

CLINIC INTERVIEW

1. Introduction

This section contains information about the in-clinic interview. This interview is comprised of 5 parts (Alcohol Questions, Social and Economic Status, Physical Activity, Functional Status and the Life Space Questions. Specific information about the questions asked in the clinic interview is provided in this section. The questions in each set can be asked together in a single clinic interview or each section can be asked at different times throughout the visit.

Please read the “Interviewing Guidelines” protocol for more information about general interview conduct.

2. Alcohol Questions

If anyone asks what drinking has to do with osteoporosis, simply explain that we are not suggesting they are related, that we are simply trying to explore a variety of subjects that some people think might be related. But don't volunteer this kind of explanation unless you are asked. In most cases, you can proceed to ask this series in the same straightforward way that you ask all the other questions.

Q1. Ask the participant if he has had at least 12 drinks of any kind of alcoholic beverage in the **past 12 months**. Be sure to emphasize the time period. Alcoholic beverages include but are not limited to:

- Beer (12 ounce can or more)
- Wine (5 ounce, or a full glass)
- A mixed drink, such as a martini or Manhattan, containing a “jigger,” “shot,” or a “finger of liquor” or more.

This question should be asked for all types of alcoholic beverages together. If the participant answers ‘yes,’ continue to the rest of the alcohol questions. If the participant answers ‘no’, go directly on to the social and economic status questionnaire.

Q1a. For the average number of drinks per week, month or year, use smallest unit possible. Do not use decimal places or fractions. (If necessary, use different units to eliminate the need for decimals/fractions.) If the participant does not drink regularly, probe for the average week/month for the past year.

For example:

Response:

A participant says that he had 13 drinks in the past year.

Code as:

Record as 13 drinks per year

A participant says that he had 16 drinks in the past month.

Record as 4 drinks per week.

A participant says that he had ½ drink a week

Change units to months to avoid fraction. (½ drink per week = 2 month.)

A participant spent one week on vacation and had 2 drinks a day during that week, and none the rest of the year.

Record as 14 drinks per year.

Q1b. For the average number of drinks per day, make sure that the participant understands that we are interested in the number of drinks per day **WHEN HE DRANK ALCOHOL**. This should be a whole number; no fractions or decimals allowed.

Q1c. 5 drinks (any type of alcohol) on a single day. Again, no fractions/decimals are allowed. If the participant did not have at least five drinks on any one day, fill in the appropriate circle and leave the boxes empty. To illustrate: A participant says that every other Saturday he drinks 5 beers. This should be coded at 2 days per month.

Q1d. 9 drinks (any type of alcohol) on a single day. No fractions are allowed. If a participant did not have at least 9 drinks on a single day, fill in the appropriate circle and leave the boxes empty.

3. Social & Economic Status

The MacArthur Subjective Status Scale (MacStatus) was designed to assess self-perceived social ranking. Previous research examined social class identification, but generally found little variance in how individuals label themselves: the vast majority identify themselves as middle class. MacStatus was developed to capture the common sense of social status across the SES indicators (such as income, education, occupation.)

Q2&3. Provide the participant with the MacStatus Worksheet that has 2 ladders. The illustration on the left presents a ‘social ladder.’ The illustration on the right presents an ‘economic (or SES)’ ladder.

Script (Q2.): 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 do 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 your community.

Script (Q.3): 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 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.

For both ladders, make sure that the participant places an 'X' on the rung of the ladder, not the space in between rungs. Code the ladder as follows: starting with the BOTTOM rung of the ladder=1, count UP THE LADDER to 10. Fill in the corresponding circle in the 'clinic use only' box on the TELEform form. Keep the MacStatus Worksheet with the participant's file.

(Source: Nancy E. Alder, PhD. University of California, San Francisco.)

4. Physical Activity

This next set of questions ask about the participant's CURRENT lifestyle practices.

Q4. Walks for exercise? Walking for exercise includes any regular walking by the participant done **specifically for its exercise value**. This would include walking to the store, post office or senior center because he **'wants the exercise.'** For those with irregular exercise habits or who walk for exercise every other day, add up the total blocks for a week and then divide by 7 to get an average. Do not enter fractions/decimals. If the respondents says that city blocks in his area are much longer or much shorter than the 12 to a mile indicated, convert the blocks that he walks to miles and then compute blocks per day based on 12 to a mile.

Q5. Walking as part of daily routine? Walking as part of the daily routine includes walking to the store because the respondent has no other way to get there, walking around a shopping mall because there is no other alternative, etc. Do not include walking up and down the aisles of a grocery store, for example, or walking around the house while cleaning. A general rule of thumb should be to include only walking distances of a block or more at a time. This will generally be done outside or in a large shopping mall or similar setting.

Q6. Hours spent sleeping or lying down. This means time spent in a fully, or almost fully reclined position. This does not include sitting upright with the feet up, such as on an ottoman. For clarification, think of the back – if it is bent at more than a 45° angle then consider the participant sitting up, not reclined.

Q7. Hours spent sitting upright per day. This includes all time when the participant is sitting (back bent at a greater than 45° angle) , with the feet dangling or with the feet up.

Q6 and Q7 should not add up to more than 24 hours.

Q8. Week spent confined to bed. Include only consecutive weeks in bed. For example, if a participant had the flu twice for 4 days each, but these episodes were 6 months apart, this would not be considered one week. Include illness, injury or surgery. This can be a combination of time in the hospital or at home.

5. Functional Status

Q1-9. These questions ask about difficulty in accomplishing selected activities. One frequent area of confusion regarding functional status measures is determining the degree of difficulty for activities that the subject accomplished with help or with special aids. Therefore, we ask about difficulty when the respondent performs the activity **by himself and without using any special aids.**

It is important that the participant answers the questions about the degree of difficulty for the 9 specific activities when he does **NOT** use any aids or receive help.

Be sure the participant understands that the questions are about difficulty he has by himself and without the use of special aids. Aids include a cane, walker, artificial limb, special eating appliances, special reaching appliances, grab bars, automatic lifts, etc.

Customization: How you ask the functional status questions can be tailored somewhat to the participant. If a participant is obviously using a cane, say “without your cane, would you have difficulty....”.

If a participant says that he can do an activity but only very slowly, ask if he has difficulty doing the activity at a speed that he would consider normal for his age. If he does have difficulty at a normal speed, then mark ‘yes.’

Pain vs. difficulty: If a participant says he has pain but not difficulty, ask if pain makes the task more difficult or impossible to do. If so, then this is ‘difficulty.’ If he doesn’t do something because of pain, then this should be interpreted as a form of difficulty.

For each question, the participant should determine if he has difficulty doing the activity listed. If he answers YES, he will need to indicate the level of difficulty and then indicate if the difficulty is due to a health or physical problem. If he answers NO, then you can skip to the next question. If he answers I DON’T DO IT, he should indicate if this is because of a health or physical problem.

For multiple activity questions, like housework, where the level of difficulty may vary across activities use the following rules of thumb:

1. If he doesn’t do one or two activities for non-health reasons (e.g. wash windows) but has no difficulty with most others, then code as “no difficulty”.
2. If he is unable to do some activities but has no difficulty with most others, code as “some difficulty”.

3. If he is unable to do some activities and has difficulty with most others, code as “much difficulty”.
4. If he is unable to do most activities, code as “unable”.

If he has difficulty (answers “Yes”) with an activity ask about the degree of difficulty and then the reason for the difficulty (health or physical problem).

If a participant reports that they do not do an activity ask if this is because of a health or physical problem.

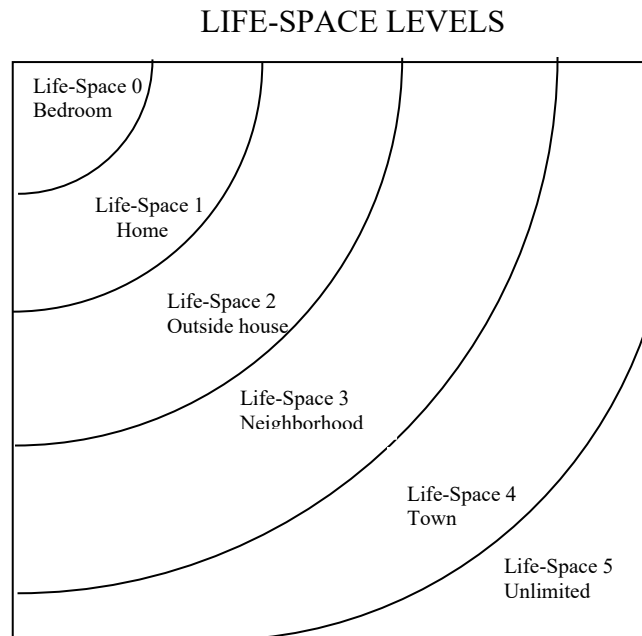
6. Life Space Questionnaire

The Life Space Questionnaire measures mobility in terms of the spatial extent of a person's life. The purpose of the questionnaire is to determine a person's usual pattern of mobility during the month preceding the assessment. Life-space is defined based upon the distance a person routinely travels to perform activities over this time frame. The Life Space Questionnaire also determines how far and how often the person leaves his place of residence and the degree of independence he has. Lastly, the questionnaire explores the idea that “life space” often constricts with age.

The Life Space Questionnaire is used to identify the distance through which a participant has moved during the four weeks prior to the assessment. Each level of life-space represents a distance further from the room where one sleeps.

- 0 = Mobility limited to the room where one sleeps
- 1 = Mobility limited to within one's dwelling
- 2 = Mobility limited to the space just proximal to one's personal living space (for instance, a porch, patio, or yard just outside the home or hallway outside of an apartment)
- 3 = Mobility limited to one's neighborhood
- 4 = Mobility limited to one's town
- 5 = Mobility outside one's town

These concentric levels of life-space are illustrated in the figure below. Definitions of life-space levels vary somewhat among people but are consistent individually. Research indicates that 60% of subjects (both urban and rural) describe their neighborhood as being within 1/2 mile of their home. Moreover, 92.5% agree that travel outside one's town is greater than 10 miles.



Defining Life-space Levels:

The questions on the Life Space Questionnaire refer to the participant's activity within the past month prior to the day of the clinic visit.

It is critical to assess the degree of independent mobility for each level of life-space.

Notes:

- The questions refer to activities *just within the past month*. Sometimes a participant is temporarily limited (recovering from surgery or illness) and wants to provide information about their "usual" or "normal" activity. It is important to get the information that defines the participant's mobility just within the past month, not how they were before that, or how they expect to be in the near future. This applies to all aspects of the assessment, distance, frequency, and assistance needed.
- Do not skip any levels no matter how obvious the answers may appear. For instance, sometimes a person will say "no" to going anywhere within their neighborhood but will report going to town several times a week, so the higher level will be answered "yes". By definition, a participant who indicates they travel to their town must go through their neighborhood on the way to town. The computer analysis algorithm that we use to calculate variables related to life space will give "credit" for participants going out of their neighborhood even though the participant may report that they did

not. *For all questions, you simply need to record the answer(s) provided by the participant.*

- Ask all of the questions for each level. For a given level, if the participant answers “yes” to the first question, continue to ask the questions about frequency, aids and equipment, and personal assistance. For a given level, if the participant answers “no” to the first question, you can move onto the next level.
- Measures of assistance frequently change as one progresses up the life-space scale.
- The meaning of "neighborhood" and "town" is whatever the participant perceives it to be. Try not to define it for them. Sometimes subjects will ask if you want to know if they *walk* within their neighborhood. We are not defining the method used, but whether or not they get there, how often, and how independently.

Self-determination of neighborhood and town is suggested. (If mile demarcations are needed, the following are suggested to agree with self-defined distances.)

- Within one's neighborhood: less than 1/2 mile
 - Within one's town: Outside one's neighborhood but within 10 miles of one's home
 - Outside of one's town: 10 + miles
- Don't make the assessment harder than it is. Be sure to use the probes suggested below to determine the degree of assistance needed.

Administering the Life-Space Questionnaire:

Life-Space Level 1

Begin by asking the participant,

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

If the participant answers “Yes,” record this on the TELEform and proceed to the questions about “Frequency.” If the participant answers “No”, move on to the next level.

Ask the participant,

“How often did you get there?”

Read each of the answer choices and record his response on the TELEform.

Following that, ask the participant both of the following questions, waiting for a response after each question:

“Did you use aids or equipment? Did you need help from another person?”

Score the response accordingly:

Personal assistance:

If a person attains a level only with the help of another person, "Personal Assistance" should be marked for that level. This includes persons who require someone to drive them places, someone to help them get onto a bus, or someone who needs accompaniment. If assistive devices are *also* used, the response remains "Personal Assistance."

For personal help, if the respondent generally has another person present "in case," they will be noted as needing personal help. If they use personal help when available but not always, they will NOT be noted as needing help since it is presumed they could go on their own. For example, if the person reports that their son drives when he is available, but drives otherwise by himself, he is given credit for achieving that life-space level by himself. However, if he drives, but the son always has to be in the car with him, he is classified as needing help.

Note: If the person uses equipment to achieve a lower level life-space, by definition that person requires equipment to achieve all subsequent life-space levels. Similarly, if a person requires personal assistance to attain a lower level of life-space, by definition, the person requires personal assistance to attain all higher life-space levels. *For all questions, you simply need to record the answer(s) provided by the participant.* The computer analysis algorithm that we use to calculate variables related to life space will correct inconsistencies in subject reports related to the use of equipment and personal assistance. For example, a person may report needing personal help to get out of bed in the morning, but then report that he can get around using a walker. In this example, after the computer analysis program is run, the person would be noted as needing personal help at all levels since he reported personal help to get out of bed.

Assistance from equipment:

If a person attains a level using an assistive device such as a cane, walker, or any device, *and* help from another person is not needed, "Equipment Only" should be marked for that level. Aids can also be furniture placed strategically in the room for balance, or a walker left next to a bed or chair to assist the person in rising or sitting. If a person has previously indicated using a cane or appears to use a case, the interviewer should prompt, starting at level 1, "did you use your cane to get to _____?" If the participant says no, the interviewer would prompt for use of the cane at each successive level. If the person "sometimes" use the equipment and/or takes it along "in case," the participant should be marked as using the equipment or "Equipment Only".

Note: Be aware that equipment and aids include all of the following: cane or walking stick, walker, wheelchair, special “rising-seat-chair”/“lift chair”, ramp, crutch or crutches, brace, artificial limb, runabout/scooter, bar or rails in bathroom, tub, or shower, bath chair, roll-in shower, bedside commode or toilet/raised toilet seat, bed pan, hospital bed, ventilator, oxygen/special breathing equipment (inhalers, atomizers, nebulizers).

No assistance or help:

Independent mobility means that the person attains a level without help from any equipment or assistive devices and without the help of a person. If someone reports that they did not need personal assistance or assistance from equipment, "No" will be marked for that level.

Transportation:

At the point in the Life-Space Assessment that transportation is indicated as the method of travel, the interviewer needs to probe to see if the person travels independently (by themselves.) The transition usually occurs at level 4, possibly at level 3. The interviewer should probe to see if the respondent drives or walks within the neighborhood if the respondent does not so indicate. For each of these levels, the interviewer can specifically ask, "Do you drive or does someone else drive?" "Does ___ go with you every time you go _____?" "Do you get on the bus or van by yourself or does somebody have to help you?" (Using public transportation independently gives the person full credit for independence.)

Life-Space Levels 2-5

Proceed with the remaining life-space level questions as indicated for Life-space Level 1 above.