	Else = 5 if vb#ddistance=-9	interview
	Else =6 if vb#ddistance~=-1 & ~=-9	3=No Part 2 SP
		interview 4=SP did not
		attempt any

	T	T
		vision activities
		5= No booklet,
		this activity not
		attempted, other
		6=Not missing
vb#dcontrastm	=1 if vb#dcontrast =-1 & r#dresid=6, 8	1= Deceased,
R# D CONTRAST	Else = 2 if vb#dcontrast=-9 & r#dresid=3,5,7	original nursing
SENSITIVITY VISION	Else = 3 if vb#dcontrast=-9 & fl11pt2miss= 2	home
TEST SCORE	Else =4 if vb#dcontrast=-9 & vh#vision~=1	2=No SP
MISSING RSN	Else = 5 if vb#dcontrast=-9	interview
	Else =6 if vb#dcontrast~=-1 & ~=-9	3=No Part 2 SP
		interview
		4=SP did not
		attempt any
		vision activities
		5= No booklet,
		this activity not
		attempted,
		distance to
		calculate
		missing, other
		6=Not missing
vb#dnearm	=1 if vb#dcontrast =-1 & r#dresid=6, 8	1= Deceased,
R# D NEAR ACUITY	Else = 2 if vb#dcontrast=-9 & r#dresid=3,5,7	original nursing
VISION TEST SCORE	Else = 3 if vb#dcontrast=-9 & f111pt2miss= 2	home
MISSING RSN	Else =4 if vb#dcontrast=-9 & vh#vision~=1	2=No SP
MISSING KSN	Else = 5 if vb#dcontrast=-9	interview
		3=No Part 2 SP
	Else =6 if vb#dcontrast~=-1 & ~=-9	interview
		4=SP did not
		attempt any vision activities
		5= No booklet,
		this activity not
		attempted, other
1.1 // 11	1'6 #1 '1 6 0	6=Not missing
hb#dbpta	-1 if r#dresid = 6 or 8	10.00-82.50
R# D PURE-TONE	-9 if r#dresid = 3, 5, or 7 or if fl11pt2miss= 2	-9 = Missing
AVERAGE OF THE	Else=AIR_RIGHT_PTA if (AIR_RIGHT_PTA <=	-1 = Inapplicable
BETTER EAR	AIR_LEFT_PTA and AIR_RIGHT_PTA != . and	
	AIR_LEFT_PTA != .) or (AIR_RIGHT_PTA!=. &	
	AIR_LEFT_PTA=.)	
	Else=AIR_LEFT_PTA if (AIR_LEFT_PTA <	
	AIR_RIGHT_PTA and AIR_RIGHT_PTA!=. and	
	AIR_LEFT_PTA!=.) or (AIR_LEFT_PTA!=. &	
	AIR_RIGHT_PTA=.)	
	Else=-9	
11 11 1	110 111 11 11 11 11 11 11 11 11 11 11 11	10.00.05.50
hb#dwpta	-1 if r#dresid = 6 or 8	10.00-87.50
R# D PURE-TONE	-9 if r#dresid = 3, 5, or 7 or if fl11pt2miss= 2	-9 = Missing

AVERAGE OF THE WORSE EAR	=AIR_RIGHT_PTA if (AIR_RIGHT_PTA >=     AIR_LEFT_PTA & AIR_RIGHT_PTA != . &     AIR_LEFT_PTA != .) OR (AIR_RIGHT_PTA!=. &     AIR_LEFT_PTA=.)  ELSE=AIR_LEFT_PTA if (AIR_LEFT_PTA >     AIR_RIGHT_PTA & AIR_RIGHT_PTA != . &     AIR_LEFT_PTA != .) OR (AIR_LEFT_PTA!=. &     AIR_RIGHT_PTA=.)  Else=-9	-1 = Inapplicable
hb#dbetterear R# D BETTER EAR	-1 if r#dresid = 6 or 8 -9 if r#dresid = 3, 5, or 7 or if fl11pt2miss= 2 Else=3 if AIR_LEFT_PTA = AIR_RIGHT_PTA & AIR_RIGHT_PTA != . Else = 2 if AIR_LEFT_PTA = hb11dbpta & AIR_LEFT_PTA !=. Else = 1 if AIR_RIGHT_PTA = hb11dbpta & AIR_RIGHT_PTA != . Else = -9	1 = Right 2 = Left 3 = Same -9 = Missing -1 = Inapplicable
hb11dbptam R# D PURE-TONE AVERAGE MISSING RSN	=1 if hb#dbpta =-1 & r#dresid=6, 8 Else =2 if hb#dbpta =-9 & r#dresid=3,5,7 Else =3 if hb#dbpta=-9 & fl11pt2miss= 2 Else =4 if hb#dbpta =-9 & hb#hear~=1 Else =5 if hb#dbpta=-9 Else =6 if hb#dbpta~=-1 & ~=-9	1= Deceased, original nursing home 2=No SP interview 3=No Part 2 SP interview 4=Hearing activity not attempted 5=Attempted but no SHOEBOX data or other reason missing 6=Not missing

# **Appendix B. Vision and Hearing Activities Booklet**

Affix SP ID Label



# **National Health and Aging Trends Study**







### **Materials:**

- Tablet
- Portable table
- Small tablet stand
- Cloth screen wipe
- Measuring tape
- Headphones
- Audio wipes
- Regular tissues
- Green masking tape

# **Tablet Preparation:**

- Turn on tablet
- Confirm tablet:
  - Fully charged
  - Wi-Fi turned off
  - Brightness set to halfway

### **Vision Activity**

For this first activity, we will ask you to read letters from across the room. If you normally wear glasses or contacts for distance you should wear them now.

This activity will take me just a moment to set up.

- > Seat SP in chair with at least 5 feet of space in front
- ➤ Measure approximately 5 feet (59 inches) on the floor from middle of SP chair; mark with tape
- Set up table and place over 5 foot mark in front of SP
- ➤ Take out tablet, wipe screen
- ➤ Launch Vision ebook
- ➤ Navigate to **5 Letters at Distance** cover page
- ➤ Place tablet on stand on table at SP's eye level, adjust as necessary for 5 foot distance
- > Check for glare on tablet screen, adjust lighting as necessary

#### 5 Letters at Distance

Let's get started. I am going to show you some letters. Please read the letters out loud, from left to right. If you are not sure, it's okay to guess. Ready?

- > Swipe to screen A1
- > Record number CORRECT for each screen:
  - If 3 or more correct, swipe to next screen
  - If 0-2 correct, say Thank you. We can stop here.

Mark correct re	sponses o	nly				Record Number Correct	VI
Screen A1	V	F	N	U	Z		If 0-2, go to VB2
Saraan A2	••						
Screen A2	H	D	R	P	F		If 0-2, go to VB2
Screen A3	U	Р	F	R	N		If 0-2,
							go to VB2
Screen A4	D	F	Н	N	R		If 0-2, go to VB2
Screen A5	7						
Screen A5	<b>Z</b>	Н	D	P	F		If 0-2, go to VB2
Screen A6	D	V	R	N	U		If 0-2,
							go to VB2
Screen A7	R	D	Н	E	U		If 0-2, go to VB2
				_			50 10 102
Screen A8	Н	V	N	E	D		If 0-2, go to VB2
Screen A9	Z	Н	F	E	D		If 0-2,
							go to VB2
Screen A10	R	N	D	Р	Z		If 0-2,
							go to VB2
Screen A11	N	V	D	Z	P		If 0-2, go to VB2
Screen A12	D	Z	V	E	N		
							If 0-2, go to VB2

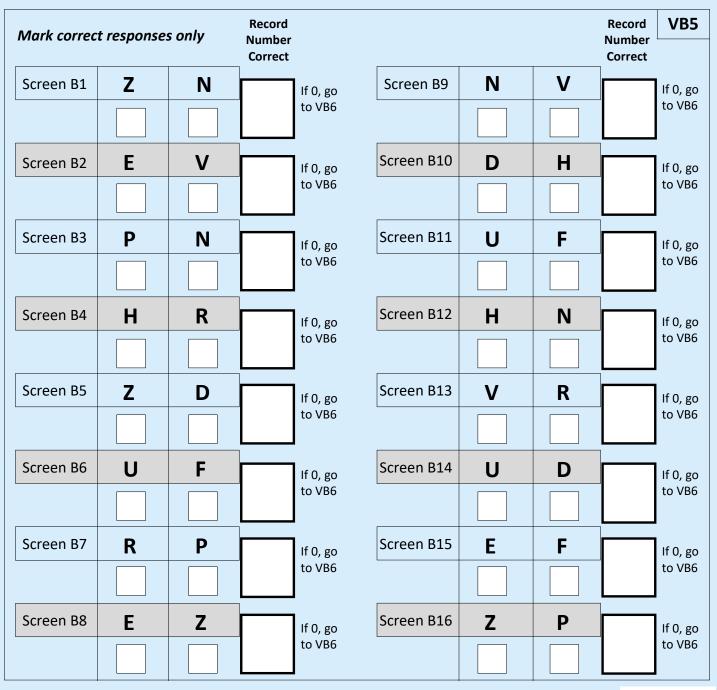
Mark activity re	sult		VB2
1. ATTEMP	ED		
2. NOT ATT	EMPTED	GO TO <b>VB4</b> . Reasons not attempted	
sion Aids			
	r confirm i	if alassos, contacts, or other vision aid	VB:
used for this ac		if glasses, contacts, or other vision aid rk <u>each</u> item.	
·	Yes	No	
Glasses			
Contacts			
Other vision aid			
		GO TO 2 Letters at Distance	
		GO TO 2 Letters at Distance	
asons not atte	mpted	GO TO 2 Letters at Distance	
easons not atte Mark <u>all</u> that ap	•	GO TO 2 Letters at Distance	VB
Mark <u>all</u> that ap	oly		VB
	oly		VB
Mark <u>all</u> that app	o <i>ly</i> understan		VB
Mark <u>all</u> that appoint of the second of the	o <i>ly</i> understan		VB
Mark <u>all</u> that app SP unable to SP refused Proxy refused	o <i>ly</i> understan		VB
SP unable to SP refused Proxy refused SP not prese	o <i>ly</i> understan d nt		VB
Mark <u>all</u> that app SP unable to SP refused Proxy refused SP not presen	oly understan d nt parrier		VB
Mark <u>all</u> that app SP unable to SP refused Proxy refused SP not presen SP too ill SP language	oly understan d nt parrier		VB
Mark <u>all</u> that app SP unable to SP refused Proxy refused SP not presen SP too ill SP language	oly understan d nt parrier		VB
Mark <u>all</u> that app SP unable to SP refused Proxy refused SP not presen SP too ill SP language	oly understan d nt parrier		VB



> Swipe to cover screen for 2 Letters at Distance

Again, I will show you some letters. Please read the letters out loud, from left to right. If you are not sure, it's okay to guess. Ready?

- Swipe to screen B1
- > Record number CORRECT for each screen:
  - If 1 or 2 correct, swipe to next screen
  - If 0 correct, say Thank you. We can stop here.





Indicate activity result		VB6
☐ 1. ATTEMPTED ☐ GO TO	VB8. Reasons not attempted	
Vision Aids		
Observe, ask, or confirm if glasses for this activity. Mark <u>each</u> item.	s, contacts, or other vision aid used	VB7
Yes No Glasses		
Contacts		
Other vision aid		
GO ТО	5 Letters at Reading Distance	
Reasons not attempted		
Mark <u>all</u> that apply		VB8
SP unable to understand directi	ons	
SP refused		
Proxy refused		
SP not present		
SP too ill		
SP language barrier		
Other (Specify):		



# **5 Letters at Reading Distance**

For the next activity, I will ask you to read from the tablet as if it were a book. If you normally wear glasses or contacts to read, you should wear them now.

- > Swipe to cover screen for 5 Letters at Reading Distance
- ➤ Hand SP the tablet.

Please hold this tablet at a comfortable reading distance. First, I need to measure your reading distance. Once I've measured, please try to keep the tablet at this distance. That is, try not to move it closer or further away.

- ➤ Measure distance between tablet screen and SP's eyes
- > Record distance to nearest 1/4 inch



VB9 **Reading Distance** inches

Read each letter out loud from left to right. If you are not sure, it's okay to guess. I will tell you when to go to the next screen.

- ➤ Position yourself beside SP to view tablet screen
- ➤ If SP needs assistance swiping, help as needed
- ➤ Record number CORRECT for each screen:
  - If 3 or more correct, swipe to next screen
  - If 0-2 correct, say Thanks. Those are all the vision activities we have today.

# **5 Letters at Reading Distance**

Mark correct re	sponses o	nly				Record Number Correct	VB1
Screen C1	е	а	S	u	n		If 0-2, go to VB11
Screen C2	X	u	S	е	0		If 0-2, go to VB11
Screen C3	r	S	а	X	е		If 0-2,
Screen C4	S	X	а	n	r		go to VB11 If 0-2,
Screen C5	n	e	0	u	0		go to VB11
Screen C6	n	е	n	а	X		go to VB11 If 0-2,
Screen C7	u	X	0	n	r		go to VB11
Screen C8	0	а	u	X	S		go to VB11
Screen C9	n	S	0	X	S		go to VB11
							If 0-2, go to VB11
Screen C10	u	r	0	е	r		If 0-2, go to VB11
Screen C11	а	е	a	e	u		If 0-2, go to VB11
Screen C12	S	X	n	е	а		If 0-2, go to VB11

# **5 Letters at Reading Distance**

Indicate activity	result		VB11
1. ATTEMPT	D		
2. NOT ATTE	MPTED	GO TO VB13. Reasons not attempted	
sion Aids			
	confirm i	if glasses, contacts, or other vision aid used	VB12
for this activity.			
	Yes	No	
Glasses			
Contacts			
Other vision aid			
		N	
		GO TO Hearing Activity	
		GO TO Hearing Activity	
asons not atter	npted	GO TO Hearing Activity	
asons not atter		GO TO Hearing Activity	VB13
Mark <u>all</u> that app	ly		VB1
Mark <u>all</u> that app	ly		VB1
Mark <u>all</u> that app SP unable to u	ly		VB1
Mark <u>all</u> that app	l <b>y</b> Inderstan		VB1
Mark <u>all</u> that app SP unable to u SP refused Proxy refused	l <b>y</b> Inderstan		VB1
Mark <u>all</u> that app SP unable to used SP refused Proxy refused SP not presen	nderstan		VB1
Mark <u>all</u> that apple SP unable to u SP refused Proxy refused SP not presen SP too ill	nderstant t arrier		VB1
Mark <u>all</u> that apple SP unable to use SP refused Proxy refused SP not presen SP too ill	nderstant t arrier		VB1
Mark <u>all</u> that apple SP unable to use SP refused Proxy refused SP not presen SP too ill	nderstant t arrier		VB1
Mark <u>all</u> that apple SP unable to use SP refused Proxy refused SP not presen SP too ill	nderstant t arrier		VB1



# **Hearing Activity**

### Next we have a hearing activity. It will take me just a moment to set up.

- ➤ Ask SP if okay to turn off obvious noise sources
- ➤ Move table behind where SP is seated; set tablet on table
- ➤ Wipe headphones and let dry
- ➤ Launch Shoebox app and press **New Patient** icon
  - Enter information from CAPI **VH5** into New Patient screen (First Name ID, Last Name ID), press **Save**
- > Select the recently added patient from the patient list
- > Select Automated Pure Tone Test
- > Plug headphones into tablet
  - Confirm onscreen that headphones are connected and test listening level

### For this activity, you will wear headphones.

- If wearing glasses: Please take off your glasses.
- If hair over ears: Please push your hair behind your ears.

When I put the headphones on you, you may not hear anything at first. When you hear a tone in either ear, raise your hand and then lower it back down, like this.

➤ Demonstrate

### Are you currently wearing a hearing device?

## **Hearing Device Worn**

Mark response	HB1
1. Yes	
a. Hearing aid for one ear	HB1a
b. Hearing aids for both ears	
c. Cochlear implant	
2. No	

- ➤ If wearing hearing device, say, Please take out your hearing device(s).
- > Place headphones on SP
  - Align red headphone with right ear
  - Place headphones in front of ears and slide up and back to cover ears
  - Adjust as necessary
- > Tap **Start** on tablet
- ➤ Tap Play Tone
  - If SP raises hand, tap **Heard**
  - If SP does not raise hand, tap **Not Heard**
- ➤ Continue presenting tones and entering responses until end of test
  - If "Excessive Noise Detected" displays, select Accept Thresholds
- When finished, move in front of SP to help remove the headphones
- ➤ If SP removed hearing devices or glasses, ensure they are put back on

Thank you. I need just a moment to pack up.

# **Hearing Activity**

	33
Mark all that apply  SP unable to understand directions SP refused Proxy refused SP not present SP too ill SP language barrier	33
Mark all that apply  SP unable to understand directions SP refused Proxy refused SP not present SP too ill SP language barrier	33
SP unable to understand directions  SP refused Proxy refused SP not present SP too ill SP language barrier	33
SP refused Proxy refused SP not present SP too ill SP language barrier	
Proxy refused  SP not present  SP too ill  SP language barrier	
SP not present SP too ill SP language barrier	
SP too ill SP language barrier	
SP language barrier	
SP language barrier	
Closing	
> Put away the following equipment:	
- Headphones	
- Small tablet stand	
- Audio wipes, tissues	
- Measuring tape	
- Masking tape - Return to tablet Home screen	
> Return to CAPI	

