				Household ID							Resp. ID	
C	Z	-							-			

Interview date: _____/_____/_____

Interviewer ID _____

Respondent First Name: _____

Respondent Gender (M/F): _____

Respondent Year of birth: _____

„50+ in Europe“

SHARE

The Survey of Health,

Ageing and Retirement in Europe

Wave 10

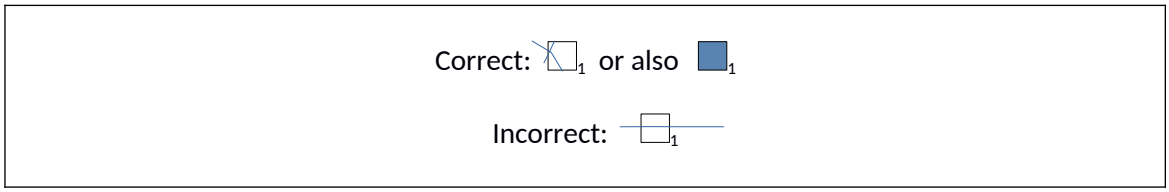
neuroSHARE Study Questionnaire

Information about the neuroSHARE Study

For more information about the neuroSHARE Study please see the Leaflet presented to you by the Interviewer.

Instructions for filling the neuroSHARE Questionnaire:

Questions in the Questionnaire can be answered by checking the box below or alongside the appropriate answer:



SPEECH TEST

INSTRUCTIONS FOR THE INTERVIEWER

If possible, choose a quiet room and avoid large rooms where is the risk of echo. Try to reduce the level of surrounding noise as much as possible: Close windows and doors, move cooling fans to face the wall and turn down noise from heating or air-condition. Switch off TV, radio, and mobile phones, if possible. If someone else is present during the speech examination, please ask him or her not to talk during the speech test.

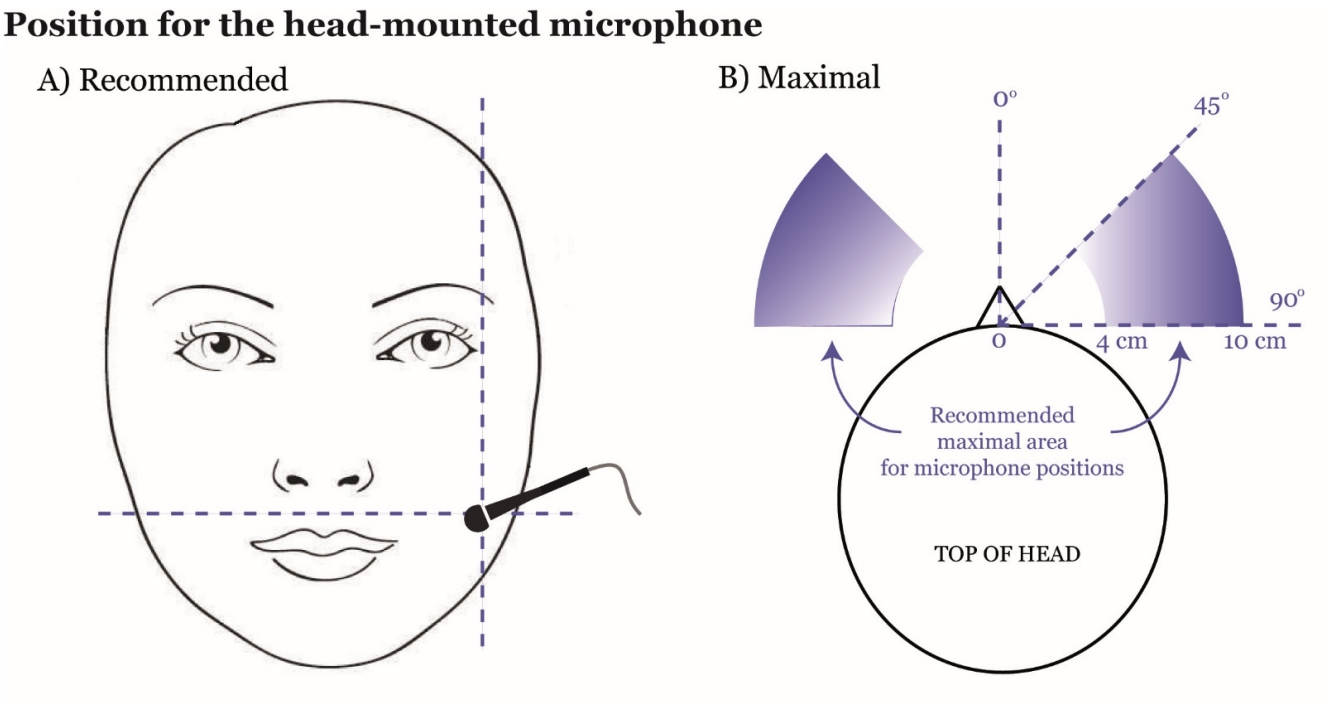
Note: The microphone must be connected to the notebook before starting the speech test application. **CONNECT the sound card with the microphone to the notebook via the USB port BEFORE starting the Speech App.**

The Speech Test Application is started by pressing "Start the speech test" in the CaseCTRL.

First, copy the **Respondent ID** from the Questionnaire cover page. Inform the Respondent about the test:

In the speech examination, I will record your voice in five short speaking tasks.
I will explain and show you how to perform each task.
First, I will put a microphone behind your ears.

Ensure a correct POSITION of the microphone: The microphone should be placed close to the cheek, outside the main exhalation stream. The picture below shows the recommended placement (left) and a purple maximal area for the position (right):



Please tell me a few words in order to check that the microphone is working properly.

Check that the red bar on the screen is moving within the green area. If not, check the cables and the position.

Press CONTINUE after the microphone is properly set in order to start the tasks.

Speech Test Tasks Overview

The Speech test consists of 5 tests of which the first two are repeated. Altogether, there are 7 tasks:

1. Prolonged phonation – a (task 1 and task 2)
2. Syllable repetition – ta (task 3 and task 4)
3. Reading a text (task 5)
4. Retelling – Hansel and Gretel (task 6)
5. Monologue (task 7)

Follow the instructions on the screen.

Some important instructions:

DO NOT TALK during the recordings. The command “Start now” must be said before the START button is pressed.
Other commands or thanking the respondent must be said only after the STOP button is pressed.
If the Respondent is silent for 10 seconds, press the STOP button. DO NOT TALK during the silence, do not encourage the respondent.

If a task recording was successful, press Continue to continue for the next task.
If a task recording needs to be corrected, press Retry task record it again.
If you need to re-run the entire Speech Test, you can launch the application from the CaseCTRL.

In case you are unable to play the samples, please instruct the respondent or read the story text from the Showcard.

After the completion of the test, thank the respondent.
Unplug the sound card and microphone cable. Remove the microphone from the Respondent head and store it.

We are very grateful for your efforts!
This is the end of the speech test, please answer the following questions in the Questionnaire.

While the Respondent is answering the questions, you can prepare the smell test.

Speech Questionnaire to Be Filled by Respondent (if unable, filled together with the INTERVIEWER)

ne_speech_q

The following question will be about your voice. Please think about the last THREE months.

(On each row, please check only one box in each row)

		Never	Almost never (occasionally)	Sometimes	Almost always	Always
1)	My voice makes it difficult for people to hear me.	☐1	☐2	☐3	☐4	☐5
2)	I run out of air when I talk.	☐1	☐2	☐3	☐4	☐5
3)	People have difficulty understanding me in a noisy room.	☐1	☐2	☐3	☐4	☐5
4)	The sound of my voice varies throughout the day.	☐1	☐2	☐3	☐4	☐5
5)	My family has difficulty hearing me when I call them throughout the house.	☐1	☐2	☐3	☐4	☐5
6)	I use the phone less often than I would like to.	☐1	☐2	☐3	☐4	☐5
7)	I'm tense when talking to others because of my voice.	☐1	☐2	☐3	☐4	☐5
8)	I tend to avoid groups of people because of my voice.	☐1	☐2	☐3	☐4	☐5
9)	People seem irritated with my voice.	☐1	☐2	☐3	☐4	☐5
10)	People ask, "What's wrong with your voice?"	☐1	☐2	☐3	☐4	☐5

ne_speech_p

In the last 10 years, have you ever experienced speech or voice problems which resulted in a visit of medical specialist (e.g.; speech language pathologist, ENT doctor or neurologist)?

(On each row, please check only one box in each row)

		Yes	No
1)	I was treated for stuttering	☐1	☐2
2)	I was treated for aphasia	☐1	☐2
3)	I was treated for dysarthria	☐1	☐2
4)	I was treated for cluttering	☐1	☐2
5)	I was treated for vocal cord dysfunction	☐1	☐2
6)	I was treated for a voice and speech problem other than the one mentioned above	☐1	☐2

ne_speech_s

Have you ever experienced problems with stuttering in the past?

(On each row, please check only one box in each row)

		Yes	No
1)	I have been diagnosed with developmental stuttering, which does NOT persist into adulthood	☐1	☐2
2)	I have been diagnosed with developmental stuttering, which persists into adulthood	☐1	☐2
3)	I subjectively feel problems with stuttering, but I am not being treated and I do not have an official diagnosis	☐1	☐2

REM Sleep Questionnaire (RBD-SQ) to Be Filled by Respondent (if unable, filled together with the INTERVIEWER)

ne_sleep_q

The following questions are related to your sleep.
Please answer yes or no to the following questions:
(Please check one box on each row)

		Yes	No
1)	I sometimes have very vivid dreams.	☐1	☐2
2)	My dreams frequently have an aggressive or action-packed content.	☐1	☐2
3)	The dream contents mostly match my nocturnal behavior.	☐1	☐2
4)	I know that my arms or legs move when I sleep.	☐1	☐2
5)	It thereby happened that I (almost) hurt my bed partner or myself.	☐1	☐2
	I have or had the following phenomena during my dreams:		
6a)	speaking, shouting, swearing, laughing loudly	☐1	☐2
6b)	sudden limb movements, “fights”	☐1	☐2
6c)	gestures, complex movements, that are useless during sleep, e.g., to wave, to salute, to frighten mosquitoes, falls off the bed	☐1	☐2
6d)	things that fell down around the bed, e.g., bedside lamp, book, glasses	☐1	☐2
7)	It happens that my movements awake me.	☐1	☐2
8)	After awakening I mostly remember the content of my dreams well.	☐1	☐2
9)	My sleep is frequently disturbed.	☐1	☐2
10)	I have/had a disease of the nervous system (e.g., stroke, head trauma, Parkinsonism, RLS, narcolepsy, depression, epilepsy, inflammatory disease of the brain).	☐1	☐2

Smell Questionnaire to be Filled by Respondent (if unable, filled together with the INTERVIEWER)

ne_smell_q
Please answer yes or no to the following questions:
(Please check one box on each row)

		Yes	No
a)	Do you smoke cigarettes, cigars, or a pipe now?	☐1	☐2
b)	Today, do you have a head cold or chest cold?	☐1	☐2
c)	Today, do you have allergies that might affect your sense of smell?	☐1	☐2

In the three questions below, please check one number on the scale where 0 means no ability to smell and 10 an excellent ability of smell.

ne_smell_s1
On a scale from 0 to 10, how would you evaluate your <u>CURRENT</u> ability to smell?
(Please check one box)

0 (no)	1	2	3	4	5	6	7	8	9	10 (excellent)
☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	☐9	☐10

ne_smell_s2
If you were infected by COVID-19, on a scale from 0 to 10, how would you evaluate your ability to smell <u>BEFORE</u> the COVID-19 infection?
(Please check one box)

0 (no)	1	2	3	4	5	6	7	8	9	10 (excellent)	Did not have COVID-19
☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	☐9	☐10	☐88

ne_smell_s3
If you were infected by COVID-19, on a scale from 0 to 10, how would you evaluate your ability to smell <u>DURING</u> the COVID-19 infection?
(Please check one box)

0 (no)	1	2	3	4	5	6	7	8	9	10 (excellent)	Did not have COVID-19
☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	☐9	☐10	☐88

Note: Respondent had a COVID-19 in the case of any positive test.

SMELL TEST Recording Booklet to Be Presented and Filled by Interviewer

We are going to use pens to identify odors. First, I am going to give you a pen to smell. This pen has the odor we want you to identify. I will place the pen near your nose like this (demonstrate on yourself) and ask you to breathe in slowly through your nose. Are you ready to try?

The room should be without other smell (smoking, cooking etc.). In case of smell please try to air out the room.
Put on one cotton glove.

Have Respondent hold head still. OPEN the pen by pulling, not screwing.
Wave BLUE pen under Respondent's nose from side-to-side and have Respondent breathe in once slowly.
Ask the respondent, then RECAP pen immediately by pushing, not screwing, and write down the answer.

ne_smell_0
Do you smell the odor?
(Please check one box)

1. Yes	2. No
☐1	☐2

ne_smell_r1
Let's continue. I will offer you three pens to smell, one after the other. One of three pens has the odor you already smelled and the other two do not. I will ask you to tell me which pen has the odor.

Some of the pens are strong and some of the pens are weak, so do not be discouraged if you cannot smell the odor in some of the pens. Just try your best to decide which pen has the odor.

Make sure 30 seconds has passed since the practice pen. Present RED pens in the following order:
Open the cap of Red Pen # 1. Wave it under the nose of respondent and say: **Number one.** Recap the pen.
Open the cap of Red Pen # 2. Wave it under the nose of respondent and say: **Number two.** Recap the pen.
Open the cap of Red Pen # 3. Wave it under the nose of respondent and say: **Number three.** Recap the pen.

Which pen had the odor?
(Please check one box)

1. One	2. Two	3. Three	4. None of the pens had the odor (if volunteered)
☐1	☐2	☐3	☐4

ne_smell_r2
Make sure 20 seconds has passed since the last series. Present RED pens in the following order:
Open the cap of Red Pen # 4. Wave it under the nose of respondent and say: **Number one.** Recap the pen.
Open the cap of Red Pen # 5. Wave it under the nose of respondent and say: **Number two.** Recap the pen.
Open the cap of Red Pen # 6. Wave it under the nose of respondent and say: **Number three.** Recap the pen.

Which pen had the odor?
(Please check one box)

1. One	2. Two	3. Three	4. None of the pens had the odor (if volunteered)
☐1	☐2	☐3	☐4

ne_smell_r3
Make sure 20 seconds has passed since the last series. Present RED pens in the following order:
Open the cap of Red Pen # 7. Wave it under the nose of respondent and say: **Number one.** Recap the pen.
Open the cap of Red Pen # 8. Wave it under the nose of respondent and say: **Number two.** Recap the pen.
Open the cap of Red Pen # 9. Wave it under the nose of respondent and say: **Number three.** Recap the pen.

Which pen had the odor?
(Please check one box)

1. One	2. Two	3. Three	4. None of the pens had the odour (if volunteered)
☐1	☐2	☐3	☐4

ne_smell_r4
Make sure 20 seconds has passed since the last series. Present RED pens in the following order:
Open the cap of Red Pen # 10. Wave it under the nose of respondent and say: **Number one.** Recap the pen.
Open the cap of Red Pen # 11. Wave it under the nose of respondent and say: **Number two.** Recap the pen.
Open the cap of Red Pen # 12. Wave it under the nose of respondent and say: **Number three.** Recap the pen.

Which pen had the odor?
(Please check one box)

1. One	2. Two	3. Three	4. None of the pens had the odour (if volunteered)
☐1	☐2	☐3	☐4

ne_smell_r5
Make sure 20 seconds has passed since the last series. Present RED pens in the following order:
Open the cap of Red Pen # 13. Wave it under the nose of respondent and say: **Number one.** Recap the pen.
Open the cap of Red Pen # 14. Wave it under the nose of respondent and say: **Number two.** Recap the pen.
Open the cap of Red Pen # 15. Wave it under the nose of respondent and say: **Number three.** Recap the pen.

Which pen had the odor?
(Please check one box)

1. One	2. Two	3. Three	4. None of the pens had the odour (if volunteered)
☐1	☐2	☐3	☐4

ne_smell_r6
Make sure 20 seconds has passed since the last series. Present RED pens in the following order:
Open the cap of Red Pen # 16. Wave it under the nose of respondent and say: **Number one.** Recap the pen.
Open the cap of Red Pen # 17. Wave it under the nose of respondent and say: **Number two.** Recap the pen.
Open the cap of Red Pen # 18. Wave it under the nose of respondent and say: **Number three.** Recap the pen.

Which pen had the odor?
(Please check one box)

1. One	2. Two	3. Three	4. None of the pens had the odour (if volunteered)
☐1	☐2	☐3	☐4

Test of smell recognition

I have five last pens that contain a smell of something familiar. For each pen, identify the smell using the four answer choices on a card.

ne_smell_b1
First PRESENT SHOWCARD 1
It could be the smell of: Chamomile, Raspberry, Rose, or Cherry?
Open the Black Pen # . Wave it under the nose of respondent and say: **Is it…** Recap the pen and write the answer.
(Please check one box)

1. Chamomile	2. Raspberry	3. Rose	4. Cherry
☐1	☐2	☐3	☐4

ne_smell_b2
First PRESENT SHOWCARD 2
It could be the smell of: Smoke, Glue, Garlic, or Grass?
Open the Black Pen # 2. Wave it under the nose of respondent and say: **Is it…** Recap the pen and write the answer.
(Please check one box)

1. Smoke	2. Glue	3. Garlic	4. Grass
☐1	☐2	☐3	☐4

ne_smell_b3
First PRESENT SHOWCARD 3
It could be the smell of: Orange, Blueberry, Strawberry, or Onion?
Open the Black Pen # 3. Wave it under the nose of respondent and say: **Is it…** Recap the pen and write the answer.
(Please check one box)

1. Orange	2. Blueberry	3. Strawberry	4. Onion
☐1	☐2	☐3	☐4

ne_smell_b4
First PRESENT SHOWCARD 4
It could be the smell of: Bread, Fish, Cheese, or Ham?
Open the Black Pen # 4. Wave it under the nose of respondent and say: **Is it…** Recap the pen and write the answer.
(Please check one box)

1. Bread	2. Fish	3. Cheese	4. Ham
☐1	☐2	☐3	☐4

ne_smell_b5
First PRESENT SHOWCARD 5
It could be the smell of: Chive, Peppermint, Pine, or Onion?
Open the Black Pen # 5. Wave it under the nose of respondent and say: **Is it…** Recap the pen and write the answer.
(Please check one box)

1. Chive	2. Peppermint	3. Pine	4. Onion
☐1	☐2	☐3	☐4

After the completion of the smell test, thank the respondent.

This is the end of the Test and also the end of the whole Questionnaire.

We are very grateful for your participation and efforts!

Please deliver the completed neuroSHARE questionnaire to the agency.

INSTRUCTIONS FOR TRANSFERRING THE RECORDED FILES FROM THE SPEECH TEST

To send the recorded files from the speech test is done after when you connect to the internet by opening the speech test application from the desktop and select Files transfer.

Press the SEND button to send the uploaded files to the server. When the progress bar reaches the end, the uploaded files are successfully retrieved and you can exit the application.

The application will show you the number of files ready to upload, the upload progress, and notify you that the file transfer has been successfully completed. If the files have successfully uploaded, press the Exit button to close the application.