MOST PUBLIC DATA RELEASE

ANNOTATED DATA COLLECTION FORMS

15-MONTH FOLLOW-UP DATASET

MARCH 2010

This document displays the MOST data collection forms, annotated with variable names and data values, used for the instruments and measurements conducted at baseline.

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User Notes

Released variables are displayed in bold blue font.

Example: **MOSTID**

Variables not released are displayed in gray font and lined out (or, where all the variables on a page are not released, the page is crossed out with an “X”).

Example: ~~TSHEAR1~~

Calculated variables are displayed in a text box.

Example: **AGECAT**

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*Pages [17] through [19] replace the top of page 2, bottom of page 4, and complete pages 3, 5, 6, 8, and 9 of the MOST First Follow-up Self-Administered Questionnaire – Clinic form.

Telephone Interview
First Follow-up Visit

MOST ID #	Acrostic	Date Interview Completed	Site
MOSTID	ACROSTIC	Month / Day / Year	1 ○ SITE 1 2 ○ SITE 2 SITE

V1_TIDIFF

Knee Symptoms

First, I will be asking you several questions about pain, aching, or stiffness in or around your knees.

Right Knee

The first questions will be specifically about your right knee.

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

V112MR
1 ○ Yes
0 ○ No → Go to Question #3.
8 ○ Don't know/Refused → Go to Question #3.

1a. During the past 12 months, have you had pain, aching, or stiffness in your right knee on most days for at least one month?

V112MSR
1 ○ Yes
0 ○ No
8 ○ Don't know

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

V130DR
1 ○ Yes
0 ○ No → Go to Question #3.
8 ○ Don't know/Refused → Go to Question #3.

2a. During the past 30 days, have you had pain, aching, or stiffness in your right knee on most days?

V130MSR
1 ○ Yes → ***Interviewer Note: Record that participant has right knee pain in Box A (#Ia) on page 8, and then proceed to Question #3.***
0 ○ No → Go to Question #3.
8 ○ Don't know → Go to Question #3.

MOST First Follow-up
Telephone Interview
Version 1.0p Mar 2010

Knee Symptoms

MOST ID #	Acrostic

Left Knee

Now I'll ask you specifically about your left knee.

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

V112ML

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

3a. During the past 12 months, have you had pain, aching, or stiffness in your left knee on most days for at least one month?

V112MSL

1 ○ Yes 0 ○ No 8 ○ Don't know

(No / Don't know/Refused →) Go to Question #5.

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

V130DL

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

(No / Don't know/Refused →) Go to Question #5.

4a. During the past 30 days, have you had pain, aching, or stiffness in your left knee on most days?

V130MSL

1 ○ Yes 0 ○ No 8 ○ Don't know

(Yes →) ***Interviewer Note: Record that participant has left knee pain in Box A (#IIa) on page 8, and then proceed to Question #5.***

(No / Don't know →) Go to Question #5.

Both Knees

Now I'll ask you about both knees.

5. During the past 30 days, have you limited your activities because of pain, aching, or stiffness in either knee?

V1LA

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

5a. On how many days did you limit your activities because of pain, aching, or stiffness? [ ][ ] days

V1LADAY

5b. During the past 30 days, have you tried to avoid knee pain or reduce the amount of knee pain by avoiding, changing, or cutting back on any of your normal activities?

1 ○ Yes 0 ○ No 8 ○ Don't know

V1AVOIDT

MOST ID #	Acrostic

Knee Injury

The next two questions are about knee injuries.

Right Knee

6. Since your last visit to the MOST clinic, have you injured your right knee badly enough to limit your ability to walk for at least two days?

V1LAR 1 ○ Yes   0 ○ No   8 ○ Don't know/Refused

Left Knee

7. Since your last visit to the MOST clinic, have you injured your left knee badly enough to limit your ability to walk for at least two days?

V1LAL 1 ○ Yes   0 ○ No   8 ○ Don't know/Refused

MOST ID #	Acrostic

Knee Surgery

The next few questions are about knee surgery.

8. Since your last visit to the MOST clinic, did you have any surgery in your right knee?
1○ Yes 0○ No 8○ Don't know/Refused **V1SURGR**

Go to Question #10

9. Since your last visit to the MOST clinic, did you have the following types of surgery in your right knee:

a. Arthroscopy (where they put a scope) in your right knee? **V1ARTR**
1 ○ Yes 0 ○ No 8 ○ Don't know

b. Meniscectomy (where they repaired or cut away a torn meniscus or cartilage) in your right knee?
1○ Yes 0○ No 8○ Don't know **V1MENR**

c. Ligament repair in your right knee? **V1LIGR**
1○ Yes 0○ No 8○ Don't know

d. Right total knee replacement, where all or part of the joint was replaced? ~~V12KNRR~~
○ Yes ○ No ○ Don't know

Interviewer Note: Please complete the Event Notification Form and mark Right Total Knee Replacement, and then go to Question #9e below.

e. Another kind of surgery in your right knee? **V1SOTHR**
1○ Yes 0○ No 8○ Don't know

f. i. ***Are any of the answers for Questions #9a-9e above marked "Yes"?***
○ Yes ○ No ~~V12SUMYR~~

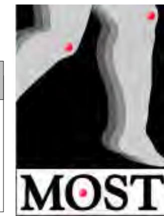
ii. Do you have any metal implants (such as pins, screws, staples, etc.) in your right knee from this surgery?
○ Yes ○ No ○ Don't know ~~V1MIMPR~~

Interviewer Note: You will refer to this important information when completing Box A on page 8.

Go to Question #10 on the next page.

Knee Surgery

MOST ID #	Acrostic



10. Since your last visit to the MOST clinic, did you have any surgery in your left knee?

1 ○ Yes　　0 ○ No　　8 ○ Don't know/Refused　　**V1SURGL**

Go to Question #12 (if No or Don't know/Refused)

11. Since your last visit to the MOST clinic, did you have the following types of surgery in your left knee:

a. Arthroscopy (where they put a scope) in your left knee?
1 ○ Yes　　0 ○ No　　8 ○ Don't know　　**V1ARTL**

b. Meniscectomy (where they repaired or cut away a torn meniscus or cartilage) in your left knee?
1 ○ Yes　　0 ○ No　　8 ○ Don't know　　**V1MENL**

c. Ligament repair in your left knee?
1 ○ Yes　　0 ○ No　　8 ○ Don't know　　**V1LIGL**

d. Left total knee replacement, where all or part of the joint was replaced?
○ Yes　　○ No　　○ Don't know　　~~V12KNRL~~

Interviewer Note: Please complete the Event Notification Form and mark Left Total Knee Replacement, and then go to Question #11e below.

e. Another kind of surgery in your left knee?
1○ Yes　　0○ No　　8○ Don't know　　**V1SOTHL**

f. i. ***Are any of the answers for Questions #11a-11e above marked "Yes"?***
○ Yes　　○ No　　~~V12SUMYL~~

ii. Do you have any metal implants (such as pins, screws, staples, etc.) in your left knee from this surgery?
○ Yes　　○ No　　○ Don't know　　~~V1MIMPL~~

Interviewer Note: You will refer to this important information when completing Box A on page 8. (if Yes)

Go to Question #12 on the next page. (if No or Don't know)

Hip Pain

The next few questions are about your hip joints.

Right Hip

First I'll ask you about your right hip.

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

1 ○ Yes   0 ○ No   8 ○ Don't know/Refused   **V1ANYR**

12a. During the past 30 days, have you had pain, aching, or stiffness in your right hip on most days?

1 ○ Yes   0 ○ No   8 ○ Don't know   **V1HPN30R**

Left Hip

Now I'll ask you about your left hip.

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

1 ○ Yes   0 ○ No   8 ○ Don't know/Refused   **V1ANYL**

13a. During the past 30 days, have you had pain, aching, or stiffness in your left hip on most days?

1 ○ Yes   0 ○ No   8 ○ Don't know   **V1HPN30L**

Hip Surgery/Disability

MOST ID #	Acrostic

14. Since your last visit to the MOST clinic, did you have a right total hip replacement, where all or part of the joint was replaced?

○ Yes ○ No ○ Don't know/Refused

Interviewer Note: Please complete the Event Notification Form and mark Right Hip Replacement, and go on to Question #15.

15. Since your last visit to the MOST clinic, did you have a left total hip replacement, where all or part of the joint was replaced?

○ Yes ○ No ○ Don't know/Refused

Interviewer Note: Please complete the Event Notification Form and mark Left Hip Replacement, and go on to Question #16.

Disability Question

16. Are you able to walk by yourself, without the help of another person and without a walker?

○ Yes ○ No ○ Don't know/Refused

Script: "Thank you for your answers so far. Please hold a moment while I review your answers. I will be right with you."
(Interviewer Note: Complete Box A on page 8 before continuing.)

Clinic Visit Eligibility

MOST ID #	Acrostic

BOX A

I. Right Knee **a.** Right knee pain on most days during past 30 days? ***Refer to page 1, Question #2a*** O Yes → b. O No → c.	**b.** Right knee pain at BASELINE? ***Refer to Data from Prior Visits Report*** O Yes → Go to Question #II. O No → d.	**d.** Was right knee replaced? ***Refer to page 4, Question #9d and Data from Prior Visits Report*** O Yes → Go to Question #II. O No → ***Eligible "Case"*** Go to Question #II.
	c. Right knee randomly selected as a control knee? ***Refer to Data from Prior Visits Report*** O Yes → e. O No → Go to Question #II.	**e.** Was right knee replaced or **#9fii** marked "Yes"? ***Refer to page 4, Question #9d & #9f, and Data from Prior Visits Report*** O Yes → Go to Question #II. O No → ***Eligible "Control"*** Go to Question #II.
II. Left Knee **a.** Left knee pain on most days during past 30 days? ***Refer to page 2, Question #4a*** O Yes → b. O No → c.	**b.** Left knee pain at BASELINE? ***Refer to Data from Prior Visits Report*** O Yes → Go to Question #III. O No → d.	**d.** Was left knee replaced? ***Refer to page 5, Question #11d and Data from Prior Visits Report*** O Yes → Go to Question #III. O No → ***Eligible "Case"*** Go to Question #III.
	c. Left knee randomly selected as a control knee? ***Refer to Data from Prior Visits Report*** O Yes → e. O No → Go to Question #III.	**e.** Was left knee replaced or **#11fii** marked "Yes"? ***Refer to page 5, Question #11d & #11f, and Data from Prior Visits Report*** O Yes → Go to Question #III. O No → ***Eligible "Control"*** Go to Question #III.
III. a. Is participant an "Eligible 'Case'" for either knee? See far right column of Questions #I and #II above. O Yes → O No → b.	Mark "ELIGIBLE FOR 'CASE' CLINIC VISIT" bubble in Box B on page 15, then go to page 9, Question #17.	
	b. Is participant an "Eligible 'Control'" for either knee? O Yes → Mark "ELIGIBLE FOR 'CONTROL' VISIT" in Box B on page 15, then go to page 9, Question #17. O No → Mark "NOT ELIGIBLE FOR CLINIC VISIT" in Box B on page 15, then go to page 12, Question #23.	

MRI Eligibility

17. ***Interviewer Note: Refer to Data from Prior Visits Report. Was participant eligible for MRI at baseline?***

○ Yes ○ No → Go to page 11, Question #21 and mark "No."

The next few questions are about MRI eligibility.

17a. Since your last MRI scan at the MOST clinic, have you had any surgery or anything implanted in your body?

○ Yes ○ No ○ Don't know/Refused

- Yes → **17b.** What type of surgery or implant was it? ______________________

  When was the surgery? __ __ / __ __ / __ __ (Month / Day / Year)

  → ***Interviewer Note:***
  If the surgery was within the past 2 months, refer to list of MRI-safe surgeries/procedures that do not require a 2-month wait. If a 2-month wait is required, schedule the clinic visit 2 months after the surgery date.
- No → Go to Question #18a.
- Don't know/Refused → Go to Question #17c.

17c. The next few questions will be about specific implants. Please tell me whether any of the following was implanted in your body during surgery:

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

17d. ***Interviewer Note:***
Are any of the above items in Question #17c marked "Yes" or "Don't Know/Refused"?

○ Yes → Not eligible for MRI. Go to page 11, Question #21 and mark "No."

○ No

MRI Eligibility

MOST ID #	Acrostic

17e. Please tell me whether any of the following was implanted in your body:

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

18a. Since your last visit to the MOST clinic, have you had an injury in which metal fragments entered your eye and you had to seek medical attention? ○ Yes ○ No ○ Don't know/Refused

18b. Since your last visit to the MOST clinic, have you had an injury in which metal fragments such as shrapnel, BB, or bullet entered your body? ○ Yes ○ No ○ Don't know/Refused

19. ***Interviewer Note:***
Are any of the above items in Question #17e or Questions #18a-18b marked "Yes" or "Don't Know/Refused"?

○ Yes ○ No

19a. Do you have or would you be willing to ask your doctor for your medical records so that we could determine whether it would be safe for you to have an MRI scan?

○ Yes ○ No

Interviewer Note: Ask participant to bring medical documentation with them to the clinic visit.

Not eligible for MRI. Go to page 11, Question #21 and mark "No."

MRI Eligibility

MOST ID #	Acrostic

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

○ Yes ○ No

Yes → What is the reason? ______

→ Not eligible for MRI. Go to Question #21 and mark "No."

21. ***Interviewer Note:***
Is the participant eligible for an MRI scan? (Refer to Questions #17, #19a-19b, and #20.)

○ Yes ○ No

Yes → Go to Question #22.

No → **21a.** ***Is study participant an "Eligible Case" (Refer to page 8, Question #IIIa)?***

○ Yes ○ No

Yes → "ELIGIBLE FOR 'CASE' CLINIC VISIT" should be marked in Box B on page 15. Go to page 12, Question #23.

No → Change status to "NOT ELIGIBLE FOR CLINIC VISIT" in Box B on page 15, and go to page 12, Question #23.

22. Are you planning to have surgery in the next month?

○ Yes ○ No ○ Don't know/Refused

Yes → **22a.** What is the date of your scheduled surgery?

☐☐ / ☐☐ / ☐☐
Month Day Year

→ What type of surgery will you have? ______

Interviewer Note: Refer to list of surgeries/procedures that do not require a 2-month wait. If surgery is on that list, mark "No" for this question. If a 2-month wait is required, go to page 12, Question #23. Do not scan today's Telephone Interview forms. Re-contact 2 months after surgery to reassess eligibility.

Fracture History

23. Since your last visit to the MOST clinic, did a doctor tell you that you broke or fractured a bone?

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused **V1BONE**

Go to page 13, Question #24.

23a. Were you told that you broke or fractured your hip?

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused **V1FXHIP**

23b. Were you told that you had a fracture of the spine or fracture of the vertebrae?

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused **V1SPINE**

V1_FXHIPSP

Contact Information

24. We would like to update all of your contact information this year. The address that we currently have listed for you is:
(Interviewer Note: Please review the participant's contact information and confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

O Yes O No

Interviewer Note: Please record the street address, city, state and zip code for the participant for your local records.

25. The telephone number(s) that we currently have for you is (are):
(Interviewer Note: Please review the participant's contact information and confirm that the telephone number(s) you have for the participant are correct.)

Are the telephone number(s) that we currently have correct?

O Yes O No

Interviewer Note: Please record the telephone number(s) for the participant for your local records.

26. Do you expect to move or have a different address in the next 6 months?

O Yes O No O Don't know/Refused

Interviewer Note: Please record the street address, city, state and zip code for the participant for your local records.

MOST ID #	Acrostic

Contact Information

27. ***Interviewer Note: Has the participant identified their next of kin?***

O Yes O No → Go to Question #28

27a. ***Interviewer Note: Please review the participant's next of kin contact information from baseline.***

You previously told us the name and address of your next of kin. Please tell me if the information that I have is still correct. Is the name and address of your next of kin correct?

O Yes → Go to Question #29
O No
O Don't know
O Refused → Go to Question #29

28. Please tell me the name, address, and telephone number of your next of kin. How is this person related to you?
Interviewer Note: Please record the name, street address, city, state, zip code, telephone number, and how the person is related to the participant.

29. ***Interviewer Note: Has the participant identified their two contacts?***

O Yes O No → Go to Question #30

29a. ***Interviewer Note: Please review the participant's information for their two contacts.***

You previously told us the names and addresses of your two contacts. Please tell me if the information that I have is still correct. Are the names and addresses of your two contacts correct?

O Yes → Go to next page
O No
O Don't know
O Refused → Go to next page

30. Please tell me the name, address, and telephone number of your first contact. How is this person related to you?

Please tell me the name, address, and telephone number of your second contact. How is this person related to you?

Interviewer Note: For both contacts, please record the name, street address, city, state, zip code, telephone number, and how the person is related to the participant.

Clinic Visit Eligibility

BOX B

○ ELIGIBLE FOR "CASE" CLINIC VISIT

"Thank you for your time and for answering our questions. We'd like to schedule you for a clinic visit. You will be scheduled for knee MRIs, knee X-rays, and a knee and hip exam. Your visit will last for about 2 to 3 hours. Before I schedule your appointment, do you have any questions?"

○ Appointment scheduled **Date:**_________ **Time:**________

○ Call back for appointment **Date:**_________ **Time:**________

"Please bring in all your prescription and non-prescription medications, vitamins and supplements that you have taken in the past 30 days."

○ ELIGIBLE FOR "CONTROL" VISIT

"Thank you for your time and for answering our questions. We'd like to schedule you for a 1 to 2 hour clinic visit including a knee MRI. Before I schedule your appointment, do you have any questions?"

○ Appointment scheduled **Date:**_________ **Time:**________

○ Call back for appointment **Date:**_________ **Time:**________

"Please bring in all your prescription and non-prescription medications, vitamins and supplements that you have taken in the past 30 days."

○ NOT ELIGIBLE FOR CLINIC VISIT

"Thank you for your time and for answering our questions. That's all the information that I need from you at this time. We will be contacting you in about 12 months to schedule a MOST clinic visit. Do you have any questions?"

○ NOT INTERESTED

"Your participation in this important study is appreciated. Can you tell me why you aren't interested in coming to the MOST clinic at this time? ______________________________
Thank you for your time and for answering our questions. We will be contacting you again in about 12 months. Do you have any questions?"

Self-Administered Questionnaire
First Follow-up Visit

MOST ID#	Acrostic	Date Form Completed	Staff ID#
		Month / Day / Year	

Joint Pain, Aching, and Stiffness

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

1 ○ Yes   0 ○ No   8 ○ Don't know   **V1JPAIN**

Go to Page #2, Question #2.

Please fill in the bubbles in the pictures below to show which joints have had **pain**, **aching**, or **stiffness** on **most days** in **the past 30 days**. ***(Please mark all that apply.)***

Right   Left

Shoulders ○ **V1SHDRR** ○ **V1SHDRL**

Elbows ○ **V1ELBR** ○ **V1ELBL**

Hips ○ **V1HIPR** ○ **V1HIPL**

Wrists ○ **V1WRSTR** ○ **V1WRSTL**

Hands ○ **V1HANDR** ○ **V1HANDL**

Knees ○ **V1KNR** ○ **V1KNL**

Ankles ○ **V1ANKLR** ○ **V1ANKLL**

Feet ○ **V1FOOTR** ○ **V1FOOTL**

Neck ○ **V1NECK**

V1_WSPA

V1_WSPB

1=YES

Scoring for WOMAC© Likert 3.1

MOST uses a modified version of the WOMAC© Likert 3.1 instrument. WOMAC© is a registered trademark (CDN No. TMA 545,986), Copyright 1996 Nicholas Bellamy, All Rights Reserved. This copyrighted instrument may not be displayed. Therefore the top of page 2, bottom of page 4, and complete pages 3, 5, 6, 8, and 9 of the MOST First Follow-up Self-Administered Questionnaire – Clinic are not being displayed.

Please go to: http://www.womac.org for more information about the WOMAC© Likert 3.1.

WOMAC© subscales

There are three WOMAC© subscales: pain, stiffness, and disability. The time period covered by the subscales is the "past 30 days." Subscale scores are the sum of individual item scores for all items in the subscale.

Knee pain

The individual items in the pain subscale are:

Activity	Variable (right knee)	Variable (left knee)
Walking	**V1Q1KR**	**V1Q1KL**
Up stairs	**V1UPR**	**V1UPL**
Down stairs	**V1DOWNR**	**V1DOWNL**
Stairs (calculated)	**V1Q2KR**	**V1Q2KL**
In bed	**V1Q3KR**	**V1Q3KL**
Sit or lie down	**V1Q4KR**	**V1Q4KL**
Standing	**V1Q5KR**	**V1Q5KL**

Each knee pain item is scored on a 5-point scale:
0 = None
1 = Mild
2 = Moderate
3 = Severe
4 = Extreme
5 = Don't do*
.M = Missing

*The following variables have the 5 (don't do) scoring option: V1UPR, V1UPL, V1DOWNR, and V1DOWNL. "Don't do" is set to missing.

The pain subscale scores are calculated for the right and left knee separately. The pain subscale possible score range is 0-20.

Score	Variable (right knee)	Variable (left knee)
Pain subscale scores	**V1WOPNKR**	**V1WOPNKL**

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

Knee stiffness
The individual items in the stiffness subscale are:

Activity	Variable (right knee)	Variable (left knee)
In morning	**V1Q6KR**	**V1Q6KL**
Later in day	**V1Q7KR**	**V1Q7KL**

Each knee stiffness item is scored with the same scale used for knee pain, except the "5" scoring option (see previous page) is not available.

The stiffness subscale scores are calculated for the right and left knee separately. The stiffness subscale possible score range is 0-8.

Score	Variable (right knee)	Variable (left knee)
Stiffness subscale scores	**V1WOSTKR**	**V1WOSTKL**

Disability
The individual items in the disability subscale are:

Activity	Variable (either knee)
Down stairs	**V1Q8K**
Up stairs	**V1Q9K**
Stand from sitting	**V1Q10K**
Standing	**V1Q11K**
Bending	**V1Q12K**
Walking	**V1Q13K**
In car/out of car	**V1Q14K**
Shopping	**V1Q15K**
Socks on	**V1Q16K**
Get out of bed	**V1Q17K**
Socks off	**V1Q18K**
Lying down	**V1Q19K**
Bathing	**V1Q20K**
Sitting	**V1Q21K**
On/off toilet	**V1Q22K**
Heavy chores	**V1Q23K**
Light chores	**V1Q24K**

Each disability item is scored for difficulty with the same scale used for pain and stiffness (see previous page).

*The following variables have the 5 (don't do) scoring option: V1Q8K, V1Q9K, V1Q12K, V1Q15K, V1Q23K, and V1Q24K. "Don't do" is set to missing.

The disability subscale possible score range is 0-68.

Score	Variable (either knee)
Disability subscale scores	**V1WOPASK**

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

Total scores

The total scores are the sum of the pain, stiffness and disability subscale scores for the right and left knee, respectively. The possible score range is 0-96.

Score	Variable (right knee)	Variable (left knee)
Total scores	**V1WOTOTR**	**V1WOTOTL**

Hip pain

The individual items in the pain subscale are:

Activity	Variable (right knee)	Variable (left knee)
Walking	**V1Q1HR**	**V1Q1HL**
Up/down stairs	**V1Q2HR**	**V1Q2HL**
In bed	**V1Q3HR**	**V1Q3HL**
Sit or lie down	**V1Q4HR**	**V1Q4HL**
Standing	**V1Q5HR**	**V1Q5HL**
Socks on	**V1Q6HR**	**V1Q6HL**
In chair/out of chair	**V1Q7HR**	**V1Q7HL**
In car/out of car	**V1Q8HR**	**V1Q8HL**

Each knee pain item is scored on a 5-point scale:
0 = None
1 = Mild
2 = Moderate
3 = Severe
4 = Extreme
5 = Don't do*
.M = Missing

*The following variables have the 5 (don't do) scoring option: V1Q2HR and V1Q2HL. "Don't do" is set to missing.

The pain subscale scores are calculated for the right and left hip separately. V1WOPNHR and V1WOPNHL are standard calculations and V1WOPHRM and V1WOPHLM include three physical function questions. The possible score range is 0-20 for pain and 0-32 for pain/disability.

Score	Variable (right hip)	Variable (left hip)
Pain subscale scores	**V1WOPNHR**	**V1WOPNHL**
Pain/disability subscale scores	**V1WOPHRM**	**V1WOPHLM**

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

Score calculations
An individual response of:

5 = Don't do
.M = Missing

For any item is treated as missing data.

Modified WOMAC Osteoarthritis Index Likert Version 3.1 (1996). Subscales are for knee pain and stiffness, hip pain, physical function, and degree of difficulty (when physically active). In addition to asking about degree of physical difficulty going up stairs and going down stairs, in MOST we also ask separate knee pain questions regarding going up stairs and going down stairs. The stair climbing calculation was based on the highest response value of the two questions. If there is one missing answer and one non-missing answer for the stair climbing questions, the non-missing answer is used. Subsets of the questions have a "don't do" response option. If the participant chose the "don't do" response, the score for that question was set to missing when computing WOMAC scores. Participant responses are all based on the past 30 days.

In MOST, WOMAC pain questions are also asked about the hips (five questions). In addition, three of the physical function questions of interest (pain experienced while putting on socks, getting in or out of a chair, and getting in or out of a car) are also asked about the hips. The modified hip pain subscale was calculated based on these 8 questions.

The WOMAC knee calculated variable and subscales were calculated based on code from Jingbo Niu at Boston University (Framingham Study).

The method used to handle missing values (ie., participant fails to/refuses to complete all questions) is consistent with the suggestion from the WOMAC User's Guide (Nicholas Bellamy) for how missings should be treated: "If >= two pain, both stiffness, or >= four physical function items are omitted, the patient's response is regarded as invalid and the deficient subscale(s) should not be used in analysis. Where one pain, one stiffness, or 1-3 physical function items are missing, we suggest substituting the average value for the subscale in lieu of the missing item value(s). This method is similar to that employed for other indices (e.g., SF-36)."

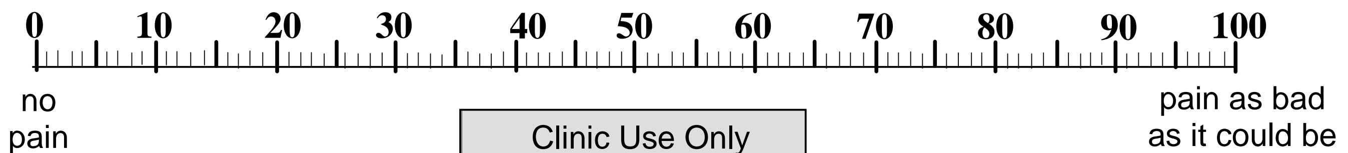
(Note: the top of page 2, bottom of page 4, and complete pages 3, 5, 6, 8, and 9 of the MOST First Follow-up Self-Administered Questionnaire – Clinic are not being displayed)

Knee Symptoms

MOST ID #	Acrostic

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page [17].

3. How bad has the pain been in your right knee, on average, in the past 30 days? Please mark an "X" on the line below: ("0" means "no pain" and "100" means "pain as bad as it could be")



no pain

pain as bad as it could be

Clinic Use Only

V1VASKR

Knee Symptoms

MOST ID #	Acrostic

7. How bad has the pain been in your left knee, on average, in the past 30 days? Please mark an "X" on the line below. ("0" means "no pain" and "100" means "pain as bad as it could be")

0 10 20 30 40 50 60 70 80 90 100

no pain — pain as bad as it could be

V1VASKL

Clinic Use Only

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page [17].

Physical Difficulty

MOST ID #	Acrostic

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

11. QUESTION: What degree of difficulty do you have due to pain, discomfort or arthritis in your knee(s)?

a. **Squatting**	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do	V1SP1K
b. **Running/jogging**	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do	V1SP2K
c. **Jumping**	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do	V1SP3K
d. **Twisting/pivoting on your knees**	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do	V1SP4K
e. **Kneeling**	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do	V1SP5K

V1KOOSSP

Everyday Things

MOST ID #	Acrostic

This questionnaire asks about everyday things that you do at this time in your life. ***(For example, you might feel limited because of your health, or because it takes a lot of mental and physical energy. Please keep in mind that you can also feel limited by factors outside of yourself. Your environment could restrict you from doing things; for instance, transportation issues, accessibility, and social or economic circumstances could limit you from doing things you would like to do. Think of all these factors when you answer this section.)***

Answer every question by selecting the answer as indicated. If you are unsure about how to answer, please give the best ONE answer you can.

To what extent do you feel limited in…?	**Not at all**	**A little**	**Somewhat**	**A lot**	**Completely**	
14. Visiting friends and family in their homes	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI1
15. Providing care or assistance to others. This may include providing personal care, transportation, and running errands for family members or friends.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI2
16. Taking care of the inside of your home. This includes managing and taking responsibility for homemaking, laundry, housecleaning and minor household repairs.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI3
17. Working at a volunteer job outside your home.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI4
18. Taking part in active recreation. This may include bowling, golf, tennis, hiking, jogging, or swimming.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI5
19. Traveling out of town for at least an overnight stay.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI6
20. Taking part in a regular fitness program. This may include walking for exercise, stationary biking, weight lifting, or exercise classes.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI7
21. Going out with others to public places such as restaurants or movies.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI8

Everyday Things

MOST ID #	Acrostic

To what extent do you feel limited in…?	Not at all	A little	Somewhat	A lot	Completely	
22. Taking care of your own personal care needs. This includes bathing, dressing, and toileting.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI9
23. Taking part in organized social activities. This may include clubs, card playing, senior center events, community or religious groups.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI10
24. Taking care of local errands. This may include managing and taking responsibility for shopping for food and personal items, and going to the bank, library, or dry cleaner.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI11
25. Preparing meals for yourself. This includes planning, cooking, serving, and cleaning up.	5 ○	4 ○	3 ○	2 ○	1 ○	V1FDI12

V1LLDIIR

Health Survey

This survey asks for your views about your health.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the ONE best answer you can.

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

V1SF1

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

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
27. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf V1SF2	1 ○	2 ○	0 ○
28. Climbing several flights of stairs V1SF3	1 ○	2 ○	0 ○

During the past 30 days, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

29. Accomplished less than you would like	1 ○ Yes V1SF4	0 ○ No	8 ○ Don't know
30. Were limited in the kind of work or other activities	1 ○ Yes V1SF5	0 ○ No	8 ○ Don't know

During the past 30 days, have you had any of the following problems with your work or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?

31. Accomplished less than you would like	1 ○ Yes V1SF6	0 ○ No	8 ○ Don't know
32. Didn't do work or other activities as carefully as usual	1 ○ Yes V1SF7	0 ○ No	8 ○ Don't know

Health Survey

MOST ID #	Acrostic

33. During the past 30 days, how much did pain interfere with your normal work (including both work outside the home and housework)? ***(Please choose ONE answer.)***

V1SF8

- 0 ○ Not at all
- 1 ○ A little bit
- 2 ○ Moderately
- 3 ○ Quite a bit
- 4 ○ Extremely

These questions are about how you feel and how things have been with you during the past 30 days. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 30 days . . .

	All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time
34. Have you felt calm and peaceful? V1SF9	5 ○	4 ○	3 ○	2 ○	1 ○	0 ○
35. Did you have a lot of energy? V1SF10	5 ○	4 ○	3 ○	2 ○	1 ○	0 ○
36. Have you felt downhearted and blue? V1SF11	5 ○	4 ○	3 ○	2 ○	1 ○	0 ○

37. During the past 30 days, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? ***(Please choose ONE answer.)***

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
V1SF12	4○	3○	2○	1○	0○

V1SF12MM V1SF12MP

Clinic Visit With X-ray Procedure Checklist

MOST ID #	Acrostic	Date Form Completed	Staff ID#
		Month / Day / Year	

V1_DATEDIFF

Measurement	Page #	Completed	Partially completed	Participant refused	Not done/ Not applicable
1. Were the knee symptoms questions administered?	2	○	○	○	○
2. Medications	4	○	○	○	○
3. Weight	6	○	○	○	○
4. OrthOne 1.0 T Knee MRI	7	○	○	○	○
5. Knee X-ray	12	○	○	○	○
6. Knee and Hip Examinations	13	○	○	○	○
7. Physician Confirmatory Knee and Hip Examinations	19a	○	○	○	○
8. Was the Self-Administered Questionnaire completed and checked?		O	O	O	O

Clinic Visit Without X-ray Procedure Checklist

MOST ID #	Acrostic	Date Form Completed	Staff ID#
		☐☐ / ☐☐ / ☐☐☐☐ Month Day Year	

V1_DATEDIFF

Measurement	Page #	Completed	Partially completed	Participant refused	Not done/ Not applicable
1. Were the knee symptoms questions administered?	**2**	○	○	○	○
2. Medications	**4**	○	○	○	○
3. Weight	**6**	○	○	○	○
4. OrthOne 1.0 T Knee MRI	**7**	○	○	○	○
5. Was the Self-Administered Questionnaire completed and checked?		o	o	o	o

MOST ID #	Acrostic	Staff ID#
2 ○ Control 1 ○ Case		

V1CASE

MOST

Knee Symptoms

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

Right Knee

First I'll ask you about your right knee.

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

V1KPN12R

1 ○ Yes
0 ○ No
8 ○ Don't know/Refused

1a. During the past 12 months, have you had pain, aching, or stiffness in your right knee on most days for at least one month?

1 ○ Yes
0 ○ No
8 ○ Don't know

Go to Question #3.

V1MNTHR

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

V1PN30R

1 ○ Yes
0 ○ No
8 ○ Don't know/Refused

Go to Question #3.

2a. During the past 30 days, have you had pain, aching, or stiffness in your right knee on most days?

V1KPN30R

1 ○ Yes
0 ○ No
8 ○ Don't know

V1R_FKP

V1R_SX

MOST ID #	Acrostic
O Control O Case	

Knee Symptoms

Left Knee

Now I'll ask you about your left knee.

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

V1KPN12L 1 O Yes 0 O No 8 O Don't know/Refused

3a. During the past 12 months, have you had pain, aching, or stiffness in your left knee on most days for at least one month?

1 O Yes 0 O No 8 O Don't know **V1MNTHL**

Go to page 4, Question #1.

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

V1PN30L 1 O Yes 0 O No 8 O Don't know/Refused

Go to page 4, Question #1.

4a. During the past 30 days, have you had pain, aching, or stiffness in your left knee on most days?

V1KPN30L 1 O Yes 0 O No 8 O Don't know

V1L_FKP

V1L_SX

V1L_FKPSX

Medication Use Interview

1. Not counting multi-vitamins, are you currently taking any of the following specific vitamins every day or almost every day?

a. Vitamin E

O Yes O No O Don't know/Refused

What is the total dose per day you take most of the time?

- O Less than 100 IU
- O 100 to 250 IU
- O 300 to 500 IU
- O 600 IU or more
- O Don't know

b. Vitamin C

O Yes O No O Don't know/Refused

What is the total dose per day you take most of the time?

- O Less than 400 mg
- O 400 to 700 mg
- O 750 to 1,250 mg
- O 1,300 mg or more
- O Don't know

Page [ ] of [ ]

Medication Inventory Form

MOST ID #	Acrostic

2. Did the participant bring in or identify ALL targeted prescription and non-prescription medications, supplements, and vitamins that they took during the last 30 days? ***(Refer to Medication Operations Manual for description of targeted medications.)***

V1MEDS ○ All ○ Some ○ None ○ Took None

Total number recorded: [ ][ ] V1NUM medications

Arrange for telephone call to complete MIF

PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS

Record the name of the prescription or non-prescription medicine, frequency of use, and formulation code. Mark whether or not it is a prescription drug.

V1MNUM **Med #** [ ][ ] V1FRMCODE **Formulation code:** [ ][ ]

V1NAME

Name: [ ]

V1DUR **Duration of use:** ○ < 1 month ○ 1 month to < 1 year ○ 1 to < 3 years ○ 3 to < 5 years ○ $\geq$ 5 years ○ Don't know

V1RX **Prescription?** ○ Yes ○ No **Frequency?** ○ As Needed ○ Reg V1FREQ

V1SAME	V1CHONDR	V1FLUOR	V1RALOX
V1ALENDR	V1CSTERD	V1GLCSMN	V1RISEDR
V1ANALGS	V1COXII	V1HYALUR	V1SALICY
V1BISPHOS	V1MSM	V1NARCAN	V1TPTD
V1CALCIT	V1DOXY	V1NSAID	V1VITMND
V1CALCUM	V1ESTROG	V1PROGST	V1OSTEOP

Formulation Codes:

1=oral tablet or capsule; 2=oral liquid; 3=topical liquid, lotion, or ointment; 4=ophthalmic; 5=rectal or vaginal; 6=inhaled; 7=injected; 8=transdermal patch; 9=powder; 10=nasal

MOST ID #	Acrostic	Staff ID#
☐☐☐☐☐☐☐ O Control O Case	☐☐☐☐	☐☐☐ ~~V1STFID~~

Weight

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

V1WGHT ☐☐☐.☐ kg

V1WT

V1BMI

OrthOne 1.0 T Knee MRI

MOST ID #	Acrostic	Date Form Completed	Staff ID#
☐☐☐☐☐☐☐	☐☐☐☐	☐☐ / ☐☐ / ☐☐☐☐	☐☐☐
O Control O Case		Month Day Year	

O First knee MRI O Repeat knee MRI

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

1. Was participant eligible for MRI at time of Follow-up Telephone Interview?
(Examiner Note: Refer to Data from Prior Visits Report)

O Yes

O No → Not eligible for MRI. Go to page 10, Question #11.

2. Does participant weigh > 350 lbs (>159.1 kg)?
(Examiner Note: Do not re-weigh participant. Check weight measurement on page 6 in the Clinic Visit Workbook.)

O Yes → Not eligible for MRI. Go to page 10, Question #11.

O No

3. Have you had any surgery in the past 2 months?

O Yes

O No → Go to page 8, Question #4.

O Don't know → Go to page 8, Question #4.

3a. What type of surgery was it?

When was the surgery? (***Examiner Note: If participant unsure, please probe.***)

☐☐ / ☐☐ / ☐☐
Month Day Year

3b. Does the surgery require a 2-month wait before an MRI can be performed?
(Examiner Note: Refer to the list of MRI-safe surgeries/procedures that do <u>not</u> require a 2-month wait. If the surgery or procedure does <u>not</u> require a 2-month wait, mark "No".

O Yes → Not eligible for MRI at this time. Go to page 12, Question #11 (next exam). Schedule MRI for 2 months after surgery date. Complete and scan pages 8, 9, 10, and 11 when participant returns for MRI.

O No → Go to page 8, Question #4.

OrthOne 1.0 T Knee MRI

MOST ID #	Acrostic
O Control O Case	

O First knee MRI O Repeat knee MRI

4. The next few questions will be about specific implants. Please tell me whether you currently have any of the following implanted in your body:	
i. Electronic implant or device, such as a cochlear implant	O Yes O No O Don't know/Refused
ii. Magnetically-activated implant or device, such as magnetically-activated dental implant or dentures, or magnetic eye implant	O Yes O No O Don't know/Refused
iii. Heart pacemaker	O Yes O No O Don't know/Refused
iv. Implanted heart defibrillator	O Yes O No O Don't know/Refused
v. Internal electrodes or wires, such as pacemaker wires or bone growth/ bone fusion stimulator wires	O Yes O No O Don't know/Refused
vi. Neurostimulation system, such as spinal cord stimulator or gastric electrical stimulation system	O Yes O No O Don't know/Refused
vii. Surgically implanted insulin or drug pump	O Yes O No O Don't know/Refused
viii. Tissue expander with magnetic port, such as inflatable breast implant with magnetic port	O Yes O No O Don't know/Refused
ix. Brain aneurysm surgery, brain aneurysm clip(s) or coil(s)	O Yes O No O Don't know/Refused

4a. ***Examiner Note:***
Are any of the above items in Question #4 marked "Yes" or "Don't Know/Refused"?

O Yes → Not eligible for MRI. Go to page 10, Question #11 and mark "No."   O No

5. Please tell me whether any of the following is currently implanted in your body:	
i. Stent, filter, coil, or clips	O Yes O No O Don't know/Refused
ii. Shunt (spinal or intraventricular)	O Yes O No O Don't know/Refused
iii. Vascular access port or catheter, such as a central venous catheter or PICC line	O Yes O No O Don't know/Refused
iv. Surgically implanted hearing device (not a regular hearing aid) or prosthesis in your ear	O Yes O No O Don't know/Refused
v. Eyelid spring, wire or weights	O Yes O No O Don't know/Refused
vi. Penile implant or prosthesis ***(men only)***	O Yes O No O Don't know/Refused
vii. Heart valve surgery	O Yes O No O Don't know/Refused

5a. Since your last visit to the MOST clinic, have you had an injury in which metal fragments entered your eye and you had to seek medical attention? O Yes O No O Don't know/Refused

5b. Since your last visit to the MOST clinic, have you had an injury in which metal fragments such as shrapnel, BB, or bullet entered your body? O Yes O No O Don't know/Refused

MOST ID #	Acrostic
☐☐☐☐☐☐☐ O Control O Case	☐☐☐☐

OrthOne 1.0 T Knee MRI

O First knee MRI O Repeat knee MRI

MOST

6. Are any of the items in Question #5 or Questions #5a - 5b on the previous page marked "Yes" or "Don't Know/Refused"?
O Yes O No

6a. Does the participant have medical documentation that shows that it is safe to have an MRI scan?
(Examiner Note: If documentation is not already in the chart, ask participant if they brought medical documentation showing that it is safe to have an MRI.)
O Yes O No

Yes → Place documentation in participant's chart and have authorized staff person sign here: ______________________

No → Not eligible for MRI. Go to Question #9.

7. Is there any other reason why this participant would not be eligible for an MRI?
O Yes O No

Yes → What is the reason? ______________________ → Not eligible for MRI. Go to Question #9.

8. Has the participant had a knee replacement (where all or part of their joint was replaced), or knee surgery with metal implants in either knee? (***Examiner Note: Refer to Data from Prior Visits Report.***)
O Yes O No

Yes → Which knee was replaced or has metal implants?
O Right → Do not scan right knee.
O Left → Do not scan left knee.

9. Is the participant eligible for an OrthOne 1.0 T knee MRI scan?
O Yes O No

Yes → Tech. signature: ______________________

No → Go to page 10, Question #11.

10. Which knee(s) is being scanned?
(***Examiner Note: To determine which knee(s) to scan:***
a. If control, refer to Question #8 above and to Data from Prior Visits Report.
b. If case, scan both knees unless contraindicated - refer to Question #8 above.)

O Right knee → Complete Question #11a and #12a

O Left knee → Complete Question #11b and #12b

O Both knees → Complete Question #11a and #11b and #12a and #12b

OrthOne 1.0 T Knee MRI

O First knee MRI O Repeat knee MRI

MOST ID #	Acrostic	Date of Scan
☐☐☐☐☐☐☐	☐☐☐☐	☐☐ / ☐☐ / ☐☐☐☐
O Control O Case		Month Day Year

11. a. Was an MRI obtained of the right knee?

V1ONIR 1 O Yes 0 O No → Why wasn't a right knee MRI obtained? ***(Mark only one)*** **V1NOR**

1 O Participant not eligible
2 O Participant had right total knee replacement
3 O Participant's leg did not fit in MRI scanner
4 O Participant refused
5 O Participant scheduled for a later date
6 O Other ***(Please specify:*** ______________________________ **)**

b. Was an MRI obtained of the left knee?

V1ONIL 1 O Yes 0 O No → Why wasn't a left knee MRI obtained? ***(Mark only one)*** **V1NOL**

1 O Participant not eligible
2 O Participant had left total knee replacement
3 O Participant's leg did not fit in MRI scanner
4 O Participant refused
5 O Participant scheduled for a later date
6 O Other ***(Please specify:*** ______________________________ **)**

OrthOne 1.0 T Knee MRI

O First knee MRI	O Repeat knee MRI

MOST ID #	Acrostic	Date of Scan
☐☐☐☐☐☐☐	☐☐☐☐	☐☐ / ☐☐ / ☐☐☐☐
O Control O Case		Month Day Year

MRI Technologist ID#
☐☐☐

12. Was an OrthOne 1.0 T knee MRI reviewed and obtained for each of the following sequences?

a. Right knee scan

i. Was the baseline right knee scan viewed?
O Yes O No → Reason: __________

ii. Axial
O Yes O No → Reason: __________

iii. Sagittal
O Yes O No → Reason: __________

iv. Coronal STIR
O Yes O No → Reason: __________

v. 3 Point Dixon
O Yes O No → Reason: __________

b. Left knee scan

i. Was the baseline left knee scan viewed?
O Yes O No → Reason: __________

ii. Axial
O Yes O No → Reason: __________

iii. Sagittal
O Yes O No → Reason: __________

iv. Coronal STIR
O Yes O No → Reason: __________

v. 3 Point Dixon
O Yes O No → Reason: __________

MOST ID #	Acrostic	Date Form Completed	Staff ID#
		___ / ___ / ___ (Month / Day / Year)	

Knee X-ray

O First knee x-ray O Repeat knee x-ray V1XYVIS

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

2. Were X-rays taken?

V1XRAY

1 O X-rays were taken
0 O Participant did not show up for appointment. Would not reschedule.
7 O Participant refused x-rays at clinic visit.

3. What is the MOST staff ID# for the X-ray technician? [ ][ ][ ] V1XSID

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

a. PA semiflexed view of right and left knee?

V1PA

1 O Yes →
i. mAs setting [ ][ ][ ].[ ] V1PAMAS
ii. Beam angle: ***Check Data from Prior Visits Report to see which beam angle(s) was (were) best at baseline. Use best beam angle(s), and record angle(s) below. Mark all that apply.***
V1PA5 O 5° V1PA10 O 10° V1PA15 O 15°

0 O No → Comments: ____________________

b. Lateral view of right knee?

V1LR

1 O Yes → i. mAs setting [ ][ ][ ].[ ] V1LRMAS

0 O No → Comments: ____________________

c. Lateral view of left knee?

V1LL

1 O Yes → i. mAs setting [ ][ ][ ].[ ] V1LLMAS

0 O No → Comments: ____________________

Knee and Hip Examinations

MOST ID #	Acrostic	Staff ID#

MOST

Right-side exams: *Participant is lying on their left side.*

Exam		"Is this tender or painful?"
1. Trochanteric bursitis Has the participant had a right hip replacement? ***(Refer to Data from Prior Visits Report.)***	○ No → ○ Yes ↓ Do NOT perform right trochanteric bursitis exam.	○ Yes ○ No ○ Not done ○ Refused
2. Iliotibial band	→	○ Yes ○ No ○ Not done ○ Refused

3. Has participant had right knee surgery where all or part of the joint was replaced? (***Interviewer Note: Refer to Data from Prior Visits Report.***)

○ Yes ○ No

↓

Go to page 14, Question #9.

Knee and Hip Examinations

MOST ID #	Acrostic

Right-side exams: *Participant is lying supine.*

Exam	"Is this tender or painful?"
4. Anserine bursa	○ Yes ○ No ○ Not done ○ Refused
5. Medial tibiofemoral joint line	○ Yes ○ No ○ Not done ○ Refused
6. Lateral tibiofemoral joint line	○ Yes ○ No ○ Not done ○ Refused
7. Patellar tenderness	○ Yes ○ No ○ Not done ○ Refused
8. Medial knee fat pad tenderness	○ Yes ○ No ○ Not done ○ Refused

9. Hip internal rotation pain
Has the participant had a right hip replacement?
(Refer to Data from Prior Visits Report.)

○ No → **"Is this tender or painful in your hip?"**
○ Yes ○ No ○ Not done ○ Refused

If Yes: Where does it hurt?
(Show Card # 1.
Mark all that apply.)
○ **1 Groin/inside leg near hip**
○ 2 Outside of leg near hip
○ **3 Front of leg near hip**
○ 4 Buttocks
○ 5 Lower back
○ Don't know

○ Yes → Do NOT perform right hip pain exam.

10. Has participant had left knee surgery where all or part of the joint was replaced?
(***Interviewer Note: Refer to Data from Prior Visits Report.***)
○ Yes ○ No

If Yes: Go to page 15, Question #16.

Knee and Hip Examinations

MOST ID #	Acrostic

Left-side exams: *Participant is lying supine.*

Exam	"Is this tender or painful?"
11. Anserine bursa	○ Yes ○ No ○ Not done ○ Refused
12. Medial tibiofemoral joint line	○ Yes ○ No ○ Not done ○ Refused
13. Lateral tibiofemoral joint line	○ Yes ○ No ○ Not done ○ Refused
14. Patellar tenderness	○ Yes ○ No ○ Not done ○ Refused
15. Medial knee fat pad tenderness	○ Yes ○ No ○ Not done ○ Refused

16. Hip internal rotation pain

Has the participant had a left hip replacement? ***(Refer to Data from Prior Visits Report.)***

○ No → **"Is this tender or painful in your hip?"**

○ Yes ○ No ○ Not done ○ Refused

Yes → Where does it hurt? ***(Show Card # 1, Mark all that apply.)***

○ **1 Groin/inside leg near hip**
○ 2 Outside of leg near hip
○ **3 Front of leg near hip**
○ 4 Buttocks
○ 5 Lower back
○ Don't know

○ Yes → Do NOT perform left hip pain exam.

Knee and Hip Examinations

MOST ID #	Acrostic

Left-side exams: *Participant is lying on their right side.*

Exam		"Is this tender or painful?"
17. Trochanteric bursitis Has the participant had a left hip replacement? ***(Refer to Data from Prior Visits Report.)***	○ No → ○ Yes → Do NOT perform left trochanteric bursitis exam.	○ Yes ○ No ○ Not done ○ Refused
18. Iliotibial band	→	○ Yes ○ No ○ Not done ○ Refused

Hip internal rotation exams: *Participant is sitting.*

Exam		How many degrees was the limit of motion?
19. Right hip internal rotation Has the participant had a right hip replacement? ***(Refer to Data from Prior Visits Report.)***	○ No → ○ Yes → Do NOT perform right hip exam.	☐☐☐ degrees ○ Not done ○ Refused
20. Left hip internal rotation Has the participant had a left hip replacement? ***(Refer to Data from Prior Visits Report.)***	○ No → ○ Yes → Do NOT perform left hip exam.	☐☐☐ degrees ○ Not done ○ Refused

Knee and Hip Examinations

MOST ID #	Acrostic

Tenderpoint exams: *Participant is sitting.*

21. Was pain present during either the right or left medial knee fat pad exams #8 and/or #15?

○ Yes ○ No → Go to Eligibility for Physician Confirmatory Examination on next page.

Exam	"Is this tender or painful?"
a. Right elbow tenderpoint →	○ Yes ○ No ○ Not done ○ Refused
b. Left elbow tenderpoint →	○ Yes ○ No ○ Not done ○ Refused
c. Right trapezius tenderpoint →	○ Yes ○ No ○ Not done ○ Refused
d. Left trapezius tenderpoint →	○ Yes ○ No ○ Not done ○ Refused

Knee and Hip Examinations

MOST ID #	Acrostic	Staff ID#

Eligibility for Physician Confirmatory Examination

I. RIGHT hip exam

Are one or more of the following conditions met?
*Exam #9 Pain location 1 or 3 are marked, or
*Exam #19 degree of motion is less than 105 degrees.

○ Yes ○ No → Go to II.

Was the participant seen in clinic because they had right knee pain?
(***Examiner Note: Refer to Data from Prior Visits Report.***)

○ Yes ○ No → Go to II.

Skip II, III, and IV and refer for physician exam.

II. LEFT hip exam

Are one or more of the following conditions met?
*Exam #16 Pain location 1 or 3 are marked, or
*Exam #20 degree of motion is less than 105 degrees.

○ Yes ○ No → Go to III.

Was the participant seen in clinic because they had left knee pain?
(***Examiner Note: Refer to Data from Prior Visits Report.***)

○ Yes ○ No → Go to III.

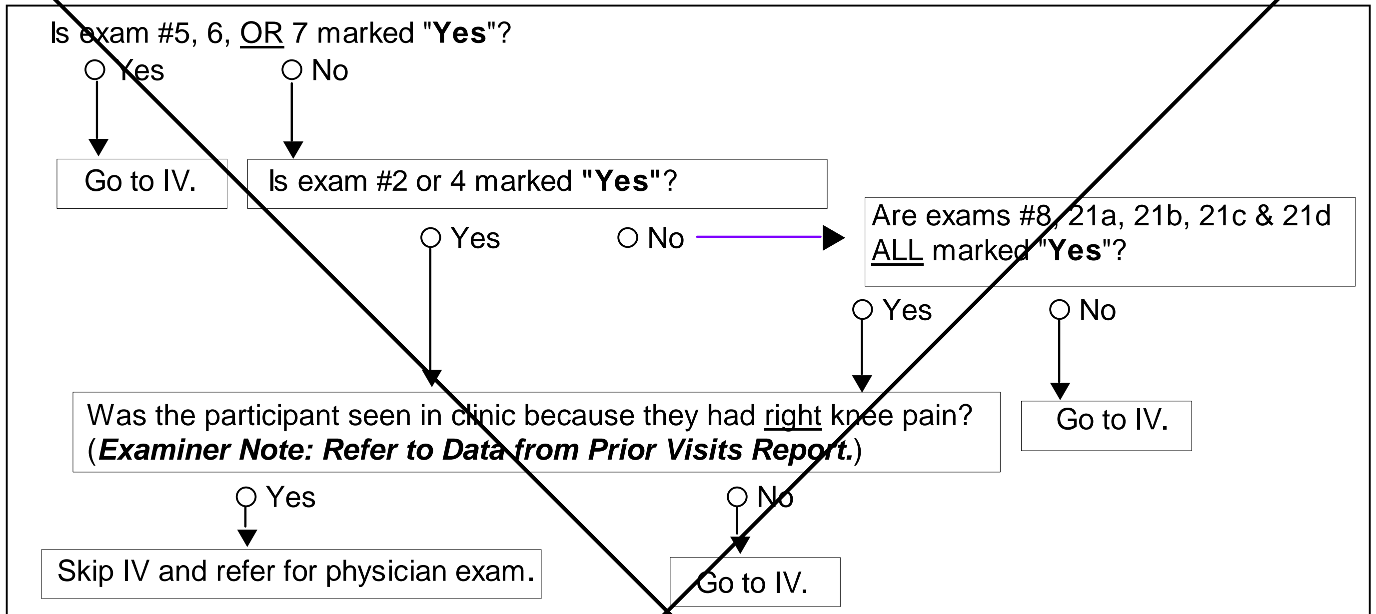
Skip III and IV and refer for physician exam.

Knee and Hip Examinations

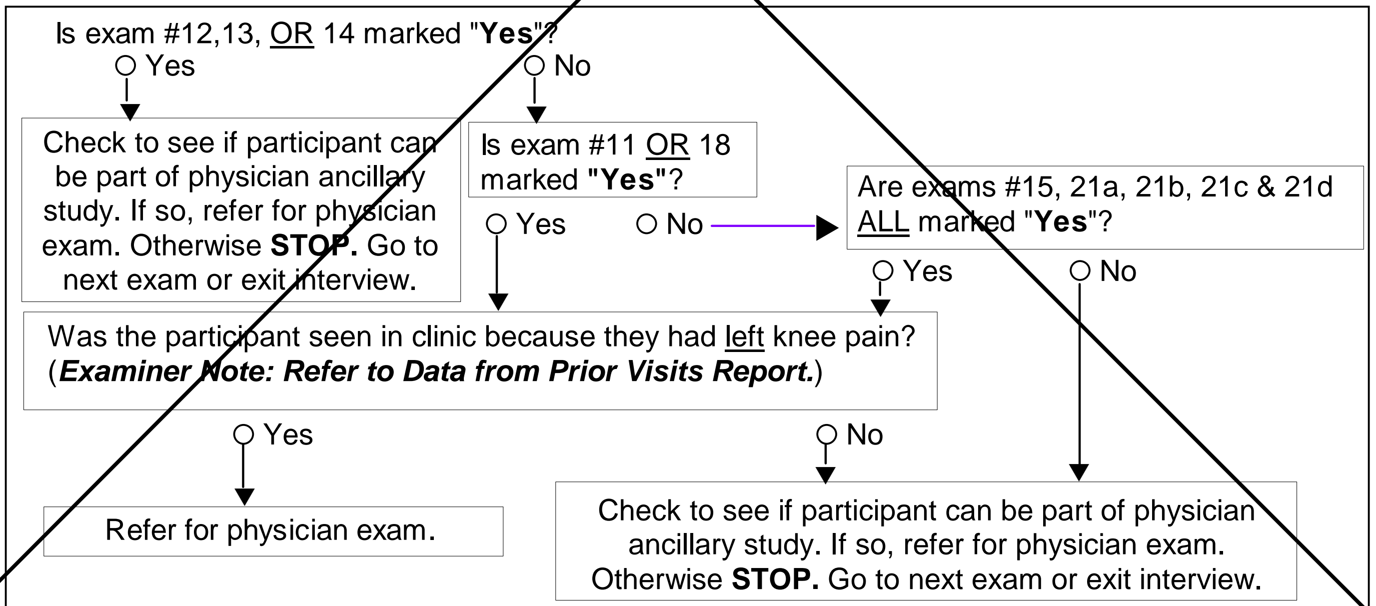
MOST ID #	Acrostic

Eligibility for Physician Confirmatory Examination

III. RIGHT knee exam



IV. LEFT knee exam



Right Knee Pain

MOST ID #	Acrostic	Date Form Completed
		Month / Day / Year

1. When you have right knee pain, where does it usually hurt?
(***Examiner Note: Have participant point to their own leg when answering this question. Mark all areas that apply.***)

RIGHT KNEE

4
1
2
6
3
5
8
7
1

Mark all areas that apply.

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8

- ○ No pain in right knee
- ○ Don't know
- ○ Refused

Staff ID#

Left Knee Pain

2. When you have <u>left</u> knee pain, where does it usually hurt?
(***Examiner Note: Have participant point to their own leg when answering this question. Mark all areas that apply.***)

Mark all areas that apply.

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8

- ○ No pain in left knee
- ○ Don't know
- ○ Refused

LEFT KNEE

1 7 8 4 1 2 3 5 6

Physician Confirmatory Examinations

MOST ID #	Acrostic	Date Form Completed	Staff ID#
		/ / Month Day Year	

Right-side exams: *Participant is lying on their* ***left*** *side.*

Exam		"Is this tender or painful?"
1. Trochanteric bursitis Has the participant had a right hip replacement? ***(Refer to Data from Prior Visits Report.)***	○ No → ; ○ Yes → Do NOT perform right trochanteric bursitis exam.	○ Yes ○ No ○ Not done ○ Refused
2. Iliotibial band	→	○ Yes ○ No ○ Not done ○ Refused

3. Has participant had right knee surgery where all or part of the joint was replaced? (***Interviewer Note: Refer to Data from Prior Visits Report.***)

○ Yes → Go to page 21, Question #9.

○ No

Physician Confirmatory Examinations

MOST ID #	Acrostic

Right-side exams: *Participant is lying supine.*

Exam	"Is this tender or painful?"
4. Anserine bursa →	○ Yes ○ No ○ Not done ○ Refused
5. Medial tibiofemoral joint line →	○ Yes ○ No ○ Not done ○ Refused
6. Lateral tibiofemoral joint line →	○ Yes ○ No ○ Not done ○ Refused
7. Patellar tenderness →	○ Yes ○ No ○ Not done ○ Refused
8. Medial knee fat pad tenderness →	○ Yes ○ No ○ Not done ○ Refused

9. Hip internal rotation pain
Has the participant had a right hip replacement?
(Refer to Data from Prior Visits Report.)

○ No → **"Is this tender or painful in your hip?"**
○ Yes ○ No ○ Not done ○ Refused

If Yes: Where does it hurt?
(Show Card # 1. Mark all that apply.)

- ○ **1 Groin/inside leg near hip**
- ○ 2 Outside of leg near hip
- ○ **3 Front of leg near hip**
- ○ 4 Buttocks
- ○ 5 Lower back
- ○ Don't know

○ Yes → Do NOT perform right hip pain exam.

10. Has participant had left knee surgery where all or part of the joint was replaced?
(***Interviewer Note: Refer to Data from Prior Visits Report.***)

○ Yes → Go to page 22, Question #16.

○ No

Physician Confirmatory Examinations

MOST ID #	Acrostic

Left-side exams: ***Participant is lying supine.***

Exam	"Is this tender or painful?"
11. Anserine bursa	○ Yes ○ No ○ Not done ○ Refused
12. Medial tibiofemoral joint line	○ Yes ○ No ○ Not done ○ Refused
13. Lateral tibiofemoral joint line	○ Yes ○ No ○ Not done ○ Refused
14. Patellar tenderness	○ Yes ○ No ○ Not done ○ Refused
15. Medial knee fat pad tenderness	○ Yes ○ No ○ Not done ○ Refused

16. Hip internal rotation pain
Has the participant had a left hip replacement?
(Refer to Data from Prior Visits Report.)

○ No → **"Is this tender or painful in your hip?"**

○ Yes ○ No ○ Not done ○ Refused

(If Yes) Where does it hurt?
(Show Card # 1, Mark all that apply.)

○ **1 Groin/inside leg near hip**
○ 2 Outside of leg near hip
○ **3 Front of leg near hip**
○ 4 Buttocks
○ 5 Lower back
○ Don't know

○ Yes → Do NOT perform left hip pain exam.

Left-side exams: *Participant is lying on their right side.*

Exam		"Is this tender or painful?"
17. Trochanteric bursitis Has the participant had a left hip replacement? ***(Refer to Data from Prior Visits Report.)***	○ No → / ○ Yes ↓ Do NOT perform left trochanteric bursitis exam.	○ Yes ○ No ○ Not done ○ Refused
18. Iliotibial band	→	○ Yes ○ No ○ Not done ○ Refused

Hip internal rotation exams: *Participant is sitting.*

Exam		How many degrees was the limit of motion?
19. Right hip internal rotation Has the participant had a right hip replacement? ***(Refer to Data from Prior Visits Report.)***	○ No → / ○ Yes ↓ Do NOT perform right hip exam.	☐☐☐ degrees ○ Not done ○ Refused
20. Left hip internal rotation Has the participant had a left hip replacement? ***(Refer to Data from Prior Visits Report.)***	○ No → / ○ Yes ↓ Do NOT perform left hip exam.	☐☐☐ degrees ○ Not done ○ Refused

Physician Confirmatory Examinations

MOST ID #	Acrostic

Tenderpoint exams: *Participant is sitting.*

21. Was pain present during either the right or left medial knee fat pad exams #8 and/or #15?

○ Yes ○ No

Exam	"Is this tender or painful?"
a. Right elbow tenderpoint	○ Yes ○ No ○ Not done ○ Refused
b. Left elbow tenderpoint	○ Yes ○ No ○ Not done ○ Refused
c. Right trapezius tenderpoint	○ Yes ○ No ○ Not done ○ Refused
d. Left trapezius tenderpoint	○ Yes ○ No ○ Not done ○ Refused