

MULTICENTER OSTEOARTHRITIS STUDY
ANNOTATED DATA COLLECTION FORMS
 168-MONTH FOLLOW-UP DATASETS
 March 2023

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 168-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: ~~V9SDAT2~~

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

Calculated Variables

The calculated variables (V8CALC) are displayed throughout the forms in bold blue font within a text box.

Example: **V9MCOMOR**

MOST ID: AANNNNN

MOSTID

COHORT

ID: NNNNN

1=E

Acrostic: AAAA

ACROSTIC

2=N

Visit: 24m/168m

Date interview completed: ___ ___/___ ___/___ ___ ___ ___ **_TIDIFF and _TIDIFF2**

MOST Telephone Interview

Version 05/07/2018

Staff ID#: ANN

Directions: 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.

SECTION A

“First, I am going to be asking 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 pain, aching, or stiffness in your right knee? **12MR**

1 Yes (Go to Question #1a) **0** No (Go to Question #3) **8** Don't Know/Refused (Go to Question #3)

1a. During the past 12 months, have you had pain, aching, or stiffness in your right knee on most days for at least one month? By ‘most days,’ we mean more than half the days of a month. **12MSR**

1 Yes **0** No **8** Don't Know/Refused

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

1 Yes (Go to Question #2a) **0** No (Go to Question #3) **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?

Again, by ‘most days,’ we mean more than half the days of a month. **30MSR**

1 Yes **0** No **8** Don't Know/Refused

R_FKP

Left knee

“Now I’ll ask you specifically about your left knee.”

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

1 Yes (Go to Question #3a) **0** No (Go to Question #5) **8** Don’t Know/Refused (Go to Question #5)

3a. During the past 12 months, have you had pain, aching, or stiffness in your left knee on most days for at least one month? By ‘most days,’ we mean more than half the days of a month. **12MSL**

1 Yes **0** No **8** Don’t Know/Refused

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

1 Yes (Go to Question #4a) **0** No (Go to Question #5) **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? Again, by ‘most days,’ we mean more than half the days of a month. **30MSL**

1 Yes **0** No **8** Don’t Know/Refused

L_FKP

5. In general, would you say your health is: **TISF1**

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

SECTION B

6. Please confirm your current age: ____ years old.
Interviewer Note: Please refer to the Data from Prior Visits Report for estimated age.
7. Is the participant 70 years old or older and are you going to administer the MoCA? **AGE70**
- 1 Yes, eligible and started to administer (Go to Question #7i)
 - 0 No, not eligible (Go to Question #8, Page 5)
 - 7 Not done/Refused (Go to Question #8, Page 5)
 - 8 Not done/Clinic discretion (Go to Question #8, Page 5)

I would like to ask you some questions that ask you to use your memory.

7a. This is a memory test. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn't matter in what order you say them.

Please repeat these words for me: FACE—VELVET—CHURCH—DAISY—RED

First trial:

Face	Correct (1)	Error/Refused (0)
Velvet	Correct (1)	Error/Refused (0)
Church	Correct (1)	Error/Refused (0)
Daisy	Correct (1)	Error/Refused (0)
Red	Correct (1)	Error/Refused (0)

(Scoring: 1 point for each word correctly recalled in the first trial, maximum 5 points)

Score for immediate recall: ____

Interviewer Note: when the participant indicates that he/she has finished (has recalled all the words), or can recall no more words, read the list a second time.

I am going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.

Please repeat these words for me: FACE—VELVET—CHURCH—DAISY—RED

Second trial:

Face	Correct(0)	Error/Refused (0)
Velvet	Correct(0)	Error/Refused (0)
Church	Correct(0)	Error/Refused (0)
Daisy	Correct(0)	Error/Refused (0)
Red	Correct(0)	Error/Refused (0)

Interviewer Note: At the end of the second trial, say: I will ask you to recall those words again at the end of the test.

7b. Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you when to stop. Are you ready? [Pause]

Now, tell me as many words as you can as fast as you can that begin with the letter F as in Frank. [time for 60 sec]. Stop.

Type "F" for each correct word given in 60 seconds: _____

Record # words correctly given in 60 seconds: _____

Interviewer Note: If more than 18 correct words, record 18 words.

(Scoring: 0.5 point for each correct word/output, maximum 9 points)

Score for verbal fluency: ____

7c. Tell me the date today ***(Interviewer Note: If the participant does not give a complete answer, then prompt accordingly by saying: "Tell me the [year, month, exact date, and day of the week]."***

What year is it? (text) _____	Correct (1)	Error/Refused (0)
What month is it? (text) _____	Correct (1)	Error/Refused (0)
What exact date is it? (text) _____	Correct (1)	Error/Refused (0)
What is the day of the week? (text) _____	Correct (1)	Error/Refused (0)

7d. Now tell me the name of the place where you are _____
Correct (1) Error/Refused (0)

7e. Which city is it in _____
Correct (1) Error/Refused (0)

(Scoring: 1 point for each correct response, maximum 6 points)

Score for orientation: ____

7f. I read some words to you earlier, which I asked you to remember. Tell me as many of those words as you can remember

Delayed recall

Face	Correct without any cue(2)	Correct with cue (1)	Error/Refused (0)
Velvet	Correct without any cue(2)	Correct with cue (1)	Error/Refused (0)
Church	Correct without any cue(2)	Correct with cue (1)	Error/Refused (0)
Daisy	Correct without any cue(2)	Correct with cue (1)	Error/Refused (0)
Red	Correct without any cue(2)	Correct with cue (1)	Error/Refused (0)

Following the delayed free recall trial, prompt the subject with the semantic category cue provided below for any word not recalled. Mark "Correct with cue" if the participant remembered the word with the help of a category or multiple-choice cue. Prompt all non-recalled words in this manner.

If the participant does not recall the word after the category cue, give him/her a multiple choice trial, using the following example instruction, "Which of the following words do you think it was, NOSE, FACE, or HAND?" Use the following category and/or multiple-choice cues for each word, when appropriate:

FACE: category cue: part of the body; multiple choice: nose, face, hand
VELVET: category cue: type of fabric; multiple choice: denim, cotton, velvet
CHURCH: category cue: type of building; multiple choice: church, school, hospital
DAISY: category cue: type of flower; multiple choice: rose, daisy, tulip
RED: category cue: a color multiple choice: red, blue, green

(Scoring: 2 points for each of the words spontaneously recalled; 1 point for each of the words by cued recall or recognition but not spontaneously recalled; maximum 10 points)

Score for delayed recall: ____ ____

Total Score: ____ ____ **TSCORE** (maximum 30 points)

Interviewer Note:

If score ≤ 17 , interviewer to determine if cognitive difficulties would prevent participant from continuing in the study (if continuing, interviewer determines responses are “Very reliable” or “Fairly reliable”).

If MoCA not administered or score > 17 , mark “Yes” to Question #8 to continue the interview.

If “No” to Question #8, participant will not be having a clinic visit (Mark “MCVTI only” in Question #18 and “Not Interested” in Question #19).

8. Will you continue the Telephone Interview?

Yes (Go to Section C, Question #1)

No (Go to Question #17) **If No: Participant eligible for MCVTI. Mark “MCVTI only” in Question #18 and “Not Interested” in Question #19.**

SECTION C

1. **Interviewer Note: Has participant had either one of their knees replaced (DPVR Question #5 and #7)?**

- No knee replacements (Go to Question #5)
- Right (Go to Question #2 and #4)
- Left (Go to Question #3 and #4)
- Both (Go to Question #2, #3, #4)

2. **Enter date of right knee replacement from DPVR (DPVR Question #6):** _____

3. **Enter date of left knee replacement from DPVR (DPVR Question #8):** _____

4. **Interviewer Note: Is the participant potentially eligible for clinic visit? Interviewer Note: Refer to the Data from Prior Visits Report to determine if participant eligible for clinic visit (DPVR Question #9).**

Yes No

5. Since we last asked you on (<insert date from Data from Prior Visits Report>), did you have either one of your knees replaced?
Interviewer Note: Refer to the Data from Prior Visits Report OR this interview to be sure right or left knee replacement has not already been reported.

Yes (Go to Question #6) No

6. Which knee was replaced?

- Right
- Left
- Both

6a. If right: Date of right knee replacement (Complete Event Notification Form):

___/___/___

6b. If left: Date of left knee replacement (Complete Event Notification Form):

___/___/___

Interviewer Note: Based on all knee replacement information, is the participant eligible for clinic visit (Refer to DPVR Question #9)?

Yes No

Interviewer Note: Please refer to the Data from Prior Visits Report for knee eligibility status.

8. Is right knee eligible for an MRI according to DPVR (DPVR Question #11)?

Yes No

Interviewer Note: Please refer to the Data from Prior Visits Report for knee eligibility status.

9. Is left knee eligible for an MRI according to DPVR (DPVR Question #12)?

Yes No

10. MRI scans are an important part of this study. We'd like to ask you some questions to see if you are eligible for an MRI scan. Would you be willing to have an MRI if it is determined that you are eligible?

Interviewer Note: Please refer to the Data from Prior Visits Report, Question #10a, to determine if there was a reason not to do an MRI after the first MOST clinic visit. MRI eligibility will be reassessed at this time.

Yes (Go to Q#11)

No (Go to Q#17)

If No:

Not eligible for MRI

Eligible for clinic visit no MRI.

SECTION D

The next few questions are about MRI eligibility.

11. Since your first MOST clinic visit in **<insert date from Data from Prior Visits Report>**, have you had any surgery or anything implanted in your body?

Interviewer Note: Please refer to the Data from Prior Visits Report, Question #10a, to determine if participant has reported an implant in the past and probe if inconsistent.

Yes (Go to Question #11a)

No (Go to Question #12)

Don't know/Refused (Go to Question #11c)

11a. What type of surgery or implant was it? _____

Interviewer Note: Fill out an Event Notification Form for Knee/Hip Replacement if participant reports a knee or hip replacement.

11b. When was the surgery? ____/____/____

Display only if surgery within the past 2 months:

Interviewer Note: The surgery was within the past 2 months. Please refer to list of MRI-safe surgeries/procedures that do not require a 2-month wait.

11bi. Is the surgery on the list?

Yes (Go to Q#11c)

No (Schedule clinic visit 2 months after surgery date. Go to Q#11c)

11c. The next few questions will be about specific implants. Please tell me whether any of the following was implanted in your body during surgery.

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

If any of the above items in Question #11c are marked “Yes” or “Don’t know/Refused”, participant is not eligible for MRI (participant eligible for clinic visit NO MRI); go to Q#17.

11d. Please tell me whether any of the following was implanted in your body during surgery:

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

12. Since your first MOST clinic visit in **<insert date from Data from Prior Visits Report>**, 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

13. Since your first MOST clinic visit in **<insert date from Data from Prior Visits Report>**, have you had an injury in which metal fragments such as shrapnel, BB, or bullet entered your body?
Yes No Don't Know/Refused

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

Yes (Ask participant to bring medical documentation with them to the clinic visit)
No (Eligible for clinic visit no MRI, go to Question #17)

**If No:
Not eligible for MRI
Eligible for clinic visit no MRI.**

15. **Interviewer Note: Is there any other reason why this participant would not be eligible for an MRI?**

Yes (Go to Q#17) No (Go to Q#16)

**If Yes, go to Question #17:
Not eligible for MRI
Eligible for clinic visit no MRI.**

**If No, go to Question #16:
Eligible for MRI.
Eligible for clinic visit with MRI**

COLLECT INFORMATION

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.)"

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?" (Read script from operations manual for scheduling a clinic visit with no MRI.)"

MCVTI only



SELF-ADMINISTERED QUESTIONNAIRE HOME

Cohort	Visit	MOST ID #	Acrostic	Date Form Completed	Staff ID#
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> Month Day Year	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Arthritis Diagnosis

1. Did a doctor ever tell you that you have rheumatoid arthritis?

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

_RADXRX

a. Do you take medications for rheumatoid arthritis regularly?

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

i. Please list medications you are taking for rheumatoid arthritis:

2. Did a doctor ever tell you that you have gout?

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

a. Do you take medications for gout regularly?

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

3. Since the last time we talked to you, have you had any major changes in your medical conditions?

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

4. Since the last time we talked to you, have you been hospitalized?

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



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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

5. Have you ever had a heart attack?

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

6. Have you ever had an operation to unclog or bypass the arteries in your heart?

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

7. Have you ever had 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.)

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

8. Have you ever had an operation to unclog or bypass the arteries in your legs?

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

9. Have you ever had a stroke, cerebrovascular accident, blood clot or bleeding in the brain, or transient ischemic attack (TIA)?

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

Go to Question #10.

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

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

10. Do you have asthma?

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

Go to Page 3, Question #11.

a. Do you take medicines for your asthma?

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

Go to Page 3, Question #11.

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

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

Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E	<input type="radio"/> BL/144m	<input type="text"/>	<input type="text"/>
<input type="radio"/> N	<input type="radio"/> 24m/168m	<input type="text"/>	<input type="text"/>



Health History and Medical Conditions

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

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

Go to Question #12.

a. Do you take medicines for your lung disease?

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

Go to Question #12.

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

1 Only with flare-ups of my emphysema, bronchitis or COPD **LWHEN**

2 Regularly, even when I'm not having a flare-up

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

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

Go to Question #13.

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 **ULCDX**

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

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

Go to Page 4, Question #14.

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

1 modifying my diet **DIET**

1 medications taken by mouth **DRX**

1 insulin injections **INJ**

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

1 Problems with your kidneys **KID**

1 Problems with your eyes, treated by an ophthalmologist **DEYE**

Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E	<input type="radio"/> BL/144m	<input type="text"/>	<input type="text"/>
<input type="radio"/> N	<input type="radio"/> 24m/168m	<input type="text"/>	<input type="text"/>



Health History and Medical Conditions

14. Have you had serious problems with your kidneys?

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

Go to Question #15.

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

1 Poor kidney function (blood tests show high creatinine) **POORF**
 Have received a kidney transplantation **TRANS**
 Have used hemodialysis or peritoneal dialysis **DIALY**
 1 Other (Please specify: **KOTR** _____)

15. Do you have any of the following conditions?

a. Lupus?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	LP
b. Scleroderma?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	SCD
c. Reactive arthritis or Reiter's Syndrome?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	RS
d. Polymyalgia rheumatica?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	PLRA
e. Alzheimer's Disease, or another form of dementia?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	ALZHE
f. Cirrhosis, or serious liver damage?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	LIVER
g. Leukemia or polycythemia vera?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	LEUKE
h. Lymphoma?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	LYMPH
i. Cancer, other than skin cancer, leukemia or lymphoma?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	CANCR
Go to Question #15j.				
ii. Has the cancer spread, or metastasized to other parts of your body?				
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	_DX
j. AIDS?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Injuries, Fractures, Falls

16. Since we last asked you on ___/___, did a doctor tell you that you broke or fractured a bone?

1 Yes

0 No **BONE**

Go to Question #17.

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

- | | |
|--|---|
| FXHIP <input type="radio"/> Hip YES = 1 | <input type="radio"/> Hand/finger FXHND |
| FXPLV <input type="radio"/> Pelvis | <input type="radio"/> Elbow (lower humerus/upper radius or ulna) FXELB |
| FXTHF <input type="radio"/> Thigh (femur--not hip) | <input type="radio"/> Upper arm/shoulder (humerus) FXUPA |
| FXKNE <input type="radio"/> Knee (patella/tibial plateau) | <input type="radio"/> Collarbone (clavicle/scapula) FXCLB |
| FXLWL <input type="radio"/> Lower leg (tibia/fibula) | <input type="radio"/> Ribs/chest/sternum FXRIB |
| FXANK <input type="radio"/> Ankle | <input type="radio"/> Spine/back (vertebra) SPINE |
| FXFTT <input type="radio"/> Foot/toe | <input type="radio"/> Neck (cervical vertebra) FXNEK |
| FXTLB <input type="radio"/> Tailbone (coccyx/sacrum) | <input type="radio"/> Skull/face/nose/jaw FXSKU |
| FXWRT <input type="radio"/> Wrist/forearm (radius/ulna) | <input type="radio"/> Don't know FXDKN |
| FXOTH <input type="radio"/> Other (<i>Please specify:</i> _____) | |

_FXHIPSP

17. Are you afraid of falling?

1 Yes

0 No **FALLF**

Go to Page 6, Question #18.

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

- 1** Very often
2 Often **FALLFF**
3 Occasionally
4 Rarely



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Injuries, Fractures, Falls

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

1 Yes 0 No **FALLG**

Go to Page 7, Question #19.

a. How many times have you fallen in the **past 12 months**?

If you are unsure, please make your best guess.

1 One 2 Two or three 3 Four or five 4 Six or more **FALLT**

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

1 Yes 0 No **FALLIN**

Go to Page 7, Question #19.

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

1 Fracture **FALLFX**

1 Sprained or dislocated joint (wrist, knee, ankle, etc.) **FALLSP**

1 Pulled or torn muscle, tendon, or ligament **FALLPU**

1 Head injury or concussion **FHEAD**

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

ii. Did you receive treatment from a doctor for any of these injuries?

1 Yes 0 No **FALLD**

iii. Did you stay overnight in a hospital due to any of these injuries?

1 Yes 0 No **FALLH**

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

1 Yes 0 No **FALLL**



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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"/>

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 ...

19. I think of things I enjoy doing. **COPE1**

0	1	2	3	4	5	6
0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
Never do that			Sometimes do that			Always do that

20. I pray for the pain to stop. **COPE2**

0	1	2	3	4	5	6
0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
Never do that			Sometimes do that			Always do that

21. I don't pay any attention to it. **COPE3**

0	1	2	3	4	5	6
0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
Never do that			Sometimes do that			Always do that

22. I feel it's terrible and that it's never going to get any better. **COPE4**

0	1	2	3	4	5	6
0 ○	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
Never do that			Sometimes do that			Always do that



Cohort	Visit	MOST ID #	Acrostatic
<input type="radio"/> E	<input type="radio"/> BL/144m	<input type="text"/>	<input type="text"/>
<input type="radio"/> N	<input type="radio"/> 24m/168m	<input type="text"/>	<input type="text"/>

Joint Pain, Aching, and Stiffness

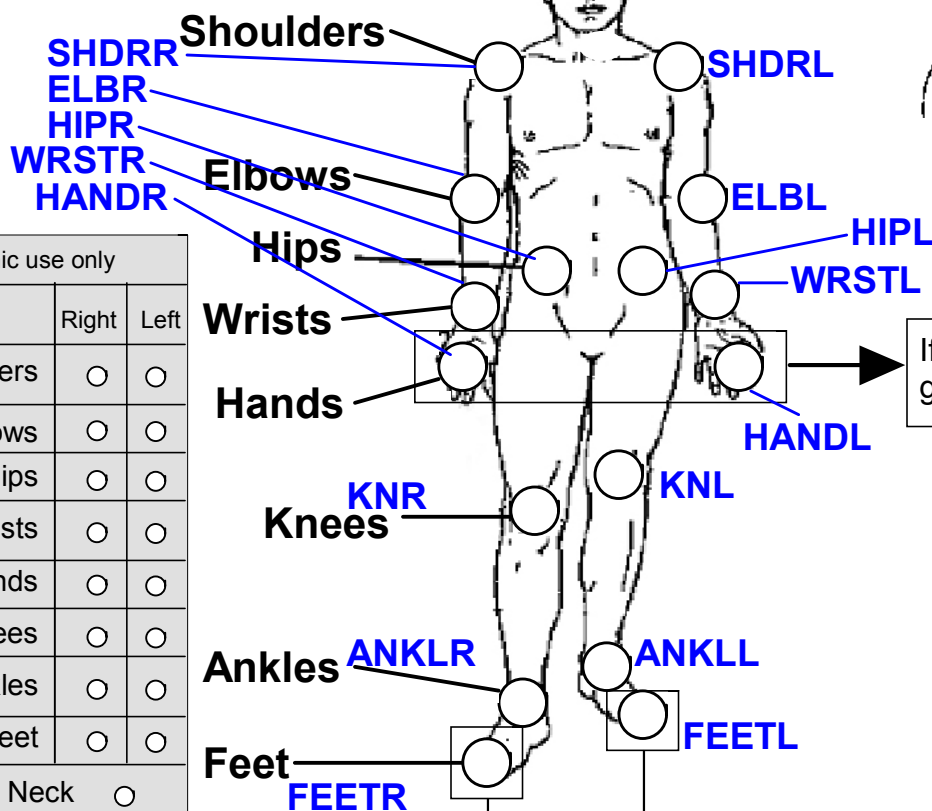
23. On **most days**, do you have pain, aching, or stiffness in any joints?

1 Yes 0 No **JPAIN**

Go to Page 11, Question #26.

Please place an "X" 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.*)

Right Left



Clinic use only		Right	Left
Shoulders		<input type="radio"/>	<input type="radio"/>
Elbows		<input type="radio"/>	<input type="radio"/>
Hips		<input type="radio"/>	<input type="radio"/>
Wrists		<input type="radio"/>	<input type="radio"/>
Hands		<input type="radio"/>	<input type="radio"/>
Knees		<input type="radio"/>	<input type="radio"/>
Ankles		<input type="radio"/>	<input type="radio"/>
Feet		<input type="radio"/>	<input type="radio"/>
Neck		<input type="radio"/>	

If either **hand** is marked, please go to Page 9, Question #24.

YES= 1

**_WSPA
_WSPB
_WSPC**

If either **foot** is marked, please go to Page 10, Question #25.

Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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"/>



Joint Pain, Aching, and Stiffness

24. Did you place an "X" in the bubble for either the right or left hand on the body diagram on Page 8, Question #23?

Yes

No → Go to Page 10, Question #25.

Please place an "X" 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 YES=1

L_HAND

Right

R_HAND

Clinic use only (Left)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

Clinic: Choose one.

No pain in joint(s) 0

Pain in joint(s) 1

Don't know 8

Refused 7

Clinic use only (Right)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

Clinic: Choose one.

No pain in joint(s) 0

Pain in joint(s) 1

Don't know 8

Refused 7

Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<input type="text"/>	<input type="text"/>



Joint Pain, Aching, and Stiffness

25. Did you place an "X" in the bubble for either the right or left foot on the body diagram on Page 8, Question #23?

Yes

No →

Go to Page 11, Question #26.

Please place an "X" 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.)

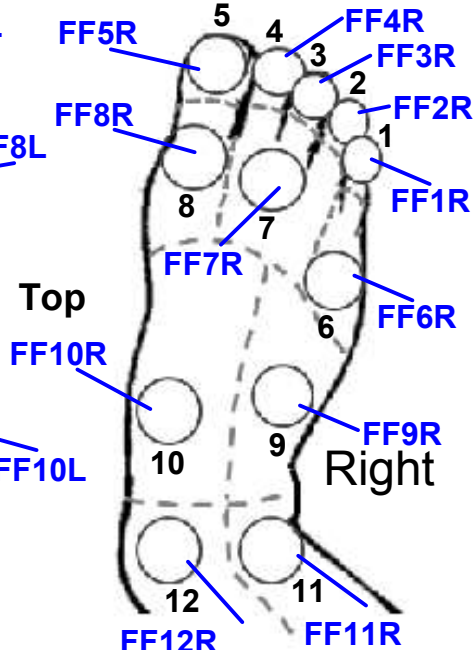
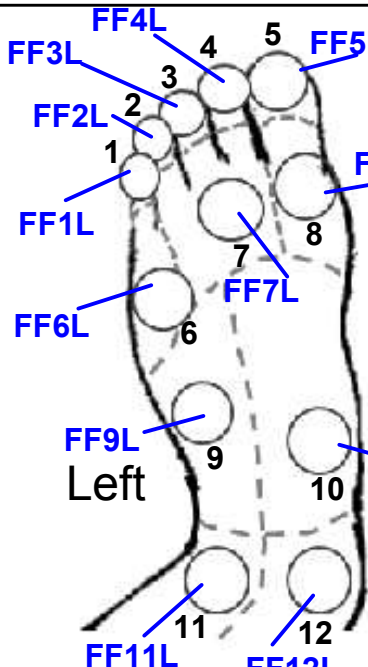
Clinic use only (Left Top)

No pain in joint(s) 0
 Pain in joint(s) 1
 Don't know 8
 Refused 7

L_FF00T

1 7
 2 8
 3 9
 4 10
 5 11
 6 12

YES= 1



Clinic use only (Right Top)

No pain in joint(s) 0
 Pain in joint(s) 1
 Don't know 8
 Refused 7

R_FF00T

1 7
 2 8
 3 9
 4 10
 5 11
 6 12

YES= 1

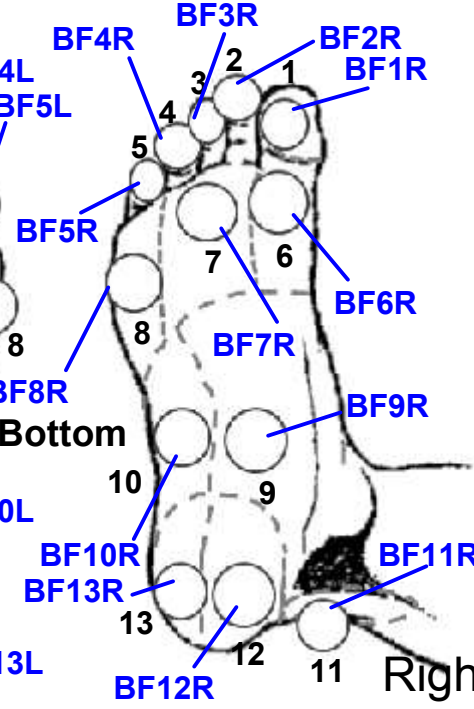
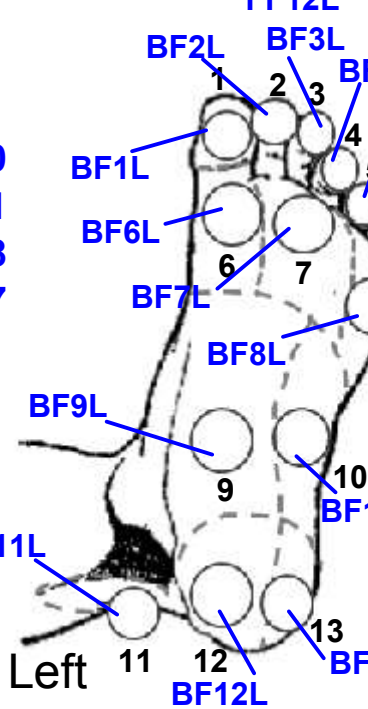
Clinic use only (Left Bottom)

No pain in joint(s) 0
 Pain in joint(s) 1
 Don't know 8
 Refused 7

L_BFOOT

1 7
 2 8
 3 9
 4 10
 5 11
 6 12
 13

YES= 1



Clinic use only (Right Bottom)

No pain in joint(s) 0
 Pain in joint(s) 1
 Don't know 8
 Refused 7

R_BFOOT

1 7
 2 8
 3 9
 4 10
 5 11
 6 12
 13

YES= 1



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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"/>

Back Pain and Function

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

Yes

No

PAIN

_LBP

Go to Page 12, Question #27.

a. How often were you bothered by back pain in the **past 30 days**?

(Mark only one response.) **FREQ**

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

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

1 Mild **2** Moderate **3** Severe **SERV**

c. In what part or parts of your back is the pain usually located?

(Mark **all areas on the back that apply with an X**)

CLINIC USE ONLY

1 NK **NK**

1 UB **UB**

1 MB **MB**

1 LB **LB**

1 BK **BK**

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

BPLA

Yes No

Go to Page 12, Question #27.

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

BDDAY
days

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

BPLAD
days

New Cohort Form



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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"/>

Sleep Habits

26. Questions #26e-26m relate to your usual sleep habits during the past 30 days only. Your answers should indicate the most accurate for the majority of days and nights in the past 30 days.

e. During the past 30 days, what time have you usually gone to bed at night?

PSQ01

: am
 pm

PSQ02

f. During the past 30 days, how long (in minutes) has it usually taken you to fall sleep each night?

PSQ03

minutes

g. During the past 30 days, when have you usually gotten up in the morning?

PSQ04

: am
 pm

PSQ05

h. During the past 30 days, how many hours of actual sleep did you get each night? (This may be different than the number of hours you spend in bed.)

PSQ06

hours

New Cohort Form



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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"/>

Sleep Habits

For Questions # 26i - 26m, mark the best response. Please answer all questions.

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
i. During the past 30 days , how often have you had trouble sleeping because you...				
i1. Cannot get to sleep within 30 minutes PSQ07	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i2. Wake up in the middle of the night or early morning PSQ08	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i3. Have to get up to use the bathroom PSQ09	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i4. Cannot breathe comfortably PSQ10	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i5. Cough or snore loudly PSQ11	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i6. Feel too cold PSQ12	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i7. Feel too hot PSQ13	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i8. Have bad dreams PSQ14	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i9. Have pain PSQ15	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i10. Other reasons PSQ16 (Please describe: _____)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. During the past 30 days , how often have you taken medicine (prescribed or "over the counter") to help you sleep? PSQ17	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. During the past 30 days , how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? PSQ18	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

l. During the **past 30 days**, how would you rate your sleep quality overall? **PSQ19**
 1 Very good 2 Fairly good 3 Fairly bad 4 Very bad

m. During the **past 30 days**, how much of a problem has it been for you to keep up enough enthusiasm to get things done? **PSQ20**

- 0 No problem at all
- 1 Only a slight problem
- 2 Somewhat of a problem
- 3 A very big problem

PSQI_01	PSQI_06
PSQI_02	PSQI_07
PSQI_03	PSQI
PSQI_04	
PSQI_05	



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Arthritis Medications

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

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

ARTHRX

1 Yes

0 No → Go to Question #28.

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 **MOFT**

3 Three to five times a week

2 Once or twice a week

1 Less than once a week

28. During the **past 30 days**, have you used creams or gels that you rub on your joints for joint pain or arthritis?

JCRM

1 Yes

0 No → Go to Page 13, Question #29.

a. How often do you use creams or gels for joint pain or arthritis?

5 More than once a day

4 Once a day **JCRMX**

3 Three to five times a week

2 Once or twice a week

1 Less than once a week



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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"/>

Arthritis Medications

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

- | | |
|--|---|
| <ul style="list-style-type: none"> 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) MS Contin (morphine sulphate) MSIR (morphine) Nubain (nalbuphine) Numorphan (oxymorphone) Oramorph SR (morphine) OxyContin (oxycodone) | <ul style="list-style-type: none"> Oxydose (oxycodone) Oxyfast (oxycodone) OxyIR (oxycodone) Percocet (oxycodone + APAP) Percodan (oxycodone + terephthalate) Roxanol (morphine) Roxicet (oxycodone + APAP) 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) |
|--|---|

SMED

1 Yes

0 No

Go to Page 14, Question #30.

SMOFT

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



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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.

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

- SF1
- 1 Excellent SF12MM
 - 2 Very good SF12MP
 - 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?

31. <u>Accomplished less</u> than you would like	1 <input type="radio"/> Yes	0 <input type="radio"/> No	SF4
32. Were limited in the <u>kind</u> of work or other activities	1 <input type="radio"/> Yes	0 <input type="radio"/> No	SF5

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)?

33. <u>Accomplished less</u> than you would like	1 <input type="radio"/> Yes	0 <input type="radio"/> No	SF6
34. Didn't do work or other activities as <u>carefully</u> as usual	1 <input type="radio"/> Yes	0 <input type="radio"/> No	SF7



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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

35. 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.)*

- SF8**
- 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
36. Have you felt calm and peaceful? SF9	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
37. Did you have a lot of energy? SF10	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
38. Have you felt downhearted and blue? SF11	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

39. 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.)*

- SF12**
- All of the time: 4
 - Most of the time: 3
 - Some of the time: 2
 - A little of the time: 1
 - None of the time: 0

40. During the **past 30 days**, how much bodily pain have you had? *(Please choose ONE answer.)*

- BODP**
- 0 None
 - 1 Very mild
 - 2 Mild
 - 3 Moderate
 - 4 Very severe



Health Survey

Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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"/>

41. 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? PF10A	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
b.	<u>Moderate activities</u> , such as moving a table, SF2 pushing a vacuum cleaner, bowling, or playing golf?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
c.	Lifting or carrying groceries? PF10C	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
d.	Climbing <u>several</u> flights of stairs? SF3	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
e.	Climbing <u>one</u> flight of stairs? PF10E	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
f.	Bending, kneeling, or stooping? PF10F	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
g.	Walking <u>more than a mile</u> ? PF10G	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
h.	Walking <u>several hundred yards</u> ? PF10H	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
i.	Walking <u>one hundred yards</u> ? PF10I	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
j.	Bathing or dressing yourself? PF10J	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>

PF10



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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

42. 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
CESDA	a. I was bothered by things that usually don't bother me.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
CESDB	b. I did not feel like eating: my appetite was poor.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
CESDC	c. I felt that I could not shake off the blues even with help from my family and friends.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
CESDD	d. I felt that I was just as good as other people.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
CESDE	e. I had trouble keeping my mind on what I was doing.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
CESDF	f. I was depressed.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
CESDG	g. I felt that everything I did was an effort.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
CESDH	h. I felt hopeful about the future.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
CESDI	i. I thought my life had been a failure.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
CESDJ	j. I felt fearful.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4



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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. CESDK	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
l. I was happy. CESDL	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
m. It seemed that I talked less than usual. CESDM	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
n. I felt lonely. CESDN	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
o. People were unfriendly. CESDO	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
p. I enjoyed life. CESDP	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
q. I had crying spells. CESDQ	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
r. I felt sad. CESDR	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
s. I felt that people disliked me. CESDS	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
t. I could not get going. CESDT	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

CES_D

_DEP



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Sleep, Fatigue, and Pain Interference

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

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

SLPQA

44. 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
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
No fatigue			FATIG				Fatigue as bad as it can be			

45. These questions are about pain you have anywhere in your body.

PROMIS

In the past 7 days...	Not at all	A little	Somewhat	Quite a bit	Very much
a. How much did pain interfere with your day to day activities ? PROM1	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
b. How much did pain interfere with work around the home ? PROM2	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
c. How much did pain interfere with your ability to participate in social activities ? PROM3	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
d. How much did pain interfere with your household chores ? PROM4	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
e. How much did pain interfere with the things you usually do for fun ? PROM5	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
f. How much did pain interfere with your enjoyment of social activities ? PROM6	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
g. How much did pain interfere with your enjoyment of life ? PROM7	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
h. How much did pain interfere with your family life ? PROM8	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1



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Everyday Things

46. 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
a. Keeping in touch with others through letters, phone, or email.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI13
b. Visiting friends and family in their homes.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI1
c. Providing care or assistance to others. This may include providing personal care, transportation, and running errands for family members or friends.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI2
d. Taking care of the inside of your home. This includes managing and taking responsibility for homemaking, laundry, housecleaning and minor household repairs.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI3
e. Working at a volunteer job outside your home.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI4
f. Taking part in active recreation. This may include bowling, golf, tennis, hiking, jogging, or swimming.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI5
g. Taking care of household business and finances. This may include managing and taking responsibility for your money, paying bills, dealing with a landlord or tenants, dealing with utility companies or governmental agencies.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI14



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Everyday Things

To what extent do you feel limited in...?	Not at all	A little	Somewhat	A lot	Completely
h. Taking care of your own health. This may include managing daily medications, following a special diet, scheduling doctor's appointments.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI15
i. Traveling out of town for at least an overnight stay.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI6
j. Taking part in a regular fitness program. This may include walking for exercise, stationary biking, weight lifting, or exercise classes.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI7
k. Inviting people into your home for a meal or entertainment.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI16
l. Going out with others to public places such as restaurants or movies.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI8
m. Taking care of your own personal care needs. This includes bathing, dressing, and toileting.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI9
n. Taking part in organized social activities. This may include clubs, card playing, senior center events, community or religious groups.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI10
o. 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.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI11
p. Preparing meals for yourself. This includes planning, cooking, serving, and cleaning up.	5 <input type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/> FDI12

LLDIIR



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Current Tobacco Use

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

SKNOW 1 Yes 0 No

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

SKAMT per day

NOTE: use 30 if number reported here 30 or more

48. 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.

PIPE 1 Yes 0 No

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

PIAMT per week

NOTE: use 30 if number reported here 30 or more

SMK

_SMK3



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Current Employment

49. 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.)

PAY 1 Yes 0 No

Go to Question #50.

- 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.)

NO PAY 1 Yes 0 No

Go to Question #50.

HLTH

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

1 Yes 0 No

Go to Page 24, Question #52.

50. 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.)

HRSWK

Number of hours worked per week

51. 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.)

MIS

Number of days missed in the past 3 months



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Household, Medical Care, and Marital Status

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

BILL

- 0** Not at all difficult
- 1** Not very difficult
- 2** Somewhat difficult
- 3** Very difficult
- 8** Unable/Refused/Don't know

53. 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.

MCARE

1 Yes

0 No

Go to Question #54.

MCARES

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

- 1** Private or personal physician/HMO
- 2** Walk-in clinic (no appointments taken)
- 3** Other clinic (by appointment)
- 5** Other

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

a. Insurance or HMO?	1 <input type="radio"/> Yes	0 <input type="radio"/> No	PAYHMO
b. Medicaid or Medicare?	1 <input type="radio"/> Yes	0 <input type="radio"/> No	PAYMED
c. VA, TRICARE, or Military?	1 <input type="radio"/> Yes	0 <input type="radio"/> No	PAYVA
d. Other?	1 <input type="radio"/> Yes	0 <input type="radio"/> No	PAYOTH
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> di. Please specify: _____ </div>			
e. Out of pocket, either full or co-payment?	1 <input type="radio"/> Yes	0 <input type="radio"/> No	PAYCOP
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> ei. Is that full or co-payment? 1 <input type="radio"/> Full 2 <input type="radio"/> Copayment PAYF </div>			



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Household, Medical Care, and Marital Status

55. 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.

NOCARE 1 Yes 0 No 8 Don't know

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

ALONE 1 Live alone 2 Live with my spouse, family member(s), or roommate(s)

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

HSHOLD Number of other people in household

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

- 1 Married or living in a married-like relationship **MARRY**
- 2 Widowed
- 3 Separated
- 4 Divorced
- 5 Single, never married 8 No answer



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Helpful Aids and Devices

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

(Please mark all that apply.)

- YES = 1
- AICANE** Cane
 - AICRUT** Crutches
 - AIWLK** Walker
 - AIWHL** Wheelchair
 - AIOTH** Other
 - AISCOT** Scooter
 - AIMWH** Motorized wheelchair
 - AINONE** I do not use any of these devices

59. 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.)

- YES = 1
- AOCANE** Cane
 - AOCRUT** Crutches
 - AOWLK** Walker
 - AOWHL** Wheelchair
 - AOOTH** Other
 - AOSCOT** Scooter
 - AOMWH** Motorized wheelchair
 - AONONE** I do not use any of these devices

60. 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.)

- AUCHR** Special built-up or lift chair
- AUCANE** Cane
- AUWLK** Walker
- AUCRUT** Crutches
- AUNONE** I do not use any of these devices
- Built up or raised toilet seat **AUTLT**
- Grab bars **AUGRAB**
- Other **AUOTH**

YES = 1

DEVICE



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Life-Space Assessment

The following questions refer to your activities within the past four weeks.

61. During the past four weeks, have you been to other rooms of your home besides the room where you sleep?

1 Yes 0 No 8 Don't know **LFSP1**

a. How often did you get there? **LFSP1A**
 1 Less than once per week 2 1 to 3 times per week 3 4 to 6 times per week 4 Daily 8 Don't know

b. Did you use walking aids or equipment, such as a cane, walker, wheelchair, or scooter?
 1 Yes 0 No 8 Don't know **LFSP1B**

c. Did you need help from another person?
 1 Yes 0 No 8 Don't know **LFSP1C**

62. During the past four weeks, have you been to an area outside your home such as your porch, deck, or patio, hallway (of an apartment building) or garage, in your own yard or driveway?

1 Yes 0 No 8 Don't know **LFSP2**

a. How often did you get there? **LFSP2A**
 1 Less than once per week 2 1 to 3 times per week 3 4 to 6 times per week 4 Daily 8 Don't know

b. Did you use walking aids or equipment, such as a cane, walker, wheelchair, or scooter?
 1 Yes 0 No 8 Don't know **LFSP2B**

c. Did you need help from another person?
 1 Yes 0 No 8 Don't know **LFSP2C**

63. During the past four weeks, have you been to places in your neighborhood, other than your own yard or apartment building?

1 Yes 0 No 8 Don't know **LFSP3**

a. How often did you get there? **LFSP3A**
 1 Less than once per week 2 1 to 3 times per week 3 4 to 6 times per week 4 Daily 8 Don't know

b. Did you use walking aids or equipment, such as a cane, walker, wheelchair, or scooter?
 1 Yes 0 No 8 Don't know **LFSP3B**

c. Did you need help from another person?
 1 Yes 0 No 8 Don't know **LFSP3C**



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Life-Space Assessment

64. During the past four weeks, have you been to places outside your neighborhood, but within your town?

- 1 Yes
 0 No
 8 Don't know
 LFSP4

a. How often did you get there? **LFSP4A**

1 Less than once per week
 2 1 to 3 times per week
 3 4 to 6 times per week
 4 Daily
 8 Don't know

b. Did you use walking aids or equipment, such as a cane, walker, wheelchair, or scooter?

1 Yes
 0 No
 8 Don't know
 LFSP4B

c. Did you need help from another person?

1 Yes
 0 No
 8 Don't know
 LFSP4C

65. During the past four weeks, have you been to places outside your town?

- 1 Yes
 0 No
 8 Don't know
 LFSP5

a. How often did you get there? **LFSP5A**

1 Less than once per week
 2 1 to 3 times per week
 3 4 to 6 times per week
 4 Daily
 8 Don't know

b. Did you use walking aids or equipment, such as a cane, walker, wheelchair, or scooter?

1 Yes
 0 No
 8 Don't know
 LFSP5B

c. Did you need help from another person?

1 Yes
 0 No
 8 Don't know
 LFSP5C

d. How did you get there?

1 I walked
 2 I drove **LFSP5D**
 3 I used public transportation (includes taxi, bus, train, plane)
 4 I rode with someone
 8 Don't know

LSM
LSI

LSE
LSII
LSFI
LSMA_C

66. What is the farthest you've been away from home in the last four weeks?

Please estimate the number of miles.

MILE
 miles

NOTE: distance above 1000 miles is coded as 1000



MOST 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:

<u>Activity</u>	<u>Variable (right knee)</u>	<u>Variable (left knee)</u>
Walking	Q1KR	Q1KL
Up stairs	UPR	UPL
Down stairs	DOWNR	DOWNL
Stairs (calculated)	Q2KR	Q2KL
In bed	Q3KR	Q3KL
Sit or lie down	Q4KR	Q4KL
Standing	Q5KR	Q5KL

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: UPR, UPL, DOWNR, and DOWNL. “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.

<u>Score</u>	<u>Variable (right knee)</u>	<u>Variable (left knee)</u>
Pain subscale scores	WOPNKR	WOPNKL

(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 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	Q6KR	Q6KL
Later in day	Q7KR	Q7KL

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	WOSTKR	WOSTKL

Disability

The individual items in the disability subscale are:

<u>Activity</u>	<u>Variable (either knee)</u>
Down stairs	Q8K
Up stairs	Q9K
Stand from sitting	Q10K
Standing	Q11K
Bending	Q12K
Walking	Q13K
In car/out of car	Q14K
Shopping	Q15K
Socks on	Q16K
Get out of bed	Q17K
Socks off	Q18K
Lying down	Q19K
Bathing	Q20K
Sitting	Q21K
On/off toilet	Q22K
Heavy chores	Q23K
Light chores	Q24K

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: Q8K, Q9K, Q12K, Q15K, Q23K, and Q24K. “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	WOPASK

(Note: the top of page 2, bottom of page 4, and complete pages 3, 5, 6, 8, and 9 of the MOST 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	WOTOTR	WOTOTL

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.

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).”

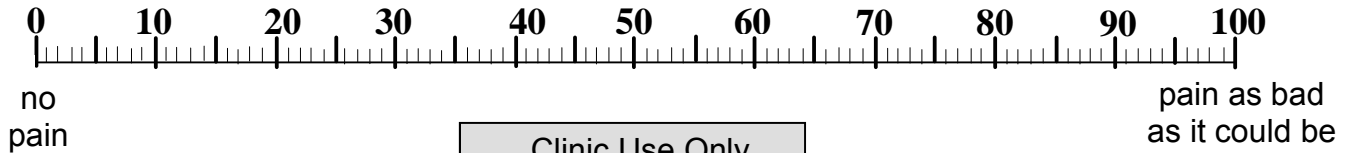
(Note: the top of page 2, bottom of page 4, and complete pages 3, 5, 6, 8, and 9 of the MOST Self-Administered Questionnaire – Clinic are not being displayed)



Visit	MOST ID #	Acrostic
	<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

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")

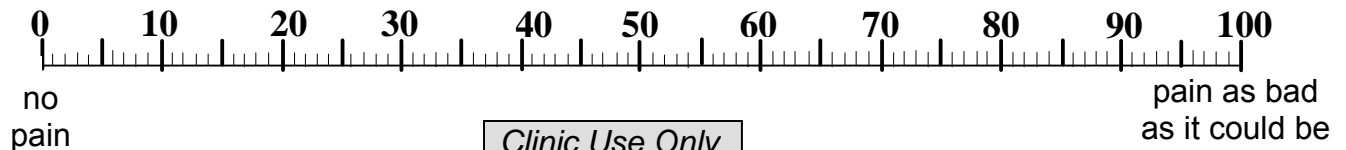


Clinic Use Only
<input type="text"/> <input type="text"/> <input type="text"/>

VASKR

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page 41.

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")



Clinic Use Only
<input type="text"/> <input type="text"/> <input type="text"/>

VASKL

New Cohort Form



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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"/>

Physical Difficulty

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

10. QUESTION: What degree of difficulty do you have due to pain, discomfort or arthritis in your knee(s)?		
a. Squatting SP1K <input 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		
b. Running/jogging SP2K <input 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		
c. Jumping SP3K <input 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		
d. Twisting/pivoting on your knees SP4K <input 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		
e. Kneeling SP5K <input 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		

KOOSSP

Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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 Detect

Thinking about pain you may have in either knee, 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.

1. How would you assess your pain in either knee **now**, at this moment?

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
none	NOW									max

2. How strong was the **strongest** pain in either knee during the past 4 weeks?

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
none	STRONG									max

3. How strong was the pain in either knee during the past 4 weeks on **average**?

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
none	STRAVE									max

4. Mark the picture that **best** describes the course of your pain in either knee (please mark only **ONE**):



1 Persistent pain with slight fluctuations

PTYPE



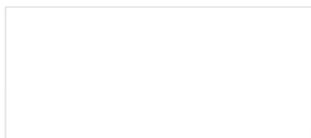
2 Persistent pain with pain attacks



3 Pain attacks without pain between them



4 Pain attacks with pain between them



0 No pain

5. Does your pain in either knee **radiate** to other regions of your body?

1 Yes 0 No

RADIAT

Clinic use only

0

-1 if marked
0 if not marked

1 if marked
0 if not marked

1 if marked
0 if not marked

0

2 if Yes
0 if No

Total

<input type="radio"/> -1	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
--------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Clinic note: Copy total to question #S1 on bottom of page 7.



Cohort	Visit	MOST ID #	Acrostic
<input type="radio"/> E <input type="radio"/> N	<input type="radio"/> BL/144m <input type="radio"/> 24m/168m	<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 Detect

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.

	Never	Hardly noticed	Slightly	Moderately	Strongly	Very strongly
6. Do you suffer from a burning sensation (e.g., stinging nettles) in either knee?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> BURN	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
7. Do you have a tingling or prickling sensation (like crawling ants or electrical tingling) in either knee?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> TING	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
8. Is light touching (e.g., clothing or a blanket) painful in either knee?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> TOUCH	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
9. Do you have sudden pain attacks (like electric shocks) in either knee?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> ELECTR	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
10. Is cold or heat (e.g., bath water) occasionally painful in either knee?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> BATH	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
11. Do you suffer from a sensation of numbness in either knee?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> NUMB	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
12. Does slight pressure (e.g., with a finger) trigger pain in either knee?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/> PRESS	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

Thank you!

TO BE FILLED OUT BY CLINIC

Clinic note: Count the number of times the participant marked each category (Never, Hardly, etc.) and enter that number for each category in the first boxes below. Then multiply as indicated and add questions #13a-f (question #S2 below, the total for this page). Complete by adding questions #S1 + S2 for the final score.

Never	Hardly noticed	Slightly	Moderately	Strongly	Very strongly
<input type="text"/> x 0 = 0 13a	<input type="text"/> x 1 = <input type="text"/> 13b	<input type="text"/> x 2 = <input type="text"/> 13c	<input type="text"/> x 3 = <input type="text"/> 13d	<input type="text"/> x 4 = <input type="text"/> 13e	<input type="text"/> x 5 = <input type="text"/> 13f
S1. Total: Q 4-5 (page 6) -1 0 1 2 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> out of 3		S2. Total: Q13a-f (page 7) <input type="text"/> <input type="text"/> out of 35		S3. Total: S1 + S2 (Final) <input type="text"/> <input type="text"/> S3 out of 38	

MOST Clinic Interview

Version 12/06/2016

Staff ID#: ANN

_DATEDIFF

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

Right knee

"The first questions will be specifically about your right knee."

1. During the past 12 months, have you had pain, aching, or stiffness in your right knee? **KPN12R**

1 Yes (Go to Q#1a.)

0 No (Go to Q#20.)

8 Don't know/Refused (Go to Q#20.)

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? By 'most days,' we mean more than half the days of a month.

MNTHR

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? **PN30R**

1 Yes (Go to Q#2a.)

0 No (Go to Q#19.)

8 Don't know/Refused (Go to Q#19.)

2a. During the past 30 days, have you had pain, aching, or stiffness in your right knee on most days? Again, by 'most days,' we mean more than half the days of a month. **KPN30R**

1 Yes

0 No

8 Don't know

R_FKP

Constant knee pain – Right

“People have told us that they experience different kinds of pain (including aching, stiffness, 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? **AKCP7R**

- 1 Yes
- 0 No (Go to Q#19.)
- 8 Don't know/Refused (Go to Q#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? **CKCP7R**

- 1 Yes
- 0 No (Go to Q#10.)
- 8 Don't know/Refused (Go to Q#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? **INCP7R**
(Interviewer note: REQUIRED. Show Card #1.)

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

6. In the past 7 days, how much has your constant pain in your right knee affected your sleep?
(Interviewer note: REQUIRED. Show Card #1.) **CPSL7R**

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

7. In the past 7 days, how much has your constant pain in your right knee affected your overall quality of life? **QLCP7R**
(Interviewer note: REQUIRED. Show Card #1.)
0Not at all
1Mildly
2Moderately
3Severely
4Extremely
8Don't know
7Refused
8. In the past 7 days, how frustrated or annoyed have you been by your constant pain in your right knee? **FACO7R**
(Interviewer note: REQUIRED. Show Card #1.)
0Not at all
1Mildly
2Moderately
3Severely
4Extremely
8Don't know
7Refused
9. In the past 7 days, how upset or worried have you been by your constant pain in your right knee? **UWCO7R**
(Interviewer note: REQUIRED. Show Card #1.)
0Not at all
1Mildly
2Moderately
3Severely
4Extremely
8Don't know
7Refused

Intermittent knee pain – Right

10. In the past 7 days, have you had intermittent pain (pain that comes and goes) in or around your right knee? **INTP7R**
1Yes
0No (Go to Q#19.)
8Don't know/Refused (Go to Q#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? **SEVP7R**

(Interviewer note: REQUIRED. Show Card #2.)

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

12. In the past 7 days, how frequently has this pain that comes and goes in your right knee occurred?

FRQP7R

(Interviewer note: REQUIRED. Show Card #3.)

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

13. In the past 7 days, how much has your pain that comes and goes in your right knee affected your sleep? **SCGP7R**

(Interviewer note: REQUIRED. Show Card #4.)

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

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? **QLNT7R**

(Interviewer note: REQUIRED. Show Card #4)

- 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?* **FACG7R**

(Interviewer note: REQUIRED. Show Card #4.)

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?* **UWCG7R**

(Interviewer note: REQUIRED. Show Card #4.)

0 Not at all

1 Mildly

2 Moderately

3 Severely

4 Extremely

8 Don't know

7 Refused

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

NOWORR

(Interviewer note: REQUIRED. Show Card #5.)

0 Never

1 Rarely

2 Sometimes

3 Often

4 Very often

8 Don't know

7 Refused

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. **TRIGR**
(Interviewer note: REQUIRED. Show Card #5.)

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

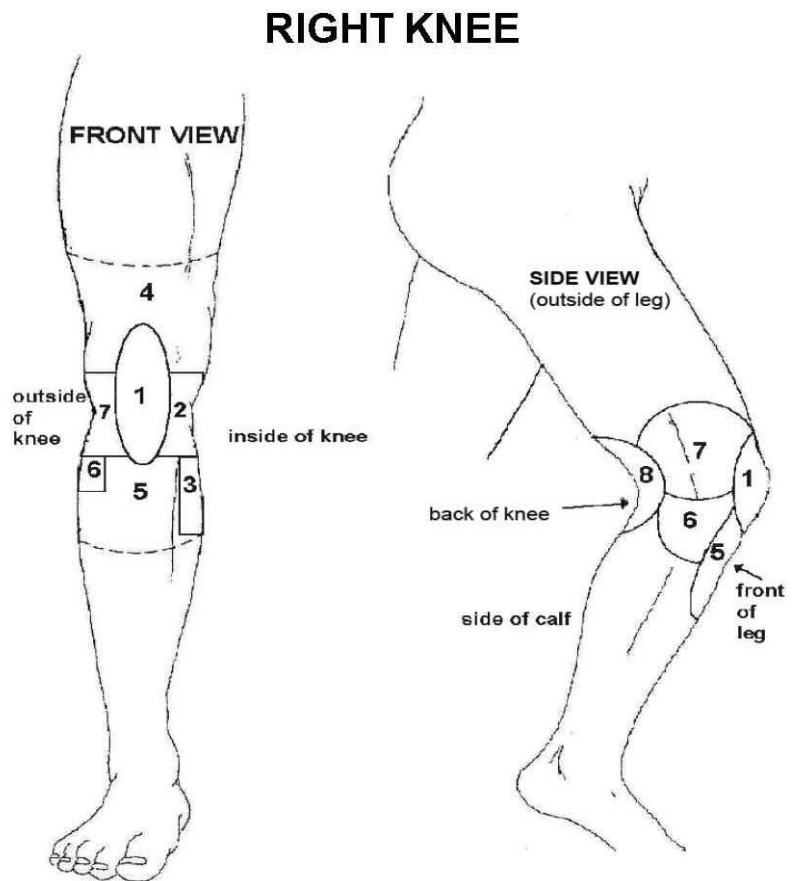
Right knee pain

19. When you have right knee pain, can you point to where it usually hurts? **KPR**
(Interviewer note: REQUIRED. Show Card #6. Have participant point to where their right knee hurts.)

- 1 Yes (go to Q#19a.)
- 0 No (Go to Q#20.)
- 8 Don't know (Go to Q#20.)
- 7 Refused (Go to Q#20.)

19a. Mark all areas that apply.

Answers	Variable	Value: Yes	Value: No
1	KP1R	1	0
2	KP2R	1	0
3	KP3R	1	0
4	KP4R	1	0
5	KP5R	1	0
6	KP6R	1	0
7	KP7R	1	0
8	KP8R	1	0



Left knee

“Now I’ll ask you specifically about your left knee.”

20. During the past 12 months, have you had pain, aching, or stiffness in your left knee?” **KPN12L**

1 Yes (Go to Q#20a.)

0 No (Go to Q#39.)

8 Don’t know/Refused (Go to Q#39.)

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? By ‘most days,’ we mean more than half the days of a month. **MNTHL**

1 Yes

0 No

8 Don’t know

21. During the past 30 days, have you had any pain, aching, or stiffness in your left knee? **PN30L**

1 Yes (Go to Q#21a.)

0 No (Go to Q#38.)

8 Don’t know/Refused (Go to Q#38.)

21a. During the past 30 days, have you had pain, aching, or stiffness in your left knee on most days? Again, by ‘most days,’ we mean more than half the days of a month. **KPN30L**

1 Yes

0 No

8 Don’t know

L_FKP

_FKPSX

Constant knee pain – Left

“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? **AKCP7L**

1 Yes

0 No (Go to Q#38.)

8 Don’t know/Refused (Go to Q#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? **CKCP7L**

1 Yes

0 No (Go to Q#29.)

8 Don’t know/Refused (Go to Q#29.)

24. In the past 7 days, how intense has your constant pain in your left knee been? **INCP7L**
(**Interviewer note: REQUIRED. Show Card #7.**)
- 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? **CPSL7L**
(**Interviewer note: REQUIRED. Show Card #7.**)
- 0 Not at all
 - 1 Mildly
 - 2 Moderately
 - 3 Severely
 - 4 Extremely
 - 8 Don't know
 - 7 Refused
26. In the past 7 days, how much has your constant pain in your left knee affected your overall quality of life? **QLCP7L**
(**Interviewer note: REQUIRED. Show Card #7.**)
- 0 Not at all
 - 1 Mildly
 - 2 Moderately
 - 3 Severely
 - 4 Extremely
 - 8 Don't know
 - 7 Refused
27. In the past 7 days, how frustrated or annoyed have you been by your constant pain in your left knee? **FACO7L**
(**Interviewer note: REQUIRED. Show Card #7.**)
- 0 Not at all
 - 1 Mildly
 - 2 Moderately
 - 3 Severely
 - 4 Extremely
 - 8 Don't know
 - 7 Refused

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

UWCO7L

(Interviewer note: REQUIRED. Show Card #7.)

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

Intermittent knee pain – Left

29. In the past 7 days, have you had intermittent pain (pain that comes and goes) in or around your left knee? **INTP7L**

- 1 Yes
- 0 No (go to Q#38.)
- 8 Don't Know/Refused (go to Q#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? **SEVP7L**

(Interviewer note: REQUIRED. Show Card #8.)

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

31. In the past 7 days, how frequently has this pain that comes and goes in your left knee occurred?

FRQP7L

(Interviewer note: REQUIRED. Show Card #9.)

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

32. In the past 7 days, how much has your pain that comes and goes in your left knee affected your sleep? **SCGP7L**

(Interviewer note: REQUIRED. Show Card #10.)

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

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? **QLNT7L**

(Interviewer note: REQUIRED. Show Card #10.)

- 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? **FACG7L**

(Interviewer note: REQUIRED. Show Card #10.)

- 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? **UWCG7L**

(Interviewer note: REQUIRED. Show Card #10.)

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

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

NOWORL

(Interviewer note: **REQUIRED. Show Card #11.**)

- 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. **TRIGL**

(Interviewer note: **REQUIRED. Show Card #11.**)

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

Left knee pain

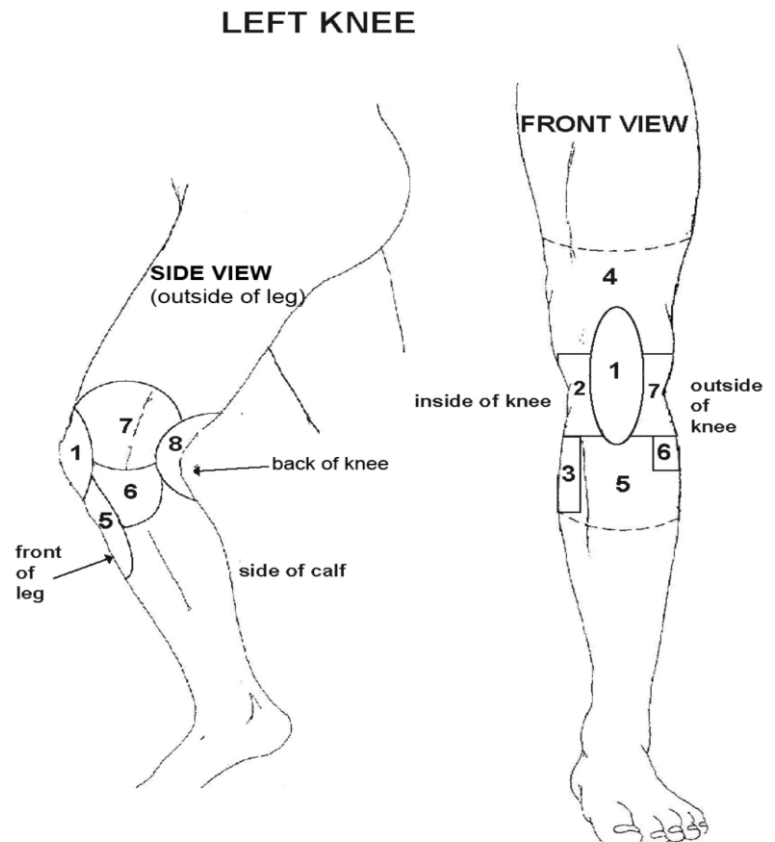
38. When you have left knee pain, can you point to where it usually hurts? **KPL**

(Interviewer note: **REQUIRED. Show Card #12. Have participant point to where their left knee hurts.**)

- 1 Yes (go to Q#38a)
- 0 No (Go to Q#39.)
- 8 Don't know (Go to Q#39.)
- 7 Refused (Go to Q#39.)

38a. Mark all areas that apply.

Answers	Variable	Value: Yes	Value: No
1	KP1L	1	0
2	KP2L	1	0
3	KP3L	1	0
4	KP4L	1	0
5	KP5L	1	0
6	KP6L	1	0
7	KP7L	1	0
8	KP8L	1	0



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.”

39. In the **past 12 months**, has either of your knees buckled or given way at least once? **KB12M**

- 1** Yes (Go to Q#39a.)
- 0** No (Go to Q#41.)
- 8** Don't know/Refused (Go to Q#41.)

39a. Which knee buckled or gave way at least once? **KB12**

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

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

- 1** Yes (Go to Q#40a.)
- 0** No (Go to Q#41.)
- 8** Don't know/Refused (Go to Q#41.)

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

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

40b. 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. **KBTOT**
(Interviewer note: OPTIONAL. Show Card #13.)

- 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

40c. As a result of knee buckling or giving way, did you fall and land on the floor or ground? **FALL**

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

40d. In general, what were you doing when your knee(s) buckled?

Answers	Variable	Value: Yes	Value: No
Walking	WLK	1	0
Going up or down stairs	STAIRB	1	0
Twisting or turning	TWIST	1	0
Other	KBOT	1	0
If Other, please specify: _____			
Don't know	KBDK		

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

1 Yes (Go to Q#41a.)

0 No (Go to Q#42.)

8 Don't know/Refused (Go to Q#42.)

41a. Which knees felt like they were shifting, slipping, or going to give way but didn't? **KSS**

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 did your knee feel like it was shifting, slipping, or going to give way? If you are unsure, make your best guess. **KSTOT**
(*Interviewer note: OPTIONAL. Show Card #13.*)

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

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

1 Yes

0 No

8 Don't know/Refused

Knee injury

“The next two questions are about knee injuries.”

43. Since we spoke to you on <*insert month and year*> have you injured your right knee badly enough to limit your ability to walk for at least two days? **LAR**

1 Yes

0 No

8 Don't know/Refused

44. Since we spoke to you on <*insert month and year*> have you injured your left knee badly enough to limit your ability to walk for at least two days? **LAL**

1 Yes

0 No

8 Don't know/Refused

Knee surgery – Right knee

45. Since we spoke to you on <*insert month and year*> did you have any surgery in your right knee? **SURGR**

1 Yes

0 No (Go to Q#47.)

8 Don't know/Refused (Go to Q#47.)

46. Since we spoke to you on <*insert month and year*> did you have the following types of surgery in your right knee:

46a. Arthroscopy (where they put a scope) in your right knee? **ARTR**

1 Yes

0 No

8 Don't know

46b. Meniscectomy (where they repaired or cut away a torn meniscus or cartilage) in your right knee? **MENR**

1 Yes

0 No

8 Don't know

46c. Ligament repair in your right knee? **LIGR**

1 Yes

0 No

8 Don't know

46d. Right knee replacement, where all or part of the joint was replaced? **KNRR**

Yes (**Interviewer note: Please complete the Event Notification Form and mark Right Knee Replacement**)

No
Don't know

46e. Another kind of surgery in your right knee? **SOTHR**

1 Yes
0 No
8 Don't know

46f. Do you have any metal implants (such as pins, screws, staples, etc.) in your right knee from this surgery?

Yes
No
Don't know

Knee surgery – Left knee

47. Since we spoke to you on *<insert month and year>* did you have any surgery in your left knee? **SURGL**

1 Yes
0 No (Go to Q#49.)
8 Don't know/Refused (Go to Q#49.)

48. Since we spoke to you on *<insert month and year>* did you have the following types of surgery in your left knee:

48a. Arthroscopy (where they put a scope) in your left knee? **ARTL**

1 Yes
0 No
8 Don't know

48b. Meniscectomy (where they repaired or cut away a torn meniscus or cartilage) in your left knee? **MENL**

1 Yes
0 No
8 Don't know

48c. Ligament repair in your left knee? **LIGL**

1 Yes
0 No
8 Don't know

48d. Left knee replacement, where all or part of the joint was replaced? **KNRL**

Yes (*Interviewer note: Please complete the Event Notification Form and mark Left Knee Replacement*)

No

Don't know

48e. Another kind of surgery in your left knee? **SOTHL**

1 Yes

0 No

8 Don't know

48f. Do you have any metal implants (such as pins, screws, staples, etc.) in your left knee from this surgery?

Yes

No

Don't know

Hip pain

"The next few questions are about your hip joints."

Right hip

"First I'll ask you about your right hip."

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

(Interviewer note: REQUIRED - Show Card #14.)

1 Yes (Go to Q#49a.)

0 No (Go to Q#50.)

8 Don't know/Refused (Go to Q#50.)

49a. During the past 30 days, have you had pain, aching, or stiffness in your right hip on most days? **HPN30R**

1 Yes (Go to Q#49ai.)

0 No (Go to Q#49b.)

8 Don't know (Go to Q#49b.)

49ai. Where is this pain, aching, or stiffness located?
(Interviewer note: REQUIRED - Show Card #14.)

Answers	Variable	Value: Yes	Value: No
Groin/inside leg near hip	GRINR	1	0
Outside of leg near hip	OTLGR	1	0
Front of leg near hip	FRLGR	1	0
Buttocks	BUTTR	1	0
Lower back	LWBKR	1	0
Don't know	PNDKR		

49b. Now, please rate the pain that you've had in your right hip during the **past 30 days on average**. Please pick a number from 0 to 10 that best describes the pain on average. "0" means "No pain" and "10" means "Pain as bad as you can imagine." **VASHR**
(Interviewer note: REQUIRED - Show Card #15.)

0 1 2 3 4 5 6 7 8 9 10

Left hip

"Now I'll ask you about your left hip."

50. During the past 30 days, have you had any pain, aching, or stiffness in or around your left hip? This includes pain in the groin and front and sides of the upper thigh. Do not include pain that was only in your lower back or buttocks. **ANYL**
(Interviewer note: REQUIRED - Show Card #16.)

- 1** Yes (Go to Q#50a.)
- 0** No (Go to Q#51.)
- 8** Don't know/Refused (Go to Q#51.)

50a. During the past 30 days, have you had pain, aching, or stiffness in your left hip on most days? **HPN30L**

- 1** Yes (Go to Q#50ai.)
- 0** No (Go to Q#50b.)
- 8** Don't know (Go to Q#50b.)

50ai. Where is the pain, aching or stiffness located?
(Interviewer note: REQUIRED - Show Card #16.)

Answers	Variable	Value: Yes	Value: No
Groin/inside leg near hip	GRINL	1	0
Outside of leg near hip	OTLGL	1	0
Front of leg near hip	FRLGL	1	0
Buttocks	BUTTL	1	0
Lower back	LWBKL	1	0
Don't know	PNDKL		

50b. Now, please rate the pain that you've had in your left hip during the **past 30 days on average**. Please pick a number from 0 to 10 that best describes the pain on average. "0" means "No pain" and "10" means "Pain as bad as you can imagine." **VASHL**
(Interviewer note: REQUIRED - Show Card #17.)

0 1 2 3 4 5 6 7 8 9 10

Hip surgery

51. Have you ever had / Since we spoke to you on *<insert month and year>* did you have a right hip replacement, where all or part of the joint was replaced?

Yes **(Interviewer note: Please complete the Event Notification Form and mark Right Hip Replacement.)**

No
Don't know/Refused

52. Have you ever had / Since we spoke to you on *<insert month and year>* did you have a left hip replacement, where all or part of the joint was replaced?

Yes **(Interviewer note: Please complete the Event Notification Form and mark Left Hip Replacement.)**

No
Don't know/Refused

53. 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 (Go to Q#53a.)

No (Go to Q#54.)

Don't know/Refused (Go to Q#54.)

53a. Has a time been scheduled for that surgery within the **next 6 months**?

Yes **(Interviewer note: Do not ask Q#54. Choose the "Yes, definitely willing to have surgery" response option and go to Q#55.)**

No

Don't know

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

(Interviewer note: REQUIRED - Show Card #18.)

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

55. In the past year, have you met with a physical therapist about a knee problem? **KNTher**

- 1 Yes (Go to Q#55a.)
- 0 No (Go to Q#56.)
- 8 Don't know/Refused (Go to Q#56.)

55a. For what duration did you have supervised physical therapy sessions? **SUTHER**

- 1 1 session only
- 2 1-2 weeks
- 3 3-6 weeks
- 4 More than 6 weeks

55b. Are you still doing exercises that you learned in physical therapy? **EXTher**

- 1 Yes (Go to Q#55bi.)
- 0 No (Go to Q#56.)
- 8 Don't know (Go to Q#56.)

55bi. How often? **OFTher**

- 1 Regularly
- 2 Occasionally

56. Since we spoke to you on *<insert month and year>* have you taken a bisphosphonate medication or injection to treat or prevent osteoporosis or to treat Paget's disease? This includes the following medications: alendronate (Fosamax), risedronate (Actonel/Atelvia), ibandronate (Boniva), or zoledronate/zoledronic acid (Reclast/Zometa). **BI**
(Interviewer note: Review Data from Prior Visits Report for previously reported bisphosphonate medication. Show Card #19).

- 1 Yes (Go to Q#56a.)
- 0 No (Go to Q#57.)
- 8 Don't know/Refused (Go to Q#57.)

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

(Interviewer note: Round up year at 6 months. <6 months=0 years, and 6-12 months=1 year; 10 plus years as 10)

___ years **BIYR**

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? **KINJ**

- 1 Yes (Go to Q#57a.)
- 0 No (Go to Q#58 if women or #59 if men.)
- 8 Don't know/Refused (Go to Q#58 if women or #59 if men.)

57a. During the **past 6 months**, have you had an injection of hyaluronic acid (such as, 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. **HYINJ**
(Interviewer note: Show Card #20.)

1 Yes (Go to Q#57ai.)

0 No (Go to Q#57b.)

8 Don't know (Go to Q#57b.)

57ai. In which knee? **HYKN**

1 Right knee

2 Left knee

3 Both knees

8 Don't know which knee

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? **STEROD**

1 Yes (Go to Q#57bi.)

0 No (Go to Q#58 if women or #59 if men.)

8 Don't know (Go to Q#58 if women or #59 if men.)

57bi. In which knee? **STKN**

1 Right knee

2 Left knee

3 Both knees

8 Don't know which knee

"Now think about the past year."

58. Display for women only: 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? **ESTR**
(Interviewer note: Show Card #21.)

1 Yes (Go to Q#58a.)

0 No (Go to Q#59)

8 Don't know/Refused (Go to Q#59)

58a. When was the last time you took this? If you are unsure, please make your best guess.

ESTTM

(Interviewer note: REQUIRED: Show Card #22.)

- 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

Medication use

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

- 1** Yes (Go to Q#59a.)
- 0** No (Go to Q#60.)
- 8** Don't know/Refused (Go to Q#60.)

59a. What is the total dose of Vitamin D per day you take most of the time? **VITDD**

(Interviewer note: REQUIRED: Show Card #23.)

- 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

MOST Medication Inventory Form

Version 04/20/2016

See V79MIF Dataset

Staff ID#: ANN

Did the participant bring in or identify ALL prescriptions that they took during the last 30 days?

Interviewer Note: Include any additional medication used during the past 12 months listed on MIF Response Card #3 (taken by injection with a needle, intravenously through a tube connected to your arm, with a skin patch, etc.) Only RECORD the medications on MIF Response Card #3 that were taken in the past 12 months.

All (Go to NUM.)

Some (Complete MIF for prescription medication information that is available. Arrange to call participant to complete MIF. Go to NUM.)

None (Arrange to call participant to complete MIF.)

Took none (Stop)

How many different prescription medications have you taken over the past 30 days?

Interviewer Note: Reminder to include any additional medications included on MIF Response Card #3.

Interviewer Note: How many different prescription medications will you enter on this form today (i.e., participant brought in either the medication bottle or provided a medication list)?

Reminder to include any additional medications included on MIF Response Card #3.

For each medication: Name: _____ CODE NAME

Formulation code: **FRMCD**

- 1 Oral tablet or capsule (1)
- 2 Oral liquid (2)
- 3 Topical liquid, lotion, or ointment (3)
- 4 Ophthalmic (4)
- 5 Rectal or vaginal (5)
- 6 Inhaled (6)
- 7 Injected (7)
- 8 Transdermal patch (8)
- 9 Powder (9)
- 10 Nasal (10)

Duration of use: **DUR**

- 1 < 1 month
- 2 1 month to < 1 year

- 3 1 to < 3 years
- 4 3 to < 5 years
- 5 5 to < 10 years
- 6 10 or more years
- 8 Don't know

Prescription medications (only) **RX=YES**

Frequency of use: **FREQ**

- 1 As needed
- 2 Regularly

ALENDR_RX	COXII_RX	NSAID_RX	VITMND_RX
ANALGS_RX	DOXY_RX	PROGST_RX	OSTEOP_RX
BISPHOS_RX	ESTROG_RX	RALOX_RX	
CSTERD_RX	NARCAN_RX	SALICY_RX	

MOST Blood Pressure

Version 02/02/2016

Staff ID#: ANN

1. What cuff size was used?

- Small
- Regular
- Large
- Thigh

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

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

- Right
- Left

3. Will you be using *sphygmomanometer*?

- Yes (go to Q#3a)
- No (go to Q#4)

3a. Palpated Systolic ___ ___ ___ mm Hg

4. Systolic ___ ___ ___ mm Hg **SBP**
Diastolic ___ ___ ___ mm Hg **DBP**

Examiner note: record blood pressure on the Participant Result's Report.

MOST Weight

Version 1/19/2016

Staff ID#: ANN

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

__ __ __. __ kg **WGHT**

BMI

MOST 20-Meter and 6-Minute Walks

Version 08/23/2016

Staff ID#: ANN

1. Do you feel it would be safe for you to try to walk up and down this hallway?
Yes (Go to Q#2)
No (Stop. Participant is not eligible for walk tests)

2. Have you had any of the following during the past 30 days?
 - 2a. Chest pain, pressure or tightness
Yes ("Do not do 6-minute walk test. Program the Opal monitors for the 20-meter walk only." Go to 20 meter walk, Q#1)
No (Go to Q#2b)

 - 2b. Myocardial infarction/heart attack
Yes ("Do not do 6-minute walk test. Program the Opal monitors for the 20-meter walk only." Go to 20 meter walk, Q#1)
No (Go to Q#3)

3. Is systolic blood pressure >199mm Hg?
(Examiner note: Refer to the Participant Results Report for this visit)
Yes ("Do not do 6-minute walk test. Program the Opal monitors for the 20-meter walk only." Go to 20 meter walk, Q#1)
No (Go to 20 meter walk, Q#1)

I. 20 METER WALK

Examiner note: If participant is not using a usual walking aid (e.g., cane) then perform Postural Sway exam before 20-meter walk.

Begin timing with the first footfall over the starting line and stop with the first footfall on or over the finish line.

1. Trial 1
Mark only one: **WALK1**
 - 1 Done:
Record time on stop watch (seconds):
___ . ___ (Second and Hundredths/Sec) (Time on stopwatch) **WALKT1** (Go to Q#2)

 - 7 Participant refused (Stop. "Do not do walk tests.")
 - 2 Not attempted, unable (Stop. "Do not do walk tests.")
 - 3 Attempted, unable to complete ("Do not do walk tests." Go to Q#3-5, then stop or go to Section III, Q#1 if applicable.)

(Examiner note: Reset the stopwatch and have the participant repeat the 20-meter walk by walking back in the other direction for Trial 2.)

2. Trial 2

Mark only one: **WALK2**

1 Done:

Record time on stop watch (seconds):

__ __ __ . __ __ (Second and Hundredths/Sec) (Time on stopwatch) **WALKT2**

7 Participant refused ("Do not do 6-minute walk test." Go to Q#3-5, then stop then stop or go to Section III, Q#1 if applicable..)

2 Not attempted, unable ("Do not do 6-minute walk test." Go to Q#3-5, then stop then stop or go to Section III, Q#1 if applicable..)

3 Attempted, unable to complete ("Do not do 6-minute walk test." Go to Q#3-5, then stop or go to Section III, Q#1 if applicable.)

_WALKT

3. Was the Opal activity monitor data acquired for the 20-meter walk?

Yes

No (Go to Q #3a)

3a. Why wasn't the Opal monitor data acquired for the 20-meter walk? (Mark only one)

Participant refused to wear Opal monitors

Equipment failure

Other (If Other, please specify: _____)

4. Did pain during the exam affect your ability to do this exam? **PN20**

1 Yes

0 No

8 Don't know/Refused

5. Was the participant using a walking aid, such as a cane? **AID**

1 Yes

0 No

8 Don't know/Refused

II. 6 MINUTE WALK

1. (Mark only one) **6MW**

1 6 Minute Walk Test attempted (Go to Q#2)

8 Not attempted, excluded based on eligibility criteria ("Do not do 6-minute walk test." Go to Section III if applicable.)

7 Not attempted, refused ("Do not do 6-minute walk test." Go to Section III if applicable.)

6 Not attempted, examiner determined test would be unsafe ("Do not do 6-minute walk test." Go to Section III if applicable.)

AFTER THE TEST

2. Record:

Number of laps completed: _____ laps **6MLAPS**

Additional meters after the last fully completed lap: _____ meters **6MADD**

Distance covered during test is: _____ (m) **6MDIST**

3. Was test ended before 6 minutes? **6MLESS**

1 Yes:

Record time on stop watch at end of test: __ __ (Minutes) **6MMTIME**

__ __ : __ __ (Seconds and Hundredths/Second) **6MSTIME**

0 No

4. Was the Opal activity monitor data acquired for the 6-minute walk?

Yes

No (Go to Q#4a)

4a. Why wasn't the Opal monitor data acquired for the 6-minute walk?

Participant refused to wear Opal monitors

Equipment failure

Other (If Other, please specify: _____)

5. How do you feel? Is there anything that is bothering you now? **6MFEEL0**

1 Yes (Go to Q#5a)

0 No

5a. How do you feel? Is there anything that is bothering you now? (Examiner Note: Assess for each option below.)

Shortness of breath	6MFEEL1	1 Yes	0 No
Fatigue	6MFEEL2	1 Yes	0 No
Angina	6MFEEL3	1 Yes	0 No
Feeling faint or dizzy	6MFEEL4	1 Yes	0 No
Back pain	6MFEEL5	1 Yes	0 No
Chest pain	6MFEEL6	1 Yes	0 No
Hip pain	6MFEEL7	1 Yes	0 No
Leg pain	6MFEEL8	1 Yes	0 No
Calf pain	6MFEEL9	1 Yes	0 No
Off balance/balance issues	6MFEL10	1 Yes	0 No
Diaphoresis\sweating	6MFEL11	1 Yes	0 No
Other	6MFEL12	1 Yes	0 No

6. Please grade your current level of shortness of breath using this scale. **6MSOB**
 (Examiner note: Show Borg scale.)

- 0** Nothing at all
- 0.5** Very, very slight (just noticeable)
- 1** Very slight
- 2** Slight (light)
- 3** Moderate
- 4** Somewhat severe
- 5** Severe (heavy)
- 6**
- 7** Very severe
- 8**
- 9**
- 10** Very, very severe (maximal)

7. Please grade your current level of fatigue using this scale. **6MFATIG**
 (Examiner note: Show Borg scale.)

- 0** Nothing at all
- 0.5** Very, very slight (just noticeable)
- 1** Very slight
- 2** Slight (light)
- 3** Moderate
- 4** Somewhat severe
- 5** Severe (heavy)
- 6**
- 7** Very severe
- 8**
- 9**
- 10** Very, very severe (maximal)

8. Ask the participant why they felt they could not continue.

Shortness of breath	6MLESS1	1 Yes	0 No
Fatigue	6MLESS2	1 Yes	0 No
Angina	6MLESS3	1 Yes	0 No
Feeling faint or dizzy	6MLESS4	1 Yes	0 No
Back pain	6MLESS5	1 Yes	0 No
Chest pain	6MLESS6	1 Yes	0 No
Hip pain	6MLESS7	1 Yes	0 No
Leg pain	6MLESS8	1 Yes	0 No
Calf pain	6MLESS9	1 Yes	0 No
Off balance/balance issues	6MLES10	1 Yes	0 No
Diaphoresis/sweating	6MLES11	1 Yes	0 No
Examiner determined unsafe to continue	6MLES12	1 Yes	0 No
Other	6MLES13	1 Yes	0 No

9. Did the participant pause or rest during the test? **6MPAUSA**

1 Yes (Go to Q#9a)

0 No (Go to Q#10)

9a. Ask the participant the reason for pausing.

Shortness of breath	6MPAUS1	1 Yes	0 No
Fatigue	6MPAUS2	1 Yes	0 No
Angina	6MPAUS3	1 Yes	0 No
Feeling faint or dizzy	6MPAUS4	1 Yes	0 No
Back pain	6MPAUS5	1 Yes	0 No
Chest pain	6MPAUS6	1 Yes	0 No
Hip pain	6MPAUS7	1 Yes	0 No
Leg pain	6MPAUS8	1 Yes	0 No
Calf pain	6MPAUS9	1 Yes	0 No
Off balance/balance issues	6MPAU10	1 Yes	0 No
Diaphoresis\sweating	6MPAU11	1 Yes	0 No
Other	6MPAU12	1 Yes	0 No

10. Was the participant using a walking aid, such as a cane? **6MCANE**

1 Yes

0 No

MOST Timed Up and Go Test (TUG)

Version 02/02/2016

Staff ID#: ANN

Trial 1

ADMINISTER TEST

(Examiner note: Start timing on the word "GO" and stop timing when the subject is seated again with their buttocks touching the seat.)

1. Trial 1 **TUGTR1**

1 Done –

record time: ___ . ___ **TUGTM1** (Seconds, and Hundredths/Second)

7 Participant refused (Stop)

2 Not attempted, unable (Stop)

3 Attempted, unable to complete (Go to Q#3)

Trial 2

ADMINISTER TEST

2. Trial 2 **TUGTR2**

1 Done –

record time: ___ . ___ **TUGTM2** (Seconds, and Hundredths/Second)
(Go to Q#3)

7 Participant refused (Go to Q#3)

2 Not attempted, unable (Go to Q#3)

3 Attempted, unable to complete (Go to Q#3)

3. Did pain during the exam affect your ability to do this exam? **PNTUG**

1 Yes

0 No

8 Don't know/Refused

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

1 Yes

0 No

8 Don't know/Refused

Average time for 2 trials: TUGTM

MOST Chair Stands

Version 01/28/2016

Staff ID#: ANN

SECTION I. Single Chair Stand ADMINISTER TEST

1. Single Chair Stand **CHAIR**
 - 1 Stands without using arms (Go to Repeated Chair Stands Q#2)
 - 4 Rises using arms (Go to Q#3)
 - 7 Participant refused (Stop)
 - 2 Not attempted, unable (Go to Q#3)
 - 3 Attempted, unable to stand (Go to Q#3)

SECTION II. Repeated Chair Stand ADMINISTER TEST

(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. Repeated Chair Stand **TR1**
 - 1 Completes 5 stands without using arms:
 - Record time on stop watch (seconds):
(Examiner note: write the time on the Participant Results Report.)
__ __ __ . __ __ (Seconds) (Time on stopwatch) **CTIME1** (Go to Q#3)
 - 4 Rises using arms (Go to Q#3)
 - 7 Participant refused (Go to Q#3)
 - 2 Not attempted, unable (Go to Q#3)
 - 3 Attempted, unable to complete (Go to Q2a)

2a. __ Number completed without using arms (Go to Q#3)
3. Did pain during the exam affect your ability to do this exam? **PNCS**
 - 1 Yes
 - 0 No
 - 8 Don't know/Refused

MOST Quantitative Sensory Testing

Version 05/02/2016

Staff ID#: ANN

1. Have you had either of your knees replaced in the **past 3 months**?

No knee replacements in past 3 months

Right (Do NOT test right patella)

Left (Do NOT test left patella)

Both (Do NOT test right or left patella.)

Examiner Note: Do not ask participant the following questions.

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

No

Right (Do NOT test right patella)

Left (Do NOT test left patella)

Both (Do NOT test right or left patella.)

Examiner Note: Look at participant's legs. Healed wounds or healed surgical scars are not an exclusion.

3. Are there open or healing skin wounds or surgical scars on either patella?

No

Right (Do NOT test right patella)

Left (Do NOT test left patella)

Both (Do NOT test right or left patella.)

Summary variable #1: **Which patella is eligible to be tested?**

Right

Left

Both

Neither (skip PPT for patella)

Examiner Note: Look at the participant's wrists. Healed wounds or healed surgical scars are not an exclusion.

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

No

Right (Do NOT test right wrist)

Left (Do NOT test left wrist)

Both (Do NOT administer Pressure Pain Threshold test or other quantitative sensory tests on either wrist)

Examiner Note: Ask participant

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

No

Right (Do NOT test right wrist)

Left (Do NOT test left wrist)

Both (Do NOT administer Pressure Pain Threshold test or other quantitative sensory tests on either wrist)

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

No

Right (Do NOT administer the Pressure Pain Threshold test on right wrist)

Left (Do NOT administer the Pressure Pain Threshold test on left wrist)

Both (Do NOT administer Pressure Pain Threshold test on either wrist)

Examiner Note: Look at participant's right wrist.

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

Yes (Do NOT test right wrist)

No

Examiner Note: Look at participant's left wrist.

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

Yes (Do NOT test Left wrist)

No

Summary variable #2 for wrist: **Which wrist is eligible to be tested for temporal summation?**

Right

Left

Both

Neither (skip TS and PPT for wrist)

Summary variable #3 for wrist: **Which wrist is eligible to be tested for PPT?**

Right

Left

Both

Neither (skip PPT and CPM)

Examiner Note: Temporal summation and PPT should be done in same wrist. If participant has broken their wrist in past 6 months, that wrist is not eligible for PPT. If necessary, do temporal summation in wrist eligible for PPT based on fracture exclusion.

8. Is this a MOST-SENS or MOST participant?

Examiner Note: Refer to the Data from Prior Visits Report, Question #8.

MOST-SENS (New knee replacement - Identify index knee for the PPT/CPM exam; Go to #8a and #8b)

MOST III (No new knee replacement – identify arm to be used for the PPT/CPM exam; Go to #8b)

8a. Determine index knee (knee of interest):

Examiner Note: Refer to the Data from Prior Visits Report, Question #8a.

- The index knee is the “newly” replaced knee (knee replacement within 24 months)
- Or, if both knees are newly replaced, the index knee is the knee with the higher Visual Analog Scale (VAS) score:
 - Right knee VAS score (SAQ Clinic page 2):
 - Left knee VAS score (SAQ Clinic page 3):
- Or, if the VAS scores are equal, then the index knee is the RIGHT knee

Screen 1: Which knee is the index knee: Right Left

Examiner Note: place dot on index knee.

8b. Determine the arm to be used for the CPM blood pressure measurement:

- If not contraindicated, perform blood pressure on the same (ipsilateral) side as the index knee
- Or, if one side has a blood pressure contraindication, use the other arm (contralateral to the index knee is ok).
- Or, if both arms have a blood pressure contraindication, the participant is not eligible for the CPM measurement

- If not contraindicated, perform blood pressure on the left side
- Or, if left side has a blood pressure contraindication, use the right arm
- Or, if both arms have a blood pressure contraindication, the participant is not eligible for the CPM measurement

Blood pressure contraindications: Heart attack within past year, documented history of Raynaud's syndrome or disease, severe peripheral vascular disease, lymphedema (for example, with mastectomy), Takayasu's arteritis, fistula in the arm, or any other blood pressure contraindications. Self-report of any of these contraindications is acceptable.

Screen 2: Which arm(s) is eligible for the CPM blood pressure measurement?

- Right
- Left
- Both
- Neither (Contraindicated; Do not perform CPM)

PERIPHERAL NEUROPATHY, 10 G VON FREY FILAMENT

Examiner Note: Apply the filament 10 times perpendicularly and briefly, (<1 second) with an even pressure.

RIGHT TOE

1. Was right toe tested? **TOER**

1 Yes (Go to Question #1a)

0 No, unable to test

7 Refused

1a. How many trials were completed? ____ trials **TOENUR**

1b. How many times did the participant NOT respond to the stimulus? ____ times **TOENOR**

LEFT TOE

2. Was left toe tested? **TOEL**

1 Yes (Go to Question #2a)

0 No, unable to test

7 Refused

2a. How many trials were completed? ____ trials **TOENUL**

2b. How many times did the participant NOT respond to the stimulus? ____ times **TOENOL**

Examiner Note: Record the right and left toe sensitivity result on the Participant Results Report.

Right toe sensitivity result: TOERR

Left toe sensitivity result: TOERL

TEMPORAL SUMMATION USING PUNCTATE PROBE SET

RADIOULNAR JOINT: which wrist will be tested: **WRIST1**

Examiner Note: See message in red above for which wrist should be tested. In general, right preferred. Use left wrist if right wrist is not eligible, or if left arm is not eligible for blood pressure cuff inflation. If **MOST-SENS**, then blood pressure inflation is in same side as knee replacement if possible.

- 1 Right (Go to Q#1)
- 2 Left (Go to Q#1)
- 4 Neither (Go to Pressure Pain Threshold section)

1. Probe #1, 8mN: **PROBE1**

Say to participant: Please rate any pain you may have had at your wrist from this test.

0 1 2 3 4 5 6 7 8 9 10

If PROBE1 <4/10, Administer test with the next probe. Go to Question #2.
If PROBE1 ≥4/10, Go to Question #8: Administer full temporal summation test using probe #1.

2. Probe #2, 16 mN: **PROBE2**

Say to participant: Please rate any pain you may have had at your wrist from this test.

0 1 2 3 4 5 6 7 8 9 10

If PROBE2 <4/10, Administer test with the next probe. Go to Question #3.
If PROBE2 ≥4/10, Go to Question #8: Administer full temporal summation test using probe #2.

3. Probe #3, 32 mN: **PROBE3**

Say to participant: Please rate any pain you may have had at your wrist from this test.

0 1 2 3 4 5 6 7 8 9 10

If PROBE3 <4/10, Administer test with the next probe. Go to Question #4.
If PROBE3 ≥4/10, Go to Question #8: Administer full temporal summation test using probe #3.

4. Probe #4, 64 mN: **PROBE4**

Say to participant: Please rate any pain you may have had at your wrist from this test.

0 1 2 3 4 5 6 7 8 9 10

If PROBE4 <4/10, Administer test with the next probe. Go to Question #5.
If PROBE4 ≥4/10, Go to Question #8: Administer full temporal summation test using probe #4.

5. Probe #5, 128 mN: **PROBE5**

Say to participant: Please rate any pain you may have had at your wrist from this test.

0 1 2 3 4 5 6 7 8 9 10

If PROBE5 <4/10, Administer test with the next probe. Go to Question #6.
If PROBE5 ≥4/10, Go to Question #8: Administer full temporal summation test using probe #5.

6. Probe #6, 256 mN: **PROBE6**

Say to participant: Please rate any pain you may have had at your wrist from this test.

0 1 2 3 4 5 6 7 8 9 10

If $PROBE6 < 4/10$, Administer test with the next probe. Go to Question #7.

If $PROBE6 \geq 4/10$, Go to Question #8: Administer full temporal summation test using probe #6.

7. Probe #7, 512 mN: **PROBE7**

Say to participant: Please rate any pain you may have had at your wrist from this test.

0 1 2 3 4 5 6 7 8 9 10

If $PROBE7 \geq 0$, Go to Question #8: Administer full temporal summation test using probe #7.

8. **Examiner Note:** Using the probe that produced a pain rating of $\geq 4/10$, administer the full temporal summation test. If none of the 7 probes provide a pain rating of $\geq 4/10$, then administer full temporal summation test using Probe #7. Wait at least 10 seconds before starting full temporal summation test.

Probe used for full temporal summation test: _____ **PROBE**

Full temporal summation test
2 trials

Examiner Note: Start the stopwatch (and metronome if needed) at the beginning of the trial, using it to guide the rate and to time the total trial of 10 seconds. Allow the stopwatch to continue once 10 seconds is over to monitor the 15- and 30-second recovery period after the trial is completed (for timing of the final questions).

9. Trial #1: **PT1**

1 Test done (Go to Q# 9a, 9b, 9c)

0 Test not done (Go to Pressure Pain Threshold section)

a. At the conclusion of the trial, ask the participant to rate their maximal pain: **PT1A**

Please rate the maximal pain you may have experienced at your wrist from this test.

0 1 2 3 4 5 6 7 8 9 10

b. After 15 seconds post-completion of the trial has passed, say: **PT1B**

Please rate any pain you may be experiencing right now at your wrist

0 1 2 3 4 5 6 7 8 9 10

c. After 30 seconds post-completion of the trial has passed, say: **PT1C**

Please rate any pain you may be experiencing right now at your wrist.

0 1 2 3 4 5 6 7 8 9 10

10. Trial #2 **PT2**

1 Test done (Go to Q#10a, 10b, 10c)

0 Test not done (Go to Pressure Pain Threshold section)

Examiner Note: Repeat the entire temporal summation assessment at the distal radioulnar joint approximately 1cm away from the original test site, using the same probe as for trial #1.

a. At the conclusion of the trial, ask the participant to rate their maximal pain: PT2A

Please rate the maximal pain you may have experienced at your wrist from this test.

0 1 2 3 4 5 6 7 8 9 10

b. After 15 seconds post-completion of the trial has passed, say: PT2B

Please rate any pain you may be experiencing right now at your wrist

0 1 2 3 4 5 6 7 8 9 10

c. After 30 seconds post-completion of the trial has passed, say: PT2C

Please rate any pain you may be experiencing right now at your wrist.

0 1 2 3 4 5 6 7 8 9 10

PT1sum

PT2sum

PRESSURE PAIN THRESHOLD

Supine – LEGS

1. Right patella. Number of trials done: _____ **RPATEST**

Trial 1: ____ . ____ ____ kg **RPA1**

Trial 2: . ____ . ____ ____ kg **RPA2**

Trial 3: . ____ . ____ ____ kg **RPA3**

RPA_AVE
RPA_MAX
RPA_CV

2. Left patella. Number of trials done: _____ **LPATEST**

Trial 1: ____ . ____ ____ kg **LPA1**

Trial 2: . ____ . ____ ____ kg **LPA2**

Trial 3: . ____ . ____ ____ kg **LPA3**

LPA_AVE
LPA_MAX
LPA_CV

3. *Examiner Note: Use same wrist tested in temporal summation for PPT*
Distal radioulnar joint: perform test in <insert side from WRIST1> wrist

Number of trials done: _____ **WRTEST**

Trial 1: ____ . ____ ____ kg **ARM1**

Trial 2: . ____ . ____ ____ kg **ARM2**

Trial 3: . ____ . ____ ____ kg **ARM3**

ARM_AVE
ARM_MAX
ARM_CV

NOTE: measurement above 9.0 kg is coded as 9.1 kg

CONDITIONED PAIN MODULATION

Eligibility for CPM on wrist:

Summary variable #4 for wrist: **Is wrist eligible to be tested for CPM?**

- Yes
- No

4. Systolic blood pressure inflation for the CPM measurement: ____ ____ ____ mm Hg
5. **Examiner note: Refer to blood pressure exam and inflate cuff to approximately 10 mm Hg above the systolic level for up to 5 minutes and record the inflation time.**

 ____ ____ minutes ____ ____ seconds
6. Number of hand squeezed (grips) done: ____ ____
Examiner note: If pain rating is less than 4 after 2 minutes, obtain final pain rating in Question #7 and start PPT assessment Trial 1 (Question #8).
7. Final pain rating prior to performing the PPT assessment: "Please rate any pain or discomfort you may have in your forearm now on a 0-10 scale, 0 being no pain."

 0 1 2 3 4 5 6 7 8 9 10

Examiner note:

- Maximum cuff inflation time is 5 minutes
- If cuff is inflated for 2 minutes without pain rating of 4 or more, perform the PPT assessment. Mark the final pain rating prior to the PPT assessment (Question #7) and record the inflation time (Question #5).
- Hand squeezes (grips) are discontinued whenever the participant reports pain of 4 or more. At that point, perform the PPT assessment. Mark the final pain rating prior to the PPT assessment and record the inflation time.
- At any time, discontinue cuff inflation at participant's request. The PPT assessment can be performed with the cuff deflated if the participant does not object to completion of the exam. Mark the final pain rating in Question #7 prior to the PPT assessment, and record the inflation time.

8. **Examiner Note: Use same wrist tested in temporal summation & PPT. Perform blood pressure inflation in wrist contralateral to the one being tested.**
 Distal radioulnar joint: perform test in < insert side from WRIST1> wrist

Number of trials done: ____ **CPMARM**
 Trial 1: ____ . ____ ____ kg **CPMARM1**
 Trial 2: . ____ . ____ ____ kg **CPMARM2**
 Trial 3: . ____ . ____ ____ kg **CPMARM3**

CPMARM_AVE
CPMARM_MAX
CPMARM_CV

NOTE: measurement above 9.0 kg is coded as 9.1 kg

MOST Knee X-ray Tracking Form

Version 03/01/2016

Staff ID#: ANN

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

2. Were knee X-rays taken? **XRAY**

1 Yes (Go to Q #3.) **0** No (Go to Q#2a.)

2a. Why weren't knee x-rays taken?

Participant not eligible (e.g., pregnant, knee replacement)

Participant refused x-rays at clinic

Equipment failure

Participant did not show up for appointment/would not reschedule

Other (If other, please specify reason in Question #6)

3. Date knee x-ray taken: ____/____/____

4. What is the staff ID# for the X-ray Technician [][][] ANN

5. Please indicate which views were taken and the settings used.

5a. Bilateral PA semiflexed view of knees?

Yes (Go to Question #5ai) No

i. mAs setting [][][] . []

ii. Beam angle(s) used:

5 degrees: Yes (if yes, how many images: [] _) No

10 degrees: Yes (if yes, how many images: [] _) No

15 degrees: Yes (if yes, how many images: [] _) No

5b. Lateral view of right knee?

Yes (Go to Question #5bi) No

5c. Lateral view of left knee?

Yes (Go to Question #5ci) No

MOST Knee MRI Tracking Form

Version 04/19/2016

Staff ID#: ANN

Directions: 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. What is the staff ID# for the MRI technologist: ____ _

2. Which knees are eligible for an MRI? **KMRELG**

Examiner Note: Review MRI Eligibility Form and/or other information/documentation provided by participant and/or clinic to determine which knees are eligible.

Right knee (Go to Q#3)

Left knee (Go to Q#4)

Both knees (Go to Q#3, #4)

3. Was an MRI obtained of the right knee? **ONIR**

1 Yes (Go to Q #3a.)

0 No

3a. Enter exam #s (separated by commas) for right knee scan: _____

3b. Which sequences were obtained for the right knee?

i.	Sagittal	Yes	No
ii.	Coronal	Yes	No
iii.	Axial	Yes	No

4. Was an MRI obtained of the left knee? **ONIL**

1 Yes (Go to Q #4a.)

0 No

4a. Enter exam #s (separated by commas) for left knee scan: _____

4b. Which sequences were obtained for the left knee?

i.	Sagittal	Yes	No
ii.	Coronal	Yes	No
iii.	Axial	Yes	No