open for these individuals often relay on capacity evaluations conducted by a clinician to facilitate legal assignment of a surrogate decision maker. Despite this growing need, the number of physicians willing and capable of performing them is limited. Barriers reported by physicians reportedly impair their ability to conduct these evaluations include absence of relevant case information and lack of knowledge about the process itself. Geriatricians and related clinicians often perform these assessments. Sharing best practices with internists and family physicians may help overcome these barriers. A survey of geriatric medicine providers was conducted to identify essential components and questions necessary in the assessment of general decision making capacity. Twenty-nine providers at 6 academic institutions in Ohio responded to the survey and its follow-up inquiries. Though variability existed in evaluation styles and content between providers, a uniform set of recommendations was able to be generated. A total of 13 different summary recommendations were generated from this survey. Necessary components to these evaluations include (1) performance of cognitive testing (2) obtaining collateral information regarding functional status from another trusted individual (3) assessing the individual's insight into any reported functional impairments or safety concerns by explaining discrepancies between that individual's own observations and reported concerns from the trusted individual, and (4) using hypothetical situations to assess a person's judgment and reasoning in addressing any gaps in care or safety concerns raised during the interview.

## DAILY ALCOHOL USE COVARIES WITH DAILY CONCENTRATION PROBLEMS ACROSS THE LIFESPAN: FINDINGS FROM THE MIDUS REFRESHER

Jacqueline Mogle,[1] Ashley Linden-Carmichael,[2] Sara Miller,[3] and David Almeida,[3] *1. Penn State University, University Park, Pennsylvania, United States, 2. Penn State Univerity, State College, Pennsylvania, United States, 3. Pennsylvania State University, University Park, Pennsylvania, United States*

Alcohol use is typically associated with impaired cognitive functioning on tasks related to attention and concentration. However, it remains unclear whether these impairments persist across days in ways that are noticeable to the individual. We examined this using the daily diary project of the Midlife in the United States Refresher cohort. Participants (n=710; Mage=50.5; range 25-75) completed 8 nights of telephone-based diaries (Mdiaries=6.87) that included questions about daily alcohol use ("how many drinks did you have today?") and five items assessing concentration (e.g., "today, did you have difficulty concentrating?") rated on a scale (1=none of the time to 5=all of the time). Using autoregressive multilevel models, we examined how same and previous day alcohol use related to perceived difficulties with concentration. Greater total alcohol use over the diary period was related to reports of concentration problems (b=.31, SE=.10, p=.002) though current day (b=-.03, SE=.04, p=.49) and previous day alcohol use (b=.05, SE=.04, p=.23) were not. The association between previous day use and concentration problems was qualified by an interaction with total alcohol use (b=-.07, SE=.03, p=.002). Individuals who drank less alcohol in general, experienced greater perceived concentration problems following the days on which they did drink (b=.14, SE=.07, p=.03) relative to those who drank more alcohol across the diary period (b=-.04, SE=.04, p=.36). This relationship did not vary based on age, sex, or education. These results suggest that daily alcohol use could impair concentration across days, particularly for those adults who tend to consume less alcohol.

## DAILY COGNITIVE DIFFICULTIES AND SOCIAL EXPERIENCES AMONG OLDER ADULTS

Ruixue Zhaoyang,[1] Jacqueline Mogle,[2] Karra Harrington,[1] and Martin Sliwinski,[1] *1. The Pennsylvania State University, University Park, Pennsylvania, United States, 2. Penn State University, University Park, Pennsylvania, United States*

Self-reported cognitive difficulties are common in older adults and may be an early indicator of future cognitive decline or dementia. In past retrospective reports, cognitive difficulties have been linked with differences in social engagement or social relationships among older adults. However, little is known about how self-reported cognitive difficulties in daily life, such as memory lapses, relate to older adults' daily social experiences. This study examined how self-reported cognitive difficulties were related to older adults' daily social interactions and loneliness. Data were drawn from 312 community-dwelling older adults (aged 70 to 90 years) who reported their social interactions and loneliness throughout the day (five times) as well as cognitive difficulties (e.g., memory lapses, problems with attention) at the end of each day for 14 days. Multilevel models revealed that participants reported fewer memory lapses on days when they reported more frequent interactions with family members (p=.041). Higher levels of disruptions to daily activities caused by cognitive difficulties, in turn, predicted higher levels of loneliness the next day (p=.006), but not changes in social interactions the next day. At the between-person level, more memory lapses in daily life were associated with less frequent social interactions with friends, but more frequent unpleasant social interactions and higher levels of loneliness on average. These results suggest that older adults' self-reported cognitive difficulties were dynamically associated with their social interactions and loneliness at the daily level and played an important role in older adults' social life and well-being.

## DEVELOPMENT AND EVALUATION OF TREATMENT ADHERENCE INTERVENTIONS FOR OLDER ADULTS WITH MCI USING IOT DEVICES

Jinhee Shin,[1] Eunhee Cho,[1] Gwang Suk Kim,[1] Heejung Kim,[2] Byoung Seok Ye,[2] and Chang-Gi Pack,[3] *1. Yonsei University College of Nursing, Seoul, Seoul-t'ukpyolsi, Republic of Korea, 2. Yonsei University, Seoul, Seoul-t'ukpyolsi, Republic of Korea, 3. University of Illinois at Chicago, Seoul, Illinois, United States*

For older adults with mild cognitive impairment (MCI), treatment adherence is essential to prevent and delay dementia. Older adults with MCI should maintain treatment for chronic diseases, exercise regularly, and adhere to treatment to maintain health status. There is a lack of comprehensive interventions to promote treatment adherence (medication adherence and physical activity) for older adults with MCI. The purpose of this study was to develop an internet of things (IoT)-based real-time treatment adherence