

**OVERVIEW OF INTERIM TELEPHONE INTERVIEW
(152- and 160-MONTH FOLLOW-UP)**

TABLE OF CONTENTS

1.	Purpose and description of the interim telephone interview	2
2.	Preparing for the interim telephone interview.....	2
3.	Calling the participant	3
4.	Q by Q (Question by Question)	3
4.1	Q by Q – knee symptoms and joint symptoms.....	4
4.2	Q by Q – knee buckling and falls	7
4.3	Q by Q – knee injuries and knee or hip surgeries.....	9
4.4	Q by Q – hospitalization and general health	10
4.5	Q by Q – contact information updates, completing interview reliability assessment.....	10
4.6	Q by Q – reliability assessment.....	10
4.7	Q by Q – interview completeness, documenting interview refusals	10
5.	Reviewing and submitting interim telephone interview forms.....	12
6.	Quality assurance	12
6.1	Training requirements	12
6.2	Certification requirements.....	12
6.3	Quality assurance checklist.....	13
	Appendix 1 SAMPLE - Data from Prior Visits Report	14
	Appendix 2 Interim Telephone Interview Contact Log.....	15
	Appendix 3 Interim Telephone Interview Suggested Script.....	16
	Appendix 4 Event Notification Form for Knee/Hip Replacement or Death	17
	Appendix 5 Missed Follow-up Contact Form	18
	Appendix 6 Change in Enrollment Status.....	19

1. Purpose and description of the interim telephone interview

All MOST participants who had a clinic visit at 144-months (new cohort baseline visit) will be surveyed by phone approximately 8 months and 16 months after their 144-month visit. The 152- and 160-month interim telephone interview will not be accompanied by a clinic visit. The next telephone interview with a clinic visit will be at 168-month follow-up. The purpose of the 152- and 160-month follow-up interim telephone interview is to:

- reassess knee symptoms including knee buckling
- determine if the participant has had knee or hip replacement surgery, and if so, complete the Event Notification Form for Knee/Hip Replacement or Death
- reassess injuries, falls and general health
- update participant contact information

In general, the components of the interim telephone interview are listed below:

- Knee symptoms – past 30 days
- Knee pain or physical difficulty (WOMAC) – past 30 days
- Joint pain (other than knee) – past 30 days
- Knee pain (symptoms) constant or intermittent – past 7 days
- Knee buckling – since last contact
- Falls – since last contact
- Knee injury – since last contact
- Knee surgery– since last contact
- Knee and hip replacements – since last contact
- Hospitalizations – since last contact
- Medical conditions (general health) – past year
- Contact information update
- Reliability assessment

2. Preparing for the interim telephone interview

In order to standardize the interim telephone interview approach, clinical centers should use the script outlined in Appendix 3. It is important to speak directly to the participant when conducting the interim telephone interview.

Prior to calling the participant, the following materials should be readily available:

- 1) 152- or 160-Month Follow-up Interim Telephone Interview REDCap form (via study website)
- 2) Data from Prior Visits Report for 152- or 160-Month Follow-up Interim Telephone Interview (available on the study website under “Reports,” see Appendix 1 for example)
- 3) Interim Telephone Interview Contact Log (Appendix 2)

- 4) Interim Telephone Interview Suggested Script (Appendix 3)
- 5) Contact information for participant, next of kin and two contacts (from your local records)
- 6) Event Notification Form for Knee/Hip Replacement or Death (floating form) (*if applicable*) (available in Teleform via the study website) (Appendix 4)
- 7) Missed Follow-up Contact Form (floating form) (*if applicable*) (available in Teleform via the study website) (Appendix 5)
- 8) Change in Enrollment Status Form (floating form) (*if applicable*) (available in Teleform via the study website) (Appendix 6)

3. Calling the participant

152- and 160-month interim telephone interview: The 152- and 160-month interim telephone interview should be completed approximately 8 months and 16 months after the 144-month clinic visit which is the baseline visit for new cohort participants. There will be no clinic visit at 152 or 160 month follow-up.

Leaving a message. If the participant is not home, leave your name and phone number, and that you are calling from the MOST study being conducted by the University of Iowa/Alabama. If you are speaking with a person, ask what would be a good time to call back and record this time on the Interim Telephone Interview Contact Log developed by your clinical center. If you are leaving a message on an answering machine, say what day and time of day you will try to call back. Of course, also leave the phone number of the clinical center so that the participant has the option of contacting you. Record the day and time of each attempt to contact the participant on the Interim Telephone Interview Contact Log.

Multiple attempts to contact the participant. Attempt to call the participant numerous times (number of attempts to be determined by your clinical center) and at different times of day and on different days of the week. For example, if the first attempt was during the day, attempt to call the participant after dinner. Record the day and time of each attempt to contact the participant on the Interim Telephone Interview Contact Log. After multiple attempts, leave a message for the participant to call you at their convenience.

Once you reach the participant by telephone, briefly review the purpose of today's call with them and see if they are willing to complete the interim telephone interview now (Appendix 3). If they are unwilling to complete the interim telephone interview now, ask them when you can call back, and record the day and time that the participant specifies on your Interim Telephone Interview Contact Log (Appendix 2).

4. Q by Q (Question by Question)

Interviewer certification to conduct the interim telephone interview is discussed in section 6. Quality assurance. The interviewer should refer to the Visit Scheduling Report and /or Data from Prior Visits Report for the Interim Telephone Interview (Appendix 1) to determine the target window of the interim telephone interview and the date of last contact with information available

as well as knee and hip replacement status. The interviewer should enter the date of last contact in the interim telephone interview in REDCap. It is critical that the correct MOST Participant ID and Acrostic is entered on the forms for each participant. Always double check that there aren't inadvertent typing errors before starting to collect data.

4.1 Q by Q – knee symptoms and joint symptoms

Mark Time Stamp START when interview starts.

The interview starts with questions about knee symptoms” “I would like to start by asking you about any problems with your knees during the past 30 days. First your right knee.”

1. “During the past 30 days, have you had any pain, aching, or stiffness in your right knee?”
Sub-question 1a is skipped if they say “No” or “Don’t know.” If they say “Yes” they are asked 1a:
 - a. “During the past 30 days, have you had pain, aching, or stiffness in your right knee on most days? By ‘most days’, we mean more than half the days of a month.”

Introduce the left knee by saying: “Now your left knee.”

2. “During the past 30 days, have you had any pain, aching, or stiffness in your left knee?”
Sub-question 2a is skipped if they say “No” or “Don’t know.” If they say “Yes” they are asked 2a:
 - a. “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.”

Introduce the next set of questions by saying: “Still focusing on your experience in the past 30 days, the following questions concern any pain or physical difficulty that you experienced in your knees. First, think about the amount of pain you have experienced in your right knee during the past 30 days.”

3. “How much pain do you have in your RIGHT knee while...” (*Interviewer Note: Read response options except "don't do."*)
 - a. “Walking on a flat surface? [None, Mild, Moderate, Severe, Extreme]”
 - b. “Going up stairs? [None, Mild, Moderate, Severe, Extreme]” [*do not offer “Don’t do” as a response option, but record if participant reports not doing this activity*]
 - c. “Going down stairs? [None, Mild, Moderate, Severe, Extreme]” [*do not offer “Don’t do” as a response option, but record if participant reports not doing this activity*]
 - d. “At night while in bed? [None, Mild, Moderate, Severe, Extreme]”
 - e. “Sitting or lying [None, Mild, Moderate, Severe, Extreme]”
 - f. “Standing upright? [None, Mild, Moderate, Severe, Extreme]”

Introduce the left knee by saying: “Now think about the pain you felt in your left knee during the past 30 days.”

4. “How much pain do you have in your LEFT knee while...” (*Interviewer Note: Read response options except "Don't do."*)
 - a. “Walking on a flat surface? [None, Mild, Moderate, Severe, Extreme]”
 - b. “Going up stairs? [None, Mild, Moderate, Severe, Extreme]” [*do not offer “Don't do” as a response option, but record if participant reports not doing this activity*]
 - c. “Going down stairs? [None, Mild, Moderate, Severe, Extreme]” [*do not offer “Don't do” as a response option, but record if participant reports not doing this activity*]
 - d. “At night while in bed? [None, Mild, Moderate, Severe, Extreme]”
 - e. “Sitting or lying? [None, Mild, Moderate, Severe, Extreme]”
 - f. “Standing upright? [None, Mild, Moderate, Severe, Extreme]”

Introduce the next set of questions by saying: “The following questions are about your physical difficulty. This means difficulty moving around and looking after yourself.

Think about the degree of difficulty you have experienced during the past 30 days due to pain or discomfort in either knee.”

5. “What degree of difficulty do you have due to pain, discomfort, or arthritis in EITHER knee...?”
 - a. “Going down stairs? [None, Mild, Moderate, Severe, Extreme]” [*do not offer “Don't do” as a response option, but record if participant reports not doing this activity*]
 - b. “Going up stairs? [None, Mild, Moderate, Severe, Extreme]” [*do not offer “Don't do” as a response option, but record if participant reports not doing this activity*]
 - c. “Rising from sitting? [None, Mild, Moderate, Severe, Extreme]”
 - d. “Standing? [None, Mild, Moderate, Severe, Extreme]”
 - e. “Bending (squatting) to the floor? [None, Mild, Moderate, Severe, Extreme]” [*do not offer “Don't do” as a response option, but record if participant reports not doing this activity*]
 - f. “Walking on a flat surface? [None, Mild, Moderate, Severe, Extreme]”
 - g. “Getting in or out of car? [None, Mild, Moderate, Severe, Extreme]”
 - h. “Going shopping? [None, Mild, Moderate, Severe, Extreme]” [*do not offer “Don't do” as a response option, but record if participant reports not doing this activity*]
 - i. “Putting on socks/stockings? [None, Mild, Moderate, Severe, Extreme]”
 - j. “Rising from bed? [None, Mild, Moderate, Severe, Extreme]”
 - k. “Taking off socks/stockings? [None, Mild, Moderate, Severe, Extreme]”
 - l. “Lying in bed? [None, Mild, Moderate, Severe, Extreme]”
 - m. “Bathing? [None, Mild, Moderate, Severe, Extreme]”
 - n. “Sitting? [None, Mild, Moderate, Severe, Extreme]”
 - o. “Getting on/off toilet? [None, Mild, Moderate, Severe, Extreme]”
 - p. “Heavy domestic duties (such as heavy yardwork: digging, carrying heavy equipment, snow shoveling)? [None, Mild, Moderate, Severe, Extreme]” [*do not*

offer “Don’t do” as a response option, but record if participant reports not doing this activity]

- q. “Light domestic duties (such as laundry, washing car, raking leaves)? [None, Mild, Moderate, Severe, Extreme]” *[do not offer “Don’t do” as a response option, but record if participant reports not doing this activity]*

Introduce the next set of questions by saying: “Still focusing on your experience in the past 30 days, the following questions are about pain, aching or stiffness in joints other than your knees.”

6. “During the **past 30 days**, have you had pain, aching, or stiffness on most days in any joints other than your knees, including your back and neck?”

Sub-question 6a-6j are skipped if they say “No” or “Don’t know.” If they say “Yes” they are asked 6a-6j.

Introduce sub-questions 6a-6g by saying “I am going to ask about specific joints. Please tell me if you have had pain on the right, left, both sides, or neither side.”

“During the **past 30 days**, have you had pain, aching, or stiffness on most days in...”
(Interviewer note: If yes, ask whether the pain was on the Right, Left or Both sides.)

- a. “Either hip?” [If “Yes” ask, “Right, Left, Both” If “No” mark “Neither”]
b. “Either ankle?” [If “Yes” ask, “Right, Left, Both” If “No” mark “Neither”]
c. “Either foot?” [If “Yes” ask, “Right, Left, Both” If “No” mark “Neither”]
d. “Either shoulder?” [If “Yes” ask, “Right, Left, Both” If “No” mark “Neither”]
e. “Either elbow?” [If “Yes” ask, “Right, Left, Both” If “No” mark “Neither”]
f. “Either wrist?” [If “Yes” ask, “Right, Left, Both” If “No” mark “Neither”]
g. “Either hand?” [If “Yes” ask, “Right, Left, Both” If “No” mark “Neither”]

Introduce sub-questions 6h-6j by saying:

“During the **past 30 days**, have you had pain, aching, or stiffness on most days in your...”

- h. “Neck?” [“Yes” or “No”]
i. “Lower back?” [“Yes” or “No”]
j. “Middle or upper back?” [“Yes” or “No”]

Introduce the next set of questions by saying: “The next questions are about knee pain again, but this time please answer based on your experience in just the past 7 days. People have told us that they experience different kinds of pain (including aching, stiffness and discomfort) in their knee. I 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.’ First your right knee.”

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

Sub-question 7a is skipped if they say “No” or “Don’t know/Refused.” If they say “Yes” they are asked 7a:

- a. “In the past 7 days, how intense has your constant pain in your right knee been?”

[Not at all, Mildly, Moderately, Severely, Extremely]" *[do not offer "Don't know" or "Refused" as a response option, but record if participant reports don't know or refuses to answer the question]*

8. "In the past 7 days, have you had intermittent pain (pain that comes and goes) in or around your right knee?"
Sub-question 8a is skipped if they say "No" or "Don't know/Refused." If they say "Yes" they are asked 8a:
- a. "In the past 7 days, how frequently has this pain that comes and goes in your right knee occurred? [Rarely, Sometimes, Often, Very often]" *[do not offer "Don't know" or "Refused" as a response option, but record if participant reports don't know or refuses to answer the question]*

Introduce the next set of questions by saying: "Now for your left knee. 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'."

9. "In the past 7 days, have you had constant pain (pain that you have all the time) in or around your left knee?"
Sub-question 9a is skipped if they say "No" or "Don't know/Refused." If they say "Yes" they are asked 9a:
- a. "In the past 7 days, how intense has your constant pain in your left knee been? [Not at all, Mildly, Moderately, Severely, Extremely]" *[do not offer "Don't know" or "Refused" as a response option, but record if participant reports don't know or refuses to answer the question]*
10. "In the past 7 days, have you had intermittent pain (pain that comes and goes) in or around your left knee?"
Sub-question 10a is skipped if they say "No" or "Don't know/Refused." If they say "Yes" they are asked 10a:
- a. "In the past 7 days, how frequently has this pain that comes and goes in your left knee occurred? [Rarely, Sometimes, Often, Very often]" *[do not offer "Don't know" or "Refused" as a response option, but record if participant reports don't know or refuses to answer the question]*

4.2 Q by Q – knee buckling and falls

Introduce the next set of questions by saying: "For the next questions, please answer for the time period since we last spoke with you in <insert month and year>."

11. "Since we last spoke with you in <insert month and year> has either of your knees buckled or given way at least once?"
Sub-questions 11a/11b/11c are skipped if they say "No" or "Don't know/Refused." If they say "Yes" they are asked sub-questions 11a/11b/11c:
- a. "Which knee buckled or gave way at least once?"
[Right knee, Left knee, Both knees, Don't know which knee]

- b. “Counting all times and both knees, how many times have your knees buckled? If you are unsure, make your best guess.[1 time, 2 to 5 times, 6 to 10 times, 11 to 24 times, More than 24 times]” *[do not offer “Don’t know” as a response option, but record if participant reports don’t know or refuses to answer the question]*
 - c. “As a result of knee buckling or giving way, did you fall and land on the floor or ground?”
[Yes, No, Don’t know]
12. “Because of concern about buckling or ‘giving way’ in your knees, have you changed or limited your usual activities in any way?”
Sub-question 12a is skipped if they say “No” or “Don’t know/Refused.” If they say “Yes” they are asked 12a:
- a. “Please briefly describe the changes to your usual activities: ____”
[Write response]

Introduce the next set of questions by saying “The next questions are about falls since we spoke to you in *<insert month and year>*.”

13. “Have you fallen and landed on the floor, ground, or stairs? Include any falls due to knee buckling?” (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.)
Sub-questions 13a and 13b are skipped if they say “No” or “Don’t know/Refused.” If they say “Yes” they are asked sub-questions 13a and 13b:
- a. “How many times have you fallen? If you are unsure, please make your best guess.[One, Two or three, Four or five, Six or more]” *[do not offer “Don’t know” as a response option, but record if participant reports don’t know or refuses to answer the question]*
 - b. “Were you injured as a result of a fall?”
Sub-questions 13bi/13bii/13biii/13biv are skipped if they say “No” or “Don’t know.” If they say “Yes” they are asked sub-questions 13bi/13bii/13biii/13biv:
 - bi. “Please indicate what type of injury.”
 - “Fracture” [Yes, No]
 - “Sprained or dislocated joint (wrist, knee, ankle, etc.)” [Yes, No]
 - “Pulled or torn muscle, tendon, or ligament” [Yes, No]
 - “Head injury or concussion” [Yes, No]
 - “Other injury” [Yes, No]*(If other, please specify: _____)* [Write response]
 - bii. “Did you receive treatment from a doctor for any of these injuries?”
[Yes, No, Don’t know]

biii. “Did you stay overnight in a hospital due to any of these injuries?”
[Yes, No, Don’t know]

biv. “Did you limit your usual activities for more than a day because of an injury from a fall?”
[Yes, No, Don’t know]

4.3 Q by Q – knee injuries and knee or hip surgeries

Introduce the next set of questions by saying “The next two questions are about knee injuries since we spoke to you in <*insert month and year*>.”

14. “Have you injured your right knee badly enough to limit your ability to walk for at least two days?”
[Yes, No, Don’t know/Refused]

15. Have you injured your left knee badly enough to limit your ability to walk for at least two days?
[Yes, No, Don’t know/Refused]

Introduce the next set of questions by saying “The next questions are about knee surgeries since we spoke to you in <*insert month and year*>. First your right knee.”

16. Did you have any surgery in your right knee?
Sub-questions 16a and 16b are skipped if they say “No” or “Don’t know/Refused.” If they say “Yes” they are asked sub-questions 16a and 16b:

a. “Did you have a right knee replacement, where all or part of the joint was replaced?”
[Yes, No, Don’t know] If “Yes” complete the **Event Notification Form** and mark Right Knee Replacement.

b. “Did you have another kind of surgery in your right knee?”
[Yes, No, Don’t know]

17. Did you have any surgery in your left knee?
Sub-questions 17a and 17b are skipped if they say “No” or “Don’t know/Refused.” If they say “Yes” they are asked sub-questions 17a and 17b:

a. “Did you have a left knee replacement, where all or part of the joint was replaced?”
[Yes, No, Don’t know] If “Yes” complete the **Event Notification Form** and mark Left Knee Replacement.

b. “Did you have another kind of surgery in your left knee?”
[Yes, No, Don’t know]

Introduce the next set of questions by saying “Now I’m going to ask about hip surgeries since we spoke to you in *<insert month and year>*.”

18. “Did you have a right hip replacement, where all or part of the joint was replaced?”
[Yes, No, Don’t know/Refused] If “Yes” complete the **Event Notification Form** and mark Right Hip Replacement.
19. “Did you have a left hip replacement, where all or part of the joint was replaced?”
Yes, No, Don’t know/Refused] If “Yes” complete the **Event Notification Form** and mark Left Hip Replacement.

4.4 Q by Q – hospitalization and general health

Ask the next question:

20. “Since we spoke to you in *<insert month and year>* have you been hospitalized overnight?”
Sub-question 20a is skipped if they say “No” or “Don’t know/Refused.” If they say “Yes” they are asked sub-question 20a:
 - a. “How many total days since *<insert month and year>* were you in the hospital?”
[Write response]

Ask the next question:

21. “Compared to one year ago, how would you rate your health in general now?
[Much better now than one year ago; Somewhat better now than one year ago; About the same; Somewhat worse now than one year ago; Much worse now than one year ago]”

4.5 Q by Q – contact information updates, completing interview reliability assessment

Interviewer Note: ask participant if any of their contact information has changed and update your participant contact database if necessary. STOP interview.

Read this SCRIPT: “Thank you for your time and for answering our questions. Please contact us if you move or your mailing address changes. Do you have any questions?”

4.6 Q by Q – reliability assessment

The interviewer answers the following question based on their judgment of the participant's responses to this questionnaire.

22. Answer the following question based on your judgement: On the whole, how reliable do you think the participant’s responses to this questionnaire are:
Very reliable, Fairly reliable, Not very reliable, Don’t know

4.7 Q by Q – interview completeness, documenting interview refusals

23. Mark the level of interview completeness:

Sub-question 23a is skipped if “Completed” or “Partially completed” is marked. If you mark “Refused” or “Not done” then ask participant sub-question 23a and complete *a Missed Follow-up Contact form* (Appendix 5).

- a. Ask the participant:
 “Your participation in this important study is appreciated. Can you tell me why you aren't interested in telephone interview at this time?”

Interviewer Note: DON'T READ THE LIST; Mark only one reason.

Illness/health problem(s)
Hearing difficulties
Cognitive difficulties
In nursing home/long-term care facility
Too busy; time and/or work conflict
Caregiving responsibilities
Physician's advice
Family member's advice
Clinic too far/travel time
Moved out of area
Traveling/on vacation
Personal problem(s)
Refused to give reason
Modified follow-up regimen/agreed to fewer contacts
Not interested in clinic or phone visit this year
Withdrew from study/withdrew informed consent
Unsatisfied with study participation/expectations not met
Other [write response]

Interviewers are to complete additional information about the interview (24 and 25a -25e).

- 24. Will the participant continue to participate in MOST?
 If “Yes” is marked the participant will be contacted again in the future.
 If “No” complete the **Change in Enrollment Status form** (Appendix 6). The participant will be discontinued from the study and removed from the Visit Scheduling Report for future contacts.

At the end of the interview, the interviewer should answer the following questions in the based on their judgment:

- 25. During the administration of this interview:
 - a. Did the participant complain about not being able to hear the questions?
 [Yes, No, Don't know]

 - b. Did the participant speak with or listen to another person in the room?
 [Yes, No, Don't know]

- c. Were there distractions in the room, such as a ringing telephone, noisy TV, etc.?
[Yes, No, Don't know]
- d. Were there connectivity issues, such as bad signal, lost connection, etc.?
[Yes, No, Don't know]
- e. Were there other problems that affected the quality of the interview?
Answer sub-question 25ei if there were other problems that affected the quality of the interview:
[Yes (Go to 25ei), No, Don't know]
 - ei. Please describe the other problems that affected the quality of the interview
[Write response]

Mark Time Stamp STOP when interview is completed.

5. Reviewing and submitting interim telephone interview forms

Once the interim telephone interview is complete, but before you hang up the telephone with the participant, review the form to make sure that all questions have been filled out correctly and completely. Completed 152- and 160-Month Follow-up Interim Telephone Interview forms should be “submitted” immediately upon completion in REDCap.

6. Quality assurance

6.1 Training requirements

The interviewer requires no special qualifications to perform this assessment. Previous interviewing experience will be helpful. Training should include:

- Read and study the following operations manual chapters:
 - Overview of Study (1)
 - Overview of Interim Telephone Interview (152- and 160-Month Follow-up) (2B)
 - Interviewing Guidelines (2E)
 - Website User's Guide (5)
 - Data Management (6)
- Thoroughly review the Interim Telephone Interview (152- and 160-Month) in REDCap or paper form
- Practice administering the interim telephone interview on volunteers (if possible, age-eligible volunteers).

6.2 Certification requirements

- Completed training requirements

- Administer one *mock* follow-up interim telephone interview while being observed by the QC Coordinator or their designate.
- Observation and evaluation of one *actual* interim telephone interview by the Study Coordinator or their designate.

6.3 Quality assurance checklist

Administration of interim telephone interview

- Asks participant if they are willing to complete the interim telephone interview now
- Describes purpose of today's call
- Follows skip patterns in Interim Telephone Interview forms (*if paper version*)
- Reads script and questions exactly as written in the Interim Telephone Interview form (same order, same wording)
- Accurately records participant's responses on form
- Explains pause(s) necessary for interviewer to complete form
- If necessary, accurately completes Event Notification Form for Knee/Hip Replacement or Death (Appendix 4)
- If necessary, accurately completes Missed Follow-up Contact (Appendix 5) and/or Change in Enrollment Status form (Appendix 6)
- If participant is not interested, correct script read and participant thanked for their time (if applicable)
- Follows the guidelines for recording data on REDCap forms (Chapter 5. Website User's Guide and Chapter 6. Data Management)
- At the end of interview, reviews form for completeness and successfully submits form

Interviewing Techniques

- Reads slowly, speaks clearly, and uses appropriate inflection when speaking
- Reduces the chance of bias by maintaining a neutral attitude toward participant's answers
- Able to elicit accurate and complete information using non-directive probes
- Keeps interview on track by presenting questions at a regular pace
- Focuses participant's attention on questions while always being polite
- Treats participants with respect
- Maintains a professional and friendly manner; leaves participant with overall feeling of well-being

Appendix 1 SAMPLE - Data from Prior Visits Report

Participant Name: _____

MOST Participant ID#:

Acrostic:

MOST Data from Prior Visits Report

8-/152-Months Interim Telephone Interview

Gender

Visit Dates

1. Target window for Interim Telephone Interview:
2. Date of Clinic Visit:

Knee or Hip Replacement

3. Was right knee previously reported as replaced?
4. Was left knee previously reported as replaced?
5. Was right hip previously reported as replaced?
6. Was left hip previously reported as replaced?

Appendix 2 Interim Telephone Interview Contact Log

ID#: _____

NAME: _____ SEX: _____

ADDRESS: _____ AGE: _____

PHONE: _____

Best time to call: S M T W T F S ___:___ AM/PM

DATES OF CONTACTS	DAY OF WEEK	TIME	RESULTS/COMMENTS
___/___/___	S M T W T F S	___:___ AM / PM	_____
___/___/___	S M T W T F S	___:___ AM / PM	_____
___/___/___	S M T W T F S	___:___ AM / PM	_____
___/___/___	S M T W T F S	___:___ AM / PM	_____
___/___/___	S M T W T F S	___:___ AM / PM	_____
___/___/___	S M T W T F S	___:___ AM / PM	_____
___/___/___	S M T W T F S	___:___ AM / PM	_____
___/___/___	S M T W T F S	___:___ AM / PM	_____
___/___/___	S M T W T F S	___:___ AM / PM	_____
___/___/___	S M T W T F S	___:___ AM / PM	_____

CLINIC VISIT DATE ___/___/___
 TIME ___:___ AM/PM

RESCHEDULED CLINIC VISIT DATE ___/___/___
 (if needed) TIME ___:___ AM/PM

Appendix 3 Interim Telephone Interview Suggested Script

Hello, my name is _____, and I am calling from ____ [UI][UAB]____ for the MOST study.

May I please speak with _____?

(If the person is available)

I am calling to follow up with you about your participation in the MOST study. I would like to ask you some questions about your knees and hips and update your contact information. It should take about 10 minutes. Do you have time to talk right now? (Go to Question #1 of the Interim Telephone Interview.)


(If the person is unavailable)


Can you tell me when would be a good time to call back?

I will try calling back on [Date] at [Time].

You can also have _____ call me at (XXX) XXX-XXXX. My name is _____ . Thank you.

Appendix 4 Event Notification Form for Knee/Hip Replacement or Death

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



Event Notification Form for Knee/Hip Replacement or Death

Instructions: Please complete one Event Notification Form for EACH event (knee/hip replacement or death) that is reported. Assign and log a unique reference number for each event reported (see upper left hand corner).

1. How was the event reported? *(Mark only one.)*

- Follow up telephone interview
- Clinic-initiated phone contact
(other than the follow up telephone interview, such as a scheduling call)
- Participant called clinic
- Spouse or other contact called clinic
- Clinic visit
- Other *(Please specify: _____)*

If information was not obtained from participant, please complete:

Name of person: _____

Relationship to participant: _____

2. Type of event: *(Mark only one. If multiple joint replacements, complete one Event Notification Form for each joint replacement.)*

Knee replacement →

2a. Which knee was replaced? Right knee Left knee

2b. Date replaced: / /
(Estimate if unsure)
 Month Day Year
Please obtain medical records and complete Knee Replacement Report.

Hip replacement →


2c. Which hip was replaced? Right hip Left hip

2d. Date replaced: / /
(Estimate if unsure)
 Month Day Year
Please obtain medical records and complete Hip Replacement Report.

Death →


2e. Date of reported death: / /
(Estimate if unsure)
 Month Day Year
Please obtain death certificate and complete Report of Death.

Appendix 5 Missed Follow-up Contact Form



2292

Missed Follow-up Contact



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

Complete this form for each regularly scheduled follow-up telephone interview or clinic visit that has been missed and cannot be made up.

1. Which type of follow-up contact was missed? →

- Screening Visit (new cohort only)
- 144m/BL Telephone Interview
- 144m/BL Clinic Visit (MCTVI done)
- 144m/BL Clinic Visit (MCVTI not done)
- 152m/8m Telephone Interview
- 160m/16m Telephone Interview
- 168m/24m Telephone Interview
- 168m/24m Clinic Visit (MCVTI done)
- 168m/24m Clinic Visit (MCVTI not done)
- After 168m/24m Contact

2. Why was the follow-up contact missed?

Please check the primary reason for the missed follow-up visit or telephone contact. Mark only one reason.

<input type="radio"/> Illness/health problem(s)	<input type="radio"/> Travelling/on vacation
<input type="radio"/> Hearing difficulties	<input type="radio"/> Personal problem(s)
<input type="radio"/> Cognitive difficulties	<input type="radio"/> Unable to contact/unable to locate
<input type="radio"/> In nursing home/long-term care facility	<input type="radio"/> Refused to give reason
<input type="radio"/> Too busy; time and/or work conflict	<input type="radio"/> Modified follow-up regimen/agreed to fewer contacts
<input type="radio"/> Caregiving responsibilities	<input type="radio"/> Not interested in clinic or phone visit this year
<input type="radio"/> Physician's advice	<input type="radio"/> Multiple cancellations and/or "no shows"
<input type="radio"/> Family member's advice	<input type="radio"/> Withdrew from study/withdrew informed consent
<input type="radio"/> Clinic too far/travel time	<input type="radio"/> Deceased
<input type="radio"/> Moved out of area	<input type="radio"/> Unsatisfied with study participation/expectations not met
	<input type="radio"/> Other (<i>Please specify:</i> _____)

3. Comments

