conceptual framing, this study explored age-related participant-researcher dynamics in interviews from two qualitative studies of older women's sexual experiences in later life. Participants included 25 women whose ages ranged from 55 to 93 and both studies were completed by the same researcher, a relatively younger woman (age 23 and 28 at times of data collection). A thematic analysis revealed three primary themes: 1) taking care - participants took care of the researcher by offering advice, asking about the researcher's life, and expressing hopes for a positive future, 2) expertise – varied expertise was demonstrated by the researcher (e.g. substantive and scholarly) and participants (e.g. life experience), and 3) researcher growth - the researcher's interviewing tactics shifted between the two studies (e.g. use of validation rather than consolation in response to aging-related concerns), indicating a shift in perceptions of aging and later life. Findings indicate that older women participants and younger women researchers are bound together through the life course, by shared gendered experiences, the fact that one will eventually become the other, and the mutual sharing of expertise and caring. Gerontology researchers must actively reflect on the impact of their own identities and aging perceptions on the interviewing process in order to enhance rigor in qualitative research.

THE TRUTH ABOUT AGE DIFFERENCES IN PERFORMANCE ON VARYING LENGTHS OF LIKERT-TYPE TEST ITEMS

Julie Lutz,[1] Aaron Metzger,[1] Nicholas A. Turiano,[1] Rachael Spalding,[1] Emma Katz,[1] and Barry Edelstein[1], *1. West Virginia University, Morgantown, West Virginia, United States*

Guidelines for self-report assessment with older adults emphasize the use of shorter Likert-type or agree/disagree response formats to reduce cognitive load (e.g., Yesavage et al., 1983). However, these suggestions are not founded on empirical studies directly comparing younger and older adults' responses on different scales. Thus, the current study tested differential responding on varying Likert-type response scale lengths between younger, middle-aged, and older adults. Participants completed three versions of the International Personality Item Pool (IPIP) Neuroticism scale with 3, 5, and 7 Likert-type response scale lengths in counterbalanced orders with other questionnaires between versions. Six multi-group confirmatory factor analyses (CFAs) assessed measurement invariance across scale lengths and age groups. Invariance of convergent validity networks was also assessed with multi-group CFAs of the associations between the IPIP and measures of depression, anxiety, anger, worry, and affect. The final sample consisted of 835 adults (327 18-44; 279 45-64; and 229 65 or older) via Amazon Mechanical Turk. Measurement invariance was supported in analyses by age within each scale length and by scale length within each age group, indicating that response patterns across all scale lengths and age groups did not significantly differ. Analyses of convergent validity also supported invariance, suggesting that responses across all scale lengths and age groups reflect the same underlying construct. This study indicates that, among community-dwelling adults, shortened response scale lengths do not yield significantly different or more valid responses for older adults compared to younger adults.

A MULTIDIMENSIONAL MODEL FOR POLYPHARMACY MEASUREMENT IN OLDER ADULTS: EVIDENCE FROM THE HEALTH RETIREMENT STUDY

Rebecca Bendayan,[1] Ewan Carr,[1] Alex D. Federman,[2] and Richard J Dobson[1], *1. Dept. Biostatistics and Health Informatics, Institute of Psychiatry, Psychology & Neuroscience (IoPPN), King's College London, London, United Kingdom, United Kingdom, 2. Division of General Internal Medicine, Department of Medicine, Icahn School of Medicine at Mount Sinai, New York, United States*

Polypharmacy is associated with increased health care costs and adverse health outcomes. Traditional research on polypharmacy uses dichotomous measures which overlook its multidimensional nature. We propose a new approach to grouping older adults based on the number and type of medications taken as well as other indicators of polypharmacy. Data was extracted from 1328 respondents of the 2007 Prescription Drug Survey (a sub-study of the Health Retirement Study) who were between 50 and 70 years old and taking ≥1 medication each month. Latent class analysis was carried out with the optimal number of classes assessed based on relative model fit (AIC, adjusted BIC) and interpretability. Latent classes were formed based on the number of medications, drug types, duration of medication intake, side effects, and presence of chronic health conditions. A four-class model was selected based on model fit and interpretability of the solutions. Although there was some overlap when we compared our model with standard cut-offs for polypharmacy (i.e., 'high polypharmacy' classes were more likely to take 5+ and 9+ medications), chi-square tests showed significant differences between our latent classes and cut-offs based on 5+ [$X2 = 894$; $p<0.001$] and 9+ medications [$X2 = 398$; $p<0.001$]. Among individuals taking <5 medications, our model differentiated two distinct types of 'low polypharmacy' based on the types of drugs reported. Our proposal to incorporate a multidimensional assessment of polypharmacy considers the wider context of medication use and chronic health in older age, moving beyond crude medication counts.

COGNITIVE INTRAINDIVIDUAL VARIABILITY TO MEASURE INTERVENTION EFFECTIVENESS: BALTIMORE EXPERIENCE CORPS TRIAL

Allison A. Bielak,[1] Christopher R. Brydges,[1] Michelle C. Carlson,[2] Ryan M. Andrews,[3] and George W. Rebok[2], *1. Colorado State University, Fort Collins, Colorado, United States, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 3. Leibniz Institute for Prevention Research and Epidemiology – BIPS, Bremen, Germany*

Studies investigating the effectiveness of intervention programs on cognitive ability in older adults are equivocal; however, these studies generally focus on traditional measures of cognition, and therefore may miss some improvements by not utilizing alternate measures. We evaluate the potential for intraindividual variability in cognitive speed