



Draft

# Enrollment Form

Staff ID#			
EF	ST	AF	

This form **MUST** be the first Teleform faxed in for each participant. Please fax at least 24 hours before any other Teleform for this participant.. This form should be used to assign the ID number and acrostic. **PLEASE WRITE NEATLY.**

1 Is the potential participant at least 65 years old?

EFFU
------

Yes  No *EFFAGE*

Person is not eligible for MrOS. Do not fax in this form; do not assign ID number.

2 Can the potential participant walk without assistance?

Yes  No *EFWALK*

Person is not eligible for MrOS. Do not fax in this form; do not assign ID number.

3 Has the potential participant had bilateral hip replacements?

Yes  No *EFHIP*

Person is not eligible for MrOS. Do not fax in this form; do not assign ID number.

4 Did the participant agree to participate in the study and sign the consent form(s)?

Yes  No *EFCNSNT*

Did the participant agree to the DNA/genetic components of the consent?
<input type="radio"/> Yes <input type="radio"/> No <i>EFDNA</i>

5 Enter the participant's MrOS Study ID Number and Acrostic.

MrOS ID#	<i>ID</i>	Acrostic	<i>EFAGROST</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 Enter today's date:

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

Pages 1 and 2 contain confidential information that is not collected by the Coordinating Center.

# General Information

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

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GISTAFF

5 What is your age? 

GI	AG	E
----	----	---

 years.

GIAGE1

SITE

6 What is your date of birth?

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Month

--	--

Day

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Year

GIDOB

7 Occasionally, we may need to obtain medical information from your doctor or health care provider (or forward information to your doctor). To do this, we need to know your Social Security and Medicare numbers. This information will be kept confidential, and please be assured that Medicare will not be billed for any services provided through this study.

Social Security Number:

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Medicare Number:

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8 What is your current marital status?

- 1  Married or living in a married-like relationship    4  Divorced  
2  Widowed    5  Single, never married  
3  Separated

GIMSTAT

9 Do you live by yourself, or do you live with your spouse, another family member, or a roommate?

- 1  Live alone    2  Live with my spouse, another family member, or a roommate

GILIVE

10 Please mark the highest grade or year of school that you completed:

- 1  Some elementary school  
2  Elementary school  
3  Some high school  
4  High school  
5  Some college  
6  College  
7  Some graduate school  
8  Graduate school

GIEDUC

Yes/No are 1,0 unless otherwise indicated.

PAGE LINK #

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PAGE 3

Version 1.0 01.07.00 MrOS GI General Information

Draft



# General Information

11 Thinking of all the paid jobs that you ever had, what kind of work did you do the longest?

*this area not included in data base*

Clinic Use ONLY  
SOC Code

GI	SOC
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12 Which of the following best describes your racial background? (Mark all that apply)

- |  |                |  |                |
|--|----------------|--|----------------|
| <input type="checkbox"/> White<br><i>1: checked</i><br><i>0: not checked</i>                     | <b>GIWHITE</b> | <input type="checkbox"/> Hispanic or Latino<br><i>1: checked</i><br><i>0: not checked</i>                        | <b>GIHISPA</b> |
| <input type="checkbox"/> Black or African American<br><i>1: checked</i><br><i>0: not checked</i> | <b>GIAA</b>    | <input type="checkbox"/> American Indian or Alaska Native<br><i>1: checked</i><br><i>0: not checked</i>          | <b>GIAI</b>    |
| <input type="checkbox"/> Asian<br><i>1: checked</i><br><i>0: not checked</i>                     | <b>GIASIAN</b> | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><i>1: checked</i><br><i>0: not checked</i> | <b>GIPI</b>    |

Values for GISOC limited to:  
11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55

GIRACE1

GIRACE2

GIRACE3

GIRACE4

PAGE LINK #





Draft

# Medical History

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

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M	H	S	T	A	F	F	F
---	---	---	---	---	---	---	---

**1 Has a doctor or other health care provider ever told you that you had or have:**

Diabetes? <i>MHDIAB</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHDIABT</i> <input type="radio"/> Yes <input type="radio"/> No
High thyroid, Grave's disease or an overactive thyroid gland? <i>MHHTHY</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHHTHYT</i> <input type="radio"/> Yes <input type="radio"/> No
Low thyroid or an under active thyroid gland? <i>MHLTHY</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHLTHYT</i> <input type="radio"/> Yes <input type="radio"/> No
Osteoporosis, sometimes called thin or brittle bones? <i>MHOSTEO</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHOSTEOT</i> <input type="radio"/> Yes <input type="radio"/> No
A stroke, blood clot in the brain or bleeding in the brain? <i>MHSTRK</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHSTRKT</i> <input type="radio"/> Yes <input type="radio"/> No
Parkinson's disease? <i>MHPARK</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHPARKT</i> <input type="radio"/> Yes <input type="radio"/> No
Hypertension or high blood pressure? <i>MHBP</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHBPT</i> <input type="radio"/> Yes <input type="radio"/> No
Heart attack, coronary or myocardial infarction? <i>MHMI</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHMIT</i> <input type="radio"/> Yes <input type="radio"/> No
Angina (chest pain)? <i>MHANGIN</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHANGINT</i> <input type="radio"/> Yes <input type="radio"/> No
Congestive heart failure or enlarged heart? <i>MHCHF</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHCHFT</i> <input type="radio"/> Yes <input type="radio"/> No
Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema or COPD? <i>MHCOPD</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHCOPDT</i> <input type="radio"/> Yes <input type="radio"/> No
Prostatitis (inflammation or infection of the prostate)? <i>MHPROST</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHPROSTT</i> <input type="radio"/> Yes <input type="radio"/> No
Glaucoma? <i>MHGLAU</i> <input type="radio"/> Yes → <input type="radio"/> No	If yes, are you currently being treated for this condition by a doctor? <i>MHGLAUT</i> <input type="radio"/> Yes <input type="radio"/> No
Cataracts? <i>MHCAT</i> <input type="radio"/> Yes <input type="radio"/> No	

*Yes/No are 1,0 unless otherwise indicated.*

Page link #

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PAGE 5

Version 1.0 12.17.99  
MrOSMHMedicalHistory2.3



Draft





Draft

# Medical History

2 Have you ever had surgery to remove all or part of your stomach or intestines?

Yes  No *MHSTOM*

How old were you when you had this surgery? *MHSTMAGE*

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years old.

3 Has a doctor or other health care provider told you that you have arthritis or gout?

Yes  No *MHARTH*

What type of arthritis did the health care provider say it was? (Mark all that apply)

*MHRHEUM*  Rheumatoid arthritis *1: checked, 0: not checked*

*MHOSTART*  Osteoarthritis or degenerative arthritis *1: checked, 0: not checked*

*MHGOUT*  Gout *1: checked, 0: not checked*

*MHARTOTH*  Some other type of arthritis. Please specify: \_\_\_\_\_

*MHARTDK*  Don't know *1: checked, 0: not checked*

Which of your joints have arthritis? (Mark all that apply) *All are: 1: checked, 0: not checked*

*MHHIP*  Hip *MHBACK*  Back *MHANKLE*  Ankle

*MHKNEE*  Knee *MHNECK*  Neck *MHFOOT*  Foot/Toes

*MHHAND*  Hand/Fingers *MHSHOULDER*  Shoulder *MHJNTOTH*  Other

*MHWRIST*  Wrist *MHELBOW*  Elbow

Do you take any medications for your arthritis or joint pain?

Yes  No *MHARTHMD*

*this area not in database*

*MHKNEEOA*

*MHHANDOA*

*MHHIPOA*

4 Has a doctor or other health care provider ever told you that you have kidney stones?

Yes  No *MHKDNY*

DURING THE PAST FIVE YEARS, how many times have you passed a stone (or had a kidney stone attack)? *MHKDNYAK*

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times.

Are you currently being treated for kidney stones?

Yes  No *MHKDNYTR*





Draft

# Medical History

5 Has a doctor or other health care provider ever told you that you have cancer?

Yes  No **MHCANCER**

Please specify the kind of cancer(s): Mark all that apply.

Prostate cancer **MHPC 1: checked, 0: not checked**

**MHCC 1: checked, 0: not checked**

Colon (bowel) or rectum cancer

How old were you at first diagnosis?

**MHCCAGE**  
years old.

**MHSC 1: checked, 0: not checked**

Skin cancer (not melanoma)

How old were you at first diagnosis?

**MHSCAGE**  
years old.

**MHLC 1: checked, 0: not checked**

Lung cancer

How old were you at first diagnosis?

**MHLCAGE**  
years old.

How old were you at first diagnosis?

**MHPCAGE**  
years old.

What type of treatment did you receive? (Mark all that apply)

- Radiation **MHPCRAD**
- Surgery to remove prostate gland **MHPCSGPS**
- Surgery to remove testicles **MHPCSGTS**
- Hormone shots/pills **MHPCHOR**
- No treatment **MHPCNTX**
- Other **MHPCOTH**

Other cancer **MHOC 1: checked, 0: not checked**

Please specify type of cancer:

How old were you at first diagnosis?

**MHOCAGE**  
years old.

6 Do you sometimes have trouble with dizziness?

Yes  No **MHDIZZY**

How long have you had trouble with dizziness?

- 1  Less than 1 month
- 2  1 month to 1 year **MHDIZTIM**
- 3  More than 1 year

Would you describe your dizziness as: (Mark all that apply)

- Feeling like you are about to faint or pass out? **MHDZFNT 1: checked, 0: not checked**
- Feeling that you or the room are spinning around? **MHDZSPIN 1: checked, 0: not checked**
- Feeling that you are losing your balance? **MHDZBAL 1: checked, 0: not checked**
- Other **MHDZOTH 1: checked, 0: not checked**

Is your dizziness troublesome enough to limit your activities, such as walking or other leisure activities?

Yes  No **MHDIZLMT**





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# Medical History

7) During the **past 12 months**, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair?

Yes  No **MHFALL**

How many times have you fallen in the **past 12 months**? (Mark one circle)

1  2-3  3-5  4 or more **MHFALLTM**

Which of the following injuries did you have? (Mark all that apply)

<b>MHFRACT</b>	<small>1: checked, 0: not checked</small> <input type="radio"/> I broke or fractured a bone	<small>1: checked, 0: not checked</small> <input type="radio"/> I had a bruise or bleeding	<b>MHBRUISE</b>
<b>MHHEAD</b>	<small>1: checked, 0: not checked</small> <input type="radio"/> I hit or injured my head	<small>1: checked, 0: not checked</small> <input type="radio"/> I had some other kind of injury	<b>MHOTHER</b>
<b>MHSPRAIN</b>	<small>1: checked, 0: not checked</small> <input type="radio"/> I had a sprain or a strain	<small>1: checked, 0: not checked</small> <input type="radio"/> I did not have any injuries from a fall in the past 12 months	<b>MHNOINJR</b>

8) Approximately how much did you weigh at birth?

1 Less than 3 pounds     4 7.0 to 8.9 pounds  
 2 3 to 4.9 pounds     5 More than 9 pounds    **MHBW**  
 3 5 to 6.9 pounds     7 Don't Know

9) How tall were you without shoes when you were about 25 years old? If you don't remember exactly, give your best estimate.

**MHFEET MHINCHES**

feet   inches    **MHHGTCM**

10) What was your usual weight when you were about 25 years old? If you don't remember exactly, give your best estimate.

**MHWWEIGHT**

pounds    **MHWGTKG**

11) What is the most you have ever weighed, and how old were you when you were at your heaviest weight?

**MHWGTMAX**    **MHWGTAGE**

pounds at    years of age.    **MHWGTMKG**





# Prostate Health

Office Use Only- MrOS ID#					Acrostic			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"/>

**PSSCORE**

Not at all    Less than 1 time in 5    Less than half the time    About half the time    More than half the time    Almost always

**0**                    **1**                    **2**                    **3**                    **4**                    **5**

1 Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?

**PSEEMPTY**

2 Over the past month, how often have you had to urinate again less than two hours after you finished urinating?

**PSAGAIN**

3 Over the past month, how often have you found you stopped and started again several times when you urinated?

**PSSTOP**

4 Over the past month, how often have you found it difficult to postpone urination?

**PSPOST**

5 Over the past month, how often have you had a weak urinary stream?

**PSWEAK**

6 Over the past month, how often have you had to push or strain to begin urination?

**PSPUSH**

7 Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

**0** None     **1** 1 time     **2** 2 times     **3** 3 times     **4** 4 times     **5** 5 times or more

**PSUP**

8 If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

**0** Delighted

**1** Pleased

**2** Mostly satisfied

**3** Mixed, about equally satisfied and dissatisfied

**4** Mostly unsatisfied

**5** Unhappy

**6** Terrible

**PSQL**

9 Over the past month, which of the following best describes your urinary control?

**0** Total control     **1** Occasional leaking     **2** Frequent leaking     **3** No control

**PSCONTRL**

10 Over the past month, how often did you drip or leak urine?

**0** Not at all     **1** Less than once a week     **2** About once a week     **3** Once or twice a day     **4** More than twice a day

*Yes/No are 1,0 unless otherwise indicated.*

**PSDRIP**



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# Prostate Health

11 Over the past month, how many pads or adult diapers, if any, did you usually use to help with leaking or dripping? **PSPADS**

- No pads <sup>0</sup>
- 1 pad per day <sup>1</sup>
- 2 pads per day <sup>2</sup>
- 3 or more pads per day <sup>3</sup>

12 Over the past month, overall, how big a problem did you have with leaking or dripping urine? **PSPROBLM**

- No problem <sup>0</sup>
- Very small problem <sup>1</sup>
- Small problem <sup>2</sup>
- Moderate problem <sup>3</sup>
- Big problem <sup>4</sup>

13 Has a doctor or other health care provider told you that you have or had an enlarged prostate (benign prostatic hyperplasia)? **PSBPH**

- Yes
- No

Have you ever had treatment for this condition? **PSBPHT**

- Yes
- No

What type of treatment have you received? (Mark all that apply)

- Surgery **PSTSURG** 1: checked, 0: not checked
- Prescription medications **PSTMEDS** 1: checked, 0: not checked
- Other **PSTOTH** 1: checked, 0: not checked

14 Has anyone in your immediate family ever had prostate cancer? Please include blood relatives only. **PSPSCAN**

- Yes <sup>1</sup>
- No <sup>0</sup>
- Don't Know <sup>2</sup>

Please indicate their relationship to you: (Mark all that apply)

- Natural father **PSFATHER** 1: checked, 0: not checked
- Son **PSSON** 1: checked, 0: not checked
- Full brother **PSBROTH** 1: checked, 0: not checked
- Mother's brother (maternal uncle) **PSMUNCLE** 1: checked, 0: not checked
- Half brother **PSHALFBR** 1: checked, 0: not checked
- Father's brother (paternal uncle) **PSFUNCLE** 1: checked, 0: not checked

15 Are you currently taking any medications, herbal remedies or supplements to treat prostate symptoms every day or almost every day?

- Yes
- No **PSHERBS**

Please indicate which medication or herbal remedies/supplements you take: (Mark all that apply.) **PSHBPROS** 1: checked, 0: not checked

- Finasteride (Proscar) **PSHBPROS**
- Saw palmetto (Sernoa repens) **PSHBSAW**
- South African star grass (Hypoxis rooperi, B-sitosterol) **PSHBHYP**
- Stinging nettle (Urtica dioica) **PSHBSN**
- Rye grass pollen (Secale cereale) **PSHBRYE**
- Pumpkin seed (Curcubita pep) **PSHBPUMP**
- African plum (Pygeum africanum) **PSHBAP**
- Other. Please specify: **PSHBOTH**





Draft

# Diet History

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

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1 Have you been on a special diet during the past year?

Yes  No **DHDIET**



Check which special diets you have been on during the past year. Mark all that apply.

- DHLFAT**  Low fat diet **1: checked, 0: not checked**
- DHLCHOL**  Low cholesterol diet **1: checked, 0: not checked**
- DHLCARB**  Low carbohydrate diet **1: checked, 0: not checked**
- DHLSALT**  Low salt diet **1: checked, 0: not checked**
- DHHPROT**  High protein diet **1: checked, 0: not checked**
- DHHFIBER**  High fiber diet **1: checked, 0: not checked**
- DHLFIBER**  Low fiber diet **1: checked, 0: not checked**
- DHPOTASS**  High potassium diet **1: checked, 0: not checked**
- DHWEIGHT**  Weight loss diet **1: checked, 0: not checked**
- DHLQGAIN**  Liquid diet to gain weight **1: checked, 0: not checked**
- DHLQLOSE**  Liquid diet to lose weight **1: checked, 0: not checked**
- DHDIABD**  Diabetic diet **1: checked, 0: not checked**
- DHVEG**  Vegetarian **1: checked, 0: not checked**
- DHOTHER**  Other diet. Please specify:  
**1: checked, 0: not checked**

**this area not in database**

Yes/No are 1,0 unless otherwise indicated.



# Tobacco & Alcohol Use

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

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① Have you smoked at least 100 cigarettes (5 packs) in your entire life?

*TUSMOKE*  
 Yes  No

How old were you when you first started smoking regularly?	<i>TUSMKAGE</i> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> years old.						
On the average of the entire time you smoked, how many cigarettes did you smoke per day?	<i>TUSMKCIG</i> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> cigarettes						
Do you smoke cigarettes now?	<i>TUSMKNOW</i> <input type="radio"/> Yes <input type="radio"/> No						
<input type="radio"/> Yes About how many cigarettes do you smoke per day? <i>TUSMKCGN</i> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> cigarettes				<input type="radio"/> No How old were you when you stopped smoking? <i>TUSMKSTP</i> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> years old			
		<i>TUPACKYR</i> <i>TURSMOKE</i> <i>TUSMYRST</i>					

② Have you ever used chewing tobacco or snuff on a regular basis?

Yes  No *TUSNUFF*

How old were you when you first started using chewing tobacco or snuff fairly regularly?	<i>TUSNFAGE</i> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> years old.					
Do you use snuff or chewing tobacco now?	<i>TUSNFNOW</i> <input type="radio"/> Yes <input type="radio"/> No					
<input type="radio"/> Yes About how many containers do you use per week? <i>TUSNECPW</i> <table border="1"> <tr> <td></td><td></td> </tr> </table> containers per week			<input type="radio"/> No How old were you when you last used fairly regularly? <i>TUSNESTP</i> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> years old			
		<i>TURSNUFF</i>				

③ Have you ever smoked a pipe or cigars regularly?

*TUPIPE*  
 Yes  No

For how many years?	<i>TUPIPAGE</i> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> years.			
About how much did/do you smoke?	<i>TUPIPAMT</i> <table border="1"> <tr> <td></td><td></td> </tr> </table> pipes or cigars per week.			

PAGE LINK #

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# Tobacco & Alcohol Use

4 Have you had at least 12 alcoholic drinks in your entire life?

Yes  No *TUDRINKA*

Have you ever felt you should cut down on your drinking?

Yes  No *TUCAGEC*

Have people ever annoyed you by criticizing your drinking?

Yes  No *TUCAGEA*

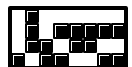
Have you ever felt bad or guilty about your drinking?

Yes  No *TUCAGEG*

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

Yes  No *TUCAGEE*

*TUCAGE*





# Physical Activity

Office Use Only- MrOS ID#					Acrostic			Staff ID#		

The next few questions ask about your physical activity during the last 7 days. If the last 7 days have not been typical because of illness or bad weather, please estimate based on two or three weeks ago.

PASCORE

① Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handcrafts?

- <sup>0</sup> Never   
  <sup>1</sup> Seldom (1-2 days)   
  <sup>2</sup> Sometimes (3-4 days)   
  <sup>3</sup> Often (5-7 days)   
 PASIT

Go to Question 2

What were these activities?

*this area not in database*

On average, how many hours per day did you engage in these sitting activities?

- <sup>1</sup> Less than 1 hour   
  <sup>2</sup> Between 1 and 2 hours   
  <sup>3</sup> 2-4 hours   
  <sup>4</sup> More than 4 hours   
 PASITT

② Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc.?

- <sup>0</sup> Never   
  <sup>1</sup> Seldom (1-2 days)   
  <sup>2</sup> Sometimes (3-4 days)   
  <sup>3</sup> Often (5-7 days)   
 PAWALK

Go to Question 3

What were these activities?

PAWALKW

PASELEIS

On average, how many hours per day did you spend walking?

- <sup>1</sup> Less than 1 hour   
  <sup>2</sup> Between 1 and 2 hours   
  <sup>3</sup> 2-4 hours   
  <sup>4</sup> More than 4 hours   
 PAWALKT

③ Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier, or other similar activities?

- <sup>0</sup> Never   
  <sup>1</sup> Seldom (1-2 days)   
  <sup>2</sup> Sometimes (3-4 days)   
  <sup>3</sup> Often (5-7 days)   
 PALTE

Go to Question 4

What were these activities?

PALTEW

On average, how many hours per day did you engage in these light sport or recreational activities?

- <sup>1</sup> Less than 1 hour   
  <sup>2</sup> Between 1 and 2 hours   
  <sup>3</sup> 2-4 hours   
  <sup>4</sup> More than 4 hours   
 PALTET



# Physical Activity



4 Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?

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

PAMOD

Go to Question 5

What were these activities?

PAMODW

*this area not in database*

On average, how many hours per day did you engage in these moderate sport or recreational activities?

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

PAMODT

5 Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic exercise, skiing (downhill or cross country) or other similar activities?

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

PASTR

Go to Question 6

What were these activities?

PASTRW

On average, how many hours per day did you engage in these strenuous sport or recreational activities?

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

PASTRT

6 Over the past 7 days, how often did you do any exercise specifically to increase muscle strength and endurance, such as lifting weights or pushups, etc.?

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

PAWGT

Go to Question 7

What were these activities?

PAWGTW

On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?

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

PAWGTT





Draft

# Physical Activity



7 During the past 7 days, have you done any light housework, such as dusting or washing dishes?

Yes  No

PALHW

PALHWW

8 During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows or carrying wood?

Yes  No

PAHHW

PAHHWW

9 During the past 7 days, did you engage in any of the following activities? (Please answer yes or no for each item.)

Home repairs, like painting, wallpapering, electrical work. etc.?

Yes  No

PAHOME

PAHOMEW

Lawn work or yard care, including snow or leaf removal, wood chopping, etc.?

Yes  No

PALAWN

PALAWNW

Outdoor gardening?

Yes  No

PAGARDEN

PAGARDNW

Caring for another person, such as children, dependent spouse, or another adult?

Yes  No

PACARE

PACAREW

PASEHOUS

10 During the past 7 days did you work, either for pay or as a volunteer?

Yes  No

PAWK

PAWKW

PASEOCC

How many hours in the past week did you work for pay and/or as a volunteer?

PAWKH

hours

Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?

1  Mainly sitting with slight arm movements

Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.

2  Sitting or standing with some walking

Examples: cashier, general office worker, light tool and machinery worker

3  Walking, with some handling of materials generally weighing less than 50 pounds

Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker

4  Walking and heavy manual work often requiring handling materials weighing more than 50 pounds

Examples: lumberjack, stone mason, farm or general laborer.

PAWKPA







# Lifestyle

Office Use Only- MrOS ID#					Acrostic			Staff ID#			

1 Compared to other people your own age, how would you rate your overall health? **QLHEALTH** **QLCOMP**

Excellent for my age  
  Good for my age  
  Fair for my age  
  Poor for my age  
  Very poor for my age

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?

		Yes, limited a lot	Yes, limited a little	No, not limited at all
2	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? <b>QLMODLIM</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3	Climbing several flights of stairs? <b>QLSEVLIM</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of your physical health?

4 Accomplished less than you would like **QLACCOM**  Yes  No **QLPCS12**

5 Were limited in the kind of work or other activities **QLKIND**  Yes  No **QLMCS12**

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of any emotional problems (such as feeling depressed or anxious)?

6 Accomplished less than you would like  Yes  No **QLACCLV**

7 Didn't do work or other activities as carefully as usual  Yes  No **QLCARE**

8 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all  
  A little bit  
  Moderately  
  Quite a bit  
  Extremely **QLPAIN**

These questions are about how you feel and how things have been with you during the past 4 weeks. 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 4 weeks . . .

		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
9	Have you felt calm and peaceful? <b>QLCALM</b>	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
10	Did you have a lot of energy? <b>QLENERGY</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Have you felt downhearted and blue? <b>QLBLUE</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time  
  Most of the time  
  Some of the time  
  A little of the time  
  None of the time **QLSOCIAL**

Page link #





Draft

# Lifestyle

QLFXST51  
QLFXST52

The following questions are about how well you are able to do certain activities, by yourself and without using any special aids.

13 Do you have **ANY** difficulty walking 2 or 3 blocks outside on level ground?

QLBLK1  
QLBLK2  
QLRBLK1

Yes <sup>1</sup>  No <sup>0</sup>  I don't do it <sup>2</sup>

GO TO QUESTION #14

How much difficulty do you have doing this?

Some difficulty <sup>1</sup>  Much difficulty <sup>2</sup>  Unable to do it <sup>3</sup>

Is this because of a health or physical problem?

Yes <sup>1</sup>  No <sup>0</sup>  I don't know <sup>8</sup>

14 Do you have **ANY** difficulty climbing up 10 steps without resting?

QLSTP1  
QLSTP2  
QLRSTP1

Yes <sup>1</sup>  No <sup>0</sup>  I don't do it <sup>2</sup>

GO TO QUESTION #15

How much difficulty do you have doing this?

Some difficulty <sup>1</sup>  Much difficulty <sup>2</sup>  Unable to do it <sup>3</sup>

Is this because of a health or physical problem?

Yes <sup>1</sup>  No <sup>0</sup>  I don't know <sup>8</sup>

15 Do you have **ANY** difficulty preparing your own meals?

QLMEL1  
QLMEL2  
QLRMEL1

Yes <sup>1</sup>  No <sup>0</sup>  I don't do it <sup>2</sup>

GO TO QUESTION #16

How much difficulty do you have doing this?

Some difficulty <sup>1</sup>  Much difficulty <sup>2</sup>  Unable to do it <sup>3</sup>

Is this because of a health or physical problem?

Yes <sup>1</sup>  No <sup>0</sup>  I don't know <sup>8</sup>

16 Do you have **ANY** difficulty doing heavy housework, like scrubbing floors or washing windows?

QLHHW1  
QLHHW2  
QLRHHW1

Yes <sup>1</sup>  No <sup>0</sup>  I don't do it <sup>2</sup>

GO TO QUESTION #17

How much difficulty do you have doing this?

Some difficulty <sup>1</sup>  Much difficulty <sup>2</sup>  Unable to do it <sup>3</sup>

Is this because of a health or physical problem?

Yes <sup>1</sup>  No <sup>0</sup>  I don't know <sup>8</sup>

17 Do you have **ANY** difficulty doing your own shopping for groceries or clothes?

QLSHP1  
QLSHP2  
QLRSHP1

Yes <sup>1</sup>  No <sup>0</sup>  I don't do it <sup>2</sup>

GO TO NEXT SECTION

How much difficulty do you have doing this?

Some difficulty <sup>1</sup>  Much difficulty <sup>2</sup>  Unable to do it <sup>3</sup>

Is this because of a health or physical problem?

Yes <sup>1</sup>  No <sup>0</sup>  I don't know <sup>8</sup>

# Fracture History

Office Use Only- MrOS ID#					Acrostic			Staff ID#		

① Has a doctor ever told you that you broke or fractured a bone?

**FFFRAC**  Yes  No → Go to Question #2, Page 25

**FFNOHS FFNOHP**  
**FFNOHSW FFNOSP**

A. Has a doctor ever told you that you broke or fractured your **hip**?

**FFHIP**  Yes  No → Go to Part B

**FFNT504 FFNT502**

**FFNTGT50 FFNTLE50**

How old were you when you broke or fractured your **hip**? If you broke or fractured your hip more than once, please list each age that you broke this bone.

*For entire form, 5=SI=Sports Injury  
4=MVA=Motor Vehicle Accident  
3=ASH=Fall from above standing height  
2=SH=Fall from standing height  
1=BSH=Fall from below standing height  
6=OTH=Other trauma*

**FFNTAGE**

**FFHIPAG1**

--	--	--

years old

How did you break your hip at this age?

*this area not in database*

**FFHIPTR1**

CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

**FFHIPAG2**

--	--	--

years old

How did you break your hip at this age?

**FFHIPTR2**

CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

**FFHIPAG3**

--	--	--

years old

How did you break your hip at this age?

**FFHIPTR3**

CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

B. Has a doctor ever told you that you broke or fractured your **wrist or forearm**?

**FFWST**  Yes  No → Go to Part C

**FFNMGT50 FFNMLE50**  
**FFMAXAGE FFFX50**

How old were you when you broke or fractured your **wrist or forearm**? If you broke or fractured your wrist/forearm more than once, please list each age that you broke this bone.

**FFWSTAG1**

--	--	--

years old

How did you break your wrist/forearm at this age?

*this area not in database*

**FFWSTTR1**

CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

**FFWSTAG2**

--	--	--

years old

How did you break your wrist/forearm at this age?

**FFWSTTR2**

CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

**FFWSTAG3**

--	--	--

years old

How did you break your wrist/forearm at this age?

**FFWSTTR3**

CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

PAGE LINK #

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PAGE 19

Version 1.0 1.06.00 MrOS FF Falls and Fractures  
*Yes/No are yes=1, no=0 unless otherwise indicated.*

Draft



# Fracture History

1 Continued . . .

C. Has a doctor ever told you that you broke or fractured your **spine**?

**FFSPN**  Yes  No → Go to Part D

How old were you when you broke or fractured your **spine**? If you broke or fractured your spine more than once, please list each age that you broke this bone.

**FFSPNAG1**

--	--	--

years old

How did you break your spine at this age?

**FFSPNTR1**  
CLINIC USE ONLY

<input type="radio"/> SI	<input type="radio"/> MVA	<input type="radio"/> OTH
<input type="radio"/> SH	<input type="radio"/> BSH	<input type="radio"/> ASH

**FFSPNAG2**

--	--	--

years old

How did you break your spine at this age?

**FFSPNTR2**  
CLINIC USE ONLY

<input type="radio"/> SI	<input type="radio"/> MVA	<input type="radio"/> OTH
<input type="radio"/> SH	<input type="radio"/> BSH	<input type="radio"/> ASH

**FFSPNAG3**

--	--	--

years old

How did you break your spine at this age?

**FFSPNTR3**  
CLINIC USE ONLY

<input type="radio"/> SI	<input type="radio"/> MVA	<input type="radio"/> OTH
<input type="radio"/> SH	<input type="radio"/> BSH	<input type="radio"/> ASH

D. Has a doctor ever told you that you broke or fractured your **shoulder or collar bone**?

**FFSLD**  Yes  No → Go to Part E

How old were you when you broke or fractured your **shoulder or collar bone**? If you broke or fractured your shoulder/collar bone more than once, please list each age that you broke this bone.

**FFSLDAG1**

--	--	--

years old

How did you break your shoulder/collar bone at this age?

**FFSLDTR1**  
CLINIC USE ONLY

<input type="radio"/> SI	<input type="radio"/> MVA	<input type="radio"/> OTH
<input type="radio"/> SH	<input type="radio"/> BSH	<input type="radio"/> ASH

**FFSLDAG2**

--	--	--

years old

How did you break your shoulder/collar bone at this age?

**FFSLDTR2**  
CLINIC USE ONLY

<input type="radio"/> SI	<input type="radio"/> MVA	<input type="radio"/> OTH
<input type="radio"/> SH	<input type="radio"/> BSH	<input type="radio"/> ASH

**FFSLDAG3**

--	--	--

years old

How did you break your shoulder/collar bone at this age?

**FFSLDTR3**  
CLINIC USE ONLY

<input type="radio"/> SI	<input type="radio"/> MVA	<input type="radio"/> OTH
<input type="radio"/> SH	<input type="radio"/> BSH	<input type="radio"/> ASH

PAGE LINK #



# Fracture History

1 Continued . . .

E. Has a doctor ever told you that you broke or fractured your **upper arm**?

**FFUAM**  Yes  No →

How old were you when you broke or fractured your **upper arm**? If you broke or fractured your upper arm more than once, please list each age that you broke this bone.

**FFUAMAG1** How did you break your upper arm at this age?  
   years old →

**FFUAMTR1**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

**FFUAMAG2** How did you break your upper arm at this age?  
   years old →

**FFUAMTR2**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

**FFUAMAG3** How did you break your upper arm at this age?  
   years old →

**FFUAMTR3**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

F. Has a doctor ever told you that you broke or fractured your **ribs, chest or sternum**?

**FFRCS**  Yes  No →

How old were you when you broke or fractured your **ribs/chest/sternum**? If you broke or fractured your ribs/chest/sternum more than once, please list each age that you broke this bone.

**FFRCSAG1** How did you break your ribs/chest/sternum at this age?  
   years old →

**FFRCSSTR1**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

**FFRCSAG2** How did you break your ribs/chest/sternum at this age?  
   years old →

**FFRCSSTR2**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

**FFRCSAG3** How did you break your ribs/chest/sternum at this age?  
   years old →

**FFRCSSTR3**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

PAGE LINK #



# Fracture History

1 Continued . . .

G. Has a doctor ever told you that you broke or fractured your upper leg? (NOT HIP)

**FFULG**  Yes  No → Go to Part H

How old were you when you broke or fractured your upper leg? If you broke or fractured your upper leg more than once, please list each age that you broke this bone.

**FFULGAG1** How did you break your upper leg at this age?

years old →

**FFULGAG2** How did you break your upper leg at this age?

years old →

**FFULGAG3** How did you break your upper leg at this age?

years old →

**FFULGTR1**  
CLINIC USE ONLY

5  SI 4  MVA 6  OTH  
2  SH 1  BSH 3  ASH

**FFULGTR2**  
CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

**FFULGTR3**  
CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

H. Has a doctor ever told you that you broke or fractured your knee or knee cap?

**FFKNC**  Yes  No → Go to Part I

How old were you when you broke or fractured your knee or knee cap? If you broke or fractured your knee cap more than once, please list each age that you broke this bone.

**FFKNCAG1** How did you break your knee or knee cap at this age?

years old →

**FFKNCAG2** How did you break your knee or knee cap at this age?

years old →

**FFKNCAG3** How did you break your knee or knee cap at this age?

years old →

**FFKNCTR1**  
CLINIC USE ONLY

5  SI 4  MVA 6  OTH  
2  SH 1  BSH 3  ASH

**FFKNCTR2**  
CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

**FFKNCTR3**  
CLINIC USE ONLY

SI  MVA  OTH  
 SH  BSH  ASH

PAGE LINK #



# Fracture History

1 Continued . . .

I. Has a doctor ever told you that you broke or fractured your **lower leg**?

**FFLLG**  Yes  No → Go to Part J

How old were you when you broke or fractured your **lower leg**? If you broke or fractured your lower leg more than once, please list each age that you broke this bone.

**FFLLGAG1** How did you break your lower leg at this age?  
   years old →

**FFLLGTR1**  
 CLINIC USE ONLY  
 5  SI  MVA  OTH  
 4  SH  BSH  ASH  
 2  SH  BSH  ASH

**FFLLGAG2** How did you break your lower leg at this age?  
   years old →

**FFLLGTR2**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

**FFLLGAG3** How did you break your lower leg at this age?  
   years old →

**FFLLGTR3**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

J. Has a doctor ever told you that you broke or fractured your **ankle, foot or toes**?

**FFAFT**  Yes  No → Go to Part K

How old were you when you broke or fractured your **ankle, foot or toes**? If you broke or fractured your ankle/foot/toes more than once, please list each age that you broke this bone.

**FFAFTAG1** How did you break your ankle/foot/toes at this age?  
   years old →

**FFAFTTR1**  
 CLINIC USE ONLY  
 5  SI  MVA  OTH  
 4  SH  BSH  ASH  
 2  SH  BSH  ASH

**FFAFTAG2** How did you break your ankle/foot/toes at this age?  
   years old →

**FFAFTTR2**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

**FFAFTAG3** How did you break your ankle/foot/toes at this age?  
   years old →

**FFAFTTR3**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

PAGE LINK #



# Fracture History

1 Continued . . .

K. Has a doctor ever told you that you broke or fractured your **hand or fingers**?

**FFHFI**  Yes  No → Go to Part L

How old were you when you broke or fractured your **hand or fingers**? If you broke or fractured your hand or fingers more than once, please list each age that you broke this bone.

**FFHFIAG1** How did you break your hand or fingers at this age?  
   years old →

**FFHFI TR1**  
 CLINIC USE ONLY  
 SI <sup>5</sup>  MVA <sup>4</sup>  OTH <sup>6</sup>  
 SH <sup>2</sup>  BSH <sup>1</sup>  ASH <sup>3</sup>

**FFHFIAG2** How did you break your hand or fingers at this age?  
   years old →

**FFHFI TR2**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

**FFHFIAG3** How did you break your hand or fingers at this age?  
   years old →

**FFHFI TR3**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

L. Has a doctor ever told you that you broke or fractured a bone(s) that is not on this list?

**FFOTH**  Yes  No → Go to next question

How old were you when you broke or fractured this bone? If you broke or fractured this bone more than once, please list each age that you broke this bone.

**Bone:** **FFOTHAG1** How did you break this bone at this age?  
this field not in data base    years old →

**FFOTH TR1**  
 CLINIC USE ONLY  
 SI <sup>5</sup>  MVA <sup>4</sup>  OTH <sup>6</sup>  
 SH <sup>2</sup>  BSH <sup>1</sup>  ASH <sup>3</sup>

**Bone:** **FFOTHAG2** How did you break this bone at this age?  
   years old →

**FFOTH TR2**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

**Bone:** **FFOTHAG3** How did you break this bone at this age?  
   years old →

**FFOTH TR3**  
 CLINIC USE ONLY  
 SI  MVA  OTH  
 SH  BSH  ASH

PAGE LINK #





# Fracture History -- Family History

- 2 Was your natural mother ever told by a doctor that she had osteoporosis, sometimes called thin or brittle bones? Please answer for your natural mother--the mother who gave birth to you.

*FFMOMOST*  Yes  No  Don't Know

- 3 Did your natural mother ever break or fracture a bone? Please answer for your natural mother--the mother who gave birth to you.

*FFMOMFX*  Yes  No  Don't Know

Did your natural mother ever break or fracture her HIP?

Yes  No  Don't Know *FFMOMHIP*

Did your natural mother ever break or fracture her WRIST OR FOREARM?

Yes  No  Don't Know *FFMOMWST*

Did your natural mother ever break or fracture her SPINE?

Yes  No  Don't Know *FFMOMSPN*

Did your natural mother ever break a bone not listed above?

Yes  No  Don't Know *FFMOMOTH*

Please specify:

*this field not in database*

- 4 Is your natural mother still living?

*FFMOM*  Yes  No  Don't Know

How old is your natural mother now?

*FFMOMAGE*

years old

How old was your natural mother when she died?

*FFMOMDIE*

years old

- 5 Was your natural father ever told by a doctor that he had osteoporosis, sometimes called thin or brittle bones?

*FFDADOST*  Yes  No  Don't Know

PAGE LINK #



# Fracture History -- Family History

6 Did your natural father ever break or fracture a bone?

*FFDADFX*  Yes  No  Don't Know

Did your natural father ever break or fracture his **HIP?**  
 Yes  No  Don't Know *FFDADHIP*

Did your natural father ever break or fracture his **WRIST OR FOREARM?**  
 Yes  No  Don't Know *FFDADWST*

Did your natural father ever break or fracture his **SPINE?**  
 Yes  No  Don't Know *FFDADSPN*

Did you natural father ever break a bone not listed above?  
 Yes  No  Don't Know *FFDADOTH*

Please specify:

7 Is your natural father still living?

*FFDAD*  Yes  No  Don't Know

How old is your natural father now?  
*FFDADAGE*

--	--	--

years old

How old was your natural father when he died?  
*FFDADDIE*

--	--	--

years old

8 How many full brothers and sisters, if any, do you currently have? Include only brothers and sisters who are still living. Do not include half-siblings, step-siblings or siblings who are not blood relatives.

*FFSIS*

--	--

Number of full sisters living

*FFBRO*

--	--

Number of full brothers living

9 How many sons and daughters, related by blood, do you have? Include only children who are still living. Do not include stepchildren or adopted children.

*FFSON*

--	--

Number of sons still living

*FFDAUGH*

--	--

Number of daughters still living





Draft

# Back and Joint Health

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

1 During **THE PAST 12 MONTHS**, have you had any back pain?

**BHPAIN**

Yes  No

Go to question 6, next page.

How often were you bothered by back pain in the **PAST 12 MONTHS**?

**BHFREQ**

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

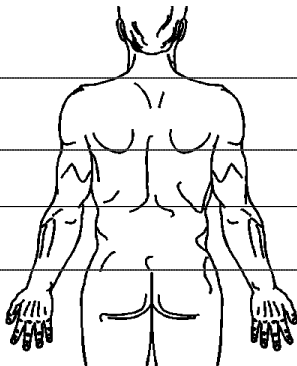
When you have had back pain, how bad was it on average?

**BHSERV**

Mild  Moderate  Severe

In what part or parts of your back is the pain usually located?(Mark all areas that apply with an X)

LOWER  
BACK



1: checked  
0: not checked

CLINIC  
USE ONLY

- NK **BHLOCNK**
- UB **BHLOCUB**
- MB **BHLOCMB**
- LB **BHLOCLB**
- BK **BHLOCBK**

Are your symptoms better, worse or the same when you are:

- Lying in bed?  Better  Worse  Same **BHLYING**
- Sitting in a chair?  Better  Worse  Same **BHSITC**
- Standing?  Better  Worse  Same **BHSTAND**
- Walking?  Better  Worse  Same **BHWALK**
- Leaning forward?  
(For instance, on a grocery cart)  Better  Worse  Same **BHLEANFR**

2 In the **PAST 12 MONTHS**, have you suffered lower back pain? (See drawing, above.)

**BHLWBK**

Yes  No

How often?

Once  2 to 3 times  More than 3 times **BHLWBKFQ**

How bothersome has this pain been?

Not at all  Slightly bothersome  Moderately bothersome  Extremely bothersome **BHLWBKBT**

Yes/No are 1,0 unless otherwise indicated.

Page link #

PAGE 27

Version 2.0 04.14.00  
MrOS BH Back and Hip Health

Mr. OS



Draft



Draft

# Back and Joint Health

3 In the **PAST 12 MONTHS**, have you suffered **back pain that went down into the buttock, hip, leg or foot?**

Yes  No *BHPDWN*

How often?

Once  2 to 3 times  More than 3 times *BHPDWNFQ*

How bothersome has this symptom been?

Not at all  Slightly bothersome  Moderately bothersome  Extremely bothersome *BHPDWNBT*

4 In the **PAST 12 MONTHS**, have you suffered **back pain with numbness or tingling in the buttock, thigh, lower leg or foot?**

Yes  No *BHBNUM*

How often?

Once  2 to 3 times  More than 3 times *BHBNUMFQ*

How bothersome has this symptom been?

Not at all  Slightly bothersome  Moderately bothersome  Extremely bothersome *BHBNUMBT*

5 In the **PAST 12 MONTHS**, have you suffered **back pain with a feeling of weakness in the leg, ankle or foot?**

Yes  No *BHBWEK*

How often?

Once  2 to 3 times  More than 3 times *BHBWEKFQ*

How bothersome has this pain been?

Not at all  Slightly bothersome  Moderately bothersome  Extremely bothersome *BHBWEKBT*

6 In the **PAST 12 MONTHS**, have you suffered **neck pain?**

Yes  No *BHNECK*

How often?

Once  2 to 3 times  More than 3 times *BHNECKFQ*

How bothersome has this pain been?

Not at all  Slightly bothersome  Moderately bothersome  Extremely bothersome *BHNECKBT*

Does this pain feel better, worse or the same when you extend your head to look upward?

Better  Worse  Same *BHNECKUP*





Draft

# Back and Joint Health

7) In the **PAST 12 MONTHS**, have you suffered **neck pain with pain radiating down to arm or hand?**

Yes <sup>1</sup>  No <sup>0</sup> **BHARMN**

**How often?**  
 Once <sup>1</sup>  2 to 3 times <sup>2</sup>  More than 3 times <sup>3</sup> **BHARMNFQ**

**How bothersome has this pain been?**  
 Not at all <sup>0</sup>  Slightly bothersome <sup>1</sup>  Moderately bothersome <sup>2</sup>  Extremely bothersome <sup>3</sup> **BHARMNBT**

**Does this pain feel better, worse or the same when you extend your head to look upward?**  
 Better <sup>1</sup>  Worse <sup>2</sup>  Same <sup>3</sup> **BHARMNUP**

8) In the **PAST 12 MONTHS**, have you suffered **numbness or tingling in your arm or hand?**

Yes <sup>1</sup>  No <sup>0</sup> **BHANUM**

**How often?**  
 Once <sup>1</sup>  2 to 3 times <sup>2</sup>  More than 3 times <sup>3</sup> **BHANUMFQ**

**How bothersome has this symptom been?**  
 Not at all <sup>0</sup>  Slightly bothersome <sup>1</sup>  Moderately bothersome <sup>2</sup>  Extremely bothersome <sup>3</sup> **BHANUMBT**

9) In the **PAST 12 MONTHS**, have you suffered **weakness in your arm or hand?**

Yes <sup>1</sup>  No <sup>0</sup> **BHAWEK**

**How often?**  
 Once <sup>1</sup>  2 to 3 times <sup>2</sup>  More than 3 times <sup>3</sup> **BHAWEKFQ**

**How bothersome has this symptom been?**  
 Not at all <sup>0</sup>  Slightly bothersome <sup>1</sup>  Moderately bothersome <sup>2</sup>  Extremely bothersome <sup>3</sup> **BHAWEKBT**

10) In the **PAST 12 MONTHS**, have you suffered **clumsiness when walking?**

Yes <sup>1</sup>  No <sup>0</sup> **BHWCLM**

**How often?**  
 Once <sup>1</sup>  2 to 3 times <sup>2</sup>  More than 3 times <sup>3</sup> **BHWCLMFQ**

**How bothersome has this symptom been?**  
 Not at all <sup>0</sup>  Slightly bothersome <sup>1</sup>  Moderately bothersome <sup>2</sup>  Extremely bothersome <sup>3</sup> **BHWCLMBT**

11) In the **PAST 12 MONTHS**, have you suffered **clumsiness when using your hands?**

Yes <sup>1</sup>  No <sup>0</sup> **BHHCLM**

**How often?**  
 Once <sup>1</sup>  2 to 3 times <sup>2</sup>  More than 3 times <sup>3</sup> **BHHCLMFQ**

**How bothersome has this symptom been?**  
 Not at all <sup>0</sup>  Slightly bothersome <sup>1</sup>  Moderately bothersome <sup>2</sup>  Extremely bothersome <sup>3</sup> **BHHCLMBT**



Draft

# Back and Joint Health

BHLIKTO2

BHLIKGE6

BHLIKTOT

12 During THE PAST 12 MONTHS, have you limited your activities because of back pain?

Yes  No *BHLIMIT*

How many days did you stay in bed (or lie down) at least half of the day because of your back?

*BHBACKBD*  
days

How many days did you limit or cut down on your usual activities because of back pain?  
Do not include days in bed.

*BHBACKLM*  
days

13 Do you have any difficulty bending down to pick up lightweight things (like clothing) from the floor?

Yes  No *BHLITE*

How much difficulty do you have doing this?

1  Some difficulty

2  Much difficulty *BHLITED*

3  Unable to do

*BHLITEC*

Is this difficulty due to back pain or because of other reasons?

1  Because of back pain

0  Because of other reasons

*BHLITEB*

14 Do you have any difficulty lifting a ten-pound object (such as a bag of potatoes) up from the floor?

Yes  No *BHLIFTM*

How much difficulty do you have doing this?

1  Some difficulty

2  Much difficulty *BHLIFTMD*

3  Unable to do

*BHLIFTMC*

Is this difficulty due to back pain or because of other reasons?

1  Because of back pain

0  Because of other reasons

*BHLIFTMB*





15 Do you have any difficulty reaching an object just above your head, such as a jar on a shelf?

1 Yes 0 No **BHREACH**

How much difficulty do you have doing this?

- 1  Some difficulty
- 2  Much difficulty **BHREACHD**
- 3  Unable to do

**BHREACHC**

Is this difficulty due to back pain or because of other reasons?

- 1  Because of back pain **BHREACHB**
- 0  Because of other reasons

16 Do you have any difficulty putting socks on either foot?

1 Yes 0 No **BH SOCK**

How much difficulty do you have doing this?

- 1  Some difficulty
- 2  Much difficulty **BH SOCKD**
- 3  Unable to do

**BH SOCKC**

Is this difficulty due to back pain or because of other reasons?

- 1  Because of back pain **BH SOCKB**
- 0  Because of other reasons

17 Do you have any difficulty getting in or out of the front seat of a car?

1 Yes 0 No **BH CAR**

How much difficulty do you have doing this?

- 1  Some difficulty
- 2  Much difficulty **BH CARD**
- 3  Unable to do

**BH RCARC**

Is this difficulty due to back pain or because of other reasons?

- 1  Because of back pain **BH CARB**
- 0  Because of other reasons





Draft

# Back and Joint Health

18 Do you have any difficulty standing or being on your feet for about 2 hours?

Yes  No *BHSTND*

How much difficulty do you have doing this?

- 1  Some difficulty
- 2  Much difficulty *BHSTNDD*
- 3  Unable to do

*BHSTNDC*

Is this difficulty due to back pain or because of other reasons?

- 1  Because of back pain
- 0  Because of other reasons *BHSTNDB*

19 Do you have any difficulty sitting in a chair for about 30 minutes without getting up?

Yes  No *BHSIT*

How much difficulty do you have doing this?

- 1  Some difficulty
- 2  Much difficulty *BHSITD*
- 3  Unable to do

*BHSITCC*

Is this difficulty due to back pain or because of other reasons?

- 1  Because of back pain
- 0  Because of other reasons *BHSIT*

20 In the past 12 months, have you had pain in or around either hip joint, including the buttock, groin, or either side of the upper thigh, on most days for at least one month? Do not include pain from the lower back.

Yes  No *BHHIP*

Was this pain in the left hip, right hip or both hips?

- 1  Left hip
- 2  Right hip
- 3  Both hips *BHHIPSD*

21 In the past 12 months, have you had pain, aching or stiffness in either knee on most days for at least one month? Include pain, aching and stiffness in or around your knee, including the front, back and side of knee.

Yes  No *BHKNEE*

Was this pain in the left knee, right knee or both knees?

- 1  Left knee
- 2  Right knee
- 3  Both knees *BHKNEESD*







Draft

# Clinic Interview

Office Use Only- MrOS ID#					Acrostic			Staff ID#		

CISTAFF

## ALCOHOL USE

1 In the **past 12 months**, have you had at least 12 drinks of any kind of alcoholic beverage?

Yes  No  Refused  Don't Know

TU12DRIN

TUDRPRWK

a. In the past 12 months, on the average, how many days per week, month, or year did you drink any alcoholic beverage?

TUDRAVG   days per  Week  Month  Year

TUDRFREQ

b. On the average, on the days that you drank alcohol, how many drinks did you have a day?

TUDRDAY   drinks

TUDRSWC

c. In the past 12 months, how many days per week, month, or year did you have five or more drinks on a single day? Include all types.

TUDR5PLS   days per  Week  Month  Year

TUDR5NO

I did not have at least five drinks on any day

1: checked, 0: not checked

d. In the past 12 months, how many days per week, month, or year did you have nine or more drinks on a single day. Include all types.

TUDR9PLS   days per  Week  Month  Year

TUDR9NO

I did not have at least nine drinks on any day

1: checked, 0: not checked

2 Was there ever a time in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?

Yes  No  Refused  Don't Know

TUDREVER

Yes/No are yes=1,no=0 unless otherwise indicated.

CIPAGELK

PAGE LINK #

PAGE 1

Version 1.0 01.07.00 MrOS CI Clinic Interview

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# Clinic Interview

## SOCIAL AND ECONOMIC STATUS

3 Think of this ladder as representing where people stand in their communities.

People define community in different ways; please define it in whatever way is most meaningful to you. At the **top** of the ladder are the people who have the highest standing in their community. At the **bottom** are the people who have the lowest standing in their community.

Where would you place yourself on this ladder?

Please place a large "X" on the rung where you think you stand at this time in your life, relative to other people your community.

4 Think of this ladder as representing where people stand in the United States.

At the **top** of the ladder are the people who are the best off - those who have the most money, the most education and the most respected jobs. At the **bottom** are the people who are the worst off - who have the least money, least education and and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please place a large "X" on the rung where you think you stand at this time in your life, relative to other people in the United States.

### CISELAD2

CLINIC USE ONLY

1 2 3 4 5 .R Refused

6 7 8 9 10 .D Don't Know

Lowest rung = 1

### CISELAD1

CLINIC USE ONLY

1 2 3 4 5 .R Refused

6 7 8 9 10 .D Don't Know

Lowest rung = 1

PAGE LINK #

Draft





# Clinic Interview

## PHYSICAL ACTIVITY

5 Do you take walks for exercise, daily or almost everyday?

*CIPIWALK*

Yes  No

On the average, how many city blocks or their equivalent do you walk each day for exercise? (12 city blocks=1 mile)

*CIPIBLK*  
[ ][ ] blocks

6 On average, about how many city blocks do you walk each day as part of your normal routine, such as when you go out shopping?

*CIPIBLKN*

[ ][ ] blocks

7 During an average 24-hour day, about how many hours do you spend sleeping and lying down with your feet up? Include time sleeping at night or trying to sleep, resting or stretched out on the sofa watching TV.

*CIPILIE*

[ ][ ] hours per day

8 During an average 24-hour day, about how many hours do you spend sitting upright? Include time sitting at the table eating, driving or riding in a car or bus, sitting watching TV, or talking.

*CIPITV*

[ ][ ] hours per day

9 Over the past year, have you spent more than one week confined to a bed or a chair as a result of any injury, illness or surgery?

*CIPICON*

Yes  No

How many weeks over this past year were you confined to a bed or chair?

*CIPICONN*

[ ][ ] weeks

[ ]





Draft

# Clinic Interview

10 Over the past year, have you had a volunteer or paid job outside the home for more than one month?

Yes  No

List all JOBS that the individual held over the past year for more than one month. Account for all 12 months of the past year. If unemployed, disabled, homemaker, or student during all or part of the past year, list as such and probe for job activities of a normal 8 hour day, 5 days per week.

Job name

Grid for job name: 20 empty boxes.

Walk or bike to or from work?

Yes  No

Minutes per day: 3 boxes for minutes.

Average job schedule?

Months per year, days per week, hours per day: 2 boxes for months, 2 for days, 2 for hours.

Out of total number or hours per day, how much was usually spent sitting?

Hours sitting: 2 boxes for hours.

Check the category, from the list below, that best describes job activities when not sitting.

A  B  C  All time at work spent sitting

Job name

Grid for job name: 20 empty boxes.

Walk or bike to or from work?

Yes  No

Minutes per day: 3 boxes for minutes.

Average job schedule?

Months per year, days per week, hours per day: 2 boxes for months, 2 for days, 2 for hours.

Out of total number or hours per day, how much was usually spent sitting?

Hours sitting: 2 boxes for hours.

Check the category, from the list below, that best describes job activities when not sitting.

A  B  C  All time at work spent sitting

### Category A

(includes low impact activities)  
standing without heavy lifting  
light cleaning - ironing, cooking  
driving a bus, taxi, tractor  
jewelry making/weaving  
general office work  
occasional/short distance walking

### Category B

(includes most indoor activities)  
carrying light loads  
continuous walking  
heavy cleaning - mopping, sweeping  
gardening - planting, weeding  
painting/plastering  
plumbing/welding  
electrical work

### Continued on the next page

### Category C

(heavy industrial work, outdoor construction, farming)  
carrying moderate to heavy loads  
heavy construction  
farming - hoeing, digging, raking  
digging ditches, shoveling  
chopping, sawing wood  
tree/pole climbing  
water/coal/wood hauling

PAGE LINK #

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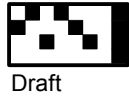
PAGE 4

Version 1.0 01.07.00 MrOS CI Clinic Interview

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# Trail Making Task B

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

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TBSTAFF

Hand the participant the "Sample Response Sheet."

Say to the participant: "On this page there are some numbers and letters. Begin at number 1 (point to 1) and draw a line to A (point to A), A to 2 (point to 2), 2 to B (point to B), B to 3 (point to 3), 3 to C (point to C) and so on, in order, until you reach the end. (Point to the circle marked end.) Remember, first, you have a number (point to 1), then a letter (point to A), then a number (point to 2), then a letter (point to B) and so on. Draw the lines as fast as you can. Ready? Begin."

If the participant makes a mistake, point out the error and explain it. If necessary, guide the participant's hand through the trail, eraser end down. Then say, "Now you try it," and repeat the ordinal directions starting, "Begin at number 1 . . ." Repeat instructions with guidance twice.

If the participant completes the sample item correctly and shows that he understands the task, say, "Good! Let's try the next one," and continue on with the test.

Was the participant able to complete the Sample Response Sheet ?

**TBSAMP**  
 Yes  No

Why not?

**TBWHYN**

- 1  Unable due to physical problems (hand tremor, cast, etc.)
- 2  Participant did not understand directions
- 3  Other
- 4  Participant refused

Hand the participant the "Test Response Sheet."

Say to the participant: "On this page there are some numbers and letters. Begin at number 1 (point to 1) and draw a line to A (point to A), A to 2 (point to 2), 2 to B (point to B), B to 3 (point to 3), 3 to C (point to C) and so on, in order, until you reach the end. (Point to the circle marked end.) Remember, first, you have a number (point to 1), then a letter (point to A), then a number (point to 2), then a letter (point to B) and so on. Draw the lines as fast as you can. Ready? Begin."

Start timing as soon as the instruction is given below. Allow a maximum of 300 seconds (5 minutes) for the task. WATCH CLOSELY IN ORDER TO CATCH ANY ERRORS AS SOON AS THEY ARE MADE. If the participant makes an error, identify it immediately, draw a perpendicular line through the incorrect line and tell him to proceed from the number or letter where the mistake occurred. DO NOT STOP TIMING. Record time in seconds and list the number of errors made. If the participant makes more than 5 errors or goes over 300 seconds, stop, score this test, and go on to the next test.

Number of circles connected (maximum=25)	<table border="1"><tr><td></td><td></td></tr></table>			<b>TBCIRCLE</b> circles	
Total time (maximum=300 seconds)	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<b>TBSECON</b> seconds
Errors:	<table border="1"><tr><td></td><td></td></tr></table>			<b>TBERROR</b> errors	

Yes/No are yes=1,no=0 unless otherwise indicated.



Pages 7 and 8 are part of the Trails B Test and do not contain any variables.



# Teng Mini-Mental

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

TMSTAFF

Are you comfortable?

I would like to ask you a few questions that require concentration and memory. Some are a little bit more difficult than others. Some questions will be asked more than once.

Record responses. Code '99' if no response.

1 When were you born?

a.  /  /

Month Day Year

Where were you born?  
Place of Birth?

Answer given    Can't do/ Refused    Not attempted/ disabled

d.      1     2     3  
City/town

e.      1     2     3  
State/Country

You will ask again in Question # 18

2 I am going to say three words for you to remember. Repeat them after I have said all three words: **shirt, blue, honesty**

Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned.

	Correct	Error/ Refused	Not attempted/ disabled
a. Shirt	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
b. Blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Numbers of presentations necessary for the participant to repeat the sequence:	<input type="text"/>		

3 I would like you to count from 1 to 5.

1  Able to count forward    2  Unable to count forward  
Say 1-2-3-4-5

Now I would like you to count backwards from 5 to 1. Record the responses in the order given: (Enter "99999" if no response)

4 Spell "world".

1  Able to spell    2  Unable to spell  
"It's spelled W-O-R-L-D."

a. Now spell "world backwards" (Record letter in order given: Enter "xxxxx" if no response.)

TMMFLAG

TMMSCORE

TMNAMING

TMSPACE

TMBDAY

TMRECALL

TMTEMPOR

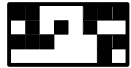
TM4LEG

TMREGIS

TMREVERS

Yes/No are yes=1,no=0 unless otherwise indicated.





Draft

# Teng Mini-Mental

5 What three words did I ask you to remember earlier?

*The words may be repeated in any order. If the participant cannot give the correct answer after a category cue, provide the three choices listed. If the participant still cannot give the correct answer from the three choices score "Unable to recall/refused" and provide the correct answer.*

- a. Shirt** *TMSHRM*
- 1  Spontaneous recall
  - 2  Correct word/incorrect form
  - 3  After "Something to wear."
  - 4  After "Was it shirt, shoes, or socks?"
  - 5  Unable to recall/refused (provide the correct answer)
  - 6  Not attempted/disabled

- b. Blue** *TMBLRM*
- 1  Spontaneous recall
  - 2  Correct word/incorrect form
  - 3  After "A color."
  - 4  After "Was it blue, black, or brown?"
  - 5  Unable to recall/refused (provide the correct answer)
  - 6  Not attempted/disabled

- c. Honesty** *TMHNRM*
- 1  Spontaneous recall
  - 2  Correct word/incorrect form
  - 3  After "A good personal quality"
  - 4  After "Was it honesty, charity, modesty?"
  - 5  Unable to recall/refused (provide the correct answer)
  - 6  Not attempted/disabled

6 a. What is today's date?

*TM2DAY*

		/			/				
Month			Day			Year			

b. What is the day of the week?

- TMDAYWK*
- 1  Correct
  - 2  Error/refused \_\_\_\_\_ Day of the week
  - 3  Not attempted/disabled

*Record answer in error. Enter 'X' if no response.*

c. What season of the year is it?

- TMSEAS*
- 1  Correct
  - 2  Error/refused \_\_\_\_\_ Season
  - 3  Not attempted/disabled

*Record answer in error. Enter 'X' if no response.*

7 a. What state are we in?

- TMSTAT*
- 1  Correct
  - 2  Error/refused \_\_\_\_\_ State
  - 3  Not attempted/disabled

*Record answer in error. Enter 'X' if no response.*

b. What county are we in?

- TMCNTY*
- 1  Correct
  - 2  Error/refused \_\_\_\_\_ County
  - 3  Not attempted/disabled

*Record answer in error. Enter 'X' if no response.*

c. What (city/town) are we in?

- TMGITT*
- 1  Correct
  - 2  Error/refused \_\_\_\_\_ City/town
  - 3  Not attempted/disabled

*Record answer in error. Enter 'X' if no response.*

d. Are we in a clinic, store, or home?

*If correct answer is not among the three alternatives (e.g., hospital or nursing home), substitute it for the middle alternative (store). If the participant states that none is correct, ask them to make the best choice of the three options.*

- TMWHRE*
- 1  Correct
  - 2  Error/refused
  - 3  Not attempted/disabled





# Teng Mini-Mental

**8** Point to the object or a part of your own body and ask the participant to name it. Score "Error/Refused" if the participant cannot name it within 2 seconds or gives an incorrect name. Do not wait for the participant to mentally search for the name.

	Correct	Error/ Refused	Not attempted/ disabled
a. Pencil: What is this?	<input type="radio"/>	<input type="radio"/> <i>TMPENG</i>	<input type="radio"/>
b. Watch: What is this?	<input type="radio"/>	<input type="radio"/> <i>TMWTCH</i>	<input type="radio"/>
c. Forehead: What do you call this part of the face?	<input type="radio"/>	<input type="radio"/> <i>TMFRHD</i>	<input type="radio"/>
d. Chin: And this part?	<input type="radio"/>	<input type="radio"/> <i>TMCHN</i>	<input type="radio"/>
e. Shoulder: And this part of the body?	<input type="radio"/>	<input type="radio"/> <i>TMSHLD</i>	<input type="radio"/>
f. Elbow: And this part?	<input type="radio"/>	<input type="radio"/> <i>TMELB</i>	<input type="radio"/>
g. Knuckle: And this part?	<input type="radio"/>	<input type="radio"/> <i>TMKNK</i>	<input type="radio"/>

**9** What animals have four legs? Tell me as many as you can.

*Discontinue after 30 seconds. Record the total number of correct responses. If the participant gives no response in 10 seconds and there are still at least 10 seconds remaining, gently remind them (once only): "What (other) animals have four legs?" The first time an incorrect answer is provided, say, "I want four-legged animals." Do not correct for subsequent errors.*

*TMSCR*

Score (total correct responses):

--	--

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*(Write any additional correct answers on a separate sheet)*

**10** a. In what way are an arm and a leg alike?

*If the initial response is scored "Lesser correct answer" or "Error", coach the participant by saying "An arm and a leg are both limbs or extremities" to reinforce the correct answer. Coach only for Question 10a. No other prompting or coaching is allowed.*

- Limbs, extremities, appendages
- Lesser correct answer (e.g., body parts, both bend, have joints)
- Error/refused *TMARLG* (e.g. states differences, gives unrelated answer)
- Not attempted/disabled

b. In what way are laughing and crying alike?

- Expressions of feelings, emotions
- Lesser correct answer (e.g., sounds, expressions, other similar responses)
- Error/refused *TMLCRY* (e.g. states differences, gives unrelated answer)
- Not attempted/disabled

c. In what way are eating and sleeping alike?

- Necessary bodily functions, essential for life
- Lesser correct answer (e.g., bodily functions, relaxing, 'good for you or other similar responses) *TMETSLS*
- Error/refused (e.g. states differences, gives unrelated answer)
- Not attempted/disabled

**11** Repeat what I say: **I would like to go out.**

*Pronounce the individual words distinctly but with normal tempo of a spoken sentence.*

- Correct
- 1 or 2 words missed *TMRPT*
- 3 or more words missed/refused
- Not attempted/disabled



# Teng Mini-Mental

12 Now repeat: **No ifs, ands or buts.**

*Pronounce the individual words distinctly but with normal tempo of a spoken sentence. Give no credit if the participant misses the "s."*

	Correct	Error/ Refused	Not attempted/ disabled
a. no ifs	<input type="radio"/>	<input type="radio"/> <i>TMIF</i>	<input type="radio"/>
b. ands	<input type="radio"/>	<input type="radio"/> <i>TMAND</i>	<input type="radio"/>
c. or buts	<input type="radio"/>	<input type="radio"/> <i>TMBUT</i>	<input type="radio"/>

13 Hold up Card # 1 and say, "PLEASE DO THIS."

*If the participant does not close their eyes within 5 seconds, prompt by pointing to the sentence and saying "READ AND DO WHAT THIS SAYS." If the participant has already read the sentence aloud spontaneously, simply say, "DO WHAT THIS SAYS."*

*Allow 5 seconds for the response. Assign the appropriate score - See below. As soon as the participant closes their eyes, say "Open."*

- Closes eyes without prompting
- Closes eyes after prompting
- Reads aloud, but does not close eyes *TMCRD1*
- Does not read aloud or close eyes/refused
- Not attempted/disabled

14 Please write the following sentence:  
**I would like to go out.**

*Hand participant a piece of blank paper and a #2 pencil with eraser. If necessary, repeat the sentence word by word as the participant writes. Allow a maximum of 1 minute after the first reading of the sentence for scoring the task.*

*Either printing or cursive writing is allowed. Score "Correct" for each correct word, but no credit for "I". For each word, score "Error/Refused" if there are spelling errors or incorrect mixed capitalizations (all letters printed in uppercase are permissible). Self-corrected errors are acceptable.*

	Correct	Error/ Refused	Not attempted/ disabled
a. would	<input type="radio"/>	<input type="radio"/> <i>TMWLD</i>	<input type="radio"/>
b. like	<input type="radio"/>	<input type="radio"/> <i>TMLKE</i>	<input type="radio"/>
c. to	<input type="radio"/>	<input type="radio"/> <i>TMT0</i>	<input type="radio"/>
d. go	<input type="radio"/>	<input type="radio"/> <i>TMGO</i>	<input type="radio"/>
e. out	<input type="radio"/>	<input type="radio"/> <i>TMOUT</i>	<input type="radio"/>

*Note which hand the participant uses to write. If this task is not done, ask participant if they are right or left handed. (Use in Question #16)*

- 1  Right
- 2  Left *TMHAND*
- 3  Unknown



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# Teng Mini-Mental

15 Here is a drawing. Please copy the drawing onto this piece of paper.

Hand participant Card #2. Allow 1 minute for copying. For right-handed participants, present the sample on the left side; for left-handed participants, present the sample on the right side. Allow a maximum of 1 minute for response. Do not penalize for self-corrected errors, tremors, minor gaps, or overshoots.

### a. Pentagon 1

- 5 approximately equal sized sides
- 5 sides, but longest:shortest side is >2:1
- Nonpentagon enclosed figure *TMPENT1*
- 2 or more lines, but it is not an enclosed figure
- less than 2 lines/refused
- not attempted/disabled

### b. Pentagon 2

- 5 approximately equal sized
- 5 sides, but longest:shortest side is >2:1
- nonpentagon enclosed figure *TMPENT2*
- 2 or more lines, but it is not an enclosed figure
- less than 2 lines/refused
- not attempted/disabled

### c. Intersection

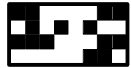
- 4-cornered enclosure
- not a 4-cornered enclosure *TMINT*
- no enclosure/refused
- not attempted/disabled

16 Refer to Question 14 to check whether the participant is right- or left-handed. Ask them to take the paper in their non-dominant hand.

Take this paper with your left (right for left handed person) hand, fold it in half using both hands, and hand it back to me.

After saying the whole command, hold the paper within reach of the participant. Do not repeat any part of the command. Do not move the paper toward the participant. The participant may hand back the paper with either hand.

	Correct	Error/ Refused	Not attempted/ disabled
a. Takes paper in correct hand	<input type="radio"/>	<i>TMPCOR</i> <input type="radio"/>	<input type="radio"/>
b. Folds paper in half	<input type="radio"/>	<i>TMPFLD</i> <input type="radio"/>	<input type="radio"/>
c. Hands paper back	<input type="radio"/>	<i>TMPHND</i> <input type="radio"/>	<input type="radio"/>



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# Teng Mini-Mental

17 What three words did I ask you to remember earlier?

Administer this item even when the participant scored one or more "unable to recall/refused" on Question 5. The words may be repeated in any order. For each word not readily given, provide the category followed by multiple choices when necessary. Do not wait more than 3 seconds for spontaneous recall and do not wait more than 2 seconds after category cueing before providing the next level of help.

- a. Shirt**
- Spontaneous recall
  - Correct word/incorrect form
  - After "Something to wear." *TMSSH2*
  - After "Was it shirt, shoes, or socks?"
  - Unable to recall/refused (provide the correct answer)
  - Not attempted/disabled

- b. Blue**
- Spontaneous recall
  - Correct word/incorrect form
  - After "A color." *TMBLU2*
  - After "Was it blue, black, or brown?"
  - Unable to recall/refused (provide the correct answer)
  - Not attempted/disabled

- c. Honesty**
- Spontaneous recall
  - Correct word/incorrect form
  - After "A good personal quality" *TMHON2*
  - After "Was it honesty, charity, modesty?"
  - Unable to recall/refused (provide the correct answer)
  - Not attempted/disabled

18 Would you please tell me again where you were born?

Ask this question only when a response was given in Question 1d and 1e. Score the response by checking against the response in Question 1d and 1e.

- | Place of Birth?           | Does not<br>match/<br>Matches | Refused               | Not<br>attempted/<br>disabled |
|---------------------------|-------------------------------|-----------------------|-------------------------------|
| a. _____<br>City/town     | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/>         |
| b. _____<br>State/Country | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/>         |
- TM CITY2*
- TM STE2*

19 If physical/functional disabilities or other problems exist which cause the participant difficulty in completing any of the tasks, mark the box coded 'yes' and check the nature of the problem listed below

- 1  Vision
  - 2  Hearing
  - 3  Writing problems due to injury or illness *TMDIFF*
  - 4  Illiteracy/lack of education
  - 5  Language
  - 6  Other **(Please record the specific problem in the space provided.)**
- \_\_\_\_\_





# Functional Vision

Interviewer Administered

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

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FVSTAF

## LETTER LITERACY TEST

- 1 Administer the letter literacy test. Show participant letter literacy card.  
 (REQUIRED - Show Card F) Be sure they are wearing their reading glasses, if needed.  
 Script: "Can you see these letters (point to card). Read me the letters one by one across the line."

A B O S E R T H U P I V Z J Q

Letter literacy test score:

Number of correct letters: 

--	--

 FVLTRNO

Were 10 or more letters read correctly?

Yes

No FVLTR10

Administer all functional vision tests.

Do not administer the Bailey-Lovie or Pelli-Robson exam. Administer the Frisby stereo test.

## BAILEY-LOVIE DISTANCE VISUAL ACUITY

- 2 Does the participant usually wear glasses or contact lenses for distance tasks?

Yes  No FVBLGLAS

Is the participant wearing glasses or contact lenses for the Bailey-Lovie test?

Yes  No FVBLGLSN

What is the participant wearing - glasses or contact lenses?

Glasses  Contact lenses

1 What type of glasses?

- Distance FVBLTPGL
- 2  Bifocal
- 3  No-line bifocal

1 What type of contact lenses?

- Distance FVBLTPCT
- 2  Bifocal
- 3  Monovision (one eye corrected for near, one for distance)

Yes/No variables are yes=1,no=0 unless otherwise indicated.

PAGE LINK #

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# Functional Vision

Interviewer Administered

FV2050

FVLOGMAR

FVBLLTRC

3 Which chart was used?  
 Chart #1  Chart #2 **FVBLCHRT**

4 Which distance was used?  
 10 feet  5 feet  Participant unable to read chart at 5 feet **FVBLDIST**

5 **Examiner Note: Make an "X" through each letter incorrectly identified. If the participant misses 3 or more letters on one row, stop administering the test and go to Question #6.**

Chart 1	Chart 2	Letter Count	SNELLEN equivalent	
			(10 feet)	(5 feet)
D V N Z R	H E F P U	5	20/250	20/500
H N F D V	E P U R Z	10	20/200	20/400
F U P V E	H N R Z D	15	20/160	20/320
P E R Z U	F N H V D	20	20/125	20/250
F H P V E	N D Z R U	25	20/100	20/200
Z R F N U	V D E H P	30	20/80	20/160
P R Z E U	N F V H D	35	20/63	20/125
F V P Z D	N R E H U	40	20/50	20/100
U P N F H	R Z V D E	45	20/40	20/80
R Z U F N	D H E V P	50	20/32	20/63
F H U V D	E P N R Z	55	20/25	20/50
N E F Z R	H P V D U	60	20/20	20/40
Z D R V E	N U P F H	65	20/16	20/32
U D F V N	Z P E H R	70	20/12	20/25

6 Number of letters read correctly:   **FVBLLTR** letters

**(Examiner Note: Starting with the Letter Count for the last line read without errors, add one for each additional letter correctly read on lines below it.)**

7 Was the Bailey-Lovie test administered?

**FVBLTEST**  
 Yes  
 No

Why not?  
**(Examiner Note: Check main reason test was not administered.)**  
 1  Did not pass letter literacy exam 4  Did not understand  
 2  Participant fatigued 7  Refused  
 3  Unable to see chart

**FVBLWHYN**

PAGE LINK #

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## PELLI-ROBSON TEST FOR CONTRAST SENSITIVITY

1 Is the participant wearing glasses or contact lenses for the Pelli-Robson test?

Yes  No **FVPRGLAS**

What is the participant wearing - glasses or contact lenses?

Glasses  Contact lenses

What type of glasses?

- 1  Distance
- 2  Bifocal
- 3  No-line bifocal

What type of contact lenses?

- 1  Distance
- 2  Bifocal
- 3  Monovision (one eye corrected for near, one for distance)

2 Which chart was used?

Chart #1  Chart #2 **FVPRCHRT**

3 Which distance was used?

10 feet  5 feet

**(Examiner Note: Use the same distance as for the Bailey-Lovie chart or if the participant cannot identify the darkest triplet correctly at 10 feet, move to 5 feet.)**

**FVPRDIST**

4 **Examiner Note: Make an "X" through each letter incorrectly identified. When the participant misses all 3 letters in a triplet, stop administering the test and go to Question #5.**

Chart 1		Letter Count	Chart 2	
H S Z	D S N	06	V R S	K D R
C K R	Z V R	12	N H C	S O K
N D C	O S K	18	S C N	O Z V
O Z K	V H Z	24	C N H	Z O K
N H O	N R D	30	N O D	V H R
V R C	O V H	36	C D N	Z S V
C D S	N D C	42	K C H	O D K
K V Z	O H R	48	R S Z	H V R

5 Number of letters read correctly:

**FVPRLTR**  
letters

**(Examiner Note: Starting with the Letter Count for the last line read without errors, add one for each additional letter correctly read on lines below it.)**

6 Was the Pelli-Robson test administered?

**FVPRTEST**  
 Yes  
 No

Why not?

**(Examiner Note: Check main reason test was not administered.)**

- 1  Did not pass letter literacy exam
- 2  Participant fatigued
- 3  Unable to see chart
- 4  Did not understand
- 5  Refused
- 6  Refused
- 7  Refused

**FVPRWHYN**

PAGE LINK #

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# Functional Vision

Interviewer Administered

FVDISPAR

## FRISBY STEREO TEST--DEPTH PERCEPTION

1 Does the participant usually wear glasses or contact lenses for reading?

Yes  No *FVFSGLAS*

Is the participant wearing glasses or contact lenses for the Frisby Stereo test?

Glasses *FVFSGLSN*  Contact lenses  Not wearing glasses or contact lenses.

What type of glasses?

- 1  Distance
- 2  Bifocal *FVFSTPGL*
- 3  No-line bifocal
- 4  Reading

What type of contact lenses?

- 1  Distance
- 2  Bifocal *FVFSTPCT*
- 3  Monovision (one eye corrected for near, one for distance)

**Examiner Note: Show the participant the thickest plate.**

Script: "This is a test of depth perception. One of the squares has a circular area of pattern standing out in front of it. Can you see which one it is?"

2 Was the participant able to point out the depth cue without hesitation (either before or after a demonstration using monocular clues)?

Yes

*FVFSYN*

No

Start here Plate 2 (medium thickness)	Plate 3 (thinnest)	Start here Plate 1 (maximum thickness)
<p>Trial</p> <p><i>FVFSP2T1</i> 1 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP2T2</i> 2 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP2T3</i> 3 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>If 3 correct, record as "Pass" &amp; go to Plate #3.</p> <p><i>FVFSP2T4</i> 4 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP2T5</i> 5 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP2T6</i> 6 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>Pass if 3/3 or at least 5/6 correct</p> <p>Plate 2 <i>FVFSP2PF</i></p> <p>1 <input type="radio"/> Pass 2 <input type="radio"/> Fail 9 <input type="radio"/> Did not test</p> <p>Go to Plate 3    Go to Plate 1</p>	<p>Trial</p> <p><i>FVFSP3T1</i> 1 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP3T2</i> 2 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP3T3</i> 3 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>If 3 correct, record as "Pass" &amp; go to Question #3 on next page.</p> <p><i>FVFSP3T4</i> 4 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP3T5</i> 5 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP3T6</i> 6 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>Pass if 3/3 or at least 5/6 correct</p> <p>Plate 3 <i>FVFSP3PF</i></p> <p>1 <input type="radio"/> Pass 2 <input type="radio"/> Fail 9 <input type="radio"/> Did not test</p> <p>Go to Question #3 on next page.</p>	<p>Trial</p> <p><i>FVFSP1T1</i> 1 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP1T2</i> 2 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP1T3</i> 3 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>If 3 correct, record as "Pass" &amp; go to Plate #2.</p> <p><i>FVFSP1T4</i> 4 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP1T5</i> 5 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p><i>FVFSP1T6</i> 6 <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>Pass if 3/3 or at least 5/6 correct</p> <p>Plate 1 <i>FVFSP1PF</i></p> <p>1 <input type="radio"/> Pass 2 <input type="radio"/> Fail 9 <input type="radio"/> Did not test</p> <p>Go to Plate 2    STOP. Go to Question #3 on next page.</p>

PAGE LINK #

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# Functional Vision

Interviewer Administered

3 Was a non-standard distance (other than 40 cm) used?

Yes  No *FVFSDIST*

Specify distance used:   cm *FVFSM*

4 Was the Frisby Stereo test administered?

Yes  No *FVFSSTEST*

Why not? **(Examiner Note: Check main reason test was not administered.)**

1  Participant fatigued

2  Unable to see chart *FVFSWHYN*

3  Did not understand

4  Other **(Please specify: \_\_\_\_\_)**

7  Refused

PAGE LINK #

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# Nottingham Power Rig

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

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1 Ask the participant, "Have you had a hip replaced in the last six months?"

*NPHIPREP*  
 Yes  
 No

Ask the participant, "Which side have you had replaced?"

Left (Do not test left side)  Right (Do not test right side)

Demonstrate the use of the machine twice for the participant. Describe the testing process as you demonstrate. Include the seat adjustment, foot placement practice tests and how maximal effort should feel.

Ask the participant to sit in the apparatus, turning the chair if necessary. Ask the participant to slide his hips to the back of the seat so the back seat cushion is compressed while leaning slightly forward. Make sure that the hips do not ride up the seat back.

To adjust the seat: Unlock the seat and push it forward, until it is closer to the pedals than the subject will need. Ask the participant to place one foot on the push pedal and lean slightly forward. The participant gently depresses the push pedal all the way down and continues to push until his leg is just about to fully extend. Push seat forward slightly and have the subject extend his leg again to verify positioning. Lock the seat into position, making sure that the clamp plates are in the correct position. While the participants leg remains extended, measure the seat position using the affixed tape measure located on the participant's right side.

*NPSEAT*

--	--	--	--	--

Record seat position to the nearest milimeter: **Seat position:** \_\_\_\_\_ cm

Was a different seat position used for the participant's left side?  Yes  No

Record seat position for left side:

**Seat position:** \_\_\_\_\_ cm *NPSEATLT*

Ask the participant to cross their arms across their chest, with their back straight. Randomly select the first leg to be tested, each leg will then be alternated through all trials. The participant should then place the selected foot on the push pedal so that the heel and instep are resting against the flanges. Make sure that the analyzer output displays "----" before each trial. Emphasize speed and power.

Script: "You will be pressing down on the push pedal one leg at a time. We want you to have your entire foot on the pedal at all times. To do this, make sure you push through your heel. Before starting, I want you to lean slightly forward, and cross your arms on your chest. This first time, push the pedal down at moderate effort." Make sure to correct poor form, and give verbal encouragement before and throughout the test. Repeat this test two times per leg. Make sure that the analyzer output displays "----" before each trial. Do not record practice results.

Script: "Now we want you to do the same thing, except at maximal effort. Push the pedal as though you are breaking a car in an emergency situation. Remember this is at 100% of your maximum. Lean slightly forward, and cross your arms on your chest. When I say 'go' push through your heel as hard and as fast as you can. Ready? Go!" Make sure that the analyzer output displays "----" before each trial. Record output below:

*NPLMAX*

*NPOMAX*

*NPRMAX*

**Left leg** *NPLEFTNO*

Attempted but unable  Did not attempt  Refused

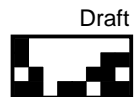
**Right leg** *NPRIGHTNO*

Attempted but unable  Did not attempt  Refused

1	<i>NPLEFT1</i>							watts
2	<i>NPLEFT2</i>							watts
3	<i>NPLEFT3</i>							watts
4	<i>NPLEFT4</i>							watts
5	<i>NPLEFT5</i>							watts
6	<i>NPLEFT6</i>							watts
7	<i>NPLEFT7</i>							watts
8	<i>NPLEFT8</i>							watts
9	<i>NPLEFT9</i>							watts

1	<i>NPRIGHT1</i>							watts
2	<i>NPRIGHT2</i>							watts
3	<i>NPRIGHT3</i>							watts
4	<i>NPRIGHT4</i>							watts
5	<i>NPRIGHT5</i>							watts
6	<i>NPRIGHT6</i>							watts
7	<i>NPRIGHT7</i>							watts
8	<i>NPRIGHT8</i>							watts
9	<i>NPRIGHT9</i>							watts

*NPREASL*  
*NPREASR*  
*NPREASB*





# Height, Weight & Pulse

Office Use Only- MrOS ID#					Acrostic					Staff ID#				
										HWSTAFF				

## 1 Standing Height

Measurement 1  **HWMEAS1**  
mm

**HWHGT**

Measurement 2  **HWMEAS2**  
mm

**HWHTLOSSS**

**HWBMI**

Is the difference between Measurement 1 and Measurement 2  $\geq 4$  mm?

Yes  No **HWGT4**

### Complete Measurements 3 & 4

Measurement 3  **HWMEAS3**  
mm

Measurement 4  **HWMEAS4**  
mm

Is the participant standing sideways due to kyphosis?

Yes  No **HWKYPH**

## 2 Weight

.  **HWWTG**  
kg

**HWWTLS25**

## 3 Radial Pulse

Measurement 1  
 **HWPULSEA**  
beats per 30 seconds **x 2**

**HWPULSE1**

Measurement 1  beats per minute

Measurement 2  
 **HWPULSEB**  
beats per 30 seconds **x 2**

**HWPULSE2**

Measurement 2  beats per minute

**HWPULSET**

**HWPULSEM**

Total (Measurement 1 + Measurement 2)   $\div 2 =$   Average beats per minute

Yes/No are yes=1,no=0 unless otherwise indicated.



# Grip Strength

Office Use Only- MrOS ID#					Acrostic			Staff ID#		

## Exclusion Criteria:

1 "Has any pain in your hands gotten worse recently?"  
 1 Yes  0 No  7 Refused  8 Don't Know **GSWEAK**

Which side?  1 Left  2 Right  3 Both **GSSDWEAK**

**DO NOT TEST LEFT**    **DO NOT TEST RIGHT**    **DO NOT TEST EITHER SIDE**

**GSFLAGEX**

**GSUNABLE**

2 "Have you had any surgery on your hands or wrists in the past 3 months (12 weeks)?"  
 Yes  No **GSSURG**

Which side?  1 Left  2 Right  3 Both **GSSDSURG**

**DO NOT TEST LEFT**    **DO NOT TEST RIGHT**    **DO NOT TEST EITHER SIDE**

Script: "I'd like you to take you right/left arm, rest it on the table, and bend you elbow. Grip the bars in your hand, like this. Please slowly squeeze the bars as hard as you can."

Hand the dynamometer to the participant. Adjust if needed.

Script: "Now try it once just to get the feel of it. For this pratice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?"

Show dial to participant.

Script: "We'll do this two times. This time counts, so when I say squeeze, squeeze as hard as you can. Ready? Squeeze! Squeeze! Squeeze! Now, Stop!"

### Right side

**Trial 1**   **GSRT1**

**GSRTAB1**  Refused  
 Unable, did not attempt

**Trial 2**   **GSRT2**

**GSRTAB2**  Refused  
 Unable, did not attempt

### Left side

**Trial 1**   **GSLF1**

**GSLFAB1**  Refused  
 Unable, did not attempt

**Trial 2**   **GSLF2** kg

**GSLFAB2**  Refused  
 Unable, did not attempt

<b>GSGRPAVG</b>	<b>GSGRPRAV</b>	<b>GSGRPMAX</b>	<b>GSGRPLAV</b>
-----------------	-----------------	-----------------	-----------------

Yes/No are yes=1,no=0 unless otherwise indicated.



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## INTRODUCTION/SCREENING QUESTIONS

Script: "I'm going to ask you to try to do several different movements of your body. I will first describe and show each movement to you. Then I'd like you to try to do it. If you cannot do a particular movement or you feel it would be unsafe to try to do it, please tell me and we'll move on to the next one. Let me emphasize that I would like you to try each exercise. But I don't want you to try to do any exercise that you feel might be unsafe."

- 1 Ask the participant, "Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing straight up from a chair or walking up steps?"

- Yes  
 No

Tell the participant, "Before we do each test, I'll describe it to you. Please tell me if you think that you shouldn't attempt the test because of the problems you described."

NFPROB

- 2 Ask the participant, "Do you use any walking aids, such as a cane?"

- No aids <sup>1</sup>  Cane or <sup>2</sup> quad cane  Walker, <sup>3</sup> Wheelchair, leg brace, crutches

NFAIDS

- 3 Does the participant have any of the following? (Mark all that apply)

<sup>1</sup>  Orthosis

<sup>2</sup>  Missing Limbs

<sup>3</sup>  Prosthesis

<sup>4</sup>  Paralysis of extremity or side of body

1: checked

0: not checked

## SINGLE CHAIR STAND

Have the participant sit in the chair, assuming the position from which he would normally stand up from a chair (but **no more than half-way forward** on the seat of the chair) with the feet resting on the floor and the arms folded across the chest.

Script: "This is a test of strength in your legs in which you stand up from sitting without using your arms." Demonstrate the procedure. "Fold your arms across your chest, like this, and stand, keeping your arms in this position. Do you understand?" Ask the participant to stand. Script: "Can you stand and sit one time for practice?"

If the arms unfold, or the participant puts one or both hands down on the chair to push up, remind him to keep his arms folded snugly across his chest, and ask him to repeat the chair stand. It is OK for the participant to move part-way forward in the chair before standing, but knees and hips should be flexed to approximately 90° before standing.

If the participant cannot rise without using arms, say: "Ok. Try to stand up using your arms to push off."

- 4 Could the participant stand up one time unassisted?

- <sup>1</sup>  Stands without using arms  <sup>0</sup> Unable to stand  <sup>3</sup> Rises using arms  <sup>7</sup> Did not attempt/Refused

NFSTAND1

Do not test the repeated chair stands. Go on to six meter usual pace, next page.

## REPEATED CHAIR STAND

When the subject is properly seated after practicing, say, "This time, I want you to stand up 5 times as quickly as you can, keeping your arms folded across your chest."

Demonstrate the test. Script: "First I will show you. When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time. I will demonstrate two chair stands to show you how it is done." Rise two times quickly as you can, counting as you stand up each time.

Script: "When I say 'Go,' stand five times in a row, as quickly as you can, without stopping. Stand all the way up and sit all the way down each time. Ready? GO!" Count "1,2,3,4,5" as the participant stands up each time.

Yes/No are yes=1,no=0 unless otherwise indicated.





Draft

# Neuromuscular Function

If the participant fatigues before completing 5 stand-ups, confirm that he can't do more by asking, "Can you continue?" If he says yes, keep timing. If he says no, record that he could not complete five stand-ups and DO NOT record a time for him.

5 Did the participant complete all 5 stands?

NF5STAND

- Yes
- No

How many were completed?

NF5MANY stands.

Go on to Six Meter Usual Pace, next section.

6 Record time and arm use for chair stand.

NFTIME5

seconds to complete 5 stands

NFTIME5A

Arm use:

NFARMU5

NFSTDARM

- 1  5 times without using arms
- 2  5 times, uses arms part of time
- 3  5 times, uses arms all of time
- 4  Attempted, but unable to stand up once
- 5  Attempted, but unable to complete 5 stands
- 7  Did not attempt/Refused

## SIX METER USUAL PACE

The participant should be wearing comfortable walking shoes. He may use a walking aid, but should be encouraged to walk without one if he is comfortable doing so.

NF6MABLE

Script: "This is a balance walk test. First I want you to walk down the hall normally, at a comfortable pace, ignoring the colored lines. For the second walk, I will ask you to walk keeping your feet inside the lines. Each test will be done twice."

Ask the subject to stand behind the line at one end of the course, at the red center mark. Script: "Place your feet with your toes behind, but not touching the starting line. Wait until I say 'Go.' Remember, I want you to walk at a comfortable pace ignoring the colored lines." Demonstrate and return. Walk a few steps past the finish line each time.

Start the stopwatch at the first foot fall, and stop timing when the first footfall (complete or partial) crosses the finish line. Count the number of steps taken to cover the course (NOT ALOUD). One step is counted when either foot is placed down on the floor, including the first step and the step which a participant's foot crosses or touches the end line. Record time and number of steps below.

NFSTPLGT

NF6MPACE

NF6MWTM

NFWLKSPD

NFWLKSPA

Trial 1

NFWLKNA1

NF6MPACA

NFWLKAD1

- Trial 1 Not Attempted
- Trial 1 Attempted but unable
- Unable to assess

Trial 1 Aid Used

1

seconds

steps

- No aid
- 1  Straight cane
- 2  Quad cane
- 3  Walker
- 4  Crutch

When the participant crosses the end line, ask him to turn around and stand at the end line as before.

Script: "Now, do the same thing in the other direction. Walk at your usual pace and go all the way past the finish, to the other end. Ready? Begin" Record time and number of steps below.

NFWLKNA2

NFWLKAD2

Trial 2

- Trial 2 Not Attempted
- Trial 2 Attempted but unable
- Unable to assess

Trial 2 Aid Used

2

seconds

steps

- No aid
- 1  Straight cane
- 2  Quad cane
- 3  Walker
- 4  Crutch

Page link #

PAGE 24

Version 1.0 01.10.00  
MrOS CS Neuromuscular Function

Mr. OS

Draft





## 20 cm NARROW WALK

NFNWPAGE

NFNWTIME

Script: "Now for this walk, I want you to keep your feet inside the lines. It is important that you do your best to keep your feet inside the lines" Record the time below.

Script: "I'll demonstrate. Keep your feet inside the lines. Be sure to walk a few steps past the finish line. Any questions? We will do this test 3 times."

Note: Time walk as before, but do not count steps. Not staying within the lines is defined as stepping on, or going outside of the colored tape two or more times. Perform up to three trials to obtain 2 valid times.

### Trial 1 (Narrow Walk)

1 Did the participant stay within the lines? **NFNWKNA1**

- Yes, 2 or fewer deviations
- No, 3 or more deviations (Unable to assess time)
- Trial 1 Not Attempted
- Trial 1 Attempted but unable

- NFNWLKA1**  
**Trial 1 Aid Used**
- No aid
  - Walker
  - Straight cane
  - Crutch
  - Quad cane

.   **NFNWKTM1**  
**seconds**

### Trial 2 (Narrow Walk)

2 Did the participant stay within the lines? **NFNWKNA2**

- Yes, 2 or fewer deviations
- No, 3 or more deviations (Unable to assess time)
- Trial 2 Not Attempted
- Trial 2 Attempted but unable

- NFNWLKA2**  
**Trial 2 Aid Used**
- No aid
  - Walker
  - Straight cane
  - Crutch
  - Quad cane

.   **NFNWKTM2**  
**seconds**

Perform trial 3 only if Trial 1 or Trial 2 were labeled 'No, 3 or more deviations (Unable to assess time)'

### Trial 3 (Narrow Walk)

3 Did the participant stay within the lines? **NFNWKNA3**

- Yes, 2 or fewer deviations
- No, 3 or more deviations (Unable to assess time)
- Trial 3 Not Attempted
- Trial 3 Attempted but unable

- NFNWLKA3**  
**Trial 3 Aid Used**
- No aid
  - Walker
  - Straight cane
  - Crutch
  - Quad cane

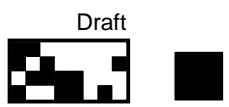
.   **NFNWKTM3**  
**seconds**

NFNWNUM

NFNWABLE

NFNWNUMA

NFNWABLA







# Blood Pressure

Office Use Only-  
MrOS ID#

Acrostic

Staff ID# **BPSTAFF**

## 1 Exclusion criteria

- 1 Open wounds, ulcerations
- 2 Bilateral amputation
- 3 Unable to lie at <45 degree angle
- 7 Participant refused

**BPEXCLUD**

**DO NOT TEST**

<b>BPAAI1L</b>	<b>BPAAI1R</b>
<b>BPAAI2L</b>	<b>BPAAI2R</b>
<b>BPAAIL</b>	<b>BPAAIR</b>
<b>BLOWAAI</b>	<b>BPMINAAI</b>
<b>BPAAICAT</b>	

## 2 Cuff size

- BPCUFF**  1 Small  2 Regular  3 Large  4 Thigh

## 3 Arm Used

- BPARM**  1 Right  2 Left

Please explain why right arm was not used: \_\_\_\_\_

## 4 Doppler Systolic

**BPSYSTOL**  
mmHg

Add 30\*

\* Add 30 to Doppler Systolic measurement to obtain maximal inflation level

## 5 Maximum Inflation Level

**BPMAX**  
mmHg

## Systolic Measurement #1

- 1 Brachial (arm) **BPARM1** mmHg
- 2 Right Posterior Tibial **BPRPOST1** mmHg
- 3 Left Posterior Tibial **BPLPOST1** mmHg

## Systolic Measurement #2

- 4 Brachial (arm) **BPARM2** mmHg
- 5 Right Posterior Tibial **BPRPOST2** mmHg
- 6 Left Posterior Tibial **BPLPOST2** mmHg

## Was the ankle-arm blood pressure obtained?

- BPOBTAIN**  1 Yes  0 No  7 Patient refused

## Why wasn't the measurement obtained? Mark all that apply.

1: checked

0: not checked

### Left leg

- Unable to occlude **BPLOCCLU**
- Ulceration **BPLULCER**
- Amputation **BPLAMPU**
- Unable to locate tibial artery **BPLLOC**
- Other. Please specify: **BPLOTHET**

\_\_\_\_\_

### Right leg

- Unable to occlude **BPROCCLU**
- Ulceration **BPRULCER**
- Amputation **BPRAMPU**
- Unable to locate tibial artery **BPRLOC**
- Other. Please specify: **BPROTHET**

\_\_\_\_\_



# Specimen Collection

Office Use Only-  
MrOS ID#

SCID

Acrostic

SCACROST

Staff ID#

SCSTAFF

1 Date of Specimen Collection: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]  
Month Day Year

2 Were any fingernail samples collected?  
 Yes  No  Refused  
Were any toenail samples collected?  
 Yes  No  Refused

3 Have you ever had a shunt or port for kidney dialysis?  
 Yes  No  Refused  Don't Know

Which side?  
 Right  Left  Both  
Draw blood on left. Draw blood on right. Do NOT draw blood

4 Do you bleed or bruise easily?  
 Yes  No  Refused  Don't Know

5 Have you ever been told you have a disorder relating to blood clotting or coagulation?  
 Yes  No  Refused  Don't Know

6 Have you ever experienced fainting spells while having blood drawn?  
 Yes  No  Refused  Don't Know

7 Time of start of first venipuncture (butterfly or needle into vein):  
[ ] [ ] : [ ] [ ]  am  pm  
Hours Minutes

Was any blood drawn?  Yes  No

8 Was a catheter used?  
 Yes  No

9 Time first blood draw completed:  
[ ] [ ] : [ ] [ ]  am  pm  
Hours Minutes

10 Time second timed blood draw started:  
[ ] [ ] : [ ] [ ]  am  pm  
Hours Minutes

Was any blood drawn?  Yes  No

11 Total tourniquet time: (If tourniquet was reapplied, enter total time tourniquet was on.)  
Draw 1 [ ] [ ] Minutes Draw 2 [ ] [ ] Minutes

Yes/No are yes=1, no=0 unless otherwise indicated.

12 Quality of venipuncture:  Clean  Traumatic

Mark all that apply:  
 Vein collapse  Excessive duration of draw  
 Hematoma  Leakage at venipuncture site  
 Vein hard to get  Other

13 Which draw were the tubes filled?  
Tube/Blood Volume Draw Filled  
1. Serum 10ml (in aluminum foil) 1st draw  2nd draw  Not filled  
2. EDTA 10ml 1st draw  2nd draw  Not filled  
3. Serum 10ml (1st pooled draw) 1st draw  2nd draw  Not filled  
4. Serum 10ml 1st draw  2nd draw  Not filled  
5. Serum 10ml 1st draw  2nd draw  Not filled

6. Serum 10ml (2nd pooled draw) 2nd draw  Not filled  
Urine Filled?  
1. Urine (15 mL)  Yes  No  
Time of urine collection: [ ] [ ] : [ ] [ ]  am  pm  
Hours Minutes

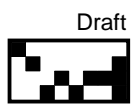
14 What is the date and time you last ate or drank anything except water?

a. Date of last meal [ ] [ ] / [ ] [ ]  
Month Date  
b. Time of last meal [ ] [ ] : [ ] [ ]  am  pm  
Hours Minutes  
c. How many hours has participant fasted? [ ] [ ] Hours

15 Was the specimen collection protocol completed?  
 Yes  No → Why not?  Unable  Refused  Other

16 Was the blood drawn in the preferred order? (Tubes 1-5 on 1st draw, tube 6 on 2nd draw?)  
 Yes  No → ALERT LAB TO FOLLOW ALTERNATIVE PROCOTOL

17 Comments on phlebotomy:  
\_\_\_\_\_  
\_\_\_\_\_



Pages 28 – 29 contain bookkeeping information that is not released for the following measures:

- Page 28: Laboratory Processing
- Page 29: Ultrasound



# DXA

## Bone Density Form

Office Use Only-  
MrOS ID#

Acrostic

Staff ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1 Have you ever had a hip replacement surgery where all or part of your joint was replaced?

Yes  No  Refused

Scan right hip

On which side did you have hip replacement surgery?

Right  Left

Scan left hip

Scan right hip

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

Yes  No  Don't Know  Refused

a. Flag scan for review by DXA Reading Center.

b. Indicate the location of the joint replacement, hardware or other artifacts. (Sub regions are those defined by the whole body scan analysis.)

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

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

Yes No

a. Barium enema \*

b. Upper GI X-ray series \*

c. Lower GI X-ray series \*

d. Nuclear medicine scan \*

e. Other tests using contrast ('dye') or radioactive materials \*

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

4 Was a bone density measurement obtained for ...

a. Whole body?

Yes  No **DXWB**

Last 2 characters of scan ID #:

Date of scan:  /  /

b. Hip?

Yes  No **DXHP**

Last 2 characters of scan ID #:

Date of scan:  /  /

Which hip was scanned?  Right  Left

c. Spine?

Yes  No **DXSP**

Last 2 characters of scan ID #:

Date of scan:  /  /

Page 31 contains bookkeeping information that is not released for the following measures:

- QCT



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# X-Ray

Office Use Only- MrOS ID#					Acrostic			Staff ID#		

1 Did the participant have a thoracic spine x-ray?

**XRSIFLAG**

Yes  No

*XRTSPINE*

Date of thoracic spine film:  /  /

Month Day Year

2 Did the participant have a lumbar spine x-ray?

Yes  No

*XRLSPINE*

Date of lumbar spine film:  /  /

Month Day Year



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# Medication Use

Office Use Only--  
MrOS ID#

Acrostic

Staff ID#

MU~~STAFF~~

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

1 Does the participant take PRESCRIPTION medication, daily or almost daily, for at least the past month?

**MUUSE**  
 Yes  No

Which of the following medications did the participant bring to the clinic?

- |   |   |                       |
|---|---|-----------------------|
| <b>MUALPHA</b>  | <b>MUDUITHX</b>   | <i>1: checked</i>     |
| <input type="radio"/> Alpha-blocker                                 | <input type="radio"/> Diuretic, thiazide                            | <i>0: not checked</i> |
| <b>MUANDRO</b>  | <b>MUGEM</b>  |                       |
| <input type="radio"/> Androgen                                      | <input type="radio"/> Gemfibrozil                                   |                       |
| <b>MUACE</b>  | <b>MUH2RA</b>   |                       |
| <input type="radio"/> Angiotensin converting enzyme (ACE) Inhibitor | <input type="radio"/> Histamine (H2) receptor antagonist            |                       |
| <b>MUARB</b>  | <b>MUSTATIN</b>   |                       |
| <input type="radio"/> Angiotensin II receptor antagonist            | <input type="radio"/> HMG CoA reductase inhibitor (statin)          |                       |
| <b>MUANTIAN</b>   | <b>MUHYPOG</b>  |                       |
| <input type="radio"/> Antiandrogen                                  | <input type="radio"/> Hypoglycemic agents                           |                       |
| <b>MUANTISP</b>   | <b>MUNARC</b>   |                       |
| <input type="radio"/> Antispasmodic, urinary                        | <input type="radio"/> Narcotic analgesic                            |                       |
| <b>MUASPIR</b>  | <b>MUNITRA</b>  |                       |
| <input type="radio"/> Aspirin                                       | <input type="radio"/> Nitrate                                       |                       |
| <b>MUBENZO</b>  | <b>MUNBAC</b>   |                       |
| <input type="radio"/> Benzodiazepine                                | <input type="radio"/> Nonbenzodiazepine anticonvulsant              |                       |
| <b>MUBETA</b>   | <b>MUNSAIDS</b>   |                       |
| <input type="radio"/> Beta-blocker                                  | <input type="radio"/> Nonsteroidal anti-inflammatory agent (NSAID)  |                       |
| <b>MUCABLOK</b>   | <b>MUPPUMP</b>  |                       |
| <input type="radio"/> Calcium channel blocker                       | <input type="radio"/> Proton pump inhibitor                         |                       |
| <b>MUCHOAN</b>  | <b>MUSSRI</b>   |                       |
| <input type="radio"/> Cholinergic agonist                           | <input type="radio"/> Selective serotonin reuptake inhibitor (SSRI) |                       |
| <b>MUCORTI</b>  | <b>MUSILD</b>   |                       |
| <input type="radio"/> Corticosteroid, inhaled                       | <input type="radio"/> Sildenafil                                    |                       |
| <b>MUCORTO</b>  | <b>MUTHY</b>  |                       |
| <input type="radio"/> Corticosteroid, oral                          | <input type="radio"/> Thyroid hormone                               |                       |
| <b>MUCOXII</b>  | <b>MUTRAZ</b>   |                       |
| <input type="radio"/> Cox-II Inhibitor                              | <input type="radio"/> Trazodone                                     |                       |
| <b>MUDILOOP</b>   | <b>MUTCA</b>  |                       |
| <input type="radio"/> Diuretic, loop                                | <input type="radio"/> Tricyclic (TCA)                               |                       |
| <b>MUDIPOTA</b>   |   |                       |
| <input type="radio"/> Diuretic, potassium-sparing                   |   |                       |





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# Medication Use --Interview

1 Do you have testosterone injections at least once a month?

Yes  No *MUTEST*

*MUTESTFQ*

How many times a month do you receive testosterone injections?  times

*MUTESTMO*

For how many months have you received this treatment?   months

*MUTSDATE*

What was the date of your last testosterone injection?  /  /

Month Date Year

2 Do you take any of the following medications three or more times a week...

**Aspirin?**  Yes  No *MUASPR*  
(This includes Bayer, baby aspirin, children's aspirin, Ecotrin, Excedrin, and others)

**Ibuprofen?**  Yes  No *MUIBU*  
(This includes Advil, Motrin, and others)

**Acetaminophen?**  Yes  No *MUACETA*  
(This includes Tylenol, Tylenol with codiene, etc.)

**Naproxen Sodium?**  Yes  No *MUNAPNA*  
(This includes Aleve, etc.)

3 Are you a participant in another clinical trial or medical study?

Yes  No *MUSTUDY*

What is the name of this study? Please list ID number also.

Study name:  ID #:

Are you taking any medication for this study?

Yes  No *MUSTMED*

Please list medication(s):

Are there additional interventions for this study?

Yes  No *MUSTINT*

Please list intervention(s):

*Yes/No variables are yes=1,no=0 unless otherwise indicated.*







Draft

# Medication Use --Interview

4 Have you ever taken medicine to treat osteoporosis, Paget's disease or other bone diseases?

**MUMEDOST**

Yes  No

STOP. End of questionnaire.

Have you ever taken . . .

**Fluoride (or Sodium Fluoride)?**

Yes  No **MUFLU**

When did you start taking fluoride?

Month / Year

Are you currently taking fluoride?

Yes  No **MUFLUC**

When did you stop taking fluoride?

Month / Year

**Calcitonin (or miacalcin)?**

Yes  No **MUCAL**

When did you start taking calcitonin?

Month / Year

Are you currently taking calcitonin?

Yes  No **MUCALC**

When did you stop taking calcitonin?

Month / Year

**Bisphosphonates?**

(This includes alendronate (Fosamax), clodronate, etidronate (Didronel), ibandronate, Pamidronate (Aredia), Risedronate (Actonel) or tiludronate (Skelid))

Yes  No **MUBIS**

When did you start taking bisphosphonates?

Month / Year

Are you currently taking bisphosphonates?

Yes  No **MUBISC**

When did you stop taking bisphosphonates?

Month / Year

Which bisphosphates have you ever taken? (Mark all that apply)

- Alendronate (Fosamax) **MUBSALEN**
- Clodronate **MUBSCLOD**
- Etidronate (Didronel) **MUBSETID**
- Ibandronate **MUBSIBAN**
- Pamidronate (Aredia) **MUBSPAMI**
- Risedronate (Actonel) **MUBSRISE**
- Tiludronate (Skelid) **MUBSTILU**
- Other/don't know **MUBSOTH**

1: checked 0: not checked

**Raloxifene (or Evista)?**

Yes  No **MURAL**

When did you start taking raloxifene?

Month / Year

Are you currently taking raloxifene?

Yes  No **MURALC**

When did you stop taking raloxifene?

Month / Year