MULTICENTER OSTEOARTHRITIS STUDY

ANNOTATED DATA COLLECTION FORMS

60-MONTH FOLLOW-UP DATASET
SEPTEMBER 2021

This document displays the MOST data collection forms annotated with the variable names and data values that are used for the instruments and measurements conducted at the 60-month time point.

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ANALYST NOTES

Released Variables

Released variables are displayed in bold blue font.

Example: **MOSTID**

Variables Not Released

Variables not released are displayed in gray font and lined out.

Example: ~~V3SDAT2~~

Note: Where all the variables on a page are not released, the page is crossed out with an "X".

Calculated Variables

Calculated variables are displayed in bold blue font within a text box.

Example: **V3MCOMOR**

MOST 60-MONTH FOLLOW-UP TELEPHONE INTERVIEW

Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
○ 60-month ○ 72-month ○ 84-month	MOSTID	ACROSTIC	V3_TIDIFF	1 ○ SITE 1 2 ○ SITE 2 SITE

Knee Symptoms

First, I am going to ask you some questions about pain, aching, or stiffness in or around your knees. The first set of questions are about your right knee. Then I will ask you the same questions about your left knee.

Right Knee

The first questions will be specifically about your right knee.

1. During the past 12 months, have you had any pain, aching, or stiffness in your right knee?

V312MR: 1 ○ Yes; 0 ○ No; 8 ○ Don't know/Refused

If No or Don't know/Refused → Go to Question #3.

1a. During the past 12 months, have you had pain, aching, or stiffness in your right knee on most days for at least one month?

V312MSR: 1 ○ Yes 0 ○ No 8 ○ Don't know

---

2. During the past 30 days, have you had any pain, aching, or stiffness in your right knee?

V330DR: 1 ○ Yes; 0 ○ No; 8 ○ Don't know/Refused

If No or Don't know/Refused → Go to Question #3.

2a. During the past 30 days, have you had pain, aching, or stiffness in your right knee on most days?

V330MSR: 1 ○ Yes 0 ○ No 8 ○ Don't know

Visit	MOST ID #	Acrostic
○ 60-month ○ 72-month ○ 84-month		

Left Knee

Now I'll ask you specifically about your left knee.

3. During the past 12 months, have you had any pain, aching, or stiffness in your left knee?

V312ML: 1 ○ Yes; 0 ○ No; 8 ○ Don't know/Refused

- 1 (Yes) → **3a.** During the past 12 months, have you had pain, aching, or stiffness in your left knee on most days for at least one month?
  V312MSL: 1 ○ Yes; 0 ○ No; 8 ○ Don't know
- 0 (No) / 8 (Don't know/Refused) → Go to Question #5.

4. During the past 30 days, have you had any pain, aching, or stiffness in your left knee?

V330DL: 1 ○ Yes; 0 ○ No; 8 ○ Don't know/Refused

- 0 (No) / 8 (Don't know/Refused) → Go to Question #5.
- 1 (Yes) → **4a.** During the past 30 days, have you had pain, aching, or stiffness in your left knee on most days?
  V330MSL: 1 ○ Yes; 0 ○ No; 8 ○ Don't know

Both Knees

Now I'll ask you about both knees.

5. During the past 30 days, have you limited your activities because of pain, aching, or stiffness in either knee?

V3LA: 1 ○ Yes; 0 ○ No; 8 ○ Don't know/Refused

- 1 (Yes) → **5a.** On how many days did you limit your activities because of pain, aching, or stiffness? ☐☐ days
  V3LADAY
- 0 (No) / 8 (Don't know/Refused) → **5b.** During the past 30 days, have you tried to avoid knee pain or reduce the amount of knee pain by avoiding, changing, or cutting back on any of your normal activities?
  1 ○ Yes; 0 ○ No; 8 ○ Don't know
  V3AVOIDT

MRI Eligibility

Visit	MOST ID #	Acrostic
○ 60-month ○ 72-month ○ 84-month		

6. ***Interviewer Note: Refer to Data from Prior Visits Report. Was participant eligible for MRI at prior visit(s)?***

○ Yes ○ No → Go to Page 5, Question #11 and mark "No."

The next few questions are about MRI eligibility.

6a. Since your last MRI scan at the MOST clinic on ___/___ ***(from Data from Prior Visits Report)***, have you had any surgery or anything implanted in your body?

○ Yes ○ No → Go to Question #7. ○ Don't know/Refused → Go to Question #6c.

6b. What type of surgery or implant was it?

_____

When was the surgery?

Month ___ / Day ___ / Year ___

Interviewer Notes:
- If the surgery was within the past 2 months, refer to list of MRI-safe surgeries/procedures that do not require a 2-month wait. If a 2-month wait is required, schedule the clinic visit 2 months after the surgery date.
- Fill out an Event Notification Form for Knee/Hip Replacement if participant reports a knee or hip replacement.

6c. The next few questions will be about specific implants. Please tell me whether any of the following was implanted in your body during surgery:

i. Electronic implant or device, such as a cochlear implant	○ Yes	○ No	○ Don't know/Refused
ii. Magnetically-activated dental implant or dentures, magnetic eye implant, or other magnetic device	○ Yes	○ No	○ Don't know/Refused
iii. Heart pacemaker	○ Yes	○ No	○ Don't know/Refused
iv. Implanted heart defibrillator	○ Yes	○ No	○ Don't know/Refused
v. Internal electrodes or wires, such as pacemaker wires or bone growth/ bone fusion stimulator wires	○ Yes	○ No	○ Don't know/Refused
vi. Neurostimulation system, such as spinal cord stimulator or gastric electrical stimulation system	○ Yes	○ No	○ Don't know/Refused
vii. Surgically implanted insulin or drug pump	○ Yes	○ No	○ Don't know/Refused
viii. Tissue expander with magnetic port, such as inflatable breast implant with magnetic port	○ Yes	○ No	○ Don't know/Refused
ix. Brain aneurysm surgery, brain aneurysm clip(s) or coil(s)	○ Yes	○ No	○ Don't know/Refused

6d. ***Interviewer Note:***
Are any of the above items in Question #6c marked "Yes" or "Don't Know/Refused"?

○ Yes → Not eligible for MRI. Go to Page 5, Question #11 and mark "No." ○ No

Visit	MOST ID #	Acrostic
○ 60-month ○ 72-month ○ 84-month		

6e. **Please tell me whether any of the following was implanted in your body:**	
i. Stent, filter, coil, or clips	○ Yes ○ No ○ Don't know/Refused
ii. Shunt (spinal or intraventricular)	○ Yes ○ No ○ Don't know/Refused
iii. Vascular access port or catheter, such as a central venous catheter or PICC line	○ Yes ○ No ○ Don't know/Refused
iv. Surgically implanted hearing device (not a regular hearing aid) or prosthesis in your ear	○ Yes ○ No ○ Don't know/Refused
v. Eyelid spring, wire or weights	○ Yes ○ No ○ Don't know/Refused
vi. Penile implant or prosthesis ***(men only)***	○ Yes ○ No ○ Don't know/Refused
vii. Heart valve	○ Yes ○ No ○ Don't know/Refused

7. Since your last visit to the MOST clinic on __/__, have you had an injury in which metal fragments entered your eye and you had to seek medical attention? ○ Yes ○ No ○ Don't know/Refused

8. Since your last visit to the MOST clinic on __/__, have you had an injury in which metal fragments such as shrapnel, BB, or bullet entered your body? ○ Yes ○ No ○ Don't know/Refused

9. ***Interviewer Note:***
Are any of the above items in Question #6e or Questions #7-8 marked "Yes" or "Don't Know/Refused"?

○ Yes ↓

9a. Do you have or would you be willing to ask your doctor for your medical records so that we could determine whether it would be safe for you to have an MRI scan?

○ Yes ↓

Interviewer Note: Ask participant to bring medical documentation with them to the clinic visit.

○ No ↓

Not eligible for MRI. Go to Page 5, Question #11 and mark "No."

○ No

MRI Eligibility

Visit	MOST ID #	Acrostic
○ 60-month ○ 72-month ○ 84-month		

10. ***Interviewer Note: Is there any other reason why this participant would not be eligible for an MRI? (e.g., participant has had both knees replaced)***

○ Yes ○ No

What is the reason?

_____

Not eligible for MRI. Go to Question #11 and mark "No."

11. ***Interviewer Note:***
Is the participant eligible for an MRI scan? (Refer to Questions #6, #9-9a, and #10.)

○ Yes

Mark "CLINIC VISIT-WITH MRI" in Box A on page 8. Then go to Question #12.

○ No

Mark "CLINIC VISIT-NO MRI" in Box A on page 8. Then go to Page 6, Question #13.

12. Are you planning to have surgery in the next month?

○ Yes ○ No ○ Don't know/Refused

12a. What is the date of your scheduled surgery?

Month / Day / Year →

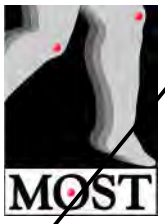
What type of surgery will you have?

_____

Interviewer Note: Refer to list of surgeries/procedures that do <u>not</u> require a 2-month wait. If surgery is on that list, mark "No" for this question. If a 2-month wait <u>is</u> required, go to page 6, Question #13. Do not scan today's Telephone Interview forms. Re-contact 2 months after surgery to reassess eligibility.

Contact Information

Visit	MOST ID #	Acrostic
○ 60-month ○ 72-month ○ 84-month		



13. We would like to update all of your contact information this year. The address that we currently have listed for you is:
(Interviewer Note: Please review the participant's contact information and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

○ Yes ○ No

Interviewer Note: Please record the street address, city, state and zip code for the participant for your local records.

14. The telephone number(s) that we currently have for you is (are):
(Interviewer Note: Please review the participant's contact information and confirm that the telephone number(s) you have for the participant are correct.)

Are the telephone number(s) that we currently have correct?

○ Yes ○ No

Interviewer Note: Please record the telephone number(s) for the participant for your local records.

15. Do you expect to move or have a different address in the next 6 months?

○ Yes ○ No ○ Don't know/Refused

Interviewer Note: Please record the street address, city, state and zip code for the participant for your local records.

Contact Information

Visit	MOST ID #	Acrostic
○ 60-month ○ 72-month ○ 84-month		

16. ***Interviewer Note: Has the participant identified their next of kin?***

○ Yes ○ No → Go to Question #17

16a. ***Interviewer Note: Please review the participant's next of kin contact information from baseline.***

You previously told us the name and address of your next of kin. Please tell me if the information that I have is still correct. Is the name and address of your next of kin correct?

○ Yes → Go to Question #18 ○ No ○ Don't know ○ Refused → Go to Question #18

17. Please tell me the name, address, and telephone number of your next of kin. How is this person related to you?

Interviewer Note: Please record the name, street address, city, state, zip code, telephone number, and how the person is related to the participant.

18. ***Interviewer Note: Has the participant identified their two contacts?***

○ Yes ○ No → Go to Question #19

18a. ***Interviewer Note: Please review the participant's information for their two contacts.***

You previously told us the names and addresses of your two contacts. Please tell me if the information that I have is still correct. Are the names and addresses of your two contacts correct?

○ Yes → Go to next page ○ No ○ Don't know ○ Refused → Go to next page

19. Please tell me the name, address, and telephone number of your first contact. How is this person related to you?

Please tell me the name, address, and telephone number of your second contact. How is this person related to you?

Interviewer Note: For both contacts, please record the name, street address, city, state, zip code, telephone number, and how the person is related to the participant.

Clinic Visit Eligibility

Visit	MOST ID #	Acrostic
○ 60-month ○ 72-month ○ 84-month		

BOX A

○ CLINIC VISIT - WITH MRI

"Thank you for your time and for answering our questions. We'd like to schedule you for a clinic visit. Before I schedule your appointment, do you have any questions?" (***Read script from operations manual for scheduling a clinic visit with MRI.)***

○ Appointment scheduled **Date:**_____ **Time:**_____

○ Call back for appointment **Date:**_____ **Time:**_____

○ CLINIC VISIT - NO MRI

"Thank you for your time and for answering our questions. We'd like to schedule you for a clinic visit. Before I schedule your appointment, do you have any questions?" ***(1. Read script from operations manual for scheduling a clinic visit with no MRI. 2. Determine if participant has had bilateral knee replacements. If so, read script from operations manual for scheduling clinic visit with no specimen collection.)***

○ Appointment scheduled **Date:**_____ **Time:**_____

○ Call back for appointment **Date:**_____ **Time:**_____

○ NOT INTERESTED

"Your participation in this important study is appreciated. Can you tell me why you aren't interested in coming to the MOST clinic at this time? _____
Thank you for your time and for answering our questions. Do you have any questions?"
(***Follow protocol for participants who are not interested in coming in for clinic visit. Ask participant if they want to think about possibly coming in to clinic at a later date. If they say "No," ask if they would mind staying on the phone for about 10 more minutes so you can ask them a few more questions. Administer Missed Clinic Visit Telephone Interview.)***

MOST 60-MONTH FOLLOW-UP
SELF-ADMINISTERED QUESTIONNAIRE
HOME

Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
○ 60-month ○ 84-month			/ /	

Arthritis Diagnosis

1. Since we last contacted you, about 2 years ago, has your doctor told you that you have arthritis?

V3ARTH ○ 1 Yes ○ 0 No

Go to Page 2, Question #2.

What kind of arthritis did your doctor say it was? Did your doctor say you had...
(Please answer "Yes," "No," or "Don't know" for all questions below.)

a. Rheumatoid arthritis?	V3RA	○ 1 Yes	○ 0 No	○ 8 Don't know
b. Osteoarthritis or degenerative arthritis in your knee?	V3KNOA	○ 1 Yes	○ 0 No	○ 8 Don't know
c. Osteoarthritis or degenerative arthritis in your hip?	V3HPOA	○ 1 Yes	○ 0 No	○ 8 Don't know
d. Osteoarthritis or degenerative arthritis in your hand or fingers?	V3HFOA	○ 1 Yes	○ 0 No	○ 8 Don't know
e. Osteoarthritis or degenerative arthritis in some other joint?	V3OJOA	○ 1 Yes	○ 0 No	○ 8 Don't know
f. Gout?	V3GOUT	○ 1 Yes	○ 0 No	○ 8 Don't know
g. Some other type of arthritis?	V3OTH	○ 1 Yes	○ 0 No	○ 8 Don't know

(Please specify: _____ **)**

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Health History and Medical Conditions

2. Since we last contacted you, about 2 years ago, have you had a heart attack?

V3HRTAT 1 ○ Yes 0 ○ No 8 ○ Don't know

3. Since we last contacted you, about 2 years ago, have you had an operation to unclog or bypass the arteries in your heart?

V3UNCLOG 1 ○ Yes 0 ○ No 8 ○ Don't know

4. Since we last contacted you, about 2 years ago, have you been treated for heart failure? (You may have been short of breath and the doctor may have told you that you had fluid in your lungs or that your heart was not pumping well.)

V3HRTFA 1 ○ Yes 0 ○ No 8 ○ Don't know

5. Since we last contacted you, about 2 years ago, have you had an operation to unclog or bypass the arteries in your legs?

V3BYPASS 1 ○ Yes 0 ○ No 8 ○ Don't know

6. Since we last contacted you, about 2 years ago, have you had a stroke, cerebrovascular accident, blood clot or bleeding in the brain, or transient ischemic attack (TIA)?

V3STROKE 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #7.

a. Do you have difficulty moving an arm or leg as a result of the stroke or cerebrovascular accident?

V3MOVE 1 ○ Yes 0 ○ No 8 ○ Don't know

7. Do you have asthma?

V3ASTHMA 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Page 3, Question #8.

a. Do you take medicines for your asthma?

V3ASTRX 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Page 3, Question #8.

b. When do you usually take the medicine? ***(Please mark one.)***

V3AWHEN
1 ○ Only with flare-ups of my asthma
2 ○ Regularly, even when I'm not having a flare-up

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Health History and Medical Conditions

8. Do you have emphysema, chronic bronchitis, or chronic obstructive lung disease?

V3COPD **1**○ Yes **0**○ No **8**○ Don't know

→ Go to Question #9.

a. Do you take medicines for your lung disease?

V3LUNRX **1**○ Yes **0**○ No **8**○ Don't know

→ Go to Question #9.

b. When do you usually take the medicine? ***(Please mark one.)***

V3LWHEN
1○ Only with flare-ups of my emphysema, bronchitis or COPD
2○ Regularly, even when I'm not having a flare-up

9. Do you have stomach ulcers, or peptic ulcer disease?

V3ULCER **1**○ Yes **0**○ No **8**○ Don't know

→ Go to Question #10.

a. Has this condition been diagnosed by endoscopy (where a doctor looks into your stomach through a scope) or an upper GI or barium swallow study (where you swallow chalky dye and then x-rays are taken)?

V3ULCDX **1**○ Yes **0**○ No **8**○ Don't know

10. Do you have diabetes (high blood sugar)?

V3DIABT **1**○ Yes **0**○ No **8**○ Don't know

→ Go to Page 4, Question #11.

a. How has your diabetes been treated?
(Please mark all that apply.)

V3DIET **1**○ modifying my diet
V3DRX **1**○ medications taken by mouth
V3INJ **1**○ insulin injections
V3NONE **1**○ not treated

b. Has the diabetes caused any of the following problems?
(Please mark all that apply.)

V3KID **1**○ Problems with your kidneys
V3DEYE **1**○ Problems with your eyes, treated by an ophthalmologist
V3DDK **1**○ Has not caused problems

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Health History and Medical Conditions

11. Since we last contacted you, about 2 years ago, have you had serious problems with your kidneys?

V3KIDNY 1○ Yes 0○ No 8○ Don't know

Go to Question #12.

a. Kidney problems: ***(Please mark all that apply.)***

V3POORF 1○ Poor kidney function (blood tests show high creatinine)

V3TRANS 1○ Have received a kidney transplantation

V3DIALY 1○ Have used hemodialysis or peritoneal dialysis

V3KOTR 1○ Other ***(Please specify:*** _____ ***)***

V3DK 1○ Don't know

V3_DX

V3MCOMOR

V3MCOMOR_CUM

12. Do you have any of the following conditions?

a. Alzheimer's Disease, or another form of dementia?

V3ALZHE ○ Yes ○ No ○ Don't know

b. Cirrhosis, or serious liver damage?

V3LIVER ○ Yes ○ No ○ Don't know

c. Leukemia or polycythemia vera?

V3LEUKE ○ Yes ○ No ○ Don't know

d. Lymphoma?

V3LYMPH ○ Yes ○ No ○ Don't know

e. Cancer, other than skin cancer, leukemia or lymphoma?

V3CANCR ○ Yes ○ No ○ Don't know

Go to Question #12f.

ei. Has the cancer spread, or metastasized to other parts of your body?

V3CANCRS ○ Yes ○ No ○ Don't know

f. AIDS?

V3AIDS ○ Yes ○ No ○ Don't know

Visit	MOST ID #	Acrostic
○ 60-month ○ 72-month ○ 84-month		

Injuries, Fractures, Falls

13. Since we last contacted you, about 2 years ago, did a doctor tell you that you broke or fractured a bone?

V3BONE 1○ Yes 0○ No

→ Go to Question #14.

a. Which bones did a doctor say you had broken? (***Mark all that apply***.)

1=YES

V3FXHIP	○ Hip	○ Hand/finger	V3FXHND
V3FXPLV	○ Pelvis	○ Elbow (lower humerus/upper radius or ulna)	V3FXELB
V3FXTHF	○ Thigh (femur--not hip)	○ Upper arm/shoulder (humerus)	V3FXUPA
V3FXKNE	○ Knee (patella/tibial plateau)	○ Collarbone (clavicle/scapula)	V3FXCLB
V3FXLWL	○ Lower leg (tibia/fibula)	○ Ribs/chest/sternum	V3FXRIB
V3FXANK	○ Ankle	○ Spine/back (vertebra)	V3SPINE
V3FXFTT	○ Foot/toe	○ Neck (cervical vertebra)	V3FXNEK
V3FXTLB	○ Tailbone (coccyx/sacrum)	○ Skull/face/nose/jaw	V3FXSKU
V3FXWRT	○ Wrist/forearm (radius/ulna)	○ Don't know	V3FXDKN
V3FXOTH	○ Other *(Please specify:* _____ *)*		

V3_FXHIPSP

14. Are you afraid of falling?

V3FALLF ○ Yes ○ No

→ Go to Page 6, Question #15.

a. Would you say that you are afraid of falling . . .?

V3FALLFF

○ Very often
○ Often
○ Occasionally
○ Rarely

Visit	MOST ID #	Acrostic
○ 60-month ○ 72-month ○ 84-month		

Injuries, Fractures, Falls

15. During the past 12 months, have you fallen and landed on the floor, ground, or stairs? (Do NOT include being knocked down by a moving person or vehicle, falling off of a bicycle or while playing a sport, or falling from a height like off a ladder.)

V3FALLG 1○ Yes 0○ No

→ Go to Page 7, Question #16.

15a. How many times have you fallen in the past 12 months? If you are unsure, please make your best guess.

V3FALLT 1○ One 2○ Two or three 3○ Four or five 4○ Six or more

15b. Were you injured as a result of a fall in the past 12 months?

V3FALLIN 1○ Yes 0○ No

→ Go to Question #15c.

i. Please indicate what type of injury. (***Mark all that apply.***)

V3FALLFX 1○ Fracture
V3FALLLC 1○ Laceration/Cut
V3FALLBR 1○ Bruising
V3FALLSP 1○ Sprained or strained joint (wrist, knee, ankle, etc.)
V3FALLOT 1○ Other injury ***(Please specify:*** _____ ***)***

ii. Was this an injury to your head?

V3FHEAD 1○ Yes 0○ No

15c. Did you receive treatment from a doctor for an injury from a fall in the past 12 months?

V3FALLD 1○ Yes 0○ No

→ Go to Question #15d.

i. Did you stay in a hospital overnight for treatment of an injury from a fall?

V3FALLH 1○ Yes 0○ No

15d. Did you limit your usual activities for more than a day because of an injury from a fall in the past 12 months?

V3FALLL 1○ Yes 0○ No

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Balance Confidence

For each activity, please indicate how much confidence you have that you will NOT lose your balance or become unsteady when performing the activity. Use the scale below, where **0%** indicates you have **no confidence** that you can perform the activity without losing your balance or becoming unsteady, and **100%** indicates that you have **complete confidence** that you can perform the activity without losing your balance or becoming unsteady.

Please fill in a bubble below for each of the activities. Mark only one bubble along the scale from 0 to 100%.

No confidence — **Complete confidence**

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

16. How confident are you that you will NOT lose your balance or become unsteady when you are . . .	**No confidence** 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	**Complete confidence** 100%
a. Walking in the house? **V3ABCA**	0	1	2	3	4	5	6	7	8	9	10
b. Going up and down stairs? **V3ABCB**	0	1	2	3	4	5	6	7	8	9	10
c. Bending down to pick up a slipper off the closet floor? **V3ABCC**	0	1	2	3	4	5	6	7	8	9	10
d. Stretching to take a small can off a shelf at eye level? **V3ABCD**	0	1	2	3	4	5	6	7	8	9	10
e. Getting up on your toes to reach an object over your head? **V3ABCE**	0	1	2	3	4	5	6	7	8	9	10
f. Getting up on a chair (or a stepladder) to get an object? **V3ABCF**	0	1	2	3	4	5	6	7	8	9	10
g. Sweeping the floor? **V3ABCG**	0	1	2	3	4	5	6	7	8	9	10
h. Going out of the house to get to a car parked in the driveway? **V3ABCH**	0	1	2	3	4	5	6	7	8	9	10

Activities-specific Balance Confidence (ABC) Scale

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Balance Confidence

Please fill in a bubble below for each of the activities. Mark only one bubble along the scale from 0 to 100%.

No confidence — **Complete confidence**

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

How confident are you that you will NOT lose your balance or become unsteady when you are . . .	**No confidence** 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	**Complete confidence** 100%
i. Getting in and out of the car (regular car)? **V3ABCI**	0	1	2	3	4	5	6	7	8	9	10
j. Crossing a parking lot to get to the shopping center? **V3ABCJ**	0	1	2	3	4	5	6	7	8	9	10
k. Going up or down a slope (access ramp)? **V3ABCK**	0	1	2	3	4	5	6	7	8	9	10
l. Walking through a shopping center crowded with people who are in a rush? **V3ABCL**	0	1	2	3	4	5	6	7	8	9	10
m. Getting jostled by people as you are walking through a shopping center? **V3ABCM**	0	1	2	3	4	5	6	7	8	9	10
n. Using an escalator while holding the railing? **V3ABCN**	0	1	2	3	4	5	6	7	8	9	10
o. Using an escalator without being able to hold the railing because your arms are full? **V3ABCO**	0	1	2	3	4	5	6	7	8	9	10
p. Walking on icy sidewalks? **V3ABCP**	0	1	2	3	4	5	6	7	8	9	10

Activities-specific Balance Confidence (ABC) Scale

V3ABCSCORE

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Dealing with Pain

Individuals who experience pain have developed a number of ways to cope or deal with their pain. Below are several things that people have reported saying to themselves or doing when they feel pain. For each, please indicate, using the scale below, how much you do that when you feel pain,

... where **0** indicates you never do that when you are feeling pain,
... a **3** indicates you sometimes do that when you are feeling pain,
... and a **6** indicates you always do that when you are feeling pain.

For each activity, please mark one of the six bubbles along the scale from 0 to 6.

When I feel pain ...

17. I think of things I enjoy doing.

V3COPE1

0 1 2 3 4 5 6

Never do that — Sometimes do that — Always do that

18. I pray for the pain to stop.

V3COPE2

0 1 2 3 4 5 6

Never do that — Sometimes do that — Always do that

19. I don't pay any attention to it.

V3COPE3

0 1 2 3 4 5 6

Never do that — Sometimes do that — Always do that

20. I feel it's terrible and that it's never going to get any better.

V3COPE4

0 1 2 3 4 5 6

Never do that — Sometimes do that — Always do that

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

MOST

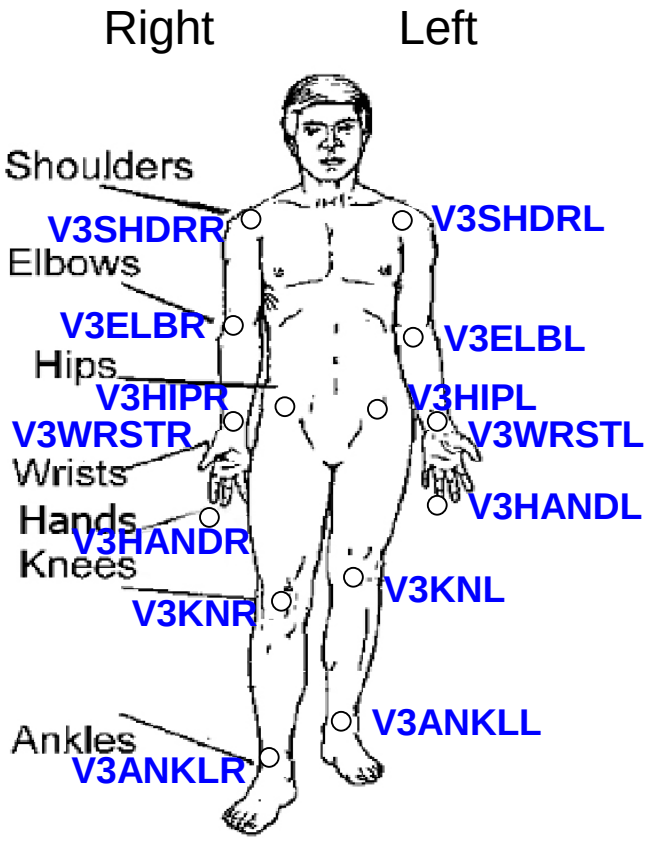
Joint Pain, Aching, and Stiffness

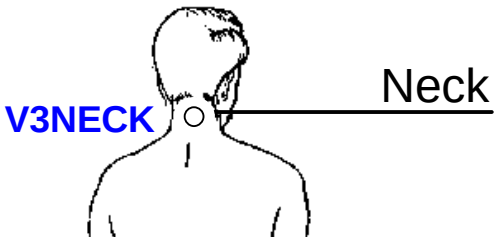
21. On most days, do you have pain, aching, or stiffness in any joints?

V3JPAIN ○ **1** Yes ○ **0** No

→ Go to Page #12, Question #22.

Please fill in the bubbles in the pictures below to show which joints have had **pain**, **aching**, or **stiffness** on **most days** in **the past 30 days**. ***(Please mark all that apply.)***





Foot joints are on next page (Page 11.)

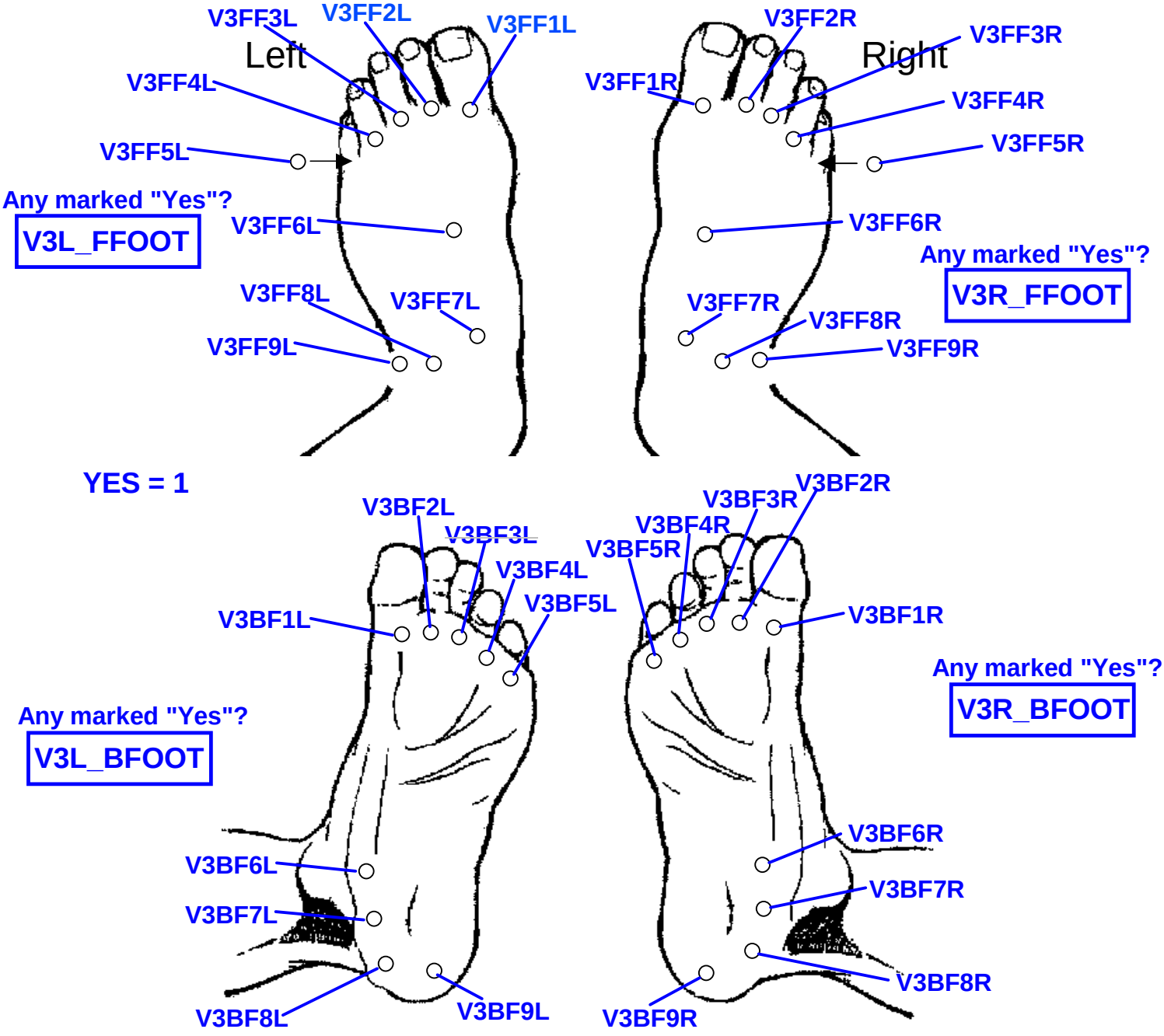
YES = 1

V3_WSPA
V3_WSPB
V3_WSPC

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Joint Pain, Aching, and Stiffness

Please fill in the bubbles in the pictures below to show which joints have had **pain**, **aching**, or **stiffness** on **most days** in **the past 30 days**. ***(Please mark all that apply.)***



Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

MOST

Back Pain and Function

22. During the **past 30 days**, have you had any back pain?

V3PAIN **1**○ Yes **0**○ No

Go to Page 13, Question #23.

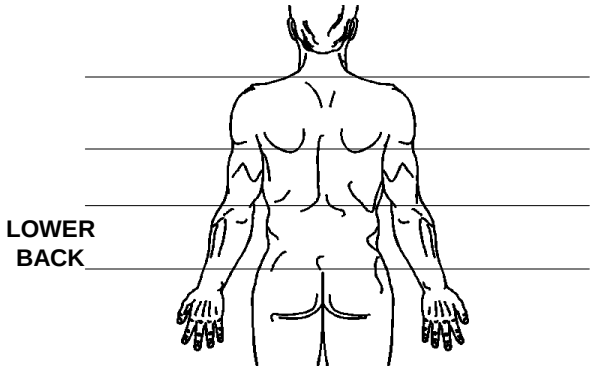
a. How often were you bothered by back pain in the **past 30 days**?
(Mark only one response.)

V3FREQ **1**○ All of the time **2**○ Most of the time **3**○ Some of the time **4**○ Rarely **5**○ Never

b. When you have had back pain, how bad was it on average?

V3SERV **1**○ Mild **2**○ Moderate **3**○ Severe

c. In what part or parts of your back is the pain usually located?
(Mark all areas on the back that apply with an X)



CLINIC USE ONLY

1 ○ NK	V3NK
1 ○ UB	V3UB
1 ○ MB	V3MB
1 ○ LB	V3LB
1 ○ BK	V3BK

V3_LBP

d. During the **past 30 days**, have you limited your activities because of back pain?

V3BPLA **1**○ Yes **0**○ No → Go to Page 13, Question #23.

di. How many days did you stay in bed because of your back?

V3BDDAY ☐☐ days

dii. How many days did you limit your activities because of your back?
(Do not include days in bed.)

V3BPLAD ☐☐ days

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Arthritis Medications

23. During the past 30 days, have you taken **any** of the following medications <u>for joint pain or arthritis</u>?

Aspirin
Advil, Motrin, Nuprin (Ibuprofen)
Aleve or **Naprosyn** (Naproxen)
Anaprox or **Anaprox DS** (Naproxen)
Celebrex (Celecoxib)
Tylenol (Acetaminophen)
Ansaid (Flurbiprofen)
Arthrotec (Diclofenac / Misoprostol)
Cataflam (Diclofenac)
Clinoril (Sulindac)
Daypro (Oxaprozin)
Dolobid (Diflunisal)
Feldene (Piroxicam)
Indocin (Indomethacin)
Indocin SR (Indomethacin)
Lodine (Etodolac)
Lodine XL (Etodolac)
Meclofenamate (Meclofenamate)
Mobic (Meloxicam)
Nalfon (Fenoprofen)
Naprelan (Naproxen)
Orudis (Ketoprofen)
Oruvail (Ketoprofen)
Ponstel (Mefenamic acid)
Relafen (Nabumetone)
Tolectin (Tolmetin)
Tolectin DS (Tolmetin)
Toradol (Ketorolac)
Voltaren (Diclofenac)
Voltaren-XR (Diclofenac)

V3ARTHRX **1** ○ Yes

0 ○ No → Go to Page 14, Question #24.

a. How often do you take **any** of these medications <u>for joint pain or arthritis</u>?

V3MOFT

5 ○ More than once a day
4 ○ Once a day
3 ○ Three to five times a week
2 ○ Once or twice a week
1 ○ Less than once a week

Arthritis Medications

24. During the past 30 days, have you taken **any** of the following stronger medications for joint pain or arthritis?

Actiq (fentanyloral)
Avinza (morphine)
Buprenex (buprenorphine)
Codeine
Darvon (propoxyphene)
Demerol (meperidine)
Dilaudid (hydromorphone)
Dolophine (methadone)
Duragesic patch (fentanyl)
Kadian (morphine)
Levo-Dromoran (levorphanol)
Lortab (hydrocodone + APAP)
Medhadose (methadone)
Meperidine (nalbuphine)
MS Contin (morphine sulphate)
MSIR (morphine)
Nubain (nalbuphine)
Numorphan (oxymorphone)
Oramorph SR (morphine)
OxyContin (oxycodone)
Oxydose (oxycodone)
Oxyfast (oxycodone)
OxyIR (oxycodone)
Percocet (oxycodone + APAP)
Percodan (oxycodone+terephthalate)
Roxanol (morphine)
Roxicodone (oxycodone)
Stadol (butorphanol)
Stadol NS (butorphanol nasal)
Sufenta (sufentanil)
Synalgos-DC
Talacen (pentazocine + APAP)
Talwin (pentazocine)
Talwin-NX (pentazocine + APAP)
Tylenol w/codeine
Tylox (oxycodone + APAP)
Ultiva (remifentanil)
Ultram (tramadol hydrochloride)
Vicodin (hydrocodone + APAP)

V3SMED
1 ○ Yes
0 ○ No

Go to Page 15, Question #25.

a. How often do you take **any** of these medications for joint pain or arthritis?

V3SMOFT
5 ○ More than once a day
4 ○ Once a day
3 ○ Three to five times a week
2 ○ Once or twice a week
1 ○ Less than once a week

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Health Survey

This survey asks for your views about your health.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the ONE best answer you can.

25. In general, would you say your health is:

V3SF1

1○ Excellent
2○ Very good
3○ Good
4○ Fair
5○ Poor

During the <u>past 30 days</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

26. <u>Accomplished less</u> than you would like	**1**○ Yes	**0**○ No	**V3SF4**
27. Were limited in the <u>kind</u> of work or other activities	**1**○ Yes	**0**○ No	**V3SF5**

During the <u>past 30 days</u>, have you had any of the following problems with your work or other regular activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

28. <u>Accomplished less</u> than you would like	**1**○ Yes	**0**○ No	**V3SF6**
29. Didn't do work or other activities as <u>carefully</u> as usual	**1**○ Yes	**0**○ No	**V3SF7**

30. During the past 30 days, how much did pain interfere with your normal work (including both work outside the home and housework)? ***(Please choose ONE answer.)***

V3SF8

0 ○ Not at all
1 ○ A little bit
2 ○ Moderately
3 ○ Quite a bit
4 ○ Extremely

These questions are about how you feel and how things have been with you during the past 30 days. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 30 days . . .

	All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time
31. Have you felt calm and peaceful? **V3SF9**	**5** ○	**4** ○	**3** ○	**2** ○	**1** ○	**0** ○
32. Did you have a lot of energy? **V3SF10**	**5** ○	**4** ○	**3** ○	**2** ○	**1** ○	**0** ○
33. Have you felt downhearted and blue? **V3SF11**	**5** ○	**4** ○	**3** ○	**2** ○	**1** ○	**0** ○

34. During the past 30 days, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? ***(Please choose ONE answer.)***

V3SF12

All of the time	Most of the time	Some of the time	A little of the time	None of the time
4 ○	**3** ○	**2** ○	**1** ○	**0** ○

V3SF12MM

V3SF12MP

35. The following questions are about activities you might do during a typical day. Does **your health now limit** you in these activities? If so, how much?
(Fill in the circle on each line.)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports? **V3PF10A**	1 ○	2 ○	0 ○
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? **V3SF2**	○	○	○
c. Lifting or carrying groceries? **V3PF10C**	○	○	○
d. Climbing several flights of stairs? **V3SF3**	○	○	○
e. Climbing one flight of stairs? **V3PF10E**	○	○	○
f. Bending, kneeling, or stooping? **V3PF10F**	○	○	○
g. Walking more than a mile? **V3PF10G**	○	○	○
h. Walking several hundred yards? **V3PF10H**	○	○	○
i. Walking one hundred yards? **V3PF10I**	○	○	○
j. Bathing or dressing yourself? **V3PF10J**	○	○	○

V3PF10

36. For each of the following statements, think about your feelings during the **past 7 days.** Mark the response that best describes your feelings:

Rarely or None of the time; Some of the time; Much of the time; Most or All of the time.

		Rarely or None of the time (<1 day)	Some of the time (1-2 days)	Much of the time (3-4 days)	Most or All of the time
V3CESDA	**a.** I was bothered by things that usually don't bother me.	1 ○	2 ○	3 ○	4 ○
V3CESDB	**b.** I did not feel like eating: my appetite was poor.	1 ○	2 ○	3 ○	4 ○
V3CESDC	**c.** I felt that I could not shake off the blues even with help from my family and friends.	1 ○	2 ○	3 ○	4 ○
V3CESDD	**d.** I felt that I was just as good as other people.	1 ○	2 ○	3 ○	4 ○
V3CESDE	**e.** I had trouble keeping my mind on what I was doing.	1 ○	2 ○	3 ○	4 ○
V3CESDF	**f.** I was depressed.	1 ○	2 ○	3 ○	4 ○
V3CESDG	**g.** I felt that everything I did was an effort.	1 ○	2 ○	3 ○	4 ○
V3CESDH	**h.** I felt hopeful about the future.	1 ○	2 ○	3 ○	4 ○
V3CESDI	**i.** I thought my life had been a failure.	1 ○	2 ○	3 ○	4 ○
V3CESDJ	**j.** I felt fearful.	1 ○	2 ○	3 ○	4 ○

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Health Survey

For each of the following statements, think about your feelings during the **past 7 days.** Mark the response that best describes your feelings:

Rarely or None of the time; Some of the time; Much of the time; Most or All of the time.

	Rarely or None of the time (<1 day)	Some of the time (1-2 days)	Much of the time (3-4 days)	Most or All of the time
k. My sleep was restless. V3CESDK	1 ○	2 ○	3 ○	4 ○
l. I was happy. V3CESDL	1 ○	2 ○	3 ○	4 ○
m. It seemed that I talked less than usual. V3CESDM	1 ○	2 ○	3 ○	4 ○
n. I felt lonely. V3CESDN	1 ○	2 ○	3 ○	4 ○
o. People were unfriendly. V3CESDO	1 ○	2 ○	3 ○	4 ○
p. I enjoyed life. V3CESDP	1 ○	2 ○	3 ○	4 ○
q. I had crying spells. V3CESDQ	1 ○	2 ○	3 ○	4 ○
r. I felt sad. V3CESDR	1 ○	2 ○	3 ○	4 ○
s. I felt that people disliked me. V3CESDS	1 ○	2 ○	3 ○	4 ○
t. I could not get going V3CESDT	1 ○	2 ○	3 ○	4 ○

V3CES_D

V3_DEP

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Sleep and Fatigue

37. During the **past 7 days**, how would you rate your sleep quality overall?

V3SLPQA

5 ○ Very good
4 ○ Fairly good
3 ○ Fairly bad
2 ○ Very bad

---

38. Fatigue is a feeling of being worn out, pooped, sluggish, run down, tired, or lacking energy. During the **past 7 days**, what number between 0 and 10 best describes your usual level of fatigue?

A zero (0) would mean 'no fatigue' and ten (10) would mean 'fatigue as bad as it can be.'

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○
No fatigue					**V3FATIG**					**Fatigue as bad as it can be**

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Everyday Things

This questionnaire asks about everyday things that you do at this time in your life.
(For example, you might feel limited because of your health, or because it takes a lot of mental and physical energy. Please keep in mind that you can also feel limited by factors outside of yourself. Your environment could restrict you from doing things; for instance, transportation issues, accessibility, and social or economic circumstances could limit you from doing things you would like to do. Think of all these factors when you answer this section.)

Answer every question by selecting the answer as indicated. If you are unsure about how to answer, please give the best ONE answer you can.

To what extent do you feel limited in…?	Not at all	A little	Somewhat	A lot	Completely	
39. Visiting friends and family in their homes.	○ 5	○ 4	○ 3	○ 2	○ 1	V3FDI1
40. Providing care or assistance to others. This may include providing personal care, transportation, and running errands for family members or friends.	○ 5	○ 4	○ 3	○ 2	○ 1	V3FDI2
41. Taking care of the inside of your home. This includes managing and taking responsibility for homemaking, laundry, housecleaning and minor household repairs.	○ 5	○ 4	○ 3	○ 2	○ 1	V3FDI3
42. Working at a volunteer job outside your home.	○ 5	○ 4	○ 3	○ 2	○ 1	V3FDI4
43. Taking part in active recreation. This may include bowling, golf, tennis, hiking, jogging, or swimming.	○ 5	○ 4	○ 3	○ 2	○ 1	V3FDI5
44. Traveling out of town for at least an overnight stay.	○ 5	○ 4	○ 3	○ 2	○ 1	V3FDI6
45. Taking part in a regular fitness program. This may include walking for exercise, stationary biking, weight lifting, or exercise classes.	○ 5	○ 4	○ 3	○ 2	○ 1	V3FDI7
46. Going out with others to public places such as restaurants or movies.	○ 5	○ 4	○ 3	○ 2	○ 1	V3FDI8

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Everyday Things

To what extent do you feel limited in…?	Not at all	A little	Somewhat	A lot	Completely
47. Taking care of your own personal care needs. This includes bathing, dressing, and toileting. V3FDI9	5 ○	4 ○	3 ○	2 ○	1 ○
48. Taking part in organized social activities. This may include clubs, card playing, senior center events, community or religious groups. V3FDI10	5 ○	4 ○	3 ○	2 ○	1 ○
49. Taking care of local errands. This may include managing and taking responsibility for shopping for food and personal items, and going to the bank, library, or dry cleaner. V3FDI11	5 ○	4 ○	3 ○	2 ○	1 ○
50. Preparing meals for yourself. This includes planning, cooking, serving, and cleaning up. V3FDI12	5 ○	4 ○	3 ○	2 ○	1 ○

V3LLDIIR

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Helpful Aids and Devices

51. Do you usually use any of the following AIDS OR DEVICES for walking indoors around your home?
(***Please mark <u>all</u> that apply.***)

YES = 1

V3AICANE ○ Cane
V3AICRUT ○ Crutches
V3AIWLK ○ Walker
V3AIWHL ○ Wheelchair
V3AIOTH ○ Other ***(Please specify: _____)***

○ I do not use any of these devices **V3AINONE**

---

52. Do you usually use any of the following AIDS OR DEVICES for walking outdoors or when you go out shopping?
(Please mark <u>all</u> that apply.)

YES = 1

V3AOCANE ○ Cane
V3AOCRUT ○ Crutches
V3AOWLK ○ Walker
V3AOWHL ○ Wheelchair
V3AOOTH ○ Other ***(Please specify: _____)***

○ I do not use any of these devices **V3AONONE**

---

53. Do you usually use any of the following AIDS OR DEVICES for going up or down stairs?
(Please mark <u>all</u> that apply.)

YES = 1

V3ASCANE ○ Cane
V3ASLIFT ○ Stair lift
V3ASELEV ○ Elevator
V3ASOTH ○ Other ***(Please specify: _____)***

○ I do not use any of these devices **V3ASNONE**

---

54. Do you usually use any of the following AIDS OR DEVICES for getting up from a chair or bed, or using the toilet?
(Please mark <u>all</u> that apply.)

V3AUCHR ○ Special built-up or lift chair
V3AUCANE ○ Cane
V3AUWLK ○ Walker
V3AUCRUT ○ Crutches

○ Built up or raised toilet seat **V3AUTLT**
○ Grab bars **V3AUGRAB**
○ Other ***(Please specify: _____)*** **V3AUOTH**

○ I do not use any of these devices **V3AUNONE**

YES = 1

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Current Employment

55. Do you currently do any amount of work for pay?
(Also mark "Yes" if you are self-employed or you are on a temporary leave from work and expect to return to work within 6 months.)

V3PAY **1**○ Yes → Go to Question #56.

0○ No

a. Do you do at least 15 hours of unpaid work per week for a business or farm owned by a member of your family?
(Work that you do to care for family members or as a volunteer does not apply.)

V3NOPAY **1**○ Yes → Go to Question #56.

0○ No

b. Are you not working due at least in part to your health?

V3HLTH **1**○ Yes → Go to Page 25, Question #58.

0○ No

56. When you worked over the past year, on average how many hours a week did you usually work? ***(Include any overtime hours you usually worked.)***

V3HRSWK ☐☐ Number of hours worked per week

57. How many half or full workdays did you miss in the past 3 months because of knee pain, aching or stiffness? ***(Please write in the number of days; if none, put 0.)***

V3MIS ☐☐ Number of days missed in the past 3 months

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Household

58. How difficult is it for you to meet monthly payments on your [family's] bills?

V3BILL

1 ○ Not at all difficult
2 ○ Not very difficult
3 ○ Somewhat difficult
4 ○ Very difficult
5 ○ Unable

---

59. Do you live by yourself or do you live with a spouse, family member(s), or roommate(s)?

V3ALONE

1 ○ Live alone

2 ○ Live with my spouse, family member(s), or roommate(s)

a. Not counting yourself, how many people live with you?

~~V3HSHOLD~~ ☐☐ Number of other people in household

b. How many of these people are under the age of 18?

~~V3LIV18~~ ☐☐ Number of people under the age of 18

Scoring for WOMAC© Likert 3.1

MOST uses a modified version of the WOMAC© Likert 3.1 instrument. WOMAC© is a registered trademark (CDN No. TMA 545,986), Copyright 1996 Nicholas Bellamy, All Rights Reserved. This copyrighted instrument may not be displayed. Therefore page 1, the bottom of page 2, the top and bottom of page 3, and all of pages 4, 5, 7, and 8 of the MOST Follow-up Self-Administered Questionnaire – Clinic are not being displayed.

Please go to: http://www.womac.org for more information about the WOMAC© Likert 3.1.

WOMAC© subscales

There are three WOMAC© subscales: pain, stiffness and disability. The time period covered by the subscales is the "past 30 days." Subscale scores are the sum of individual item scores for all items in the subscale.

Knee pain

The individual items in the pain subscale are:

Activity	Variable (right knee)	Variable (left knee)
Walking	**V3Q1KR**	**V3Q1KL**
Up stairs	**V3UPR**	**V3UPL**
Down stairs	**V3DOWNR**	**V3DOWNL**
Stairs (calculated)	**V3Q2KR**	**V3Q2KL**
In bed	**V3Q3KR**	**V3Q3KL**
Sit or lie down	**V3Q4KR**	**V3Q4KL**
Standing	**V3Q5KR**	**V3Q5KL**

Each knee pain item is scored on a 5-point scale:
0 = None
1 = Mild
2 = Moderate
3 = Severe
4 = Extreme
5 = Don't do*
.M = Missing

*The following variables have the 5 (don't do) scoring option: V3UPR, V3UPL, V3DOWNR, and V3DOWNL. "Don't do" is set to missing.

The pain subscale scores are calculated for the right and left knee separately. The pain subscale possible score range is 0-20.

Score	Variable (right knee)	Variable (left knee)
Pain subscale scores	**V3WOPNKR**	**V3WOPNKL**

(Note: page 1, the bottom of page 2, the top and bottom of page 3, and all of pages 4, 5, 7, and 8 of the MOST Follow-up Self-Administered Questionnaire – Clinic are not being displayed)

Knee stiffness
The individual items in the stiffness subscale are:

Activity	Variable (right knee)	Variable (left knee)
In morning	**V3Q6KR**	**V3Q6KL**
Later in day	**V3Q7KR**	**V3Q7KL**

Each knee stiffness item is scored with the same scale used for knee pain, except the "5" scoring option (see previous page) is not available.

The stiffness subscale scores are calculated for the right and left knee separately. The stiffness subscale possible score range is 0-8.

Score	Variable (right knee)	Variable (left knee)
Stiffness subscale scores	**V3WOSTKR**	**V3WOSTKL**

Disability
The individual items in the disability subscale are:

Activity	Variable (either knee)
Down stairs	**V3Q8K**
Up stairs	**V3Q9K**
Stand from sitting	**V3Q10K**
Standing	**V3Q11K**
Bending	**V3Q12K**
Walking	**V3Q13K**
In car/out of car	**V3Q14K**
Shopping	**V3Q15K**
Socks on	**V3Q16K**
Get out of bed	**V3Q17K**
Socks off	**V3Q18K**
Lying down	**V3Q19K**
Bathing	**V3Q20K**
Sitting	**V3Q21K**
On/off toilet	**V3Q22K**
Heavy chores	**V3Q23K**
Light chores	**V3Q24K**

Each disability item is scored for difficulty with the same scale used for pain and stiffness (see previous page).

*The following variables have the 5 (don't do) scoring option: V3Q8K, V3Q9K, V3Q12K, V3Q15K, V3Q23K, and V3Q24K. "Don't do" is set to missing.

The disability subscale possible score range is 0-68.

Score	Variable (either knee)
Disability subscale scores	**V3WOPASK**

(Note: the top of page 2, bottom of page 4, and complete pages 3, 5, 6, 8, and 9 of the MOST Follow-up Self-Administered Questionnaire – Clinic are not being displayed)

Total scores

The total scores are the sum of the pain, stiffness and disability subscale scores for the right and left knee, respectively. The possible score range is 0-96.

Score	Variable (right knee)	Variable (left knee)
Total scores	V3WOTOTR	V3WOTOTL

Score calculations

An individual response of:

5 = Don't do
.M = Missing

For any item is treated as missing data.

Modified WOMAC Osteoarthritis Index Likert Version 3.1 (1996). Subscales are for knee pain and stiffness, hip pain, physical function, and degree of difficulty (when physically active). In addition to asking about degree of physical difficulty going up stairs and going down stairs, in MOST we also ask separate knee pain questions regarding going up stairs and going down stairs. The stair climbing calculation was based on the highest response value of the two questions. If there is one missing answer and one non-missing answer for the stair climbing uestions, the non-missing answer is used. Subsets of the questions have a "don't do" response option. If the participant chose the "don't do" response, the score for that question was set to missing when computing WOMAC scores. Participant responses are all based on the past 30 days.

In MOST, WOMAC pain questions are also asked about the hips (five questions). In addition, three of the physical function questions of interest (pain experienced while putting on socks, getting in or out of a chair, and getting in or out of a car) are also asked about the hips. The modified hip pain subscale was calculated based on these 8 questions.

The WOMAC knee calculated variable and subscales were calculated based on code from Jingbo Niu at Boston University (Framingham Study).

The method used to handle missing values (ie., participant fails to/refuses to complete all questions) is consistent with the suggestion from the WOMAC User's Guide (Nicholas Bellamy) for how missings should be treated: "If >= two pain, both stiffness, or >= four physical function items are omitted, the patient's response is regarded as invalid and the deficient subscale(s) should not be used in analysis. Where one pain, one stiffness, or 1-3 physical function items are missing, we suggest substituting the average value for the subscale in lieu of the missing item value(s). This method is similar to that employed for other indices (e.g., SF-36)."

(Note: the top of page 2, bottom of page 4, and complete pages 3, 5, 6, 8, and 9 of the MOST Follow-up Self-Administered Questionnaire – Clinic are not being displayed)

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Knee Symptoms

2. How bad has the pain been in your <u>right</u> knee, on average, in the <u>past 30 days</u>? Please mark an "X" on the line below: ("0" means "no pain" and "100" means "pain as bad as it could be")

no pain

pain as bad as it could be

Clinic Use Only

V3VASKR

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page [34].

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page [34].

6. How bad has the pain been in your left knee, on average, in the past 30 days? Please mark an "X" on the line below. ("0" means "no pain" and "100" means "pain as bad as it could be")

no pain

pain as bad as it could be

Clinic Use Only

V3VASKL

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Physical Difficulty

The next questions are about the amount of difficulty you may have when you are **more physically active**. For each of the following activities, please indicate the **degree of difficulty** you have experienced **during the past 30 days** due to pain and discomfort **in either knee**.

10. QUESTION: What degree of difficulty do you have due to pain, discomfort or arthritis in your knee(s)?						
a. **Squatting** V3SP1K	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do
b. **Running/jogging** V3SP2K	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do
c. **Jumping** V3SP3K	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do
d. **Twisting/pivoting on your knees** V3SP4K	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do
e. **Kneeling** V3SP5K	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do

V3KOOSSP

MOST 60-MONTH FOLLOW-UP CLINIC VISIT PROCEDURE CHECKLIST

Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
○ 60-month ○ 84-month			/ / V3_DATEDIFF	

Measurement	Page #	Completed	Partially completed	Participant refused	Not done/ Not applicable
1. Was Self-administered Home Questionnaire completed/checked? V3HOMEC		○	○	○	○
2. Was Self-administered Clinic Questionnaire completed/checked? V3CLIN		○	○	○	○
3. Was Clinic Interview administered? V3INTV		○	○	○	○
4. Medication Inventory V3MIF	29	○	○	○	○
5. Cognitive Screen V3COGNC	30	○	○	○	○
6. Blood Pressure V3BP	32	○	○	○	○
7. Standing Height V3STANDC	33	○	○	○	○
8. Weight V3WGHTC	33	○	○	○	○
9. 20-meter Walk V320M	34	○	○	○	○
10. Chair Stands V3CHAIRC	36	○	○	○	○
11. Isokinetic Strength / sEMG V3ISO	39	○	○	○	○
12. Rapid Step Ups V3RAPDC	45	○	○	○	○
13. Maximal Step Length V3MAXSLC	47	○	○	○	○
14. Gaitrite V3GAITC	49	○	○	○	○
15. Plantar Pressure V3PRESC	52	○	○	○	○
16. VPT & Pain Sensitivity Exclusions V3VPTEXC	55	○	○	○	○
17. Peripheral Neuropathy V3PNEUC	57	○	○	○	○
18. Vibration Perception Threshold V3VIBRC	58	○	○	○	○
19. Pain Sensitivity V3PSENC	60	○	○	○	○
20. Knee X-ray V3KXRAY	66	○	○	○	○
21. OrthOne 1.0 T Knee MRI V3MRICL	67	○	○	○	○
22. Initial Pain & Urine collection V3UR	72	○	○	○	○
23. Phlebotomy V3SC	73	○	○	○	○
24. Laboratory processing V3LAB	74	○	○	○	○
25. Accelerometry V3ACCELC	75	○	○	○	○

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

V3KSSID

Knee Symptoms

I would like to ask you several questions about pain, aching, or stiffness in or around your knees.

Right Knee

First I'll ask you about your right knee.

1. During the past 12 months, have you had any pain, aching, or stiffness in your right knee?

V3KPN12R ○ 1 Yes ○ 0 No ○ 8 Don't know/Refused

→ Go to Page 6, Question #12.

1a. During the past 12 months, have you had pain, aching, or stiffness in your right knee on most days for at least one month?

V3MNTHR ○ 1 Yes ○ 0 No ○ 8 Don't know

---

2. During the past 30 days, have you had any pain, aching, or stiffness in your right knee?

V3PN30R ○ 1 Yes ○ 0 No ○ 8 Don't know/Refused

→ Go to Page 5, Question #11.

2a. During the past 30 days, have you had pain, aching, or stiffness in your right knee on most days?

V3KPN30R ○ 1 Yes ○ 0 No ○ 8 Don't know

V3R_FKP

V3_FKPSX

People have told us that they experience different kinds of pain (including aching or discomfort) in their knee. To get a better sense of the different types of knee pain you may experience, we would like to ask you about any "constant pain" (pain you have all the time) separately from any pain that you may experience less often, that is, "pain that comes and goes". The following questions will ask you about the pain that you have experienced in your knee in the past 7 days.

3. In the past 7 days, have you had any pain in or around your right knee?

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused **V3AKCP7R**

Go to Page 5, Question #11.

4. In the past 7 days, have you had constant pain (pain that you have all the time) in or around your right knee?

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused **V3CKCP7R**

Go to Page 4, Question #7.

For each of the following questions, please select the response that best describes, on average, your *constant pain in your right knee* in the past 7 days.

5. In the past 7 days, how intense has your *constant pain in your right knee* been?
(Examiner Note: REQUIRED. Show Card #1.)

0 ○ Not at all
1 ○ Mildly
2 ○ Moderately **V3INCP7R**
3 ○ Severely
4 ○ Extremely
8 ○ Don't know
7 ○ Refused

6. In the past 7 days, how much has your *constant pain in your right knee* affected your overall quality of life?
(Examiner Note: REQUIRED. Show Card #1.)

0 ○ Not at all
1 ○ Mildly
2 ○ Moderately **V3QLCP7R**
3 ○ Severely
4 ○ Extremely
8 ○ Don't know
7 ○ Refused

7. In the past 7 days, have you had intermittent pain (pain that comes and goes) in or around your right knee?

V3INTP7R
- **1** ○ Yes
- **0** ○ No → Go to Page 5, Question #11.
- **8** ○ Don't know/Refused → Go to Page 5, Question #11.

For each of the following questions, please select the response that best describes your *pain that comes and goes in your right knee on average*, in the past 7 days.

8. In the past 7 days, how intense has your most severe *pain that comes and goes in your right knee* been?
(Examiner Note: REQUIRED. Show Card #2.)

V3SEVP7R
- **0** ○ Not at all
- **1** ○ Mildly
- **2** ○ Moderately
- **3** ○ Severely
- **4** ○ Extremely
- **8** ○ Don't know
- **7** ○ Refused

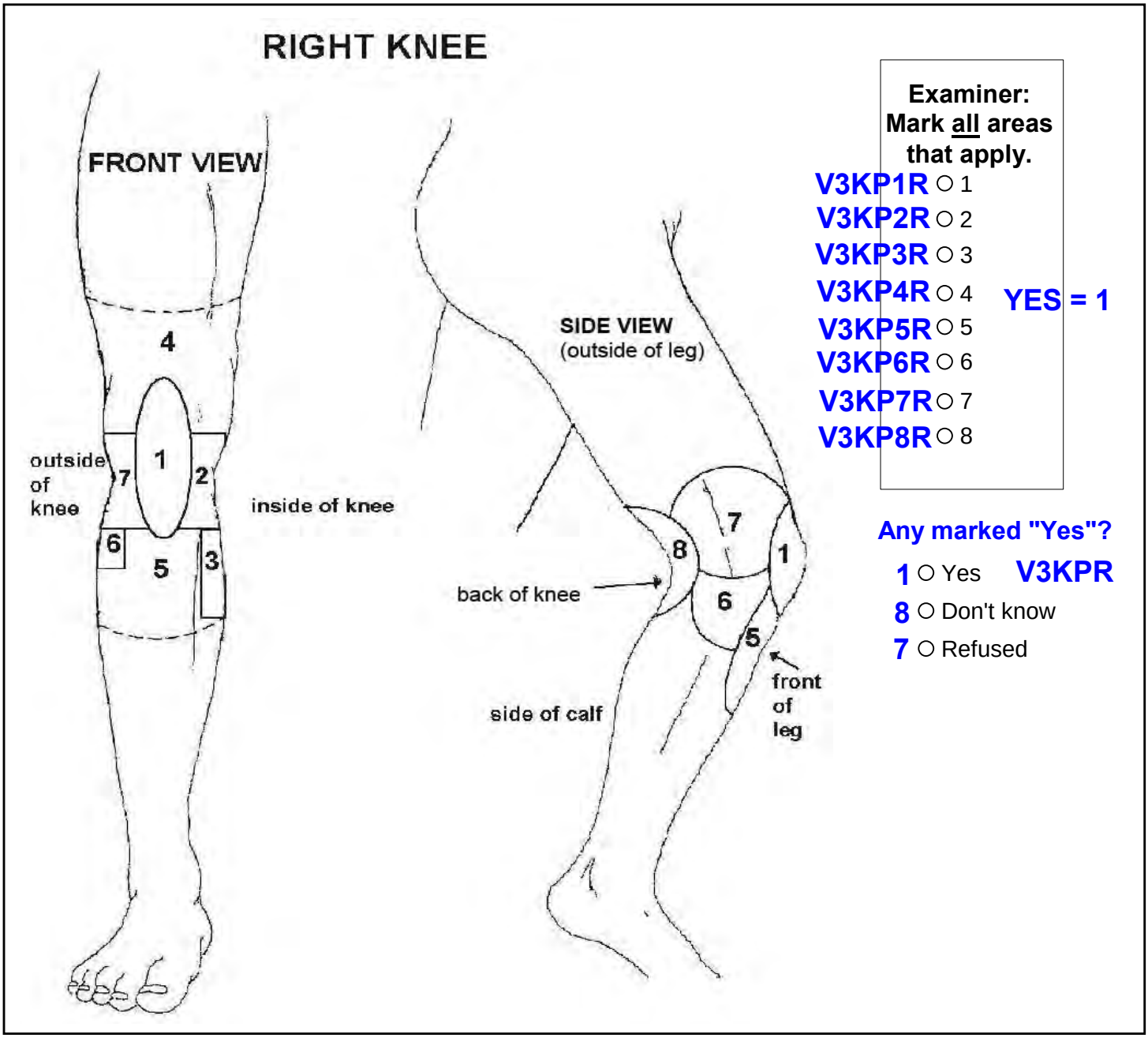
9. In the past 7 days, how frequently has this *pain that comes and goes in your right knee* occurred?
(Examiner Note: REQUIRED. Show Card #3.)

V3FRQP7R
- **0** ○ Never
- **1** ○ Rarely
- **2** ○ Sometimes
- **3** ○ Often
- **4** ○ Very often
- **8** ○ Don't know
- **7** ○ Refused

10. In the past 7 days, how much has your *pain that comes and goes in your right knee* affected your overall quality of life?
(Examiner Note: REQUIRED. Show Card #4.)

V3QLNT7R
- **0** ○ Not at all
- **1** ○ Mildly
- **2** ○ Moderately
- **3** ○ Severely
- **4** ○ Extremely
- **8** ○ Don't know
- **7** ○ Refused

11. When you have right knee pain, where does it usually hurt?
(Examiner Note: Have participant mark an x(s) where their right knee hurts. Mark all areas that apply.)



Examiner: Mark all areas that apply.

V3KP1R ○ 1
V3KP2R ○ 2
V3KP3R ○ 3
V3KP4R ○ 4 **YES = 1**
V3KP5R ○ 5
V3KP6R ○ 6
V3KP7R ○ 7
V3KP8R ○ 8

Any marked "Yes"?

1 ○ Yes **V3KPR**
8 ○ Don't know
7 ○ Refused

Left Knee

Now I'll ask you specifically about your left knee.

12. During the past 12 months, have you had any pain, aching, or stiffness in your left knee?

V3KPN12L ○ 1 Yes ○ 0 No ○ 8 Don't know/Refused

12a. During the past 12 months, have you had pain, aching, or stiffness in your left knee on most days for at least one month?

V3MNTHL ○ 1 Yes ○ 0 No ○ 8 Don't know

Go to Page 10, Question #23.

13. During the past 30 days, have you had any pain, aching, or stiffness in your left knee?

V3PN30L ○ 1 Yes ○ 0 No ○ 8 Don't know/Refused

Go to Page 9, Question #22.

13a. During the past 30 days, have you had pain, aching, or stiffness in your left knee on most days?

V3KPN30L ○ 1 Yes ○ 0 No ○ 8 Don't know

V3L_FKP

V3_FKPSX

Again, I'm going to ask you about any "constant pain" (pain you have all the time) separately from any pain that you may experience less often, that is, "pain that comes and goes". The following questions will ask you about the pain that you have experienced in your knee in the past 7 days.

14. In the past 7 days, have you had any pain in or around your left knee?

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused **V3AKCP7L**

→ Go to Page 9, Question #22.

15. In the past 7 days, have you had constant pain (pain that you have all the time) in or around your left knee?

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused **V3CKCP7L**

→ Go to Page 8, Question #18.

For each of the following questions, please select the response that best describes, on average, your *constant pain in your left knee* in the past 7 days.

16. In the past 7 days, how intense has your *constant pain in your left knee* been?
(Examiner Note: REQUIRED. Show Card #5.)

0 ○ Not at all
1 ○ Mildly
2 ○ Moderately
3 ○ Severely
4 ○ Extremely
8 ○ Don't know
7 ○ Refused

V3INCP7L

17. In the past 7 days, how much has your *constant pain in your left knee* affected your overall quality of life?
(Examiner Note: REQUIRED. Show Card #5.)

0 ○ Not at all
1 ○ Mildly
2 ○ Moderately
3 ○ Severely
4 ○ Extremely
8 ○ Don't know
7 ○ Refused

V3QLCP7L

18. In the past 7 days, have you had intermittent pain (pain that comes and goes) in or around your left knee?

V3INTP7L

1 ○ Yes

0 ○ No → Go to Page 9, Question #22.

8 ○ Don't know/Refused

For each of the following questions, please select the response that best describes your *pain that comes and goes in your left knee on average*, in the past 7 days.

19. In the past 7 days, how intense has your most severe *pain that comes and goes in your left knee* been?
(Examiner Note: REQUIRED. Show Card #6.)

V3SEVP7L

0 ○ Not at all
1 ○ Mildly
2 ○ Moderately
3 ○ Severely
4 ○ Extremely
8 ○ Don't know
7 ○ Refused

20. In the past 7 days, how frequently has this *pain that comes and goes in your left knee* occurred?
(Examiner Note: REQUIRED. Show Card #7.)

V3FRQP7L

0 ○ Never
1 ○ Rarely
2 ○ Sometimes
3 ○ Often
4 ○ Very often
8 ○ Don't know
7 ○ Refused

21. In the past 7 days, how much has your *pain that comes and goes in your left knee* affected your overall quality of life?
(Examiner Note: REQUIRED. Show Card #8.)

V3QLNT7L

0 ○ Not at all
1 ○ Mildly
2 ○ Moderately
3 ○ Severely
4 ○ Extremely
8 ○ Don't know
7 ○ Refused

22. When you have left knee pain, where does it usually hurt?
(Examiner Note: Have participant mark an x(s) where their left knee hurts. Mark all areas that apply.)

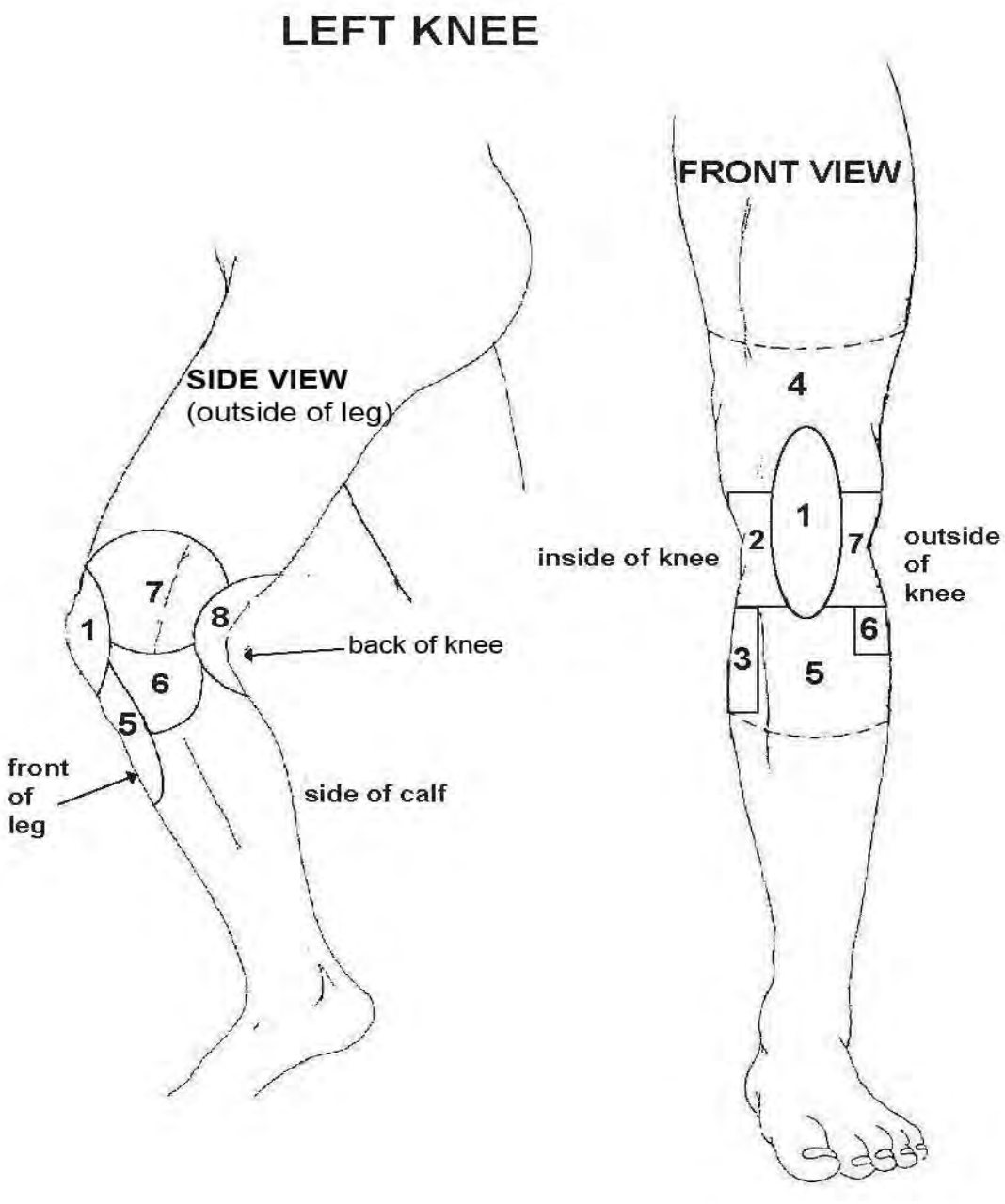
Examiner: Mark all areas that apply.

YES = 1

- ○ 1 **V3KP1L**
- ○ 2 **V3KP2L**
- ○ 3 **V3KP3L**
- ○ 4 **V3KP4L**
- ○ 5 **V3KP5L**
- ○ 6 **V3KP6L**
- ○ 7 **V3KP7L**
- ○ 8 **V3KP8L**

Any marked "Yes"?

- **1** ○ Yes **V3KPL**
- **8** ○ Don't know
- **7** ○ Refused



Knee Symptoms

Both Knees

Now I'll ask you about both knees.

23. During the past 30 days, have you limited your activities because of pain, aching, or stiffness in either knee?

1 ○ Yes **V3KNLA** 0 ○ No 8 ○ Don't know/Refused

23a. On how many days did you limit your activities because of pain, aching, or stiffness? ☐☐ days

V3KNLAD

23b. During the past 30 days, have you tried to avoid knee pain or reduce the amount of knee pain by avoiding, changing, or cutting back on any of your normal activities? **V3AVOID**

1 ○ Yes 0 ○ No 8 ○ Don't know

Knee Buckling

For the following questions, we are interested in knee buckling or your knee "giving way." Sometimes you may feel as if your knee is going to buckle or give way but it doesn't actually do so. That does not count.

24. In the past 12 months, has either of your knees buckled or given way at least once?

V3KB12M 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

Go to Page 12, Question #26.

24a. Which knee buckled or gave way at least once?

V3KB12 1 ○ Right knee 2 ○ Left knee 3 ○ Both knees 8 ○ Don't know which knee

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Knee Buckling

25. In the past 3 months, has either of your knees buckled or given way at least once?

V3KBUCK 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

→ Go to Page 12, Question #26.

25a. Which knee buckled or gave way at least once?

V3KBS 1 ○ Right knee 2 ○ Left knee 3 ○ Both knees 8 ○ Don't know which knee

25b. Counting all times and both knees, how many times in the past 3 months have your knees buckled? If you are unsure, make your best guess.
(Examiner Note: OPTIONAL. Show Card #9.)

V3KBTOT
1 ○ 1 time
2 ○ 2 to 5 times
3 ○ 6 to 10 times
4 ○ 11 to 24 times
5 ○ More than 24 times
8 ○ Don't know/Refused

25c. As a result of knee buckling or giving way, did you fall and land on the floor or ground?

V3FALL 1 ○ Yes 0 ○ No 8 ○ Don't know

25d. In general, what were you doing when your knee(s) buckled?
(Examiner Note: Please mark <u>all</u> that apply.)

V3WLK 1 ○ Walking
V3STAIRB 1 ○ Going up or down stairs
V3TWIST 1 ○ Twisting or turning
V3KBOT 1 ○ Other ***(Please specify:*** _____ ***)***
V3KBDK 1 ○ Don't know

Knee Buckling

26. In the past 3 months, has either knee felt like it was shifting, slipping, or going to give way but didn't actually do so?

V3KSLIP

1 ○ Yes

0 ○ No → Go to Question #27.

8 ○ Don't know/Refused → Go to Question #27.

26a. Which knees felt like they were shifting, slipping, or going to give way but didn't?

V3KSS

1 ○ Right knee
2 ○ Left knee
3 ○ Both knees
8 ○ Don't know which knee

26b. Counting all times and both knees, how many times did your knee feel like it was shifting, slipping, or going to give way? If you are unsure, make your best guess.

V3KSTOT

1 ○ 1 time
2 ○ 2 to 5 times
3 ○ 6 to 10 times
4 ○ 11 to 24 times
5 ○ More than 24 times
8 ○ Don't know

27. Because of concern about buckling or "giving way" in your knees, have you changed or limited your usual activities in any way?

V3LMBUCK

1 ○ Yes
0 ○ No
8 ○ Don't know/Refused

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Knee Injury

The next two questions are about knee injuries.

Right Knee

28. Since we last contacted you, about 2 years ago, have you injured your right knee badly enough to limit your ability to walk for at least two days?
(Examiner Note: Refer to Data from Prior Visits Report for month/year of last clinic visit or missed visit telephone interview.)

V3LAR **1** ○ Yes **0** ○ No **8** ○ Don't know/Refused

Left Knee

29. Since we last contacted you, about 2 years ago, have you injured your left knee badly enough to limit your ability to walk for at least two days?

V3LAL **1** ○ Yes **0** ○ No **8** ○ Don't know/Refused

Knee Surgery

The next few questions are about knee surgery.

30. Since we last contacted you, about 2 years ago, did you have any surgery in your right knee?

V3SURGR
1 ○ Yes
0 ○ No
8 ○ Don't know/Refused

Go to Page 15, Question #32.

31. Since we last contacted you, about 2 years ago, did you have the following types of surgery in your right knee:

a. Arthroscopy (where they put a scope) in your right knee?

V3ARTR 1 ○ Yes 0 ○ No 8 ○ Don't know

b. Meniscectomy (where they repaired or cut away a torn meniscus or cartilage) in your right knee?

V3MENR 1 ○ Yes 0 ○ No 8 ○ Don't know

c. Ligament repair in your right knee?

V3LIGR 1 ○ Yes 0 ○ No 8 ○ Don't know

d. Right knee replacement, where all or part of the joint was replaced?

V3KNRR ○ Yes ○ No ○ Don't know

Examiner Note: Please complete the Event Notification Form and mark Right Knee Replacement and then go to Question #31e below.

e. Another kind of surgery in your right knee?

V3SOTHR 1 ○ Yes 0 ○ No 8 ○ Don't know

f. i. ***Are any of the answers for Questions #31a-31e above marked "Yes"?***

V3SUMYR ○ Yes ○ No

ii. Do you have any metal implants (such as pins, screws, staples, etc.) in your right knee from this surgery?

V3MIMPR ○ Yes ○ No ○ Don't know

Examiner Note: Record that participant has metal implants in right knee on the OrthOne 1.0 T form (Page 69, Question #8 in the Follow-up Clinic Visit Workbook), and then proceed to Page 15, Question #32.

Go to Page 15, Question #32.

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○ 60-month ○ 84-month		

32. Since we last contacted you, about 2 years ago, did you have any surgery in your left knee?

V3SURGL
1 ○ Yes
0 ○ No
8 ○ Don't know/Refused

→ Go to Page 16, Question #34.

33. Since we last contacted you, about 2 years ago, did you have the following types of surgery in your left knee:

a. Arthroscopy (where they put a scope) in your left knee?

V3ARTL 1 ○ Yes 0 ○ No 8 ○ Don't know

b. Meniscectomy (where they repaired or cut away a torn meniscus or cartilage) in your left knee?

V3MENL 1 ○ Yes 0 ○ No 8 ○ Don't know

c. Ligament repair in your left knee?

V3LIGL 1 ○ Yes 0 ○ No 8 ○ Don't know

d. Left knee replacement, where all or part of the joint was replaced?

V3KNRL ○ Yes ○ No ○ Don't know

Examiner Note: Please complete the Event Notification Form and mark Left Knee Replacement and then go to Question #33e below.

e. Another kind of surgery in your left knee?

V3SOTHL 1 ○ Yes 0 ○ No 8 ○ Don't know

f. **i.** ***Are any of the answers for Questions #33a-33e above marked "Yes"?***

V3SUMYL ○ Yes ○ No

ii. Do you have any metal implants (such as pins, screws, staples, etc.) in your left knee from this surgery?

V3MIMPL ○ Yes ○ No ○ Don't know

Examiner Note: Record that participant has metal implants in left knee on the OrthOne 1.0 T form (Page 69, Question #8 in the Follow-up Clinic Visit Workbook), and then proceed to Page 16, Question #34.

→ Go to Page 16, Question #34.

The next few questions are about your hip joints.

Right Hip

First I'll ask you about your right hip.

34. During the past 30 days, have you had any pain, aching, or stiffness in or around your right hip? This includes pain in the groin and front and sides of the upper thigh. Do not include pain that was only in your lower back or buttocks.
(Examiner Note: REQUIRED - Show Card #10.)

V3ANYR ○ 1 Yes ○ 0 No ○ 8 Don't know/Refused

34a. During the past 30 days, have you had pain, aching, or stiffness in your right hip on most days?

V3HPN30R ○ 1 Yes ○ 0 No ○ 8 Don't know

Where is this pain, aching, or stiffness located?
(Examiner Note: REQUIRED - Show Card #10. Please mark all that apply.)

V3GRINR	1○ 1 Groin/inside leg near hip
V3OTLGR	1○ 2 Outside of leg near hip
V3FRLGR	1○ 3 Front of leg near hip
V3BUTTR	1○ 4 Buttocks
V3LWBKR	1○ 5 Lower back
V3PNDKR	1○ Don't know

Left Hip

Now I'll ask you about your left hip.

35. During the past 30 days, have you had any pain, aching, or stiffness in or around your left hip? This includes pain in the groin and front and sides of the upper thigh. Do not include pain that was only in your lower back or buttocks.
(Examiner Note: REQUIRED - Show Card #10.)

V3ANYL 1○ Yes 0○ No 8○ Don't know/Refused

35a. During the past 30 days, have you had pain, aching, or stiffness in your left hip on most days?

V3HPN30L 1○ Yes 0○ No 8○ Don't know

Where is this pain, aching, or stiffness located?
(Examiner Note: REQUIRED - Show Card #10. Please mark all that apply.)

V3GRINL 1○ 1 Groin/inside leg near hip
V3OTLGL 1○ 2 Outside of leg near hip
V3FRLGL 1○ 3 Front of leg near hip
V3BUTTL 1○ 4 Buttocks
V3LWBKL 1○ 5 Lower back
V3PNDKL 1○ Don't know

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Hip Surgery

36. Since we last contacted you, about 2 years ago, did you have a right hip replacement, where all or part of the joint was replaced?

○ Yes ○ No ○ Don't know/Refused

Examiner Note: Please complete the Event Notification Form and mark Right Hip Replacement.

37. Since we last contacted you, about 2 years ago, did you have a left hip replacement, where all or part of the joint was replaced?

○ Yes ○ No ○ Don't know/Refused

Examiner Note: Please complete the Event Notification Form and mark Left Hip Replacement.

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

38. Thinking about your knees or hips that have never been replaced, has a doctor or nurse told you that you need a knee or hip replacement?

○ Yes ○ No ○ Don't know/Refused

Go Question #39.

38a. Has a time been scheduled for that surgery within the next 6 months?

○ Yes ○ No ○ Don't know

39. Based on your understanding of the risks and benefits of hip and knee joint replacement surgery and if your symptoms were severe enough, would you be willing to have total joint replacement surgery for your hips or knees?

(Examiner Note: REQUIRED - Show Card #11.)

○ No, definitely NOT willing to have surgery
○ No, probably NOT willing to have surgery
○ I'm not sure
○ Yes, probably willing to have surgery
○ Yes, definitely willing to have surgery
○ Don't know/Refused

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Medication History

51. Since we last contacted you, about 2 years ago, have you taken a bisphosphonate medication to treat or prevent osteoporosis or to treat Paget's disease? This includes the following medications: alendronate (Fosamax), risedronate (Actonel), etidronate (Didronel), clodronate, ibandronate (Boniva), pamidronate (Aredia), tiludronate (Skelid), or zoledronate/zoledronic acid (Reclast/Zometa).
(Examiner Note: Review Data from Prior Visits Report for previously reported bisphosphonate medication. Refer to Card #22 for pronunciation. Do NOT show card to participants.)

V3BI
- 1 ○ Yes
- 0 ○ No → Go to Page 26, Question #52.
- 8 ○ Don't know/Refused → Go to Page 26, Question #52.

51a. For how many years did you take bisphosphonates?
If you are unsure, please make your best guess.

V3BIYR ☐☐ years

(Examiner Note:
Round up year at 6 months.
<6 months=0 years,
and 6-12 months=1 year;
if 10 plus years mark 10)

Medication History

Now think about the last 6 months.

52. During the past 6 months, have you had any injections in either of your knees for treatment of arthritis?

V3KINJ ○ 1 Yes ○ 0 No ○ 8 Don't know/Refused

52a. During the past 6 months, have you had an injection of hyaluronic acid (Hyaluronan [*pronounced hi-AL-yer-ah-nan]*, Hyalgan, Orthovisc, Supartz, or Synvisc) in either of your knees for treatment of your arthritis? These injections are given as a series of 2 to 5 weekly injections.

V3HYINJ ○ 1 Yes ○ 0 No ○ 8 Don't know

i. In which knee?

V3HYKN ○ 1 Right knee ○ 2 Left knee ○ 3 Both knees ○ 8 Don't know

52b. During the past 6 months, have you had an injection of steroids (cortisone, corticosteroids) in either of your knees for treatment of your arthritis?

V3STEROD ○ 1 Yes ○ 0 No ○ 8 Don't know

i. In which knee?

V3STKN ○ 1 Right knee ○ 2 Left knee ○ 3 Both knees ○ 8 Don't know

NOTE to interviewer: If injection type unknown - mark here:

i. In which knee?

V3INJKNS ○ 1 Right knee ○ 2 Left knee ○ 3 Both knees ○ 8 Don't know

Medication History

Female participants only. Male participants: Skip to Page 28, Question #55.

Now think about the past year.

53. During the past year have you taken Tamoxifen (also called Nolvadex), Raloxifene (also called Evista), or Toremifene (also called Fareston), Anastrozole (also called Arimidex), Exemestane (also called Aromasin), Letrozole (also called Femara), sometimes used to treat or prevent breast or ovarian cancer?

(Examiner Note: Refer to Card #23 for pronunciation. Do NOT show card to participants.)

V3ESTR ○ 1 Yes ○ 0 No ○ 8 Don't know/Refused

a. When was the last time you took this? If you are unsure, please make your best guess.
(Examiner Note: REQUIRED: Show Card #24.)

V3ESTTM

- ○ 1 Less than 1 month ago
- ○ 2 1 to 2 months ago
- ○ 3 3 to 6 months ago
- ○ 4 More than 6 months ago
- ○ 8 Don't know

Pregnancy/Menopause

54. Have you been through menopause or change of life?

○ Yes ○ No ○ Don't know/Refused

Review Data from Prior Visits Report.
If participant is age 55 to 60 years old, administer a pregnancy test.

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Medication Use

55. Not counting multi-vitamins, are you currently taking Vitamin D alone or combined with calcium?

V3VITD **1** ○ Yes **0** ○ No **8** ○ Don't know/Refused

What is the total dose per day you take most of the time?

V3VITDD

1 ○ 100 IU
2 ○ 200 to 300 IU
3 ○ 400 to 800 IU
4 ○ 1000 IU
5 ○ 2000 or more IU
8 ○ Don't know

Examiner Note: STOP interview. Please answer the following question based on your judgment of the participant's responses to this questionnaire.

56. On the whole, how reliable do you think the participant's responses to this questionnaire are?

○ Very reliable

○ Fairly reliable

○ Not very reliable

○ Don't know

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Medication Inventory Form

57. Did the participant bring in or identify ALL prescription that they took during the last 30 days?
(Examiner Note: REQUIRED: Show Card #25 when asking about duration of use.)

~~V3MEDS~~ ○ All ○ Some ○ None ○ Took None

Total number recorded: ~~V3NUM~~ ☐☐ medications

Arrange for telephone call to complete MIF

PRESCRIPTION MEDICATIONS

Record the name of the prescription medicine, frequency of use, and formulation code.

Formulation code: ☐☐ ~~V3FRMCD~~ ~~V3CODE~~

Name: ~~V3NAME~~ ~~V3DUR~~

Duration of use: ○ < 1 month ○ 1 month to < 1 year ○ 1 to < 3 years ○ 3 to < 5 years ○ ≥ 5 years ○ Don't know

Prescription? ○ Yes ○ No ~~V3RX~~ **Frequency?** ○ As Needed ○ Reg ~~V3FREQ~~

V3SAME_RX	V3COXII_RX	V3NSAID_RX
V3ALENDR_RX	V3MSM_RX	V3PROGST_RX
V3ANALGS_RX	V3DOXY_RX	V3RALOX_RX
V3BISPHOS_RX	V3ESTROG_RX	V3RISEDR_RX
V3CALCIT_RX	V3FLUOR_RX	V3SALICY_RX
V3CALCUM_RX	V3GLCSMN_RX	V3TPTD_RX
V3CHONDR_RX	V3HYALUR_RX	V3VITMND_RX
V3CSTERD_RX	V3NARCAN_RX	V3OSTEOP_RX

Formulation Codes:
1=oral tablet or capsule; 2=oral liquid; 3=topical liquid, lotion, or ointment; 4=ophthalmic; 5=rectal or vaginal; 6=inhaled; 7=injected; 8=transdermal patch; 9=powder; 10=nasal

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

Cognitive Screen

Examiner Note: Review Data from Prior Visits Report.

1. Is participant 65 years old or older?

V3COG65 **1**○ Yes → Complete cognitive screen. Go to Question #2.

0○ No → STOP. Go to next test.

8○ Test NOT DONE clinic discretion → STOP. Go to next test.

2. I am going to say three words that I will ask you to remember. Now repeat them after I have said all three words.

Apple, Table, Penny

(Examiner Note: Name three objects allowing 1 second to say each. Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned. Record responses to <u>first</u> attempt below.)

	Correct	Error/ Refused	
a. Apple	○	○	V3COG1AP
b. Table	○	○	V3COG1TB
c. Penny	○	○	V3COG1PN

d. Numbers of presentations necessary for the participant to repeat the sequence: ☐ presentations V3COGSQ

Ask participant:

3. How frequently do you need help with remembering to take your medications?
(Examiner Note: REQUIRED. Show Card #26.)

V3COGFRQ

0○ Never (0)
1○ Rarely (2)
2○ Sometimes (4)
3○ Frequently (6)
4○ Always (8)
8○ Don't know/Refused

V3COGNMD
1○ Participant takes no medications

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Cognitive Screen

4. How frequently do you need help with planning a trip for errands?
(Examiner Note: REQUIRED. Show Card #26.)

V3COGTRP

0 ○ Never (0)
1 ○ Rarely (2)
2 ○ Sometimes (4)
3 ○ Frequently (6)
4 ○ Always (8)
8 ○ Don't know/Refused

5. What three words did I ask you to remember earlier?
(Examiner Note: The words may be repeated in any order.)

	Correct	Error/ Refused	
a. Apple	1 ○ (0)	7 ○ (2)	V3COG2AP
b. Table	1 ○ (0)	7 ○ (2)	V3COG2TB
c. Penny	1 ○ (0)	7 ○ (2)	V3COG2PN

Scoring

OPTIONAL - Combine score for questions #3, 4, and 5.

Total : _____ (0 - 18)

V3COGSCORE

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

V3BPSID

Blood Pressure

1. What cuff size was used?

○ Small ○ Regular ○ Large ○ Thigh

---

2. What arm was used to take the blood pressure?

(Examiner Note: Use the right arm unless there are contraindications.)

○ Right ○ Left

Pulse Obliteration Level: Complete only if using a sphgmomanometer.

3. Palpated Systolic ___ ___ ___ mm Hg

\+ 3 0 *

***Add 30 to Palpated Systolic measurements to obtain Maximal Inflation Level.**

Maximal Inflation Level ** (MIL) ___ ___ ___ mm Hg

***** If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurement.***

4. Was blood pressure measurement terminated because MIL is ≥ 300 mm Hg after second reading?

○ Yes ○ No

---

5. Systolic ___ ___ ___ **V3SBP** mm Hg

Diastolic ___ ___ ___ **V3DBP** mm Hg

Examiner Note: If the participant's blood pressure is greater than 199 mm Hg (systolic) or greater than 109 mm Hg (diastolic), mark "Yes" on Page 39, Question #1 of the Isokinetic Strength - sEMG data collection form.

Standing Height

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Measure participant's height without shoes. Use the required breathing technique during each measurement. For all repeat measurements, have the participant step away from the stadiometer, then step back into the measurement position.

1. Is the participant standing sideways due to kyphosis?

(Examiner Note: Refer to the Data from Prior Visits Report.
If possible, use the same position that was used for the last height measurement.)

○ Yes ○ No ~~V3KYPHO~~

2. Measurement 1 ☐☐☐☐ ~~V3HT1~~ mm **V3HT**

3. Measurement 2 ☐☐☐☐ ~~V3HT2~~ mm

4. Difference between Measurement 1 & Measurement 2 ☐☐ ~~V3DIFF~~ mm

5. Is the difference between Measurement 1 and Measurement 2 greater than 3 mm?

○ Yes ~~V3DIFF2~~ → Complete Measurement 3 and Measurement 4 below.

○ No → Go to Weight.

6. Measurement 3 ☐☐☐☐ ~~V3HT3~~ mm

7. Measurement 4 ☐☐☐☐ ~~V3HT4~~ mm

Staff ID# ☐☐☐

Weight

Weight is measured without shoes or heavy jewelry and in the standard gown or lightweight clothing.

V3WGHT

☐☐☐.☐ kg

V3WT

V3BMI

Staff ID# ☐☐☐

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

V320SID

20-Meter Walk

1. Directions:

"Now we want to measure your usual walking speed over this 20-meter course. You will start behind this line. When you have walked a few steps past the orange cone, I want you to stop. Do not slow down until you have passed the cone."

(Examiner Note: Demonstrate how to walk past cone and stop.)

"Now when I say 'Go,' I want you to walk at your usual walking pace. Any questions?"

"Ready, Go."

Begin timing and counting steps with the first footfall over the starting line and stop with the first footfall over the finish line.)

Trial 1

V3STEP1 V3WALKT1

1 ○ Done ☐☐ Steps ☐☐.☐☐ Second Hundredths/Sec

V3WALK1

7 ○ Participant refused →

2 ○ Not attempted, unable →

3 ○ Attempted, unable to complete →

Stop test.
Go to next exam.

---

2. Directions:

Reset the stopwatch and have the participant repeat the 20-meter walk by walking back in the other direction.

"OK, fine. Now turn around and when I say 'Go,' walk back the other way at your usual walking pace. Be sure to walk a few steps past the cone before slowing down. Ready, Go."

Trial 2

V3STEP2 V3WALKT2

1 ○ Done ☐☐ Steps ☐☐.☐☐ Second Hundredths/Sec

V3WALK2

7 ○ Participant refused →

2 ○ Not attempted, unable →

3 ○ Attempted, unable to complete →

Stop test.
Go to next exam.

V3_STEP V3_WALKT

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

20-Meter Walk

3. During this test, did you experience any pain in your joints or muscles?

V3PN20 ○ 1 Yes ○ 0 No ○ 7 Refused or unable to answer

a. Where was the pain located?
(Examiner Note: Mark <u>all</u> that apply.)

V3BA20 ○ Back

Left side	***Right side***
V3LB20 ○ Buttock	○ Buttock V3RB20
V3LH20 ○ Hip	○ Hip V3RH20
V3LT20 ○ Thigh	○ Thigh V3RT20
V3LK20 ○ Knee	○ Knee V3RK20
V3LL20 ○ Leg	○ Leg V3RL20
V3LA20 ○ Ankle	○ Ankle V3RA20
V3LF20 ○ Foot	○ Foot V3RF20
V3LO20 ○ Other ***(Please specify:*** _____ ***)***	○ Other ***(Please specify:*** V3RO20 _____ ***)***

YES = 1

b. Did the participant report pain in either knee?

V3PA20 ○ 1 Yes ○ 0 No

Examiner Note: REQUIRED: Show Card #27 and ask participant to . . .

i. Please rate the knee pain that you had by pointing to the number on this card.

V3PK20 ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

4. Was the participant using a walking aid, such as a cane?

V3AID ○ 1 Yes ○ 0 No

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

Single Chair Stand

Directions:
"This is a test of strength in your legs in which you stand up without using your arms."
(Examiner Note: Demonstrate and say:) "Fold your arms across your chest, like this, and stand when I say 'Go,' keeping your arms in this position. OK?"

"Ready, Go!"

1. Single Chair Stand **V3CHAIR**

- **1** ○ Stands without using arms → Go to Repeated Chair Stands on the next page.
- **4** ○ Rises using arms → Stop test. Go to next exam.
- **7** ○ Participant refused → Stop test. Go to next exam.
- **2** ○ Not attempted, unable → Stop test. Go to next exam.
- **3** ○ Attempted, unable to stand → Stop test. Go to next exam.

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Repeated Chair Stands

Directions: ***(Examiner Note: Demonstrate and say:)***
"This time, I want you to stand up five times as quickly as you can keeping your arms folded across your chest. When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time.

I will demonstrate two chair stands to show you how it is done."
(Examiner Note: Rise two times as quickly as you can, counting as you stand up each time.)

"When I say 'Go' stand five times in a row, as quickly as you can, without stopping. Stand up all the way, and sit all the way down each time."

"Ready, Go!"

(Examiner Note: Start timing as soon as participant begins to stand. Count aloud: "1, 2, 3, 4, 5" as the participant stands up each time.)

2. **V3TR1**

1 ○ Completes 5 stands without using arms → **V3CTIME1** ☐☐.☐☐ Seconds (Time on stopwatch)

4 ○ Rises using arms →

7 ○ Participant refused →

2 ○ Not attempted, unable →

Stop test.
Go to next exam.

3 ○ Attempted, unable to complete → ☐ Number completed without using arms

V3NUM1

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Chair Stands - Pain

3. During this test, did you experience any pain in your joints or muscles?

V3PNCS ○ 1 Yes ○ 0 No ○ 7 Refused or unable to answer

a. Where was the pain located?
(Examiner Note: Mark <u>all</u> that apply.)

○ Back V3BACS

Left side	*Right side*
V3LBCS ○ Buttock	○ Buttock V3RBCS
V3LHCS ○ Hip	○ Hip V3RHCS
V3LTCS ○ Thigh	○ Thigh V3RTCS
V3LKCS ○ Knee	○ Knee V3RKCS
V3LLCS ○ Leg	○ Leg V3RLCS
V3LACS ○ Ankle	○ Ankle V3RACS
V3LFCS ○ Foot	○ Foot V3RFCS
V3LOCS ○ Other *(Please specify:* _____ *)*	○ Other *(Please specify:* V3ROCS _____ *)*

YES = 1

b. Did the participant report pain in either knee?

V3PACS ○ 1 Yes ○ 0 No

Examiner Note: REQUIRED: Show Card #27 and ask participant to . . .

i. Please rate the knee pain that you had by pointing to the number on this card.

V3PKCS ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Isokinetic Strength - sEMG

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

6. Within the past 3 months, have you had back surgery?

○ Yes ○ No ○ Don't know/Refused

↓ Yes

Do NOT test. STOP. Go to next exam.

7. Within the past 6 weeks, have you had a heart attack?

○ Yes ○ No ○ Don't know/Refused

↓ Yes

Do NOT test. STOP. Go to next exam.

8. Within the past 6 weeks, have you had cataract surgery?

○ Yes ○ No ○ Don't know/Refused

↓ Yes

Do NOT test. STOP. Go to next exam.

9. Do you have a hernia in your groin that has not been operated on?

○ Yes ○ No ○ Don't know/Refused

↓ Yes

Do NOT test. STOP. Go to next exam.

10. Do you have a pacemaker or other implanted device, infusion pump or stimulator?

○ Yes ○ No ○ Don't know/Refused

↓ Yes

Do NOT administer sEMG test.

11. Do you have an allergy to adhesive or allergy to silver?

○ Yes ○ No ○ Don't know/Refused

↓ Yes

Do NOT administer sEMG test.

Examiner Note: Do not ask this question.

12. Does participant have a skin irritation or wound in the area that the electrodes will be placed?

○ Yes ○ No ○ Don't know/Refused

↓ Yes

Which thigh has a skin irritation?

○ Right	○ Left	○ Both thighs
↓	↓	↓
If no other exclusions administer sEMG test on left thigh.	If no other exclusions administer sEMG test on right thigh.	Do NOT administer sEMG test. .

Isokinetic Strength - sEMG

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Record Staff ID# of examiner administering this exam:

13. Was the flexion/extension test performed on the left leg?

V3TESTL ○ 1 Yes ○ 0 No

a. Was the entire set completed?

○ Yes V3DONEL ○ No

Did participant achieve at least 81-90 degrees range of motion for all tests?

○ Yes ○ No

How many extension/flexion sets were completed? V3NUML

b. What were the highest four torques?

	Flexion		Extension	
V3FLX1L		Nm		Nm V3EXT1L
V3FLX2L		Nm		Nm V3EXT2L
V3FLX3L		Nm		Nm V3EXT3L
V3FLX4L		Nm		Nm V3EXT4L

c. Why wasn't the test done?
(Examiner Note: Mark all that apply.)

V3REFUL ○ Participant refused

V3STOPL ○ Stopped test due to participant discomfort

V3EQUPL ○ Equipment problems

V3COTHL ○ Other ***(Please specify:*** _____

_____ ***)***

V3L_FLXMAX

V3L_EXTMAX

V3L_HSQ

14. Were any sEMG sensors placed on the left leg?

V3SENL ○ Yes ○ No

a. Channel 1 - Lateral hamstring, 1K gain default (note in Comment if >1K gain required.)
V3CH1L ○ Yes ○ No → Comment: _____

b. Channel 2 - Medial hamstring, 1K gain default (note in Comment if >1K gain required.)
V3CH2L ○ Yes ○ No → Comment: _____

c. Channel 3 - Lateral quadriceps, 1K gain default (note in Comment if >1K gain required.)
V3CH3L ○ Yes ○ No → Comment: _____

d. Channel 4 - Medial quadriceps, 1K gain default (note in Comment if >1K gain required.)
V3CH4L ○ Yes ○ No → Comment: _____

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

15. Was the sEMG test performed on the left leg?

1 ○ Yes **V3EMGL** 0 ○ No

a. Was the entire set completed?

V3EMGDOL 1 ○ Yes 0 ○ No

How many sEMG sets were completed? ☐ V3EMGNUL

b. Did sEMG amplifier signal high noise or signal clipping with an audible beep?

V3BEEPL ○ Yes ○ No

c. Why wasn't the test done?

(Examiner Note: Mark all that apply.)

○ Participant refused V3EMGRFL

○ Stopped test due to participant discomfort V3EMGSTL

○ Equipment problems V3EMGEQL

○ Other V3EMGOTL ***(Please specify:*** _____ ***)***

16. During this test, did you experience any pain in your joints or muscles?

V3PNIL 1 ○ Yes 0 ○ No 7 ○ Refused or unable to answer

a. Where was the pain located? ***(Examiner Note: Mark all that apply.)***

○ Back **V3BAIL**

Left side		***Right side***
V3LBIL ○ Buttock	YES = 1	○ Buttock **V3RBIL**
V3LHIL ○ Hip		○ Hip **V3RHIL**
V3LTIL ○ Thigh		○ Thigh **V3RTIL**
V3LKIL ○ Knee		○ Knee **V3RKIL**
V3LLIL ○ Leg		○ Leg **V3RLIL**
V3LAIL ○ Ankle		○ Ankle **V3RAIL**
V3LFIL ○ Foot		○ Foot **V3RFIL**
V3LOIL ○ Other ***(Please specify:*** _____ ***)***		○ Other ***(Please specify:*** _____ ***)*** **V3ROIL**

b. Did participant report pain in either knee?

V3PAIL 1 ○ Yes 0 ○ No

Examiner Note: REQUIRED: Show Card #27 and ask participant to . . .

i. Please rate the knee pain that you had by pointing to the number on this card. "0" means "No pain" and "10" means "Worst pain you can imagine."

V3PKIL ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

c. Did this pain prevent you from pushing or pulling as hard as you can?

V3PUSHL 1 ○ Yes 0 ○ No 8 ○ Don't know

Isokinetic Strength - sEMG

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

17. Was the flexion/extension test performed on the right leg?

V3TESTR ○ 1 Yes ○ 0 No

a. Was the entire set completed?

V3DONER ○ Yes ○ No

Did participant achieve at least 81-90 degrees range of motion for all tests?

○ Yes ○ No V3DROMR

How many extension/flexion sets were completed? V3NUMR ☐☐

b. What were the highest four torques?

	Flexion		Extension	
V3FLX1R	☐☐☐ Nm		☐☐☐ Nm	V3EXT1R
V3FLX2R	☐☐☐ Nm		☐☐☐ Nm	V3EXT2R
V3FLX3R	☐☐☐ Nm		☐☐☐ Nm	V3EXT3R
V3FLX4R	☐☐☐ Nm		☐☐☐ Nm	V3EXT4R

c. Why wasn't the test done?
(Examiner Note: Mark all that apply.)

○ Participant refused V3REFUR

○ Stopped test due to participant discomfort V3STOPR

○ Equipment problems V3EQUPR

○ Other V3COTHR ***(Please specify:*** _____

_____ ***)***

V3R_FLXMAX

V3R_EXTMAX

V3R_HSQ

18. Were any sEMG sensors placed on the right leg?

V3SENR ○ Yes ○ No

a. Channel 1 - Lateral hamstring, 1K gain default (note in Comment if >1K gain required.)

V3CH1R ○ Yes ○ No → Comment: _____

b. Channel 2 - Medial hamstring, 1K gain default (note in Comment if >1K gain required.)

V3CH2R ○ Yes ○ No → Comment: _____

c. Channel 3 - Lateral quadriceps, 1K gain default (note in Comment if >1K gain required.)

V3CH3R ○ Yes ○ No → Comment: _____

d. Channel 4 - Medial quadriceps, 1K gain default (note in Comment if >1K gain required.)

V3CH4R ○ Yes ○ No → Comment: _____

Isokinetic Strength - sEMG

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

19. Was the sEMG test performed on the right leg?

V3EMGR ○ 1 Yes ○ 0 No

a. Was the entire set completed?

V3EMGDOR ○ 1 Yes ○ 0 No

How many sEMG sets were completed? ☐ V3EMGNUR

b. Did sEMG amplifier signal high noise or signal clipping with an audible beep?

○ Yes ○ No V3BEEPR

c. Why wasn't the test done? ***(Examiner Note: Mark all that apply.)***

V3EMGRFR ○ Participant refused

V3EMGSTR ○ Stopped test due to participant discomfort

V3EMGEQR ○ Equipment problems

V3EMGOTR ○ Other ***(Please specify:*** _____ ***)***

20. During this test, did you experience any pain in your joints or muscles?

V3PNIR ○ 1 Yes ○ 0 No ○ 7 Refused or unable to answer

a. Where was the pain located? ***(Examiner Note: Mark all that apply.)***

○ Back V3BAIR

Left side	***Right side***
V3LBIR ○ Buttock	○ Buttock V3RBIR
V3LHIR ○ Hip	○ Hip V3RHIR
V3LTIR ○ Thigh	○ Thigh V3RTIR
V3LKIR ○ Knee	○ Knee V3RKIR
V3LLIR ○ Leg	○ Leg V3RLIR
V3LAIR ○ Ankle	○ Ankle V3RAIR
V3LFIR ○ Foot	○ Foot V3RFIR
V3LOIR ○ Other ***(Please specify:*** _____ ***)***	○ Other ***(Please specify:*** V3ROIR _____ ***)***

YES = 1

b. Did participant report pain in either knee?

V3PAIR ○ 1 Yes ○ 0 No

Examiner Note: REQUIRED: Show Card #27 and ask participant to . . .

i. Please rate the knee pain that you had by pointing to the number on this card.

V3PKIR ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

c. Did this pain prevent you from pushing or pulling as hard as you can?

V3PUSHR ○ 1 Yes ○ 0 No ○ 8 Don't know

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

Balance

EXCLUSIONS

1. Do you typically use a cane either around the home or when you go out?

○ Yes ○ No → Go to Question #3. ○ Don't know ○ Refused

Examiner Note: Demonstrate rapid step up and maximal step length tests. Ask participant if they can <u>safely</u> do these tests without their cane.

Rapid Step-up ○ Yes ○ No → Do NOT administer Rapid Step-up Test.

Maximal Step Length ○ Yes ○ No → Do NOT administer Maximal Step Length Test.

Examiner Note: If participant can safely do either test without their cane, go to Question #2.

Examiner Note: Ask participant to stand, feet together, with eyes open, for 30 seconds:

2. Was participant able to stand for 30 seconds?

○ Yes → Go to Question #3.

○ No → Do NOT administer balance tests.

3. Do you typically wear a knee brace either around the home or when you go out?

○ Yes ○ No → Go to Page 46, Question #4. ○ Don't know ○ Refused

Examiner Note: Demonstrate rapid step up and maximal step length tests. Ask participant if they can <u>safely</u> do both tests without their knee brace.

○ Yes → Test without knee brace. Go to Page 46, Question #4.

○ No ○ Don't know

(Examiner Note: ask participant to put on their knee brace if they have it with them.)

b. Is participant wearing their knee brace for testing?

○ Yes

i. On which side is their knee brace?

○ Right ○ Left ○ Both

→ Go to Page 46, Question #4.

○ No → Do NOT administer balance tests.

Rapid Step Up

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

Examiner Note: Describe and demonstrate rapid step up test:

RIGHT

4. Directions:
"When I say 'Go' step completely onto the block with your right foot and step down again keeping your left foot on the floor. Be sure to put your foot down completely on the step and on the floor. Keep your arms folded across your chest. Continue stepping up and down with your right foot as rapidly as you can until I say STOP. OK?"

"Ready, Go!"

V3RAPR

1 ○ Done → □□ V3RAPSTR Steps

5 ○ Attempted, lost balance → □□ V3RAPSTR Steps

7 ○ Participant refused → Go to Step Test Left.

2 ○ Not attempted, unable → Go to Step Test Left.

LEFT

5. Directions:
"When I say 'Go' step completely onto the block with your left foot and step down again keeping your right foot on the floor. Be sure to put your foot down completely on the step and on the floor. Keep your arms folded across your chest. Continue stepping up and down with your left foot as rapidly as you can until I say STOP. OK?"

"Ready, Go!"

V3RAPL

1 ○ Done → □□ V3RAPSTL Steps

5 ○ Attempted, lost balance → □□ V3RAPSTL Steps

7 ○ Participant refused → Go to Maximal Step Length.

2 ○ Not attempted, unable → Go to Maximal Step Length.

Maximal Step Length

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

Examiner Note: Describe and demonstrate maximal step length test:

RIGHT

6. Directions:
"Very good, now we will do the real test. You will be doing this two times with each leg. Once again, stand in the box with your toes against the starting line and your arms across your chest. When you do the test, take a step forward with your right foot as far as you can safely go and return in a single step to the starting line. Please do not try to step any further than the blue line. OK?"

V3MXR

1 ○ Done →

Trial 1	Trial 2
V3MXT1R	**V3MXT2R**
☐☐ in	☐☐ in
○ Greater than 40 in.	○ Greater than 40 in. ○ Not done

3 ○ Attempted, unable to complete any trials →
7 ○ Participant refused →
2 ○ Not attempted, unable →

Go to Maximal Step Length Left. **V3R_MX**

NOTE: measurement above 40 in is coded as 41 in

LEFT

7. Directions:
"Now we are going to do exactly the same thing with the left leg: Toes on the start line, arms folded, one step as far as you can safely go and return in a single step. Do not try to step any further than the blue line."

V3MXL

1 ○ Done →

Trial 1	Trial 2
V3MXT1L	**V3MXT2L**
☐☐ in	☐☐ in
○ Greater than 40 in.	○ Greater than 40 in. ○ Not done

3 ○ Attempted, unable to complete any trials
7 ○ Participant refused
2 ○ Not attempted, unable

V3L_MX

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Maximal Step Length - Pain

8. During this test, did you experience any pain in your joints or muscles?

V3PNMX ○ 1 Yes ○ 0 No ○ 7 Refused or unable to answer

a. Where was the pain located?
(Examiner Note: Mark <u>all</u> that apply.)

○ Back V3BAMX

Left side		***Right side***
V3LBMX ○ Buttock	YES = 1	○ Buttock V3RBMX
V3LHMX ○ Hip		○ Hip V3RHMX
V3LTMX ○ Thigh		○ Thigh V3RTMX
V3LKMX ○ Knee		○ Knee V3RKMX
V3LLMX ○ Leg		○ Leg V3RLMX
V3LAMX ○ Ankle		○ Ankle V3RAMX
V3LFMX ○ Foot		○ Foot V3RFMX
V3LOMX ○ Other ***(Please specify:*** _____ ***)***		○ Other ***(Please specify:*** _____ ***)*** V3ROMX

b. Did participant report pain in either knee?

V3PAMX ○ 1 Yes ○ 0 No

Examiner Note: REQUIRED: Show Card #27 and ask participant to . . .

i. Please rate the knee pain that you had by pointing to the number on this card.

V3PKMX ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

GAITrite and Plantar Pressure Exclusions

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

(Examiner Note: Do not ask this question.)

1. Is participant using a walker or crutches?

○ Yes ○ No

↓

Do NOT administer GAITrite or plantar pressure walk tests. Go to next test.

2. Does participant have a cane with them?

○ Yes ○ No

↓

a. When you leave your home, do you use a cane more than half the time when you walk?

○ Yes ○ No ○ Don't know

↓

Do NOT administer GAITrite or plantar pressure walk tests. Go to next test.

b. Are you able to walk safely over short distances without using a cane?

○ Yes ○ No ○ Don't know

↓

Do NOT administer GAITrite or plantar pressure walk tests. Go to next test.

3. Is the participant wearing an orthotic knee brace?

(Examiner Note: Do <u>not</u> include neoprene sleeve or patellar tendon strap.)

○ Yes ○ No

↓

a. When you leave your home, do you use a knee brace more than half the time when you walk?

○ Yes ○ No ○ Don't know

↓

Do NOT administer GAITrite or plantar pressure walk tests. Go to next test.

b. Are you able to walk safely over short distances without using a knee brace?

○ Yes ○ No ○ Don't know

↓

Do NOT administer GAITrite or plantar pressure walk tests. Go to next test.

GAITrite and Plantar Pressure Exclusions

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

4. Has the participant had any amputation of the lower extremity other than the toes?

○ Yes ○ No

Do NOT administer GAITrite or plantar pressure walk tests. Go to next test.

5. In the past 6 weeks, have you had either surgery or an injury to your legs or feet that caused you to restrict weight-bearing for a week or longer?

○ Yes ○ No ○ Don't know/Refused

Do NOT administer GAITrite or plantar pressure walk tests. Go to next test.

6. Do you have difficulty walking or standing upright because of a stroke, Parkinson's disease, or other neurological condition?

○ Yes ○ No ○ Don't know/Refused

6a. Have you had this difficulty for 6 months or more?

○ Yes ○ No ○ Don't know

Do NOT administer GAITrite or plantar pressure walk tests. Go to next test.

Examiner Note: Observe participant for signs of impairment of vision, gait, and balance, or severe joint pain that might pose a safety risk for the GAITrite and plantar pressure tests. If there is a safety concern, ask the participant if they feel they can safely walk short distances. If necessary describe the tests in more detail.

7. Is there a safety concern?

○ Yes ○ No

Ask participant:

7a. Do you think you can safely walk short distances?

○ Yes ○ No ○ Don't know

Do NOT administer GAITrite or plantar pressure walk tests. Go to next test.

GAITrite

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

1. In the past 6 weeks, have you been in the hospital overnight or longer for a heart or lung condition?

V3HART6W ○ Yes ○ No ○ Don't know/Refused

Do NOT administer GAITrite walk test. Go to plantar pressure test.

2. Was the normal-pace walk test administered?

V3NPACE 1 ○ Yes 0 ○ No

3. Was the fast-pace walk test administered?

V3FPACE 1 ○ Yes 0 ○ No

4. During this test, did you experience any pain in your joints or muscles?

V3PNGA 1 ○ Yes 0 ○ No 7 ○ Refused or unable to answer

a. Where was the pain located?
(Examiner Note: Mark all that apply.)

○ Back **V3BAGA**

Left side		*Right side*
V3LBGA ○ Buttock		○ Buttock **V3RBGA**
V3LHGA ○ Hip		○ Hip **V3RHGA**
V3LTGA ○ Thigh		○ Thigh **V3RTGA**
V3LKGA ○ Knee	**YES = 1**	○ Knee **V3RKGA**
V3LLGA ○ Leg		○ Leg **V3RLGA**
V3LAGA ○ Ankle		○ Ankle **V3RAGA**
V3LFGA ○ Foot		○ Foot **V3RFGA**
V3LOGA ○ Other *(Please specify:* **NOT COLLECTED** *)*		○ Other *(Please specify:* **V3ROGA** **NOT COLLECTED** *)*

b. Was the pain typical of what you usually feel during this kind of activity?

V3ACGA 1 ○ Yes 0 ○ No 7 ○ Refused or unable to answer

(Examiner Note: See list of areas with pain above. Do not ask the next question.)

c. Did the participant report pain in either knee?

V3PAGA 1 ○ Yes 0 ○ No

Show Card #27 and ask participant:

i. Please rate the knee pain that you had by pointing to the number on this card.

V3PKGA ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Plantar Pressure

Examiner Note: Perform bend, twist, and pinch test on participant's shoe (left preferred).

1. Record type of shoe participant wore to clinic:

1a. Bend test
- ○ Rigid (no bend)
- ○ Supportive (bend in toe box; no bend in arch)
- ○ Flexible (arch bends)
- ○ Not tested/Other

1b. Twist test
- ○ Rigid (no twist)
- ○ Supportive (toe box twists <45 degrees)
- ○ Flexible (toe box twists >45 degrees)
- ○ Not tested/Other

1c. Pinch test
- ○ Rigid (no narrowing of heel counter)
- ○ Supportive (heel counter narrows - NO medial/lateral contact)
- ○ Flexible (heel counter narrows - medial/lateral contact)
- ○ No heel counter present
- ○ Not tested/Other

2. Does participant have an insert in their right shoe?

○ Yes ○ No

2a. What sort of insert?
- ○ Supportive
- ○ Cushioning
- ○ Both supportive and cushioning
- ○ Other
- ○ Not tested

3. Does participant have an insert in their left shoe?

○ Yes ○ No

3a. What sort of insert?
- ○ Supportive
- ○ Cushioning
- ○ Both supportive and cushioning
- ○ Other
- ○ Not tested

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

(Examiner Note: Look at the bottom of the participant's feet.)

4. Does the participant have any open wounds on the bottom of either of their feet?

○ Yes ○ No ○ Don't know/Refused V3BOTTOM

Do NOT administer plantar pressure walk test. Go to next test.

---

5. Was the seated foot photograph acquired?

○ Yes ○ No V3PHOTO1

---

6. Were any walking trials performed?

1 ○ Yes 0 ○ No **V3FPTEST**

---

7. Was standing photograph acquired?

○ Yes ○ No V3PHOTO2

---

8. Was posture data collected?

○ Yes ○ No V3POSTUR

9. During the walking part of this test, did you experience any pain in your joints or muscles?

V3PNFP ○ 1 Yes ○ 0 No ○ 7 Refused or unable to answer

a. Where was the pain located?
(Examiner Note: Mark all that apply.)

○ Back V3BAFP

Left side	*Right side*
V3LBFP ○ Buttock	○ Buttock V3RBFP
V3LHFP ○ Hip	○ Hip V3RHFP
V3LTFP ○ Thigh	○ Thigh V3RTFP
V3LKFP ○ Knee	○ Knee V3RKFP
V3LLFP ○ Leg	○ Leg V3RLFP
V3LAFP ○ Ankle	○ Ankle V3RAFP
V3LFFP ○ Foot	○ Foot V3RFFP
V3LOFP ○ Other *(Please specify: _____)*	○ Other *(Please specify: _____)* V3ROFP

YES = 1

b. Was the pain typical of what you usually feel during this kind of activity?

V3ACFP ○ 1 Yes ○ 0 No ○ 7 Refused or unable to answer

(Examiner Note: See list of areas with pain above. Do not ask the next question.)

c. Did the participant report pain in either knee?

V3PAFP ○ 1 Yes ○ 0 No

Show Card #27 and ask participant:

i. Please rate the knee pain that you had by pointing to the number on this card.

V3PKFP ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

VPT & Pain Sensitivity Exclusions

1. Have you ever had either of your knees replaced?

○ Yes ○ No ○ Don't know/Refused

a. Which knee was replaced?

- ○ Right → Do NOT test R patella.
- ○ Left → Do NOT test L patella.
- ○ Both knees → Do NOT test R or L patella.

Examiner Note: Do not ask participant the following question.

2. Are either of the participant's legs amputated above the knee?

○ Yes ○ No

a. Which leg was amputated above the knee?

- ○ Right → If no other exclusions test left leg.
- ○ Left → If no other exclusions test right leg.
- ○ Both legs → If no other exclusions test wrist.

Examiner Note: Look at the participant's legs.

3. Are there open or healing skin wounds or surgical scars on the patella or tibial tuberosity?

○ Yes ○ No

a. Where?

- ○ Right patella → Do not test right patella.
- ○ Right tibial tuberosity → Do not test right tibial tuberosity.
- ○ Left patella → Do not test left patella.
- ○ Left tibial tuberosity → Do not test left tibial tuberosity.

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

VPT & Pain Sensitivity Exclusions

Examiner Note: Ask participant:

4. Have you broken your wrist in the past 6 months?

○ Yes ○ No

a. Which wrist was broken?

- ○ Right → See if left wrist can be tested.
- ○ Left → See if right wrist can be tested.
- ○ Both wrists → Do not administer vibration perception or pressure pain threshold test on either wrist.

5. Do you regularly wear a splint or brace on your wrist?

○ Yes ○ No

a. Which wrist?

- ○ Right → See if left wrist can be tested.
- ○ Left → See if right wrist can be tested.
- ○ Both wrists → Do not administer vibration perception or pressure pain threshold test on either wrist.

Examiner Note: Look at the participant's wrists.

6. Is there a cast, other irremovable item covering the skin, open or healing skin wounds, or surgical scars over either wrist?

- ○ Yes, right wrist → See if left wrist can be tested.
- ○ Yes, left wrist → See if right wrist can be tested.
- ○ No

Examiner Note: Look at participant's right wrist.

7. Is there any other reason that the participant's right wrist cannot be tested?

○ Yes ○ No

a. Can the left wrist be tested?

- ○ Yes → Test left wrist.
- ○ No → Do not perform vibration perception, pressure pain threshold, or pain sensitivity tests on either wrist.

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

Peripheral Neuropathy, 10 g von Frey filament

Examiner Note. Apply the filament 10 times perpendicularly and briefly, (<1 second) with an even pressure. Instruct participant: "Please say 'now' every time you feel this bristle touch your skin."

RIGHT TOE

1. Was right toe tested?

V3TOER ○ 1 Yes ○ 0 No, unable to test ○ 7 Refused

a. Was the entire set completed?

~~V3TOEDOR~~ ○ Yes ○ No

i. How many trials were completed? ☐☐ ~~V3TOENUR~~ trials

b. How many times did the participant NOT respond to the stimulus?

V3TOENOR ☐☐ times

LEFT TOE

2. Was left toe tested?

V3TOEL ○ 1 Yes ○ 0 No, unable to test ○ 7 Refused

a. Was the entire set completed?

~~V3TOEDOL~~ ○ Yes ○ No

i. How many trials were completed? ☐☐ ~~V3TOENUL~~ trials

b. How many times did the participant NOT respond to the stimulus?

V3TOENOL ☐☐ times

Vibration Perception Threshold

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

- Examiner #1 indicates to Examiner #2 with a nod or "ok" that they are ready to begin increasing voltage.
- After confirmation, Examiner #2 increases voltage gradually by turning dial clockwise continuously one volt per second by counting "one one thousand, two one thousand, etc."
- As soon as the participant vocalizes feeling the vibration, Examiner #2 should take their hand off the dial.
- Read number of volts set on the machine and record onto the data collection form (Trial #1). This should be recorded to the nearest 0.5 volts. If the reading is in-between two numbers, round up.
- Continue to Trial #2, etc.

Examiner #1 (applicator)	Examiner #2 (voltage knob)
Staff ID#	Staff ID#

RIGHT 1st MTP, participant supine, foot flat on table

1. Trial 1 V3VMTP1R . volts
2. Trial 2 V3VMTP2R . volts
3. Difference between Trial 1 & Trial 2 V3DMTP1R . volts
4. Is the difference between Trial 1 and Trial 2 greater than 4 volts? V3DMTP2R
   1 ○ Yes → Complete Trials 3 and 4 below.
   0 ○ No → Go to Item #7.
5. Trial 3 V3VMTP3R . volts
6. Trial 4 V3VMTP4R . volts

V3VMTPR_AVE
V3VMTPR_MAX
V3VMTPR_CV

RIGHT TIBIAL TUBEROSITY, participant supine, leg straightened out

7. Trial 1 V3VTIB1R . volts — V3VTIBR_AVE
8. Trial 2 V3VTIB2R . volts — V3VTIBR_MAX
9. Difference between Trial 1 & Trial 2 V3DTIB1R . volts — V3VTIBR_CV
10. Is the difference between Trial 1 and Trial 2 greater than 6 volts?
    1 ○ Yes V3DTIB2R → Complete Trials 3 and 4 below.
    0 ○ No → Go to Item #13.
11. Trial 3 V3VTIB3R . volts
12. Trial 4 V3VTIB4R . volts

RIGHT RADIAL STYLOID, hand flat on table

13. Trial 1 V3VRAD1R . volts — V3VRADR_AVE
14. Trial 2 V3VRAD2R . volts — V3VRADR_MAX
15. Difference between Trial 1 & Trial 2 V3DRAD1R . volts — V3VRADR_CV
16. Is the difference between Trial 1 and Trial 2 greater than 4 volts?
    1 ○ Yes V3DRAD2R → Complete Trials 3 and 4 below.
    0 ○ No → Go to Item #19.
17. Trial 3 V3VRAD3R . volts
18. Trial 4 V3VRAD4R . volts

NOTE: measurement above 51 volts is coded as 51

Vibration Perception Threshold

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

- Examiner #1 indicates to Examiner #2 with a nod or "ok" that they are ready to begin increasing voltage.
- After confirmation, Examiner #2 increases voltage gradually by turning dial clockwise continuously one volt per second by counting "one one thousand, two one thousand, etc."
- As soon as the participant vocalizes feeling the vibration, Examiner #2 should take their hand off the dial.
- Read number of volts set on the machine and record onto the data collection form (Trial #1). This should be recorded to the nearest 0.5 volts. If the reading is in-between two numbers, round up.
- Continue to Trial #2, etc.

LEFT 1st MTP, participant supine, foot flat on table

19. Trial 1 V3VMTP1L ___.___

20. Trial 2 V3VMTP2L ___.___ volts

21. Difference between Trial 1 & Trial 2 V3DMTP1L ___.___ volts

22. Is the difference between Trial 1 and Trial 2 greater than 4 volts? V3DMTP2L

1 ○ Yes → Complete Trials 3 and 4 below.

0 ○ No → Go to Item #25.

23. Trial 3 V3VMTP3L ___.___ volts

24. Trial 4 V3VMTP4L ___.___ volts

V3VMTPL_AVE

V3VMTPL_MAX

V3VMTPL_CV

LEFT TIBIAL TUBEROSITY, participant supine, leg straightened out

25. Trial 1 V3VTIB1L ___.___ volts **V3VTIBL_AVE**

26. Trial 2 V3VTIB2L ___.___ volts **V3VTIBL_MAX**

27. Difference between Trial 1 & Trial 2 V3DTIB1L - ___ volts **V3VTIBL_CV**

28. Is the difference between Trial 1 and Trial 2 greater than 6 volts? V3DTIB2L

1 ○ Yes → Complete Trials 3 and 4 below.

0 ○ No → Go to Item #31

29. Trial 3 V3VTIB3L ___.___ volts

30. Trial 4 V3VTIB4L ___.___ volts

LEFT RADIAL STYLOID, hand flat on table

31. Trial 1 V3VRAD1L ___.___ volts **V3VRADL_AVE**

32. Trial 2 V3VRAD2L ___.___ volts **V3VRADL_MAX**

33. Difference between Trial 1 & Trial 2 V3DRAD1L ___.___ volts **V3VRADL_CV**

34. Is the difference between Trial 1 and Trial 2 greater than 4 volts? V3DRAD2L

1 ○ Yes → Complete Trials 3 and 4 below.

0 ○ No → Go to next test.

35. Trial 3 V3VRAD3L ___.___ volts

36. Trial 4 V3VRAD4L ___.___ volts

NOTE: measurement above 51 volts is coded as 51

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

Pain Sensitivity - Touch, 2 g von Frey filament

1. DISTAL RADIAL-ULNAR JOINT (Right preferred) Please say "now" when you feel this bristle touch your skin, or say "pain" if it was painful. ○ Test not done

V3P211 Trial 1	V3P212 Trial 2	V3P213 Trial 3	V3P214 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P21A

Ask participant:

i. Please rate the pain at your wrist from this test.

V3P21I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

2. RIGHT PATELLA Please say "now" or say "pain." ○ Test not done

V3P221 Trial 1	V3P222 Trial 2	V3P223 Trial 3	V3P224 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P22A

Ask participant:

i. Please rate the pain at your knee from this test.

V3P22I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

3. RIGHT TIBIAL TUBEROSITY Please say "now" or say "pain." ○ Test not done

V3P231 Trial 1	V3P232 Trial 2	V3P233 Trial 3	V3P234 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P23A

Ask participant:

i. Please rate the pain at your knee from this test.

V3P23I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

4. LEFT PATELLA Please say "now" or say "pain." ○ Test not done

V3P241 Trial 1	V3P242 Trial 2	V3P243 Trial 3	V3P244 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P24A

Ask participant:

i. Please rate the pain at your knee from this test.

V3P24I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

5. LEFT TIBIAL TUBEROSITY Please say "now" or say "pain." ○ Test not done

V3P251 Trial 1	V3P252 Trial 2	V3P253 Trial 3	V3P254 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P25A

Ask participant:

i. Please rate the pain at your knee from this test.

V3P25I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

V3P2AbNpn

V3P2AbNnr

V3P2AbN

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Pain Sensitivity - Touch, 26 g von Frey filament

1. DISTAL RADIAL-ULNAR JOINT (Right preferred) Please say "now" or say "pain." ○ Test not done

V3P611 Trial 1	V3P612 Trial 2	V3P613 Trial 3	V3P614 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P61A

Ask participant:

i. Please rate the pain at your wrist from this test.

V3P61I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

2. RIGHT PATELLA Please say "now" or say "pain." ○ Test not done

V3P621 Trial 1	V3P622 Trial 2	V3P623 Trial 3	V3P624 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P62A

Ask participant:

i. Please rate the pain at your knee from this test.

V3P62I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

3. RIGHT TIBIAL TUBEROSITY Please say "now" or say "pain." ○ Test not done

V3P631 Trial 1	V3P632 Trial 2	V3P633 Trial 3	V3P634 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P63A

Ask participant:

i. Please rate the pain at your knee from this test.

V3P63I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

4. LEFT PATELLA Please say "now" or say "pain." ○ Test not done

V3P641 Trial 1	V3P642 Trial 2	V3P643 Trial 3	V3P644 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P64A

Ask participant:

i. Please rate the pain at your knee from this test.

V3P64I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

5. LEFT TIBIAL TUBEROSITY Please say "now" or say "pain." ○ Test not done

V3P651 Trial 1	V3P652 Trial 2	V3P653 Trial 3	V3P654 Trial 4
1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR	1 Now 2 Pain 3 NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 Yes 0 No V3P65A

Ask participant:

i. Please rate the pain at your knee from this test.

V3P65I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

V3P6AbNpn

V3P6AbNnr

V3P6AbN

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Pain Sensitivity - Temporal summation

1. DISTAL RADIAL-ULNAR JOINT (right preferred) **4 trials**

Say to participant: Please rate <u>any pain you may have had</u> at your wrist from this test. V3PT1A

a. ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Test not done

If pain rating score is greater than "0" ask: Was that painful? **i.** 1 ○ Yes 0 ○ No 8 ○ Don't know V3PT1AI

30-sec test ***Say to participant***: Please rate the <u>maximal pain you may have experienced</u> at your wrist from this test. V3PT1B

b. ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Test not done

If pain rating score is greater than "0" ask: Was that painful? **i.** 1 ○ Yes 0 ○ No 8 ○ Don't know V3PT1BI 1 ○ Test not completed V3PT1BNC

15-seconds after test ***Say to participant***: Please rate <u>any pain you may be experiencing currently</u> at your wrist. V3PT1C

c. ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Test not done

If pain rating score is greater than "0" ask: Is that painful to you? **i.** 1 ○ Yes 0 ○ No 8 ○ Don't know V3PT1CI

2. RIGHT PATELLA **4 trials**

Say to participant: Please rate <u>any pain you may have had</u> at your knee from this test. V3PT2A

a. ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Test not done

If pain rating score is greater than "0" ask: Was that painful? **i.** 1 ○ Yes 0 ○ No 8 ○ Don't know V3PT2AI

30-sec test ***Say to participant***: Please rate the <u>maximal pain you may have experienced</u> at your knee from this test. V3PT2B

b. ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Test not done

If pain rating score is greater than "0" ask: Was that painful? **i.** 1 ○ Yes 0 ○ No 8 ○ Don't know V3PT2BI 1 ○ Test not completed V3PT2BNC

15-seconds after test ***Say to participant***: Please rate <u>any pain you may be experiencing currently</u> at your knee. V3PT2C

c. ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Test not done

If pain rating score is greater than "0" ask: Is that painful to you? **i.** 1 ○ Yes 0 ○ No 8 ○ Don't know V3PT2CI

3. LEFT PATELLA **4 trials**

Say to participant: Please rate <u>any pain you may have had</u> at your knee from this test. V3PT4A

a. ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Test not done

If pain rating score is greater than "0" ask: Was that painful? **i.** 1 ○ Yes 0 ○ No 8 ○ Don't know V3PT4AI

30-sec test ***Say to participant***: Please rate the <u>maximal pain you may have experienced</u> at your knee from this test. V3PT4B

b. ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Test not done

If pain rating score is greater than "0" ask: Was that painful? **i.** 1 ○ Yes 0 ○ No 8 ○ Don't know V3PT4BI 1 ○ Test not completed V3PT4BNC

15-seconds after test ***Say to participant***: Please rate <u>any pain you may be experiencing currently</u> at your knee. V3PT4C

c. ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ Test not done

If pain rating score is greater than "0" ask: Is that painful to you? **i.** 1 ○ Yes 0 ○ No 8 ○ Don't know V3PT4CI

V3PT1sum

V3PT2sum

V3PT4sum

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Pain Sensitivity - Pinprick

1. DISTAL RADIAL-ULNAR JOINT (Right preferred) Please say "now" each time you feel this pin touch your skin, or say "pain" if it was painful. ○ Test not done

V3PP11 Trial 1	V3PP12 Trial 2	V3PP13 Trial 3	V3PP14 Trial 4
1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 ○ Yes 0 ○ No V3PP1A

Ask participant:

i. Please rate the pain at your wrist from this test.

V3PP1I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

2. RIGHT PATELLA Please say "now" or say "pain." ○ Test not done

V3PP21 Trial 1	V3PP22 Trial 2	V3PP23 Trial 3	V3PP24 Trial 4
1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 ○ Yes 0 ○ No V3PP2A

Ask participant:

i. Please rate the pain at your knee from this test.

V3PP2I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

3. RIGHT TIBIAL TUBEROSITY Please say "now" or say "pain." ○ Test not done

V3PP31 Trial 1	V3PP32 Trial 2	V3PP33 Trial 3	V3PP34 Trial 4
1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 ○ Yes 0 ○ No V3PP3A

Ask participant:

i. Please rate the pain at your knee from this test.

V3PP3I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

4. LEFT PATELLA Please say "now" or say "pain." ○ Test not done

V3PP41 Trial 1	V3PP42 Trial 2	V3PP43 Trial 3	V3PP44 Trial 4
1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 ○ Yes 0 ○ No V3PP4A

Ask participant:

i. Please rate the pain at your knee from this test.

V3PP4I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

5. LEFT TIBIAL TUBEROSITY Please say "now" or say "pain." ○ Test not done

V3PP51 Trial 1	V3PP52 Trial 2	V3PP53 Trial 3	V3PP54 Trial 4
1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR	1 ○ Now 2 ○ Pain 3 ○ NR

a. Did the participant report pain at least three times? ***(Examiner Note: See Trials 1, 2, 3, and 4 above.)*** 1 ○ Yes 0 ○ No V3PP5A

Ask participant:

i. Please rate the pain at your knee from this test.

V3PP5I ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

V3PPAbNpn V3anyAbNpn
V3PPAbNnr V3anyAbNnr
V3PPAbN V3anyAbN

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

Pressure Pain Threshold

SUPINE - ARM	Trial 1	Trial 2	Trial 3	
1. Distal radial-ulnar joint, right preferred	V3ARM1 . kg ○ Test not done V3ARM1NO	V3ARM2 . kg ○ Test not done V3ARM2NO	V3ARM3 . kg ○ Test not done V3ARM3NO	V3ARM_AVE V3ARM_MAX V3ARM_CV

SUPINE - LEGS	Trial 1	Trial 2	Trial 3	
2. Right patella	V3RPA1 . kg ○ Test not done V3RPA1NO	V3RPA2 . kg ○ Test not done V3RPA2NO	V3RPA3 . kg ○ Test not done V3RPA3NO	V3RPA_AVE V3RPA_MAX V3RPA_CV
3. Right tibial tuberosity	V3RTT1 . kg ○ Test not done V3RTT1NO	V3RTT2 . kg ○ Test not done V3RTT2NO	V3RTT3 . kg ○ Test not done V3RTT3NO	V3RTT_AVE V3RTT_MAX V3RTT_CV
4. Left patella	V3LPA1 . kg ○ Test not done V3LPA1NO	V3LPA2 . kg ○ Test not done V3LPA2NO	V3LPA3 . kg ○ Test not done V3LPA3NO	V3LPA_AVE V3LPA_MAX V3LPA_CV
5. Left tibial tuberosity	V3LTT1 . kg ○ Test not done V3LTT1NO	V3LTT2 . kg ○ Test not done V3LTT2NO	V3LTT3 . kg ○ Test not done V3LTT3NO	V3LTT_AVE V3LTT_MAX V3LTT_CV

NOTE: measurement above 9.0 kg is coded as 9.1 kg

Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
○ 60-month ○ 84-month			/ /	

Knee X-ray

○ First knee x-ray ○ Repeat knee x-ray

1. Confirm that this is the correct participant: Ask their name, confirm in chart that the name matches the MOST ID# and Acrostic at the top of this form.

2. Were X-rays taken? **1**○ Yes **0**○ No **V3XRAY**

~~V3XRAYN~~

- ○ Participant not eligible (e.g., pregnant, bilateral knee replacement)
- ○ Participant refused x-rays at clinic visit
- ○ Equipment failure
- ○ Participant did not show up for appointment/would not reschedule
- ○ Other (***Please specify:*** _____)

3. What is the MOST staff ID# for the X-ray technician?

4. Please indicate which views were taken and the settings used.

a. PA semiflexed view of right and left knee?

1○ Yes → **V3PA**

i. mAs setting ___.__

ii. Beam angle: ***Check Data from Prior Visits Report to see which beam angle(s) was (were) best at baseline. Use best beam angle(s), and record angle(s) below. Mark all that apply.***

~~V3PA5~~ ○ 5° ○ 10° ~~V3PA10~~ ○ 15° ~~V3PA15~~

0○ No → Comments: _____

b. Lateral view of right knee?

1○ Yes → **V3LR**

i. mAs setting ___.__

0○ No → Comments: _____

c. Lateral view of left knee?

1○ Yes → **V3LL**

i. mAs setting ___.__

0○ No → Comments: _____

d. Full limb view?

1○ Yes → **V3FL**

i. mAs setting ___.__

0○ No → Comments: _____

Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
○ 60-month ○ 84-month			/ /	

OrthOne 1.0 T Knee MRI

○ First knee MRI ○ Repeat knee MRI

Confirm that this is the correct participant: Ask their name, confirm in chart that the name matches the MOST ID# and Acrostic at the top of this form.

1. Was participant eligible for MRI at time of Follow-up Telephone Interview?
(Examiner Note: Refer to Data from Prior Visits Report)

○ Yes ○ No → Not eligible for MRI. Go to Page 69, Question #9, and mark "No."

2. Does participant weigh > 350 lbs (>159.1 kg)?
(Examiner Note: Do not re-weigh participant. Check weight measurement on page 33 in the Follow-up Clinic Visit Workbook.)

○ Yes ○ No

Not eligible for MRI. Go to Page 69, Question #9, and mark "No."

3. Have you had any surgery in the past 2 months?

○ Yes ○ No ○ Don't know

3a. What type of surgery was it?

When was the surgery? (***Examiner Note: If participant unsure, please probe.***)

Month / Day / Year

Go to Page 68, Question #4.

3b. Does the surgery require a 2-month wait before an MRI can be performed?
(Examiner Note: Refer to the list of MRI-safe surgeries/procedures that do not require a 2-month wait. If the surgery or procedure does not require a 2-month wait, mark "No".

○ Yes

Not eligible for MRI at this time. Go to Page 70, Question #11a and #11b, and mark "Participant scheduled for a later date." Schedule MRI for 2 months after surgery date. Complete and scan Pages 68, 69, 70, and 71 when participant returns for MRI.

○ No

Go to Page 68, Question #4.

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

OrthOne 1.0 T Knee MRI

○ First knee MRI ○ Repeat knee MRI

4. The next few questions will be about specific implants. Please tell me whether you <u>currently</u> have any of the following implanted in your body:			
i. Electronic implant or device, such as a cochlear implant	○ Yes	○ No	○ Don't know/Refused
ii. Magnetically-activated dental implant or dentures, magnetic eye implant, or other magnetic device	○ Yes	○ No	○ Don't know/Refused
iii. Heart pacemaker	○ Yes	○ No	○ Don't know/Refused
iv. Implanted heart defibrillator	○ Yes	○ No	○ Don't know/Refused
v. Internal electrodes or wires, such as pacemaker wires or bone growth/ bone fusion stimulator wires	○ Yes	○ No	○ Don't know/Refused
vi. Neurostimulation system, such as spinal cord stimulator or gastric electrical stimulation system	○ Yes	○ No	○ Don't know/Refused
vii. Surgically implanted insulin or drug pump	○ Yes	○ No	○ Don't know/Refused
viii. Tissue expander with magnetic port, such as inflatable breast implant with magnetic port	○ Yes	○ No	○ Don't know/Refused
ix. Brain aneurysm surgery, brain aneurysm clip(s) or coil(s)	○ Yes	○ No	○ Don't know/Refused

4a. ***Examiner Note:***
Are any of the above items in Question #4 marked "Yes" or "Don't Know/Refused"?

○ Yes → Not eligible for MRI. Go to Page 69, Question #9, and mark "No." ○ No

5. Please tell me whether any of the following is <u>currently</u> implanted in your body:			
i. Stent, filter, coil, or clips	○ Yes	○ No	○ Don't know/Refused
ii. Shunt (spinal or intraventricular)	○ Yes	○ No	○ Don't know/Refused
iii. Vascular access port or catheter, such as a central venous catheter or PICC line	○ Yes	○ No	○ Don't know/Refused
iv. Surgically implanted hearing device (not a regular hearing aid) or prosthesis in your ear	○ Yes	○ No	○ Don't know/Refused
v. Eyelid spring, wire or weights	○ Yes	○ No	○ Don't know/Refused
vi. Penile implant or prosthesis ***(men only)***	○ Yes	○ No	○ Don't know/Refused
vii. Heart valve	○ Yes	○ No	○ Don't know/Refused

5a. Since your last visit to the MOST clinic on *[month/year]*, have you had an injury in which metal fragments entered your eye and you had to seek medical attention? ***(Examiner Note: Refer to Data from Prior Visits Report for month/year of last MRI scan.)*** ○ Yes ○ No ○ Don't know/Refused

5b. Since your last visit to the MOST clinic, have you had an injury in which metal fragments such as shrapnel, BB, or bullet entered your body? ○ Yes ○ No ○ Don't know/Refused

Visit	MOST ID #	Acrostic
○ 60-month ○ 84-month		

OrthOne 1.0 T Knee MRI

○ First knee MRI ○ Repeat knee MRI

6. Are any of the items in Question #5 or Questions #5a - 5b on the previous page marked "Yes" or "Don't Know/Refused"?

○ Yes ○ No

6a. Does the participant have medical documentation that shows that it is safe to have an MRI scan?
(Examiner Note: If documentation is not already in the chart, ask participant if they brought medical documentation showing that it is safe to have an MRI.)

○ Yes

Place documentation in participant's chart and have authorized staff person sign here: _____

○ No

Not eligible for MRI.
Go to Question #9, and mark "No."

7. Is there any other reason why this participant would not be eligible for an MRI?

○ Yes

What is the reason?

_____

○ No

Not eligible for MRI.
Go to Question #9, and mark "No."

8. Has the participant had a knee replacement (where all or part of their joint was replaced), or knee surgery with metal implants in either knee? ***(Examiner Note: Refer to Data from Prior Visits Report, Page 14, Q#31d and Q#31fii, Page 15, Q#33d and Q#33fii, Page 39, Q4, and Page 55, Q1 in Follow-up Clinic Visit Workbook or ask.)***

○ Yes

Which knee was replaced or has metal implants?

○ Right

Do not scan right knee.

○ Left

Do not scan left knee.

○ Both knees

Not eligible for MRI.
Go to Question #9 and mark "No."

○ No

9. Is the participant eligible for an OrthOne 1.0 T knee MRI scan?

○ Yes

Tech. signature: _____

○ No

Go to Page 70, Question #11.

10. Which knee(s) is being scanned?
(***Examiner Note: To determine which knee(s) to scan:***
Scan both knees unless contraindicated - refer to Question #8 above.)

○ Right knee ○ Left knee ○ Both knees

Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
○ 60-month ○ 84-month			/ /	

○ First knee MRI ○ Repeat knee MRI

OrthOne 1.0 T Knee MRI

11. a. Was an MRI obtained of the right knee?

1 ○ Yes 0 ○ No → **V3ONIR**

Why wasn't a right knee MRI obtained? ***(Mark only one)***

1 ○ Participant not eligible
2 ○ Participant had right total knee replacement **V3NOR**
3 ○ Participant's leg did not fit in MRI scanner
4 ○ Participant refused
5 ○ Participant scheduled for a later date
6 ○ Other ***(Please specify:*** _____
_____ **)**

b. Was an MRI obtained of the left knee?

1 ○ Yes 0 ○ No → **V3ONIL**

Why wasn't a left knee MRI obtained? ***(Mark only one)***

1 ○ Participant not eligible
2 ○ Participant had left total knee replacement **V3NOL**
3 ○ Participant's leg did not fit in MRI scanner
4 ○ Participant refused
5 ○ Participant scheduled for a later date
6 ○ Other ***(Please specify:*** _____
_____ **)**

Visit	MOST ID #	Acrostic	Date of Scan
○ 60-month ○ 84-month			/ /

OrthOne 1.0 T Knee MRI

○ First knee MRI ○ Repeat knee MRI

MRI Technologist ID#

12. Was an OrthOne 1.0 T knee MRI reviewed and obtained for each of the following sequences?

a. Right knee scan

i. Was the right knee scan viewed?

○ Yes ○ No → Reason: _____
→ Comment: _____

ii. Axial

○ Yes ○ No → Reason: _____
→ Comment: _____

iii. Sagittal

○ Yes ○ No → Reason: _____
→ Comment: _____

iv. Coronal STIR

○ Yes ○ No → Reason: _____
→ Comment: _____

v. 3 Point Dixon

(Examiner Note:
Refer to Data From Prior Visits Report to see if 3 Point Dixon should be obtained.)

○ Yes ○ No → Reason: _____
→ Comment: _____

b. Left knee scan

i. Was the left knee scan viewed?

○ Yes ○ No → Reason: _____
→ Comment: _____

ii. Axial

○ Yes ○ No → Reason: _____
→ Comment: _____

iii. Sagittal

○ Yes ○ No → Reason: _____
→ Comment: _____

iv. Coronal STIR

○ Yes ○ No → Reason: _____
→ Comment: _____

v. 3 Point Dixon

(Examiner Note:
Refer to Data From Prior Visits Report to see if 3 Point Dixon should be obtained.)

○ Yes ○ No → Reason: _____
→ Comment: _____

Initial Knee Pain and Urine Collection

Visit	MOST ID #	Acrostic	Date of Urine Collection	Staff ID#
○ 60-month ○ 84-month			/ /	

○ First sample collection ○ Repeat sample collection

1. While you are sitting here now, are you experiencing any pain in your joints or muscles? **V3PNCV**

1 ○ Yes 0 ○ No 7 ○ Refused or unable to answer

a. Where is the pain located? ***(Mark all that apply.)***

Left side	○ Back V3BACV	Right side
○ Buttock V3LBCV		○ Buttock V3RBCV
○ Hip V3LHCV		○ Hip V3RHCV
○ Thigh V3LTCV		○ Thigh V3RTCV
○ Knee V3LKCV		○ Knee V3RKCV
○ Leg V3LLCV		○ Leg V3RLCV
○ Ankle V3LACV	YES = 1	○ Ankle V3RACV
○ Foot V3LFCV		○ Foot V3RFCV
○ Other V3LOCV		○ Other V3ROCV

b. Did the participant report pain in either knee?

1 ○ Yes 0 ○ No

V3PACV

Examiner Note: REQUIRED: Show Card #27 and ask participant to . . .

i. Please rate the knee pain that you have by pointing to the number on this card. "0" means "No pain" and "10" means "Worst pain you can imagine." V3PKCV

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

2. Has participant had bilateral knee replacement(s)?
Examiner Note: Check Data from Prior Visits Report.

○ Yes ○ No

Do not obtain biospecimens.

3. Was a urine specimen obtained?

○ Yes ○ No → **Go to Question #5 and explain.**

3a. Which void(s) was collected?

(Examiner note: Mark all that apply; if one void is insufficient volume, it is permissible to combine two specimens, as long as neither is the first morning void.)

○ First ○ Second ○ Third ○ Fourth or later

Try to obtain a second-void specimen before noon and before the participant leaves the clinic. Do not aliquot first-void specimen unless later void not obtained.

3b. What time was the urine specimen collected?
(Examiner note: If two specimens are combined, please write the later of the two times.)

Hours : Minutes ○ am ○ pm

3c. ***Ask participant:*** What is the date and time you last ate or drank anything except water?

i. Date: / /

ii. Time: : ○ am ○ pm
Hours Minutes

iii. How many hours has participant fasted?
Hours

3d. Place of urine collection: ○ Home ○ Clinic

Ask participant:

4. What time did you get up for the day today?

Hours : Minutes ○ am ○ pm

5. Comments on urine collection:

Phlebotomy

Visit	MOST ID #	Acrostic	Date of Phlebotomy	Staff ID#
○ 60-month ○ 84-month			/ /	

○ First sample collection ○ Repeat sample collection

Now I'm going to ask you two questions to see whether it is safe to draw your blood.

1. Have you ever had an arm graft shunt or port for kidney dialysis?

○ Yes ○ No ○ Don't know/Refused

- No / Don't know/Refused → Go to Question #3 and mark "Neither."
- Yes → Which side?
  - ○ Right → Draw blood on left side.
  - ○ Left → Draw blood on right side.
  - ○ Both → Do NOT draw blood on either side. Go to Question #3 and mark "Neither."

2. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpit?

○ Yes ○ No ○ Don't know/Refused

- No / Don't know/Refused → Go to Question #3 and mark "Neither."
- Yes → Which side?
  - ○ Right → Draw blood on left side.
  - ○ Left → Draw blood on right side.
  - ○ Both → Do NOT draw blood on either side. Go to Question #3 and mark "Neither."

3. Which arm(s) can safely be used for phlebotomy?

(Examiner Note: Refer to Questions #1 and #2.)

○ Right ○ Left ○ Either ○ Neither

- Neither → Do NOT draw blood. Go to Procedure Checklist and mark appropriate bubble.

4. Have you had an illness in the past week requiring antibiotics, hospitalization, or steroids?

○ Yes ○ No ○ Don't know/Refused

5. Do you bleed or bruise easily?

○ Yes ○ No ○ Don't know/Refused

6. Have you ever been told you have a disorder related to blood clotting or coagulation?

○ Yes ○ No ○ Don't know/Refused

7. Have you ever experienced fainting spells while having blood drawn?

○ Yes ○ No ○ Don't know/Refused

8. What is the date and time you last ate or drank anything except water?

(Examiner Note: Do not repeat question if already asked for urine collection on same day.)

a. Date: / /

b. Time: : ○ am ○ pm

Hours Minutes

c. How many hours has participant fasted?

Hours

9. Was any blood drawn?

(Examiner Note: Proceed with the blood draw even if participant has not fasted.)

○ Yes ○ No

- No → Please describe why not: _____
- Yes → Were tubes filled to specified capacity?
  (Note: wrap all tubes in foil or place in sheath.)

Tube	Volume	Filled to Capacity
1. EDTA	3 - 5 mL	○ Yes ○ No
2. Serum	7 - 10 mL	○ Yes ○ No

Time of blood draw: : ○ am ○ pm

Hours Minutes

10. Comments on phlebotomy:

_____

_____

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

Laboratory Processing

○ First sample collection ○ Repeat sample collection

Time at start of EDTA plasma processing: ☐☐ : ☐☐ ○ am ○ pm
Hours Minutes

Collection Tubes	Cryo #	Vol.	Cap	Condition of cryovial (mark only one)				
#1 EDTA plasma tube								
-plasma	01	0.5	V	○ OK	○ H	○ P	○ B	○ not filled
-plasma	02	0.5	V	○ OK	○ H	○ P	○ B	○ not filled
-plasma	03	0.5	V	○ OK	○ H	○ P	○ B	○ not filled

Ending time of EDTA plasma aliquoting: ☐☐ : ☐☐ ○ am ○ pm
Hours Minutes

Time at start of serum processing: ☐☐ : ☐☐ ○ am ○ pm
Hours Minutes

Collection Tubes	Cryo #	Vol.	Cap	Condition of cryovial (mark only one)				
#2 Serum tube								
-serum	04	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	05	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	06	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	07	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	08	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	09	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	10	0.5	R	○ OK	○ H	○ P	○ B	○ not filled

Ending time of serum aliquoting: ☐☐ : ☐☐ ○ am ○ pm
Hours Minutes

Urine						
-urine	11	0.5	C	○ OK	○ P	○ not filled
-urine	12	0.5	C	○ OK	○ P	○ not filled
-urine	13	0.5	C	○ OK	○ P	○ not filled
-urine	14	0.5	C	○ OK	○ P	○ not filled

H=Hemolyzed P=Partial B=Both V=Violet R=Red C=Clear

Bar Code Label

Enter ID from Bar Code label: ☐☐☐☐☐

Accelerometry (StepWatch)

Distribution

Visit	MOST ID #	Acrostic	Staff ID#
○ 60-month ○ 84-month			

1. Confirm that this is the correct participant: Ask their name, confirm in chart that the name matches the MOST ID# and Acrostic at the top of this form.

2. Did the participant receive a StepWatch?

○ Yes → Please record serial number: ☐☐☐☐☐☐

○ No → Why didn't participant receive a StepWatch?
(Note: Mark all that apply.)

- ○ Participant refused
- ○ Cognitive impairment
- ○ No device available/schedule problem
- ○ Participant not reliable
- ○ Physical/medical problem ***(Please specify:*** __________)
- ○ Other ***(Please specify:*** __________)

Examiner Note: Ask participant:

3. Will you be doing any water sports, such as swimming or water aerobics during the next week?

○ Yes ○ No ○ Don't know

(If Yes:) ***Let participant know that they can wear the StepWatch while they engage in water sports. Give participant an extra strap for their StepWatch.***

4. Date and time the StepWatch was set to begin recording:

☐☐ / ☐☐ / ☐☐☐☐ ☐☐ : ☐☐ ○ am ○ pm

Hours Minutes