ENRGISE PILOT STUDY: TELEPHONE SCREENING INTERVIEW

	Visit Date Completed ☐☐/☐☐/☐☐ Staff ID ☐☐☐☐	Rev: ___________ DE: ___________ Date: ___________

1. How did you hear about the study? ***(Check all that apply)***

- 1☐ Brochure
- 1☐ Radio Ad
- 1☐ Letter (EMR)
- 1☐ Postcard
- 1☐ Another Study
- 1☐ Pepper
- 1☐ Follow-up Call
- 1☐ Magazine
- 1☐ Television Ad
- 1☐ Refused
- 1☐ Don't Know
- 1☐ Newspaper Ad
- 1☐ Flyer
- 1☐ Referral (Clinic)
- 1☐ Other *(specify)* → ____________

Section 1: Location/Demographics *If answer is shaded participant is ineligible. STOP immediately and go to Section 8.*	Yes	No	Don't Know	Refused
2. Do you plan to be in the area for the next year?	1☐	2☐	3☐	4☐
3. Do you plan to be out of the area for more than 3 months in the next year?	1☐	2☐	3☐	4☐

4. What is your date of birth? ☐☐/☐☐/☐☐

5. What is your age? ☐☐ → 5a. Is the participant >70 years old? 1☐ Yes 2☐ No

6. May I ask your gender? 1☐ Male 2☐ Female

7. Are you Latino, Hispanic, or of Spanish origin? 1☐ Yes 2☐ No 3☐ Refused

8. What is your race? ***(Check all that apply)***

- 1☐ African American/Black
- 1☐ Asian
- 1☐ Native Hawaiian/Pacific Islander
- 1☐ Native American/Alaskan Native
- 1☐ Caucasian/White
- 1☐ Refused
- 1☐ Other *(specify)* → ____________

Section 2: Physical Inclusion/Exclusion *If answer is shaded participant is ineligible. STOP immediately and go to Section 8.*	Yes	No	Don't Know	Refused
9. Do you usually use a walker to get around?	1☐	2☐	3☐	4☐
10. Are you able to walk across a small room without the help of another person?	1☐	2☐	3☐	4☐
11. Are you able to walk one block on a flat surface?	1☐	2☐	3☐	4☐
12. Are you able to walk about 3 to 4 blocks on a flat surface, or across a mall or grocery store without the help of another person?	1☐	2☐	3☐	4☐
13. Do you have any difficulty walking a ¼ mile?	1☐	2☐	3☐	4☐
14. Do you have difficulty climbing a flight of stairs?	1☐	2☐	3☐	4☐
15. Did the participant indicate "No" or "Refused" to BOTH Q13 and Q14	1☐	2☐		
16. Do you currently live in a nursing home?	1☐	2☐	3☐	4☐

Section 3: Permanent Inclusion/Exclusion *If answer is shaded participant is ineligible. STOP immediately and go to Section 8.*	Yes	No	Don't Know	Refused
17. Are you awaiting joint replacement?	1☐	2☐	3☐	4☐
18. Do you have an active inflammatory or autoimmune disease such as rheumatoid arthritis, lupus, Crohn's disease, or HIV?	1☐	2☐	3☐	4☐
19. Do you have lung disease that requires you to take steroid pills or injections?	1☐	2☐	3☐	4☐
20. Do you have a neurological condition such as Parkinson's disease, multiple sclerosis, residual muscle weakness from stroke, neuropathy, or paralysis? 1☐ Yes → 2☐ No 3☐ Don't Know 4☐ Refused 20a. Does this impair your muscle function or mobility?	1☐	2☐	3☐	4☐
21. Do you typically have more than 14 alcoholic drinks per week?	1☐	2☐	3☐	4☐
22. Are you currently receiving kidney dialysis?	1☐	2☐	3☐	4☐

23. In the past year, have you been treated for cancer or been told by a doctor that you had cancer or a malignant tumor?	1☐ Yes → 2☐ No 3☐ Don't Know 4☐ Refused	23a. What type of cancer? (Specify) →	
		23b. Are you receiving radiation or chemotherapy treatment for this cancer?	
		1☐ Yes → *Participant is Ineligible, go to Section 8.*	2☐ No

24. DO NOT ASK: Does the participant appear to have a hearing, speech, or other problem making them unable to communicate?	1☐Yes	2☐No	3☐Don't Know	4☐Refused

For Field Center Use Only: Comments

Section 4: Temporary Inclusion/Exclusion *If answer shaded participant is temporarily ineligible. STOP immediately and go to Section 8.*	Yes	No	Don't Know	Refused
25. In the last month, have you had an acute infection? (urinary, respiratory, etc.)	1☐	2☐	3☐	4☐
26. In the past 4 months, have you had a hip fracture, hip or knee replacement, or spinal surgery?	1☐	2☐	3☐	4☐
27. In the past 4 months, have you had a stroke?	1☐	2☐	3☐	4☐
28. In the past 6 months, have you had a heart attack or myocardial infarction?	1☐	2☐	3☐	4☐
29. In the past 6 months, have you had major heart surgery including valve replacement or bypass surgery?	1☐	2☐	3☐	4☐
30. In the past 6 months, have you had a blood clot in your legs or your lungs?	1☐	2☐	3☐	4☐
31. In the last 6 months, have you smoked? (cigarettes, cigars, pipe, etc.)	1☐	2☐	3☐	4☐
32. In the last 3 months, have you had uncontrolled diabetes with weight loss, had a diabetic coma, or frequent insulin reactions?	1☐	2☐	3☐	4☐
33. In the last month, have you been hospitalized overnight?	1☐	2☐	3☐	4☐

34. Have you received physical therapy for gait, balance, or other lower extremity training in the last 2 months?

1☐ Yes →
2☐ No
3☐ Don't Know
4☐ Refused

34a. When will it end? ☐☐/☐☐/☐☐

***Participant is** Ineligible, go to Section 8.*

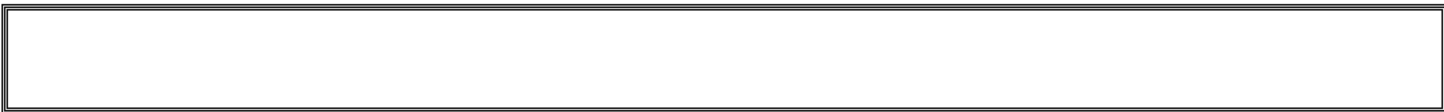
35. In the past 3 months, have you participated in another intervention study? *(observational studies are okay)*

1☐ Yes →
2☐ No
3☐ Don't Know
4☐ Refused

35a. What is the name of the study? →

35b. When will it end? ☐☐/☐☐/☐☐

***Participant is** Ineligible, go to Section 8.*



Section 5: Omega-3 Exclusions *If answer shaded participant is ineligible for this arm. STOP immediately and go to Q42.*	Yes	No	Don't Know	Refused
36. Do you currently have or have you ever had atrial fibrillation (a-fib)?	1☐	2☐	3☐	4☐
37. Do you have an allergy to fish or shell fish?	1☐	2☐	3☐	4☐
38. Do you have an allergy to omega-3 polyunsaturated fatty acids such as fish oil?	1☐	2☐	3☐	4☐

Question	Response	Follow-up	Answer
39. Are you currently taking or have you taken omega-3/fish oil supplements prescribed by a doctor, such as Lovaza, in the last 2 months?	1☐ Yes → 2☐ No 3☐ Don't Know 4☐ Refused	39a. When was the last time you took it? →	☐☐/☐☐/☐☐
		39b. Would you be willing to stop taking omega-3/fish oil? →	1☐ Yes 2☐ No
40. Are you currently taking or have you taken fish oil (generic or specific, such as salmon, krill, or cod liver oil), flax, or flaxseed oil, in the last 2 months?	1☐ Yes → 2☐ No 3☐ Don't Know 4☐ Refused	40a. When was the last time you took it? →	☐☐/☐☐/☐☐
		40b. Would you be willing to stop taking fish oil, flax or flaxseed oil? →	1☐ Yes 2☐ No

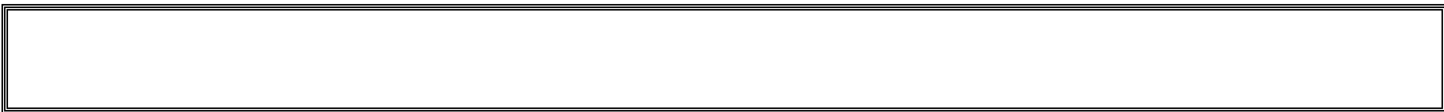
41. How many servings of fatty fish do you consume per week? Remember one serving is 4 oz. – Roughly the size of the palm of your hand. Fatty fish includes any of the following: Salmon, Trout, Bluefish, Mackerel, Halibut, Herring, and Tuna.

0☐ Never	3☐ 3 servings per week
1☐ 1 serving per week	4☐ 4 servings per week
2☐ 2 servings per week	5☐ more than 4 servings per week

42. *DO NOT ASK: Did the participant have any shaded answers in Section 5?*

1☐ Yes → *Participant is Ineligible for Omega-3 arm, go to Section 6.*

2☐ No



Section 6: Losartan Exclusions *If answer shaded participant is ineligible for this arm. STOP immediately and go to Q50*	Yes	No	Don't Know	Refused
43. Do you have an allergy to, or were you unable in the past to, tolerate angiotensin receptor blockers (ARBs) such as losartan, candesartan, eprosartan, valsartan, or others?	1☐	2☐	3☐	4☐
44. Are you taking or have you taken an angiotensin receptor blocker or an ACE inhibitor in the last 2 months? *If yes, confirm name of med to ensure it is an ARB/ACEI (check reference list). If participant is unsure, provide med names. If still unsure, go through their entire med list to check for ARB/ACEIs.*	1☐	2☐	3☐	4☐
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45. In the last week, have you used potassium sparing diuretics such as Dyrenium (triamterene) or Midamor (amiloride), other medications with potassium sparing properties (such as Aldactone (spironolactone) or Inspra (eplerenone)), potassium supplements, or salt substitutes containing potassium?	1☐	2☐	3☐	4☐
46. Are you taking lithium or lithium salts?	1☐	2☐	3☐	4☐
47. Do you have bilateral renal artery stenosis (narrowing of arteries that carry blood to both of your kidneys)?	1☐	2☐	3☐	4☐
48. Do you have damage to your liver where it does not function properly (cirrhosis of the liver)?	1☐	2☐	3☐	4☐
49. Have you used Tekturna (aliskiren) in the past 2 months? 1☐ Yes → 2☐ No 3☐ Don't Know 4☐ Refused — 49a. Do you have Type II Diabetes?	1☐	2☐	3☐	4☐
49b. Do you have renal or kidney impairment?	1☐	2☐	3☐	4☐

50. *DO NOT ASK: Did the participant have any shaded answers in Section 6?*

1☐ Yes → *Participant is Ineligible for Losartan arm, go to Section 7.*

2☐ No

Section 7: Arm Eligibility

51. *DO NOT ASK: Did you answer YES to Q42 (Section 5) AND Q50 (Section 6)?*

1☐ Yes → *Participant is Ineligible, go to Section 8.*

2☐ No

Section 8: Study Eligibility

52. *Is the participant eligible?*

1☐ Yes →	52a. ***You are eligible to come to our clinic for the first visit. May I schedule an appointment for you?*** 1☐ Yes *(go to Q54)* 2☐ No *(go to Q53)*
2☐ No, ineligible <u>permanently</u> →	52b. ***Thank you very much for this information. It will be very useful for the study. At this time, you do NOT qualify for our study. Only a limited number of people are being selected to continue in the study, but we greatly appreciate your time in answering these questions for us.***
3☐ No, ineligible <u>temporarily</u> →	52c. ***You are currently not eligible for our study but may become eligible in the future. May I call you back in 1-6 months to check on how you are doing?***

1☐ Yes → 2☐ No	52c1. ***Great! I'll plan to call you back on {DATE}. Will that work for you?***	DATE: ☐☐/☐☐/☐☐

53. ***Can you tell me why you would not like to participate?***

Participant <u>defers</u> clinic visit due to:

1☐ Too Busy

1☐ Do not think it would help

1☐ Not interested

1☐ Caring for others

1☐ Sick

1☐ Doctor told me not to

1☐ Other *(specify)* ________

54. ***Great! When are you available? I have {DATE/TIME} available. Would that work for you?***

Participant <u>agrees</u> to clinic visit, scheduled for:

DATE:	☐☐/☐☐/☐☐
TIME:	☐☐:☐☐ 24 hour Clock