

PRE-TEST

To be completed in November/December 2007

LIVE HEALTHY GEORGIA! CONSENT FORM

I, _____, agree to participate in the research study titled "Live Healthy Georgia!" conducted by Dr. Mary Ann Johnson in the Department of Foods and Nutrition at the University of Georgia and at my local Senior Center. I understand that participation is voluntary and I do not have to take part if I do not want to. I can refuse to participate and stop taking part anytime without giving any reason and without penalty. I can ask to have all information concerning me removed from the research records, returned to me, or destroyed. My decision to participate will not affect the services that I receive at the Senior Center.

By participating in this study, I may improve my nutrition and physical activity habits and self-management of diabetes and other chronic conditions. This study will also help the investigators learn more about good ways to help older adults improve their nutrition and physical activity habits and self-management of diabetes and other chronic conditions. This study will be conducted at my local Senior Center. If I volunteer to take part in this study, I will be asked to do the following things:

- 1) Answer questions about my health, nutrition and physical activity.
- 2) Obtain physician clearance to participate in a physical activity program.
- 3) Provide information about my health, nutrition, and physical activity and complete a physical measurement of weight and waist circumference in a pre-test and post-test. The pre-test will last up to 60 minutes that may be divided into two sessions. The post-test will last up to 30 minutes that also may be divided into two sessions.
- 4) Attend up to 12 health, nutrition and physical activity programs that will last about 30 to 60 minutes each over a four-month period. I will learn how to use a step counter and record my daily number of steps and minutes of physical activity.
- 5) Take part in a physical activity program of chair exercises and walking to improve my strength, balance, endurance, and flexibility.
- 6) **If I have diabetes**, then I may be asked if I would like to provide blood samples for hemoglobin A1c. A licensed nurse, medical technologist, or phlebotomist will obtain 2-3 drops (about 35 microliters) of whole blood via finger stick and/or up to 3 ml of whole blood via venipuncture on two occasions about four to six months apart. Or, I can provide a hemoglobin A1c value from my physician, health department, clinical laboratory, or hospital. This test will help determine if 12 lessons at my senior center are helping me manage my diabetes. The risks of drawing blood from my finger or arm include the unlikely possibilities of a small bruise or localized infection, bleeding and fainting. These risks will be reduced in the following ways: my blood will be drawn

only by a qualified and experienced person who will follow standard sterile techniques, who will observe me after the blood draw, and who will apply pressure and a Band-Aid to the blood draw site. My blood will not be tested for HIV-AIDS. Any unused portion of my blood sample will be discarded. I understand that these questions and blood tests are not for diagnostic purposes. I should see a physician if I have questions about my test results. In the event that I have any health problems associated with the blood draw or my blood sample, my insurance or I will be responsible for any related medical expenses.

- 7) Someone from the study may contact me to clarify my information throughout the study.

The instructor may provide food to taste. Mild to no risk is expected by tasting food. However, I will not taste foods that I should not eat because of swallowing difficulties, allergic reactions, dietary restrictions, or other food-related problems.

There is minimal risk to participation in this study. I may experience some discomfort or stress when the researchers ask me questions about my nutrition, health, and physical activity habits. There is a possibility that I could temporarily injure a muscle or be sore from physical exertion. This risk is minimized by ability to rest at any time. The leaders will advise me to stop exercising if I experience any discomfort or chest pains. If additional care is needed, then my insurance company or myself will be responsible for any expense that may be incurred. As a participant, I assume certain risks of physical injury. The researchers will exercise all reasonable care to protect me from harm as a result of my participation. However, I do not give up or waive any of my rights to file a claim with the University of Georgia's insurer (Department of Administrative Services) or pursue legal action by signing this form.

In case of a research-related injury, please contact Dr. Mary Ann Johnson at 706-542-2292.

No information concerning myself or provided by myself during this study will be shared with others without my written permission, unless law requires it. I may choose not to answer any question or questions that may make me uncomfortable. I will be assigned an identifying number and this number will be used on all of the questionnaires I fill out. Data will be stored in locked file cabinets under the supervision of Dr. Mary Ann Johnson at the University of Georgia; only the staff involved in the study will have access to these data and only for the purpose of data analyses and interpretation of results. My identity will not be revealed in any reports or published materials that might result from this study. The data will be destroyed by January 1, 2015.

If I have any further questions about the study, now or during the course of the study I can call Ms. Tiffany Sellers Lommel (706-542-4838) or Dr. Mary Ann Johnson (706-542-2292). I will sign two copies of this form. I understand that I am agreeing by my signature on this form to take part in this study. I will receive a signed copy of this consent form for my records.

Signature of Participant	Participant's Printed Name	Date
Participant Address and Phone		
	<u>Mary Ann Johnson</u>	<u>Oct 19, 2007</u>
Signature of Investigator Email: <u>mjohnson@fcs.uga.edu</u>	Printed Name of Investigator	Date
Signature of Staff who Reads Consent Form to Participant	Printed Name of Staff	Date

For questions or problems about your rights as a research participant please call or write: The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu.

Project # 070702
 Consent Form Approval Period
 From: 9-11-07 To: 9-1-08
 Authorization: me

University of Georgia
 Institutional Review Board
 Approved: 9-10-07
 Expires 6-4-08

UGA project number: #2006-10842 DHR project number: #070702

LIVE HEALTHY GEORGIA

Name of Interviewer:		Line 1
ID of Participant:		1-4
Phone number to use to clarify information and get step counts:		
1. County/Senior Center		10-12
2. Date (M/D/Y): ___/___/___		13-18
3. Age of Participant: _____		19-21
4. Gender: Male (0) Female (1)		22
5. Ethnicity: White (1) Black (2) Hispanic/Latino (3) Asian (4) Other (5)		23
6. How many years did you complete in school: _____ years		24-25
7. How would you rate your overall health? Circle one: Poor (0) Fair (1) Good (2) Very good (3) Excellent (4)		26
8. Do you use any tobacco products such as cigarettes, cigars, pipe, or chewing tobacco?	No (0) Yes (1)	27
9. Do you have diabetes?	No (0) Yes (1)	28
10. Do you have high blood pressure?	No (0) Yes (1)	29
11. Do you have heart disease such as angina, congestive heart failure, heart attack or other heart problems?	No (0) Yes (1)	30
12. Do you have arthritis?	No (0) Yes (1)	31
13. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?	No (0) Yes (1)	32
MEDICATION MANAGEMENT		X
14. How many prescription medications, including insulin, do you take?		34-35
15. How many over the counter medications do you take? (<i>such as a daily multivitamin, supplements, Aspirin®, etc.</i>)		36-37
16. Do you go to one pharmacy for all of your medications?		No (0) Yes (1) 38
17. Do you have a written list of all of your prescription medications, non-prescription medications, and dietary supplements?		No (0) Yes (1) 39
18. Do you carry this written list with you in your purse or wallet?		No (0) Yes (1) 40
19. Have you had a physician, pharmacist, or other health professional look at all of your medications in the past 6 months?		No (0) Yes (1) 41
20. Do you always throw out your medications when they are expired (past their "use by" date)?		No (0) Yes (1) 42
21. Do you use a pillbox or other system to help you take your medications?		No (0) Yes (1) 43
22. Do you know the name of each of your medications?		No (0) Yes (1) 44
23. Do you know what each of your medications is for?		No (0) Yes (1) 45
24. Do you know the possible side effects of each of your medications?		No (0) Yes (1) 46
Emotional Support, Life Satisfaction, and Depression		
25. Do you attend a support group for health conditions, such as diabetes, heart disease, cancer, grief, or other conditions?	No (0) Yes (1)	47
26. How often do you get the social and emotional support that you need?	1) Always 4) Rarely 2) Usually 5) Never 3) Sometimes	7 Don't know/ not sure 9 Refused 48
27. Has a doctor or other health care provider EVER told you that you have a depressive disorder?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 49

Read Questions to Participants and Circle their Answers			
DIET AND PHYSICAL ACTIVITY			Line 1
28. How many fruits and vegetables should older people eat each day? (Circle the participant's response) 0 1 2 3 4 5 6 7 8 9 10 "5 a day" "5 or more a day" "7 to 10 a day" DK Missing			50-52
29. How many servings of fruits and 100% fruit juices do you usually have each day?	0 1 2 3 4 5 6 7		53
30. How many servings of vegetables do you usually eat each day?	0 1 2 3 4 5 6 7		54
31. On how many DAYS of the last WEEK (seven days) did you eat five or more servings of fruits and vegetables?	0 1 2 3 4 5 6 7		55
32. How many DAYS of the last WEEK (seven days) have you followed a healthful eating plan?	0 1 2 3 4 5 6 7		56
33. How many DAYS of the last WEEK (seven days) did you participate in at least 30 minutes of moderate physical activity? Examples of moderate activities are regular walking, housework, yard work, lawn mowing, painting, repairing, light carpentry, ballroom dancing, light sports, golf, or bicycling on level ground.	0 1 2 3 4 5 6 7		57
34. How many days of the week do you participate in any physical activity (light or moderate)?	0 1 2 3 4 5 6 7		58
35. About how many minutes of physical activity do you do on the days you are physically active?	_____ minutes		59-61
36. How many DAYS of the last WEEK (seven days) did you participate in a specific exercise session other than what you do around the house or as a part of your daily activities (<i>e.g., chair exercises, yoga, aerobics, organized walking programs, using workout machines, etc.</i>)?	0 1 2 3 4 5 6 7		62
HOME FOOD SAFETY			
37. In the past month, did you always wash your hands with warm water and soap for 20 seconds before eating food?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused	63
38. In the past month, did you always rinse fresh fruits and vegetables with cold running water before eating them??	No (0) Yes (1)	7 Don't know/ not sure 9 Refused	64
39. In the past month, have you checked the temperature of your refrigerator?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused	65
40. Do you cook, reheat or prepare meals in your home?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused	66
41. Do you own a meat thermometer?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused	67
FALLS AND FRACTURES			
42. Have you had a fracture or broken bone after age 50?	No (0) Yes (1)		68
43. Have you fallen in the past year?	No (0) Yes (1)		69
44. Do you feel limited in your daily life by a fear of falling?	No (0) Yes (1)		70
45. Have you ever been told by a doctor or other health professional that you have osteoporosis?	No (0) Yes (1)		71
FOODS AND SUPPLEMENTS			Line 1
46. Do you get a stomachache, gas, or diarrhea after drinking milk?	No (0) Yes (1)		72
47. How many servings of milk products should most older people eat daily?	0 1 2 3 4 DK		73
48. How many whole grain servings should people eat each day?	0 1 2 3 4 DK		74

How often do you eat or drink or take these items? (*includes 3 or more per day)	Line 2
49. Whole wheat or whole grain bread (such as 100% whole wheat bread)? <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK	1-2
50. Whole grain cereals (such as oatmeal, Cheerios®, bran flakes or bran cereal)? <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK	3-4
51. Milk as a beverage (including soy milk)? <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK	5-6
52. Milk on cereal (including soy milk)? <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK	7-8
53. Calcium-fortified orange juice? <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK	9-10
54. Calcium supplement? <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK	11-12
55. Calcium supplement with vitamin D? <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK	13-14
56. Multivitamin with vitamin D? <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK	15-16
57. Vitamin D-only supplement? <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK	17-18
For the data coder: <1/wk 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 1/day 1-2/day 2/day 2-3/day 3/day* DK/Miss 00 01 02 03 04 05 06 07 10 14 17 21 99 19-20	

FOOD SECURITY

58. Do you always have enough money to buy the food you need?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 21
59. In the past month, have you received food from a food pantry or food bank?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 22
60. Do you currently receive food stamps?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 23
Think about the past 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you since last (name of current month).		
61. The food that you bought just didn't last, and you didn't have money to buy more.	1) Often 2) Sometimes 3) Never	7 Don't know/ not sure 9 Refused 24
62. You couldn't choose the right food and meals for your health because you couldn't afford them.	1) Often 2) Sometimes 3) Never	7 Don't know/ not sure 9 Refused 25
63. Did you ever cut the size of your meals or skip meals because there wasn't enough money for food?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 26
63a. If yes, in the last 30 days, how many days did this happen? (<i>interviewer-please write in participant's response</i>)	_____ days	7 Don't know/ not sure 9 Refused 27-28
64. Did you ever eat less than you felt you should because there wasn't enough money to buy food?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 29
65. Were you ever hungry but didn't eat because you couldn't afford enough food?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 30

Get Checked Questions

(Adapted from BRFSS, <http://www.cdc.gov/brfss/questionnaires/pdf-ques/2005brfss.pdf>)

Question	Write or Circle Answer	Code
		Line 2
66. About how long has it been since you last had a bone mineral density test?	1) Within the past year 2) Within the past 2 yr 3) Within the past 5 yr 4) 5 or more yrs ago 5) Never	7 Don't know/not sure 9 Refused 31
67. About how long has it been since you last had your blood cholesterol checked?	1) Within the past year 2) Within the past 2 yr 3) Within the past 5 yr 4) 5 or more yrs ago 5) Never	7 Don't know/not sure 9 Refused 32
68. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?	1) Yes 2) No	7 Don't know/not sure 9 Refused 33
69. Are you cutting down on saturated fat in your diet (to help manage or lower your risks of developing heart disease)?	1) Yes 2) No	7 Don't know/not sure 8 Refused 34
70. About how long has it been since you last had your blood pressure checked?	1) Within past month 2) Within past year 3) Within past 2 yrs 4) 2 or more years ago 5) Never	7 Don't know/not sure 9 Refused 35
71. Are you cutting down on sodium or salt (to help lower or control your blood pressure)?	1) Yes 2) No 3) Do not use salt	7 Don't know/not sure 9 Refused 36
72. When was the last time you visited ANY eye care professional? (To have your eyes and vision checked?)	1) Within past month 2) Within past year 3) Within past 2 yrs 4) 2 or more years ago 5) Never	7 Don't know/not sure 9 Refused 37
73. When was the last time you visited ANY ear care professional? (To have your hearing or hearing aids checked?)	1) Within past month 2) Within past year 3) Within past 2 yrs 4) 2 or more years ago 5) Never	7 Don't know/not sure 9 Refused 38
74. When was the last time you had your feet checked by a health care professional, such as a doctor or nurse?	1) Within past month 2) Within past year 3) Within past 2 yrs 4) 2 or more years ago 5) Never	7 Don't know/not sure 9 Refused 39
75. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? <i>Read list to participant and circle their answer.</i>	1-Take them to the hospital 2-Tell them to call their doctor 3-Call 911 4-Call their spouse or a family member 5-Do something else	7 Don't know/not sure 9 Refused 40

WEIGHT QUESTIONS		
76. Do you consider yourself to be:	1) Underweight? 2) Overweight? 3) About the right weight?	7 Don't know/ not sure 9 Refused 41
77. Would you like to weigh:	1) More 2) Less 3) Stay about the same	7 Don't know/ not sure 9 Refused 42
78. Your primary concern about your current weight is:	1) My health 2) My appearance 3) My weight is about right, no concerns	7 Don't know/ not sure 9 Refused 43
79. Does your current weight affect your ability to do daily activities such as walk, do housework, shop, etc?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 44
80. In the past year, have you been told by a doctor or health care professional to reduce your weight?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 45
81. What do you think is the best way to lose weight? <i>(interviewer-please write in participant's response)</i>		7 Don't know/ not sure 9 Refused 46
82. In the past year, have you lost weight?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 47
82a. If you have lost weight in the past year, how much? <i>(interviewer-please write in participant's response)</i>		7 Don't know/ not sure 9 Refused 48
82b. Was the weight loss intentional? That is, were you trying to lose weight?	No (0) Yes, trying to change it (1) No loss (2)	7 Don't know/ not sure 9 Refused 49
82c. What method(s) did you use to lose weight? <i>(interviewer-please write in participant's response)</i>		50-51
83. In the past year, have you gained weight?	No (0) Yes (1)	7 Don't know/ not sure 9 Refused 52
83a. If you have gained weight in the past year, how much? <i>(interviewer-please write in participant's response)</i>		53-54
83b. Was the weight gain intentional? That is, were you trying to gain weight?	No (0) Yes, trying to change it (1) No gain (2)	7 Don't know/ not sure 9 Refused 55
83c. What method(s) did you use to gain weight? <i>(interviewer-please write in participant's response)</i>		7 Don't know/ not sure 9 Refused 56-57

7 = Don't know/not sure, 9 = Refused

FOR THOSE WITH DIABETES		Line 2
1. What kind of effect does diabetes have on your daily activities? No effect (1) Little effect (2) Large effect (3)	1 2 3	58
2. Thinking about your diet, on how many DAYS of the last WEEK (seven days) did you space carbohydrates evenly?	0 1 2 3 4 5 6 7	59
3. On how many DAYS of the last WEEK (seven days) did you test your blood sugar?	0 1 2 3 4 5 6 7	60
4. What medications do you take for your diabetes? 0-None 1-pills only 2-insulin only 3-pills and insulin		61
5. On how many DAYS of the last WEEK (seven days), did you take your diabetes medication as prescribed by your doctor?	0 1 2 3 4 5 6 7	62
6. On how many DAYS of the last WEEK (seven days) did you check your feet?	0 1 2 3 4 5 6 7	63
7. On how many DAYS of the last WEEK (seven days) did you inspect the inside of your shoes?	0 1 2 3 4 5 6 7	64
8. What should your hemoglobin A1c level be? ___% (interviewer-please write in participant's response)	77 Don't know/ not sure 99 Refused	65-66
9. What things are the hardest for you to do when managing your diabetes? (interviewer-please write in participant's response)		67-68

**WAIST CIRCUMFERENCE:
Instructions for Measuring Waist Circumference**

The measurement should be made under the clothes.

To measure waist circumference, locate the upper hipbone and the top of the right iliac crest. Place a measuring tape in a horizontal plane around the abdomen at the level of the iliac crest. Before reading the tape measure, ensure that the tape is snug, but does not compress the skin, and is parallel to the floor. The measurement is made at the end of a normal expiration.

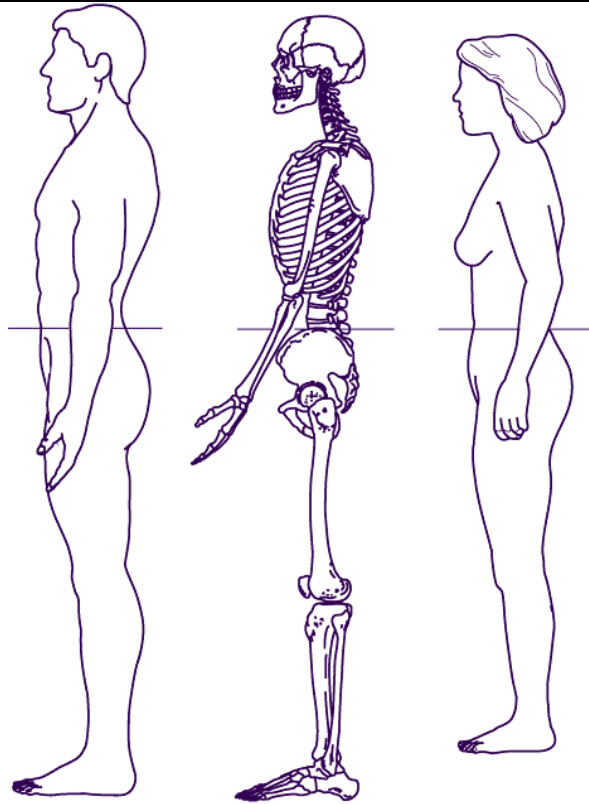
A high waist circumference is associated with an increased risk for type 2 diabetes, dyslipidemia, hypertension, and CVD in patients with a BMI between 25 and 34.9 kg/m².

High-Risk Waist Circumference

Men: > 40 in (> 102 cm)

Women: > 35 in (> 88 cm)

http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf



84. Waist Circumference = _____ INCHES		Line 3 1-3
85. How was measurement made? (1) Under clothes OR (2) Over clothes	1 2	4
86. What is your current height without shoes? _____ feet and ____ inches		5-7
87. How was the measurement made? (1) With a tape measure OR (2) Self-report	1 2	8
88. What is your current weight without clothes? _____ pounds		9-11
89. How was weight measurement made? PREFERRED: With a scale and without shoes (1) With a scale and with shoes (2) Self-report (3)		12
90. Chair Sit-and-Reach: sit in stable chair, knees straight, bend over, reach with arms straight to toes, then measure with a ruler: Number of inches person is short of reaching the toes: ____ . ____ (-) <i>or</i> Number of inches person reaches beyond toes: ____ . ____ (+) <i>Measure to the nearest 1/2 inch</i>		13-16 17-20

Physical Performance Test-Task Descriptions Equipment: <u>Stopwatch</u> , 8-Ft Tape Measure, Ruler, Folding Chair		RECORD TIME IN SECONDS	LINE 4 UGA Staff can score with open coding
ASB	<p>STANDING BALANCE: Time each item until >10.0 sec. OR until participant moves feet or reaches for support.</p> <p>1a) SEMI-TANDEM (heel of one foot placed at mid-position of the other) *If can hold for 10 seconds, move to 1b) *If can NOT hold for 10 seconds, move to 1c)</p> <p>1b) TANDEM (heel to toe, one foot directly in front of the other)</p> <p>1c) SIDE-BY-SIDE (toes lined up evenly and feet touching)</p>	<p>Time to the nearest 10th second:</p> <p>a) ____ . ____ > 10.0 sec. Go to b) < 10.0 sec. Go to c)</p> <p>b) ____ . ____</p> <p>c) ____ . ____</p>	<p>1-4</p> <p>5-8</p> <p>9-12</p>
ASB D	<p>DOMAIN SCORE: If A = <10 & C = 0-9, score= 0 A = <10 & C = 10, score= 1 A = ≥10 & B = 0-2, score= 2 A = ≥10 & B = 3-9, score= 3 A = ≥10 & B = ≥10, score= 4</p>	SCORE: _____	13
AFW	<p>8 FOOT WALK:</p> <p>Participant begins at standing position and will walk a straight distance of 8-feet, measured with tape on the floor.</p> <p>Instruct the participant to walk at normal gait using any assistive devices. If possible, have them begin walking a few feet before starting mark, and continue walking a few feet past the 8-foot mark. Tester will start and stop watch at the distance marks.</p> <p>Complete the walk twice.</p>	<p>Time to the nearest 10th second:</p> <p>1) ____ . ____</p> <p>2) ____ . ____</p> <p>Use best (lowest) time</p> <p>Assistive device used? NO (0) YES (1) Describe _____</p>	<p>14-17</p> <p>18</p>
AFW D	<p>DOMAIN SCORE: 1= ≥5.7 2= 4.1-5.6 3= 3.2-4.0 4= <3.1</p>	SCORE: _____	19
ACS	<p>CHAIR STANDS:</p> <p>Participant is asked to stand one time from a seated position in an armless, straight-backed chair (such as a folding metal chair) with their arms folded across their chest.</p> <p>If able, participant is asked to stand-up and sit-down 5 times as quickly as possible while being timed. If not able to perform, then the test is complete.</p>	<p>Time to the nearest 10th second:</p> <p>1) ____ . ____</p>	20-23
ACS D	<p>DOMAIN SCORE: 1= ≥16.7 2= 13.7-16.6 3= 11.2-13.6 4= ≤11.1</p>	SCORE: _____	24
TDS	<p>TOTAL SCORE: Add all 3 domain scores (1-12)</p> <p>Coding: 8 = physically unable, 9=refused, 7=not applicable. Good function (score of 10 to 12); moderate function (score of 6 to 9); poor function (score of 0 to 5).</p>	TOTAL SCORE: _____	25-26

THE END