



MULTICENTER OSTEOARTHRITIS STUDY
ANNOTATED DATA COLLECTION FORMS

72-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 72-month time point.

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Workbook	Workbook Pages
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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: ~~V4SDAT2~~

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: **V4MCOMOR**

MOST 72-MONTH FOLLOW-UP TELEPHONE INTERVIEW



Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center; color: blue; font-weight: bold; margin: 0;">MOSTID</p>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center; color: blue; font-weight: bold; margin: 0;">ACROSTIC</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> / <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> <p style="text-align: center; margin: 0;"> Month Day Year </p> <div style="border: 2px solid blue; padding: 2px; width: fit-content; margin: 0 auto; color: blue; font-weight: bold;">V4_TIDIFF</div>	<p style="margin: 0;">1 <input type="radio"/> SITE 1</p> <p style="margin: 0;">2 <input type="radio"/> SITE 2</p> <p style="text-align: center; color: blue; font-weight: bold; margin: 0;">SITE</p>

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?

V412MR

 1 Yes

 0 No

 8 Don't know/Refused

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?

Go to Question #3.

V412MSR

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?

V430DR

 1 Yes

 0 No

 8 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?

V430MSR

1 Yes 0 No 8 Don't know

V4R_FKP



Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Knee Symptoms

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?

V412ML

1 Yes

0 No

8 Don't know/Refused

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?

V412MSL

1 Yes

0 No

8 Don't know

Go to Question #5.

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

V430DL

1 Yes

0 No

8 Don't know/Refused

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

V430MSL

1 Yes

0 No

8 Don't know

Go to Question #5.

V4L_FKP

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?

V4LA

1 Yes

0 No

8 Don't know/Refused

5a. On how many days did you limit your activities because of pain, aching, or stiffness? days

V4LADAY

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

V4AVOIDT



Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Knee Buckling

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

V4KBUCK 1 Yes 0 No 8 Don't know/Refused

↓ ↓ ↓

Go to Page 4, Question #7.

6a. Which knee buckled or gave way at least once?

V4KBS 1 Right knee 2 Left knee 3 Both knees 8 Don't know which knee

6b. 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.

(Interviewer Note: Read response options.)

1 1 time

V4KBTOT 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

6c. As a result of knee buckling or giving way, did you fall and land on the floor or ground?

V4FALL 1 Yes 0 No 8 Don't know

6d. In general, what were you doing when your knee(s) buckled?

(Interviewer Note: Please mark all that apply.)

V4WLK 1 Walking

V4STAIRB 1 Going up or down stairs

V4TWIST 1 Twisting or turning

V4KBOT 1 Other *(Please specify: _____)*

V4KBDK 1 Don't know

Knee Buckling

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



7. 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?

1 Yes

0 No

8 Don't know/Refused **V4KSLIP**

Go to Question #8.

7a. Which knees felt like they were shifting, slipping, or going to give way but didn't?

1 Right knee **2** Left knee **3** Both knees **8** Don't know which knee **V4KSS**

7b. 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.
(Interviewer Note: Read response options.)

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

V4KSTOT

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

1 Yes

0 No

8 Don't know/Refused **V4LMBUCK**



Visit	MOST ID #	Acrostic											
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

Knee Injury

The next two questions are about knee injuries.

Right Knee

9. Since we last spoke to you on ___ / ___ (*from Data from Prior Visits Report*), have you injured your right knee badly enough to limit your ability to walk for at least two days?

V4LAR

1 Yes

0 No

8 Don't know/Refused

Left Knee

10. Since we last spoke to you on ___ / ___ (*from Data from Prior Visits Report*), have you injured your left knee badly enough to limit your ability to walk for at least two days?

V4LAL

1 Yes

0 No

8 Don't know/Refused



Visit	MOST ID #	Acrostic													
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>					

Knee Surgery

The next few questions are about knee surgery.

11. Since we last spoke to you on ___ / ___ (*from Data from Prior Visits Report*), did you have any surgery in your right knee?

Yes

No

Don't know/Refused

V4SURGR

Go to Page 7, Question #13.

12. Since we last spoke to you on ___ / ___ (*from Data from Prior Visits Report*), did you have the following types of surgery in your right knee:

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

Yes

No

Don't know

V4ARTR

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

Yes

No

Don't know

V4MENR

c. Ligament repair in your right knee?

Yes

No

Don't know

V4LIGR

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

Yes

No

Don't know

~~V4KNRP~~

Interviewer Note: Please complete the Event Notification Form and mark Right Knee Replacement and then go to Question #12e below.

e. Another kind of surgery in your right knee?

Yes

No

Don't know

V4SOTHR

f. i. **Are any of the answers for Questions #12a-12e above marked "Yes"?**

Yes

No

~~V4SUMYR~~

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

Yes

No

Don't know

~~V4MIMPR~~

Go to Page 7, Question #13.

Knee Surgery

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



13. Since we last spoke to you on ___ / ___ (from Data from Prior Visits Report), did you have any surgery in your left knee?

1 Yes

0 No

8 Don't know/Refused

V4SURGL

Go to Page 8, Question #15.

14. Since we last last spoke to you on ___ / ___ (from Data from Prior Visits Report), did you have the following types of surgery in your left knee:

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

1 Yes

0 No

8 Don't know

V4ARTL

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

1 Yes

0 No

8 Don't know

V4MENL

c. Ligament repair in your left knee?

1 Yes

0 No

8 Don't know

V4LIGL

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

Yes

No

Don't know

~~V4KNRL~~

Interviewer Note: Please complete the Event Notification Form and mark Left Knee Replacement and then go to Question #14e below.

e. Another kind of surgery in your left knee?

1 Yes

0 No

8 Don't know

V4SOTHL

f. i. Are any of the answers for Questions #14a-14e above marked "Yes"?

Yes

No

~~V4SUMYL~~

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

Yes

No

Don't know

~~V4MIMPL~~

Go to Page 8, Question #15.



Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Hip Pain

The next few questions are about your hip joints.

Right Hip

First I'll ask you about your right hip.

15. 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.

V4ANYR 1 Yes 0 No 8 Don't know/Refused



- 15a. During the past 30 days, have you had pain, aching, or stiffness in your right hip on most days?

V4HPN30R 1 Yes 0 No 8 Don't know



Where is this pain, aching, or stiffness located?

(Interviewer Note: Read response options. Please mark all that apply.)

- V4GRINR 1 Groin/inside leg near hip
 - V4OTLGR 2 Outside of leg near hip
 - V4FRLGR 3 Front of leg near hip
 - V4BUTTR 4 Buttocks
 - V4LWBKR 5 Lower back
 - V4PNDKR Don't know
- 1 = YES



Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Hip Pain

Left Hip

Now I'll ask you about your left hip.

16. 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.

V4ANYL

1 Yes

0 No

8 Don't know/Refused



- 16a. During the past 30 days, have you had pain, aching, or stiffness in your left hip on most days?

V4HPN30L

1 Yes

0 No

8 Don't know



Where is this pain, aching, or stiffness located?

(Interviewer Note: Read response options. Please mark all that apply.)

V4GRINL 1 Groin/inside leg near hip

V4OTLGL 2 Outside of leg near hip

V4FRLGL 3 Front of leg near hip

V4BUTTL 4 Buttocks

1 = YES

V4LWBKL 5 Lower back

V4PNDKL Don't know

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Hip Surgery

17. Since we last last spoke to you on ___ / ___ (*from Data from Prior Visits Report*), did you have a right hip replacement, where all or part of the joint was replaced?

Yes

No

Don't know/Refused

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

18. Since we last last spoke to you on ___ / ___ (*from Data from Prior Visits Report*), did you have a left hip replacement, where all or part of the joint was replaced?

Yes

No

Don't know/Refused

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

Knee and Hip Replacements



Visit	MOST ID #	Acrostic													
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

19. 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 #20.

19a. Has a time been scheduled for that surgery within the next 6 months?

- Yes No Don't know

Do NOT ask Question #20. Choose the "Yes, definitely willing to have surgery" response option.

20. 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 joint replacement surgery for your hips or knees? (**Interviewer Note: Read response options.**)

- 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
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Arthritis Diagnosis

21. Since we last spoke to you on ___ / ___ (from *Data from Prior Visits Report*), has your doctor told you that you have arthritis?

V4ARTH

1
 Yes

0
 No

8
 Don't Know/Refused

Go to Page 13, Question #22.

What kind of arthritis did your doctor say it was? Did your doctor say you had...

a. Rheumatoid arthritis?	V4RA	1 <input type="radio"/> Yes	0 <input type="radio"/> No	8 <input type="radio"/> Don't know
b. Osteoarthritis or degenerative arthritis in your knee?	V4KNOA	1 <input type="radio"/> Yes	0 <input type="radio"/> No	8 <input type="radio"/> Don't know
c. Osteoarthritis or degenerative arthritis in your hip?	V4HPOA	1 <input type="radio"/> Yes	0 <input type="radio"/> No	8 <input type="radio"/> Don't know
d. Osteoarthritis or degenerative arthritis in your hand or fingers?	V4HFOA	1 <input type="radio"/> Yes	0 <input type="radio"/> No	8 <input type="radio"/> Don't know
e. Osteoarthritis or degenerative arthritis in some other joint?	V4OJOA	1 <input type="radio"/> Yes	0 <input type="radio"/> No	8 <input type="radio"/> Don't know
f. Gout?	V4GOUT	1 <input type="radio"/> Yes	0 <input type="radio"/> No	8 <input type="radio"/> Don't know
g. Some other type of arthritis? (Please specify: <u>NOT COLLECTED</u>)	V4OTH	1 <input type="radio"/> Yes	0 <input type="radio"/> No	8 <input type="radio"/> Don't know

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Injuries, Fractures, Falls

22. Since we last spoke to you on ___ / ___ (from *Data from Prior Visits Report*), did a doctor tell you that you broke or fractured a bone?

1 Yes 0 No 8 Don't know/Refused **V4BONE**

0 No 8 Don't know/Refused

Go to Question #23.

22a. Which bones did a doctor say you had broken? (*Interviewer Note: Mark all that apply.*)

- | | | |
|--|----------------|---|
| V4FXHIP <input type="radio"/> Hip | 1 = YES | <input type="radio"/> Hand/finger V4FXHND |
| V4FXPLV <input type="radio"/> Pelvis | | <input type="radio"/> Elbow (lower humerus/upper radius or ulna) V4FXELB |
| V4FXTHF <input type="radio"/> Thigh (femur--not hip) | | <input type="radio"/> Upper arm/shoulder (humerus) V4FXUPA |
| V4FXKNE <input type="radio"/> Knee (patella/tibial plateau) | | <input type="radio"/> Collarbone (clavicle/scapula) V4FXCLB |
| V4FXLWL <input type="radio"/> Lower leg (tibia/fibula) | | <input type="radio"/> Ribs/chest/sternum V4FXRIB |
| V4FXANK <input type="radio"/> Ankle | | <input type="radio"/> Spine/back (vertebra) V4SPINE |
| V4FXFTT <input type="radio"/> Foot/toe | | <input type="radio"/> Neck (cervical vertebra) V4FXNEK |
| V4FXTLB <input type="radio"/> Tailbone (coccyx/sacrum) | | <input type="radio"/> Skull/face/nose/jaw V4FXSKU |
| V4FXWRT <input type="radio"/> Wrist/forearm (radius/ulna) | | <input type="radio"/> Don't know V4FXDKN |
| V4FXOTH <input type="radio"/> Other (<i>Please specify:</i> _____) | | |

23. Are you afraid of falling?

1 Yes 0 No 8 Don't know/Refused **V4FALLF**

Go to Page 14, Question #24.

23a. Would you say that you are afraid of falling . . . ? (*Interviewer Note: Read response options.*)

- 1 Very often **V4FALLFF**
 2 Often
 3 Occasionally
 4 Rarely
 8 Don't know

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Injuries, Fractures, Falls

- 24.** 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.)

1 Yes 0 No 8 Don't know/Refused **V4FALLG**

↓ ↓ ↓

Go to Page 15, Question #25.

24a. How many times have you fallen in the past 12 months?
 If you are unsure, please make your best guess. (*Read response options.*) **V4FALLT**

1 One 2 Two or three 3 Four or five 4 Six or more 8 Don't know

24b. Were you injured as a result of a fall in the past 12 months?

1 Yes 0 No 8 Don't know **V4FALLIN**

↓ ↓ ↓

Go to Question #24c.

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

V4FALLFX 1 Fracture
V4FALLLC 1 Laceration/Cut
V4FALLBR 1 Bruising
V4FALLSP 1 Sprained or strained joint (wrist, knee, ankle, etc.)
V4FALLOT 1 Other injury (*Please specify:* _____)
V4FALLDK 1 Don't know

ii. Was this an injury to your head?

1 Yes 0 No 8 Don't know **V4FHEAD**

24c. Did you receive treatment from a doctor for an injury from a fall in the past 12 months?

1 Yes 0 No 8 Don't know **V4FALLD**

↓ ↓ ↓

Go to Question #24d.

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

1 Yes 0 No 8 Don't know **V4FALLH**

24d. Did you limit your usual activities for more than a day because of an injury from a fall in the past 12 months?

1 Yes 0 No 8 Don't know **V4FALLL**

Contact Information

Visit	MOST ID #	Acrostic											
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				



25. 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.

26. 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.

27. 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, zip code, and telephone number for the participant for your local records.

Contact Information

Visit	MOST ID #	Acrostic														
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						



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

Yes

No → Go to Question #29

28a. **Interviewer Note: Please review the participant's next of kin contact information.**

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

Yes

No

Don't know

Refused

Go to Question #30

Go to Question #30

29. 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.

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

Yes

No → Go to Question #31

30a. **Interviewer Note: Please review the participant's information for their two contacts.**

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

Yes

No

Don't know

Refused

Go to next page

Go to next page

31. 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.

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Reliability

Thank you for your time and for answering our questions. Please contact us if you move or your mailing address changes. We will be contacting you again in 12 months.

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

32. 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