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Tablet-Based Cognitive Gaming Platform for seniors

2018-1-TR01-KA204-058258

IO3 Accessible learning platform for trainers

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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



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- Sometimes
- None of the time

