



# TELEPHONE SCREENING FORM

ID NUMBER:

FORM CODE: 

T	S	F
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DATE: 10/06/2017  
Version 2.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: 

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

0b. Staff ID: 

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Instructions:** Read the script on the telephone call. Enter the answer given by the participant for each response.

1. Are you between the ages of 70 and 84 years old? .....

Yes..Y  
No....N (EXCLUDE)

2. Do you live at home? .....

Yes..Y  
No....N (EXCLUDE)

3. Do you speak English fluently? .....

Yes..Y  
No....N (EXCLUDE)

4. Are you planning to move from the area in the next 3 years or do you have any health issues that you think would prevent you from participating in this study for the next 3 years? .....

Yes..Y (EXCLUDE)  
No....N

5. Are you willing to be assigned randomly to either the successful aging education intervention or the hearing loss intervention and to be followed in the study for three years? After three years, you would then receive the other intervention. ....

Yes..Y  
No....N (EXCLUDE)

6. If you are assigned to the hearing loss intervention, would you be willing to wear hearing aids on a regular basis? .....

Yes..Y  
No....N (EXCLUDE)

7. Have you used hearing aids within the past one year? .....

Yes..Y (EXCLUDE)

No....N

8. Were you either born with a permanent hearing loss or did you develop a permanent hearing loss as a child? .....

Yes..Y (EXCLUDE)

No....N

9. Are you currently enrolled or participating in another study where you are receiving an intervention to help your cognition, thinking and memory skills, or hearing? .....

Yes..Y (EXCLUDE)

No....N

10. By yourself, that is without help from another person or special equipment, do you have any difficulty...

a. ... getting in and out of bed or chairs?.....  Yes  No

b. ... bathing or showering? .....  Yes  No

c. ... dressing? .....  Yes  No

d. ... eating, for example, holding a fork, cutting your food, or drinking from a glass? .....  Yes  No

e. ... using the toilet, including getting to the toilet? .....  Yes  No

→ If 2 or more are "Yes" → EXCLUDE

11. Eligible? .....

Yes..Y

No....N (EXCLUDE)

12. Do you have a spouse/partner who would potentially be interested in participating?  Yes  No