CHAPTER 8

FOLLOW-UP VISITS

Study Documents Referred to in this Chapter:

- 400 m walk test
- SPPB
- Disability Questionnaire
- Health Events
- CHAMPS Battery
- Blood Pressure, Radial Pulse Weight, and Waist Circumference
- Phlebotomy
- Grip Strength
- Blouse/Shirt Test
- Health Related Quality of Life
- Participant Status Change
- Process Measures
- Medication Inventory
- Quality of Well Being Scale
- Health Care Utilization Questionnaire
- Late Life Disability

- Cognitive Tests
- 400 m walk proxy
- Proxy ADL Questionnaire
- Update of Contact Information
- Unscheduled Visit Form
- Assistive Device Questionnaire

CHAPTER 8

FOLLOW-UP ASSESSMENTS

8.1. OVERVIEW OF DATA COLLECTION SCHEDULE

There are five types of follow-up assessments:

1. Follow-up clinic visits, occurring at months 6 and 12;
2. Telephone follow-up interviews, occurring at months 3, 9, and 15;
3. Close-out clinic visit, occurring at month 15 or 18 depending enrollment date;
4. End-point clinic visit, occurring at months 18, 21 or 24 for participants who achieve the end-point of major mobility disability at the last clinic follow-up visit and
5. Unscheduled visits. These are visits that may occur due to being unable to perform procedures or measurements during the regularly scheduled visit. For example, this would include phlebotomy procedures that had to be rescheduled due to failure of the participant to fast, or collection of data that was not obtained due to temporary exclusions. An Unscheduled Visit form must be completed.

Follow-up data will be collected through 12/05, with one exception for the End-point clinic visit. The 18-month follow-up clinic visits should be completed only among participants enrolled earlier in the study, i.e. before July 1, 2004. The Close-out visit at month 15 should be completed only among participants enrolled between July 1 – Sept 30, 2004. If the Close-out clinic visit is completed at month15, the 15-month telephone interview need not be completed

The telephone follow-up interviews are primarily designed to collect data on health care utilization and potential adverse events that have occurred since the baseline assessment or prior clinic follow-up visit. The other three types of

follow-up assessments are primarily designed to collect data on the primary, secondary, and/or other ancillary outcomes.

8.2. MASKING OF DATA COLLECTION

Guidelines for masking the collection of data are needed to minimize the possibility that staff knowledge about a participant's group assignment will differentially affect measurements in the two groups. The study goal is to observe the basic masking principles in the collection of all study data including:

a) Study Outcomes - This is the information collected by the Outcomes Interviewer on the Study Outcomes Forms and includes major mobility disability, physical performance, self care and disability, serious fall injuries, cognition, health related quality of life, health care utilization, and cardiovascular disease and deaths as defined in the LIFE Protocol. The Study Outcomes are describe in detail in Chapters 16 (Physical Measurements, 20 (Health Events), and 25 (Interviewing).

b) Other Data - These include all other measurements, procedures, forms, questionnaires and interviews that are designed to help assess the impact of the intervention on the Study Outcomes, e.g. process measures.

Study sites must provide clinic settings and staffing patterns that will support the masking of data collection. This ideal may be difficult to manage in practice because participants are not masked to their intervention assignment and thus may reveal this information themselves. The following principles are recommended for masking in LIFE:

1. The highest priority is given to the masking of staff who collect Study Outcomes Data, as described above. Outcomes assessment should be conducted by staff who are masked to treatment assignment.

2. Intervention tasks and measurements/interviews on a specific participant should be conducted by separate staff members.

8.3. SPECIAL REQUIREMENTS FOR CLINIC VISITS

Participants should be asked to report to the clinic for their follow-up visits with the following instructions:

1. Do not eat or drink anything but water for at least eight hours prior to the visit (Months 6 and 12 only).
2. Bring all your prescription and over-the-counter medications, including vitamins and supplements, insulin, injections, and eye drops that you have taken over the past two weeks in their original containers to the visit (for recording purposes).

Note: This does not apply to End-point clinic visit.

Note: Participants should take their medications as usual on the mornings of each phlebotomy visit. Participants will be bringing all medications for a medication review at each of the phlebotomy visits. Thus, if a participant needs to take their medication with food, they can take the medication after the blood draw during their snack.

3. Complete the questionnaire, which was mailed to you, about your health and use of healthcare services and bring it to the visit.
4. Wear (or bring) loose-fitting exercise clothing and sneakers.

   Note: Clinics should have a supply of hospital-type scrubs to use if a participant is not dressed appropriately.
5. Bring your reading glasses.
6. Bring your hearing aide.
7. Do not reveal your group assignment to your assessor.

Note: All participants should be reminded upon arrival at the clinic not reveal their group assignment. Both verbal and visual aids can be used.

8.3.1. Required Elements of the Follow-up Visits

The components of the follow-up visit are detailed in the LIFE Assessment Schedule, Table 8.1. The cognitive measures will be completed only t the Wake Forest and Stanford sites. Substudies and ancillary studies will be conducted in a subset of the entire cohort (see Section 8.4).

Table 8.1. LIFE Assessment Schedule

Visit type	Scr	Scr	Rnd	Tel	Fu	Tel	Fu	Tel	Fu/Cls	End	Nsv
Visit Code		SV1	SV2	F03	F06	F09	F12	F15	F15/F18		
Clinic or Home Visit number		1	2		3		4		5	6	
Telephone call	1			2		3		4			
Week number		-2	0		26		52		78	65-91	
Activity/assessment Month number		-0.5	0	3	6	9	12	15	15/18	18/21/24	
Form name											
Verbal Consent	x										
Telephone screener	x										
SPPB Consent		x									
SPPB Battery		x			x		x		x		x
Informed Consent		x									
Contact Information		x									
Demographic, social, economic		x									
BP, Radial Pulse and Weight		x			x		x		x		x
Waist Circumference		x			x		x				
Body Height		x									
Disability Questionnaire		x		x	x	x	x	x	x	x	x
400 M Walk Test		x			x		x		x	x	x
Process measures		x			x		x				
MMSE Exam		x									
Medication inventory		x			x		x				
Medical, hospital admission history		x									
ECG		x									
Physical exam		x									
Quality of well being (CEA)			x		x		x				
Health care utilization (CEA)			x		x		x				
Study Eligibility Checklist (Run-In Review)			x								
Phlebotomy/Blood Processing			x		x		x				x
CHAMPS battery			x		x		x		x		
Grip strength			x		x		x				
Lateral Mobility Task			x		x		x				
Blouse/Shirt Test			x		x		x		x		x
Health Related Quality of Life (HRQL)			x		x		x				
Late Life Disability Questionnaire			x		x		x				
Assistive Device Questionnaire							x				
400 M Walk Proxy					x		x				
Proxy ADL Questionnaire					x		x				
Updated contact information					x		x		x		x
Cognitive Tests			x				x				
Health Events				x	x	x	x	x	x	x	x

Scr=Screening visit; V=Visit; Rnd=Randomization; F=follow-up visit; Cls=Close out visit;Nsv=non-scheduled visit; End=Endpoint Visit

8.3.2. Other Elements of the Follow-Up Visit

At each follow-up visit, the participant should update their Contact Information and Medical Records Release.

8.3.3. Particular Aspects of the Tasks

Blood work must be obtained in a fasting state (See Section 8.3.5.). A snack should be provided for all participants after they have completed blood draw. The suggested snack is juice and a muffin.

Blood pressure should be obtained prior to blood drawing for two reasons. First, phlebotomy can be stressful to some participants and stress can raise blood pressure, and second, the arm cuff could re-open the venipuncture site.

For each 6- and 12-month follow-up clinic visit, the designated proxy should be contacted within 3 days of the follow-up clinic visit for completion of the 400 m Walk Proxy Questionnaire and the Proxy ADL Questionnaire. If the proxy has accompanied the participant to the follow-up clinic visit, these questions should be asked prior to completion of the 400 m walk test. Otherwise, the proxy should be interviewed over the phone.

8.3.4. Suggested Order of Tasks

A suggested order of tasks for the Follow-up Clinic Visits at 6 and 12 months is provided below. It is imperative that the Disability Questionnaire is administered before the 400 M Walk and the Process Measure is administered immediately after the 400 M Walk. Components 1-6 must be obtained in the specified order. The remaining components can be done in any order afterwards.

1) Blood Pressure, Radial Pulse, Weight and Waist Circumference

2) Update of Contact Information

3) Blood drawing

3) Snack

4) Disability Questionnaire

5) 400 m walk

6) Process measures

7) Review of Quality of Well Being Scale and Health Care Utilization

8) Health Events

9) Medication Inventory

10) CHAMPS Battery

11) Health Related Quality of Life

12) SPPB (Short Physical Performance Battery)

13) Blouse/Shirt test

14) Grip Strength

15) Lateral Mobility Task (WFU only)

16) Late Life Disability Questionnaire

17) Cognitive Tests (WFU and Stanford University only)

18) 400 m walk proxy

19) Proxy ADL Questionnaire

20) Assistive Device Questionnaire

8.3.5. Problems with Collecting Fasting Blood

Blood is required to be collected in the fasting state at 6- and 12-month follow-up clinic visits. Clinic staff may experience difficulty with this requirement due to two problems:

Staff may not be able to obtain blood, despite their best efforts. If there are two unsuccessful venipunctures, staff may schedule the participant to come back to the clinic on another day to draw blood if the participant is willing. Or, if the participant is unwilling to allow further attempts at another visit, the blood collection will have to be foregone.

A participant states that they have not been fasting for the required period of time for blood draw (at least eight hours). In this case, the participant could a) be allowed to complete all other aspects of the visit and be rescheduled for a fasting blood at another time; b) the visit could be completed and the blood drawn non-fasting. The second option should be used only when clinic staff persons are reasonably sure that the participant will NOT return for fasting blood draw, since not all of the blood analyses will be affected by food intake. Always consider the participant's retention first when asking her or him to return on another day for a blood draw.

Further discussion of this issue is found in Chapter 13, Biological Specimen Collection.

8.3.6. Time Windows

A time window is the period of time surrounding the target date during which time the follow-up assessment should be initiated. Windows around follow-up dates are needed for the scheduling system and to minimize within person variability. All follow-up assessments (and windows) are based on the anniversary date of randomization.

The window for scheduling the follow-up clinic visits and end-point clinic visit is 8 weeks total (4 weeks prior to the anniversary date and 4 weeks following). The time between follow-up clinic visits should be no shorter than 5 months and no longer than 7 months.

If the participant is the hospital or indicates that he or she is otherwise unable to come to the clinic, LIFE attempts to complete the assessment at another time within the 8-week window; if possible, LIFE waits at least one week after hospital discharge to complete the assessment. Since participants who are acutely ill may subsequently die, LIFE attempts to determine their self-reported major mobility disability during the initial contact, to minimize potential losses to follow-up; this information is used if the participant subsequently dies or refuses to complete the follow-up assessment. If necessary, proxy respondents should be contacted to ascertain information regarding the participants' mobility status.

The window for the telephone follow-up interviews is four weeks total (two weeks prior to the target date and two weeks following).

A scheduling/tracking database has been developed as part of the study data management system to assist clinics in observing these timeframes.

8.3.6.1. Missed Data Collection Windows

Considerable attempts should be made to schedule a participant for the follow-up assessments within the time windows described above. It is suggested that at least five telephone calls should be made at different dates and times.

If a data collection window is missed, the data can either be collected “out-of-window” or the data may be missed completely. In general, missed data should be avoided. Data collected out-of-window are better than no data.

8.3.6.2. Missed Clinic Visits (or telephone contacts)

Visits and contacts should be defined by the closest target date. For example, a Month 6 visit should not be conducted after 9 months, since after 9 months the closest target date is the Month 12 visit. Instead, the clinic should focus on scheduling the Month 12 visit in the specified window.

The outside window for telephone follow-up interviews is the time point midway between the telephone contact and the next follow-up clinic visit. For example, a Month 9 telephone contact should not be conducted any later than 10 1/2 months (midway between the scheduled 9-month call and 12-month visit). Once 10 1/2 months is reached and no telephone interview has been completed, the missed visit/telephone contact form should be completed (see below), and the clinic should focus on scheduling the Month 12 visit in the specified window.

When all attempts to schedule a participant for a follow-up assessment within the timeframes designated above have failed, a “Missed Visit” form should be completed. Note, all attempts at phone contact should be logged in the participant's chart. Normally, five phone calls should be attempted before a Missed Visit report is completed. Proxy’s and alternative contacts should also be tried.

If a participant misses a 6- or 12-month visit but is available and willing to come into the clinic at the next telephone visit, he/she should come in for an in-person visit to collect physical measures. This data should be collected on the forms appropriate to the missed visit.

8.3.6.3. Out-of-Window Clinic Visits (or telephone interviews)

On occasion, a participant may need to schedule his (her) follow-up assessment weeks or days outside of the specified window, e.g. for a vacation out of town. This is acceptable. All data should be collected at these visits even though the visit falls outside the specified window. However, the completion of the visit will not contribute to within-window follow-up rates. No special form needs to be completed to designate this visit as an "out-of-window visit". The database can determine this based on the actual visit date and the anniversary date. The Visit Code that should be recorded in the header of all the data forms is the visit code closest in time. For example, if a participant reports for their first follow-up clinic visit 8 months after randomization, the Visit Code that should be recorded is 6, indicating that the clinic conducted the Month 6 assessment.

8.3.7. Data Collection Priorities

The priorities for data collection should be kept in mind when establishing the order for completion of tasks during a Follow-up Clinic Visit.

8.3.7.1. Data Collection Priorities for Follow-up Clinic Visits

The data collection priorities for follow-up clinic visits are listed in Table 8.2. Priorities are grouped in Categories A-C, reflecting the order of their importance, with category A indicating the highest priority measures. Within each category, the specific tasks are also listed in their order of importance.

Table 8.2. Data Collection Priorities for Follow-up Clinic Visits

Category A	Category B	Category C

400 m walk SPPB Disability Questionnaire Health Events CHAMPS Battery Blood Pressure, Radial Pulse, Weight, and Waist Circumference Phlebotomy	1. Grip strength, blouse test 2. Health related quality of life measures 3. Process measures 4. Medication Inventory, Quality of well being, health care utilization 5. Late Life Disability & 400 m walk proxy questionnaire 6. Substudies: (Cognitive Tests-12 months only)	Ancillary Studies

8.3.7.2. Incomplete Data at the Annual Visit

Occasionally, a participant will be unable to complete the entire set of tasks during a follow-up clinic visit. Possible reasons for this include participant refusal and inadequate staffing. If a particular task is missed or incomplete and the participant is willing, every effort should be made to obtain these data/measurements even if they are collected outside the visit window.

The most critical elements of the clinic visits are the 400 m walk test and SPPB. If you must prioritize the tasks due to the participant's time constraints, complete these tests. See Table 8.2 for other levels of prioritization. Remember, full data are best, and partial data are better than none at all. Whether assessments have been completed or not should be noted on each visits' visit checklist. When components are missed, the reason should be noted on the checklist.

8.3.7.3. Data Collection from Participants Who Have Relocated

There may be occasions when randomized participants relocate to a geographic area outside of the Study site. There are at least two approaches to collecting data from these participants.

Collection of data by telephone. The highest priority should be to complete the Disability Questionnaire and the Health Events form, followed by other instruments that can be completed over the phone. Other instruments that can be administered over the phone are the Contact Information Update, CHAMPS, and HRQL.

Explore the possibility of scheduling the follow-up clinic visit when the participant will be returning to the area for a visit with relatives or friends.

8.3.7.4. Data Collection at Home Visits or via Telephone Interviews

If the participant is unable or unwilling to come to the clinic, home or institutional visits should be scheduled. Every effort should be made to personally interview and assess all participants. In the event that an in-person assessment is not possible, a telephone or proxy interview should be completed. Data collection priorities for these alternative assessments are the same as for follow-up clinic visits with the following exceptions:

Home Visit: the 400 m walk test will not be completed. The highest priority should be to complete the Disability Questionnaire and SPPB.

Telephone Interview: the performance-based tests and blood draw will not be completed. The highest priority should be to complete the Disability Questionnaire, followed by other instruments that can be completed over the phone.

Appendix A, Home Visit Protocol, provides a complete description of the rationale, procedures and supplies that are necessary for conducting these visits.

8.3.7.5. Proxy Contact

If participants are not able to answer for themselves, administer the 400 m Walk Proxy Questionnaire, the Proxy ADL Questionnaire, and the Health Events form and associated events tracking forms.

8.4. SUBSTUDIES

Substudies are special studies that are being conducted in a subset of the LIFE study sites or a subset of participants across all sites. The Cognitive Tests are being conducted as a substudy at Wake Forest University and Stanford University at the12- month visit only.

8.5. REIMBURSEMENTS/INCENTIVES

Participants should be reimbursed for their time and travel at the completion of the follow-up clinic visits, the close-out visit, and the end-point visit. Reimbursements are not to be used as an incentive to attend intervention sessions. Instead, it should be stressed that the most critical element for attendance is the follow-up visit.

Throughout the course of the study, incentives will be provided to the clinics to use with their own discretion to motivate participation and retention (see Retention Chapter 9). These may include, but are not limited to coffee mugs, t-shirts, skin care products, etc.

8.6. TERMINATION

A participant will be deemed “terminated” only when all avenues of contact with the participant have been exhausted. Causes of termination may include: participant refusal, moved from area, or death. The Participant Status Change form is completed when one of these conditions has been met. Once a Participant Status Change form is completed, the database will no longer query

the clinic to schedule this participant. However, if a participant is terminated due to refusal, it may still be possible to track some events using public records, e.g., obituary notices.

Important! Participants are not terminated during the study because they have experienced a study event (e.g., heart attack) or because they are "lost". See discussion below on "lost-to-follow-up".

8.7. KEEPING TRACK OF AND FINDING LOST PARTICIPANTS

It is absolutely critical to maintain contact with every participant randomized. One of the most important overall indicators of the quality of our study will be our follow-up rates. Achieving outstanding follow-up rates starts with randomization. Be careful who you randomize! Remember, all randomized participants will be followed and contribute data to analyses, even if they do not attend or adhere to interventions. Be sure to obtain good contact information on all participants at baseline and update it every six months.

An example of a Contact Information form is provided in the study forms sets. It can be modified at each clinic; but it should include, at minimum, the elements shown on the copy in the form set. The contact information is not entered in the centralized database but is maintained at the clinic in its local database.

Note that you should attempt to get a Social Security Number (SSN) from each participant. Make it clear to each participant that the SSN will not be shared with anyone, but that it helps us in tracking them. This is especially true when using the National Death Index (NDI). The NDI will be used to track lost participants.

A participant should not be declared as “lost-to-follow-up” until all reasonable efforts have been made to locate him (her) over a period of time. Occasionally, a participant who may be considered “lost” by a clinic, re-appears. For this reason, no participants will be terminated from LIFE for reasons of “lost-to-follow-up” during the course of the study. A Participant Status Change form should be completed during the location process to document all efforts made to contact the participant. Enter this form into the database at the end of the study.

At the end of the study, we will compute the numbers of persons for whom contact was lost during the study.

8.7.1. Hints for Obtaining Good Contact Information

The first step in finding lost participants is getting good contact information in the first place. Here are some hints for getting good contact information:

Family and in-laws are better than friends, but some of both are good. We suggest that you get information on at least two relatives and two friends.

Be sure to get middle initials and/or full names, especially if a common name.

Get the spouse’s name.

Get the maiden name.

If the participant doesn’t have a phone and gives a friend’s phone, get the friend’s address.

If the participant doesn’t know an address, get a street name and a cross street nearby.

Ask how a contact might be listed – they might be listed under a husband’s name, for example.

If the participant isn’t sure of a listing, look it up yourself right away.

Document everything that the participant says; sometimes seemingly extraneous information is useful.

If a participant says they don't have anyone for a contact, prompt them by asking for parents, siblings, cousins, aunts, girlfriends, boyfriends, neighbors, friends at work, or just friends they "hang" with.

8.7.2. Suggested Steps to Locating Lost Participants

If you are attempting to find a participant and can't, don't let the trail go cold. You should start work to find the participant right away. Here are some suggested steps to find lost participants (and to trace contacts as well):

Look in the phone book.

Look in the city directory and criss cross or Polk directories (directories that allow you to look up an address).

Look under name, address and phone number and look up workplace.

Look up neighbors and call them.

If the participant has an unusual last name, look up and call others of the same name using the phone book.

Call the workplace and ask for the participant's department, ask for friends there.

Look back for old contact information; this may yield persons still in touch with the participant.

Always call a disconnected number twice over a period of several weeks to verify that it is disconnected. Some people have their number only temporarily disconnected.

Internet resources

There are now a variety of internet resources that may be helpful. They include resources to use to screen for death of a participant. These are listed below.

Obituaries

http://www.Legacy.com - National database of recent newspaper obituaries

http://www.obituaryregistry.com - National database of newspaper obituaries and death notices

http://www.obitcentral.com/obitsearch - Links with different obituary search engines, including the two above. Click on “obituary search engines” to be linked to six engines that will search different regions and list all articles, birth announcements, death notices, and obituaries found in newspapers. The article will be pulled up and the name will be highlighted.

http://www.rootsweb.com/~obituary - Daily index of obituaries from around the world. Will give citation where obituary may be found, not the obituary itself.

Social Security Death Index (SSDI)

Most genealogy websites link to SSDI. Each has different sorting software for it and presentation. This sorts by name documented by the Social Security Administration at time of death.

http://www.ssa.gov - Social security look-up

http://www.ancestry.com/search/rectype/vital/ssdi/main.htm or

http://www.ancestry.com/ssdi

http://ssdi.genealogy.rootsweb.com

Military Locator

http://www.militarycity.com

Directories for Telephone and Addresses

These sites may be used for phone numbers and addresses. Many include a reverse loop by phone number, partial phone number (criss crosses), addresses, and/or email addresses, as well as international directories.

http://www.teldir.com - This site will link to other directory websites.

http://www.555-12-12.com

http://www.anywho.com - Any who by AT&T

http://www.infospace.com

http://www.yellowpage.net - Internet yellow pages. Click on white pages icon to do people searches.

http://www.people.yahoo.com

http://www.bigbook.com

http://www.superpages.com- GTE super pages

http://www.whowhere.com - Who, where by Lycos

http://www.contractjobs.com/tel - Telephone directory

State Vital Records

http://www.vitalrec.com - This site gives the addresses and costs by state for obtaining death certificates.

APPENDIX A: HOME VISIT PROTOCOL

Definition: A home visit is any visit outside the LIFE clinic.

A home visit may be done at the participant's home or other health care facility with the participant's permission and/or health care facility. Home visits must be rare and infrequent and may not be used regularly to take place of a clinic visit.

Purpose: The purpose of the home visit is to collect outcome data at the semi-annual clinic visit and to retain and/or re-engage participants in the study.

The following general guidelines have been developed for out-of-clinic visits:

- Safety for the study participant as well as the staff is of utmost priority in the clinic's decision as to whether a home visit is appropriate for collection of data. **If there are questionable safety issues, DO NOT ATTEMPT A HOME VISIT.**
- Home visits may be completed for "lost-to-follow-up" participants to encourage them to return to the clinic for outcome measurements.
- Scheduled honorarium may be given to the participant at a home visit if study outcome measures are completed (except for 400 m walk test).
- All guidelines regarding collection of outcome measures must be followed (such as fasting blood draws).
- Only standardized LIFE equipment must be used for the home visit.
- Weight and blood pressure measurement "by report" is not acceptable as outcome data. Only measurements done by certified study staff will be acceptable outcome data. If unable to collect, data are considered missing and an incomplete visit form must be completed for missed outcome measures.

Equipment & Supplies Needed for Home Visits

Cooler with Cold packs

Gloves

Blue Chux

Blood drawing supplies and vacutainers to collect samples (alcohol pads, 2 x 2 gauze, needles, tourniquet, bandaids, portable biohazard/sharps container, and 2x2 gauze). Used items will need to be returned to the clinic for proper disposal in biohazard/sharps container. Follow your local IRB regulations concerning blood collection at home.

LIFE Scale and calibration weight.

Mercury sphygmomanometer and 4 appropriately sized cuffs for measurement of blood pressure.

Mercury Spill Kit

Jaymar grip strength dynamometer

Assorted sizes of study blouse (for women) or shirt (for men)

Premeasured 3 and 4 meter chainto measure walking course.

Data Collection Forms

Medical release forms, if applicable

Pens, pencils, cosmetic marker

Snacks (cheese or peanut butter crackers, orange juice, hard candy, etc) - in case of participant has a hypoglycemic episode or is participating in blood draw. Snacks should be stored in a separate lunch bag from the rest of the supplies

Redi-Measure Distance Measuring Wheel and cones at 6 and 12 months for 400 m walk (only if feasible)

DATA COLLECTION PRIORITIES FOR HOME VISITS AT 6 AND 12 MONTHS (Table 8.3.)

Category A	Category B	Category C
Disability Questionnaire SPPB Health Events CHAMPS Battery Blood Pressure, Radial Pulse,Weight and Waist Circumference Phlebotomy 400 M Walk (only if feasible)	Grip Strength, Blouse/Shirt test Health Related Quality of Life Process Measures Medication Inventory, Quality of Well Being Scale, Health Care Utilization Late Life Disability Substudies: Cognitive Tests (12 months only)	Ancillary Studies