MOST PUBLIC DATA RELEASE

ANNOTATED DATA COLLECTION FORMS

30-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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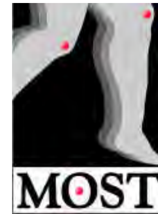
*Pages [27] through [30] replace page 1, the bottom of page 2, the top and bottom of page 3, and all of pages 4, 5, 7, and 8 of the MOST Second Follow-up Self-Administered Questionnaire – Clinic form.

Telephone Interview
Second Follow-up Visit



MOST ID #	Acrostic	Date Interview Completed	Site
		Month / Day / Year	1 ○ SITE 1 2 ○ SITE 2
MOSTID	ACROSTIC	V2_TIDIFF	SITE

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?

V212MR 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

No / Don't know/Refused → Go to Question #3.

Yes →

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?

V212MSR 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?

V230DR 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

No / Don't know/Refused → Go to Question #3.

Yes →

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

V230MSR 1 ○ Yes 0 ○ No 8 ○ Don't know

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?

V212ML

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

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

Yes →

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?

V212MSL 1 ○ Yes 0 ○ No 8 ○ Don't know

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

V230DL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

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

Yes →

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

V230MSL 1 ○ Yes 0 ○ No 8 ○ Don't know

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?

V2LA 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

Yes →

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

V2LADAY

No / Don't know/Refused →

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

V2AVOIDT

MRI Eligibility

6. ***Interviewer Note: Refer to Data from Prior Visits Report. Was participant eligible for MRI at prior visit(s)?***

○ Yes ○ No → Go to Page 5, Question #11 and mark "No."

The next few questions are about MRI eligibility.

6a. Since your last MRI scan at the MOST clinic on ___/___ ***(from Data from Prior Visits Report)***, have you had any surgery or anything implanted in your body?

○ Yes ○ No → Go to Question #7. ○ Don't know/Refused → Go to Question #6c.

6b. What type of surgery or implant was it?

____

When was the surgery?

☐☐ / ☐☐ / ☐☐
Month Day Year

Interviewer Notes:
- 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.
- Fill out an Event Notification Form for Knee/Hip Replacement if participant reports a knee or hip replacement.

6c. The next few questions will be about specific implants. Please tell me whether any of the following was implanted in your body during surgery:

Item	Response
i. Electronic implant or device, such as a cochlear implant	○ Yes ○ No ○ Don't know/Refused
ii. Magnetically-activated dental implant or dentures, magnetic eye implant, or other magnetic device	○ 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

6d. ***Interviewer Note:***
Are any of the above items in Question #6c marked "Yes" or "Don't Know/Refused"?

○ Yes → Not eligible for MRI. Go to Page 5, Question #11 and mark "No." ○ No

MRI Eligibility

MOST ID #	Acrostic

6e. **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	○ Yes ○ No ○ Don't know/Refused

7. Since your last visit to the MOST clinic on __/__, 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

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

9. ***Interviewer Note:***
Are any of the above items in Question #6e or Questions #7-8 marked "Yes" or "Don't Know/Refused"?

○ Yes ○ No

9a. 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 → ***Interviewer Note: Ask participant to bring medical documentation with them to the clinic visit.***

○ No → Not eligible for MRI. Go to Page 5, Question #11 and mark "No."

MOST ID #	Acrostic

MRI Eligibility

10. ***Interviewer Note: Is there any other reason why this participant would not be eligible for an MRI? (e.g., participant has had both knees replaced)***

○ Yes → What is the reason? ____________ → Not eligible for MRI. Go to Question #11 and mark "No."

○ No

11. ***Interviewer Note:***
Is the participant eligible for an MRI scan? (Refer to Questions #6, #9-9a, and #10.)

○ Yes → Mark "CLINIC VISIT-WITH MRI" in Box A on page 8. Then go to Question #12.

○ No → Mark "CLINIC VISIT-NO MRI" in Box A on page 8. Then go to Page 6, Question #13.

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

○ Yes ○ No ○ Don't know/Refused

12a. 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 6, Question #13. Do not scan today's Telephone Interview forms. Re-contact 2 months after surgery to reassess eligibility.

MOST ID #	Acrostic

Contact Information

13. 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.

---

14. 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.

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15. 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

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

O Yes

O No → Go to Question #17

16a. *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 #18

O No

O Don't know

O Refused → Go to Question #18

17. 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.

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

O Yes

O No → Go to Question #19

18a. *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

19. 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.

MOST ID #	Acrostic

Clinic Visit Eligibility

BOX A

○ CLINIC VISIT - WITH MRI

"Thank you for your time and for answering our questions. We'd like to schedule you for a clinic visit. Before I schedule your appointment, do you have any questions?" (***Read script from Operations Manual for scheduling a clinic visit with MRI.)***

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

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

○ CLINIC VISIT - NO MRI

"Thank you for your time and for answering our questions. We'd like to schedule you for a clinic visit. Before I schedule your appointment, do you have any questions?" ***(Read script from Operations Manual for scheduling a clinic visit with no MRI.)***

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

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

○ 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. Do you have any questions?"
Follow protocol for participants who are not interested in coming in for clinic visit.

Self-Administered Questionnaire - Home
Second 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? V2JPAIN
   - 1 ○ Yes
   - 0 ○ No
   - 8 ○ Don't know

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 ○ V2SHDRR ○ V2SHDRL
Elbows ○ V2ELBR ○ V2ELBL
Hips ○ V2HIPR ○ V2HIPL
Wrists ○ V2WRSTR ○ V2WRSTL
Hands ○ V2HANDR ○ V2HANDL
Knees ○ V2KNR ○ V2KNL
Ankles ○ V2ANKLR ○ V2ANKLL
Feet ○ V2FOOTR ○ V2FOOTL

Neck ○ V2NECK

1=YES

V2_WSPA

V2_WSPB

V2_WSPC

Back Pain and Function

2. During the **past 30 days**, have you had any back pain?

V2PAIN 1○ Yes 0○ No 8○ Don't know

Go to Page 3, Question #3.

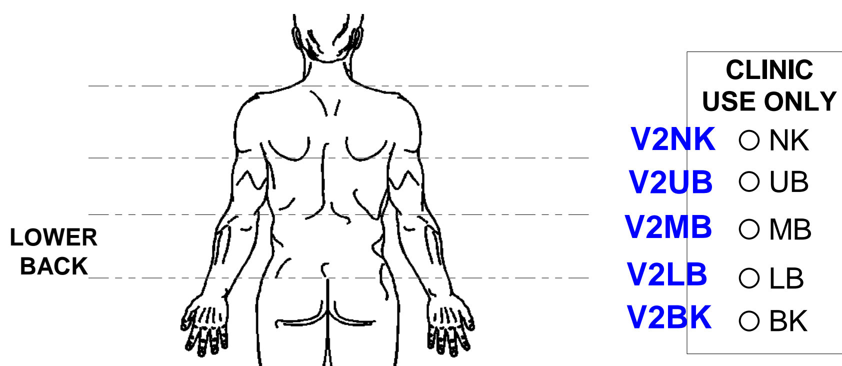
a. How often were you bothered by back pain in the **past 30 days**?
(Mark only one response.)

V2FREQ 1○ All of the time 2○ Most of the time 3○ Some of the time 4○ Rarely 5○ Never

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

V2SERV 1○ Mild 2○ Moderate 3○ Severe

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



CLINIC USE ONLY
V2NK ○ NK
V2UB ○ UB
V2MB ○ MB
V2LB ○ LB
V2BK ○ BK

1=YES

V2_LBP

d. During the **past 30 days**, have you limited your activities because of back pain?

V2BPLA 1○ Yes 0○ No → Go to Page 3, Question #3.

di. How many days did you stay in bed because of your back?

V2BDDAY ☐☐ days

dii. How many days did you limit your activities because of your back?
(Do not include days in bed.)

V2BPLAD ☐☐ days

3. Since your first visit to the MOST clinic in _____________, has your doctor told you that you have arthritis?

V2ARTH 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Page 4, Question #4.

What kind of arthritis did your doctor say it was? Did your doctor say you had...
(Please answer "Yes," "No," or "Don't know" for all questions below.)

Variable	Question	Yes	No	Don't know
V2RA	**a.** Rheumatoid arthritis?	1 ○ Yes	0 ○ No	8 ○ Don't know
V2KNOA	**b.** Osteoarthritis or degenerative arthritis in your knee?	1 ○ Yes	0 ○ No	8 ○ Don't know
V2HPOA	**c.** Osteoarthritis or degenerative arthritis in your hip?	1 ○ Yes	0 ○ No	8 ○ Don't know
V2HFOA	**d.** Osteoarthritis or degenerative arthritis in your hand or fingers?	1 ○ Yes	0 ○ No	8 ○ Don't know
V2OJOA	**e.** Osteoarthritis or degenerative arthritis in some other joint?	1 ○ Yes	0 ○ No	8 ○ Don't know
V2GOUT	**f.** Gout?	1 ○ Yes	0 ○ No	8 ○ Don't know
V2OTH	**g.** Some other type of arthritis? ***(Please specify:_______________)***	1 ○ Yes	0 ○ No	8 ○ Don't know

MOST ID #	Acrostic

Arthritis Medications

4. Are you taking any of the following medications for joint pain or arthritis?

- Aspirin
- Advil or Motrin (Ibuprofen)
- Aleve or Naprosyn (Naproxen)
- Celebrex (Celecoxib)
- Tylenol (Acetaminophen)

Others:

- Arthrotec (Diclofenac with misoprostol)
- Cataflam (Diclofenac)
- Indocin (Indomethacin)
- Lodine (Etodolac)
- Mobic (Meloxicam)
- Orudis (Ketoprofen)
- Relafen (Nabumetone)
- Voltaren (Diclofenac)

1 ○ Yes   0 ○ No   8 ○ Don't know   **V2ARTHRX**

Go to Page 5, Question #5.

a. How often do you take any of these medications?   **V2MOFT**

5 ○ More than once a day
4 ○ Once a day
3 ○ Three to five times a week
2 ○ Once or twice a week
1 ○ Less than once a week

MOST ID #	Acrostic

Arthritis Medications

5. Are you taking any of the following stronger medications for joint pain or arthritis?

- Darvocet-N (Propoxyphene with acetaminophen)
- Duragesic (Fentanyl)
- Endocet (Oxycodone with acetaminophen)
- Lorcet (Hydrocodone with acetaminophen)
- MS Contin (Morphine sulfate)
- Norco (Hydrocodone with acetaminophen)
- OxyContin (Oxycodone)
- Percocet (Oxycodone with acetaminophen)
- Tylenol with codeine (Acetaminophen with codeine)
- Ultracet (Tramadol with acetaminophen)
- Ultram (Tramadol)
- Vicodin (Hydrocodone with acetaminophen)
- Vicoprofen (Hydrocodone with ibuprofen)

1 ○ Yes   0 ○ No   8 ○ Don't know   **V2SMED**

Go to Page 6, Question #6.

a. How often do you take any of these medications?

5 ○ More than once a day   **V2SMOFT**
4 ○ Once a day
3 ○ Three to five times a week
2 ○ Once or twice a week
1 ○ Less than once a week

MOST ID #	Acrostic

Health History and Medical Conditions

6. Have you ever had a heart attack?

V2HRTAT

1 Yes

0 No

8 Don't know

Go to Question #7.

a. How old were you when you had your most recent heart attack?

[ ][ ] years old

V2AYO

7. Have you ever had an operation to unclog or bypass the arteries in your heart?

V2UNCLOG

1 Yes

0 No

8 Don't know

Go to Question #8.

a. How old were you when you had your most recent operation to unclog or bypass the arteries in your heart?

[ ][ ] years old

V2HOPYO

8. Have you ever been treated for heart failure? (You may have been short of breath and the doctor may have told you that you had fluid in your lungs or that your heart was not pumping well.)

V2HRTFA

1 Yes

0 No

8 Don't know

Go to Page 7, Question #9.

a. How old were you when you had your most recent treatment for heart failure?

[ ][ ] years old

V2TYO

MOST ID #	Acrostic

Health History and Medical Conditions

9. Have you ever had an operation to unclog or bypass the arteries in your legs? **V2BYPASS**

1 ○ Yes   0 ○ No   8 ○ Don't know

Go to Question #10.

a. How old were you when you had your most recent operation to unclog or bypass the arteries in your legs? ~~V2LOPYO~~

[ ][ ] years old

---

10. Have you had a stroke, cerebrovascular accident, blood clot or bleeding in the brain, or transient ischemic attack (TIA)? **V2STROKE**

1 ○ Yes   0 ○ No   8 ○ Don't know

Go to Question #11.

a. Do you have difficulty moving an arm or leg as a result of the stroke or cerebrovascular accident? **V2MOVE**

1 ○ Yes   0 ○ No   8 ○ Don't know

---

11. Do you have asthma? **V2ASTHMA**

1 ○ Yes   0 ○ No   8 ○ Don't know

Go to Page 8, Question #12.

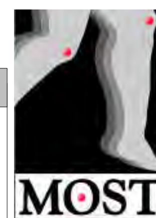
a. Do you take medicines for your asthma? **V2ASTRX**

1 ○ Yes   0 ○ No   8 ○ Don't know

b. When do you usually take the medicine? ***(Please mark one.)*** **V2AWHEN**

1 ○ Only with flare-ups of my asthma
2 ○ Regularly, even when I'm not having a flare-up

MOST ID #	Acrostic



Health History and Medical Conditions

12. Do you have emphysema, chronic bronchitis, or chronic obstructive lung disease?

1 ○ Yes　0 ○ No　8 ○ Don't know　**V2COPD**

Go to Question #13.

a. Do you take medicines for your lung disease?

1 ○ Yes　0 ○ No　8 ○ Don't know　**V2LUNRX**

b. When do you usually take the medicine? ***(Please mark one.)***

V2LWHEN

1 ○ Only with flare-ups of my emphysema, bronchitis or COPD

2 ○ Regularly, even when I'm not having a flare-up

---

13. Do you have stomach ulcers, or peptic ulcer disease?

1 ○ Yes　0 ○ No　8 ○ Don't know　**V2ULCER**

Go to Page 9, Question #14.

a. Has this condition been diagnosed by endoscopy (where a doctor looks into your stomach through a scope) or an upper GI or barium swallow study (where you swallow chalky dye and then x-rays are taken)?

1 ○ Yes　0 ○ No　8 ○ Don't know　**V2ULCDX**

MOST ID #	Acrostic

Health History and Medical Conditions

14. Do you have diabetes (high blood sugar)? **V2DIABT**

1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #15.

a. How has your diabetes been treated?
(Please mark all that apply.) **1=YES**

- **V2DIET** ○ modifying my diet
- **V2DRX** ○ medications taken by mouth
- **V2INJ** ○ insulin injections
- **V2NONE** ○ not treated

b. Has the diabetes caused any of the following problems?
(Please mark all that apply.)

- **V2KID** ○ Problems with your kidneys
- **V2DEYE** ○ Problems with your eyes, treated by an ophthalmologist
- **V2DDK** ○ Has not caused problems

---

15. Have you ever had serious problems with your kidneys? **V2KIDNY**

1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Page 10, Question #16.

a. Kidney problems: ***(Please mark all that apply.)*** **1=YES**

- **V2POORF** ○ Poor kidney function (blood tests show high creatinine)
- **V2TRANS** ○ Have received a kidney transplantation
- **V2DIALY** ○ Have used hemodialysis or peritoneal dialysis
- **V2KOTR** ○ Other ***(Please specify:*** ______________________ ***)***
- **V2DK** ○ Don't know

b. How old were you when you had your most recent serious problems with your kidneys?

[ ][ ] years old ~~V2KYO~~

MOST ID #	Acrostic

MOST

Health History and Medical Conditions

16. Do you have any of the following conditions?

a. Alzheimer's Disease, or another form of dementia?
○ Yes ○ No ○ Don't know
~~V2ALZHE~~

b. Cirrhosis, or serious liver damage?
1 ○ Yes 0 ○ No 8 ○ Don't know
V2LIVER

c. Leukemia or polycythemia vera?
○ Yes ○ No ○ Don't know
~~V2LEUKE~~

d. Lymphoma?
○ Yes ○ No ○ Don't know
~~V2LYMPH~~

e. Cancer, other than skin cancer, leukemia or lymphoma?
1 ○ Yes 0 ○ No 8 ○ Don't know
V2CANCR

Go to Question #f.

ei. Has the cancer spread, or metastasized to other parts of your body?
1 ○ Yes 0 ○ No 8 ○ Don't know
V2CANCRS

f. AIDS?
○ Yes ○ No ○ Don't know
~~V2AIDS~~

V2_DX

V2MCOMOR

Fracture History

MOST ID #	Acrostic

17. Since your last telephone interview in [__], did a doctor tell you that you broke or fractured a bone?

1 ○ Yes   0 ○ No   8 ○ Don't know/Refused   **V2BONE**

Go to Question #18.

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

1 ○ Yes   0 ○ No   8 ○ Don't know/Refused   **V2FXHIP**

b. 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   **V2SPINE**

V2_FXHIPSP

---

18. During the past 12 months, have you fallen and landed on the floor or ground?

1 ○ Yes   0 ○ No   8 ○ Don't know/Refused   **V2FALLG**

Go to Page 12, Question #19.

a. How many times have you fallen in the past 12 months? If you are unsure, please make your best guess.   **V2FALLT**

1 ○ One
2 ○ Two or three
3 ○ Four or five
4 ○ Six or more
8 ○ Don't know

MOST ID #	Acrostic

Current Employment

19. Do you currently do any amount of work for pay?
(Also mark "Yes" if you are self-employed or you are on a temporary leave from work and expect to return to work within 6 months.)

1 ○ Yes → Go to Question #20.
0 ○ No
8 ○ Don't know

V2PAY

a. Do you do at least 15 hours of unpaid work per week for a business or farm owned by a member of your family?
(Work that you do to care for family members or as a volunteer does not apply.)

1 ○ Yes → Go to Question #20.
0 ○ No
8 ○ Don't know

V2NOPAY

b. Are you not working due at least in part to your health?

1 ○ Yes
0 ○ No
8 ○ Don't know

→ Go to Page 13, Question #22

V2HLTH

---

20. When you worked over the past year, on average how many hours a week did you usually work? ***(Include any overtime hours you usually worked.)***

☐☐ Number of hours worked per week

V2HRSWK

---

21. How many half or full workdays did you miss in the past 3 months because of knee pain, aching or stiffness? ***(Please write in the number of days; if none, put 0.)***

☐☐ Number of days missed in the past 3 months

V2MIS

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**	
22. Visiting friends and family in their homes	5 ○	4 ○	3 ○	2 ○	1 ○	V2FDI1
23. 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 ○	V2FDI2
24. 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 ○	V2FDI3
25. Working at a volunteer job outside your home.	5 ○	4 ○	3 ○	2 ○	1 ○	V2FDI4
26. Taking part in active recreation. This may include bowling, golf, tennis, hiking, jogging, or swimming.	5 ○	4 ○	3 ○	2 ○	1 ○	V2FDI5
27. Traveling out of town for at least an overnight stay.	5 ○	4 ○	3 ○	2 ○	1 ○	V2FDI6
28. 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 ○	V2FDI7
29. Going out with others to public places such as restaurants or movies.	5 ○	4 ○	3 ○	2 ○	1 ○	V2FDI8

Everyday Things

MOST ID #	Acrostic

To what extent do you feel limited in…?	Not at all	A little	Somewhat	A lot	Completely	
30. Taking care of your own personal care needs. This includes bathing, dressing, and toileting.	5 ○	4 ○	3 ○	2 ○	1 ○	V2FDI9
31. Taking part in organized social activities. This may include clubs, card playing, senior center events, community or religious groups.	5 ○	4 ○	3 ○	2 ○	1 ○	V2FDI10
32. 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 ○	V2FDI11
33. Preparing meals for yourself. This includes planning, cooking, serving, and cleaning up.	5 ○	4 ○	3 ○	2 ○	1 ○	V2FDI12

V2LLDIIR

MOST ID #	Acrostic

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.

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

V2SF1

- 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
35. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf V2SF2	1 ○	2 ○	0 ○
36. Climbing several flights of stairs V2SF3	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?

37. Accomplished less than you would like V2SF4	1 ○ Yes	0 ○ No	8 ○ Don't know
38. Were limited in the kind of work or other activities V2SF5	1 ○ Yes	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)?

39. Accomplished less than you would like V2SF6	1 ○ Yes	0 ○ No	8 ○ Don't know
40. Didn't do work or other activities as carefully as usual V2SF7	1 ○ Yes	0 ○ No	8 ○ Don't know

Health Survey

41. 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.)***

V2SF8

- 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
42. Have you felt calm and peaceful? V2SF9	5 ○	4 ○	3 ○	2 ○	1 ○	0 ○
43. Did you have a lot of energy? V2SF10	5 ○	4 ○	3 ○	2 ○	1 ○	0 ○
44. Have you felt downhearted and blue? V2SF11	5 ○	4 ○	3 ○	2 ○	1 ○	0 ○

45. 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
V2SF12	4 ○	3 ○	2 ○	1 ○	0 ○

V2SF12MM V2SF12MP

46. For each of the following statements, think about your feelings during the **past 7 days.** Mark the response that best describes your feelings:

Rarely or None of the time; Some of the time; Much of the time; Most or All of the time.

	Rarely or None of the time (<1 day)	**Some of the time (1-2 days)**	**Much of the time (3-4 days)**	**Most or All of the time**	
a. I was bothered by things that usually don't bother me.	1 ○	2 ○	3 ○	4 ○	V2CESDA
b. I did not feel like eating: my appetite was poor.	1 ○	2 ○	3 ○	4 ○	V2CESDB
c. I felt that I could not shake off the blues even with help from my family and friends.	1 ○	2 ○	3 ○	4 ○	V2CESDC
d. I felt that I was just as good as other people.	1 ○	2 ○	3 ○	4 ○	V2CESDD
e. I had trouble keeping my mind on what I was doing.	1 ○	2 ○	3 ○	4 ○	V2CESDE
f. I was depressed.	1 ○	2 ○	3 ○	4 ○	V2CESDF
g. I felt that everything I did was an effort.	1 ○	2 ○	3 ○	4 ○	V2CESDG
h. I felt hopeful about the future.	1 ○	2 ○	3 ○	4 ○	V2CESDH
i. I thought my life had been a failure.	1 ○	2 ○	3 ○	4 ○	V2CESDI
j. I felt fearful.	1 ○	2 ○	3 ○	4 ○	V2CESDJ

Health Survey

46. For each of the following statements, think about your feelings during the **past 7 days.** Mark the response that best describes your feelings:

Rarely or None of the time; Some of the time; Much of the time; Most or All of the time.

	Rarely or None of the time (<1 day)	Some of the time (1-2 days)	Much of the time (3-4 days)	Most or All of the time	
k. My sleep was restless.	1 ○	2 ○	3 ○	4 ○	V2CESDK
l. I was happy.	1 ○	2 ○	3 ○	4 ○	V2CESDL
m. It seemed that I talked less than usual.	1 ○	2 ○	3 ○	4 ○	V2CESDM
n. I felt lonely.	1 ○	2 ○	3 ○	4 ○	V2CESDN
o. People were unfriendly.	1 ○	2 ○	3 ○	4 ○	V2CESDO
p. I enjoyed life.	1 ○	2 ○	3 ○	4 ○	V2CESDP
q. I had crying spells.	1 ○	2 ○	3 ○	4 ○	V2CESDQ
r. I felt sad.	1 ○	2 ○	3 ○	4 ○	V2CESDR
s. I felt that people disliked me.	1 ○	2 ○	3 ○	4 ○	V2CESDS
t. I could not get going.	1 ○	2 ○	3 ○	4 ○	V2CESDT

V2CES_D

V2_DEP

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 page 1, the bottom of page 2, the top and bottom of page 3, and all of pages 4, 5, 7, and 8 of the MOST Second 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	**V2Q1KR**	**V2Q1KL**
Up stairs	**V2UPR**	**V2UPL**
Down stairs	**V2DOWNR**	**V2DOWNL**
Stairs (calculated)	**V2Q2KR**	**V2Q2KL**
In bed	**V2Q3KR**	**V2Q3KL**
Sit or lie down	**V2Q4KR**	**V2Q4KL**
Standing	**V2Q5KR**	**V2Q5KL**

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: V2UPR, V2UPL, V2DOWNR, and V2DOWNL. "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	**V2WOPNKR**	**V2WOPNKL**

(Note: page 1, the bottom of page 2, the top and bottom of page 3, and all of pages 4, 5, 7, and 8 of the MOST Second 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	**V2Q6KR**	**V2Q6KL**
Later in day	**V2Q7KR**	**V2Q7KL**

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	**V2WOSTKR**	**V2WOSTKL**

Disability
The individual items in the disability subscale are:

Activity	Variable (either knee)
Down stairs	**V2Q8K**
Up stairs	**V2Q9K**
Stand from sitting	**V2Q10K**
Standing	**V2Q11K**
Bending	**V2Q12K**
Walking	**V2Q13K**
In car/out of car	**V2Q14K**
Shopping	**V2Q15K**
Socks on	**V2Q16K**
Get out of bed	**V2Q17K**
Socks off	**V2Q18K**
Lying down	**V2Q19K**
Bathing	**V2Q20K**
Sitting	**V2Q21K**
On/off toilet	**V2Q22K**
Heavy chores	**V2Q23K**
Light chores	**V2Q24K**

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: V2Q8K, V2Q9K, V2Q12K, V2Q15K, V2Q23K, and V2Q24K. "Don't do" is set to missing.

The disability subscale possible score range is 0-68.

Score	Variable (either knee)
Disability subscale scores	**V2WOPASK**

(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	**V2WOTOTR**	**V2WOTOTL**

Hip pain

The individual items in the pain subscale are:

Activity	Variable (right knee)	Variable (left knee)
Walking	**V2Q1HR**	**V2Q1HL**
Up/down stairs	**V2Q2HR**	**V2Q2HL**
In bed	**V2Q3HR**	**V2Q3HL**
Sit or lie down	**V2Q4HR**	**V2Q4HL**
Standing	**V2Q5HR**	**V2Q5HL**
Socks on	**V2Q6HR**	**V2Q6HL**
In chair/out of chair	**V2Q7HR**	**V2Q7HL**
In car/out of car	**V2Q8HR**	**V2Q8HL**

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: V2Q2HR and V2Q2HL. "Don't do" is set to missing.

The pain subscale scores are calculated for the right and left hip separately. V2WOPNHR and V2WOPNHL are standard calculations and V2WOPHRM and V2WOPHLM 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	**V2WOPNHR**	**V2WOPNHL**
Pain/disability subscale scores	**V2WOPHRM**	**V2WOPHLM**

(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).

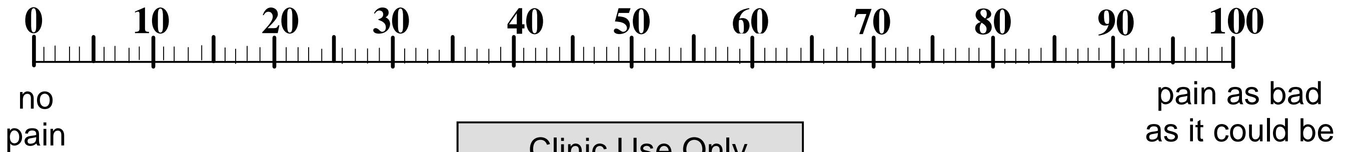
The method used to handle missing values (ie., participant fails to/refuses to complete all questions) is consistent with the suggestion from the WOMAC User's Guide (Nicholas Bellamy) for how missings should be treated: "If >= two pain, both stiffness, or >= four physical function items are omitted, 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

2. 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

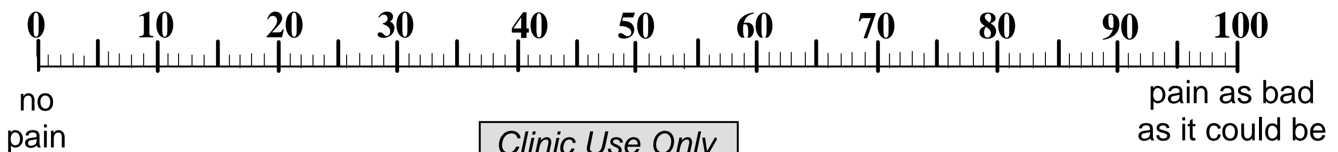
V2VASKR

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page [27].

MOST ID #	Acrostic

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page [27].

6. 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")



no pain

pain as bad as it could be

Clinic Use Only

V2VASKL

Physical Difficulty

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**.

10. 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	V2SP1K
b. **Running/jogging**	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do	V2SP2K
c. **Jumping**	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do	V2SP3K
d. **Twisting/pivoting on your knees**	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do	V2SP4K
e. **Kneeling**	0 ○ none	1 ○ mild	2 ○ moderate	3 ○ severe	4 ○ extreme	5 ○ don't do	V2SP5K

V2KOOSSP

Second Follow-up Clinic Visit Workbook
Procedure Checklist

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

V2_DATEDIFF

Measurement	Page #	Completed	Partially completed	Participant refused	Not done/ Not applicable
1. Was Self-administered Home Questionnaire completed/checked?		○	○	○	○
2. Was Self-administered Clinic Questionnaire completed/checked?		○	○	○	○
3. Was Clinic Interview administered?	2	○	○	○	○
4. Medication Inventory	17	○	○	○	○
5. Blood Pressure	18	○	○	○	○
6. Weight	19	○	○	○	○
7. 20-meter Walk	20	○	○	○	○
8. Chair Stands	21	○	○	○	○
9. Knee and Hip Examinations	23	○	○	○	○
10. Knee X-ray	29	○	○	○	○
11. OrthOne 1.0 T Knee MRI	30	○	○	○	○
12. Urine collection	36	○	○	○	○
13. Phlebotomy	37	○	○	○	○
14. Laboratory Processing	38	○	○	○	○
		Completed	**Scheduled**	**Participant refused**	**Not eligible/ Not applicable**
15. 1.5 T Knee MRI		○	○	○	○

MOST ID #	Acrostic	Staff ID#

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?

V2KPN12R 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

No / Don't know/Refused → Go to Question #3.

Yes →

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?

V2MNTHR 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?

V2PN30R 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

No / Don't know/Refused → Go to Question #3.

Yes →

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

V2KPN30R 1 ○ Yes 0 ○ No 8 ○ Don't know

Yes → ***Examiner Note: Record that participant has right knee pain on the Knee and Hip Exam form (Page 23, Question A in the Second Follow-up Clinic Visit Workbook), and then proceed to Question #3.***

No / Don't know → Go to Question #3.

V2R_FKP

MOST ID #	Acrostic

Knee Symptoms

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?

V2KPN12L
1 ○ Yes → 3a
0 ○ No → Go to Question #5.
8 ○ Don't know/Refused → Go to Question #5.

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?

V2MNTHL
1 ○ Yes
0 ○ No
8 ○ Don't know

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

V2PN30L
1 ○ Yes → 4a
0 ○ No → Go to Question #5.
8 ○ 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?

V2KPN30L
1 ○ Yes → ***Examiner Note: Record that participant has left knee pain on the Knee and Hip Exam form (Page 23, Question B in the Second Follow-up Clinic Visit Workbook), and then proceed to Question #5.***
0 ○ No → Go to Question #5.
8 ○ Don't know → Go to Question #5.

V2L_FKP **V2_FKPSX**

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?

V2KNLA
1 ○ Yes → 5a
0 ○ No → 5b
8 ○ Don't know/Refused → 5b

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

V2KNLAD

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?

V2AVOID
1 ○ Yes
0 ○ No
8 ○ Don't know

Knee Buckling

MOST ID #	Acrostic

For the following questions, we are interested in knee buckling or your knee "giving way." Sometimes you may feel as if your knee is going to buckle but it doesn't actually do so. That does not count.

6. Has your knee buckled or given way at least once in the past 3 months?

V2KBUCK 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

Go to Question #11.

---

7. Which knee buckled or gave way at least once?

V2KBS 1 ○ Right knee 2 ○ Left knee 3 ○ Both knees 8 ○ Don't know which knee/Refused

---

8. Counting all times and both knees, how many times in the past 3 months have your knees buckled?

V2KBTOT
- 1 ○ 1 time
- 2 ○ 2 to 5 times
- 3 ○ 6 to 10 times
- 4 ○ 11 to 24 times
- 5 ○ More than 24 times
- 8 ○ Don't know/Refused

---

9. As a result of knee buckling or giving way, did you accidentally fall and hit the floor or ground?

V2FALL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

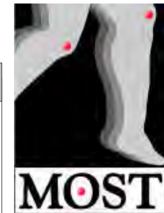
---

10. In general, what were you doing when your knee(s) buckled?
(Examiner Note: Please mark all that apply.)

1=YES

- **V2WLK** ○ Walking
- **V2STAIRB** ○ Going up or down stairs
- **V2TWIST** ○ Twisting or turning
- **V2KBOT** ○ Other ***(Please specify: ________________)***
- **V2KBDK** ○ Don't know/Refused

MOST ID #	Acrostic



Knee Injury

The next two questions are about knee injuries.

Right Knee

11. Since your last telephone interview in *[month/year]*, have you injured your right knee badly enough to limit your ability to walk for at least two days?
(Examiner Note: Refer to Data from Prior Visits Report for month/year of last telephone interview).

1 ○ Yes   0 ○ No   8 ○ Don't know/Refused   **V2LAR**

Left Knee

12. Since your last telephone interview, have you injured your left knee badly enough to limit your ability to walk for at least two days?

1 ○ Yes   0 ○ No   8 ○ Don't know/Refused   **V2LAL**

MOST ID #	Acrostic

Knee Surgery

The next few questions are about knee surgery.

13. Since your last telephone interview, did you have any surgery in your right knee? **V2SURGR**

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

Go to Question #15.

14. Since your first 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? **V2ARTR**

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? **V2MENR**

1 ○ Yes 0 ○ No 8 ○ Don't know

c. Ligament repair in your right knee? **V2LIGR**

1 ○ Yes 0 ○ No 8 ○ Don't know

d. Right total knee replacement, where all or part of the joint was replaced? ~~V23KNRR~~

○ Yes ○ No ○ Don't know

Examiner Note: Please complete the Event Notification Form and mark Right Total Knee Replacement; record that participant had right knee replacement on Page 23, Question G; and then go to Question #14e below.

e. Another kind of surgery in your right knee? **V2SOTHR**

1 ○ Yes 0 ○ No 8 ○ Don't know

f. i. ***Are any of the answers for Questions #14a-14e above marked "Yes"?*** ~~V23SUMYR~~

○ Yes ○ No

ii. Do you have any metal implants (such as pins, screws, staples, etc.) in your right knee from this surgery? ~~V2MIMPR~~

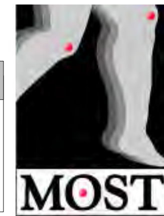
○ Yes ○ No ○ Don't know

Examiner Note: Record that participant has metal implants in right knee on the OrthOne 1.0 T form (Page 32, Question #8 in the Second Follow-up Clinic Visit Workbook), and then proceed to Question #15.

Go to Question #15 on the next page.

Knee Surgery

MOST ID #	Acrostic



15. Since your last telephone interview, did you have any surgery in your left knee?

1 ○ Yes — 0 ○ No — 8 ○ Don't know/Refused — **V2SURGL**

(No / Don't know/Refused →) Go to Question #17.

16. Since your first 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 — **V2ARTL**

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 — **V2MENL**

c. Ligament repair in your left knee?
1 ○ Yes — 0 ○ No — 8 ○ Don't know — **V2LIGL**

d. Left total knee replacement, where all or part of the joint was replaced?
○ Yes — ○ No — ○ Don't know — ~~V23KNRL~~

(Yes →) ***Examiner Note: Please complete the Event Notification Form and mark Left Total Knee Replacement; record that participant had left knee replacement on Page 23, Question H; and then go to Question #16e below.***

e. Another kind of surgery in your left knee?
1○ Yes — 0○ No — 8○ Don't know — **V2SOTHL**

f. i. ***Are any of the answers for Questions #16a-16e above marked "Yes"?***
○ Yes — ○ No — ~~V23SUMYL~~

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 — ~~V2MIMPL~~

(Yes →) ***Examiner Note: Record that participant has metal implants in left knee on the OrthOne 1.0 T form (Page 32, Question #8 in the Second Follow-up Clinic Visit Workbook), and then proceed to Question #17.***

(No / Don't know / f.i No →) Go to Question #17 on the next page.

Hip Pain

The next few questions are about your hip joints.

Right Hip

First I'll ask you about your right hip.

17. 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.
(Examiner Note: REQUIRED - Show Card #1.)

1 ○ Yes   0 ○ No   8 ○ Don't know/Refused   **V2ANYR**

17a. 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   **V2HPN30R**

Where is this pain, aching, or stiffness located?
(Examiner Note: REQUIRED - Show Card #1. Please mark all that apply.)

1=YES

V2GRINR ○ 1 Groin/inside leg near hip
V2OTLGR ○ 2 Outside of leg near hip
V2FRLGR ○ 3 Front of leg near hip
V2BUTTR ○ 4 Buttocks
V2LWBKR ○ 5 Lower back
V2PNDKR ○ Don't know

Examiner Note: Record that participant has right hip pain on the Knee and Hip Exam form (Page 23, Question C in the Second Follow-up Clinic Visit Workbook).

Left Hip

Now I'll ask you about your left hip.

18. 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.
(Examiner Note: REQUIRED - Show Card #1.)

1 ○ Yes 0 ○ No 8 ○ Don't know/Refused **V2ANYL**

18a. 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 **V2HPN30L**

Where is this pain, aching, or stiffness located?
(Examiner Note: REQUIRED - Show Card #1. Please mark all that apply.)

1=YES

- **V2GRINL** ○ 1 Groin/inside leg near hip
- **V2OTLGL** ○ 2 Outside of leg near hip
- **V2FRLGL** ○ 3 Front of leg near hip
- **V2BUTTL** ○ 4 Buttocks
- **V2LWBKL** ○ 5 Lower back
- **V2PNDKL** ○ Don't know

Examiner Note: Record that participant has left hip pain on the Knee and Hip Exam form (Page 23, Question D in the Second Follow-up Clinic Visit Workbook).

MOST ID #	Acrostic

Hip Surgery

19. Since your last telephone interview, did you have a right total hip replacement, where all or part of the joint was replaced?

○ Yes ○ No ○ Don't know/Refused

Examiner Note: Please complete the Event Notification Form and mark Right Hip Replacement; record that participant had a right hip replacement on Page 23, Question E; and go on to Question #20.

20. Since your last telephone interview, did you have a left total hip replacement, where all or part of the joint was replaced?

○ Yes ○ No ○ Don't know/Refused

Examiner Note: Please complete the Event Notification Form and mark Left Hip Replacement; record that participant had a left hip replacement on Page 23, Question F; and go on to Question #21.

MOST ID #	Acrostic

MOST

Medication History

21. Since your first visit to the MOST clinic, have you taken a bisphosphonate medication to treat or prevent osteoporosis or to treat Paget's disease? This includes the following medications: alendronate (Fosamax), Risedronate (Actonel), etidronate (Didronel), ibandronate (Boniva), Pamidronate (Aredia), or tiludronate (Skelid).
(Examiner Note: Refer to Card #2 for pronunciation. Do Not Show Card to participants.)

○ Yes ○ No ○ Don't know/Refused

Go to Question #22.

21a. For how many years did you take bisphosphonates?
If you are unsure, please make your best guess.

[ ][ ] years

(Examiner Note: Round up year at 6 months. <6 months=0 years, and 6-12 months=1 year.)

Medication History

MOST ID #	Acrostic

Now think about the last 6 months.

22. During the past 6 months, have you had any injections in either of your knees for treatment of arthritis?

V2KINJ O Yes O No O Don't know/Refused

22a. During the past 6 months, have you had an injection of hyaluronic acid (Synvisc® or Hyalgan®) in either of your knees for treatment of your arthritis? These injections are given as a series of 3 to 5 weekly injections.

V2HYINJ O Yes O No O Don't know

i. In which knee?

V2HYKN O Right knee O Left knee O Both knees O Don't know

22b. During the past 6 months, have you had an injection of steroids (cortisone, corticosteroids) in either of your knees for treatment of your arthritis?

1 O Yes 0 O No 8 O Don't know **V2STEROD**

i. In which knee?

1 O Right knee 2 O Left knee 3 O Both knees 8 O Don't know **V2STKN**

(Male participants only. Female participants: Skip to Question #24)

23. During the past 6 months, have you taken male hormone or testosterone, which is given by injection, patch, or rubbed on your skin?

V2TEST O Yes O No O Don't know/Refused

23a. When was the last time you had an injection, put on a patch, or rubbed this hormone on your skin? If you are unsure, please make your best guess.
(Examiner Note: Read response options.)

V2TSTTM
- O Less than 1 month ago
- O 1 to 2 months ago
- O 3 to 6 months ago
- O Don't know

MOST ID #	Acrostic

Medication History

Female participants only. Male participants: Skip to Question #31.

Now think about the past year.

24. During the past year have you taken Tamoxifen (also called Novadex), Raloxifene (also called Evista), or Toremifene (also called Fareston) to treat or prevent breast or ovarian cancer?

○ Yes ○ No ○ Don't know/Refused

a. When was the last time you took this? If you are unsure, please make your best guess. ***(Examiner Note: REQUIRED: Read response options. Show Card #3.)***

○ Less than 1 month ago

○ 1 to 2 months ago

○ 3 to 6 months ago

○ More than 6 months ago

○ Don't know

MOST ID#	Acrostic

Pregnancy / Menstrual History

25. Have you ever been pregnant?

○ Yes ○ No ○ Don't know/Refused

25a. How many children did you give birth to?

☐☐ children ○ Don't know

26. Have you ever had an ovary removed?

○ Yes ○ No ○ Don't know/Refused

26a. How many ovaries were removed?

○ One ○ Two (both) ○ Don't know

26b. At what age(s) did you have this done? If you are unsure, please make your best guess. ***(Examiner Note: If ovaries removed at different times, record age when each surgery occurred.)***

☐☐ years old ○ Don't know

☐☐ years old ○ Don't know

27. Have you ever had a hysterectomy (surgery to remove your uterus or womb)?

○ Yes ○ No ○ Don't know/Refused

27a. How old were you when you had this surgery? If you are unsure, please make your best guess.

☐☐ years old ○ Don't know

Go to Page 15, Question #30 and mark "Pregnancy test not required."

MOST ID#	Acrostic

Pregnancy Screen

28. This study includes x-rays and MRI scans, and if you are pregnant or trying to get pregnant, you are not eligible for x-rays or MRIs. Are you pregnant or trying to get pregnant?

○ Yes ○ No ○ Don't know/Refused

→ (Yes) Go to Procedure Checklist and mark, "Not eligible/Not applicable" for x-ray and MRIs. Go to Page 29, Question #2 and mark "Participant not eligible." Go to Page 32, Question #9 and mark, "No."

29. When was your last natural menstrual period? Do not include bleeding due to taking female hormone pills or patches.
(Examiner Note: Read response options.)

○ Within the past 12 months → ***Examiner Note: Administer pregnancy test.***

○ 1 to 2 years ago

○ 3 to 4 years ago

○ 5 or more years ago

○ Don't know → ***Examiner Note: If participant is between 52-55 years old, administer pregnancy test.***

○ Refused → Go to Procedure Checklist and mark, "Not eligible/Not applicable" for x-ray and MRIs. Go to Page 29, Question #2 and mark "Participant not eligible." Go to Page 32, Question #9 and mark, "No."

30. Did participant have a positive pregnancy test?
(Examiner Note: Do not ask the question. Please refer to Question 29 above to determine who requires a pregnancy test. If participant mentioned having had a tubal ligation, a pregnancy test is not required.)

○ Yes (positive test) ○ No (negative test) ○ Pregnancy test not required ○ Participant refused test

→ (Yes / Participant refused test) Go to Procedure Checklist and mark, "Not eligible/Not applicable" for x-ray and MRIs. Go to Page 29, Question #2 and mark "Participant not eligible." Go to Page 32, Question #9 and mark, "No."

Medication Use Interview

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

31a. Vitamin E

○ Yes ○ No ○ Don't know/Refused

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

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

31b. Vitamin C

○ Yes ○ No ○ Don't know/Refused

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

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

Page ☐ of ☐

MOST ID #	Acrostic

Medication Inventory Form

32. Did the participant bring in or identify ALL targeted prescription and over-the-counter medications, supplements, and vitamins that they took during the last 30 days? ***(Examiner Note: REQUIRED: Show Card #4 when asking about duration of use.)***

V2MEDS ○ All ○ Some ○ None ○ Took None

Total number recorded: ☐☐ V2NUM 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.

V2MNUM **Med #** ☐☐ V2FRMCODE **Formulation code:** ☐☐

V2NAME

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

V2DUR **Duration of use:** ○ < 1 month ○ 1 month to < 1 year ○ 1 to < 3 years ○ 3 to < 5 years ○ ≥ 5 years ○ Don't know

V2RX **Prescription?** ○ Yes ○ No **Frequency?** ○ As Needed ○ Reg V2FREQ

V2SAME	V2CHONDR	V2FLUOR	V2RALOX
V2ALENDR	V2CSTERD	V2GLCSMN	V2RISEDR
V2ANALGS	V2COXII	V2HYALUR	V2SALICY
V2BISPHOS	V2MSM	V2NARCAN	V2TPTD
V2CALCIT	V2DOXY	V2NSAID	V2VITMND
V2CALCUM	V2ESTROG	V2PROGST	V2OSTEOP

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

Blood Pressure

MOST ID #	Acrostic	Staff ID#

1. What cuff size was used?

○ Small ○ Regular ○ Large ○ Thigh ~~V2CUFF~~

2. What arm was used to take the blood pressure?

(Examiner Note: Use the right arm unless there are contraindications.)

○ Right ○ Left ~~V2ARM~~

Pulse Obliteration Level: Complete only if using a sphgmomanometer.

3. Palpated Systolic ~~V2LEVEL~~ [| |] mm Hg

+ [3|0] *

** Add 30 to Palpated Systolic measurements to obtain Maximal Inflation Level.*

Maximal Inflation Level ** (MIL) [| |] mm Hg ~~V2MIL~~

*** If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurement.*

4. Was blood pressure measurement terminated because MIL is ≥ 300 mm Hg after second reading?

○ Yes ○ No ~~V2STOP~~

5.

Systolic [| |] mm Hg **V2SBP**

Diastolic [| |] mm Hg **V2DBP**

MOST ID #	Acrostic	Staff ID#

MOST

Weight

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

☐☐☐.☐ kg **V2WGHT**

V2WT

V2BMI

20-Meter Walk

MOST ID #	Acrostic	Staff ID#

1. Directions:
"Now we want to measure your usual walking speed. You will start behind this line. When you have passed the orange cone, I want you to stop."
(Examiner Note: Demonstrate how to walk past cone and stop.)
"Now when I say 'Go,' I want you to walk at your usual walking pace. Any questions?"

"Ready, Go."

Begin timing and counting steps with the first footfall over the starting line and stop with the first footfall over the finish line.)

Trial 1 — V2WALK1

V2STEP1 V2WALKT1

1 ○ Done [ ][ ] Steps [ ][ ] . [ ][ ] Second Hundredths/Sec

7 ○ Participant refused →
2 ○ Not attempted, unable →
3 ○ Attempted, unable to complete →

Stop test.
Go to next exam.

2. Directions:
Reset the stopwatch and have the participant repeat the 20-meter walk by walking back in the other direction.

"OK, fine. Now turn around and when I say 'Go,' walk back the other way at your usual walking pace.
Ready, Go."

Trial 2 — V2WALK2

V2STEP2 V2WALKT2

1 ○ Done [ ][ ] Steps [ ][ ] . [ ][ ] Second Hundredths/Sec

7 ○ Participant refused →
2 ○ Not attempted, unable →
3 ○ Attempted, unable to complete →

Stop test.
Go to next exam.

V2_STEP

V2_WALKT

3. Was the participant using a walking aid, such as a cane? 1 ○ Yes 0 ○ No — V2AID

Chair Stands

MOST ID #	Acrostic	Staff ID#

Single Chair Stand

Directions:
"This is a test of strength in your legs in which you stand up without using your arms."
(Examiner Note: Demonstrate and say:) "Fold your arms across your chest, like this, and stand when I say 'Go,' keeping your arms in this position. OK?"

"Ready, Go!"

1. Single Chair Stand

- 1 ○ Stands without using arms → Go to Repeated Chair Stands on the next page.
- 4 ○ Rises using arms → Stop test. Go to next exam.
- 7 ○ Participant refused → Stop test. Go to next exam.
- 2 ○ Not attempted, unable → Stop test. Go to next exam.
- 3 ○ Attempted, unable to stand → Stop test. Go to next exam.

V2CHAIR

Repeated Chair Stands

MOST ID #	Acrostic

Repeated Chair Stands

Directions: ***(Examiner Note: Demonstrate and say:)***
"This time, I want you to stand up five times as quickly as you can keeping your arms folded across your chest. 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."
(Examiner Note: Rise two times as quickly as you can, counting as you stand up each time.)

"When I say 'Go' stand five times in a row, as quickly as you can, without stopping. Stand up all the way, and sit all the way down each time."

"Ready, Go!"

(Examiner Note: Start timing as soon as participant begins to stand. Count aloud: "1, 2, 3, 4, 5" as the participant stands up each time.)

2. **V2TR1**

- **1** ○ Completes 5 stands without using arms → **V2CTIME1** [ ][ ].[ ][ ] Seconds (Time on stopwatch)
- **4** ○ Rises using arms → Stop test. Go to next exam.
- **7** ○ Participant refused → Stop test. Go to next exam.
- **2** ○ Not attempted, unable → Stop test. Go to next exam.
- **3** ○ Attempted, unable to complete → [ ] **V2NUM1** Number completed without using arms

Knee and Hip Examinations

MOST ID #	Acrostic	Staff ID#

BOX 1. SELF-REPORTED KNEE and HIP PAIN AND KNEE and HIP REPLACEMENT
(Examiner Note: Refer to Second Follow-up Clinic Visit Workbook. Please mark ALL that apply.)

Did participant answer "Yes" to Question 2a. regarding right knee pain? (Page 2)
A. Right knee pain ○ Yes ○ No ○ Don't know/Refused

Did participant answer "Yes" to Question 4a. regarding left knee pain? (Page 3)
B. Left knee pain ○ Yes ○ No ○ Don't know/Refused

Did participant answer "Yes" to Question 17a. regarding right hip pain? (Page 8)
C. Right hip pain ○ Yes ○ No ○ Don't know/Refused

Did participant answer "Yes" to Question 18a. regarding left hip pain? (Page 9)
D. Left hip pain ○ Yes ○ No ○ Don't know/Refused

Was right hip replaced? Refer to page 10, Question #19 and Data from Prior Visits Report.
E. Right hip replaced ○ Yes ○ No ○ Don't know/Refused

Mark "Yes" to Questions # 1, 9, & 19 regarding hip replacement.

Was left hip replaced? Refer to Page 10, Question #20 and Data from Prior Visits Report.
F. Left hip replaced ○ Yes ○ No ○ Don't know/Refused

Mark "Yes" to Questions # 16, 17, & 20 regarding hip replacement.

Was right knee replaced? Refer to Page 6, Question #14d. and Data from Prior Visits Report.
G. Right knee replaced ○ Yes ○ No ○ Don't know/Refused

Mark "Yes" to Question # 3 and tell examiner to not do right knee exams.

Was left knee replaced? Refer to Page 7, Question #16d. and Data from Prior Visits Report.
H. Left knee replaced ○ Yes ○ No ○ Don't know/Refused

Mark "Yes" to Question # 10 and tell examiner to not do left knee exams.

EXAM ELIGIBILITY

I. Is either item A or B **(knee pain)** marked "**Yes**"?

○ Yes → Perform **hip and knee** exams

○ No → Is either item C or D **(hip pain)** marked "**Yes**"?

- ○ Yes → Perform ONLY hip exams (asterisked[*] unless contraindicated). (Exams# *1, *9, *16, *17, *19, *20)
- ○ No → STOP. Go to next exam.

MOST ID #	Acrostic	Staff ID#

MOST

Knee and Hip Examinations

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? ***(Examiner Note: Refer to Page 23, Question E.)	O No → O Yes → Do NOT perform right trochanteric bursitis exam.	O Yes O No O Not done O Refused
2. Iliotibial band	→	O Yes O No O Not done O Refused

3. Has participant had right knee surgery where all or part of the joint was replaced? ***(Examiner Note: Refer to Page 23, Question G.)***

O Yes → Go to page 25, Question #9.

O No

*Refer to Page 23, Question I to see if participant should ONLY have hip exams.

MOST ID #	Acrostic

Knee and Hip Examinations

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?
(Examiner Note: Refer to Page 23, Question E.)

○ No → **"Is this tender or painful in your hip?"**
○ Yes ○ No ○ Not done ○ Refused
↓ (Yes)
Where does it hurt?
(Show Card #5.
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?
(Examiner Note: Refer to Page 23, Question H.)

○ Yes → Go to Page 26, Question #16.

○ No

*Refer to Page 23, Question I to see if participant should ONLY have hip exams.

MOST ID #	Acrostic

Knee and Hip Examinations

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?
(Examiner Note: Refer to Page 23, Question F.)

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

○ Yes → Do NOT perform left hip pain exam.

If Yes → Where does it hurt?
(Show Card #5, 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

*Refer to Page 23, Question I to see if participant should ONLY have hip exams.

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? ***(Examiner Note: Refer to Page 23, Question F.)***	○ 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? ***(Examiner Note: Refer to Page 23, Question E.)***	○ 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? ***(Examiner Note: Refer to Page 23, Question F.)***	○ No → ; ○ Yes → Do NOT perform left hip exam.	☐☐☐ degrees ○ Not done ○ Refused

*Refer to Page 23, Question I to see if participant should ONLY have hip exams.

Knee and Hip Examinations

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

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

Knee X-ray

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

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? 1 O Yes 0 O No **V2XRAY**

   (If No:)
   - O Participant not eligible (e.g., pregnant, bilateral knee replacement)
   - O Participant refused x-rays at clinic visit
   - O Equipment failure
   - O Participant did not show up for appointment/would not reschedule
   - O Other (***Please specify:*** ________________________________)

   ~~V2XRAYN~~

3. What is the MOST staff ID# for the X-ray technician? ☐☐☐ ~~V2XSID~~

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

   a. PA semiflexed view of right and left knee? **V2PA**

   1 O Yes →
   - **i.** mAs setting ☐☐☐.☐ ~~V2PAMAS~~
   - **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.***

     ~~V2PA5~~ O 5° ~~V2PA10~~ O 10° ~~V2PA15~~ O 15° ~~1=YES~~

   0 O No → Comments: ________________________________

   b. Lateral view of right knee? **V2LR**

   1 O Yes → **i.** mAs setting ☐☐☐.☐ ~~V2LRMAS~~

   0 O No → Comments: ________________________________

   c. Lateral view of left knee? **V2LL**

   1 O Yes → **i.** mAs setting ☐☐☐.☐ ~~V2LLMAS~~

   0 O No → Comments: ________________________________

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

OrthOne 1.0 T Knee MRI

○ First knee MRI ○ 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)

○ Yes ○ No → Not eligible for MRI. Go to Page 32, Question #9, and mark "No."

2. Does participant weigh > 350 lbs (>159.1 kg)?
(Examiner Note: Do not re-weigh participant. Check weight measurement on page 20 in the Second Follow-up Clinic Visit Workbook.)

○ Yes ○ No

↓ Yes: Not eligible for MRI. Go to Page 32, Question #9, and mark "No."

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

○ Yes ○ No ○ Don't know

↓ No / Don't know: Go to Page 31, Question #4.

↓ Yes:

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 not require a 2-month wait. If the surgery or procedure does not require a 2-month wait, mark "No".

○ Yes ○ No

↓ Yes: Not eligible for MRI at this time. Go to page 33, Question #11a and #11b, and mark "Participant scheduled for a later date." Schedule MRI for 2 months after surgery date. Complete and scan Pages 31, 32, 33, and 34 when participant returns for MRI.

↓ No: Go to Page 31, Question #4.

MOST ID #	Acrostic

OrthOne 1.0 T Knee MRI

○ First knee MRI ○ Repeat knee MRI

4. The next few questions will be about specific implants. Please tell me whether you <u>currently</u> have any of the following implanted in your body:	
i. Electronic implant or device, such as a cochlear implant	○ Yes ○ No ○ Don't know/Refused
ii. Magnetically-activated dental implant or dentures, magnetic eye implant, or other magnetic device	○ 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

4a. ***Examiner Note:***
Are any of the above items in Question #4 marked "Yes" or "Don't Know/Refused"?
○ Yes → Not eligible for MRI. Go to Page 32, Question #9, and mark "No." ○ No

5. Please tell me whether any of the following is <u>currently</u> 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	○ Yes ○ No ○ Don't know/Refused

5a. Since your last visit to the MOST clinic on *[month/year]*, have you had an injury in which metal fragments entered your eye and you had to seek medical attention? ***(Examiner Note: Refer to Data from Prior Visits Report for month/year of last MRI scan.)*** ○ Yes ○ No ○ 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? ○ Yes ○ No ○ Don't know/Refused

MOST ID #	Acrostic

OrthOne 1.0 T Knee MRI

○ First knee MRI ○ Repeat knee MRI

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

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

No → Not eligible for MRI. Go to Question #9, and mark "No."

7. 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 #9, and mark "No."

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, Page 6, Question #14d, and Page 7, Question #16d in Second Follow-up Clinic Visit Workbook.)***
○ Yes ○ No

Yes → Which knee was replaced or has metal implants?
○ Right → Do not scan right knee.
○ Left → Do not scan left knee.
○ Both knees → Not eligible for MRI. Go to Question #9 and mark "No."

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

Yes → Tech. signature: ____________________

No → Go to Page 33, Question #11.

10. Which knee(s) is being scanned?
(***Examiner Note: To determine which knee(s) to scan: Scan both knees unless contraindicated - refer to Question #8 above.***)
○ Right knee ○ Left knee ○ Both knees

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

OrthOne 1.0 T Knee MRI

O First knee MRI O Repeat knee MRI

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

V2ONIR 1 O Yes 0 O No →

Why wasn't a right knee MRI obtained? ***(Mark only one)***

V2NOR

- 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?

V2ONIL 1 O Yes 0 O No →

Why wasn't a left knee MRI obtained? ***(Mark only one)***

V2NOL

- 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:*** ______________________________ **)**

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

○ First knee MRI ○ Repeat knee MRI

OrthOne 1.0 T Knee MRI

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?
○ Yes ○ No → Reason: ____________

ii. Axial
○ Yes ○ No → Reason: ____________

iii. Sagittal
○ Yes ○ No → Reason: ____________

iv. Coronal STIR
○ Yes ○ No → Reason: ____________

v. 3 Point Dixon ***(Examiner Note: Refer to Data From Prior Visits Report to see if 3 Point Dixon should be obtained.)***
○ Yes ○ No → Reason: ____________

b. Left knee scan

i. Was the baseline left knee scan viewed?
○ Yes ○ No → Reason: ____________

ii. Axial
○ Yes ○ No → Reason: ____________

iii. Sagittal
○ Yes ○ No → Reason: ____________

iv. Coronal STIR
○ Yes ○ No → Reason: ____________

v. 3 Point Dixon ***(Examiner Note: Refer to Data From Prior Visits Report to see if 3 Point Dixon should be obtained.)***
○ Yes ○ No → Reason: ____________

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

○ First knee MRI ○ Repeat knee MRI

Eligibility for 1.5 T Knee MRI

1. Has the participant been selected for any 1.5 T MRI study?
   (Examiner Note: Refer to Data from Prior Visits Report)
   ○ Yes ○ No → Not eligible for 1.5 T MRI. Go to Page 35a, Question #1.

2. Is the participant currently MRI eligible?
   (Examiner Note: Refer to Page 32, Question #9.)
   ○ Yes ○ No → Not eligible for 1.5 T MRI. Go to Page 35a, Question #1.

3. Which study(ies) has the participant been selected for?
   (Examiner Note: Refer to Data from Prior Visits Report. Mark all that apply.)
   ○ 1.5 T MRI Laxity Study ○ MRI Validation Study ○ Gadolinium MRI Study

Participants selected for validation study only. All others, go to Question #5.

4. Were all three 1.0 T knee MRI sequences (axial, coronal STIR and sagittal) obtained, and did the scans pass MRI technologist quality assurance? ***(Examiner Note: Refer to Page 34, Question #12.)***
   ○ Yes → Eligible for validation study. Go to Question #5.
   ○ No → Not eligible for validation study. Go to Question #5.

5. Summary of exams scheduled
   (Examiner Note: Refer to Questions #3 and 4 above. Answer for all exams.)

Participant is eligible, has given consent, and the exam is scheduled?				
a. 1.5 T MRI Laxity Study	○ Yes	○ No	○ Refused →	Reason: ○ No time/ too busy ○ Other: ________
b. MRI Validation Study	○ Yes	○ No	○ Refused →	Reason: ○ No time/ too busy ○ Other: ________
c. Gadolinium MRI Study	○ Yes	○ No	○ Refused →	Reason: ○ Unwilling to receive injection ○ No time/ too busy ○ Other: ________

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

○ First sample collection ○ Repeat sample collection

Eligibility for Biospecimen Collection

1. Is participant in the biospecimen collection cohort for this visit?
(***Examiner Note: Refer to Data from Prior Visits Report.)***

○ Yes

○ No → **Male participants**: Go to next exam.

Female participants: Is a pregnancy test required for x-ray and MRI safety?

○ Yes → Go to Page 36, Question #1 and obtain a urine specimen. ***(Examiner Note: Do not collect blood.)***

○ No → Go to next exam.

2. Has participant had a total knee replacement in either knee?
(Examiner Note: Refer to Page 6, Question #14d, Page 7, Question #16d, and Data From Prior Visits Report.)

○ Yes → Not eligible for biospecimen collection. Go to Question #3 and mark "No."

○ No → Go to Question #3 and mark "Yes."

3. Is participant eligible for biospecimen collection?

○ Yes → Go to page 36, Question #1.

○ No → Go to next exam.

MOST ID #	Acrostic	Date of Urine Collection	Staff ID#
		Month / Day / Year	

Urine Collection

○ First sample collection ○ Repeat sample collection

1. Is urine collection for the biospecimen cohort or for pregnancy test only?
(Examiner note: Refer to Page 35a, Question #1.)

○ Biospecimen cohort ○ Pregnancy test only

2. Was a urine specimen obtained?
○ Yes ○ No → Go to Question #5 and explain.

<u>**Biospecimen cohort**</u>: Go to Question #2a.

<u>**Pregnancy test only**</u>: Go to Question #4.

a. Which void(s) was collected?
(Examiner note: Mark <u>all</u> that apply; if one void is insufficient volume, it is permissible to combine two specimens, <u>as long as neither is the first morning void</u>.)

○ First ○ Second ○ Third ○ Fourth or later

Try to obtain a second-void specimen <u>before noon</u> and before the participant leaves the clinic. Do not aliquot first-void specimen unless later void not obtained.

b. What time was the urine specimen collected?
(Examiner note: If two specimens are combined, please write the <u>later</u> of the two times.)

__ __ : __ __ ○ am ○ pm
Hours Minutes

c. ***Ask participant:*** What is the date and time you last ate or drank anything except water?

i. Date: __ __ / __ __ / __ __ __ __
Month Day Year

ii. Time: __ __ : __ __ ○ am ○ pm
Hours Minutes

iii. How many hours has participant fasted?
__ __ Hours

d. Place of urine collection: ○ Home ○ Clinic

Bar Code Label

Enter ID from Bar Code label:

Ask participant:

3. What time did you get up for the day today?

__ __ : __ __ ○ am ○ pm
Hours Minutes

Female participants only.
Male participants: Skip to Question #5.

4. Is a pregnancy test required?
(Examiner Note: Please refer to Page 15, Question #29 to see if participant requires pregnancy test.)

○ Yes ○ No

Collect urine and administer pregnancy test.

○ Positive ○ Negative ○ Participant refused test

Participant NOT ELIGIBLE for x-rays or MRI. Go to Page 15, Question #30 and mark appropriate bubble. Then go to Page 37, Question #1 if participant is in the specimen collection cohort.

5. Comments on urine collection:

MOST ID #	Acrostic	Date of Phlebotomy	Staff ID#
		Month / Day / Year	

Phlebotomy

○ First sample collection ○ Repeat sample collection

Now I'm going to ask you two questions to see whether it is safe to draw your blood.

1. Have you ever had an arm graft shunt or port for kidney dialysis?

○ Yes ○ No ○ Don't know/Refused

Go to Question #3 and mark "Neither."

Which side?
○ Right → Draw blood on left side.
○ Left → Draw blood on right side.
○ Both → Do NOT draw blood on either side. Go to Question #3 and mark "Neither."

2. Have you ever had a radical mastectomy or other surgery where lymph nodes were removed from your armpit?

○ Yes ○ No ○ Don't know/Refused

Go to Question #3 and mark "Neither."

Which side?
○ Right → Draw blood on left side.
○ Left → Draw blood on right side.
○ Both → Do NOT draw blood on either side. Go to Question #3 and mark "Neither."

3. Which arm(s) can safely be used for phlebotomy?
(Examiner Note: Refer to Questions #1 and #2.)

○ Right ○ Left ○ Either ○ Neither

Do NOT draw blood. Go to Procedure Checklist and mark appropriate bubble.

4. Have you had an illness in the past week requiring antibiotics, hospitalization, or steroids?

○ Yes ○ No ○ Don't know/Refused

5. Do you bleed or bruise easily?

○ Yes ○ No ○ Don't know/Refused

6. Have you ever been told you have a disorder related to blood clotting or coagulation?

○ Yes ○ No ○ Don't know/Refused

7. Have you ever experienced fainting spells while having blood drawn?

○ Yes ○ No ○ Don't know/Refused

8. What is the date and time you last ate or drank anything except water?
(Examiner Note: Do not repeat question if already asked for urine collection.)

a. Date: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day)

b. Time: ☐☐ : ☐☐ (Hours : Minutes) ○ am ○ pm

c. How many hours has participant fasted? ☐☐ Hours

9. Was any blood drawn?
(Examiner Note: Proceed with the blood draw even if participant has not fasted.)

○ Yes ○ No

Please describe why not: _______________

Were tubes filled to specified capacity?
(Note: wrap all tubes in foil or place in sheath.)

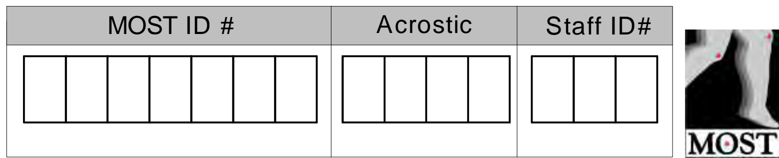
Tube	Volume	Filled to Capacity
1. EDTA	3 - 5 mL	○ Yes ○ No
2. Serum	7 - 10 mL	○ Yes ○ No

Time of blood draw: ☐☐ : ☐☐ (Hours : Minutes) ○ am ○ pm

10. Comments on phlebotomy:

____

____



Laboratory Processing

○ First sample collection ○ Repeat sample collection

Time at start of EDTA plasma processing: ☐☐:☐☐ ○ am ○ pm
Hours Minutes

Collection Tubes	Cryo #	Vol.	Cap	Condition of cryovial (mark only one)				
#1 EDTA plasma tube								
-plasma	01	0.5	V	○ OK	○ H	○ P	○ B	○ not filled
-plasma	02	0.5	V	○ OK	○ H	○ P	○ B	○ not filled
-plasma	03	0.5	V	○ OK	○ H	○ P	○ B	○ not filled

Ending time of EDTA plasma aliquoting: ☐☐:☐☐ ○ am ○ pm
Hours Minutes

Bar Code Label

Enter ID from Bar Code label:

Time at start of serum processing: ☐☐:☐☐ ○ am ○ pm
Hours Minutes

Collection Tubes	Cryo #	Vol.	Cap	Condition of cryovial (mark only one)				
#2 Serum tube								
-serum	04	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	05	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	06	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	07	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	08	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	09	0.5	R	○ OK	○ H	○ P	○ B	○ not filled
-serum	10	0.5	R	○ OK	○ H	○ P	○ B	○ not filled

Ending time of serum aliquoting: ☐☐:☐☐ ○ am ○ pm
Hours Minutes

Urine						
-urine	11	0.5	C	○ OK	○ P	○ not filled
-urine	12	0.5	C	○ OK	○ P	○ not filled
-urine	13	0.5	C	○ OK	○ P	○ not filled
-urine	14	0.5	C	○ OK	○ P	○ not filled

H=Hemolyzed P=Partial B=Both V=Violet R=Red C=Clear