

#### **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.

#### **TABLE OF CONTENTS**

Workbook	Workbook Pages
Telephone Interview	1 - 17

#### **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

<u>Note</u>: 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#
○ 60-month ○ 72-month ○ 84-month	MOSTID	ACROSTIC	Month V4_TIDIFF Year	10 SITE 1 20 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?

V412MR

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?

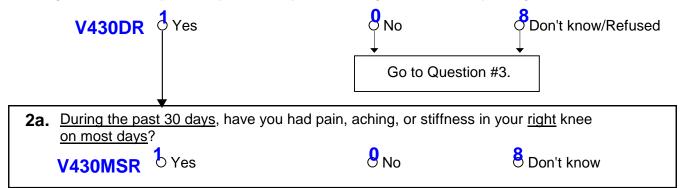
V412MSR

Yes

No

Bon't know

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



V4R\_FKP

Visit	MOST ID #	Acrostic
<ul><li>○ 60-month</li><li>○ 72-month</li><li>○ 84-month</li></ul>		

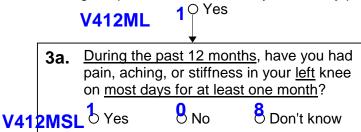


## **Knee Symptoms**

#### **Left Knee**

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

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



 ○ Don't know/Refused 0 No Go to Question #5.

During the past 30 days, have you had any pain, aching, or stiffness in your left knee? Open't know/Refused ON O ) Yes **V430DL** Go to Question #5. 4a. During the past 30 days, have you had pain, aching, or stiffness in your left knee

on most days? 9 No Bon't know ර Yes **V430MSL** 

V4L FKP

On't know/Refused

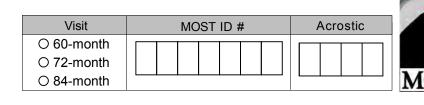
#### **Both Knees**

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? No.

🖒 Yes V4LA **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? 00 No 10 Yes O Don't know **V4AVOIDT** 



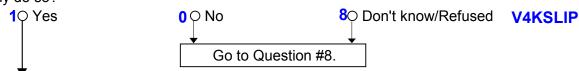
# Knee Buckling

6. <mark>/4KB</mark>		e <u>past 3</u>	months,  1 ○ Yes	has either of y	your knees buck ONo	led or give	en way at least once? Onon't know/Refused
			<b>\</b>		Go to Pag	e 4, Quest	
	6a.	4		_	way at least onc	_	
<b>V</b> 4	KBS	O Rig	ht knee	C Left knee	both knees	Ö Don't	know which knee
	6b.	knees	buckled? viewer N	Plf you are un lote: Read res	nees, how many sure, make you sponse options	r best gue	he past 3 months have your ss.
			101 tin				
	V4K	втот	20 2 to				
				10 times			
				o 24 times	_		
				e than 24 time 't know/Refuse			
			ווטם ט	t Kilow/Neiuse	<del>z</del> u		
	6c.	As a re	esult of k	•	_	d you fall a	and land on the floor or ground?
V4I	ALL	O Yes	3	(	O No	o o	on't know
	V4S V4	(Interv V4WLP TAIRB TWIST 4KBO	<b>/iewer N</b>	ote: Please m king ng up or down s iting or turning er (Please sp		nee(s) buc oly.)	ckled?

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

## **Knee Buckling**

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



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**0 1 time
- 20 2 to 5 times

30 6 to 10 times

- 40 11 to 24 times
- 50 More than 24 times
- 80 Don't know

8.	Because of conce	ern about buckling or	r "giving way'	' in your knees,	have you cha	anged or limited
	your usual activitie	es in any way?				

	, ,		
1	<b>0</b>	8	V4LMBUCK
O Yes	○ No	○ Don't know/Refused	

**V4KSTOT** 

Visit	MOST ID #	Acrostic
<ul><li>60-month</li><li>72-month</li><li>84-month</li></ul>		

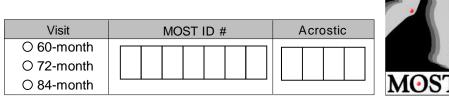
# Knee Injury

The	next tw	o questions are about knee	e injuries.	
Rig	ıht Knee	2		
9.		ve last spoke to you on <u>ht</u> knee badly enough to lir	•	<b>Prior Visits Report)</b> , have you injured r at least two days?
V4L	AR	<sup>1</sup> Yes	8 No	5 Don't know/Refused
Le	ft Knee			
10.		ve last spoke to you on ft knee badly enough to lim	•	<b>Prior Visits Report)</b> , have you injured at least two days?
V4L	LAL	1 Yes	<b>8</b> No	8 Don't know/Refused

Visit	MOST ID #	Acrostic	
<ul><li>○ 60-month</li><li>○ 72-month</li><li>○ 84-month</li></ul>			N

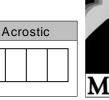
## Knee Surgery

he next few questions are a	bout knee surgery.				
Since we last spoke to you in your right knee?	on/( <i>from L</i>	Pata from Prior Vis	sits Report), di	id you have any surge	ry
10 Yes	0 No	80 Don't kn	ow/Refused	V4SURGR	
	Go to Page 7, Q	uestion #13.			
Since we last spoke to yo types of <u>surgery</u> in your <u>ri</u>	-	Data from Prior V	isits Report),	did you have the follow	/ing
a. Arthroscopy (where t	hey put a scope) in yo	our <u>right</u> knee?			
	8 No	8	Don't know	V4ARTR	
<b>b.</b> Meniscectomy (where	e they repaired or cut	away a torn menis	cus or cartilage	e) in your <u>right</u> knee?	
0 Yes	<u>8</u> No	8	Don't know	V4MENR	
<b>c.</b> Ligament repair in yo	ur <u>right</u> knee?				
<sup>1</sup> Yes	8 No	8	Don't know	V4LIGR	
d. Right knee replaceme	ent, where all or part o	of the joint was rep	laced?		
O Yes	O No	0	Don't know	<del>-V4KNRP</del>	
Interviewer Note: Ple Replacement and the	<del>-</del>		Form and mar	k Right Knee	
					_
e. Another kind of surge	<del></del>				
10 Yes	<b>0</b> ○ No	80 [	Don't know	V4SOTHR	
f. i. Are any of the a	nswers for Question ○ Yes │	s #12a-12e above	marked "Yes	"? O No V4SUMYR	
,	metal implants (such our <u>right</u> knee from th	•	Go to Page	7, Question #13.	
O Yes	○ No ○ Don't kr	now		- <del>V4MIMPR</del>	
			I		



## Knee Surgery

surgery in your left knee	<u>3</u> ?		
10 Yes	<b>0</b> ○ No	80 Don't know/Refused	V4SURGL
	Go to Page 8, Question	ı #15.	
. Since we last last spoke the following types of su		Pata from Prior Visits Report)	, did you have
	e they put a scope) in your <u>le</u>	ft knee?	
<sup>1</sup> Yes	8 No	Ö Don't know	V4ARTL
		/ a torn meniscus or cartilage) i	n your <u>left</u> knee?
<sup>1</sup> Yes	<u>8</u> No	Oon't know	V4MENL
c. <u>Ligament repair</u> in	·	0	
○ Yes	O No	ODon't know	V4LIGL
· · · · · · · · · · · · · · · · · · ·	ent, where all or part of the jo	-	
○ Yes ↓	○ No	○ Don't know	<del>-V4KNRL</del>
	Please complete the Event Nen go to Question #14e be	Notification Form and mark L low.	eft Knee
e. Another kind of sur		80 Don't know V4SO	THL
	( ) ( )		
	00 No	O DON'T KNOW	
		a-14e above marked "Yes"?	O No V4SUMYL
f. i. Are any of the	answers for Questions #14	a-14e above marked "Yes"?  s, screws,  Go to Page	VACUMVI
f. i. Are any of the	answers for Questions #14a ○ Yes ↓ / metal implants (such as pins	a-14e above marked "Yes"?  s, screws, ry?  Go to Page	O No V4SUMYL
f. i. Are any of the  ii. Do you have any staples, etc.) in y	answers for Questions #14 ○ Yes ↓ / metal implants (such as pins /our <u>left</u> knee from this surger	a-14e above marked "Yes"?  s, screws, ry?  Go to Page	O No V4SUMYL
f. i. Are any of the  ii. Do you have any staples, etc.) in y	answers for Questions #14 ○ Yes ↓ / metal implants (such as pins /our <u>left</u> knee from this surger	a-14e above marked "Yes"?  s, screws, ry?  Go to Page	O No V4SUMYL



## Hip Pain

The next few questions are about your hip joints.

Visit

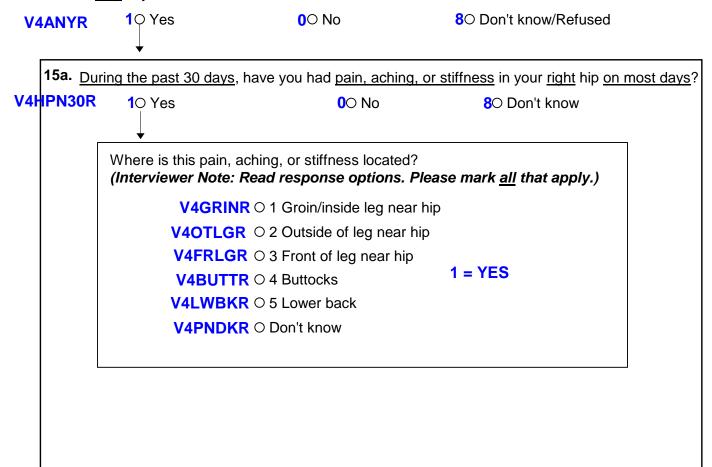
○ 60-month○ 72-month○ 84-month

#### **Right Hip**

First I'll ask you about your right hip.

**15.** <u>During the past 30 days</u>, have you had any <u>pain</u>, <u>aching</u>, <u>or stiffness</u> in or around your <u>right</u> hip? This includes pain in the groin and front and sides of the upper thigh. Do not include pain that was <u>only</u> in your lower back or buttocks.

MOST ID #





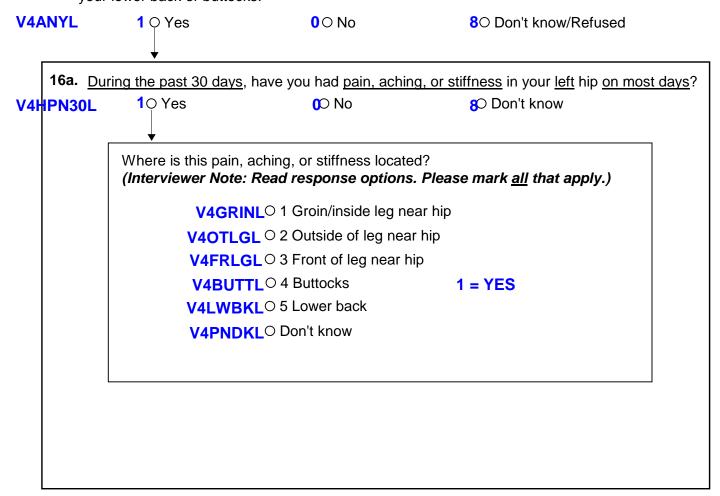
## Hip Pain

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

#### **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 <u>left</u> 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.



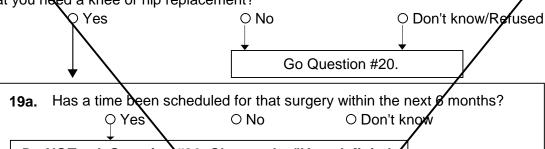
Hip	Visit MOST ID # Acrostic
17.	Since we last last spoke to you on / (from Data from Prior Visits Report), did you have a right hip replacement, where all or part of the joint was replaced?
	○ Yes ○ No ○ Don't know/Refused
	viewer Note: Please complete the Event Notification Form mark Right Hip Replacement.
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
	viewer Note: Please complete the Event Notification Form

## Knee and Hip Replacements

Visit	MOST ID #	Acrostic
<ul><li>○ 60-month</li><li>○ 72-month</li><li>○ 84-month</li></ul>		

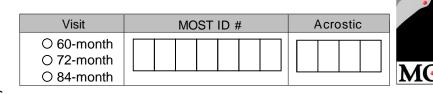


**19.** Thinking about your knees or hips that have never been replaced, has a doctor or nurse told you that you need a knee or hip replacement?

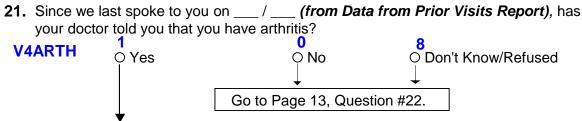


Do NOT ask Question #20. Choose the "Yes, definitely willing to have surgery" response option.

- 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.)
  - O No, definitely NOT willing to have surgery
  - O No, probably NOT willing to have surgery
  - O I'm not sure
  - O Yes, probably willing to have surgery
  - O Yes, definitely willing to have surgely
  - Don't know/Refused



# Arthritis Diagnosis

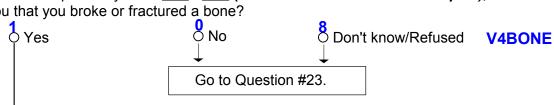


·					
What kind of arthritis did your doctor say it was? Did your doctor say you had					
a. Rheumatoid arthritis?	V4RA	5 Yes	8 No	8 Don't know	
<b>b.</b> Osteoarthritis or degenerative arthritis in your knee?	V4KNOA	5 Yes	No No	8 Don't know	
c. Osteoarthritis or degenerative arthritis in your hip?	V4HPOA	<sup>5</sup> Yes	8 No	8 Don't know	
d. Osteoarthritis or degenerative arthritis in your hand or	fingers?	<sup>1</sup> Yes	8 No	8 Don't know	
e. Osteoarthritis or degenerative arthritis in some other jo	oint?V4OJOA	<sup>5</sup> Yes	8 No	8 Don't know	
f. Gout?	V4GOUT	<sup>1</sup> Yes	8 No	8 Don't know	
g. Some other type of arthritis?	V4OTH	<sup>1</sup> Yes	0 No	8 Don't know	
(Please specify: NOT COLLECTED				)	

Visit	MOST ID #	Acrostic	
O 60-month			
O 72-month			
O 84-month			MOST
		<u> </u>	] ————

## Injuries, Fractures, Falls

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



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

1 = YES **V4FXHIP** O Hip ○ Hand/finger V4FXHND

**V4FXPLV** ○ Pelvis

O Elbow (lower humerus/upper radius or ulna) V4FXELB **V4FXTHF** O Thigh (femur--not hip)

O Don't know

○ Upper arm/shoulder (humerus) V4FXUPA **V4FXKNE** ○ Knee (patella/tibial plateau)

O Collarbone (clavicle/scapula) V4FXCLB

**V4FXLWL** ○ Lower leg (tibia/fibula) ○ Ribs/chest/sternum V4FXRIB

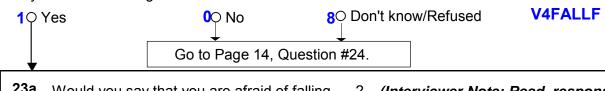
**V4FXANK** O Ankle ○ Spine/back (vertebra) V4SPINE

O Neck (cervical vertebra) V4FXNEK **V4FXFTT** ○ Foot/toe

V4FXTLB ○ Tailbone (coccyx/sacrum) ○ Skull/face/nose/jaw V4FXSKU **V4FXWRT** O Wrist/forearm (radius/ulna) **V4FXDKN** 

**V4FXOTH** Other (Please specify: \_\_\_

**23.** Are you afraid of falling?



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

10 Very often

20 Often

30 Occasionally

40 Rarely

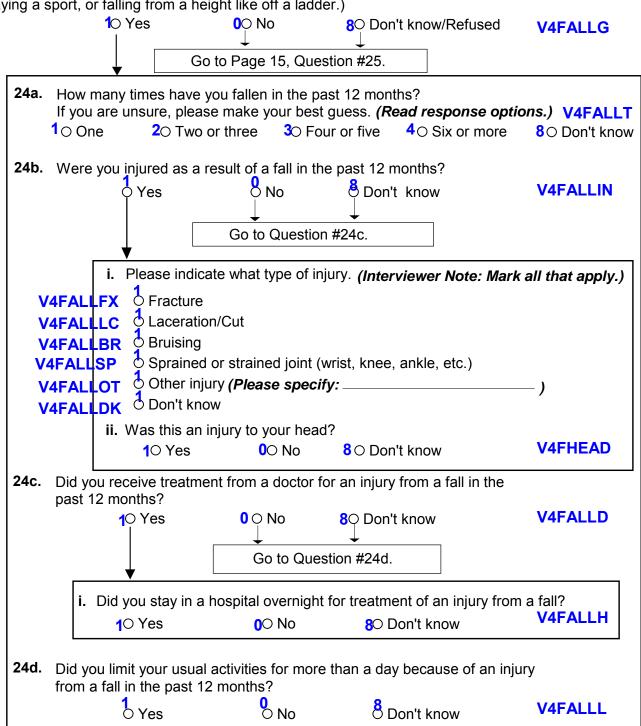
80 Don't know

**V4FALLFF** 

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

## 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.)



	<ul><li>○ 60-month</li><li>○ 72-month</li></ul>		
Contact Information	O 84-month		MØST
25. We would like to update all of listed for you is:  (Interviewer Note: Please reconfirm that the address you list the address that we current O Yes	eview the part ou have for the	icipant's contact information participant is correct.)	
Interviewer Note: Pleafor the participant for	<b>\</b>	street address, city, state a	and zip code
26. The telephone number(s) that (Interviewer Note: Please reconfirm that the telephone Are the telephone number(s) O Yes	eview the part number(s) you	icipant's contact information that is the participant are	
Interviewer Note: Plea for your local records		telephone number(s) for th	ne participant
<b> </b>	○ No ase record the	ddress in the next 6 months?  O Don't know/Refused  street address, city, state, t for your local records.	zip code, and

Acrostic

MOST ID #

Visit

Contact Information	Visit  ○ 60-month  ○ 72-month  ○ 84-month	MOST ID #	Acrostic	
28. Interviewer Note: Has the	participant identif	ied their next of kin?		
Yes	·	Go to Question #29		
28a. Interviewer Note: Please r	eview the participa	nt's next of kin conta	nct information.	
You previously told us the na information that I have is still correct?	nme, address, and te correct. Is the name	elephone number of yoe, address, and telepho	ur next of kin. Please tell me if the one number of your next of kin	
O Yes	No	○ Don't know	O Refused	
Go to Question #30			Go to Question #30	
<ul> <li>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.</li> <li>30. Interviewer Note: Has the participant identified their two contacts?</li> </ul>				
O Yes	○ No	Go to Question #31		
<b>+</b>				
30a. Interviewer Note: Please	review the participa	ant'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	S O No	O Don't know	ORefused	
Go to next pa	age		Go to next page	
31. Please tell me the name, How is this person relate		none number of your fi	rst contact.	
Please tell me the name, How is this person relate		none number of your so	econd contact.	
Interviewer Note: For b zip code, telephone nur			street address, city, state, he participant.	

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



## 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 to you think the participant's responses to this questionnaire are?
  - O Very reliable
  - O Fairly reliable
  - O Not very reliable
  - O Don't know