

Severe Hypo in Older Adults Protocol  
TOTAL TEST SCORES FORM

PtID: \_\_\_\_\_

Initials: \_\_\_\_\_

## TOTAL TEST SCORES FORM

PLEASE COMPLETE THE MODULES OF TEST SCORES THAT WERE ADMINISTERED AT CURRENT VISIT.

Note: While assessments are broken out by what is *planned* for each visit, this may change. For example, if the assessments planned for visit 2 were instead completed at visit 1, please complete those modules at this time. The remaining modules can be left blank until visit 2 when they are administered.

## Planned Tests/Assessments for Visit 1

## BLOOD GLUCOSE TESTING

*Note: If blood glucose is measured more than once, please record the value closest to the visit procedures.*

1. Visit 1: \_\_\_\_\_ (mg/dl) [range: 0.0-1500.00] ☐ Not completed

BGVisit1

BGVisit1NotDone

## HOPKINS VERBAL LEARNING TEST

☐ Hopkins Verbal Learning Test Not Completed

HopVerbNotDone

If the participant was unable to complete all or part of the test, please indicate the reasoning:

☐ Unable to understand test/too impaired to complete test☐ Refused test☐ Unable to complete due to sensory or motor limitations☐ Time limitations☐ Interrupted or spoiled test☐ Examiner error

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PtlD: \_\_\_\_\_

Initials: \_\_\_\_\_

☐ Over Time☐ Other**HopVerbNotDoneReas**

1. Date Assessment was Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Total correct responses Trial 1: \_\_\_\_ [0-12]☐ Not completed**HopVerbTr1TotCorr****HopVerbTr1NotDone**3. Total correct responses Trial 2: \_\_\_\_ [0-12]☐ Not completed**HopVerbTr2TotCorr****HopVerbTr2NotDone**4. Trial 3:

4a. Completion Time: \_\_\_\_:\_\_\_\_ (hh:mm)

☐ AM☐ PM

4b. Total correct responses: \_\_\_\_ [0-12]

☐ Not completed**HopVerbTr3TotCorr****HopVerbTr3NotDone**5. Trial 4:

5a. Start Time: \_\_\_\_:\_\_\_\_ (hh:mm)

☐ AM☐ PM

5b. Total correct responses (Delayed recall): \_\_\_\_ [0-12]

☐ Not completed**HopVerbTr4TotCorr****HopVerbTr4NotDone**6. Total number of true-positive responses ("hits"): \_\_\_\_ [0-12] **HopVerbNumHits**7. Semantically-related false-positive errors: \_\_\_\_ [0-6] **HopVerbSemRelErr**8. Semantically-unrelated false-positive errors: \_\_\_\_ [0-6] **HopVerbSemUnRelErr**9. Total number of false-positive errors: \_\_\_\_ [0-12-] **HopVerbNumFalPosErr**

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**10. Total number of intrusions (across trials 1-3 and delayed recall): \_\_\_\_\_ [0-100]**

HopVerbNumIntr

**11. Please rate the participant's effort or engagement for the test:**

☐ Good      ☐ Questionable      ☐ Poor

HopVerbPtEff

**11a. Factors that impacted effort (e.g. fatigue, distractions, behavior):**

\_\_\_\_\_

**SYMBOL DIGIT MODALITIES TEST (WRITTEN)**

☐ Symbol Digit Modalities Test Not Completed SymbDigWNotDone

**If the participant was unable to complete the test (or discontinued early), please indicate the reasoning: SymbDigWNotDoneReas**

- ☐ Unable to understand test/too impaired to complete test
- ☐ Refused test
- ☐ Unable to complete due to sensory or motor limitations
- ☐ Time limitations
- ☐ Interrupted or spoiled test
- ☐ Examiner error
- ☐ Over Time
- ☐ Other

**1. Date Assessment was Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**2. Total Correct in 90 sec: \_\_\_\_\_ [0-120] SymbDigWTotCorr**

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PtID: \_\_\_\_\_

Initials: \_\_\_\_\_

3. Number of errors: \_\_\_\_\_ [0-120] [SymbDigWNumErr](#)

4. Please rate the participant's effort or engagement for the test: [SymbDigWPtEff](#)

☐ Good      ☐ Questionable      ☐ Poor

4a. Factors that impacted effort (e.g. fatigue, distractions, behavior):

\_\_\_\_\_

**SYMBOL DIGIT MODALITIES TEST (ORAL)**

☐ Oral Symbol Digit Modalities Test Not Completed [SymbDigONotDone](#)

If the participant was unable to complete the test (or discontinued early), please indicate the reasoning: [SymbDigONotDoneReas](#)

☐ Unable to understand test/too impaired to complete test

☐ Refused test

☐ Unable to complete due to sensory or motor limitations

☐ Time limitations

☐ Interrupted or spoiled test

☐ Examiner error

☐ Over Time

☐ Other

5. Total Correct in 90 sec: \_\_\_\_\_ [0-120] [SymbDigOTotCorr](#)

6. Number of errors: \_\_\_\_\_ [0-120] [SymbDigONumErr](#)

7. Please rate the participant's effort or engagement for the test:

[SymbDigOPtEff](#)

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☐ Good      ☐ Questionable      ☐ Poor

**7a. Factors that impacted effort (e.g. fatigue, distractions, behavior):**

\_\_\_\_\_

**TRAIL MAKING TEST A**

☐ Trail A Not Completed/Discontinued [TrailMakANotDone](#)

**If the participant was unable to complete the test or it was discontinued, please indicate the reasoning:** [TrailMakANotDoneReas](#)

☐ Unable to understand test/too impaired to complete test

☐ Refused test

☐ Unable to complete due to sensory or motor limitations

☐ Time limitations

☐ Interrupted or spoiled test

☐ Examiner error

☐ Over Time

☐ Other

**1. Date Assessment was Completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Trail A:**

**2a. Total time to complete task (seconds):** \_\_\_\_\_ [0-300] [TrailMakATotTime](#)

**2b. Number of errors:** \_\_\_\_\_ [0-100] [TrailMakANumErr](#)

**3. Please rate the participant's effort or engagement for the test:** [TrailMakAPtEff](#)

☐ Good      ☐ Questionable      ☐ Poor

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Initials: \_\_\_\_\_

**3a. Factors that impacted effort (e.g. fatigue, distractions, behavior):**

\_\_\_\_\_

TrailMakAPtEffFacDs

**TRAIL MAKING TEST B**

☐ Trail B Not Completed/Discontinued TrailMakBNotDone

**If the participant was unable to complete the test or it was discontinued, please indicate the reasoning: TrailMakBNotDoneReas**

- ☐ Unable to understand test/too impaired to complete test
- ☐ Refused test
- ☐ Unable to complete due to sensory or motor limitations
- ☐ Time limitations
- ☐ Interrupted or spoiled test
- ☐ Examiner error
- ☐ Over Time
- ☐ Other

**4. Trail B:**

**4a. Total time to complete task (seconds):** \_\_\_\_\_ [0-300] TrailMakBTotTime

**4b. Number of errors:** \_\_\_\_\_ [0-100] TrailMakBNumErr

**5. Please rate the participant's effort or engagement for the test:**

☐ Good    ☐ Questionable    ☐ Poor TrailMakBPtEff

**5a. Factors that impacted effort (e.g. fatigue, distractions, behavior):**

\_\_\_\_\_

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**GROOVED PEGBOARD TEST**

1. Which hand is the participant's dominant hand? GrPegDomHand

☐ Right☐ Left**DOMINANT HAND**☐ Dominant hand Grooved Pegboard Test Not Completed GrPegDomNotDone

If the participant was unable to complete all or part of the test, please indicate the reason:

☐ Unable to understand test/too impaired to complete test☐ Refused test☐ Unable to complete due to sensory or motor limitations☐ Time limitations☐ Interrupted or spoiled test☐ Examiner error☐ Over Time☐ Other

## GrPegDomNotDoneReas

1. Date Assessment was Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Total time to insert all pegs (number of seconds): \_\_\_\_\_[0-300] GrPegDomTotTime

3. Total number of drops: \_\_\_\_\_[0-50] GrPegDomNumDrops

4. Please rate the participant's effort or engagement for the test:

☐ Good☐ Questionable☐ Poor GrPegDomPtEff

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**4a. Factors that impacted effort (e.g. fatigue, distractions, behavior):**

\_\_\_\_\_

**NONDOMINANT HAND**
☐ **Nondominant Hand Grooved Pegboard Test Not Completed** GrPegNonNotDone

**If the participant was unable to complete all or part of the test, please indicate the reason:**

- ☐ Unable to understand test/too impaired to complete test
- ☐ Refused test
- ☐ Unable to complete due to sensory or motor limitations
- ☐ Time limitations
- ☐ Interrupted or spoiled test
- ☐ Examiner error
- ☐ Over Time
- ☐ Other

GrPegNonNotDoneReas

**5. Total time to insert all pegs (number of seconds):** \_\_\_\_\_ [0-300] GrPegNonTotTime

**6. Total number of drops:** \_\_\_\_\_ [0-50] GrPegNonNumDrops

**7. Please rate the participant's effort or engagement for the test:** GrPegNonPtEff

☐ Good      ☐ Questionable      ☐ Poor

**7a. Factors that impacted effort (e.g. fatigue, distractions, behavior):**

\_\_\_\_\_



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## Planned Tests/Assessments for Visit 2

### BLOOD GLUCOSE TESTING

*Note: If blood glucose is measured more than once, please record the value closest to the visit procedures.*

1. Visit 2: \_\_\_\_\_ (mg/dl) [range: 0.0-1500.00] ☐ Not completed

BGVisit2

BGVisit2NotDone

### FUNCTIONAL ACTIVITIES QUESTIONNAIRE

☐ Functional Activities Questionnaire Not Completed [FuncActNotDone](#)

If not completed, please enter reason:

[FuncActNotDoneReasDs](#)

1. Date Assessment was Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Total test score: \_\_\_\_\_ [0-30] [FuncActTotTestScore](#)

### DUKE SOCIAL SUPPORT INDEX

☐ Duke Social Support Index Not Completed [DukeSocNotDone](#)

If not completed, please enter reason:

[DukeSocNotDoneReasDs](#)

1. Date Assessment was Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Social interaction score: \_\_\_\_\_ [4-12] [DukeSocIntScore](#)

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3. Satisfaction score: \_\_\_\_\_ [7-21] [DukeSocSatScore](#)

4. Total DSSI score: \_\_\_\_\_ [11-33] [DukeSocTotDSSI](#)

**FRAILITY 10 FOOT WALK**

☐ Frailty 10 Foot Walk Not Completed [FrailtyNotDone](#)

If not completed, please enter reason:

\_\_\_\_\_

1. Date Assessment was Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. First walk total time: \_\_\_\_:\_\_\_\_ (min:sec)

☐ First walk not completed

[FrailtyFirstWalkTotTimeMin](#)    [FrailtyFirstWalkTotTimeSec](#)    [FrailtyFirstWalkNotDone](#)

3. Second walk total time: \_\_\_\_:\_\_\_\_ (min:sec)

☐ Second walk not completed

[FrailtySecWalkTotTimeMin](#)    [FrailtySecWalkTotTimeSec](#)    [FrailtySecWalkNotDone](#)

4. ☐ Check if participant used assistive device(s) to complete this test [FrailtyPtUsedDev](#)

**READING CARD**

☐ Reading Card Not Completed [ReadCardNotDone](#)

If not completed, please enter reason:

\_\_\_\_\_

1. Date Assessment was Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. What was the lowest line the participant read on the reading card? \_\_\_\_\_  
[20/320-20/16]

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[ReadCardLowLine](#)

3. ☐ Check if participant wore corrective lenses during the reading card test  
[ReadCardCorrLens](#)

4. ☐ Check if participant used other visual aid during the reading card test (such as a magnifying glass) [ReadCardOthVisAid](#)