
SCREENING AND VISIT INFORMATION

1. Recruitment and Inclusion Criteria

All SOF participants (regular cohort and African American participants) who are willing to participate in either an in-clinic or home visit, and who can provide written informed consent, are eligible for participation in SOF Visit 8.

If a participant is unable or unwilling to perform a clinic visit or home visit, we will accept this information. We will not be targeting participants for questionnaire only or minimal data status. However, there may be situations in which a participant agrees to a clinic or home visit, completes a questionnaire, and then fails to complete the actual visit.

Recruitment goals will be provided separately for in-clinic and home visit participants, and will be clinic-specific (based on anticipated number of eligible participants from each center). If a clinic exceeds their clinic visit goal and the home visit goal is not attained this is ok as long as the clinic meets or exceeds their clinic visit goals and their overall recruitment goals on a monthly and cumulative basis.

2. Preparing for the Visit

Once a potential participant has been deemed eligible to participate in the study, a clinic or home visit should be scheduled. Approximately two weeks prior to the scheduled visit, a packet is mailed to the participant including the following items:

- Instructions for the clinic visit and completion of take-home forms
- Self-administered questionnaire
- Bag for bringing medications to clinic visit
- Number 2 pencil

It is important to complete the top portion of the Visit 8 Checklist and fax to the Coordinating Center as soon as possible, to arrive several hours ahead of the remainder of the data collection forms. No other forms can be accepted into the system until this initial form has been sent in.

3. Maximum lag for completing measurements for baseline visit.

In some cases, it may be necessary to have the participant complete one or more of the required measurements sometime after the baseline clinic visit. In this case, **ALL MEASUREMENTS MUST BE COMPLETED WITHIN 30 DAYS OF THE FIRST SCHEDULED CLINIC OR HOME VISIT.**

4. Priority for Visit 8 measurements.

If the participant gets tired, has to leave, or for some other reason can not complete a full clinic or home visit, then first skip those items that can be done over the phone. These include a review of the self-administered questionnaire, functional status interview and sleep habits interview. The MIF can also be completed over the

phone, however it is best completed in the clinic where the examiner can look at the medication bottles directly.

If you need to complete some of the above items over the phone, arrange a mutually convenient time with the participant before she leaves the clinic.

Separate priority lists for clinic and home visits are detailed below.

SOF Visit 8 – Clinic Visit Priority List

1. Informed consent; Medical release
2. Spine X-ray
3. DXA
4. Height & weight
5. Actigraphy
6. SAQ (Back pain and function, sleep questionnaires)
7. Medications (in-clinic interview)
8. SAQ (Medical conditions and self-reported health)
9. Cognitive tests (MMSE, then Trails)
10. Functional status (in-clinic interview)
11. Remainder of SAQ (marital status, fx history, phys act, habits, depression, etc)
12. Chair Stand
13. Vision Measurements
14. Grip Strength
15. Anxiety and Functional outcomes of sleep questionnaire (in-clinic interview)
16. Walk speed

SOF Visit 8 – Home Visit Priority List

1. Informed consent; Medical release
2. Height & weight
3. Actigraphy
4. SAQ (Back pain and function, sleep questionnaires)
5. Medications (in-clinic interview)
6. SAQ (Medical conditions and self-reported health)
7. Cognitive tests (MMSE, then Trails)
8. Functional status (in-clinic interview)
9. Remainder of SAQ (marital status, fx history, phys act, habits, depression, etc)
10. Chair stand
11. Grip strength
12. Vision Measures
13. Anxiety and Functional outcomes of sleep questionnaires (in-clinic interview)
14. Walking tests

SOF Visit 8 – Shortened SAQ Priority List

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Sleep Habits	21
Medical History	12
Sleep Habits	22
Sleep Habits	20
Physical Activity	8
Lifestyle (ask Q9 first)	5
Caffeine	7
Alcohol/Smoking	6
Lifestyle	4
Moods	18
Feelings	19
Back Pain & Function	13-16
Hip Health	17