



Co-funded by the  
Erasmus+ Programme  
of the European Union



## **Tablet-Based Cognitive Gaming Platform for seniors**

**2018-1-TR01-KA204-058258**

### **IO3 Accessible learning platform for trainers**

"This information only reflects the Consortium view, and the Commission is not responsible for any use that may be made of the information that it contains."



## A. Entrance short test

**Please evaluate your capacities and skills in the everyday life.**

1. Do you often need asking the same thing repeatedly?  
 Not at all  
 Sometimes  
 Frequently  
 Does not apply
  
2. Do you have trouble remembering appointments, family occasions, holidays?  
 Not at all  
 Sometimes  
 Frequently  
 Does not apply
  
3. Do you have trouble using bank card, paying bills, calculating the bill etc?  
 Not at all  
 Sometimes  
 Frequently  
 Does not apply
  
4. Do you have trouble shopping independently (e.g., for clothing or groceries)?  
 Not at all  
 Sometimes  
 Frequently  
 Does not apply
  
5. Do you get lost while walking or driving in familiar places?  
 Not at all  
 Sometimes  
 Frequently  
 Does not apply

## B. Pre-test geriatric scale

**Please define your situation for the following activities.**

6. Are you basically satisfied with your life?  
 Yes  
 No



7. As you get older, have you dropped many of your activities and interests?  
 Yes  
 No
8. Do you feel that your life is empty or feeling lack of purpose?  
 Yes  
 No
9. Are you most of the time?  
 In good spirits and/or energetic  
 Hopeless and/or helpless
10. Do you prefer to stay at home, rather than going out and doing new things?  
 Yes  
 No
11. Do you feel you that you have more problems with memory than most people?  
 Yes  
 No
12. Do you have a healthy social life comparing to your peers?  
 Yes  
 No

### C. Functional activities questionnaire (FAQ)

#### Please define your dependency level for following activities

13. Shopping for clothes, household necessities, or groceries.  
 Fully dependent  
 Requires assistance  
 Has difficulty, but can do by self  
 Can do independently
14. Doing chores in the house such as making a cup of coffee/tea, cleaning, doing laundry, operating basic household appliances.  
 Fully dependent  
 Requires assistance  
 Has difficulty, but can do by self  
 Can do independently



15. Paying attention to, conversing, or understanding a TV show or conversation among friends.

- Fully dependent
- Requires assistance
- Has difficulty, but can do by self
- Can do independently

16. Remembering appointments, family occasions, holidays, medications.

- Fully dependent
- Requires assistance
- Has difficulty, but can do by self
- Can do independently

17. Traveling out of neighbourhood, driving unfamiliar places, using public transport.

- Fully dependent
- Requires assistance
- Has difficulty, but can do by self
- Can do independently

## **D. Problem behaviour assessment - Cognitive symptoms**

**Please define the level or frequency of the following cognitive symptoms**

18. Feeling/acting confused, zone out or blank?

- Most or all the time
- Often
- Sometimes
- Almost never / exceedingly rare

19. Talking or mumbling to him/herself?

- Most or all the time
- Often
- Sometimes
- Almost never / exceedingly rare

20. Hear or seeing things that were not there?

- Most or all the time
- Often
- Sometimes
- Almost never / exceedingly rare



21. Forgetting the names of family members or close friends?

- Most or all the time
- Often
- Sometimes
- Almost never / exceedingly rare

22. Forgetting the right words to use?

- Most or all the time
- Often
- Sometimes
- Almost never / exceedingly rare

## E. Problem behaviour assessment - Behaviour symptoms

**Please define the level or frequency of the following behavioural symptoms**

23. Yelling or swear at people/things/events?

- Most or all the time
- Often
- Sometimes
- None of the time

24. Feeling or acting restless or agitated?

- Most or all the time
- Often
- Sometimes
- None of the time

25. Feeling or acting fearful without any good reason?

- Most or all the time
- Often
- Sometimes
- None of the time

26. Showing inappropriate sexual behaviours?

- Most or all the time
- Often
- Sometimes
- None of the time

27. Refusing to be left alone?

- Most or all the time
- Often



Co-funded by the  
Erasmus+ Programme  
of the European Union

- Sometimes
- None of the time

