



MULTICENTER OSTEOARTHRITIS STUDY

ANNOTATED DATA COLLECTION FORMS

84-MONTH FOLLOW-UP DATASETS
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 84-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: ~~V5SDAT2~~

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: **V5MCOMOR**

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> MOSTID	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> ACROSTIC	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> V5_TIDIFF </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	<div style="display: flex; align-items: center;"> 1 <input type="radio"/> SITE 1 2 <input type="radio"/> SITE 2 SITE </div>

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?
- V512MR** 1 ☐ Yes
0 ☐ No
8 ☐ Don't know/Refused

Go to Question #3.

- 1a. How many years ago did you first start having knee pain, aching, or stiffness in your right knee?

V5YRSR

- ☐ Less than 1 year ago

☐ 6 to 10 years ago

☐ 1 to 2 years ago

☐ More than 10 years ago

☐ 3 to 5 years ago

☐ Don't know

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

V512MSR

- 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?
- V530DR** 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?

V530MSR

- 1 ☐ Yes
0 ☐ No
8 ☐ Don't know

Knee Symptoms

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



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?

V512ML 1 ☐ Yes

0 ☐ No

8 ☐ Don't know/Refused

Go to Question #5.

3a. How many years ago did you first start having knee pain, aching, or stiffness in your left knee?

V5YRSL

- ☐ Less than 1 year ago ☐ 6 to 10 years ago
☐ 1 to 2 years ago ☐ More than 10 years ago
☐ 3 to 5 years ago ☐ Don't know

3b. During the past 12 months, have you had pain, aching, or stiffness in your left knee on most days for at least one month?

V512MSL 1 ☐ Yes

0 ☐ No

8 ☐ Don't know

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

V530DL 1 ☐ Yes

0 ☐ No

8 ☐ Don't know/Refused

Go to Question #5.

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

V530MSL 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?

V5LA 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?

V5LADAY days

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

V5AVOIDT

0 ☐ No

8 ☐ Don't know

MRI Eligibility

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>



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

☐ Don't know/Refused

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

MRI Eligibility

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>



6e. Please tell me whether any of the following was implanted in your body:

i. Stent, filter, coil, or clips	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
ii. Shunt (spinal or intraventricular)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
iii. Vascular access port or catheter, such as a central venous catheter or PICC line	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
iv. Surgically implanted hearing device (not a regular hearing aid) or prosthesis in your ear	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
v. Eyelid spring, wire or weights	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
vi. Penile implant or prosthesis (<i>men only</i>)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
vii. Heart valve	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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
↓

☐ No

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
↓

☐ No
↓

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

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

MRI Eligibility

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



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 #8, #9-9a, and #10.)

☐ Yes

☐ No

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

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 not require a 2-month wait. If surgery is on that list, mark "No" for this question. If a 2-month wait is required, go to page 6, Question #13. Do not scan today's Telephone Interview forms. Re-contact 2 months after surgery to reassess eligibility.

Visit	MOST ID #	Acrostic
<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: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>



Contact Information

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

Visit	MOST ID #	Acrostic
<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; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>



Contact Information

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, 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 #18

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, 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

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.

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



Cognitive Screen

V5CSVIS

☐ First screen ☐ Repeat screen

Examiner Note: Review Data from Prior Visits Report.

20. Is participant 70 years old or older?

V5COG70

1 ☐ Yes

0 ☐ No

☐ Test NOT DONE
clinic discretion

Complete cognitive screen. Go to Question #21.

STOP. Go to Page 7b.

21. I would like to ask you some questions that ask you to use your memory. I am going to name three objects. Please wait until I say all three words, then repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Please repeat these words for me: APPLE--TABLE--PENNY.

(Examiner Note: Interviewer may repeat 3 times if necessary but repetition not scored.)

	Correct	Error/ Refused
a. Apple	<input type="radio"/>	<input type="radio"/>
b. Table	<input type="radio"/>	<input type="radio"/>
c. Penny	<input type="radio"/>	<input type="radio"/>
d. Numbers of presentations necessary for the participant to repeat the sequence:		<input type="text"/> presentations

22. What year is this?

1 ☐ Correct (0)

7 ☐ Error/Refused (1)

V5COGYA

23. What month is this?

1 ☐ Correct (0)

7 ☐ Error/Refused (1)

V5COGMMA

24. What is the day of the week?

1 ☐ Correct (0)

7 ☐ Error/Refused (1)

V5COGDDA

25. What were the three objects I asked you to remember?

(Examiner Note: The words may be repeated in any order.)

	Correct	Error/ Refused
a. Apple	1 <input type="radio"/> (0)	7 <input type="radio"/> (1) V5COG2AP
b. Table	1 <input type="radio"/> (0)	7 <input type="radio"/> (1) V5COG2TB
c. Penny	1 <input type="radio"/> (0)	7 <input type="radio"/> (1) V5COG2PN

Scoring

26. Combine score for Questions #22, 23, 24, and 25.

Total : (0 - 6)

V5COGSC

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>



Reliability



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

27. 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
<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-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 2px;"></div>



Clinic Visit Eligibility

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.**)

FOLLOW-UP SELF-ADMINISTERED QUESTIONNAIRE HOME



Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 25px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 25px; display: flex; justify-content: space-between;"> </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 25px; display: flex; justify-content: space-between;"> </div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: flex; justify-content: space-between;"> </div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 80px; height: 25px; display: flex; justify-content: space-between;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> MonthDayYear </div>	<div style="border: 1px solid black; width: 100px; height: 25px; display: flex; justify-content: space-between;"> </div>

Arthritis Diagnosis

1. Since we last asked you, **about 1 year ago**, has your doctor told you that you have arthritis?

V5ARTH ☒ 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?	V5RA	<input checked="" type="radio"/> 1	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> No	<input checked="" type="radio"/> 8	<input type="radio"/> Don't know
b. Osteoarthritis or degenerative arthritis in your <u>knee</u> ?	V5KNOA	<input checked="" type="radio"/> 1	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> No	<input checked="" type="radio"/> 8	<input type="radio"/> Don't know
c. Osteoarthritis or degenerative arthritis in your <u>hip</u> ?	V5HPOA	<input checked="" type="radio"/> 1	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> No	<input checked="" type="radio"/> 8	<input type="radio"/> Don't know
d. Osteoarthritis or degenerative arthritis in your <u>hand or fingers</u> ?	V5HFOA	<input checked="" type="radio"/> 1	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> No	<input checked="" type="radio"/> 8	<input type="radio"/> Don't know
e. Osteoarthritis or degenerative arthritis in some <u>other joint</u> ?	V5OJOA	<input checked="" type="radio"/> 1	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> No	<input checked="" type="radio"/> 8	<input type="radio"/> Don't know
f. Gout?	V5GOUT	<input checked="" type="radio"/> 1	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> No	<input checked="" type="radio"/> 8	<input type="radio"/> Don't know
g. Some other type of arthritis?	V50TH	<input checked="" type="radio"/> 1	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> No	<input checked="" type="radio"/> 8	<input type="radio"/> Don't know

(Please specify: _____)

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



Health History and Medical Conditions

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

V5HRTAT ☐ 1 Yes ☐ 0 No ☐ 8 Don't know

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

V5UNCLOG ☐ 1 Yes ☐ 0 No ☐ 8 Don't know

4. Since we last asked 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.)

V5HRTFA ☐ 1 Yes ☐ 0 No ☐ 8 Don't know

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

V5BYPASS ☐ 1 Yes ☐ 0 No ☐ 8 Don't know

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

V5STROKE ☐ 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?

V5MOVE ☐ 1 Yes ☐ 0 No ☐ 8 Don't know

7. Do you have asthma?

V5ASTHMA ☐ 1 Yes ☐ 0 No ☐ 8 Don't know

Go to Page 3, Question #8.

a. Do you take medicines for your asthma?

V5ASTRX ☐ 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.**)

V5AWHEN ☐ 1 Only with flare-ups of my asthma
☐ 2 Regularly, even when I'm not having a flare-up

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



Health History and Medical Conditions

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

V5COPD 1 ☐ Yes 0 ☐ No 8 ☐ Don't know

↓

Go to Question #9.

V5LUNRX a. Do you take medicines for your lung disease?

1 ☐ Yes 0 ☐ No 8 ☐ Don't know

↓

Go to Question #9.

V5LWHEN b. When do you usually take the medicine? (*Please mark one.*)

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?

V5ULCER 1 ☐ Yes 0 ☐ No 8 ☐ Don't know

↓

Go to Question #10.

V5ULCDX 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)?

1 ☐ Yes 0 ☐ No 8 ☐ Don't know

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

V5DIABT 1 ☐ Yes 0 ☐ No 8 ☐ Don't know

↓

Go to Page 4, Question #11.

V5DIET a. How has your diabetes been treated? (*Please mark all that apply.*)

V5DRX ☐ modifying my diet **1=YES**

V5INJ ☐ medications taken by mouth

V5NONE ☐ insulin injections

☐ not treated

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

V5KID ☐ Problems with your kidneys

V5DEYE ☐ Problems with your eyes, treated by an ophthalmologist

V5DDK ☐ Has not caused problems



MOST

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

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

1=YES

12. Do you have any of the following conditions?

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

☐ Yes ☐ No ☐ Don't know

b. Cirrhosis, or serious liver damage?

☐ Yes ☐ No ☐ Don't know

c. Leukemia or polycythemia vera?

☐ Yes ☐ No ☐ Don't know

d. Lymphoma?

☐ Yes ☐ No ☐ Don't know

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

☐ Yes ☐ No ☐ Don't know

Go to Question #12f.

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

☐ Yes ☐ No ☐ Don't know

f. AIDS?

☐ Yes ☐ No ☐ Don't know

V5 DX

V5MCOMOR

V5MCOMOR CUM

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>



Injuries, Fractures, Falls

13. Since we last asked you, **about 1 year ago**, did a doctor tell you that you broke or fractured a bone?

V5BONE ☒ Yes

☐ No

Go to Question #14.

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

- V5FXHIP** ☐ Hip

V5FXPLV ☐ Pelvis

V5FXTHF ☐ Thigh (femur--not hip)

V5FXKNE ☐ Knee (patella/tibial plateau)

V5FXLWL ☐ Lower leg (tibia/fibula)

V5FXANK ☐ Ankle

V5FXFTT ☐ Foot/toe

V5FXTLB ☐ Tailbone (coccyx/sacrum)

V5FXWRT ☐ Wrist/forearm (radius/ulna)

V5FXOTH ☐ Other (Please specify: _____)

☐ Hand/finger **V5FXHND**

☐ Elbow (lower humerus/upper radius or ulna) **V5FXELB**

☐ Upper arm/shoulder (humerus) **V5FXUPA**

☐ Collarbone (clavicle/scapula) **V5FXCLB**

☐ Ribs/chest/sternum **V5FXRIB**

☐ Spine/back (vertebra) **V5SPINE**

☐ Neck (cervical vertebra) **V5FXNEK**

☐ Skull/face/nose/jaw **V5FXSKU**

☐ Don't know **V5FXDKN**
- YES = 1**
- V5_FXHIPSP**

14. Are you afraid of falling?

V5FALLF ☒ Yes

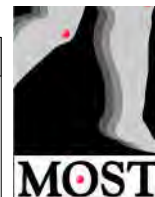
☐ No

Go to Page 6, Question #15.

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

- V5FALLFF**
- ☒ 1 Very often
- ☐ 2 Often
- ☐ 3 Occasionally
- ☐ 4 Rarely

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 72-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>



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.)

V5FALLG

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.

V5FALLT

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**?

V5FALLIN

1 ☐ Yes

0 ☐ No

Go to Question #15c.

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

1 ☐ Fracture

1 ☐ Laceration/Cut

1 ☐ Bruising

1 ☐ Sprained or strained joint (wrist, knee, ankle, etc.)

1 ☐ Other injury (**Please specify:** _____)

- ii. Was this an injury to your head?

V5FHEAD

1 ☐ Yes

0 ☐ No

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

V5FALLD

1 ☐ Yes

0 ☐ No

Go to Question #15d.

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

V5FALLH

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**?

V5FALLL

1 ☐ Yes

0 ☐ No

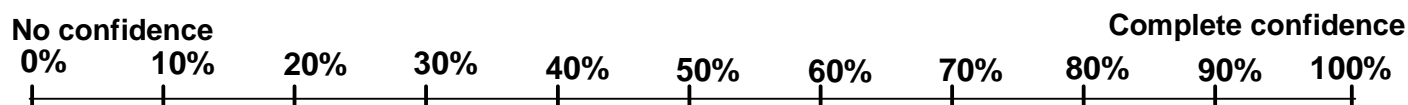
Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input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



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%.



16. How confident are you that you will NOT lose your balance or become unsteady when you are . . .	No confidence Complete confidence 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%										
	0	1	2	3	4	5	6	7	8	9	10
a. Walking in the house? V5ABCA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Going up and down stairs? V5ABCB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bending down to pick up a slipper off the closet floor? V5ABCC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stretching to take a small can off a shelf at eye level? V5ABCD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Getting up on your toes to reach an object over your head? V5ABCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Getting up on a chair (or a stepladder) to get an object? V5ABCF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sweeping the floor? V5ABCG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Going out of the house to get to a car parked in the driveway? V5ABCH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Activities-Specific Balance Confidence (ABC) Scale

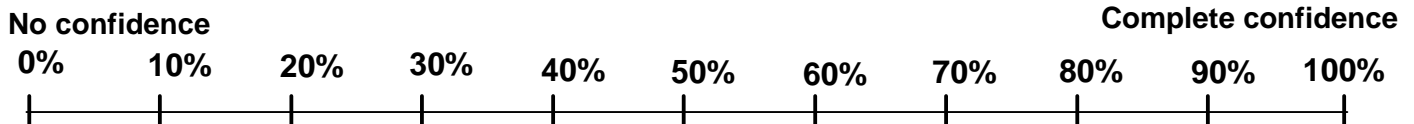
Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input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



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%.



How confident are you that you will NOT lose your balance or become unsteady when you are...	No confidence Complete confidence											
	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	
	0	1	2	3	4	5	6	7	8	9	10	
i. Getting in and out of the car (regular car)? V5ABCI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
j. Crossing a parking lot to get to the shopping center? V5ABCJ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
k. Going up or down a slope (access ramp)? V5ABCK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
l. Walking through a shopping center crowded with people who are in a rush? V5ABCL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
m. Getting jostled by people as you are walking through a shopping center? V5ABCM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
n. Using an escalator while holding the railing? V5ABCN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
o. Using an escalator without being able to hold the railing because your arms are full? V5ABCO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
p. Walking on icy sidewalks? V5ABCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Activities-Specific Balance Confidence (ABC) Scale

◆ Page 8 ◆

MOST Follow-up
Self-Administered Questionnaire - Home

V5ABCSCORE

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



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 ...

V5COPE1

17. I think of things I enjoy doing.

0
☐
 Never
do that

1
☐

2
☐

3
☐
 Sometimes
do that

4
☐

5
☐

6
☐
 Always
do that

V5COPE2

18. I pray for the pain to stop.

0
☐
 Never
do that

1
☐

2
☐

3
☐
 Sometimes
do that

4
☐

5
☐

6
☐
 Always
do that

V5COPE3

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

0
☐
 Never
do that

1
☐

2
☐

3
☐
 Sometimes
do that

4
☐

5
☐

6
☐
 Always
do that

V5COPE4

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

0
☐
 Never
do that

1
☐

2
☐

3
☐
 Sometimes
do that

4
☐

5
☐

6
☐
 Always
do that

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



Joint Pain, Aching, and Stiffness

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

V5JPAIN

1

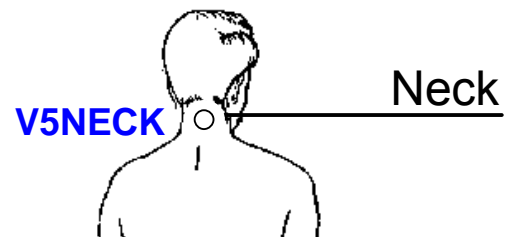
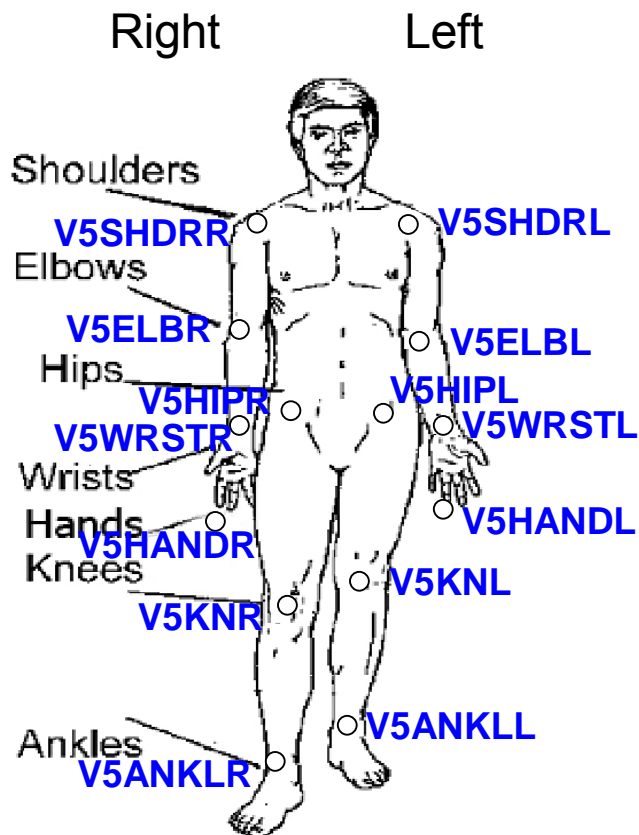
☐ Yes

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).

1=YES

V5_WSPA
V5_WSPB
V5_WSPC

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



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.)

Left

V5L_FFOOT

Right

V5R_FFOOT

YES = 1

V5L_BFOOT

V5R_BFOOT

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>



Back Pain and Function

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

V5PAIN ☒ Yes ☐ No

Go to Page 13, Question #23.

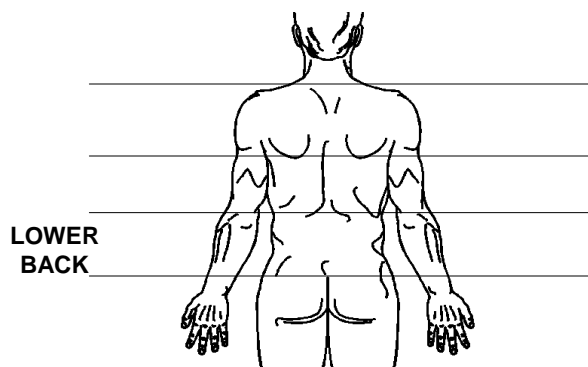
a. How often were you bothered by back pain in the **past 30 days**?
(Mark only one response.)

V5FREQ ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never

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

V5SERV ☐ Mild ☐ Moderate ☐ 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

☐ NK **V5NK**
☐ UB **V5UB**
☐ MB **V5MB**
☐ LB **V5LB**
☐ BK **V5BK**

1=YES

V5_LBP

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

V5BPLA ☒ Yes ☐ No → Go to Page 13, Question #23.

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

V5BDDAY

days

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

V5BPLAD

days

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>



Arthritis Medications

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

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)

V5ARTHRX

☒ Yes

☐ No

Go to Page 14, Question #24.

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

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

V5MOFT

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>



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)
OxylR (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)

V5SMED ☒ 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?

- V5SMOFT** ☒ 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
<input type="radio"/> 60-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"/>



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:

- V5SF1**
- 1** ☐ Excellent
 - 2** ☐ Very good
 - 3** ☐ Good
 - 4** ☐ Fair
 - 5** ☐ Poor

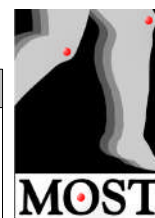
During the **past 30 days**, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

26. <u>Accomplished less</u> than you would like	1 <input type="radio"/> Yes	0 <input type="radio"/> No	V5SF4
27. Were limited in the <u>kind</u> of work or other activities	1 <input type="radio"/> Yes	0 <input type="radio"/> No	V5SF5

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

28. <u>Accomplished less</u> than you would like	1 <input type="radio"/> Yes	0 <input type="radio"/> No	V5SF6
29. Didn't do work or other activities as <u>carefully</u> as usual	1 <input type="radio"/> Yes	0 <input type="radio"/> No	V5SF7

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



Health Survey

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.)*

- V5SF8**
- ☐ 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? V5SF9	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
32. Did you have a lot of energy? V5SF10	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
33. Have you felt downhearted and blue? V5SF11	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

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.)*

- V5SF12**
☐ 4 All of the time
 ☐ 3 Most of the time
 ☐ 2 Some of the time
 ☐ 1 A little of the time
 ☐ 0 None of the time

V5SF12MM

V5SF12MP

Health Survey

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>

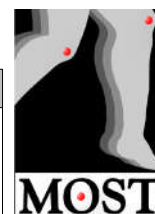


35. The following questions are about activities you might do during a typical day. Does **your health now limit** you in these activities? If so, how much?
(Fill in the circle on each line.)

		Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports?	V5PF10A	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
b. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	V5SF2	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
c. Lifting or carrying groceries?	V5PF10C	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
d. Climbing <u>several</u> flights of stairs?	V5SF3	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
e. Climbing <u>one</u> flight of stairs?	V5PF10E	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
f. Bending, kneeling, or stooping?	V5PF10F	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
g. Walking <u>more than a mile</u> ?	V5PF10G	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
h. Walking <u>several hundred yards</u> ?	V5PF10H	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
i. Walking <u>one hundred yards</u> ?	V5PF10I	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
j. Bathing or dressing yourself?	V5PF10J	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>

V5PF10

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



Health Survey

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
V5CESDA	a. I was bothered by things that usually don't bother me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
V5CESDB	b. I did not feel like eating: my appetite was poor.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
V5CESDC	c. I felt that I could not shake off the blues even with help from my family and friends.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
V5CESDD	d. I felt that I was just as good as other people.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
V5CESDE	e. I had trouble keeping my mind on what I was doing.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
V5CESDF	f. I was depressed.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
V5CESDG	g. I felt that everything I did was an effort.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
V5CESDH	h. I felt hopeful about the future.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
V5CESDI	i. I thought my life had been a failure.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
V5CESDJ	j. I felt fearful.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



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. V5CESDK	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. I was happy. V5CESDL	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. It seemed that I talked less than usual. V5CESDM	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. I felt lonely. V5CESDN	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. People were unfriendly. V5CESDO	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. I enjoyed life. V5CESDP	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q. I had crying spells. V5CESDQ	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
r. I felt sad. V5CESDR	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
s. I felt that people disliked me. V5CESDS	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
t. I could not get going. V5CESDT	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

V5CES_D

V5_DEP

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>



Sleep and Fatigue

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

- V5SLPQA**
- ☐ 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
0	1	2	3	4	5	6	7	8	9	10
No fatigue	V5FATIG								Fatigue as bad as it can be	

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



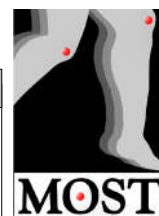
Everyday Things

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.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 V5FDI1
40. Providing care or assistance to others. This may include providing personal care, transportation, and running errands for family members or friends.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 V5FDI2
41. Taking care of the inside of your home. This includes managing and taking responsibility for homemaking, laundry, housecleaning and minor household repairs.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 V5FDI3
42. Working at a volunteer job outside your home.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 V5FDI4
43. Taking part in active recreation. This may include bowling, golf, tennis, hiking, jogging, or swimming.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 V5FDI5
44. Traveling out of town for at least an overnight stay.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 V5FDI6
45. Taking part in a regular fitness program. This may include walking for exercise, stationary biking, weight lifting, or exercise classes.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 V5FDI7
46. Going out with others to public places such as restaurants or movies.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 V5FDI8

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



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. V5FDI9	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
48. Taking part in organized social activities. This may include clubs, card playing, senior center events, community or religious groups. V5FDI10	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
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. V5FDI11	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
50. Preparing meals for yourself. This includes planning, cooking, serving, and cleaning up. V5FDI12	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>

V5LLDIIR

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>



Helpful Aids and Devices

51. Do you usually use any of the following AIDS OR DEVICES for walking indoors around your home?

(Please mark all that apply.)

- 1=YES
- V5AICANE** ☐ Cane
V5AICRUT ☐ Crutches
V5AIWLK ☐ Walker
V5AIWHL ☐ Wheelchair
V5AIOTH ☐ Other (Please specify: _____)
- V5AISCOT** ☐ Scooter
V5AIMWH ☐ Motorized wheelchair
V5AINONE ☐ I do not use any of these devices

52. Do you usually use any of the following AIDS OR DEVICES for walking outdoors or when you go out shopping?

(Please mark all that apply.)

- 1=YES
- V5AOCANE** ☐ Cane
V5AOCRUT ☐ Crutches
V5AOWLK ☐ Walker
V5AOWHL ☐ Wheelchair
V5AOOTH ☐ Other (Please specify: _____)
- V5AOSCOT** ☐ Scooter
V5AOMWH ☐ Motorized wheelchair
V5AONONE ☐ I do not use any of these devices

53. Do you usually use any of the following AIDS OR DEVICES for going up or down stairs?

(Please mark all that apply.)

- 1=YES
- V5ASCANE** ☐ Cane
V5ASLIFT ☐ Stair lift
V5ASELEV ☐ Elevator
V5ASOTH ☐ Other (Please specify: _____)
- V5ASNONE** ☐ I do not use any of these devices

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 all that apply.)

- 1=YES
- V5AUCHR** ☐ Special built-up or lift chair
V5AUCANE ☐ Cane
V5AUWLK ☐ Walker
V5AUCRUT ☐ Crutches
- V5AUNONE** ☐ I do not use any of these devices
☐ Built up or raised toilet seat **V5AUTLT**
☐ Grab bars **V5AUGRAB**
☐ Other (Please specify: _____) **V5AUOTH**

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>



Current Tobacco Use

55. Do you currently smoke cigarettes on a regular basis? By "regular" we mean at least 5 cigarettes per week almost every week.

V5SKNOW 1 ☐ Yes

0 ☐ No



a. About how many cigarettes do you smoke per day?

V5SKAMT

per day

56. Do you currently use snuff or chewing tobacco on a regular basis? By "regular" we mean at least once a week almost every week.

V5CHEW 1 ☐ Yes

0 ☐ No



a. About how many containers do you use per week?

V5CHAMT

per week

57. Do you currently smoke a pipe or cigars on a regular basis? By "regular" we mean at least 2 cigars/pipes full of tobacco a week almost every week.

V5PIPE 1 ☐ Yes

0 ☐ No



a. About how many pipes or cigars do you smoke per week?

V5PIAMT

per week

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>



Current Employment

58. 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.)

V5PAY

¹ ☐ Yes

⁰ ☐ No

Go to Question #59.

- 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.)

V5NOPAY

¹ ☐ Yes

⁰ ☐ No

Go to Question #59.

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

V5HLTH

¹ ☐ Yes

⁰ ☐ No

Go to Page 25, Question #61.

59. 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.)*

V5HRSWK

Number of hours worked per week

60. 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.)*

V5MIS

Number of days missed in the **past 3 months**

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>



Household, Medical Care, and Marital Status

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

- V5BILL**
- ☐ 0 Not at all difficult
☐ 1 Not very difficult
☐ 2 Somewhat difficult
☐ 3 Very difficult
☐ 5 Unable

62. Do you have a usual source of medical care? By that, we mean the place you go if you need a check-up or if you are ill.

- V5MCARE** ☐ 1 Yes ☐ 0 No

Go to Question #63.

a. What is the source of medical care? *(Please choose ONE answer.)*

- V5MCARES**
- ☐ 1 Private or personal physician/HMO
☐ 2 Walk-in clinic (no appointments taken)
☐ 3 Other clinic (by appointment)
☐ 4 Hospital emergency room
☐ 5 Other *(Please specify: _____)*

63. How do you pay for your medical care? *(Please answer YES or NO for each question.)*

a. Insurance or HMO?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	V5PAYHMO
b. Medicaid or Medicare?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	V5PAYMED
c. VA, TRICARE, or Military?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	V5PAYVA
d. Other?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	V5PAYOTH
<div style="border: 1px solid black; padding: 5px;"> di. Please specify: _____ </div>			
e. Out of pocket, either full or co-payment?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	V5PAYCOP
<div style="border: 1px solid black; padding: 5px;"> ei. Is that full or co-payment? <input type="radio"/> 1 Full <input type="radio"/> 2 Copayment V5PAYF </div>			

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>



Household, Medical Care, and Marital Status

64. Was there anytime during the **past two years** when you did not seek medical care because it was too expensive or health insurance did not cover it? Do not include dental care.

V5NOCARE ☒ Yes ☐ No ☐ Don't know

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

☒ Live alone ☐ Live with my spouse, family member(s), or roommate(s)

V5ALONE

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

~~V5HSHOLD~~ Number of other people in household

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

~~V5LIV18~~ Number of people under the age of 18

66. What is your current marital status? (**Please choose ONE answer.**)

☒ Married or living in a married-like relationship
☐ Widowed
☐ Separated
☐ Divorced
☐ Single, never married
☐ Other (**Please specify:** _____)
☐ No answer

V5MARRY



MOST 84-MONTH FOLLOW-UP SELF-ADMINISTERED QUESTIONNAIRE CLINIC

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	V5Q1KR	V5Q1KL
Up stairs	V5UPR	V5UPL
Down stairs	V5DOWNR	V5DOWNL
Stairs (calculated)	V5Q2KR	V5Q2KL
In bed	V5Q3KR	V5Q3KL
Sit or lie down	V5Q4KR	V5Q4KL
Standing	V5Q5KR	V5Q5KL

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: V5UPR, V5UPL, V5DOWNR, and V5DOWNL. “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	V5WOPNKR	V5WOPNKL

(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:

<u>Activity</u>	<u>Variable (right knee)</u>	<u>Variable (left knee)</u>
In morning	V5Q6KR	V5Q6KL
Later in day	V5Q7KR	V5Q7KL

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.

<u>Score</u>	<u>Variable (right knee)</u>	<u>Variable (left knee)</u>
Stiffness subscale scores	V5WOSTKR	V5WOSTKL

Disability

The individual items in the disability subscale are:

<u>Activity</u>	<u>Variable (either knee)</u>
Down stairs	V5Q8K
Up stairs	V5Q9K
Stand from sitting	V5Q10K
Standing	V5Q11K
Bending	V5Q12K
Walking	V5Q13K
In car/out of car	V5Q14K
Shopping	V5Q15K
Socks on	V5Q16K
Get out of bed	V5Q17K
Socks off	V5Q18K
Lying down	V5Q19K
Bathing	V5Q20K
Sitting	V5Q21K
On/off toilet	V5Q22K
Heavy chores	V5Q23K
Light chores	V5Q24K

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: V5Q8K, V5Q9K, V5Q12K, V5Q15K, V5Q23K, and V5Q24K. “Don't do” is set to missing.

The disability subscale possible score range is 0-68.

<u>Score</u>	<u>Variable (either knee)</u>
Disability subscale scores	V5WOPASK

(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.

<u>Score</u>	<u>Variable (right knee)</u>	<u>Variable (left knee)</u>
Total scores	V5WOTOTR	V5WOTOTL

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 questions, 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 \geq two pain, both stiffness, or \geq 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)."

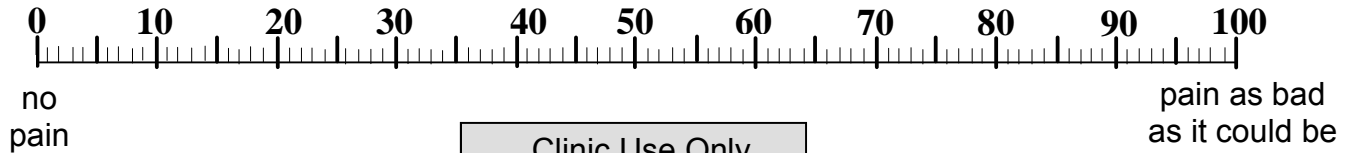
(Note: the top of page 2, bottom of page 4, and complete pages 3, 5, 6, 8, and 9 of the MOST Follow-up Self-Administered Questionnaire – Clinic are not being displayed)

Visit	MOST ID #	Acrostic
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Knee Symptoms

2. How bad has the pain been in your right 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")



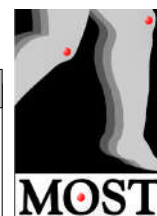
Clinic Use Only
<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>

V5VASKR

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page 38.

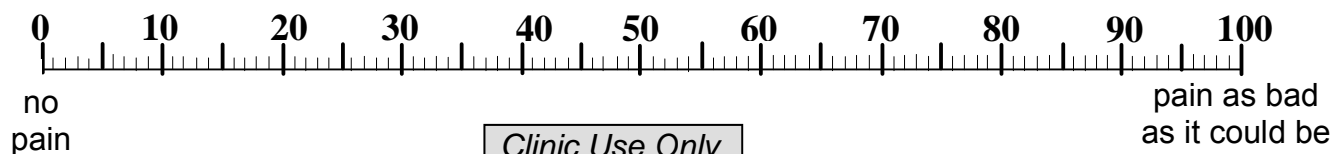
Knee Symptoms

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



Note: WOMAC® was removed from this page. See "Scoring for WOMAC®" documentation on page 38.

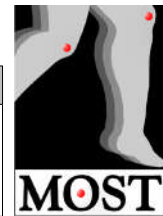
6. How bad has the pain been in your left knee, on average, in the past 30 days? Please mark an "X" on the line below. ("0" means "no pain" and "100" means "pain as bad as it could be")



V5VASKL

Clinic Use Only			

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



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)?							
V5SP1K	a. Squatting	<input checked="" type="radio"/> 0 none	<input type="radio"/> 1 mild	<input type="radio"/> 2 moderate	<input type="radio"/> 3 severe	<input type="radio"/> 4 extreme	<input type="radio"/> 5 don't do
V5SP2K	b. Running/jogging	<input checked="" type="radio"/> 0 none	<input type="radio"/> 1 mild	<input type="radio"/> 2 moderate	<input type="radio"/> 3 severe	<input type="radio"/> 4 extreme	<input type="radio"/> 5 don't do
V5SP3K	c. Jumping	<input checked="" type="radio"/> 0 none	<input type="radio"/> 1 mild	<input type="radio"/> 2 moderate	<input type="radio"/> 3 severe	<input type="radio"/> 4 extreme	<input type="radio"/> 5 don't do
V5SP4K	d. Twisting/pivoting on your knees	<input checked="" type="radio"/> 0 none	<input type="radio"/> 1 mild	<input type="radio"/> 2 moderate	<input type="radio"/> 3 severe	<input type="radio"/> 4 extreme	<input type="radio"/> 5 don't do
V5SP5K	e. Kneeling	<input checked="" type="radio"/> 0 none	<input type="radio"/> 1 mild	<input type="radio"/> 2 moderate	<input type="radio"/> 3 severe	<input type="radio"/> 4 extreme	<input type="radio"/> 5 don't do

V5KOSSP

FOLLOW-UP CLINIC VISIT WORKBOOK PROCEDURE CHECKLIST

Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 150px; height: 20px; display: flex; justify-content: space-between;"> </div> <div style="text-align: center; font-size: small;"> Month Day Year </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>



Measurement	Page #	Completed	Partially completed	Participant refused	Not done/Not applicable
1. Was Self-administered Home Questionnaire completed/checked?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Was Self-administered Clinic Questionnaire completed/checked?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Was Clinic Interview administered?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Was PASE administered? (Floating Forms: See DPVR)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Was MMSE-2 administered? (Floating Forms: See DPVR)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Medication Inventory	29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Blood Pressure	32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Weight	32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. 20-meter Walk	34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Chair Stands	36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Pain Sensitivity	55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. DXA Bone Density <small>Not done/Equipment failure</small>	65a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Knee X-ray <small>Not done/Equipment failure</small>	66	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 1.0 T Knee MRI <small>Not done/Equipment failure</small>	67	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Accelerometry	75	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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?

V5KPN12R

☐ 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?

☐ 1 Yes

☐ 0 No

☐ 8 Don't know

Go to Page 6, Question #20.

V5MNTHR

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

V5PN30R

☐ 1 Yes

☐ 0 No

☐ 8 Don't know/Refused

Go to Page 5, Question #19.

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

V5KPN30R

☐ 1 Yes

☐ 0 No

☐ 8 Don't know

V5R_FKP

Knee Pain



Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

Constant

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**. Please answer ALL questions.

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

V5AKCP7R

Go to Page 5, Question #19.

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

V5CKCP7R

Go to Page 4, Question #10.

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

3 ☐ Severely

4 ☐ Extremely

8 ☐ Don't know

7 ☐ Refused

V5INCP7R

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

0 ☐ Not at all

1 ☐ Mildly

2 ☐ Moderately

3 ☐ Severely

4 ☐ Extremely

8 ☐ Don't know

7 ☐ Refused

V5CPSL7R

Knee Pain

Visit	MOST ID #	Acrostic													
<input type="radio"/> 60-month <input type="radio"/> 84-month	<table border="1" style="width: 100%; height: 30px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									<table border="1" style="width: 100%; height: 30px;"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>					



Constant

7. 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 **V5QLCP7R**
- 3** ☐ Severely
- 4** ☐ Extremely
- 8** ☐ Don't know
- 7** ☐ Refused

8. In the **past 7 days**, how frustrated or annoyed have you been by your constant pain in your right knee?

(Examiner Note: **REQUIRED. Show Card #1.**)

- 0** ☐ Not at all
- 1** ☐ Mildly
- 2** ☐ Moderately **V5FACO7R**
- 3** ☐ Severely
- 4** ☐ Extremely
- 8** ☐ Don't know
- 7** ☐ Refused

9. In the **past 7 days**, how upset or worried have you been by your constant pain in your right knee?

(Examiner Note: **REQUIRED. Show Card #1.**)

- 0** ☐ Not at all
- 1** ☐ Mildly
- 2** ☐ Moderately **V5UWC07R**
- 3** ☐ Severely
- 4** ☐ Extremely
- 8** ☐ Don't know
- 7** ☐ Refused

Knee Pain

Intermittent

Visit	MOST ID #	Acrostic											
<input type="radio"/> 60-month <input type="radio"/> 84-month	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				



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

- 1 ☐ Yes
 0 ☐ No
 8 ☐ Don't know/Refused

V5INTP7R

Go to Page 5, Question #19.

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**.

11. 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.)

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

V5SEVP7R

12. 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.)

- 1 ☐ Rarely
2 ☐ Sometimes
3 ☐ Often
4 ☐ Very often
8 ☐ Don't know
7 ☐ Refused

V5FRQP7R

13. In the **past 7 days**, how much has your *pain that comes and goes in your right knee* affected your sleep?

(Examiner Note: REQUIRED. Show Card #4.)

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

V5SCGP7R

Knee Pain

Visit	MOST ID #	Acrostic												
<input type="radio"/> 60-month <input type="radio"/> 84-month	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				



Intermittent

14. 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.)

- V5QLNT7R
- 0 ☐ Not at all
 - 1 ☐ Mildly
 - 2 ☐ Moderately
 - 3 ☐ Severely
 - 4 ☐ Extremely
 - 8 ☐ Don't know
 - 7 ☐ Refused

15. In the **past 7 days**, how frustrated or annoyed have you been by your pain that comes and goes in your right knee?

(Examiner Note: REQUIRED. Show Card #4.)

- V5FACG7R
- 0 ☐ Not at all
 - 1 ☐ Mildly
 - 2 ☐ Moderately
 - 3 ☐ Severely
 - 4 ☐ Extremely
 - 8 ☐ Don't know
 - 7 ☐ Refused

16. In the **past 7 days**, how upset or worried have you been by your pain that comes and goes in your right knee?

(Examiner Note: REQUIRED. Show Card #4.)

- V5UWCG7R
- 0 ☐ Not at all
 - 1 ☐ Mildly
 - 2 ☐ Moderately
 - 3 ☐ Severely
 - 4 ☐ Extremely
 - 8 ☐ Don't know
 - 7 ☐ Refused

Knee Pain



Visit	MOST ID #	Acrostic												
<input type="radio"/> 60-month <input type="radio"/> 84-month	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Intermittent

17. How often does your pain that comes and goes in your right knee come on without warning?

(Examiner Note: REQUIRED. Show Card #4A.)

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

V5NOWORR

18. How often does your pain that comes and goes in your right knee occur after a specific trigger? Triggers might include specific activities, weather, or joint positions.

(Examiner Note: REQUIRED. Show Card #4A.)

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

V5TRIGR



Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

Right Knee Pain

19. 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.)

RIGHT KNEE

FRONT VIEW

outside of knee inside of knee

SIDE VIEW (outside of leg)

back of knee front of leg

side of calf

Examiner:
Mark all areas that apply.

V5KP1R ☐ 1

V5KP2R ☐ 2

V5KP3R ☐ 3

V5KP4R ☐ 4

V5KP5R ☐ 5

V5KP6R ☐ 6

V5KP7R ☐ 7

V5KP8R ☐ 8

1=YES

Any marked "Yes"?

1 ☐ Yes

8 ☐ Don't know

7 ☐ Refused

V5KPR

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



Knee Symptoms

Left Knee

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

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

V5KPN12L

1 ☐ Yes

0 ☐ No

8 ☐ Don't know/Refused

20a. During the **past 12 months**, have you had pain, aching, or stiffness in your left knee on most days for at least one month?

1 ☐ Yes

0 ☐ No

8 ☐ Don't know

Go to Page 10, Question #39.

V5MNTHL

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

V5PN30L

1 ☐ Yes

0 ☐ No

8 ☐ Don't know/Refused

Go to Page 9, Question #38.

21a. During the **past 30 days**, have you had pain, aching, or stiffness in your left knee on most days?

V5KPN30L **1** ☐ Yes

0 ☐ No

8 ☐ Don't know

V5L_FKP

V5_FKPSX

Knee Pain



Visit	MOST ID #	Acrostic												
<input type="radio"/> 60-month <input type="radio"/> 84-month	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Constant

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**.

22. 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
V5AKCP7L
- Go to Page 9, Question #38.

23. 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
V5CKCP7L
- Go to Page 8, Question #29.

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**.

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

- V5INCP7L**
- 0** ☐ Not at all
 - 1** ☐ Mildly
 - 2** ☐ Moderately
 - 3** ☐ Severely
 - 4** ☐ Extremely
 - 8** ☐ Don't know
 - 7** ☐ Refused

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

- V5CPSL7L**
- 0** ☐ Not at all
 - 1** ☐ Mildly
 - 2** ☐ Moderately
 - 3** ☐ Severely
 - 4** ☐ Extremely
 - 8** ☐ Don't know
 - 7** ☐ Refused

Knee Pain

Visit	MOST ID #	Acrostic												
<input type="radio"/> 60-month <input type="radio"/> 84-month	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				



MOST

Constant

26. 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

V5QLCP7L

27. In the **past 7 days**, how frustrated or annoyed have you been by your constant pain in your left knee?
 (Examiner Note: **REQUIRED. Show Card #5.**)

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

V5FACO7L

28. In the **past 7 days**, how upset or worried have you been by your constant pain in your left knee?
 (Examiner Note: **REQUIRED. Show Card #5.**)

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

V5UWCO7L

Knee Pain

Intermittent

Visit	MOST ID #	Acrostic											
<input type="radio"/> 60-month <input type="radio"/> 84-month	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				



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

1 ☐ Yes

0 ☐ No

8 ☐ Don't know/Refused

V5INTP7L

Go to Page 9, Question #38.

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**.

30. 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.**)

0 ☐ Not at all

1 ☐ Mildly

2 ☐ Moderately

3 ☐ Severely

4 ☐ Extremely

8 ☐ Don't know

7 ☐ Refused

V5SEVP7L

31. 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.**)

1 ☐ Rarely

2 ☐ Sometimes

3 ☐ Often

4 ☐ Very often

8 ☐ Don't know

7 ☐ Refused

V5FRQP7L

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

0 ☐ Not at all

1 ☐ Mildly

2 ☐ Moderately

3 ☐ Severely

4 ☐ Extremely

8 ☐ Don't know

7 ☐ Refused

V5SCGP7L

Knee Pain

Intermittent

Visit	MOST ID #	Acrostic												
<input type="radio"/> 60-month <input type="radio"/> 84-month	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				



33. 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.**)

- V5QLNT7L**
- 0** ☐ Not at all
 - 1** ☐ Mildly
 - 2** ☐ Moderately
 - 3** ☐ Severely
 - 4** ☐ Extremely
 - 8** ☐ Don't know
 - 7** ☐ Refused

34. In the **past 7 days**, how frustrated or annoyed have you been by your pain that comes and goes in your left knee?

(Examiner Note: **REQUIRED. Show Card #8.**)

- V5FACG7L**
- 0** ☐ Not at all
 - 1** ☐ Mildly
 - 2** ☐ Moderately
 - 3** ☐ Severely
 - 4** ☐ Extremely
 - 8** ☐ Don't know
 - 7** ☐ Refused

35. In the **past 7 days**, how upset or worried have you been by your pain that comes and goes in your left knee?

(Examiner Note: **REQUIRED. Show Card #8.**)

- V5UWCG7L**
- 0** ☐ Not at all
 - 1** ☐ Mildly
 - 2** ☐ Moderately
 - 3** ☐ Severely
 - 4** ☐ Extremely
 - 8** ☐ Don't know
 - 7** ☐ Refused

Knee Pain

Intermittent

Visit	MOST ID #	Acrostic												
<input type="radio"/> 60-month <input type="radio"/> 84-month	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				



36. How often does your pain that comes and goes in your left knee come on without warning?

(Examiner Note: REQUIRED. Show Card #8A.)

V5NOWORL

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

37. How often does your pain that comes and goes in your left knee occur after a specific trigger? Triggers might include specific activities, weather, or joint positions.

(Examiner Note: REQUIRED. Show Card #8A.)

V5TRIGL

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

Left Knee Pain

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



38. 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.

☐ 1 V5KP1L
☐ 2 V5KP2L
☐ 3 V5KP3L
☐ 4 V5KP4L
☐ 5 V5KP5L
☐ 6 V5KP6L
☐ 7 V5KP7L
☐ 8 V5KP8L

Any marked "Yes"?

1 ☐ Yes
 8 ☐ Don't know
 7 ☐ Refused

V5KPL

LEFT KNEE

SIDE VIEW
(outside of leg)

FRONT VIEW

Knee Symptoms

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>



Both Knees

Now I'll ask you about both knees.

- 39.** During the past 30 days, have you limited your activities because of pain, aching, or stiffness in either knee?
- 1** ☐ Yes
0 ☐ No
8 ☐ Don't know/Refused

V5KNLA

39a. On how many days did you limit your activities because of pain, aching, or stiffness? days

V5KNLAD

39b. 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

V5AVOID

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.

- 40.** In the past 12 months, has either of your knees buckled or given way at least once?
- 1** ☐ Yes
0 ☐ No
8 ☐ Don't know/Refused

V5KB12M

Go to Page 12, Question #42.

40a. Which knee buckled or gave way at least once?

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

V5KB12

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



Knee Buckling

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

V5KBUCK **1** ☐ Yes **0** ☐ No **8** ☐ Don't know/Refused

Go to Page 12, Question #42.

V5KBS 41a. Which knee buckled or gave way at least once?

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

41b. 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.)

- 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

V5KBTOT

41c. As a result of knee buckling or giving way, did you fall and land on the floor or ground?

- V5FALL** **1** ☐ Yes **0** ☐ No **8** ☐ Don't know

41d. In general, what were you doing when your knee(s) buckled?

(Examiner Note: Please mark all that apply.)

V5WLK ☐ Walking

V5STAIRB ☐ Going up or down stairs

V5TWIST ☐ Twisting or turning

V5KBOT ☐ Other *(Please specify: _____)*

V5KBDK ☐ Don't know

1=YES

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>



Knee Injury

The next two questions are about knee injuries.

(Examiner Note: Refer to Data from Prior Visits Report for date of last contact.)

Right Knee

44. Since we spoke to you on ___ / ___ have you injured your right knee badly enough to limit your ability to walk for at least two days?

V5LAR ¹☐ Yes ⁰☐ No ⁸☐ Don't know/Refused

Left Knee

45. Since we spoke to you on ___ / ___ have you injured your left knee badly enough to limit your ability to walk for at least two days?

V5LAL ¹☐ Yes ⁰☐ No ⁸☐ Don't know/Refused

Knee Surgery

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>



The next few questions are about knee surgery.

46. Since we spoke to you on ___ / ___ did you have any surgery in your right knee?

1 ☐ Yes

0 ☐ No

8 ☐ Don't know/Refused

V5SURGR

Go to Page 15, Question #48.

47. Since we spoke to you on ___ / ___ did you have the following types of surgery in your right knee:

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

V5ARTR 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?

V5MENR 1 ☐ Yes

0 ☐ No

8 ☐ Don't know

c. Ligament repair in your right knee?

V5LIGR 1 ☐ Yes

0 ☐ No

8 ☐ Don't know

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

V5KNRR 0 ☐ Yes

0 ☐ No

8 ☐ Don't know

Examiner Note: Please complete the Event Notification Form and mark Right Knee Replacement and then go to Question #47e below.

e. Another kind of surgery in your right knee?

V5SOTHR 1 ☐ Yes

0 ☐ No

8 ☐ Don't know

f. i. Are any of the answers for Questions #47a-47e above marked "Yes"?

☐ Yes

☐ No

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

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 #48.

Go to Page 15, Question #48.

Knee Surgery

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



48. Since we spoke to you on ___ / ___ did you have any surgery in your left knee?

1 ☐ Yes
V5SURGL

0 ☐ No
 ↓

8 ☐ Don't know/Refused
 ↓

Go to Page 16, Question #50.

49. Since we spoke to you on ___ / ___ did you have the following types of surgery in your left knee:

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

V5ARTL **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?

V5MENL **1** ☐ Yes

0 ☐ No

8 ☐ Don't know

c. Ligament repair in your left knee?

V5LIGL **1** ☐ Yes

0 ☐ No

8 ☐ Don't know

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

V5KNRL ☐ Yes
 ↓

☐ No

☐ Don't know

Examiner Note: Please complete the Event Notification Form and mark Left Knee Replacement and then go to Question #49e below.

e. Another kind of surgery in your left knee?

V5SOTHL **1** ☐ Yes

0 ☐ No

8 ☐ Don't know

f. i. Are any of the answers for Questions #49a-49e above marked "Yes"?

☐ Yes
 ↓

☐ No
 ↓

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
 ↓

☐ No
 ↓

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 #50.

Go to Page 16, Question #50.

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



Hip Pain

The next few questions are about your hip joints.

Right Hip

First I'll ask you about your right hip.

- 50.** During the **past 30 days**, have you had 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.)

V5ANYR **1** ☐ Yes **0** ☐ No **8** ☐ Don't know/Refused

50a. During the **past 30 days**, have you had pain, aching, or stiffness in your right hip on most days?

V5HPN30R **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.)

V5GRINR ☐ 1 Groin/inside leg near hip

V5OTLGR ☐ 2 Outside of leg near hip

V5FRLGR ☐ 3 Front of leg near hip

V5BUTTR ☐ 4 Buttocks

V5LWBKR ☐ 5 Lower back

V5PNDKR ☐ Don't know

1=YES

Visit	MOST ID #	Acrostatic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>



Hip Pain

Left Hip

Now I'll ask you about your left hip.

- 51.** During the **past 30 days**, have you had 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.)

V5ANYL **1** ☐ Yes **0** ☐ No **8** ☐ Don't know/Refused

- 51a.** During the **past 30 days**, have you had pain, aching, or stiffness in your left hip on most days?

V5HPN30L **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.)

V5GRINL ☐ 1 Groin/inside leg near hip

V5OTLGL ☐ 2 Outside of leg near hip

V5FRLGL ☐ 3 Front of leg near hip

V5BUTTL ☐ 4 Buttocks

V5LWBKL ☐ 5 Lower back

V5PNDKL ☐ Don't know

1=YES

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>



Hip Surgery

52. Since we spoke to you on ____ / ____ 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.

53. Since we spoke to you on ____ / ____ 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.

Knee and Hip Replacements

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>



54. 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 #55.

54a. Has a time been scheduled for that surgery within the next 6 months?

☐ Yes

☐ No

☐ Don't know

Do NOT ask Question #55. Choose the "Yes, definitely willing to have surgery" response option, and Go to Question #56.

55. 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?

(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
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>



Medication History

56. Since we spoke to you on ____ / ____ 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/Atelvia), 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. Show card to participants.)

V5BI **1** ☐ Yes **0** ☐ No **8** ☐ Don't know/Refused

↓ ↓ ↓

Go to Page 26, Question #57.

- 56a. For how many years did you take bisphosphonates?
 If you are unsure, please make your best guess.

V5BIYR 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.)

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>



Medication History

Now think about the **last 6 months**.

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

V5KINJ 1 ☐ Yes 0 ☐ No 8 ☐ Don't know/Refused

57a. During the **past 6 months**, have you had an injection of hyaluronic acid (Hyaluronan, 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.

(Examiner Note: Refer to Card #22A. Show card to participants.)

V5HYINJ 1 ☐ Yes 0 ☐ No 8 ☐ Don't know

i. In which knee?

V5HYKN 1 ☐ Right knee 2 ☐ Left knee 3 ☐ Both knees 8 ☐ Don't know

57b. During the **past 6 months**, have you had an injection of steroids (cortisone, corticosteroids) in either of your knees for treatment of your arthritis?

V5\$TEROD 1 ☐ Yes 0 ☐ No 8 ☐ Don't know

i. In which knee?

V5\$TKN 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?

V5INJKNS 1 ☐ Right knee 2 ☐ Left knee 3 ☐ Both knees 8 ☐ Don't know

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>



Medication History

Female participants only. Male participants: Skip to Page 28, Question #60.

Now think about the **past year**.

- 58.** 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. Show card to participants.)

V5ESTR **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.)

V5ESTTM

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

(Examiner Note: Review Data from Prior Visits Report for previously reported menopause status. If "Yes" do not ask Question #59.)

- 59.** Have you been through menopause or change of life?

☐ Yes ☐ No ☐ Don't know/Refused

Administer a pregnancy test. Complete a Urine Collection floating form.

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>



Medication Use

60. Not counting multi-vitamins, are you currently taking Vitamin D alone or combined with calcium and/or magnesium?

V5VITD

1

☐ Yes

0

☐ No

8

☐ Don't know/Refused

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

V5VITDD

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.

61. 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
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>

Medication Inventory Form

62. 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.**)

V5MEDS

☐ All

☐ Some

☐ None

☐ Took None

Total number
recorded:

V5NUM

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:

V5FRMCD
V5CODE

Name:

V5NAME

V5DUR

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

V5RX

Frequency? ☐ As Needed ☐ Reg

V5FREQ

V5SAME_RX	V5COXII_RX	V5NSAID_RX
V5ALENDR_RX	V5MSM_RX	V5PROGST_RX
V5ANALGS_RX	V5DOXY_RX	V5RALOX_RX
V5BISPHOS_RX	V5ESTROG_RX	V5RISEDR_RX
V5CALCIT_RX	V5FLUOR_RX	V5SALICY_RX
V5CALCUM_RX	V5GLCSMN_RX	V5TPTD_RX
V5CHONDR_RX	V5HYALUR_RX	V5VITMND_RX
V5CSTERD_RX	V5NARCAN_RX	V5OSTEOP_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=injectable; 8=transdermal patch; 9=powder; 10=nasal



PASE[©] Scoring

The Physical Activity Scale for the Elderly (PASE[©]) is a registered trademark, PASE[©] 1991 New England Research Institutes, Inc. This copyrighted instrument may not be displayed. Therefore pages 1, top of 2, and 3 through 5 of the MOST Baseline Clinic Interview are not being displayed.

Please go to:

http://www.neriscience.com/web/MultiPiecePage.asp?Q_PageID=E_71_A_PageName=E_instrumentsforsale#88

for more information about the PASE[©].

PASE[©] domains

The PASE[©] covers 3 domains of activity: leisure activities, household activities and occupational activities. The time period covered by PASE[©] is the “past 7 days”.

Leisure activities

The individual leisure activity items are:

<u>Activity</u>	<u>Variable (days/week)</u>	<u>Variable (hours/day)</u>
Sitting	V5SIT	V5SITT
Walking	V5WALK	V5WALKT
Light sport/recreation	V5LTE	V5LTET
Moderate sport/recreation	V5MOD	V5MODT
Strenuous sport/recreation	V5STR	V5STRT
Muscle strength/endurance	V5WGT	V5WGTT

Each activity is scored for frequency using a 4-point scale:

- 0 = Never
- 1 = Seldom (1-2 days)
- 2 = Sometimes (3-4 days)
- 3 = Often (5-7 days)

and for hours per day using a 4-point scale:

- 1 = Less than 1 hour
- 2 = Between 1 and 2 hours
- 3 = 2 to 4 hours
- 4 = More than 4 hours



Household activities

The individual household activity items are:

<u>Activity</u>	<u>Variable (activity)</u>	<u>Variable (calculated)</u>
Light housework	V0LHW	V0PASE06
Heavy housework	V0HHW	V0PASE07
Home repairs	V0HOME	V0PASE08
Lawn work/yard care	V0LAWN	V0PASE09
Outdoor gardening	V0GARDN	V0PASE10
Caring for another person	V0CARE	V0PASE11

Each household activity item is scored:

0 = No

1 = Yes

.M = Don't know/Refused

Occupational activities

The individual occupational items are:

<u>Item</u>	<u>Variable (activity)</u>
Work (pay/volunteer)	V5WK

The work (pay/volunteer) item is scored:

0 = No

1 = Yes

.M = Don't know/Refused

<u>Item</u>	<u>Variable</u>
Number of hours worked	V5WKHR

<u>Item</u>	<u>Variable</u>
Occupational activity level	V5WKPA

The activity level item is scored on a 4-point scale:

1 = Sitting

2 = Sitting/standing/walking

3 = Walking/handling <50 lbs

4 = Walking/handling >50 lbs

.M = Don't know



Total score

12 items are weighted depending on the strenuousness of the activity, and then summed to give the PASE[©] total score. PASE scores are summary values calculated from weights and frequencies for each of the 12 types of activities described in the questionnaire. Q1 on page 1 (sitting activities over the past 7 days) and Q4 on page 2 (climbed flight of stairs over the past 7 days) were administered as part of the PASE questionnaire, but did not contribute to the overall PASE score. Q8-Q11 have been given an option “Don’t know/Refused” – all such responses were converted into missing values before calculation. If all PASE components are missing, then score set up as missing value. There are no substitutions made for missing or skipped questions. If at least one component of the score is non-missing,

For a more detailed description of the PASE calculation, see the document: Calculated Variable Descriptions and SAS Code.

Score

Variable

Total score

V5PASE_M

Score calculations

The leisure activity items are translated to the midpoints of the frequency range (i.e., 0, 1.5, 3.5, or 6, respectively, for days of the week). The hours per day are translated to the midpoints of the hours range (i.e., .5, 1.5, 3, or 5, respectively). Hours per day is then calculated for each leisure activity item ($\text{freq} \times \text{hrs} / 7$).

If the less than 1 hour worked item (WORK1HR) is answered less than 1 hour, this item is calculated as 1 hour worked for the total score.

An individual response of:

.M = Don’t know/Refused

for any leisure activity frequency item or household activity item is treated as missing data and the total score is set to missing.

Physical Activity (continued)

MOST ID #	Acrostic												
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**Note: PASE© was removed from this page. See
"Scoring for PASE©" documentation on page [7 5].**

- ④ Over the past 7 days, how many flights of stairs have you climbed up?
(Interviewer Note: *One flight is equal to about 10 steps. REQUIRED - Show Card #7.*)

V5STAIR

- 1 ☐ Less than one flight
- 2 ☐ 1 flight but less than 2 flights
- 3 ☐ 2 flights but less than 4 flights
- 4 ☐ 4 flights but less than 6 flights
- 5 ☐ 6 or more flights

Blood Pressure and Weight

Visit	MOST ID #	Acrostatic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> </div>



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

+ **30** *

*** 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

V5SBP

mm Hg

Diastolic

V5DBP

mm Hg

Staff ID#

Weight

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

V5WT

V5BMI

kg

V5WGHT

Staff ID#

Standing Height



Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> </div>

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.

- 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 ~~V5KYPHO~~

- Measurement 1

~~V5HT1~~
mm

- Measurement 2

~~V5HT2~~
mm

- Difference between
Measurement 1 & Measurement 2

~~V5DIFF~~
mm

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

☐ Yes ~~V5DIFF2~~

☐ No

Complete Measurement 3 and
Measurement 4 below.

Go to Weight.

- Measurement 3

~~V5HT3~~
mm

- Measurement 4

~~V5HT4~~
mm

Staff ID#

V5HT

**Note: Standing Height measured at 84 months only if not done at 60 months and participant is able to stand for the measurement.*

Visit	MOST ID #	Acrostic	Staff ID#
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> </div>



20-Meter Walk

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.)

	V5STEP1	V5WALKT1	
	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> </div>	
	Steps	Second	Hundredths/Sec
Trial 1	1 <input type="radio"/> Done		
V5WALK1	7 <input type="radio"/> Participant refused	<div style="border: 1px solid black; padding: 10px; text-align: center;"> Stop test. Go to next exam. </div>	
	2 <input type="radio"/> Not attempted, unable		
	3 <input type="radio"/> Attempted, unable to complete		

- 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."

	V5STEP2	V5WALKT2	
	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> </div>	
	Steps	Second	Hundredths/Sec
Trial 2	1 <input type="radio"/> Done		
V5WALK2	7 <input type="radio"/> Participant refused	<div style="border: 1px solid black; padding: 10px; text-align: center;"> Stop test. Go to next exam. </div>	
	2 <input type="radio"/> Not attempted, unable		
	3 <input type="radio"/> Attempted, unable to complete		

V5_STEP

V5_WALKT

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>



20-Meter Walk

3. During this test, did you experience any pain in your joints or muscles?
- V5PN20 ☒ Yes ☐ No ☐ Refused or unable to answer

- a. Where was the pain located?

(Examiner Note: Mark all that apply.)

☐ Back

V5BA20

Left side

- V5LB20 ☐ Buttock
 V5LH20 ☐ Hip
 V5LT20 ☐ Thigh
 V5LK20 ☐ Knee
 V5LL20 ☐ Leg
 V5LA20 ☐ Ankle
 V5LF20 ☐ Foot
 V5LO20 ☐ Other (Please specify: _____)

YES = 1

Right side

- ☐ Buttock V5RB20
☐ Hip V5RH20
☐ Thigh V5RT20
☐ Knee V5RK20
☐ Leg V5RL20
☐ Ankle V5RA20
☐ Foot V5RF20
☐ Other (Please specify: V5RO20 _____)

- b. Did the participant report pain in either knee?

V5PA20 ☒ Yes ☐ 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.

V5PK20 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

V5AID ☒ Yes ☐ No

Visit	MOST ID #	Acrostic	Staff ID#
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>



Chair Stands

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	V5CHAIR	
1 <input type="radio"/> Stands without using arms	→	Go to Repeated Chair Stands on the next page.
4 <input type="radio"/> Rises using arms	→	Stop test. Go to next exam.
7 <input type="radio"/> Participant refused	→	
2 <input type="radio"/> Not attempted, unable	→	
3 <input type="radio"/> Attempted, unable to stand	→	

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>



Repeated Chair Stands

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. **V5TR1**

1 ☐ Completes 5 stands without using arms —→

4 ☐ Rises using arms —→

7 ☐ Participant refused —→

2 ☐ Not attempted, unable —→

3 ☐ Attempted, unable to complete —→

V5CTIME1

Seconds (Time on stopwatch)

Stop test.
Go to next exam.

V5NUM1

Number completed without using arms

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-around;"> </div>



Chair Stands - Pain

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

V5PNCS

1
↓

☐ Yes

0

☐ No

7

☐ Refused or unable to answer

a. Where was the pain located?

(Examiner Note: Mark all that apply.)

V5BACS

☐ Back

Left side

V5LBCS

☐ Buttock

V5LHCS

☐ Hip

V5LTCS

☐ Thigh

V5LKCS

☐ Knee

V5LLCS

☐ Leg

V5LACS

☐ Ankle

V5LFCS

☐ Foot

V5LOCS

☐ Other (Please specify: _____)

1=YES

Right side

☐ Buttock

V5RBCS

☐ Hip

V5RHCS

☐ Thigh

V5RTCS

☐ Knee

V5RKCS

☐ Leg

V5RLCS

☐ Ankle

V5RACS

☐ Foot

V5RFCS

☐ Other (Please specify: _____)

V5ROCS

b. Did the participant report pain in either knee?

V5PACS

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.

V5PKCS

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

(Examiner Note: Pages 39 through 54 have been removed from the Follow-up Visit Workbook.)

Knee Range of Motion

Visit	MOST ID #	Acrostic	Date of Exam	Staff ID#
<input type="radio"/> 84-month	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> Month Day Year </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>



(Examiner note: The exam is performed with the participant supine on the exam table. A bolster is placed under the ankle for the knee extension measurement.)

1. Right knee range of motion

V5ROMR

- 1** ☐ Exam Completed (full warm-up) →
- 2** ☐ Exam Completed (partial warm-up) →
- 7** ☐ Participant refused
- 8** ☐ Not done/Not applicable

1a. Extension: **V5ROMER** degrees
 1b. Flexion: **V5ROMFR** degrees

Comments (optional): _____

2. Left knee range of motion

V5ROML

- 1** ☐ Exam Completed (full warm-up) →
- 2** ☐ Exam Completed (partial warm-up) →
- 7** ☐ Participant refused
- 8** ☐ Not done/Not applicable

2a. Extension: **V5ROMEL** degrees
 2b. Flexion: **V5ROMFL** degrees

Comments (optional): _____

(Examiner Note: Pages 39 through 54 have been removed from the Follow-up Visit Workbook.)

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



Pain Sensitivity Exclusions

1. Did participant ever have either knee replaced?
 (Examiner Note: Look at Data from Prior Visits Report and participant's knees.)

☐ Yes ☐ No ☐ Don't know/Refused

a. Which knee was replaced?

☐ Right

☐ Left

☐ Both knees

Do NOT test R patella.

Do NOT test L patella.

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

☐ Left

☐ Both legs

If no other exclusions
test left leg.

If no other exclusions test
right leg.

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.

(Examiner Note: Pages 39 through 54 have been removed from the Follow-up Visit Workbook.)

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> <div></div> <div></div> <div></div> <div></div> </div>



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

☐ Left

☐ Both wrists

See if left wrist
can be tested.

See if right wrist
can be tested.

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

☐ Left

☐ Both wrists

See if left wrist
can be tested.

See if right wrist
can be tested.

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 ☐ Yes, left wrist ☐ No

See if left wrist
can be tested.

See if right wrist
can be tested.

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

☐ No

Test left wrist.

Do not perform vibration perception, pressure pain threshold,
or pain sensitivity tests on either wrist.

Visit	MOST ID #	Acrostic	Staff ID#
<input type="radio"/> 60-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"/>



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

V5P211	Trial 1	V5P212	Trial 2	V5P213	Trial 3	V5P214	Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5P21A

i. Please rate the pain at your wrist from this test.
 V5P21I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

V5P221	Trial 1	V5P222	Trial 2	V5P223	Trial 3	V5P224	Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5P22A

i. Please rate the pain at your knee from this test.
 V5P22I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

V5P231	Trial 1	V5P232	Trial 2	V5P233	Trial 3	V5P234	Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5P23A

i. Please rate the pain at your knee from this test.
 V5P23I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

V5P241	Trial 1	V5P242	Trial 2	V5P243	Trial 3	V5P244	Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5P24A

i. Please rate the pain at your knee from this test.
 V5P24I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

V5P251	Trial 1	V5P252	Trial 2	V5P253	Trial 3	V5P254	Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5P25A

i. Please rate the pain at your knee from this test.
 V5P25I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

V5P2AbNpn

V5P2AbNnr

V5P2AbN

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



Pain Sensitivity - Touch, 26 g von Frey filament

1. DISTAL RADIAL-ULNAR JOINT Please say "now" or say "pain." ☐ Test not done

(Right preferred)

V5P611	Trial 1	V5P612	Trial 2	V5P613	Trial 3	V5P614	Trial 4
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 8 No

Ask participant: V5P61A

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

V5P61I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

V5P621	Trial 1	V5P622	Trial 2	V5P623	Trial 3	V5P624	Trial 4
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 8 No

Ask participant: V5P62A

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

V5P62I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

V5P631	Trial 1	V5P632	Trial 2	V5P633	Trial 3	V5P634	Trial 4
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 8 No

Ask participant: V5P63A

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

V5P63I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

V5P641	Trial 1	V5P642	Trial 2	V5P643	Trial 3	V5P644	Trial 4
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 8 No

Ask participant: V5P64A

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

V5P64I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

V5P651	Trial 1	V5P652	Trial 2	V5P653	Trial 3	V5P654	Trial 4
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 8 No

Ask participant: V5P65A

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

V5P65I ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

V5P6AbNpn

V5P6AbNnr

V5P6AbN

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



Pain Sensitivity - Temporal summation

1. DISTAL 4 trials
RADIAL-ULNAR JOINT Say to participant: Please rate any pain you may have had at your wrist from this test. (right preferred)

a. ^{V5PT1A} ☐ 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 ⁸ ☐ No ⁸ ☐ Don't know ^{V5PT1AI}

30-sec test Say to participant: Please rate the maximal pain you may have experienced at your wrist from this test.
^{V5PT1B} 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 ⁸ ☐ No ⁸ ☐ Don't know ¹ ☐ Test not completed
^{V5PT1BI} ^{V5PT1BNC}

15-seconds after test Say to participant: Please rate any pain you may be experiencing currently at your wrist.
^{V5PT1C} 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 ⁸ ☐ No ⁸ ☐ Don't know ^{V5PT1CI}

2. RIGHT PATELLA 4 trials
 Say to participant: Please rate any pain you may have had at your knee from this test.

a. ^{V5PT2A} ☐ 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 ⁸ ☐ No ⁸ ☐ Don't know ^{V5PT2AI}

30-sec test Say to participant: Please rate the maximal pain you may have experienced at your knee from this test.
^{V5PT2B} 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 ⁸ ☐ No ⁸ ☐ Don't know ¹ ☐ Test not completed
^{V5PT2BI} ^{V5PT2BNC}

15-seconds after test Say to participant: Please rate any pain you may be experiencing currently at your knee.
^{V5PT2C} 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 ⁸ ☐ No ⁸ ☐ Don't know ^{V5PT2CI}

3. LEFT PATELLA 4 trials
 Say to participant: Please rate any pain you may have had at your knee from this test.

a. ^{V5PT4A} ☐ 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 ⁸ ☐ No ⁸ ☐ Don't know ^{V5PT4AI}

30-sec test Say to participant: Please rate the maximal pain you may have experienced at your knee from this test.
^{V5PT4B} 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 ⁸ ☐ No ⁸ ☐ Don't know ¹ ☐ Test not completed
^{V5PT4BI} ^{V5PT4BNC}

15-seconds after test Say to participant: Please rate any pain you may be experiencing currently at your knee.
^{V5PT4C} 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 ⁸ ☐ No ⁸ ☐ Don't know ^{V5PT4CI}

V5PT1sum

V5PT2sum

V5PT4sum

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-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"/>



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

V5PP11 Trial 1	V5PP12 Trial 2	V5PP13 Trial 3	V5PP14 Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

- a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5PP1A

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

V5PP11 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- 2. RIGHT PATELLA** Please say "now" or say "pain." ☐ Test not done

V5PP21 Trial 1	V5PP22 Trial 2	V5PP23 Trial 3	V5PP24 Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

- a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5PP2A

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

V5PP21 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- 3. RIGHT TIBIAL TUBEROSITY** Please say "now" or say "pain." ☐ Test not done

V5PP31 Trial 1	V5PP32 Trial 2	V5PP33 Trial 3	V5PP34 Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

- a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5PP3A

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

V5PP31 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- 4. LEFT PATELLA** Please say "now" or say "pain." ☐ Test not done

V5PP41 Trial 1	V5PP42 Trial 2	V5PP43 Trial 3	V5PP44 Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

- a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5PP4A

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

V5PP41 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

- 5. LEFT TIBIAL TUBEROSITY** Please say "now" or say "pain." ☐ Test not done

V5PP51 Trial 1	V5PP52 Trial 2	V5PP53 Trial 3	V5PP54 Trial 4
<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR	<input type="radio"/> Now <input type="radio"/> Pain <input type="radio"/> NR

- a. Did the participant report pain at least three times? (**Examiner Note: See Trials 1, 2, 3, and 4 above.**) ☐ Yes ☐ No
 Ask participant: V5PP5A

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

V5PP51 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

V5PPAbNpn

V5anyAbNpn

◆ Page 64 ◆

MOST Follow-up
Clinic Visit Workbook

V5PPAbNnr

V5anyAbNnr

V5PPAbN

V5anyAbN

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> </div>



Pressure Pain Threshold

SUPINE - ARM	Trial 1	Trial 2	Trial 3	
1. Distal radial-ulnar joint, right preferred	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5ARM1 </div> kg <input type="radio"/> Test not done V5ARM1NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5ARM2 </div> kg <input type="radio"/> Test not done V5ARM2NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5ARM3 </div> kg <input type="radio"/> Test not done V5ARM3NO	<div style="border: 1px solid blue; padding: 2px;">V5ARM_AVE</div> <div style="border: 1px solid blue; padding: 2px;">V5ARM_MAX</div> <div style="border: 1px solid blue; padding: 2px;">V5ARM_CV</div>
SUPINE - LEGS	Trial 1	Trial 2	Trial 3	
2. Right patella	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5RPA1 </div> kg <input type="radio"/> Test not done V5RPA1NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5RPA2 </div> kg <input type="radio"/> Test not done V5RPA2NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5RPA3 </div> kg <input type="radio"/> Test not done V5RPA3NO	<div style="border: 1px solid blue; padding: 2px;">V5RPA_AVE</div> <div style="border: 1px solid blue; padding: 2px;">V5RPA_MAX</div> <div style="border: 1px solid blue; padding: 2px;">V5RPA_CV</div>
3. Right tibial tuberosity	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5RTT1 </div> kg <input type="radio"/> Test not done V5RTT1NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5RTT2 </div> kg <input type="radio"/> Test not done V5RTT2NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5RTT3 </div> kg <input type="radio"/> Test not done V5RTT3NO	<div style="border: 1px solid blue; padding: 2px;">V5RTT_AVE</div> <div style="border: 1px solid blue; padding: 2px;">V5RTT_MAX</div> <div style="border: 1px solid blue; padding: 2px;">V5RTT_CV</div>
4. Left patella	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5LPA1 </div> kg <input type="radio"/> Test not done V5LPA1NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5LPA2 </div> kg <input type="radio"/> Test not done V5LPA2NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5LPA3 </div> kg <input type="radio"/> Test not done V5LPA3NO	<div style="border: 1px solid blue; padding: 2px;">V5LPA_AVE</div> <div style="border: 1px solid blue; padding: 2px;">V5LPA_MAX</div> <div style="border: 1px solid blue; padding: 2px;">V5LPA_CV</div>
5. Left tibial tuberosity	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5LTT1 </div> kg <input type="radio"/> Test not done V5LTT1NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5LTT2 </div> kg <input type="radio"/> Test not done V5LTT2NO	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; justify-content: space-between;"> V5LTT3 </div> kg <input type="radio"/> Test not done V5LTT3NO	<div style="border: 1px solid blue; padding: 2px;">V5LTT_AVE</div> <div style="border: 1px solid blue; padding: 2px;">V5LTT_MAX</div> <div style="border: 1px solid blue; padding: 2px;">V5LTT_CV</div>

NOTE: measurement above 9.0 kg is coded as 9.1 kg

DXA Bone Density

☐ First DXA ☐ Repeat DXA

Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
<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"/> <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"/> Month Day Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



1. Have you ever had a hip surgery for joint replacement or fracture repair?

☐ Yes

☐ No

Scan **right** hip

On which side did you have hip surgery?

☐ Right

☐ Left

☐ Both

Scan **left** hip

Scan **right** hip

Do NOT scan either hip

2. Do you have any metal objects or implants in your body, such as a pacemaker, staples, screws, plates, breast implants etc.?

☐ Yes

☐ No

☐ Don't Know

a. Flag scan for review by DXA Reading Center.

b. Indicate the location of the artifacts. (Sub regions are those defined by the whole body scan analysis, e.g., left breast implant is in left ribs, left hip replacement is in pelvis and left leg.)

Sub regions	Hardware	Other Artifacts
i. Head	<input type="radio"/>	<input type="radio"/>
ii. Left arm	<input type="radio"/>	<input type="radio"/>
iii. Right arm	<input type="radio"/>	<input type="radio"/>
iv. Left ribs	<input type="radio"/>	<input type="radio"/>
v. Right ribs	<input type="radio"/>	<input type="radio"/>
vi. Thoracic spine	<input type="radio"/>	<input type="radio"/>
vii. Lumbar spine	<input type="radio"/>	<input type="radio"/>
viii. Pelvis	<input type="radio"/>	<input type="radio"/>
ix. Left Leg	<input type="radio"/>	<input type="radio"/>
x. Right leg	<input type="radio"/>	<input type="radio"/>

3. Have you had any of the following in the past ten days?

	Yes	No
a. Barium enema	<input type="radio"/> *	<input type="radio"/>
b. Upper GI X-ray series	<input type="radio"/> *	<input type="radio"/>
c. Lower GI X-ray series	<input type="radio"/> *	<input type="radio"/>
d. Nuclear medicine scan	<input type="radio"/> *	<input type="radio"/>
e. Other tests using contrast ('dye') or radioactive materials	<input type="radio"/> *	<input type="radio"/>

***Examiner Note: If 'Yes' to any responses above, reschedule bone density measurement so that at least 10 days will have passed since the tests were performed.**

4. Was a bone density measurement obtained for . . .

a. Whole body?

☐ Yes

☐ No

Reason:

Last 2 characters of scan ID #:

Date of scan:

b. Hip?

☐ Yes

☐ No

Reason:

☐ Metal in hip

☐ Severe degenerative disease

☐ Other (Please specify: _____)

Last 2 characters of scan ID #:

Date of scan:

Which hip was scanned? ☐ Right ☐ Left

Visit	MOST ID #	Acroscopic	Date Form Completed	Staff ID#
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> </div>	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div></div> </div>	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div></div> </div>

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 Acroscopic at the top of this form.

2. Were X-rays taken? 1 ☐ Yes

0 ☐ No V5XRAY

V5XRAYN

- ☐ 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

V5PA

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.**

V5PA5 ☐ 5°
 V5PA10 ☐ 10°
 ☐ 15° V5PA15

0 ☐ No

Comments: _____

b. Lateral view of right knee?

1 ☐ Yes

V5LR

i. mAs setting

Comments: _____

0 ☐ No

c. Lateral view of left knee?

1 ☐ Yes

V5LL

i. mAs setting

Comments: _____

0 ☐ No

Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div>	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div>	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Month</div> <div>Day</div> <div>Year</div> </div>	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div>



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 32 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

☐ No

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.

Go to Page 68, Question #4.

Visit	MOST ID #	Acrostic
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"> </div>



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 currently have any of the following implanted in your body:

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

i. Stent, filter, coil, or clips	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
ii. Shunt (spinal or intraventricular)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
iii. Vascular access port or catheter, such as a central venous catheter or PICC line	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
iv. Surgically implanted hearing device (not a regular hearing aid) or prosthesis in your ear	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
v. Eyelid spring, wire or weights	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
vi. Penile implant or prosthesis (men only)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know/Refused
vii. Heart valve	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>



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

☐ No

Place documentation in participant's chart and have authorized staff person sign here: _____

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

☐ No

What is the reason?

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#47d and Q#47fii, Page 15, Q#49d and Q#49fii, and Page 55, Q#1 in Follow-up Clinic Visit Workbook or ask.)**

☐ Yes

☐ No

Which knee was replaced or has metal implants?

☐ Right

☐ Left

☐ Both knees

Do not scan right knee.

Do not scan left knee.

Not eligible for MRI.
Go to Question #9 and mark "No."

9. Is the participant eligible for an OrthOne 1.0 T knee MRI scan?

☐ Yes

☐ No

Tech. signature: _____

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#
<input type="radio"/> 60-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"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



☐ First knee MRI ☐ Repeat knee MRI

OrthOne 1.0 T Knee MRI

11. a. Was an MRI obtained of the right knee?

☐ Yes ☐ No →
V5ONIR

Why wasn't a right knee MRI obtained? (**Mark only one**)

- ☐ Participant not eligible **V5NOR**
☐ Participant had right total knee replacement
☐ Participant's leg did not fit in MRI scanner
☐ Participant refused
☐ Participant scheduled for a later date
☐ Other (**Please specify:** _____)

b. Was an MRI obtained of the left knee?

☐ Yes ☐ No →
V5ONIL

Why wasn't a left knee MRI obtained? (**Mark only one**)

- ☐ Participant not eligible **V5NOL**
☐ Participant had left total knee replacement
☐ Participant's leg did not fit in MRI scanner
☐ Participant refused
☐ Participant scheduled for a later date
☐ Other (**Please specify:** _____)

Visit	MOST ID #	Acrostic	Date of Scan
<input type="radio"/> 60-month <input type="radio"/> 84-month	<div style="display: flex; justify-content: space-between;"> <div style="width: 100px; height: 20px; border: 1px solid black;"></div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 100px; height: 20px; border: 1px solid black;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> / <div style="border: 1px solid black; width: 30px; height: 20px;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>



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: _____

(Examiner Note: Pages 72 through 74 have been removed from the Follow-up Visit Workbook.)

Accelerometry (StepWatch)



Visit	MOST ID #	Acroscopic	Staff ID#
<input type="radio"/> 60-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"/>

Distribution

Confirm that this is the correct participant: Ask their name, confirm in chart that the name matches the MOST ID# and Acroscopic at the top of this form.

1. *Examiner Note: Refer to Data from Prior Visits Report.* Did participant have this exam at prior visit(s)?

☐ Yes

Go to Question #2.

☐ No

Stop exam. Do not issue StepWatch. Administer PASE.

2. Did the participant receive a StepWatch?

☐ Yes

Please record serial number:

☐ No

Administer PASE.

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

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:

<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Month		Day		Year

<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>
Hours		Minutes

☐ am

☐ pm

5. Was the take-home questionnaire given to the participant?

☐ Yes

☐ No

(Examiner Note: Pages 72 through 74 have been removed from the Follow-up Visit Workbook.)

Step Watch Participant Questionnaire

Visit	MOST ID #	Acrostic	Staff ID#
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



~~~~Thank you for wearing the StepWatch for the past week.~~~~

**Please complete the below questions and return this questionnaire with the StepWatch device.**

## Right knee

- 1a.** How bad has the pain been in your right knee, on average, for the past week while you wore the StepWatch? Please mark an "X" on the line below. ("0" means "no pain" and "100" means "pain as bad as it could be")

|                   |    |    |    |    |    |    |    |    |    |                                                                |
|-------------------|----|----|----|----|----|----|----|----|----|----------------------------------------------------------------|
| 0                 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100                                                            |
|                   |    |    |    |    |    |    |    |    |    | pain as bad as it could be                                     |
| no pain           |    |    |    |    |    |    |    |    |    |                                                                |
|                   |    |    |    |    |    |    |    |    |    |                                                                |
| Enter the number: |    |    |    |    |    |    |    |    |    | <input type="text"/> <input type="text"/> <input type="text"/> |
|                   |    |    |    |    |    |    |    |    |    | V5SQPKR                                                        |

## Left knee

- 1b.** How bad has the pain been in your left knee, on average, for the past week while you wore the StepWatch? Please mark an "X" on the line below. ("0" means "no pain" and "100" means "pain as bad as it could be")

|                   |    |    |    |    |    |    |    |    |    |                                                                |
|-------------------|----|----|----|----|----|----|----|----|----|----------------------------------------------------------------|
| 0                 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100                                                            |
|                   |    |    |    |    |    |    |    |    |    | pain as bad as it could be                                     |
| no pain           |    |    |    |    |    |    |    |    |    |                                                                |
|                   |    |    |    |    |    |    |    |    |    |                                                                |
| Enter the number: |    |    |    |    |    |    |    |    |    | <input type="text"/> <input type="text"/> <input type="text"/> |
|                   |    |    |    |    |    |    |    |    |    | V5SQPKL                                                        |

- 2.** How would you rate your sleep quality overall for the past week while you had the StepWatch?

**5** ☐ Very good  
**4** ☐ Fairly good **V5SQSLP**  
**3** ☐ Fairly bad  
**2** ☐ Very bad

- 3.** Fatigue is a feeling of being worn out, pooped, sluggish, run down, tired, or lacking energy. What number between 0 and 10 best describes your usual level of fatigue for the past week while you had the StepWatch?

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                          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       |
| No fatigue            |                       |                       |                       |                       | <b>V5SQFTG</b>        |                       |                       |                       |                       | Fatigue as bad as it can be |

- 4.** What is today's date?:  /  /   
 Month Day Year